The Prescription Opioid and Heroin Crisis

Dr. Rachel L. Levine
Acting Secretary of Health
and Physician General
Professor of Pediatrics and Psychiatry
Penn State College of Medicine
• 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.
• 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.
Heroin and Prescription Opioid Overdose Crisis

Drug overdose deaths* involving opioids, by type of opioid — United States, 2000–2015
Heroin and Prescription Opioid Overdose Crisis

U.S. National Death Rate
2015: 16.3

Pennsylvania Death Rate
2015: 26.3
2016: 36.5

*Deaths per 100,000
Heroin and Prescription Opioid Overdose Crisis

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

Rate in rural Fulton county is 74.1 per 100,000.

Source: Pennsylvania Coroner/Medical Examiner 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.

Source: Pennsylvania Coroner Data
• 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
80% of heroin users started with prescription opioids

4-7% of those who misuse opioids will begin to use heroin
How did we get here?

- 1990s - increased emphasis on the identification of pain

![Pain Assessment Tool](image)
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.
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
Heroin and Prescription Opioid Overdose Crisis

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

“Fentanyl’s low production costs and high death toll pose a distinctive challenge that requires a concerted response.”
Commonwealth’s response

Opioid Stewardship

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


• 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
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

Session 1: PA Opioid Guidelines

Session 2: Naloxone

Session 3: Referral to Treatment

Session 4: PA-PDMP

Additional Session: PA-PDMP

Session 6: Alternatives to Opioid Therapy
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

• Voluntary opioid prescribing guideline significantly decreased the rate at which opioids were prescribed for minor and chronic complaints in an acute care setting
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

- 679 Prescription Drug Take Back Boxes throughout Pennsylvania
- To find a Location: https://apps.ddap.pa.gov/GetHelpNow/PillDrop.aspx
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
Heroin and Prescription Opioid Overdose Crisis

- Naloxone nasal spray
- Prefilled medication tube and an atomization device
- Auto-injector

Dimensions:
- 3 3/8” high
- 2” wide
- 6/8” thick

About the height and width of a credit card
About the thickness of a smartphone
Free trainings are available at
www.getnaloxonenow.org or www.pavtn.net/act-139-training
Heroin and Prescription Opioid Overdose Crisis

Commonwealth’s Response

Focus on ‘warm hand off’ to treatment
Commonwealth’s response

Drug and Alcohol Treatment Services Hotline
1-800-662-4357 (HELP)
Heroin and Prescription Opioid Overdose Crisis

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
Heroin and Prescription Opioid Overdose Crisis

• 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.
• 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.
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

Drug and Alcohol counselor

Community Psychiatrist

Family Physician

Drug and Alcohol counselor

Primary Care Physician

Addiction Medicine Specialist Team

Drug and Alcohol counselor

Primary Care Physician

Primary Care Physician

Primary Care Physician

Primary Care Physician

Addiction Medicine Specialist Team

Pain Management

Mental Health

Drug and Alcohol counselor

Drug and Alcohol counselor
Questions?

@PhysGenLevine