

PA DEPARTMENT OF DRUG AND ALCOHOL HISTORY

In 1972, the General Assembly established a health, education, and rehabilitation program for the prevention and treatment of drug and alcohol abuse through the enactment of the PA Drug and Alcohol Abuse Control Act, Act 1972-63. This law established the Governor's Council on Drug and Alcohol Abuse. The Council was subsequently transferred through Reorganization Plan 1981-4, which placed its responsibilities and its administrative authorities within the Department of Health. Act 1985-119 amended Act 1972-63, changing the name of the Council to the Pennsylvania Advisory Council on Drug and Alcohol Abuse and designating the Secretary of Health, or his designee, as the chairperson.

Recognizing that substance abuse affects a huge segment of our population and is a major cost driver in our criminal justice, health care, children and youth, workmen's compensation and other taxpayer-funded systems, the Pennsylvania General Assembly enacted [Act 50 of 2010](#). Act 50 amends Section 201 of the Administrative Code of 1929 by adding the Department of Drug and Alcohol Programs (DDAP) to the other Commonwealth departments performing the executive and administrative work of the Commonwealth. The Act also defines the organizational structure, as well as the powers and duties of the Department.

As of July 1, 2012, the Department, formerly under the Department of Health as the Bureau of Drug and Alcohol Programs (DDAP) and the Division of Drug and Alcohol Program Licensure, became a Department in its own right. This change reflects a strong commitment by the General Assembly and the Commonwealth to provide education, intervention and treatment programs to reduce the drug and alcohol abuse and dependency for all Pennsylvanians. The Department is now capable of establishing relationships with state and community agencies at a level previously unavailable, to impact more effectively on this issue that devastates individuals and families, destroys communities, and drives many of the costs in our state budget.

In line with Act 50, the Department is tasked with the following:

- Developing and implementing programs designed to reduce substance abuse and dependency through quality prevention, intervention, rehabilitation and treatment programs;
- Educating all Pennsylvanians on the effects and dangers drugs and alcohol abuse and dependency, and the threat they pose to public health; and,
- Mitigating the economic impact of substance abuse for the citizens of Pennsylvania.

In addition, Act 50 requires the Department to develop a State Plan encompassing the entire state government for the control, prevention, intervention, treatment, rehabilitation, research, education, and training related to drug and alcohol abuse and dependence problems.

As acknowledged at the highest levels of government, evidenced by the General Assembly's creation of the Department, mitigating the devastating consequences of drug and alcohol abuse and addiction is a priority, even in challenging economic times. As we move toward fully resourcing treatment and prevention, crime rates will plummet and we will begin to closing down prisons and jails.

With the passage of Act 50 and the establishment of the Department, there has led to a dramatic increase in coordination of efforts between state agencies within Pennsylvania. The Department has collaborated with the Pennsylvania Department of Human Services (DHS), Commission on Crime and Delinquency (PCCD), Department of Health (DOH), Department of Education (PDE), Board of Probation and Parole (PBPP), and the Department of Corrections (DOC). The Department also collaborates with various county and provider organizations, including the Drug and Alcohol Services Providers Organization of Pennsylvania (DASPOP), the Rehabilitation and Community Providers Association (RCPA), Pennsylvania Association of County Drug and Alcohol Administrators (PACDAA), Pennsylvania Recovery Organizations-Alliance (PRO-A), and the Pennsylvania Association for Treatment of Opioid Dependence (PATOD) as well as individual Single County Authorities (SCAs), treatment and prevention providers, and recovery organizations. The Department will continue to collaborate and provide guidance and technical assistance to these other entities about the prevention and treatment of substance abuse.

MISSION

To engage, coordinate and lead the Commonwealth of Pennsylvania's effort to prevent and reduce drug, alcohol and gambling addiction and abuse; and to promote recovery, thereby reducing the human and economic impact of the disease.

VISION

Pennsylvanians living free, or in recovery, from the disease of drug, alcohol and gambling addiction, resulting in safer, healthier, more productive and fulfilling lives.

STRUCTURE: Cabinet level Department under the Governor

Secretary: Gary Tennis

Deputy Secretary: Cheryl Dondero (answers to Gary)

Bureau Directors under the Deputy:

Wenona Wake, Bureau of Quality Assurance (oversees the Divisions of Program Licensure and Accountability Program Improvement)

Terry Matulevich, Administration and Program Support (oversees the Divisions of Program Licensure and Accountability Program Improvement)

Vacant, Bureau of Treatment, Prevention & Intervention (oversees the Divisions of Treatment and Prevention & Intervention)

Priority Initiatives / Accomplishments

> Heroin/Opioid Overdose crisis

- ❖ Anticipated 5 Million new funds to DDAP for FY 15-16 to address the current Heroin/Opioid Overdose crisis by improving intervention strategies, increasing the implementation of best practices, and increasing access to treatment.

