THIS IS A DRAFT NOT FOR PUBLIC RELEASE

Criminal Justice System

Opioid Use Disorder

Competent management and care for individuals suffering with Pain and Opioid Use Disorder

Competency:

A complex combination of knowledge, skills and abilities demonstrated by organizations and their staff that are critical to the effective and efficient function of the organization in achieving its goals

(Center for Public Health Practice, Emory University)

The Competence Imperative- The Performance Equation

Competent organizations + Competent staff +Effective processes Appropriate matrix+ Learning Culture=Quality Care + Efficient Care + Safe Care = Satisfied staff= Satisfied patients= Profitable Care.
Data- information- knowledge- wisdom- competence

Introduction

Opioid Use Disorder: Criminal Justice System is part of The Pain Opioid Epidemic Project (Medium). The draft document addresses the challenge of addressing individuals using opioids within the Criminal Justice System. It serves as a framework for crowdsourcing information, and ideas from a wide range of individuals and groups.

When "complete" it will provide information and resources for a comprehensive, coordinated, evidence based approach to the care of individuals with pain, opioid dependence and addiction and associated issues in the hospital and healthcare* network system (Including outpatient* services). In addition, it provides tools for individuals as patients, consumers and citizens to engage with the hospital system to achieve optimal outcomes for themselves as well as their community.

Opioid Use Disorder: Criminal Justice System is closely related to the The Case of the Opioid Epidemic and is driven by the Vision of Optimal Care for Addiction (Medium- Crowdsourcing) and Vision of Optimal Care for Pain Disorders. The project is informed by the complexity of the opioid epidemic and the need for a framework provided that views the challenges from an ecosystem and complexity lens. The position of the hospital system within the ecosystem will be explored. Given that best practice are well recognized measures to facilitate implementation are discussed and incentives, barriers to optimal performance will be highlighted. In addition to information and data, the goal is to provide citizen tools, including "citizen briefs", checklists, communication tools to engage with the ecosystem to achieve meaningful solutions and treatments.

Opioid Use Disorder: Criminal Justice System Summary **On Medium**
"The War on Drugs": Law enforcement-legal aspects of the war on drugs
Patrick Sharkey is Professor of Sociology and Public Affairs at Princeton University's Woodrow Wilson School of Public & International Affairs. He received his Ph.D. in Sociology and Social Policy from Harvard. Sharkey was formerly Chair of Sociology at New York University, served as Scientific Director at Crime Lab, New York, and is the founder of AmericanViolence.org

PERSPECTIVE

> Opioid Use Disorder and Incarceration — Hope for Ensuring the Continuity of Treatment
>
> I.A. Binswanger

How to best use the document?

How should the political system respond to the challenges of individuals suffering with acute and chronic Opioid Use Disorder?
How should the criminal justice system respond to the challenges of individuals suffering with acute and chronic Pain and Opioid Use Disorder?
Opioids and the challenge for the criminal justice system. (Moral, ethical,legal, financial, administrative)
Barriers to optimal approach and care in the criminal justice system
Role of Crowdsourcing for developing the document.
Creating the right solution for your organization
Overview and timeline of the Project

About The Pain Opioid Epidemic Project

The Pain Opioid Epidemic Project (Project) is an experiment in **citizen engagement**, inspired by the belief that we, as citizens, must engage with fellow citizens and relevant stakeholders to achieve solutions to the challenges that face our communities and our nation. The Project targets the challenges associated with opioids. The citizen oriented project provides a comprehensive approach that builds on the understanding of the complexity of the pain-opioid ecosystem* including pain management, opioid use disorders, opioid overdoses, public policy, law enforcement, criminal justice and related challenges. The Project is an ambitious multi phase undertaking that has as its goal to achieve best practice outcomes for individuals within the pain opioid ecosystem*. More specifically, our goal is to provide a multi element framework that supports individuals (as citizens, patients and consumers), and social systems to achieve the right care for the right person at the right location at the right cost. It is our plan to build on the experience with the Pain Opioid Project to apply the lessons to other challenges facing our society, communities and political culture.

The interconnected and complex bio-psycho-socio-political challenges of opioid use/ abuse provide an excellent framework to test a "citizen centric" approach to address problems facing our nation. More specifically, the challenge of Pain Opioid Epidemic is best understood from the complexity/ ecosystem lens. Exploring and understanding the Pain Opioid Ecosystem, the various stakeholders, their interaction and the dynamics driving and maintaining the various issues provides potential “solutions” at the various levels of the complex ecosystem.
The vision for the opioid epidemic project is dependent on an understanding and leveraging the interaction between transparency, citizen democracy, and systems thinking. Citizens4health adopted systems thinking as a way to clearly illustrate the complex ecosystem of the pain opioid epidemic and to highlight the relationships of the various stakeholders, their roles and dynamics. Mapping the pain opioid ecosystem, is associated with citizen tools to actively interact within The Pain Opioid Ecosystem. The Pain Opioid Ecosystem maps will include the following views

and perspectives that would be helpful for individuals and organizational stakeholders to understand what action they can take:

1. The criminal justice system:
2. The personal perspective: Clinician, citizen, consumer, patient
3. Local perspective: County/city, health care system, hospital, clinicians, social organizations
4. State and federal and local perspective: State and federal government, National organizations i.e. Professional organizations, corporations, media, Non profits,

Rationale:

The morbidity and mortality from opioid misuse, abuse, and overdose continues to rise in the United States, creating a crisis for patients, families, and communities. Current efforts to reduce prescription opioid use and misuse in the US have thus far been largely ineffective in stemming the crisis. It is clear a different approach is needed. **The criminal justice system** is at the center of the pain opioid ecosystem. There is an increasing number of Americans dependent on opioids. Some are able to get their medication through the medical establishment. Others resort to the illegal/ illicit drug market where they have access to prescription opioids as well as heroin. With the increase in opioid dependence both locally and nationally, the criminal justice system is experiencing an increase in individuals suffering with addiction who are in the system. Many of the individuals who become part of the criminal justice system including prisoners have substance use problems. Incarcerated individuals have complications related to IV drug use and chronic narcotic use, including endocarditis and epidural abscesses, which can require long hospital stays and long-term antibiotic treatment. Upon admission these patients can experience severe withdrawal. The nature of incarceration also offers an opportunity for treatment of the many individuals suffering with pain require optimal management that includes the use of prescription opioids. Within the criminal justice system hospitals there appears to be a lot of practice variation in the treatment of withdrawal and in discharge planning/prescribing.

- Many individuals suffer from pain disorders that may require treatment with an Opioid based medication
- The treatment of pain and the use of prescription opioids has been an important cause of the escalating epidemic.
- Hospitals and healthcare systems treat the medical morbidity associated with illicit opioid use
- Individuals depended on opioids require medical services
- Hospitals are part of their communities and care (Prescription opioids) can impact public health as a vehicle for diversion

The World Health Organization defines a health care system as (1) all the activities whose primary purpose is to promote, restore, and/or maintain health, and (2) the people, institutions, and resources, arranged together in accordance with established policies, to improve the health of the population they serve. Health care systems may provide a wide range of clinical services, from primary through subspecialty care and be delivered in offices, clinics, and hospitals. They can be run by private, government, non-profit, or for-profit agencies and organizations

Vision and Goals

Our goals are to standardize care and dispel misconceptions about the treatment of individuals suffering with pain as well as those suffering with Opioid Use Disorders. Our vision is one in which hospital and health care systems achieve optimal care for all patients and provide medical care that is safer, more evidence-based, and compliant with legal regulations.

Vision

By September 2020 all individuals have access to quality medical treatment (evidence based, optimal care) for their medical condition. More specifically,

By September 2019 there are no reported deaths of opioid overdose reported in the US.

By September 2019 the official approach to opioid use, dependence and addiction is informed by the principles and spirit of public health instead of a criminal justice approach.

By September 2019 individuals suffering with opioid use disorders have access to affordable, evidence based treatment.

By September 2020 “The War on Drugs” will be officially over globally, nationally, and locally.

By September 2020, every individual who experiences pain has access to and is able to receive evidence based, best practice informed treatment that improves their well-being in outcomes that matter for them.

