

Western Psychiatric
Institute and Clinic
of UPMC

3811 O'Hara Street
Pittsburgh, PA 15213-2593

My name is Amy Shanahan. I am the Clinical Administrator for Addiction Medicine Services (AMS) at Western Psychiatric Institute and Clinic of UPMC. I have worked in the addiction treatment field for more than 20 years and have been overseeing Addiction Medicine Services at UPMC for seven years.

Over the years, we have learned so much, and UPMC has worked hard in its commitment to helping people with substance use problems. Addiction Medicine Services was one of the first programs in the country to offer integrated treatment for substance use and mental health problems. Today, we are committed to providing comprehensive, co-occurring treatment, prevention, education and research programs that are person-centered, research-based, and recovery-focused.

UPMC is making a significant contribution to the opioid epidemic – the stark reality is evident in our focused efforts to meet the emergent needs of our patients.

In our experience, we have heard countless times how tired people are of going to rehab, spending months and years in treatment programs and how some people who want treatment cannot or will not participate in treatment. People do not want to be addicted to substances. People want to be well, and to get well. And people do get well, in their communities, with family and friends, and in treatment programs.

However, it takes more than the treatment programs. In a system oriented for healing and recovery, it takes all of us - our hospitals, treatment centers, schools, criminal justice services, employers, and families.

There is no panacea for treating this chronic condition. We need all forms of treatment, and every form of kindness and care for individuals and families who are suffering. We know so much more now than we did 20 years ago. We definitely know there is no quick fix, and that it will take adequately funded, well-coordinated systems of care:

- We know, because of access to data, the magnitude of the problem. In the United States, for example: 40 million Americans age 12 and over meet the clinical criteria for addiction involving nicotine, alcohol or other drugs. That is more than the number of people with heart conditions, diabetes or cancer.
- Of those who do receive treatment, few receive anything that approximates evidence-based care. This compares with 70% to 80% of people with such diseases as high blood pressure and diabetes who do receive treatment.
- Meanwhile, another 80 million Americans fall into the category of risky substance users, defined as those who are not addicted, but use tobacco, alcohol and other drugs in ways that threaten public health and safety.

- Addiction and risky substance use constitute the largest preventable and most costly public health problem in the U.S., totaling over \$467 billion a year.
- The total costs to federal, state and local governments of substance use, which usually has its roots in adolescence, are at least \$468 billion per year—that's about \$1,500 for every person in America.
- We also know, from scientific research, that addiction is a disease that affects both the brain and behavior.
- We have identified many of the biological and environmental factors and are beginning to search for the genetic variations that contribute to the development and progression of the disease.
- In fact, because substances change the brain in ways that foster compulsive use, quitting is difficult, even for those who are ready to do so.
- The initial and early decisions to use substances reflect a person's free or conscious choice. However, once the brain has been changed by addiction, that choice or willpower becomes impaired.
- Through scientific advances, we know more about how drugs work in the brain than ever, and we also know that substance use disorders can be successfully treated to help people stop risky and chronic substance use and lead healthier lives.
- Scientists use this knowledge to develop effective prevention and treatment approaches that reduce the toll substance use takes on individuals, families, and communities.

Despite what we know, there is so much work to be done. We need to change our systems in order to improve treatment access and reduce the stigma that creates barriers for people asking for help. We need to change our thinking and our beliefs. People who struggle with substance use shouldn't be punished, put in jail, or pushed in the corner of our schools, hospitals or communities. Although we've been saying it for years, everyone now understands that addiction and substance use problems affect everyone.

- We need to educate the public. Substance use is a public health problem and addiction is a complex brain disease that, in most cases, originates in adolescence.
- Our health systems must work to prevent or delay the onset of substance use through effective public health measures.
- Our health care providers need to make screenings for substance use problems routine. They must intervene to reduce risky use and provide appropriate treatment if needed.

- We need to continue to build upon what we know and develop comprehensive strategies based on research and what is known about addiction. Providing Narcan to address the opioid crisis is a step in the right direction. In fact Pennsylvania has saved nearly 1000 lives after making Narcan available to police officers in the community. And yet, this is not enough.

We also need to reverse the opioid epidemic (so Narcan ISN'T needed). We need to decrease substance misuse and addiction through supporting and funding prevention, intervention, and treatment programs.

