Pennsylvania’s Opioid Epidemic
Restoring Health to Our Families and Communities
October 18, 2018

Gary Tennis, President/CEO
National Alliance for Model State Drug Laws
Personal Introduction

• 26 years as a prosecutor
  • 20 years doing Policy & Legislation for the Pennsylvania District Attorneys’ Association
• 2 years as Executive Director of the President’s Commission on Model State Drug Laws
• 5 years as Pennsylvania’s first Secretary of the PA Department of Drug & Alcohol Programs
• President/CEO of NAMSDL for the past year
National Alliance for Model State Drug Laws (NAMSDL)

- History
- Funded by Congress
- Mission
- Model Law Development
- Technical Assistance
- Resource Groups
What is NAMSDL?

• National Alliance for Model State Drug Laws

• We aim to:
  • **Dedicate** research and drafting efforts to a *comprehensive* approach to substance use disorders
  • **Support** the collaboration between law enforcement, prevention, intervention, treatment, recovery supports, and overdose abatement
  • **Embody** policies and practices in model state drug laws
  • **Provide** technical assistance
    • State and local officials
    • Stakeholders who share our mission
  • **Help** our nation free itself from substance use disorders and the far-reaching problems associated with these disorders
America’s Current Epidemic: How Bad Is It?

- Worst iatrogenic epidemic in the history of humanity
  - More Americans will die of this epidemic than died in World War II
- Overdose deaths have quadrupled between 1999 and 2017
  - 2017: More than 72,000 Americans died from overdoses

Worst, But Not First.

- This is America’s worst drug epidemic, but it’s not America’s first.
  - The First Heroin Epidemic of the 1960s and 1970s
  - The Cocaine (Crack) Epidemic of the 1980s
  - The Methamphetamine (Ice) Epidemic of the 1990s
Substance Use Disorders Constantly Take a Toll

• Nearly one out of three families has suffered with a family member addicted to drugs or alcohol

• Substance use disorders are connected to over 60% of the crimes in America

• The number of pregnant women addicted to opioids as they give birth has more than quadrupled since 1999
  • 2014: for every 1,000 hospital deliveries, 6.5 were mothers who arrived at the hospital with opioid use disorder

Why Does This Keep Happening to Us?

The answers aren’t simple.
What Did We Do Then?

• Colonial Times
  • Widespread “Public Drunkenness”
  • Public response: Punishment
  • Dr. Benjamin Rush
    • Founding father
    • Maybe this is a disease that can be treated.

“Who can calculate the extensive influence of a drunken husband or wife upon the property and morals of their families, and of the waste of the former, and corruption of the latter, upon the order and happiness of society?”

-Dr. Benjamin Rush

What Are We Doing Today?

• 2017 Surgeon General’s Report on Alcohol, Drugs, and Health
  • 78 people die every day in the United States from an opioid overdose
    • Nearly quadrupled since 1999
  • Despite the fact that we have treatments we know are effective, only one in five people who currently need treatment for opioid use disorders is actually receiving it
    • Largely due to lack of funding
  • Though less documented, prevention is similarly under-resourced
    • Loss of federal “Safe and Drug Free Schools” funding in 2010 – never restored
  • Affordable Care Act requires the majority of health plans and insurers to offer prevention, screening, interventions, and other forms of treatment for substance use disorders

“We need to see addiction as a chronic disease, and not as a moral failing.” –Jerome Adams, current US Surgeon General

H.R. 6

- At-Risk Youth Medicaid Protection Act (H.R. 1925)
  - Suspend rather than terminate Medicaid benefits for justice-involved juveniles
- Medicaid Reentry Act (H.R. 4005)
- Improving Access to Behavioral Health Information Technology Act (S. 1732/H.R. 3331)
- Individuals in Medicaid Deserve Care that is Appropriate and Responsible in its Execution Act (IMD CARE Act) (H.R. 5797)
- Reauthorization of key federal health and public safety programs: Secs. 3302-3306 of H.R. 6
What Are the Consequences of Under-Resourcing?

• Vulnerability to one epidemic after another.
  • Epidemics will never stop until substance use disorders are funded like other illnesses.

• More crime.
  • Many who don’t get treatment will lose jobs, homes, families, and will get locked up.

