

THE MEDICINE CABINET

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ABSTRACT

In the city of Philadelphia there were over 4,000 opioid over-doses in 2018. There were many lives affected by over-prescribed medication and the dire need to have better policies and practices in place when delivering care is crucial. Better practices lead to shorter hospital stays, fewer readmissions and is cost efficient to all involved. Prescribed medications need to be better evaluated prior to dispensing for a non-acute pain.

It is the pharmaceutical companies and healthcare provider's obligation to be more educated when delivering care for the community that it serves. It is imperative to build better relationships between patients, physicians, and community leaders to alleviate this current opioid epidemic. The concerns within our current health care system are based on biased beliefs. These beliefs can lead to barriers of healthcare and give inadequate care for those who deserves the best quality of healthcare.

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CHAPTER 1
AN INTRODUCTION
THE MEDICINE CABINET

My childhood was filled with love of a diversified family, and I still embrace the times that I shared with my parents and older siblings. I was born and raised in Philadelphia, Pennsylvania and the youngest of many siblings. My family really mattered to me because there was love and support and it is currently present today. I still remember being snuggled in my parents' bed as they slept or in their arms during family trips to Michigan and New York. My mom was a remarkable person that had made my favorite foods of beef pot roast, string beans and boiled potatoes for Sunday dinners. As I look back on my childhood, I loved spending time with my older siblings and their families. Those days consist of amusement parks, going to beaches, bike riding, or just watching television was priceless.

Trust me I really did live out of my suitcase especially during weekends, summers, and holidays. I did not know how I found time to visit my god-parent's home and it was delightful. My visits with my godparents were filled with love and compassion. It was one of those sweet ocean breezes that kissed your face.

My godparents had two kids that (Steve and Liz) were in high school, and Bob was married with a wife living on their own, and Sarah was away in college. I was still in grade school and spent most of my time with my godparents just like back at home with my parents. When I was alone with my godparents I would rummage through their kid's bedrooms and looked at heavy schoolbooks. There were some books that had my

interest such as Alice in Wonderland, Edgar Allan Poe, and the story of Cinderella. It has one book that I found had my interest. It was colorful book with pictures of human body parts and had tons of strange words and I was memorized.

I questioned my godparents about the book with the strange words and colorful pictures of human body parts. They sat me down and smiled as they explained to me about the book on human anatomy. I was shocked and afraid at the same time as my godfather just laughed and told me not to be afraid. It was that day that I learned my godmother was a nurse who enjoyed helping people to have a happy and healthy life.

As I listened to my godparents' reasoning of being strong and healthy, they asked me "do you have any other questions?" I did have one question and I asked "so, you don't have the same job as my mom"? My godparents replied with a laugh and stated that my godmother is not a cook. I loved seeing my eldest god-sister Sarah when she came home from college.

When Sarah came home from school and share her college life with us were great times. She would read me bed-time stories, make breakfast when my godparents were at work. The beautiful sounds of music that were played reminded me of home. Sarah used to take me to see her friends and enjoy burgers, ice cream and visited bookstores.

It was Friday and my godparents were home for the weekend. I was delighted to spend time with my god-family. Sarah was coming home from school for the weekend. That evening Sarah made plans with her friends for the next day and I wanted to go. Sarah informed me it will be around noon and told me to ask my godparents. They replied with a "yes" and I was thrilled to go with her.

I was excited about breakfast and my afternoon outing with Sarah and her friends. It was around 7am when Steve went downstairs as I followed him into the kitchen. In the kitchen he made us bowls of breakfast cereal. As Steve chattered on the phone with his high-school friends and made plans for the day. I watched Steve leave to meet his friends as Liz and Sarah exited their bedrooms around 8am. That Saturday morning both sisters made my favorite of home fries, bacon, and cheese eggs. Sarah promised me that she will come back to pick me up as Liz told us about her activities with her friends.

