

Department of Drug and Alcohol Programs Testimony

Hearing on Heroin

October 6, 2013

Presented by:

Gary Tennis, Secretary

Pennsylvania Department of Drug and Alcohol Programs



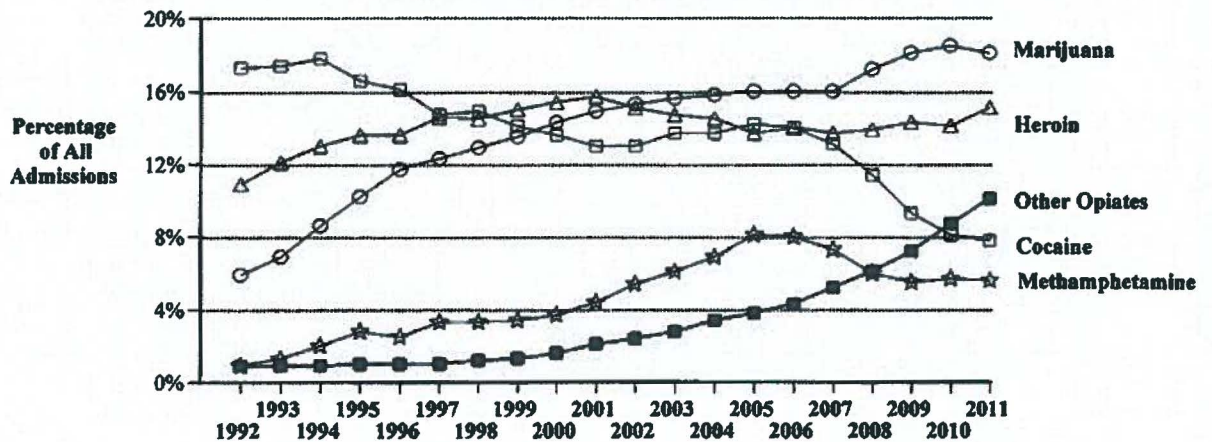
Thank you, Chairman Marsico and members of the Committee, for giving attention to the important issue of law enforcement response to the current heroin epidemic. This has been a critically important issue, where significant strides have been made over the past quarter century, and where a number of challenges are presented to federal, state, and local government policymakers.

The Department of Drug and Alcohol Programs (DDAP) lists the issue of collaboration with law enforcement among the many important issues that need careful review, analysis and restatement of policy and practice from the Department perspective. We will review some general trends in heroin use, contextual considerations, as well as current and recommended responses.

Background Information

National trends in heroin from 1992 to 2011 were relatively stable. However prescription opioid abuse has been escalating dramatically. We are convinced that the very recent increase in heroin use is attributable to prescription opioid abuse; individuals addicted to prescription opioids are transitioning to heroin use. Implications of these trends are depicted in the chart below.

Primary Substance of Abuse (Other Than Alcohol) at Admission to U.S. State Licensed or Certified Substance Abuse Treatment Facilities, Ages 12 and Older, 1992 to 2011

