


11th Annual Focus on Pharmacology

Opioid Epidemic and Commonwealth's Response

April 16, 2021

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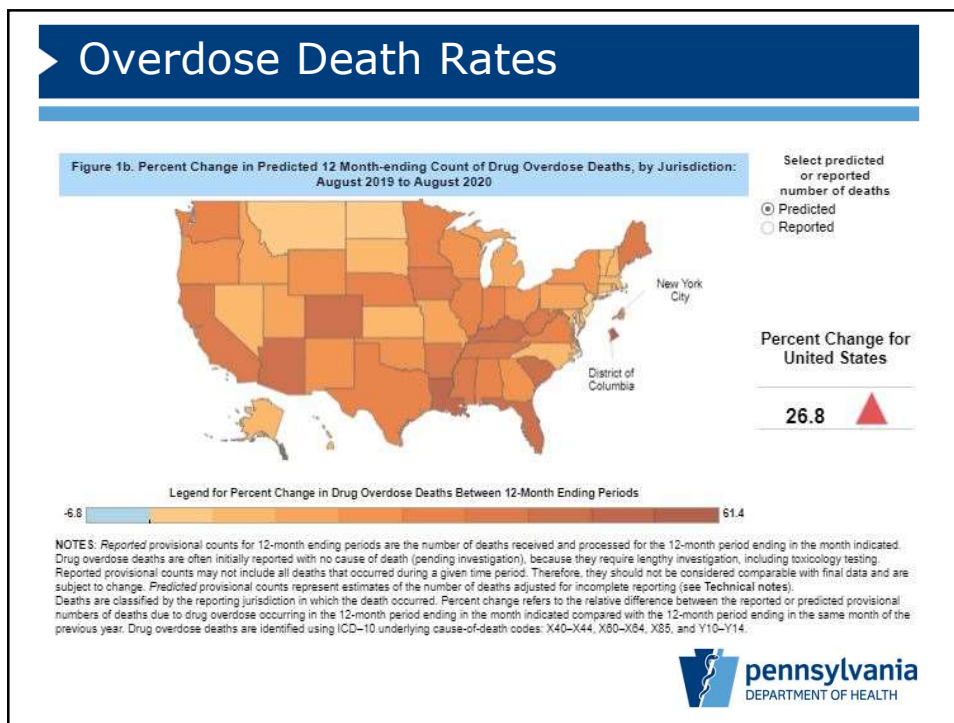
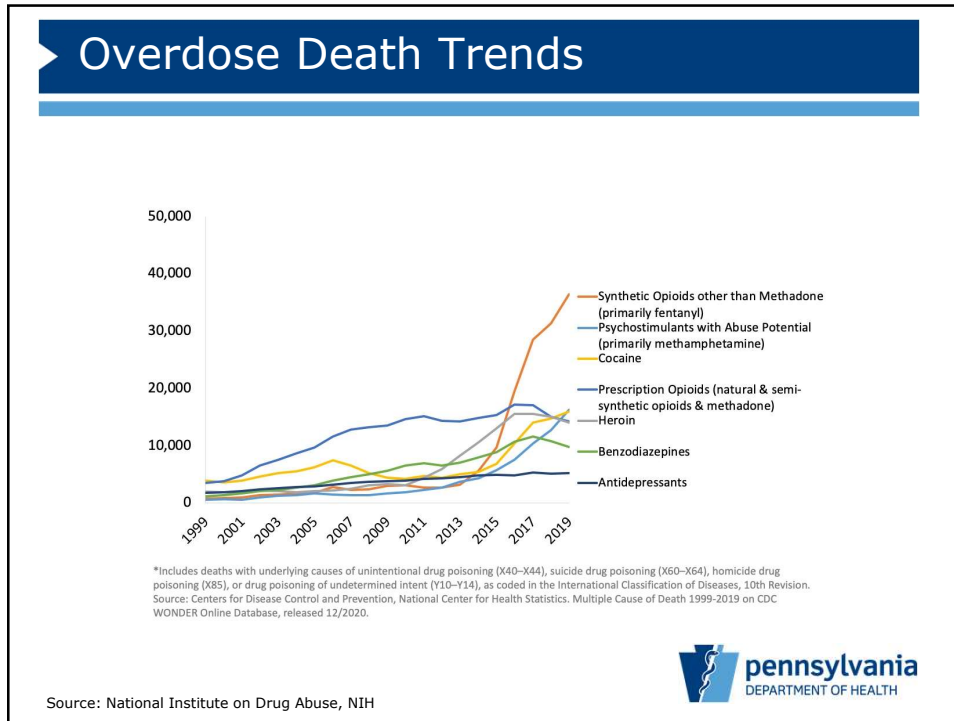
Real Stories

