

# D&A News

A PUBLICATION OF THE LANCASTER COUNTY DRUG AND ALCOHOL COMMISSION

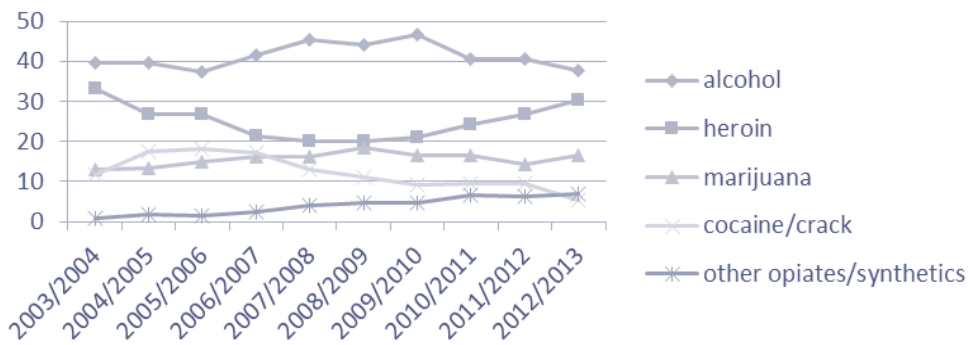
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## Heroin and Other Opiate Overdoses: A Community Health Concern

Recently, the Lancaster County Drug and Alcohol Commission was contacted by Hayley Mead, a junior from Franklin and Marshall College, who was serving an internship in Community Health with Lancaster General Hospital. As part of a research project, Hayley asked some good questions about the recent increase in heroin use and overdoses. Here are some of her questions and our answers.

### Primary Substance of Abuse 2003-2013



### What evidence have you seen that there is an increase in heroin use in Lancaster County?

It is impossible to know the true prevalence of any illegal drug use, since most users obviously hide their use. We do know that heroin was the main drug of choice for 890 of our county-funded treatment clients last year. It is second only to alcohol as the main drug of choice among publically-funded clients. Heroin is back on the increase after a five year decline. Other opiates/synthetics have also continually increased as a drug of choice over the past 10 years (see chart above).

### Why is this increase occurring? Why is the number of first-time users also increasing?

It may be caused in part by the increase in abuse of prescription opiate pain killers. Drugs like oxycodone are increasingly used to treat pain from traumatic injuries

and cancer. But these drugs are expensive on the black market. According to the Lancaster County Drug Task Force, you can buy 4-8 bags of heroin for the price of one pill. That is certainly a big inducement to switch to illegal drugs.

**From consulting online sources, my research shows that nationally, teens ages 17 and under have the lowest rates of heroin use but the 18-25 year old age group has the highest rates of use compared to all age groups. Why does this drastic increase between these two age groups occur?**

Availability. Drug use has a lot more to do with economics than with psychology. Drug abusers are more likely to use what is available to them. For teens, prescription and over-the-counter medicines are often available right in the home, so they will use that. That is also why inhalants tend to be abused by teens. They are easy to obtain. Same with marijuana. On the other hand, heroin requires that the user have an income and transportation to get it. That is why it is more often abused by adults. It also takes some time for experimentation to develop into regular use and addiction.

**What are the population demographics most commonly associated with heroin use in Lancaster County? (such as age group, race/ethnicity, socio-economic status)**

The "typical" heroin user is an adult, white male who is em-

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## FROM THE EXECUTIVE DIRECTOR



*Rick Kastner*

Heroin use and overdose deaths are on the rise in Pennsylvania, the nation, and even in our own back yard of Lancaster County. The purity of the drug, along with some drugs that are added to the heroin, have made this addiction a very lethal Russian roulette. In the past, between 25% to 35% of the Lancaster County citizens we treat for an addiction are on heroin. And the numbers are increasing.

We know of heroin addiction as being a “quicker, sicker” drug of choice. It usually does not take many highs on heroin to become a full blown addict, willing to do anything to get the next fix. And when treatment is sought, it usually takes a full course of detox, rehab, halfway house, and long term aftercare treatment, in order to address the out of control heroin addiction. And this course of treatment is usually long and expensive.