Vision of Competent Optimal Care

Goals

To provide optimal, safe and coordinated acute and chronic pain management as well care for opioid use disorders for individuals within the criminal justice system. Includes these aspects evidence based, best practice pain management:

- The right medication/ treatment for the right patient at the right time, for the right length of time, and the right dose and amount, right monitoring.
- Risk assessment for opioid use disorders: Identify people at risk for opioid use disorders.
- Big data and analytics: Using population based data to target specific prevention activity.
- Create minimal friction in the care process for best care for individuals with pain and OUD

Overview of the elements associated with the pain opioid ecosystem

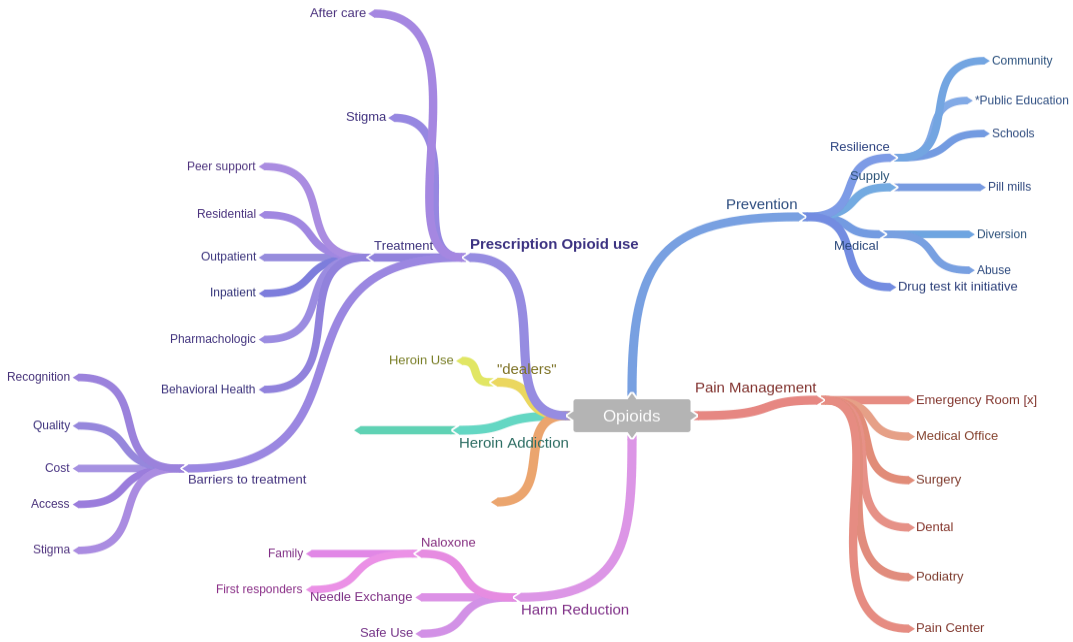


Table of Content

Take Action

- **Personal**
- **Social**
- **Political**

Legal accountability

Addiction Programs

Other Topics

- Employee related issues
- Education and training

Resources

Book Review of the Day: Bruce Western's new book, "Homeward: Life in the Year After Prison," uncovers "the role of the carceral system in breaking bodies and minds." THE ATLANTIC

Profile of the Day: U.S. District Judge Daniel Polster has his hands full these days in Ohio overseeing some 700 consolidated opioid lawsuits against drug companies. He says he sees his job more as a mediator than as a referee. THE CHRISTIAN SCIENCE MONITOR

- ☐ Incarceration Fueled America's Opioid Crisis, Study Suggests | Healthiest Communities | US News

Economic decline, incarceration, and mortality from drug use disorders in the USA between 1983 and 2014: an observational analysis - The Lancet Public Health

The USA has an ongoing epidemic of opioid addiction, with age-standardised mortality rates from drug use disorders increasing by more than 600% since 1980.[1] More than 72 000 overdose deaths occurred in 2017, making drug use disorders the second leading cause of death nationwide for people aged 15–49 years in the USA.[1] The number of overdose deaths has increased in every county since 1980, but at considerably different rates, ranging from 8% to more than 8000%.[1] Popular understanding of the unprecedented increase in overdose deaths focuses on the role of pharmaceutical companies in increasing the availability of opioid pain medication and, once addiction has been established, affected individuals substituting prescription opioids with heroin and fentanyl.[2] Another body of research emphasises the increasing demand for drugs, driven by economic decline and downward social mobility.[3, 4] However, this research remains inconclusive and does not explain the geographical variation in such deaths.[1, 5, 6] We argue that these two explanations, although valid, are incomplete and that incarceration represents another major driver of the epidemic in drug-related deaths. Extensive evidence has linked incarceration to various factors that are associated with drug overdoses, including stigma, unemployment, family disruption, and neighbourhood decline. In the USA, individuals are incarcerated in either state prison or local jail. In 2014, 1 562 300 people were incarcerated in state and federal prisons, usually serving a sentence of 1 year or longer, whereas 744 600 people were incarcerated in local jails, most of whom were in pretrial detention. Although at any timepoint jails hold about half as many people as state prisons, in 2014, 11·4 million people were admitted to jail, which is almost 20 times higher than the 626 096 people admitted to prisons each year.

The Declaration of Independence

The US Constitution

Small state, big success, treating prisoners suffering from opioid addiction. Officials in Rhode Island decided in 2016 to go where no state had gone before: providing addicted inmates with all three medications approved to treat addiction and then ensuring through Medicaid the

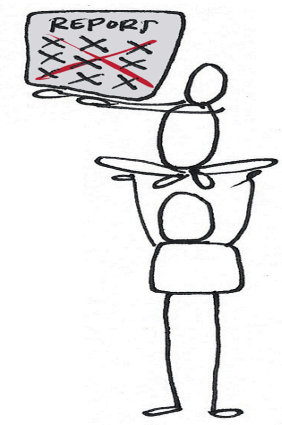
continuation of that treatment after the prisoners were freed. The result so far is a steep decline in drug overdose cases. POLITICO TMP Context: A better way to treat addiction in jail. THE MARSHALL PROJECT

The opioid crisis can be fixed with more bipartisanship and more federal spending. Good luck with that with our current Congress and administration. NBC NEWS

Opioid Use Disorder and Incarceration — Hope for Ensuring the Continuity of Treatment
Ingrid A. Binswanger, M.D. NEJM 2/27/19

A complex web of legal, policy, and structural barriers has led to persistent gaps in access to treatment for opioid use disorder in jail facilities in the United States and prevented the delivery of coordinated care.

Elements of the Opioid Epidemic Project relevant to the The Criminal Justice System



Checklists

Checklists have been used to improve outcomes in various fields. We introduce the checklists to facilitate taking action and interact with various stakeholders. Developing a checklist is a continuous process. The various checklists will be made public and improved upon as we go along with the Pain- Opioid Epidemic Project.

More

Best Practice

Developing and updating evidence based inventory of clinical, social, legal and public policy materials and process related to the our vision. We start with focusing on pain to be followed by Opioid Use Conditions, overdose prevention and addressing "the drug war".

Data: Measures for Justice

More

Take Action

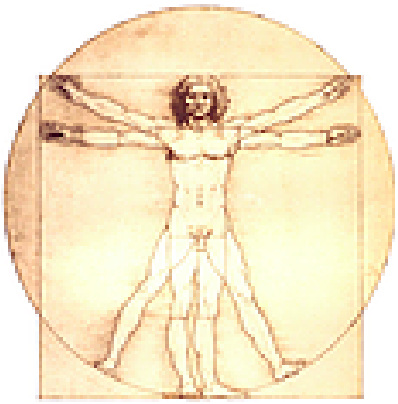
The take action section provides ways you can take part in addressing the Pain Opioid Epidemic. Whether you would like to better understand your personal experience with pain or opioid use, or you are interested in making an impact on a social challenge, you will find actions that can help you, your family as well as your community.

More

Resources

- ❏ Guidelines
- ❏ Evaluation and screening tools
- ❏ Algorithm (Decision support/ based on evidence based practice, patient's clinical status)
- ❏ Patient education & information
- ❏ Clinician education & information
- ❏ Leadership education and training
- ❏ Data analytics
- ❏ Take action
- ❏ Policy
- ❏ Tools
- ❏ Point of care resources
- ❏ Checklists
- ❏ Additional resources

	Acute pain: Opioid naive patient **Chronic pain:** Patient on opioids **Substance use disorder:** Patient dependent on opioids More



Citizen Briefs

The citizen brief is central to reclaiming the role of the citizen in the body politics. It is a stand alone document addressing a particular societal challenge, i.e the opioid epidemic. The citizen brief is utilized to establish a framework for a citizen oriented treatment plan that provides a comprehensive, multi stakeholder and multi phase road map for citizen involvement in their political ecosystem

- Humanizing the epidemic: The individual suffering with pain and addiction
- Opioid supply reduction: Preventing the initiation of inappropriate opioid substance use
- Harm reduction: Preventing and reducing harm associated with opioid use, including eliminating overdose mortality and morbidity associated with opioid use
- Opioid use disorder: Best evidence for the effective diagnosis and treatment of individuals suffering with opioid use disorders
- "The War on Drugs": Law enforcement-legal aspects of the war on drugs

Fatal police violence in the USA: a public health issue VOLUME 398, ISSUE 10307, P1195, OCTOBER 02, 2021

Fatal police violence by race and state in the USA, 1980–2019: a network meta-regression Full-Text PDF The Lancet

Published:October 02, 2021DOI:https://doi.org/10.1016/S0140-6736(21)02145-0

January 24, 2018
A New Year's Wish on Opioids Joshua M. Sharfstein, MD[1] Addiction Treatment

Criminal Justice
It is now recognized by many across the political spectrum—including the Koch brothers—that the arrest and jailing of millions of Americans for their addiction has complicated efforts to address the opioid epidemic. Charging nonviolent individuals for possessing small amounts of drugs strains the courts and jails and tags people with addiction with criminal records that hinder recovery. Yet as overdoses have spiked—in large part due to heroin laced with fentanyl—several states have again increased penalties for possessing small amounts of drugs, and some prosecutors have turned overdoses into crime scenes, charging friends and family with murder. The instinct to "get tough" is understandable, but users rarely know the content of their drugs, and the result is likely to be fewer people calling for help.

There is also the very real danger of overdose after incarceration. In most jails across the country, individuals with an opioid use disorder are forced to endure a painful (and occasionally fatal) withdrawal. While incarcerated, they lose their tolerance to opioids, raising the chance of overdose when opioids become available again. Studies document up to 10-fold elevations of risk of death upon release from detention.

