



Trends in Pennsylvania Substance Use

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Objectives

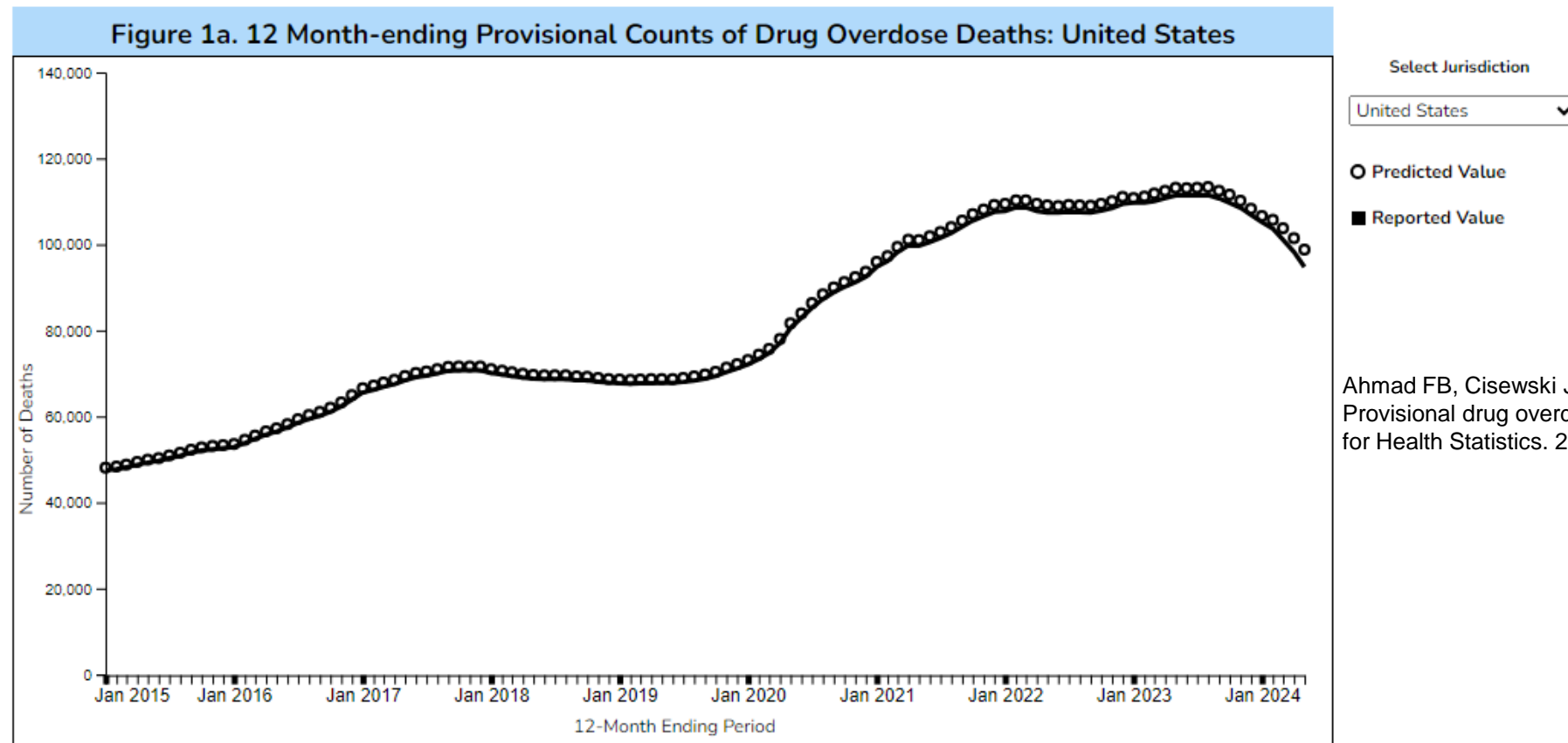
- Discuss epidemiology of substance use in PA
- Review treatment of acute intoxication of multiple substances being used in PA
- Summarize access to and transitions of care in PA

National Overdose Deaths

- 12-month period ending 5/2024: **98,820** (↓ ~12.7%)
- ~70% associated with synthetic opioids (excluding methadone)

