

Addressing PA's Opioid Abuse and Overdose Crisis



Pennsylvania
MEDICAL SOCIETY®



Opioid Statistics: A Nationwide Overview

- About 64,000 drug overdose deaths in 2016 (higher than peak car accident deaths, peak HIV deaths, and peak gun deaths) – **Up 22% from 2015**
- 14,400 overdose deaths between 2000-2016 involved prescription opioids
- Drug overdoses expected to remain leading cause of death for Americans < 50
- Drug deaths involving fentanyl more than doubled from 2015 to 2016
- Fentanyl deaths in 2016: **Up 540% in three years**

Source: National Center for Health Statistics, Centers for Disease Control and Prevention

Pennsylvania-Specific Data

- **4,642 drug-related overdose deaths** were reported in 2016 in PA, **opioids found in 85% (25% of which were prescribed)**
- **Increase in drug-related overdose deaths between 2015 and 2016 larger in rural counties** (42 percent) compared to urban counties (34 percent)

Source: 2016 DEA Drug Overdose Report

Pennsylvania-Specific Data

- **Drug-related overdose rate in PA was 36.5 per 100,000 people**, national average 16.3 per 100,000
- **78 percent of PA counties** had overdose death rates **higher than the national average**

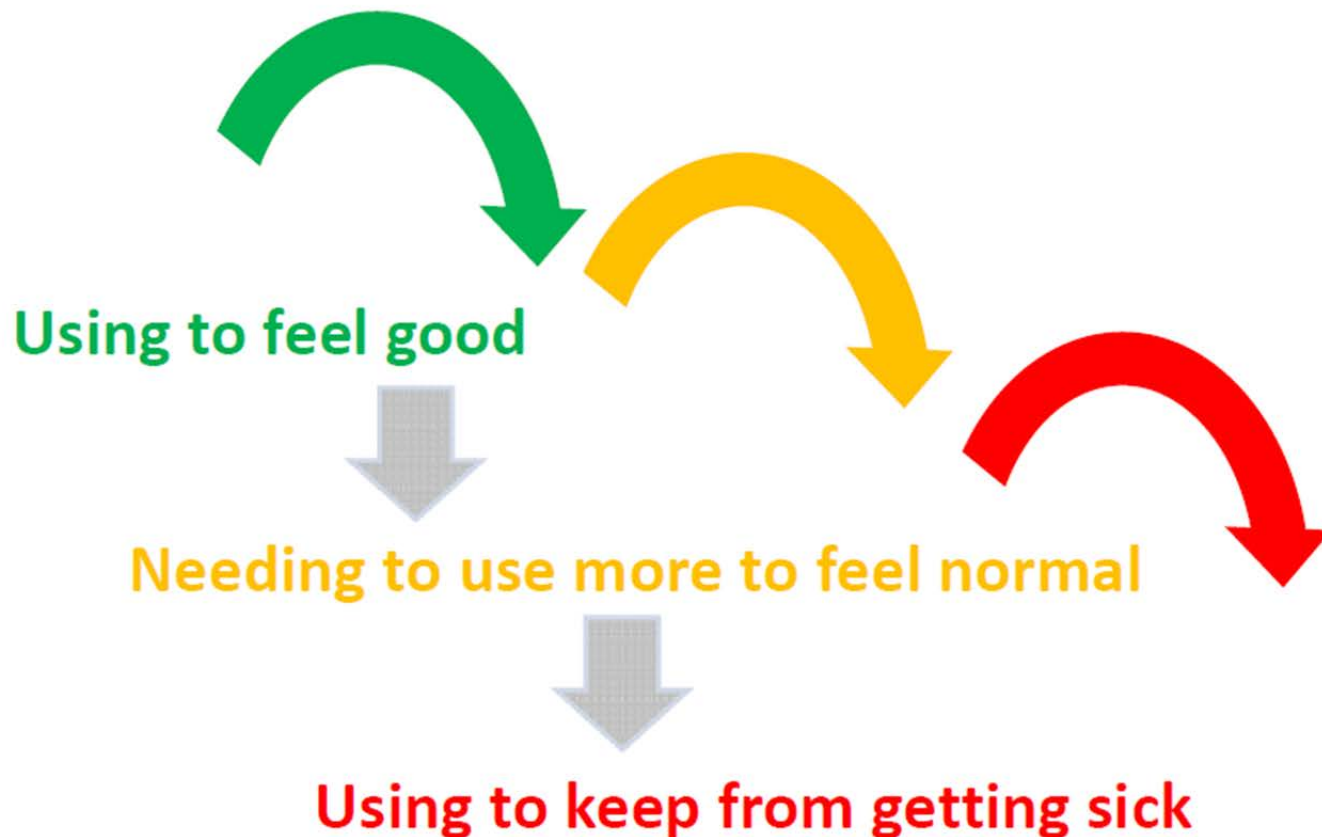
Source: 2016 DEA Drug Overdose Report

The map displays the following data for Pennsylvania counties (from lowest to highest percentage of White population aged 18 and over):

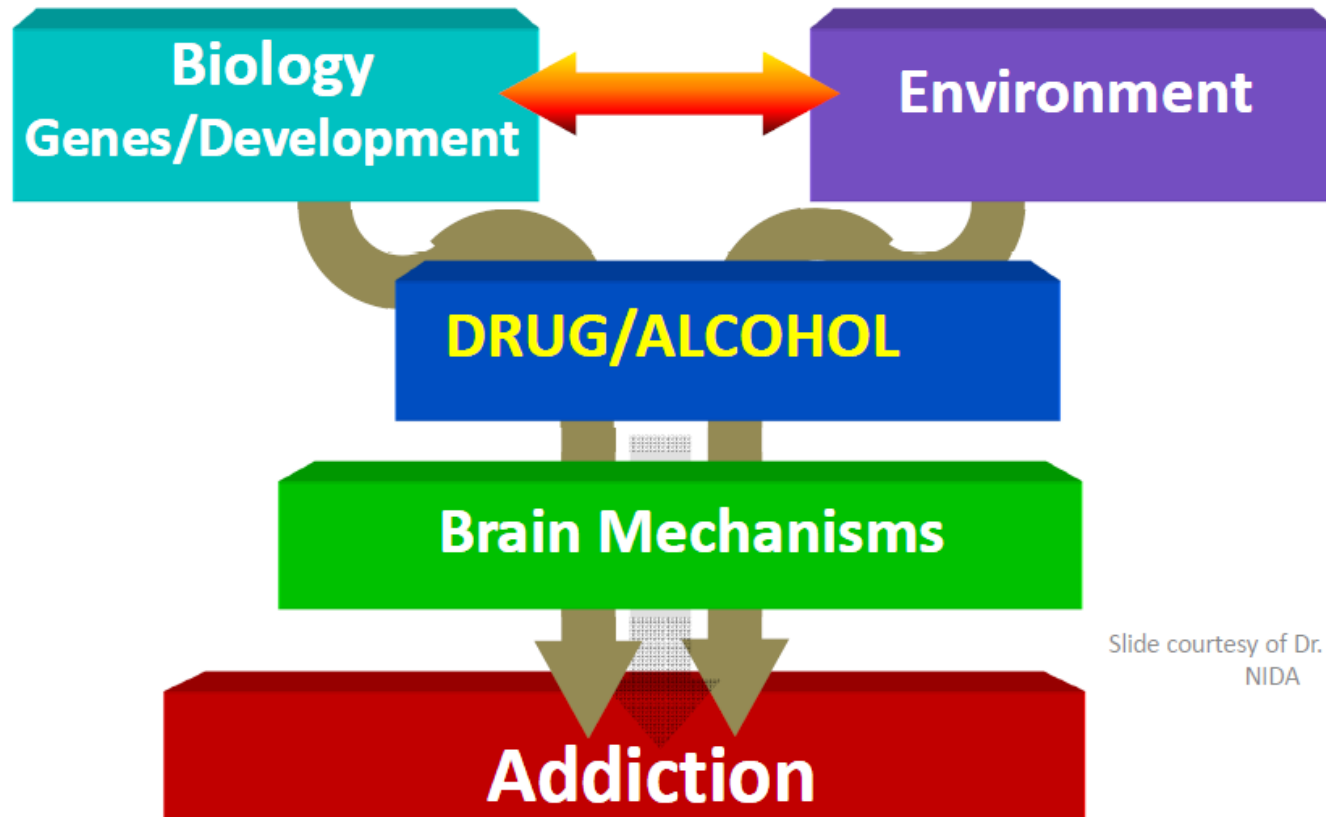
County	Percentage
Warren	0
Forest	0
Wyoming	0
Sullivan	0
Monroe	0
Carbon	6
Lehigh	17
Elk	0
Clearfield	15
Centre	33
Greene	36
Lycoming	36
Clinton	150
Union	250
Snyder	200
Northumberland	69
Schuylkill	136
Lebanon	20
York	28
Adams	300
Fulton	267
Franklin	86
Bedford	83
Somerset	31
Westmoreland	38
Washington	45
Fayette	46
Allegheny	53
Armstrong	52
Butler	57
Lawrence	33
Beaver	176
Clarion	76
Merger	72
Venango	18
Crawford	14
Erie	32
McKean	13
Potter	100
Tioga	100
Bradford	6
Susquehanna	33
Wayne	11
Lackawanna	20
Pike	43
Luzerne	47
Montgomery	51
Chester	54
Delaware	28
Bucks	44
Berks	70
Dauphin	2
Perry	200
Juniata	300
Mifflin	20
Huntingdon	13
Blair	95
Cambria	62
Indiana	29
Jefferson	13

