The Prescription Opioid and Heroin Crisis

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

*This includes deaths involving a combination of opioids and other substances.
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U.S. National Rate

16.3 Deaths per 100,000

Pennsylvania 2016 Rate

36.54 Deaths per 100,000

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death on CDC WONDER Online Database, extracted December 8, 2016.
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Drug Poisoning Deaths, by County, 2011-2015

U.S. National Age Adjusted Rate: 14.2 Deaths per 100,000 Population

- Rate Greater than 20 Deaths per 100,000
- Counties with Fewer than 20 total deaths

Source: Centers for Disease Control and Prevention. National Center for Health Statistics, Multiple Cause of Death Data on CDC WONDER Online Database, extracted December 8, 2016.
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Rate in urban county of Philadelphia is 45.93 per 100,000

Rate in rural Cambria county is 42.52 per 100,000
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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
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• Addiction is a chronic relapsing brain disease
• Three stage circuit change
  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
Key Message

Full integration of the continuum of services for substance use disorders with the rest of health care could significantly improve the quality, effectiveness and safety of all health care
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• Prescription opioids and heroin have similar pharmacological effects on the brain

• 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](chart)
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
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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

“*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
•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

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
  - 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.
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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

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
Free trainings are available at [www.getnaloxononenow.org](http://www.getnaloxononenow.org) or [www.pavtn.net/act-139-training](http://www.pavtn.net/act-139-training)
Commonwealth’s response

- The Pennsylvania Prescription Drug Take-Back Program

- The Pennsylvania Commission on Crime and Delinquency awarded grants to District Attorney’s in 29 Pennsylvania counties for permanent drug take-back boxes.
Commonwealth’s Response

Focus on ‘warm handoff’ to treatment

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Emergency Department Warm Handoff: For Opioid Use Disorder

- Patient presenting with a history of opioid use disorder
- Patient presenting with opiate overdose and signs of respiratory arrest
- Patient presenting with opioid use disorder, existing treatment
- Patient presenting with confirmed opioid treatment

**CEN: Referral per specific County, when this model is utilized**

- Call 911
- Notify police
- Check for pulse
- Administer naloxone

- Usually the patient refuses warm handoff
- Two discharges:
  - Yes: Discharge with naloxone injection
  - No: Discharge with naloxone injection

- Admit to appropriate medical setting or rehab facility

- Warm handoff to specialty opiate

- Admit to appropriate medical setting or rehab facility

- Warm handoff to specialty opiate

- Discharge

**Pennsylvania Department of Health**
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

• 2012 article – PA had a past year opioid abuse rate of 10.3 but only a maximum potential buprenorphine treatment capacity of 6.5

• 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 21st Century Cures Grant
- A $26.5 Million Federal Grant
Commonwealth’s response

- 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.
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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.
Questions?

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