Dr. Rachel Levine

Rachel Levine, MD, is secretary of health for the Commonwealth of Pennsylvania and a professor of pediatrics and psychiatry at Penn State. An accomplished authority on many topics, including adolescent health, eating disorders, and LGBTQ medicine, Dr. Levine recently spoke with Susan Wallace, MPH, senior patient safety liaison at the Patient Safety Authority, about Pennsylvania’s efforts to combat the national opioid crisis, the Governor’s multistep plan, and what she would like to see next for the Department of Health.

One of your signature areas of focus is the opioid epidemic.

By far the biggest public health crisis that we face in Pennsylvania, and arguably in the nation, is the opioid crisis. It is an epidemic. Usually we think of epidemics as being an infectious illness, but this issue has actually reached those proportions; by far more people die in Pennsylvania and in the nation from overdoses than from car accidents. This has been a significant issue from the day I started in the Wolf administration.

What I have been talking about for four years now is that this is a medical condition, not a moral failing. The surgeon general of the United States called addiction a chronic relapsing brain disorder. We have to view it in that context, as a condition, like diabetes or heart disease. That helps inform our treatment.

We have been working at the Department of Health (DOH), as well as through the entire administration, to get that message across—to get past the stigma. This is an urban issue, this is a suburban issue, and this is a rural issue. This is an issue for men and for women. This is an issue that spans any demographic group: age, race, religion, etcetera, that you might look at. We’re all in it together to try to overcome it.
Should there be different ways to fight the opioid epidemic based on demographics?

Yes and no. We’re talking about the opioid crisis, and so you absolutely need to tailor interventions to specific
communities. Interventions that might be very important in Philadelphia and in the Kensington area of Philadelphia
might be much less appropriate in a rural area.

You do need to target specific prevention, rescue, and treatment efforts to the specific communities. You have
to make sure that you’re addressing other demographic groups, the African American community, the Hispanic
community, etcetera. Yet there are similarities about opioid addiction that will inform our response as well, so it’s kind of both.

By far the biggest public health crisis that we face in Pennsylvania, and you could argue in the nation, is the opioid crisis.

Pennsylvania recently updated its plan to fight opioid addiction. Can you outline some of the highlights?

Governor Wolf is committed to addressing the opioid crisis. From the beginning it has been all hands on deck. It has been all different agencies working together, another point emphasized by the governor’s collaboration.

We’re working now under a disaster declaration. A year ago, the governor ordered a disaster declaration for the opioid crisis in Pennsylvania. They last 90 days, and that has been renewed six times now. That has brought 17 different agencies together to our Operational Command Center at the

Pennsylvania Governor Tom Wolf, Louise Bruderle, Pennsylvania Department of Health Secretary Dr. Rachel Levine, and Pennsylvania Department of Health Executive Deputy Secretary Sarah Boateng

Fentanyl is a very serious aspect of the opioid crisis. The biggest spike in overdoses over the last three years has been with synthetic fentanyl compounds. This is not diversion of the medicine fentanyl, this is synthetic fentanyl and related compounds produced primarily in China, and then brought in either through the mail or through the cartels from Mexico.

Fentanyl is 50 to 100 times more powerful than morphine. It can be up to 50 times more powerful than heroin. So you can see the risk of overdose and death. Fentanyl might be used on its own, or it might be used to cut another drug like heroin; unfortunately, drug dealers make a lot of money off fentanyl because of how concentrated it is.

The public has been appropriately concerned about fentanyl, but although it’s very powerful, it’s not easily absorbed through the skin—you have to inhale it or ingest it in some way. We want the public to be cautious, but first responders for the most part are not at risk from fentanyl. They might wear gloves, but it’s not as if you touch a couple grains with your finger that it’s going to absorb through the skin and you’re going to overdose.
Pennsylvania Emergency Management Agency. We meet every week, with many phone calls in between to work on our collective response. There are three pillars to our response: prevention, rescue, and treatment.

