

Key Findings

- On average, 14 Pennsylvanians died of a drug overdose every day in 2020.
- Pennsylvania faces significant worker shortages in 911 call centers, uniformed officers, and mental health professionals specializing in substance use disorder treatment.
- Pennsylvania should consider moving toward a harm reduction-based model of care for those experiencing substance use disorder.
- Both public officials and researchers noted significant connections between mental health challenges and substance use disorders.

Background: The Opioid Crisis in Rural Pennsylvania

At its 18th public hearing on opioids and the opioid crisis, the Center for Rural Pennsylvania brought together stakeholders from multiple sectors to discuss strategies being implemented throughout the Commonwealth to address the opioid crisis in rural Pennsylvania, particularly as it has been perpetuated throughout the COVID-19 pandemic.

The focus of the hearing was to provide examples of strategies that may be replicated in rural communities and to draw attention to efforts by state government to address ongoing challenges. Several policy recommendations were offered through speaker testimonies.

State Officials

Pennsylvania Attorney General Josh Shapiro began the hearing by noting that the heroin, fentanyl, and opioid epidemic is still Pennsylvania's most critical public health and safety crisis. He said the COVID-19 pandemic has intensified the challenges of the epidemic.

In 2020, Pennsylvania overdose deaths increased 16.4 percent. Each day, an average of 14 Pennsylvanians die from a drug overdose.

Criminal law enforcement efforts remain a central focus in the Office of the Attorney General (OAG) to combat the crisis. In addition to bolstering drug-related arrests in recent years, the OAG has been successful in holding the pharmaceutical industry accountable for its role in helping to fuel the opioid crisis.

Attorney General Shapiro detailed a recent historic agreement reached nationally with several of the coun-

try's largest drug distributors. The 2021 settlement will provide more than \$1 billion to Pennsylvania over the next 18 years; \$232 million of which will be delivered in 2022. Stakeholders from across the state determined that 70 percent of these dollars would go to all 67 Pennsylvania counties based on need, rather than population. This approach will benefit even small rural counties that have been deeply impacted by the crisis.

Additionally, 15 percent of the dollars will be appropriated by the General Assembly and the remaining 15 percent will be allocated to local governments that filed litigation. The Attorney General stressed that funds must be used for drug prevention, education, or treatment programs.

Attorney General Shapiro noted that statewide, police departments face significant officer shortages, and 911 call centers are also understaffed. He called on the General Assembly to fund and incentivize training and recruitment programs to fill first responder, police officer, and social worker employment gaps and boost retention in these roles.

Looking forward, Attorney General Shapiro recognized that "we cannot simply arrest or sue our way out of a crisis of addiction." The OAG Office of Public Engagement works with various institutions to educate students and professionals about the dangers of opioids and narcotics. It also launched the Pennsylvania Law Enforcement Treatment Initiative, working with local law enforcement agencies to create plans for treatment services. Several rural counties participate in this initiative.

When asked about the top three responses to the opioid crisis that state government should consider, Attorney

General Shapiro listed investment in 1) law enforcement, 2) treatment programs, and 3) education for prevention. He concluded his comments by reiterating his office's commitment to addressing the drug-related challenges that are devastating rural Pennsylvania.

In joint testimony, Department of Drug and Alcohol Programs (DDAP) Secretary Jennifer Smith and Department of Human Services (DHS) Acting Secretary Meg Snead drew connections between substance use disorder (SUD) and mental health challenges. Both noted the great difficulties that rural residents face in accessing treatment for all these issues due to distinct geographic, economic, and treatment accessibility factors. Recognizing these unique rural challenges, DDAP and DHS have focused efforts on improving access to treatment and recovery services, as well as rural community capacity building. When the COVID-19 pandemic began two years ago, it became even more important to build holistic and coordinated approaches for bridging the gaps between mental health and SUD. The two agencies have partnered in this endeavor.

Telemedicine, which grew in importance throughout the COVID-19 pandemic, has played a mixed role in treating SUDs. Secretary Smith commented that, in some cases, telemedicine has been a detriment because of continued broadband limitations in rural Pennsylvania. She explained that sole reliance on this mode of treatment has led some individuals to disengage from communicating with counselors, thus inhibiting recovery. She recommended proceeding with telemedicine's expansion in a careful manner and added that its use should be a clinical decision.