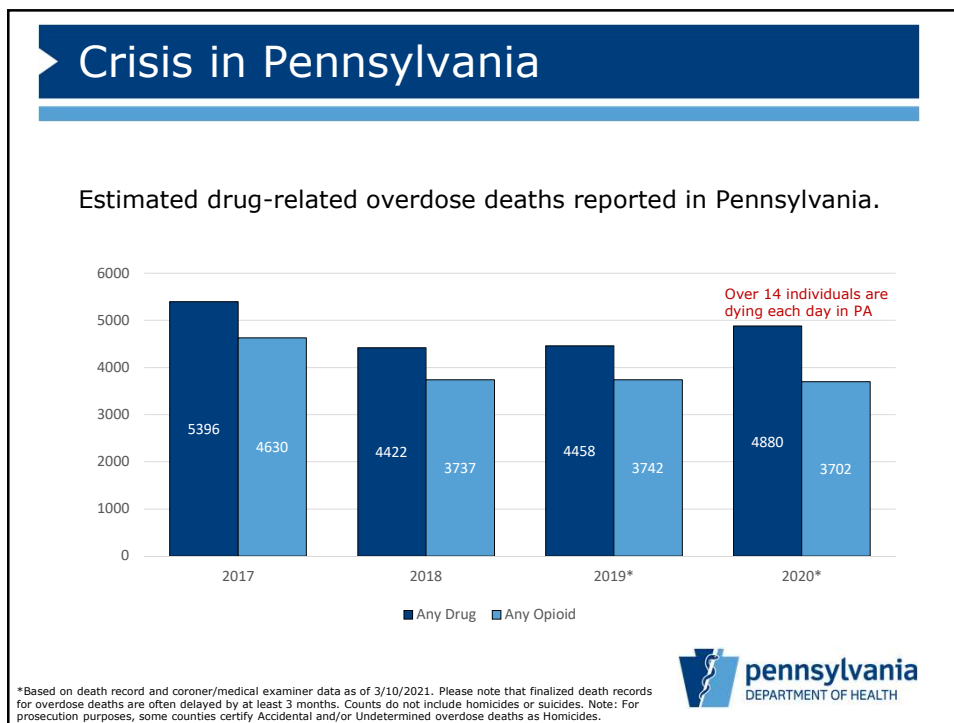
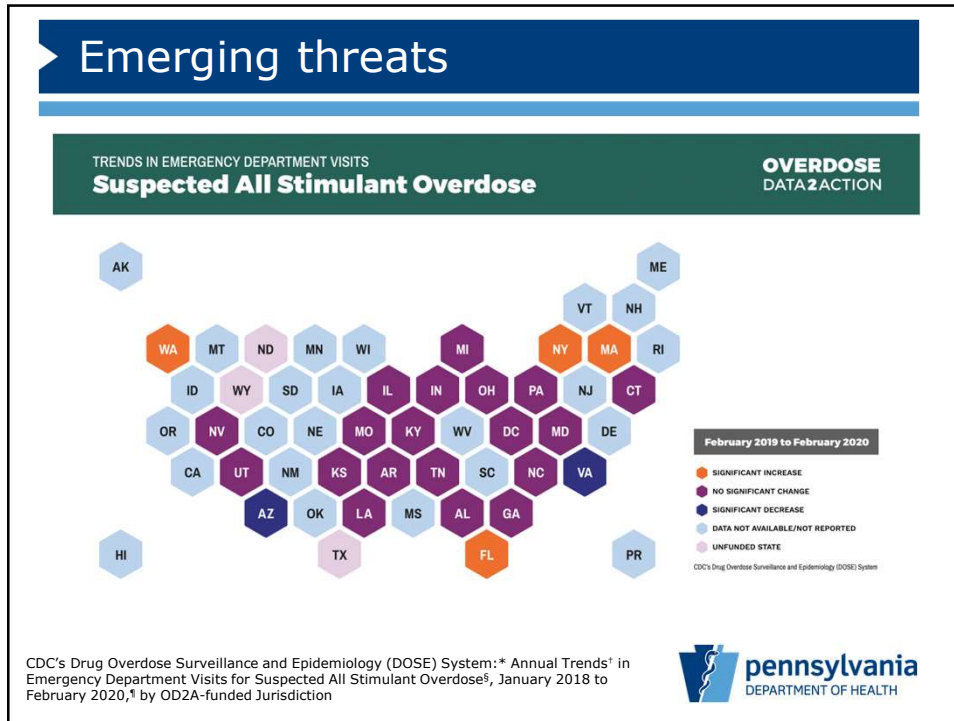
Real Stories from real people who have shared their personal accounts about dealing with prescription opioids.

