

Heroin: Combating this Growing Epidemic in Pennsylvania

REPORT

*Compiled from statewide
hearings hosted by ...*

The Center for



Rural Pennsylvania

A Legislative Agency of the Pennsylvania General Assembly



September 2014

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The Center for Rural Pennsylvania is a bipartisan, bicameral legislative agency that serves as a resource for rural policy within the Pennsylvania General Assembly. It was created in 1987 under Act 16, the Rural Revitalization Act, to promote and sustain the vitality of Pennsylvania's rural and small communities.

Information contained in this report does not necessarily reflect the views of individual board members or the Center for Rural Pennsylvania. For more information, contact the Center for Rural Pennsylvania, 625 Forster St., Room 902, Harrisburg, PA 17120, telephone (717) 787-9555, info@rural.palegislature.us, www.rural.palegislature.us.

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Executive Summary

In July and August 2014, the Center for Rural Pennsylvania, a bipartisan, bicameral legislative agency of the General Assembly, convened a series of statewide public hearings to examine the increasing use of heroin and opioid abuse and addiction rates in rural Pennsylvania communities. The hearings were in response to questions posed by state legislators on the increasing number of arrests and overdose deaths attributed to heroin and opioid abuse within their respective legislative districts.

Over the two month period, state legislators joined the Center for Rural Pennsylvania Board of Directors to travel across the state, from the southeast to the northwest, in order to receive testimony from over 50 experts and concerned citizens.

Hearings were held on July 9th at the Williamsport Regional Medical Center in Lycoming County, July 22nd at the Reading Area Community College in Berks County, August 5th at Saint Francis University in Cambria County, and August 19th at Clarion University of Pennsylvania in Clarion County. The hearings were broadcast by the Pennsylvania Cable Network (PCN) and are available for viewing online.

More than 300 pages of compelling testimony were received over the course of 20 hours to identify and discuss ongoing approaches in education and prevention, law enforcement, and treatment in the state. Those offering testimony included:

- Parents who offered heartrending stories of children who have passed away or are currently suffering from addiction, and who are seeking to strengthen existing state laws and enact new state laws.
- Elected officials who discussed ongoing efforts at the local level to address the rise in heroin and opioid abuse, from the creation of Drug Task Forces, to expanding supervised release programs and implementing new jail based treatment programs.
- Law enforcement personnel who discussed heroin trafficking across the state, rising crime rates that are impacting the criminal justice system, and efforts to combat drugs and drug-related activity.
- Medical and treatment providers who stressed the need to replace funding that has been cut to treat addiction and connect those struggling with addiction to local resources that can assist them on their road to recovery. Of particular importance was the need for a Prescription Drug Monitoring Registry.
- Educators and students who pleaded for parents, schools and community organizations to become more engaged and take a proactive role to learn more about the growing epidemic.
- Business and industry leaders who talked of the drug and alcohol abuse among our population, presenting significant workforce issues for Pennsylvania employers.

- Recovering addicts who provided insights into heroin and opioid addiction and recovery.

The rise in heroin and opioid abuse in Pennsylvania has no geographic boundaries, and crosses all socioeconomic groups, all ages and all races. 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. In addition, recent reports note that approximately 80 percent of people who abused heroin reported abusing prescription opioids before starting to abuse heroin (i). Further, a Centers for Disease Control and Prevention (CDC) Vital Signs report confirmed that health care providers wrote 259 million prescriptions for painkillers in 2012, enough for every adult in the United States to have a bottle of prescription painkillers.

In 2014, Governor Tom Corbett directed the Departments of Drug and Alcohol Programs and Health to establish the Safe and Effective Prescribing Practices and Pain Management Task Force in an effort to reduce the number of prescription drug abuse cases and the number of overdoses associated with prescription drug abuse in the state. The group was tasked with reviewing prescribing practices and identifying guidelines for health care providers who treat chronic non-cancer pain, as well as opioid prescribing guidelines in the context of hospital emergency departments.

The Pennsylvania General Assembly has also recognized the need for closer monitoring of prescription drugs. Legislation has been introduced in the House of Representatives and the Senate that would strengthen a prescription drug monitoring program in the Commonwealth. The program would expand upon the types of drugs already monitored and increase access to the program for pharmacists and health care practitioners with prescriptive rights.

During all four Center for Rural Pennsylvania public hearings, one thing was made clear – state and local education and prevention, law enforcement, and treatment efforts must be evaluated and fully coordinated to provide a more effective means to treat and address this growing epidemic in the state. As stated by several presenters, the Commonwealth of Pennsylvania cannot arrest its way out of the growing heroin and opioid abuse and addiction crisis.

This final report sets forth recommendations and considerations offered by the participants during the four hearings. Some of the recommendations are primed for legislative action; however, it became evident that some issues require additional research and understanding before any proposed action is offered. Through its core mission of research and data analysis, the Center for Rural Pennsylvania will work to further refine the issues, and it encourages local communities to continue their efforts in combating this epidemic.