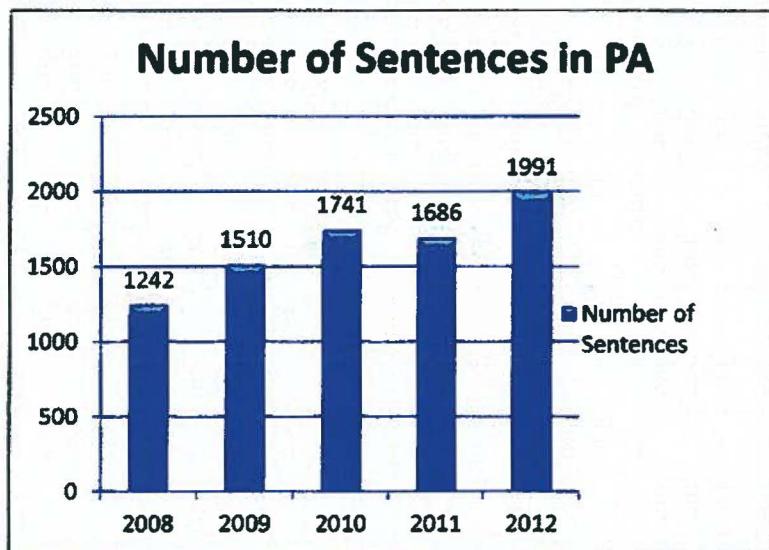


SOURCE: Adapted by CESAR from the Office of Applied Studies, SAMHSA, *Treatment Episode Dataset (TEDS) Highlights—2011, National Admissions to Substance Abuse Treatment Services, 2013*. Available online at <http://www.samhsa.gov/data/2k13/TEDS2011/TEDS2011N.pdf>.



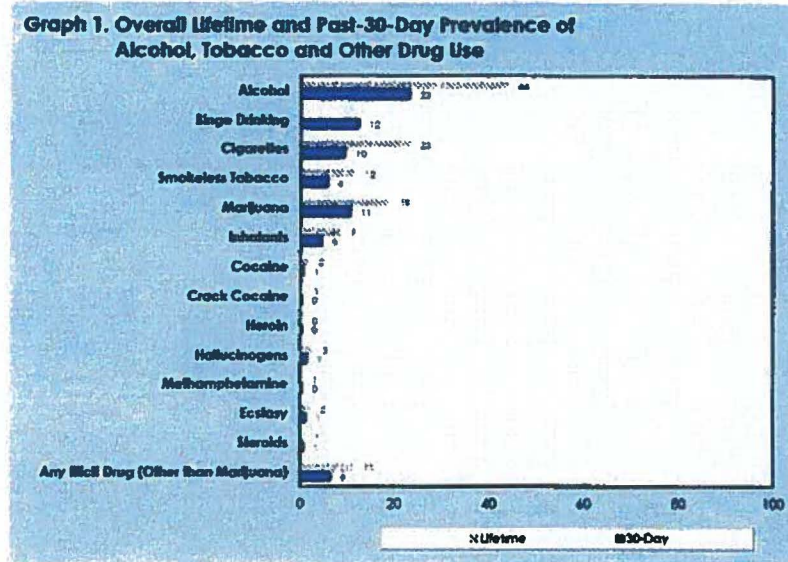
The data from 2012 and later are preliminary; however, there seems to be a strong, recent trend upward in heroin use since 2011. SAMHSA also reports that there has been a doubling of the number of heroin users between 2007 and 2012 (SAMHSA, 2012). Among a sample of misusers of prescription drugs who used heroin, 82% started with prescription drugs before transitioning to heroin (2013). This transition can frequently occur since heroin can be easier to access and cheaper than prescription opioids.

In contrast to the number of treatment admissions, there has been significant growth in the sentencing of crimes committed involving heroin as reported by the Pennsylvania Sentencing Commission (Annual report, 2008-2012). Taken together this data suggests that heroin use is on the rise, but the typical intervention has been through the judicial system rather than the treatment system. These numbers may give you a snapshot of the issue, but it is important to remember treatment admissions or court sentences are only a fraction of those who are addicted. Again, while it is too early to have hard numbers from 2013, anecdotally, we believe that these numbers are continuing to rise.



Source: Pennsylvania Sentencing Commission, (2008-2012) Annual reports

Our hard data about heroin use among adolescents only goes up to 2011. The general trend up until 2011 didn't show any increases; indeed a sampling of those in Pennsylvania schools showed no heroin use at all among the student-respondents. (This should not be interpreted that no adolescents used heroin in 2011, but it does show that heroin had the lowest reported use in that sample.)



Source: Pennsylvania Commission on Crime and Delinquency (PCCD, 2011). Pennsylvania Youth Survey Results

Anecdotally, we are hearing from all over the state that heroin use is on the rise among our youth, often in communities that have not experienced heroin at such levels before. We cherish and value our young people and we cannot wait for the data to catch up before we respond to this problem. Moreover, DDAP has worked with the Pennsylvania Commission on Crime and Delinquency to make the PAYS (Pennsylvania Youth Survey) available to every school in the Commonwealth, so that we can get fuller information on drug and alcohol use in our communities.