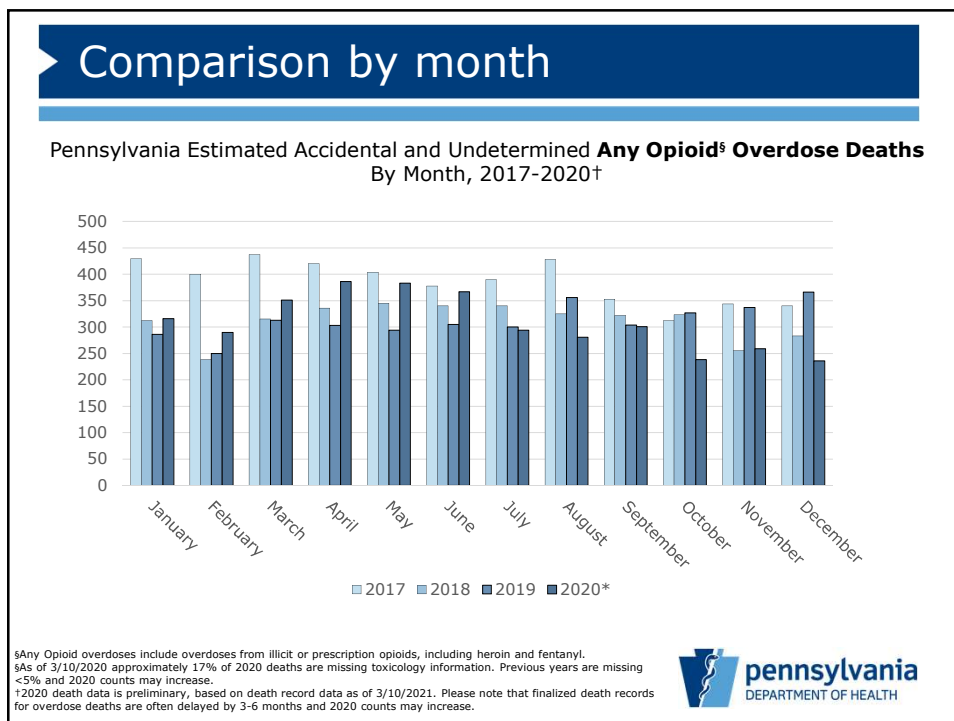
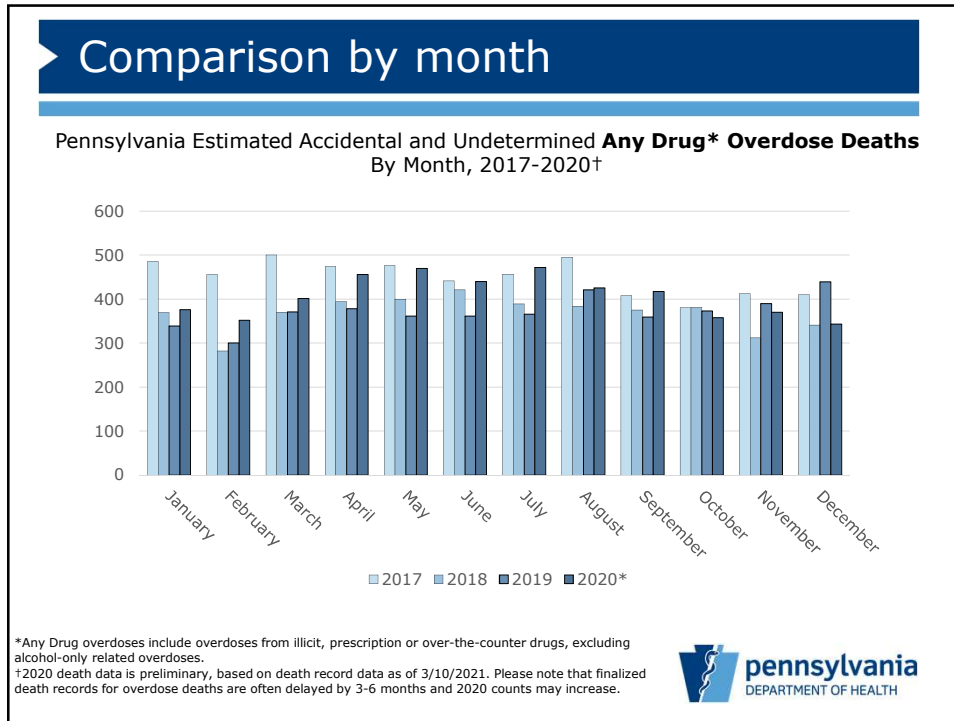
 <p>Britton, a United States Veteran, struggled with prescription opioids following an injury and shares his path to recovery.</p>	 <p>David used prescription opioids after knee surgery. He found hope and support in recovery.</p>	 <p>Jeni shares how she withdrew from her culture because of prescription opioids, but reconnected through recovery.</p>
 <p>Tessa took prescription opioids while pregnant. Her children led her to recovery.</p>	 <p>Tele misused prescription opioids beginning at age 13 and shares its impact on his life and recovery.</p>	 <p>Stevi Rae struggled with addiction after a car crash and tells how sharing her story with other Alaska Natives helped.</p>

[CDC Rx Awareness](#)









Commonwealth's initial response

- Prescription Drug Monitoring Program (PDMP) system development and implementation
- Opioid Prescribing guidelines for 14 medical specialties
- Overdose Task Force meetings (DDAP led)
- Naloxone standing orders from the DOH Physician General
- Continuing Education for Health Care Providers
- Warm Handoff protocol



Operational Action

- Disaster Declaration in Pennsylvania
 - Signed January 10th, 2018 allowing certain statutory and regulatory waivers to be enacted, and creating the command center and multi-agency coordination group
 - Highlighted an initial 13 initiatives intended to increase data and data sharing, increase access to Naloxone, and increase access to treatment/recovery options
 - Declaration has been renewed multiple times since the initial signing
 - Formed Pennsylvania Opioid Data Dashboard