In 2018, I hope for far wider adoption of alternative approaches: fewer arrests for drug use and much greater access to treatment within the corrections system. There are some inspiring examples. Innovative police departments and prosecutors in New York, Washington, Vermont, and elsewhere are diverting nonviolent users of drugs to treatment instead of detention. Initial results of some of these efforts show substantial declines in recidivism.

In addition, states including Rhode Island and Connecticut are beginning to offer access to effective treatment with medications to detainees, with transitions to community care upon release—a promising approach supported by evidence from other countries and consistent with the recommendations of the President's Advisory Commission.

The Case for Reform | Transform: Getting Drugs Under Control

Philadelphia Task Force (Pdf)

Impact On The Criminal Justice System

People with substance use disorder interact with the criminal justice system in many ways. Prevalence of substance use disorder is higher among prison populations than among the general population.24 Incarceration itself is also a risk factor for developing substance use disorder.25 The Philadelphia Drug Treatment Court, established in 1997,26 seeks to address some of these underlying causes of crime by directing some people to substance use disorder treatment instead of incarceration.

Substance use disorder in the criminal justice system The Philadelphia Department of Prisons processes over 30,000 individuals for intake each year, averaging over 6,000 people per day. The incarcerated population has significant disease burden, including about 40 percent who participate in behavioral health treatment (primarily pharmacologic care), 17 percent who are seriously mentally ill, 14 percent who have Hepatitis C and three percent who are HIV positive. The Department of Prisons does not test for drug use on admission, but can estimate drug use among its population based on a 2014 study. Seventy-four percent of inmates tested positive for use of one or more drugs on admission to jail. Of those who tested positive for drug use, 14 percent tested positive for opioids (15 percent of females tested and 12 percent of males tested).27

The Department of Prisons generally does not initiate medication for individuals with opioid use disorder, although inmates who are already receiving methadone in the community can continue to receive it while incarcerated. However, pregnant women with opioid use disorder are started on methadone for the duration of their pregnancy. Together, about 300 inmates receive methadone in the prison system annually. In March 2017, the prison started maintaining inmates with opioid use disorder who enter prison on prescribed buprenorphine. Beyond medication-assisted treatment, the Department of Prisons offers withdrawal management support (commonly referred to as detoxification or detox) and enrollment in its cognitive behavioral therapy treatment program, called Opportunities for Prevention and Treatment Interventions for Offenders Needing Support (OPTIONS).

The Department of Prisons provides withdrawal management about 8,000 times annually; in the second half of 2016, about two-thirds of withdrawal management admissions included opioids. About 1,500 people also participate in substance use disorder counseling annually through the OPTIONS program. The risk related to withdrawal management in prison is that upon release into the community where opioids are widely available, inmates who participate in withdrawal management will experience reduced tolerance to opioids, and so are at greater risk for overdose. Resources to increase access to medication assisted treatment during incarceration would address some of these risks for overdose, and have the broader benefit of enabling people to begin treatment while incarcerated.

Incarceration history among people with substance use disorder The prevalence of psychiatric disorders, including substance use disorder, is higher among inmates than in the general population. Early-onset substance use disorders increase risk of incarceration due to tendency

to engage in drug related criminalized behavior.28 Substance use disorders that co-occur with other serious mental illness also increase likelihood of arrest for nonviolent or drug-related offenses.29 In addition, incarceration may lead to onset of psychiatric disorders, including substance use disorders, due to challenges encountered during incarceration and post release.30 In Philadelphia, of the 3,172 people who died of an unintentional drug overdose during 2010–15, 782 (25 percent) were incarcerated in the Philadelphia Department of Prisons at least once during the same time frame.31

Role of the Philadelphia Treatment Court

Philadelphia Treatment Court is a Municipal Court that addresses cases for the drug-involved criminal justice population. The court is designed to treat substance use disorder as a root cause of criminal activity, providing an alternative or supplement to normal legal proceedings. Treatment Court can offer post-plea deals that deliver a network of treatment and supportive services (such as recovery housing, vocational training, and employment placement) according to the needs of the participant. If appropriate, medication-assisted treatment (MAT) and trauma counseling is provided.32 Over twenty years, Philadelphia Treatment Court has enrolled more than 4,800 participants and has successfully graduated more than 3,100 participants. In the past five years, 890 participants have been accepted to Treatment Court, representing 74 percent of all referrals. Treatment Court accepts individuals with primary diagnoses of substance use disorder who have been charged with non mandatory felony drug offenses and have less than two nonviolent prior convictions. Self-reported opioid use among Treatment Court participants has increased from approximately 22 percent in 2015 to 37 percent as of March 2017.33 Most Treatment Court participants complete the program and are not convicted of another crime within a year of graduation. In 2016, 78 percent of participants successfully completed Treatment Court. Recidivism is low for all crimes (about 32 percent three years after last contact), but particularly for drug-related charges (18 percent three years after last contact).34 Treatment courts have shown reduced recidivism when compared to traditional adjudication for drug offenders, reducing rates of re-arrest and re-conviction by approximately 6 percent to 26 percent.35 However, Treatment Court cannot currently serve all of the people who could benefit from the program due to limited resources.

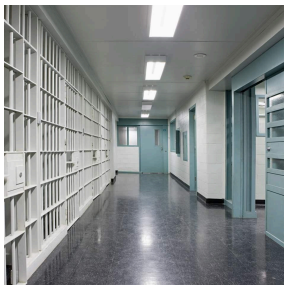
A Small City Police Department Takes Aim at a Monster Epidemic

In Burlington, all police officers and EMS personnel carry Narcan; it's widely distributed at the local syringe exchange—more than 18,000 doses since December 2013 and counting; it's available for purchase in pharmacies and is of course used in emergency room care. But Narcan doesn't always work, especially if someone has taken fentanyl, a synthetic opioid that can be 50 times more potent than heroin and is often hidden in other street drugs. The influx of fentanyl has raised the stakes in an already catastrophic epidemic.

ARTICLE May 13, 2019

How States Address Opioid Use Disorder in Prisons

Individuals within the criminal justice system have a high prevalence of substance use disorder (SUD), including opioid use disorder (OUD). Based on the latest data from the Bureau of Justice Statistics...



SPEECHES & TESTIMONY April 15, 2019

Pew Supports Adding Opioid Use Disorder Questions to Jails Census

On April 15, The Pew Charitable Trusts' substance use prevention and treatment initiative submitted comments to the Bureau of Justice Statistics (BJS), suggesting that the agency add questions relating to...

Opioid Use Disorder and Incarceration — Hope for Ensuring the Continuity of Treatment

I.A. Binswanger

N Engl J Med 2019;380:1193-1195 | Published Online February 27, 2019

Strategy 4: INVOLVEMENT OF THE CRIMINAL JUSTICE SYSTEM

Individuals in the justice system continuum, from arrestees to sentenced prisoners, with OUD who are not participating in adequate treatment services constitute a particularly risky population.53 A change to a public health approach within the justice system is urgently needed,54 however, members of the Justice System, Law Enforcement, and First Responders subcommittee reported systemic barriers and gaps in programming, resources, and training which must be addressed in Philadelphia to enable implementation of an evidence based public health strategy.

16 Expand the court's capacity for diversion to treatment.

The City should collaborate with the court system, the District Attorney's office, the Defenders Association, and treatment providers to expand existing court-sanctioned treatment programs to increase capacity, including but not limited to Drug Treatment Court and the Accelerated Misdemeanor Programs. Drug Treatment Court allows defendants with SUDs who are charged with nonviolent felony offenses an opportunity to participate in treatment and avoid conviction. The Accelerated Misdemeanor Programs (AMP 1 and AMP 2) are diversion programs that expedite the resolution of misdemeanor charges by allowing substance-using offenders to engage in treatment and avoid conviction. Across the United States, integration of court monitoring with clinical OUD care that includes MAT has achieved remarkable success rates, for both public health and public safety. At present, the number of participants is capped due to limited resources. The judicial intervention of diverting offenders to treatment programs has been extensively studied, and can reduce recidivism, increase abstinence in closely supervised offenders, and improve retention in treatment. Philadelphia's system is cited as a best practice model by the National Association of Criminal Defense Lawyers.

This Judge Has a Mission: Keep Defendants Alive https://nyti.ms/2DUlkiE

17 Expand enforcement capacity in key areas.

Federal, state and local law enforcement agencies should 1) expand capacity for investigating those who divert prescription opioids, focusing on pharmaceutical companies and opioid prescription abuse by registrants, recognizing that there are DEA regulatory sanctions as well as state and federal criminal penalties that can be levied against registrants involved in the illicit distribution of prescription opioids; and 2) take action against drug dealers who prey on people trying to recover at clinics and treatment facilities. Philadelphia is following recommended best practices with regional coordination through the High-Intensity Drug Trafficking Area program and DEA 360 strategy; however, additional staffing resources are needed for complex investigations.55 Federal funding may be available to leverage local funding for high-level investigation and interdiction.

