The Opioid Epidemic in Philadelphia

Implementation of the
Mayor's Task Force Recommendations

Status Report to the

Mayor's Drug and Alcohol Executive Commission

September 13, 2017

Department of Public Health

City of Philadelphia
DBHIDS
DEPARTMENT of BEHAVIORAL HEALTH and INTELLECTUAL disABILITY SERVICES

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Introduction

On May 19, 2017, Mayor James Kenney's *Task Force to Combat the Opioid Epidemic in Philadelphia* released its final report and recommendations. The 18 recommendations – organized by Prevention and Education, Treatment, Overdose Prevention and Criminal Justice – provide actionable, evidence-based steps the City and its partners can take to reduce the harmful effects of opioids in our community.

The importance of these recommendations cannot be overstated. This epidemic continues to claim Philadelphians' lives every day—907 individuals died of an overdose in 2016 and we project that as many as 1,200 may die in 2017.[1] Thousands of Philadelphia residents had non-fatal overdoses, while an estimated 469,000 people used a prescription opioid in the last year.[2] Addressing the crisis is one of the City's top priorities.

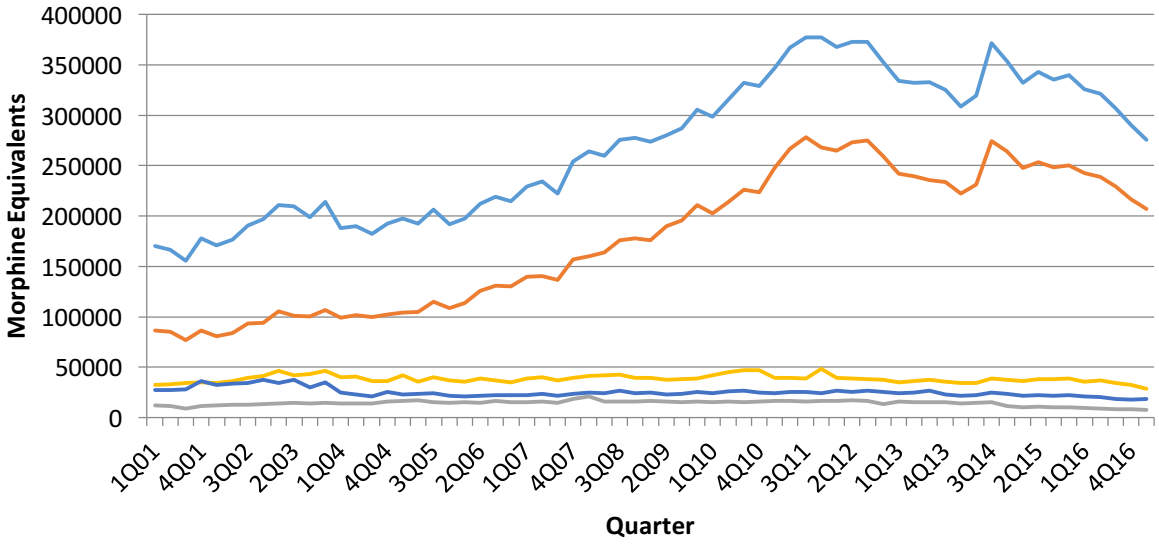
The Task Force resulted in new targeted efforts and opportunities, and implementation of the recommendations is underway across the city. This report is the first of quarterly reports to the Mayor's Drug and Alcohol Executive Commission and summarizes the progress made towards full implementation of the recommendations.

[1] Medical Examiner's Office, Philadelphia Department of Public Health.
[2] Philadelphia Department of Public Health. Prescription Opioid and Benzodiazepine Use in Philadelphia, 2017. CHART 2017;2(9):1-6.

