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College, University of Scranton & Wilkes University*

AN EXAMINATION OF OPIOID DRUG CHALLENGES AND RESOURCES IN LACKAWANNA AND LUZERNE COUNTIES



5/12/2016

Health and Healthcare Task Force

This report is to provide the region with an informed outlook of the region's heroin and opioid addiction problem, a collection of resources available for heroin and opioid drug addicts, helpful channels for friends and family members, and what is being done to address the problem, including law enforcement and criminal justice aspects of heroin and opioid abuse.

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HEALTH AND HEALTHCARE TASK FORCE

INTRODUCTION

The purpose of this report is to provide the Lackawanna and Luzerne County communities with an informed outlook of the region's heroin and opioid addiction problem amid growing concern nationally, a survey of resources available for heroin and opioid drug addicts, helpful channels for friends and family members, and what is being done to address the problem, including law enforcement and criminal justice aspects of heroin and opioid abuse.

BACKGROUND

Heroin is an illicit narcotic derivative and a semi-synthetic product of opium. It occurs in many different forms ranging between various colors and textures. The drug is typically mixed with other drugs or substances including powdered milk, sugar, or poisons such as strychnine which is often used as a pesticide for the purpose of killing small vertebrates such as birds and rodents. The "rush" that is associated with the use of heroin is derived from the quantity of heroin taken and the approach in which it is administered. These methods include snorting, smoking, and injecting. Each method will affect the speed of the drug as it reaches the human brain. The sensation can occur within seconds or minutes and can last for several hours causing nausea, vomiting, and many more severe health problems.¹

The substance abuse epidemic has raised concern at the state-level and as a result, Pennsylvania and New York are co-chairing the Northeast and Mid-Atlantic Heroin Task Force (NEMA-HTF). The main function of the task force is collaborating, coordinating, and information-gathering to face the heroin abuse and distribution issues all over the region. New Jersey and Massachusetts have also joined.² This task force will enable the state attorney generals of the member states to combat the growing problem of heroin distribution. In Pennsylvania, heroin trafficking has increased and proved a direct link to at least three Mexican cartels causing an increasing rate of drug related deaths because of the ease of access to heroin at some of the lowest prices in the past several years.

The use and abuse of opioids such as heroin, morphine and prescription drugs throughout the United States is becoming an increasing cause for concern. The use and abuse of heroin and other opioid drugs is affecting social, health, and economic welfare in communities throughout the United States. Opioid addiction does not discriminate among occupations, socio-economic statuses, or ethnicities, and once addicted, it is difficult to fight the addiction.

Often times, individuals who use these drugs will also abuse pain medications as well which results in a stronger "rush" but a more fatal combination. Throughout Northeastern Pennsylvania, there is a shortage in the capacity that addiction treatment facilities can hold. In addition, there is a lack of financial support for those who are seeking help but are unable to afford it. Most insurance companies cover treatments for an average of 28 days. This time may be sufficient in treating for some addictions, but it is not enough for opioid addiction. The approximate length of treatment an individual addicted by opioids would need to fight the addiction is 90 to 120 days and even with that, relapse is common. Due to the inadequacy of funding treatment, it can be difficult for individuals to recover from such addictions.

According to the Morbidity and Mortality Weekly Report that was released by the Center for Disease Control and Prevention (CDC) in July of 2015, heroin use throughout the United States has increased over the years. From 2002 to 2013, the annual rate of heroin use rose from 1.6 per 1,000 people to 2.6 per 1,000 people.³

Recently, health care providers have been under pressure to maintain their prescribing habits. According to Cynthia Reilly, director of Prescription Drug Abuse Project for Pew Charitable Trusts, approximately 250,000 older Americans took potentially unsafe doses of opioids for 90 or more consecutive days in 2011. There is evidence that patients “doctor shop” in order to receive multiple prescriptions of the same drug from different providers. If physicians and pharmacists are held more accountable for their prescribing habits, it could perhaps influence the number of individuals who become addicted to prescription drugs and then resort to the cheaper illegal opioids such as heroin.⁴

On February 4, 2016, the FDA announced that it would reassess its approach to opioid prescriptions. The FDA’s deputy commissioner Dr. Robert Califf stated that the problem with opioid misuse is becoming worse. A part of the plan to resolve this will include re-examining the risks and benefits of opioids and gaining committee approval prior to allowing a new opioid to be approved for use.⁵ Though ensuring the FDA maintains the quantity of opioids in the market, it is essentially up to doctors to ensure their patients are not knowingly abusing these drugs. Dr. Hsiu-Ying Tseng was sentenced to 30 years to life by Supreme Court Judge G. Lomeli in California. The judge stated that Dr. Tseng attempted to place the blame everywhere, but did not take responsibility for her own actions. She also knowingly prescribed pain medications that her patients were already addicted to. With Dr. Tseng being convicted of murder for the deaths of three individuals, it is likely that many doctors may hesitate to prescribe prescription pain medications that patients need to prevent similar occurrences from happening. However, it is equally as likely that physicians will be more mindful and take more responsibility when prescribing these medications.⁶

