

Pennsylvania's Opioid Crisis and the Governor's Disaster Declarations

Raphael M. Barishansky

*Deputy Secretary, Health Preparedness and Community Protection
Pennsylvania Department of Health*

Pennsylvania specifics

- 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



At least
HALF



of all opioid overdose
deaths involve a
prescription opioid.

Pennsylvania specifics

- Up to 13 Pennsylvanians a day were dying of a drug overdose
- More Americans now die every year from drug overdoses than they do from motor vehicle crashes.

**Heroin
& opioid
overdose**



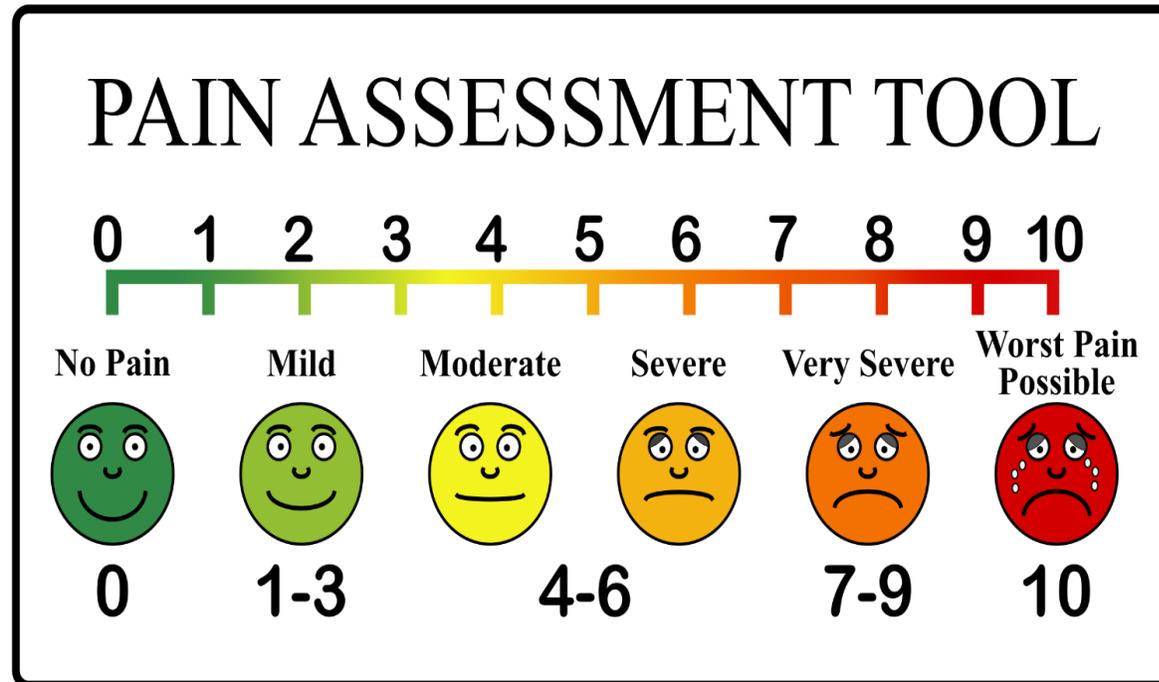
are now the leading cause of
accidental death in Pennsylvania.



How did we get here ?

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- 1990s - increased emphasis on the identification of pain



How did we get here ?

- Since 1999, the amount of prescription opioids sold in the U.S. have nearly quadrupled.

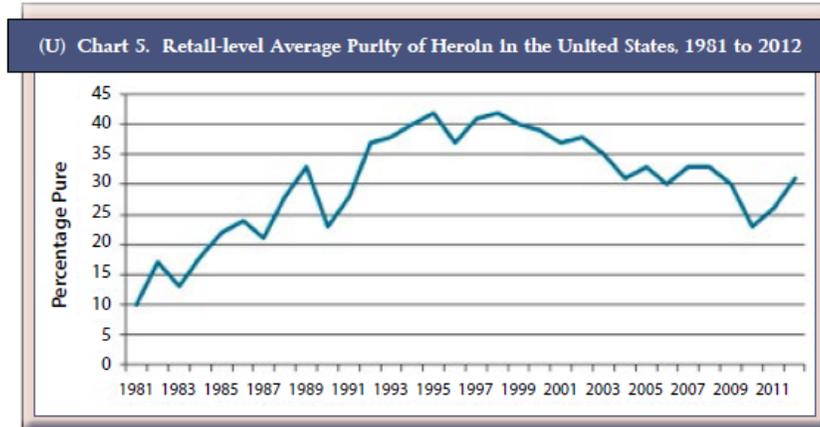
- Health care providers wrote 259 million prescriptions for painkillers in 2012, enough for every American adult to have a bottle of pills.