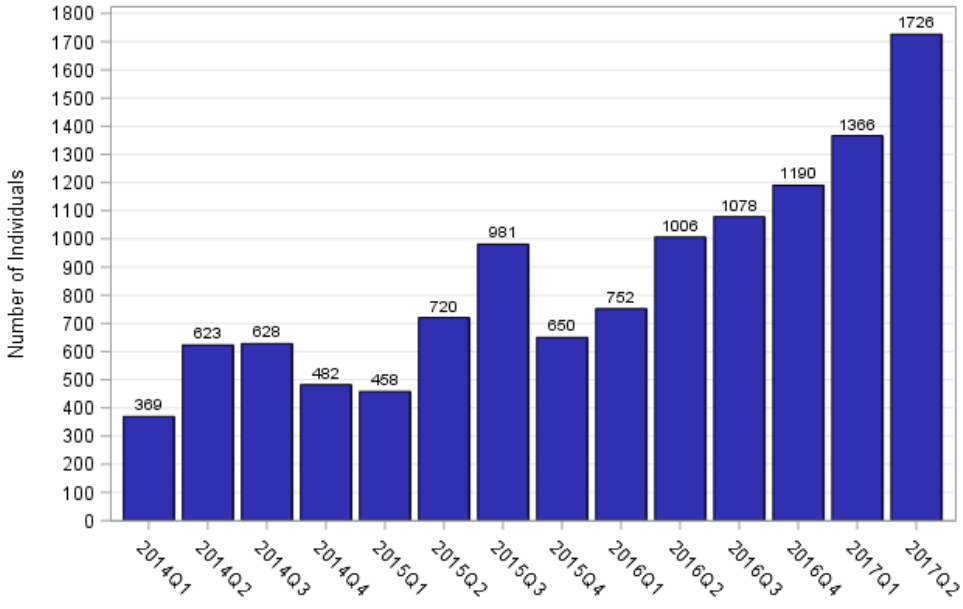
Selected Graphs from the
Opioid Misuse and Overdose Report, Philadelphia, PA
(last updated September, 2017)

Additional data can be found on the Health Information Portal's Opioid Surveillance Page:
https://hip.phila.gov/DataReports/Opioid

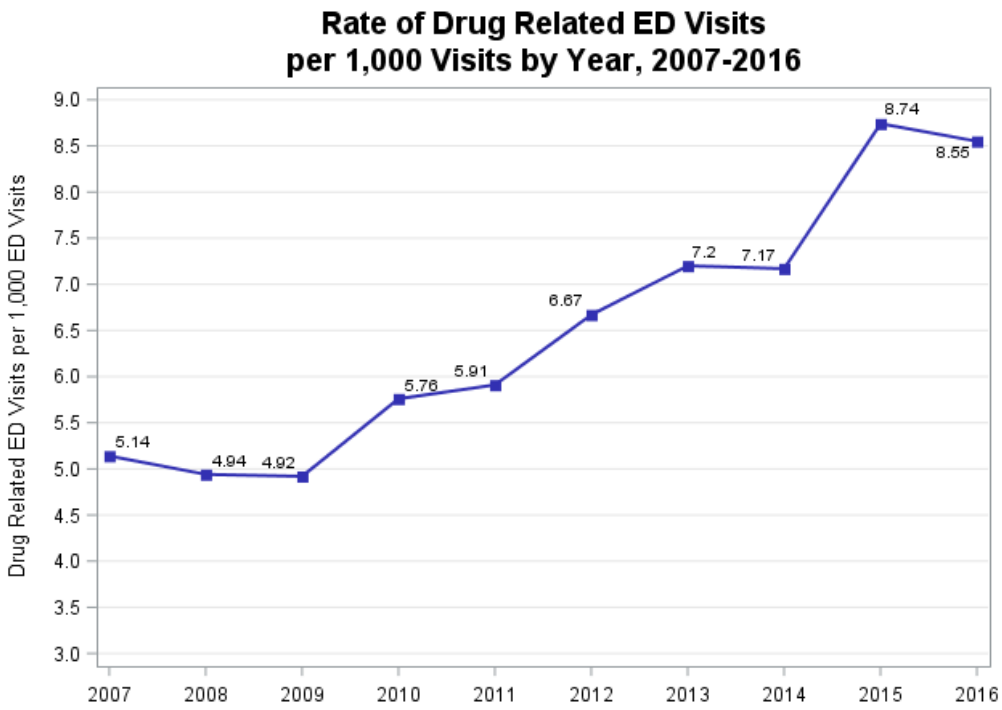
Sale of Selected Prescription Opioids, Philadelphia, 2001-2017 (Quarter 1)
DEA ARCOS

