



**Pennsylvania Senate Public Health and Welfare Informational Hearing on the
Commonwealth's Drug and Alcohol System
February 10, 2009**

Good morning Chairman Erickson, Chairman Hughes, Members of the Senate Public Health and Welfare Committee and staff. My name is Everette James, and I serve as Secretary of the Pennsylvania Department of Health. Joining me today is Robin Rothermel, Director of the Bureau of Drug and Alcohol Programs. Thank you for inviting us here today to discuss the Department's role in addressing the significant public health issues related to drug and alcohol abuse.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), a division of the US Health and Human Services Administration, it is estimated that 22.3 million individuals or 9 percent of the US population 12 and older have been identified as having substance abuse or dependence issues. The overall cost of illicit drug abuse to society is estimated to have been \$160.7 billion in 2000, according to a report released by the Office of National Drug Control Policy. This cost is certainly much greater today as we gather here to discuss this important issue. The majority of these costs (69 percent) are for productivity

losses stemming from such things as premature death, illness related to drug abuse and incarceration. It is estimated that every \$1 invested in addiction treatment programs yields a return between \$4 and \$7 in reduced drug-related crime, criminal justice costs and theft alone. When the savings related to health care are included, total savings can exceed costs by a ratio of 12:1.

In Pennsylvania the numbers associated with drug and alcohol abuse are staggering. 52.3 percent of those aged 12 and older (5,462,000 individuals) used alcohol in the past month. In the same month, 7.65 percent of those aged 12 and older (798,000 individuals) used illicit drugs. 8.14 percent of those aged 12 and older were dependent on or abused alcohol in the past year. This is approximately 864,854 Pennsylvanians. As a result of the abuse, there were 78,706 admissions to treatment programs in 2007. I have provided an addendum to this testimony with additional startling facts on the misuse of drugs and alcohol.

Keeping this in mind, let me provide some history that lead to the development of substance abuse programming in the commonwealth. Back in the late 1960's and early 1970's, the PA General Assembly recognized the need to address the growing dependence on and abuse of alcohol and illicit drugs. As a result, the Pennsylvania Drug and Alcohol Abuse Control Act was enacted as Act 63 of 1972

establishing the Governor's Council on Drug and Alcohol Abuse. The Council was charged with developing uniform policies and procedures associated with the delivery of services, and coordinating the efforts of other state agencies addressing substance abuse. The Act also required the Council to develop a state plan that addressed all aspects of drug and alcohol abuse and dependence issues, including funding for community-based programming for substance abuse prevention, intervention and treatment.

The duties and functions of the Governor's Council on Drug and Alcohol Abuse transferred to the Department, ultimately resulting in the formation of the Bureau of Drug and Alcohol Programs under the Office of Health Promotion, Disease and Prevention. While the Governor's Council on Drug and Alcohol Abuse continues to be an advisory body for the Bureau, the Department is the agency responsible for the prevention, treatment and monitoring of the drug and alcohol programming.

Under the Department, a system of Single County Authorities or SCA's was formed as a community orientation for drug and alcohol treatment and prevention services. Currently, there are 49 SCAs serving all 67 counties in the commonwealth. It is the local SCA's responsibility to determine the needs of their area and engage providers to deliver the appropriate services. The developed

system encompasses funding for a continuum of services from primary prevention through treatment and recovery. The Bureau continues to focus on SCA accountability by performance and outcome measures to ensure effective services.

The Bureau of Drug and Alcohol is comprised of three Divisions: Prevention, Treatment, and Program Monitoring.

The Division of Prevention has the primary responsibility to provide for the development, oversight and management of substance abuse prevention services throughout Pennsylvania. The Division strives to increase the implementation of substance abuse prevention policies and practices that are based on the latest research within the substance abuse field. The system is supported by the nationally recognized Performance Based Prevention Software (PBPS) that was first developed in Pennsylvania specifically for the Bureau. The major focus of prevention services is to reduce risk factors associated with substance use and to develop healthy lifestyles that support individuals, communities, families, and schools in being drug free. These efforts are based on the development and implementation of outcome based policies, practices and age appropriate strategies to address Drug and Alcohol abuse.