- 80 percent of heroin users report nonmedical use of prescription opioids.

How did we get here ?

Purity

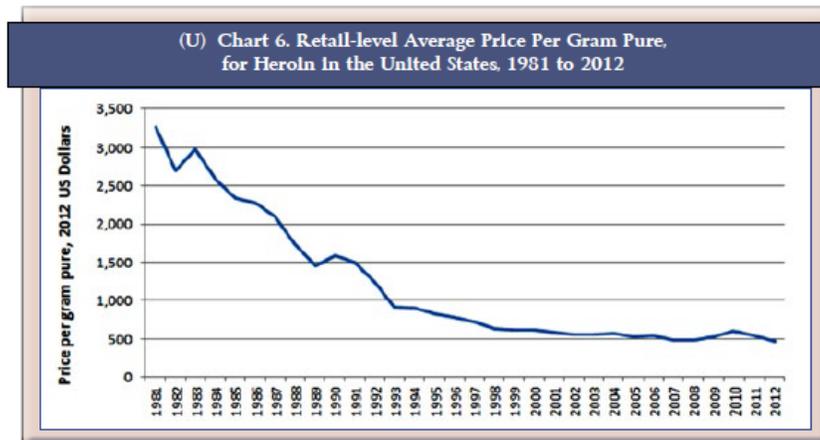


Source: Institute for Defense Analyses and ONDCP

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

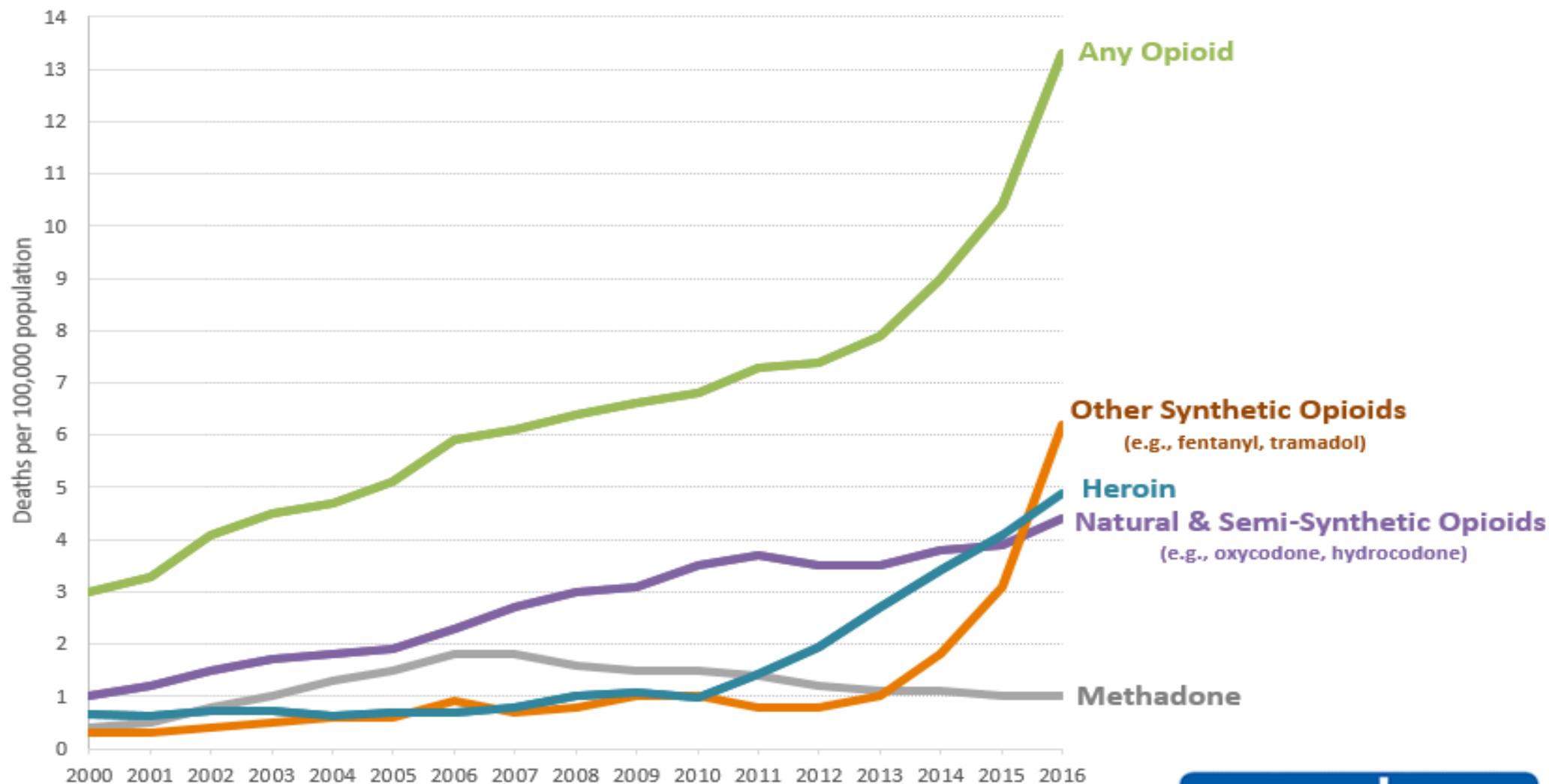
Price



