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# A DEADLY DOSE

## Fentanyl's Impact in Pennsylvania



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A special report by Auditor General Eugene A. DePasquale

## DEAR FELLOW PENNSYLVANIANS,

As the state's fiscal watchdog, I can tell you that at least \$178 million of your tax dollars were spent in 2017 to cover Medicaid recipients' opioid-related inpatient hospital stays.

I can also tell you that the White House Council of Economic Advisors estimates the opioid epidemic has a \$500 billion impact on the U.S. economy every year, and that Pennsylvania's share of that reaches roughly \$25 billion annually.<sup>1</sup>

What I can't tell you is exactly how much tax money is spent overall each year on opioid emergencies, substance abuse treatment, county drug and alcohol agencies, and more because the effects of opioids — including fentanyl, a synthetic opioid 50 times more powerful than heroin — are so far-reaching.

In Pennsylvania in 2017, fentanyl was among the top three deadliest drugs in overdose deaths in nearly every county.<sup>2</sup> It is often laced into other drugs, such as heroin, meth and cocaine, without the user's knowledge.

Roughly 2 million U.S. adults suffered from Opioid Use Disorder in 2017 — many of them young, poor, white men.<sup>3,4</sup> And 40 percent of those adults — nearly 800,000 people — were covered by Medicaid<sup>5</sup>, which means your tax dollars are being used to help them stay alive, find treatment and, hopefully, recover long-term from this deadly disease.

As political leaders and health experts consider which programs to start, stop or continue to fight the deadly and costly effects of fentanyl, keeping users, their families, affected communities, law enforcement and taxpayers in mind is a difficult but necessary balancing act.

This special report addresses the current landscape of the fight against fentanyl. The responsibility for stopping the flow of this deadly drug into the U.S. lies with the federal government, while the state government should focus on treating Pennsylvanians with addiction and helping them recover. Some promising and helpful work has already been done, especially at the state level, and this report makes 10 targeted recommendations to push those federal and state efforts forward.

Not helping those who are sick and suffering is not the right moral or fiscal choice for America or for Pennsylvania. The hundreds of millions of taxpayer dollars we spend every year must be used wisely and provide the best opportunities for people suffering from Opioid Use Disorder to recover long-term.

Thank you for the opportunity to serve you.

Sincerely,



Eugene A. DePasquale



<sup>1</sup> American Enterprise Institute: [https://www.aei.org/wp-content/uploads/2018/03/Geographic\\_Variation\\_in\\_Cost\\_of\\_Opioid\\_Crisis.pdf](https://www.aei.org/wp-content/uploads/2018/03/Geographic_Variation_in_Cost_of_Opioid_Crisis.pdf)

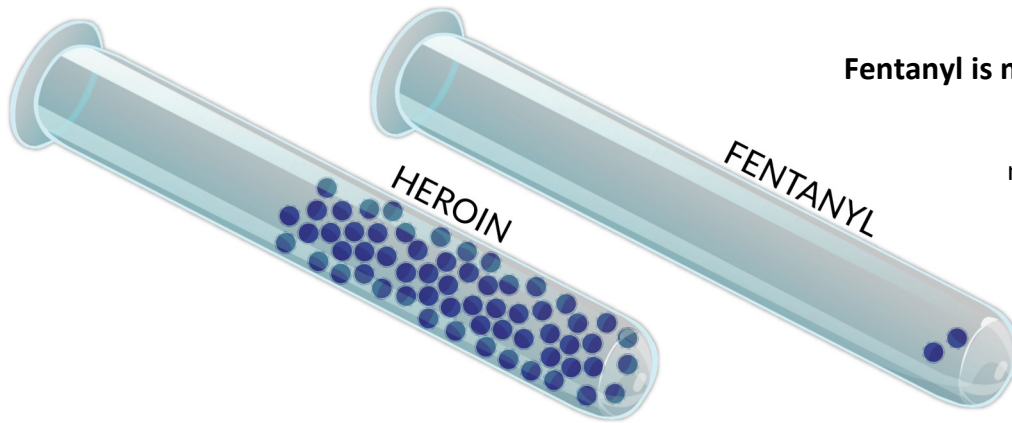
<sup>2</sup> OverdoseFreePA: <https://www.overdosefreepa.pitt.edu/know-the-facts/view-overdose-death-data/>

<sup>3</sup> Kaiser Family Foundation: <https://www.kff.org/medicaid/issue-brief/the-opioid-epidemic-and-medicoids-role-in-facilitating-access-to-treatment/>

<sup>4</sup> White, non-Hispanics accounted for 88 percent of overdose deaths in Pennsylvania in 2017; the U.S. percentage was 78 percent. Kaiser Family Foundation: <https://www.kff.org/other/state-indicator/opioid-overdose-deaths-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

<sup>5</sup> Kaiser Family Foundation: <https://www.kff.org/medicaid/issue-brief/the-opioid-epidemic-and-medicoids-role-in-facilitating-access-to-treatment/>

# BACKGROUND



**Fentanyl is much deadlier than heroin.**

A fatal heroin dose is 30 milligrams, while a 3-milligram dose of fentanyl is enough to kill an average-sized adult.

**Source: CDC**

## FENTANYL USE RISING IN PENNSYLVANIA

Fentanyl is a powerful prescription opioid that has valid medical uses but is also made and used illegally. It is 50 times as powerful as heroin.<sup>6</sup> Fentanyl is fully synthetic, meaning it is made in laboratories and does not use any plant material.

As a prescription medication, fentanyl is used by patients who need long-term, around-the-clock relief from severe pain; it also treats pain after surgery. When it is abused, fentanyl can be ingested in multiple ways, including being injected intravenously. Often, unbeknownst to the user, it is mixed into other illegal substances such as heroin, methamphetamines and cocaine.