On March 15, 2016, the Centers for Disease Control (CDC) issued a new guideline to physicians on the use of opioid medication for pain. They indicated that the “risk from such drugs outweigh the benefits” and that to reduce the number of deaths and addiction from drugs as Vicodin and OxyContin, that physicians should not start with these drugs, but instead begin pain therapy with ibuprofen and acetaminophen. If they must start with an opioid, it should be the lowest possible dose for the shortest time (three days). The exception to the rule is opioids prescribed for cancer treatment and end of life care. Opioids contain the same addictive ingredient as heroin and about 40 Americans die each day from prescription opioid overdose.⁷ On March 22, 2016, the US Food and Drug Administration (FDA) required that manufacturers add a “black box” warning to explain the risk of abuse, addiction, overdose, and death associated with the use of the product. The warning applies to “immediate release opioids” which have less opioid medication, but must be taken more frequently. These account for nearly 90 percent of opioids on the market. The FDA believes this will help doctors better educate patients. The pharmacist is also encouraged to provide a medication guide.⁸

Regional Heroin Trends

There are 67 counties in the Commonwealth of Pennsylvania. Data used for the purpose of this report, published by the Pennsylvania State Coroners Association, provides detailed data for 54 of the 67 counties. The counties for which data was not provided include Beaver, Columbia, Fayette, Fulton,

Jefferson, Juniata, Lawrence, Montgomery, Montour, Northumberland, Schuylkill, Snyder, and Somerset. For the purpose of the report, a death as a result of drug poisoning was ruled as such when, during the autopsy, there is an identifiable drug present in the toxicology report and if the coroner or medical examiner determines that the drug(s) played a contributing role in the death. The research does not include deaths where drug(s) were present but did not seem to be the underlying cause of the death. Throughout January to December 2014, there were at least 2,489 deaths resulting from drug poisoning which translates to seven deaths per day throughout the Commonwealth.

The Report on Overdose Death Statistics provided by the Pennsylvania State Coroners Association in 2014 that there are five counties which ranked within the 100 or more deaths category – Allegheny, Bucks, Delaware, Philadelphia, and York Counties.

The table below shows data on the number of per capita drug overdose deaths throughout the counties in Pennsylvania. This provides proportionate numbers which can then be compared to each other. The first fact to note is that though Allegheny, Bucks, Delaware, Philadelphia, and York Counties have the greatest total number of deaths, there are a number of rural counties with relatively high rates of drug overdose deaths. Wyoming County had the highest rate of overdose deaths among all counties for which this statistic could be calculated. Several other rural counties in Northeastern Pennsylvania had high per-capita rates of overdose deaths, including Carbon and Wayne.

Following the three counties with no reported drug overdose deaths, the two counties with the lowest drug overdose deaths are Franklin and Northampton Counties, both with a reported 0.09 death rate per 1,000 residents.

The overdose death rate in Lackawanna County is 0.14 deaths per 1,000 residents, a total of 30 overdose deaths. In Luzerne County, there were a total of 67 drug-related deaths which translates to 0.21 deaths per 1,000 residents. Over 33 percent of these deaths in Luzerne County are related to prescription opioids and another 21 percent of the deaths are related to non-legal drugs, the largest of which statewide is heroin. In Lackawanna County, there was a slightly higher percentage of prescription opioids (47 percent) and a lower percentage of non-legal drug overdoses (11 percent).

Percent of Overdose Deaths	Pennsylvania	Lackawanna	Luzerne
Prescription Opioids	25%	47%	33%
Non-legal drugs	24%	11%	21%

Source: Pennsylvania State Coroners Association

The table below shows similar information for the remaining counties in Pennsylvania. It is important to note that not all overdose deaths are a result of illegal drugs, or even abuse of legal drugs. Overdose deaths can also occur with drugs not considered to be drugs of abuse, including muscle relaxers, antidepressants, and antihistamines.

An Examination of Opioid Drug Challenges and Resources in Lackawanna and Luzerne Counties

Drug Related Deaths per County in Pennsylvania					
County	Deaths	Per Capita Deaths**	County	Deaths	Per Capita Deaths**
Adams	<10	-	Lackawanna	30	0.14
Allegheny	303	0.25	Lancaster	56	0.11
Armstrong	17	0.25	Lawrence	N/A	-
Beaver	N/A	-	Lebanon	15	0.11
Bedford	<10	-	Lehigh	85	0.24
Berks	64	0.15	Luzerne	67	0.21
Blair	21	0.17	Lycoming	13	0.11
Bradford	11	0.18	McKean	<10	-
Bucks	205	0.33	Mercer	27	0.24
Butler	33	0.18	Mifflin	<10	-
Cambria	37	0.27	Monroe	39	0.23
Cameron	0	0.00	Montgomery	N/A	-
Carbon	17	0.26	Montour	N/A	-
Centre	18	0.11	Northampton	28	0.09
Chester	82	0.16	Northumberland	N/A	-
Clarion	<10	-	Perry	<10	-
Clearfield	15	0.18	Philadelphia	611	0.39
Clinton	<10	-	Pike	<10	-
Columbia	N/A	-	Potter	0	0.00
Crawford	16	0.18	Schuylkill	N/A	-
Cumberland	35	0.14	Snyder	N/A	-
Dauphin	54	0.20	Somerset	N/A	-
Delaware	149	0.26	Sullivan	<10	-
Elk	<10	-	Susquehanna	12	0.29
Erie	60	0.22	Tioga	<10	-
Fayette	N/A	-	Union	<10	-
Forest	0	0.00	Venango	10	0.19
Franklin	14	0.09	Warren	<10	-
Fulton	N/A	-	Washington	33	0.16
Greene	10	0.26	Wayne	14	0.27
Huntington	<10	-	Westmoreland	87	0.24
Indiana	10	0.11	Wyoming	17	0.60
Jefferson	N/A	-	York	120	0.27
Juniata	N/A	-			

Source: Pennsylvania State Coroners Association; US Census Bureau 2014 Estimates
 **Per 1,000 population

