

The Prescription Opioid and Heroin Crisis

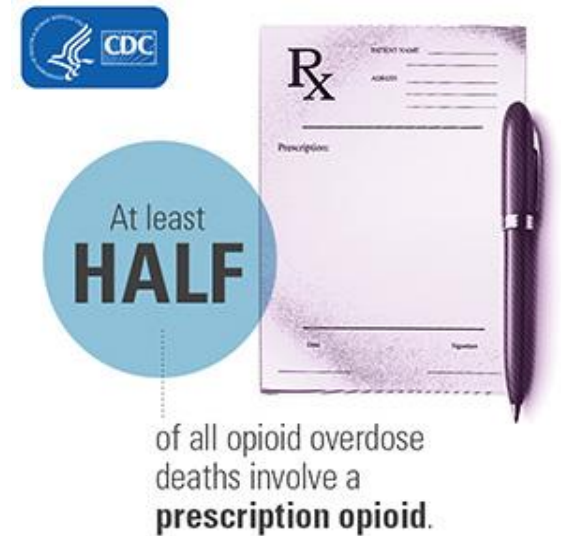
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Heroin and Prescription Opioid Overdose Crisis

- Overdose deaths from heroin and prescription drug abuse pose a public health crisis.
- In 2016, 4,642 drug-related overdose deaths were reported in Pennsylvania - an increase of 37% from 2015



Heroin and Prescription Opioid Overdose Crisis

**Heroin
& opioid
overdose**



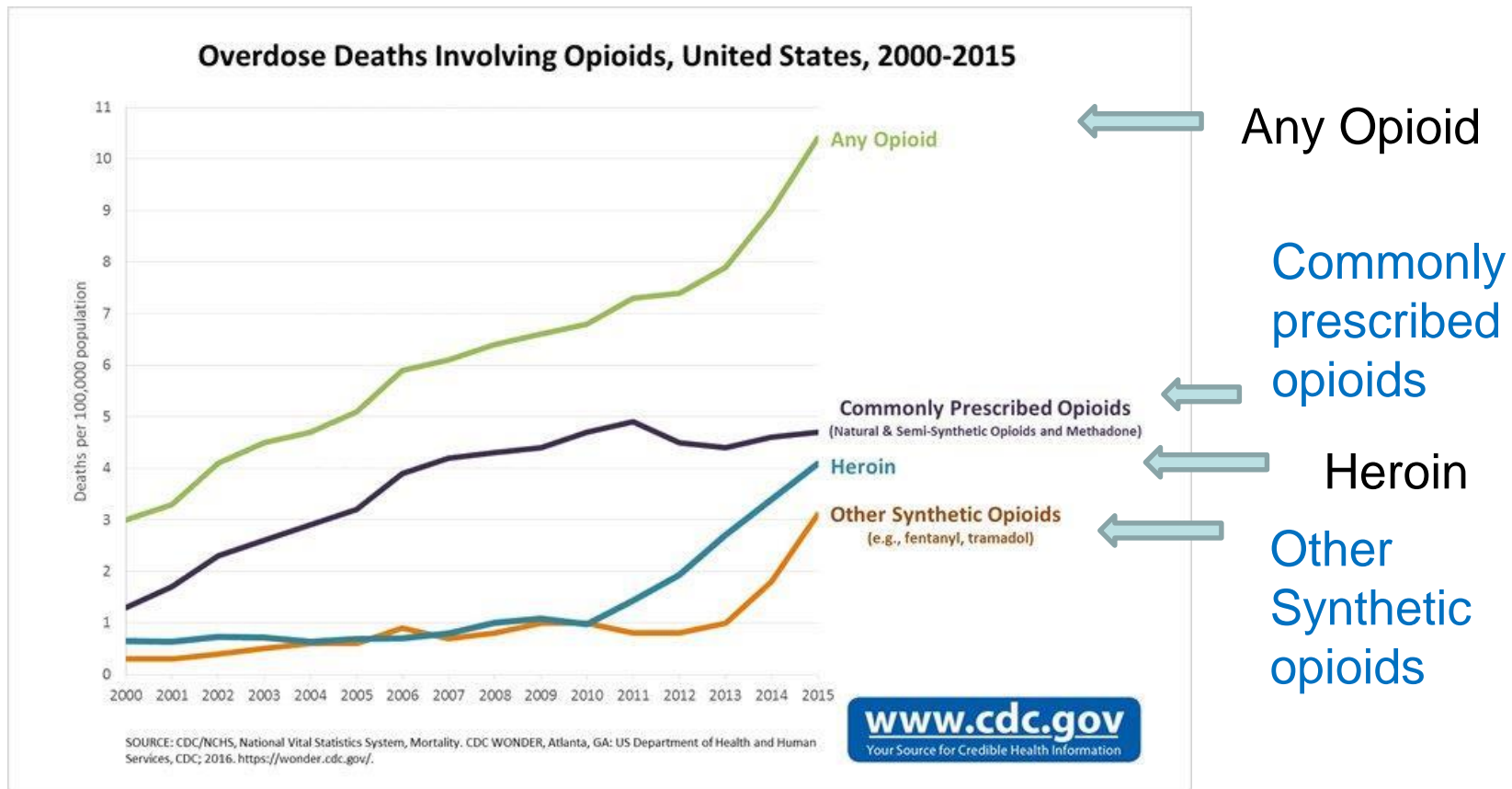
are now the leading cause of
accidental death in Pennsylvania.



- Up to 13 Pennsylvanians a day die of drug overdose
- More Americans now die every year from drug overdoses than they do from motor vehicle crashes.