In December 2017, the U.S. Drug Enforcement Agency (DEA) temporarily categorized all fentanyl-related substances as Schedule I drugs, meaning they have a high potential for abuse. According to the DEA's website, "The scheduling of these illicit substances allows for investigation and prosecution of sources of supply, as well as regional and local distributors, who previously evaded consequences due to lack of federal scheduling."<sup>7</sup>

Use of fentanyl is increasing nationally and in Pennsylvania. The opioid epidemic hit Pennsylvania particularly hard. In 2017, Pennsylvania ranked third in the U.S. in drug overdose deaths, behind West Virginia and Ohio.<sup>8</sup>

Pennsylvania had 5,456 drug-related overdose deaths in 2017, or 43 deaths per 100,000 — the national average is 22 per 100,000.<sup>9</sup>

Fentanyl was present in 67 percent of those 5,456 deaths, according to the DEA.

Pennsylvania's rate of opioid-related hospital stays exceeds the national average: Between 2012 and 2016, Pennsylvania's inpatient rate averaged 23 percent higher than the rest of the nation.<sup>10</sup> In 2017, the state had 1,452 opioid-related hospital stays per 100,000 residents — or about 188,760 total hospital stays statewide.<sup>11</sup>

**Fentanyl contributed to a 65 percent increase in U.S. overdose deaths from 2015-17.**

*Source: U.S. Drug Enforcement Agency*

<sup>6</sup> DEA: <https://www.dea.gov/press-releases/2016/09/22/dea-issues-carfentanil-warning-police-and-public>

<sup>7</sup> DEA: <https://www.dea.gov/sites/default/files/2018-10/PA%20Opioid%20Report%20Final%20FINAL.pdf>

<sup>8</sup> Centers for Disease Control and Prevention: <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

<sup>9</sup> *Ibid.*

<sup>10</sup> Healthcare Cost and Utilization Project:

<https://www.hcup-us.ahrq.gov/faststats/OpioidUseServlet?radio->

[3=on&location1=PA&characteristic1=01&setting1=IP&location2=US&characteristic2=01&setting2=IP&expansionInfoState=hide&dataTablesState=hide&definitionsState=hide&exportState=hide](https://www.hcup-us.ahrq.gov/faststats/OpioidUseServlet?radio-3=on&location1=PA&characteristic1=01&setting1=IP&location2=US&characteristic2=01&setting2=IP&expansionInfoState=hide&dataTablesState=hide&definitionsState=hide&exportState=hide)

<sup>11</sup> *Ibid.*

The Kaiser Family Foundation estimates that in Pennsylvania, one unnecessary hospital day at a public facility costs \$2,397.<sup>12</sup> Calculated at this rate, the 2017 medical cost for opioid-related inpatient stays exceeded \$445 million. With Medicaid covering 40 percent of nonelderly adults with OUD<sup>13</sup>, the estimated 2017 Pennsylvania Medicaid cost exceeded \$178 million.

There have been small signs of improvement in this crisis. For example, state Department of Health (DOH) data suggest that the overdose death rate in Pennsylvania dropped 18 percent in 2018, to 4,267.<sup>14</sup> Public health officials attribute much of the drop in deaths to increased access to naloxone, a drug that reverses the effects of an acute opioid overdose. However, naloxone is not a cure for addiction; instead, users remain in severe need of recovery treatment and other services.

There also have been decreases in the number of opioids being prescribed by health care professionals. Experts increasingly agree that prescription reforms are working; however, researchers from Massachusetts General and Boston Medical Center predict that solving the physician prescribing issue, while crucial, will reduce deaths by just 3 to 5 percent.<sup>15</sup> The fight is now primarily against fentanyl and other synthetic opioids that are mixed into illegal drugs such as meth, cocaine and heroin.

The fentanyl crisis differs from the heroin crisis for a few reasons:

- Fentanyl is much deadlier than heroin. For example, a fatal dose of the legal opiate morphine is about 200 milligrams, whereas a fatal dose of fentanyl can be as small as 2.5 milligrams, according to Medical News Today.
- Fentanyl is easier to produce than heroin. Fentanyl production is less labor-intensive, according to the U.S. Drug Enforcement Agency, and its production sites are less detectable.
- Fentanyl supply is harder to control. Because the origins of its individual precursor chemicals come from other countries, then are shipped to the U.S., it is difficult to control the supply creation.

Nationally, overdose deaths from heroin hit a plateau in 2016, according to the Centers for Disease Control and Prevention (CDC), which is roughly when access to naloxone became more widely available. However, according to the CDC, overdose deaths from fentanyl, cocaine and meth continued to rise significantly in 2018.

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<sup>12</sup> Kaiser Family Foundation: <https://www.kff.org/health-costs/state-indicator/expenses-per-inpatient-day/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22pennsylvania%22:%7B%7D%7D%7D&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>

<sup>13</sup> Kaiser Family Foundation: <https://www.kff.org/infographic/medicaids-role-in-addressing-opioid-epidemic/>

<sup>14</sup> <https://data.pa.gov/stories/s/Pennsylvania-Opioids/9q45-nckt/>

<sup>15</sup> Freyer, Felice J. The Boston Globe. "Limiting opioid prescriptions will do little to reduce overdose deaths, study says." Published Feb. 1, 2019. <https://www2.bostonglobe.com/metro/2019/02/01/limiting-opioid-prescriptions-will-little-reduce-overdose-deaths-study-says/DX9nHWdUWaLcP4DjdgLafJ/story.html>. Accessed Oct. 16, 2019.