• Higher taxes.
  • The past 25 years of research consistently show that every dollar spent on treatment saves taxpayers seven dollars.
    • Savings in criminal justice, healthcare, child welfare, workplace costs, etc.

Why is This Epidemic the *Worst* in History?

- Quadrupling of opioid prescribing over the past 20 years
- Pharmaceutical opioid industry claimed there was little to no risk of addiction
  - Health care officials and policy makers believed them

Profits of Opioid Manufacturers

• For example, one opioid manufacturer:
  
  • Increased its earnings from a few billion in 2007 to $31 billion by 2016
  
  • Earned $35 billion in 2017, a $4 billion increase in just one year
  
  • Is currently being sued by 22 states, and 3 more states have lawsuits in the works

The relentless marketing of pain pills. Crews from one small Mexican town selling heroin like pizza. The collision has led to America’s greatest drug scourge.

The True Tale of America’s Opiate Epidemic
Impact of Increased Rx Opioids

• The quadrupling of prescription opioids has tripled the amount of prescription drug abuse in the United States since 1990 (source: NCBI)

• 54 million American people over the age of 12 have used prescription drugs for nonmedical reasons in their lifetime

• More people report using prescription drugs than cocaine, heroin, and meth combined (source: SAMHSA)
  • That puts prescription drugs second behind marijuana in illicit drug use in the U.S.

Data source: NCBI, SAMHSA
Shift In Public Policy

- Prescription Drug Monitoring Programs (PDMPs)
- Prescribing Guidelines
- Patient Informed Consent
- Statutory Limitations on Prescribing
- Drug Take-Back Programs
These Programs Work

• According to the CDC, the implementation of these programs and policies has created a drastic improvement since 2006:
  • The annual prescribing rate by doctors dropped 13% (from 81 prescriptions per 100 people to 71 prescriptions per 100 people)
  • High-dose prescribing fell 41%
  • The overall amount of opioids prescribed in the U.S. dropped 18%
    • 2010: Peaked at 782 MMEs (morphine milligram equivalents) per capita
    • 2015: Averaged 640 MMEs per capita
Then Why are Overdose Deaths Increasing?

• If these programs are working, why are overdose deaths continuing to rise?
  • 2016: 64,000
  • 2017: 72,000
• Because we forgot something very important.

Data Source: Center for Disease Control
What About Those Already Addicted?

• What about those who were already addicted to prescription opioids when the strong prescribing programs and policies went into effect?
  • Lack of substance use disorder intervention protocols
  • An addiction treatment infrastructure that meets only 10% of need
  • A deeply ingrained culture that stigmatizes those with addiction
  • Opioid-seeking, substance-dependent patients being “fired” by their doctors
Where Can They Get Drugs?

• If they are already dependent on opioids, where do these individuals go to get their drugs?
  • Short answer: The street.
One who buys heroin today does not know what he or she is getting. All too often, the heroin comes with a deadly bonus....
FENTANYL

50 times more powerful than heroin.
CARFENTANIL

5,000 times more powerful than heroin.
We, as a nation, are enduring the perfect storm.
What can we do about this?

There are answers: programs and policies that WORK.
Screening and Interventions: Training & Protocols

- Doctors, nurses, and pharmacists
- Police officers
- EMS workers
- Teachers, coaches, school counselors
Criminal Justice as an Intervention Tool

- Diverting to Treatment (rather than jail) results in safer communities
- Criminal recidivism by those getting clinically sound treatment is reduced by about 70%
- Police-assisted intervention
- Drug Courts
  - Proven to reduce crime, save taxpayer money, and save lives.

More Treatment Methods

• Long-term residential therapeutic community
  • Women and children’s therapeutic communities that preserve the family unit
  • Programs like the Akeela House in Anchorage, which offers long-term residential treatment in a therapeutic setting

• Medications, where clinically helpful (individualized clinical determination)
Can We Afford Treatment?

