Department of Drug and Alcohol Programs
Opioid Epidemic Response

February 2018

pennsylvania
DEPARTMENT OF DRUG AND
ALCOHOL PROGRAMS

Our Focus

- Prevention
- Intervention
- Treatment
- Recovery Support
- 21st Century Cures Grant
- Statewide Disaster Declaration

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Prevention

- **Pennsylvania Prescribing Guidelines:** DDAP is working collaboratively with the Department of Heath (DOH) to implement the Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain adopted by the Federation of State Medical Boards in July 2013. To date, we have drafted and adopted ten sets of prescribing practices in order to **prevent addiction and emphasize non-opioid therapies**. Under Acts 122 and 125, emergency departments and other health care providers have new guidelines and restrictions for safe and effective pain relief and management practices.

- **Continuing Medical Education (CME):** Act 125 of 2016 requires safe opioid prescribing curriculum in medial colleges and other medical training facilities. We are collaborating with DOH to implement training for prescribers on the safest prescribing practices for pain management.

- **Prescription Drug Take-Back Program.** Working in partnership with PCCD and PDDA, the Attorney General's office and the National Guard, to reduce the amount of prescription drugs available for potential misuse/abuse. Prescription Drug Take-Back Box locations have expanded from local police stations to include pharmacy locations. There are nearly **700 take-back boxes** across the commonwealth's 67 counties and **more than 380,000 pounds have been collected** and destroyed since the program began in 2014.

Intervention

Intervention involves targeted efforts to support at-risk individuals.

- **Equipping municipal and state police with naloxone**: Act 139 of 2014 made naloxone available to police, firefighters, and family members and friends of those at risk of heroin or other opioid overdose by prescription. In 2015, Acting Secretary of Health Dr. Rachel Levine, then serving as Physician General, issued standing orders that allowed first responders and all other Pennsylvanians to access naloxone. As of January 2018, law enforcement have successfully **reversed nearly 6,500 overdoses**. The 2017-2018 budget provided $5 million to purchase additional naloxone doses for first responders around Pennsylvania, and Governor Wolf is seeking an additional $5 million in the 2018-2019 budget.

- **Prescription Drug Monitoring Program (PDMP):** In collaboration with DOH, the Department is educating health care providers on how to identify substance use disorder (SUD) through the PDMP and directing patients who may have a SUD to treatment options. PDMP currently has **more than 97,000 registered users who perform more than 1.1 million patient searches each month**. The program also has an inter-state data-sharing agreement with 13 states and the District of Columbia to ensure patients are not doctor shopping across state borders.
  - In January 2018, DOH launched a data reporting system that tracks overdoses and opioid prescribing.

- **SBIRT:** The Department has a federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) that will add Screening, Brief Intervention, and Referral to Treatment (SBIRT) in medical practices. This is currently operating in two counties and slated for three more to follow.

Intervention (continued)

- **Warm hand-off:** In the 2015-2020 Block Grant Agreement, the 47 Single County Authorities (SCAs) now must have a process in place that ensures an overdose survivor can access services directly from the emergency department via a process called **warm hand-off**. DDAP also collaborated with physicians at DOH to develop and distribute a new clinical pathways tool to emergency departments across the state to help get overdose survivors and others suffering from substance use disorder transitioned quickly into treatment, rather than advising patients to seek treatment on their own. Certified Recovery Specialists support SCAs and emergency departments in this effort, which is at different stages of implementation around the commonwealth.
  - DOH and DDAP are convening regional meetings around Pennsylvania in Spring 2018 to help counties experiencing difficulties partnering with hospitals on warm hand-off.

- **Overdose Task Force:** First convened in July 2013, the task force originally convened to create a platform for rapid response planning, cross-system collaboration, and information-sharing between a wide range of stakeholders in order to react to and better prepare for changes in drug use trends.

- **Student Assistance Program:** This evidence-based approach involves the coordination of a range of professionals to identify, screen, and refer at-risk youth to appropriate SUD clinical services.

Treatment

- **1-800-622-HELP(4357):** This **toll-free hotline is available 24/7** and provides access to resources by performing a brief screening and warm-line transfer directly to a treatment facility for those in need of services. Since the go-live date of November 10, 2016 the hotline has received **more than 21,000 phone calls** from Pennsylvanians seeking treatment, resources, or information for themselves or a loved one.

- **Open Beds Registry:** Finding an open detox or rehab bed can be challenging. The department now has a voluntary system in place called PA Open Beds. Providers enter their open beds in the system to better facilitate communication regarding bed availability between treatment providers, SCAs, and other treatment referral services.

Treatment (continued)

- **Expanding access to medication-assisted treatment (MAT):** The Wolf Administration is working to make medication-assisted treatment more widely available around Pennsylvania. Using $5.7 million from the Medication-Assisted Treatment Prescription Drug and Opioid Addiction (MAT-PDOA) grant and $4 million in grant funding awarded through the 21st Century Cures Act and, five grantees around the commonwealth are establishing a **hub-and-spoke model of MAT.** Addiction specialists will serve as the hubs and will provide support to primary care "spokes" that provide MAT in communities they serve. UPMC was awarded MAT-PDOA funding and Penn State/Pinnacle Health, WellSpan Health, Allegheny Health Network, and Geisinger Medical Center as part of the Pennsylvania Coordinated Medication-Assisted Treatment (PAC-MAT) program made possible by Cures funding.
  - Additional PAC-MAT recipients will be awarded in 2018.

- **Targeted programs for specialty populations:** Our SCAs must prioritize admission and referral to treatment for women, pregnant women with children, injection drug user, overdose survivors, and veterans. 21st Century CURES grant also focuses on special populations.

Recovery Support

- **Recovery Month:** In September, DDAP held an event in the Capitol rotunda, bringing together a diverse group of people in recovery, family and friends of individuals with SUD, and other advocates and stakeholders to kick-off Recovery Month. The event highlighted stories of individuals and families impacted by addiction in an effort to destigmatize the disease and those impacted. DDAP plans to hold this event again in 2018 and use the month to raise awareness of the stigma associated with substance use disorder.

- **Pennsylvania Recovery Organizations Alliance (PRO-A):** DDAP supports the work of PRO-A, a statewide organization of recovery organizations that coordinates recovery centered efforts across the commonwealth to offer training, advocacy, information-sharing, and workforce development initiatives.

- **Peer Engagement Services:** Certified Recovery Specialists offer emotional support and are available to help patients navigate the treatment and recovery processes.

- **Certified/Licensed Recovery Houses:** In December 2017, Governor Wolf signed legislation giving DDAP authority to license and regulate recovery homes that receive funding from the SCAs. DDAP is currently developing these regulations.

21st Century Cures Act of 2016

- The Cures Act provides states with grant funding to combat the opioid crisis through:
  - Increasing access to treatment;
  - Reducing unmet treatment need;
  - Reducing opioid overdose related deaths through prevention, treatment, and recovery activities.

- Through the State Targeted Response to the Opioid Crisis Grants (Opioid STR), the act provides $1 billion over two years in funding to supplement opioid abuse prevention and treatment activities through increased access to medication-assisted treatment (MAT).

- These grants will be awarded to states via formula based on unmet need for opioid use disorder treatment and drug poisoning deaths.

- PA awarded **$26.3 million** in FY 2017-2018. Application was submitted for FY 2018-2019.

21st Century Cures Act (continued)

- **Required activities:**
  - Develop a needs assessment.
  - Develop a comprehensive state strategic plan.
  - Design, implement, enhance, and evaluate primary and secondary prevention methods.
  - Expand access to treatment, particularly medication assisted treatment.
  - Assist patients with treatment costs.
  - Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings.
  - Enhance or support recovery support services designed to improve treatment access, retention, and support long-term recovery.

21st Century Cures Act (continued)

- **Supporting Treatment for Uninsured and Underinsured:** DDAP will use $12 million in Cures funding support SCAs that provide treatment options for uninsured and underinsured. Funds will be distributed through formulated allocations to each of the 47 SCAs.
- **Increased Public Awareness:** $3.5 million of Cures grant funds will be use to support a public awareness and outreach campaign to decrease the stigma surrounding SUD and increase awareness of treatment options available in communities around Pennsylvania. A statewide media campaign highlighting the Get Help Now hotline launched in February 2018.
- **Supporting Drug Courts:** $3.5 million to support enhancing drug courts through personnel training, accreditation efforts, and by providing additional services to participants. This continues efforts made in the 2017-2018 budget, which provided $2 million for new drug courts and enhancements of existing courts to direct participants to meaningful treatment and recovery programs.
- **Other efforts centered around increasing education on identifying SUD, expanding access to treatment, and strengthening current initiatives like warm hand-off, PDMP, and data collection.**

Disaster Declaration

- **On January 10, 2018, Governor Wolf declared the opioid epidemic a statewide disaster.**

- The declaration allows Governor Wolf to waive existing regulations that may be burdensome to increasing interagency cooperation, helping Pennsylvanians access treatment, and fighting this epidemic.

- Representatives from DDAP, DOH, the Pennsylvania Commission on Crime and Delinquency, Pennsylvania State Police, the Pennsylvania Emergency Management Agency, and Departments of Aging, Corrections, Human Services, Insurance, and State convene multiple times each week to engage on initiatives, progress, and challenges faced.

- Under Pennsylvania law, the declaration lasts for 90 days, but the Governor is able to extend if needed.

Disaster Declaration (Continued)

- **The declaration contains 13 key initiatives, including:**
  - Establishing a Unified Opioid Coordination Group and Opioid Command Center housed at the Pennsylvania Emergency Management Agency.
  - Expanding access to the PDMP to other commonwealth entities.
  - Adding Neonatal Abstinence Syndrome (NAS) as a reportable condition.
  - Enabling EMS providers to leave behind naloxone.
  - Allowing pharmacists to make naloxone more available through partnerships with other organizations, including prisons and treatment programs.
  - Establishing a body scanner pilot scanning reentrants at the Wernersville Community Corrections Center.
  - Rescheduling all fentanyl derivatives to align with the DEA schedule.
  - Waiving fee for birth certificates for individuals requesting a waiver because they are impacted by substance use disorder.

