Following an introduction by Institute of Politics’ Chair, Mark Nordenberg, who encouraged attendees to share the personal and professional “lessons we each have learned” about the heroin and opioid epidemic, the event’s first panel began.

**Addressing the Opioid Epidemic: Tools for Physicians and Health Care**

Dr. Ajay Wasan, Vice Chair, Pittsburgh Center for Pain Research & Professor of Anesthesiology, opened the day’s first panel with his presentation on “Prescribing for Non-Cancer Pain.” Wasan emphasized that although chronic pain is a “global problem,” the United States consumes 95-98% of prescribed opioids worldwide. With the growth of legal opioid prescription rates, opioid-related deaths have increased in tandem (specifically, a four-fold increase since the year 2000). Highlighting that the issues of chronic pain and opioid addiction are undeniably “entwined,” Wasan advocated empathy in helping patients regulate and address issues related to misuse (approximately 40% of those prescribed misuse or abuse). In conjunction with responsible use of the PEG scale (Pain, Enjoyment, General Activity) as an evaluative tool, Wasan highlighted the benefits of non-opioid treatments for chronic pain, including pain education, alternative medications, physical therapy, mental health care, yoga, and acupuncture. He remarked that proper opioid doses can be effective in treating pain, assuming that doctors and patients make candid “opioid agreements” that hold both parties accountable for the optimal doses being prescribed and taken.

In the second segment of the panel, Dr. Nicole Labor, Medical Director of CCBH Erie, offered her presentation on “The Neurobiology of Addiction: Addiction 101.” Labor first voiced her conviction that addiction is a legitimate neurological disease, and those who focus on specific drugs rather than the disease itself are misguided and at risk of making “quick moral judgements” regarding those who are suffering from addiction. Dr. Labor argued that addiction, in its essential form, hinges on “an out-of-control mid-brain and reward system,” which “highjacks the [individual’s] hierarchy of needs” and sets the drug of choice as the new (and primary) need. By outlining the ways in which addictions – over time – eliminate dopamine receptors, Labor demonstrated her point that the true goal of treatment is to “restore the cortex” to a normal state. In this normal state, the brain’s pleasure “set point” becomes restored and no longer requires massive quantities of dopamine acquired through synthetic drugs or other means. Labor, in her concluding remarks, emphasized the interrelation between chronic stress and addiction, and how sensitivity to this connection is essential to reducing stigma regarding addiction.

**Increasing Access to Treatment and Tracking Bed Availability**

The day’s second panel began with a presentation by Ms. Cheryl Andrews, Executive Director, Washington Drug and Alcohol Commission, Inc., on “the Role of the SCA” in addressing the
heroin and opioid epidemic. Ms. Andrews first highlighted the pivotal role of Single County Authorities (SCAs), stressing that SCAs can function as “conduit[s] of change,” especially in forming productive partnerships with other community organizations interested in providing county-wide services as varied as case management, recovery support, and eliminating the stigma associated with addiction and overdose. Rosser called SCAs “the biggest kept secret” and a vital resource available to those interested in enacting ground-level initiatives at the local level to address heroin and opioid addiction. Rosser concluded by outlining the range of structural models available to SCAs in each respective community, which may be self-designed and self-determined to suit the specific needs of the county and provide a “full continuum of resources” to individuals in recovery.

In the next presentation, “Review of Pennsylvania’s Client Placement Criteria: Levels of Care and Guidelines and Overview of Drug and Alcohol Assessments,” Ms. Cheryl Nelson of the Crawford County SCA emphasized the need for a “multidimensional approach to determining the level of care” for each individual. By creating “a broad picture of the person” and determining what might be complicating or contributing to their drug or alcohol abuse, Nelson argued that factors like mental health, recovery environment, and access to treatment could be just as important as biomedical conditions or other physical factors. According to Nelson, the goal is to evaluate clients “on a case-by-case basis” while utilizing the resources of the PCP, outpatient or residential programs if necessary, and “keeping criminal justice in the loop” about patients’ development or status.