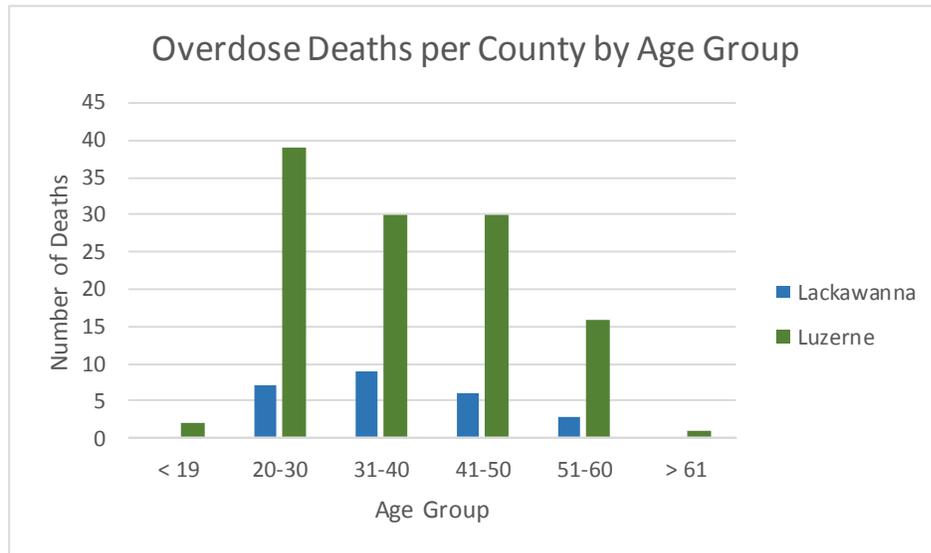
According to the 2009 – 2013 Heroin Overdose Death Report published by the Pennsylvania State Coroner’s Association, there were a total of 490 heroin-only and 2929 multi-drug overdose deaths in Pennsylvania during this time period, keeping in mind that the 2013 data only included approximately half of the year. Across the state of Pennsylvania, the total deaths increased each year.

Lackawanna County had fewer deaths than Luzerne County throughout the five years. From 2009 to 2010, Lackawanna County showed a dramatic decrease in heroin and multi-drug overdose deaths, but from 2010 to 2011, there was a 225 percent increase in the total number. Luzerne County showed similar

increases, however, the number of related overdose deaths from 2010 to 2011 decrease. The percent change for overdose deaths from 2012 to 2013 have not been provided because the data gathered by the Coroners Association is incomplete.

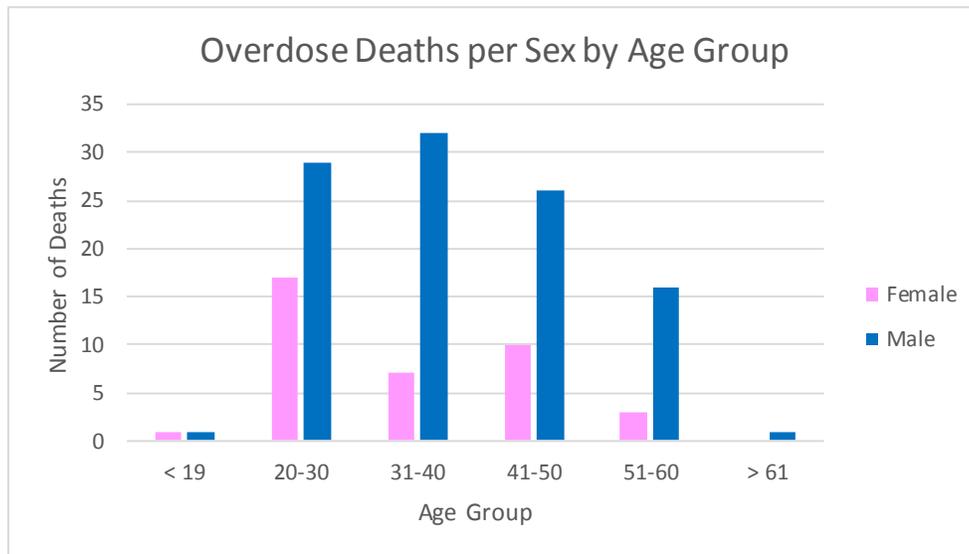
Heroin and Multi-Drug Toxicity Deaths, 2009-2013								
Pennsylvania			Lackawanna County			Luzerne County		
Year	Deaths	% Change	Year	Deaths	% Change	Year	Deaths	% Change
2009	371	-	2009	16	-	2009	16	-
2010	414	11.6%	2010	4	-75.0%	2010	19	18.8%
2011	694	67.6%	2011	13	225.0%	2011	33	73.7%
2012	882	27.1%	2012	20	53.8%	2012	31	-6.1%
2013	568	-	2013	12	-	2013	20	-

The 2009-2013 American Community Survey 5-Year Estimates show the population of Lackawanna County to be 214,275 and the population of Luzerne County to be 320,827. Throughout Lackawanna and Luzerne Counties, there have been 67 and 119 deaths, respectively, as a result of overdoses. The common trend shows that most of the deaths happen within middle-aged individuals, primarily males, throughout the spring season and on the weekends.⁹ The tables below depict information from 2009 to the first half of 2013.