Disaster Declaration (Continued)

- **DDAP's five initiatives include:**
  - Waiving the face-to-face physician requirement for Narcotic Treatment Program (NTP) admissions, allowing Certified Registered Nurse Practitioners (CRNPs) and Physician Assistants (PAs) to perform intakes.
  - Waiving annual licensing requirements for high-performing drug and alcohol facilities to allow for biannual license renewals.
  - Expanding access to MAT by permitting dosing at medication units.
  - Waiving separate licensing requirements for hospitals and emergency departments to expand access to drug and alcohol treatment, allowing physicians to administer MAT short-term without notifying DDAP.
  - Authorizing emergency purchase for the Get Help Now hotline contract to ensure uninterrupted services.

Other Initiatives

- **Data Collection and management:** DDAP is in the process of implementing a new data system. It is expected to improve availability of data for use in planning and annual reporting procedures.

- **Placement Criteria Transition:** The department has been working to transition from the Pennsylvania Client Placement Criteria (PCPC) to American Society of Addiction Medicine (ASAM) criteria for placement into treatment. The ASAM criteria is nationally recognized and transitioning will create more consistency for providers and payers. DDAP is working with SCAs to provide training to treatment providers regarding the transition, and we hope to have full implementation by July 2018.

- **Overdose Reporting:** DOH received funding through the Centers for Disease Control's Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality Grant, which is designed to increase timeliness of fatal and non-fatal overdose reporting and create data to support outreach and education efforts. DOH is using funds to collect data from hospitals, emergency medical services, medical examiners, and coroners around Pennsylvania.

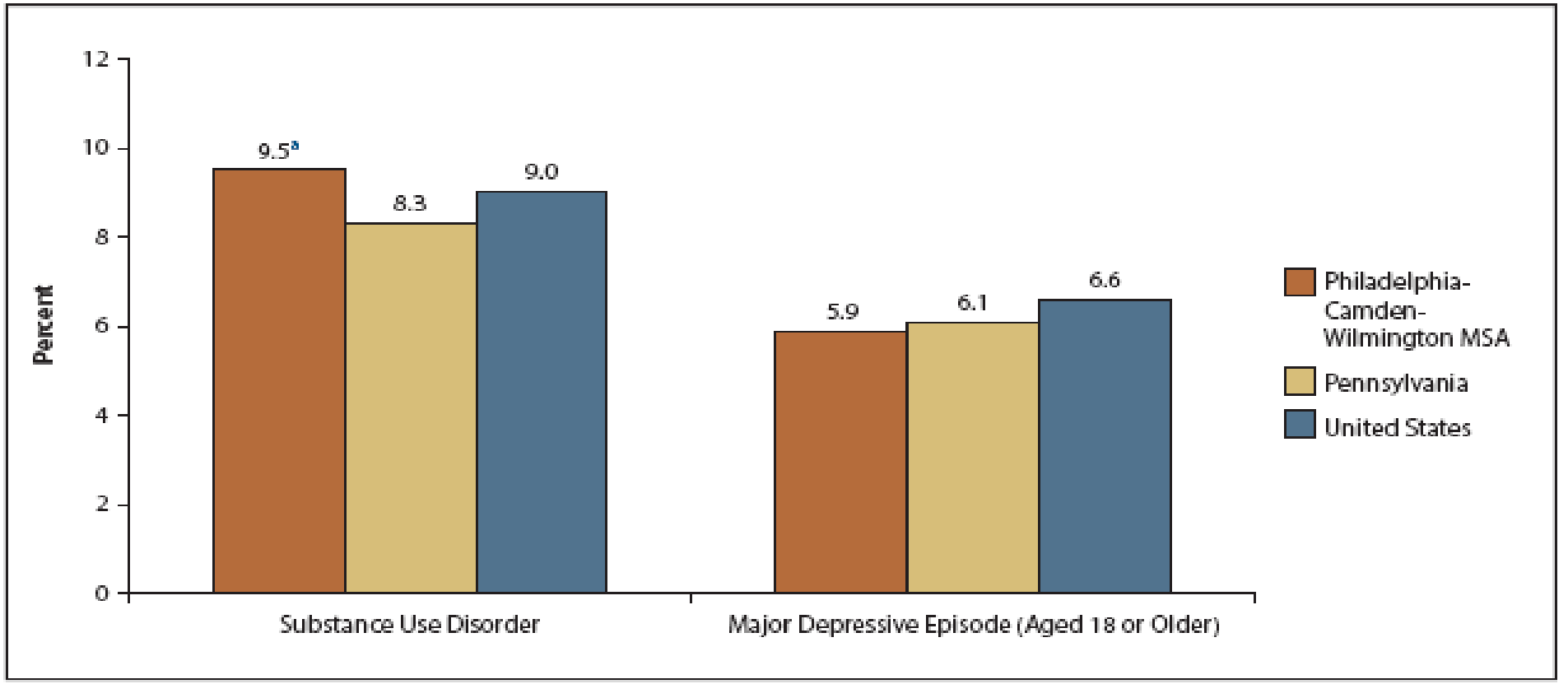
- **Involuntary Commitment:** The Wolf Administration is working with the General Assembly on legislation regarding involuntary commitments.

Addressing Philadelphia's Overdose Crisis

"Pennsylvania's Opioid Crisis: Dispelling Myths and Taking Action"

Year Substance Use Disorder and Major Depressive Episode for the Philadelphia-Camden-Wilmington Metropolitan Statistical Area (MSA), Pennsylvania, and the United States among Persons Aged 12 or Older (Except as Noted): Annual Averages, 2005 to 2010

Using 9.5% of the 1,315,154, est. Phila. 2010 census pop 12 and older as well as DEA estimates to determine possible number of people needing D&A Tx ranges from 122,000 to 150,000



2010 NOTE: For additional data, please see the tables available at http://www.samhsa.gov/data/NSDUHMetroBriefReports/index.aspx.a Difference between Philadelphia-Camden-Wilmington MSA estimate and Pennsylvania estimate is statistically significant at the .05 level.b Difference between Philadelphia-Camden-Wilmington MSA estimate and United States estimate is statistically significant at the .05 level. Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2005 and 2006 to 2010 (Revised March 2012).

People, Places and Things

Philadelphia continues in the throes of an unprecedented drug-overdose crisis.

- Between 2014 and 2016 **2,261** Philadelphians died from a drug overdose.
- Roughly **2.5** people died of a drug overdose everyday in 2016 and more than **3/day** in 2017.
- For **White Males**, ages 45 to 54 the overdose death rate in 2015 was the highest according to data from the Philadelphia Medical Examiners Office (MEO).
- We are estimating approx. **1,200 died in 2017** of a drug overdose in Philadelphia.
- That means in four years over 3,400 people have died in Philadelphia of a drug overdose and approx. 80% were due to opioids.
- In 2016 the number of people dying from drug overdose in was approx. **3 times the number dying annually from Homicides** in the same year.

Nationally, "The number of people now dying from drug overdose is comparable to the number dying annually from AIDS during the peak of the AIDS epidemic in the mid-90s. The comparison puts the current drug-overdose epidemic in perspective, but the more important parallel here is that both crises were caused, at least in part, by inequality and the deprivation and despair that inequality creates.

Blame US drug-overdose crisis on socioeconomic misery

America's substance-abuse epidemic is caused in part by growing inequality and the deprivation and despair it creates

January 30, 2016 2:00AM ET

by Benjamin Spoer

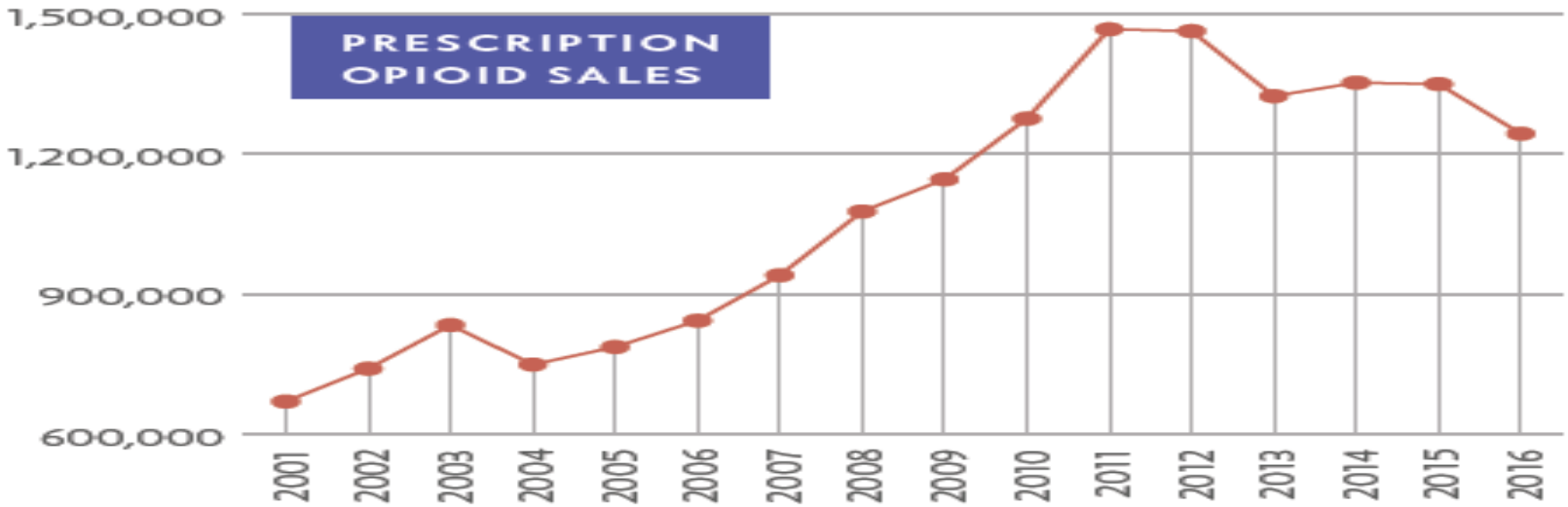
National Drug Early Warning System (NDEWS)
Philadelphia Sentinel Community Site Drug Use Patterns and Trends, 2017
Suet Lim, Ph.D. www.ndews.org.