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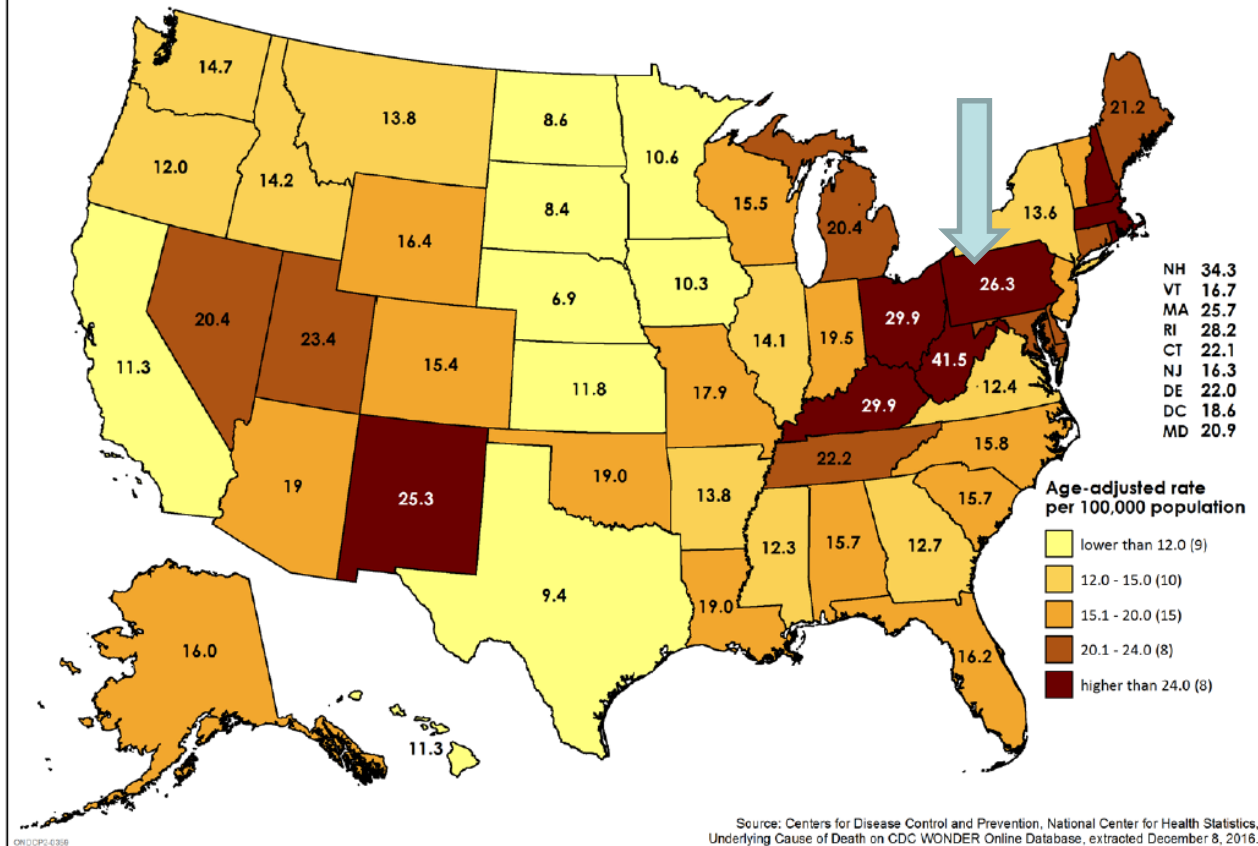
Drug overdose deaths* involving opioids, by type of opioid — United States, 2000–2015



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Drug Poisoning Deaths, by State, 2015

