



KEYSTONE POLICY SERIES

How They Do It: Pennsylvania Funders on
Engaging the Public Sector

COMBATING PENNSYLVANIA'S OPIOID EPIDEMIC

SPEAKERS



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The opioid epidemic: Real crisis, real solutions

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**Presentation for Keystone Policy Series
April 27, 2017**

Drug Overdose Deaths In Pennsylvania Reach An All-Time High

PA Park & Forest Rangers To Be Equipped With Overdose-Reversing Drug Naloxone

By CHRIS STALNAKER • APR 18, 2017

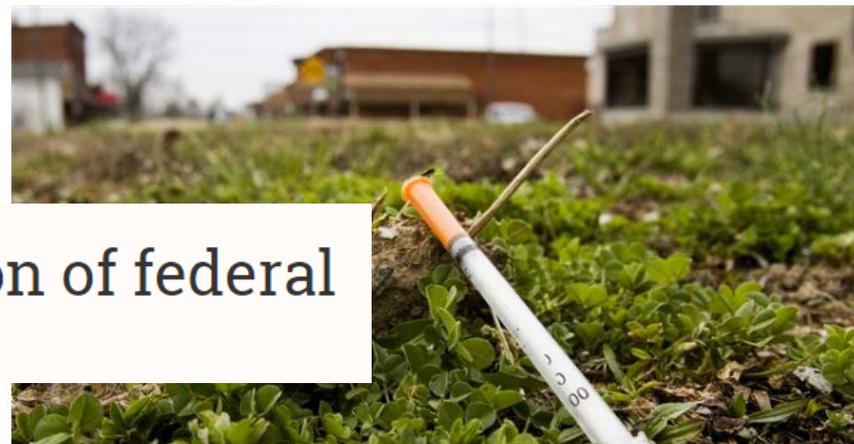
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OVERDOSED

Allegheny County drug overdose deaths surge to 613 in 2016, breaking record

April 6, 2017 4:09 PM



Pennsylvania to receive \$26 million of federal money to fight opioid crisis

More than \$13M in heroin, other drugs seized in Pennsylvania this year

By Fox 43 • Published April 05, 2017



The Pennsylvania State Police today announced that troopers seized \$13,755,803 worth of heroin, cocaine and other illegal drugs in the first three months of 2017. (Fox 43)

Lawsuit: She died from fentanyl, pushed by a drug rep in her Cherry Hill doctor's office

Updated: MARCH 30, 2017 — 12:33 PM EDT



The opioid epidemic is hard to miss right now

...what are evidence-based, effective solutions that can actually make *sustained* change?

My remarks will be provided from a public health perspective

- Focus on greatest harms and opportunities for risk reduction from a population perspective