SCS Highlights: Mortality

- **Drug overdose deaths** have increased by 29.2% between 2015 and 2016 (from 702 to 907).
- **Fentanyl**, detected in 45.5% (*N* = 413) of drug overdose deaths is the substance driving overdose deaths; prior to the current outbreak, fentanyl was detected in 5.6% of overdose deaths (2007– 2013); positive reports for fentanyl saw dramatic increase, from 163 to 586, in National Forensic Laboratory Information System (NFLIS) data between 2015 and 2016.
- Overdose deaths involving **heroin** reached an all-time high, surpassing 400 for the first time in the Medical Examiner's Office history; reported at 36.7% of treatment admissions, heroin is the leading primary substance of choice among the uninsured and underinsured population; the increase from 25.1% of treatment admissions in 2015 continues the upward trend that began in 2013; from NFLIS, heroin had the third highest number of positive reports (*N* = 4,969 out of 22,224).
- Overdose deaths involving **benzodiazepines** similarly reached an all-time high as heroin, at nearly 400 deaths in 2016; number of primary treatment admissions, while low (*N* = 63 out of 3,507), was almost double from the previous year's number (*N* = 34).

ESTIMATED MISUSE OF PRESCRIPTION OPIOIDS IN PHILADELPHIA

50,000 people

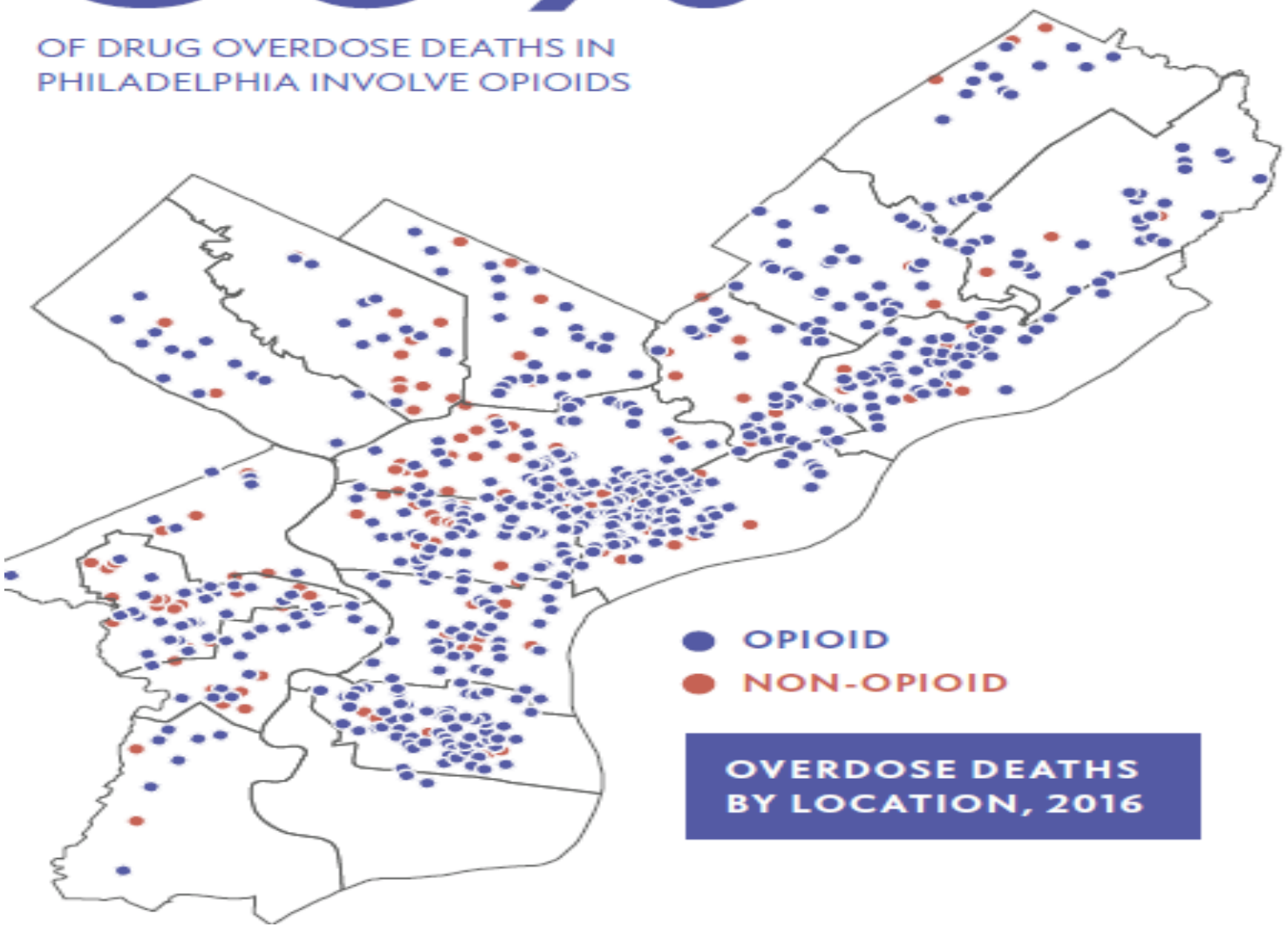


PRESCRIPTION OPIOIDS

Opioid sales more than doubled between 2000 and 2012.

80%

OF DRUG OVERDOSE DEATHS IN PHILADELPHIA INVOLVE OPIOIDS



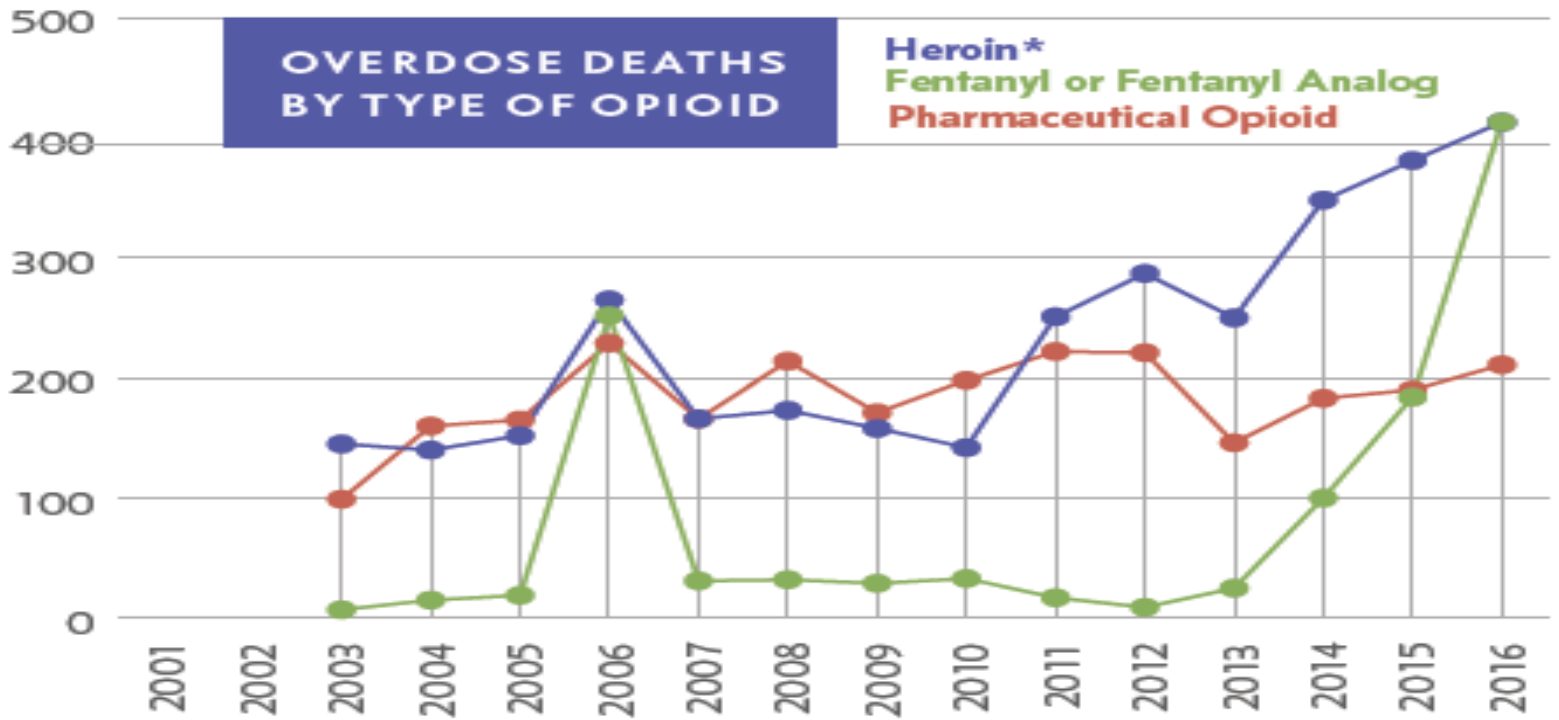
2012 Heroin Counts, Purities, Prices, Origin, and City by Geographic Region