Source: Institute for Defense Analyses and ONDCP

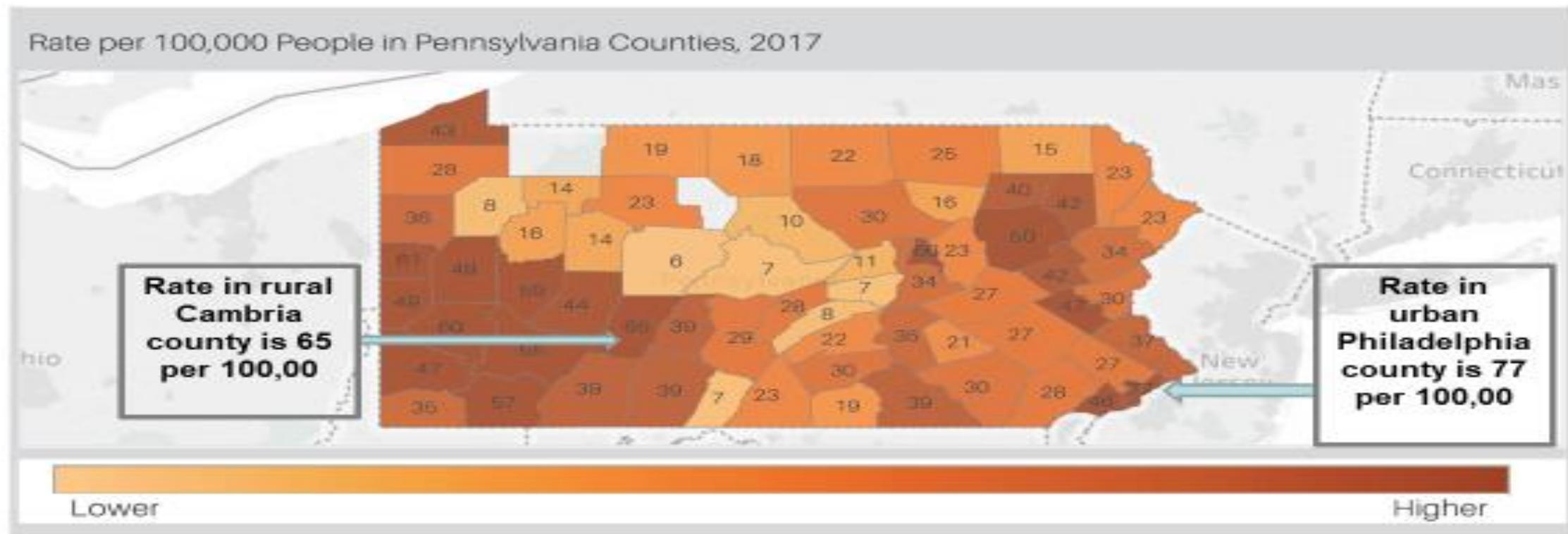
Heroin today is much higher purity and lower price

Overdose Deaths Involving Opioids, by Type of Opioid, United States, 2000-2016



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2017. <https://wonder.cdc.gov/>.