12 Month-ending Provisional Number and Percent Change of Drug Overdose Deaths

Based on data available for analysis on: October 6, 2024

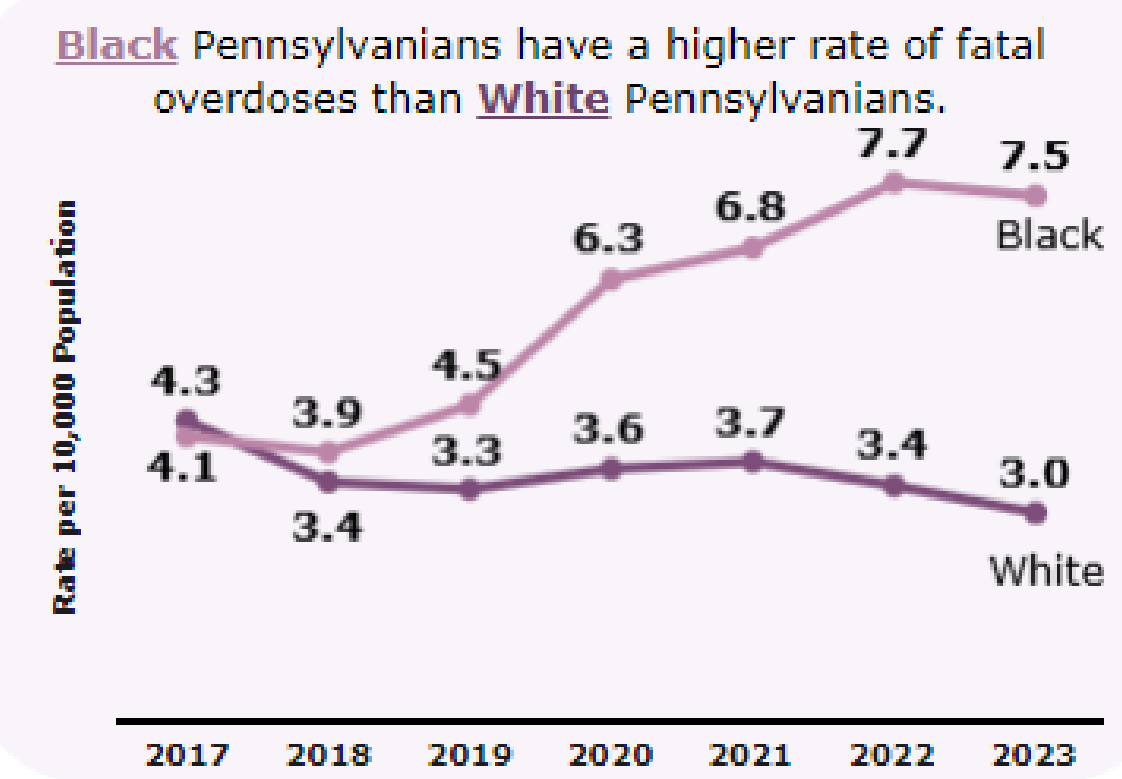
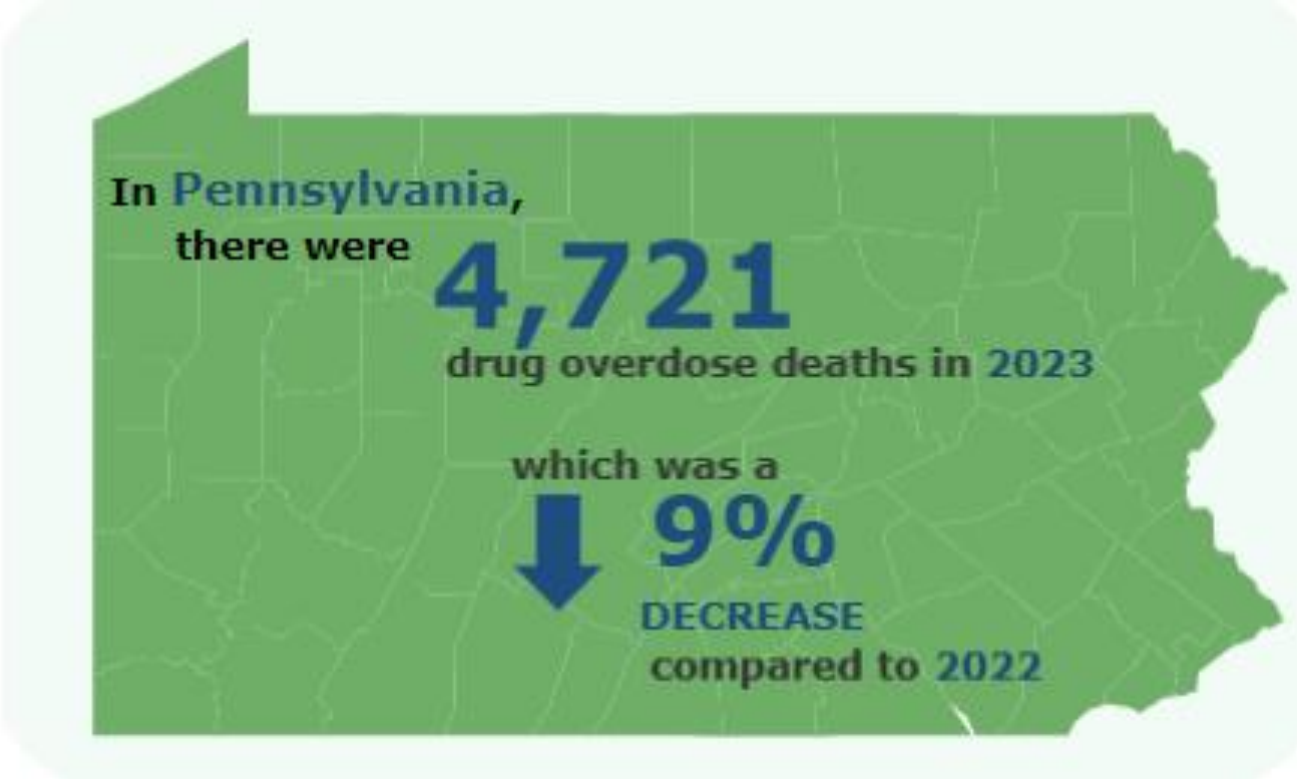