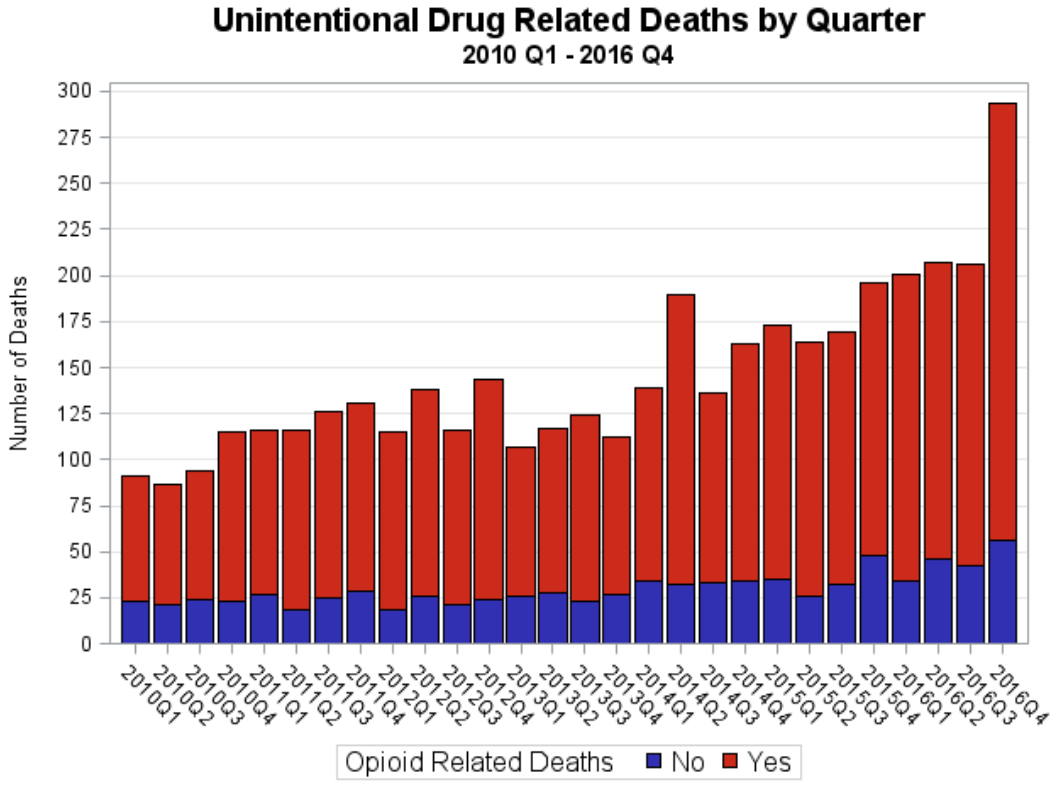


Number of Individuals Receiving a Naloxone Administration by EMS by Quarter, 2014-2017