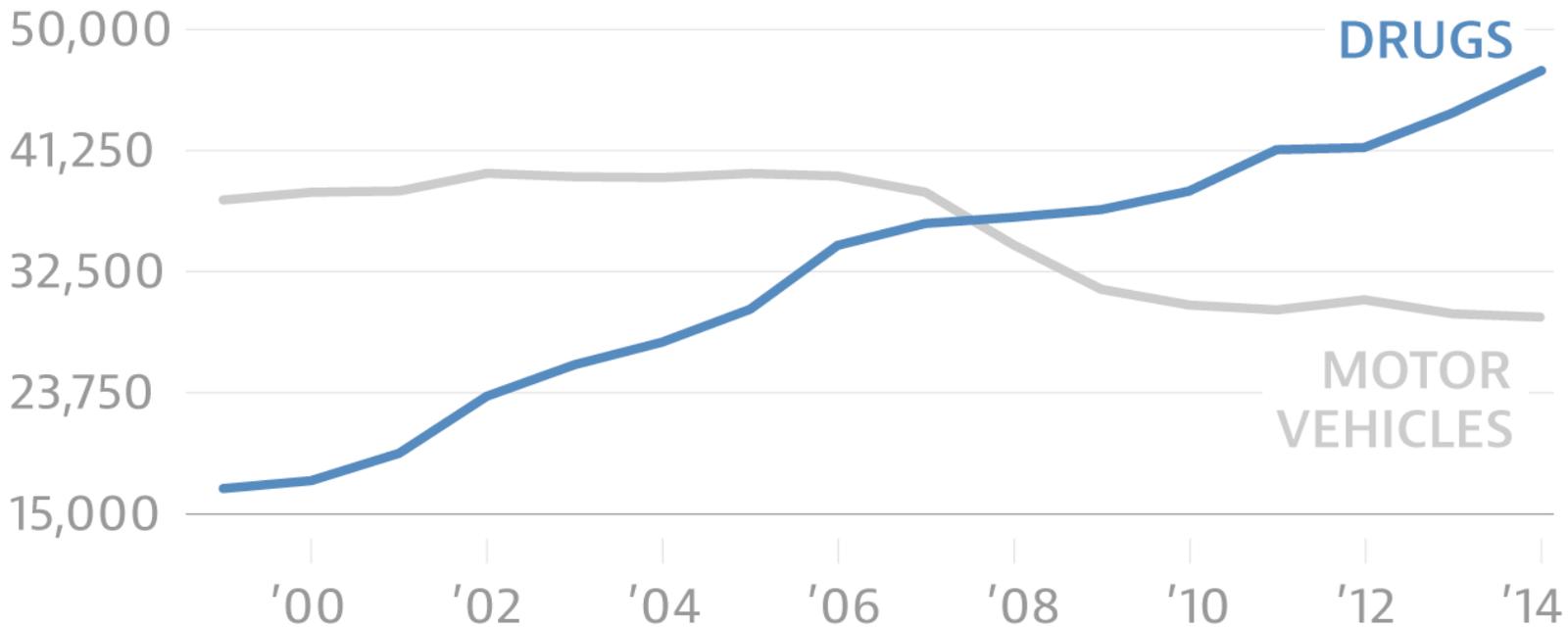
How did we get here?

A long conversation!

A few points:

- Problematic prescribing of opioid meds beginning in 1980s
- Spread of cheap, highly potent heroin and synthetic opioids
- Social and economic factors: epidemic follows “trail of despair”
- Criminalization of drug use

