



# ISSUE SPOTLIGHT

## HEROIN/OPIATE EPIDEMIC



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**TOPICS:**  
Prevention  
Education  
Treatment

## LEGISLATIVE HEARINGS

The heroin and opiate epidemic has touched every corner of the state of Pennsylvania. The epidemic knows no racial, economic, age or gender boundaries.

In an effort to tackle the crisis and address this public health epidemic, the House Democratic and Republican Policy Committees joined forces with the PA HOPE Caucus to host hearings across the state. Information gathered at the hearings will be used to help address prevention and treatment efforts at the legislative and administration levels.

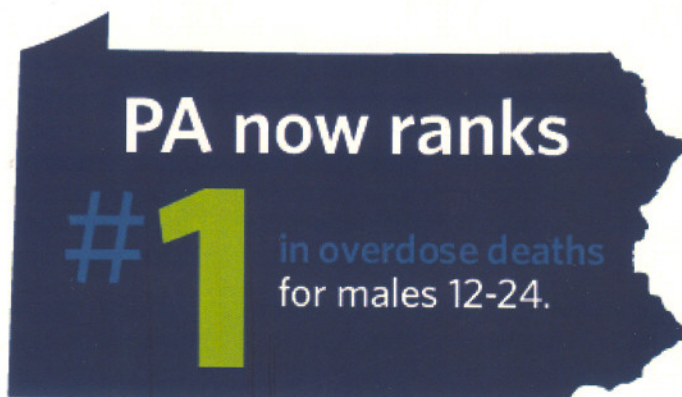
Additional information about the hearings is available at [www.pahouse.com/PolicyCommittee](http://www.pahouse.com/PolicyCommittee) or [www.pahopecaucus.com](http://www.pahopecaucus.com).

## PREVENTION AND EDUCATION

Drug education is said to be a key component of prevention efforts. There are three types of research-based programs designed to prevent use for varying age groups: universal programs, selective programs, and indicated programs.

According to the National Institute on Drug Abuse, universal programs address risk and protective factors common to those in a similar community or educational setting. Selective programs target those that have an increased risk of drug use. Indicated programs are designed to reach those youth who are already using drugs.

Efforts in research-based programs require a multi-layer approach that includes implementation by schools and communities. Schools and communities that invest and expand in evidence-based programs to reflect the evolving climate are proven to see a reduction in substance abuse.



And #8 overall.

Source: CDC

Overdose deaths now  
**+ EXCEED**  
car crash fatalities.  
(46,471 in 2013, nationwide)

Source: DEA



# PA'S CENTERS OF EXCELLENCE

Governor Tom Wolf and the General Assembly secured a total of \$20.4 million for treatment facilities to better combat the opioid/heroin epidemic.

- \$10 million in behavioral health funding
- \$5 million in Medical Assistance funding
- \$5.4 million in federal funding

In the PA Department of Human Services' first phase, funding will be directed to 20 Opioid Use Disorder Centers of Excellence to treat an estimated 4,500 individuals that do not currently have access to treatment. Providing access to treatment for those struggling with addiction in their most vulnerable times is key. Oftentimes, those plagued with addiction are turned away because of a lack of space in treatment facilities. This investment will help to address that problem and provide treatment to those who need it most at those most critical times.

**Act 139** was designed to help reduce deaths resulting from opioid/heroin overdoses by allowing first responders—including law enforcement, firefighters and EMS—and other organizations acting under the purview of health care professionals to administer naloxone to those experiencing an overdose.

The PA Department of Drug and Alcohol Programs describes naloxone as a medication that blocks the effects of opioids on the brain, restores breathing and reverses the effects of opioids on the brain and respiratory system to prevent death.

Community members, family and friends are also eligible to secure a naloxone prescription and administer the drug. Training on how to administer it is available at [getnaloxonenow.org](http://getnaloxonenow.org).

The law also includes a "Good Samaritan" provision that provides criminal and civil protections for anyone who witnesses an overdose and calls the authorities.

## WHAT IS A Center OF Excellence?

These centers coordinate care for people with Medicaid. Treatment is team-based and "whole person" focused, with the explicit goal of integrating behavioral health and primary care.

### CENTER OF EXCELLENCE PATIENTS



Have an opioid use disorder



May have co-occurring behavioral and physical health conditions



Need help to navigate care system and stay engaged in treatment

### SERVICES



- Comprehensive care management
- Care coordination
- Transitional/follow-up care
- Patient and family support
- Referral to community/social support services

### CENTER OF EXCELLENCE TEAM



PATIENT



HEALTH CARE PROVIDERS



FAMILY MEMBERS

### INCLUDING

- COMMUNITY-BASED CARE NAVIGATORS
- COMMUNITY-BASED RESOURCES (FOOD, HOUSING, JOBS)



pennsylvania  
DEPARTMENT OF HUMAN SERVICES

[www.dhs.pa.gov](http://www.dhs.pa.gov)



# LENGTH OF TREATMENT

The National Institute on Drug Abuse (NIDA) states that there is no fixed length of treatment for drug addiction treatment. Individuals progress from addiction to recovery in varying stages. While program offerings vary from 7 Day Detox to 28 Day Stays, the NIDA declares that outpatient or residential treatments with less than 90 days of treatment have limited effectiveness. Basically, the longer the treatment, the more successful the transition from addiction to recovery.

