



The Opioid Epidemic in Philadelphia

Implementation of the Mayor's Task Force Recommendations

Status Report to
Mayor's Commission on Addiction and Recovery
October 10, 2018

Thomas Farley, MD, MPH

Commissioner

Philadelphia Department of Public Health

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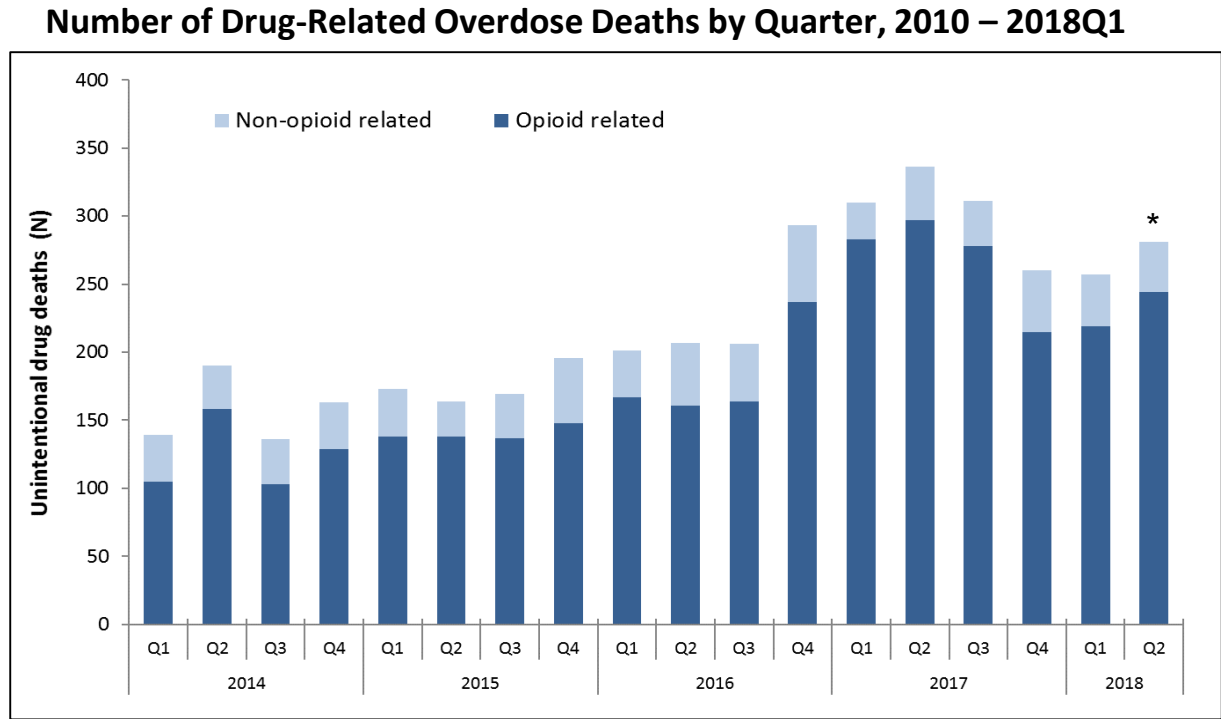
Commissioner

Department of Behavioral Health and Intellectual
disAbility Services




City of
Philadelphia

Drug overdoses continue to cause 250-300 deaths each quarter



** 2018 Q2 data have not been finalized*



The City has taken many actions to reduce the harmful effects of opioid use and overdose

Prevention and Education

- Media campaigns
- Health care provider education


Treatment

- Expansion of treatment programs
- “Warm handoffs”