Drug overdose is the leading cause of injury death in the US

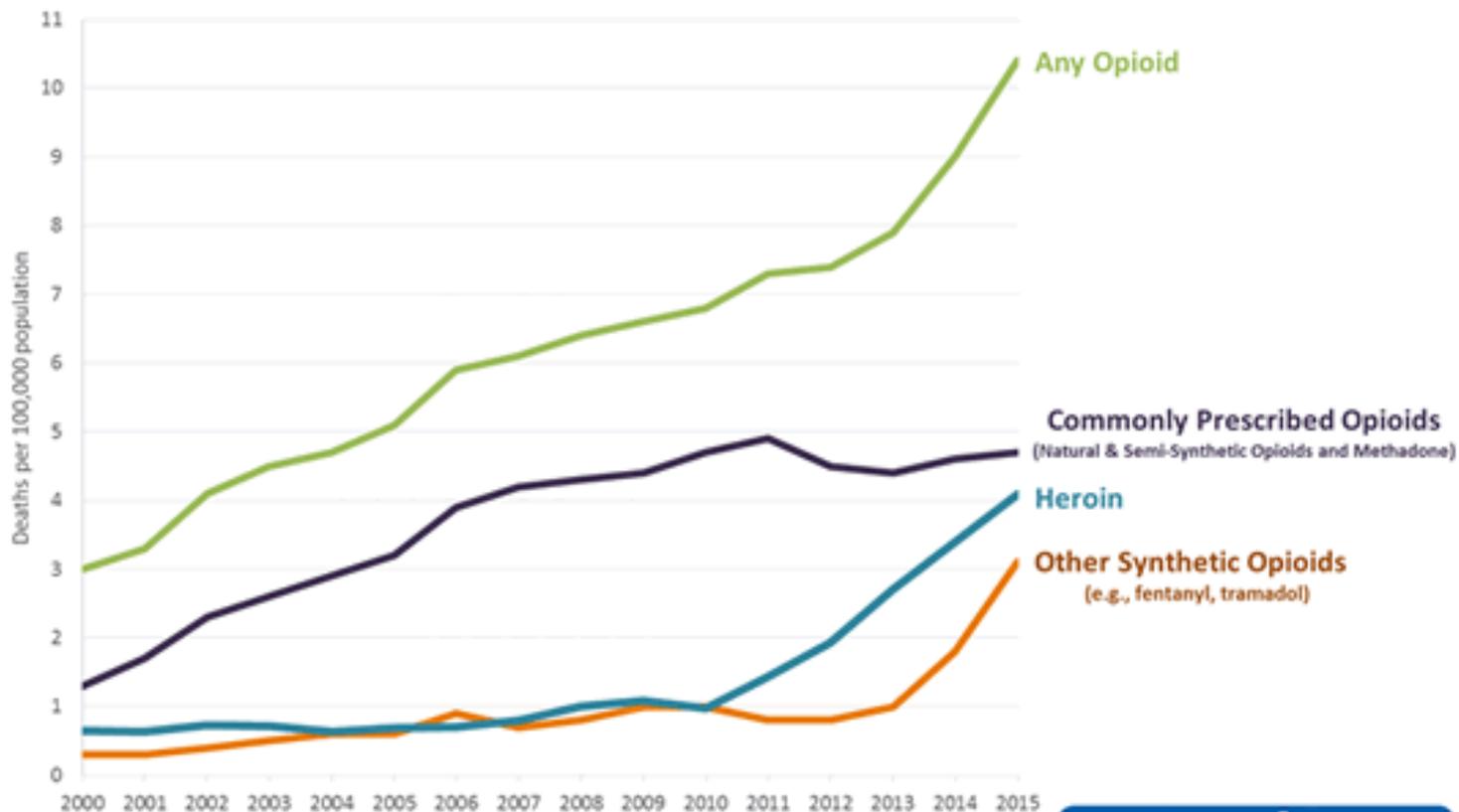


Data: CDC

Source: <http://www.pbs.org/wgbh/frontline/article/how-bad-is-the-opioid-epidemic/>