# OBSERVATION #1: THE IMPACT OF THE OPIOID AND FENTANYL CRISIS IN PENNSYLVANIA IS BROAD, DEEP AND COSTLY.

Opioid addiction, especially fentanyl addiction, has clearly caused devastation in communities across Pennsylvania and the U.S. Hundreds of thousands of deaths nationwide have been attributed to opioid overdoses in recent years. But death is not the only negative impact caused by opioid use, especially fentanyl use.

## DISEASE

Pennsylvania saw a 45 percent increase in HIV diagnoses among those who inject drugs from 2014 to 2018.<sup>16</sup>

From 2016 to 2018, the number of new HIV diagnoses reported in Philadelphia in people who inject drugs nearly doubled.<sup>17</sup> This number has alarmed many experts in the HIV field, including Dr. Caroline Johnson with the Philadelphia Department of Public Health, who said fentanyl is the likely culprit because, as people become addicted to more-potent drugs, they must inject more frequently to avoid withdrawal.

An additional public health risk is Hepatitis “Hep” C, an infectious disease that can be contracted through needle-sharing. Hep C is an inflammation of the liver that can lead to liver disease, liver cancer, cirrhosis, Type 2 diabetes, and kidney or lung failure.<sup>18</sup> An estimated 3.5 million people in the U.S. have Hep C, hindering the quality of life of those individuals and adding strain to an already overloaded healthcare system.

Clean needles prevent disease and infection, but they must be readily available to opioid users who can’t wait to find a clean needle before they inject because they have a limited window of time to avoid severe withdrawal symptoms. Needle exchanges are illegal in Pennsylvania but approved in Philadelphia and Pittsburgh.

## KINSHIP CARE, CHILD ABUSE AND

## DOMESTIC VIOLENCE

Pennsylvania had an estimated 77,000 children in kinship care — meaning the care of children by relatives — due to opioid use disorder between 2016 and 2018.<sup>19</sup>

The National Institute of Health (NIH) studied the co-parenting relationships of opioid-dependent fathers and found that they “reported more frequent physical, sexual, and psychological aggression directed at the mother.”<sup>20</sup> Increased need for foster care for children who are unable to remain with their parents adds to the human and fiscal impact of the opioid epidemic.

These issues can be overlooked amidst the staggering overdose death rates; it is important to keep in mind the thousands of family members who are victims of this crisis and who need costly, long-term services to overcome their situations.

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<sup>16</sup> There were 66 new HIV cases among injection drug users in 2014, and 96 in 2018. <https://www.health.pa.gov/topics/Documents/Programs/HIV/2018%20Annual%20HIV%20Surveillance%20Report.pdf>

<sup>17</sup> <https://www.philly.com/health/opioids-hiv-aids-increase-philadelphia-iv-drug-users-prep-20190404.html>

<sup>18</sup> National Institute on Drug Abuse: <https://www.drugabuse.gov/related-topics/viral-hepatitis-very-real-consequence-substance-use>

<sup>19</sup> Annie E. Casey Foundation Kids Count Data Center via DHS Secretary Teresa Miller’s public comments Aug. 1, 2019. <https://datacenter.kidscount.org/data/tables/7172-children-in-kinship-care?loc=40&loct=2#detailed/2/40/false/1687,1652,1564,1491,1443,1218,1049,995/any/14207,14208>

<sup>20</sup> National Center for Biotechnology Information: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3077808/>

## NEONATAL ABSTINENCE SYNDROME

According to the National Institute on Drug Abuse, every 15 minutes a baby is born suffering from opioid withdrawal — a more than five-fold increase since 2004.<sup>21</sup> Hospital stays for these newborns are three times longer than average and cost three times as much, leading to a \$563 million hospital price tag in the U.S. in 2014 alone.

## LABOR MARKET IMPACT

Societal deficits in education funding, workforce training and living wages are among the root causes of widespread substance abuse.

Recent studies have found that the opioid crisis is impacting labor force participation, especially among men ages 25 to 54: Data show that “labor force participation fell more in counties where more opioids were prescribed.”<sup>22</sup>

Nearly half of men ages 25 to 54 who do not have jobs take pain medication on a daily basis; nearly two-thirds of them take prescription pain medication.<sup>23</sup> Addressing the relationship between pain and employment, and the physical and mental health of people of prime age not in the workforce, is crucial to curbing further declines in labor participation.

In addition to addressing these macro factors, more attention must be paid to real-time issues that Pennsylvania employers and probation officers are juggling.

According to a Union County police officer,<sup>24</sup> stimulant users are more likely than opioid users to be able to retain employment, therefore increasing their ability to access and complete work release and diversion programs.

Union County probation officers noted that in the view of some employers, meth users are “functional” and even “very productive” while on the drug; they are also more likely to show up to work than opioid users.

As fentanyl mixed with stimulants increases in prevalence, the dangers — and potential costs — of workers with stimulant abuse problems amplify for users, employers and the public.

## CRIMINAL JUSTICE ISSUES

Incarceration is not a strong deterrent for opioid users.

Criminal justice experts agree that roughly 80 percent of the inmate population nationwide has some kind of substance abuse problem. Locking people up instead of assisting them with recovery does not work.<sup>25</sup>

Sometimes an officer has no choice but to take a user to jail, which costs taxpayers at least the standard daily incarceration rate plus the cost of Medication Assisted Treatment — which is the only scientifically proven way to help a user beat addiction.

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<sup>21</sup> National Institute on Drug Abuse: <https://www.drugabuse.gov/related-topics/trends-statistics/infographics/dramatic-increases-in-maternal-opioid-use-neonatal-abstinence-syndrome>

<sup>22</sup> Krueger, Alan B. Princeton University and NBER. “Where Have All the Workers Gone?: An Inquiry into the Decline of the U.S. Labor Force Participation Rate.” Published 2017. [https://www.brookings.edu/wp-content/uploads/2017/09/1\\_krueger.pdf](https://www.brookings.edu/wp-content/uploads/2017/09/1_krueger.pdf). Accessed Oct. 16, 2019.