Areas of Concern and Responsive Pending Initiatives

- **System changes relate to heroin use:** It is well documented that curbing the rapidly rising rates of prescription opioids leads to a spike in heroin use. For example, if someone is addicted to Percocet, which is no longer available for some reason, they will often turn to heroin as a cheaper available substitute. There are several current or pending initiatives that relate to this issue:
 - **Prescription Drug Monitoring Program:** The Corbett Administration is working actively with the General Assembly on strong PDMP legislation that could help to identify trends in prescription abuse. This legislation will enable doctors to identify doctor-shopper and then the intervention that is appropriate – treatment for the addicted patient and criminal justice sanctions for the prescription drug dealer. It will also enable the PDMP

administrators to identify and conduct appropriate interventions with prescribers and dispensers who are prescribing at harmful levels. This kind of program has proven to be effective in other states; by reducing the number of individuals getting addicted to prescription opioids, it will reduce the number who then transition to heroin use.

- **Tamper resistant opioids:** Drug companies increasingly are manufacturing drugs in a form that cannot be crushed and snorted or injected. This reduces some of the potential addictive high. I have written the FDA and urged that agency to require the same tamper-resistant technology to be applied to *generic* opioids as well.
- **Tip lines:** When physicians are illegally or improperly prescribing medications, tip lines can lead to sanctions from licensure or legal venues.
- **Effective law enforcement practices:** Law enforcement actions to block the supply illegal prescription drug supplies *and heroin* are critical. There is *no conflict* between law enforcement (supply reduction) and treatment/prevention (demand reduction). Both are absolutely necessary in order to bring down heroin use in our communities. Many who have gained recovery in addiction treatment did so as a result of a “law enforcement intervention.”
- **Temporary effects:** This spike in heroin use related to individuals being cut off from other prescription opioid use/abuse is a temporary effect, with heroin use levels expected to reduce back to normal or lower over the long term, assuming we respond with the necessary resources to address the problem.
 - **Needed action:** Understanding that there will likely be a spike in heroin use should the efforts to curb prescription opioid use be successful, there must be consideration given to the need for appropriate levels of funding for detoxification and treatment services to help manage the short term effects of this spike.

Current Responses

- **Overdose Rapid Response Taskforce:** This Task Force has been convened by the Department of Drug and Alcohol Programs (DDAP) comprised of a wide range of stakeholder representatives including, but not limited to: Office of the Governor, Attorney General’s Office, PA Coroner’s Association, Drug and Alcohol Service Providers Organization of PA, Drug Enforcement Administration, PA Department of Health, PA Department of Public Welfare, Capitol Police, PA State Police, PA Association of County Drug and Alcohol Administrators, PA District Attorneys Association, Philadelphia/Camden High Intensity Drug Trafficking Areas, as well as representatives from the federal Substance Abuse and Mental Health Administration. This workgroup is tasked



with *real-time* identification of spikes in drug use as well as developing systems of communication so that DDAP, Health officials and law enforcement can be quickly informed of trends and needed responses.

- For example, if emergency medical technicians or poison control centers see a spike in Fentanyl use (as we did recently), the system we are seeking to establish would create a platform on which information could be immediately reported and made available to law enforcement. This real-time communication between health care and law enforcement would enable police to immediately begin increasing the number of undercover buys in the affected region in order to intercept the supply of the drug. It would enable health officials (whether at DDAP or at Department of Health, to check with emergency medical care providers in the region and make sure they have the necessary overdose antidote supplies (and the know-how) on how to properly administer the particular drug.
- The Overdose Rapid Response Task Force has also recommended that we have robust “warm hand-off” procedures, so that heroin or other drug users who are successfully treated for overdoses in our emergency rooms are sent for drug and alcohol addiction evaluations and referred to treatment. This recommendation has already resulted in action by DDAP (see attached Policy Bulletin) directing County Drug and Alcohol Directors to work with their county’s hospital emergency rooms to establish effective warm hand-off procedures, and to give those who survive overdoses priority in getting the treatment they need.
- **Prevention (LifeSkills Training):** In the past year DDAP has worked closely with PCCD and the Pennsylvania Department of Education (PDE) to increase the implementation of the Lifeskills program in Commonwealth schools. This evidence based program has demonstrated outcomes in reducing a range of high risk behaviors. Fifty school districts across the Commonwealth have added LifeSkills Training *at no cost to the school districts*.
- **Prevention (Prescription Drug Collection Boxes):** Many of our youths are first accessing prescription opioids and other prescription drugs by stealing them from the medicine cabinets of their families or their friends’ families. It is critical that those prescribed opioids and other abusable drugs promptly and safely dispose of them as soon as they are no longer needed. Therefore, at the direction of Governor Tom Corbett, DDAP has been working with PCCD, Staunton Farm Foundation and Pennsylvania District Attorneys Association to obtain an additional 250 prescription drug collection boxes. County District Attorneys are applying to obtain these across the state so that there is a permanent collection site to safely, securely and conveniently dispose of unused medications. This project, an important component of HealthyPA, is an important way to keep the medications out of the hands of potential first time users.
- **Prescriber Training.** DDAP is organizing a meeting with medical officials from Geisinger Medical Center and University of Pennsylvania, as well as DPW, DOH