Most people do not have access to this full course of treatment, whether funded by the government or through private health insurance. It can easily cost \$20,000 per client to provide a complete course of treatment, which will address the heroin addiction. In Lancaster, my office usually has enough funding to keep rehab and halfway house open for half of the year.

In the past ten years, the Lancaster County D&A Commission has assisted in the development of treatment services that directly address the heroin crisis. They include the use of medication-assisted treatments such as Suboxone and methadone, the specialized case managers called Bupe Coordinators, the creation of Peer Support Specialists, medication drop off boxes, and some other locally based services.

Although additional funding for treatment will always be our greatest need, these other programs will help in the local solutions to our heroin epidemic.

A handwritten signature in cursive that reads "Rick Kastner".

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## PLCB Resident Assistant Training Available

In its continuing effort to assist the institutions of higher education throughout the Commonwealth, the Pennsylvania Liquor Control Board's (PLCB) Bureau of Alcohol Education is available to assist in college Resident Hall Staff Trainings (RA Training, CA Training, etc.).



The training covers the following topical areas: What is a Drink? (amount of alcohol per type of alcohol used), Signs of Alcohol Poisoning, How to Recognize Someone with an Alcohol Problem, Medical Amnesty Law of PA, and general information on penalties and fines. The training can be customized to meet time constraints but generally would be a 30 to 45 minute presentation.

For more information or to set up a training, contact [ralbeducation@pa.gov](mailto:ralbeducation@pa.gov) or call 717-772-1432.



Looking for a great prevention resource? The EPISCenter is a collaborative partnership between the Pennsylvania Commission on Crime and Delinquency (PCCD), and the Prevention Research Center, College of Health and Human Development, Penn State University. Funded by PCCD and the PA Department of Public Welfare, EPISCenter **supports and advances the use of evidence-based prevention and intervention programs by:**

**Providing technical assistance** to communities to improve implementation quality, promote the collection and use of program impact data, and foster proactive planning for long-term program sustainability.

**Developing and providing educational opportunities and resources** to disseminate current prevention science research and facilitate peer networking.

**Informing more effective prevention practice** and the successful dissemination of evidence-based programs.

**Fostering recognition** at federal, state, and community levels, of the value and impact of proven prevention and intervention programs.

For more information, contact the EPISCenter at: (814) 863-2568 or via email at [EPISCenter@psu.edu](mailto:EPISCenter@psu.edu).

## Mazzitti and Sullivan Receives Grant for Start Up of New Adolescent Outpatient Services in Lancaster County

In order to enhance adolescent drug and alcohol services and encourage the development of more evidence-based programs, the Capitol Area Behavioral Health Collaborative (CABHC) has awarded grants through its approved 2010-11 reinvestment plan to support the start-up of five new adolescent outpatient programs in Central Pennsylvania. The outpatient clinics will be located in each of the member counties: Cumberland, Dauphin, Lancaster, Lebanon and Perry.

The expansion of services in these areas will allow additional Medicaid HealthChoices enrolled children and adolescents to receive drug and alcohol outpatient treatment using Contingency Management. Contingency Management is an evidence-based treatment approach grounded in the principles of behavior management and cognitive-behavioral therapy that provides incentives for abstaining from drug abuse. It is an effective treatment for addressing any substance abuse disorder and is widely applicable to client populations being treated in outpatient settings.

In Lancaster County, Mazzitti and Sullivan Counseling Services has been selected as the service provider to receive this grant. Although they do not yet operate a facility in Lancaster County, they are well known in Dauphin and Cumberland Counties and they currently have offices in Highspire, Harrisburg, Hershey, and Mechanicsburg.

### Save a Tree by Receiving D&A News electronically!



The D&A News can be sent to your email address as a PDF. To receive our newsletter this way, (or to request any other changes to our mailing list) please send an email to Lisa Starr at [lstarr@co.lancaster.pa.us](mailto:lstarr@co.lancaster.pa.us). To assist us in managing our mailing list, include the five digit number in the upper right hand corner of your mailing label.