<sup>23</sup> *Ibid.*

<sup>24</sup> Interview April 2019.

<sup>25</sup> Clean Slate Outpatient Addiction Medicine: <https://blog.cleanslatecenters.com/law-enforcement-is-changing-its-response-to-the-opioid-epidemic.-heres-how>

## COMMUNITY IMPACT

The Kensington neighborhood of Philadelphia has been particularly hard-hit by the opioid crisis. In 2017, Philadelphia spent more than \$1 million to clear a four-intersection open-air drug market known as the Conrail camp, where nearly 300 homeless users were living along railroad tracks.<sup>26</sup>

“We all thought everyone should go into treatment,” Liz Hersh, director of the City’s Homeless Services, told the New York Times in 2017, “and it turned out that offering them homeless services, and specifically low-barrier housing, gave us better results.”<sup>27</sup>

Approximately half of the Conrail encampment’s residents accepted help, which included access to treatment facilities, housing and identification cards. Camp residents who did not accept help were either arrested, disappeared, died or moved elsewhere.

Dr. Jill Bowen, Deputy Commissioner of Philadelphia’s Department of Behavioral Health and Intellectual disAbilities (DBHIDS), stresses the importance of delivering services where opioid users are. Bowen outlined the results of the Philadelphia Encampment Resolution conducted between April 2018 and January 2019: DBHIDS encountered 299 individuals, of which 206 received housing assistance, 197 received substance abuse services, 189 received medical services and 185 received mental health services.

Efforts in Kensington show that a majority of users are open to accepting assistance, which offers a glimmer of hope that thoughtful planning and well-directed resources can beat this epidemic, even – and perhaps especially – as synthetic substances like fentanyl infiltrate the illicit drug supply.

**Recommendation #1: The human and financial costs of the opioid crisis are immeasurable and will continue as the supply shifts to fentanyl. These costs must continue to be addressed at all levels of government.**

## Gov. Wolf’s actions

Among the steps Gov. Tom Wolf and his administration have taken to address the opioid crisis:

- **2015:** Wolf expanded Medicaid, which has allowed more than 125,000 Pennsylvanians with Opioid Use Disorder to access treatment.
- **2015:** Then-Physician General Dr. Rachel Levine signed a statewide standing prescription order making naloxone available to all Pennsylvanians.
- **2016:** Wolf provided funding to implement 45 Centers of Excellence across the state to help people receive treatment.
- **2016:** Wolf signed legislation that limits emergency-room patients to a seven-day supply of opioids with no refills.
- **2018:** Wolf signed a statewide disaster declaration to increase access to treatment.
- **2018 and 2019:** Wolf’s administration handed out free naloxone at distribution locations statewide.

For more, see <https://www.pa.gov/guides/opioid-epidemic/>.

<sup>26</sup> Percy, Jennifer. The New York Times. “Trapped by the ‘Walmart of Heroin.’” Published Oct. 10, 2018. <https://www.nytimes.com/2018/10/10/magazine/kensington-heroin-opioid-philadelphia.html>. Accessed Oct. 16, 2019

<sup>27</sup> *Ibid.*

# OBSERVATION #2: THE FEDERAL GOVERNMENT NEEDS TO FULLY ENACT A COMPREHENSIVE PLAN THAT WILL EFFECTIVELY LIMIT THE ILLEGAL IMPORTATION OF FENTANYL.

The chain of events leading to fentanyl use in Pennsylvania began far beyond the state's borders. States and localities are forced to deal with the ramifications of a sophisticated international ring. The federal government must take the lead in any successful effort to reduce fentanyl use.

## PRODUCTION AND SUPPLY

Fentanyl, fentanyl-related substances and precursors, or chemical ingredients, are primarily manufactured in China. Its "illicit manufacturers create new substances faster than they can be controlled," according to a 2018 report by the U.S.-China Economic and Security Review commission. The majority of these illegal substances make their way from China two ways: via mail and via legal ports of entry on the Mexican-American border.

It is important to note that legal sales of fentanyl have steadily declined since 2010, according to the American Enterprise Institute, while the size of the illegal market has soared. This trend means that illegal production makes up the vast majority of the illegal market.

The United States holds uncertain influence in any attempts to reduce Chinese production of fentanyl. Chinese President Xi Jinping banned all types of fentanyl and fentanyl-related substances as of May 1, 2019.<sup>28</sup> But the bans do not cover all chemical ingredients used to make fentanyl, and U.S. officials have expressed concern that China will not stop the flow of those ingredients to Mexico. In August, the Trump

Administration expressed frustration that this promise is not being delivered upon, citing the continual flow into the U.S. as well as having not "directly seen any large-scale seizures or law enforcement action by the Chinese on fentanyl."<sup>29</sup>

A reporter for The Atlantic magazine recently posed as a buyer looking to purchase fentanyl ingredients. The reporter, Ben Westhoof, easily purchased the ingredients, known as precursors, from a Chinese chemical company, Yuancheng. Officially, this company specializes in food additives. Though the company refused to sell him some explicitly banned substances, when Westhoof asked for alternative precursors to make fentanyl, the sales personnel easily complied.<sup>30</sup>

Furthermore, deteriorating relations since May have led experts to question whether China is going to implement the changes necessary to enforce the ban.<sup>31</sup> The Trump Administration has discontinued key bilateral dialogues, such as the U.S.-China Strategic & Economic Dialogue.<sup>32</sup>

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<sup>28</sup> Myers, Steven Lee and Abby Goodnough. The New York Times. "China Bans All Types of Fentanyl, Cutting Supply of Deadly Drug to U.S. and Fulfilling Pledge to Trump." Published April 1, 2019. <https://www.nytimes.com/2019/04/01/world/asia/china-bans-fentanyl-trump.html?module=inline>. Accessed Oct. 16, 2019.