Effect on State Operations

- Use of Incident Command System (ICS) structure
- Immediate changes to personnel and responsibilities
- Creates clearer lines of authority for enhanced coordination, communication, and decision-making
- Public Health Emergency Command Center
- Unified Coordination Group including PA Attorney General's Office and HIDTA



Disaster Declaration Metrics

As of April 2, 2021

- Naloxone
 - 2453 doses of naloxone left behind by EMS
 - Total 53,239 doses have been administered
- NAS data collection
 - 5,748 cases of NAS reported 87% of facilities reporting valid cases
- ED Visits
 - 32,760 suspected opioid overdoses
 - 21,022 heroin overdoses
- Waive Fees For 6,285 Birth Certificates For Individuals With OUD
- 74 EpiCenter Alerts Issued
- Total of 50,455 calls to Get Help Line with 27,417 intake calls



Results

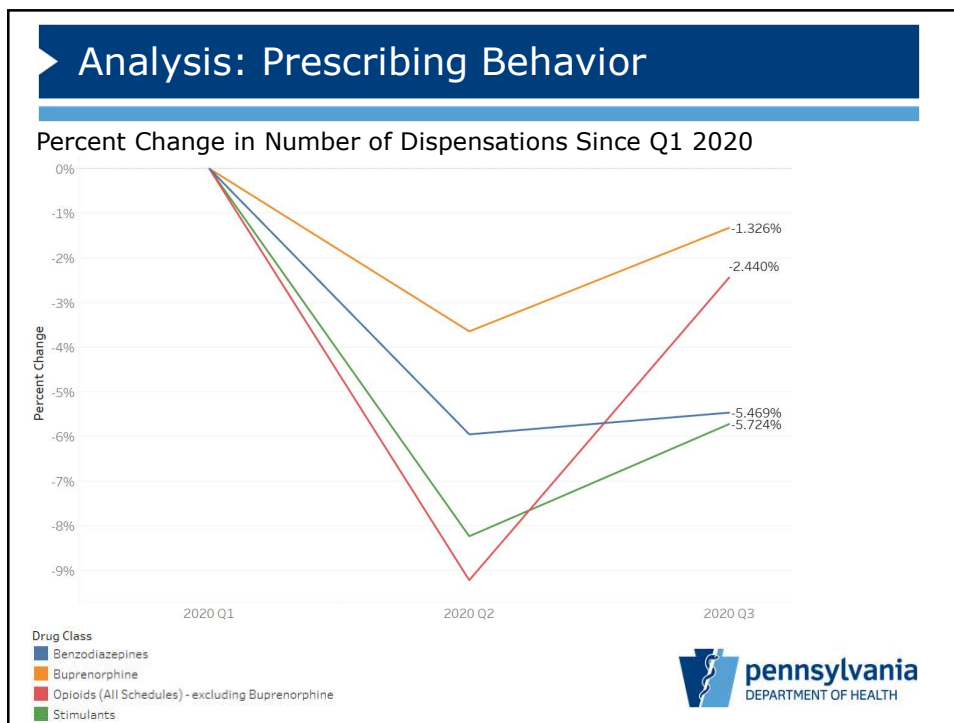
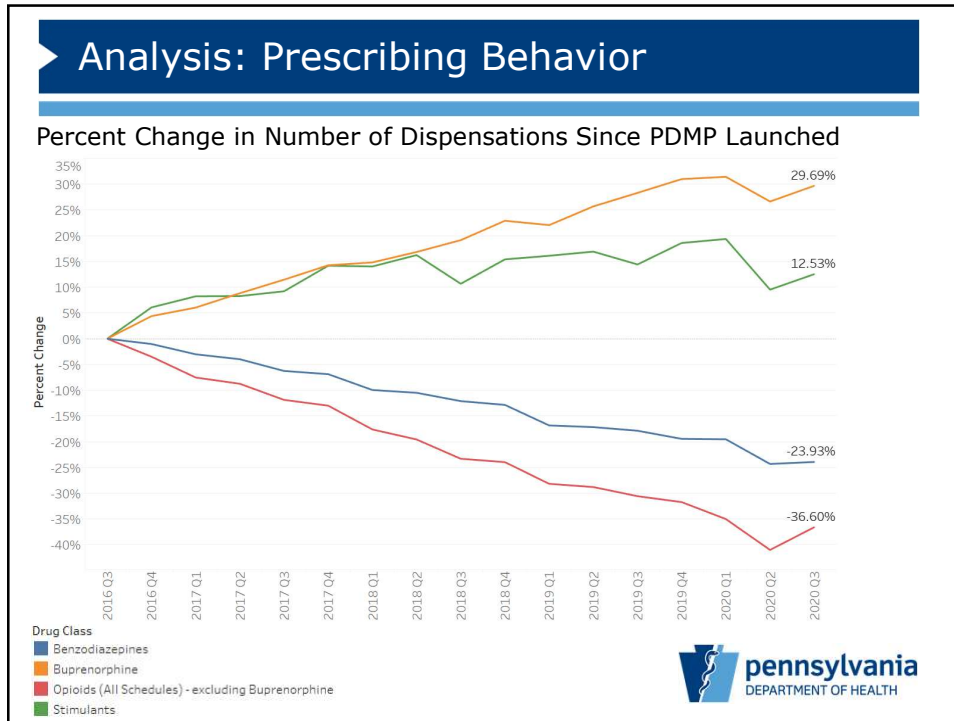
- Launched in November 2017, the *Naloxone for First Responders program* provides intranasal naloxone kits to eligible first responders statewide at no cost using a network of 48 local distribution hubs, or Centralized Coordinating Entities (CCEs).
- Since inception, CCEs have distributed more than 80,000 kits of Narcan® to first responder groups, resulting in more than 17,094 reported overdose reversals to date.