# Marijuana: What Has Changed, What Has Not?

Marijuana has been in the news a lot lately. It can be very difficult to keep up with information that seems to change daily, especially when one is a parent or teacher that needs to address the questions posed by youth. Here is a round up of some of the issues.



marijuana is an irritant to the lungs and is associated with many of the same health concerns as cigarettes. It is an addictive substance for some people. Cognitive deficits are found in adults who began to smoke marijuana heavily during teenage years. None of these facts have changed.

## What Has Changed?

### Legalization

Medical marijuana is now legal in 20 states and the District of Columbia. Washington and Colorado have legalized marijuana for recreational use. Colorado's first retail marijuana stores opened Jan. 1 for sale to people 21 years and older. Criminal penalties for possession of marijuana have been reduced in many states.

### Approval of Non-smoked Marijuana Derivatives for Medical Purposes

There have been FDA-approved medicines derived from marijuana since 1985. These medicines are used for pain, nausea caused by cancer therapy, multiple sclerosis, and other serious illnesses. Recently, patient advocacy groups have pushed for the approval of more drugs and some of these have been approved for use by states, prior to final federal approval. Pennsylvania Governor Tom Corbett recently announced that he would sign a bill approving the limited use of cannabidiol, or CBD, for treating a rare form of seizure disorder in children. CBD is an extract from the cannabis plant that does not contain THC, the psychoactive agent in marijuana. Legislation is pending on this and the action would only affect CBD. It would not legalize smoked marijuana for medical purposes.

### Public Opinion/Attitude

Surveys of both youth and adults show more acceptance toward medical use and, to a smaller extent, recreational use. Most surveys show a lowering of perception of risk and an increasing willingness to try marijuana among adolescents, since the 1990s.

### Use of the Drug

Marijuana use has been increasing since 2007. In Lancaster County, marijuana use has surpassed cigarette use, making it the second most used drug among teens. Not surprisingly, states that have legalized medical marijuana have also seen an increase in recreational use, in both adults and teens.

## What Has Not Changed?

### Physical and Psychological Effects of the Drug

Marijuana impairs judgment and coordination. Smoked

### Federal Government Stance

Under federal law, marijuana is still an illegal drug. However, the Justice Department is not challenging state marijuana laws as long as they don't conflict with federal enforcement priorities. These priorities include things like sales to minors and black market/drug trafficking.

### Parental Concerns

According to a recent survey conducted by The Partnership at DrugFree.org, even parents in Colorado remain firmly convinced that marijuana should be kept out of the hands of children. Over 90% of parents surveyed thought that it should be illegal to provide marijuana to children in the home, marijuana should be sold only to those over age 21 by licensed providers (rather than convenience or grocery stores), and that use in public places where tobacco is banned should be forbidden. Over 80% thought that marijuana advertising should be banned entirely. Interestingly, the survey showed that these same adults were in favor of legalization for medical purposes for adults (73%) and decriminalization (53%).

## What Needs to Change?

### Safeguards and Regulations

States that have legalized marijuana now face great challenges over how to address consumer safety. There are many unanswered questions about how to effectively regulate packaging, labelling, marketing, sales, and distribution. In Colorado, 40% of the new marijuana products for sale are edibles in the form of snacks, candies, and beverages. Because legalization came rapidly through a legislative process, much will have to be learned through trial and error, instead of controlled research. This will present risk to public health and safety until these questions are answered.

### Prevention and Treatment Methods

As professionals, we must pro-actively address these issues. Increases in use will most likely lead to increases in addiction and the need for treatment. Parents will need more support than ever to educate and protect their children. Prevention and treatment professionals will need to research and explore new methods such as those that have been effective with other legal drugs like alcohol and tobacco.

# Disposing of Old Medicines Safely: Healthy Pennsylvania Prescription Take Back Program

The Healthy Pennsylvania Prescription Drug Take Back Program is a partnership effort between the Department of Drug and Alcohol Programs (DDAP), the Pennsylvania Commission on Crime and Delinquency (PCCD), and the Pennsylvania District Attorneys Association (PDAA). Grants were provided to local municipalities to support the establishment of secure permanent locations in local communities for citizens to anonymously drop off unwanted or expired prescription medications.