As Sarah and Liz left the house I went back into my bedroom and waited for my godparents' breakfast. As promised Sarah came back to pick me up to hang-out with her friends. Sarah had made a few phone calls and told my godparents that we will be home before dinner. It was a special dinner because my godmother had worked for the past several weekends and she wanted to spend time with her kids.

Sarah and I left the house and promised my godparents that we will not to be late for dinner. As we walked to the bus stop, I thought about the scrumptious dinner that will be served for the evening. We did meet up with Sarah friends at the college campus and walked to a library that were filled with older kids. Sarah told me to go and select a book for us to read together for the evening.

I found a book that would be fun for us to read together later that night. As Sarah and her friends checked-out the library books and were concerned of their school grades. As we exited the library and headed towards their usual burger spot someone from our group suggested seeing Cathy. Catherine was one of their mutual friends that they did not see often. Sarah was reluctant at first but decided to go and see their friend.

The group decided to walk several blocks to see Cathy and it was a long walk. When we reached Cathy's house and rang the doorbell. As the door opened there was an older female with a huge smile on her face. They greeted Cathy with hugs, and I wondered why she looked sick and much older than the group. As they joked with each other I was still confused about Cathy's appearance. Why did she older and not discuss school life as the others?

As the afternoon progressed as I read my library book twice and it was getting late. As everyone said their goodbyes when leaving Catherine's home. It was getting dark when Sarah and I missed the bus and practically walked home. As we entered the house my upset godparents were in the living room and wanted to know of our lateness. Shawn and Liz watched us as they ate dessert. My godmother told me to hang-up my sweater and wash up for dinner.

I heard my godparents addressed their concerns with our lateness as I washed my face and hands in the up-stair's bathroom. As I came downstairs for dinner my godfather told me to eat my dinner in the kitchen. My godmother continued with concerns of our lateness as I looked at the kitchen clock it read 8:40pm, it all seemed to be fine until Sarah mentioned seeing Catherine.

The language that evening was the worst that I have ever heard from my godparents' home. It was a language that spoke of human inequality and too many other concerns that I just did not understand. The autonomy of life might have been Sarah parents' concern, but was I was confused about my godparents' concern with our lateness. That is when I found out that Catherine was sick because she had played with the something that most parents fear.

It is the fear of their child being introduced to street drugs; that was the worst evening because I had to hear the relentless questions Sarah parents asked about the visit at Catherine's home. It was around 10pm as Sarah and her parents continued to argue about the visit with Cathy, that is when I heard Sarah yelled "*I am going back to school in the morning*" and everyone had fallen silent.

I got up early the next morning to see what plans Sarah and I had for the day. When I came down-stairs for breakfast and saw Liz and my godmother watching television in the living room. They told me my god-dad took Sarah back to school. I questioned why Cathy was sick, and their reply was "Cathy plays with the medicine cabinet and too much medicine is bad for anyone." That statement has stuck with me for decades and it still rings true until this very day.

CHAPTER 2

THE DISAPRITIES OF CARE AND TREATMENT

Since the 17th century there have been many theories about the origins of addiction and some of these theories are currently considered today. The complex treatment of drug addiction is reflected as a recurring pendulum with a health system. The pendulum has conflicting attitudes of how and when treatment should be administered. As of today, the social outlook is still debated and for years the health system has questioned itself whether a person is treatable or not.

Here are a few questions that are still addressed when treating a person with addiction:

- Is the addiction considered to be a medical disease or a religious sin?
- Should opioids be regulated or freely available to physician and patient?
- Should treatment be a moral or medical prescribed solution to ease the pain of a patient with an addiction?

In most large cities such as Philadelphia, PA there are societal problems that can bring disparities into a neighborhood. These disparities are associated within a health system based on demographics, disability, ethnicity, sex, or religion. In most communities across Philly there are people that suffer more than others that includes neighborhoods such as Tioga and Kensington areas.