U.S. National Age Adjusted Rate: 16.3 Deaths per 100,000 Population



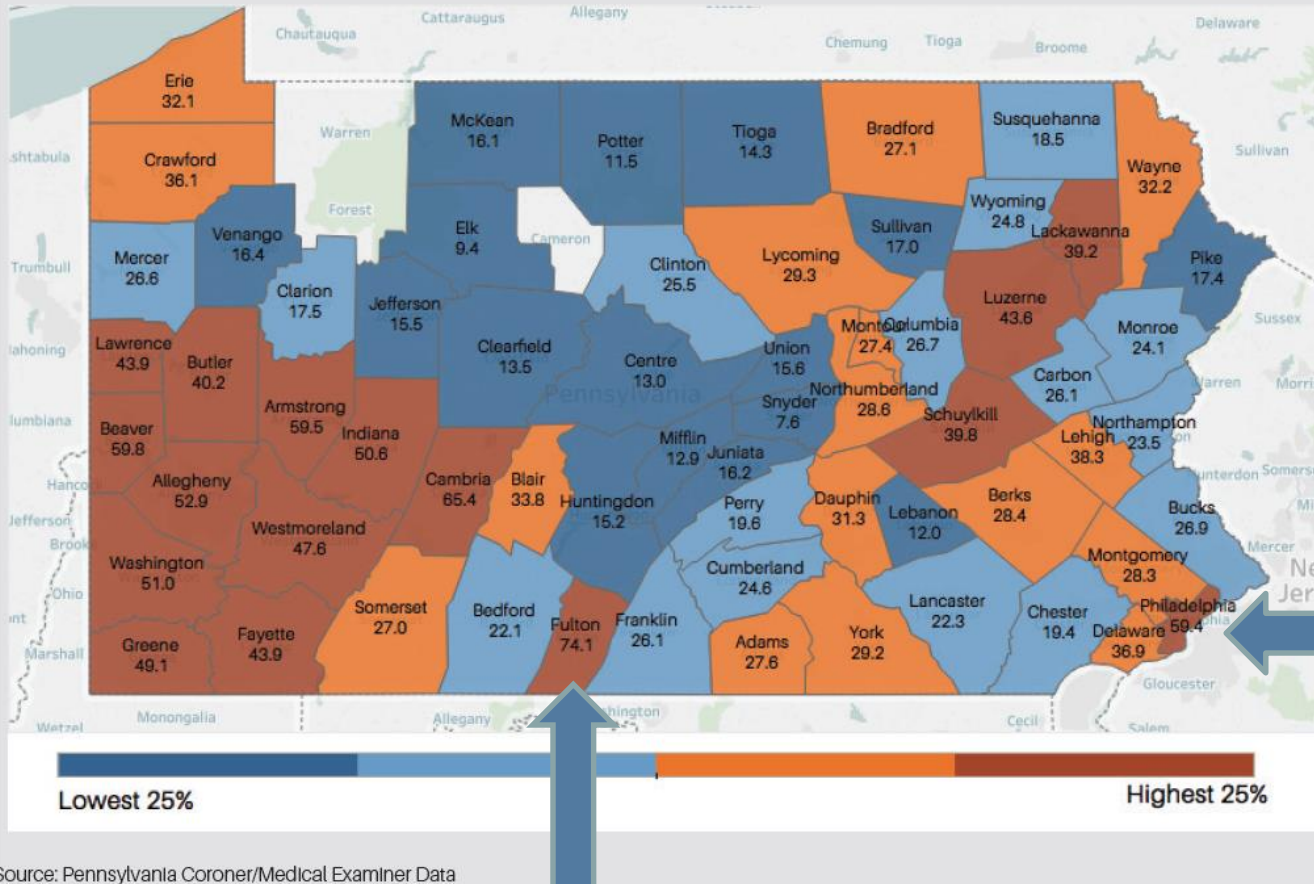
U.S. National Death Rate
2015: **16.3**

Pennsylvania Death Rate
2015: **26.3**
2016: **36.5**

*Deaths per 100,000

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(U) Figure 2: Rate of Drug-Related Overdose Deaths per 100,000 people in Pennsylvania Counties, 2016

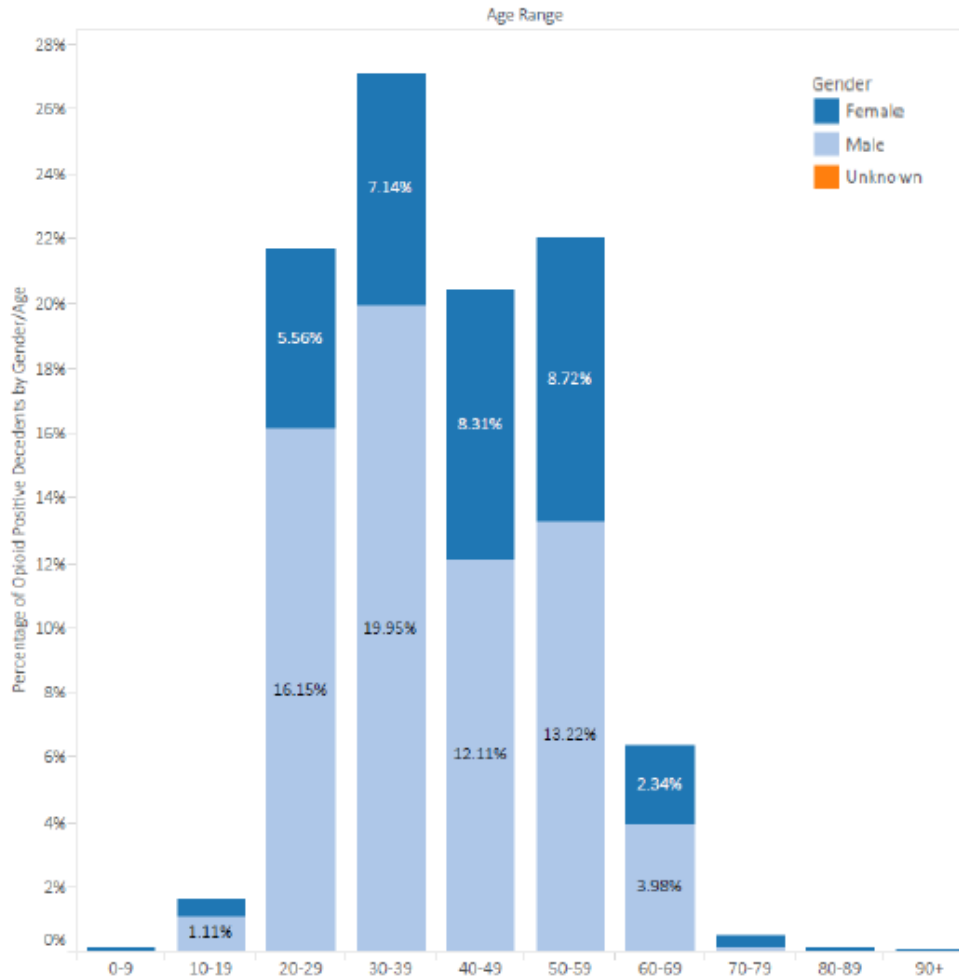


Rate in urban county of Philadelphia is 59.4 per 100,000

Rate in rural Fulton county is 74.1 per 100,000

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Figure 19: Gender and Age of Opioid Drug-Positive Overdose Decedents, Pennsylvania, 2015