Rate of Drug-Related Overdose Deaths per 100,000 People in Pennsylvania Counties, 2017



Source: Pennsylvania Coroner/Medical Examiner Data, adopted from the 2018 DEA Report

The Opioid Threat in Pennsylvania: Key Findings

- DEA Philadelphia Field Division released a report entitled *The Opioid Threat in Pennsylvania* in September, 2018.
- The presence of fentanyl was noted in more than 67% of drug-related overdose deaths in Pennsylvania in 2017.
- The presence of fentanyl-related substances in overdose deaths rose almost 400% from 2015 to 2017.

• *Source: U.S. Department of Justice, Drug Enforcement Administration, Philadelphia Field Division, Media Advisory:*

How did we get here ?

- 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

Commonwealth's initial response

- PDMP development and implementation
- Opioid Prescribing guidelines
- Overdose Task Force meetings (DDAP led)
- Naloxone standing orders from the Physician General

Disaster Declaration

From Governor Wolf's Disaster declaration:

- *“the Drug Enforcement Agency reports the total number of fatal drug overdoses in Pennsylvania in 2016 was 4,642, a 37% increase from 2015 and those deaths increasingly are the result of fentanyl and other synthetic opioid compounds”* and
- *“Pennsylvania’s rate of drug overdose is **36.5 per 100,000** which is significantly higher than the national average of **16.3 per 100,000**”*

Operational Overview

- Disaster Declaration

- *Signed January 10th, 2018 allowing certain statutory and regulatory waivers to be enacted, and creating the command center and multi-agency coordination group*
- *Highlighted 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*

What effect did declaring the emergency have on state operations?

- Use of Incident Command System (ICS) structure:
 - Quickly scales up coordination and response activities
 - Requires interagency coordination among key agencies
- Immediate changes to personnel and responsibilities:
 - Some states allow for personnel to focus full-time on the declaration response
- Creates clearer lines of authority for enhanced coordination, communication, and decision-making:
 - Accelerates coordination between public health and law enforcement
 - Strengthens inter-governmental response and coordination between states and locals, as well as states and federal entities

Operational Overview

- Public Health Emergency Command Center
 - *Staffed daily by DOH staff, located at PEMA*
 - *Provides tracking of initiatives, consolidation and analysis of data, and serves as a centralized coordination hub*
- Unified Coordination Group
 - *Weekly meeting of representatives from 18 agencies involved to provide updates and coordinate initiatives*

PA Opioid Command Center - State Agency Partners

- Department of Health
- Department of Human Services
- Department of Drug and Alcohol Programs
- PA Commission of Crime and Delinquency
- PA State Police
- PA Emergency Management Agency
- Insurance Department
- Department of Corrections
- Governor's Office
- Department of State
- Department of Aging
- Department of Education
- Office of the State Fire Commissioner
- Department of Military and Veterans Affairs
- Department of Labor and Industry
- Department of Community and Economic Development
- Board of Probation and Parole
- PA Office of the Attorney General

PA Opioid Command Center- External Partners

- Thomas Workman- Opioid Alliance
- Dr. Thomas Farley- Philadelphia Commissioner of Health
- Dr. Michael Asburn- Penn Medicine
- Graham Hetrick- Dauphin County Coroner
- Layne Turner- Lehigh County Blue Guardian Program
- Susan Trace- Lancaster Joining Forces

PA Opioid Command Center-Federal Partners

- James Carroll- White House Office of National Drug Control Policy
- Matt Baker- Health and Human Services Regional Director
- Laura Hendrick- Drug Enforcement Agency
- Tamara Wallace- HIDTA

