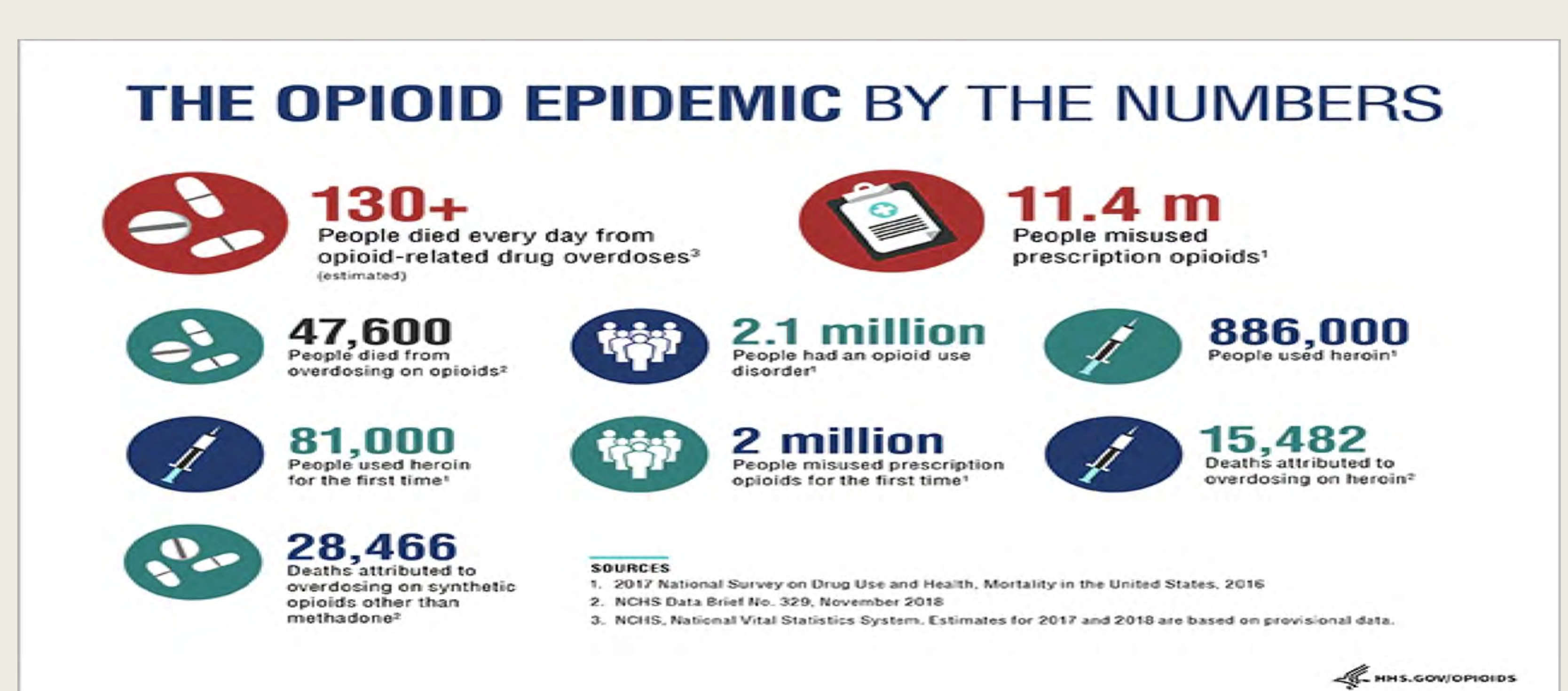




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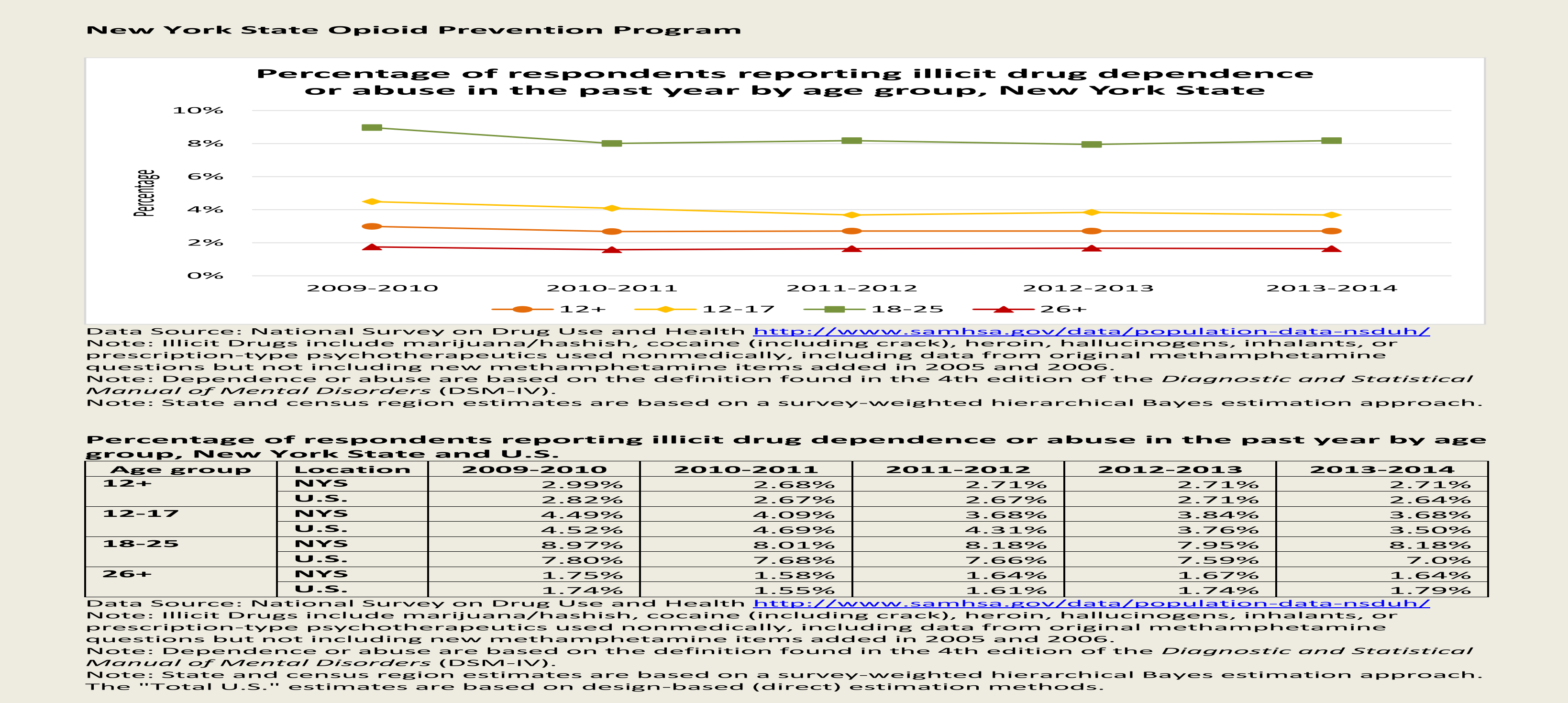