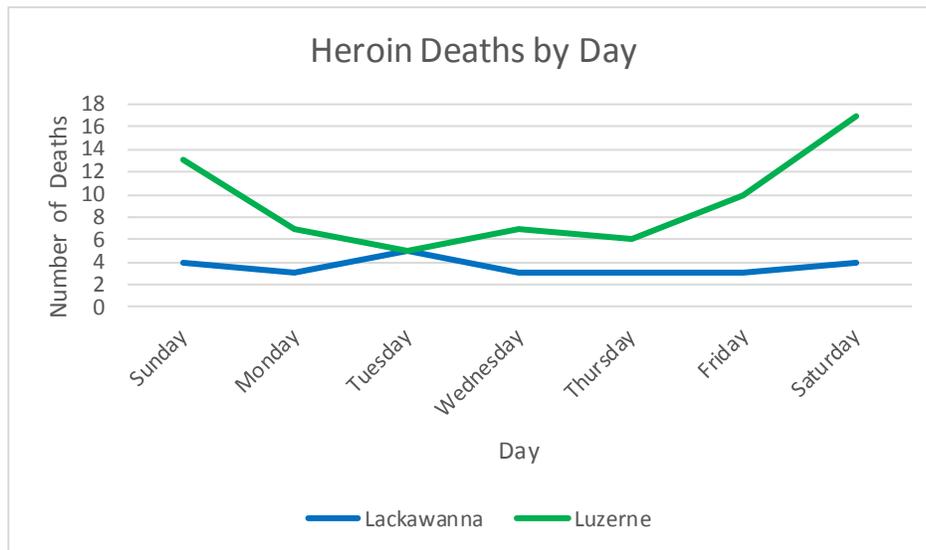
Source: Pennsylvania State Coroner's Association, 2009-2013

At about two-thirds of the total heroin overdoses, the majority of the deaths were males. The figure below displays the number of overdose deaths per county by age group in Lackawanna and Luzerne Counties. Lackawanna County has a much fewer deaths than Luzerne County. The greatest number of overdose deaths occur within individuals 20-30 years old in Luzerne County and 31-40 year olds in Lackawanna County. The distribution of the deaths is clustered towards the middle-aged group and decreases below those younger than 20 years and older than 61 years.



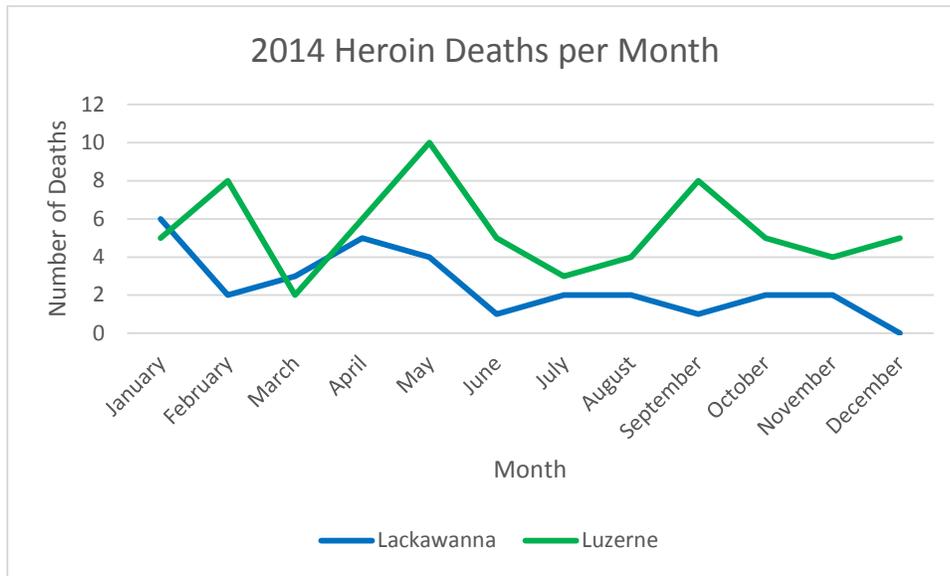
Source: Pennsylvania State Coroner's Association, 2009-2013

When the data from both counties is combined, the majority of those overdosing are males. Most male overdoses fell within the ages of 31 to 40 years and most female overdoses fell within the ages of 20 to 30 years. Similar to the distribution of deaths per age and county, the fewest deaths occurred within individuals below 20 years and over 61 years while the most occurred within the middle-aged group.



Source: PA State Coroner's Association, 2014

When looking at the data related to the number of deaths as a result of heroin overdose throughout the week, Luzerne and Lackawanna County show differing trends. In 2014, Lackawanna County showed a consistent trend throughout the week but peaked on Tuesday. In Luzerne County, the greatest number of deaths occurred on Sunday and Saturday reaching lows on Tuesday and Thursday.



Source: PA State Coroner's Association, 2014

Luzerne and Lackawanna Counties have somewhat similar trends when assessing heroin deaths per month. In Luzerne County, there was an oscillating tendency in 2014. The peak months were February, May, and September and the months with the lowest deaths were March, July, and November. In Lackawanna County, the peak months were January and April while the lowest were February, June, September, and December.

Insurance Coverage

Health insurance helps many individuals take part in preventative and reactive measures as a result of health incidences. There are a number of health insurance providers throughout Northeastern Pennsylvania that provide a range of services related to detoxification as a result of opioid addiction.

The coverage options can partially or fully cover inpatient and outpatient programs. Depending on the coverage an individual has, it can also provide partial or full coverage for luxury, private and executive treatment plans. The primary consideration is the location of the service. Typically, services that are geographically close and may not require inpatient services will be covered to a greater extent than those that are out of state.