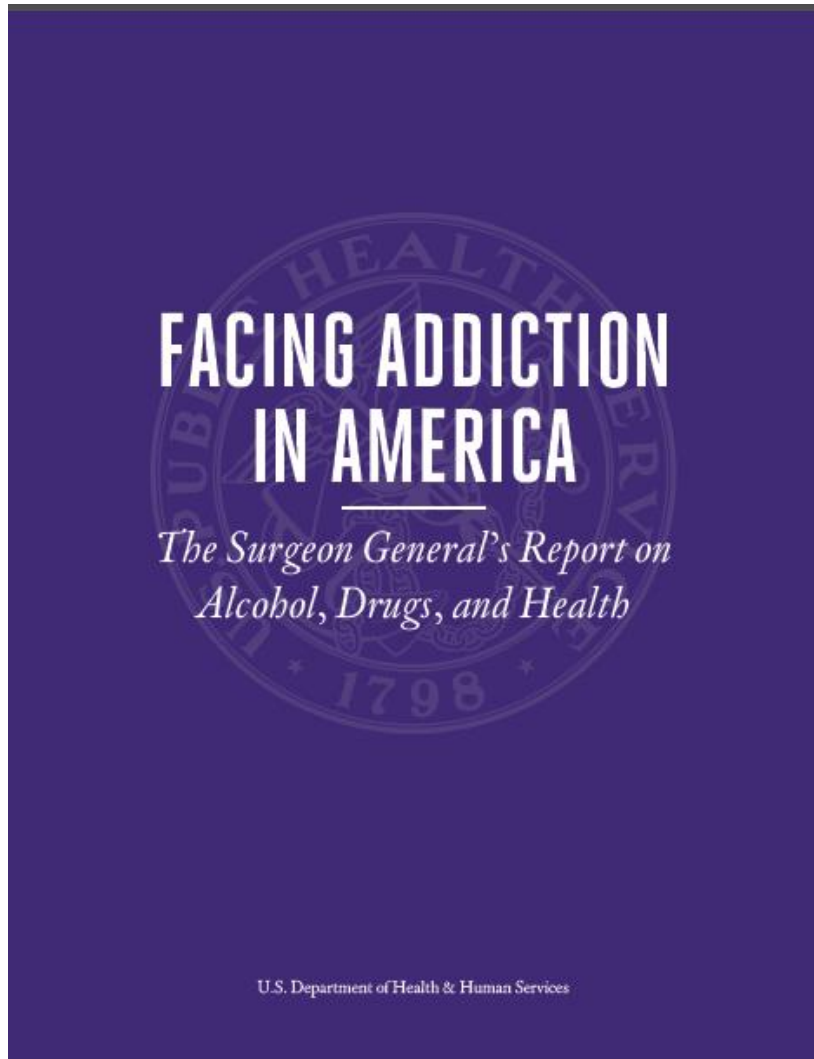
Source: Pennsylvania Coroner Data

- In PA white males in the 30-39 age range were the most at risk demographic group for opioid overdose.
- Overdoses reported in all age groups including those over 90 years of age.

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- Addiction is a chronic relapsing brain disease
- Three stage circuit change- Dopamine Pathways
 1. Reward
 2. Stress response
 3. Decision making
- Brain changes can persist long after substance use ends
- Adolescent brain at increase risk

➤ Surgeon General's Report



- Released November 17, 2016
- The first ever Surgeon General's Report on Addiction

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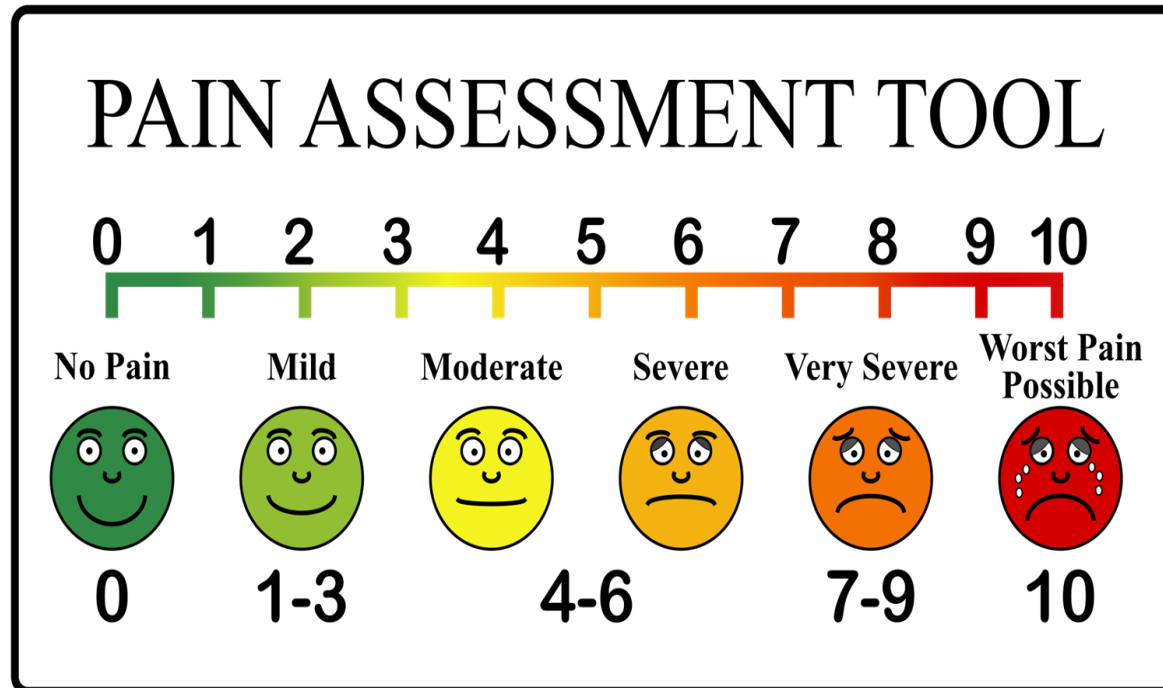
- 80% of heroin users started with prescription opioids
- 4-7% of those who misuse opioids will begin to use heroin

Relationship between Nonmedical Prescription Opioid Use and Heroin Use, Compton et al, *New England Journal of Medicine*, 2016, 374:154-63

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How did we get here?

- 1990s - increased emphasis on the identification of pain



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How did we get here?

- Since 1999, the amount of prescription opioids sold in the U.S. nearly quadrupled.
- Health care providers wrote 259 million prescriptions for painkillers in 2012, enough for every American adult to have a bottle of pills.
- 80 percent of heroin users report nonmedical use of prescription opioids.



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How did we get here?

(U) Chart 5. Retail-level Average Purity of Heroin in the United States, 1981 to 2012



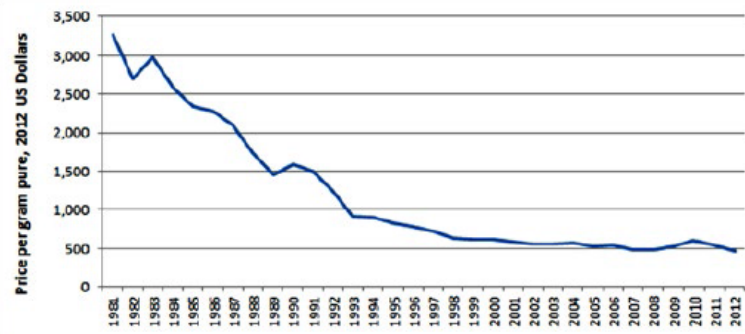
Source: Institute for Defense Analyses and ONDCP

At the same time heroin availability is increasing throughout the nation.

Heroin seizures in the United States increased 80 percent over five years from 2011 to 2015

Heroin today is much higher purity and lower price

(U) Chart 6. Retail-level Average Price Per Gram Pure, for Heroin in the United States, 1981 to 2012



Source: Institute for Defense Analyses and ONDCP

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How did we get here?



