

OVERDOSE PREVENTION FORUM

FALL Issue
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PRINGLE'S PERSPECTIVE

Each issue will highlight a different individual's perspective

The Allegheny County Overdose Prevention Coalition (ACOPC) is pleased to release its first newsletter! It will be published semi-annually to provide the residents of Allegheny County with new and necessary information on ACOPC and overdoses within Allegheny County.

The ACOPC members are a dedicated group of stakeholders who represent community organizations, treatment institutions, academia, policy makers, pharmacies and the government. Members generously volunteer to enact strategies and programs based upon a comprehensive epidemiological evaluation of overdoses over the past ten years.

Strategies involve professional education, needs assessment and interventions within multiple healthcare settings, such as emergency rooms, primary care clinics, federally qualified health centers and pharmacies.

Overdoses touch everyone in our community, including the young, old, rich, poor and all ethnicities. ACOPC's vision is to facilitate programs to empower the communities in Allegheny County regarding overdoses. Together we can reach our ultimate goal of "zero overdoses."



Janice P. Pringle, PhD

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GUEST EDITORIAL

Karl E. Williams, MD, MPH, Chief Medical Examiner, Allegheny County, Pennsylvania

When speaking to groups about the Office of the Medical Examiner, I frequently ask the audience the question, "What is our single largest category of death cases?" Only occasionally will I get the correct answer of "natural disease". Much more frequently the response is "homicide". Homicides are a tragic event, particularly in specific demographic groups in the county. However, they pale in comparison with deaths due to accidental drug overdoses.

Drug overdoses in Allegheny County cross all socio-economic boundaries and neighborhoods. They have increased from approximately 100, in 1995, to the current level of 230 to 240 annually. This number is greater

than the total number of homicide and suicides combined, and is the second largest category of cases handled by the Medical Examiner's Office.

This is a nationwide problem; yet, the experience in Allegheny County is distinctive in many ways. Allegheny County has a somewhat more stable population base than other areas of the country which have larger, more transient and diverse populations. In Allegheny County, the overdoses are still dominated by the more "traditional" and expected drugs of heroin and cocaine. The marked increase over the last 10 years, however, is due to the emergence of the complex polypharmacy of illicit drugs

mixed with legal prescribed medications that are diverted into the abuse community. This is an extremely complex, medical, social, psychological and financial problem. Addressing these issues is the goal of ACOPC and their efforts will be described in greater detail in this initial newsletter.

I think that it is a critical time where organizations, such as ACOPC, apply a broader community approach in analyzing, publicizing and developing solutions to this problem. The only certainty is that this epidemic of drug overdoses will not abate without some attention and strenuous effort being directed to the problem. It is also paramount to

realize that there will be an inevitable change in the types of drugs affecting the community as those drugs of abuse, which are more prevalent in other parts of the country, such as methamphetamine and the newer synthetic drugs, appear here in increased numbers.

ACOPC will prove to be vital for monitoring and assessing these complex problems from multiple points of attack to develop treatment solutions.

I personally look forward to working with you.

OPIOID SAFETY: A COMMUNITY COLLABORATION

Terri Kroh, Director of The Center for Pharmacy Services and Alice Bell, Coordinator of the Overdose Prevention Project



Drug poisonings are the number one cause of accidental death among adults in the United States. Accidental drug overdoses are responsible for over 90% of poisoning deaths, largely opioid overdoses. Naloxone is an opiate antagonist used routinely in emergency medicine to reverse opiate overdose. Distribution of naloxone to lay persons at potential risk of overdose has been demonstrated to be a feasible and effective component to lowering opiate-related mortality.^{1,2} However, naloxone prescription programs primarily reach injection drug users through syringe exchange and similar programs.³

Project Lazarus in Wilkes County, North Carolina pioneered the idea of making naloxone available through the regular prescription process in traditional medical settings where opioids are prescribed. Education on opioid safety and naloxone administration is provided there by the local pharmacist. Project Lazarus recently published data indicating a decrease in overdose fatalities achieved by their program in the first year of operation.⁴

“Drug poisonings are the number one cause of accidental death among adults in the United States.”

