



**Testimony on the Proposed
Fiscal Year 2014-2015 DDAP Budget**

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Introduction. I'd like to begin by thanking the members of this Committee for allowing me to appear before you today to speak to the accomplishments of the Department of Drug and Alcohol Programs (DDAP) and how Governor Corbett's proposed budget for Fiscal Year (FY) 2014-15 allows for DDAP to continue its work and pursue new initiatives that carry out its mission and improve the health of Pennsylvania. We take our responsibilities under Act 50 of 2010 very seriously and realize the task of streamlining and coordinating the strongest possible drug prevention and treatment efforts across state government is a formidable one. With the prevalence of drug and alcohol abuse on the rise in the Commonwealth and in our nation we are acutely aware of what is at stake. The impact of untreated addiction reaches across most Commonwealth agencies and significantly impacts costs and these agencies' ability to achieve their missions.

You only have to open a newspaper, watch the news or glance through the obituaries that announce the untimely deaths of so many Pennsylvanians to understand why the words - epidemic and crisis - are used so regularly in connection with the word "overdose". DDAP is a small agency with a monumental task. DDAP's work is a matter of life and death every day for Pennsylvania families. In 2011, the National Institutes on Drug Abuse (NIDA) estimated that 4.2 million Americans age 12 or older had used heroin at least once in their lives. The data from 2012 and later are preliminary; however, there clearly seems to be a strong, recent trend upward in heroin use since 2011. Heroin is associated with a number of serious health concerns, including fatal overdose, and infectious diseases such as hepatitis and HIV.

We also know that prescription opioid abuse has been escalating dramatically and evidence is increasingly showing that the recent increase in heroin use is directly related to prescription opioid abuse epidemic; individuals addicted to prescription opioids are transitioning to heroin use. Among a sample of misusers of prescription drugs who used heroin, 82% started with prescription drugs before transitioning to heroin (2013). Prescription opioid pain medications can have effects similar to heroin when taken in doses or in ways other than prescribed. Prescription opioids are currently among the most commonly abused drugs in the United States. And, as stated, NIDA research shows that abuse of these drugs too often opens the door to heroin abuse and addiction because heroin can be cheaper and easier to obtain than prescription opioids.

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. For this reason, we have launched or are supporting the following initiatives, which are seen as a comprehensive approach to the overdose problem:

Overdose Rapid Response Task Force (ORRTF): This is a Task Force convened by DDAP that is comprised of a wide range of federal, state and local stakeholder representatives.

This Task Force was originally convened last summer in response to a possible upsurge in the use of Fentanyl laced heroin (a problem which has just recently resurfaced in western Pennsylvania). The general consensus of the group from the outset was that rather than focus on one particular substance of abuse, overdose *in general* should be the focus; therefore, the objectives of the Task Force are as follows:

- Determine particular overdose trends as a proactive/preventative measure;
- Determine what avenues can be established to communicate trends between different disciplines and state agencies (law enforcement, coroners, healthcare, treatment);
- Determine cross-system collaborative efforts between law enforcement, health and substance abuse providers for addressing identified trends/issues in a more robust fashion;
- Avert an upsurge in use of a particular trending substance;
- Prevent overdose deaths.

This task force has already started some preliminary information sharing and has the goal of creating a more effective system-wide method for information sharing among impacted constituencies, including government entities at the local, state and federal level. The federal Substance Abuse and Mental Health Services Association (SAMHSA) is also reviewing the ODRRTF program to see if it can be replicated as a national model.

Healthy PA Drug Take Back Box Initiative: Many Pennsylvanians, particularly our youth, are first accessing prescription opioids and other prescription drugs by stealing them from the medicine cabinets of their family or friends of the family. It is critical that those prescribed opioids and other commonly abused drugs can be promptly and safely disposed of as soon as they are no longer needed. Therefore, at the direction of Governor Corbett, DDAP has been working with PA Commission on Crime and Delinquency (PCCD), Staunton Farm Foundation and Pennsylvania District Attorneys Association to obtain and install 250 prescription drug collection boxes throughout the Commonwealth. County District Attorneys have been applying to obtain the boxes so that there is a permanent collection site to safely, securely and conveniently dispose of unused medications. Our ultimate goal is to have a drug take back box convenient to every Pennsylvanian.

Prescription Drug Monitoring Program (PDMP): Another key initiative within Governor Corbett's Healthy PA plan is to enhance the commonwealth's existing PDMP. Today, I would like to express DDAP's support of enacting strong and effective PDMP legislation. Enhancing our PDMP will give health care practitioners a needed and effective tool that will help improve clinical prescribing practices and the timeliness of identifying when a patient may be in the need of treatment for prescription drug abuse. A strong PDMP that is used effectively will result in better health outcomes, particularly for those in need of treatment for substance abuse.