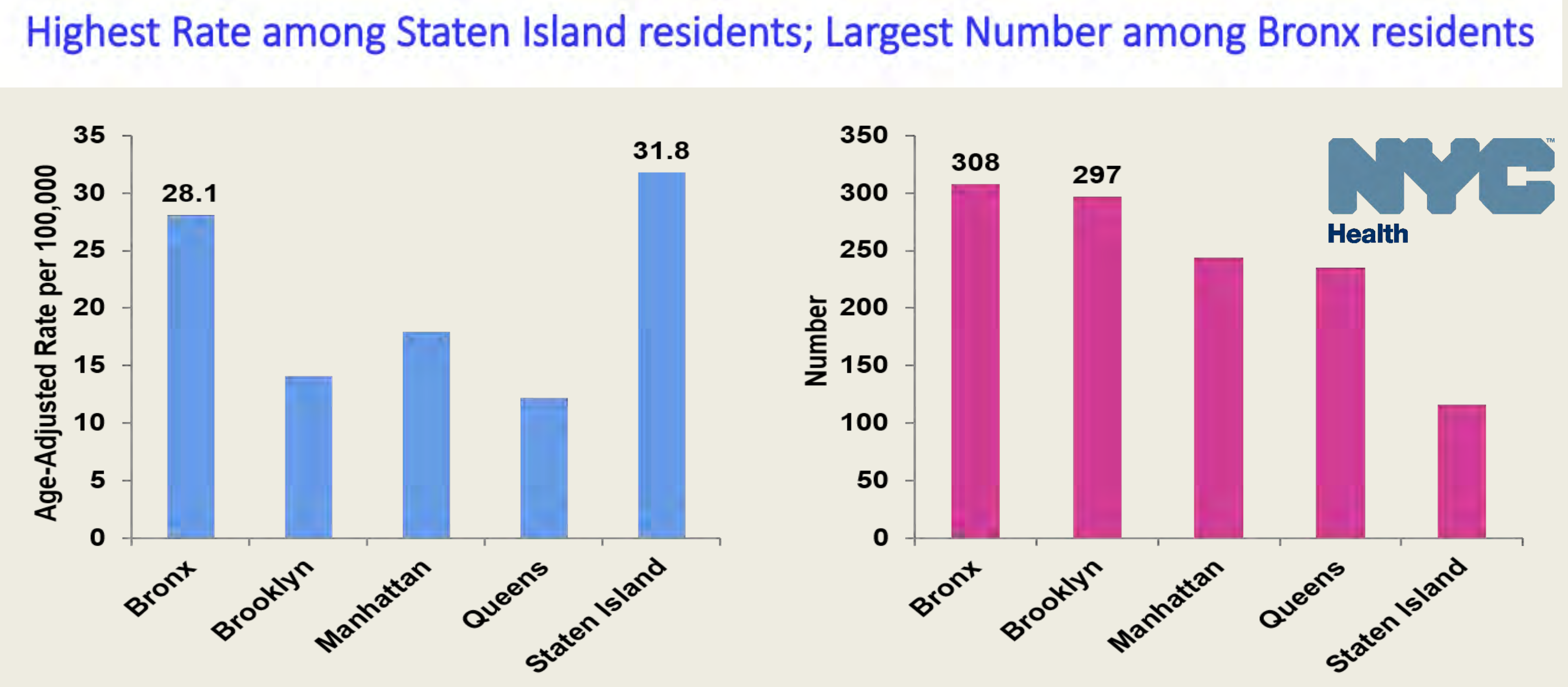
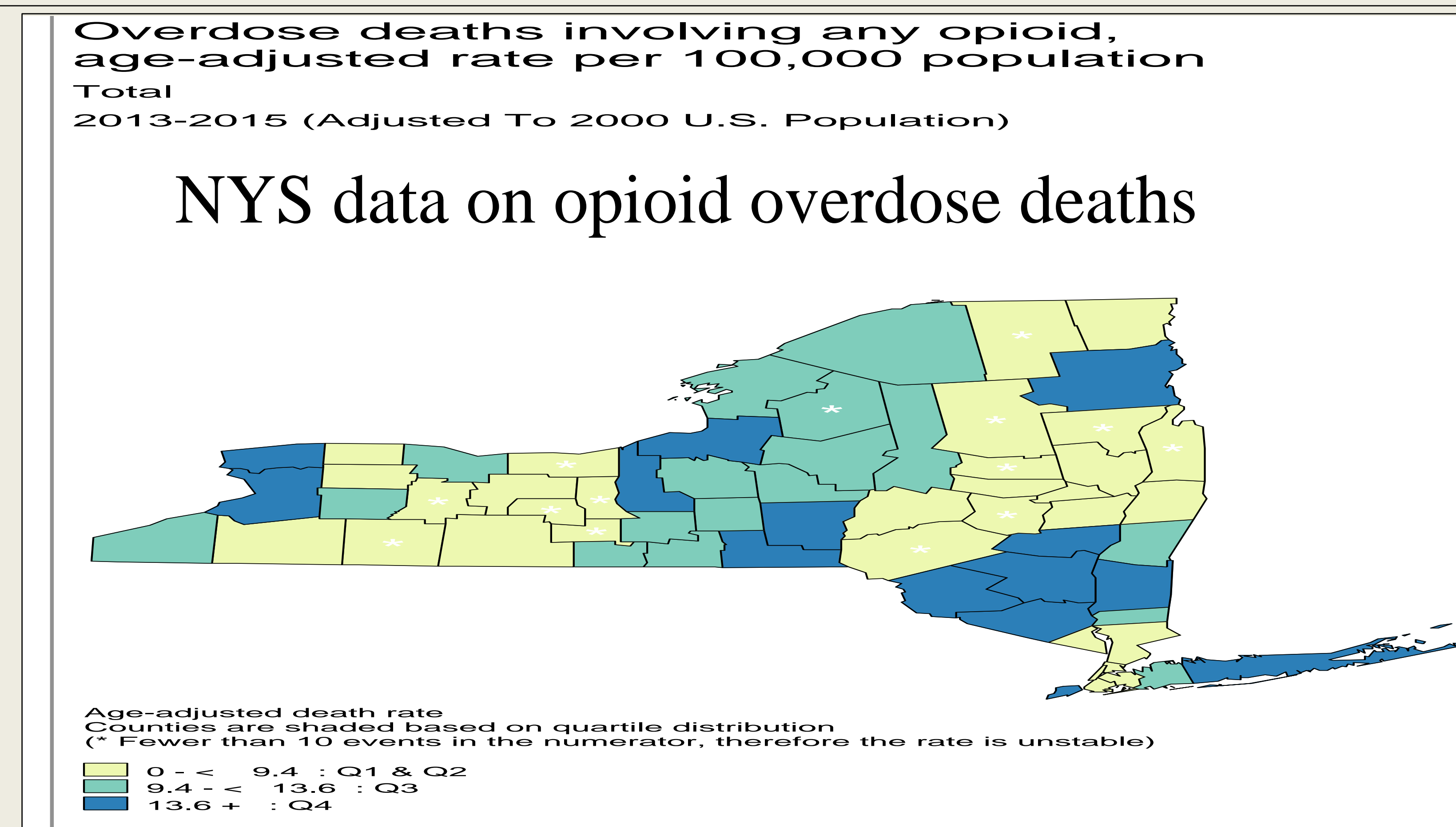
**AIMS & OBJECTIVES:** To disseminate knowledge about Opioid Epidemic including possible contributing factors, NY state response and our role as physicians and mental health care providers in prevention and treatment.