As of the proposal closing period, 21 local county drug and alcohol offices, also known as the Single County Authorities (SCA), some of which represent multiple counties, applied for the funding initiative. In addition, three collaborative applications were received, covering 37 additional counties.

DDAP will review the funding initiative proposals based on the following criteria:

- Commit at least 80 percent of the total grant award to clinically appropriate (with emphasis on long-term) treatment and supportive medication expenses.
 - Spend no more than 20 percent of the total grant award for outreach, education, training, prevention and case management, data collection, performance measurement, performance assessment and publication of outcomes data.
- ❖ Anticipated 2.5 5 Million new funds for FY 15-16 to DHS address to address the current Heroin/Opioid Overdose by providing Vivitrol and evidence-based MAT treatment to offenders diagnosed with opioid dependence that are under court jurisdiction. Funding for the pilot will be between \$750,000 and \$1.25 million depending on program requirements and available funding. Additional funds between \$750,000 and \$1.25 million will be

available to provide naloxone kits to first responders and drug and alcohol treatment programs, educational systems (such as school nurse offices), criminal justice systems, crisis responders, and other community partners to prevent death from opioid overdose.

➤ **Distribution of Naloxone**

DDAP supported the enactment of “David’s Law” (Act 139, 2014), which made naloxone available to police, firefighters, as well as family members and friends of those at risk of heroin or other opioid overdose. **Naloxone rapidly reverses overdoses**, has saved thousands of lives, and has limited side effects besides the extreme temporary discomfort of withdraw. Since the enactment of David’s Law on November 29, 2014, DDAP, in partnership with the Department of Health, initiated several initiatives to fulfilling the legislative requirements including: training initiatives that enable law enforcement and others to administer naloxone, a Naloxone Act 139 informative website that provides toolkits, facts and guidance for stakeholders. The Department located and solidified funding for widespread dissemination of Naloxone to municipal police departments as well as the Pennsylvania State Police. In May, DDAP collaborated with The Center for Rural Pennsylvania to survey every municipal police department in the state to ascertain which departments is carrying naloxone, to provide information, and encourage officers to obtain and deploy this life-saving medication. Efforts remain underway to obtain funding for Emergency Medical Services Basic Life Support (EMS/BLS) and other organization serving at risk populations. Contact has been made with pharmacies across the state in order to identify those stores that presently dispense naloxone and a list has been published on the agency website to increase accessibility.

➤ **Overdose Task Force (OTF)**

After being advised of fentanyl overdoses in Lebanon County in early summer 2013, DDAP alerted Office of National Drug Control Policy (ONDCP) and inquired whether fentanyl had been appearing nationally. ONDCP’s inquiry revealed fentanyl overdoses in Rhode Island. The ONDCP Executive Deputy Director set up a meeting with Pennsylvania stakeholders, Rhode Island stakeholders, Centers for Disease Control (CDC), Drug Enforcement Administration (DEA), Substance Abuse and Mental Health Services Administration (SAMHSA), and key ONDCP officials. The meeting culminated in a CDC decision to issue a Health Alert Network (HAN), which DDAP coordinated with a PA Health Department HAN and DDAP press release.

The Department created a task force with federal, state & local law enforcement, federal, state and local health care officials and providers (epidemiology, emergency medical services and treatment providers) and, coroners, to develop a rapid response mechanism to break down the information silos, so that law enforcement and emergency medical services can have real-time trends information more readily available to them. Additionally, the work of this group resulted in the department’s identification of overdose survivors as a priority population for treatment services and issued a policy bulletin requiring all SCAs to implement overdose policies. Continued efforts are occurring at the department level to establish strategies for “warm handoff”, i.e., getting the overdose survivor from the emergency department to addiction treatment services. The OTF continues to meet regularly to share information and determine ways in which each discipline represented can positively impact the current overdose crisis.

➤ **Require clinical integrity in assessments and referrals**

Updated the PA Client Placement Criteria and Related User Training

➤ **Increase funding**

Seek resources to expand treatment availability, through expanded use of Medicaid Health Choices, reduced criminal justice costs, receipt of new grants and ongoing requests for additional State funding.

Other Initiatives

➤ Student Assistance Programs

- DDAP aware of funding losses but continuing to work with SCAs and the Department of Education
- Secretary Tennis in full support of expanding and financially supporting SAP. Our Prevention Supervisor, Grace Kindt has been active with the SAP Interagency Team and other committees related to SAP.

➤ DDAP Revamping its Prevention System

- Developing new a Needs Assessment process that includes identification of risk and protective factors. The subsequent Prevention Plan will be developed based on identified need and programs that will address reducing risk factors and/or increasing protective factors. The intent is to increase the use of programs that are Evidenced Based or Evidenced Informed as a way to improve outcomes.