Prescription drug deaths have leveled off, but heroin and fentanyl are surging

Overdose Deaths Involving Opioids, United States, 2000-2015

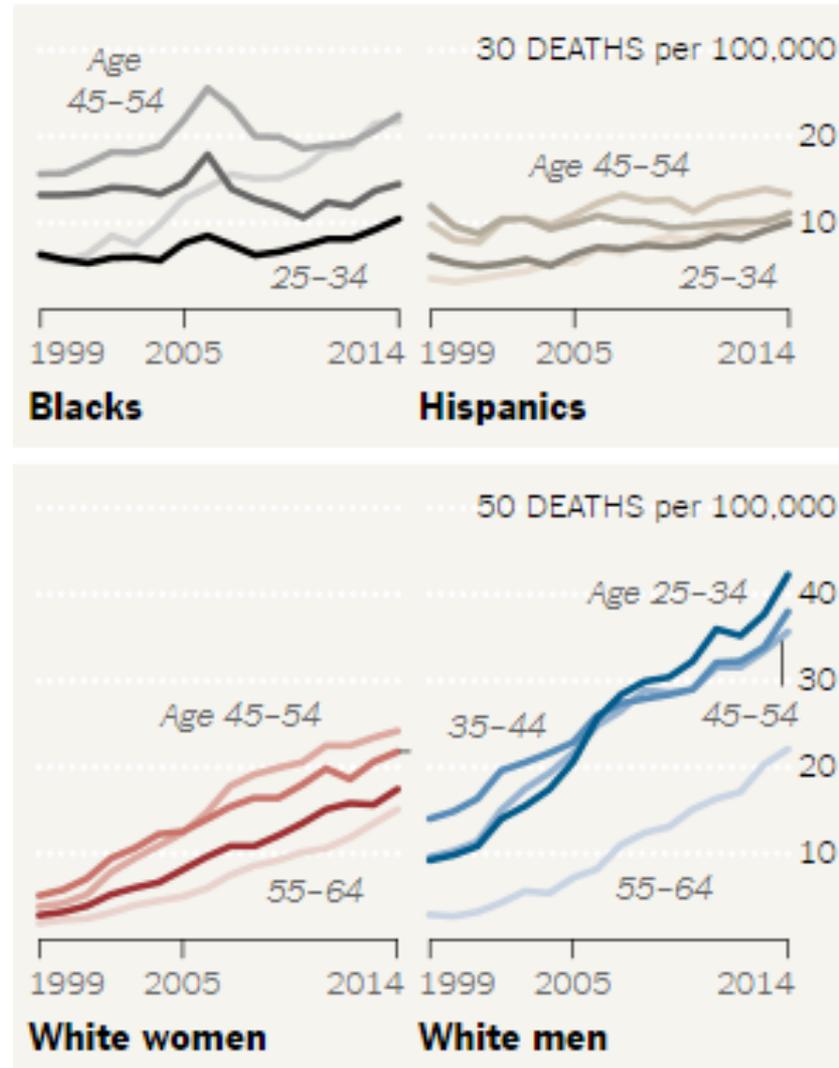


<https://www.cdc.gov/drugoverdose/data/analysis.html>

Recent rise in OD fastest among whites, but longstanding urban minority epidemic

Deaths from drug overdose and other accidental poisonings

https://www.nytimes.com/2016/01/17/science/drug-overdoses-propel-rise-in-mortality-rates-of-young-whites.html?_r=0



Epidemic has different dimensions in rural areas

- Increased sales of opioid analgesics in rural areas lead to greater availability for nonmedical use through diversion.
- Out-migration of upwardly mobile young adults from rural areas increases economic deprivation and creates an aggregation of young adults at high risk for drug use.
- Tight kinship and social networks allow faster diffusion of nonmedical prescription opioids among those at risk.
- Increasing economic deprivation and unemployment create a stressful environment that places individuals at risk

The toll of the epidemic goes way beyond fatal overdoses

On an average day in the U.S.:

 More than **650,000 opioid prescriptions** dispensed¹

 **3,900 people** initiate nonmedical use of prescription opioids²

 **580 people** initiate heroin use²

 **78 people** die from an opioid-related overdose^{*3}

*Opioid-related overdoses include those involving prescription opioids and illicit opioids such as heroin

Source: IMS Health National Prescription Audit¹ / SAMHSA National Survey on Drug Use and Health² / CDC National Vital Statistics System³