<sup>29</sup> McNeil, Sam. The Associated Press. "China to Close Loophole on Fentanyl After U.S. Calls for Opioid Action." Published April 1, 2019. <https://radio.wosu.org/post/china-close-loophole-fentanyl-after-us-calls-opioid-action>. Accessed Sept. 23, 2019.

<sup>30</sup> Westhoof, Ben. The Atlantic. "The Brazen Way a Chinese Company Pumped Fentanyl Ingredients Into the U.S.: Yuancheng used an army of young, perky salespeople to peddle illegal chemicals to Americans." Published Aug. 18, 2019. <https://www.theatlantic.com/health/archive/2019/08/chinese-company-helping-fuel-opioid-epidemic/596254/>. Accessed Sept. 23, 2019.

<sup>31</sup> Committee on Banking, Housing, and Urban Affairs full committee meeting June 4, 2019. <https://www.banking.senate.gov/hearings/confronting-threats-from-china-assessing-controls-on-technology-and-investment-and-measures-to-combat-opioid-trafficking>

<sup>32</sup> Tiezzi, Shannon. The Diplomat. "Another US-China Dialogue Bites the Dust." Published Oct. 2, 2018. <https://thediplomat.com/2018/10/another-us-china-dialogue-bites-the-dust/>. Accessed Oct. 16, 2019.



Clearly, significantly reducing fentanyl production in China is not a viable stand-alone solution to the fentanyl crisis. Recent sanctions against three Chinese nationals who allegedly trafficked fentanyl are a positive step, but the impact is greatly limited. Experts suggest that the Trump administration must more clearly outline where fentanyl falls on the negotiating list, as fentanyl will be a low priority for the Chinese, especially if the trade war continues.<sup>33</sup>

A strategy like this would test the Trump administration's commitment to blocking fentanyl imports against economic scenarios that could be harmful to the U.S. economy or particular sectors within it.

## **Recommendation #2: In U.S.-China negotiations, the Trump administration should clearly prioritize and provide incentives for the Chinese government to block exports of fentanyl and its precursors.**

### **DELIVERY TO U.S.**

Attempts to seize illicit fentanyl before it reaches American soil necessitates coordination between many federal agencies<sup>34</sup>, as manufacturers and dealers attempt many delivery avenues. As the chart below indicates, of all the fentanyl seized from 2016-17, 83 percent was intercepted through the mail, while 16 percent was found in automobiles or on individuals traveling through a border point of entry.

The U.S.'s efforts to reduce the ability to deliver fentanyl via mail provides a prime example of a delayed reaction to a crisis that, once implemented, is bogged down by bureaucratic infighting. This error proved grave and hastened the rapid rise in fentanyl use. The U.S. Postal Service (USPS) has made remarkable gains in the last year and must continue to work toward progress.

For years, Chinese drug traffickers urged their American buyers to receive fentanyl shipments via regular mail instead of using private delivery companies, such as FedEx. The USPS was preferred because a 2002 law (passed in response to the Sept. 11, 2001, attacks) required FedEx and UPS to electronically track packages

— but did not require the same of the USPS largely because of cost concerns. Federal investigators uncovered emails from cyber drug dealers telling American consumers that “private delivery companies electronically tracked packages, allowing the easy identification of mail from suspect addresses and creating a bright trail connecting sellers and buyers of illegal fentanyl.”<sup>35</sup> The USPS at the time did not electronically track packages.

In 2018 — two years after legislation was introduced — Congress passed the Substance Use Disorder Prevention Act that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, charging the Food and Drug Administration (FDA) with coordinating with the Department of Homeland Security (DHS) and the USPS to improve screening and identification of unlawful controlled substances<sup>36</sup> and closing the loophole allowing foreign packages to go through the USPS system without advance electronic data (AED).<sup>37</sup>

<sup>33</sup> Committee on Banking, Housing, and Urban Affairs full committee meeting June 4, 2019. <https://www.banking.senate.gov/hearings/confronting-threats-from-china-assessing-controls-on-technology-and-investment-and-measures-to-combat-opioid-trafficking>

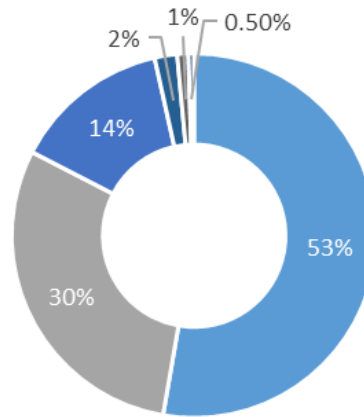
<sup>34</sup> Those agencies include U.S. Postal Service, Customs and Border Patrol, Food and Drug Administration, Immigration and Customs Enforcement, Drug Enforcement Agency and the Office of National Drug Control Policy.

<sup>35</sup> Horwitz, Sarah and Scott Higham. The Washington Post. “*The flow of fentanyl: In the mail, over the border.*” Published Aug. 23, 2019. <https://www.washingtonpost.com/investigations/2019/08/23/fentanyl-flowed-through-us-postal-service-vehicles-crossing-southern-border/>. Accessed Sept. 24, 2019.