18 Provide substance use disorder assessment and treatment in Philadelphia Department of Prisons.

The Philadelphia Department of Prisons should provide substance use disorder assessment to all inmates upon entry and comprehensive treatment during incarceration, with a continuum of care plan upon release, which includes a plan to obtain an identification card to facilitate treatment. Treatment during incarceration increases the likelihood of engagement in treatment post-incarceration and correlates with positive outcomes such as reduced recidivism, increased abstinence, and decreased overdose morbidity in the weeks immediately after release. In a well-designed study,56 inmates who participated in medication-assisted treatment (MAT) during incarceration were more than twice as likely to engage in treatment upon re-entry than the control group. A large, multi-site study that included patients in Philadelphia found similar benefit for MAT in patients on parole or probation.57 SAMHSA also recommends provision of MAT in jails.58

In an English national study, prison-based opioid substitution therapy was associated with a 75% reduction in all-cause mortality and an 85% reduction in fatal drug-related poisoning in the first month after release

https://www.ncbi.nlm.nih.gov/m/pubmed/28160345/

As Kentucky moves to automatically terminate parental rights for parents whose babies are born with neonatal abstinence syndrome (the constellation of symptoms some newborns exhibit after their mothers take opiates during pregnancy), the New York Times magazine takes a nuanced look at what life is like during pregnancy and in the fragile weeks after birth for women who struggle with opioid addiction. We're all too familiar with the broad strokes of the epidemic: prescription painkillers, multiple laps through treatment, babies at risk. But here Jennifer Egan (better known as a novelist) lovingly renders the day-to-day details behind the usual narrative, highlighting just how mighty a struggle is behind each success story. — Beth Schwartzapfel

Family demands answers after Philly man addicted to heroin dies hours after incarceration
By Dana DiFilippo January 8, 2018

Involuntary Treatment For Substance Use Disorder: A Misguided Response To The Opioid Crisis

Jan 24, 2018

https://www.health.harvard.edu/blog/involuntary-treatment-sud-misguided-response-2018012413180

Law Enforcement and Criminal Justice Professionals and Professional Associations

1 Address substance use-related health issues with the same sensitivity and care as any other chronic health condition. All health care professionals can play a role in addressing substance misuse and substance use disorders through prevention strategies and health care services.

2 Support high quality care for substance use disorders by setting workforce guidelines; advocating for curriculum changes in medical, nursing, dental, and other professional schools; and promoting continuing medical education training

Health Care Systems

3 Promote primary prevention through safe prescribing of controlled substances, using alternative strategies to manage pain and anxiety, and increasing use of prescription drug monitoring programs.

4 Promote use of evidence-based treatments across all contexts of care, tailoring plans to individual needs and educating healthcare professionals on medication assisted treatment.

5 Promote effective integration of prevention and treatment services by educating and training the relevant workforces; developing new workflows to support universal screening, appropriate follow-up, coordination of care across providers, and ongoing recovery management;

6 Work with payors to develop and implement comprehensive billing models, including updating coverage policies to include prevention, screening, brief counseling, and recovery support services.

7 Implement health information technologies to promote efficient and high quality care, including electronic health records, patient registries, computer-based educational systems, and mobile applications.

Abington Township Police Department Announces A New Program To Help Combat The Opioid Crisis

Any Abington Township resident in need of treatment for drug addiction can go to the Abington Township Police Department and ask for help. An officer will connect the person with a Certified Recovery Specialist or other crisis specialist. The police department has partnered with several treatment providers to ensure that help will be available 24/7, 365 days a year. Those partners include Abington Hospital-Jefferson Health, Montgomery County Recovery Center-Center for Excellence, Access Services Mobile Crisis and Malvern Institute. While the program cannot

promise a bed in a treatment facility, service providers will do their best to connect those in need with available treatment options.

What does competent care look like? An organization perspective (LINK TO CHECKLIST)

Treatment of the individual suffering with pain:

- Overview to the challenges of pain and its management in the hospital and network setting
- Optimal acute and chronic pain management for individuals within the medical system.
- Available resources for the diagnosis and treatment of acute and chronic pain.
- Management of pain (acute and chronic) in various hospital settings.
- Evidence based and safe opioid prescribing group
- The treatment of the individual with co-occurring chronic pain and addiction disorder

Treatment of opioid dependence and addiction in the criminal Justice System :

- Optimal acute and chronic care for individual suffering with substance use disorders (Opioid Use Disorders) within the healthcare system.
- Optimal acute and chronic care of the individual with medical condition who is also suffering with substance use disorders
- Best practice and evidence based management of the individual suffering with Opioid Use Disorder in the acute medical setting .
- Culture of care and impact on opioid use disorder
- Diagnosis of individuals with opioid use disorders
- Management of individuals suffering with opioid use disorder
- Available resources for the diagnosis and treatment of addiction and dependence..
- Inpatient opioid withdrawal management protocol
- The treatment of the individual with co-occurring chronic pain

THE OPIOID CRISIS
Philly police are being trained to connect people in addiction to treatment, instead of arresting them
By Aubrey Whelan / about 1 hour ago
The Police-Assisted Diversion program has been in operation since December in the 22nd Police District, and trains officers to offer treatment and other services to people in addiction who would otherwise be arrested on charges like drug possession, purchasing and prostitution.

Approach to the "patient" in the criminal justice system

- The approach to the individual suffering with pain
- The approach to the individual suffering with opioid dependence

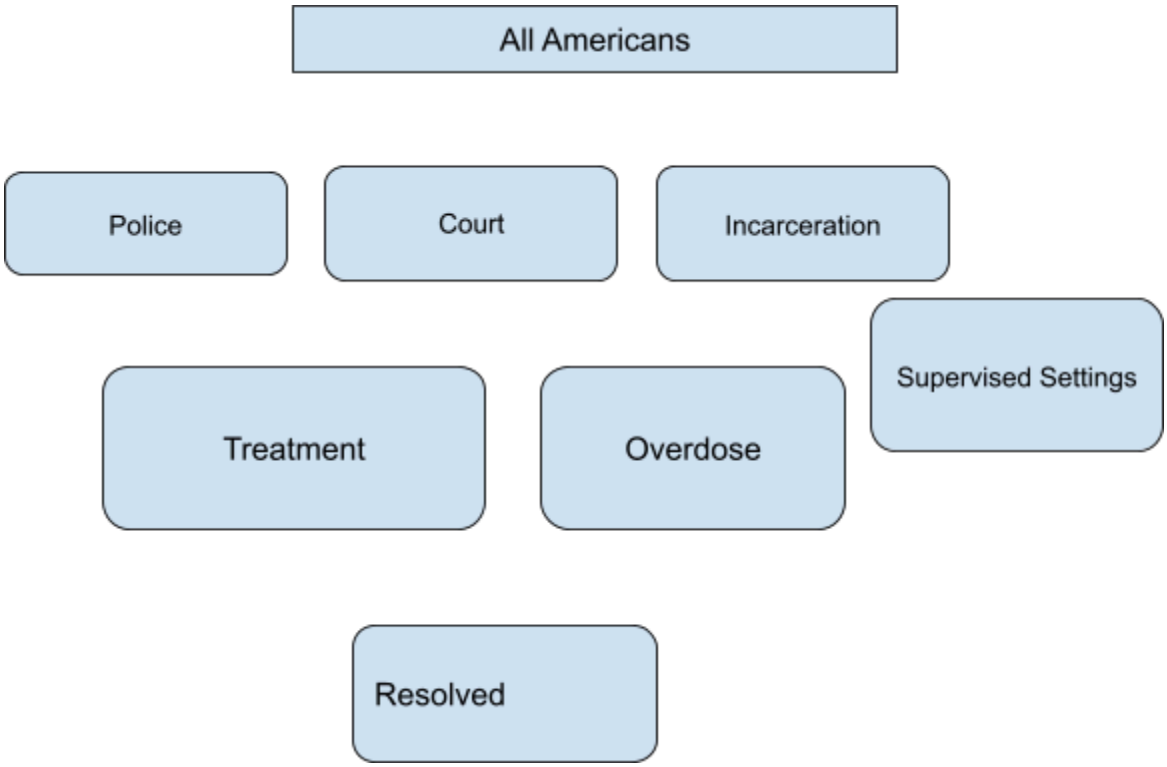
Carefully mapping out the pathway that patients traverse, from the onset of pain, all the way to an overdose death, IHI determined that there are a number of specific types of populations with respect to opioid use, and how to address them:

Describe each individual with example (Link to vision)

1. High-dose chronic opioid use: Compassionately taper opioids and move to alternative pain management. (Treating Opioid Withdrawal)
2. Opioid dependent, seeking outside of health care: Address addiction behaviors and outcomes of opioid-seeking individuals
3. Opioid Dependent, needing medical care: Need for treatment to pain,
4. Opioid Overdose: Acute treatment in prison, ER and supervised setting (Probation, parole)
5. The Stigma of Opioid Use: Humanizing the individual suffering with addiction

For each group:
Patient example (Vision)
Challenges
Flow chart
Optimal care (Best care, examples)
Next steps
Comments

The patient in the opioid ecosystem



Create flow diagram that when complete will include:

- **Prevalence of each group**
- **Optimal Care**
- **Link to treatment options**
- **Citizen Briefs**