Governor's Initial Initiatives

- Naloxone leave behind for EMS
 - 1079 doses of naloxone left behind as of 7/1/19
- NAS data collection
 - 2901 cases of NAS reported week ending 7/1/19
 - 89% of facilities reporting valid cases
- Waive Fees For Birth Certificates For Individuals With OUD
 - 2391 birth certificates issued as of 7/1/19
- Streamline a Pilot Program Using Advance Body Scanner (DOC)
- Additional sharing of PDMP data
- Total EpiCenter Alerts Issued -34 since 8/1/19

Results – PCCD

- 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 49 local distribution hubs, or Centralized Coordinating Entities (CCEs).
- PCCD received \$5 million in state funding to support the program over its first 18 months; \$1.5 million is available for the program through the state's FY 2019-20 budget and potential for additional funding

Results – PCCD

- Since its inception, the program has provided more than 37,221 kits (2 doses each) of naloxone to nearly 1,800 first responder agencies across the Commonwealth, including law enforcement, fire fighters, EMS agencies, probation and parole officers, drug treatment providers, school and library personnel, and shelters, among others.
- These efforts have resulted in more than 7,102 reported overdose reversals to date statewide.

Results – DDAP

- In November 2016, the department launched the helpline staffed by trained professionals 24 hours a day, 7 days a week, 365 days a year. Individuals battling substance use disorder and their loved ones can call 1-800-662-HELP to find local treatment options and resources.
- More than 43,000 individuals have called the helpline and 40 percent of those calls were transferred directly to treatment.

Results – DDAP

- In December 2018, the departments of Drug and Alcohol Programs and Human Services 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

Results – Dept of Corrections

- All state-run correctional facilities now have a body scanner (some have two)
- An element of the Governor's initial disaster declaration that yielded great results



FOR IMMEDIATE RELEASE
May 3, 2019

Department of Corrections to Expand Medication-Assisted Treatment Program

Harrisburg, PA -- Beginning June 1, 2019, the Department of Corrections will expand its Medication Assisted Treatment (MAT) Program to include new inmate receptions and parole violators returning to prison who already are on a verified MAT.

“Anyone who is enrolled in a verified MAT Program, either in the community or in a county jail, will be continued on MAT upon reception to the DOC,” Corrections Secretary John Wetzel said. “Suboxone and oral naltrexone will be available immediately and also will be offered to those on methadone until it can be added at a later date.”

Wetzel said that inmates entering the state prison system who are on an MAT that is not available or that do not meet criteria for continuing MAT will have their individual cases reviewed by the agency’s Bureau of Health Care Services to determine the best course of treatment.

Results – Dept of Corrections: Implementing Vivitrol Inside SCIs

• Signs of Success

- Staff Initiative
- Staff Buy-In
- Teamwork
- Sense of Urgency
- Communication
- COMPASS Application (Medicaid) done timely

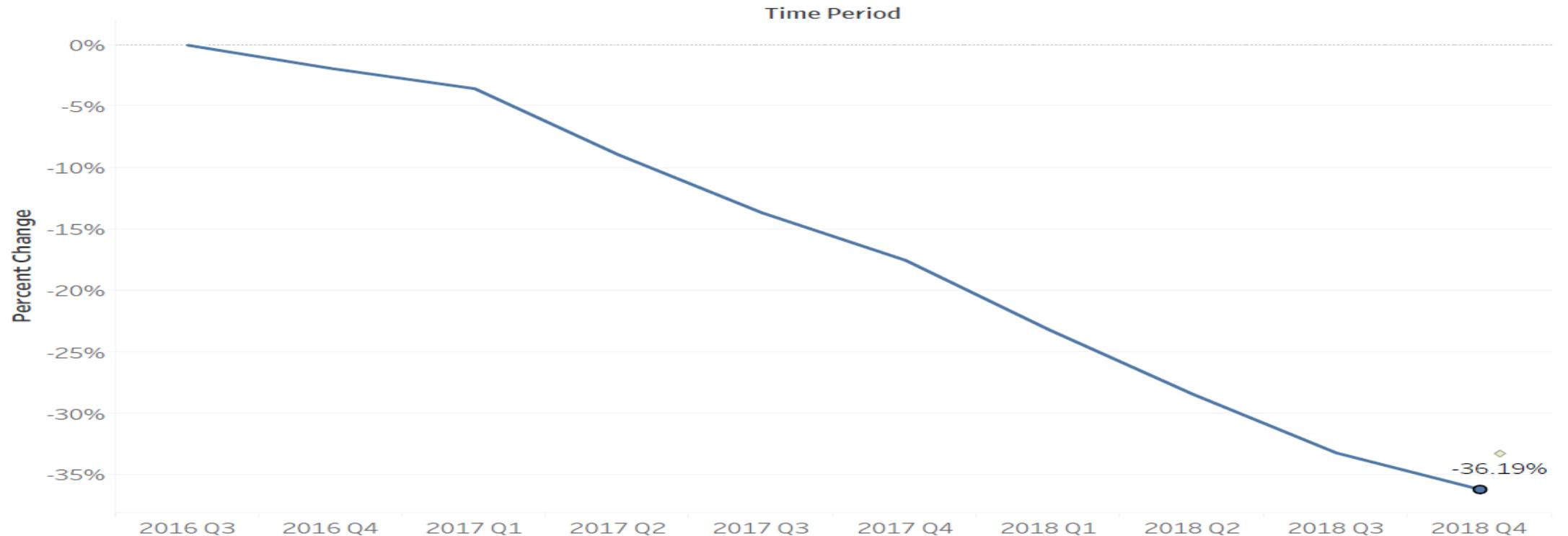
- 2016: 78 participants
- 2017: 494 participants
- 2018: 742 participants

