Pennsylvania’s Response to The Heroin and Prescription Opioid Crisis

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Heroin and Prescription Opioid Overdose Crisis

National Statistics
Heroin and Prescription Opioid Overdose Crisis

**Numbers**

- **Jan 2017 – Jan 2018**
  - Drug overdose deaths: 71,568
  - Opioid deaths: 48,612
  - Drug overdose deaths increased 6.6% from previous year
  - Opioid overdose deaths increased 8.5% from previous year

- **June 14, 2018 (CDC Youth Risk Behavior Surveillance):**
  - 1 in 7 US High School students report misusing opioids

80% of people who use heroin started with prescription opioids.

4-7% of those who misuse opioids will begin to use heroin.

Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: United States

Legend for Drug or Drug Class
- Black: Opioids (T40.0-T40.4,T40.8)
- Blue: Heroin (T40.1)
- Green: Natural & semi-synthetic opioids (T40.2)
- Purple: Methadone (T40.3)
- Orange: Synthetic opioids, excl. methadone (T40.4)
- Pink: Cocaine (T40.5)
- Grey: Psychostimulants with abuse potential (T43.6)
# Deaths for the 12 Months Ending in October of Indicated Year

<table>
<thead>
<tr>
<th></th>
<th>Heroin</th>
<th>Nat &amp; Semi – Synthetic</th>
<th>Methadone</th>
<th>Synthetic Opioids</th>
<th>Cocaine</th>
<th>Psycho-stimulants</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2016</td>
<td>14,984</td>
<td>14,072</td>
<td>3,343</td>
<td>17,027</td>
<td>9,639</td>
<td>7,197</td>
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<tr>
<td>October 2017</td>
<td>15,326</td>
<td>14,279</td>
<td>3,082</td>
<td>26,760</td>
<td>13,209</td>
<td>9,744</td>
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<tr>
<td>% Increase</td>
<td>2.2%</td>
<td>1.5%</td>
<td>-7.8%</td>
<td>57.2%</td>
<td>37.0%</td>
<td>35.7%</td>
</tr>
</tbody>
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ADAPTED FROM CDC STATISTICS, MAY 16, 2018
In 2015, the economic cost of the opioid crisis was $504 billion.

“previous estimates of the economic cost of the opioid crisis greatly understate it by undervaluing the most important component of the loss—fatalities resulting from overdoses”
Public Health Impact of the Opioid Epidemic:

- HIV
- Hepatitis B
- Hepatitis C
- Endocarditis
- Skin, bone, and joint infections
- Babies born with Neonatal Abstinence Syndrome
The graph shows the number of babies born with NAS (Neonatal Abstinence Syndrome) in the United States from 2008 to 2016. The data is sourced from the AHRQ HCUP State Inpatient Databases.

Outcomes in the fetus:
- Growth restriction
- Prematurity
- Death

Outcomes in the newborn:
- Low birthweight
- Small head circumference
- Neonatal abstinence syndrome

Outcomes in the child:
- Developmental disorders

Source: McQueen, NEJM 2016
Pennsylvania Statistics
## Heroin and Prescription Opioid Overdose Crisis

### States with Most Overdose Deaths - 2016
Relative to Population

1. West Virginia – 884
2. Ohio – 4,329
3. District of Columbia – 269
5. **Pennsylvania** – 4,627
6. Kentucky – 1,419
7. Maryland – 2,044
8. Massachusetts – 2,227
9. Delaware – 282
10. Rhode Island – 326
11. Maine – 353
Oxycodone, Heroin, and Fentanyl Presence in Pennsylvania Overdose Deaths

Source: DEA
Heroin and Prescription Opioid Overdose Crisis


U.S. National Death Rate 2016: 19.8

Pennsylvania Death Rate 2016: 37.9

*Deaths per 100,000

Percent Change in Opioid Overdose ED Visits from July 2016 through September 2017

Source: CDC’s Enhanced State Opioid Overdose Surveillance (ESOOS) Program, Percent changes from July 2016 through September 2017
In 2015, 3,376 overdose deaths occurred in Pennsylvania.