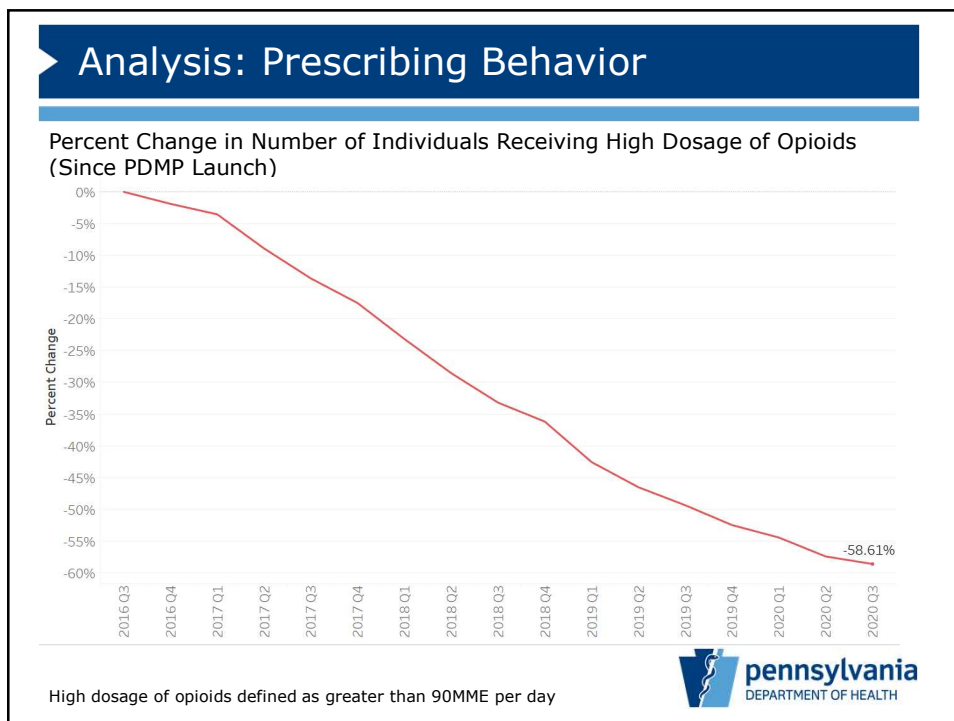
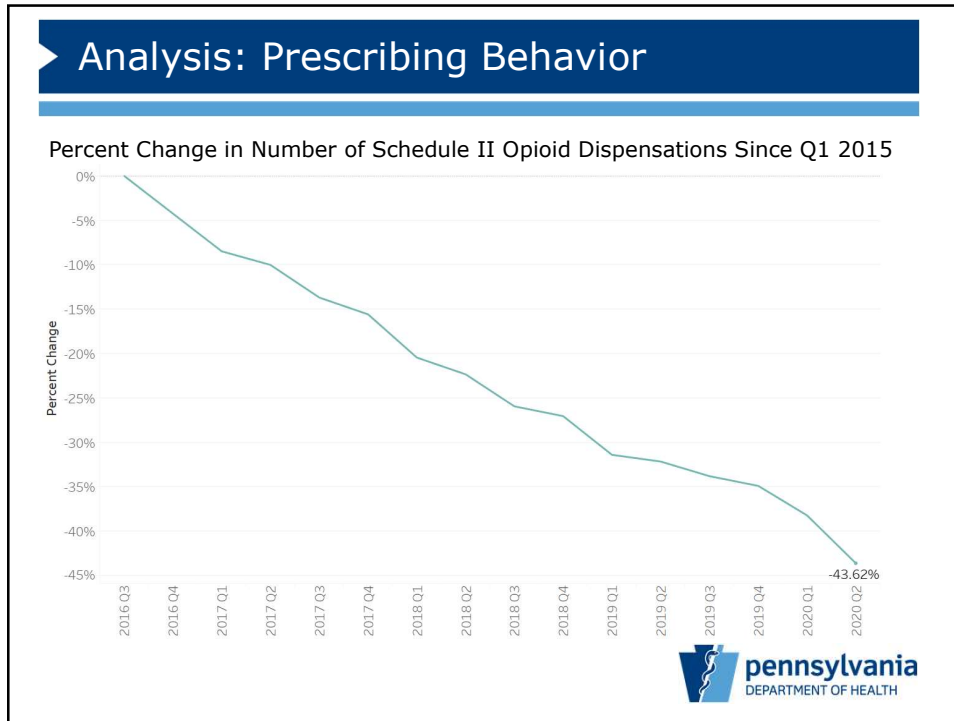