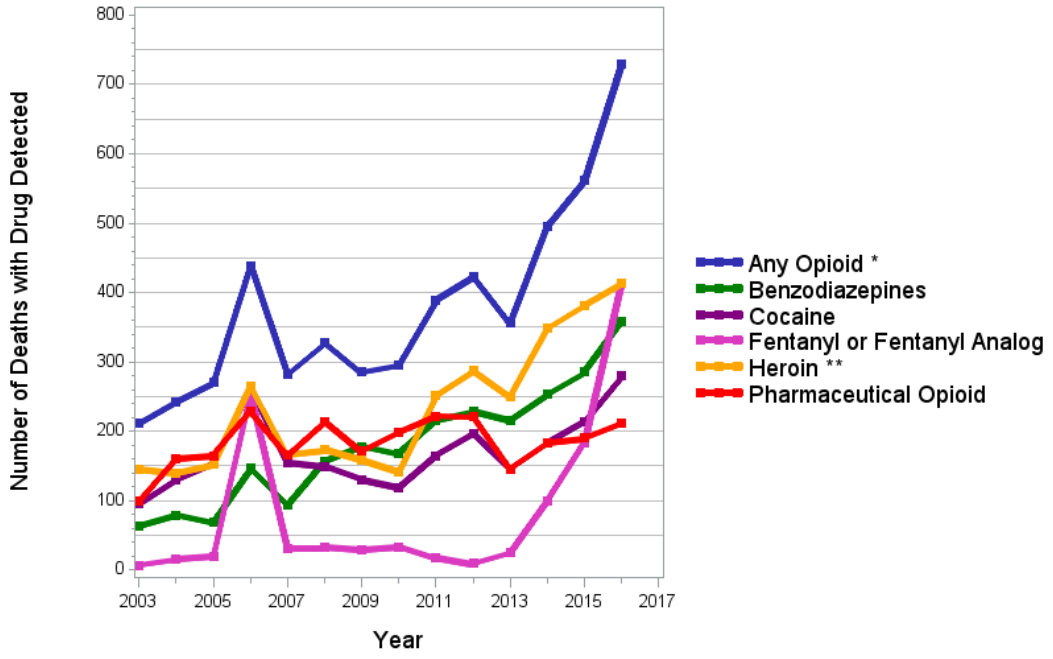


Data reflect the number of individuals receiving naloxone and not the number of doses administered


Rate of Drug Related ED Visits
per 1,000 Visits by Year, 2007-2016
Drug Related ED Visits per 1,000 ED Visits
9.0
8.5
8.0
7.5
7.0
6.5
6.0
5.5
5.0
4.5
4.0
3.5
3.0
5.14
4.94
4.92
5.76
5.91
6.67
7.2
7.17
8.74
8.55
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016

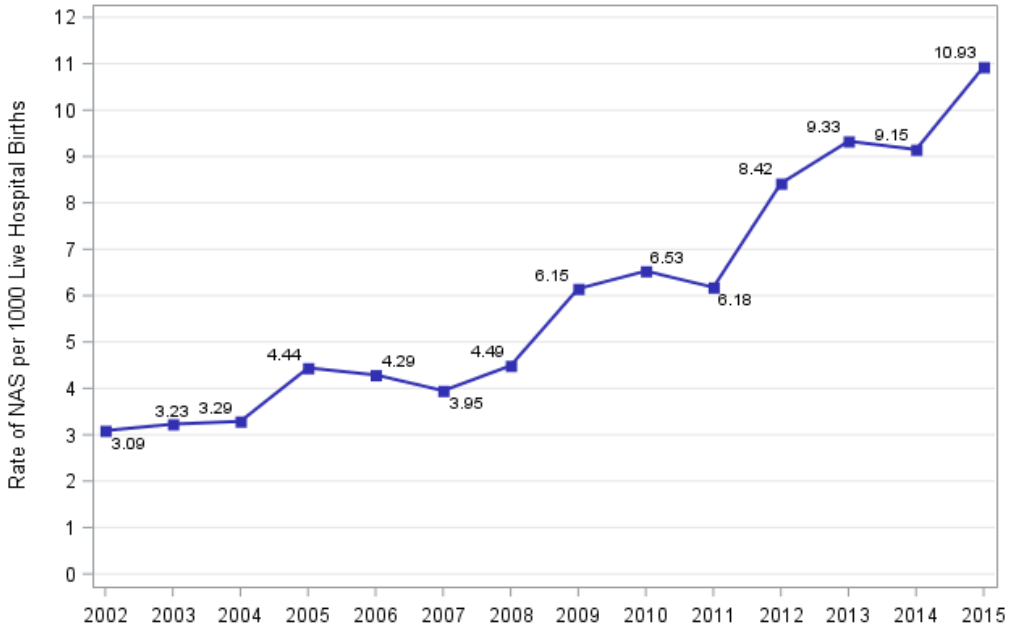

Unintentional Drug Related Deaths by Quarter
2010 Q1 - 2016 Q4
Number of Deaths
300
275
250
225
200
175
150
125
100
75
50
25
0
2010Q1
2010Q2
2010Q3
2010Q4
2011Q1
2011Q2
2011Q3
2011Q4
2012Q1
2012Q2
2012Q3
2012Q4
2013Q1
2013Q2
2013Q3
2013Q4
2014Q1
2014Q2
2014Q3
2014Q4
2015Q1
2015Q2
2015Q3
2015Q4
2016Q1
2016Q2
2016Q3
2016Q4
Opioid Related Deaths
No
Yes