- DEA reported more than 5,456 overdose deaths in Pennsylvania in 2017.
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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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Prevention

Rescue

Treatment
Prevention
Opioid Stewardship

- Work with medical schools on education of students
- Provider education through continuing education credits
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
• 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.
Commonwealth’s Response

- Opioid Prescribing guidelines
  - Worker’s Compensation
  - 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
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
Commonwealth’s Response

- 97,000 registered users of the PDMP since August 2016
- Average patient searches: 1.1 million/month
- 16% drop in the number of opioids dispensed since PDMP implementation
- Interstate data sharing with 17 states and Washington D.C (including one-way sharing with MD)
Commonwealth’s response

• PDMP is working to integrate the system with the electronic health records (EHRs) and pharmacy management systems of all eligible health care entities in Pennsylvania.

• PDMP’s Interactive Data Report provides a look at controlled substance prescribing and drug overdose trends at the state and county level.

• Decreased Doctor Shopping since PDMP launch in August 2016:
  • The number of patients who went to 5+ prescribers and 5+ pharmacies in 3 months for Schedule II drugs decreased 89%
  • The number of patients who went to 10+ prescribers and 10+ pharmacies in 3 months for Schedule II drugs decreased 100%
Prescription Drug Take-Back Boxes

- 802 take-back boxes
  - Grant-Funded: 386
  - Other-Funded: 224
  - State Police: 65
  - Pharmacies: 127

- To find a Location: https://apps.ddap.pa.gov/GetHelpNow/PillDrop.aspx
- Working with Google to Upload Locations into Google Maps
Prescription Drug Take-Back Boxes
• Prescription Drugs Destroyed 2016-2018
  • 446,197 lbs. (223 tons) as of Sept 2018
  • Value over $223,000,000.00

How to Prepare Items for Disposal
- All pharmaceutical drugs to be disposed must be placed in a sealed container such as the original bottle or zip-lock bag
- Liquid pharmaceuticals should remain in the original container
- Personal information should be removed or marked out with a permanent marker
YOU CAN DISPOSE OF:
- Prescription and over-the-counter solid medications
- Tablets and capsules
- Pet medicines

YOU MAY NOT DROP OFF:
- Intravenous solutions
- Injectables, syringes, and needles (i.e. EpiPens)*; these need to be taken to a health care professional's office or to a hospital for disposal
- Hydrogen peroxide
- Compressed cylinders or aerosols (e.g., asthma inhalers)
- Iodine-containing medications
- Thermometers
- Alcohol & illicit drugs (i.e. marijuana, heroin, LSD, etc.)
Rescue

VIEW RESCUE DATA
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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Overdose Reversal Methods

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
Pennsylvania Overdose Information Network (ODIN)

- Launched in March
- Central repository to track overdoses, naloxone administrations, and investigative drug information
- Provides law enforcement with crucial data about:
  - overdoses,
  - heroin seizures,
  - locations of opioid-related incidents, and
  - other critical information
Free trainings are available at www.getnaloxonenow.org or www.pavtn.net/act-139-training
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Treatment

VIEW TREATMENT DATA
PA Get Help Now

- Nov 2016 to Sept 2018
  - 33,450 PA Get Help Now Calls
  - 14,947 received a warm-line connection to a provider
Warm handoff

A protocol to get overdose survivors directly from an emergency department into treatment.

Emergency departments are critical partners in the commonwealth’s response.
Ensuring Clinical Integrity

• Implementation of ASAM Criteria Placement Tool
  - Implemented July 2018
  - Benefits include: Shifting clinicians from checklists to a more individualized approach, addressing MAT in a more comprehensive manner; standardizing PA with others across the nation; aligning the tool used for both adult and adolescent assessments; allowing for submission of an 1115 waiver; and integrating with the new DDAP treatment data system (i.e. WITS)

• Implementation of a new Treatment Data System (WITS)
  - Implemented July 2018
  - Goals: Enable PA to meet its SAPT block grant requirements to ensure continued program funding and replace the previous treatment data system that was decommissioned in 2015.
Commonwealth’s response

- Treatment with an emphasis on medication-assisted treatment
  - 45 Centers of Excellence will open statewide
Pa Coordinated Medication Assisted Treatment (Pac/MAT)

