



FAYETTE COUNTY DRUG & ALCOHOL COMMISSION, INC.

100 New Salem Road – Fayette County Health Center – Suite 106 – Uniontown, PA 15401

January 31, 2018

To the honorable members of the Pennsylvania House of Representatives Majority Policy Committee, I commend your commitment to hold a hearing focusing on the *Effects of Opioid Addiction on Children and Youth*. My name is Jana Kyle and I am the executive director of Fayette County Drug and Alcohol Commission. We are the Single County Authority for Fayette County – also known as the SCA. The SCA's receive state and federal dollars through contracts with the Department of Drug and Alcohol Programs to plan, coordinate, programmatically and fiscally manage and implement the delivery of drug and alcohol prevention, intervention and treatment services that respond to the needs at the local level. Fayette County Drug and Alcohol Commission is an independent functional unit SCA that provides prevention, screening, assessment, case management, intervention/ DUI, and outpatient treatment services all within a single site operated by the Commission. FCDAC also contracts for the provision of detoxification, inpatient and outpatient services so that we may need the treatment needs of those we serve.

As the Honorable Auditor General Eugene DePasquale has summarized within the special report on the "State of the Child", there are many

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challenges faced by our local and state child welfare agencies. However, with the onset of the opioid issues, the job of a CYS caseworker has become even more difficult. The opioid epidemic in Fayette County, as well as in Pennsylvania, is a multi-faceted problem that affects every aspect of community living. To better highlight the impact of the local substance use disorder, in a period of five years, Fayette County has experienced a 433% increase in the number of drug overdose deaths. Based on reports by Fayette County's coroner, the overdose death rate increased from 12 deaths in 2012 to 64 deaths in 2017. Opiates (both prescription and illicit) have increasingly been identified in overdose deaths. In 2017, with the reports that have been tallied to date, fentanyl (and fentanyl related substances) was present in 84% of the deaths, (including carfentanyl). Prescribed opiates were the second most widely identified substance in 39% of deaths followed by heroin and cocaine at 28% each. Many of the overdose deaths had poly-substances that were identified in the decedents. I have enclosed a graph that displays the common drugs that were present in overdose deaths during the past six calendar years.

The overdose deaths are only one of the many components of the substance use disorder that is affecting our local residents. Many people are affected by addiction, either personally, or through friends and loved ones. During the 2016/2017 fiscal year, over 1,400 persons were assessed for treatment services and over 290 people received inpatient services. Of those placed, 49% disclosed that they had an opioid use disorder. During last fiscal year, almost 1,600 individuals received outpatient treatment at FCDAC, with approximately 35% having an opiate related use disorder.

What is Being Done?

Fayette County Drug and Alcohol Commission has attempted to work in a multifaceted, multi-pronged approach to combat the local substance abuse problem. We have found that connecting with as many sectors of our community has enabled each of us to gain a greater understanding of the impact on each of the systems with Fayette County.

- **Fayette County Opioid Overdose Task Force**
 - In May 2017, the Fayette County District Attorney and the Fayette County Drug and Alcohol Commission created and co-chair the Fayette County Opioid Overdose Task Force. The task force was formed to address the ever-growing public health and public safety issue of the current drug epidemic, with the specific focus of raising awareness throughout the county and reducing stigma and overdose deaths. This taskforce works to bridge public health and public safety in order to effectively engage stakeholders, utilize resources, and reduce overdose death and stigma in Fayette County.

- **Take-Back Locations and Drug Deactivation Bags**
 - As of April 2017, Pennsylvania has 584 drug-take back boxes covering all 67 counties. Through a collaborative effort, the Fayette County District Attorney, the Fayette County Sheriff's Office and the Fayette County Drug and Alcohol Commission secured funding to establish seven (7) drug take back locations in local police stations. Over the past year, 606 pounds of medications have been collected.

- In July 2017, the Office of Attorney General provided 300,000-drug deactivation and disposal pouches to 278 pharmacies within 12 counties in Pennsylvania. In Fayette County, 23 pharmacies received these deactivation bags as an additional means to safely dispose of unwanted and unused prescription medications.

- Collectively, these two initiatives aided in removing unwanted, unused and expired medications from accessibility for misuse or abuse.

- Warm Handoff Initiatives
 - SCAs are at the forefront of the warm handoff initiative. Warm handoff is an approach where a physical health provider conducts a direct introduction of a person to a substance abuse specialist. From that warm handoff, then a seamless referral is provided for the person to access substance abuse treatment. During the last twelve months, 28 warm handoff referrals have been received by Fayette County Drug and Alcohol Commission's case management unit.