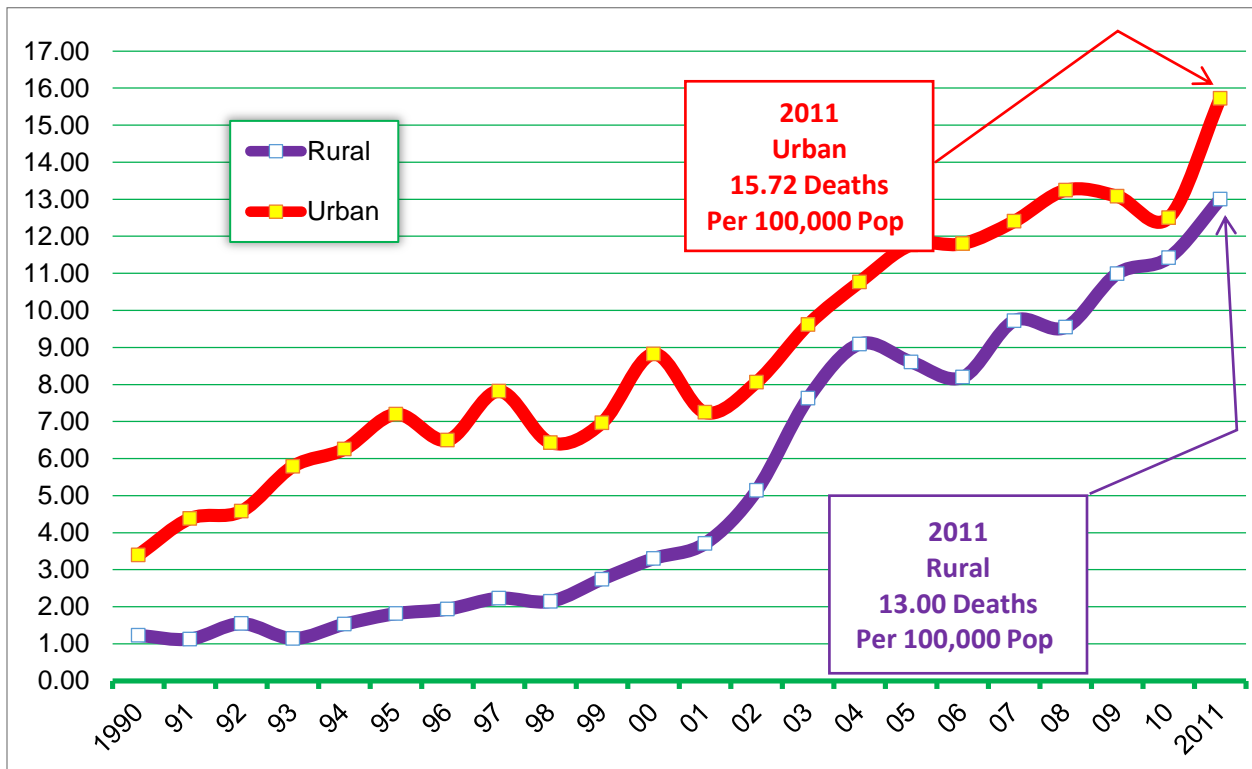
State of Affairs: Heroin and Opioid Abuse in Pennsylvania

“We cannot arrest our way out of this problem.”
John T. Adams, Berks County District Attorney

Nationwide, states are reacting to the surge in new heroin cases by developing integrated approaches, passing stricter laws and focusing on enhanced education and prevention, law enforcement, and treatment methods.

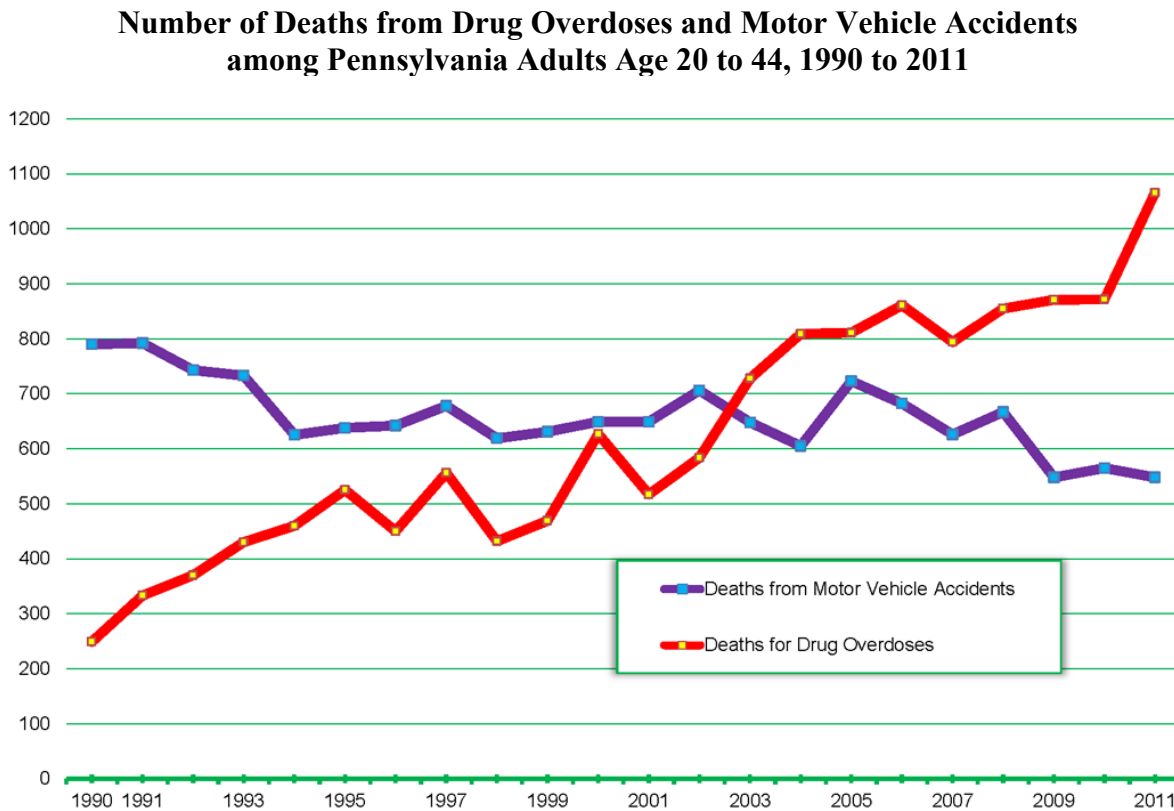
Heroin, an illegal and highly addictive drug processed from morphine, a natural occurring substance extracted from the seed pod of certain varieties of poppy plants (ii), and opioid abuse is widespread across the Commonwealth of Pennsylvania affecting one out of every four families in the state. Over the past 5 years, heroin and opioid abuse has claimed the lives of nearly 3,000 Pennsylvanians, according to data from the Pennsylvania Coroners Association (iii). Overdose deaths have increased by an astounding 470 percent, rising from 2.7 to 15.4 per thousand over the last two decades, according to data from the Pennsylvania Department of Health (iv).

**Drug Overdose Deaths Per Capita
in Rural and Urban Pennsylvania, 1990 to 2011**



Data source: Pennsylvania Department of Health. Deaths based on the following ICD10 Codes: X40, accidental poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics. X41, accidental poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified. X42, accidental poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified. X43, accidental poisoning by and exposure to other drugs acting on the autonomic nervous system. X44, accidental poisoning by and exposure to other and unspecified drugs, medicaments and biological substances.