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Natural History of Opioid Use Disorder



A Disease of Gene-Environment-Development



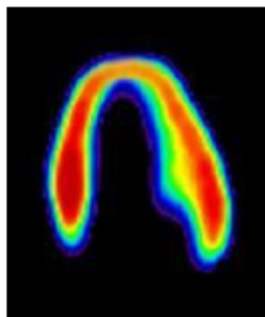
Slide courtesy of Dr. Compton,
NIDA

**“When you can stop you don't want to,
and when you want to stop, you can't.”**

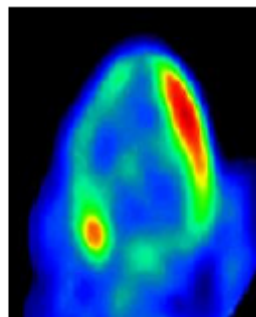
Luke Davies, *Candy*. 1998.

Substance Use Disorder Changes Brain Structure and Function

Decreased Heart Metabolism in
Coronary Artery Disease



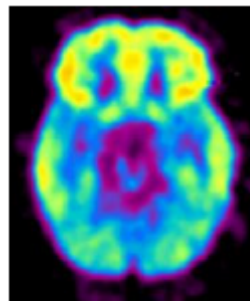
Healthy heart



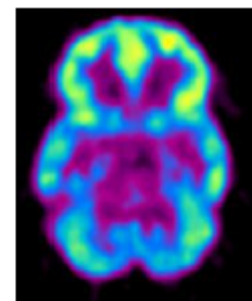
Diseased Heart



Decreased Brain Metabolism
in Substance Use Disorder