- 2018: 742 participants

Weekly call-ins to the PA DOC's Central Office are made in an effort to monitor the referrals.

Results - Data from PDMP

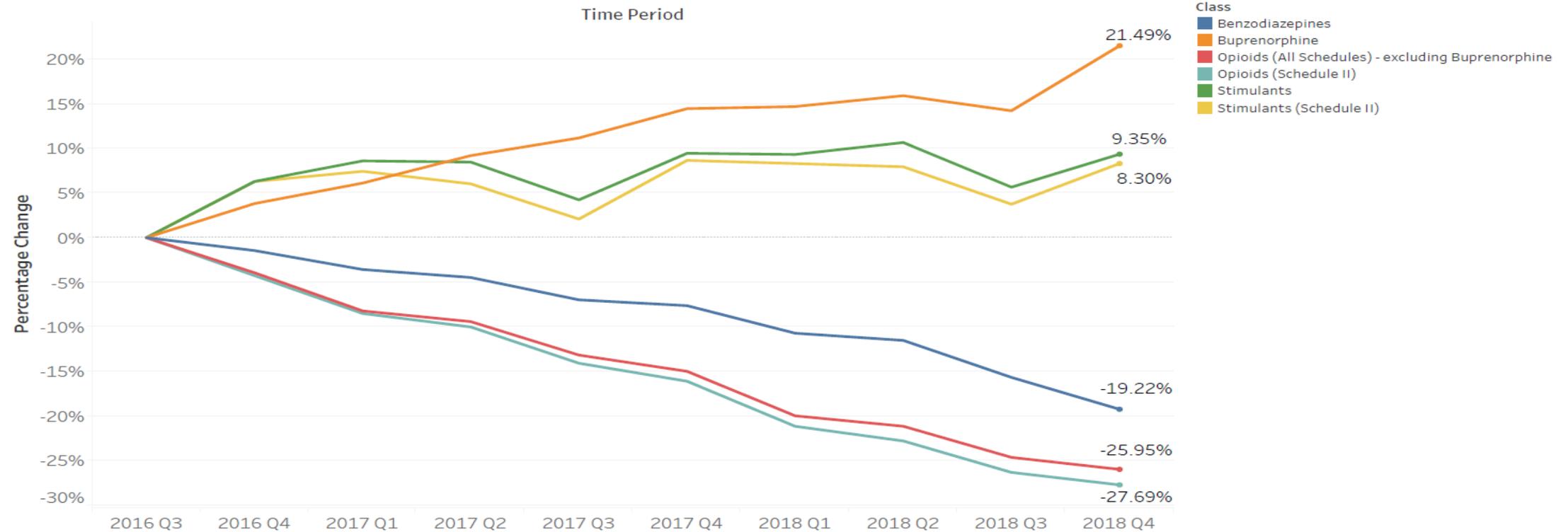
Percent Change in the number of individuals with average daily MME above 90



MME is a standardized way to calculate the strength of an opioid prescription. MME is calculated as (Quantity / Days' Supply) * Strength per Unit * Conversion Factor. Opioids are the only pharmaceutical class possible to convert to MME units. This measure is also referred to as Morphine Equivalent Doses (MED). Buprenorphine is excluded from MME calculations.