Nationwide, more people age 25 to 64 are dying from overdoses than in vehicle crashes (v). The same holds true in Pennsylvania, as more adults age 20 to 44 are dying from drug overdoses than motor vehicle accidents.



Data source: Pennsylvania Department of Health. Deaths are based on the following ICD10 Codes: X40, accidental poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics. X41, accidental poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified. X42, accidental poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified. X43, accidental poisoning by and exposure to other drugs acting on the autonomic nervous system. X44, accidental poisoning by and exposure to other and unspecified drugs, medicaments and biological substances. Motor-vehicle traffic deaths include pedestrians, pedal cyclists, or occupants, and involve any type of motor vehicle on public roads (ICD 10 codes V02 - V04 (.1,.9); V09.2; V12 - V14(.3 -.9); V19(.4-.6); V20 -V28 (.3-.9); V29 (.4-.9); V30-V79 (.4-.9); V80 (.3-.5); V81.1; V82.1; V83-V86(.0-.3); V87(.0-.8); V89.2).

The increased use of heroin, which often has roots in the abuse of prescription painkillers like Vicodin and OxyContin, has catapulted Pennsylvania to seventh in the nation for drug-related overdose deaths in the latest federal statistics from the CDC. Research also suggests that nearly 34,000 12-17 year olds are now trying heroin for the first time each year as the drug becomes cheaper and more readily available than ever.

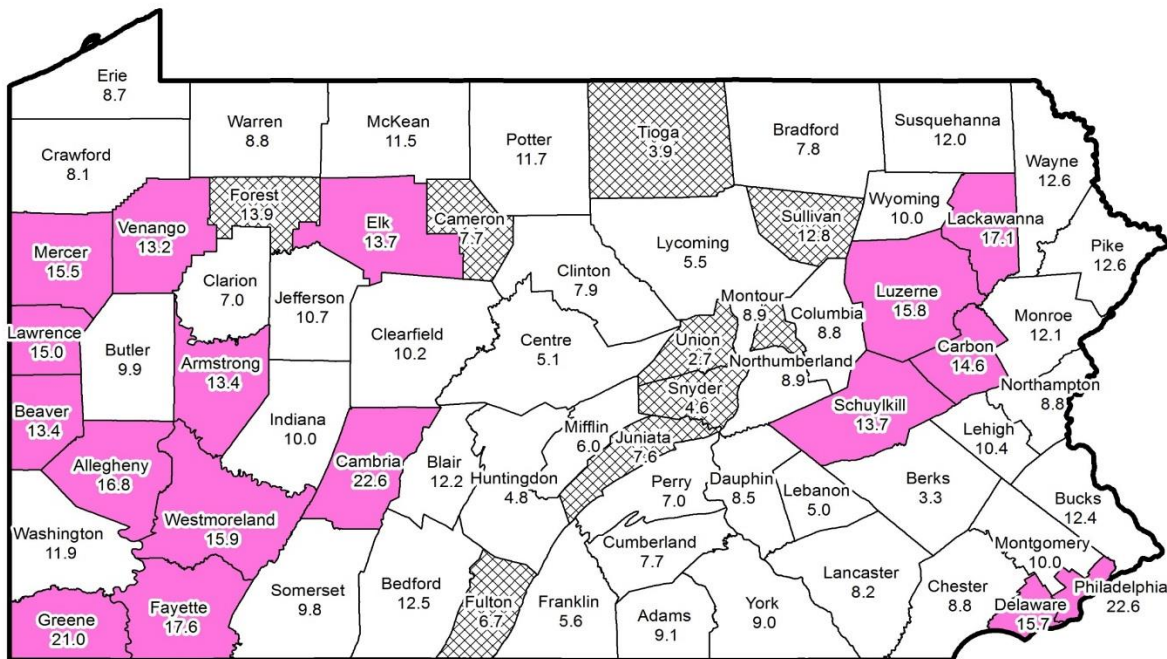
Data from the Pennsylvania Department of Health and the Pennsylvania Department of Drug and Alcohol Programs (DDAP) revealed that approximately 52,150 Pennsylvania residents are receiving addiction treatment services in the Commonwealth. Meanwhile, approximately 760,703 remain untreated. According to Department of Drug and Alcohol Programs Secretary Gary Tennis, there are enough public resources to treat one out of every eight Pennsylvanians who are suffering from addiction.

Within the first 2 years of its existence, DDAP has undertaken many initiatives, one of which was the updating and streamlining of licensure and regulatory requirements that govern DDAP-licensed treatment providers in Pennsylvania: this was to further enhance client health, safety, and positive treatment outcomes. Existing regulations have not been updated in nearly three decades.

Further, information was provided at the hearings that 70 to 80 percent of criminal offenders in Pennsylvania have serious substance abuse problems, which has a significant impact on prisons and county jails across the Commonwealth.

In 2013, the Pennsylvania Office of Attorney General reported that, out of 1,376 arrests, 522 involved heroin. In 2014, 473 out of 875 arrests made by the state Attorney General’s Office have been heroin related. Heroin is extremely easy to obtain in Pennsylvania due to the increased production of heroin in Mexico and the transportation of huge quantities across the Southwest border. Pennsylvania is considered both a destination and a source of heroin coming into the region.

Overdose Death Rate, 2007 to 2011
(Number of Accidental Drug Poisoning per 100,000 Population)



Statewide Average = 12.7 Overdose Deaths per 100,000 Population

- Above Statewide Average
- At or Below Statewide Average
- <10 Overdose Deaths, Rate is Statistically Unreliable

Data source: Pennsylvania Department of Health. Deaths based on the following ICD10 Codes: X40, accidental poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics. X41, accidental poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified. X42, accidental poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified. X43, accidental poisoning by and exposure to other drugs acting on the autonomic nervous system. X44, accidental poisoning by and exposure to other and unspecified drugs, medicaments and biological substances.

During the hearings, several presenters, including county coroners, questioned the accuracy of the data for reported heroin-related opioid deaths in Pennsylvania.