The insurance coverage is determined by medical necessity and there are a multitude of factors that are considered when determining this. Such factors include the severity of the individual's addiction (withdrawal symptoms), the intensity of the service requested, the length of stay, and patient's condition and other illnesses. Upon looking at these factors, if the treatment is deemed medically necessary, the insurance companies will fund the use of the services. Upon entering treatment, the medical necessity status is subject to change if the treatment shows progress. For example, if an individual receiving inpatient treatment shows improvement, the medical necessity of these services may decrease and the patient will transition to out-patient services. The basic coverage that is provided for most individuals with insurance coverage includes outpatient program, however, it is often the case that opioid addiction treatment requires more intensive detoxification treatment.

Another aspect of insurance is whether insurance providers evaluate prescribed opioid use. Many adults addicted to prescription based opioids shop doctors for prescriptions. Not all insurances (including Medicare) monitor and evaluate usage to identify potential addiction and abuse.

Many individuals do not have health insurance in the United States. Though the percent of uninsured individuals has declined, almost 50 million Americans still have no coverage even with the expansive Affordable Care Act that was passed.¹⁰ Without health care coverage many have to ignore or go without treatment on minor and sometimes major issues.

When an individual without health insurance seeks rehabilitation for drug abuse there are only a few paths for them to take. Across the country are non-profit drug rehab facilities which offer treatment for a small price compared to other rehab facilities. There are very few non-profit centers in Luzerne and Lackawanna Counties, and there are not many spaces available in each facility.

If a future patient is in an area without a non-profit facility the addict must look to other sources, such as loans, establishing a payment plan with the facility, or seek charity and governmental aid for assistance.¹¹ With the newly changing health care laws due to the Affordable Health Care this method is becoming utilized less and less as the years passed, but it is still important for those who are not covered for drug addiction treatment.

Addiction Treatment

Treatment of opioid addiction is necessary, however, it can prove to be difficult because, in most cases, the first contact with an opioid is made in a doctor's office where licensed physicians prescribe medications such as OxyContin or Vicodin for pain relief. In 2012, the Center for Disease Control reported that health care providers wrote 259 million prescriptions for pain killers.¹²

Addiction may be related to changes in the brain caused by the abuse of heroin and other opioids. Many synthetic drugs have been used to help individuals addicted to opioids by providing the safer option. Drugs like methadone and buprenorphine do not provide addicts with the cure for their addiction, but, if used appropriately, they can provide a safer alternative to opioid use.¹³ Methadone is a long-acting synthetic drug that was first used in the maintenance treatment of drug addiction. It is an opioid agonist meaning that it acts in a way that is similar to morphine and other narcotic medications. It is most helpful when used appropriately. There are many methadone clinics which ensure proper administration and use.

Buprenorphine helps to relieve withdrawal symptoms and reduce cravings by blocking the effects of heroin and other opioids similar to methadone. In order to prescribe this alternative, health care providers are required to receive training and a waiver from the Drug Enforcement Agency. The proper administration of buprenorphine is also important otherwise individuals will be more likely to relapse. Misuse of heroin and its alternatives can result in death.

Facility Descriptions

There is an apparent availability of treatment for substance abuse and addiction throughout Luzerne and Lackawanna Counties. Treatment types and approaches vary based on the facility and the individual's needs. Detoxification is the first stage that manages the acute and possibly dangerous physiological effects of stopping drug use. In addition, addiction associated with psychological, social, and behavioral

problems that cannot be treated by detox alone. As a result, there are other treatment types and medications that must be administered under the observation of a physician that includes the following:

1. Long-Term Residential Treatment “non-hospital settings” provides care 24 hours a day. Activities designed and focus on “resocialization” with average lengths of stay between six to 12 months
2. Short-Term Residential Treatment “hospital-based settings” average length of stay between three to six weeks followed by outpatient therapy and participation in a self-help group
3. Outpatient Treatment Programs offers different outpatient treatment models with different costs such as group counseling
4. Individualized Drug Counseling
5. Group Counseling
6. Treating Criminal Justice-Involved Drug Abusers and Addicted Individuals
7. Pharmacotherapies including medications such as methadone, buprenorphine, and naltrexone
8. Cognitive-Behavioral Therapy (CBT)
9. Contingency Management Interventions/Motivational Incentives
10. Community Reinforcement Approach (CRA) Plus
11. Family Behavior Therapy (FBT)¹⁴

An Examination of Opioid Drug Challenges and Resources in Lackawanna and Luzerne Counties

The table below provides further information for each provider.