and other state officials with responsibility for ensuring clinically appropriate prescribing practices.

- **Pennsylvania Youth Survey (PAYS):** DDAP has been working closely with PCCD and PDE to provide funding and support to increase the implementation of the PAYS. This expanded survey will be implemented in the current school year and will provide an update on current trends in substance use and risk factors among Pennsylvania youth.

Recommendations

- **Continue current initiatives:** Continue the work that has begun in current responses to changes in drug addiction as listed above. These need to continue as a broad range of initiatives including prevention such as tamper resistant opioids, drug collection boxes, Lifeskills trainings, and prescriber trainings. Treatment should also be emphasized to support those who have already become addicted. Lastly, law enforcement targeted at drug dealers and those engaging in illegal prescribing practices for criminal purposes, should be supported to reduce a source of prescription drugs. As noted above, the increase in prescription drug abuse is seen as a gateway to the increase in heroin use.
- **Continue coordination:** Continued coordination and collaboration among key stakeholders is essential to providing an effective response. This is a significant problem that affects multiple agencies. Effective collaboration between agency and departmental partners is critical to success, particularly to include collaboration between treatment and law enforcement.
- **More resources for treatment through *HealthyPA*:** Funding is needed to develop systems to respond to spikes in crossover addiction and treat affected individuals prior to their facing more severe consequences as they transition to heroin. If Pennsylvania is able to achieve reforms to its Medicaid Program as outlined in *Healthy PA*, the state could be in the position to increase access to quality, affordable health care for uninsured Pennsylvanians, *which will include coverage for drug and alcohol treatment*. Greater access to health care coverage would mean more addicted individuals having the means to secure treatment they need, instead of transitioning into heroin use.

The Department of Drug and Alcohol Programs believes that these initial steps represent an effective plan to address anticipated spikes in heroin use.

In conclusion, please accept my appreciation to Chairman Marsico and the members of the Committee for permitting me to submit written testimony to you on this important issue. I can be reached at gtennis@pa.gov or 717-214-1937 if you have further questions or concerns.



Policy Bulletin

Department of Drug and Alcohol Programs

No. 5-13

September 9, 2013

SCA Overdose Requirements

Given the risks associated with overdose, SCAs must develop and maintain a current listing of contact information for all local screening, assessment, and treatment providers to facilitate the smooth transition from emergency room visits to substance abuse treatment. This referral list must be submitted to DDAP and to all emergency rooms in their geographic area and other key referral sources such as Urgent Care facilities. Contact information must include types of services provided, phone numbers, and addresses of these facilities.

Procedures are to be developed to 1) ensure up to date contact information is provided to DDAP and local emergency medical providers; 2) describe the process to access care in their locale during business hours, or if different, during evenings and holidays, and, 3) to allow priority access to substance abuse treatment for those being referred by the emergency room following an overdose.

These changes have been made in the Treatment Manual as Part Nine, 9.01A and Part Ten, 10.01A on the Department of Drug and Alcohol Programs Communicator, and are effective October 1, 2013.