Some of our prevention efforts are with the schools, with youth, and some are with the public. The efforts that I have been focusing on are working with the medical community to learn to prescribe opioid pain medications more carefully and judiciously. The term I like to use for that is opioid stewardship. To that end, we have developed a set of core competencies for every graduating medical student about these issues. We have developed continuing medical education credits for current physicians and other medical professionals. It’s actually a legislative requirement now for our license. We have developed up to 12 prescribing guidelines about opioids that are specialty and location-specific. We have academic detailing, where people go out and do continuing education right in doctors’ offices. We have a prescription drug monitoring program, which started in August 2016, to work with physicians in terms of monitoring their prescribing. We have a lot of efforts.

Our next pillar is rescue efforts. In 2015, as physician general, I signed two standing order prescriptions for naloxone. One was for first responders to have naloxone, and the other is for the public to have access to this lifesaving medication: I signed a standing prescription for the state—anyone in Pennsylvania can go to any pharmacy and obtain naloxone, either as a nasal spray or an auto-injector. First responders, such as basic life support, fire departments, and police, have saved well over 25,000 lives in the last number of years with this access to naloxone.

[In December], we had Naloxone Day, where we distributed over 6,100 kits of this medication free to the public. We want to save people’s lives. I reject completely the idea that someone suffering from opioid

“Everyone deserves a chance at life and recovery.”
use disorder or heroin addiction is not worth saving. Everybody deserves a chance at life and recovery.

Now I do understand, however, that naloxone is absolutely necessary, but it’s not sufficient. We have to get people into treatment. That goes to our third pillar. The first part of that is a warm handoff: a facilitated referral to treatment, for instance from the emergency department. Then we’ve expanded treatment in the Wolf administration. Through the Department of Human Services (DHS), the governor started 45 centers of excellence for patients, predominantly with Medicaid, throughout the state. Then, through the DOH and other agencies, we’ve started a program called PAC-MAT. That’s not Pac-Man, that’s a different thing. PAC-MAT: Pennsylvania (PA) Coordinated Medication Assisted Treatment. This is a hub-and-spokes model to try to expand access to medication-assisted treatment throughout Pennsylvania. There are eight PAC-MAT programs supported with federal funding.

What other programs would you like to see in the future for Pennsylvania?

There are four priorities that we have right now at the DOH. The first we’ve been talking a lot about, and that’s the opioid crisis. The second is public health preparedness.

It’s critical that our department, and working with our other state agencies as well as communities and the federal government, be prepared for any emergency. That can include the usual things we see in Pennsylvania—floods, snowstorms, etcetera—which can be very severe. But we need to be prepared for other illnesses. We need to be prepared for Ebola, or any other illness that could arrive in Pennsylvania that we would have to cope with. So public health preparedness. We’re working very hard in terms of our regulations, licensure of nursing homes, as well as hospitals.

And finally, this year we’re working on maternal child health programs. Other things that we have concentrated on, medical marijuana. We have I think one of the best, if not the best, medical marijuana programs in the country, to really use all the benefits of medical marijuana to be able to help patients with serious medical conditions. We’re trying to support rural hospitals in Pennsylvania. We’re trying to work on environmental health in Pennsylvania.

Again, the mission of the DOH is to help people from a public health perspective with a broader brush. I am absolutely so proud and grateful to be Pennsylvania’s secretary of health and to work in Governor Wolf’s administration.

Visit Patientsafetyj.com to see an extended video interview with Dr. Rachel Levine about the opioid crisis and other health topics.

Those seeking treatment for heroin and opioid use disorder may visit www.pa.gov/guides/opioid-epidemic/ for a helpful guide and resources.

For information about how to access substance abuse disorder treatment in Pennsylvania, for yourself or your loved ones, call the 24/7 Get Help Hotline: 1-800-662-4357

To view data behind Pennsylvania’s response to the opioid crisis, collected through Governor Wolf’s Opioid Disaster Declaration, visit the Opioid Data Dashboard at https://data.pa.gov/stories/s/Pennsylvania-Opioids/9q45-nckt/

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