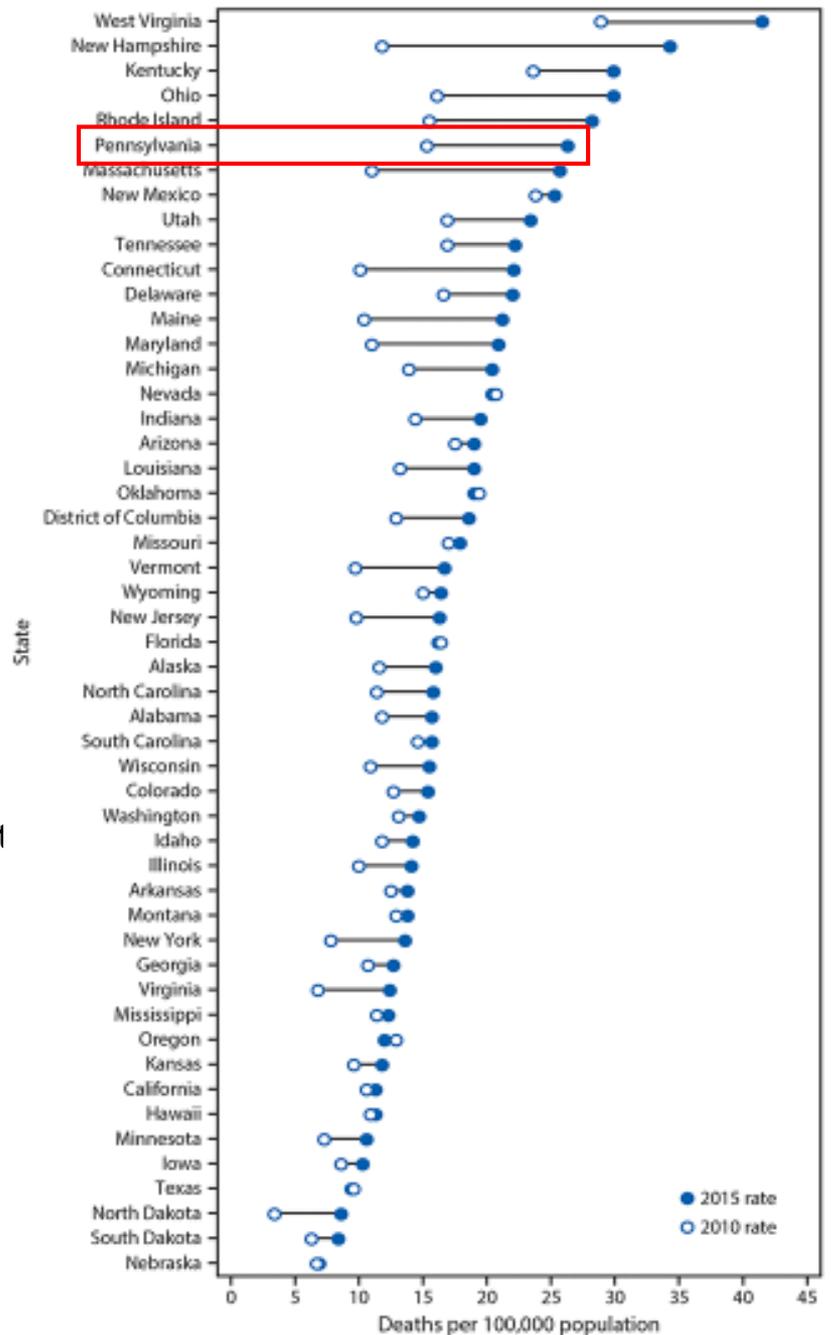
Opioid epidemic also exacerbates other health challenges

- Opioid use disorder highly comorbid with problem drinking, benzodiazepine use, and other substances → increases OD risk!
- Other chronic illnesses: people with opioid use disorders have 2x higher prevalence of other chronic illnesses than non-OUD (blood-borne illnesses, hypertension, kidney disease)

Bahorik, Amber L., et al. "Alcohol, Cannabis, and Opioid Use Disorders, and Disease Burden in an Integrated Health Care System." *Journal of addiction medicine* 11.1 (2017): 3-9.

