

## Beyond Rescue, Treatment, and Prevention: Understanding the Broader Impact of the Opioid Epidemic at the State Level

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**I**n 2017, a total of 70,237 fatal drug overdoses occurred in the United States. This equates to about 175 individuals per day who are losing their lives as a result of drug overdoses.<sup>1</sup> Regrettably, the age-adjusted rate alone in the Commonwealth of Pennsylvania was more than double the national average, at 44.3 per 100,000 individuals (as compared with the national average of 21.7 deaths per 100,000 individuals).<sup>2</sup> Although the number of lives lost to this epidemic is colossal, the population impacted is even greater, and the burden is felt across many areas of society, specifically among children, the economy, government, and criminal justice and healthcare systems.

In response to the realities of the opioid epidemic, Pennsylvania Governor Tom Wolf signed a 90-day disaster declaration to bolster resources. The declaration has generated unprecedented collaboration and innovation among state agencies and stakeholders, with renewals every 90 days since the initial signing on January 10, 2018.<sup>3</sup> A major success of this declaration has been the Opioid Command Center. The program consists of 17 state agencies who meet weekly to review opioid-related data to execute coordinated responses to the growing epidemic. Because the effects of the opioid crisis are not confined to one specific area, all state agencies have taken a hit. The state has initiated a 3-tiered approach focused on prevention, rescue, and treatment.<sup>3</sup>

Unfortunately, an increasing number of children continue to be affected and displaced due to their parents' opioid misuse.<sup>4</sup> The consequences that the youth face from opioid misuse include poisoning or overdose, use in pregnancy, impaired parenting and attachment, material deprivation, and extended separation from parents. Often, these effects result in an increase in adverse childhood events and impose long-term negative health outcomes.<sup>5</sup> In 2016, more than 2300 babies, whose births were paid for by Medicaid, were diagnosed with neonatal abstinence syndrome.<sup>3</sup>

In response, the Department of Human Services (DHS), Department of Health (DOH), Department of Drug and Alcohol Programs (DDAP), and community partners developed a guidance system for the arrangement of safe care that is required for infants who have been born substance-exposed, as defined by the Child Abuse Prevention and Treatment Act and Pennsylvania Act 54 of 2018.<sup>6</sup> This guidance

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was created to ensure that every substance-exposed baby born is provided with a plan of safe care prior to discharge from the hospital, and to ultimately minimize long-term health consequences.<sup>7</sup>

Similarly, a seamless process when discharging individuals with opioid use disorder (OUD) from the hospital to a treatment center is vital. This handoff is an essential step in recovering from addiction. Recognizing this importance, the DDAP requires county drug and alcohol agencies to set up organized procedures to facilitate this smooth transition process. The DOH and DHS have also worked to connect patients to treatment by developing OUD Centers of Excellence (COEs) and the Pennsylvania Coordinated Medication Assisted Treatment Program (PacMAT).

In 2017, more than 119,500 individuals enrolled in Pennsylvania's Medical Assistance program had an OUD diagnosis.<sup>3</sup> In addition to providing OUD treatment services to these individuals, the DHS responded to this epidemic in multiple ways, as the cornerstone of their response to the opioid crisis has been the development and funding of 45 OUD COEs across the commonwealth. COEs have 3 stated goals: integrating and coordinating physical health care with behavioral health care to treat the whole person; engaging individuals across the continuum of care by using community-based care management teams; and increasing access to Medication Assisted Treatment (MAT). PacMAT is another effort to increase access to MAT. PacMAT functions through a hub-and-spoke model to ensure that patients in both rural and urban areas have access to the treatment and resources that they need. Through this collaborative model, Pennsylvania has widely increased the treatment capacity for OUD.

Although it is most natural to focus our response on rescue and treatment, it is important that public health prevention strategies

are leveraged to reduce the number of individuals who develop an addiction. A broader focus on prevention would minimize the need for rescue and treatment, ultimately mitigating the negative effects that the opioid epidemic imposes upon educational systems, criminal justice, economics, health care, and communities.

The overall cost of the crisis in Pennsylvania is still unknown, but it is important to recognize how multifaceted it is. Studies such as those contained within this publication<sup>8-12</sup> are necessary to monetize the crisis and consider how prevention efforts focused on the social determinants of health would slow the epidemic. With more information about the extent of the opioid epidemic, states will be better prepared to address the challenges of the opioid epidemic and minimize the societal burden it has caused. ■

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## REFERENCES

1. Mitchell J. With 175 Americans dying a day, what are the solutions to the opioid epidemic? *Clarion Ledger* website. clarionledger.com/story/news/2018/01/26/opioid-epidemic-solutions-naloxone-overprescribing-overdose-deaths/964288001/. Published January 26, 2018. Accessed May 7, 2019.
2. Drug overdose deaths. CDC website. cdc.gov/drugoverdose/data/statedeaths.html. Updated December 19, 2018. Accessed May 7, 2019.
3. Pennsylvania opioid data dashboard. Open Data PA website. data.pa.gov/stories/s/9q45-nckt/. Accessed May 7, 2019.
4. Charumilind S, Latkovic T, Razili L, Mendez-Escobar E. Why we need bolder action to combat the opioid epidemic. McKinsey & Company website. healthcare.mckinsey.com/sites/default/files/Why-we-need-bolder-action-to-combat-the-opioid-epidemic.pdf. Published September 2018. Accessed May 7, 2019.
5. Fitt MA, Miller AM, Wilkinson RH, et al. Educational disabilities among children born with neonatal abstinence syndrome. *Pediatrics*. 2018;142(3). pii: e20180562. doi: 10.1542/peds.2018-0562.
6. 2018 Act 54. Pennsylvania General Assembly website. legis.state.pa.us/cfdocs/legis/li/uconsCheck.cfm?yr=2018&sessInd=0&act=54. Accessed May 7, 2019.
7. Pennsylvania Department of Health; Pennsylvania Department of Drug and Alcohol Programs; Pennsylvania Department of Human Services. Pennsylvania plan of safe care guidance. Pennsylvania Department of Human Services website. keepkidssafe.pa.gov/cs/groups/webcontent/documents/document/c\_287154.pdf. Published March 2019. Accessed May 7, 2019.
8. Leslie DL, Ba DM, Agbese E, Xing X, Liu G. The economic burden of the opioid epidemic on states: the case of Medicaid. *Am J Manag Care*. 2019;25:S243-S249.
9. Zajac G, Aveh Nur S, Kreager DA, Sterner G. Estimated costs to the Pennsylvania criminal justice system resulting from the opioid crisis. *Am J Manag Care*. 2019;25:S250-S255.
10. Crowley DM, Connell CM, Jones D, Donovan MW. Considering the child welfare system burden from opioid misuse: research priorities for estimating public costs. *Am J Manag Care*. 2019;25:S256-S263.
11. Morgan PL, Wang Y. The opioid epidemic, neonatal abstinence syndrome, and estimated costs for special education services. *Am J Manag Care*. 2019;25:S264-269.
12. Segel JE, Segel JE, Shi Y, Moran JR, Scanlon DP. Opioid misuse, labor market outcomes, and mean-tested public expenditures: a conceptual framework. *Am J Manag Care*. 2019;25:S270-S276.