Number of Opioid Related Deaths with Specific Drug Present, 2003-2016



** Includes deaths with any opioid including heroin, morphine, or pharmaceutical*
*** Includes deaths with heroin or morphine detected*
**** Categories are not mutually exlusive as multiple drugs might be detected in the system*

Rate of Neonatal Abstinence Syndrome per 1,000 Live Hospital Births by Year, 2002-2015



Strategy 1: Prevention and Education

Despite the magnitude of the opioid epidemic in Philadelphia, public awareness is low about the dangers of opioids and the need to recognize, intervene, and support people who may be opioid dependent. In addition, doctors and other prescribers still prescribe too many opioids. This strategy area focuses on developing recommendations to change behaviors around use of prescription opioids, including through mass media campaigns, education for doctors and other prescribers and insurance policies, as well as recommendations to increase public awareness about how to help people with opioid use disorder. Addressing stigma will be a core part of making prevention and education efforts successful, but also will ease the entire task of combatting the city's opioid epidemic.

Recommendation	Status	Progress Highlights
1. Conduct a consumer-directed media campaign about opioid risks.	Implementing	PDPH launched a media campaign ("Don't Take the Risk", www.donttaketherisk.org) in May 2017, aimed at raising awareness about the risks of prescription painkillers. A second wave of the campaign is planned for fall 2017.
2. Conduct a public education campaign about naloxone.	Planning	PDPH is planning for a campaign to increase awareness about the signs and symptoms of overdose, how to obtain and use naloxone, and the Good Samaritan law. PDPH is also partnering with community organizations to increase the number of overdose education and naloxone trainings across the city. DBHIDS has made efforts to train provider agencies within our network on naloxone and is requesting that they have it available on-site.
3. Destigmatize opioid use disorder and its treatment.	Planning / Implementing	DBHIDS required all halfway houses to accept individuals on all forms of medication-assisted treatment (MAT) and psychiatric medications to decrease discrimination. DBHIDS hosted two MAT trainings and is providing on-site technical assistance for providers to increase knowledge related to MAT. Opportunities to host MAT information on the DBHIDS and Evidence-based Practice and Innovation Center (EPIC) websites are being developed in collaboration with the SAMHSA Addition Technology Transfer Center (ATTC). Individuals who achieved recovery through MAT are beginning to share their recovery stories with DBHIDS to be utilized for storytelling opportunities. DBHIDS has proposed 10 mini-grants for communities to become empowered and lead with solutions to the opioid epidemic.
4. Improve health care professional education.	Planning / Implementing	PDPH and DBHIDS mailed opioid and benzodiazepine prescribing guidelines to 16,000 health care providers in Southeastern PA, and are now planning an academic "detailing" program in which health care providers will receive individual guidance on how to prescribe judiciously. The City is also working with the leadership of health systems in Philadelphia to reduce overprescribing of opioids and benzodiazepines. The City is also developing a provider profile for the Medicaid system to be utilized to identify and educate high volume providers of opioids.
5. Establish insurance policies that support safer opioid prescribing and appropriate treatment.	Implementing	PDPH is working with public and private health insurers to establish policies that support safer opioid prescribing and improve access to medication assisted treatment. Independence Blue Cross and Medicaid Fee-For-Service program have implemented policies to reduce overprescribing and other plans are considering this approach.

Strategy 2: **Treatment**

Many barriers impede access to quality treatment for substance use, including a shortage of sites that provide medication-assisted treatment, gaps in services for special populations, restrictive hours of operation, antiquated treatment modalities, requirements of clients for state-issued identification cards, housing issues, workforce limitations, and the separation of behavioral health treatment from physical health care.