Service Providers		
Name	Services	Capacity
Lackawanna County		
A Better Today	Outpatient Drug-Free	180
	Partial Hospitalization Drug-Free	24
Cedar Residence	Inpatient Non-Hospital Drug-Free	25
Drug and Alcohol Treatment Services	Outpatient Drug-Free	105
	Partial Hospitalization Drug-Free	36
Habit Opco, Inc.	Outpatient Drug-Free	105
	Outpatient Maintenance	280
Just Believe Recovery Center of Carbondale LLC	-	-
Lighthouse Counseling Associates	Outpatient Drug-Free	35
Lourdesmont Behavioral Health Services	Outpatient Drug-Free	35
Marworth	Inpatient Non-Hospital Detoxification	21
	Inpatient Non-Hospital Drug-Free	70
	Outpatient Drug-Free	120
	Partial Hospitalization Drug-Free	20
PA Treatment and Healing	Outpatient Drug-Free	70
The Retreat at White Birch	Inpatient Non-Hospital Drug-Free	25
Turning Point Alternative Living Solutions	Outpatient Drug-Free	35
Luzerne County		
A Better Today, Inc. Satellite Hazleton	Outpatient Drug-Free	70
	Partial Hospitalization Drug-Free	18
B.I. Incorporated	Outpatient Drug Free	70
Catholic Social Services of the Diocese of Scranton	Outpatient Drug-Free	125
Choices of Northeastern Pennsylvania	Outpatient Drug-Free	140
	Partial Hospitalization Drug-Free	40
	Outpatient Other Chemotherapy	130
	Inpatient Non-Hospital Detoxification	20
	Inpatient Non-Hospital Drug-Free	24
	Choices Recovery Program	Outpatient Maintenance
Clear Brook Lodge	Inpatient Non-Hospital Drug-Free	46
Clear Brook Manor	Inpatient Non-Hospital Detoxification	22
	Inpatient Non-Hospital Drug-Free	46
Clearbrook Treatment Centers, LLC	Inpatient Non-Hospital Detoxification	22
	Inpatient Non-Hospital Drug-Free	24
	Inpatient Non-Hospital Drug-Free	24
Clem-Mar House, Inc.	Inpatient Non-Hospital Drug-Free	25
First Hospital	Psychiatric Hospital	20
James A. Casey House	Inpatient Non-Hospital Drug-Free	43
Pathway to Recovery Counseling and Educational	Outpatient Drug-Free	235
	Partial Hospitalization Drug-Free	15
Pennsylvania Care LLC DBA Miners Medical	Outpatient Maintenance	350
Wyoming Valley Alcohol and Drug Services	Outpatient Drug-Free	270
	Partial Hospitalization Drug-Free	60

Source: Pennsylvania Department of Health

Shortage in Treatment Facilities

Though there are many facilities throughout this region, there appears to be a lack of capacity to assist everyone seeking the treatment. The lack of funding results in inadequate stays which minimizes the effectiveness of the programs. There has been a growth in the for-profit providers of addiction treatment in this region, but many residents interested in this treatment also seek the help in other cities and states as well. According to the Pennsylvania Department of Health, in 2013, Luzerne County had over 400 substance abusers seeking treatment but only 322 would be admitted. Of that figure 210 of them were drug abusers. Lackawanna County had almost 700 cases of drug abusers seeking help from a clinic.¹⁵

On September 2, 2015, Geisinger Health Plan and a CleanSlate Addiction Treatment Centers of Massachusetts announced plans to open opioid-addiction treatment centers in northeastern Pennsylvania. The two out-patient treatment centers opened in September and October located in Wilkes-Barre and Scranton, respectively.

The centers are located at 189 East Market Street in Wilkes-Barre and 1020 West Lackawanna Avenue in Scranton. Both facilities provide out-patient treatment and opens at 9:00am on Monday through Friday. The facility is patient-focused and provides treatment for opioid, alcohol, and other drug addictions. At this time, Geisinger Insurance, including GHP Family, Commercial, and Exchange, is the only accepted insurance plan.

Naloxone

On July 29, 2015, The Commonwealth Medical College in Scranton, Pennsylvania hosted a public hearing regarding Heroin and Opioid Addiction Treatment and Recovery with The Center for Rural Pennsylvania. Individuals speaking at the hearing included many prestigious officials throughout the state and both counties. The center, partnering with the Pennsylvania Department of Drug and Alcohol Programs (DDAP), surveyed the municipal police departments throughout the state in June of 2015 to learn about the use of naloxone which is a medication that blocks the effects of opioids on the brain and restores breathing within two to eight minutes after being administered. The use of this medication was signed into law by former Governor Tom Corbett in September of 2014.¹⁶ The act provides immunity from prosecution for individuals responding to and reporting overdoses.

The data received from the surveys determined that, on average, police departments have 25 full-time and five part-time officers and over 84 percent of these departments responded to an average of 13 drug-related overdose calls within June 2014 and June 2015. During this time, police officers were also the first responders for 70 percent of the overdose calls. Approximately 82 percent of the officers throughout the state are not carrying naloxone, though 28 percent of the departments also stated that naloxone would be provided to their officers within the next three months. However, of those departments who are carrying naloxone, almost 30 percent reported they used the medication within the last 30 days.¹⁷

The survey also asked the police departments to explain their reasoning for not carrying naloxone and the top two responses were that the departments rely on other emergency responders and the cost concerns of the training and medication. The cost of naloxone has grown significantly in the past year. According to research conducted by the Institute for Research, Education, and Training in Addictions, the price of naloxone is dependent upon the method in which it is administered. The cost of the injectable formulation varied between \$50 to \$60 for two doses, and the nasal formulation cost ranged from \$45

to \$87. In addition to the cost of the drug changing, the insurance coverage is also changing in response to the increased use.¹⁸ At the hearing, it was mentioned that there needs to be a move to integrate mental health and substance abuse treatment into the primary care setting and this will help to maintain the abuse of such opioids, especially prescription pain medication.

It is common for addicts to combine the use of pain medication and opioids to feel a stronger effect of the “rush.” According to the American Society of Interventional Pain Physicians, eighty percent of the world’s pain pills are consumed in the United States and the country accounts for less than five percent of the world population.¹⁹ Reports from law enforcement officials and substance abuse treatment professionals and data from the Substance Abuse and Mental Health Services Administration suggests that many individuals who become addicted to prescription pain medication will move on to heroin when it becomes financially difficult to access the pills.²⁰

Just as this study was being finalized, it was announced that Naloxone was going to be stored in the nurses’ offices at North Pocono Middle and High School. North Pocono follows Abington Heights which started keeping the drug in six of its district buildings in November 2015 following a recommendation from the Pennsylvania Department of Education that schools stock their nurses’ offices with the drug.

Pain Medication & Prescription Fraud

Though it is often the case that the prescription pain medication becomes difficult to refill, there are many cases of prescription fraud that increase the abundance of the pills on the streets.