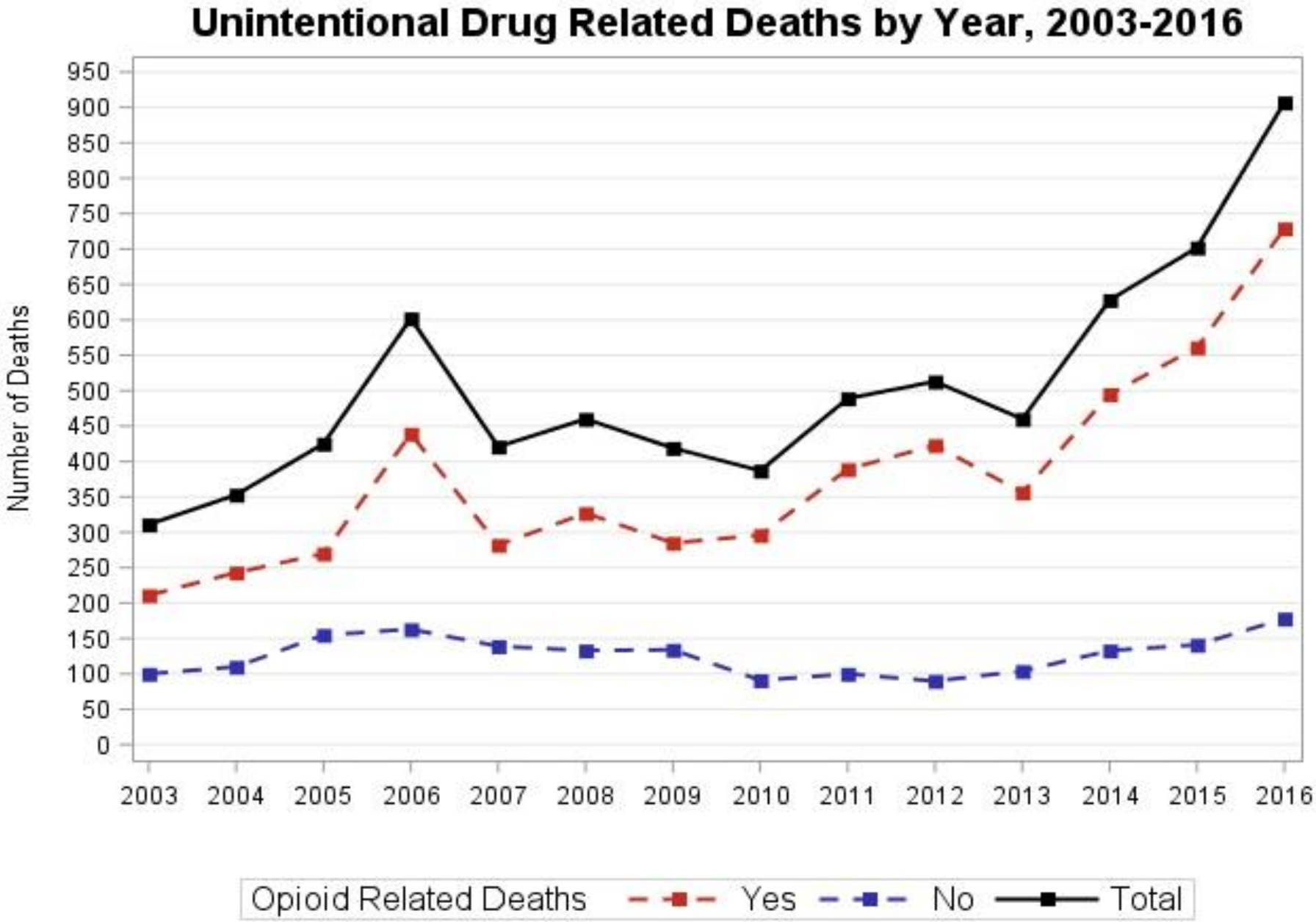
	Southwest Asian Heroin			South American Heroin			Mexican Heroin			Southeast Asian Heroin		
East	Number of Samples	Purity	Price	Number of Samples	Purity	Price	Number of Samples	Purity	Price	Number of Samples	Purity	Price
Atlanta				30	39.8%	$1.45						
Baltimore	3	21.3%	$0.59	22	19.2	0.70	1	12.8%	$0.41			
Boston				31	16.0	1.62						
Chicago				16	13.2	0.46						
Detroit				26	36.5	0.54						
Miami				20	15.4	2.86	1	16.2	2.13			
New Orleans				21	22.4	1.19						
New York				41	45.0	0.61						
Newark				29	58.4	0.77						
Orlando				14	22.4	1.95						
Philadelphia				32	76.8	0.47						
Pittsburgh	1	32.9	1.13	14	37.9	1.01						
Richmond				15	22.6	1.68	1	5.3	5.55			
San Juan				36	18.7	1.77						
Washington, DC	8	15.8	1.30	8	31.7	0.83						

National Heroin Threat Assessment, DEA Heroin Signature Program

FENTANYL

By 2016, fentanyl was found in nearly half of overdose deaths.



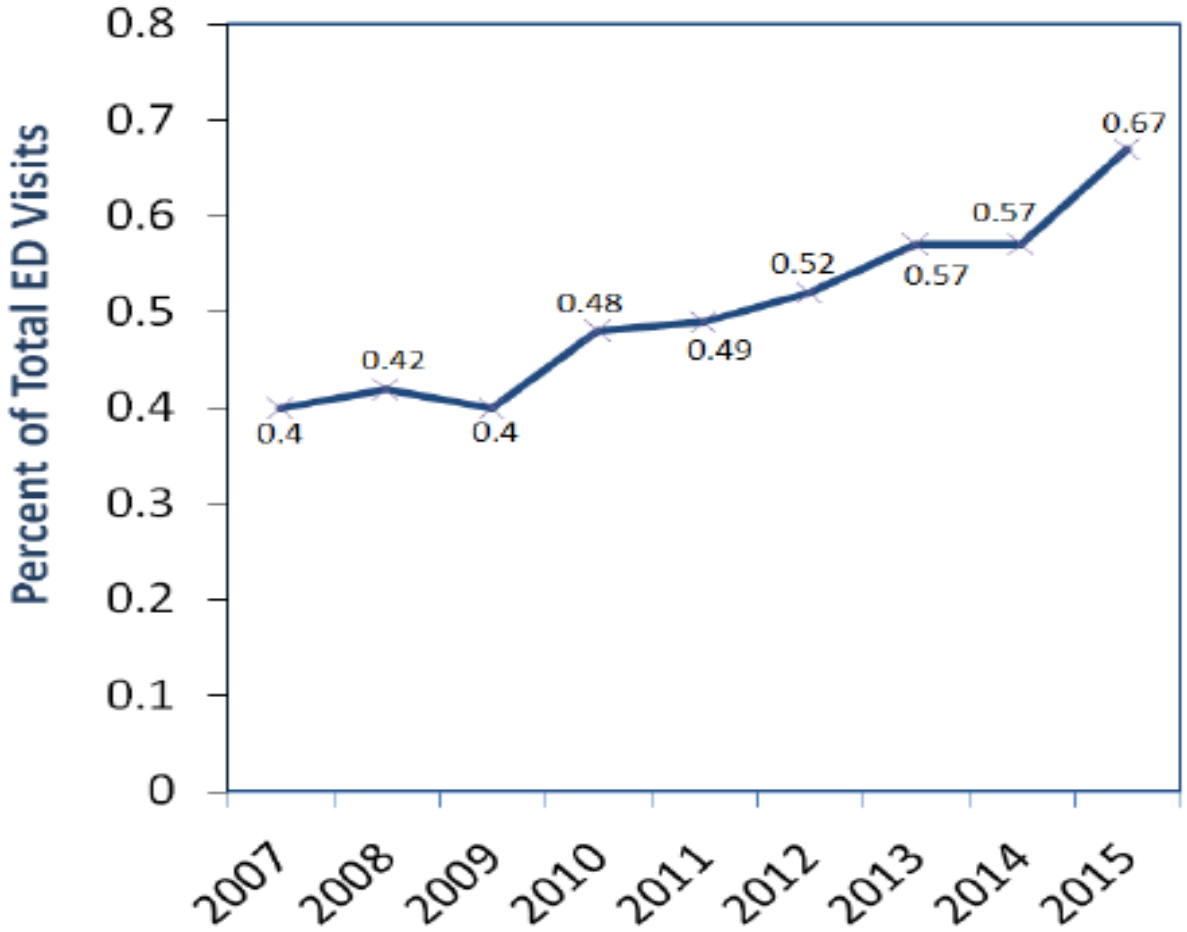

Unintentional Drug Related Deaths by Year, 2003-2016
Number of Deaths
950
900
850
800
750
700
650
600
550
500
450
400
350
300
250
200
150
100
50
0
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
Opioid Related Deaths
Yes
No
Total

Demographic Profiles of Alcohol and/or Drug Intoxication Deaths, Philadelphia, 2015

	Number	Percentage
Gender		
Male Female	498 190	72.4% 27.6%
Race/Ethnicity		
White, Non-Hispanic	378	54.9%
African American, Non-Hispanic	222	32.3%
Hispanic	80	11.6%
Asian	4	0.6%
Other	0	0.0%
Age		
Under 18	3	0.4%
18-25	54	7.8%
26-44	314	45.6%
45+	317	46.1%

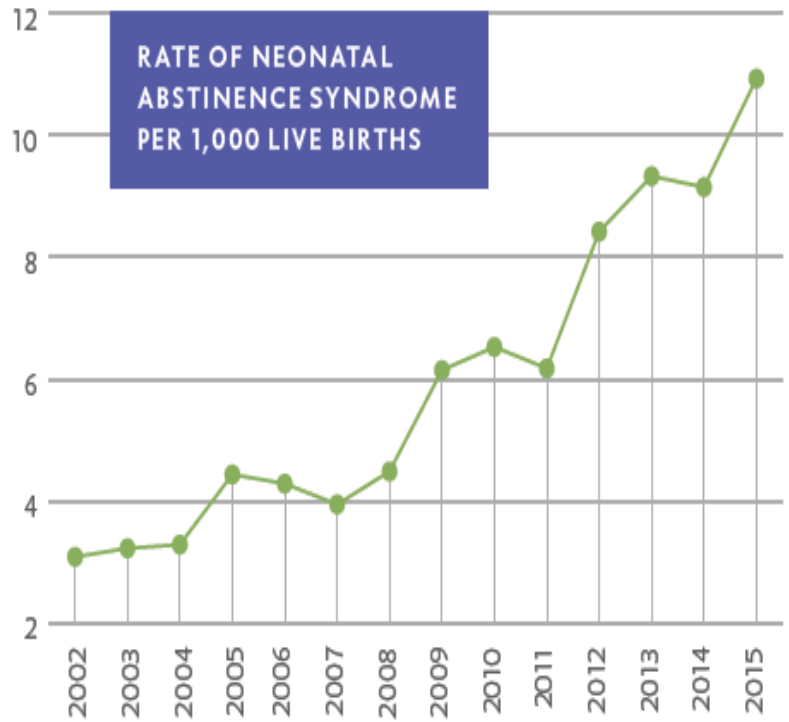
Philadelphia Department of Public Health, Medical Examiner's Office

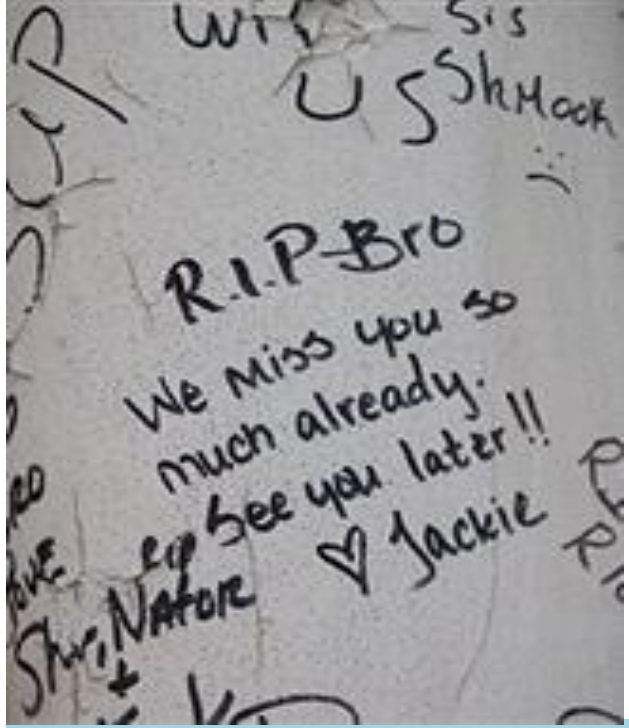
Percentage of Hospital Emergency Department Visits for Treatment of Opioid Drug Overdoses, 2007-2015, Philadelphia



In Philadelphia, the rate of NAS increased more than three-fold from 3 per 1,000 live births in 2002 to 11 per 1,000 live births in 2015

- The new study, published on Dec. 12, 2016, in *JAMA Pediatrics*, found that in rural communities, the rate of babies diagnosed with drug withdrawal symptoms rose to 7.5 cases per 1,000 births in 2012-2013, from slightly more than one case per 1,000 babies a decade earlier. The incidence rose in urban communities too—from 1.4 cases to 4.8 per 1,000 births—but the growth in country areas was 80% higher.