- ✓ All pharmaceutical drugs that are being disposed of need to be in a sealed container such as the original bottle or a zip-lock bag. *They may not be disposed of loosely.*
- ✓ Liquid pharmaceuticals should remain in the original container.
- ✓ Personal information should be removed or blotted out with a permanent marker.

**Items Accepted:** Prescription and over-the-counter solid medications, tablets and capsules, liquid medications, inhalers, creams, ointments, nasal sprays, and pet medicines.

**Items NOT Accepted:** Intravenous solutions, injectables, and needles.

You can find a Take Back Drop Box in the following Lancaster County locations:

**Columbia Borough Police Dept.**

308 Locust Street  
Columbia, PA 17512  
(717)684-7735

**East Earl Township Police Dept.**

128 Toddy Drive  
East Earl, PA 17519  
(717)355-5302

**East Hempfield Township Police Dept.**

1700 Nissley Road  
Landisville, PA 17538  
(717)898-3103

**East Lampeter Twp. Police Dept.**

2250 Old Philadelphia Pike  
Lancaster, PA 17602



(717)291-4676

**Ephrata Police Dept.**

124 South State Street  
Ephrata, PA 17522  
(717)738-9265

**Lancaster County Sheriff's Dept.**

50 North Duke Street  
Lancaster, PA 17603  
(717)299-8200

**Lititz Borough Police**

7 South Broad Street  
Lititz, PA 17543-1401  
(717)626-6393

**Manheim Twp. Police Dept.**

1825 Municipal Drive  
Lancaster, PA 17601  
(717)569-6401

## Heroin and Other Opiate Overdoses: A Community Health Concern (continued from page 1)

ployed. But overdose deaths have occurred among both genders and a variety of age groups. It is very important to look past our stereotypes of an addicted person being an ethnic minority who is homeless and a criminal. Stigmatizing addicted persons helps no one.

### What is being done at the community, organizational, and local government levels to address this problem?

Treatment and recovery support programs are available in Lancaster County. Some new initiatives include Prescription Drug Take Back Programs (see related story on page 5), Governor Corbett's convening of a statewide workgroup on heroin overdoses, use of the drug Naloxone by first responders for possible heroin overdoses, and a proposed prescription drug database to help identify opiate abusers. Pennsylvania coroners are also working to compile better data on overdose patterns by county to assist law enforcement officers in tracking tainted heroin.

Much is being done to address the problem. But the missing key to the puzzle is **funding for treatment**. It does no good to identify and intervene with heroin abusers if we have no resources to send them to treatment. Evidence-based treatment works – but only if people can afford to go.

### What are primary prevention actions we can take?

This is a good question. We advocate the implementation and expansion of evidence-based prevention and intervention programs in the school and community. More information on this can be found at [www.episcenter.psu.edu](http://www.episcenter.psu.edu). Our agency has been a leader in advocating primary prevention programs for the past 30 years. Unfortunately, dwindling funds have caused many schools to cut back in this important area. More resources are needed.

Looking for more information about drug abuse and addiction for yourself or a loved one? Contact Compass Mark at (717) 299-2831 or [www.compassmark.org](http://www.compassmark.org)

## Prescription Take Back Locations (continued from page 5)

### Millersville University Police Dept.

237 N. George Street  
Millersville, PA 17551  
(717)872-3434

### New Holland Police Dept.

436 East Main Street  
New Holland, PA 17557  
(717)354-4647

### Northern Lancaster Co. Regional Police Dept.

860 Durlach Road  
Stevens, PA 17578  
(717)733-0965

### Northwest Regional Police Dept.

155 Merts Drive  
Elizabethtown, PA 17022  
(717)367-8481

### Strasburg Borough Police Dept.

145 Precision Avenue  
Strasburg, PA 17579  
(717)687-7732

### West Hempfield Township Police Dept.

3401 Marietta Avenue  
Lancaster, PA 17601  
(717)285-5191

### West Lampeter Twp. Police Dept.

852 Village Road  
Lampeter, PA 17537  
(717)464-2421

### Lancaster County Adult Probation

40 East King Street  
Lancaster, PA 17602  
(717)299-8181

To find prescription take back box locations outside Lancaster County, visit the Pennsylvania Department of Drug and Alcohol Programs website for an interactive map at [www.ddap.pa.gov](http://www.ddap.pa.gov). Click on the program's graphic on the homepage and then click on "find a location."

