



# THE OPIOID CRISIS

Written by **Caroline Stark and Sara Solomon** with consultation from **Carolyn Cannuscio, Jeffrey Hom, and Zachary Meisel**

## BACKGROUND

Opioid use and addiction have reached epidemic proportions in Philadelphia, making drug overdose involving opioids a leading cause of death. Both pharmaceutical and illicit opioids contribute to this crisis. Opioid sales in Philadelphia more than doubled between 2000 and 2012, and health care providers continue to prescribe opioid pain medication in greater quantities than medically appropriate<sup>1</sup>. The peak age group for overdoses is 45-54, an older age group than previously seen<sup>2</sup>. Over-prescribing of opioids contributes to

the recruitment of adults into drug dependence. While use of opioid pain medications usually does not lead to opioid use disorder, four out of five heroin users nationwide transitioned from original use of prescription medications<sup>3</sup>. Heroin is easy to obtain, potent and cheap compared to prescription pain medications. There are estimated to be at least 70,000 heroin users in Philadelphia<sup>4</sup>.

Opioid use disorder and overdose significantly impact individuals and health system utilization in Philadelphia. In 2015, there were over 6,500 emergency department visits

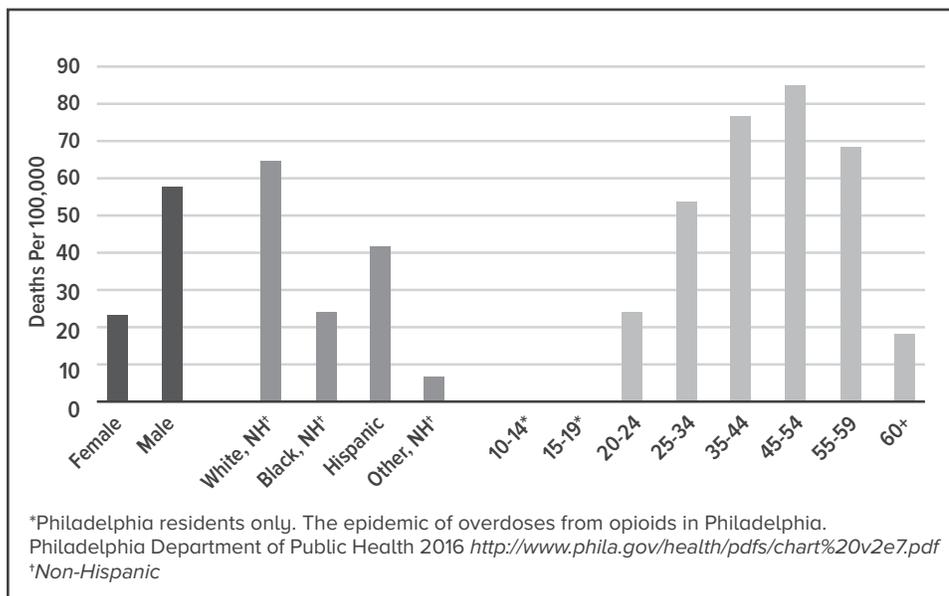
***“We need to figure out how we can best assess and share opioid risk information to patients and their providers in a way that meets patients’ own needs for pain control without having to give them excess medications that they may not need, want, use and could lead to dependency and addiction.”***

—CPHI Senior Fellow, Zachary Meisel, MD

for opioid overdoses across the city<sup>5</sup>. Further, for each opioid-related death, there were about 12 opioid-related emergency department visits. 2016 drug overdose death rates increased across all demographic groups. Deaths in men were three times more common than deaths in women. While all races saw an increase in opioid related overdose rates in 2016, whites were disproportionately affected (Figure 1).

Addiction also impacts the families and children of users. Consequences of drug misuse that impact families include compromised health, higher health care costs, violence, child abuse and neglect<sup>6</sup>. Neonatal abstinence syndrome (NAS) can result from opioid use during pregnancy and may interfere with a child’s brain development and later

Figure 1: Rates of opioid-related overdose deaths in Philadelphia, 2016\*



cognitive functioning and behavior. In Philadelphia, the rate of NAS increased more than three-fold from 2002 to 2015<sup>7</sup>. Adverse childhood experiences (ACE) such as growing up with household substance abuse can have long-term effects on children’s health and make substance abuse later in life more likely. Approximately 35% of almost 2,000 Philadelphians surveyed grew up with substance abuse in their households<sup>8</sup>.

The epidemic also affects the criminal justice system. Substance use disorder prevalence is higher among prison populations than among the general population and incarceration itself is a risk factor for developing substance use disorder<sup>9</sup>. Substance use disorders can increase risk of incarceration and probability of arrest for nonviolent or drug-related offenses<sup>10</sup>.

## RECOMMENDATIONS FROM THE OPIOID TASK FORCE<sup>11</sup>

Mayor James Kenney introduced a coordinated effort to confront this issue, with The Mayor’s Task Force to Combat the Opioid Epidemic in Philadelphia. The task force developed a plan to reduce opioid use disorder and associated morbidity and mortality, with the following recommendations:

### STRATEGY 1: PREVENTION AND EDUCATION

- Conduct a consumer-directed media campaign about opioid risks.
- Conduct a public education campaign about naloxone, which is used to reverse opioid overdose.
- Destigmatize opioid use disorder and its treatment.
- Improve health care professional education.
- Establish insurance policies that support safer opioid prescribing and appropriate treatment.

### STRATEGY 2: TREATMENT

- Increase the provision of medication-assisted treatment.
- Expand treatment access and capacity.
- Embed withdrawal management into all levels of care, with an emphasis on recovery initiation.
- Implement “warm handoffs” to treat substance use disorder after overdose.
- Provide safe housing, recovery, and vocational supports.
- Incentivize providers to enhance the quality of substance use disorder screening, treatment, and workforce.
- Expand naloxone availability.
- Further explore comprehensive user engagement site(s) (i.e. safe injection sites).
- Establish a coordinated rapid response to “outbreaks.”
- Address homelessness among opioid users.
- Expand the court’s capacity for diversion to treatment.
- Expand enforcement capacity in key areas.
- Provide substance use disorder assessment and treatment in Philadelphia Department of Prisons.

## IMPLEMENTATION, MONITORING, AND EVALUATION

The City will succeed at implementing these steps only with the cooperation of many organizations and individuals. Monitoring, reporting, and surveillance will be established to:

- ➔ **Develop an opioid epidemic data report to establish a baseline and monitor the epidemic**
- ➔ **Establish use of real-time data to support a rapid response plan**
- ➔ **Integrate data across systems to optimize care for affected individuals**
- ➔ **Develop an evaluation plan that assesses the progress and impact of the Mayor’s Opioid Task Force Report**
- ➔ **Model the program on other successful “disease”-specific program areas within Philadelphia’s health department**

## ABOUT CPHI

The Center for Public Health Initiatives works to advance the science of public health.

CPHI was founded in 2007 by the University of Pennsylvania to act as an interdisciplinary public health center that brings together faculty, staff, and students from across Penn’s campus. The mission of CPHI is to educate and train new and emerging public health leaders, foster multi-disciplinary collaborations, and promote excellence in public health research and community partnerships.

ANATOMY CHEMISTRY BUILDING,  
ROOM 148  
3620 HAMILTON WALK  
PHILADELPHIA, PA 19104  
CPHI.UPENN.EDU  
T: 215-746-3467  
F: 215-573:9025  
@CPHIatUPenn

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