The U.S. Department of Justice, Drug Enforcement Administration, reports that heroin is the most commonly found illicit substance involved in alcohol and/or drug intoxication deaths in the City of Philadelphia. In 2011, 251 alcohol and/or drug intoxication deaths showed the presence of heroin/morphine, a significant increase from 138 in 2010. Heroin is also the most commonly found substance in mortality cases where illicit drugs are present. In 2011, heroin/morphine was found in 32.4 percent of cases in Philadelphia deaths where illicit drugs were present in the system.

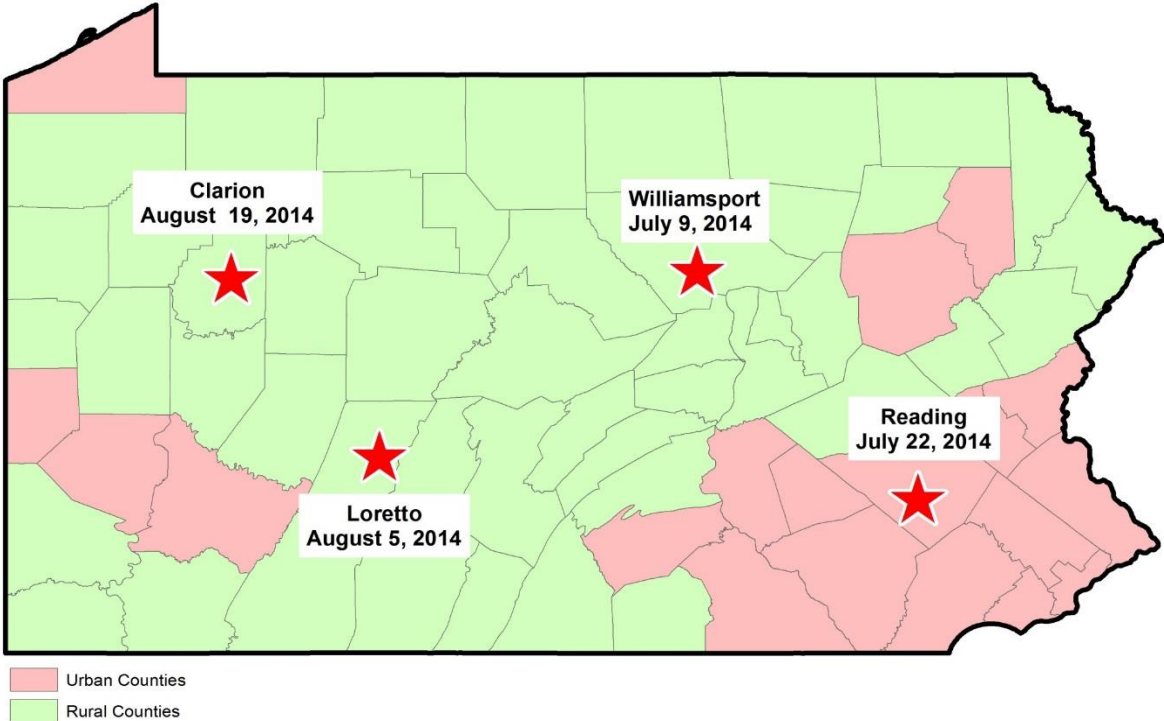
This epidemic continues to impact every corner of the Commonwealth in both rural and urban communities.

The Center for Rural Pennsylvania Public Hearings on Heroin

“The epidemic of drug and alcohol abuse is widespread, causing a crippling level of human suffering that directly impacts one out of four families in the Commonwealth and in our nation.”
Secretary Gary Tennis, Pennsylvania Department of Drug and Alcohol Programs

In response to the growing concern over the number of heroin and opioid related deaths and arrests across the Commonwealth of Pennsylvania, the Center for Rural Pennsylvania was asked to serve as a vehicle by state legislators for conducting a series of statewide hearings. The purpose of the hearings was to raise public awareness of heroin and opioid abuse and addiction rates in rural Pennsylvania communities.

The Center for Rural Pennsylvania Board of Directors, consisting of members of the House of Representatives, Senate, Governor appointees and academia, joined legislators from across the state for the four public hearings. The hearing sites were selected to achieve geographic representation and perspectives reflecting the diversity of Pennsylvania.



The Center’s Board of Directors heard from over 50 individuals who provided valuable insights into the growing epidemic. Family members, elected officials, educators, medical and treatment providers, law enforcement personnel, members of business and industry and former addicts offered 20 hours of compelling testimony over a two month period.

The public hearings focused on three key areas: Education and Prevention, Law Enforcement and Treatment.

Education and Prevention

According to Geoffrey Kolchin, program analyst with the Pennsylvania Commission on Crime and Delinquency, “Prevention of heroin use and prescription misuse needs to begin early. We need to prevent the greatest number of youth possible from beginning to use any drugs. We need to give kids the skills and ability to refuse to use.”

Testimony was provided describing several education programs now being implemented in Pennsylvania schools. Some school districts, for example, use the LifeSkills Training Program, an evidence-based prevention program, which has shown a decrease in high-risk behaviors among middle school students. This program focuses on teaching prevention, anti-drug norms, drug refusal skills, self-management skills and social skills to adolescents.

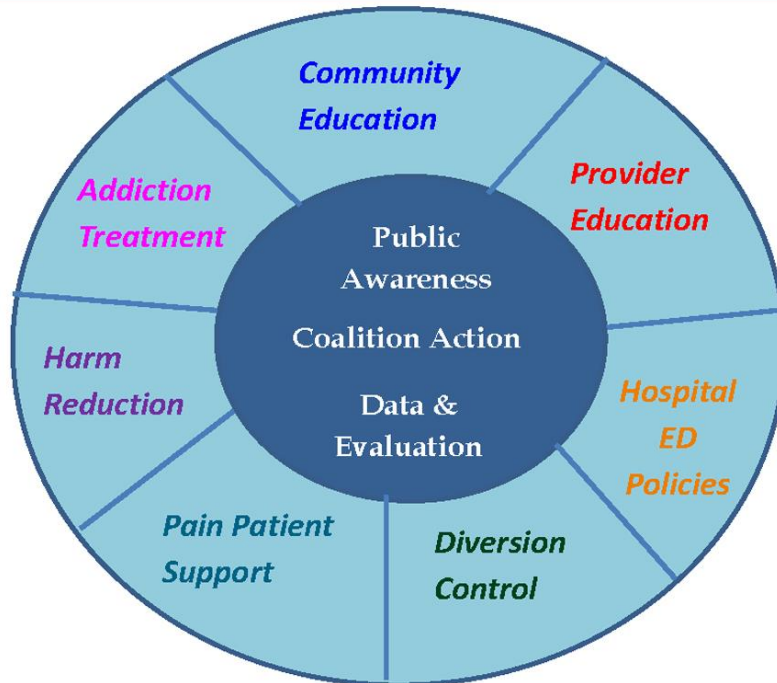
Judy Rosser, executive director for Blair Drug and Alcohol Partnerships, said, “It has become apparent a one-time presentation is not effective in changing behaviors of youth. A solid foundation of evidence-based programs in the schools is needed to develop the skills in youth that enable and empower their decisions on these issues.”

