



Testimony on the Proposed
Fiscal Year 2016-2017 DDAP Budget

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Introduction

Substance abuse and addiction continue to afflict at least one out of four families in Pennsylvania. Like diabetes or heart disease, addiction is a treatable disease, but far too often it is left untreated, resulting in unnecessary and tragic suffering and death. Substance abuse and addiction have crippling impacts on individuals, families and society. In addition, they create a heavy cost burden on taxpayers. Most importantly, we are in the midst of the worst overdose crisis in our history, with at least seven Pennsylvanians dying every day from heroin and other drug overdoses.

A surge of fatal drug overdoses has reached epidemic proportions, and drug overdose deaths are still increasing. In 2014, more than 2,500 Pennsylvanians died of drug overdose. Although the final number is not yet tallied, we know overdose deaths in 2015 will surpass the 2014 total. Among a sample of misusers of prescription drugs who also used heroin, about 80 percent started with prescription drugs before transitioning to heroin. Anecdotally, we are hearing reports from all over the state that heroin use is still on the rise among our youth, often in communities that have not experienced heroin at such levels before. In 2012, nationally about 15.3 million people aged 12 or older used prescription drugs nonmedically.

We know that our Department's responsibility under Act 50 of 2010 – to streamline, coordinate and ensure that we have the strongest possible drug prevention and treatment efforts across state government so that we're getting the greatest positive impact for our investment – is a formidable one. We are acutely aware of how high the stakes truly are. Drug and alcohol prevention, intervention and treatment programs are a priority for the Wolf Administration. Governor Tom Wolf's proposed fiscal year 2015-16 budget reversed the steady cuts to drug and alcohol programming that have occurred over the past decade and move us toward our goal of reducing substance use and overdoses in Pennsylvania. I am excited at the overwhelming county drug and alcohol agency response to the additional \$5 million in new funding allocated for heroin and opioid addiction programs and appreciative for the level drug and alcohol program funding in the 2016-2017 budget.

I want to highlight some of the top initiatives being led by DDAP.

DDAP Initiatives

Implementing "David's Law"

In an effort to stem the rising tide of opioid overdose deaths, DDAP has taken a lead position in vigorously implementing "David's Law" (Act 139, 2014) throughout 2015. The law made naloxone available to police and firefighters, as well as family members and friends of those at risk of heroin or other opioid overdose. Naloxone has saved thousands of lives by rapidly reversing overdoses and has few side effects. Additionally, through the Good Samaritan provision, the Act provides immunity from prosecution for those reporting overdoses and those whose lives are saved.

Equipping Police With Naloxone

Pennsylvania's response to the epidemic in 2015 was strong. Our first priority: save lives. Seeing the police as a key partner and knowing that municipal police are first on the scene of a drug overdose more than 70 percent of the time, DDAP has approached this task with the greatest of urgency. Under the Physician General's standing order, we worked to quickly implement Governor Wolf's order for all State Police to carry naloxone, partnering closely with the State Police, the Department of Health (DOH), and the Pennsylvania Association of County Drug and Alcohol Administrators. We continue to collaborate with the Pennsylvania Commission on Crime and Delinquency, Pennsylvania District Attorneys Association, the Pennsylvania Chiefs of Police Association, DOH, county district attorneys, municipal police chiefs, and other key partners in 2015 to equip municipal police with naloxone. Collaborating with health insurers from across the Commonwealth, the Department, in partnership with Physician General Rachel Levine, raised more than \$500,000 to provide no-cost naloxone to police. To date, police have reversed approximately 600 overdoses across the Commonwealth. But we have hundreds of police departments not equipped, and we will work tirelessly until every police officer in Pennsylvania is carrying and prepared to use naloxone.

Educating Healthcare Providers

To address the overprescribing catastrophe at its root, DDAP in 2015 engineered several initiatives.

DDAP and DOH began work with the Pennsylvania Medical Society to develop continuing education programs to help healthcare providers better understand addiction and refer patients to treatment. In collaboration with Pennsylvania's medical school deans, the Departments are working together to ensure medical school students are properly trained about responsible pain prescribing and how to identify and help those suffering with addiction.