**Lancaster County Drug and Alcohol Commission**  
**150 N. Queen St.**  
**Lancaster, PA 17603**  
**(717) 299-8023**

**Fact Sheet: Heroin  
and Opiate Overdose**

Opiates are drugs derived from the opium poppy. They include heroin and pain medications such as OxyContin®, Vicodin®, codeine, morphine, methadone, and fentanyl.

**Why is overdose such a danger with opiates?**

All opiates cause sedation and respiratory depression. High doses can cause the user to stop breathing, leading to coma and death. Accidental overdoses of prescription drugs occur when the user takes too many pills, or when children find them and are accidentally poisoned.

Most street heroin is “cut” or mixed with substances such as sugar, starch, powdered milk, or quinine. But sometimes other opiate drugs like Fentanyl are mixed with heroin. This causes a “double dose” effect. Sometimes a user who has become used to buying cut heroin overdoses because they have gotten a dose of very pure heroin. Heroin addicts seek out purer heroin, hoping for a higher high.



**What places people at higher risk for overdose?**

- Changing medicines or dosages.
- Using medications improperly or against doctor’s orders.
- Drinking alcohol with narcotics (very dangerous!).
- Taking a medicine prescribed for someone else.
- Combining two or more pain medicines (beware of medicines that contain Tylenol – they can cause severe liver damage when overdosed).
- Any use of illegal drugs.

**What are the signs of an overdose?**

- ✓ Awake, but unable to talk.
- ✓ Body is very limp.
- ✓ Face is very pale or clammy.
- ✓ Fingernails and lips turn blue or purplish black.
- ✓ For light skinned people, the skin tone turns bluish purple, for dark skinned people, it turns grayish or ashen.
- ✓ Breathing is very slow and shallow, erratic, or has stopped.
- ✓ Pulse (heartbeat) is slow, erratic, or not there at all.
- ✓ Choking sounds, or a snore-like gurgling noise.
- ✓ Vomiting.
- ✓ Loss of consciousness.
- ✓ Unresponsive to outside stimulus.

**If you suspect an overdose – call 911 immediately. Many lives have been saved because a loved one or bystander acted fast!**

LANCASTER COUNTY  
DRUG AND ALCOHOL COMMISSION  
150 N. QUEEN ST.  
LANCASTER, PA 17603

## UPCOMING MEETINGS AND EVENTS

### LOOKING FOR OUR OFFICE?

We are located at 150 N. Queen St.,  
Lancaster, on the fourth floor.

For the most updated and  
comprehensive list of local D&A trainings  
and events, please visit  
[www.compassmark.org](http://www.compassmark.org).

Don't forget to check out the  
interactive calendar! It helps you search for  
the workshops and events that interest you!

### Treatment Service Provider Meetings

Meetings will be held: August 12; December 9, 2014.  
Meetings are generally held at 3:00 PM at 150 N. Queen  
St. in the 5th floor conference room.  
Call (717) 299-8023 to confirm details.

For more information about events, contact the  
D&A Commission at (717) 299-8023.

The D&A Commission will be closed for the  
following County holidays:

July 4; September 1; October 13;  
November 11, 27, 28; December 25.

### Single County Authority (SCA) Meetings

Meetings will be held July 28; Sept. 22; and  
Nov. 17, 2014.

Meetings are generally held at 6:00 PM  
at 150 N. Queen St., Lancaster.

To confirm meeting times and locations, call  
(717) 299-8023.

For emergency and weather-related closings  
and delays of Lancaster County offices,  
please tune in to local radio stations or watch  
WGAL-TV8. Emergency closings are also an-  
nounced on the Lancaster County website at  
[www.co.lancaster.pa.us](http://www.co.lancaster.pa.us).