One of most common occurrence of the prescription fraud is when an individual who needs the pills simply bears the pain and chooses to sell the pills for profit. Another common practice is for one individual to visit multiple doctors and get as many prescriptions for the medications. However, this practice is difficult to prevent. There is a concept called Achieving Better Care by Monitoring All Prescriptions (ABC-MAP) which works to prevent the second from happening. The program proposes statewide electronic databases that gather information about prescribing and dispensing controlled substances including prescription pain killers.²¹

On June 30, 2015, Pennsylvania became the 46th state to take part in the interstate sharing of the prescription monitoring program. The implementation of ABC-MAP in Pennsylvania will decrease the common mistakes such as duplicated and misguided prescriptions.

When a patient that was on prescription drugs passes away, the leftover drugs often end up in the hands of the deceased person’s next of kin. The drugs that are transferred on are often very strong. Opioid drugs often come from hospice care patients, who may have received drugs like oxycodone or morphine. Many family members do destroy or surrender the drugs, but in some cases they can end up being abused by the family members or sold or given to opioid addicts.

Prescription Take-Back Program

There are many known and unknown prescription take-back programs which can help to prevent prescription drug abuse. With seven known locations throughout Luzerne and Lackawanna Counties, there are locations within close proximity to most of the residents in both counties.²² There are even events that are promoted by the local politicians such as State Senator John Yudichak to drop off unwanted prescription drugs.

With guidance and incentives, more patients will take their unused or unwanted prescription drugs to these locations rather than have them end up in the illegal market. "I encourage everyone to take advantage of this important nationwide effort to prevent medication abuse and provide a convenient and safe way to dispose of unwanted and unnecessary prescription drugs," said Yudichak.²³

Prescription Drug Take-Back Program	
Luzerne County	Lackawanna County
Hazleton City Police Dept. Headquarters 40 North Church Street Hazleton, PA 18201	City of Carbondale Police Department 1 North Main Street Carbondale, PA 18704
Luzerne County District Attorney's Office 200 North River Street Wilkes-Barre, PA 18711	Lackawanna County Sheriff's Department 200 North Washington Avenue Scranton, PA 18503
Pittston City Police Dept. Headquarters 35 Broad Street Pittston, PA 18640	Moscow Borough Police Department 123 Van Brunt Street Moscow, PA 18444
	South Abington Police Department 104 Shady Lane Road Chinchilla, PA 18410

Source: Pennsylvania Department of Drug and Alcohol Program

Relapse Concerns

Addiction treatment is effective in many cases; however, relapse can occur if treatment is halted or not administered appropriately. Recidivism rates with opioid use is very high when individuals stop taking medically assisted treatment.²⁴ Recidivism refers to a person's relapse into addictive and criminal behavior, often after the person receives sanctions or undergoes intervention for previous behaviors.²⁵ A study published by The Urban Institute in 2003 showed that within one year of graduating from drug court, 16.4 percent of graduates had been arrested and charged with a serious offense. Within two years, that number rises to 27.5 percent.²⁶

Heroin and other opioid addicts are most successful in their treatment when they are closely monitored and follow the proper guidelines. The use of methadone and buprenorphine have proven to be most successful when used for longer periods of time. In many instances, many individuals are weaned off this alternative after they stop having the urge to use heroin. The safest way to treat addiction is to ensure it is administered by health care providers in a treatment center.

The Bureau of Justice Statistics conducted a study regarding recidivism rates for 404,638 prisoners who were released in 30 states for five years after their release from prison in 2005. The data showed that within the first year 43.4 percent of the prisoners had been rearrested and by the end of the five year term, more than 75 percent of the prisoners had been rearrested.²⁷ The data supported the finding that the longer an individual went without being rearrested, the less likely they were to be rearrested. Similarly, regarding opioid use, the longer an individual remains in treatment and resists the urge to do these drugs, the more likely it will be that they will not continue to use the drugs.

CONCLUSION

Throughout the past few decades in the United States, the number of overdose deaths have been increasing tremendously. According to the National Institute on Drug Abuse, there has been a 29 percent increase in the total number of deaths as a result of overdose from 2001 to 2013.²⁸ The opiate abuse epidemic crosses socioeconomic boundaries. Throughout 2014, Lackawanna and Luzerne Counties had 30 and 67 drug-related deaths, respectively, and these statistics have trended upwards in recent years. The two counties also have a disproportionate share of overdose deaths caused by prescription painkillers. Throughout the region, there are many addiction treatment resources for those affected to participate in whether it be in-patient or out-patient and short-term or long-term. There are facilities all across the region as well as many more throughout surround areas. The facilities are fairly large in quantity, but the demand is increasing at a rate faster than they can adapt to. The treatment can range from cleansing ones system to the use of a synthetic drug such as methadone and buprenorphine which will eventually work to wean addicts off the true opioids. There is a positive correlation between ones length of stay at a facility and the length of time they remain drug-free.

One of the biggest troubles in the fight against drug abuse is making the drugs less available to addicts. The prescription take-back program is a great option throughout Luzerne and Lackawanna Counties with many known locations throughout the region. This is a proactive fight against the prescription drug abuse and over dose deaths. Individuals are more likely to elevate to heroin abuse after being prescribed strong pain medications legally for health purposes. Once the pills are no longer strong enough to make an individual feel the “rush,” that is when stronger methods are sought after. Additionally heroin and other illegal opioids are usually easier to obtain than prescription drugs.

