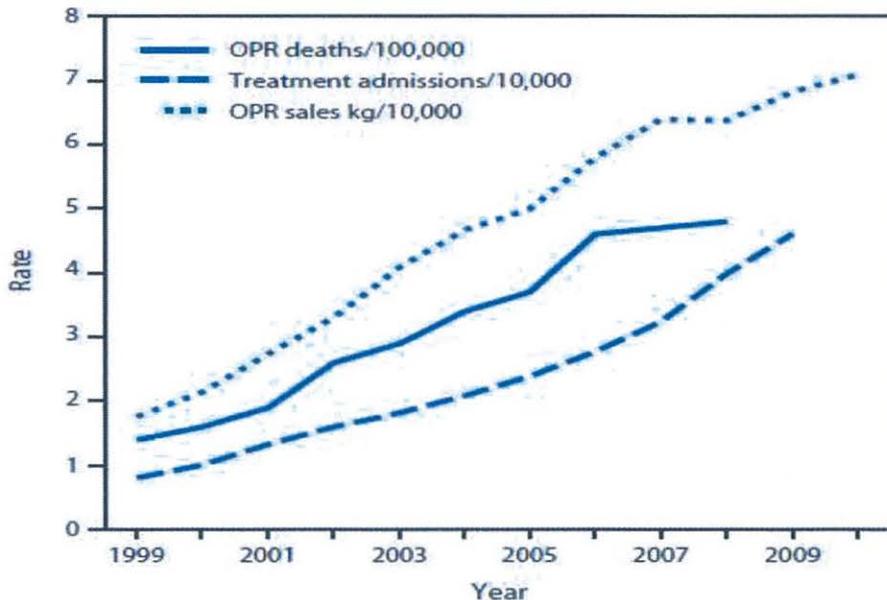


Good morning, my name is Dr. George Lloyd, I am here today representing the Foundation of the Pennsylvania Medical Society, a 501(c)(3) nonprofit organization committed to sustaining the future of medicine in Pennsylvania by providing programs that support medical education, physician health, and excellence in practice. I currently serve as the Vice Chair of the Physicians' Health Program (PHP) Advisory Committee which advises the Physician's Health Program within the Foundation. The PHP is one of the largest and most fully developed physicians' health programs in the country providing support and advocacy to over 400 physicians annually who are impaired by addiction. The PHP has cooperative working relationships with the State Board of Medicine, the State Board of Osteopathic Medicine, the Pennsylvania Medical Society, hospitals, medical staffs, and managed care organizations. With the PHP's help, over 3,000 physicians suffering from addiction have entered a life of recovery. Our goal is to help physicians overcome addiction to ensure that the care provided to patients across the Commonwealth is safe and certain.

I am a physician who specializes in addiction medicine. I am a Fellow of the American Society of Addiction Medicine, a Diplomate of the American Board of Addiction Medicine, and a member of the PA Society of Addiction Medicine Board. My practice is in western PA.

The House Resolution 544 addresses the epidemic of prescription opioid drug addiction and overdose deaths, proposing measures to decrease this.

The Centers for Disease Control and Prevention (CDC) reports drug overdose rates in the United States have more than tripled since 1990. Over 36,000 people died in 2008 from drug overdoses, and most of these were caused by prescription drugs(1). This represents a death rate of 12 per 100,000. Closer to home, in Westmoreland County, PA 92 people died from drug overdoses last year . This represents 25.5 deaths per 100,000 people in that county.



* Age-adjusted rates per 100,000 population for OPR deaths, crude rates per 10,000 population for OPR abuse treatment admissions, and crude rates per 10,000 population for kilograms of OPR sold.

The rates of opioid pain reliever overdose deaths and kilograms of opioid pain relievers sold in the United States have both increased substantially, 1999 – 2010 (1).

So what can we do to decrease the death rate?

A Prescription Drug Monitoring Program; State wide which includes schedule II, III, IV and V medications, which is available to all prescribers, and pharmacists could help and here is why.

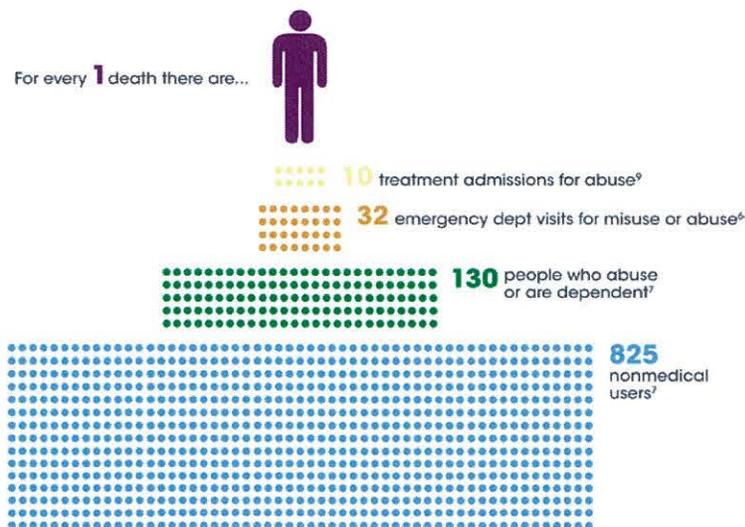
Among patients who are prescribed opioids, an estimated 80% are prescribed low doses (<100 mg morphine equivalent dose per day) by a single practitioner, and these patients account for an estimated 20% of all prescription drug overdoses. Another 10% of patients are prescribed high doses (\geq 100 mg morphine equivalent dose per day) of opioids by single prescribers and account for an estimated 40% of prescription opioid overdoses. The remaining 10% of patients seek care from multiple doctors, are prescribed high daily doses, and account for another 40% of opioid overdoses.(2)

This information can help prescribers and pharmacists identify high-risk patients who would benefit from early intervention.

Establish guidelines for prescribing opioids for the treatment of chronic, non-terminal pain (3). Patients who are prescribed higher doses of opioids are at increased risk for overdose.

The above measures may have prevented the overdose death of a woman in western PA who was prescribed; Opana, oxycodone 30mg, Percocet, a muscle relaxant, Clonazepam, and Xanax by a single prescriber.

The death rate is literally the tip of the iceberg (4);



Better access to effective substance abuse treatment Treatment should be evidence-based and offer replacement (buprenorphine or methadone) or antagonist (naltrexone) therapy if indicated.

Education about the danger of opioids and sedative-hypnotic drugs, especially the combination, is essential. Educate everyone; prescribers, patients, students, the general public. Start with the prescribers. “The majority of health-care providers receive minimal education regarding addiction and might be at risk for prescribing an addictive medication without fully appreciating the potential risks. Mandatory prescriber education is necessary.”(2)
The PA Medical Society launched an educational program for physicians.

Proper medication disposal The Governor has initiated a drug take-back program which provides the public drop boxes for safe, convenient, and environmentally responsible disposal of medications no longer needed.

There are measures we can take to decrease the death rate from prescription drug overdoses. But we need to rethink how addiction is handled to realize benefit for all Pennsylvanians, otherwise the prescription drug overdoses decline while heroin overdoses rise and the tremendous cost of addiction continues to increase. We need a Manhattan Project for restructuring drug addiction policy from the ground up.

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Respectfully,

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