IN PHILADELPHIA THE NUMBER OF PEOPLE TREATED FOR OPIOID USE DISORDER IN ONE CALENDAR YEAR (2015 – 2016)

14,000

The average person addicted to heroin will use between 150 mg and 250 mg per day. This applies to 65 percent of those heroin addicted. The rest of those addicted use much more on a daily basis, almost doubling the average amount. In the past few years, studies have indicated that heroin overdoses have been the cause of more deaths than traffic accidents in the United States alone. It is estimated that there are over 1.2 million heroin users in the US. Of these users, 800,000 individuals are considered addicted Many of those addicted are not receiving treatment for their addiction.

Demographic Profiles of Individuals Who Entered Substance Abuse Treatment in Philadelphia: 2015 (BHSI)

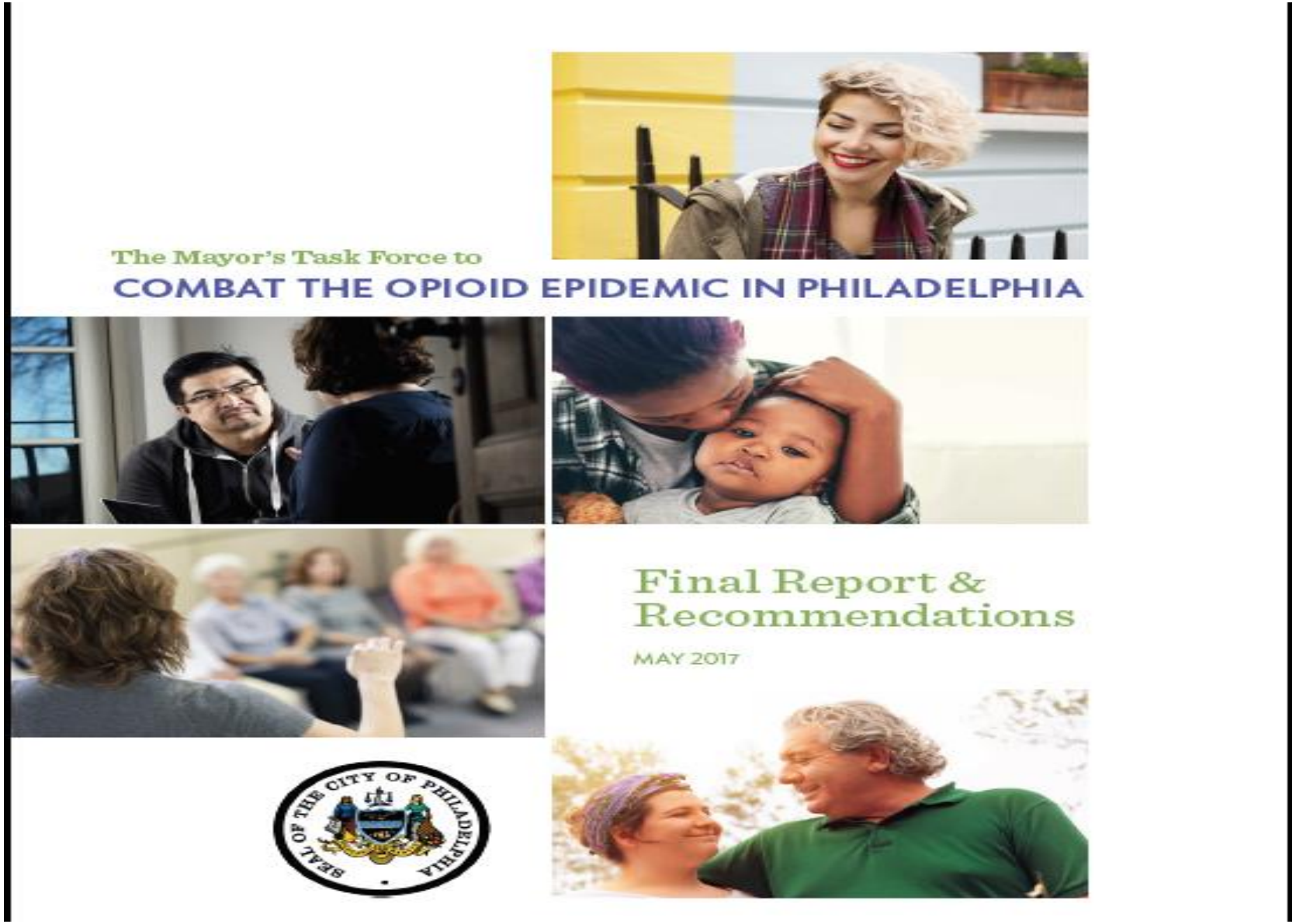
	Number of Treatment Admissions	Percentage of Total Admissions
Gender		
Male	3,688	76.7%
Female	1,122	23.3%
Race/Ethnicity		
White, Non-Hispanic	1,599	31.7%
African American, Non-Hispanic	2,351	51.8%
Hispanic	581	13.0%
Asian	22	0.5%
Others	257	3.0%
Age		
Under 18	141	2.9%
18-25	891	18.5%
26-44	2,643	54.9%
45+	1,135	23.6%

SOURCE: Philadelphia Department of Behavioral Health and Intellectual disAbility Services, Office of Addiction Services, Behavioral Health Special Initiative

Licensed Treatment Services Delivered From 10/1/15 to 9/30/16: CBH

- 25,496 individuals utilized D and A services
- The majority 21,810 (86%) utilized BOTH D and A and Mental Health Services
- 13,693 individuals with opioid use disorder were treated in the system
- The majority 11,531 (84%) utilized BOTH D and A and Mental Health Services
- Only 1,271 used only D and A services
- 891 used MH services only

Recommendations Of the Mayor's Task Force



Task Force Recommendations

1. Conduct a consumer-directed media campaign about opioid risks
2. Conduct a public education campaign about naloxone
3. Destigmatize opioid use disorder and its treatment.
4. Improve health care professional education
5. Establish insurance policies that support safer opioid prescribing and appropriate treatment
6. Increase the provision of medication-assisted treatment (MAT)

Task Force Recommendations

7. Expand treatment access & capacity
8. Embed withdrawal management into all levels of care, with an emphasis on recovery initiation.
9. Implement “warm handoffs” to treatment after overdose
10. Provide safe housing, recovery, and vocational supports
11. Incentivize providers to enhance the quality of substance use disorder screening, treatment, and workforce
12. Expand naloxone availablity

Task Force Recommendations

13. Further explore comprehensive user engagement site(s)
14. Establish a coordinated rapid response to “outbreaks”
15. Address homelessness in opioid users
16. Expand the court’s capacity for diversion to treatment
17. Expand enforcement capacity in key areas
18. Provide substance use disorder assessment & treatment in Philadelphia department of prisons

DEPARTMENT OF PUBLIC HEALTH

Don’t Take The Risk Media Campaign

Real people sharing their stories about prescription painkillers

Opioid Prescribing

Opioids can provide short-term relief of moderate to severe acute pain, but there is little evidence supporting their effectiveness for chronic pain, and they have substantial risks. Long-term opioid use should be reserved for patients with cancer-related pain, or patients receiving palliative or end-of-life care. If you prescribe opioids for other conditions, use safety principles as embodied by Limiting Use and Avoiding Adverse Consequences.

Limiting Use

1. **Do not prescribe opioids as first-line or routine therapy for chronic pain**; use nonpharmacologic and nonopioid pharmacologic therapies first (see Chronic Pain Treatment Principles).
2. **Discuss benefits, risks, and side effects of opioid therapy (e.g., addiction, overdose)**; continue to discuss the risks and benefits of opioids throughout treatment.
3. **Set realistic and measurable goals for pain and function**; plan for how opioid therapy will be stopped if benefits do not outweigh risks.
4. **Use short-acting opioids when starting opioid therapy for chronic pain**.
5. **Prescribe the lowest effective dosage when starting opioid therapy**, and reassess risks and benefits when increasing dosages to 50 morphine milligram equivalents (MME) per day or more, and avoid increasing dosages to 90 MME per day or more.

   Prescribing Calculations
   50 morphine milligram equivalents (MME) =
   50 mg hydrocodone/day, or 33 mg oxycodone/day
6. **Long-term opioid use often starts with treatment of acute pain**. When using opioids for acute pain, prescribe short-acting forms and no more than necessary; three days or less is often sufficient.