Recommendation	Status	Progress Highlights
6. Increase the provision of medication-assisted treatment.	Planning / Implementing	DBHIDS is partnering with PDPH and the SAMHSA ATTC to host Buprenorphine Waiver Trainings and other MAT Trainings. Trainings are being scheduled with Penn, Temple, and Jefferson Hospitals to increase prescriber capacity. DBHIDS initiated planning for the development of a 24/7 walk-in center where individuals can receive immediate stabilization with MAT in an outpatient setting and access further treatment. This is expected to be operational in the 4th quarter of CY 2017. All newly procured addiction treatment facilities are now required to offer MAT. DBHIDS has been able to quantify the number of MAT treatment slots and current availability of these services. DBHIDS is in the planning stages of a specific evidence based practice (EBP) Certification for MAT for the DBHIDS provider network, marketing the EBP nature of MAT and incentivizing program level standards.
7. Expand treatment access and capacity.	Planning / Implementing	DBHIDS selected and funded eight substance use disorder (SUD) Early Intervention Programs. These programs are targeting adolescents, families, and at-risk adults across the entire city at both provider agencies and in the community and provide individual, group, and family therapy and service linkages. DBHIDS issued two RFPs which require significant clinical enhancements including increased staff qualifications, integrated psychiatric and lab services, MAT provision requirements, emphasis on linkage to next level of care, transformation from detoxification to withdrawal management, peer support, implementation of American Society of Addiction Medicine (ASAM) Criteria, ambulatory stabilization, and the expansion of Opioid Treatment Programs. The services will expand the continuum and treatment capacity including increased hospital based and residential rehabilitation capacity, increased halfway house beds and ambulatory stabilization programs to rapidly engage individuals in need of treatment.
8. Embed withdrawal management into all levels of care, with an emphasis on recovery initiation.	Planning / Implementing	DBHIDS has begun planning for the implementation of ASAM Criteria, which recognizes withdrawal management embedded in all levels of care, instead of traditional detoxification. DBHIDS received multiple proposals for new ambulatory stabilization programs from a recently issued RFP, which is aimed to expand withdrawal management into ambulatory programs.
9. Implement “warm handoffs” to treatment after overdose.	Planning / Implementing	DBHIDS is creating a certified recovery specialist (CRS) program at PRO-ACT that will be responsible for warm hand-offs with individuals rescued with Narcan at three Emergency Depts. PRO-ACT has begun to hire staff and meetings have begun with Temple Episcopal and Kensington Hospital. CRS has been approved as a supplemental service by the Pennsylvania State Office of Mental Health and Substance Abuse Services (OMHSAS). PDPH and DBHIDS are working collaboratively to develop buprenorphine induction protocols in emergency departments in order to increase the likelihood that individuals will link to addiction treatment.
10. Provide safe housing, recovery, and vocational supports.	Planning / Implementing	DBHIDS increased the capacity of Housing First by adding 60 slots through Pathways to Housing targeting individuals from Kensington with opioid use disorder (OUD). DBHIDS has extended the deadline for the Specialized Alcohol and Other Drugs Services RFP to increase the capacity of Halfway Houses. First Step (a staffing agency) will begin to service homeless individuals and people in recovery. DBHIDS is coordinating with HUD, OVR, and several other organizations to pilot a Homeless Job Seekers Employment Program, which is targeting individuals with SUD.

11. Incentivize providers to enhance the quality of SUD screening, treatment, and workforce.	Planning	DBHIDS is enhancing the capacity of the Temple Episcopal Crisis Response Center to engage, assess and treat individuals with OUD. Buprenorphine inductions and extended stabilization will be available through this expansion. This will foster the training of various health professionals in SUD, including social workers, RNs, and MDs. The new RFPs for addiction services require the provision of more licensed staff to support the treatment of individuals with addiction. DBHIDS has drafted new standards for assessment and is developing an ASAM training plan for its network. DBHIDS is also currently identifying additional SUD Treatment providers to receive training in Prolonged Exposure and Cognitive Therapy.

Strategy 3: Overdose Prevention

Not all opioid users are able and willing to begin drug treatment. Until those persons do begin treatment, actions can be taken to increase use of health and treatment services and reduce fatalities, non-fatal overdoses, and the infectious complications (HIV, hepatitis B and C, infections) of drug use.

Recommendation	Status	Progress Highlights
12. Expand naloxone availability.	Implementing	PDPH is working with other city agencies and community organizations to develop a city-wide naloxone distribution strategy that will expand naloxone availability. Data on non-fatal and fatal overdoses will guide the distribution of nearly 25,000 doses of naloxone to people at highest risk of an overdose and in high risk settings. PDPH and DBHIDS are also working with community organizations to increase naloxone availability in pharmacies in Philadelphia.
13. Further explore comprehensive user engagement sites.	Planning	The City is exploring the issue by consulting with experts and reviewing studies of user engagement facilities that allow safe injection. A City delegation is planning a site visit this to such a facility this fall.
14. Establish a coordinated rapid response to “outbreaks.”	Planning	PDPH, DBHIDS and PPD are partnering to establish a rapid response protocol that involves both public health and public safety approaches.
15. Address homelessness among opioid users.	Planning / Implementing	DBHIDS is finalizing a strategy to create new capacity for DBHIDS Funded Recovery Houses, which will target homeless individuals with OUD leaving Gurney Street. DBHIDS created a new bilingual homeless outreach team at Prevention Point Philadelphia which specifically targets homeless individuals with OUD in the Gurney Street/Fairhill area.