CHAPTER 3

ECONOMIC EFFECTS OF THE OPIOID EPIDEMIC

As of 2019, there have been more than 100 people in Philadelphia that overdosed from a single “bad batch” of heroin. As some people became dependent on prescribed pain relievers, they often turn to heroin due to the extreme cost of prescribed prescription drugs. The street cost of heroin is cheaper and more accessible than the high cost of prescribed opioids. These issues were presented in a New York Times article from fall of 2018. “*Exploring the Economics Effects of the Opioid Epidemic*” presented the Philly-Kensington’s opioid problem within the 3rd Police district (SCAVETTE, 2019).

This area in Philly has been recognized for decades for the diversity of culture and low-income status. This is related to the open drug markets, crime, poverty, and homeless encampments that are filled with language barriers and drug usage. An urban community such as Philly is one of many neighborhoods that continues to address opioid concerns. There were community and city leaders that came together and formed a public health task force to ease the problem.

There were a few mental health and ambulatory care facilities that implemented safe houses. The addiction problem has not disappeared and should not be ignored because of economic consequences. These consequences can create a negative socio-economic perception of a low-income community.

The economic effect in Philly comes from a workforce that generates tax revenue for the city. The Pennsylvania Employee Compensation Act has requirements under the PA Department of Labor that has specific guidelines based on employer and employee work performance. The work performance can be defined as compensation of wages that are

executed through the Commonwealth of Pennsylvania. In an urban city such as Philly there are economic problems that are associated with the current U.S opioid epidemic.

This problem is related to an economic scale of cost within a neighborhood that is plagued with misuse of prescribed drugs. An epidemic of drug addiction can cause community business owners and other industries to face impairments of life. These life impairments are related to lost wages from work or spending time in a hospital due to opioid misuse. A dedicated employee that overdosed or died from an opioid can cost months of lost productivity for an employer and their employees.

There are other factors to consider between employer and employee such as worker's compensation, and tax-base issues. The employer will have to recruit for un-productive time due to loss of labor. An employee might have problems finding new employment while seeking compensation for unemployment. The relationship between company and employee can result in profit loss for both.

An employee's performance plays a significant role in a company and employee survival can create profit and generate revenue. The revenue is used for other expenses such as over-head cost of operations and employee wages. A company might have other costs such as health insurance, sick-time, vacation, or paid holidays for their employees. The relationship between an employer and employee has a significant contribution to a community by generating local, state, and federal tax revenues for the US economic trade.

An opioid problem for any company is the employee's job performance such as mistakes within their duties or lack of interest. There are other concerns such as frequent lateness and absenteeism. An employer and employee must consider job suspension, sick

call outs, injuries, or termination of employment. The impact of addiction to analgesic drugs can develop intersections of unemployment, homelessness, or criminal activities for an individual.

A person that is addicted to an opioid may have options through their employer's insurance to receive care. There are people that want recovery while others may not comply with the rehabilitation. This will continue an economic effect regardless of temporary, permanent, full-time, part-time employment or government agencies.

The barriers to receive quality healthcare care are related to the current opioid epidemic. It is still a physical and mental health issue for misuse and lack of treatment for analgesic addiction. These drugs such as fentanyl, morphine, and oxycodone have been in the Kensington area in north Philadelphia over the past many years. The workforce in Kensington is one of many urban communities that lost revenue based on the current Covid-19 pandemic and the opioid epidemic.

CHAPTER 4

THE STIGMAS ASSOICATED WITH DRUG USAGE AND ADDICTION

What I have learned over the years is that a community can divide itself into biased views about the use of medication. People with addiction encounter discrimination throughout their many points of engagement within the criminal justice and health care systems. These are two of the main systems that serve as pivot points for providing treatment or rehabilitation. There are community members that believe a person can over-come medical addictions and others believe the opposite.