Ahmad FB, Cisewski JA, Rossen LM, Sutton P.
Provisional drug overdose death counts. National Center
for Health Statistics. 2024. Accessed 10/16/2024

PA Overdose Deaths

4,721 overdose deaths in PA

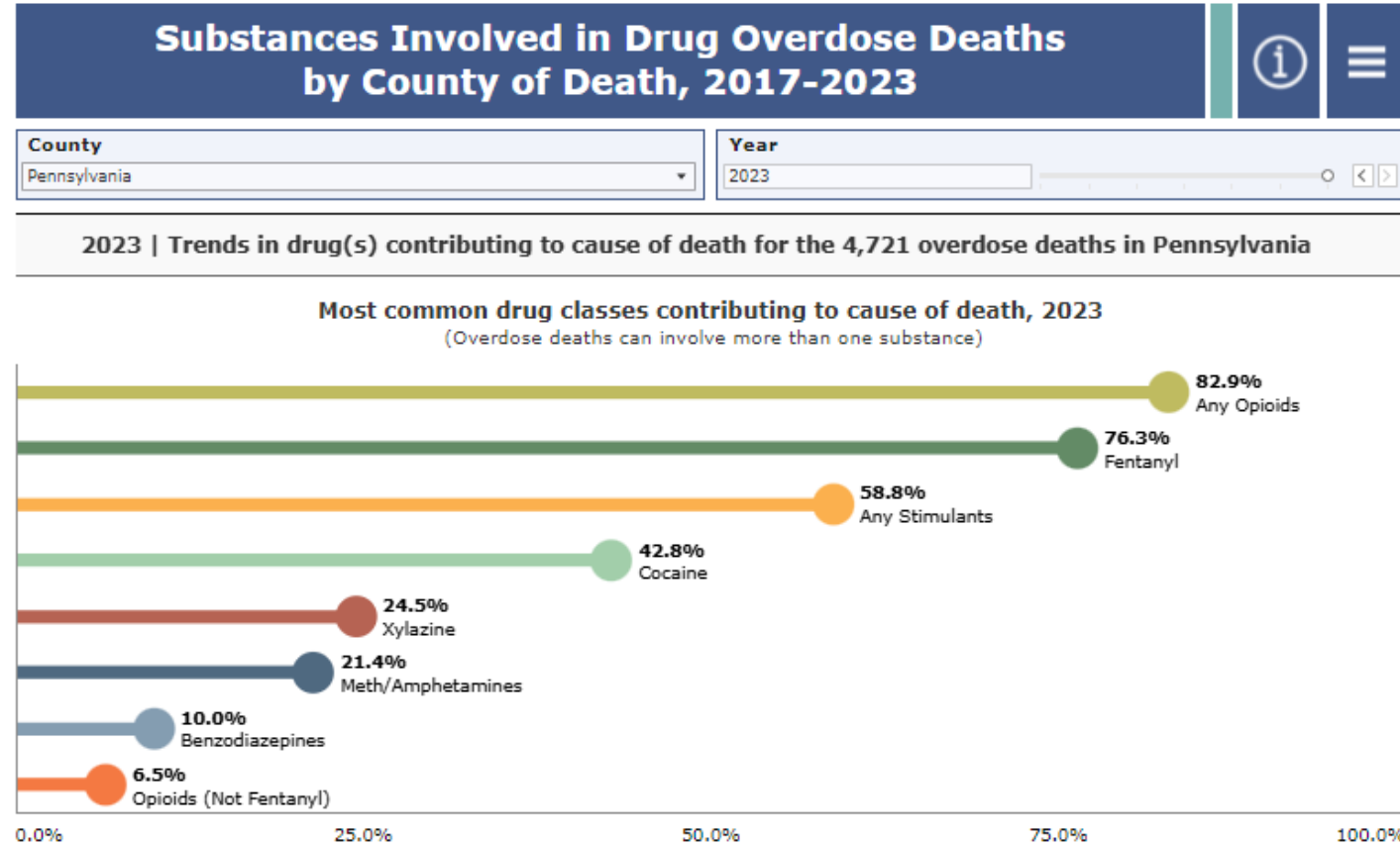
Overdose Death Rate >2x For Black Pennsylvanians