• Better question: can we afford *not* to provide treatment?
  • Much more crime and crime victims
  • Huge criminal justice costs
    • Every dollar spent on treatment saves taxpayers seven dollars in reduced criminal justice costs
  • Child protective services costs
  • Catastrophic health care costs
    • Substance abuse-cause diseases like hepatitis-C, HIV, AIDS, cirrhosis, heart disease, dental deterioration, etc.
  • Workplace costs
    • Theft, absenteeism, accidents
More and Better Prevention

- Mandatory K-12 Prevention programs
  - Example: Botvin LifeSkills Training, shown to be effective by University of Colorado’s Blueprints for Healthy Youth Development
  - Sustained throughout the year and integrated into the curriculum
  - “Scared straight” programs do not work—and in fact increase drug use.
  - Aimed at building strong character, resistance to destructive peer pressure, self-determination, and good values

- Evidence-based PR campaigns
- PDMPs, Prescribing Guidelines, Take-Back Programs
- Primary care doctors speaking with patients
Prevention

What State Government Can Do (and What You Can Do)

• Department of Education
  • Enforce the K-12 Drug and Alcohol Education Prevention Law. (24 P.S. §15-1547).
  • You can work with your school superintendents to demand enforcement
  • Programs that do NOT work: “one shot” events; “scared straight”
  • Programs that work: Consult CASEL (Collaborative for Academic, Social, and Emotional Learning: Blueprints for Healthy Youth Development.)
    • One example: Botvin Lifeskills Training

• Department of Education
  • Push out SAMHSA Prevention Videos to Parents
    • “Talk, They Listen”
Prevention

• Department of Health
  • Pennsylvania’s Prescribing Guidelines
  • Prescription Drug Monitoring Program (ABC-MAP)
  • Strengthen Continuing Education for Health Care Professionals
  • Strengthen Medical School Curriculum

• What YOU Can Do
  • Demand from your doctor that they first try non-opioid medical alternatives (except in severe circumstances).
  • Challenge your doctor if you think they are overprescribing
  • Ask your doctor if they are following the Pennsylvania Prescribing Guidelines
Prevention

• Rx Drug Take-Back Boxes
  • If your police stations don’t have take-back boxes, ask them to have one, and get the word out in your communities.
  • Ask your local pharmacies to put in a take-back box. If a pharmacy does it, put the word out to give them your business.
Intervention

• Department of Education

  • **Student Assistance Programs**. These are legally required in all schools, are proven effective at helping at-risk young people and keeping them out of trouble with drugs, alcohol, violent conduct, and the juvenile justice system.

  • But many districts no longer have them, *even though the law requires it*.

  • Learn more about Student Assistance Programs, and get your school superintendents to implement them.

  • They may need more funding, but what’s more important then saving the lives of our beloved youth?
Intervention

• Department of Health and Department of Drug and Alcohol Programs
  • Training Health Care Professionals. Both in medical schools and continuing medical education, learn to identify and intervene with those with substance use disorders.
  • Warm Hand-Off of Overdose Survivors. See next slide.

• Pennsylvania State Police; Pennsylvania Commission on Crime and Delinquency; Local Law Enforcement & Criminal Justice System
  • Police Deflection. Police assisted interventions.
  • Criminal Justice Sequential Intercept Model (SIM)
  • Drug Courts.
  • Enforce Pennsylvania’s mandate for treatment for DUI offenders who need it
Treatment

• We need more resources focused on treatment.
• Treatment must be long enough and at the right levels of care.
• IMD Exclusion. H.R. 6 only covers 30 days residential treatment. Most Medicaid recipients going to treatment need at least 90 days residential, followed by intensive outpatient, outpatient, and ongoing recovery supports.
• We need all modalities. MAT works for many, but drug-free treatment has been the primary treatment modality for attaining recovery and is proven effective if the person gets long enough treatment at the right levels of care.
Treatment

• Scrutinize the “research”. Studies showing poor outcomes for drug-free treatment are based on too little treatment (or sometimes no treatment at all, only detox). The bottom line is, we need both.

• Fair and reasonable rate-setting.

• Enforce of Act-106; enforcement of the Mental Health Parity & Addiction Equity Act
Treatment

• Department of Corrections (and County Jails)
  • **Behind-the-Walls Treatment.** Ensure clinical integrity of Behind-the-Walls Treatment (staff-client ratio and length of programming).
  • **Transition to Community-Based Treatment.** Research shows that prisoners’ completion of behind-the-walls treatment must be followed *immediately* by transfer to community-based treatment.

• Close Collaboration Between Community-Based Treatment and Parole Officials.