Drug courts in PA combine intensive judicial supervision, mandatory drug testing, treatment and incentives to help offenders with substance abuse problems break the cycle of addiction and crime. On average, it takes 18 months from sentencing to program completion.

Meanwhile, some treatment programs for physicians and commercial airline pilots have five years of case management to ensure successful recovery. Different treatments,

including medication-assisted-treatment, will work for different patients, so it is important to determine the best treatment for the person in recovery.



# TIMELINE

## Early 1900s

The Bayer Co. produces heroin on a commercial scale, touting it as a "wonderdrug."

## 1914

The Harrison Narcotics Tax Act imposes a tax on those making, importing or selling derivatives of opium or coca leaves; \*Doctors were aware of the highly addictive nature of opioids

## 1924

Heroin becomes illegal

## 1950s – 1960s

Nerve Block Clinics are opened as a means to manage pain without surgery

## 1970s

Percocet & Vicodin enter the market; doctors are taught to avoid prescribing due to high likelihood of addiction

## 1996

Birth of OxyContin

## 2009

The Joint Commission rescinds its standard to assess pain in all patients

## 2001

Pain treatment becomes a priority of the Joint Commission, a nonprofit setting standards and accrediting hospitals and medical centers

## 2010

OxyContin reformulates pills to deter abuse; 66% of those surveyed said they switched to using other opioids

## 2016

The FDA and CDC begin taking steps to address the opioid abuse epidemic. Dr. Tom Frieden, a contributor to the New England Journal of Medicine, wrote that "We know of no other medication routinely used for a nonfatal condition that kills patients so frequently"

# DRUG TAKE-BACK LOCATIONS

In an effort to reduce prescription drug abuse and keep our environment free from contaminants, prescription drug take-back locations are available throughout PA. The take-back locations offer a safe way to dispose of prescriptions that you no longer need but are unsure of how to dispose of them. As PA works to tackle the heroin/opiate epidemic, it is imperative to keep prescription drugs out of the hands of vulnerable citizens. Visit <https://is.gd/RxTakeBack> to find the closest location.

(Source: CNN)



# THE PA MEDICAL SOCIETY'S OPIOIDS FOR PAIN INITIATIVE: *BE SMART. BE SAFE. BE SURE.*

The Pennsylvania Medical Society is working to craft solutions to help fight the war on opioid abuse. According to an article from the Lancaster Medical Society, a multi-pronged approach involving physicians, patients and health care organizations is coming together to address the crisis. Their most recent initiative, *Opioids for Pain: Be Smart. Be Safe. Be Sure.* includes a call to action for physicians and the following questions that patients are urged to ask their physicians:



## The Physicians Call to Action

All Pennsylvania physicians should take these five steps:

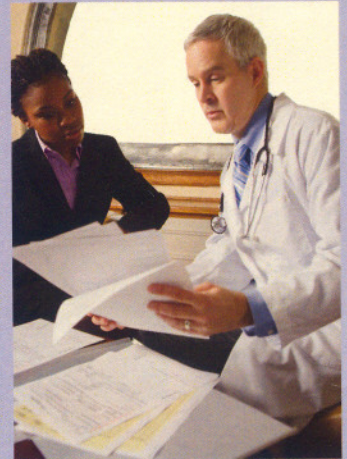
1. Know the prescribing guidelines
2. Use Pennsylvania's prescription drug monitoring program once it's up and running
3. Refer patients who have a substance use disorder to treatment
4. Discuss alternatives to opioids with patients
5. Ask patients to keep their pills safe and properly dispose of a prescribed medication when they no longer need it



## Patient Empowerment

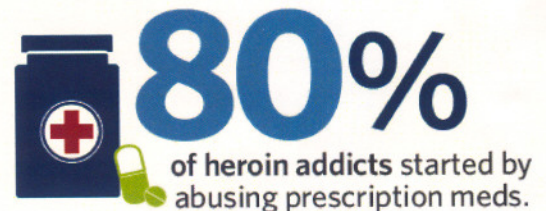
Patients should ask these seven questions when prescribed a pill for pain:

1. Is this prescription an opioid?
2. At what level of pain should I take this prescription?
3. Do I have to take every pill in the prescription?
4. Where can I safely dispose of remaining pills?
5. What can I do to avoid addiction?
6. What are possible warning signs of dependence or addiction?
7. What can I do if I believe that I might have developed a dependence on this drug?



## ABOUT HOUSE DEMOCRATIC POLICY COMMITTEE

Rep. Sturla is chair of the House Democratic Policy Committee, which prepared this document. This Policy Committee holds public hearings and meetings across the state and serves as the catalyst to enacting major policy initiatives put forth by members of the House Democratic Caucus.



Source: American Society of Addiction Medicine