Avoiding Adverse Consequences

7. **Follow-up regularly to re-evaluate risk of harm and reduce dose or taper if needed**; follow-up should occur within one to four weeks of starting opioid therapy or increasing dosage and continue quarterly.
8. **Prescribe naloxone to individuals who are undergoing long-term opioid therapy**, due to the higher risk of an overdose while taking these drugs.
9. **Check the Prescription Drug Monitoring Program (PDMP)** for prescriptions from other providers when starting opioid therapy and each time before writing a prescription.
10. **Use urine drug screening to identify prescribed substances and undisclosed use of other drugs** before starting opioid therapy and periodically thereafter.
11. **Avoid concurrent benzodiazepine and opioid prescribing**.
12. **Arrange treatment for opioid use disorder if needed, including medication-assisted treatment (buprenorphine or methadone)**. Philadelphia's Department of Behavioral Health and Intellectual disAbility Services can help you identify treatment options through its website. (http://bit.ly/DBHResources)
13. **Consider incorporating buprenorphine treatment into your own practice**. Find out how through the SAMHSA website. (http://bit.ly/BUPTraining)

Narcan, also called Naxolene, is a drug that can be used to reverse some or all of the symptoms of acute opiod overdose.2 Opiods include: heroin, codeine, fentanyl, and morphine.1 Narcan may be administered via a nasal spray (Figure 1) intravenously (Figure 2), intramuscularly, or subcutaneously

Figure 1

Narcan nasal spray kit[5]

Figure 2

Narcan intravenous overdose protection kit[4]

urces:

http://www.webmd.com/pain-management/guide/narcotic-pain-medications
http://www.rxlist.com/narcan-drug/indications-dosage.htm
http://articles.philly.com/2012-04-08/news/31308598_1_naloxone-prescription-drug-overdoses-exchange-dirty-syringes
http://www.statkit.com/image/cache/data/125-500x500.jpg
http://www.newsday.com/news/health/narcan-to-be-available-statewide-says-schneiderman-1.3941501

From July 1 and December 6, 2017, the City distributed **19,461 doses of naloxone** to law enforcement agencies and other organizations

Organization	Number of Doses
Providers and Community Organizations	16,553
Criminal Justice Organizations	2,476
Philadelphia Police Department and SEPTA Police	432
TOTAL	19,461

- **Combined DBHIDS Narcan Training Series (2016-17) Totals: Combined Total Trained: 796**
- **Combined Total Narcan Kits Disbursed: 300**
- **Next Steps:**
- The DBHIDS Community Population Health Response to the Opioid Epidemic in Philadelphia: Naloxone (Narcan) Overdose Prevention & Rescue

Prevention Point Philadelphia

Prevention Point Philadelphia (PPP) provides a mix of fixed office based and mobile sites through out the city. The goal of the service provision is to reduce the harm associated with drug use and provide services to the most vulnerable Philadelphians. Services provided are:

- Sterile Syringe Exchange
- Free Medical Clinics, both Mobile and Office Based
- Medical Case Management for Chronic Conditions
- Harm Reduction Services Center
- HIV Clinic
- Health and Harm Reduction Education
- Wound Care Services (Mobile and Office Based)
- Overdose Prevention Training and Naloxone Distribution
- HIV/HCV Testing
- Substance Use Counseling and Referral
- Point of Refuge (Shelter program (Winter Months)
- Soup Kitchen

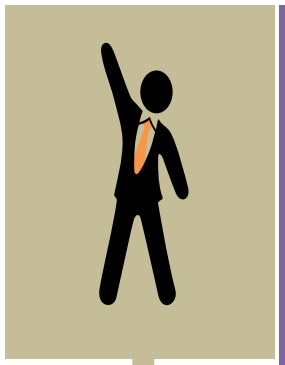
Prevention Point Philadelphia

Program	Number of Persons Served 2016
Sterile Syringe Exchange Program	7,257
Free Medical Clinics	1,204
Medical Case Management for Infectious Diseases	174
Wound Care	
Harm Reeducation Services Center	200
Suboxone Treatment	3,508
Health Education	70
Overdose Prevention Training/Naloxone Distribution	2,500
HIV/HCV Testing	2,200
Substance Use Counseling/Referral	
Point of Refuge (Winter Shelter)	1,700
Soup Kitchen	879
	56
	20,800 meals

COORDINATED RESPONSE TO ADDICTION by FACILITATING TREATMENT (CRAFT) PROJECT

YRLY

Prev. Pnt. Over 2,000,000 SYRINGES EXCHANGED



Targeting chronic substance abusers who utilize **Prevention Point** Philadelphia's Syringe Exchange Program (SEP) through a Coordinated Response to Addiction by Facilitating Treatment (CRAFT). The goal of the CRAFT Pilot Project was to increase the number of clients linked to treatment for behavioral health care from the designated SEP site and identify and remove typical barriers that prohibit clients from entering behavioral health care from the SEP.


CBH NETWORK OF TREATMENT PROVIDERS
1
BEHAVIORAL ASSESSMENT CENTER
10
HOSPITALS
36
RESIDENTIAL TREATMENT FACILITIES
34
INTENSIVE OUTPATIENT PROGRAMS
6
HALFWAY HOUSES
3
DRUG AND ALCOHOL CASE MANAGEMENT PROVIDERS
59
OUTPATIENT FACILITIES
14
PREVENTION PROVIDERS
5
CRISIS RESOURCE CENTERS
13
OPIOID TREATMENT PROGRAMS

Town Halls

- DBHIDS in conjunction with the Mayor's Drug and Alcohol Executive Commission has, beginning with the Fairhill Kensington area initiated Town Hall meetings to listen and educate the community about addiction and recovery. By supporting neighbors talking about needing and getting services and encouraging stories of overcoming addiction the impact of stigma is lessened.
- The Commission is also the entity that is monitoring the progress on the Mayor's Task Force Recommendations

Significant Increases in MAT Availability

- DBHIDS has made a concerted effort to increase the availability of Medication Assisted Treatments (MAT) including methadone, buprenorphine (Suboxone) and Naltrexone XR (Vivitrol).
  - DBHIDS has increased methadone treatment capacity by 500 slots.
  - DBHIDS has increased the availability of buprenorphine from approximately 100 slots to over 1,000 at the present time.
    - There is treatment capacity for MAT, as all our buprenorphine providers have treatment availability at this time. If someone calls members services, he/she can be directed to one of our sites.
  - DBHIDS also has three residential sites offering buprenorphine inductions at this time.
  - Vivitrol is now available in 14 outpatient treatment sites and 4 residential sites.
  - DBHIDS has added a partial hospitalization program for individuals with substance use and significant co-occurring challenges, which also includes the provision of MAT.
- DBHIDS is working with the PH-MCOs and the state to further develop the OUD Centers of Excellence, and expect this MAT treatment capacity to expand even more in the upcoming months.
- DBHIDS is working to incorporate buprenorphine in the PDPH health centers.
- DBHIDS is holding free buprenorphine waiver trainings for all physicians in Philadelphia (both psychiatry and all other medical specialties) to get buprenorphine waivered in order to further increase access in all treatment settings, including EDs, CRCS, inpatient medical and psychiatric, as well as primary care settings.
- DBHIDS is also creating a physician mentoring program so that those who are new to prescribing can receive technical assistance.
- DBHIDS developed Buprenorphine Standards of Care for the network to make sure the buprenorphine is being prescribed in alignment with National Practice Guidelines developed by the American Society of Addiction Medicine.

Increasing and Improving Access to Treatment

- DBHIDS is collaborating with the PH-MCOs to help direct members identified by the PH-MCOs who are in need of substance use treatment to one of our network treatment providers.
- DBHIDS staff is providing daily assistance to providers who are having any challenges getting members into the current detox or rehab beds.
- In cases where there are any significant or potential medical co-morbidity, we are authorizing higher levels of care so that these individuals do not have to wait.
- DBHIDS is sending staff out three days a week in Kensington to rapidly assess those in need of services and get them linked to treatment through the CRAFT Project.
- DBHIDS is also funding street outreach to get people into treatment from the Kensington area.
- DBHIDS is developing a web-based portal documenting treatment capacity. DBHIDS is requiring all residential providers to enter their availability and it is currently being piloted now.
- DBHIDS is working with one of our providers to develop a 24/7 walk-in center at 5th and Spring Garden St. where individuals can receive immediate stabilization in the outpatient setting and linked to further treatment. They will take individuals from the ERs once they are medically cleared. This should be operational by the 3rd quarter in 2017.

Response: Warm Handoffs

- DBHIDS is funding a pilot putting peers in Temple/Episcopal CRC and Hospital to provide warm handoffs to those rescued from overdose.
- DBHIDS is collaborating with Thomas Jefferson's Center of Excellence to provide warm handoffs

Improving Access and Capacity for Housing and Residential Treatment

- DBHIDS is requiring all halfway houses to accept individuals on MAT and psychiatric medications as of June 1, 2017. This will dramatically increase access to this level of care for individuals stabilized in detox and rehab. More than150 of these beds will become available for this population. As of now, the majority of the halfway houses do not accept these individuals. This creates an access issue for step down, as well as keeps many unnecessarily in rehab beds that could otherwise be made available to individuals who need this more intensive treatment service.
- DBHIDS has expanded the use of recovery houses and extended hours of some residential programs to take people after 5 PM and during weekends
- DBHIDS has gotten approval from the Department of Drug and Alcohol Programs (DDAP) at the State to extend the amount of time in our funded recovery houses on a case by case basis.
- DBHIDS is always working with providers around comprehensive assessments to improve length of stay requests so they are consistent with need which includes physical health, housing, education and job skills.
- DBHIDS is using withdrawal management* (detox) to capacity and has added beds where possible. DBHIDS is looking to employ a more comprehensive response than just detox, i.e. admitting to residential that can manage low level withdrawal symptoms.
  - *With the shift in PA to the ASAM criteria in 2018 we are moving to the term Withdrawal Management and looking to screen for its need across all levels of care.

Incentivizing Providers

- DBHIDS is incentivizing Temple/Episcopal Hospital CRC to expand it's D&A Assessment and withdrawal management.
- DBHIDS is working with North East Treatment (NET) to develop a 24/7 walk-in center at 5th and Spring Garden St. where individuals can receive immediate stabilization in the outpatient setting and linked to further treatment. They will take individuals from the ERs once they are medically cleared. This should be operational by the 3rd quarter in 2017.
- DBHIDS in conjunction with PHMC has developed a State of the Art Partial Program to address the needs of those co-occurring persons with highly trained staff and evidenced based practices.

Opioid Mobile Response

- DBHIDS is funding Prevention Point to expand the use of it's medical van to outreach to encampments of those addicted in the most affected area. The Opioid Mobile Response Team has been developed in conjunction with a system-wide crisis response to collaborate on street outreach, overdose intervention, identification of hot spots where indicators show increased risk for overdose.

Engaging and Linking to Care out of PPS

- DBHIDS has begun a series of meetings with the leadership of the Philadelphia Prison System initiative to expand Medication Assisted Treatment and to address the issues of assessment, treatment and the comprehensively linking with appropriate treatment upon release.