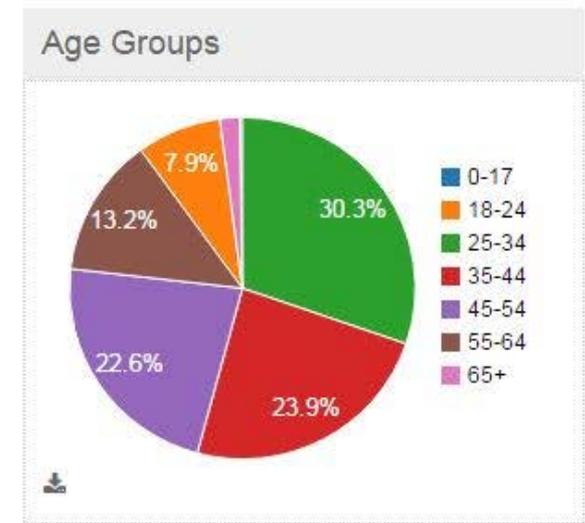
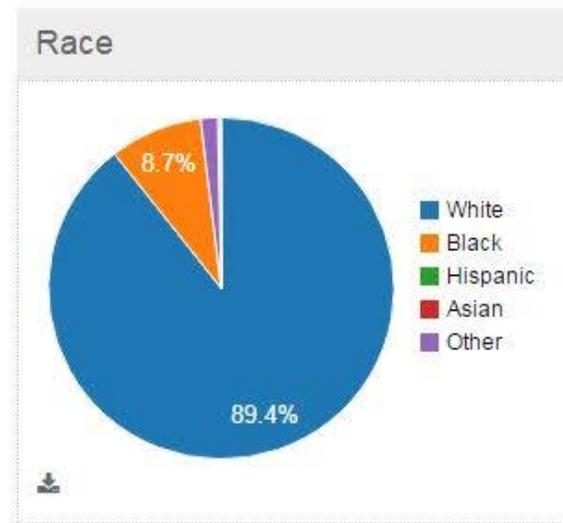
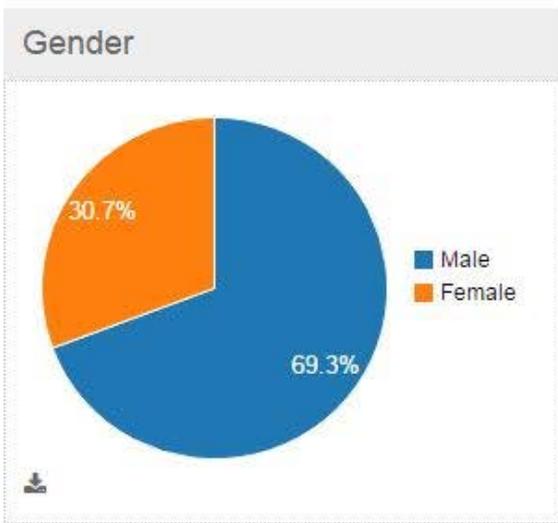
Pennsylvania now ranks 6th in drug overdose deaths

FIGURE. Age-adjusted rate* of drug overdose deaths,† by state — 2010 and 2015[§]



<https://www.cdc.gov/drugoverdose/data/analysis.html>

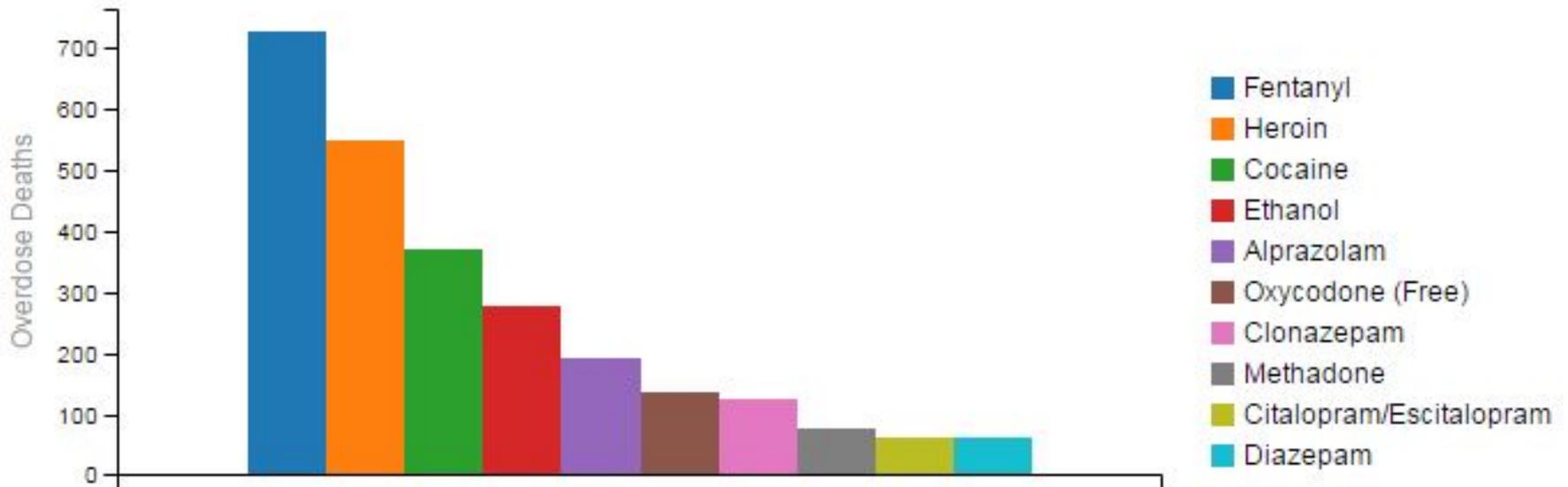
Demographics of overdose decedents in PA



