

Action Tank

Opioid Epidemic: Our Plan of Action

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The Opioid Epidemic *The impact in Philadelphia*

In Philadelphia, 907 people died of drug overdose in 2016. That is over three times the number of homicides in the city. Additionally, there were over 6,400 visits to the emergency rooms for overdose-related incidents in the city. Philadelphia far outpaces other major cities in overdose deaths, with a rate of 46.8 deaths per 100,000, compared to Chicago (15.4) and New York City (11.2). Approximately 80% of drug overdose deaths in Philadelphia involve opioids.¹ Drug overdose is the leading cause of accidental death in the United States, responsible for 52,404 deaths in 2015; greater than HIV/AIDS at its peak in 1995.²

Opioid overdoses quadrupled between 1999-2014. Prescription opioids sold also quadrupled in that time. Despite the increase there has not been an improvement in patient reported pain levels.³ With the increase in prescription opioids, friends and relatives have become the largest source for individuals who misuse prescription opioids.³ Prescription opioids are strongly correlated to heroin use. Four of five heroin users, first misuse prescription opioids.⁴

Overdose deaths from Fentanyl and other synthetic forms of opioids have increased 72% from 2014 to 2015. Fentanyl is 50 to 100x stronger than morphine. It can be purchased on the “dark web” and arrives undetached in the mail. A single first-class envelope can contain enough Fentanyl to get 50,000 people high.⁴ Heroin has historically been used as a cheaper alternative to prescription opioids, while illicit Fentanyl has become a cheap, deadly additive and alternative to heroin.

907 Drug Overdose Deaths in Philadelphia in 2016
91 Americans Die Every Day from Opioid Overdose

Naloxone Distribution

Effective delivery of the antidote

When properly administered, naloxone (Narcan) reverses opioid overdose. Public investment in naloxone has targeted first responders (EMS, fire and police). Most often, however, it is not the first responders that are first responding to an overdose. Peers, family and members of the community often discover the overdosed individual, but are seldom equipped to handle the emergency.

Non-profit organizations, such as Prevention Point in Philadelphia, distribute naloxone to family members and opioid users. As a result of this program, there were 747 documented overdose reversals in 2016. In Philadelphia, the “Conway tracks”—that [Dr. Oz](#)

Who Are We?

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Action Tank harnesses the experiences, skills, and relationships of service-minded citizens to tackle our community’s toughest problems.

The organization is made up of professionals from across the professional spectrum, from entrepreneurs and leaders in non-profits to policy and medical experts.

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[toured](#) and created a legal battle between the city and the railroad company—are often publicly seen as the location where overdoses occur in the city. In reality, only 11 of the 907 drug overdoses occurred within this encampment. Equipped with the lifesaving tool, peers are able to reverse overdoses. This is crucial in a population that may be hesitant to activate emergency services for fear of legal consequences.

Policies must ensure that unused naloxone is provided to the community before it expires. State and county officials must develop policies that distribute naloxone to nonprofit organizations six months before it expires on shelves unused. This will ensure that we are maximizing the public investment and lifesaving potential of naloxone distribution.

Prescription Take Back

Community Action

The perception of keeping opioids around the house “just in case” is changing. People want to return their unused prescription opioids. Still, prescription take back remains too complicated. Most take back locations are inside police stations, a likely deterrent. Opioids often linger in medicine cabinets for years at a time, posing an unnecessary risk in the household. Medication disposal should be routine. Prescription take back in pharmacies and the utilization of automated text message reminders should be explored. A pilot study with Walgreens and other local pharmacies, is necessary to determine the effectiveness of opioid return at pharmacies.

Medication-Assisted Treatment

Medication-assisted treatment (MAT), is effective treatment for opioid use disorder. Buprenorphine, however, is heavily regulated. Providers must complete mandatory training to prescribe buprenorphine and are then limited to the number of patients they can prescribe to. Buprenorphine regulations are greater than those on placed on OxyContin and other opioids, yet MAT can offer treatment now for many who want help. We must encourage all physicians to consider prescribing MAT during this epidemic to meet this need.

Policy-makers are often focused on discussions on “beds” for detox or inpatient treatment. It must be made clear that most opioid use disorder treatment is outpatient and MAT can actually prevent the need for detox facilities. There is not enough treatment for those who want it and the need will only continue to rise in the coming years. Safe and effective outpatient treatments, such as MAT with buprenorphine, is crucial to curbing the epidemic.

Many providers feel uncomfortable treating opioid use disorder. Policies can address these concerns by providing the expertise and support to safely prescribe buprenorphine. Pennsylvania Coordinated Medication Assisted Treatment (PacMAT) links an opioid use

expert with primary care physicians, to address questions or concerns about MAT and opioid use disorder. This model – known as the hub and spoke model – identifies that MAT and opioid use disorder are a part of the overall health of an individual that will need to be monitored and assessed as a chronic disease in the primary care setting.

Accountability

Action Tank will continue to work with our community partners to promote evidence-based strategies that will curb the epidemic here in Philadelphia and beyond. We will monitor progress at city, county, and state-levels to ensure officials are working toward evidence-based policies that address the opioid epidemic, including the city’s own task force recommendations (<http://dbhids.org/opioid>). There was no single cause of the opioid epidemic and there is no single solution. Prevention, treatment, harm-reduction, and overdose reversal are all complicated issues, but each must be addressed to truly combat this epidemic.

Conclusion

Opioids remain a vital tool for pain management. Low dose opioid therapy for acute pain is often best practice. We must ensure that through reform, we are not harming individuals. While there is evidence that individuals on chronic opioid-based therapy that taper off their opioid regimen with supportive therapy improves pain long-term, studies have only been conducted with “motivated” patients. We must respect pain and the need for clinical decision-making. Action Tank also recognizes that the epidemic is likely to get worse, before it gets better. Drug overdose deaths in 2017 are anticipated to be higher than the record number in 2016. Policies can encourage participation by all members of the community to do their part. This includes efficient naloxone distribution and training, routine disposal of unused prescription opioids, and expanding treatment through MAT by encouraging provider participation. We must hold ourselves, as a community, accountable for these efforts to successfully curb the opioid epidemic.