Dr. Nelson’s presentation was followed by a harrowing account of the status of “Medication-Assisted Treatment,” offered by Dr. Mitchell West, a long-time physician at UPMC’s Gateway Rehabilitation Facility. Dr. West remarked that the problem of drug addiction has entered into a “nightmarish phase” with the introduction of synthetic opioids, which has caused an influx of individuals who are “so incredibly sick and addicted” that immediate intervention is crucial to prevent further death. Dr. West discussed controversial treatment methods, voicing his belief that Vivitrol is ineffective in treating addiction because 75% of his patients do not report a reduction in cravings and turn instead to other illegal substances. West candidly described Suboxone as a “slightly better drug,” but lamented its status as an opioid, as well as its tendency to create physical dependence and circulate as a dangerous form of “currency” in the drug world. West ultimately argued for “shared decision-making” between clients and physicians and a “multidisciplinary approach” to treating addiction.

The panel concluded with a presentation on SBIRT (Screening, Brief Intervention, and Referral to Treatment), offered by Dr. Jan Pringle, Associate Professor, Pharmacy and Therapeutics, University of Pittsburgh School of Pharmacy. Dr. Pringle emphasized that the “real battle” is one of mindset – against a “culture that has decided to normalize the use of heroin and other drugs.” SBIRT itself functions as an early intervention and prevention practice that involves screening, brief intervention, and referral to treatment. Dr. Pringle directed interested parties to visit SBIRT’s website at www.sbirt.pitt.edu for more information, and clarified that SBIRT
could easily be “productively used” outside of the sphere of healthcare alone, as the training required to conduct the practice requires only one hour and thirty minutes. Calling SBIRT a “translatable skill” across a range of environments, Dr. Pringle mentioned her conversations with various magistrates, who claim “their entire docket” is comprised of people who could benefit from this type of “motivational interviewing” and evaluation.

Following Dr. Pringle’s presentation, an open discussion moderated by Institute of Politics’ Director, Terry Miller, began. Fielding questions and remarks from the audience, the panelists continued the discussion about medication-assisted treatment, offering their respective viewpoints about the use of vivitrol, suboxone, and methadone in the treatment of heroin and opioid addiction. All panelists emphasized the need for humane and collaborative efforts (among the local community and law enforcement) to treat all those impacted by the heroin and opioid epidemic.

**Fentanyl and Emergent Threats: Partnering Prosecution and Public Health**

After a buffet lunch and welcoming remarks from the Honorable Kathy Dahlkamper, the day’s third panel, “Fentanyl and Emergent Threats: Partnering Prosecution and Public Health,” began with an introduction by Ms. Soo Song, U.S. Attorney for Western District of Pennsylvania. Ms. Song highlighted the global nature of the heroin and opioid epidemic, stressing that there is “not a country in the world that is not experiencing escalating rates of overdose and death.”

The first panel presentation was conducted by Mr. Joshua C. Yohannan, Laboratory Manager, Trace and Drug Chemistry, Office of the Medical Examiner, Allegheny County. Yohannan began his presentation by stating that fentanyl-related deaths exceeded heroin-related deaths in Allegheny County for the first time ever in 2016. Using images to show the terrifying potency of fentanyl, Yohannan revealed how even trace amounts of fentanyl and carpfentanyl (a new permutation of the drug) can be lethal, including residual fentanyl powder at crime scenes, which poses great risk to law enforcement. Yohannan discussed how his office continues to be proactive in identifying and locating new analogs of fentanyl to get cases out faster and assist law enforcement in their pursuit of distributors.

The second panel presenter, Mr. Marshall Piccinini, Assistant U.S. Attorney for the Western District of Pennsylvania, focused on the need to “improve cooperation” among law enforcement agencies to “look at data from every death scene that we can.” Mr. Piccinini spoke at length about the difficulties of tracing fentanyl production back to China, but stressed the importance of prosecuting local and regional dealers who see distribution “purely as a business” and consider the subsequent loss of human life a negative only because “it attracts attention from law enforcement.” Piccinini ended his presentation by announcing that since July 2015, 23 defendants have been successfully apprehended and charged in federal court with distribution resulting in death or serious bodily injury.