<sup>36</sup> <https://www.congress.gov/bill/115th-congress/house-bill/6>

<sup>37</sup> <https://docs.house.gov/billsthisweek/20180924/HR6.pdf>

## Individual Fentanyl Seizures by Transport Method

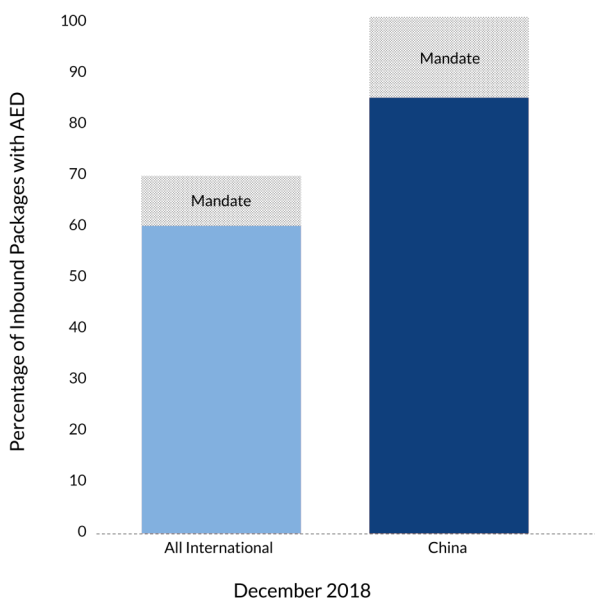


- International mail:USPS
- International mail: Express Consignment
- Automobile
- Pedestrian
- Commercial air
- Other

Implementation of the SUPPORT Act has been challenging. Forty percent of international packages remain untracked, including 15 percent of all packages from China. According to a Washington Post article, a “turf war between key federal agencies (Customs and Border Patrol and USPS)” created additional hurdles to implementing the electronic tracking.

As the below chart indicates, although the USPS failed to meet the mandated goal, it did make significant gains in a short time period. The U.S.’s chief postal inspector expressed confidence that the agency could meet the goal of 100 percent electronic tracking by December 2020.<sup>38</sup>

Percent of International USPS Packages with Electronic Tracking



## Pennsylvania’s efforts

Multiple law-enforcement organizations are working to keep fentanyl off the streets. Among them are the Pennsylvania Counterdrug Joint Task Force, which is operated by the National Guard, and Pennsylvania State Police.

From Jan. 1 through June 30, 2019, Pennsylvania State Police seized nearly 111 pounds of heroin and nearly 50 pounds of fentanyl, with a combined street value of more than \$4 million, according to the Pennsylvania Pressroom website.

<sup>38</sup> Statement of Gary R. Barksdale, Chief Postal Inspector, before the U.S. House Committee on Energy and Commerce Subcommittee on Oversight and Investigations. Presented July 16, 2019.

Second to U.S. mail, the most common delivery of fentanyl to the U.S. is through legal ports of entry on the Mexican border. The ability to make a dent in preventing this type of delivery is stymied by insufficient funding for agents and for field testing tools. The high emotions and politics dealing with anything regarding the Mexican border threaten to prevent any progress from being made.

The increase in fentanyl smuggling via the border is staggering. Near San Diego, just 2 pounds of fentanyl was seized in 2013; by 2018, officials seized more than 2,100 pounds. One high-level CBP official testified before a House Energy and Commerce subcommittee that “roughly 90 percent of what we seize is at a port of entry as opposed to between the ports,” disputing President Trump’s assertion that building a wall along the southwest border will significantly reduce fentanyl smuggling.<sup>39</sup>

Staffing shortages lead to only 2 percent of cars and 16 percent of commercial vehicles being inspected at the southwest border. This is clearly a result of remarkable understaffing of port officers, who are responsible for inspecting vehicles and individuals crossing the border for fentanyl and other drugs. A May 2018 U.S. Senate report found the following<sup>40</sup>:

- The United States is 4,000 officers short of the number needed to fully staff all ports of entry;
- Temporary staff is needed at critical ports of entry so often that CBP named it “Operation Overflow”; and
- The Trump administration’s proposed dramatic increase in FY 2019 funding for Border Patrol and Immigration and Customs Enforcement included no funding for additional port officers.

Investment in technology and tools to help intercept drugs at the border appears to have more of a political

consensus. In January 2018, the INTERDICT Act was signed into law, giving \$9 million to CBP to improve fentanyl detection in mailed packages and on travelers through screening tools and additional scientists to interpret data.<sup>41</sup> Funding and implementation schedules are essential to providing agencies like CBP with the technology and workforce needed to keep fentanyl out of the country and off the streets.

In addition, in May 2019, President Trump said that “Investment in technology will ensure we can scan 100 percent of everything coming through, curbing the flow of drugs and contraband” and that such technology would be paid for by “a permanent and self-sustaining border security trust fund ... financed by the fees and revenues generated at the border crossing itself.”<sup>42</sup>

**Recommendation #3: Congress must use its oversight authority to ensure that the Trump administration is appropriately funding and tasking its agencies to implement and enforce new laws — and laws Congress has already passed — to confront the fentanyl crisis. Congress must not allow the Trump Administration to focus on actions not supported by data about how fentanyl gets into the U.S.**

<sup>39</sup> Testimony of Thomas F. Overacker, Executive Director, Cargo and Conveyance Security, Office of Field Operations, U.S. Customs and Border Protection, before the U.S. House Committee on Energy and Commerce Subcommittee on Oversight and Investigations. Presented July 16, 2019.

<sup>40</sup> U.S. Senate Committee on Homeland Security & Governmental Affairs. “Combating the Opioid Epidemic: Intercepting Illicit Opioids at Ports of Entry.” Released May 10, 2018.

<sup>41</sup> <https://www.govtrack.us/congress/bills/115/hr2142>

<sup>42</sup> <https://www.whitehouse.gov/briefings-statements/remarks-president-trump-modernizing-immigration-system-stronger-america/>. Accessed Sept. 23, 2019.

# OBSERVATION #3: EMERGENCY TREATMENTS AND LONG-TERM RECOVERY OPTIONS EXIST IN PENNSYLVANIA BUT NEED ADJUSTMENTS TO BE FULLY BENEFICIAL TO THE MAXIMUM NUMBER OF PEOPLE.