Criminal Justice System

- Treat addiction in jail
- Overdose education and naloxone distribution

Harm Reduction

- Naloxone distribution
 - Overdose Prevention Services
- 



Progress highlights since the June 2018 status report



City of
Philadelphia

New Opioid Website



www.phila.gov/opioids

Highlights for Prevention Recommendations

Discontinuing Opioids for Chronic, Non-Cancer Pain

Discontinuing Use

- 1 Establish the rate of taper:**
 - a. Immediate discontinuation if there is evidence of diversion.
 - b. Rapid taper (over 2-3 weeks) if the patient has had a severe adverse outcome (i.e., overdose or substance use disorder).
 - c. Slow taper if there are no acute safety concerns. Start with a 10% taper of the original dose per week and assess the patient's pain and functional status.⁴ For patients who have been on opioids for more than 2 years, tapering every two weeks or even monthly can be considered.³
 - d. Seek specialty care for pregnant patients, as opioid withdrawal during pregnancy has been associated with spontaneous abortion and premature labor.¹
- 2 Adjust the rate, intensity and duration of taper based on the patient's response and development of withdrawal symptoms.** Patients using short-acting opioids (e.g., oxycodone) can experience withdrawal symptoms within 6-12 hours of their last dose; the onset of symptoms may be later for patients using long-acting opioids (e.g., OxyContin).⁵ Withdrawal symptoms result from increased sympathetic activity, and commonly include anxiety, palpitations, restlessness, tremor, sweating, nausea, abdominal pain, diarrhea, shivering and rhinorrhea. Reducing the taper to less than 10% per week can minimize withdrawal symptoms. Patients should be informed that general malaise and other symptoms of mild withdrawal may persist up to 6 months following opioid cessation.
- 3 Use medications to treat opioid withdrawal symptoms if needed.** These include clonidine (for restlessness, sweating or tremors), an anti-emetic (nausea), loperamide (diarrhea) and NSAIDs (pain), provided there are no contraindications. Do not use benzodiazepines to treat anxiety or restlessness.
- 4 Monitor for psychiatric disorders during the taper and consult with a behavioral health specialist as needed.** If a patient expresses suicidal ideation, refer to a crisis response center, emergency department or urgent evaluation by a behavioral health specialist.
- 5 Do not reverse the taper.** The rate may be slowed or paused while monitoring for and treating withdrawal symptoms, as well as addressing psychiatric disorders.
- 6 In patients taking both opioids and benzodiazepines, taper opioids before tapering benzodiazepines.** When tapering benzodiazepines, start with a 20% reduction over 2 weeks and monitor for signs and symptoms of withdrawal.
- 7 Consider inpatient withdrawal management or maintenance with Suboxone (buprenorphine/naloxone) if the patient has persistent opioid cravings.**
- 8 Do not resume opioids or benzodiazepines once they have been stopped, as they may trigger drug cravings and a return to use.**

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DBHIDS
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Department of
Public Health

PAIN MANAGEMENT

Key Recommendations

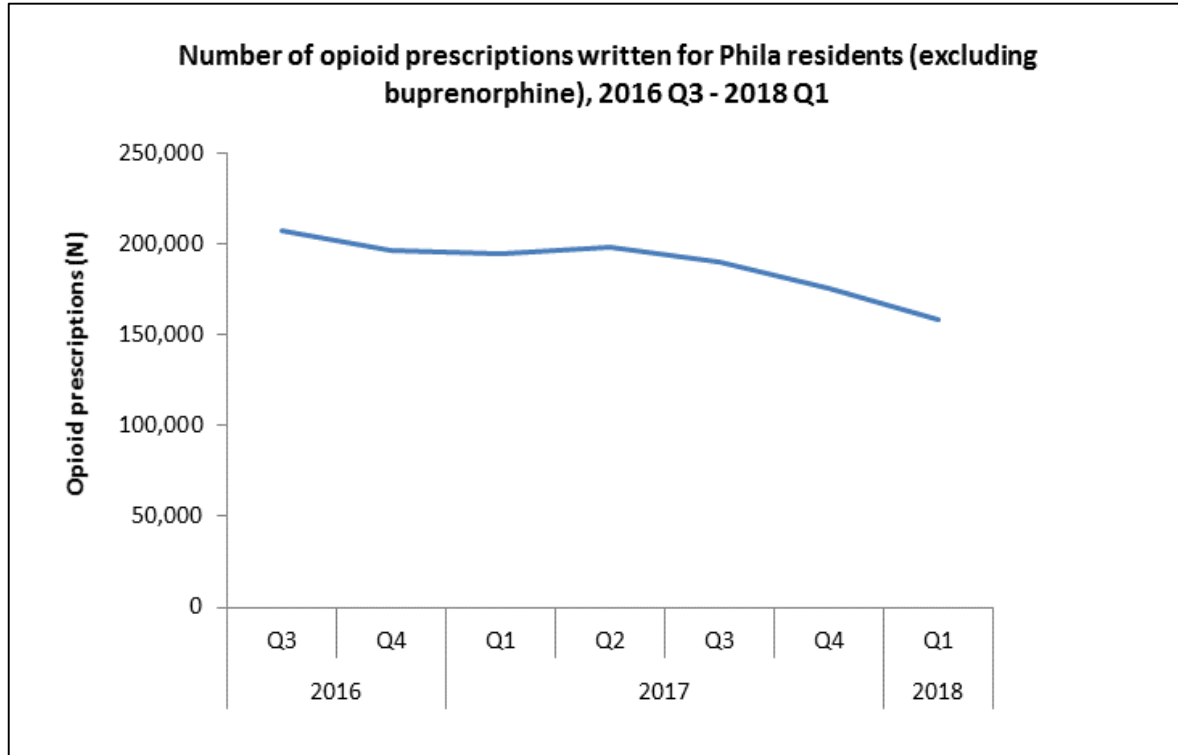
for Dentists

- Administer NSAIDs as **first line analgesic therapy.**
- Use **acetaminophen** with NSAIDs for additional pain relief.
- Use of opioids for acute dental pain is **strongly discouraged.**