- Level of Care
 - Level of care assessments are assessments that help to determine the most appropriate level of care for each person. These assessments occur at a variety of locations: i.e. county prison, SCI Fayette, hospitals. We have recently begun providing case management assessments at the Fayette County Children and Youth office. Twice a week a case manager is located at CYS to work with a family member who has been

- Fayette County Drug and Alcohol Commission acts as the county's major provider of substance use prevention education. Prevention education is provided to all ages, and in a variety of settings. Evidence-based programming is available to elementary, middle and high school youth, while other populations receive programs geared toward their specific needs. The prevention efforts by Fayette County Drug and Alcohol Commission supports evidence-based programming that combines education with decision-making, coping and resistance skills. We discourage the use of scare tactics to try to instill fear as a deterrent to use drugs or participate in a risky behavior. Years of evidence supports that relying on fear to prevent problem behavior does not work and may increase the problem behavior.

- The Student Assistance Program is provided to every school district in Fayette County. Each of the public middle schools and high schools have student assistance teams. Fayette County Drug and Alcohol prevention staff act as liaisons to the schools to work with parents, students and school personnel to identify barriers to a student's success and refer to appropriate ancillary services.

- Fayette County Drug and Alcohol Commission coordinated the implementation of the countywide Communities That Care model. This evidence-based prevention process uses a public health approach to prevent youth problem behaviors such as violence, delinquency, school dropout and substance abuse.

Through research, it has proven to prevent adolescent problem behaviors and promote positive youth development. The Communities that Care Coalition is comprised of concerned residents who represent a variety of segments of our population to collectively establish a shared community vision, assess and prioritize the local risk and protective factors and set specific, measurable, community goals. The Communities that Care approach guides the coalition to create a strategic community prevention plan to address the identified risk and protection factors with evidence based effective programs that are intended to be implemented with fidelity.

- In 2015, all of the public schools within Fayette County participated in the Pennsylvania Youth Survey (PAYS). The PAYS is the primary tool in our Commonwealth's prevention approach in using data to aid in decision making for programs and services. A review of the 2015 PAYS data regarding youth in Fayette County shows the following:
 - Of all over the counter and prescription drugs PAYS inquires about, the highest rates were for narcotic prescription drugs.
 - While 30 days past use of narcotic prescription drugs was lower than other substances (alcohol, tobacco, marijuana, inhalants), lifetime use among all age categories is trending upward.

- Both lifetime use and 30 day is higher than the PA state average, which was higher than the national average (as compared by the Monitoring the Future survey)
- Students reported Lifetime or 30 days use of cocaine more than Lifetime or 30 days use of heroin; the rates of youth heroin use have remaining relatively unchanged over the past two rounds of PAYS.
- Regarding SOURCES of prescription drugs (not just narcotic prescription drugs); the most common source was "Took them from a family member living in my home". Those rates from that source were higher than the state averages across all grade levels.
- The overwhelming majority of students (90.2 – 93.4 percent) answered that their parents would feel it would be "wrong" or "very wrong" for them to use Prescription drugs not prescribed to them. Significantly less students thought their peers would feel the same way (92.9 down to a low of 77.2 @ 12th grade)
- The majority of students disapproved of their peers using Prescription drugs not prescribed to them (78 – 90.5).

Based on the above data, Fayette County Drug and Alcohol has implemented three evidence-based prevention programs throughout Fayette County school districts that have been shown to positively impact the above risk

factors. FCDAC has found several of our local schools to be willing champions in partnering with the prevention education efforts.

What Still Needs to be Done?

- Educating various community stakeholders about addiction.
 - Continuing to engage with first responders and the medical community about the services available for those faced with addiction. Provide a perspective on addiction by comparing it to other chronic diseases such as heart disease, diabetes and obesity.
 - Educate community members from a variety of sectors about addiction, i.e. faith-based community, businesses, human service organizations, legal system.
 - Provide listening sessions to first responders to allow them to discuss their feelings about responding to overdose calls multiple times and not having a perception of 'helping'.
 - Invite overdose survivors to share their personal stories.
- Implementation of Withdrawal Management Post-Overdose
 - Promote withdrawal management procedures within emergency departments in order to encourage overdose survivors to stay on site and receive care.
- Greater Focus on Evidence-Based Programming

- Provide information to elected officials and the general public on evidence-based programs that are in place along with their effectiveness.
- **Reduce Stigma Associated with Addiction and Medication Assisted Treatment (MAT)**
 - Provide information to elected officials and the general public about addiction, substance abuse prevention programs, recovery and relapse to reduce myths and stigma associated with addiction.
 - Provide information to elected officials and the general public on MAT and MAT programs including their importance in combatting the current epidemic.

We need to continue to collaborate with all sectors of our community to educate people on the basic realities of addiction and begin to think of addiction not as a moral failure, but as a real medical problem.

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