IN BRIEF

• Drug overdoses from opioids continue to affect communities across the state—5,500 people died of drug overdoses in Pennsylvania in 2017, 80% of which were opioid overdoses.

• The state should make it easier for people to access medication-assisted treatment of substance use disorder, repeal counterproductive drug laws, make Naloxone more widely available and train people in its use, and protect Medicaid and other social services that help people living with substance use disorder.

THE PROBLEM

Opioids are a class of drugs that includes the illegal drug heroin, synthetic drugs like fentanyl, and pain relievers available by prescription (oxycodone, codeine, hydrocodone, morphine, etc.) or through illegal sales. In the late 1990s, the majority of overdoses were from cocaine. In 2014, heroin and other opioids became the leading cause of overdoses (61%). This epidemic has been caused by a dramatic spike in prescription painkillers and the recent influx of the illicitly manufactured fentanyl which is 100 times more potent than heroin. It has been made even worse by enforcement policies that seek to reduce the supply of heroin, which has resulted in increasing amounts of deadly fentanyl on the streets, leaving drug users with an increasingly unsafe and adulterated supply.

We are seeing death rates rise for communities of color, particularly black communities, who are targeted and penalized most under our prohibitive drug laws and racist policing practices, and often less able to access prescriptions due to racial bias in doctors and hospitals.

The opioid crisis affects communities across the state, crossing boundaries of city, town, race, age, economic status, and gender. Opioid overdose deaths are preventable, yet 5,500 people died of drug overdose in Pennsylvania in 2017, 80% of which were from opioids. The number of overdoses in Pennsylvania, as well as the rate of increase, has long been among the highest in the nation. In 2016, opioid-related overdoses per 100,000 residents was 18.5 compared to the national average of 13.3.

In 2014, 85% of Pennsylvanians who needed drug treatment did not receive it. This percentage has been declining but not fast enough.

THE SOLUTION

Accidental drug overdose is taking the lives of too many of our loved ones. Pennsylvania needs to push for accessible treatment for drug dependency and addiction and compassionate harm reduction solutions that reduce deaths and disease and more effectively help people reduce drug use.

Expand Access to Medication Assisted Treatment (MAT)

• Medication Assisted Treatment such as Buprenorphine programs has been proven an effective treatment for opioid use disorder, but the number of doctors that can prescribe it.
are very limited. Pennsylvania should require all new doctors to obtain the licensing waiver (done through an 8-hour online training) and offer incentives for practicing doctors to become licensed as well.

Repeal Counterproductive Drug Laws

- Drug-induced homicide laws allow charges of murder or manslaughter to be brought against persons involved in the manufacturing, sale, distribution or delivery of a controlled substance resulting in death. Pennsylvania is leading the charge here—the Commonwealth ranked number one in the nation for the number of drug-induced homicide charges brought. For this same crime, people of color on average receive much higher sentences than that of white individuals.\(^7\) Drug Induced Homicide laws lead to loved ones and bystanders being afraid to call 911 in case of an overdose, and perpetuate stigma. Though these laws are generally brought forward with good intentions, they are harmful, target some of our most vulnerable populations, and should be eliminated.

- Similarly, laws that discourage doctors from providing legitimate pain treatment that sometimes includes the use of opioids often have unintended victims—people who are suffering from severe pain that sometimes cannot be treated in other ways. These laws can drive some pain patients to seek out alternatives, increasing the demand for heroin or unregulated prescription drugs sold on the street. We should be educating doctors and patients about the risks of substance misuse yet trusting them to make the best decisions about their medical needs.\(^8\)

- Reduce sentences and create alternatives to incarceration for low-level drug crimes. (See our “End Overincarceration” policy piece for more information.) Revise drugs laws to be consistent with understanding substance use disorder as a health issue not a criminal justice issue, and move eventually towards decriminalization.

Decriminalize Important Harm Reduction Services

- In order to set up syringe exchange programs and harm reduction centers, Pennsylvania needs to pass HB196 (2017) or a similar law that decriminalizes syringes and other paraphernalia to enable advocates and public health departments to set up syringe exchange services. Syringe service programs and supervised consumption sites (or safe injection facilities) not only provide caring centers where drug users can access social services and treatment, they decrease reliance on emergency services,\(^9\) dramatically reduce the spread of bloodborne diseases such as HIV, decrease needle trash, and increase success rates of treatment and housing programs.\(^10\)

- Decriminalize Fentanyl testing strips. Fentanyl testing strips are a proven harm reduction
tool to help reduce overdose deaths before they happen. They allow drug users to test their drugs for strong and deadly fentanyl, and studies show that use is often moderated or reduced when a result comes back positive.¹¹

**Expand Use and Training For Use of Naloxone, the Life-saving Medicine Able to Reverse Overdoses**

- Every county should have a program that provides overdose reversal and Naloxone administration trainings, as well as naloxone distribution programs.¹²
- Require state prisons to provide Naloxone and overdose reversal training to returning citizens upon release.