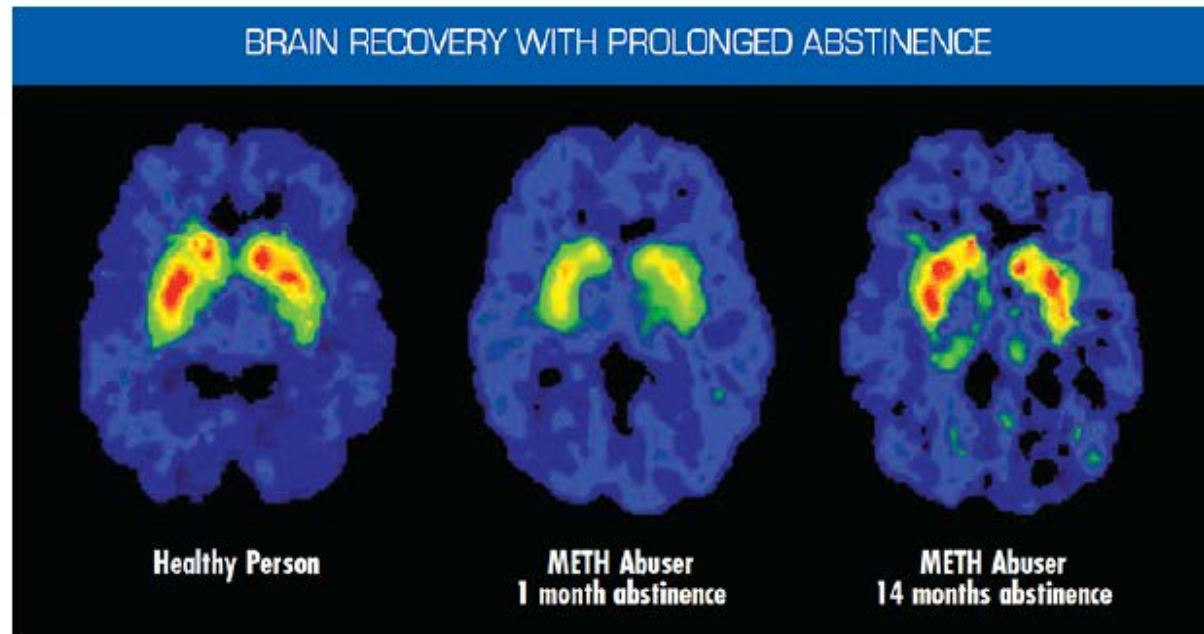
Healthy Brain



Diseased Brain

Slide Courtesy of NIDA

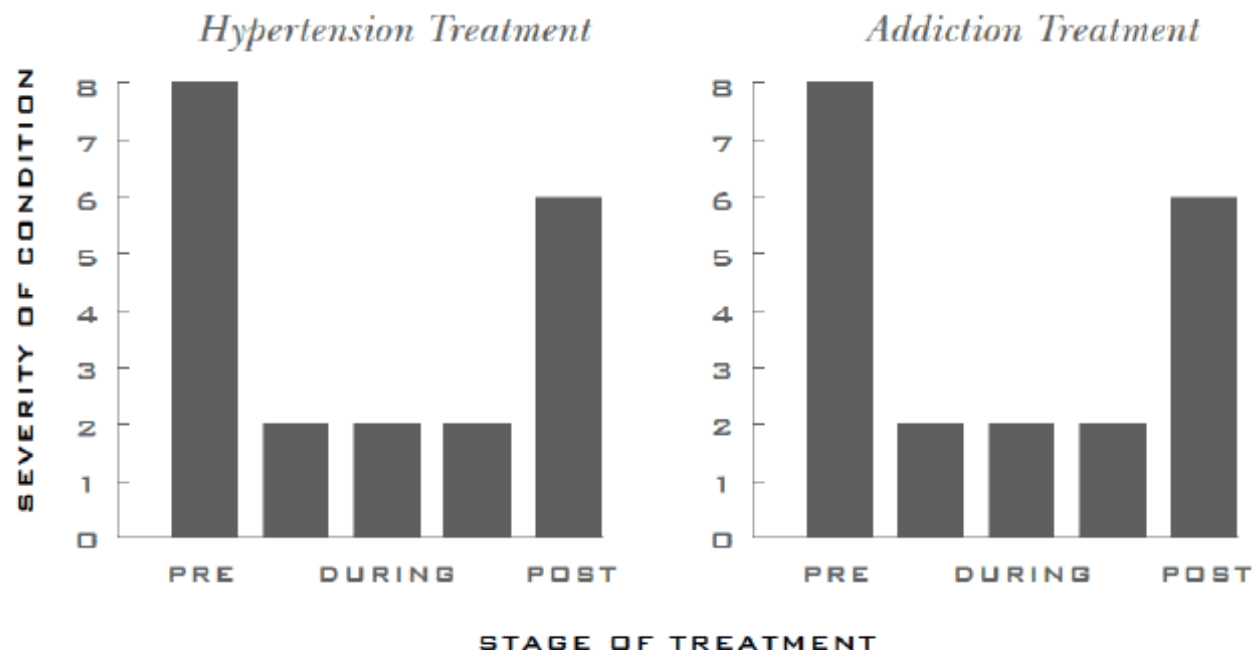
Visualizing Recovery



Volkow et al. J. Neurosci., December 1, 2001, 21(23):9414-9418

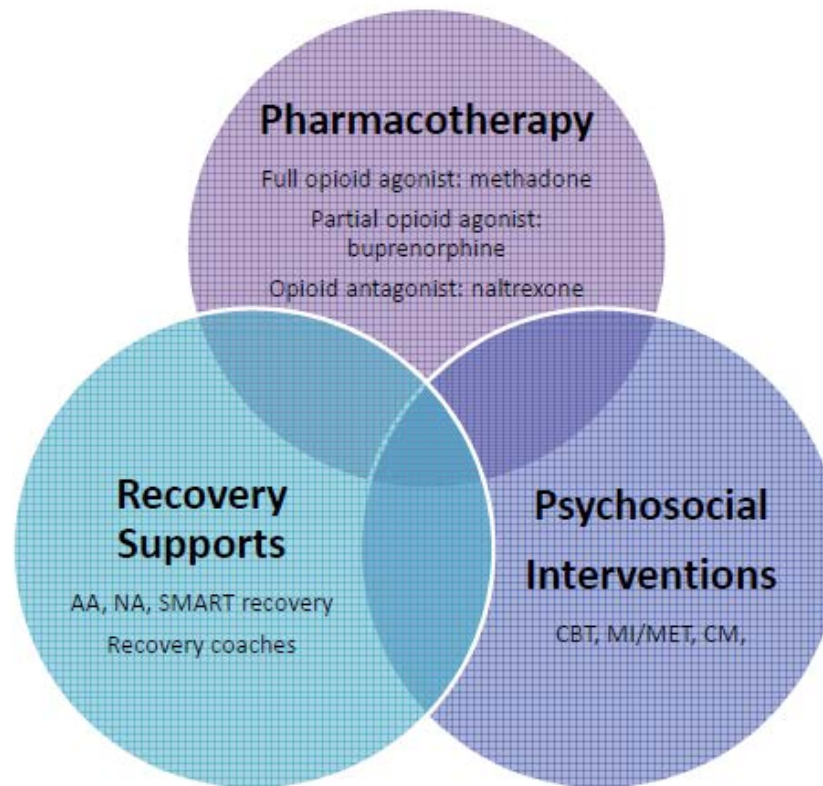
A Treatable Disease

WHY IS ADDICTION TREATMENT EVALUATED DIFFERENTLY?
BOTH REQUIRE ONGOING CARE



NIDA. Principles of Drug Addiction Treatment. 2012. McLellan et al., JAMA, 284:1689-1695, 2000 .

What is Effective Treatment?



Similar to Management of Diabetes

- No cure
- Goal is euglycemia and prevention of acute and chronic complications
- Individualized treatment plans and targets
- Treatment includes:
 - Medication
 - Lifestyle changes
 - Regular monitoring for complications
 - Behavioral support

The Role of the Physician

- Determine the right treatment, for the right patient, at the right time
- Query the PDMP and use data to make informed decisions
- Learning to say No
- Having difficult conversations with patients
- Warm hand-off/referral to treatment
- Continuous process – Reassess
- Get involved in advocacy efforts

The Warm Hand-off

Tips from the PA Department of Health:

- Ask permission to talk about the issue
- Use open-ended questions
- Listen reflectively
- Use sincere affirmation
- Roll with ambivalence
- Summarize plans