Fred Brason, founder of Project Lazarus in North Carolina, subscribes to the belief that communities are ultimately responsible for their own health and that every drug overdose is preventable. Project Lazarus developed a wheel concept with seven spokes that can be used in any community. The spokes include:

- **Community education** – which changes the perception of the abuse of prescription drugs.
- **Provider education** – which outlines the proper treatment of chronic pain, providing options instead of medication and reducing the risk of medication diversion and patient overdose.
- **Hospital emergency department policies** – which develop a system-wide standardization of prescribing narcotics.
- **Diversion control** – which stresses proper storage and disposal of prescription medication.
- **Pain patient support** – which provides alternatives for chronic pain – exercise, physical therapy, yoga, acupuncture.
- **Harm reduction** – which increases access to naloxone – parents, first responders & law enforcement.
- **Addiction treatment** – which makes access to various treatments available and removes the stigma associated with addiction.

The Project Lazarus model reinforces the concept that “we are all in” when fighting this epidemic.

Project Lazarus Model



The Project Lazarus model can be conceptualized as a wheel, with three core components (The Hub) that must always be present, and seven components (The Wheel) which can be initiated based on specific needs of a community.

Source: Testimony of Fred Wells Brason, II, founder of Project Lazarus.

Law Enforcement

Law enforcement officials, from local police and county judges to the state police and Pennsylvania’s Attorney General, were united in their position that Pennsylvania must strengthen its efforts to combat the heroin crisis that has spread across and impacted the Commonwealth. It was evident from the testimony that: the trafficking of heroin has reached rural Pennsylvania in alarming ways; the criminal justice system is inundated; county prisons have become detox units; and law enforcement and criminal justice resources are understaffed and underfunded.

Local and state enforcement officials commented on the flow of drugs throughout the state. Pennsylvania Attorney General Kathleen Kane noted her firsthand observations of heroin confiscated at the Mexican border and of the massive amounts of heroin reaching Pennsylvania, primarily via truck transportation and air travel.

In addition, the Attorney General noted the explosion in the diversion of pharmaceutical drugs for illicit sale and abuse. Pennsylvania has experienced a rapid, significant increase in prescription drug abuse, overdoses, and overdose deaths, and illicit trafficking of pharmaceutical drugs. According to David Ellis, regional director of the Attorney General's Bureau of Narcotics Investigation, more than 80 percent of heroin users reported that their addiction began with prescription drug abuse. He stated that the lack of a comprehensive prescription drug monitoring system, which includes Schedule III, IV, and V controlled substances, is a contributing factor to drug abuse and addiction.

Testifiers also cited the need for stiffer penalties for dealers, and for dealers who possess guns.

While the support for getting tougher on crime as it relates to drug traffickers and dealers was evident, law enforcement officials voiced even greater support for increased treatment and wrap around services for those addicted to prescription drugs and heroin who enter the judicial system.

Treatment

Throughout the four public hearings, the need for a strong treatment infrastructure to address heroin and opioid addiction was evident.

Many presenters said that, to access treatment, those suffering from addiction must be alive. To this end, they spoke about the need for the increased availability of naloxone to deal with opiate overdoses. Alice Bell, overdose prevention coordinator with Prevention Point Pittsburgh, explained that naloxone is an FDA-approved prescription medication and opioid antidote. It rapidly reverses the effects of overdose by displacing opioids from opioid receptors in the brain, blocking the effects of opioids, and returning a person who has stopped breathing to life. "Every second counts in an overdose, so it is imperative that we get it in the hands of those most likely to witness an overdose, those most likely to be on the scene, most often friends and families," she said.

Susan Kelly, who lost her son from an accidental drug overdose, believed her son's death could have been prevented if the people with her son had access to naloxone, and were not afraid to call 911 for fear of being prosecuted on drug charges. Statistics from the Centers for Disease Control and Prevention indicate that naloxone distribution programs across the country have saved more than 10,000 lives by laypeople administering naloxone to those overdosing on opiates. Seventeen states and the District of Columbia have passed laws that allow more people to have access to naloxone, so that those suffering from addiction can have an overdose reversed.

Many presenters also stressed that addiction should be recognized as the disease it is and that those who are suffering from this disease should be afforded proper treatment. We do not send a person with diabetes to a 30-day clinic for treatment and expect them to be cured upon return. Addiction is a lifelong disease and, as such, like diabetes, requires lifelong care and support.

Presenter Recommendations

The Center heard from more than 50 state and local officials, law enforcement personnel, judges, health care and treatment providers, educators, recovering addicts, parents and the State's Attorney General. These presenters offered a diverse approach to address the drug problem.

Pending Legislation

Two legislative bills that surfaced repeatedly were:

- **Senate Bill 1180/House Bill 1694** – Prescription Drug Monitoring Program. This legislation would expand the types of drugs monitored under the existing system. Currently, data are collected for Level II controlled substances. Under the proposed bill, this program would be expanded up to and including Level V control substances. In addition to the Attorney General's Office, the Department of Health would be given the responsibility of overseeing the portion of the program that will be accessible to pharmacists and prescribing physicians. The objective is to assist in identifying prescription fraud, doctor shopping and improper prescribing and dispensing of prescription drugs.
- **Senate Bill 1164** – Amends the Controlled Substance, Drug Device and Cosmetic Act. Originally, the legislation was proposed to provide immunity to an individual who contacted authorities in the event of a drug overdose. To further strengthen this proposal, an amendment was offered to expand the accessibility of the opioid antidote drug naloxone, also known by the trade name Narcan. With this amendment, naloxone would be available to first responders such as law enforcement or fire department personnel. Health care professionals would also be able to provide a prescription for naloxone to persons at-risk of an overdose, family members, or an individual who may be in the position to assist a person who is suffering an overdose.