PA Opioid Overdose Reduction Technical Assistance Center

Lynn Mirigian, PhD
University of Pittsburgh
School of Pharmacy
Program Evaluation and Research Unit

PittPharmacy PERU Established 2006

PA Opioid Overdose Reduction Technical Assistance Center

Assisting Counties to Achieve their Vision

Broad to Cover Multiple Strategies

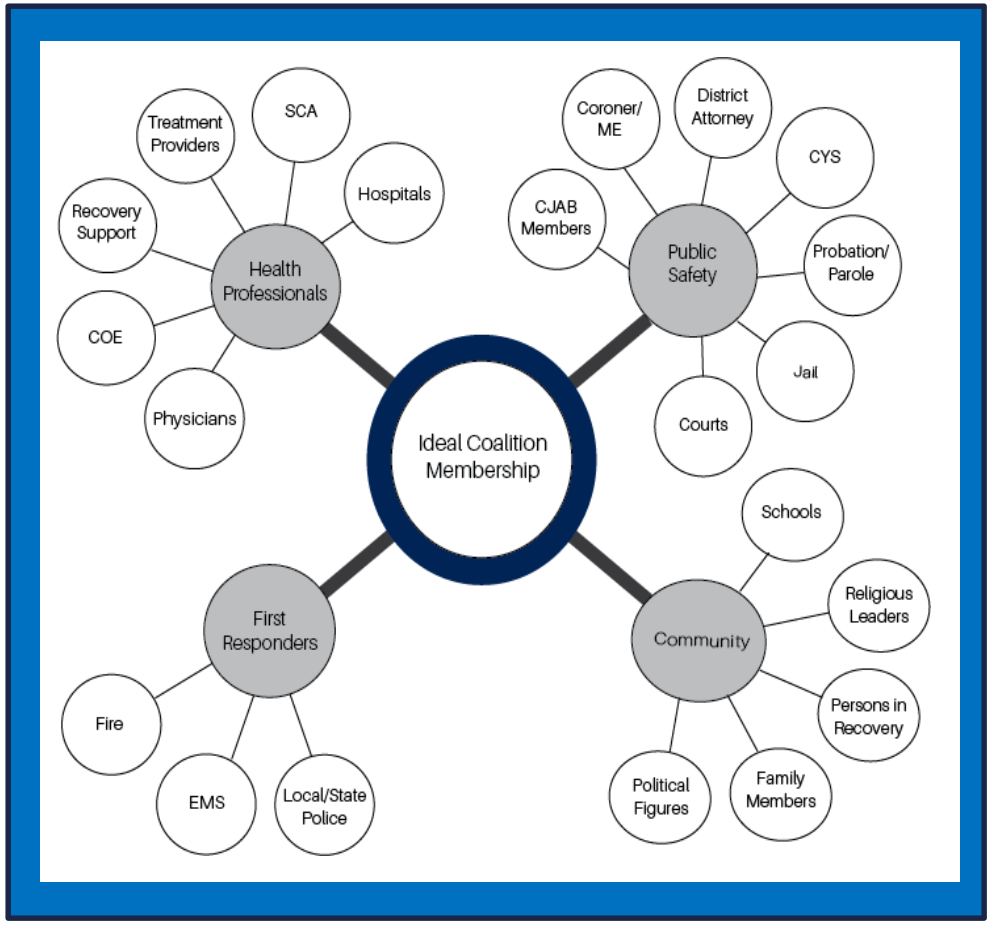
Combine Public Safety and Public Health

Eliminate Values and Beliefs to Set Up Collaboration

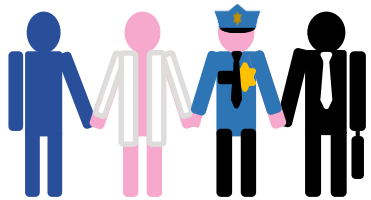
Ideal for Continuous Improvement

County Coalitions

PA Opioid Overdose Reduction TAC



- The Technical Assistance Center assists counties to develop county coalitions that address the opioid crisis.
- County coalitions bridge public health and public safety to break down silos and form multi-disciplinary teams.
- The TAC is currently assisting over 40 counties to implement programs that reduce supply, demand, and overdose.



Using Data to Drive Decisions

Why Data?

Removes values and beliefs from the information available to make decisions

Eliminates terminology gaps between public safety and public health

Removes “he said/she said” from projects

Considerations

Collection and standardization of process

Timeliness of analysis and dissemination

Effective public health and public safety collaboration

Translation of data to information and strategy

Using Data to Drive Decisions

Data in the TAC Process

Assessment

- Define the problem

Capacity

- Stakeholder alignment and community activation

Planning

- Determination of what strategies will be most effective to eliminate the problem

Implementation/Evaluation

- Quality improvement
- Overall success/failure of the program

Sustainability

- Obtaining grant funding (moving to next phase/temporary)
- Building local, state, national support around the strategy
- Facilitating third party payment strategies

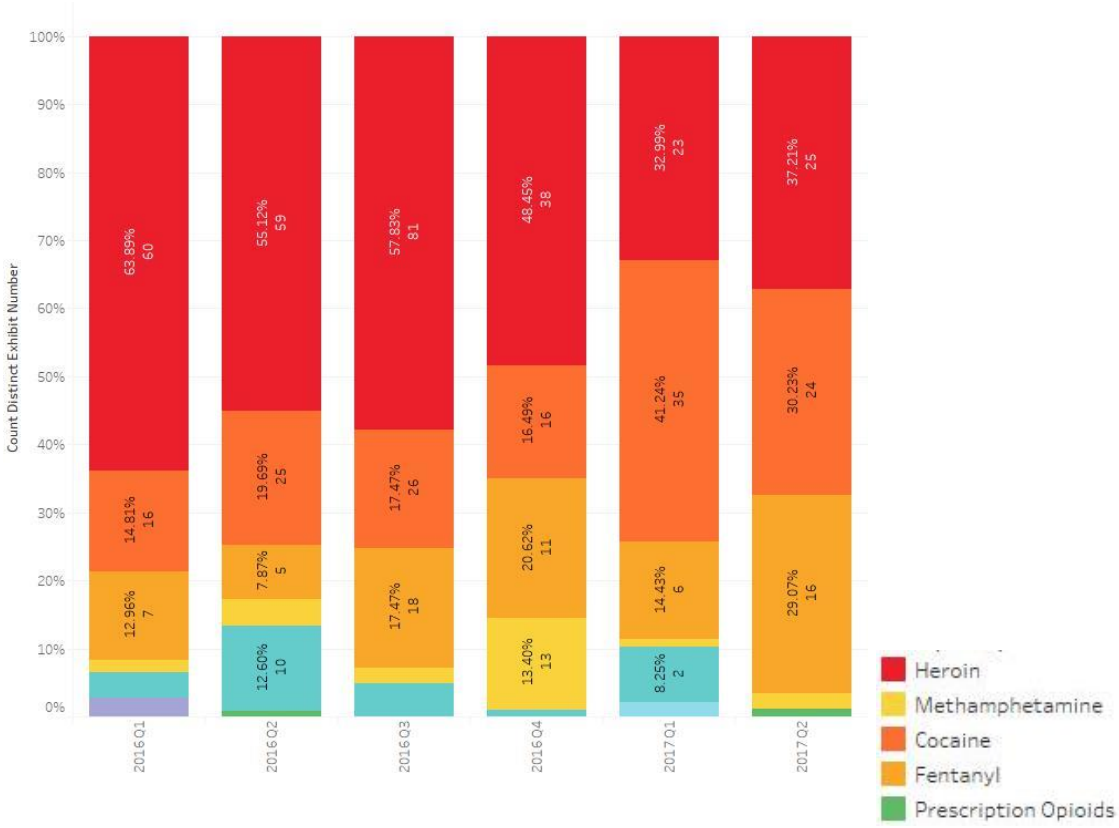
Data Examples

Drug Seizures

What can be learned from this data?

- What substances are in the drug supply.
- When compared with overdose death data, can tell us if what is in the supply is being seen in deaths.
- Law enforcement can identify emerging threats and know what to look for.
- Data can also be used to understand what individual's are prioritizing.

Drugs Seized by Quarter
(2016-Q2 2017)



Unify Stakeholders around a Process

Planning

Eliminate stigma in County. Ensure that all residents of County are well-informed on overdose, signs of a Substance/Opioid Use Disorder, treatment options, and recovery programs available throughout the community. *Empower professionals* to *promote the health, safety, and w* *sons at high risk for an overdose* and/or with SUD/OUD or an acti a centralized data repository to drive decisions and policy mak ersons at high risk of overdose have access to naloxon on **administration and accompanied** *rescue/medica cue bre*athing). *Decrease the supply of illicit opioids* in Count ry person in Berks County has access to **treatment at the ap l of care**, including Medication Assisted Treatment (MAT) and any *special needs* associated with their care (ex. Spanish Language program). *Ensure all individuals engaged* in post-treatment care will receive support and guidance for any post-treatment needs or *recovery support services needed to assist with maintained/sustained recovery*.