Pennsylvania ODSMP – Drug Overdose Surveillance Interactive Data Report | Tableau Public. Accessed 10/16/2024

Substances Involved in PA Overdose Deaths

- Fentanyl remains the single most prominent drug associated with OD deaths
- Growing presence of stimulants, 2017-2023
 - Double rate of isolated stimulants
 - ~5.5%~12.4%
 - 50% increase in stimulants + opioids
 - ~31.3%~46.4%
- Xylazine identified in ~24.5% of PA OD deaths in 2023 (incomplete data)
- Non-fentanyl opioids present in only ~6% of OD deaths in 2023



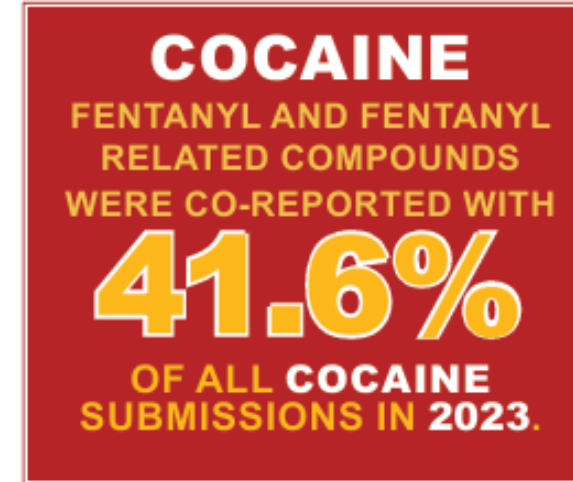
Fentanyl is EVERYWHERE!

- Fentanyl is increasingly present in combination with non-opioids
- Highlights importance of patient education, fentanyl test strips, and naloxone distribution regardless of drug of choice

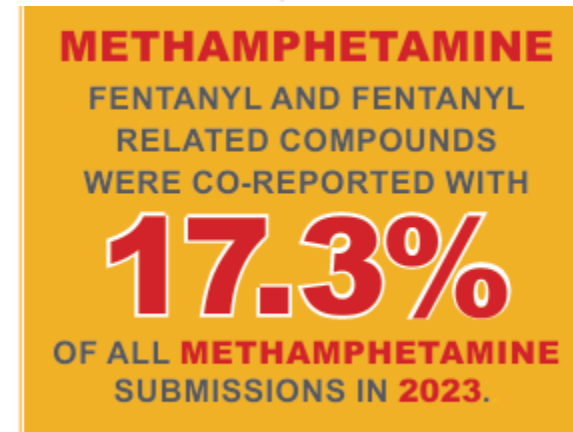
DEA-NIIP-029-24. STREET - May 2024 - Fentanyl Cocktails (Co-Reported Drugs) Found in All Top Street Drugs

NFLIS-Drug Co-Reported Drugs (2023* Top Ten)