Preventing alcohol and drug dependence is critical, because Pennsylvania teens are four times more likely to become alcohol dependent when they have their first drink before age 15. *¹ Current prevention initiatives include a Performance Based Prevention System, Strategic Prevention Framework State Incentive Grant, Student Assistance Program and several underage drinking projects.

Based on these concepts, there are currently 61 evidence-based and 75 innovative programs that are being utilized by various prevention providers throughout the commonwealth addressing the prevention of substance abuse. There was an increase in the number of services delivered through evidence based programs from 27,364 in 2006 to 28,053 in 2007*² with over 1 million people receiving prevention education programming through various offerings.

The Division of Treatment is responsible for program planning and substance abuse case management systems. While specializing in drug and alcohol programs, this Division is involved in a number of other public health services, including compulsive and problem gambling addiction services. Although they are all too numerous to mention here, I would like to highlight a few for you.

¹ Data obtained from Substance Abuse & Mental Health Services Administration (SAMHSA)

² Data obtained from DOH Bureau of Health Statistics

One important public health service is the Hepatitis C Virus, or (HCV) initiative. This involves funding four, high-risk counties for prevention counseling, antibody testing, results counseling and linkage with additional health and social services. During state fiscal year 2007/2008, over 7,200 individuals received services.

Another project centers on implementing a statewide plan to increase awareness regarding Fetal Alcohol Spectrum Disorders (FASD). These disorders occur when alcohol is used during pregnancy and can result in mental retardation and birth defects. In 2006, the Bureau convened a statewide task force that created the first FASD state plan, which was unveiled in 2008, and provided recommendations on the prevention, diagnosis and treatment of FASD.

Another important effort of the Division of Treatment was implementing House Resolution 585 of 2006. This resolution directed the Bureau to establish a panel of parents to study and address family and community access to drug and alcohol abuse information, intervention and treatment services. This Parent Panel Advisory Council consists of parents from throughout the state whose children have been affected by the disease of addiction. The Council meets three times a year and is developing recommendations that will be presented to the Department

and the House Health and Human Services Committee. It is anticipated the parent panel will provide their recommendations in late 2009.

Drug and alcohol abuse is a huge financial burden to the commonwealth taxpayers. For instance, the annual cost of inpatient hospitalizations due to alcohol abuse, drug abuse and mental disorders caused by the use of drugs and alcohol was more than \$220 million over the past two years.

Over the past year, the Bureau has partnered with Department of Public Welfare's Office of Mental Health and Substance Abuse to develop a state-of-the-art treatment data system. The new system will offer a consistent reporting of outcome measures allowing Pennsylvania a better perspective on the treatment continuum and on overall behavioral health.

The Division of Program Monitoring has the primary responsibility to oversee the SCA's, ensuring they adhere to Federal Substance Abuse Prevention and Treatment Block Grant requirements. The majority of federal funds received by the Department are received via the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMSHA). In addition to the block grant, other funds are secured under agreements or through

grant applications for limited-term initiatives. The Bureau also receives a limited amount of Safe and Drug Free Schools and Communities Act funding, originating from the U.S. Department of Education through the Pennsylvania Commission on Crime and Delinquency. These funds are utilized to support the Student Assistance Programs implemented in all 501 public school districts. State funds available to the Bureau include an appropriation secured through the annual budget, as well as a transfer appropriation secured through 2 per cent of annual alcohol sales and deposited to the State Stores Fund. Both of these state appropriations are necessary in order to receive the Federal Block Grant funds.

In closing, drug and alcohol abuse is, and will continue to be, a compelling public health concern affecting Pennsylvanians of all ages, races and ethnic backgrounds in communities across the state. The societal and economic cost is significant but can be countered by prevention and treatment. The Department of Health is the agency responsible for prevention, treatment, and the monitoring of drug and alcohol programming. The Bureau maintains an extremely positive and cooperative working relationship with other state agencies connected to substance abuse prevention and treatment. We continue to work with DPW, the Department of Corrections, the Board of Probation and Parole, PA Commission on Crime and Delinquency, and the PA Gaming Board to name a few. We will continue to better

integrate and improve services, making sure that citizens with co-occurring disorders have access to needed programs. Through the SCA's, the Department of Health maintains a strong relationship with the county, community and provider systems in Pennsylvania.