<https://www.overdosefreepa.pitt.edu/charts/>

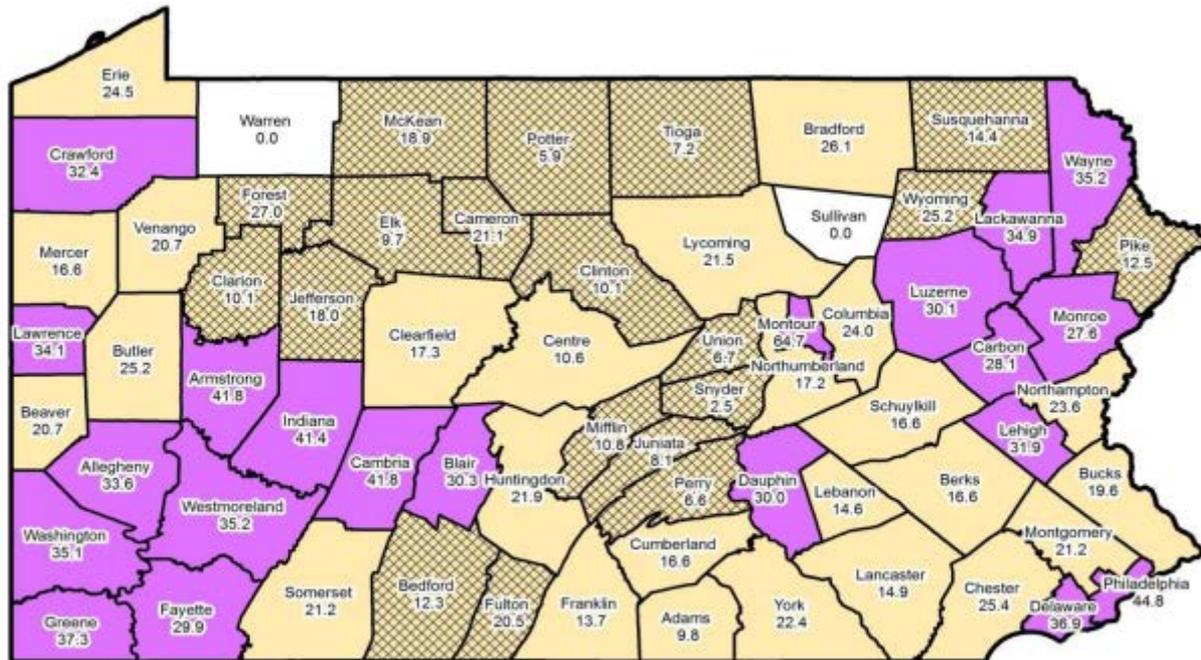
Fentanyl is a particularly big problem in Pennsylvania

Top Ten Drugs (Number of cases with drug present)



<https://www.overdosefreepa.pitt.edu/charts/>

Epidemic has multiple epicenters



Statewide Average = 27.4 Deaths Per 100,000 Population



Solution 1: Change prescribing practices and monitoring

- Key challenge: many patients have real chronic pain and need help managing pain, but opioid medications are easily misused/diverted
- Good evidence that initial prescriptions given to a person in pain can affect their subsequent opioid trajectory
 - [Recent CDC guidelines](#): “start low, go slow”
 - Need for non-opioid alternatives
- “Leaky medicine cabinets”: most people who use opioids nonmedically obtain from friends and family

Solution 1: Change prescribing practices and monitoring (cont)