THINK NSAIDS

Department of
Public Health
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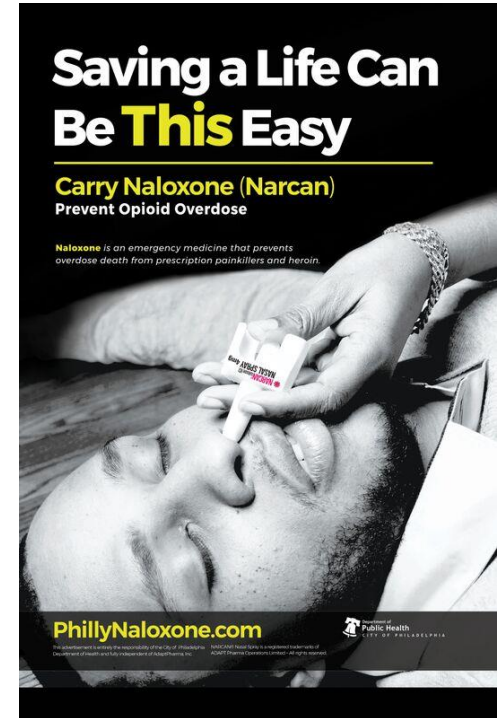
Opioid prescribing is declining 5-8% per quarter



Highlights for Overdose Prevention and Harm Reduction Recommendations



Since the Task Force, the City has:

- Distribute over **57,000 doses** of naloxone to individuals at high risk of an opioid-related overdose
- Trained **nearly 2,000 persons** in overdose management and naloxone use
 - <http://www.phillynaloxone.com>





The City is encouraging the development of one or more overdose prevention sites (OPS)

- 
- Identify organization(s) to operate OPS  (Safehouse)
 - Find funding – in progress
 - Identify location(s)
 - Explore legal issues – in progress
 - Meet with stakeholders & community members – in progress

Highlights for Treatment Recommendations

Expanding Treatment Capacity:

DBH-Funded Recovery House Network was expanded with the addition of One Day at a Time (ODAAT) 2 – 40 bed Recovery House for men and women

Halfway House capacity will be increased with 3 new specialty programs

Exploring an ambulatory stabilization program at University of Pennsylvania Health System



Highlights for Treatment Recommendations

First Step Staffing has secured full-time positions for 46 individuals with a history of homelessness, substance use, and/or incarceration

Pilot to incorporate withdrawal management into the Journey of Hope Project has been approved



Highlights for Treatment Recommendations

MAT inductions are occurring in three Emergency Departments.

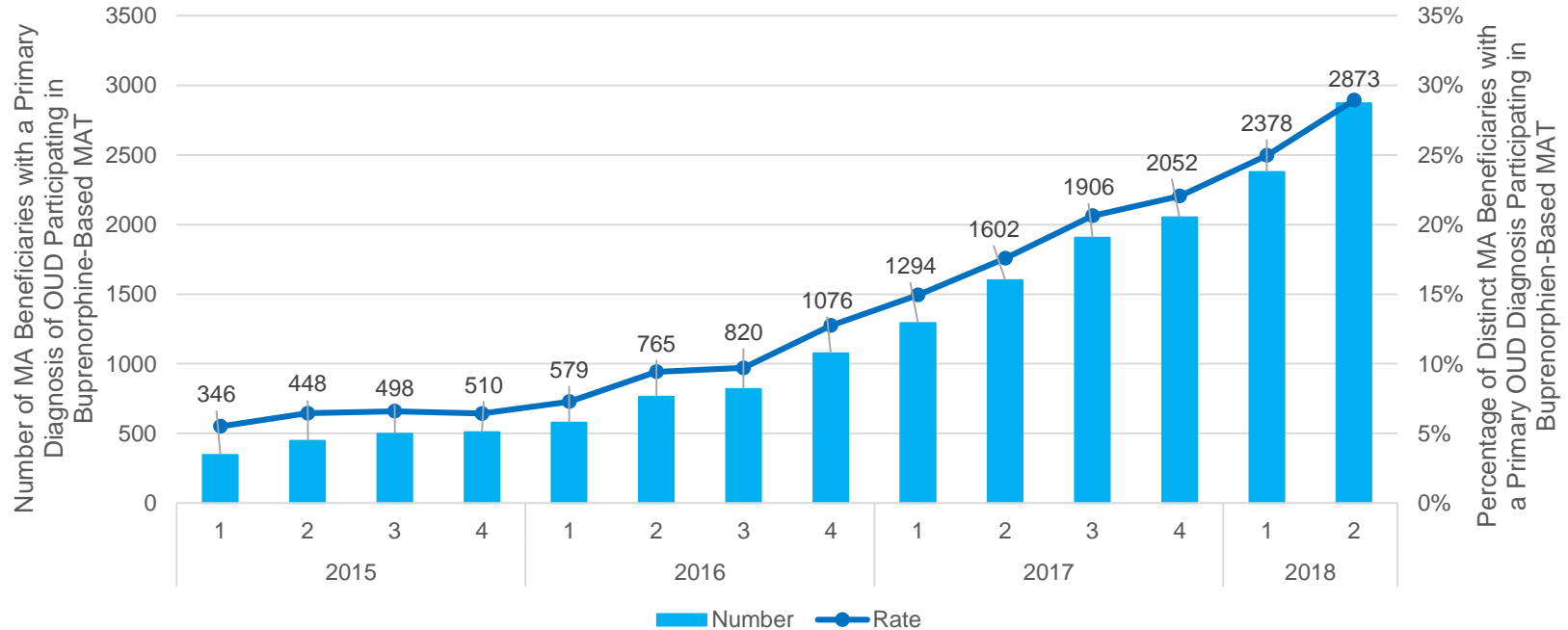
50 individuals experiencing homelessness from Journey of Hope and Safe Haven programs have been matched to supportive housing