## PREVENTIVE MEASURE

### FENTANYL TEST STRIPS

Fentanyl strips test drugs for the presence of fentanyl and could be key in helping users find a way to control this crisis on their own. The strips require simply mixing a small amount of the drug with water, then dipping a test strip into the mixture to see if fentanyl is present.

A study published in the International Journal of Drug Policy found users who inject drugs were likely to change their drug use behavior if they used a fentanyl test strip and found that fentanyl was present. Researchers concluded that test strips “may represent an effective addition to current overdose prevention efforts.”<sup>43</sup>

Though they are potentially a key prevention tool, it is also important to note that testing strips are relatively expensive (about \$1 apiece) and many users are unlikely to take the time to use them because they are already suffering withdrawal symptoms from their last dose and need to inject quickly.

Fentanyl test strips are illegal in Pennsylvania but are used in the Philadelphia and Pittsburgh areas.

Philadelphia Department of Public Health officials said they offer these strips for “party” drugs, targeting young people going to events where they are likely to use recreational drugs but do not want to accidentally take fentanyl.

**Recommendation #4: The General Assembly should legalize fentanyl test strips for use across Pennsylvania.**

## REACTIVE MEASURES

Each of the following sections highlights a critical piece of helping opioid users recover long-term; however, it is important to note that, because fentanyl is so powerful and so deadly, only a percentage of users survive long enough to receive these services.

### NALOXONE (NARCAN)

Naloxone is a drug that reverses acute opioid overdoses. Because fentanyl is so potent, overdose victims sometimes need three or four doses of naloxone to be revived.<sup>44,45</sup>

Pennsylvania Gov. Tom Wolf distributed thousands of doses of free naloxone in December 2018 and September 2019, and DOH Secretary Dr. Rachel Levine issued standing-order prescriptions for naloxone for first responders and the general public.<sup>46</sup> These efforts are part of the governor’s broad approach to the opioid crisis, which includes an Opioid Command Center launched in January 2018.

<sup>43</sup> Peiper, Nicholas C., et al. International Journal of Drug Policy. “Fentanyl test strips as an opioid overdose prevention strategy: Findings from a syringe services program in the Southeastern United States.” Published 2019.

<sup>44</sup> Harm Reduction Coalition: <https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/understanding-naloxone/>

<sup>45</sup> [https://tonic.vice.com/en\\_us/article/a3dzyb/this-is-exactly-what-happens-when-you-overdose](https://tonic.vice.com/en_us/article/a3dzyb/this-is-exactly-what-happens-when-you-overdose)

<sup>46</sup> [https://www.ddap.pa.gov/overdose/pages/naloxone\\_reversal.aspx](https://www.ddap.pa.gov/overdose/pages/naloxone_reversal.aspx)

Dr. Bonnie Milas, professor of clinical anesthesiology and critical care at the University of Pennsylvania’s Perelman School of Medicine, wrote in *The Philadelphia Inquirer* in April 2019 to stress the importance of naloxone education: More than 50 percent of victims overdose at home, showing need for family members of addicted loved ones to train on overdose response, including administering naloxone, calling 911 and performing CPR.<sup>47</sup>

Naloxone classes are available through the American Red Cross, [getnaloxonenow.org](http://getnaloxonenow.org) and other sources.

## **Recommendation #5: State officials should continue to fund naloxone distribution and lift any barriers to access for healthcare workers, opioid users or family members.**

### **MEDICATION-ASSISTED TREATMENT (MAT)**

Described by some health experts as the “gold standard” of addiction care, Medication-Assisted Treatment (MAT) can cut mortality among opioid users by half or more.<sup>48</sup> MAT involves behavioral therapies as well as the injection of a prescription drug such as buprenorphine/Suboxone, which prevents patients from feeling the high associated with taking opioids.

The first four weeks in treatment are most critical,<sup>49</sup> according to the Principles of Addiction Treatment, but MAT must be provided for significantly longer than the traditional 90 days to maintain positive outcomes. For those who use methadone, a one-year protocol is considered the minimum.<sup>50</sup>

Pennsylvania needs more MAT prescribers and substance abuse disorder specialists in the workforce. Multiple Pennsylvania counties have just one — or not even one — buprenorphine/Suboxone prescribers.<sup>51</sup> While some neighboring states, such as Delaware<sup>52</sup>, have worse provider shortages, Pennsylvania’s third-place ranking in overdose deaths warrants immediate attention to solving the provider shortage.<sup>53</sup>

**Recommendation #6: State officials should expand partnerships with local authorities, physicians and advocacy groups to reinforce the effectiveness of Medication-Assisted Treatment (MAT), to diminish lingering stigma of its use and to adequately fund a range of MAT options in prisons, jails and recovery facilities.**

<sup>47</sup> Milas, Bonnie. *The Philadelphia Inquirer*. “*Narcan is just the start of fighting the opioid overdose epidemic.*” Published April 24, 2019. <https://www.philly.com/health/narcan-naloxone-opioid-overdose-university-of-pennsylvania-hospital-20190424.html>. Accessed Oct. 16, 2019.

<sup>48</sup> *British Medical Journal*: <https://www.bmj.com/content/357/bmj.j1550>

<sup>49</sup> *Ibid.*

<sup>50</sup> National Institute on Drug Abuse: <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/how-long-does-drug-addiction-treatment>

<sup>51</sup> Substance Abuse and Mental Health Services Administration: [https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator?field\\_bup\\_physician\\_us\\_state\\_value=PA](https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator?field_bup_physician_us_state_value=PA)

<sup>52</sup> The Pew Charitable Trusts: <https://ltgov.delaware.gov/wp-content/uploads/sites/27/2019/04/Delaware-Recommendations-for-ODU-Treatment-Expansion-Final-PDF.pdf>

<sup>53</sup> Centers for Disease Control and Prevention: <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

## X-WAIVERS

Physicians must apply to the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to receive a practitioner waiver — also known as an X-waiver — to treat opioid dependency with buprenorphine.