The Overdose Prevention Project of Prevention Point Pittsburgh (PPP) is building on the successful Project Lazarus model to make naloxone and opioid safety education accessible to pain patients in Allegheny County. PPP works with local physicians and pharmacists to increase the accessibility to naloxone for individuals who are legitimately prescribed opioids for pain, in addition to those who may be abusing prescription pain medications. Making naloxone widely accessible when opioids are used may reverse the spiraling rate of poisoning fatalities in Allegheny County.

The Evolution of Community Pharmacy Collaboration

The Duquesne University School of Pharmacy recently opened a community pharmacy, The Center for Pharmacy Services (CPS), in the Hill District of Pittsburgh. The Overdose Prevention Project and CPS collaborated to develop an evolutionary model for opioid overdose prevention. The model uses pharmacists to educate patients and physicians about opioid safety and the effectiveness of prophylactic prescription of naloxone to prevent fatal overdose. It is now a routine part of opioid safety training for patients prescribed opioids for pain.

Beginning in February 2011, patients presenting at CPS with a prescription for an opioid analgesic are offered counseling on opioid safety, including potential side effects, how to take opioid pain relievers safely, possible signs of opioid over medication and/or overdose and safe disposal of unused prescription medicines. Patients are provided with opioid safety educational materials. The patient and/or caregiver also receives instruction on how to identify and effectively respond to an overdose and how to administer naloxone.

A patient who receives the opioid safety education can request a prescription for naloxone. The pharmacist facilitates this by fax, sending a simple form to the prescribing physician requesting they sign an order to prescribe naloxone along with the opioids prescribed for an emergency. This would be analogous to the prescription of an Epipen® as a preventative safety measure for individuals allergic to bee stings.

Once the physician approves the request, the prescription is filled and naloxone is dispensed. A form is then initialed by the patient indicating completion of training on opioid safety and naloxone administration. The form is faxed back to the physician for patient chart inclusion.

With initial protocols in place and a handful of successful training and dispensing efforts already completed, CPS is seeking to broaden awareness of the opioid safety education and naloxone service that they offer to physicians and patients in Allegheny County. For further information, contact CPS, 412-246-0963 or PPP 412-247-3404.

References

1. Sherman SG, Gann DS, Scott G, et al. A qualitative study of overdose responses among Chicago IDUs. *Harm Reduction Journal*. 2008.
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3. Bennett AS, Bell A, Tomedi L, et. al. Characteristics of an overdose prevention, response, and naloxone distribution program in Pittsburgh and Allegheny County Pennsylvania. *J Urban Health*. 2011.
4. Albert S, Brason FW, et. al. Project Lazarus: Community-Based Overdose Prevention in Rural North Carolina. *Pain Medicine*. 2011.

BRIDGE TO HOPE

Bridge to Hope Members

The "Bridge to Hope" is a weekly support group that meets on the campus of UPMC Passavant Hospital in Allegheny County. The group provides members with information and coping and problem-solving skills to deal with loved ones impacted by addiction. Additionally, the group assists members through the maze of treatment options by sharing their mutual experience and personal contact with the treatment community.

Bridge to Hope members have the fortunate opportunity to give input at the state and county levels concerning issues of prevention and intervention with drug and alcohol issues. They also played a part in the development of the Engagement Center at re:solve Crisis Network.

A parent shared the following incident.

"A new batch of heroin was on the street called 'Get High or Die Trying'. Soon the mother received a call from the hospital indicating her daughter had flatlined. She survived, but barely. A member of our group asked the hospital staff about where to go from here. Everyone was at a loss for words. We were lucky to have a Bridge to Hope friend knowledgeable enough to connect us to resources."

The work of the ACOPC, of which we are members, is critically important to us as parents and loved ones of those struggling with addiction. The members have a stake in the outcome and are focused on helping to "make a difference." Our hope is that every

hospital in the area will implement the recommendations of ACOPC and help the affected individual and their families find the treatment they so desperately need. For more information, go to

<http://bridge2hope.org>



COUNTY AND STATE NEWS

Pennsylvania House Bill 1651:

an Act amending Title 44 of the Pennsylvania Consolidated Statutes to establish a Pharmaceutical Accountability Monitoring System. HB 1651 advocates for a functioning prescription drug database in Pennsylvania, which could potentially monitor multiple classes of drugs by practitioners, pharmacists and law enforcement. The legislation was referred to the Human Service Committee in June 2011.



Additional information can be accessed at: <http://www.legis.state.pa.us>



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