➤ Fetal Alcohol Spectrums Disorder (FASD) Update

- DDAP is in the process of reconvening the FASD Task Force to update the FASD State Plan for Pennsylvania.
- DDAP will continue to require SCAs to provide two community activities related to FASD prevention during the state fiscal year.
- The Executive Committee met on 4-14-15. Laura, Dianna Brocious, and Dr. Gordon Hodas will be presenting on FASD at an RCPA conference in October 2015.
- Staff met with Pennsylvania Association of Community Health Centers (PACHC). PACHC can include FASD information in their weekly newsletter which reaches state and national membership.
- Staff met with Office of Child Development Early Learning (OCDEL) and discussed potential training opportunities and how to incorporate FASD into their current screening efforts. Theresa Campisi, who oversees the home visiting programs through OCDEL, expressed interest in becoming a member of the task force.
- DDAP will provide shared funding at the American Academy of Pediatrics (AAP) conference May 13, 2016 in Harrisburg. Physician General Dr. Rachel Levine will be available if needed.

➤ Department Support for Life Skills Training

- The Pennsylvania Evidence-based Prevention and Intervention Support Center (EPISCenter) brought an extraordinary offer from Blueprints/University of Colorado to train, supply and offer technical support in Life Skills Training (an evidence-based practice reducing drug, alcohol and tobacco use by 60-70 percent among 6th, 7th & 8th graders) for free, including cost of substitute teachers while teachers are being trained to any PA School Districts that would accept it. The Department took the lead in working with the Pennsylvania Department of Education and Pennsylvania Commission on Crime and Delinquency (PCCD) to get the word out and encourage school superintendents to utilize this program. As a result, the number of school districts accepting this offer increased to 50 in the 2014 school year from 3 the previous year. This was a substantial win for our prevention division.

- A second round of this free training is currently being planned.

Press Release on 5-29-15 PA Middle School students will again have the opportunity to receive LifeSkills Training (LST). This program, when taught by teachers, aims to substantially reduce drug use among adolescents by teaching prevention-related strategies, promoting anti-drug norms, teaching drug refusal skills, and fostering the development of personal self-management and general social skills. Lessons in the curriculum also focus on anger management and conflict resolution skills.

PCCD has supported LST through funding and technical assistance for over a decade. Most recently, approximately 4,800 students across 35 school districts participated in LST through a prior funding initiative offered by the Center of Study and Prevention of Violence at the University of Colorado. The University of Colorado is again offering the opportunity for Pennsylvania schools to register for staff training on the LST model and receive copies of the curriculum for use in their classrooms at no cost. Training will occur during the summer of 2016, with the program offered for three years beginning with the 2016/17 school year.

➤ Prescription Drug Take-Back Box Program

- 3 out of 4 people who misuse prescription painkillers use drugs that were prescribed to someone else; therefore proper drug disposal of unused medications is important.

DDAP continues to work in partnership with the Pennsylvania Commission on Crime Delinquency (PCCD) and the Pennsylvania District Attorney's Association (PDAA) to increase the availability of permanent prescription repositories in the Commonwealth. The PDAA sent the Prescription Drug Take Back Box Grant Program application to each District Attorney in PA's 67 counties in July 2013. Since that time, 169 MedReturn Prescription Drug Take Back boxes have been requested/placed in 169 secured local law enforcement locations in 30 counties. In addition to the units obtained through our partnership with PCCD and PDAA, there have also been take-back boxes identified in 18 counties that have been purchased by other community organizations and agencies, thus making a total of over 300 collection boxes that are located throughout the commonwealth. An updated list of available Prescription Drug Take Back box locations can be found on the Department's website at: <http://www.ddap.pa.gov/drugtakeback>.

➤ Created three sets of prescribing guidelines through the Safe and Effective Prescribing Practices and Pain Management Task Force

- Opioid prescribing has quadrupled in the United States over the past 15 years. The medical shift toward the "elimination of all pain," with its unfounded assertion that the risk of addiction and overdose was being exaggerated, has come at a staggering cost in terms of lives lost to addiction and overdose. Therefore, to promote and help prescribers be safer and more responsible in their prescribing practices, in late 2013, DDAP's Secretary Tennis founded, and co-chaired with the Department of Health's Physician General, the Safe and Effective Prescribing Practices and Pain Management Task Force. The purpose was simple: promulgate consensus guidelines that will reduce prescription drug abuse and overdoses, while maintaining effective pain management. The Task Force includes representation from most medical fields, their professional associations and regulatory agencies, and several state departments (Health, Human Services, Insurance, Labor & Industry). From 2013 to present, the task force formally adopted the Pennsylvania Guidelines for the Use of Opioids in the Treatment of Chronic Non-Cancer Pain, the Pennsylvania Emergency Department Prescribing Guidelines for use in our hospital emergency departments and the Pennsylvania Guidelines on the Use of Opioids in Dental Practice.
- The Taskforce is also collaborating with other workgroups to identify Continuing Medical Education (CME) credits for doctors and other prescribers related to effective prescribing, substance abuse/addiction, identification and referral to treatment (e.g. Implementing S-BIRT (Screening Brief Intervention and Treatment) processes).