There are times when a proactive measure is simply not enough and it becomes time to think of retroactive solutions. Naloxone is a drug that is used to block or reverse the effects of opioid medication. It has been used to treat a narcotic overdose in emergency situations as well. There has been calls to make the drug available to all first responders throughout the state and many counties have begun to implement this or already have implemented it.

First responders within Luzerne and Lackawanna County began utilizing the overdose reversing kit after its implementation in 2015. Lackawanna County had begun doing so in March followed by Luzerne County in later months. Since then, there have been at least four lives saved from overdose with the administration of naloxone by a first-responder. One of the primary concerns of governing officials regarding naloxone is that once administered, individuals who were otherwise unresponsive will become aggressive instantly upon administering naloxone, but this is not the case. Though the medication begins to work almost instantly, the recovery time is much slower.

Drug stores have begun to make naloxone available without a prescription for family members and friends of heroin addicts in the case that the consumer knows someone who might become a victim of heroin overdose. However, the drug is costly and often, individuals do not have the ability to make such a purchase. Beyond close friends and family, the person most likely to be present during an overdose is a first responder. The distribution of naloxone to first responders has saved lives and has the potential to save many more.

According to the District Attorney in Luzerne County, by August 2015, a total of 17 lives were saved by the administration of naloxone from a first responder or a police officer.²⁹ Similarly in Lackawanna

County, recent data has shown that at least four lives were saved by the administration of naloxone. Though more time will be required to pursue research regarding continued use of heroin and other opioids after having already reversed the effects of an overdose, this is a topic that can be researched at a future time.

Recently the drug “spice,” a synthetic cannabinoid, has become popular among the throughout Lackawanna and Luzerne County region. Synthetic cannabinoids are called such because they are similar to chemicals found in the marijuana plant. Because of this relation, spice and other similar drugs are marketed to be safe to intake, however the affect the drug has on the brain is much more powerful than marijuana. Because spice has only recently become popular, its effect on this region cannot be accurately assessed, though there has been a recent spike in its use. In August 2015, there were almost 20 overdoses within a period of three to four days.³⁰ The effects of spice on this region is another topic that can be researched at a future time.

RECOMMENDATIONS

Additionally, more resources could be made available to overcome opioid addiction. This can include, but is not limited to, additional treatment facilities and the inclusion of addiction treatment in health insurance plans. Further, all insurances public and private should be monitoring opioid prescription use for addiction and abuse. A statewide database for physicians to check prior to prescribing opioids is another method to reduce “prescription shopping.”

ENDNOTES

- ¹ <http://www.drugabuse.gov/publications/drugfacts/heroin>
- ² <http://www.ag.ny.gov/press-release/ag-schneiderman-and-ag-kane-announce-first-multistate-task-force-combat-northeast>
- ³ http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6426a3.htm?s_cid=mm6426a3_w
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- ⁵ http://www.law360.com/publicpolicy/articles/755435?nl_pk=e05bb524-29b2-4ad6-b687-aa4f9dd3549d&utm_source=newsletter&utm_medium=email&utm_campaign=publicpolicy
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- ⁷ <http://www.usatoday.com/story/news/2016/03/15/cdc-issues-new-guidelines-opiate-prescribing-reduce-abuse-overdoses/81809704/>
- ⁸ <http://www.cnn.com/2016/03/22/health/fda-opioid-black-box-warning/index.html>
- ⁹ <http://www.co.westmoreland.pa.us/Archive/ViewFile/Item/495>
- ¹⁰ <http://www.pbs.org/healthcarecrisis/uninsured.html>
- ¹¹ <http://addictionblog.org/FAQ/insurance/no-insurance-drug-treatment-centers/>
- ¹² <http://www.cdc.gov/vitalsigns/opioid-prescribing/>
- ¹³ <https://www.drugpolicy.org/docUploads/aboutmethadone.pdf>
- ¹⁴ <http://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction>
- ¹⁵ http://www.statistics.health.pa.gov/HealthStatistics/VitalStatistics/CountyHealthProfiles/Documents/County_Health_Profiles_2014.pdf
- ¹⁶ http://www.portal.health.state.pa.us/portal/server.pt/community/emergency_medical_services/14138/act_139_-_naloxone/1938552
- ¹⁷ <http://www.rural.palegislature.us/documents/reports/Police-Naloxone-Survey-2015.pdf>
- ¹⁸ <http://ireta.org/2015/08/19/the-devil-is-in-the-details-overdose-prevention-in-pennsylvania/>
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- ²⁰ <http://jama.jamanetwork.com/article.aspx?articleid=1886185>
- ²¹ [http://www.health.pa.gov/Documents/ABC%20MAP%20Board%20meeting%20powerpoint%20presentation%20FINAL%20REVISED%2004%2008%202015%20\(4\).pdf](http://www.health.pa.gov/Documents/ABC%20MAP%20Board%20meeting%20powerpoint%20presentation%20FINAL%20REVISED%2004%2008%202015%20(4).pdf)
- ²² <http://webserver.health.state.pa.us/health/custom/DrugTakebackLocations.asp?COUNTY=All>
- ²³ <http://www.tnonline.com/2012/sep/25/prescription-drug-take-back-day-scheduled-sept-29>
- ²⁴ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070723/>
- ²⁵ <http://www.nij.gov/topics/corrections/recidivism/pages/welcome.aspx>
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- ²⁹ <http://psdispatch.com/opinion/our-opinion/34563/our-opinion-schools-unwise-to-postpone-purchase-of-heroin-antidote>
- ³⁰ <http://wnep.com/2015/08/05/wilkes-barre-police-alarming-spike-in-spice-overdoses/>