After several recent deaths, coroner warns of danger of pain drug fentanyl

- Fentanyl has played an increasing role in overdose deaths since 2013.
- 51% of opioid overdose deaths indicated the presence of fentanyl.
- Fentanyl increasingly disguised as prescription pills.
- Carfentanil – a new emerging substance

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Frank, R. G., & Pollack, H. A. (2017). Addressing the Fentanyl Threat to Public Health. *New England Journal of Medicine*, 376(7), 605-607.

"Fentanyl's low production costs and high death toll pose a distinctive challenge that requires a concerted response."

State's Response

Commonwealth's response



Opioid Stewardship

- Work with medical schools on education of students
- Provider education through continuing education credits

▶ Work with Medical Schools

- Pennsylvania State Core Competencies for Education on Opioids and Addiction, Ashburn, Levine, *Pain Medicine* 2017.
- Task force of Deans/Associate Deans of the medical schools and osteopathic medical schools in the state

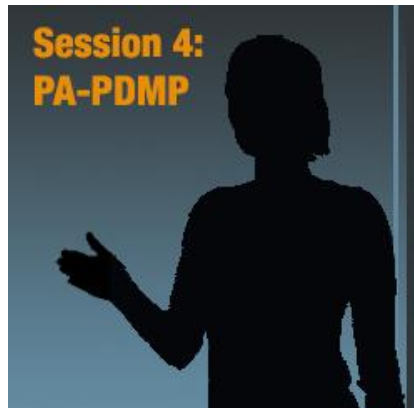
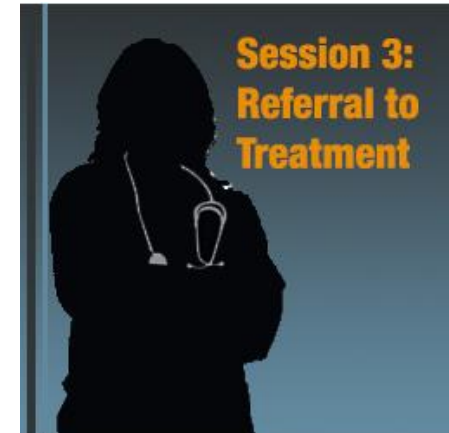
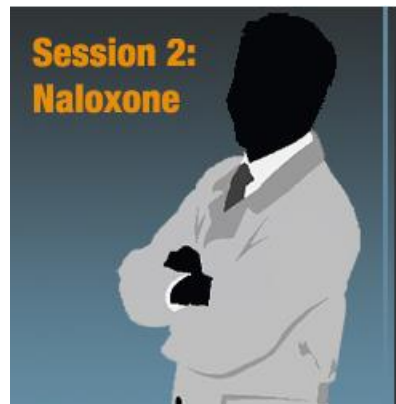
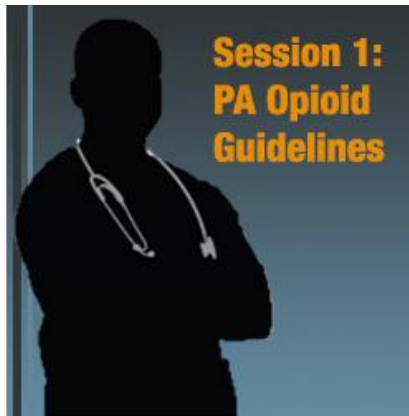
▶ Work with Medical Schools

- Core Competencies:
 - Understanding core aspects of addiction
 - Patient screening for SUD
 - Proper referral for evaluation and treatment of SUD
 - Proper patient assessment when treating pain
 - Proper use of multimodal treatment options when treating acute pain

▶ Work with Medical Schools

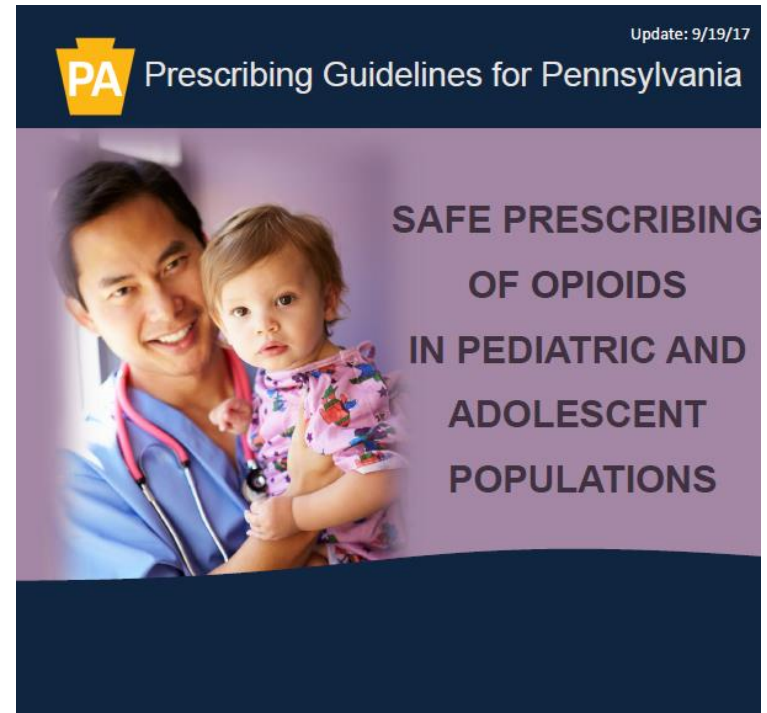
- Core competencies- continued
 - Proper use of opioids for treating acute pain
 - The role of opioids in treatment of chronic non-cancer pain
 - Patient risk assessment for SUD for use of opioids to treat chronic non-cancer pain
 - Process of patient education, initiation of treatment, patient monitoring and discontinuation of therapy of opioids to treat chronic noncancer pain.