The stigma against addiction is rooted in the language we use to describe an addiction. The definition can be pathologically inaccurate and can cause more harm than good. The linguistic or prejudice expressions of “*heroin express, doped fiend or drug abuser*” can bring deterrents of care either physical or mental. This gives the impression that people with an addiction or disease are deliberately and malevolently engage in substance misuse.

The untreated opioid misuse contributes to thousands of deaths each year. Most healthcare facilities have effective tools including medication for the opioid crises that can prevent over-dose deaths. Stigma continues to surround people with drug addiction that gives them a feeling of discrimination because of their disease. The stigmas are still a problem with health conditions that range from HIV to cancer and other physical or mental illnesses. The stigmatization of people with drug disorders may be more problematic due to the current drug epidemic crisis and other biases with physical and mental health issues.

In most urban cities there are other concerns with homelessness, such as people addicted to street drugs. It can be a challenge for anyone that suffers from mental and drug issues. There are other degraded expressions directed at person that are arrested for drug usage. A person might feel alienated and isolated due to their disease and life conditions. A patient should be considered as person with a disease not an addiction regardless of sexual orientation, nationality, disability, origin, sex, and age.

People that suffer from mental health problems may use heroin to escape from the shames of others. Mental health issues can be seen in bipolar and schizophrenia patients that have been defined as “*unstable or confused.*” The lack of empathy from a community brings greater risk to a health facility that will cause harm than good. A risk can be defined as a toxic drug dependency and leads to fear of unknown. Fear can manifest itself into neglect and that a bystander or first aid responder might be reluctant to administer Naloxone. There are other uncertainties such as overtaxed or profit agencies that may pass-over a vulnerable person due to suspicion that is medically unrelated (VOLKOW, 2020).

CHAPTER 5

A REDUCTION TO ADDICTION STIGMAS

There should be more extensive education in medical schools with available programs. An available program can include psychology programs around the genetic and neurobiological bases of addiction. This can increase compassion, reduce blame, and cut back on discriminatory practices between health care providers (VOLKOW, 2020). What is most important is that psychologists can work with people recovering from addiction. This will help redefine what recovery looks like by inviting people in recovery to speak to faculty, staff, or patients about the steps to recovery.

This approach to mental health services has identified drug use and its' disorders at an early stage. This stage can provide prevention, treatment, and reduction of harm interventions. There are some people that are not dependent on medication and the efforts should only focus on preventing the dependency and misuse. To reduce drug dependency for those that suffer from a drug addiction is imperative. A health system must provide access to comprehensive treatment that includes psychosocial and pharmacotherapy support. This should include opioid substitution therapy for people that are dependent on opioids. The prevention and management of care can be associated with tuberculosis, and viral hepatitis, and other physical and mental health issues. The role of primary care has a significant part when providing care. It is a need for clinicians and government agencies to provide a legislative framework that regulates health system infrastructures within an urban neighborhood. A sound health procedure and practice are important to enable equitable health services to prevent and treat diseases (BALDWIN, COMPTON and JONES, 2016).

CHAPTER 6

A PUBLIC HEALTH APPROACH TO AN EPIDEMIC OF ADDICTION

An opioid pain reliever epidemic can be defined as an over prescribed drug condition that has ignored the problem with pain assessment (ALEXANDER, CLARK, COURTWRIGHT, HWANG, KOLODNY and KREINER, 2015). The neurological issue with analgesic drugs have major mental consequences such as death. The over prescribed opioid pain relievers (OPRs) has led to a severe surge in incidences with addiction. Heroin is a public health issue and methadone or other prescribed drugs such as Fentanyl, Morphine, or OxyContin have major neurological effects and consequences.

The death effects are an important public health issue that need to be addressed in rural, suburban, and urban neighborhoods. Over the past years there has been an increase with overdose deaths related to analgesics misuse. Public health authorities have concerns with the increase in morbidity and mortality occurrences associated with OPRs. The efforts to address this crisis should be concentrated exclusively on reducing medical pain relievers.