Safe and Effective Prescribing Practices and Pain Management Task Force: I, along with Pennsylvania's Physician General Carrie DeLone, am co-chairing this initiative with the purpose of reducing prescription drug abuse and overdoses, while maintaining effective pain management. The group includes representation from all medical professionals, as well as their professional associations and regulatory agencies. The focus of this group is (i) to identify and find consensus on best and safest prescribing and pain management practices, and (ii) to identify ways that the impacted stakeholders can most effectively promote those practices. One challenge is ensuring that the best practices identified take into account the variations that occur in different health care settings and that a uniform standard will likely not address all situations.

Methadone Death and Incident Review (MDAIR): Since my appointment as Secretary of DDAP, many legislators I've met with have raised concerns about current methadone practice in Pennsylvania. Sadly, I've also had the opportunity to meet with parents of several individuals who have died in methadone-related incidents. As a result, even before the passage of Act 148 of 2012 – we proceeded to begin establishing an *internal* methadone death review team to begin looking at methadone-related deaths and serious incidents to see what we could do to make methadone practice safer and more successful in helping more individuals attain drug-free recovery.

In October 2012, Governor Corbett signed Act 148 establishing an MDAIR Team that is to review each death where methadone was either the primary or contributing factor in the cause of death and to review all methadone related incidents (unreasonable risk of serious bodily harm or death). I would like to again thank you and the other members of the General Assembly for passing this much-needed legislation. The MDAIR Team has embraced its responsibility of determining the role that methadone played in each death or incident; communicating concerns to regulators and to the General Assembly; facilitating communication within the health care and legal systems; and developing best practices to prevent future methadone related deaths and incidents. The MDAIR Team is also tasked with making recommendations to elected officials to assist them in their efforts to decrease the occurrence methadone deaths and serious incidences.

Efficient Allocation of DDAP Resources: In the period since the Department officially commenced a little over a year and a half-year ago we have worked hard to effectively fulfill the responsibilities of Act 50. As you are aware, Act 50 tasks DDAP with the “*coordination of the efforts of all state agencies in the control, prevention, intervention, treatment, rehabilitation, research, education and training aspects of drug and alcohol abuse and dependence problems so as to avoid duplication and inconsistencies in the efforts of the agencies*”. I can personally attest that this can only be accomplished with direct dialogue, support and partnership directly between the agency heads of the various agencies that have the ultimate decision making authority. I would like to thank my fellow cabinet members for their commitment to building a strong partnership with DDAP.

DDAP Initiatives in FY 2014-15: With the funding provided for under Governor Corbett's proposed FY 2014-15 budget DDAP will continue its current efforts to carry out its mission and will pursue additional initiatives such as:

Regulatory relief: a more streamlined, rational regulatory process. At DDAP's budget hearing last year, I advised the committee that DDAP was beginning a comprehensive review of its regulations with the goal of updating and streamlining of the licensure and regulatory requirements that govern DDAP-licensed treatment providers. These outmoded and cumbersome regulations have not been updated in nearly three decades. This reform will enhance client health, safety, and positive treatment outcomes; in addition, it will enable treatment programs to shift staff resources from non-productive administrative functions to actually providing treatment. DDAP will continue to move forward with this regulatory modernization in FY 2014-15.

Healthy PA and Expanded Access to Drug and Alcohol Treatment. Governor Corbett's Healthy PA plan will provide over 500,000 low-income, uninsured Pennsylvania's with access to health care coverage, which includes a comprehensive benefit for drug and alcohol treatment for both individuals enrolled in traditional Medicaid and those enrolling in coverage through the Private Coverage Option. Healthy PA undoubtedly strengthens Pennsylvania's ability to meet the substance abuse treatment needs of our citizens.

Conclusion: The Department of Drug and Alcohol Programs has a vision of a Pennsylvania where drug and alcohol addiction exists at a small fraction of the level that it does today. As a result of ensuring that our prevention programs are robust, well-resourced and evidence-based, and that every Pennsylvanian struggling with the disease of drug and alcohol addiction can get the level and duration of treatment and recovery supports they need.

The Governor's proposed budget and his Healthy PA plan are important next steps toward achieving this vision. Governor Corbett continues to push for the agencies under his jurisdiction to focus on innovative and collaborative ways to serve Pennsylvanians better and in a cost-effective manner – always with the objective to ensure a healthier, safer and more prosperous Pennsylvania.

Thank you for the opportunity to testify. I will take any questions you may have.