Warm Hand-off Protocol

- Developed in partnership by the Pennsylvania departments of Health and Drug and Alcohol Programs and the Pennsylvania College of Emergency Physicians in February 2017
- Distributed statewide for recommended use by emergency room physicians and other health care professionals caring for overdose patients

Overall Response

1. Clinical practice guidelines
2. PDMP
3. Increased utilization of Naloxone
4. Expansion of drug take-back initiatives
5. Increased attention to treatment of substance use disorders
6. Expansion of medication-assisted treatment programs and behavioral health treatment centers
7. Prescription limits

Pennsylvania's Prescription Drug Monitoring Program (PDMP)



93,000 USERS REGISTERED

Over the past 12 months, the PDMP registered over 93,000 users.



53,000 SEARCHES PER WEEKDAY

The program's database has averaged approximately 53,000 searches on a weekday and 9,000 searches on a weekend.



DECREASED DOCTOR SHOPPING

The number of patients who went to 5+ prescribers and 5+ pharmacies in 3 months for Schedule II drugs decreased 86% in the first year.



REDUCED PRESCRIPTIONS

The number of youth who received prescriptions for painkillers decreased 30% in the first year.



INTERSTATE COMMUNICATION

The PDMP is currently sharing data with 11 other states and Washington, D.C.

doh.pa.gov/pdmp



Empowering Physicians to Lead

- Collaboration with various stakeholders
- Developing education to give physicians the tools and resources to improve their own clinical understanding and have informed conversations with legislators and patients
- Advocating for physicians and patients

Work with Non-Traditional Partners

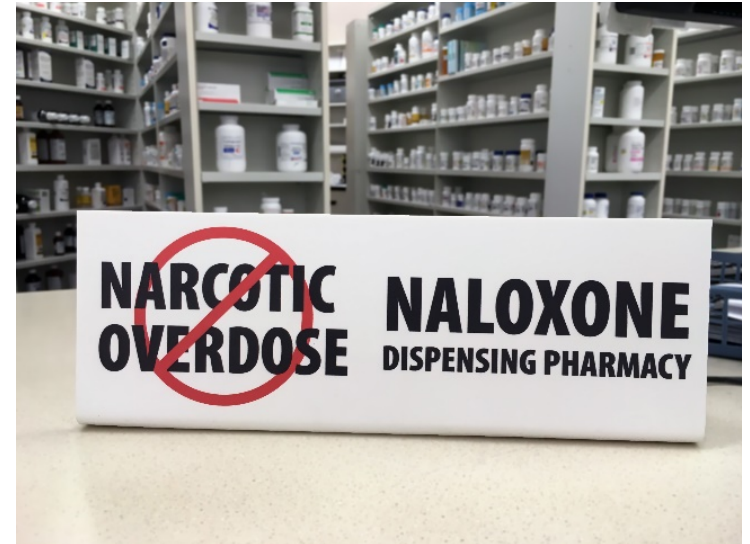
- Attorney General's office
- District attorney association
- School district association
- School physical trainers
- Home health providers
- Large employers



Work with Non-Traditional Partners

Areas of focus:

- Education
- PDMP
- Use of naloxone
- Legislation
- Drug collection boxes



Use Available Resources

- Online CME
 - *What Health Care Teams Need to Know*
 - *Using Opioids to Treat Chronic Pain*
- Prescribing guidelines
- Toolkits for physicians, patients, and legislators



- ☒ Be smart.
- ☒ Be safe.
- ☒ **Be sure.**

A Public Health Advocacy Program from the Pennsylvania Medical Society

www.pamedsoc.org/OpioidResources

Advocacy at the State Level

1. **Working with physicians, legislators, and other stakeholders** to help ensure that any legislation takes a common sense, patient-centered approach.
2. **Sharing the Pennsylvania physician perspective** with legislators.

What can I do to make a difference?

Group Discussion

What are you doing to address the opioid abuse crisis locally?

Questions?

John P. Gallagher, MD
Chair, PAMED's Opioid Advisory Task Force
Email: shortstuffmd@yahoo.com



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