Pennsylvania's Prescription Drug Take-Back Program

After witnessing the outstanding work done in Bucks County, DDAP has worked to provide communities flooded with prescription drugs with a mechanism to safely remove unused medications. Pennsylvania's Prescription Drug Take-Back Program focuses on preventing diversion and abuse of prescription drugs by helping communities properly dispose of unused prescriptions. Working with the Pennsylvania Commission on Crime and Delinquency and the Pennsylvania District Attorneys Association, we've had hundreds of take-back boxes placed in police stations across the Commonwealth. When the DEA announced that they would no longer take away and destroy the drugs we collect, we sought the help of the Pennsylvania National Guard and the Attorney General's Bureau of Narcotics Investigations, and they have stepped up beautifully. The Attorney General's Office most recently reported to me that they have collected over 50,000 pounds of prescription drugs in 2015, while other counties – like Delaware County – have destroyed tens of thousands of pounds of drugs with their own resources.

Warm Hand-Off Policy

Reversing overdose victims with naloxone is only a first step in addressing the overdose death epidemic. To get overdose survivors into drug treatment, we have developed a robust “warm hand-off” policy. Our single county authorities (SCAs) have been charged with developing specific plans whereby overdose survivors are to be taken directly from the emergency department to a licensed drug treatment provider.

We are providing technical assistance as needed, not only to the SCAs, but to hospital and individual healthcare providers, including working with the Hospital Association of Pennsylvania (HAP), the Pennsylvania Medical Society, the Pennsylvania Chapter of the American College of Emergency Physicians, the Drug and Alcohol Service Providers of Pennsylvania, and others to facilitate the process of warm handoff.

To further support the work, DDAP has convened a Warm Handoff Workgroup to bring the various partners to the table to work through potential barriers and to identify and refine potential best practices.

Prescribing Guidelines

In 2013, I founded and led the Safe and Effective Prescribing Practices and Pain Management Task Force. Our strong multi-agency partnership worked with an array of healthcare stakeholders in 2014 to adopt Pennsylvania Guidelines for Treatment of Chronic Non Cancer Pain, Emergency Department Pain Treatment Guidelines and Dental Guidelines. With the project now properly led by the Physician General and DOH, and with DDAP’s support, three more sets of guidelines have been developed, including those for obstetricians, geriatric, and pharmacists. These guidelines give healthcare providers direction for safer, more effective pain relief practices, with greater emphasis on nonopioid therapies and greater caution to prevent addiction and diversion. Under Dr. Levine’s excellent leadership, this group will move forward this year with further sets of guidelines, addressing pediatric/adolescent pain prescribing, sports medicine prescribing, and prescribing of benzodiazepines. I’m not aware of any other state that has promulgated guidelines for specific disciplines, as we have.

Overdose Task Force

The Overdose Task Force, originally convened by DDAP in 2013, continues to meet to do the following: 1) determine particular overdose trends as a proactive/preventative measure; 2) determine what avenues can be established to communicate trends between different disciplines and state agencies (law enforcement, coroners, healthcare, treatment); 3) catalyze cross-system collaborative efforts between law enforcement, health and substance abuse providers in a more robust fashion; and 4) avert an upsurge in use of a particular trending substance. All of this has the overarching mission of preventing overdose deaths.

The task force is comprised of a wide range of federal, state and local 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, United States 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 Association for the Treatment of Opioid Dependence, PA District Attorneys Association, Philadelphia/Camden High Intensity Drug Trafficking Areas, as well as representatives from the federal Substance Abuse and Mental Health Administration. We welcome the tremendous work of our Philadelphia/Camden High Intensity Drug Trafficking Area program in attacking the overdose crisis by establishing a crime trends analyst house with the State Police and a health trends analysis with the Department of Health Bureau of Epidemiology.

Methadone Death and Incident Review (MDAIR) Team

Act 148 established an MDAIR Team 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). The MDAIR Team continues to meet to determine 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. In addition, committee is tasked with making recommendations to elected officials in efforts to decrease the occurrence methadone deaths and serious incidences.

Licensure Updates

In completing the first round of program licensure regulation updates, which had not previously been updated for over 40 years, DDAP partnered with stakeholders and the Governor's office to change the General Standards for Free-Standing Treatment Facilities, which apply to more than 80 percent of licensed treatment facilities. The changes update and streamline licensure and regulatory requirements. We plan to move forward with further reforms in the near future.

Medicaid Pilot Project for Offenders Entering Drug Treatment

Working closely with the Department of Human Services, criminal justice system and SCAs, DDAP expanded its Medicaid Pilot project to 50 counties to provide federally funded services to offenders being released from jail who are in need of SUD treatment. The work has eliminated the delay offenders who are leaving jail and going to residential drug treatment were experiencing in getting enrolled in Medicaid. Working as facilitator of the project, DDAP is ensuring all medical assistance eligibility processing is completed before the individual is released from prison or jail. By doing so for those eligible, Medicaid is turned on at the time of release, and the offender can be transported directly from county jail into clinically appropriate drug and alcohol treatment, paid for by federally matched funding.