▶ Continuing Education



Commonwealth's response

- Opioid Prescribing guidelines
 - Pediatric and Adolescent Populations
 - Emergency departments
 - Dentists
 - Chronic non-cancer pain
 - Geriatric providers
 - Pharmacists
 - Obstetrics and gynecology
 - Treatment of Substance Use Disorder in Pregnant Patients
 - Benzodiazepines
 - Orthopedics and Sports Medicine



The American Academy of Pain Medicine and the American Academy of Pediatrics recognize that pain is associated with a wide range of injury and disease, and that children and adolescents commonly experience acute pain.

These guidelines address the use of opioid pain medication in the pediatric and adolescent population. They are intended to help health care providers

improve patient outcomes and to supplement, but not replace, the individual provider's clinical judgement.

These guidelines are intended to provide clear advice regarding the use of opioids, including when not to use them; to provide information about other non-opioid treatment options; to improve care; and to decrease opioid overuse or misuse. These guidelines will optimize the pain management provided to pediatric and adolescent patients and is intended to help curb

- Impact of an Opioid Prescribing Guideline in the Acute Care Setting, del Portal, et al, *The Journal of Emergency Medicine*, 2015
- Voluntary opioid prescribing guideline significantly decreased the rate at which opioids were prescribed for minor and chronic complaints in an acute care setting

Heroin and Prescription Opioid Overdose Crisis



PRESCRIPTION DRUG MONITORING PROGRAM

To prevent prescription drug abuse and protect the health and safety of our community, the Pennsylvania Department of Health collects information on all filled prescriptions for controlled substances. Controlled substances are drugs that have potential for abuse or dependence.

This information helps health care providers safely prescribe controlled substances and helps patients get the treatment they need.



NEED HELP ?

If you or someone you care about needs addiction treatment, visit:

► apps.ddap.pa.gov/GetHelpNow
or call **717-783-8200**.

YOUR RIGHTS

Patients have the right to review and correct the information collected by the Prescription Drug Monitoring Program (PDMP) once per calendar quarter at no cost.

If you would like a copy of your information, complete the form provided on the PDMP website and mail it to the address on the form.

For more information, visit www.doh.pa.gov/PDMP.

Patients can receive a copy of their information more than once per calendar quarter for a fee of \$20 per copy. Prescription records will be maintained for seven years. Authorized users of the PDMP system include prescribers, dispensers, the attorney general's office (on behalf of law enforcement), designated commonwealth personnel, and medical examiners or county coroners. Prescription information is confidential and is not subject to the act of Feb. 14, 2008 (P.L.6, No.3), known as the Right-to-Know Law.

Commonwealth's response

- Prescription Drug Monitoring Program (PDMP)

- Critical online tool to support clinicians in identifying patients who may be struggling from the disease of addiction and help connect them with treatment services



- Mandatory Provider Review and Pain Clinic Laws Reduce the amounts of Opioids Prescribed and Overdose Death Rates.
Dowell, et al *Health Affairs* 10/2016 35:10

- Combined implementation of mandated PDMP and pain clinic laws reduced opioid prescriptions by 8% and overdose deaths by 12%

Commonwealth's response

- . The Pennsylvania Prescription Drug Take-Back Program
- . The Pennsylvania Commission on Crime and Delinquency awarded grants to District Attorney's to Pennsylvania counties for permanent drug take-back boxes.



Commonwealth's response

- NUMBER OF TAKE BACK DRUG BOXES BY COUNTY *as of April 1, 2017

Grant-funded: 385

Other-funded: 174

Pharmacies: 25



Commonwealth's response

Expand naloxone access

- Naloxone - safe and effective
- Standing order for first responders
- Standing order for general public
- Support for public schools to have naloxone on-site



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naloxone nasal spray



Prefilled medication tube
and an atomization device



auto-injector



Dimensions
3 3/8" high
2" wide
5/8" thick



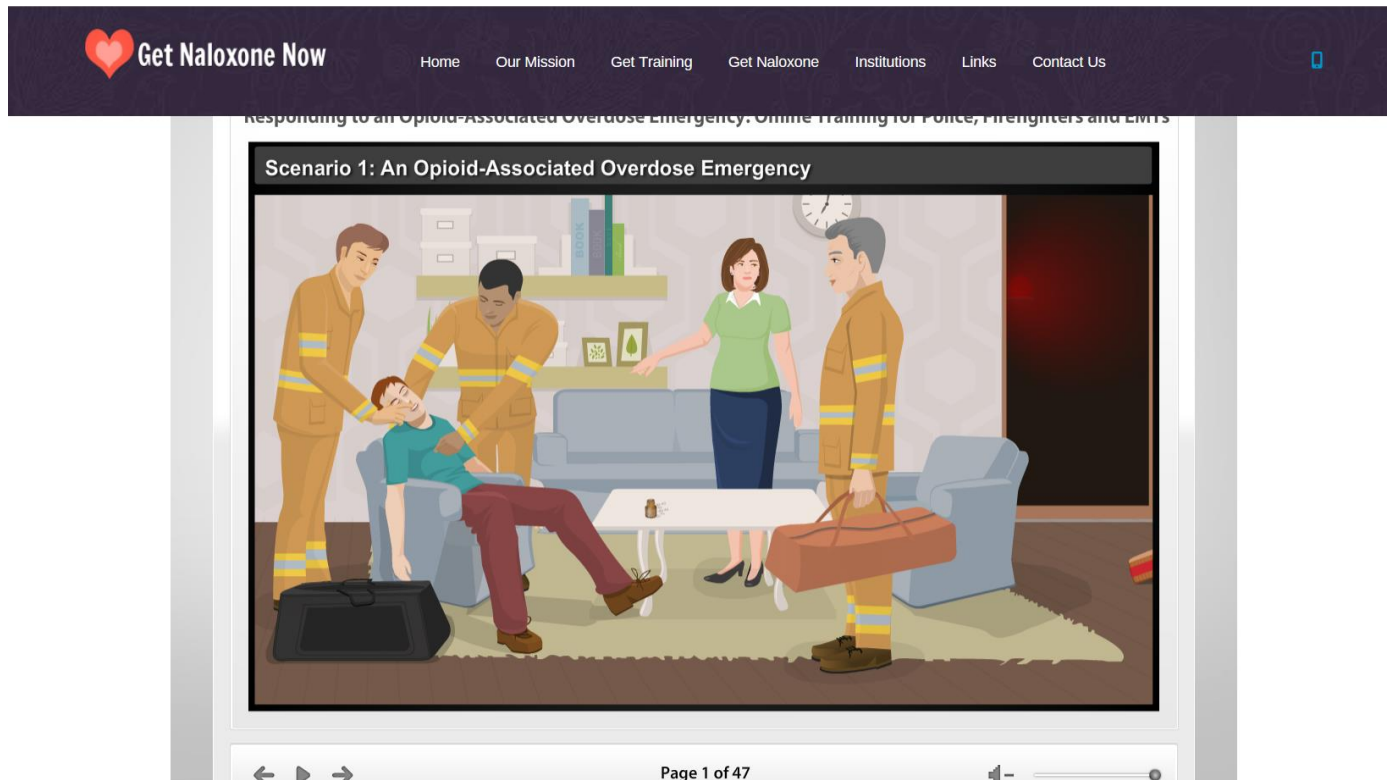
About the height and
width of a credit card