Rank	Methamphetamine	Cocaine	Heroin	Xylazine
1	Fentanyl	Fentanyl	Fentanyl	Fentanyl
2	Dimethylsulfone	Methamphetamine	Xylazine	4-ANPP
3	Cocaine	Xylazine	Fluorofentanyl	Heroin
4	Caffeine	Phenacetin	4-ANPP	Fluorofentanyl
5	Xylazine	Heroin	Cocaine	Cocaine
6	Heroin	Fluorofentanyl	Acetyl Fentanyl	Caffeine
7	Acetaminophen	Levamisole	Para-Fluorofentanyl	Para-Fluorofentanyl
8	Fluorofentanyl	Para-Fluorofentanyl	Methamphetamine	Methamphetamine
9	Dipentylone	Acetyl Fentanyl	Tramadol	Tramadol
10	MDMA	Caffeine	Caffeine	Acetyl Fentanyl
Total Co-Reported Drugs	160	135	119	116



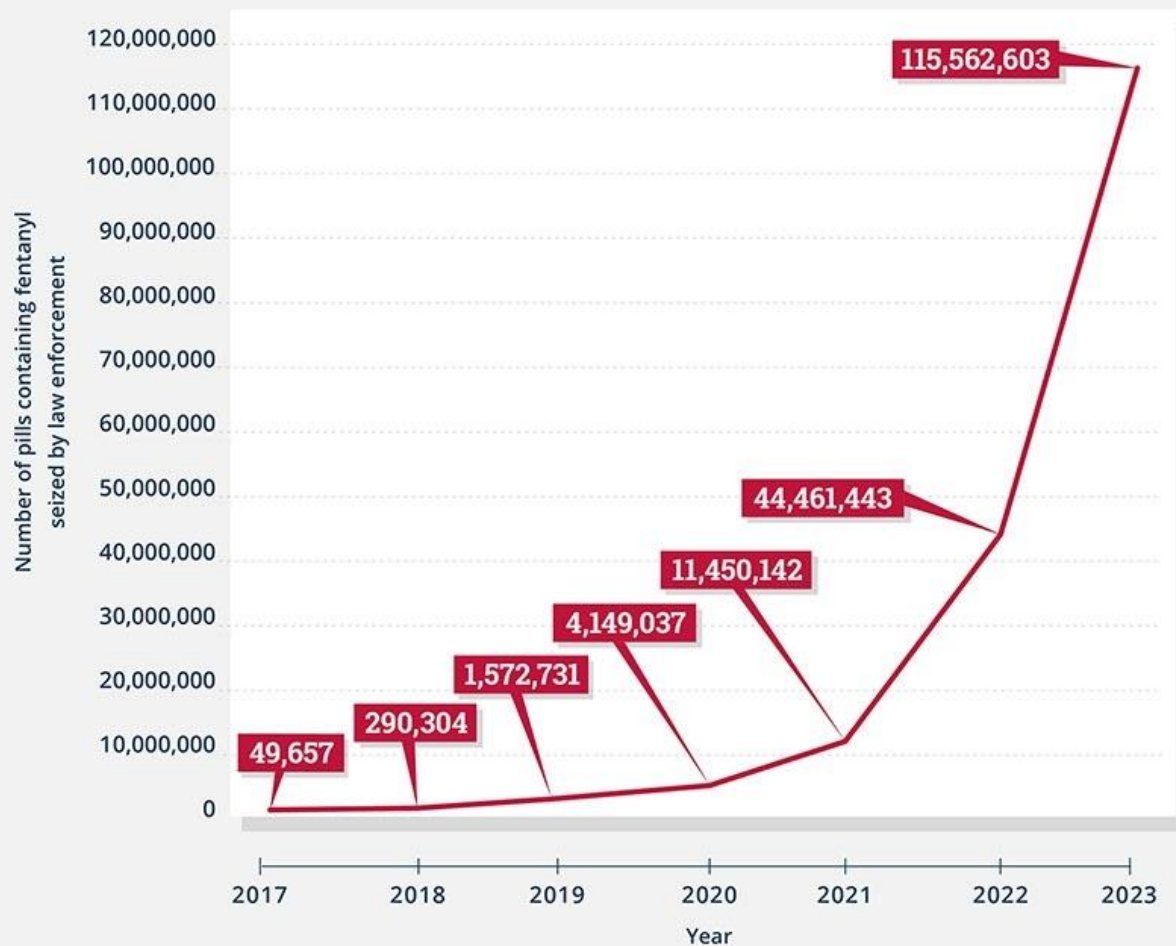
Source: DEA NFLIS-Drug, March 14, 2024.



Source: DEA NFLIS-Drug, March 14, 2024.

