



HR 590 Hearing  
Drug and Alcohol PA System

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Presented by  
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Good morning. My name is Lynn Cooper, and I am the director of the Drug and Alcohol Division at the Rehabilitation and Community Providers Association (RCPA).

With more than 325 members serving well over 1 million Pennsylvanians annually, RCPA is among the largest and most diverse state health and human services trade associations in the nation. The 325 members that RCPA represents include nearly 70 drug and alcohol agencies that operate close to 170 licensed drug and alcohol facilities in every county in the Commonwealth. A statewide organization, RCPA advocates for those in need, works to advance effective state and federal public policies, and provides professional support to members. The committee may learn more about RCPA by visiting [www.paproviders.org](http://www.paproviders.org).

On behalf of RCPA, it is my honor to testify before this committee regarding the drug and alcohol system in the Commonwealth of Pennsylvania. Many organizations will be providing testimony and the information provided within that testimony will include important data outlining the opioid crisis. The data is compelling but I am here to highlight specific problems that need to be addressed and recommendations for the improvement of the drug and alcohol treatment system in the commonwealth.

First and foremost, treatment works. When people who have a substance use disorder are given the appropriate treatment, and the right amount of time for treatment – it works.

The chronic underfunding of substance use disorders is at the heart of the crisis that exists today. Many years of underfunding have created a broken system in Pennsylvania as well as across the country. An immediate and adequate increase in funding would lead to high quality, accessible care when needed. Additionally, adequate funding will eliminate waiting lists. Waiting lists lead to lost treatment opportunities, increased pain and suffering. Because individuals do not receive timely treatment, they are placed on waiting lists and are more likely to become involved in the criminal justice system.

Individuals, who are suffering from substance use disorders and would like to receive treatment, are faced with prejudice and an overwhelming stigma, which makes some shy away from seeking treatment. To overcome the prejudice and stigma, the Commonwealth can reach out to schools and universities to help them create training and educational programs aimed at reducing myths about substance use disorders. Lawmakers and health and human service providers must educate the public that substance use is a public health problem and addiction is a complex brain disease that, in most cases, originates in adolescence.

In the Commonwealth of Pennsylvania, there is a lack of medication assisted treatment (MAT). MAT should be available to those who need it at every level and type of treatment. MAT has been one of the most studied treatment modalities, and the results are clear that utilizing medication combined with the clinically recommended level of care is critical in retaining patients in treatment and helping them establish and maintain recovery.

A large percentage of people not only have substance use disorders, but they also have a co-occurring mental health disorder(s). Typically, substance abuse and mental health disorders are treated separately (leading to compartmentalized treatment systems), which increases the individual's likelihood to fail rehabilitative treatment and in some instances make the drug addiction more acute. By administering standardized mental health screenings for people receiving substance use disorder treatment, it would allow health care providers to more accurately identify individuals in need and provide the services that would simultaneously address the substance use disorders and the mental health disorders.

We must be sure we are getting the right level of treatment to the person suffering from addiction. We need to continue to build upon what we know and develop comprehensive strategies based on research and what is known about addiction. We must assure that unbiased, appropriate assessments are made to assure the right level of care. Addiction treatment is not a cookie cutter approach. One size does not fit all.

In instances of overdoses, Narcan<sup>®</sup> is not being used uniformly throughout the Commonwealth. If the Commonwealth provided adequate funding for the use of Narcan<sup>®</sup> by all first responders, it would be a step in the right direction. First responders who have used Narcan<sup>®</sup> have saved many lives, but many first responders are still not using it due to the lack of funding or access. All first responders should be trained on the use of Narcan<sup>®</sup>, have access to it, and use it whenever appropriate. It is a fact; Narcan<sup>®</sup> saves lives.

By itself, Narcan<sup>®</sup> is not enough; an individual needs treatment after its use. Narcan<sup>®</sup> undoubtedly saves lives but follow-up treatment is critical. Once Narcan<sup>®</sup> is utilized and the individual is stabilized, emergency rooms and first responders need to have close ties with treatment providers to ensure appropriate referrals are made. The initial and early decisions after Narcan<sup>®</sup> has been administered are vital to an individual's success in fighting a substance abuse disorder.

An individual who has a substance use disorder needs treatment and counseling; however, they also need certified recovery specialist services. Certified recovery specialists are a powerful tool when coupled with an appropriate treatment program. More funding and support must be provided to increase certified recovery specialist services in the drug and alcohol system.

As stated previously, inadequate funding for the drug and alcohol system, stigma/prejudice of being a drug user, and lack of education regarding myths about substance use disorder are but a few of the obstacles individuals face when trying to obtain treatment. Some of the other issues that interfere with individuals acquiring services are as follows:

- Outdated regulations often get in the way of providing much needed services. An example is the current state confidentiality regulations (PA Code 255.5). These regulations are a significant barrier for providers, because the regulations limit the ability of providers to share the appropriate information with other health care service providers

to ensure a collaborative system of care. While some regulations have been updated by the Department of Drug and Alcohol Programs (DDAP), more work needs to be done;

- Too many people with substance use disorders are incarcerated when treatment would be a more effective path. Many people leave the criminal justice system without appropriate benefits and referral to treatment. DDAP, the Department of Corrections, the Pennsylvania Board of Probation and Parole, and the judicial system have been doing excellent work by trying to improve diversion, reentry, and transition services for persons with substance use disorders. We applaud this approach by the agencies and hope more funding will be directed towards these efforts, so individuals can access treatment services rather than be a burden on the criminal justice system;
- Pennsylvania's aging population is having problems with prescription drug addiction. Increased attention, funding, and services must be directed to our senior citizens so they can access special treatment assessments and programs;
- Many doctors continue to prescribe too many opioids. The Commonwealth must increase efforts to advance the new prescription monitoring program as well as educate physicians on pain management best practices and the effects of over prescribing of opioids;
- The drug and alcohol system in Pennsylvania is lacking a fair and appropriate rate setting process. Rates that do not cover costs have led to many closed programs that were needed, especially detox beds. Many individuals with drug and alcohol problems end up in the criminal justice system simply due to the lack of detox beds. With a fair and appropriate rate setting methodology, more programs to combat substance use disorders would be able to stay open and detox beds would become more available; therefore, more individuals with substance use disorders would have access to treatment services rather than burden the Pennsylvania criminal justice system;
- Insurance laws created to ensure parity for mental health and substance use disorders have not been realized. The Commonwealth must hold insurance companies and others accountable if they fail to comply with current insurance parity laws that have been established.

Thank you for the opportunity to provide testimony on this vital issue.

Submitted By:

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