



Carmen Ambrosino, LLC  
9 East Lane, Hughestown, PA 18640  
(570) 821-8830  
www.carmenambrosino.com

---

**HEARING  
OF  
HOUSE MAJOR PUBLIC COMMITTEE  
ON  
DRUG ABUSE AND ADDICTION SERVICES**

**THURSDAY, JUNE 2, 2016**

**WRITTEN TESTIMONY  
OF  
CARMEN AMBROSINO  
43-YEAR ADDICTION PROFESSIONAL IN PENNSYLVANIA**

My name is (Mr.) Carmen Ambrosino and I have been an Addictions Professional in the Commonwealth of Pennsylvania for the past forty-three (43) years. I have served in many capacities; administrator, counselor, prevention/education specialist, author, trainer, professor, and consultant. I am honored to have been asked by Representative Aaron Kaufer, 120<sup>th</sup> District, to offer written testimony on the epidemic of Prescription Opioids and Illicit Opioids.

## **STATE OF THE PROBLEM**

Prescription drug and heroin overdoses are the leading cause of preventable deaths for Americans. We currently find ourselves in the worse drug crisis in American history.

The United States comprises 5% of the world's population, yet we consume 80% of the world's opioid prescriptions. In 1991, physicians wrote 76 million prescriptions for opioid painkillers; in 2011, it soared to 219 million prescriptions; and in 2013, it skyrocketed to 250 million prescriptions written for opioid painkillers.

In 2014, there were 40% more deaths from overdoses (47,055) than car crashes (29,230). The Center For Disease Control (CDC) estimates that 29,500 of these overdose deaths were from prescribed opioids and 15,000 were from heroin overdoses and the most significant opioid mortality rate was for people ages 55-64.

Additionally, during the last 15-20 years, Mexican heroin production increased significantly. Therefore, as heroin and prescription opioids became more common, so did overdoses.

## **SOURCES FOR PRESCRIPTION DRUGS USED FOR ILLICIT PURPOSES**

According to my years of professional experience, much coming from thousands of clinical hours, spanning assessments/evaluations and in-person counseling, as well as research, the sources that are most common for illicit use and procurement of prescriptions drugs are;

1. Pill Mills (illegal pain clinics)
2. Prescription Fraud
3. Pharmacy Theft
4. Illegal Online Pharmacies (Note: According to the National Association of Board of Pharmacy, 96% of entities selling drugs online are illegitimate and operating in violation of U.S. law)
5. Doctor Shopping
6. Pharmacy Hopping
7. Friends and Families (largest source)

## **PHYSICIAN AS GATEKEEPER OF HEALTHCARE**

Our healthcare system in America places the physician in a lead role. As the "Gatekeeper", the physician ultimately is the quarterback of the patient's healthcare needs.

1. In a comprehensive survey entitled, "Missed Opportunity: National Survey of Physicians and Patients on Substance Abuse", conducted by the Survey Research Laboratory from the

University of Illinois at Chicago, 648 physicians were surveyed. Some of the startling findings of the survey are;

- A. Less than one-third of primary care physicians carefully screen for substance abuse
- B. Only 1 in 5 primary care physicians consider themselves very prepared to identify alcoholism, and only 17% of surveyed physicians feel very prepared to detect drug use among their patients
- C. Only 30% of primary care physicians felt they could identify or detect prescription drug abuse

The survey also included 500 patients who had a drug and alcohol problem. These patients stated;

- D. 74% of patients (with a drug and alcohol problem) said their primary care physician was not involved in their decision to seek treatment
  - E. 53% of these patients said their primary care physician did nothing about their substance abuse problem (43% never even diagnosed it)
  - F. 11% of primary care physicians knew about their patient's addiction and did nothing about it.
2. Similarly, in a 1998 case study conducted by the National Center on Addiction and Substance Abuse (CASA), entitled, "Under The Rug: Substance Abuse and The Mature Woman", physicians were given a case study of a 68-year-old woman with symptoms of prescription drug addiction. Only 1% of surveyed physicians presented substance abuse as a possible diagnosis.

## **RECOMMENDATIONS TO ADDRESS THE EPIDEMIC OF OPIOID ABUSE IN PENNSYLVANIA**

1. More funding needs to be directed to educate, prevent, intervene, and treat addictions in the Commonwealth of Pennsylvania. Less than 50% of Pennsylvanians who suffer from an addiction ever receive treatment during their lifetime. Treatment dollars from local, state, and federal resources are woefully inadequate to address the increasing numbers of patients and families seeking treatment. New and innovative funding mechanisms and enhanced funding streams need to be utilized, including special assessment or tax on pharmaceuticals.
2. The Pennsylvania Legislature brought about the Pennsylvania Parent Advisory Council. This unique and powerful group of parents who have had children die from drug overdoses and/or significantly impacted by drug use, is an important tool in the drug discussion. Their work "From Pain To Passion" is exemplary, riveting, and on point, yet in my opinion, their role is ill defined at best. I believe they need a greater role and heightened profile because they can add much to solution based discussions.