A general medical practice needs to have a policy and procedure to administer care. The administration of care has guidelines such as medical and legal specifications within a health facility. These health specifications should address the concerns of care within the relationship between prescribed analgesic drugs and heroin addiction.

CHAPTER 7
A RELATIONSHIP BETWEEN NON-MEDICAL
AND PRESCRIPTION OF OPIOID USE

Prescribed opioids are responsible for many overdose deaths in the United States ((BALDWIN, COMPTON and JONES, 2016). There are greater numbers that were reported of non-medical opioids users. In the past years non-medical or non-prescribed users had obtained OPR drugs from doctors, friends, or family members to alleviate pain. A prescriber is known as a primary care physician or dentist, as opposed to pain medicine specialists.

A pain medicine specialist is a doctor that diagnoses, treats and manages pain from a range of acute, chronic, and cancer pain disorders. To reduce misuse of opioid abuse and the effects of a known behavior that might be called “*doctor shopping*” it is imperative to address this drug overdose epidemic. Information on potential misuse and abuse of prescribed opioids can help these prescribers give proper care. There needs to be a balance between alleviation of pain for non-prescribed and non-medical patients to ensure safe drug prescription practices.

CHAPTER 8

FENTANYL IN THE US HEROIN SUPPLY

The synthetic drug of Fentanyl and other synthetic compounds are complex and alleviating pain from a chronic or non-chronic symptoms is truly a challenge for a health system. The overdose deaths due to this illicit drug has reach a historic magnitude with numbers exceeding those in car accidents, HIV/AIDS cases, and gun violence (CICCARONE, 2017). The Fentanyl contamination within the heroin supply has life threatening concern. It is a significant change in the structural risk environment for heroin users when fentanyl is added.

Pharmaceutical fentanyl usage has shown uncertainties of a drug performance regarding the increase opioid / analgesic addictions. Heroin and fentanyl are both part of a risk environment for users and health providers. Fentanyl and other analgesics will continue within the heroin supply. The current crises should be a vital response that includes creating a harm reduction strategy and other evidence-based substance use treatment. An overdose reduction is needed, and drug policies are created to give the greatest impact to alleviate the opioid epidemic.

CHAPTER 9

AN ACTION PLAN WITHIN A HEALTH POLICY AND PRACTICE

It is imperative that a health facility have a general plan of action used to guide the desired outcomes of health. The purpose of a health policy and procedure is to communicate with employees and employers the desired positive outcomes of the facility.

A policy and procedure assists health employees to recognize their duties. A policy and procedure should set the foundation for the delivery of safe and effective quality of care. The main principle to have health policies and procedures is to establish a high degree of understanding and build teamwork and expertise within a healthcare environment.

There are constant changings of state and federal provision(s) within health agencies that needs to be periodically updated. A policy that is desirable is based on a general plan of action. These actions can be used to guide the desired outcomes and have fundamental guidelines to make clear and precise decisions when delivering health care.

CHAPTER 10

A CRISIS OF OPIOIDS AND THE LIMITS OF PRESCRIPTION CONTROL

Most patients with addiction did not start with pain of acute or chronic problems (BOA, JIJUN, LUO, PINCUS, SCHACKMAN and TAYLOR, 2018). These problems occur when a patient is medically over-prescribed by a health provider. The opioid crisis is still a neglect of care within the pharmaceutical and health facilities. There are social conditions that lead people to use opioids and other illicit drugs. The social conditions are attributed with neglect of care, and primarily associated with the shortfalls in treating a patient with multi-systematic needs.

The neglected problems include addiction pain and the complex forms of dependency with analgesic drugs. To avoid the neglected and resolve the problem with controlled substance abuse is to assimilate complex data and evaluate the data. To manage the limitations of control would require additional government resources and community efforts. The limits for prescriptions control is to save lives and not cause harm to the innocent when managing and having quality assessment of care.