In addition to specifically supporting these bills, the three primary themes repeatedly mentioned in the fight against heroin were: educating individuals to the dangers of opioid abuse; increasing the accessibility and availability for those seeking treatment and providing law enforcement with the tools to help eradicate heroin from our communities.

Additional Items for Consideration

Education and Prevention

- **Increase public awareness** – testimony highlighted four opportunities to combat heroin use: acknowledge and identify the drug abuse in our communities and in our schools; create an awareness of available support mechanisms; connect those in need with the available resources; and educate our youth on the dangers of drugs and how to avoid drug dependency.
- **Support and expand drug prevention programs** – offer age appropriate, evidence-based programs on the dangers of prescription drug abuse.

- **Promote and expand the Drug Take-Back Program statewide** – this program provides for the proper disposal of unwanted and unused medication. Currently, 47 counties participate in the Drug Take-Back Program that eliminates unwanted and unused medication from potential abuse. As was repeatedly stated, there is a direct correlation to the abuse of prescription drugs and the subsequent use of heroin.
- **Develop medication restrictions for treating chronic pain** – provide pharmacists with the flexibility on filling a partial prescription without jeopardizing insurance company reimbursement. Testimony was provided that third-party payers, when auditing a pharmacy, often deny claims and recoup money for the partial-filling of a prescription. In addition, insurance companies incentivize a 30-day or greater supply.
- **Require the utilization of the Emergency Department Pain Treatment Guidelines** – the Pennsylvania Department of Drug and Alcohol Programs, in collaboration with the Pennsylvania Medical Society, developed and issued recommended guidelines and procedures to address the treatment of patients with chronic or acute pain. The intent is to provide relief for emergency department patients while attempting to identify those who may be abusing or are addicted to prescription medication.
- **Establish minimum education standards for prescribing practitioners and health care students** – develop a standard curriculum for all Pennsylvania health care provider schools including medical, nursing, pharmacy and dental students. Courses on pain management, addiction, treatment, and prescribing privileges should also be incorporated into continuing education programs.

Law Enforcement

- **Expand the eligibility for the Intermediate Punishment (IP) Treatment Programs** – allow the use of state IP funds to be used for those addicts who are charged with level 1 and 2 crimes. As a county judge indicated, the criminal activities of addicts are a progressive practice. They do not start out dealing large quantities of drugs or stealing large sums of money. Rather, they start out writing bad checks, committing credit card fraud or misdemeanor theft. While early stage addicts are constantly showing up in court for committing level 1 and 2 crimes, they are ineligible for IP programs using state funding.
- **Provide additional law enforcement personnel and funding for county drug task forces** – review the limited role of county sheriffs and deputies as determined by a 2006 Supreme Court ruling (*Kopko v. Miller*). It was determined that the participation of sheriffs in county drug task forces was not that of an investigative or law enforcement officer under the Wiretapping Act. This drastically reduced the participation of sheriffs and sheriff deputies with county drug task forces and removed over 2,000 trained law enforcement personnel from fighting the war on drugs. In addition, the lack of sufficient funding prevents counties from hiring essential full-time narcotics officers. As reported by one district attorney, 80 percent of all crimes are drug related.

- **Examine state law enforcement resources** – for much of rural Pennsylvania, the Pennsylvania State Police (PSP) is the face of law enforcement. A county district attorney testified that the consolidation, reduction and reallocation of PSP personnel have hampered the fight against drugs.
- **Provide for tougher sentences for heroin traffickers and dealers** – according to one district attorney, we cannot stop those who sell drugs from continuing in the business, unless we give them an incentive to stop. That incentive is a lengthy prison sentence, particularly for those who possess firearms. Another district attorney stated that a heroin trafficker without a significant criminal record faces a sentence of only 3 to 12 months at county work release. These light sentences do not give the public any reasonable reprieve from drug dealing and do not deter the dealer from business as usual. These district attorneys stated that drug dealers are afraid of the tougher federal sentencing guidelines.
- **Change PA Crimes Code (18 Pa. Cons. Stat. 2506) Drug Delivery Resulting in Death** – law enforcement personnel believe the current language in the definition of this offense hinders fullest successful prosecution of those administering, dispensing, dealing, giving, prescribing, selling, or distributing a controlled substance or a counterfeit controlled substance when another person dies as a result of using the substance. Current law requires proof that the dealer “intended” to cause the death. Law enforcement recommended the removal of any reference to intent.
- **Establish a statewide database that documents heroin overdoses and deaths** – law enforcement officials addressed the poor tracking methods to document those overdoses and deaths. This not only hinders an investigation, but also limits law enforcement’s ability to gather intelligence information that may lead to higher level trafficking and help with prosecution, and, most importantly, saves lives.
- **Expand county drug courts statewide** – according to the Administrative Office of the Pennsylvania Courts, only 31 counties have some form of drug court in operation (adult, family, juvenile). County judges and district attorneys spoke to the success of these courts for their cost effectiveness and efficiencies. The benefits of these courts affect the legal and criminal justice system, and those needing treatment.
- **Provide additional resources to regional forensics facilities** – heroin deaths of people with no past medical history require forensic autopsies and toxicology to determine the cause and manner of death as stipulated by the PA Coroner State Statute. Autopsies can range from \$1,600 to \$2,500, with toxicology costs ranging from \$200 to \$700 per case. Many rural counties must transport decedents long distances to the nearest regional site and incur additional costs for coroner and law enforcement personnel who attend the autopsies. One rural county, over a six-month period, incurred over \$16,000 for these costs.

- **Explore alternative sentencing and incarceration options for individuals with complex medical conditions (e.g. pregnant women with addictions, persons with HIV/AIDS, persons with Hepatitis C)** – both criminal justice and treatment providers expressed concern over the increased costs of providing medical care and addiction treatment to inmates with complex medical conditions. While incarcerated, these individuals are not eligible or enrolled in insurance plans and their medical costs are borne by the county. In some cases, specialized treatment is not available within the county where the person is incarcerated and additional transportation and personnel costs are incurred to access these services.

