

## Questions from the Lehigh Valley Summit on Addiction and Recovery

1. Where can used needles be dropped off? Not just from illegal drug use but also from diabetic use?

**ANSWER:** The DEP recommends that people put the sharps in a “puncture-resistant, hard plastic container” (such as an empty laundry detergent bottle with a screw-on cap). When the container is filled, it should be closed tightly and secured with heavy tape, placed in a paper bag and discarded with household trash,” according to an Allegheny County Health Department website. The container should NOT be put into a recycling bin, even though it is plastic.

2. Where are the medicine drop box locations?

**ANSWER:** There are 18 medicine drop box locations in Lehigh County and 23 medicine drop box locations in Northampton County.

Go to <https://apps.ddap.pa.gov/gethelpnow/pilldrop.aspx> and search by (a) zip code or (b) county. Times vary for each location.

3. With the geriatric population having a large amount of prescribed pain medication – what kind of solicitation/outreach is being done for drop off programs?

**ANSWER:** Lehigh County D&A has money allocated for prevention programs to reach out to this specific population. However, it can be very difficult to make contact with them. The drop off boxes for excess medications are located at all police depts. In Lehigh County. We do have education through our prevention programs that let the community know where and when they could drop the medication off. They also use their FaceBook page to promote national take back days. Education has been provided for PCPs as to where their patients can go to drop off medications. Eventually they are going to work on where people can drop off needles, as that is very much needed.

4. Northampton County (? – could mean Lehigh County Blue Guardian as well) Home visits after an overdose – what information are you giving for families? What resources are you using?

**ANSWER:** The Blue Guardian Program is based out of Lehigh County. Blue Guardian (a Certified Recovery Specialist is accompanied by a police officer and visiting victims of overdose who (1) are given Narcan (2) overdose in Lehigh County. Blue Guardian visits are to the overdose victim’s home. The purpose of this visit is to discuss treatment options with the victim &/or his/her family, and hopefully get him/her to agree to come to the Center of Excellence for treatment placement. The Blue Guardian is outfitted with COE contact information along with available help for his/her family, i.e. support groups.

5. Who is the contact person for BPAIR? If a police department wants to get involved.

**ANSWER:** Kristina Weinrich, MPH CPH with the Bethlehem Health Bureau. Contact her at [kwenrich@bethlehem-pa.gov](mailto:kwenrich@bethlehem-pa.gov) or 610-865-7083.

6. When will the BPAIR program go into effect in Easton? Will it be called BPAIR?

**ANSWER:** Kristina Weinrich MPH CPH with the Bethlehem Health Bureau is in charge of this program. Contact her at [kwenrich@bethlehem-pa.gov](mailto:kwenrich@bethlehem-pa.gov) or 610-865-7083

7. Why were pharmacies refusing to honor naloxone standing order?

**ANSWER:** Unfortunately it seems to be a problem with pharmacies understanding and even being aware of the standing order for Narcan. A standing order is a prescription written for the general public, rather than specifically for an individual. The standing order is meant to be kept on file at PA pharmacies. Some pharmacies think there needs to be a physician's prescription for the medicine and some report that they do not keep Narcan in stock due to the cost. It may also be a lack of understanding how the medication is being paid for. Narcan is covered by commercial insurances and medical assistance (Medicaid).

8. What pharmacies are honoring naloxone standing order?

**ANSWER:** We currently do not have a list of which pharmacies accept the standing order for Narcan. What we do know is that Narcan is supposed to be available by prescription at most pharmacies. The PA Physician General has issued a standing order for all PA residents. Narcan is covered by commercial insurances and medical assistance (Medicaid). The standing order for Narcan can be printed by anyone and taken to a pharmacy. The standing order can be found by Googling "PA Standing Order Narcan."

Because of the apparent confusion with the pharmacies and their awareness of this standing order, it may be best to phone the pharmacy before going there to ask if they are aware of this standing order and are able to fill it.

9. What was involved in setting up Drug Court? What were challenges?

**ANSWER:** See the power point presentation up-loaded on our website

10. Often individuals ask for help with addiction issues during non-office hours (after 5 p.m. and on weekends). Where can individuals go for help during those times?

**ANSWER:** Hospital emergency rooms – ask for HOST (Hospital Opioid Support Team) intervention.

11. Can the HOST program take a referral without going through the E.R.?

**ANSWER:** HOST referrals are only initiated by the following sources: hospitals, Allentown Center of Excellence office, Blue Guardian program, BPAIR, Lehigh County SCA and Northampton County SCA.