Secretary Snead added that the payment and reimbursement system for telemedicine services needs to be expanded.

Secretary Smith noted that stigma remains the biggest barrier for individuals seeking treatment for substance use and mental health issues. To address this, DDAP has partnered with various research and community-based organizations and has seen tremendous results by targeting the most vulnerable populations and trying to reduce stigma among individuals and families.

Secretaries Snead and Smith highlighted several key programs administered through DHS and DDAP in response to these crises. Examples include:

- **The Rural Access to Medication Assisted Treatment in Pennsylvania project (Project RAMP):** RAMP has been successful in administering funds for MAT in rural Pennsylvania and ultimately, saving lives. In the Lehigh Valley, this program helps an average of 100 patients a month incorporate medication assisted treatment (MAT) into their overall primary care plans.
- **The Opioid Command Center (OCC)/Interagency Substance Use Response Team (ISURT):** OCC is a collaborative state effort created to combat the opioid epidemic, help break down agency silos, increase communications, and coordinate sharing of funds. OCC has been made available to people who are incarcerated and as they transition back to their communities. In 2021, OCC transitioned to become the Interagency Substance Use Response Team (ISURT), which now addresses all substance use disorders.
- **Recovery Rising:** Created in 2021 to foster a resilient, diverse, and accessible recovery environment, Recovery Rising is a partnership between DDAP, the Opioid Response Network, and C4 Innovations. Its advisory committee established a set of priorities that include creating funding for recovery services, ensuring diversity, equity and inclusion, and creating infrastructure to support recovery.
- **Pennsylvania "Mental Health Resources" Guide:** The guide includes various resources, such as information related to mental health screenings, finding a mental health professional, and locating SUD treatment providers. The guide is available at <http://pa.gov/guides/mental-health/>.
- **Listening Sessions:** To encourage discussion about the challenges of delivering treatment, particularly as a result of COVID-19, DDAP has held listening sessions throughout the state.

Innovations

The third panel began with combined testimony from City of Pittsburgh officials who discussed the steps Pittsburgh has implemented to address the opioid and overdose crisis.

Individuals seeking substance use treatment or recovery resources for themselves or loved ones can call the

PA Get Help Now helpline at 1-800-662-HELP.

This is a confidential helpline staffed by trained professionals who will connect callers to resources in their community. Treatment and resources are available 24 hours a day, seven days a week.

Overdose Prevention Coordinator Joshua Schneider, who is a paramedic by training, noted that Pittsburgh had identified that as many as 30 percent of patients were not consenting to emergency transport after being revived from a drug overdose, often due to expense. This limited the ability of emergency rooms to serve as treatment services hubs to connect individuals with addiction with resources that could assist them in recovery.

To bring resources more directly to the response process, the city began a pilot program that allowed paramedics to administer buprenorphine, a prescription drug that can curb opioid cravings. Once the patient is no longer under threat from opioid withdrawal, paramedics can then help a patient enroll in continuing services through the UPMC Medical Toxicology Telemedicine Bridge Clinic if the patient is interested. By connecting a patient to the Bridge Clinic and a buprenorphine prescription within 24 hours of responding to an opioid withdrawal, the pilot program significantly reduces the barrier to continuing services. This same-day process significantly increases the likelihood that patients will continue seeking treatment, with 96 percent of patients in the Pittsburgh program reporting for their initial appointment and 77 percent continuing treatment beyond their initial interaction with the clinic.

Mr. Schneider also identified several steps the legislature could take to support the extension of pilot programs across the Commonwealth:

- Support the expansion of the program with the Department of Health, which will determine whether the program warrants continuation or expansion.
- Amend Act 139, the EMS Systems Act, to allow paramedics to distribute small amounts of buprenorphine to patients, rather than only being able to administer it. This could smooth the transition onto the drug and reduce the risk of returning to withdrawal while waiting for a buprenorphine prescription.
- Encourage programming that emphasizes harm reduction, rather than requiring mandatory abstinence or other punitive requirements when interacting with people with addiction. Such strategies include syringe service programs and access to fentanyl test strips.