Ecosystem and Complexity

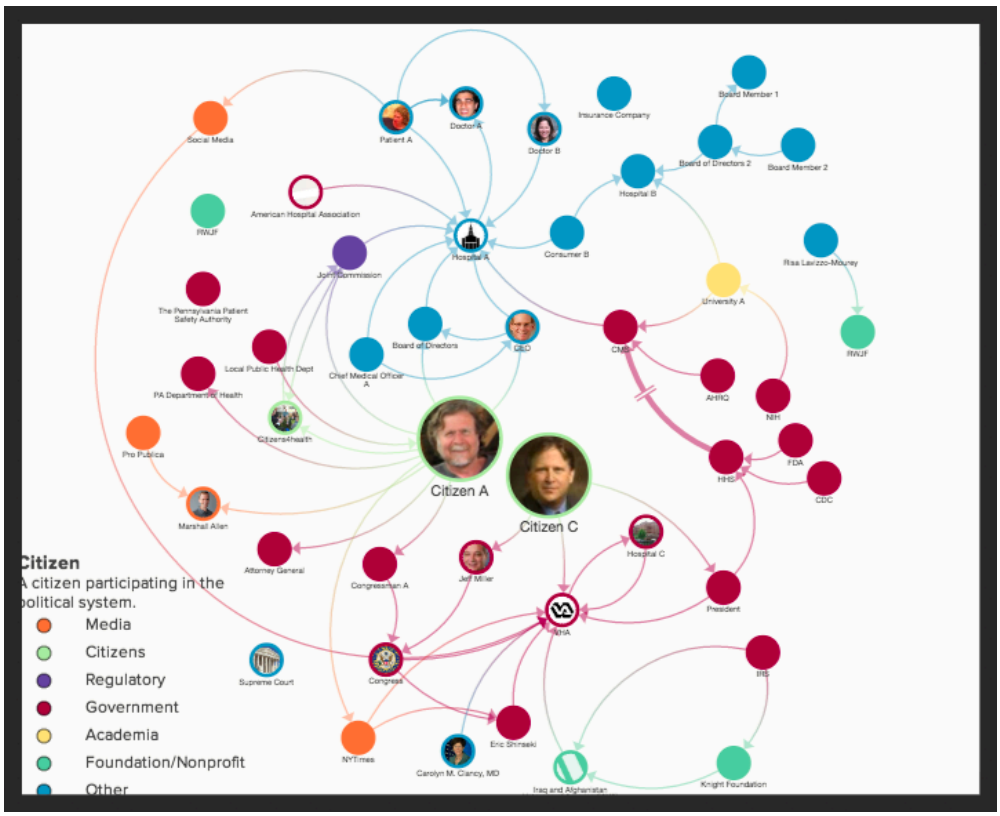
The complexity of the criminal justice system

Using Systems thinking to map the stakeholders and challenges associated with the **Pain Opioid Epidemic** provides a coherent method to intervene in these systems to achieve optimal care*. Our effort builds on the recognition that mapping of complex systems can bring new understanding of the relationships among the various stakeholders in the Pain Opioid Ecosystem. We hope to demonstrate that with a framework that builds on systems thinking citizens may target the problems that impact their personal lives as well as their communities and nation. The connection between pain and its management, opioid dependence and abuse, overdose and morbidity as well as legal consequences have been recognized and the impact on communities and the nation appreciated.
Recent efforts have pointed out that the challenge of opioid epidemic is best understood from the complexity/ ecosystem lens. An understanding of the complexity of the opioid ecosystem, the various stakeholders and their interaction. It is clear that the challenge and potential "solutions" require an understanding of the pain opioid ecosystem and the complexity and the dynamics driving and maintaining the various issues.

The pain opioid ecosystem maps provide a sophisticated means to communicate about the environment in which we are working. The complexity of the map helps us to explain that there are no easy answers and that responses require multi-pronged approaches. It exposes the underlying logic of our strategies and helps to reveal where there are gaps in our analysis.
For example, mapping the stakeholders and process involved in the diagnosis and the management of opioid use disorders will illustrate areas to potentially intervene in the ecosystem to achieve optimal results. From outpatient care, through the various stakeholders within the hospital and the surrounding community and social and political structure the health care system is complex and can be examined with the ecosystem perspective .

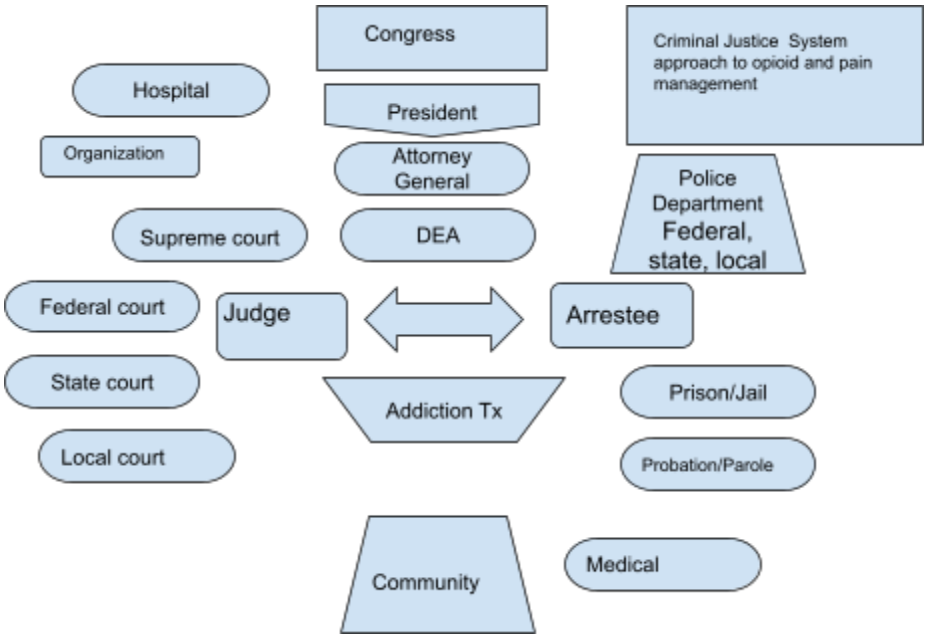
Create an overall ecosystem and then each particular patient type.

[The Pain-Opioid Ecosystem: Overview of system thinking and citizen action]



The criminal justice system in relationship to local and national stakeholders
The complexity lens for the criminal justice system

The criminal justice system and federal, state and local community stakeholders and process
Link to competence approach of the institution.
DIstribution
National regulatory (FDA, DEA, VA, State) (The Joint) , Medicaid
Citizens, patients
Medical services
Community: Criminal Justice etc
Perspective on complexity (Google doc)