**Protect Medicaid and Other Social Safety Net Programs**

- Medicaid must be supported and fully funded to continue to close the “treatment gap,” giving access to people who previously had to wait months, even years, for care through a publicly funded treatment program.
- Medicaid pays for 29.2% of medication-assisted treatment in Pennsylvania.¹³ If funding for the Medicaid expansion is decreased, consumers who’d had access to medication-assisted treatment could be forced to use emergency rooms as their source of care, putting a high financial burden on state and local budgets as well as family members.

**BACKGROUND**

Governor Wolf has taken steps to combat the overdose epidemic by establishing 45 centers of excellence to provide treatment for 11,000 people with substance use disorders, equipping first responders and others with the overdose-reversing drug called Naloxone¹⁴ and eliminating some barriers to access to medication-assisted treatment (MAT). MAT, found to be more effective for treating opioid abuse than placebos or detox alone, previously required prior authorization which delayed treatment at the most critical time in the initial recovery progress.¹⁵ Governor Wolf eliminated the need for such authorization. However, barriers still exist to accessing MAT. Nationwide, only 4% of doctors are licensed to prescribe it. In more than half of the counties in Pennsylvania, there are fewer than ten physicians who are licensed to prescribe buprenorphine, which is considered a gold standard for the treatment of substance use disorder. In six counties there are none.¹⁶

Social safety net programs such as Medicaid and SNAP provide critical support to those who live with addiction and substance use disorder. The Medicaid expansion made addiction treatment available for 63,000 people.¹⁷ Protecting these programs from cutbacks is critical to our state. So is improving access to other social services and to medical services. Even for those with social capital, securing support for housing and treatment remains incredibly difficult for many.
Harm reduction strategies

Pennsylvania is behind many states in implementing harm reduction strategies, that is approaches to drug use that seek to do everything possible to minimize death by infection and overdose. Syringes are still criminalized as paraphernalia in Pennsylvania, preventing the state from opening life-saving health centers and syringe exchange programs that can decrease HIV infection rates, improve health outcomes, and expedite access to treatment.

One unintended consequence of the crackdown on opioid prescribing is that some people are being driven to the unsafe street market, while leaving others without access to much needed pain medication. On the streets, heroin has become less prevalent and fentanyl more widespread. In 2016, fentanyl surpassed heroin as the leading cause of opioid overdose death.

For those who enter our criminal justice system, upon release they are more likely to die from overdose than the general public and are often not offered supportive services to reduce recidivism and harm. Pennsylvania has one of the largest prison populations in the nation, and approximately one in five people who are incarcerated are locked up for a non-violent drug offense. The number of people in prison for drug offenses grew by more than 40% between the years 2000 and 2011. Alternatives to incarceration like drug treatment programs can be used with greater results for low-level drug offenses and parole violations. Once someone has come in contact with the prison system, they are 130 times more likely to die of an overdose than the general population upon reentry.

1 https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm
2 https://www.kff.org/other/state-indicator/opioid-overdose-deaths-by-race-ethnicity/?activeTab=graph&currentTimeframe=0&startTimeframe=18&selectedDistributions=black-non-hispanic&selectedRows=%7B%22wrapups%22:%7B%22%22united-states%22:%7B%22%22%22%22%22%22%7D%7D%7D&sortModel=%7B%22coid%22:%22Location%22,%22%22%22%22%22asc%22%7D
5 http://opioid.amfar.org/PA
6 http://opioid.amfar.org/PA
7 https://www.healthinjustice.org/drug-induced-homicide
8 https://www.statnews.com/2018/03/06/cms-rule-limits-opioid-prescriptions/
9 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495047/
In one study, a group taking Suboxone (Buprenorphine) had a 40 percent lower death rate after one year than those not receiving medication assisted treatment; https://www.physicianleaders.org/news/study-doctors-rarely-prescribe-addiction-rx-opioid-overdose-patients.