CHAPTER 11

PRESCRIPTION DRUG MONITORING PROGRAMS:

A REDUCTION IN OPIOID USAGE

Each year the National Ambulatory Medical Care Survey (NAMCS) visits non-federal physician offices and is led by the (NCHS) National Center for Health Statistics (BOA, JIJUN, LUO, PINCUS, SCHACKMAN and TAYLOR, 2018). The surveyors gather patient visits and clinician information of medical practices. The study is for research on a particular visit and diagnosis pertaining to the visit. The NAMCS studies a community's population and can be defined as patient ages (18 and older) who reported pain as one of the main reasons for a medical related visit.

The NAMCS coding system can be recognized as set of codes that represents pain, soreness, discomfort, aches, cramps and burning. The NAMCS analysis can identify opioid analgesics based on information on drug ontology categories. A clinician investigator will review all generic drug names that are included as a category of opioid analgesics. It is imperative to include analgesic drugs that were misclassified or were not usually given for pain management.

CHAPTER 12

PAIN AND MANAGEMENT ASSESSMENT OF CARE

A solid duty of care is a safety net to alleviate unnecessary screenings of pain. Pain screening requires a collection of data to identify the existence or presence of pain. If the patient is screened positive for pain, there needs to be a specified behavioral and physical assessment for pain. A patient need to be assessed by a health facility or referred elsewhere for assessment and treatment. Treatment of care happens when a patient does not screen positive for pain, no further pain assessment is expected, unless required by the health facility's policy.

Pain assessment requires gathering more detailed information through collection of data, observation, and physical examination. For instance, physical pain assessment might include an evaluation of pain intensity, location, quality, and areas of physical and functional impairment. When performing physical pain screening and assessment an organization determines who performs these functions. The determinations are based on the scope of license, certification or registration, law regulation and organization policy. The objection is to educate and train a staff to observe assessment and management of pain. Education may involve conjectural details of workshops, online resources, or clinical guidelines that include framework related to safe prescription of care.

An organization need to determine education resources that are needed to effectively screen for assessment and management of physical and behavioral pain. Prescribed modalities of treatment and multi-modal pain assessment and reassessment criteria are needed to minimize risk for a patient. Multimodal analgesia may be described as combining 2 or more analgesic agents or techniques that act by different mechanisms

to provide analgesia (ACRI, RASMUSSEN and WHITE, 2018). A sound risk management can have a positive result and improve informalities of a patient.

CHAPTER 13

THE JOINT COMMISSION'S HISTORY:

A LESSON FOR TODAY'S PAIN STANDARDS

The mission of the Joint Commission on Accreditation of Healthcare Organization (JACHO) is to improve health care for public, private or other stakeholders. The Joint Commission mission is to evaluate, research and provide safety of care. The Joint Commission's goal is to give a licensed state health service an opportunity to provide physical and behavioral healthcare.

The Joint Commission has a major concern with opioid usage that may carry misinformation of pain and management within a community. The Joint Commission duties are designed to address serious problems within patient care. These concerns are still investigated and have shown inadequate pain management for both acute and chronic conditions. An assessment of pain is determined by the character, duration, intensity, and location of a patient's pain.

Pain can include the effects of a patient's ability to function physically or mentally. A management of care may have interactions with un-clarified algorithms with treatment of care. The relation between physician and patient can be defined as standard of care. It represents the language between environment(s) of employment, household income or other demographic barriers for treatment.

It is important to monitor standard of care and health programs that prescribe pharmaceutical usage to the community that it serves. Each year the American Medical Association will ask their affiliated physicians and other clinical health providers to complete a survey. This survey will ask for several patient visits that occurs during a

randomly selected one-week period. The survey also wants to know if any prescribed drugs were distributed to patients or not (BAKER, 2017).