• **Restore Pre-Release.** Pennsylvania recently eliminated pre-release, which allows certain prisoners to be “pre-released” at half their minimum. Restoring that would enable release of many addicted inmates into Medicaid-funded treatment, and would generate tremendous Corrections savings to help cover what Medicaid doesn’t pay for (residential treatment beyond 30 days).

• **Re-Entry Courts.** A small but growing number of jurisdictions are implementing drug courts to oversee this process and ensure that those being released are getting the treatment they need to stay safe and crime free.
Overdose Abatement- Naloxone

• **Death= The Ultimate Defeat.** We must keep people alive and then go all out to get them the help they need to recover.

• **Carry Naloxone and Learn How to Use It.** *Any* of us might find we need it to save a human life. It’s available at all pharmacies under the Physician General’s standing order.

• **Make Sure Your Police Officers & Firefighters Are Carrying It.** Police have over 6,000 saves as of January this year.

• **Support Naloxone Distribution in High Overdose Areas.**
Naloxone Reversals By Police Officers In Opioid Overdose Events

Number of successful overdose reversals per county

- Full County Coverage
- Partial Coverage

Municipal Police Reversals = 6,335  PA State Police Reversals = 121

TOTAL REVERSALS = 6,456

Estimated Population Covered = 9,499 million (74%)

Double asterisks ** signify counties that do not have municipal police departments and are only covered by the PA State Police

Total Reversals as of January: 6,456
Recovery Supports

• **The Goal: Five Years.** As with other diseases, the prospects for relapse are low once the individual attains five years in recovery- 85% who reach this mark will enjoy the rich full life of recovery, relapse free, for the rest of their lives.

• **Increased Use of Recovery Specialists.** With proper training, our recovering friends are invaluable resources for interventions, wrap-around services, case management, post-treatment recovery support, and other invaluable functions supporting recovery.

• **Recovery Housing: Increased Resources and Better Standards.** Recovery housing is no substitute for clinically needed treatment. But those coming out of residential treatment usually need recovery-supportive housing, away from triggers they live with during active addiction. In this crisis, some portion of HUD-sourced housing dollars should go to recovery housing that meets state-established standards.
Recovery Supports

• **Vocational Rehab. Meaningful Work is a Critical Recovery Support.** The Office of Vocational Rehab (Department of Labor & Industry) should be working closely with DDAP and Pennsylvania’s treatment community to ensure that robust vocational rehab resources are provided to all seeking recovery.

• **Pathway to Pardons.** Those with established recovery need a streamlined and easily accessible procedure for clearing out old criminal records from when they were active in their addiction. Lt. Governor Mike Stack has led a groundbreaking and nation-leading initiative in this area, and it should be made permanent and continually improved.
Recovery Supports

• **Model Collegiate Recovery Programming.** Pennsylvania colleges & universities are notorious for their high level of drug and alcohol arrests and other problems. Every campus in Pennsylvania should become a Recovery Campus, in accordance with the standards of the Association of Recovery in Higher Education.

• **Model Recovery High Schools.** Every high school aged young Pennsylvanian coming out of treatment or otherwise seeking recovery, should have access to a recovery high school, which can be funded through charter school or other funding. Returning to the high school where one is again with peers who were co-users (and likely still using), is a formula for failure and relapse, placing these young people’s very lives at risk. We need to support their recovery in every way possible.
Greater Use of Recovery Community Resources

- Using recovery coaches for interventions
- Warm hand-off of overdose survivors
- Supporting individuals in treatment
- Helping these individuals transition out of treatment into recovery-support networks.
Keep People Alive, So We Can Get Them Better

- Naloxone Policies
  - First responders
    - EMS
    - Firefighters
    - Police
  - Standing order and universal access
The Good News.

We know what works.

23 MILLION Americans are living the rich, full, productive lives of recovery from drug and alcohol addiction.
The Good News.

America will grow and learn from this healthcare catastrophe.

We all must be determined, with every cell in our bodies, that the half-million Americans dying in this epidemic shall not die in vain.
Gary Tennis, President/CEO, National Alliance for Model State Drug Laws

Email: gtennis@namsdl.org  Office: 703.836.6100  Mobile: 215.806.6734
Questions