Treatment

- **Recognize that addiction is a disease and those suffering from this disease should be afforded proper treatment** – provide sufficient access to and availability of treatment services, including medication assisted treatment, as these services are critical to those who are afflicted with addiction. Single County Authority administrators for drug and alcohol treatment said that treatment funding has been cut by 25 percent over the past few years while requests for services have quadrupled. Others said that the traditional 28- or 30-day inpatient recovery program typically is not adequate to treat heroin/opioid addiction. The National Institute on Drug Abuse identified 90 days as the minimum for care.
- **Ensure compliance with Act 106 of 1989** – all group health plans, including health maintenance organizations, are to provide coverage for the treatment of alcohol and drug addiction once a certification of a medical problem and referral is made by a licensed physician or psychologist. Several presenters stated that the Departments of Health and Insurance should ensure that all health plans are in full compliance with this act as the lack of coverage is an obstacle to receiving proper treatment.
- **Enforce the federal Mental Health Parity and Addiction Equity Act** – ensure enforcement of this act, which requires insurance groups that offer coverage for mental health or substance use disorders to provide the same level of benefits that they provide for general medical treatment.
- **Expand eligibility for Intermediate Punishment (IP) Programs** – allow state IP funds to be used for lower level offenders (levels 1 and 2) so that they can get the treatment they need. Law enforcement and judicial system members supported the use of IP funds for lower level offenders needing treatment. Through earlier intervention, these programs can help addicts receive treatment, reduce their time spent in jail and reduce the rate of recidivism.

“Evidence shows that treatment is a good investment. It improves the quality of life for addicts in recovery, builds stronger communities, lowers healthcare costs, and enhances the quality of Pennsylvanians contributing in the workforce.”

Holly Livingston, community outreach coordinator, Gateway Rehab

Conclusion

The four statewide hearings held by the Center for Rural Pennsylvania documented that the heroin and opioid crisis is a clear and present danger to the Commonwealth of Pennsylvania. This report, and the recommendations from presenters contained herein, provides a foundation for addressing the growing heroin and opioid epidemic. The Center for Rural Pennsylvania will continue to work with the General Assembly to address issues outlined in this report that require further research and evaluation.

As stated during the hearings, combating heroin and opioid use requires an “all in” commitment. The drug trade is governed by a simple paradigm of supply and demand. Neither can exist without the other. Drug dealers are businessmen and use sophisticated business principles to sell their product. Law enforcement is extremely diligent in detecting and arresting drug sellers in their ongoing effort to sell drugs illegally. Law enforcement efforts must be supported and must continue to interrupt that supply chain. What remains in the paradigm is an approach to reduce demand. This approach requires everyone in a community to accept responsibility and to work towards a solution. Demand reduction requires a community-based, grass roots approach that requires the changing of attitudes, strengthening decision making, fortifying resistance, and promoting self-confidence.

“Several years ago, I had no idea how powerful prescription drugs were – nor did I know that these drugs were being abused and used for non-medical purposes. I found out when we found our youngest son Mark dead in his bed a week before high school graduation.”
Phil Bauer, Parent and Advocate for Prescription Drug Safety

References

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Glossary of Terms

Act 106 of 1989: Requires all group health plans, including health maintenance organizations, to provide coverage for the treatment of alcohol and drug addictions. A person seeking addiction treatment through insurance coverage needs only a certification of the medical problem and referral by a licensed physician or psychologist.

Criminal sentencing levels in Pennsylvania: Levels 1-4

- **Level 1:** provides sentence recommendations for the least serious offenders with no more than one prior misdemeanor conviction. The primary purpose of this level is to provide the minimal control necessary to fulfill court-ordered obligations.
- **Level 2:** provides sentence recommendations for generally non-violent offenders and those with numerous less serious prior convictions, such that the standard range requires a county sentence but permits both incarceration and non-confinement. The primary purposes of this level are control over the offender and restitution to victims.
- **Level 3:** provides sentence recommendations for serious offenders and those with numerous prior convictions, such that the standard range requires incarceration or County Intermediate Punishment, but in all cases permits a county sentence. The standard range is defined as having a lower limit of incarceration of less than 12 months. Included in Level 3 are those offenses for which a mandatory minimum sentence of 12 months or less applies and for which a state or county intermediate punishment sentence is authorized by statute.
- **Level 4:** provides sentence recommendations for very serious offenders and those with numerous prior convictions.

Federal Mental Health Parity and Addiction Act (MHPAEA): Requires coverage for the treatment of alcohol and drug addiction. The law requires many insurance plans that cover mental health or substance use disorders to offer coverage for those services that is no more restrictive than the coverage for medical/surgical conditions.

Heroin: An illegal and highly addictive drug processed from morphine, a natural occurring substance extracted from the seed pod of certain varieties of poppy plants.

Intermediate Punishment Programs: Provide for the strict supervision of the offender, which limits the offender's movements, monitors the offender's compliance with the punishment, or is a combination of both. Also provides for strict supervision of the offender due to criminal offenses involving drugs or alcohol.

Methadone: A synthetic analgesic drug that is similar to morphine in its effects but is longer acting, and is used as a substitute drug in the treatment of morphine and heroin addiction.

Naloxone: A synthetic drug similar to morphine that blocks opiate receptors in the nervous system.

Opiates: Drugs with morphine like effects, derived from opium.

Opioids: Any synthetic narcotic that has opiate-like activities but is not derived from opium.

Pennsylvania Youth Survey (PAYS): A survey of school students in the 6th, 8th, 10th and 12th grades to learn about their behaviors, attitudes and knowledge concerning alcohol, tobacco, other drugs and violence.

Schedule I and II controlled substances: Drugs, substances, or chemicals, with no currently accepted medical use, having a high potential for abuse.

Schedule III, IV, and V controlled substances: Drugs that have a moderate to low potential for abuse that are currently accepted for medical use.