**METHODS:** Literature review, attending NY state meetings, collecting and putting together data from various reliable state and nation wide resources.

**RESULTS:**As per CDC data, about 17,000 deaths involved prescription opioids in 2017, equivalent to about 46 deaths per day. Opioids—mainly synthetic opioids (other than methadone)—are currently the main driver of drug overdose deaths. Of all the overdose deaths, 18% involved opioid analgesics (excluding fentanyl) while 72% involved heroin and/or fentanyl. 80 percent of people who use heroin first misused prescription opioids. In 2017, more than 1,300 New Yorkers died of a drug overdose, and nearly half (44 percent) of those deaths involved fentanyl.

**LEARNING FROM NYS RESPONSE:**

- Safer Opioid Prescribing: 2012 Act: Required prescribers to check the state’s PDMP before prescribing opioids. 2013-This resulted in a 75% drop in patients’ seeing multiple prescribers for the same drugs. New York State Required Prescriber Training.
- Connection to Care: Medication Assisted Treatment reduces overdose risks- NY SBIRT( Screening, Brief Intervention and Referral to Treatment). Training for clinicians.



- Naloxone distribution in NYS: In 2006, NY State “Good Samaritan” Law was passed allowing non-medical person to administer naloxone (Narcan) in NY State. In 2014, statewide program to train police and law enforcement officers to administer Narcan. This has expanded the outreach and saved countless lives.
- March, 2017 Healing NYC Mayor’s Office Initiative -reduce opioid overdose deaths by 35% over 5-years; \$38 million annually to increase naloxone distribution.
- The Opioid Workforce Act of 2019 (H.R. 2439)- This legislation would address the national crisis by ending a freeze in Medicare support and adding 1,000 graduate medical education positions over the next five years in hospitals that have, or are in the process of establishing, accredited residency programs in addiction medicine, addiction psychiatry, or pain management.

**ROLE OF PHYSICIANS:**

- Use NY SBIRT, PDMP, and CDC issued guidelines.
- Limit prescription opioids for acute pain to 3 days.
- Use alternatives for management of chronic pain outside of active cancer, palliative, and end-of-life care.
- Avoid prescribing benzodiazepines concurrently
- Comprehensive screening for concurrent psychiatric conditions and review of patient’s history of controlled substance prescriptions using state PDMP.
- If discontinuation of prescription opioids is indicated, efforts to prevent the transition to heroin use should involve screening for an opioid use disorder and, if necessary, introduce medications to assist in recovery.



**CONCLUSIONS:**

- Call for change in public health policies...Ballooning effect. Patient oriented solutions for chronic pain and addiction rather than just reducing supply
- Role of Psychiatry- frontline in management of chronic pain, stigma, addiction.