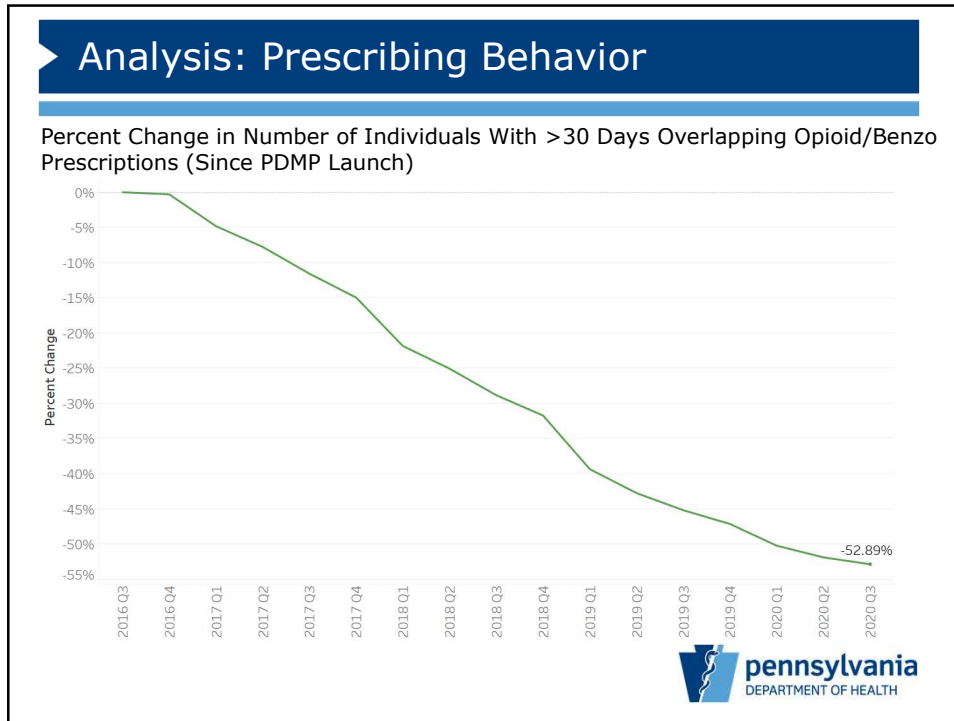
Results

- In December 2018, state agencies - Drug and Alcohol Programs (DDAP) and Human Services (DHS) launched the Drug and Alcohol Referral Tool (DART), an online resource to help Pennsylvanians seeking substance use disorder treatment for themselves or a loved one find treatment options and other resources in their area.
- To date, more than 1,400 individuals have used the tool to access resources
- Recently, DDAP launched Life Unites Us, an anti-stigma campaign, utilizing social media platforms to spread real-life stories of individuals and their family members battling substance use disorder









Patient Advocacy Program

- Established in October 2020 with representation from State and Local stakeholders including:
 - Commonwealth agencies
 - Commercial Health Plans
 - Center of Excellence
 - Commonwealth Associations
 - PacMAT
- Purpose: Enhance the Patient Advocacy Program through inclusive decision-making on Program implementation strategies, gaps in educational resources and activities, and program evaluation to sustain Program goals.

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Patient Advocacy Program

Outreach updates:

- Since September 2019, the program has directly assisted 229 patients.
- **14** Program Events of provider license surrender/revocation/suspension, clinic closures, etc.
- **1,583** commercial health plan and Managed Care Organization members have been identified as impacted by a Program Event.
 - **960** were called
 - **483** were sent a letter
 - **374** were assigned a case manager
 - **900** were successfully assisted with reestablishing care (based on data collected within 30 days of a Program Event).



Patient Advocacy Program

- Website created to provide resources for:
 - Patients and families
 - Medical and healthcare professionals
 - County and regional resources
 - Visit bit.ly/patientadvocacyPA
- Feedback from patients and stakeholders utilized to establish new materials and resources, including:
 - Healthcare services resource guide
 - Where to seek care flyer
 - How do prescribing laws impact patient care
 - Tapering handout



**If you have lost access to care,
we want you to know
help is available.**



**Healthcare Services
Resource Guide**

Pennsylvania Northwest Region

For patients in the following Counties:
**Cameron, Clarion, Clearfield, Crawford, Elk,
 Erie, Forest, Jefferson, Lawrence, McKean,
 Mercer, Venango, Warren**



Topics covered:

- General where to seek care recommendations
- Avoid withdrawal
- Avoid opioid overdose, Naloxone
- SUD treatment, Get Help Now
- Federally Qualified Health Centers
- Centers of Excellence (COE) and PA Coordinated Medication Assisted Treatment (PacMAT)
- Single County Authority


Where to Seek Care


The following steps are recommended to patients:

1. Contact your primary care doctor to discuss next steps in care.
2. If you do not have a primary care doctor, locate one by calling the number on the back of your health insurance card.
 Or, you can visit a Federally Qualified Health Center in your area for healthcare services or for help getting health insurance. Federally Qualified Health Centers provide services to everyone regardless of ability to pay.
To locate a Federally Qualified Health Center in your area, visit findahealthcenter.hrsa.gov.
 Please note, a new doctor may recommend a new treatment plan.
3. The Patient Advocacy Program is also available to answer additional questions related to the prescribing of opioids and other controlled substances, and how to find a Federally Qualified Health Center or doctor.