Results - Data from PDMP

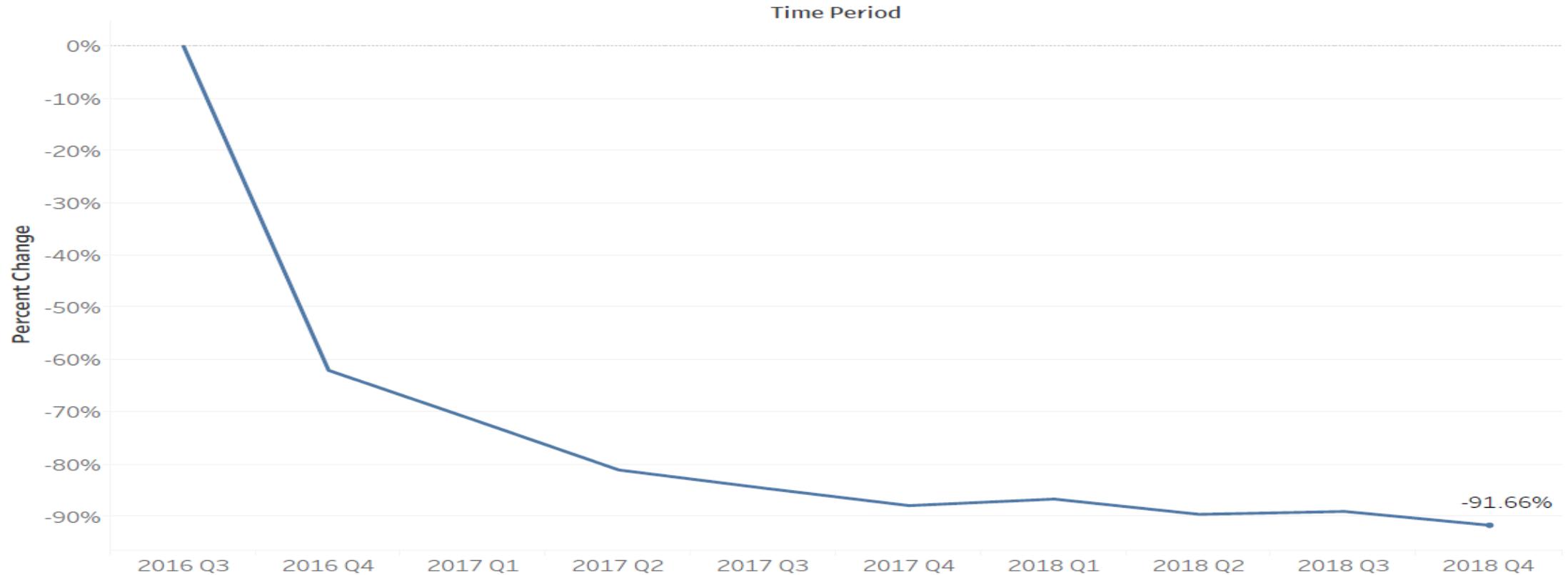
Percent Change in Number of Dispensations Compared to Q3 2016



