



South Central PA Opioid Awareness Coalition Frequently Asked Questions

- **Why South Central PA Opioid Awareness Coalition?**
 - Our concern for our patients and our communities
- Because we believe we are able to achieve our goal – excellent, safe patient centered approach to our patients and our communities by working together and learning from one another.
- **What is the coalition's purpose?**
 - Our Mission: To bring together health systems, hospitals, medical, dental and behavioral health providers, pharmacists, and healthcare professional associations and supporting organizations to address the opioid/heroin crisis through awareness, education and action.
 - Our goals:
 - To explore opportunities for stronger collaboration among primary care physicians, pharmacists, and dentists, related to opioid use, focusing on the following:
 - Fostering coalitions and networks
 - Promoting community education
 - Educating providers
 - Changing organizational practices
 - Strengthening individual knowledge and skills
- **What has the coalition done so far?**
 - Developed standardized consumer **messaging** to be used by health systems, pharmacists and Community based organizations <http://www.opioidaware.org/>
 - Developed communication plan (website and promotional materials) this meeting, pt/community education flyers, <http://www.opioidaware.org/>
 - Developed and disseminated **materials** including a unified message and resources for people affected by opioids
 - Assembling evidence-based overdose prevention resources in a website (opioidaware.org) to increase community awareness and knowledge of opioids, substance abuse resources and opioid safety
 - Educating Prescribers and Dispensers on evidence-based guidelines and protocols (using 2016 CDC guidelines as a foundation) across the healthcare systems and other members and gathering our clinical leaders to share best practice strategies.
- **Why is it important to form this group?**

We are all trying to respond to this opioid crisis, often with similar approaches – we felt it was

important to share this unified message with the community as well as learn from one another as we rapidly try to respond to this public health emergency

- **How are all of the organization's members working together and staying connected?**
We meet as a coalition monthly and have subgroups working on sharing clinical best practices as well as a unified messaging approach
- **What are your next steps?**
While our individual organizations continue intensive efforts we are continuing to meet monthly to determine how best to progress to our goals and we are continually looking for other organizations interested in joining our efforts
- **What do you want people know about the coalition?**
There are many – advocacy groups, health care providers, professional organizations, pharmacies that care deeply about this issue and are committed to working together to help address this critical issue
- **How did this start?**
The Independent Pharmacy Association of Lancaster County approached Lancaster General Health/Penn Medicine and WellSpan Health about sharing with the community the similar work that all three organizations were already engaged in. When the three groups met, we thought that we would benefit the community by working together and looking for other organizations willing to join our effort. Other organizations saw the benefit of working together, and the Coalition has grown quickly
- **How are you making a difference?**
We are presenting shared messaging, and thus stronger messaging to our patients and our communities about the opioid crisis and how we as health care providers, individual patients and communities, move forward towards a solution. We have created our website to bring together a shared messaging and other valuable resources – including links to state-wide, national and county specific resources (opioidaware.org)
- **How are members selected?**
Interested organizations apply to join the Coalition and commit to the work of the coalition contact@opioidaware.org Existing members of the Coalition vote on new members.

In-depth Questions:

- **What are you doing that is new?**
Share public messaging and sharing our work in this area with one another as well as creating a regional resource website (opioidaware.org)
- Coming together is great, but exactly what are you doing to effect change?
- **Is the group lobbying legislators, coming up with new guidelines?**
 - As primarily non-profit organizations, we do not lobby legislators but our committed to educating our legislators and other community leaders about the crisis, and our perspective as health care providers to planned future actions, legislation or otherwise

- **How is this different than other health care industry groups?**
 - Our Coalition crosses many traditional “industry groups” (i.e. health systems/hospitals, medical societies, quality organizations, individual health care providers, pharmacies) we are also focused on a specific topic – the opioid crisis)
- **What has been your biggest challenge to date?**

We are fortunate to have so many organizations a part of our Coalition, but that has also been a challenge in terms of gathering the group together with the great degree of communication that is required for this effort.
- **Is the prescription drug monitoring program actually working?**

Yes, it is not by any means a complete solution to the opioid crisis but it is an important tool in our effort to determine which patients might be struggling to use their opioids safely or who may not understand our guidelines in using opioids (ex. one prescriber)
- **Does the coalition advocate best practices for health care providers to follow?**

If so, what are some examples? The Coalition is using the Centers for Disease Control and Preventions 2016 Opioid Guidelines (<https://www.cdc.gov/drugoverdose/prescribing/guideline.html>) for the foundation of our work together. We are in the process of determining more detailed statements on our opioid work based on this foundation. Our efforts to date have resulted in this shared public messaging:

 - We now know that opioids are not as safe as we once thought they were for chronic pain
 - Too many of our prescribed meds are making it into the hands of those they were not meant for – including our youth
 - We cannot know who may develop problems with these medicines
 - We are asking our patients to take these actions:
 - Ask about non-opioid care for your pain
 - Lock up your medicines at all times and safely dispose of left over medicines
 - Know that you may be asked to sign a controlled substance agreement and have urine drug screens and pill counts
 - Let your doctor or pharmacist know if you have any problems especially if you are worried about misuse of your medicine – we can help
- **Do you think there is enough state and federal funding for addiction? What should lawmakers do? What shouldn't be cut?**
 - Addiction (Substance Use Disorder) is a chronic life-threatening disease that requires not only the patient’s commitment to recover but also significant support from family, friends and healthcare/behavioral health/addiction treatment professionals. The United States is facing the worst opioid crisis in our history. 13 Pennsylvanians died every day in 2016 of drug overdoses. We need to have services available to support those who are ready for recovery. Funding for services to those struggling with Substance Use Disorder and those recovering is critical to having them live and to live productive lives – which we value for all members of our community.
- **What do you say to patients who insist on staying on or receiving opioid medication?**
 - We now know that opioid medicines are not as safe or effective for chronic pain as we had believed them to be in the past. Every patient should have a discussion with their

healthcare provider about what the new evidence on opioids would mean for risks and benefits and options related to their chronic pain – including doses of opioids if the decision is to continue them, interactions with other medicines, effects on driving and other added or alternative treatments to help the patient with pain and function. In those situations where a shared decision between the prescriber and the patient is to continue to prescribe opioids, the patient should expect increased monitoring of the opioids then they likely experienced in the past (a controlled substance agreement, urine drug screening, and possibly pill counts) to ensure that the patient is safe with their opioid use.

Tough Questions:

- **Some have cited, even blamed, medical providers for starting the opioid epidemic. Do you think the medical community should be blamed for the epidemic? Did it play a large role?**
 - We are constantly trying to learn from new science and our own experiences in medicine. Many experts previously recommended we aggressively treat pain in all people in the past and there was the common opinion in medicine that if patients used the opioid medications as prescribed and they were used for pain, that the risk of getting into trouble with opioids was low. We also believed in the past that opioid pain medicines were more effective for long term pain than we now know that they are. We know that patients also historically desired less of an active treatment for their chronic pain. We now know that physical therapy, cognitive behavioral therapy and other treatments – though sometimes initially less desirable from a patient stand point (appointments, insurance coverage, co-pays) are in fact more desirable, safer treatments for pain than may have been recommended to patients in the past. There are multiple factors that got us to where we are in the opioid crisis in the United States, it will take all of us working together to address it. That is where we believe that the South Central PA Opioid Awareness Coalition is an important step in that direction.
- **Have you ever prescribed opioids to someone who you knew was addicted?**
 - Patients can develop dependency and withdraw from opioid pain medications – even if used exactly as prescribed and monitored closely. These are different than addiction.
 - Dependence is a biological result of taking opioids for a period of time – the body becomes use to seeing the drug and when it is stopped (lost, weaned, discontinued) the body can experience withdraw symptoms (chills, aches, nausea, vomiting, diarrhea, goose bumps, agitation, craving). Withdraw symptoms can occur in either opioid dependency or in Substance Use Disorder.
 - Addiction, more properly known as Substance Use Disorder is when an individual experiences a negative consequence from using opioids (or other drugs) such as loss of a job or a DUI, and none-the-less, due to cravings, returns to the substance use over and over again – as if the drug had “hijacked” the brain and judgement of the individual
 - Once addiction is clearly recognized by the opioid prescriber, the patient should be referred to appropriate treatment for this – which may include Medication Assisted Treatment which may include an opioid like medicine. Using opioid medication to treat Substance Use Disorder (addiction) once it is clearly identified is restricted to certain prescribers with added certifications from the Drug Enforcement Administration (DEA)

- One problem is that it is not always clear if the patient is addicted to an opioid or whether they are experiencing dependency but not addiction. There is often, at least initially, disagreement between the prescriber and the patient about whether addiction exists and these conversations are, understandably, not easy ones.
- **Are your efforts too little, too late?**
 - For people and communities suffering from addiction, no effort is ever too late. Many wish some of our current efforts had been started earlier or that we had more resources to address this opioid epidemic that is causing so much suffering. We are encouraged as members of the South Central PA Opioid Awareness Coalition about the potential that we have as a Coalition to work together and with others to address this health emergency
- **What do you say to the families who have already lost a loved one due to opioids or addiction?**
 - The pain of losing a loved one is terrible. Many families have seen their loved one struggle before their death with a disease they did not understand and seemed to steal their love one from them even before their death. The negative behaviors that result from the cravings of addiction can rip families apart. It is important for families to get support for themselves, whether their family member is still struggling with addiction or has died. Organizations like Nar-anon or Al-anon can help families heal.