What is the Patient Advocacy Program?


The Patient Advocacy Program is a point of contact and resource coordinator for patients who are prescribed controlled substance medications and lost access to care.
 Email ra-dh-advocacy@pa.gov or call 844.377.7367
 Monday through Friday 8:00 AM- 4:00 PM.
 Visit bit.ly/patientadvocacyPA for more information and resources.

Avoid Opioid Overdose	Find Drug Treatment
Naloxone can reverse an opioid overdose and is available through a state-wide standing order, which means you do not need a prescription. Most pharmacies carry naloxone. For more information, visit: PA.gov/opioids	24/7 help is available for those battling substance use disorder. <div style="text-align: center;">  Call: 1.800.662.4357 </div> <div style="text-align: center;">  Or visit: ddap.pa.gov </div>



If somebody has taken drugs and becomes unresponsive, **call 911 immediately.**

How do Pennsylvania Opioid Prescribing Guidelines and Opioid Laws Impact Patient Care?



Act 191 of 2014 requires the Prescription Drug Monitoring Program to collect information on all filled prescriptions for controlled substances. It is a tool designed to help healthcare providers safely prescribe controlled substances such as opioids.



There are opioid prescribing guidelines for 14 medical specialties on the safe and effective use of opioids for pain management. The guidelines help healthcare providers improve patient outcomes and provide good patient care. The guidelines are not rules or laws.




Act 112 of 2019 requires a healthcare provider to provide education and have treatment agreements with patients when treating chronic pain with a controlled substance that contains an opioid. It also requires Urine Drug Screening in some situations.



Act 96 of 2018 requires a healthcare provider to electronically prescribe controlled substance medications. Electronic prescribing is a technology that lets the provider send a prescription directly to the pharmacy the patient likes to use.

Questions or concerns?
 For more information, visit: bit.ly/patientadvocacyPA
 Or contact the Patient Advocacy Program:
 Email ra-dh-advocacy@ps.gov Phone 844-377-7367

Additional Information
 Prescribing Guidelines: bit.ly/prescribeguidelines
 Treatment agreements: bit.ly/treatmentagreements
 Electronic prescribing: bit.ly/eprescribing



What is Tapering?

Tapering means to reduce opioid dosage over time.

Opioids can be an important part of treatment for your pain management, but they come with serious side effects and risks. If your healthcare provider thinks the risks of opioids outweigh the benefits, they may recommend tapering. Learn more about tapering so you may have an informed conversation with your healthcare provider about this process.

Reasons Why Opioids May be Tapered:

<ul style="list-style-type: none"> ✓ Your pain and function have not improved over time.¹ ✓ You start another medicine that increases risk for bad side effects with opioids.¹ ✓ You have bad side effects that make it harder to safely do everyday tasks.¹ 	<ul style="list-style-type: none"> ✓ You request a lower dose or wish to stop taking opioids.² ✓ You show signs of opioid addiction (e.g. difficulty controlling use).² ✓ You have experienced an overdose or show early warning signs of addiction.²
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Facts About Tapering and Best Practices:

<ul style="list-style-type: none"> ✓ The goal is to minimize increases in your pain and signs of withdrawal. ✓ Early withdrawal symptoms (e.g. anxiety, muscle aches) usually go away after 5-10 days but may take longer.³ ✓ It can take as little as a week to lose tolerance to your original opioid dose. There is a risk of overdose if you suddenly return to your original opioid dose. Never take more than prescribed.¹ 	<ul style="list-style-type: none"> ✓ Common tapering may involve dose reductions of 5% to 20% every four weeks.¹ ✓ Some symptoms (e.g. feelings of uneasiness, trouble sleeping, irritability) can take weeks or months to go away.³ ✓ Talk to your healthcare provider. Tapering may need to pause and restart again. Pauses may allow you to learn new pain and stress management skills and get used to your lower opioid dose.¹
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Tapering Questions to Ask Your Healthcare Provider:

What is the goal of tapering for me?	What will my tapering plan look like?	What other pain management treatments can I try?	What withdrawal symptoms may I experience?	How do I manage withdrawal symptoms?
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Find More Information + Education:

Go to bit.ly/patientadvocacyPA

¹Visit bit.ly/385Staperingguide to view the Guide for Appropriate Tapering or Discontinuation of Long-Term Opioid Use, published by the U.S. Department of Health and Human Services.
²Visit bit.ly/3C0C8staperingguide to view the Centers for Disease Control and Prevention Pocket Guide: Tapering Opioids for Chronic Pain.

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24/7 help is available for anyone who is battling addiction. Call 1-800-662-4357 or visit pa.gov/opioids.

The prescription you picked up contains an opioid.

Opioids can be an important part of treatment for pain, but they also come with serious risks.

Here's what you need to know.