Again, thank you for allowing me the opportunity to provide comment. Robin and I will be glad to answer any questions you may have at this time.



BUREAU OF DRUG & ALCOHOL PROGRAMS

State Fiscal Year 2007-2008 CIS Data

- There were 58,411 **unique clients** served
 - 68% (39,945) were male and 32% (18,466) were female
 - 76% (44,439) were white, 17% (9,983) were black, 3% (1,821) were other races, and 4% (2,168) were of unknown race
 - 76% (44,646) were not of Hispanic origin, 6% (3,464) were of Hispanic origin, and 18% (10,301) were of unknown ethnicity
 - 16% (9,139) were aged 20 or younger (under 21 years of age)

- There were 78,706 **admissions** to treatment
 - 55% (43,172) were Outpatient, 1% (909) were Inpatient Hospitalization, 37% (28,820) were Inpatient Non-Hospitalization, 5% (4,186) were Partial Hospitalization, and 2% (1,619) were other treatment modalities
 - 60% (47,005) were unemployed
 - The top five primary drugs of choice are as follows:
 - 40% (31,174) were Alcohol
 - 20% (15,715) were Heroin
 - 16% (12,384) were Cocaine/Crack
 - 14% (11,312) were Marijuana/Hashish
 - 8% (6,021) were Other Opiates/Synthetics

Alcohol and Drug Use in Pennsylvania (2005-2006)

- 7.65% of those aged 12 and older (798,000 individuals) used illicit drugs in the past month.

- 52.30% of those aged 12 and older (5,462,000 individuals) used alcohol in the past month.

- 8.14% of those aged 12 and older were dependent on or abused alcohol or illicit drugs in the past year. This is approximately 864,854 Pennsylvanians.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2005 and 2006 (Estimated by SAMHSA based on Pennsylvania sample).

<http://oas.samhsa.gov/NSDUH.htm#NSDUHinfo>

Alcohol-Related Crashes in Pennsylvania in 2007

- There were 12,867 alcohol-related crashes in 2007.
- There were 535 people killed in alcohol-related crashes in 2007.

Source: Pennsylvania Department of Transportation

<http://www.dot.state.pa.us/Internet/Bureaus/pdBHSTE.nsf/InfoFb07?OpenForm>

- In 2007 it is estimated that 22.3 million individuals or 9% of the population 12 & older in the US had substance abuse or dependence issues.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health

- Medication Assisted Treatment (MAT) is the use of medications in combination with counseling and behavioral therapies as an approach to the treatment of substance use disorders. Research shows that when treating substance-use disorders, a combination of medication and behavioral therapies is most successful. Medication assisted treatment (MAT) is clinically driven with a focus on individualized patient care. Medications are approved through the Food & Drug Administration and currently consist of Methadone, Buprenorphine and Naltrexone for opiate dependence and Naltrexone, Disulfiram and Acamprosate Calcium for alcohol dependence.
- As of August 2008 there were 60 Opioid Treatment Programs (OTPs) licensed by the Department of Health in PA and as of March 2007 there were 14,523 patients receiving services in OTPs.
- The overall cost of illicit drug abuse to society is estimated to have been \$160.7 billion in 2000, according to a report released by the Office of National Drug Control Policy. The majority of these costs (69%) were for productivity losses stemming from such things as premature death, illness related to drug abuse, and incarceration. Other costs included health care (9%) and criminal justice/social welfare costs (22%). The total cost of drug abuse to society rose at approximately a 6% annual rate between 1992 and 2000, primarily from increases in productivity losses due to incarceration and illness related to drug abuse.
- According to several conservative estimates, every \$1 invested in addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft alone. When savings related to health care are included, total savings can exceed costs by a ratio of 12:1.

Source: National Institute on Drug Abuse