Strategy 4: **Involvement of the Criminal Justice System**

Individuals in the justice system continuum, from arrestees to sentenced prisoners, with OUD who are not participating in adequate treatment services constitute a particularly risky population. A change to a public health approach within the justice system is urgently needed, however, members of the Justice System, Law Enforcement, and First Responders subcommittee reported systemic barriers and gaps in programming, resources, and training which must be addressed in Philadelphia to enable implementation of an evidence-based public health strategy.

Recommendation	Status	Progress Highlights
16. Expand the court's capacity for diversion to treatment.	Planning / Implementing	DBHIDS and the District Attorney's Office mutually support existing diversion programs – Accelerated Misdemeanor Program (AMP) I & AMP II – and agreed to mutually support the expansion of AMP I to a second courtroom.
17. Expand enforcement capacity in key areas.	Implementing	The City is beginning implementation this month of a law enforcement assisted diversion (into treatment) program in one neighborhood of the City; we hope to soon be able to expand the model to the Kensington area.
18. Provide substance use disorder assessment and treatment in the Phila Dept. of Prisons (PDP).	Implementing	PDP is continuing substance use disorder assessments of all inmates at intake, cognitive behavioral therapy for addictions and maintenance of inmates on methadone or buprenorphine. PDP completes withdrawal management for ~8,000 residents/year. This quarter it will begin overdose education of inmates and visitors, distribution of naloxone upon release to individuals at highest risk of overdose, and initiation of Medication Assited Treatment for inmates with opioid use disorder.

Data

PDPH has created an **Opioid Surveillence, Epidemiology and Prevention Program** that will be the central location for collecting and analyzing city-wide opioid-related data. The program is actively working with DBHIDS, the Fire Department, the Police department and community organizations, and will make regular surveillance reports available to the public. The first of these reports was released September 13, 2017.

Succeeding in Recovery, thanks to Medication-Assisted Treatment (MAT)

Patrick Betteley is a Veteran of the U.S. Navy who served on two separate deployments during the Persian Gulf War. As a result of an injury he experienced during his military service, Patrick was prescribed the opioid pain reliever, Oxycodone. Patrick quickly became addicted and once Oxycodone became difficult to obtain, he turned to heroin. Patrick was active in his addiction for three years, which led him to become homeless on the streets of Kensington. During this time, Patrick was too embarrassed to be in contact with his family. Patrick recalled going to three or four detox programs, "Each time I returned to my addiction because there were no supports in place and I was still experiencing some withdrawal symptoms."

When asked, Patrick described how he knew he was ready for treatment, "I knew I could do better. I served my country and that person on the streets wasn't who I was." In an effort to get connected to treatment, Patrick went to a Recovery House that provided him the phone number for Behavioral Health Special Initiative (BHSI) at the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS). "The approval process was easy with BHSI." He worked with BHSI staff to arrange placement with MAT at the Goldman Clinic. Since his prior experiences with drug-free treatment were unsuccessful, Patrick was open to trying MAT. "When you go to detox and become sober, nothing prevents you from giving in to that constant feeling of wanting to go back out and use."

Patrick participated in MAT for two years before successfully completing his program in December 2016. He felt methadone helped control his urges to use, and the corresponding therapy provided a recovery atmosphere and social support. "Methadone was the additional support I needed until I was confident enough and ready to be in recovery completely on my own."

When asked what he would want others to know about MAT, Patrick shared, "Methadone is temporary support until you decide you are ready, it is not necessarily lifelong assistance. Since I couldn't hold onto the methadone myself, there was no temptation to sell it."

Patrick will be celebrating three years of sobriety in December 2017. He has been reconnected with his family, including his two children. He is stably housed, attends to all his medical needs, and has even returned to work as an electrician.