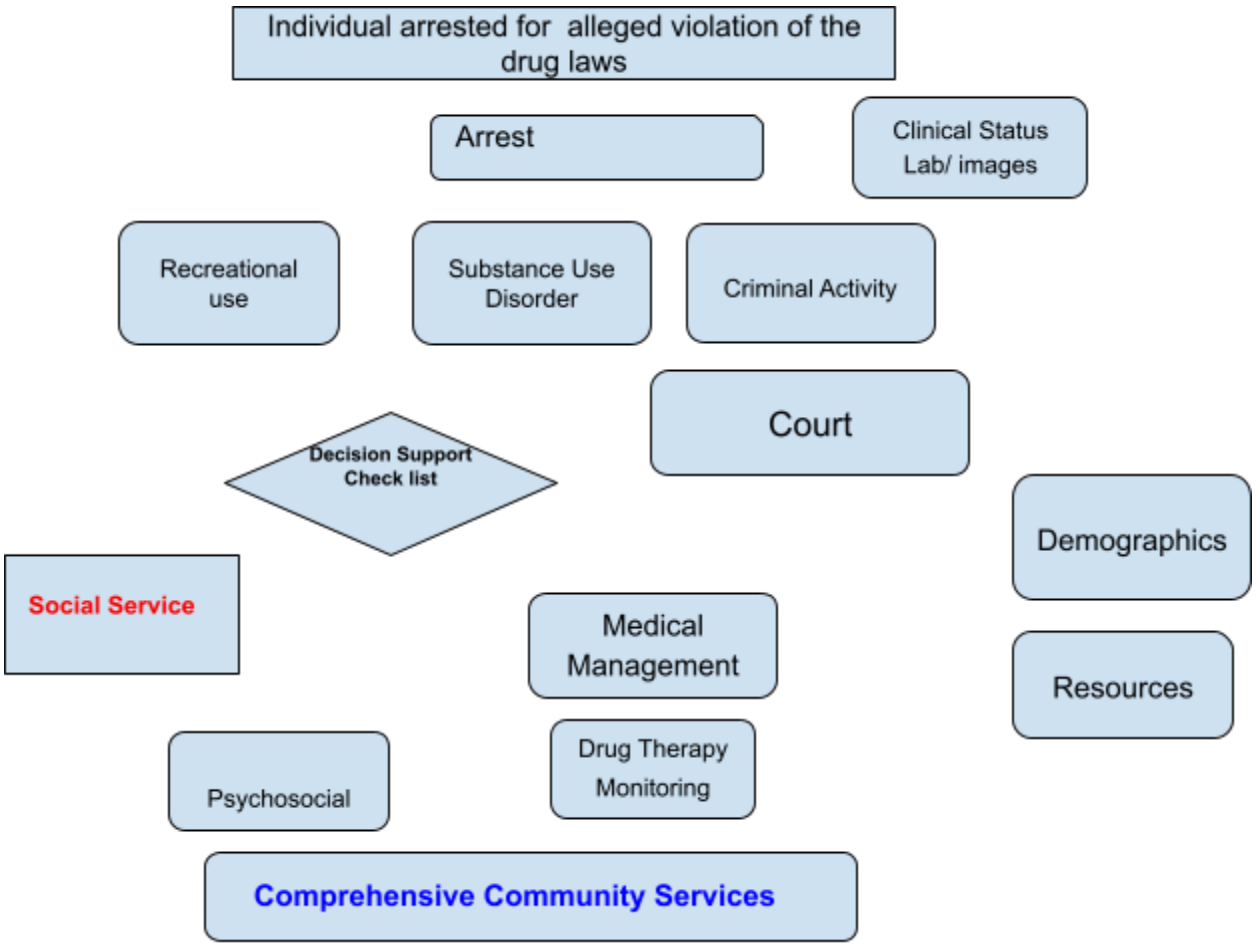


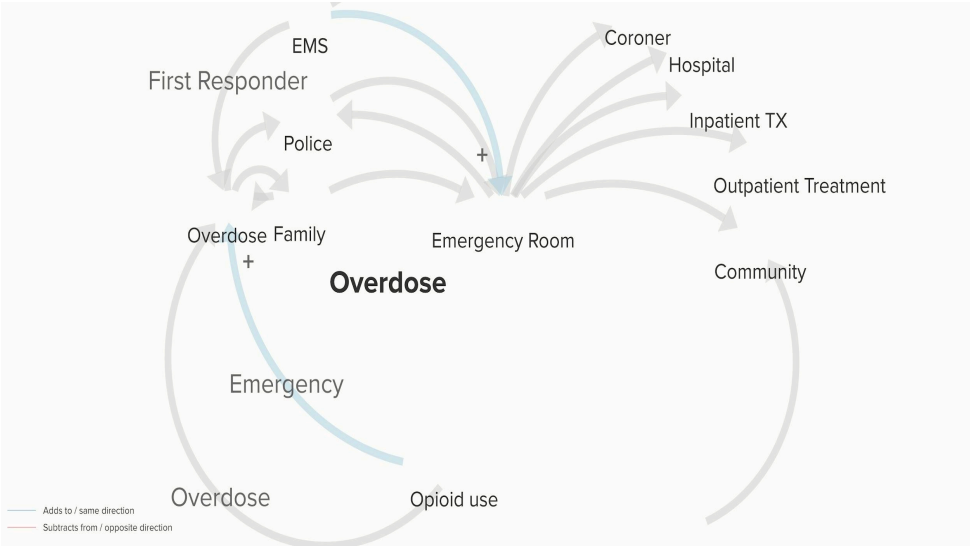
Stakeholders

The health care system and local community stakeholders and process

National State Community	

Individual flow through the criminal justice system





https://meetyourda.org/

WHAT IS A DA?
District attorneys (DAs) are more than just prosecutors. The district attorney's job is to seek justice in criminal cases, work to prevent crime, and serve as a leader in the diverse communities they represent. The DA is also an elected official, which means they are ultimately accountable to the voters. In California, we have 58 elected DAs each representing one of our 58 counties.
WHAT MAKES A DA SO POWERFUL?
District attorneys in California have tremendous power to impact the lives of millions of people, their families, and entire communities. If someone is accused of committing a crime, it is not the police but the DA who has the sole power to decide if criminal charges are filed and the severity of those charges. They alone decide who is deserving of a jail or prison sentence and who will instead be routed into a diversion program to help rebuild their life, or have charges dismissed.

Planright: Putting the individual/ patient at the center of their health and wellness journey

There is a growing recognition that health and wellness of the individual is impacted by social determinants* in addition to the more usual medical and physiological aspects of the person's experience. The current healthcare system, excellent at addressing the medical concerns of most people, has not evolved a theoretical framework, organizational structure, incentives and process to address the social determinants that contribute to medical issues for individuals. While there are social and societal resources that are dedicated to addressing social needs for individuals and community, these are usually not well coordinated, difficult to access, and not assessed for the outcomes. Failure to effectively address the social determinants is assumed to contribute to preventable utilization of the medical system contributing to escalating cost. This failure is assumed to contribute to the cost of health care and misses an opportunity to target the needs of the whole person. Existing stakeholders are reluctant to expand the framework for patient care to include a bio-psychosocial- spiritual framework and incorporate that understanding into clinical care. More specifically, most health care systems lack the infrastructure, communication among stakeholders and incentives to develop comprehensive, systematic screening-and-referral protocols and relationships with the array of community service providers that would be required to address their patients' health-related social needs.

Social Determinants (Medium)

Planright (Medium)

The Opioid Epidemic: Why Cops Are Sending People with Addiction to Treatment Instead of Jail
Published on Mar 17, 2016
Guest speakers: Leonard Campanello, Chief of Police, Gloucester, MA and Frederick Ryan, Chief of Police, Arlington, MA. Preceded by a presentation by Dr. Davida Schiff, BUMC

The Pain Opioid Epidemic: Solutions through Technology

Data and technology solutions for a major medical challenge for individuals and a public health problem that the CDC has declared a national epidemic: abuse, overdose, and death from prescription painkillers. Specifically, our digital and communication tools and use of data analytics support providers at the point of care when treating patients with pain disorders, at risk of opioid and other controlled substance addiction.

Challenge:

Pain, acute and chronic, is a complex clinical issue requiring an individualized, multifaceted approach. The use of Opioids for the treatment of pain and nonmedical use further complicate that challenge confronting the health care system. It spans a multitude of conditions, with varied causes and presentations. Persons living with chronic pain are often lumped into a single category, and treatment approaches are sometimes generalized without supporting evidence. In addition, although pain is a dynamic phenomenon that waxes and wanes over time, it is often viewed and managed with a static approach. For many reasons, including lack of knowledge, practice settings, resource availability, and reimbursement structure, clinicians are often ill-prepared to diagnose, appropriately assess, treat, and monitor patients with chronic pain.

Strategy:
Creating best practice and evidence based guidelines driven algorithms that enhance the patient, doctor, health care system interaction associated with treatment and management of pain and opioid use. The technology in user friendly and embedded when possible in the health care provider work flow and existing digital tools. Additionally, the users have access to local resources relevant to their needs in order to achieve optimal outcomes.

Objective:
Using digital technology to achieve optimal pain management, access, affordable, quality care, decision making support
Using digital technology to prevent unintended side effect from opioids
Using digital technology to prevent diversion of opioids from the medical setting
Using digital technology to optimize care for the individual suffering with Opioid Addiction
Using digital technology to maximize harm reduction
Using digital technology for information and data exchange

Approach:
Create and utilize digital tools that are informed by the medical needs of individuals suffering with pain and opioid use disorders. Easy to access and in workflow digital tools for the various stakeholders in the “pain- opioid ecosystem”. Where possible integrate with EMR. Where possible create a database of services available locally. (IBM Watson) Have information and tools for the patient and family. The tools are sensitive to and capable for : Privacy, Security, Patient focused, Scalable, Reliable , Real-time, Locally modified , Telemedicine
Let Prisoners Learn While They Serve
By THE EDITORIAL BOARD AUG. 16, 2017

The folks behind “MeetYourDA.org” want to bring California residents closer to the prosecutors they elect, and re-elect. Check out this interactive site. MEETYOURDA.ORG

Recidivism cycle

Criminal justice officials across the country are struggling to break the recidivism cycle in which prisoners are released only to land right back behind bars. These prisoners are among the most poorly educated people in the country, and that fact holds the key to a solution. Decades of research has shown that inmates who participate in prison education programs — even if they fail to earn degrees — are far more likely to stay out of prison once they are freed.
That prison education programs are highly cost effective is confirmed by a 2013 RAND Corporation study that covered 30 years of prison education research. Among other things, the study found that every dollar spent on prison education translated into savings of $4 to $5 on imprisonment costs down the line.

Maryland Switches Opioid Treatments, And Some Patients Cry Foul

Maryland Medicaid officials have made what appears to be a small change to the list of preferred medications to treat opioid addictions. The agency used to pay for the drug in a dissolvable film form. Now it's steering patients to tablets, which some doctors say are not as effective for their patients.
Those doctors say the change is having a profound effect on some people struggling to stay clean.
Starting on July 1, Maryland's Medicaid program removed Suboxone film — a drug that can be used by people addicted to opioids to keep their cravings at bay — from the state's list of preferred drugs and replaced it with a tablet form of the medication called Zubsolv.

Challenges:
Culture of care and impact on opioid use disorder (stigma)
Diagnosis of individuals with opioid use disorders
Management of individuals suffering with opioid use disorder

Is It Addiction Treatment Or Prison? A Look Inside A State Center For Involuntary Commitments

Primary Care in Jail/Prison

- ❏ Acute pain: Opioid naive patient
  - ❏ Guidelines
  - ❏ Algorithm
  - ❏ Patient education
  - ❏ Patient information
  - ❏ Data analytics
  - ❏ Resources
- ❏ Chronic Pain: Patient on Opioids
  - ❏ Guidelines
  - ❏ Algorithm

- ❏ Patient education
- ❏ Patient diary
- ❏ Patient information
- ❏ Data analytics
- ❏ Outcomes
- ❏ Resources

Public Health

- ❏ Available resources in the community
- ❏ Forms and contact information
- ❏ Data analytics

Checklist: The criminal Justice System

The criminal Justice System (Citizen's tool Box)

The criminal Justice System checklist (HHSC) provide an overview for assessing competencies of the stakeholder/ organization in addressing the challenges associated with individuals suffering with pain and opioid related disorders. The intended audience are **the leaders of the criminal Justice System and citizens who they represent** . Additionally the checklist provides **citizens** a framework for assessing the performance of **the criminal justice system** in this area.