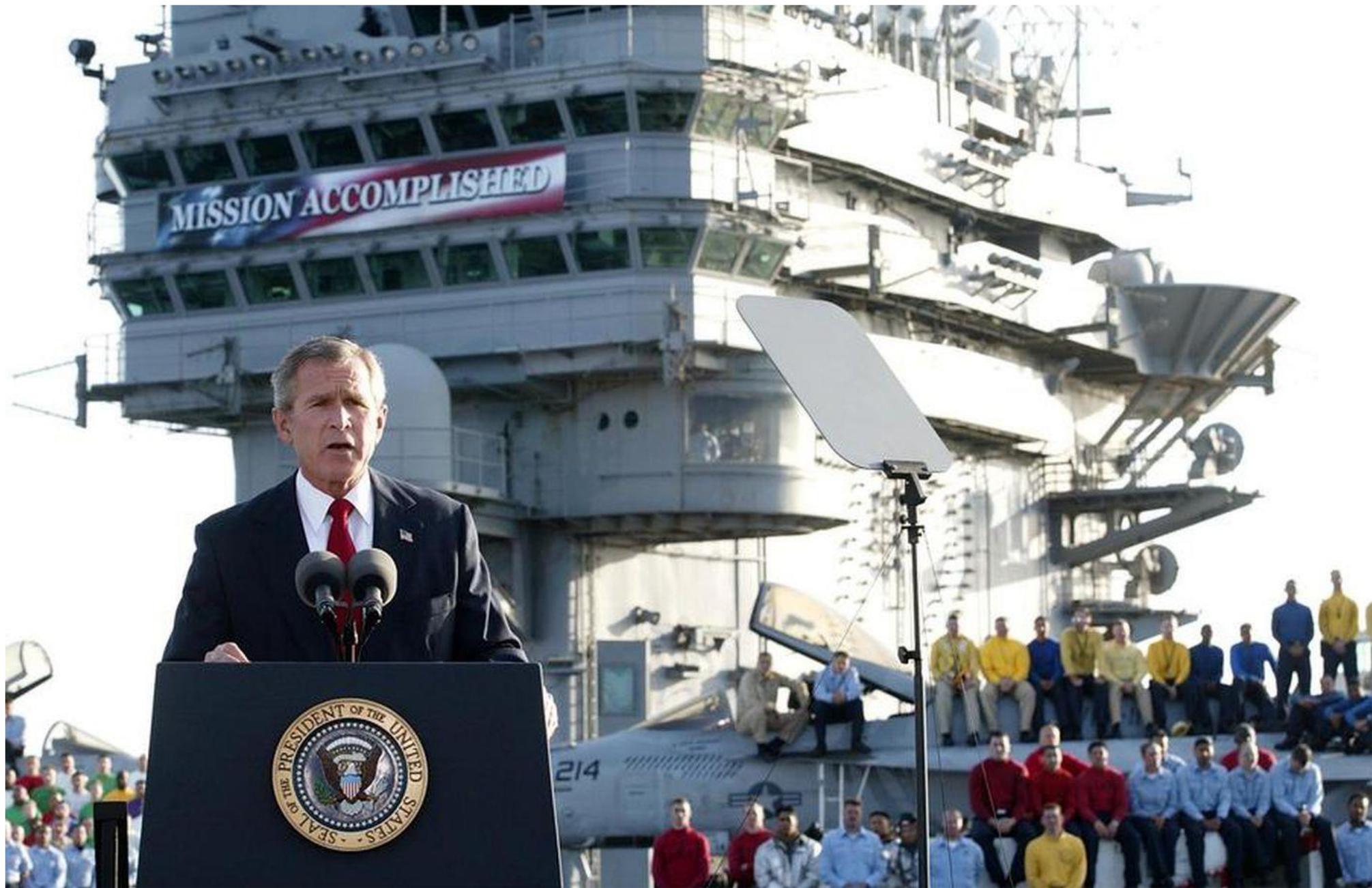
Benzodiazepines include benzodiazepines with anti-convulsant, anxiolytic, and sedative-hypnotic effects.
 Buprenorphine information is only collected if it is dispensed at a pharmacy.
 Opioids (All Schedules) - excluding buprenorphine includes full opioid agonist and partial opioid agonist classes with the exception of buprenorphine.
 Opioids (Schedule II) includes Schedule II full opioid agonists.
 Stimulants (All Schedules) includes amphetamines, amphetamine derivatives and respiratory/CNS stimulants.
 Stimulants (Schedule II) includes Schedule II amphetamines and respiratory/CNS stimulants.

Results - Data from PDMP

Percent Change in the number of individuals seeing 5+ prescribers and 5+ dispensers



Number of individuals who received prescriptions from 5 or more prescribers and 5 or more dispensers for any Schedule II-V substance in a 3-month period. This measure is also referred to as Multiple Provider Episodes.



Thank you!

Raphael M. Barishansky
Deputy Secretary of Health
rbarishans@pa.gov