12. For the COE- can individuals with dependence/addiction to benzos or other prescription or illicit drugs access any of these services or are they only for opioid addictions/dependency?

**ANSWER:** The COE has the ability to assist individuals into treatment for any addiction/dependency.

13. What type of care is needed after discharge from in-patient rehab?

**ANSWER:** Of course, each person's needs are different. What we do know is that recovery from substance use is an ongoing, life-long process. When in-patient, the team will start working with their patient a week or two before discharge to develop an appropriate aftercare plan. This may include a combination of the following: out-patient group &/or individual counseling, support groups, certified recovery specialist, sober living arrangements, medication assisted treatment. A strong support system is essential for a person in recovery.

14. Neo-natal addictions: Is/Are there any programs for these children – addiction counseling – when they get older?

**ANSWER:** Minor linguistic issue – newborns are not addicted as that term implies drug-seeking behaviors and poor decision-making as a result; they are dependent and in withdrawal. Some pediatric folks are sensitive about this issue. I am not aware of any counseling that they would get because their physical issues are addressed in infancy and then the other issues are developmental (early intervention and head start address these) and perhaps family counseling.

15. Has LVHN noticed a decrease in NAS babies since starting their clinic program?

**ANSWER:** No we have not, but our program is very new.

16. Do the hospitals always tell mothers (newborn) that they are testing for drugs? Consent?

**ANSWER:** YES it is imperative that mothers be notified (not consented) to preserve trust in the physician-patient relationship and to educate about why the testing is occurring and what will happen if it is positive.

17. What housing resources are available for pregnant women with Opioid Use Disorder?

**ANSWER:** We are currently aware of two (2) programs for pregnant women/women with children:

(1) Libertae Family House,  
5245 Bensalem Boulevard  
Bensalem, PA 19020  
215-639-8681

(2) Gaudenzia Addiction Treatment & Recovery (corporate office)  
106 W. Main Street  
Norristown, PA 19401  
484-497-9220.

18. NAS babies – what is the length of stay with Good Shepherd program? How much does this cost? What are the insurances that are accepted and cover this program?

**ANSWER:** Lengths of stay for infants admitted to the NAS program vary. This variation is related to factors associated with the infant's weaning process. For example, an infant who was exposed to a variety of substances in-utero will have a lengthier weaning process and require a longer length of stay. Insurance will cover an infant's admission to the program and Good Shepherd participates in a variety of commercial insurances as well as medical assistance. For additional information, please call Carissa Snelling, Clinical Outreach Coordinator, at 610-737-4037.

19. To the LVHN OB/GYN/Good Shepherd panel: Are all there of you willing to sit on a professional panel to help duplicate such programs/expand partnerships?

**ANSWER:** Yes!

20. What is the difference between addiction and dependence (Dr. Mulcahy responded – expand the definition)

**ANSWER:** The difference between opioid dependence and addiction is: Dependence is simply a physical need to continue the substance due to the onset of withdrawal symptoms when the substance is discontinued or decreased. The term “addiction” refers to a substance use DISORDER, meaning there are negative actions and consequence to those actions associated with the use of the opioid (relationship conflicts, legal issues, loss of employment, housing instability, medical such as Hepatitis C infection, etc..). People who are addicted are generally dependent, however, this is not necessarily true in the reverse.

21. What are the differences in treatment for addiction vs. dependence?

**ANSWER:** The difference in treatment is : A person with opioid dependence may be able to obtain appropriate treatment through the physician who is involved in prescribing the opioid assuming the substance is not obtained illicitly by initiating a slow taper as an outpatient. This may also involve utilizing other medications or techniques to assist with any underlying pain issues. A person who is “addicted” will need drug and alcohol treatment which may involve detoxification, rehabilitation, medication and/or outpatient counseling to assist with the behaviors that define addiction.

22. Is it acceptable to prescribe opioids for chronic pain that is not related to a terminal illness?

**ANSWER:** Prescribing opioids for chronic, non-terminal pain is a topic of controversy. The medical community will need to weigh the pros and the cons in each individual

situation. There is a strong push to avoid opioids for chronic pain due to the possibility of addiction and the emerging research demonstrating safer alternatives that provide better pain control.