As Patrick continues along his recovery journey, Patrick attends outpatient treatment where he formerly participated in MAT. He also accesses support through Healing Ajax, a program of Resources for Human Development (RHD), and Narcotic Anonymous groups.

PHILADELPHIA

DEPARTMENT OF BEHAVIORAL HEALTH AND INTELLECTUAL disABILITY SERVICES

Summer 2017
Fact Sheet 2

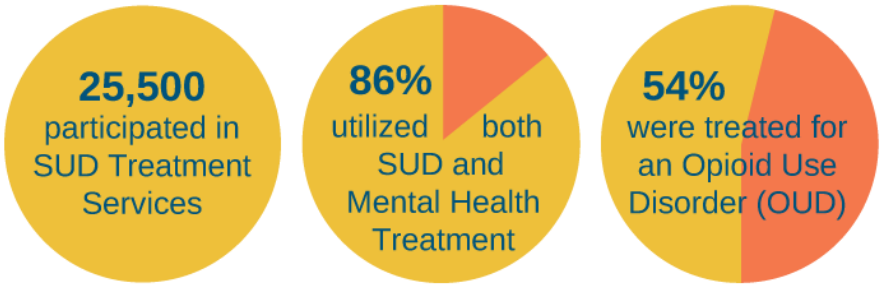
ADVANCING THE SUBSTANCE USE DISORDER (SUD) TREATMENT CONTINUUM

SUD Treatment Continuum & Utilization Data

Within DBHIDS, Community Behavioral Health (CBH) manages the behavioral health services for Medicaid beneficiaries while the Division of Behavioral Health (DBH) manages care for uninsured individuals and various recovery support services.

*Coordinated Response to Addiction by Facilitating Treatment (CRAFT)

CBH Utilization Data (10/1/15 - 9/30/16)



OUD was the **2nd highest cost diagnosis** overall.

70% of the total costs to directly treat the primary diagnosis of SUD were for **individuals with an OUD**.

52% of individuals who used detoxification were recidivists to high acuity levels of care; which increases overdose risk.

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CITY OF PHILADELPHIA
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Fact Sheet 2

ADVANCING THE SUBSTANCE USE DISORDER (SUD) TREATMENT CONTINUUM

DBHIDS Response to the Opioid Crisis

DBHIDS is continuing its concerted efforts to increase the availability of Medication Assisted Treatment (MAT) in all forms across all levels of care.

MAT Expansion

- Increased the availability of Buprenorphine from approximately 100 slots to more than 1,000 slots
- Increased availability of Buprenorphine and Naltrexone XR at Opioid Treatment Programs.

New Levels of Care

- Added 8 Early Intervention Programs
- Added a co-occurring Partial Hospitalization Program offering MAT

Expanding Capacity

- New homeless outreach team in Kensington
- Buprenorphine Waiver Trainings
- Increased capacity of DBH Funded Recovery Houses
- Increased CRAFT to 3 days/week to rapidly assess and link individuals to treatment
- Increased Housing First by 60 slots for individuals with OUD

MAT System Transformation

DBHIDS is using detoxification to capacity and has added beds where possible. DBHIDS is employing a more comprehensive response by transforming the practice of detoxification to withdrawal management.

Detoxification

- Isolated level of care; Siloed programs
- Emphasizing detox as the major entry point for treatment strains the perceived availability of treatment
- Individuals who receive only detoxification are at greater risk of relapse and overdose
  Inconsistent with current evidence based practice

Withdrawal Management

- A medical intervention offered in every level of care, including outpatient hospital settings
- Emphasis placed on recovery initiation, MAT stabilization, and engagement in sustained treatment
- Expansion of withdrawal management in various settings will reduce perceived unavailability of treatment slots

Multiple studies have proven that Medication Assisted Treatment in combination with psychosocial treatment is effective in:

DBHIDS is linking individuals to a MAT treatment provider to align with best practice and out of concern that numerous individuals cycling through detox and residential treatment.

- ✔ Reducing mortality
- ✔ Lessening illicit opioid use
- ✔ Increasing retention in treatment
- ✔ Lowering criminal justice consequences of substance use
- ✔ Diminishing overall health care and societal costs

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