Drunk Driving and Treatment

In partnership with Pennsylvania Department of Transportation and Pennsylvania Commission on Crime and Delinquency, DDAP is working to ensure that the enlightened statutory treatment requirements in Pennsylvania's DUI law are being enforced and that quality assessments and individualized treatment services with clinical integrity are being required and provided for DUI

offenders in every county and that accurate and complete reports are being made. In addition to making our highways safer, we believe that this work will also help reduce violent crime, including domestic violence.

Prevention Initiatives

During the past year, we have had our SCAs, along with their contracted prevention providers, continue to implement a wide variety of prevention programming across the state. The major focus is to reduce risk factors associated with substance use and promote the development of healthy lifestyles that positively impact individuals across their lifespan, communities, families and schools.

There are approximately 44 evidence-based programs and 44 evidence-informed programs that are currently being delivered throughout the Commonwealth that address alcohol, tobacco and other drug use. Prevention programs and services being implemented include, but are not limited to: educational programs for youth such as Botvin LifeSkills Training Program and Too Good for Drugs; parenting and family management programs such as the Strengthening Families Program for Parents and Youth 10-14, mentoring and leadership development programs such as Big Brothers Big Sisters, programs to promote positive youth development and provide healthy, constructive, and prosocial activities for youth, problem identification, referral and support for youth through the Student Assistance Program, information dissemination activities such as media campaigns, policy and environmental change initiatives, coalition building, and training of community members and professionals. In fiscal year 2013-14 (the most current year for which data are available), SCAs reported providing 181,157 alcohol, tobacco and other drug prevention services. The number of individuals participating in those prevention services was 855,223.

In addition, DDAP has worked to expand prevention efforts via work under the Partnerships for Success grant from SAMHSA, which addresses which addresses the prevention of underage drinking and prescription drug misuse/abuse among 12-25 year olds. This grant is being implemented in Blair, Bucks, Delaware, Lackawanna and Westmoreland counties. In addition to the programming implemented by each SCA, this grant has provided for the dissemination of the Commonwealth Prevention Alliance Stop Opiate Abuse Campaign media campaign, the creation of data dashboards for purposes such as needs assessment, evaluation and overall data driven decision making, and the development of a survey to better assess prescription drug misuse/abuse among young adults.

Over the next several years, DDAP plans to move prevention efforts across the Commonwealth forward in several key ways. DDAP plans to focus on continued development of the prevention workforce, and in particular, ensure that new prevention professionals have a strong foundation. DDAP is also working to improve SCA implementation of the Strategic Prevention Framework model and overall data driven decision making. The Strategic Prevention Framework uses a five-step planning process to guide states and communities in the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities. DDAP will be working to develop a comprehensive needs assessment and planning process that all SCAs will be required to utilize. DDAP also plans to continue reviewing the prevention programs

currently being implemented to better evaluate their strengths and weaknesses and help to ensure that SCAs are selecting programs for implementation that have demonstrated effectiveness.

Gambling

DDAP implements a comprehensive, coordinated and effective compulsive and problem gambling program for the Commonwealth. Funding from gaming entities is distributed to SCAs solely for problem gambling needs assessment, prevention programs, and outreach and educational programs. In addition, the Department contracts with the Council on Compulsive Gambling to administer the Pennsylvania Gambling Helpline.

Conclusion

Although we have accomplishments we can point to, the bottom line is that overdoses are still increasing, and we know there is much more work to be done. In this crisis, access to all treatment modalities must be expanded, particularly those modalities needed by our sickest, most vulnerable Pennsylvanians. This budget will allow for improved intervention strategies, increase the use of best practices, and increase access to treatment.

With greater access, we will do everything in our power to ensure overdose survivors are taken directly to licensed drug and alcohol treatment to immediately begin the recovery process.

We must continue attacking the problem at its roots, putting greater emphasis on non-opioid pain therapies and greater caution when it comes to prescribing opioids to prevent addiction and diversion.

We must continue to engage community partners, such as law enforcement, to assist in getting people with addiction into treatment rather than into jail.

And perhaps above all, we must continue to fight the shame, hopelessness and stigma that keep our addicted friends and family members in denial and deter them from seeking help. More than 23 million people in the United States are living wonderful lives of recovery from the disease of addiction. We must continue to tell their stories and learn from them.

This budget will enable DDAP to do these things and more, all of which will help us work toward a healthier, safer and more prosperous Pennsylvania.

Thank you.