Launched a monthly MAT Learning Collaborative which will run in accordance with the MAT policies to be implemented by January 2020

- Next meeting will feature Dr. Kyle Kampman on October 31st



Number and Rate of Distinct MA Beneficiaries with a Primary Diagnosis of OUD Participating in Buprenorphine-Based MAT, 2015-Q1 to 2018-Q2





Increased Medication-Assisted Treatment Capacity

36 Provider Agencies Operating 72 Locations

Total MAT Capacity – 12,836 slots

a. Total Occupied MAT Capacity – 9,498 slots

b. Total Available MAT Capacity – 3,338 slots

c. Available MMT Capacity – 1,285 slots

d. Available Non-MMT Capacity (Buprenorphine, Vivitrol) – 2,053 slots

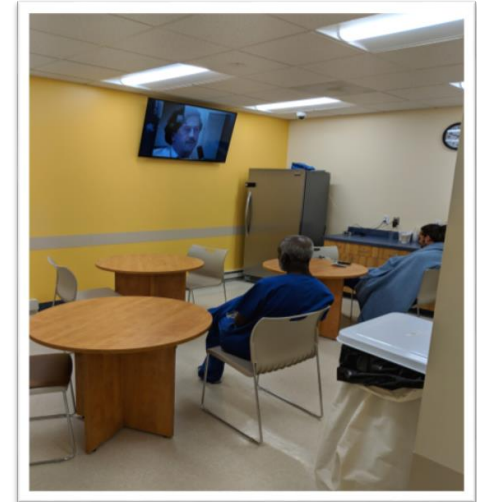
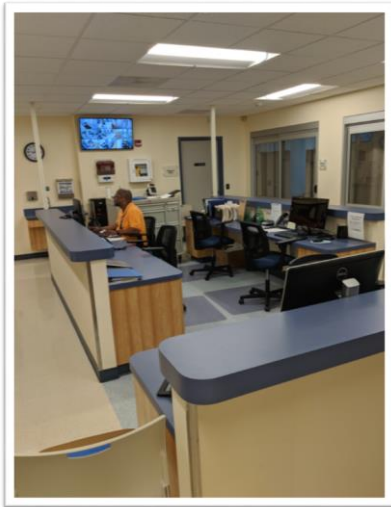
Program Types Outpatient, Intensive Outpatient, Residential, Partial Hospitalization, Withdrawal Management, and Centers of Excellence

Total MAT Capacity

- 74% occupied
- 26% available

Highlights for Treatment Recommendations

NET 24/7 Access Point is now accepting members with a full range of substance use disorders and withdrawal symptoms for assessment, stabilization, and referral to appropriate level of care with warm hand-off.



Treatment



Highlights for Criminal Justice Recommendations

- The Office of Criminal Justice, DBH, the First Judicial District, the District Attorney's Office, and the Defender Association are examining existing court-based diversion programs to determine if expansion or creation of a new program can most effectively address opioid use disorder.
- This year one enforcement initiative has been conducted in June resulting in 166 total arrests. A second initiative occurred October 3-6, 2018.
- The Real Time Crime Center maintains records of overdose incidents in order to determine surges in overdoses and deploy law enforcement resources appropriately.

Highlights for Criminal Justice Recommendations

- Began offering buprenorphine to all inmates at PDP, expanding from a successful pilot at Riverside Correctional Facility
- Makes post-release drug treatment appointments for sentenced individuals with OUD
- Expanded eligibility for inmates to receive assistance in enrolling in Medical Assistance (activated at discharge)
- Expanded eligibility for Narcan to include all patients who need medical management of withdrawal (distribute ~6,000 kits annually)