About the thickness
of a smartphone

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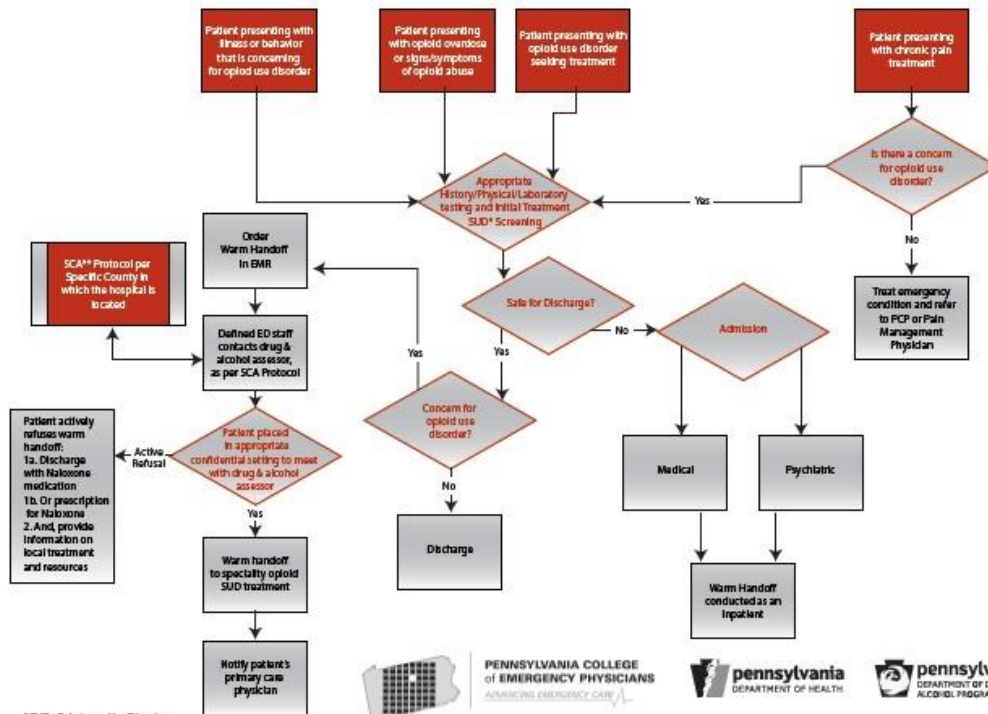
Free trainings are available at
www.getnaloxonenow.org or www.pavtn.net/act-139-training



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Commonwealth's Response

Emergency Department Warm Handoff: For Opioid Use Disorder



Focus on
'warm hand off'
to treatment

* SUD - Substance Use Disorder
** SCA - Single County Authority/County Drug & Alcohol Office



PENNSYLVANIA COLLEGE
of EMERGENCY PHYSICIANS
ADVANCING EMERGENCY CARE



DDAP-CHART-025 09/08/2016



pennsylvania
DEPARTMENT OF HEALTH

Commonwealth's response

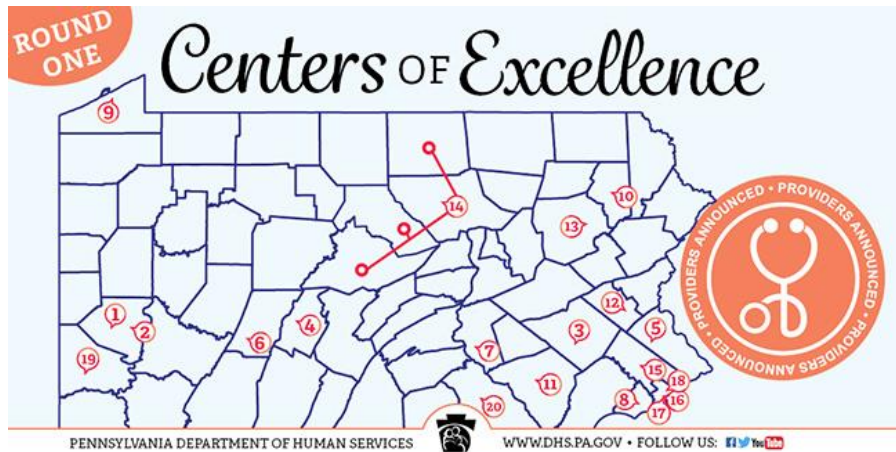
Drug and Alcohol Treatment Services Hotline

1-800-662-4357 (HELP)

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Commonwealth's response

- Treatment with an emphasis on medication-assisted treatment
 - 45 new Centers of Excellence will open statewide



Treatment needs

- Only 1 in 10 individuals with substance use disorder have access to treatment
- 64% of physicians who completed DEA buprenorphine waiver training but who did not prescribe buprenorphine cited lack of psychosocial support as the reason.

Commonwealth's response

- Secured the Medication-Assisted Treatment Prescription Drug and Opioid Addiction (MAT-PDOA) grant
- A \$5.7 Million Federal Grant
- Jointly administered by DOH and DDAP through UPMC

Commonwealth's response

- Secured 21st Century Cures Grant
- A \$26.5 Million Federal Grant

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- Improve quality of prescribing practices through prescriber education.
- Increase community awareness of OUD issues and resources through public awareness activities.
- Expand implementation of warm hand-off referral practices to increase the number of patients transferred directly from the emergency department to substance use treatment.