Prevention and Early Intervention

There are proven strategies for preventing and treating substance abuse. Prevention and early intervention strategies that not only prevent but also intervene in risky substance use through research-based public education and awareness, proven school- and community-based programming, and effective regulations that reduce the availability, accessibility and appeal of addictive substances.

The Allegheny County Drug and Alcohol Programs support a system of providers who provide evidenced-based prevention programs to area schools and organizations. At UPMC, the WPIC Addiction Medicine Services is the Commonwealth's approved Student Assistance Trainer for Allegheny County and provides state approved training and technical support to schools to develop Student Assistance Teams to identify students who are experiencing barriers to learning that may be associated with mental health and/or substance use problems and to get those students and parents connected to the appropriate level of care.

The Children's Community Pediatrics (CCP), a subsidiary of Children's Hospital of Pittsburgh of UPMC, launched the **SMART (Screening, Motivational Interviewing and Referral to Treatment) Choices program**. A key component of this center is the development of the *Substance Use Prevention* model, which trains pediatricians to evaluate their patients for risk of addiction and allows them to refer their patients and families to on-site, specially trained behavioral health specialists for necessary intervention and treatment.

These programs must continue to have funding in order to be able to address the known risk factors for substance use and those factors that contribute to prescription drug and opioid misuse.

Treatment and Disease Management

We need to provide and fund effective treatment, disease management and support for those with addiction. UPMC offers a comprehensive approach that begins with childhood preventive services, as mentioned above, and extends to intervention and treatment serves. At UPMC, we understand that opioid addiction is a chronic

illness and thus offer a wide-range of support for those with substance use problems, many of whom also have co-occurring psychiatric disorders. AMS provides ambulatory detoxification; intensive outpatient and medication-assisted (Buprenorphine & Vivitrol) treatment at the **Center for Psychiatric and Chemical Dependency Services**; as well as providing medication-assisted (Methadone & Buprenorphine) treatment at the **Narcotic Addiction Treatment Program**.

Fully Integrated Addiction Medicine

The time has come for addiction medicine to be fully integrated into health care systems and medical practices. Health care providers, especially physicians, are our front line in disease prevention and treatment. They must understand the risk factors for addiction, screen for risky substance use and intervene when needed, to diagnose, treat and manage addiction just as they do all other diseases. The UPMC School of Medicine is preparing medical students in addressing substance use problems by training them in evidenced-based practices to identify, screen and engage individuals in need of services.

The Magee Women's Hospital of UPMC developed the Pregnancy Recovery Center that ensures pregnant women who are using substances are receiving the care, treatment, and support needed in order for them to engage in recovery and deliver healthy babies.

- The AMS program employs Peer Navigators – people who have lived experience in recovery from substance use and mental health problems – to assist patients in navigating the health and behavioral health systems.

These programs must receive adequate funding and reimbursement rates that help.

Policies and Regulations

We need to ensure all of our providers have *updated information* – policies and regulations - and tools needed to prevent, intervene and treat people who are at risk or have substance use problems. We need to support AND fund the **Comprehensive Addiction and Recovery Act (CARA)** which promotes a *wide range of evidence-based best practices* including public education and awareness campaigns, screening and early intervention (SBIRT), opioid overdose prevention programs, expanded access to medication-assisted treatment (MAT) and prescription drug monitoring programs and provide recovery services to address and reduce the collateral consequences from drug convictions.

CARA designates funding for evidence-based programs and communities experiencing a high rate or sudden increase in opioid use. We are one of those communities. In 2015, 3383 drug-related overdose deaths were reported in Pennsylvania which is an increase of 23.4% from the total reported in 2014.

Allegheny County experienced a rate of 34.30 overdose deaths per 100,000 people which is a 37% increase from 2014. <http://www.overdosefreepa.pitt.edu/wp-content/uploads/2016/07/Analysis-of-Drug-Related-Overdose-Deaths-in-Pennsylvania-2015>.

We need to continue to provide **specialized programs** to improve the health and wellness of our children and to reduce multi-generational addiction. We need to support improved treatment opportunities for pregnant and post-partum women. We need to provide funding for residential treatment programs for pregnant and post-partum women and support pediatric and family-based services and develop new types of treatment for this population (**Improved treatment for pregnant and postpartum women act of 2015**).