This section will focus on the Opioid Dependent and Addicted individual.

- ❏ **Culture of care**
  - ❏ The **criminal justice system** provides an environment that promotes respect for all citizens
  - ❏ **The criminal justice system** staff have engaged in destigmatized training in addressing addiction and pain
  - ❏ The **criminal justice system** is committed to provide optimal care for all care settings

- ❏ **Leadership**
  - ❏ The various leaders in **the criminal justice system** demonstrate an understanding of the role and challenges of opioids in their community and the role of **the criminal justice system** in the Opioid Epidemic
  - ❏ The **criminal justice system** administrative leadership demonstrates an understanding of the role and challenges of opioids in their organization and prioritizes optimal opioid care and rehabilitation

- ❏ **Citizenship**
  - ❏ Understanding the impact of pain and opioid use disorders in their community

- ❏ **System**
  - ❏ The system has an articulated vision and mission for addressing the challenges of pain and opioid use
  - ❏ The **criminal justice system** has access to care for individuals suffering with pain and opioid use disorder

- ❏ The **criminal justice system** utilizes evidence based practice and related protocols for pain and opioid use disorders
- ❏ The health care system provides access to evidence based best practice information for treatment of opioid and pain disorders to individuals

❏ **Clinician competence**

- ❏ T**he criminal justice system** has a clearly defined policy associated with clinician and other professional competence in care of individuals with pain and opioid disorders
- ❏ Educational activities for individuals providing care for individuals with opioid use disorder
- ❏ **The criminal justice system** and hospital provide information, tools and related resources for achieving optimal outcomes

❏ **Monitoring outcomes**

- ❏ The **criminal justice system** l has a process to monitor treatment and outcomes for individuals treated in their facility.

❏ **Transparency**

- ❏ T**he criminal justice system** l provides information about the performance of the institution and individual departments and clinicians in addressing pain and opioid use disorders.

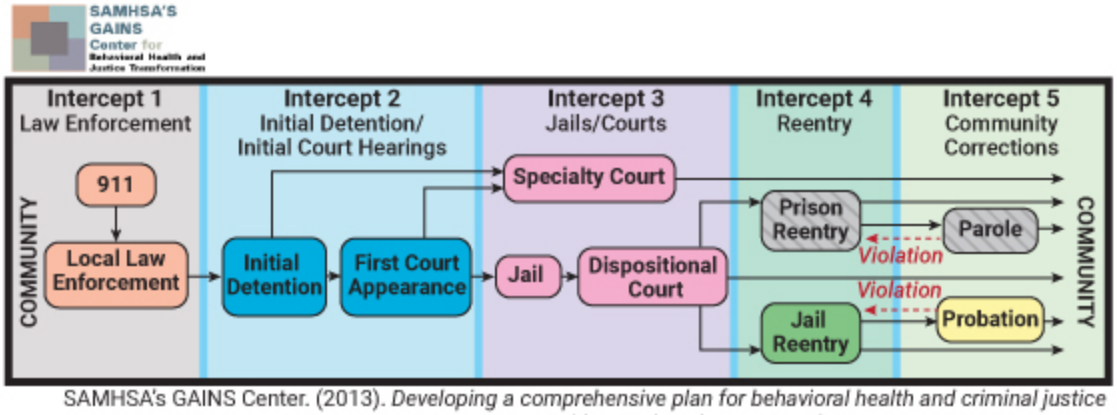
Addiction Treatment

- Invest in surveillance of opioid addiction.
- Expand access to buprenorphine treatment.
- Require federally-funded treatment programs to allow patients access to buprenorphine or methadone.
- Provide treatment funding for communities with high rates of opioid addiction and limited access to treatment.
- Develop and disseminate a public education campaign about the important role for treatment in addressing opioid addiction.
- Educate prescribers and pharmacists about how to prevent, identify and treat opioid addiction. Support treatment-related research.

Lawsuits against drug manufacturers and distributors

Lawsuits against drug manufacturers and distributors continue to pile up. South Carolina's attorney general just filed a lawsuit against OcyContin maker Purdue Pharma, alleging that the company used shady marketing tactics that contributed to the epidemic. And in Cincinnati, city officials are suing three major prescription drug distributors, alleging that they broke a federal law that requires them to report suspicious opioid orders.

Law Enforcement:



SAMHSA's GAINS Center. (2013). *Developing a comprehensive plan for behavioral health and criminal justice collaboration: The Sequential Intercept Model* (3rd ed.). Delmar, NY: Policy Research Associates, Inc.

Transitioning from Prison to Community 04/06/2017

Turning Point: Criminal Justice to Behavioral Health

https://newsletter.samhsa.gov/2016/07/18/criminal-diversion-programs-resources/
https://newsletter.samhsa.gov/2017/04/06/transitioning-from-prison-to-community/
GAINS Center for Behavioral Health and Justice Transformation

The GAINS Center focuses on expanding access to services for people with mental and/or substance use disorders who come into contact with the justice system.

Legal: (Justice)
The Commissioners should continue in their support of Drug Treatment Court. (Montco)

Drug Treatment Court is a long term, evidence based, and highly structured Treatment Court program that adheres to all nationally recognized best standards. Participants are clinically screened and risk/need assessments are performed to determine the appropriate level of care and address any public safety concerns. The program is designed to last between fifteen and thirty months depending on the participant's progress and supervision. There is mandated drug testing and accountability. The Judge is trained in Motivational Interviewing an EBP that validates the cognitive change of the participant and is a member of a multidisciplinary team that includes a program coordinator, Public Defender, District Attorney, Probation Officers, and treatment providers.

Resources and additional and related information

Web-site

- Criminal Justice System (Wix)
- Pain Opioid Epidemic Website (Wix)

Ecosystem and Complexity: Care coordination guidelines extending to discharge and linkage with community services

- Complexity
- The Pain-Opioid Ecosystem: Overview of system thinking and citizen action
- Fighting the opioid crisis An ecosystem approach to a wicked problem
- Addressing the Opioid Crisis in the United States IHI Innovation Report. Institute for Healthcare Improvement; April 2016.
- The Competent Health Care Solutions Approach (General)
- Complexity and stakeholders overview (Google Docs)

Education for Physicians/Prescribers and Patients: (Divide by free, discipline, types Healthstream) Enhancing education and training of physicians, prescribers, and patients to ensure informed prescribing decisions to prevent and reduce the risks of opioid abuse. Physicians and other prescribers relying on the most up-to-date education and training to ensure that if opioid analgesics are clinically indicated, physicians and other prescribers have the education and training to do so safely and appropriately.

Clinicians: Education, Training and Point of Care
https://docs.google.com/document/d/1IBR4jpOX0K1M017NrEk7XDevASyreGt3KpisYoW_2MA/edit?usp=sharing

Organizations

Policies
Guidelines : Evidence based practice guideline for managing acute opioid withdrawal in the hospital setting

- Hospital Best practice
- Demonstrating High Reliability on Accountability Measures at The Johns Hopkins Hospital
- Competent Pain Management
- Best Practice
- Treatment of opioid dependence

- ASAM National Practice Guideline: Provides recommendations on evidence-based treatment of opioid use disorder.
- Improving Pain Management for Hospitalized Medical Patients (Society of Hospital Medicine Center for Hospital Innovation and Improvement) pdf
- Pain Management (Hospital Medicine Society)

Clinical support

- Providers' Clinical Support System For Medication Assisted Treatment
  We are a national training and mentoring project developed in response to the prescription opioid misuse epidemic and the availability of newer pharmacotherapies to address opioid use disorder. The overarching goal of PCSS-MAT is to make available the most effective medication-assisted treatments to serve patients in a variety of settings, including primary care, psychiatric care, and pain management settings.

Forms

- Community resources
- ICD 10 Codes
- Innovations

Tools:

Prescription Drug Monitoring Programs (PDMPs)

Checklists

- Checklist: Health Care Providers: Hospitals, health systems (Networks)
- Hospital and Healthcare system checklist

Addressing the Heroin and Opioid Crisis DOJ 2016
The US Department of Justice can—and must—continue to play an important role in solving this multifaceted problem. As such, this issue of USA Bulletin is both important and timely. I encourage you to take the time to read all of the enclosed articles and consider adopting those ideas that may prove useful in your particular district. I am confident that with continued focus on this problem, and by adopting "best practices" in this area, many of which are outlined in this Bulletin, we can have a significant impact in helping to stem the tide of opioid and heroin abuse and overdose deaths.

System change in the organization setting

According to the Guide, the program should begin with an **interdisciplinary Core Project Team** charged with defining the team's scope and aims, obtaining support from institutional leaders, and conducting a formal assessment of the current state of pain management at the facility. Once the assessment has been conducted, SHM recommends the team identify the resources available to it, hold stakeholder meetings to understand stakeholder concerns, and assess internal structures and processes related to pain management in the facility. SHM recommends asking the following questions:

- What policies guide the assessment and treatment of pain?
- What pain scales are used in your hospital and unit? How frequently is pain assessed? Do protocols guide the reassessment of pain after an intervention?
- Do protocols specify how/when to monitor for opioid dose effectiveness (decrease in pain) and side effects using sedation scales?
- Do audits, e.g., Joint Commission or other hospital audits, assess how well your protocols for pain management and monitoring are being followed?
- What order sets include medications or other interventions for pain management? For example, do the admission order sets include as-needed pain medications? Are there other specific order sets, such as for acute pain or PCA? Are these order sets utilized properly?
- Are there methods for flagging and monitoring or adjusting doses for patients who may be at risk for adverse events related to opioids, e.g., patients with obstructive sleep apnea or renal disease?