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- Improve identification and referral of students for assessment and treatment by providing training to school personnel.
- Expand Pennsylvania's integration of its Prescription Drug Monitoring Program data at the point-of-care, promoting ease-of-use of this data in clinical decision-making.
- Increase the number of youth receiving evidence-based prevention and life skills education programs.

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Pa Coordinated Medication Assisted Treatment (Pac/MAT)

- Part of the 21st Century Cures grant will be used to establish Pac/MAT program
- Four **\$1 million grants** for Pac/MAT awarded to:
 - Penn State College of Medicine
 - WellSpan Health
 - Geisinger Clinic
 - Allegheny General Hospital

Commonwealth's response

- Pac/Mat
- Provide clinically appropriate treatment services to 6,000 individuals who are uninsured or underinsured.
- Expand treatment capacity for Medication Assisted Treatment for OUD.
- Expand treatment capacity for underserved populations by targeted workforce development and cultural competency training.

Pa Coordinated Medication Assisted Treatment

- Hub & Spoke model
- At the Hub would be an addiction specialist physician-lead team.
- The Hub would network with primary care physicians in rural and underserved areas of the state who would serve as the Spokes.
- The primary care physicians would provide the direct patient care including the MAT prescription.
- All patients would also receive therapy services
- Coordinate with SCAs

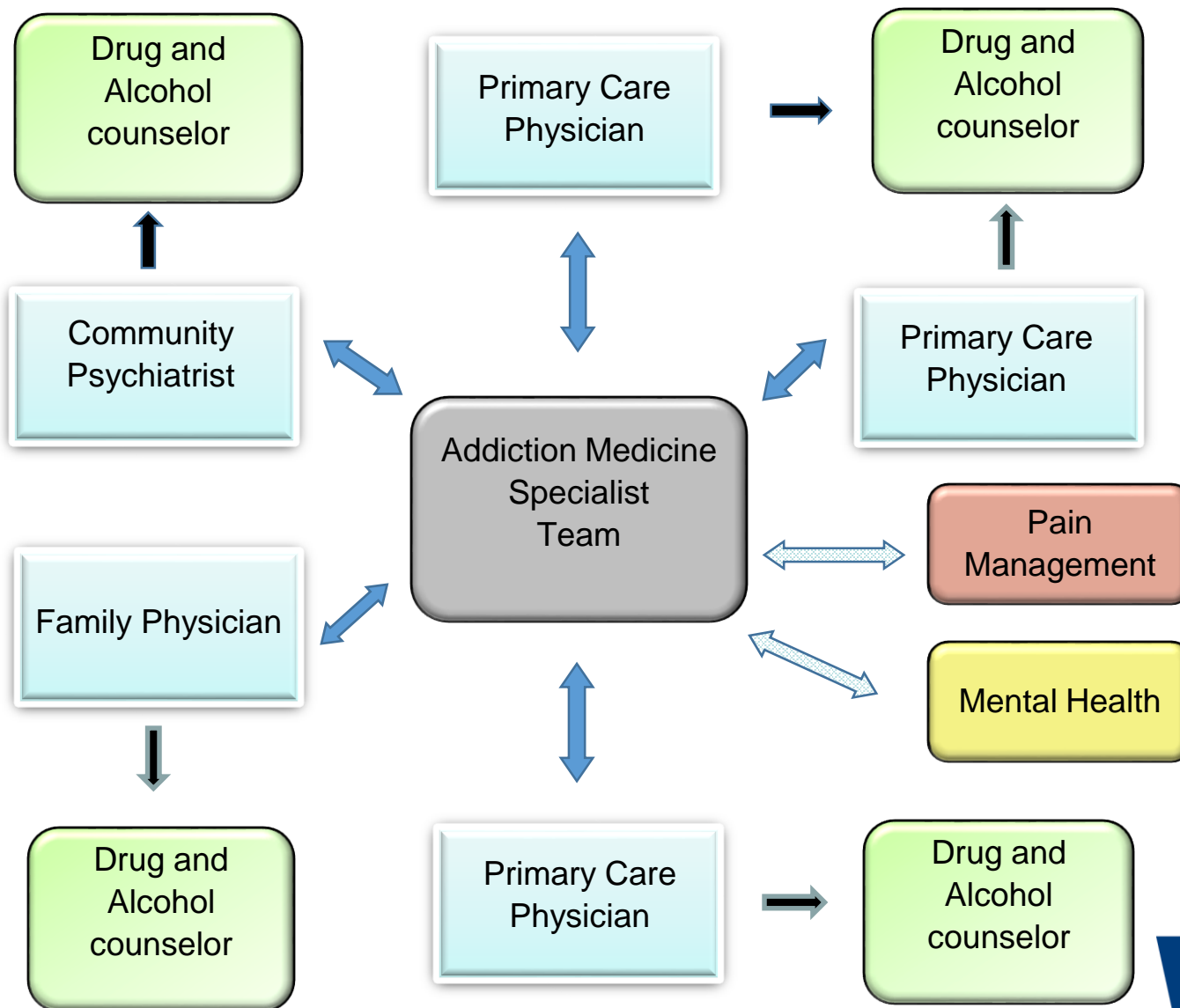
The Hub would provide all the following services:

- Policies and procedures for primary care physicians
- As consulting physicians on new patients,
- As consulting physicians for complex patients,
- Clinical education,
- Technical support,
- Case management,
- Outcomes and quality measurements
- Provide referral and coordinate care with pain medicine and mental health
- As necessary, direct treatment for patients through an office visit and/or telemedicine.

Financing

- Is flexible
- Primary care providers would be paid fee-for-service for each patient
- Addiction specialty hub could be paid a risk adjusted capitated per patient per month fee for all patients in the network
- Addiction specialty hub would be paid a fee for service for direct patient care
- Savings in increased patient outcomes and reduction on inpatient rehab.

Pac/MAT





Questions?

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