Appendix A: Public Hearing Dates/Locations

Wednesday, July 9, 2014

Williamsport Regional Medical Center - Susquehanna Health
Walnut Conference Room, 3rd Floor
700 High St., Williamsport, PA 17701
Hosted by Senator Gene Yaw, Center board chairman

Tuesday, July 22, 2014

Reading Area Community College
Schmidt Training and Technology Center
10 South Second St., Reading PA 19603
Hosted by Senator Gene Yaw, Center board chairman, and Senator Judy Schwank

Tuesday, August 5, 2014

Saint Francis University
DiSepio Institute for Rural Health & Wellness
108 Franciscan Way, Loretto, PA
Hosted by Senator Gene Yaw, Center board chairman, and Senator John Wozniak, Center board vice chairman

Tuesday, August 19, 2014

Clarion University of Pennsylvania
Gemmell Student Center (Wilson & Payne Streets)
2nd Floor
840 Wood Street
Clarion, PA 16214
Hosted by Senator Gene Yaw, Center board chairman, and Dr. Karen Whitney, Center board member

The Pennsylvania Cable Network taped all four hearings, which are available for viewing online at <http://www.senatorgeneyaw.com/heroin-combating-this-growing-epidemic-in-rural-pennsylvania/>.

Appendix B: List of Testifiers, Other Legislators in Attendance

The Center for Rural Pennsylvania thanks the following individuals and organization representatives for attending the hearing and providing testimony.

Mark Aaron, District Attorney, Clarion County

John T. Adams, District Attorney, Berks County

Kami Anderson, Executive Director, Armstrong-Indiana-Clarion Drug & Alcohol Commission

Gene Barr, President/CEO, PA Chamber of Business & Industry

Dan Barrett, District Attorney, Bradford County

Phil Bauer, Parent and Advocate for Prescription Drug Safety

Deb Beck, President, Drug & Alcohol Service Providers Organization of Pennsylvania

Alice Bell, Overdose Prevention Project Coordinator, Prevention Point Pittsburgh

Dr. Matthew Bouchard, Director of Emergency Medicine, UPMC Altoona & Bedford

Fred Wells Brason, II, Founder, Project Lazarus

Nancy Butts, President Judge, Lycoming County

Dave Cippel, President, Klingensmith's Drug Stores, Inc., and Pennsylvania Pharmacists Association

Lisa Davis, Executive Director, Pennsylvania Office of Rural Health

Kevin DeParlos, Warden, Lycoming County Prison

John "Jack" Devine, DO, FACP, Evangelical Community Hospital Emergency Medicine

David Ellis, Regional Director, Bureau of Narcotics Investigation, Office of Attorney General

Sheriff Robert Fyock, President, Pennsylvania Sheriff's Association

Donna George, Coordinator, Pennsylvania State System of Higher Education AOD Coalition

Christine Gilfillan, Associate Director, Berks Women in Crisis

Michael Gombar, Chief County Detective, Berks County

Crystal Good, Former SADD President, Muncy Area High School

Sandy Green, Mayor, Kutztown Borough

Christine Holman, District Attorney, Schuylkill County

Kathleen Kane, Pennsylvania Attorney General

Scott D. Keller, Judge, Berks County Court of Common Pleas

Susan Kelly, Facilitator, Grief Recovery After a Substance Passing (GRASP)
Chuck Kiessling, Coroner, Lycoming County
Geoffrey Kolchin, Program Analyst, Pennsylvania Commission on Crime and Delinquency
Mike Krafick, Certified Recovery Specialist, Armstrong-Indiana-Clarion Drug & Alcohol Commission
Natalie Lamoreaux, Former SADD Secretary, Muncy Area High School
Eric Linhardt, District Attorney, Lycoming County
Holly Livingston, Community Outreach Coordinator, Gateway Rehab
Lt. Robert Mann, Pennsylvania State Police
Gary Martin, President, Cambria County Crime Stoppers
Vince Matteo, President/CEO, Williamsport/Lycoming Chamber of Commerce
*Malachy McMahon, Justice for Cole - Justice for Many
Dr. Frank Montecalvo, Vice President for Student Development, St. Francis University
Scott Moyer, Program Director, Discovery House
Dr. Robert Orth, Consultant, Pennsylvania Commission on Crime and Delinquency
Michael Orwig, Police Officer, City of Williamsport
Dean Patton, Magisterial District Judge, Berks County
Andrew M. Potteiger, Superintendent, Brandywine Heights Area School District
Kevin Price, Detective, Cambria County Office of the District Attorney
Dr. Jan Pringle, Project Director, Screening, Brief Intervention & Referral to Treatment, University of Pittsburgh
*Stephen Radack, DMD, President of the Pennsylvania Dental Society
Rene Rigal, MD, Susquehanna Health Pain Management Center
Judy Rosser, Executive Director, Blair Drug and Alcohol Partnerships
George Rutherford, Director of Operations, White Deer Run
Dr. James Schuster, Chief Medical Officer, Community Care Behavioral Health Organization
Alison Snyder, Personnel Director, East Penn Manufacturing Co., Inc.
Dr. Gregory Sorensen, Chief Medical Officer, Reading Health System
Don Stewart, Warden, Bradford County Prison
*Bonnie Summers, Venango County Commissioner
Dr. Tim Susick, Associate Vice President, California University of Pennsylvania

David Talenti, MD, Guthrie Robert Packer Hospital

Gary Tennis, Secretary, Pennsylvania Department of Drug and Alcohol Programs

Linda Texter, Director, Reading Hospital Drug and Alcohol Center

George J. Vogel, Executive Director, Council on Chemical Abuse

** Written testimony submitted.*

OTHER LEGISLATORS IN ATTENDANCE

Senator Mike Folmer – Dauphin, Lebanon and York Counties

Senator Scott Hutchinson – Butler, Clarion, Forest, Venango and Warren Counties

Senator Judy Schwank – Berks County – Co-Host Reading Public Hearing

Senator Scott Wagner – York County

Representative Bryan Barbin – Cambria County

Representative Frank Burns – Cambria and Somerset Counties

Representative Lee James – Butler and Venango Counties

Representative Fred Keller – Snyder and Union Counties

Representative Jerry Knowles – Berks and Schuylkill Counties

Representative Donna Oberlander – Armstrong and Clarion Counties

Representative Tom Sankey – Clearfield County



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