



March 4, 2019

Dear Colleague:

According to The Opioid Threat in Pennsylvania (a Joint Intelligence Report prepared by the U.S. Drug Enforcement Administration's Philadelphia Division and the University of Pittsburgh with data provided by the Pennsylvania State Coroners Association), more than 5,400 Pennsylvanians died from drug-related overdoses in 2017. This is a tragic 15 deaths per day, up from 13 drug-related overdose deaths per day in 2016. This number represents a rate of 43 deaths per 100,000, far exceeding the national average of 22 per 100,000.

The prescription opioid and heroin crisis is the most significant public health crisis facing Pennsylvania. This crisis affects urban, suburban and rural areas of our state. On January 10, 2018, Governor Tom Wolf signed a 90-day statewide disaster declaration to enhance state response, increase access to treatment, and save lives. That disaster declaration has been renewed four times since then, and the American Medical Association has hailed Pennsylvania's fight against opioids as a model for the country. Governor Wolf has vowed to use "every tool at my disposal to get those suffering from substance use disorders into treatment, save more lives, and improve response coordination."

Emergency departments are critical partners in the commonwealth's response. Patients present in the emergency department for a range of reasons, including opioid overdose, voluntarily asking for substance use disorder (SUD) treatment, and, at times, because they are engaging in drug-seeking behavior. The enclosed Warm Hand-off Care Map is designed to help move these patients quickly through your emergency department and into SUD treatment. This care map was developed in partnership with the Pennsylvania Departments of Health and Drug and Alcohol Programs, as well as the Pennsylvania Chapter of the College of Emergency Physicians.

The tool provides a map for an emergency department "warm hand-off." A warm hand-off is an approach where a physical health provider facilitates the process for direct referral to SUD treatment. Similar to a heart attack patient who, once stable in the emergency department, would receive a facilitated referral to a cardiologist, opioid use disorder patients should receive facilitated referral to SUD treatment. The prescription opioid and heroin overdose crisis requires an all-hands-on-deck coordinated response. Thank you for your committed partnership and support in curbing this public health crisis.

Sincerely,

A handwritten signature in black ink that reads "Jennifer S. Smith".

Jennifer S. Smith  
Secretary  
Department of Drug and Alcohol Programs

A handwritten signature in black ink that reads "Rachel L. Levine, MD".

Rachel L. Levine, MD  
Secretary  
Department of Health