Next, Captain James E. Basinger, Troop E – Erie, Pennsylvania State Police, offered his remarks on regional “drug trends” and how counties in Northwest Pennsylvania are addressing opioid-
related cases as both health emergencies and potential crime scenes. Captain Basinger showed images of different types of drug packaging/concealment and explained how police investigative practices are adapting to combat these methods. He also emphasized how the State Police are collaborating with DEA taskforces, the PA Fusion Center, and the PA Criminal Intelligence Center (PACIC) to coordinate their efforts in addressing the opioid and heroin epidemic. Finally, Captain Basinger highlighted how in Troop E, Community Service Officers are conducting education and awareness courses and promoting citizens’ use of PSP Drug Take Back Boxes for medication disposal in their local communities.

The final panelist, Mr. Jeremy Lightner, Assistant District Attorney, Erie County, spoke primarily about the process (and benefits) of Treatment Court, where questions about the root cause of drug-related criminal behavior can be directly addressed. According to Lightner, Treatment Court “encourages smart behavior and helps people get healthy in their communities.” Lightner spoke in equally promising terms of Erie County’s Mental Health Court and Drug Court, showing the ways that in each respective system, 40% of applicants successfully graduated from their programs and were given the skills “to fight [their] addiction and delve into the traumas that have perhaps caused some of their behavior.”

Panel Discussion: The Role of Warm Hand-Offs

To begin the final panel, Ms. Colleen Hughes, Executive Director of the Westmoreland Drug and Alcohol Commission, outlined the seven approved models for warm hand-offs and emphasized that “meeting people where they present is a window of opportunity to reduce risk, prevent overdoses,” and offer humane treatment services. She also raised concerns about the growing (and state-wide) shortage of beds available to those in need of services and treatment for heroin and opioid addiction.

The second panel speaker, Mr. David Sanner, Executive Director, Erie County Office of Drug and Alcohol Abuse, highlighted Erie County as a “success story of collaboration” between local agencies and law enforcement in which 70% of those assessed are eventually engaged in treatment. Sanner qualified this success by sharing anecdotes about several local individuals who benefitted from the warm handoff process. Sanner expressed his conviction that “without the full buy-in of the entire community, these warm handoffs would not be possible.”

The final panel speaker, Dr. Latika Davis-Jones, Assistant Deputy Director, Bureau of Drug and Alcohol Services, Department of Human Services in Allegheny County, spoke extensively about warm handoffs as they relate to Centers of Excellence in Pennsylvania. According to Davis-Jones, Centers of Excellence develop care management teams of licensed and unlicensed individuals for clients with Opioid Use Disorder and facilitate the transition of individuals with OUD from emergency departments, primary care physicians, and correctional facilities to reintegrate them into their communities. Davis-Jones also mentioned her role in convening a meeting with the 6 Allegheny County COES in January 2017 to assist them by sharing data and coordinating meetings and work groups with EMS
and the county jail.

**Keynote Address**

During the afternoon’s keynote address, the Honorable Josh Shapiro, Attorney General of the Commonwealth of Pennsylvania, spoke candidly about the opioid epidemic, appraising it as “the number one public safety crisis in the state of Pennsylvania.” Shapiro passionately advocated a “relentless, coordinated, multidisciplinary approach” to addressing the issue, highlighting the need to “take the battle to street corners, pharmaceutical boardrooms, and doctors’ offices.” Shapiro emphasized the need for the sharing of data among law enforcement agencies, as well as aggressively pursuing drug dealers and licensed doctors who illegally divert pain pills and opioids. Shapiro criticized pharmaceutical companies’ unethical overproduction of pain pills and highlighted “access to treatment” as a key pillar for success. In his final remarks, Shapiro called for “compassion” and a wholesale “mentality shift,” appealing to those with primarily fiscal concerns by claiming that treatment, in addition to increasing the likelihood of long-term recovery, “is cheaper than incarceration.”

**Moving Forward: Discussion on Next Steps**

The day’s final open discussion on “next steps” was facilitated by Dr. Jan Pringle, who fielded questions regarding suboxone withdrawal outcomes and spoke openly about the importance of recognizing the multi-generational effects of addiction in families. Dr. Pringle concluded the open discussion by speaking about the benefits of networking and community collaboration in addressing issues like heroin and opioid addiction, praising attendees for their participation in the day’s discussions.