Currently there is legislation (Senate Bills 926 and 845, and House Bills 2264 and 1390) that aims to legalize these harm reduction tools.

UPMC Health Plan Substance Use Disorder Services and Pittsburgh Poison Center Medical Director Dr. Michael Lynch reinforced the importance of quicker access to addiction treatment medications for medical professionals. Dr. Lynch noted that many rural opioid use patients can wait up to three weeks for access to a buprenorphine prescription, during which time they may return to substance use.

Evidence suggests that the three primary drugs used to treat opioid withdrawal (buprenorphine, naltrexone, and methadone) are all effective in treating the disease, and lead to significantly less risk of overdose, AIDS, and Hepatitis C, as well as prison and incarceration.

Dr. Lynch also cited the benefit of telehealth, particularly in connection with buprenorphine, as an effective means of staying in touch with patients and assisting in their recovery. While the pandemic has shown the limits of broadband in rural communities, the loosened telehealth guidelines have allowed the Poison Center to offer both internet and phone-only appointments to those in rural areas, a process that could be beneficial moving forward for rural substance use clinics.

Dr. Lynch encouraged Pennsylvania to join 43 states and the District of Columbia in allowing telehealth reimbursement moving forward.

Positive Recovery Solutions Founder and Chief Partnership Officer Amanda Marasti discussed her work as one of the Commonwealth's primary providers of Vivitrol, a monthly injection that eliminates substance cravings. Positive Recovery Solutions combines access to this medication with behavioral health services and a comprehensive plan for recovery from substance use. Ms. Marasti noted that her organization is primarily valuable for those who have committed to overcome their substance use, and that more immediate interventions are still important for those who have not decided to enter recovery.

Individuals seeking help with anxiety, grief, and other challenging emotions can call the

Support and Referral Help Line (1-855-284-2494).

The toll-free, 24-hour mental health resource helpline, offered by DHS and operated in conjunction with the Center for Community Resources in Butler County, also connects people to longer-term support in their local communities.

Research

Penn State Berks Associate Professor of Criminal Justice Dr. Jennifer Murphy discussed her research, which was sponsored by the Center, that surveyed mental health professionals working in substance use disorder treatment programs. Dr. Murphy's research documented a lack of mental health professionals, especially in rural Pennsylvania. This shortage is exacerbated by the relatively high turnover among clinical workers, with 33 percent to 50 percent of survey respondents noting that they are likely to leave their position within a year of the survey. High levels of employee burnout and low wages were identified as primary concerns for employees.

Dr. Murphy provided a number of potential policies that could benefit retention of mental health counselors, including: providing tuition reimbursement for counselors working in substance use disorder treatment and supporting programs that promote healthy working environments for counselors.

Penn State College of Medicine Chief of the Division of Health Services and Behavioral Research and Professor of Public Health Sciences and Psychiatry Dr. Douglas Leslie discussed his research using private insurance data to examine the relationship between youth mental health and substance use disorder.

A health economist, Dr. Leslie noted that more than 60 percent of minors in the sample who were diagnosed with substance use disorder or hospitalized with opioid poisoning in 2017 had previously been diagnosed with other mental health conditions. He noted that this combination of conditions highlights the importance of effective screening and education.

Dr. Leslie noted that other research using the same data has noted that, over time, youth have become less likely to develop substance use disorders from medications that were initially prescribed to them, but more likely to use medications that had been diverted from medicine cabinets in the home.

Scan QR code for the agenda, testimony, and recording of the public hearing.



Thank you to the hearing participants: Attorney General Josh Shapiro; Department of Drug and Alcohol Programs Secretary Jennifer Smith; Department of Human Services Secretary Meg Snead; City of Pittsburgh Overdose Prevention Coordinator Joshua Schneider; City of Pittsburgh Critical Communities Manager Laura Drogowski; Pittsburgh Poison Center Medical Director and UPMC Health Plan Substance Use Disorder Services Medical Director Dr. Michael Lynch; Positive Recovery Solutions Founder and Chief Partnership Officer Amanda Marasti; Penn State Berks Associate Professor of Criminal Justice Dr. Jennifer Murphy; and Penn State College of Medicine Chief of the Division of Health Services and Behavioral Research and Professor of Public Health Sciences and Psychiatry Dr. Douglas Leslie.

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