CHAPTER 14

NIDA's RESPONSE TO THE OPIOID CRISIS

The National Institute on Drug Abuse (NIDA) main purpose is to advance science on the causes and consequences of drug use and addiction (ACRI, RASMUSSEN and WHITE, 2018). This organization's primary goal is to improve private and public health. NIDA addresses the most fundamental and essential questions about drug abuse. NIDA is concerned with how to detect and respond to drug abuse trends and understand how drugs work in the brain and body.

NIDA encourages research training, career develop, public education, public-private partnerships, and research dissemination efforts. NIDA supports research institutions around the country and abroad. NIDA focuses on identifying barriers of biological, environmental, behavioral, and social concerns. There are other concerns such as drug usage and lifespan of addiction and the informalities of care. An assessment to manage care is imperative to have access of adequate healthcare.

These contributions can support autonomy for improved strategies to prevent drug addiction and consequences. Other contributions can be seen as development of a new or improve treatment(s) to help people with substance disorders. These developments can achieve or maintain a meaningful and sustained recovery. NIDA mission is to increase the public health impact of education and research with other affiliated programs. These services include diagnosis and observation of treatment and interventions of opioid abuse.

NIDA works to ensure that the following topics are addressed across the institute programs and other ancillaries that can include:

- *“Improvement for vital research on neuroscience, biology and the influence of technology and focused inventions.”*
- *“An increase of scientific accuracy and reproducibility on diverse and multidisciplinary scientific staff. This will establish a partnership of encouragement that will have an ethical resource of empowerment.”*
- *“A partnership of ethics that has a data resource of shared and supported information of health equality and to increase the importance of health research (ACRI, RASMUSSEN and WHITE, 2018).”*

CHAPTER 15

THE NATIONAL INSTITUTES OF HEALTH AND OTHER AFFILIATIONS

The National Institutes of Health (NIH) sits within the US Department of Health and Human Services and has played a serious role in the understanding of all types of diseases from diabetes to substance abuse and addiction. The NIH's mission is to create a healthier scientific understanding and knowledge of health (ACRI, RASMUSSEN and WHITE, 2018). This to improve the quality of life and to reduce the rate of illnesses and disabilities. The commitment of the NIH is to support research and ground-breaking research strategies. This will ultimately improve and protect health to create new resources of disease prevention.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is affiliated with the US Department of Health and Human Services. Both services assist with organized public health campaigns that focus on improving behavioral health for families and patients.

An addicted person and family members can connect with SAMHSA to gain a better understanding about medical addiction. SAMHSA's commitment is directed to the effects of substance abuse and drug addiction within local communities. This commitment was established by US congress in 1992; the goals of SAMHSA are to increase research of mental health and substance abuse. Supporting this goal is the Center for Behavioral Health Statistics and Quality (CBHSQ) which was developed within SAMHSA.

The CBHSQ data collection can be utilized for development of neurological studies. A collection of neurological studies may suggest a trend of substance abuse within a

neighborhood. There are other surveys or assessments that show urban, suburban, and rural communities suffer from diversified concerns of health. As health providers engage with prevention techniques, increased educational awareness can remove an obstacle for access to health.

Here are CBHSQ's five health data collection systems that were developed and modified towards behavioral health:

- **Emergency Department Data / DAWN** - *The Drug Abuse Warning Network surveys public health by monitoring emergency room visits in specific major urban areas that are related to drug abuse. The definition of substance or substances that can trigger an emergency room visit are recorded; other health issues related to use of substance and the impact on the individual and the community are documented.*
- **Substance Abuse Facilities Data / NSSATS** – *The National Survey on Substance Abuse Treatment Services is a yearly census of all public and private drug and alcohol rehabilitation programs in the US country. This yearly census survey is related to the NMHSS data research.*
- **Mental Health Facilities Data / NMHSS** – *“The National Mental Health Services Survey is a yearly survey of all public and private mental health treatment programs in the country. This assist with the Client level treatment of care for Emergent treatment of care.”*
- **Client Level Data / TEDS** – *“The Treatment Episode Data Set takes note of the characteristics and demographics of clients who are admitted to and discharged from a rehabilitation program for treatment of drug addiction and drug abuse.”*