- Invested $12.7 million in Pac/MAT
- Pac/MAT grants awarded to:
  - Penn State College of Medicine
  - WellSpan Health
  - Geisinger Clinic
  - Allegheny General Hospital
  - UPMC
  - UPMC Pinnacle
  - Temple University
  - Wright Center
Pa Coordinated Medication Assisted Treatment (Pac/MAT)

- 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:

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

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Medical Marijuana: Another tool in the toolbox

- Studies have shown that medical marijuana can assist patients suffering from serious medical conditions by alleviating pain and improving their quality of life.

- Qualifying medical conditions: Severe chronic or intractable pain of neuropathic origin or severe chronic or intractable pain.
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Medical Marijuana: Another tool in the toolbox

A patient must satisfy these three criteria in order to be a patient under Pa.'s Medical Marijuana Program:

- Have a serious medical condition
- Meet the requirements for certification under the act
- Be a resident of the Commonwealth of Pennsylvania

"Addiction substitute therapy – opioid reduction" was added to the list of qualifying medical conditions for medical marijuana use in Pa. This is an adjunctive treatment to other opioid use disorder treatments.
Additional Supports to Fight the Opioid Crisis
1st 90 Day Declaration

- Opioid Operations Command Center
- Expanded access to PDMP
- Added overdoses and NAS as reportable conditions
- Expanded standing order for EMS naloxone leave behind
- Allowed pharmacists to partner with other organizations to increase access to naloxone
- Waived birth certificate fees for individuals with OUD
- Long term hotline contract
- Waived face to face requirement for NTP admissions
- Allowed expansion of medication units for satellite NTPs
2nd 90 Day Declaration

- Develop a toolkit for 911 centers
- Recommend new policy changes
- Increase education and outreach to OB and EMS community
- Enhance partner networks
- Increase programs for drug take back
- Develop and implement a consumer outreach campaign to educate insured individuals about their mental health and substance use disorder coverage
- Implement procurement waivers to allow expedited contracting with a methadone clinic to serve pregnant inmates at SCI Cambridge Springs
• Overdose deaths from heroin and prescription drug abuse pose a public health crisis.

• As of October 6th, there has been 7,472 suspected opioid overdoses and 5,397 suspected heroin overdoses in Pennsylvania Emergency Rooms in 2018.
As of October 11th, 161 doses of naloxone left behind.

As of October 11th, 10,302 doses of naloxone administered by EMS.
As of October 10th, there has been 1,594 cases of NAS reported with 85% of facilities reporting valid cases.
Supporting Recovery with Recovery Housing

- In December, the General Assembly passed and Governor Wolf approved Act 59.
- Directs DDAP to license or certify drug and alcohol recovery houses that:
  - (1) receive referrals from state agencies or state-funded facilities, or
  - (2) receive federal or state funding.
- Combats Patient Brokering

Timeline
Adopt final recovery house regulations **on or before December 19, 2019.**
All recovery houses certified by **June 2020**
SAMHSA GRANTS
State Targeted Response (STR) to the Opioid Crisis ("21st Century Cures")
- $26.5 million a year for two years
- Treatment for the Uninsured and Underinsured
- Pennsylvania Coordinated Medication Assisted Treatment (PACMAT)
- Public Awareness Campaigns
- Drug Court Treatment & Supports
- Prescription Drug Monitoring Program (PDMP)
- Warm Handoff and Evidence Based Programs (EBP) Training
- Workforce Capacity
- School-Based Student Assistance
- Prescriber Education
- Data Systems Improvements
SAMHSA GRANTS
State Opioid Response (SOR)
- $55.9 million a year for two years
- Focus on Housing, Workforce Development, and Supports for Re-Entry from Criminal Justice Systems.
- Strengthening service delivery to ensure availability of a full spectrum of treatment and recovery support services.
- Expanding community recovery support services.
- Increase prevention and education services.
- Support patients with treatment costs and eliminate or reduce costs for uninsured or underinsured patients.
- Provide training and technical assistance on evidence-based practices to OUR health care providers.
Questions?

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