

COUNTY OF



ALLEGHENY

RICH FITZGERALD
COUNTY EXECUTIVE

Statement of Dr. Karen Hacker for Public Hearing on Opioids, Tuesday August 2nd

The opioid crisis hit Allegheny County in the early 2000's, and since then we have seen a startling rise in opioid-related overdoses impacting our County. Last year, there were 422 overdoses; of which the majority were related to an opioid. In most cases that opioid was heroin, which has now replaced oral pain killers as the number one opioid contributing to overdoses. More recently we are also seeing the rise of fentanyl as a further contributor to overdoses. This opioid is significantly stronger than heroin and when laced with heroin contributes to further risk of overdoses.

Western PA is not alone in facing this crisis. However, we only recently implemented a prescription monitoring program. As we begin to diminish the supply of oral opioids we are concerned that there are numerous additional addicted individuals who will transition to heroin and face overdose risk.

Today I am here to share the Health Department's perspective on the situation as it exists and to ask for support to help quell this epidemic. From a public health perspective, we are currently trying to address the issue along a continuum; from prevention to treatment, but as yet, with little or no new resources. I applaud the work of many of my colleagues and fellow departments who are trying to impact change. Unfortunately, the epidemic continues to expand. Support is needed to fully implement evidence-based practices on the ground that involve prevention as well as treatment options.

We are pleased with the policy decisions that have been made by the Governor and his Departments and by the Legislature. The passage of Act 139 provided the Good Samaritan protection necessary to make naloxone readily available to those who need it. However, there is still work to do. We know that less than a third of our police departments here in Allegheny County are currently carrying the drug and despite a standing order here in the County and the PA Physician General's own standing order for naloxone, many pharmacies are not carrying the drug and/or not utilizing the order. We also know that overdose-related calls to 911 do not appear to have increased significantly after the passage of Act 139. I am concerned that individuals may still fear criminal consequences of making a lifesaving call to 911 if they witness an overdose from illegal consumption of opioids.



KAREN HACKER, MD, MPH, DIRECTOR
ALLEGHENY COUNTY HEALTH DEPARTMENT
542 FOURTH AVENUE • PITTSBURGH, PA 15219
PHONE (412) 687-ACHD (2243) • FAX (412) 578-8325 • WWW.ACHD.NET

To make policy reality on the ground, we need resources to orchestrate an effective response; in public health, community health centers, treatment facilities and non-profits who interface with the highest risk clientele in the highest risk communities. Similar to another epidemic, the AIDS epidemic, we need strategies that connect with addicts and engage them in treatment.

If we are successful in engaging addicted individuals in treatment, the question remains: Do we have enough treatment of the right type, and can we help individuals find those options? Currently there is no treatment on demand and any obstacles that are in the way will inhibit our abilities to address addiction. There need to be a variety of treatment options available including abstinence only programs as well as medication assisted treatment. Making the right treatment available at the right time and for the right length of time is critical, as is making sure all citizens know how to access treatment when they or a loved one are ready.

Medication assisted treatment using suboxone, methadone and vivitrol are evidence-based practices, but we see far too few of these options being offered and far too few programs that are comprehensive in nature. We need to more effectively connect mental health and substance abuse treatment such that providers in both realms understand the needs and progress of their patients. Recognizing that confidentiality is paramount, we must still find ways to coordinate treatment between providers for the benefit of the patient. We must recognize that after periods of abstinence including jail terms and completion of or dropout from treatment, individuals are at high risk for overdose. These critical periods represent times where innovative treatment options and support should be available. We were pleased to learn of the passage of Act 76 last month, which will improve Medicaid access for individuals post incarceration and potentially mitigate overdose risk via increased access to covered treatment.

Lastly, we need to understand the epidemic in all of its proportions using data to help us identify “hotspots” and bring targeted interventions to bear.

The opioid epidemic has changed significantly in the last decade, but it has been with us for years. We applaud the efforts of the Legislature to provide the tools we need from a policy perspective, but we need to do more to address implementation of those policies. Help our on the ground organizations coordinate, analyze and monitor our efforts in real time. The epidemic will require that all involved sectors work collectively to address the issue. Thank you.

##