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 people

• 78 percent of PA counties had overdose death rates higher than the national average

Source: 2016 DEA Drug Overdose Report
(U) Figure 3: Percent Change in Drug-Related Overdose Deaths in Pennsylvania Counties, 2015-2016

Source: Pennsylvania Coroner/Medical Examiner Data

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Natural History of Opioid Use Disorder

- Using to feel good
- Needing to use more to feel normal
- Using to keep from getting sick

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A Disease of Gene-Environment-Development

Biology
Genes/Development

Environment

DRUG/ALCOHOL

Brain Mechanisms

Addiction

Slide courtesy of Dr. Compton, NIDA
“When you can stop you don't want to, and when you want to stop, you can't.”

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

BRAIN RECOVERY WITH PROLONGED ABSTINENCE

Healthy Person

METH Abuser
1 month abstinence

METH Abuser
14 months abstinence

A Treatable Disease

Why is addiction treatment evaluated differently? Both require ongoing care.

Hypertension Treatment

Addiction Treatment

STAGE OF TREATMENT

What is Effective Treatment?

Pharmacotherapy
- Full opioid agonist: methadone
- Partial opioid agonist: buprenorphine
- Opioid antagonist: naltrexone

Recovery Supports
- AA, NA, SMART recovery
- Recovery coaches

Psychosocial Interventions
- CBT, MI/MET, CM.
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.

[doth.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

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