

## ***University of Pittsburgh Institute of Politics***

### **Summary of Presentations from April 26, 2017 Program in Indiana, PA**

Following opening remarks from Institute of Politics' Chair, Mark Nordenberg, who emphasized the Institute's desire to highlight the human stories behind the "cold, hard numbers" of Western Pennsylvania's opioid epidemic, the day's first panel began.

#### **Increasing Access to Treatment**

Ms. Judy Rosser, Executive Director of Blair County's Drug and Alcohol Program, 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 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 portion of the panel, Rosser continued her presentation by offering a review of "Pennsylvania's Client Placement Criteria: Levels of Care and Guidelines and Overview of Drug and Alcohol Assessments." Rosser addressed the ongoing debate surrounding "locked facilities" vs. voluntary treatment, emphasizing that all parties involved must "look thoroughly [to determine] the right way to treat this disease." Rosser concluded her presentation by offering a number of viable options for recovery and prevention including early educational intervention, outpatient treatment, and partial hospital, residential, and medication-assisted treatments.

Dr. Neil Capretto, Medical Director of Gateway Rehabilitation, advanced Rosser's discussion of medication-assisted treatment with his own presentation, citing the value of medical withdrawal and maintenance, as well as the "overwhelming evidence that by adding medication you get better results." Capretto likewise emphasized the role of retention in treatment: "the longer [a person] stays in treatment, the better the result." Quantifying his remarks with data gathered from a socialized medicine initiative in France, Capretto revealed how France's death rate from heroin overdose dropped 79% with the widespread use of (and access to) buprenorphine. Capretto concluded his presentation with an impassioned appeal to recognize the human side of the opioid epidemic, "know[ing] that we're fighting for something or someone we love."

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](http://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.

### **Open Discussion**

An open discussion facilitated by Ms. Terry Miller, Director of the University of Pittsburgh's Institute of Politics, followed the first panel. The recurring theme of the discussion was the risk of criminalizing addiction versus the important task of reducing stigma around the disease in all communities. The subject of mandated versus voluntary commitment led to a wider discussion about treatment funding and insurance companies' reticence to pay for treatment despite the widespread understanding that, on a societal level, it is an essential investment.

### **Warm Hand-Offs Panel Discussion: Protocols for Emergency Departments and First Responders**

Following the day's first open discussion, a panel discussion related to "warm hand-offs" was initiated by Ms. Colleen Hughes, Executive Director of the Westmoreland Drug and Alcohol Commission. Hughes 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 humanely offer treatment services. Ms. Nicole Salvo, Program Director and CCAR Trainer for Armstrong-Indiana-Clarion's Drug and Alcohol Commission, cataloged the achievements in her area, particularly with the use of the grant-funded ARMOT (Addiction Recovery Mobile Outreach Team). Salvo remarked that, as a director of a three-county SCA, she encourages her staff "to meet people where they're at" – to motivate those struggling with substance abuse disorders to "engage on some level" with the process of recovery, especially in rural areas. Ms. Susan Ford, Executive Director of Clearfield-Jefferson's Drug and Alcohol Commission, highlighted her SCA's status as a "center of excellence," a byproduct of successful networking, partnerships with hospitals, and the use of an on-call service that provides case management to individuals in need.

### **Lunch and Keynote Address**

During lunch, 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 ended his presentation highlighting "access to treatment" as a key pillar for success.

## **Partnering Prosecution and Public Health**

The next panel began with remarks from Ms. Soo Song, Acting U.S. Attorney for the Western District of Pennsylvania. After speaking about the need for “local solutions” and the important role of local district attorneys in addressing the opioid epidemic, Ms. Song echoed Attorney General Shapiro’s remarks regarding the serious crimes of overprescribing and illegal drug trafficking. In the latter case, the increased distribution of fentanyl – a deadly, synthetic opioid stronger than heroin – represents a major threat, particularly since fentanyl-related deaths exceeded heroin-related deaths for the first time last year. Calling Pennsylvania “ground zero” for fentanyl distribution, Ms. Song outlined her action plan for battling the opioid epidemic, advocating increased distribution of naloxone, education for students (and prescribers), passage of statewide drug monitoring programs, and overdose prevention programs.

Next, the Honorable Eugene Vittone, District Attorney, Washington County, relayed his belief that “data collection” represents one major tool in fighting the opioid epidemic, citing an episode in Washington County in which a “fentanyl cluster” was identified. Vittone recognized the important role of SCA/D.A. collaboration in addressing widespread substance abuse issues, especially as counties confront a “lack of public awareness” and the constraints of limited resources and funding.

## **Opioid Epidemic: Best Practices in Prescribing, and Pennsylvania’s Prescription Drug Monitoring Program (PDMP)**

The day’s final two sessions were combined into a single panel, beginning with presentations from Indiana University of Pennsylvania doctoral students, Ms. Ashleigh Fellows and Mr. John Wunderlich. As candidates in the university’s Behavioral Medicine program, Fellows and Wunderlich outlined an alternative, low-risk approach to recovery using psychosocial therapies and interventions. Together they noted the positive benefits of this approach, particularly when using CBT and ACT: small to medium reduction of pain intensity, and medium to large improvement of mood, quality of life, and pain perception.

Dr. Michael Zemaitis, Professor of Pharmaceutical Studies in the University of Pittsburgh’s School of Pharmacy concluded the panel by outlining and clarifying the history of prescription drug monitoring programs. He recognized the significant improvements in efficacy within the system from 2002 onward, and emphasized that interstate data sharing and the inclusion of marijuana in the “registry of controlled substances” could make the programs even more useful and thorough.

## **Moving Forward: Discussion on Next Steps, and Closing Remarks**

In the final half hour of the event, Dr. Jan Pringle facilitated an open discussion, directly appealing to the audience for ideas and input regarding ways to further address the issue of opioids. Various audience members advocated making long-term recovery more accessible, particularly given the reduced rate of relapse in 90-day facilities and halfway houses. Other

participants pointed out the importance of acquiring increased data from overdose survivors to target “hot spot communities.”

In his concluding remarks, Mr. Mark Nordenberg offered his thanks to audience members for their punctuality, attentiveness, and passionate investment in addressing the opioid epidemic, encouraging participants to “stay connected and share ideas.”