24
Strategic Plans

Unify Stakeholders around a Process

Implementation and Evaluation

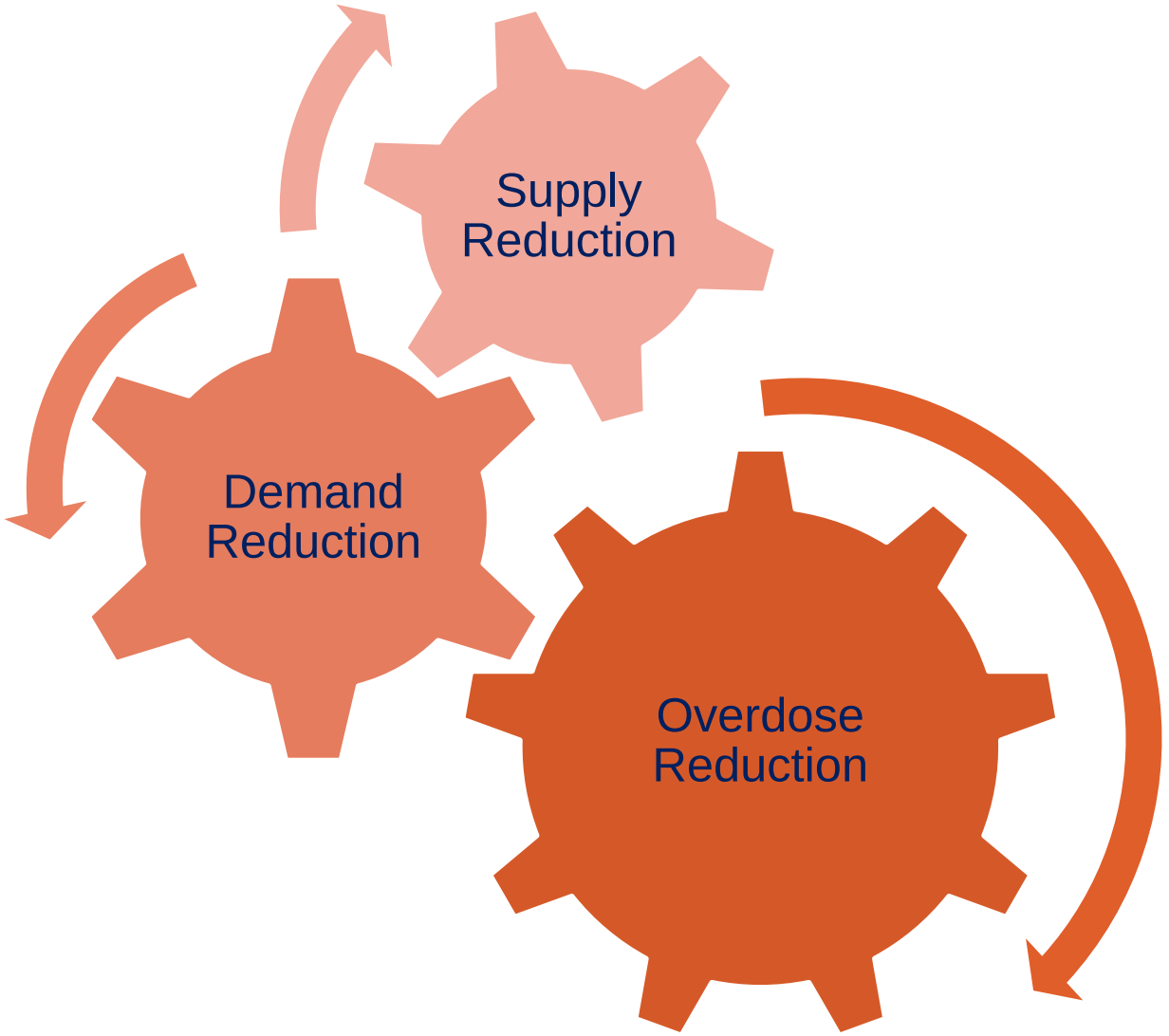
Programs Implemented

- 22 Grant Funded Counties
- 146 Programs Currently Being Implemented
- Average of 6 New Programs Being Implemented per County
- Number of Programs Range from 1 to 17

PittPharmacy PERU Established 2006

PA Opioid Overdose Reduction Technical Assistance Center

Implementation Strategies



Implementation Strategies

Supply Reduction

Overdose Investigation Coordination

- Local law enforcement partnership with the DEA.
- Provide analytical resources to counties who are investigating drug delivery resulting in death.
- Non-fatal overdoses can be subsequently provided to the county authority of D&A or COE for follow-up.

Prescriber Education

- Education for healthcare professionals on prescribing guidelines, PDMP, alternative strategies for pain management. Programs that are successful typically incorporate a peer-to-peer component.
- Training for pharmacists on identifying and speaking with patients about naloxone.

Medication Disposal

- Training for realtors, hospice personnel, nursing homes and families.
- Hosting community wide take-back events twice per year.
- Provision of drug deactivation bags.
- Permanent drug drop off boxes.
- Law enforcement programs that pick up medications directly from residences.

Implementation Strategies

Demand Reduction

Increasing Access to Treatment: (ie) Criminal Justice

- Establishment or expansion of treatment programs in jails.
- Use of medication assisted treatment and therapy for incarcerated inmates.
- Providing education for inmates on overdose prevention, treatment options, and county resources.
- Establish or expand drug treatment courts.

Education and Stigma Reduction

- Provide education to workplaces, including drug-free workplace policies and employee assistance program.
- Establish community campaigns to reduce stigma, provide education about addiction, and provide information on local resources.

SBIRT Training

- Screening, Brief Intervention, and Referral to Treatment.
- Evidenced based practice to identify, reduce, and prevent problematic use and dependence upon alcohol and drugs.
- Can be used in a variety of settings across disciplines.

Implementation Strategies

Demand Reduction

Engagement with Overdose Survivors

- Programs can help address burn-out that is experienced by first responders who have responded to numerous overdose events.
- Establishment of warm hand-off programs for first responders to connect overdose survivors to treatment.
- Collaborations between SCA and/or COEs and local first responders

Post Overdose Response Teams

- Pilot programs in 2 counties provide outreach to overdose survivors who refuse transport to the emergency department.
- Response teams include:
  - Specially trained paramedics
  - Treatment personnel (e.g. case managers and/or certified recovery specialists
  - Law enforcement (if desired)
- Goal of the program is to connect overdose survivors to treatment.

Implementation Strategies

Overdose Reduction

Increasing Access to Naloxone: Pharmacies

- Citizen Science Naloxone Reporting Projects
- Education for pharmacies and pharmacists about the standing order and naloxone, county treatment resources, and stigma reduction.

Increasing Access to Naloxone: Persons at Risk

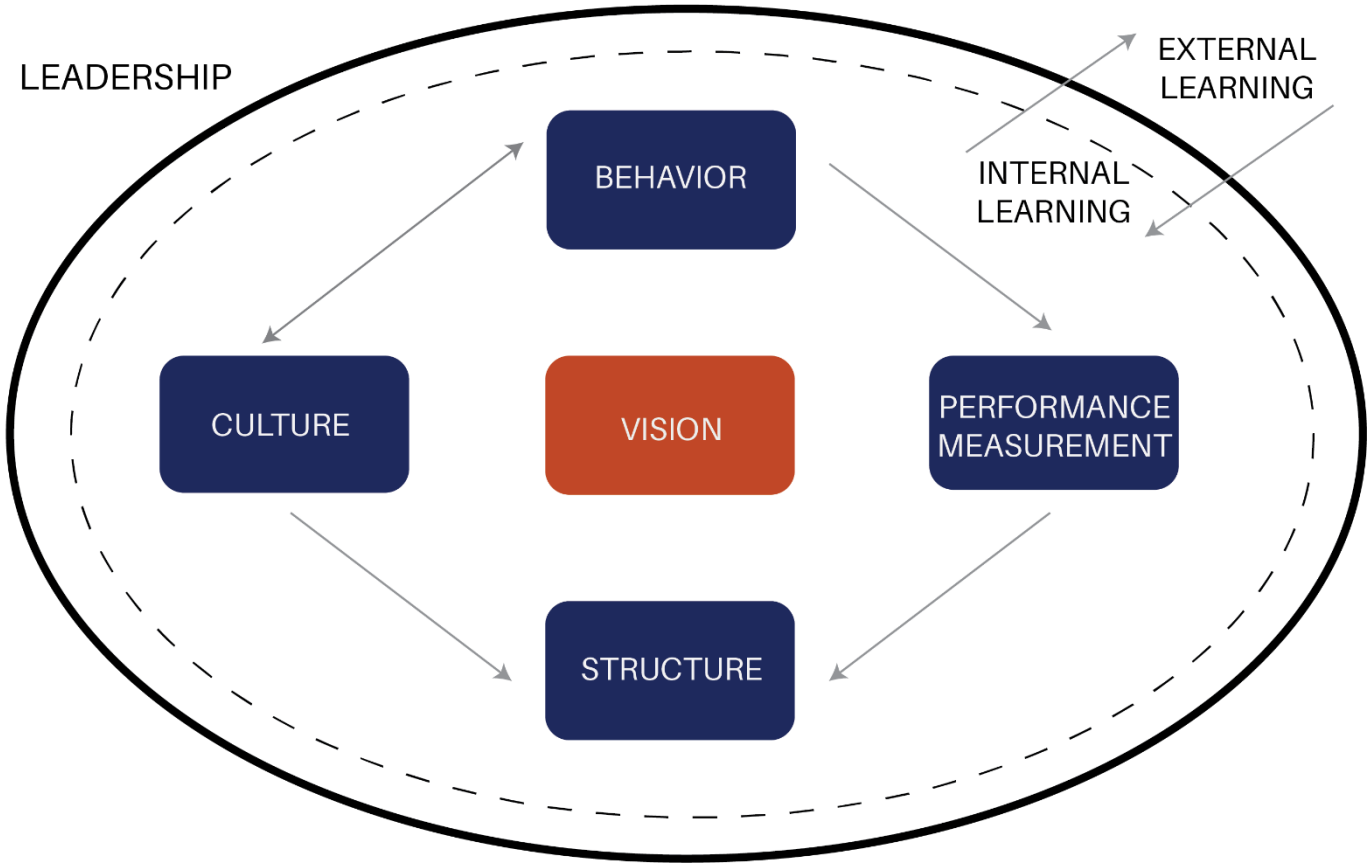
- Provide naloxone for persons leaving treatment, those leaving ERs following an overdose, those who refuse transport to the ER (“naloxone leave-behind”), and those leaving incarceration.
- Provide community wide training and distribution of naloxone

Harm Reduction

- Include programs such as needle exchanges and safe injection facilities.
- Provide those in active addiction with services to reduce risk associated with substance use.
- Services provided can include: distribution of sterile injection equipment, overdose reduction training and naloxone, HIV, HCV, and other STI testing, and connections to services.

How the TAC Makes an Impact

Sustainability



Effective Collaboration

OverdoseFreePA

Learning Communities

Wide range of resources for all state and county-level entities.

Overdose Death Data

County Webpages

Naloxone Finder

Partners:

22 Counties Contribute Content
PA District Attorneys Association
PA Medical Society
PA Psychiatric Society
PA Pharmacists Association
Hospital and Health system Association of PA
PA Dental Association
DEA 360 Strategy

What Have We Learned

Stabilizing County Traits

- Strong collaborative leadership between public safety and public health;
- Leadership value to implement quickly and effectively multiple initiative within the strategic plan;
- Stricter adherence to the TAC transformational framework;
- Emphasis on broad application; and,
- Collaboration between State and Federal entities.

Several counties have stabilized their overdose death rates in 2017.

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