- Prescription drug monitoring programs: state registries of controlled substances prescribed to patients
 - Hope is that querying portal reduces high-risk prescribing and improves care for patients
 - Reality is more complicated!
- Pennsylvania in 2016 began requiring office-based prescribers to query the PDMP for each 1st opioid prescription, and any time prescriber has reasonable basis for concern about patient
 - More stringent than other states

Solution 2: Increase access to treatment

- Only 1/10th of people with opioid use disorder receive any treatment
- Treatment is often received under legal mandate (court-ordered)
- The strongest evidence base supports medication-assisted treatments, especially buprenorphine and methadone
- Supply of treatment providers is insufficient to meet current demand → leads to waiting lists

Solution 2: Increase access to treatment (cont)

- Addressing treatment gaps requires multiple solutions:
 - Improve financing and health insurance coverage
 - Open new facilities and get more physicians to prescribe buprenorphine to more patients
 - Build capacity: “hub and spoke model” and telemedicine
 - Create more pathways to treatment from primary care, emergency rooms
 - Address the stigma of medication-assisted treatment

Solution 3: Harm reduction

- Core principle: it's possible to reduce the negative consequences of substance use, even if people are not ready to stop using/seek treatment
- A variety of tools that have strong empirical support:
 - Syringe/needle exchange
 - Safe consumption facilities
 - Distribution of naloxone
 - Spot-testing for fentanyl

Solution 3: Harm reduction (cont.)

- **Safe consumption:** reduce harms of street drug use by providing a location where people can use drugs under supervision
- Already exist in 66 cities in 11 countries, but none in the U.S.
 - Proposals pending in Baltimore, San Francisco, Seattle, and other cities
- Has been associated with major drops in fatal overdoses in surrounding communities, increased use of drug treatment
- See Abell Foundation report:
<http://www.abell.org/publications/safe-consumption-spaces-strategy-baltimore>

Solution 4: Change the way we talk about the epidemic

- Difficult to reduce stigma and build political will for change when we talk about people with opioid use disorders as criminals, morally bankrupt, “dirty”
 - Terms like “get clean” and “addict” inadvertently reinforce stigma
- Evidence from message framing experiments highlights that people are more likely to support public health policies when they are presented with a sympathetic narrative paired with good factual information
 - Bachhuber, Marcus A., et al. "Messaging to increase public support for naloxone distribution policies in the United States: results from a randomized survey experiment." *PloS one* 10.7 (2015).

Solution 5: Build multisectoral partnerships

- Difficult to span cultural, political, and logistical boundaries between law enforcement, public health, treatment providers, and social services
- Law Enforcement Assisted Diversion (LEAD) initiated in Seattle provides a promising model
 - Changed how police interact with people who they arrested for simple possession charges
 - Provides an entry point into community services
 - [Positive findings](#) from an early evaluation

Conclusion: how funders could think about this issue

- Invest in health system capacity, not just service delivery.
- Focus on key crisis intervention points: e.g., first week when people leave jail.
- Consider educating policymakers and the public as part of broader strategy.
- Think long-term: even if we can slow down spread of epidemic, this is an inter-generational problem.

To Participate in Q & A

If you are connected to audio via telephone, please click “**raise your hand**” on the lower left of your screen, the moderator will identify names of those hands raised. When your name is called, **please unmute your line by pressing *7**. After asking your question, please **press *6 to re-mute your line**.

If you are connected to audio through your computer, or if you prefer to type your question, you can do so at any time by typing in the “**chat with presenter**” box in the lower left-hand side of your screen. Your question will be queued and presented by the moderator.

REMINDER: This call is being recorded. The recording will be available as a resource only to members of Philanthropy Network Greater Philadelphia and Grantmakers of Western PA on our websites.

THANK YOU!

Thank you for your participation in this meeting in the Keystone Policy Series.

Upcoming opportunities to stay engaged:

2017 Pennsylvania Foundations Public Policy Conference: Amplifying the Voice of the Sector

Monday, May 1, 2017 - 8:30am to Tuesday, May 2, 2017 - 12:30pm