- ✓ The longer you take opioids, the more likely it is that you will become dependent on them. Long-term dependence becomes much more likely after just **five days**. Talk to your provider for guidance on when or how to stop taking your prescription.
- ✓ When you stop taking an opioid, you may feel withdrawal symptoms such as anxiety, mood swings, restlessness, dizziness, hot flashes, shivering, nausea or abdominal cramping. If you find yourself experiencing these, talk to your provider.
- ✓ Overdosing on an opioid can slow or even stop your breathing. Naloxone can reverse an overdose. Most pharmacies carry Naloxone. You can pick it up without a prescription. For more information, visit pa.gov/opioids.
- ✓ Unused opioids are too dangerous to keep around. Dispose of your unused opioids through a drug take-back location to keep family members and friends safe. Visit bit.ly/Rxtake-back to find a drug take-back location near you.

A good patient-provider relationship is a partnership. Your provider is there to help you safely take opioids for pain. Talk to your provider when you have questions about your prescription.

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During COVID-19

- EMS Naloxone utilization has generally increased since Q1 2019. In comparison from Jan-May 2019 vs. Jan-May 2020, the SE and SW have seen significant increases.
- EMS transport rates have decreased this year, mostly due to the state lock down but have picked up since end of May as the state started to open up.
- ED visits for any drug overdoses for Jan - August 2020 were elevated compared to 2019 and 2017 (peak years so far).
 - Isolation, emotional, mental and financial stress leading to the use of substances,
 - During state lock down, reluctance of calling 911 or visiting an ED in the fears of getting exposed to COVID-19,
 - May be using drugs alone and are unable to call for assistance

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Prescriber Education

- **Evidence-Based Prescribing: Tools You Can Use to Fight the Opioid Epidemic**
 - Can be found by visiting www.doh.pa.gov/pdmp and clicking "Education"
 - Over **2,900** health care professionals educated on-site through a face-to-face education session.
 - **775** health care professionals educated through live webinar.
 - **24,231 courses** have been completed online through TRAIN PA. **6,679** of those courses were completed by a unique participant.
- **Academic Detailing**
 - **831** sessions completed with health care professionals to date



First Responder Training

- Trainings are conducted with first responder agencies
- Online asynchronous training being developed



National realities

- **Opioid prescribing continues to decrease.** Providers have decreased opioid prescriptions nationwide by 37.1%.
- **PDMP registration and use continues to increase.** In 2019, health care professionals nationwide accessed state databases more than **739 million** times – a **64 percent** increase from 2018. States with and without mandates to use the PDMP saw large increases.
- **Access to naloxone rising.** Naloxone prescriptions increased by approximately 1 million in 2019 -- the highest rate on record.
- **Treatment capacity increasing.** There are now more than 85,000 physicians and health care professionals certified to provide buprenorphine in office for the treatment of opioid use disorders across all 50 states – an increase of nearly 50,000 since 2017.



Lessons learned

- As opposed to each agency “doing their own thing,” we have more visibility/a common operating picture.
- Must keep counties/local government informed of state-level initiatives.
- Collecting data is good, doing something with it is better.
- Sustained efforts lead to burn out/compassion fatigue.
- Communicate with stakeholders...then communicate more!
- Stigma around SUD patients and patients in recovery continues to be an issue.

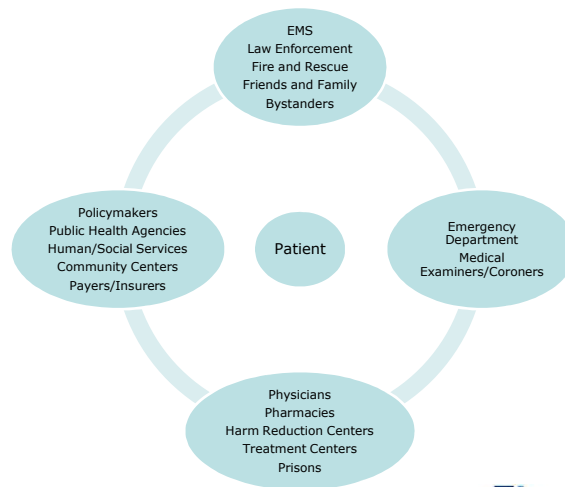


Next steps – more to do!

- More Naloxone giveaways
- Additional grants to maintain and improve efforts around rescue, prevention, treatment and recovery initiatives
- Focus on stimulant related overdoses
- Ensure access to MAT and evidence-based treatment across PA and remove unnecessary barriers
- Promote Syringe Services Program & other harm reduction efforts
- Health care provider and first responder education



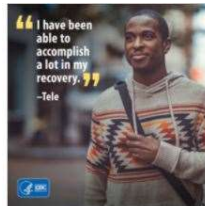
Together we can do better!



Success Stories



Britton, a United States veteran, struggled with prescription opioids following an injury and shares his path to recovery. [Learn more about Britton's story.](#)



Tele misused prescription opioids beginning at age 13 and shares the impact of opioid misuse on his life and recovery. [Get to know Tele.](#)



Tessa took prescription opioids while pregnant. Her children led her to recovery. [Get to know Tessa.](#)



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THANK YOU