Culture change
Organizational competence
More about organizational competence

Develop working group:

Buy in from leadership: There is support for this initiative from risk management, patient safety, pharmacy and hospital medicine.
Stakeholders: Clinician stakeholders from psychiatry, acute pain, medicine, surgery, nursing; it will also involve case management, social work, and pharmacy representatives.
Process:
Time for meeting: Doodle so we can coordinate a convenient time to meet.
Collaboration of content development: Trillo, slack
Organizing and collaboration tools for culture change

Tracer:

LBT 32 yo female

Let Prisoners Learn While They Serve By The Editorial Board AUG. 16, 2017

Criminal justice officials across the country are struggling to break the recidivism cycle in which prisoners are released only to land right back behind bars. These prisoners are among the most poorly educated people in the country, and that fact holds the key to a solution. Decades of research has shown that inmates who participate in prison education programs — even if they fail to earn degrees — are far more likely to stay out of prison once they are freed.
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Starting on July 1, Maryland's Medicaid program removed Suboxone film — a drug that can be used by people addicted to opioids to keep their cravings at bay — from the state's list of preferred drugs and replaced it with a tablet form of the medication called Zubsolv.

Implement effective processes when dealing with opioids.

Ongoing clinical monitoring requires policies and procedures that assess the adequacy of respiration and the depth of sedation. In addition to monitoring respiration adequacy and sedation depth, be sure to observe oxygenation and ventilation by using pulse oximetry and capnography. As The Joint Commission Alert advises, it is important to educate staff not to rely on pulse oximetry alone because it can suggest adequate oxygen saturation in patients who are actively experiencing respiratory depression. Pulse oximetry does not detect changes in respiratory rate, depth of breathing, or pauses in breathing. As the Sentinel Event Alert points out, using capnography to monitor ventilation is a valuable addition to pulse oximetry, especially when supplemental oxygen is being used.

Policies and procedures should allow for a second-level review by a pain management specialist. A good policies portfolio will also include procedures for tracking and analyzing opioid-related incidents for quality improvement purposes.

Frank Federico, RPh (Patient Safety Advisory Group at The Joint Commission and executive director at the Institute for Healthcare Improvement) commented on the Alert, saying, "Even with well-developed procedures in place, adverse events with PCA pumps can occur even without a healthcare professional ever committing an error. Moreover, pulse oximetry and capnography are essential risk prevention tools in any pain management plan."

Related Stories

- FDA issues draft guidance to support development of approved ADF opioids
- New reference guide can help HIV care providers treat chronic pain
- Increased use of PNBs in hip and knee arthroplasty could improve medical outcomes

Leverage safe technology when managing pain with opioids.

The Sentinel Event Alert observes that separating sound-alike and look-alike opioids reduces the risk of human error. Further, by building red flags into e-prescribing systems, medical staff can ensure patient adherence to dosing limits. These measures, coupled with the PCA checklist discussed above, can help staff properly oversee of the use of patient-controlled analgesia (PCA) pumps and reduce the risk of over-sedation.

According to Frank Overdyk, MD (executive director for research, North American Partners in Anesthesiology, and professor of anesthesiology at Hofstra University School of Medicine), "PCA pumps provide optimum patient controlled analgesia and high patient satisfaction, yet despite their built-in safety mechanisms, can result in dangerous levels of over-sedation and respiratory depression. These pumps are safest in tandem with continuous electronic monitoring, a combination of pulse oximetry and/or capnography. We need to avoid

unrecognized, critical respiratory depression, which can cause tragedies like that of Amanda Abbiehl."
Amanda Abbiehl was an 18-year old, who tragically died in a PCA-related incident. For more on her story, please visit www.promisetoamanda.org

Introduce appropriate education and training on opioid use.
Advise clinicians who prescribe pain medication on the risks of PCA pumps and provide them with a diverse pain management toolset. Such a toolset, says the Alert, includes physical therapy, acupuncture, manipulation or massage, ice, music therapy, and non-narcotic analgesics.

"Even with alternative treatment plans," cautioned Dr. Overdyk, "you need to consider all of the risks associated with these alternatives and select the best solution for the individual patient. Educate staff on the tell-tale signs and symptoms of opioid over-sedation and respiratory depression and the importance of frequent patient assessments. Show them how to develop a risk management plan for patients. In addition, teach patients about the risks and side effects of opioids and the importance of safe and secure storage of opioid analgesics at home."

Use standardized tools to reduce opioid risk factors.
Standardized tools such as the Pasero Opioid-Induced Sedation Scale and the Richmond Agitation-Sedation Scale can help screen patients for risk factors associated with over sedation and respiratory depression.
"The Joint Commission recognizes there is an opportunity to improve care for patients by improving the safety of opioid use in acute care settings given that data show opioids are among the top three drugs in which medication-related adverse events are reported. Opioids are necessary to prevent suffering, but there are risks related to potency, route of administration, and patient history," says Ana Pujols McKee, MD, executive vice president and chief medical officer, The Joint Commission. "By engaging in a comprehensive approach to assessment, monitoring, and patient education, opioid overuse and associated harm can be prevented."
Mr. Federico encourages the use of standard protocols like the PPAHS PCA Safety Checklist: "Use and adherence with standardized processes for eligible patients leads to better clinical outcomes. The PPAHS PCA checklist lays out essential steps to be taken to initiate patient-controlled analgesia (PCA) with a patient and to continue to assess that patient's use of PCA. Following these steps will help to increase patient safety and save lives."

America's prisons are doing a lousy of job of helping stem the opioid epidemic. Corrections officials aren't doing nearly enough to help ensure that prisoners with drug addictions leave custody less likely to relapse and overdose. Among the states, only Rhode Island offers inmates the three most effective medicines for opioid addiction. Most states don't offer any specialized treatment at all. VOX

SMLXL

The pain opioid epidemic is devastating and resistant to the usual treatment approaches. As a matter of fact, in the past 40 years the total number of people who died of opioid related overdoses has continued to climb. In addition, the pain management options for most individuals suffering with pain has not improved, opioid pain medications diversion and abuse have reached crisis levels across the United States.

The US has been fighting a global war on drugs for decades. But as prison populations and financial costs increase and drug-related violence around the world continues, lawmakers and experts are reconsidering if the drug war's potential benefits are really worth its many drawbacks.

The heightened national response to the current opioid crisis, although noteworthy, must be deepened and sustained. State and local leaders, including elected officials, have led a surge of community activity on many front. Although prescription opioid-related deaths have leveled in the last several years, the country has not yet documented the progress seen with other substance abuse areas, such as tobacco dependence and underage drinking.

It is clear that what is required is an understanding of the complexity and challenges associated with the pain-opioid ecosystem system for the individual, communities, health care institutions and government. We believe that is up to all of us to prevent and reduce abuse, misuse, overdose and death from prescription drugs. We need a multi-pronged, coordinated strategy that is informed by a public health focus to combatting the nation's prescription opioid abuse and growing heroin epidemic.

The opioid epidemic affects all of us and we can all take part in addressing its negative outcomes. Without an informed and involved population, there's no way to enrich our democracy and ensure that national and local policies serve the needs of the public. Unless individuals call for the change we want to see, we'll lose out to special interests and the ideological positions of our elected officials.

The interconnected and complex challenges of pain and its optimal treatment/management, opioid use disorders and its fatal consequences, and the failed "War on Drugs" provide an excellent framework to test a "citizen centric" approach to address problems facing our nation. There are many causes for the emergence of the "Opioid Epidemic". Over the past decades the medical profession, public policy, law enforcement, pharmaceutical companies, media outlets and other stakeholders have been engaged in various aspects of the challenges presented by pain related conditions and related opioid use, abuse and overdose.

Learning from past experience addressing the challenges of pain and opioid Use, a more holistic, coordinated approach that embraces and leverages the complexity of social and political ecosystem, the various biological challenges, engages the stakeholders is needed. Additionally, it is clear that there are many interventions that can stem various "symptoms" of the epidemic". The challenge we face is providing a process that will achieve the best outcome with acceptable "unintended consequences". For addressing the challenge and then the particular elements required to reach the goal. In particular we will:

Provide a vision that captures the goal for appropriate care of pain and management of opioid use conditions: Vision that reflect the individuality and the humanity of all the people involved in the pain opioid ecosystem.
Reframing the objectives of the treatment approach to focus on the needs of its most important constituencies, patients, consumers and citizens. Discuss the elements of appropriate care for the treatment of Pain and Opioid Use disorders. Address the individual and social factors contributing to the challenge.
Describe the challenge of complexity associated with the pain- opioid ecosystem: Clarifying the expectations we have of the multiple stakeholders and develop measures for accountability
An understanding of the performance and the barriers to utilizing it as a strategy for improved performance
Develop context and place specific interventions
Invite citizens to address the challenges.
Create tools and strategies (Crowd source) to leverage the accumulating data into stakeholder specific actionable information that will contribute to a frictionless process that improved system and measurable health care outcomes for individuals and communities.

Engage with other stakeholders