- **Population Data / NSDUH** – “*The National Survey on Drug Use and Health surveys the patterns, frequency, and effects of use for a range of substances as well as mental health disorders in US citizens over the age of 12 (ACRI, RASMUSSEN, WHITE, 2018).*”

CHAPTER 16

CONCLUSION: A PUBLIC HEALTH APPROACH TO ADVOCATE AGAINST THE OPIOID EPIDEMIC

These are difficult times for many Philadelphia communities and surrounding areas. Budgets are being cut and resources are dwindling. Law enforcement personnel, court officials and healthcare providers are struggling to do more with less. At the same time, the opioid epidemic is devastating families and communities throughout the Philadelphia region.

On the positive side, communities are finding solutions to these concerns and working together across sectors to prevent opioid use. They provide resources for those who are affected by opioid use. A Community can be successful when it assembles and takes action to resolve the drug problem. Local neighborhood leaders have started community coalitions that focus primarily on the opioid crisis. They have recruited members from diverse sectors such as community employers, youth workers, public health, human services, and physicians.

These coalitions have joined forces and disseminated relevant information. They have conducted vision sessions, developed and implemented action plans, and conducted educational campaigns throughout their communities.

It is important to develop ordinances and places for safe drug disposals. These safe disposal sites are located across the Philadelphia area under the supervisor of law enforcement. The drug takeback is effective by increasing public awareness of the problem of unwanted prescriptions. A lockbox for safe drug disposal that dramatically

increases the unwanted prescriptions that are collected and kept out the hands of children, water supply and landfills.

An established drug diversion task force will share law information and investigations to combat a community's opioid problem (KERTESZL and GORDON, 2018). The drug diversion task force trains both court and municipal personnel in drug investigations. It maintains an intelligence of databanks for suspicion of illegal drug dealers and users. The databank maintains and utilizes approved electronic surveillance equipment in support of investigations, seizes and forfeits assets of drug dealers as provided PA law. This will eliminate fraud and illegal trafficking of prescribed opioids within Philadelphia communities and surrounding areas.

As of 2014, the amendment of April 14th, 1972, David's Law - Act 139 relates to the manufacture, sale, and possession of controlled pharmaceutical substances (CORBETT, 2014). This act offers regulatory policies and procedures for the PA courts and the secretary of Department of Health. A revision within the Pennsylvania drug device and cosmetic board was crucial to alleviate discomfort of addiction.

A board of committees had established a plan for controlled substance abuse and has penalties for the medical trade. All revocation or suspension of certain licenses and registrations and repeals has a tremendous impact when delivering care. A protection of care is to allow first responders such as police, firefighters, and emergency medical services to perform duty of care. This allows authorized personnel to administer Naloxone or other aid to a person experiencing an opioid overdose.

This law provides immunity for 1st responders from prosecution when providing and reporting health assistance within a community that it serves. The provision of Act

139 law is meant to suppress the fear of arrest in calling local authorities for an overdose event. This offers certain criminal and civil protections for those that call 911 in the state of Pennsylvania. The Philadelphia opioid epidemic crisis may end when hospital admissions for overdose death decrease, law enforcements costs are reduced, and employment productivity is risen. When there are safety measures within public schools for children education will rise. When there is a dramatic reduction in violent behavior there will be significant health improvement within the north Philadelphia – Kensington and Tioga population.

Healthcare plays an important role in the treatment and prevention of addiction. Most outreach education resources are limited, especially in urban areas. These health services are managed by land-grant schools in the state of Pennsylvania. The land grants are well placed at the local level to provide free or low-cost prevention education activities. These preventions are designed to help improve mental, physical health and reduce pain within urban communities that deserves quality or care.

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