

**COUNTY OF**



**ALLEGHENY**

**RICH FITZGERALD**  
COUNTY EXECUTIVE

**TESTIMONY BEFORE THE HOUSE AND SENATE POLICY COMMITTEE ON THE OPIOID  
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August 2, 2016

Good afternoon. I'm Marc Cherna, Director of the Allegheny County Department of Human Services (DHS). I'd like to thank Representative Gainey and Senator Costa for the invitation to speak, as well as the other elected officials for your commitment to addressing this epidemic.

The disease of addiction affects everyone. No one is exempt, including me. I have a close family member who has struggled with heroin addiction for many years, so I know first-hand just how devastating it is. It's a disease that doesn't just impact the individual. Family, friends, co-workers are all affected. This disease doesn't discriminate. People from all walks of life, all races, all religions and all ages are affected.

I have been in this business for over 40 years and have led Allegheny County's DHS since its creation in 1997. DHS is an integrated department that serves about 225,000 residents every year. Most have multiple needs, and a large portion have the disease of addiction.

Right now: the opioid crisis is escalating. And its impact is increasing the demand in all of our service areas, from child welfare, to homelessness, to criminal justice, to mental health, and even to the services offered to our seniors.

We know that the primary reason a majority of children are being placed into foster care is due to the parent's inability to care for them due to their addiction. We know that the majority of our homeless have a substance use disorder. We know that the majority of our county jail population find themselves incarcerated due to drug-related offenses.

Dr. Latika Davis-Jones, the Administrator of our Bureau of Drug and Alcohol Services, will address this committee shortly with specific comments on treatment.

I would like to offer a few recommendations for the Committee to consider that I believe would improve our effectiveness.

I am a strong advocate for harm reduction. Many people eventually get into recovery if we can keep them alive and healthy until they are ready to make the commitment. Syringe exchange keeps people from contracting HIV or Hepatitis through dirty needles. When the addict comes to a needle exchange site, it's an opportunity to engage them and encourage them to get into treatment. Widely distributing Narcan, which can reverse an overdose, has saved thousands of lives. Many of those people eventually get into recovery.

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MARC CHERNA, DIRECTOR

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Evidence based guidelines concerning effective treatment released by the National Institute on Drug Abuse indicates that a minimum of 90 days for treatment is optimal, and for many individuals, even more time is needed. Recovery can take years and, often, it is a lifetime struggle. Service systems need to be designed to recognize this fact, and treat this disorder as a chronic disease, not merely an acute illness.

Medication assisted treatment, or MAT, must be among the evidence based treatment options funded to promote recovery. Addiction is a disease of the brain, and treatment by medications such as methadone, Suboxone, or Vivitrol - when combined with patient-centered counseling - has proven to be effective in certain contexts and should be among the options in a continuum of care. Medication assisted treatment allows people to get on with their lives instead of constantly trying to figure out where their next fix is coming from. Individuals can go to work or school and start to become productive members of society.

We need to see more concerted efforts to engage and involve families in the process of patient treatment. Whether an individual needs long-term residential treatment, detox, or outpatient drug and alcohol treatment, family should be involved and incorporated in each step, as a natural support. Allowing supportive families to be a part of a patient's recovery goes a long way in destigmatizing the disease of addiction. And it engages the individual's social support at the very start of the long road of recovery.

There is no "wrong door" when it comes to treatment, and a bolstered peer and recovery-oriented support network will also play an essential role in bringing this crisis to an end. We must expand the availability of peer and recovery-oriented supports for those struggling with addiction. Re-entry work, and support from peers who have gone through or are currently going through treatment, is crucial for patients to be successful in avoiding a substance abuse relapse.

And the value of peer perspectives is not limited to the personal level. Persons in recovery should have a seat at the table in public discourse as well in order to insure this unique perspective has a voice in any crafted legislation or policy addressing the crisis.

Reforming the way we think about confidentiality will open faster and more efficacious treatment coordination for human service and public health providers. State regulations concerning the sharing of information are stricter than Federal standards. Pennsylvania should return to the Federal HIPPA standards of data privacy. Effective coordination of care relies on the ability to share information between departments and with those who are supporting and caring for individuals. Families should know about treatment for those for whom they are caring, and this information is not always available to them under current Pennsylvania privacy restrictions. Many confidentiality issues are wrapped up in a culture of stigma surrounding substance abuse and opioid abuse. Creating freer movement for information among those working with individuals involved in addiction treatment will go a long way to minimizing external stigma by maximizing care for the disorder as a disease like any other disease.

Finally, I need to advocate for additional funding to meet these increasing demands on the treatment system. DHS has seen no increase in funding for the past 5 years, and no restoration of the 10% cuts applied across the board to human services under the previous administration. Treatment eventually does work for many addicts.

I am really pleased that our community leaders are stepping up to address this crisis. Our US Attorney, David Hickton, has mobilized a multi-disciplinary effort to comprehensively address the problem on a

regional basis. The University of Pittsburgh's Institute of Politics has also prioritized this issue under the leaderships of Chancellor Emeritus, Mark Nordenberg, and former U.S. Attorney and current President of the Buhl Foundation, Fred Thieman.

This is an insidious disease, but we can make an impact through a collective effort. If we all join forces we can reduce the incidence of addiction and assist those in currently affected to get into recovery.

Thank you.