3. More physicians need to be ASAM trained (American Society of Addiction Medicine) to enhance the Medication Assisted Treatment (MAT's) availabilities statewide. The use of Buprenorphine (Suboxone), Naloxone (Narcan), and others need to be used more effectively. There is an under utilization of MAT's in medical and clinical settings and a significant number of statewide physicians do not have a working understanding of the efficacy of these medications in addiction treatment.
4. SAMHSA (Substance Abuse and Mental Health Administration) has developed specific resources for physicians to assist them in enhancing their skills on addressing drug abuse.
  - A. "NIDAMED" has curriculum resources specifically addressing opioid abusing patients.
  - B. SBIRT (Screening Brief Intervention and Referral To Treatment) is a powerful tool developed by SAMHSA to assist physicians in assessing and referring patients to treatment.
  - C. "4 A's For Physicians" – "Ask", "Advise", "Assess Patient Motivational Level", and "Arrange Follow-Up". There needs to be a concerted statewide effort to make Pennsylvania physicians aware of the SAMHSA resources.
5. Pennsylvania Medical Society, in cooperation with the Pennsylvania Department of Drug and Alcohol Programs, has developed powerful new guidelines relative to opioid prescribing practice. These documents need to be circulated statewide and there needs to be a monitoring system established to insure they are not only being read by physicians, but also implemented.
  - A. Emergency Department Pain Treatment Guidelines (attached)
  - B. Use of Opioids To Treat Non-Cancer Pain (attached)
  - C. Use of Opioids In Dental Practice (attached)
6. PDMP (Pharmaceutical Drug Monitoring Program – Act 191 of 2014) – Pennsylvania needs to roll this program out statewide to begin to;
  - ... give access to patient's controlled substance prescription medication history.
  - ... aid regulatory and law enforcement agencies in detection and prevention of fraud, and criminal diversion of controlled substances. This PDMP has not been functional statewide because of funding restrictions, however, this clearly needs to be given priority status as another helpful tool in the toolbox.
7. Mandate Pennsylvania state medical schools to begin insuring that all medical school students receive adequate training in assessing, evaluating, and referral of patients to treatment. Currently, there are very few hours dedicated to the topic of addiction in medical schools. The national average of hours provided on addiction education over four years is less than ten (10) hours of training. Additionally, residency programs, continuing medical education hours, and

general continuing education should have mandated hours assigned for addiction training. Waiting for schools to voluntarily assign enhanced hours on addiction training has just not materialized. Licensing Boards, Regulators, Elected Officials must take a lead role in bringing about this needed change. Further evidence of the need for increasing these hours are;

- A. Physicians, much too frequently, do not choose the least addictive pain medications when prescribing.
- B. A common practice has become prescribing opioids for fibromyalgia, arthritis, undetermined back pain, migraines, and tooth extractions.
- C. Physicians, for the most part, are unaware of the prescribing practices for individuals in recovery from drug addiction.
- D. As stated earlier, many physicians are not familiar with the benefits of Medication Assisted Treatment (MAT's).
- E. Prescribing opioids to a population of patients with developmental disabilities requires special knowledge. Many physicians are not acquainted with the specific issues with this population.
- F. In the 1990's, there were medical professionals who convinced physicians that the overdose potential from prescribing opioids to patients was only 1%. Although one would believe that the available information today would result in a shift in beliefs and perceptions, there is still abundant evidence that opioid prescribing practices remain high.
- G. In a recent study of people who survived an overdose, 91% of these people were still able to get another opioid prescription, typically from the same prescribing doctor.
- H. Pain, often times, is considered the 5th vital sign in some physician's views. Additionally, patient satisfaction surveys based on scales of 1-10, or sad face vs. smiley face, have gone a long way in fueling this "patient should have little to no pain" philosophy. This is just not realistic. The message we send, all too frequently, is to medicate the patient to the level of being totally pain free post operative or post surgical procedure. Therefore, patients come to believe that medications are needed to mask all pain. This attitude change is systemic; we will not change this overnight, but we must begin because too many patients are drug seeking today for ailments that could be addressed by a holistic means of treatment. A clear example of this is the recent FDA approval of the use of Oxycontin in children as young as 11 years of age.

I.

#### Other Suggestions

- 8. Prevent opioid use, misuse, and addiction before it gets started through making prevention education services a funding priority.

9. Keep those affected by opioid addiction alive and emphasize the importance of 12-step treatment and recovery options.
10. Seek more evidenced-based treatment for opioid addicts. The National Institute on Drug Abuse has concluded through research that the longer and stronger treatment is, the more effective it is. Even with Parity Legislation and Pennsylvania Act 106, treatment providers have to continually fight with insurance companies for payment approval and reimbursement. There should be consequences for insurance entities who continually violate the Pennsylvania insurance laws.
11. Increase the use of Narcan statewide. Although the state and elected officials have done a magnificent job in “rolling out” Narcan and making it more accessible, I personally know of many school districts and families of opioid users that have still not equipped themselves with this life saving drug.
12. Continue Medication Disposal Programs and Take Back Programs; these will insure that these powerful opioid medications are not being stored in the home medicine cabinet, accessible to our young.

#### CONCLUSION:

Restricting access to prescription drugs for illicit use or abuse, but ensuring access for those who legitimately need them is a delicate balancing act.

I applaud Representative Aaron Kaufer and his colleagues for taking the initiative to solicit input, recommendations, and suggestions on this most important issue. Together, we have the capacity of identifying strategies, initiatives, and ideas that will hopefully save lives in Pennsylvania.

---

Carmen Ambrosino is a 43-year addiction professional in Pennsylvania currently trading as Carmen Ambrosino, LLC.