Once authorized to treat up to 30 patients, physicians may then apply to treat up to 100 patients. Physicians who have prescribed buprenorphine to 100 patients for at least one year can apply to increase their patient limits to 275 under new federal regulations.<sup>54</sup> So far in 2019, Pennsylvania has 567 physicians newly certified for 30 patients, and 115 physicians newly certified for 100 patients.

The requirements to obtain a waiver include completing eight hours of training, which many practitioners find difficult to fulfill.

Nurse practitioners and physicians assistants are great resources, but current laws stymie their role in helping with the crisis. Doctors, nurse practitioners and physicians assistants may all qualify for waivers, but in order for the nurse practitioners and physicians assistants to participate, the doctor they work for must be an approved prescriber. This limitation is yet another barrier to increased MAT access.<sup>55</sup>

The Pennsylvania State Board of Medicine has the power to simplify these requirements to obtain X-waivers and should address this issue immediately in order to broaden access to MAT and continue to promote it as an essential element of successful, long-term addiction recovery.

## Other states' initiatives

Officials, health experts and advocates in other states have worked together to support expanded behavioral health and substance abuse disorder treatment access.

**WISCONSIN**'s governor signed 2017 Wisconsin Act 262 in April 2018, which removed the requirement that marriage and family therapists, licensed professional counselors and licensed clinical social workers obtain substance abuse specialty or substance abuse credentials.

**INDIANA** is addressing its low ranking for behavioral healthcare access among states with cross-sector initiatives to research and implement programs to increase the quality and quantity of the state's substance abuse disorder workforce.

**MAINE**'s Department of Health and Human Services did a comprehensive review of Medicaid policies, resulting in substantial reimbursement rate increases for psychologists, licensed social workers, and certified drug and alcohol counselors.

<sup>54</sup> Substance Abuse and Mental Health Services Administration: <https://www.samhsa.gov/medication-assisted-treatment/buprenorphine-waiver-management/increase-patient-limits>

<sup>55</sup> American Association of Nurse Practitioners data: [https://thinkprogress.org/wp-content/uploads/2018/02/sln\\_apr21\\_map.jpg?w=1024](https://thinkprogress.org/wp-content/uploads/2018/02/sln_apr21_map.jpg?w=1024)

<sup>56</sup> <https://legiscan.com/PA/text/SB675/2019>

<sup>57</sup> Evans Scolforo, Liz. York Dispatch. "Coroner: York County overdose deaths spike, fentanyl suspected." Published Aug. 9, 2019. <https://www.yorkdispatch.com/story/news/crime/2019/08/09/coroner-york-county-overdose-deaths-spike-fentanyl-suspected/1966575001/>. Accessed Oct. 16, 2019.

**Recommendation #7: The Pennsylvania State Board of Medicine should do as much as it can to simplify the requirements for X-waivers to prescribe buprenorphine/Suboxone and other MAT prescriptions to increase convenient access to physicians and healthcare workers to treat more opioid users who want to recover, and eliminate waiver limitations for nurse practitioners.**

**Recommendation #8: The governor and General Assembly should ensure they are not inadvertently creating barriers to treatment for opioid users.**

## **BEHAVIORAL HEALTH SERVICES ACCESS**

Shortages of substance abuse disorder counselors are a problem nationwide.<sup>58</sup> The nonprofit Advocates for Human Potential illustrates this with its Provider Availability Index: in the U.S., there are just 32 behavioral health practitioners for every 1,000 people with substance abuse disorder.<sup>59</sup>

The Philadelphia Department of Behavioral Health stresses that peer specialists, who have the lived experience of recovering from addiction, are a vital component of successful recovery. Pennsylvania covers the cost to certify Certified Peer Specialists. However, counties currently pay to certify Certified Recovery Specialists.

Funding these specialists and embedding them in the treatment networks is far less expensive than paying for someone to relapse, returning to the cycle of overdose and emergency room visits all over again.

**Just 4 percent of doctors statewide have authorization to prescribe the medication most effective in helping opioid users recover.**

*Source: SAMHSA/Kaiser Family Foundation*

<sup>58</sup> The Pew Charitable Trusts: [https://www.in.gov/recovery/files/Pew%20Report\\_Indiana\\_Sep%202018.pdf](https://www.in.gov/recovery/files/Pew%20Report_Indiana_Sep%202018.pdf)

<sup>59</sup> Advocates for Human Potential: <http://www.ahpnet.com//AHPNet/media/AHPNetMediaLibrary/News/AHP-BH-Workforce-Paper-July-2014.pdf>

**Recommendation #9: State officials should consider student loan repayment, home and auto loans, and other benefits to steer students — and mid-career workers — to the fields of addiction medicine, behavioral health sciences and nursing. The governor’s Workforce Development Command Center could be part of this process.**

**Recommendation #10: The state should help counties fund certifications and deployment of Certified Recovery Specialists.**

## **CONCLUSION**

The nationwide opioid epidemic has caused hundreds of thousands of deaths and altered millions of families’ lives. Pennsylvania families have been particularly hard-hit by this crisis, with the stakes escalating as fentanyl has made its way into the state’s illegal drug supply, killing thousands more.

Pennsylvania — and the United States as a whole — will still face an uphill battle against addiction even after the opioid crisis has abated. Solutions that are found to work should be solidified in federal and state laws and policies now, so those resources can be available long term to anyone striving to recover from the scourge of addiction.

\*The cover image depicts a fatal dose of fentanyl.





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