*2023 data is interim reporting. Source: DEA NFLIS-Drug, March 6, 2024.

Number of Pills Containing Fentanyl Seized by Law Enforcement in the United States, 2017 – 2023



Estimates based on data reported by the Office of National Drug Control Policy's High Intensity Drug Trafficking Areas program

Reference: JJ Palamar, et al. *International Journal of Drug Policy*. DOI: 10.1016/j.drugpo.2024.104417 (2024)

Pressed Pills

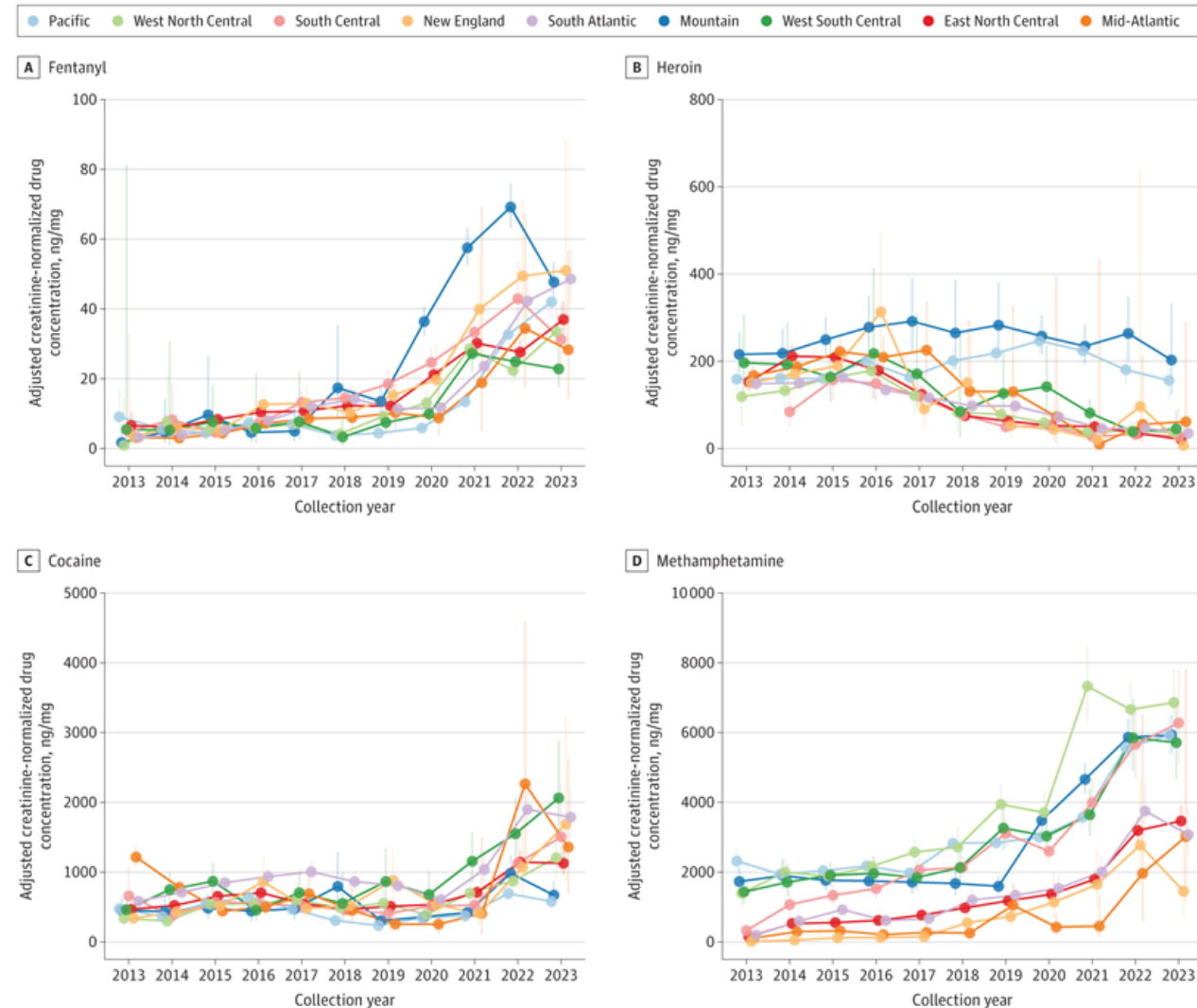
Legitimate Pharmaceuticals vs. Fake Fentanyl Pills



Source: DEA

Substance Use Concentration and Tolerance

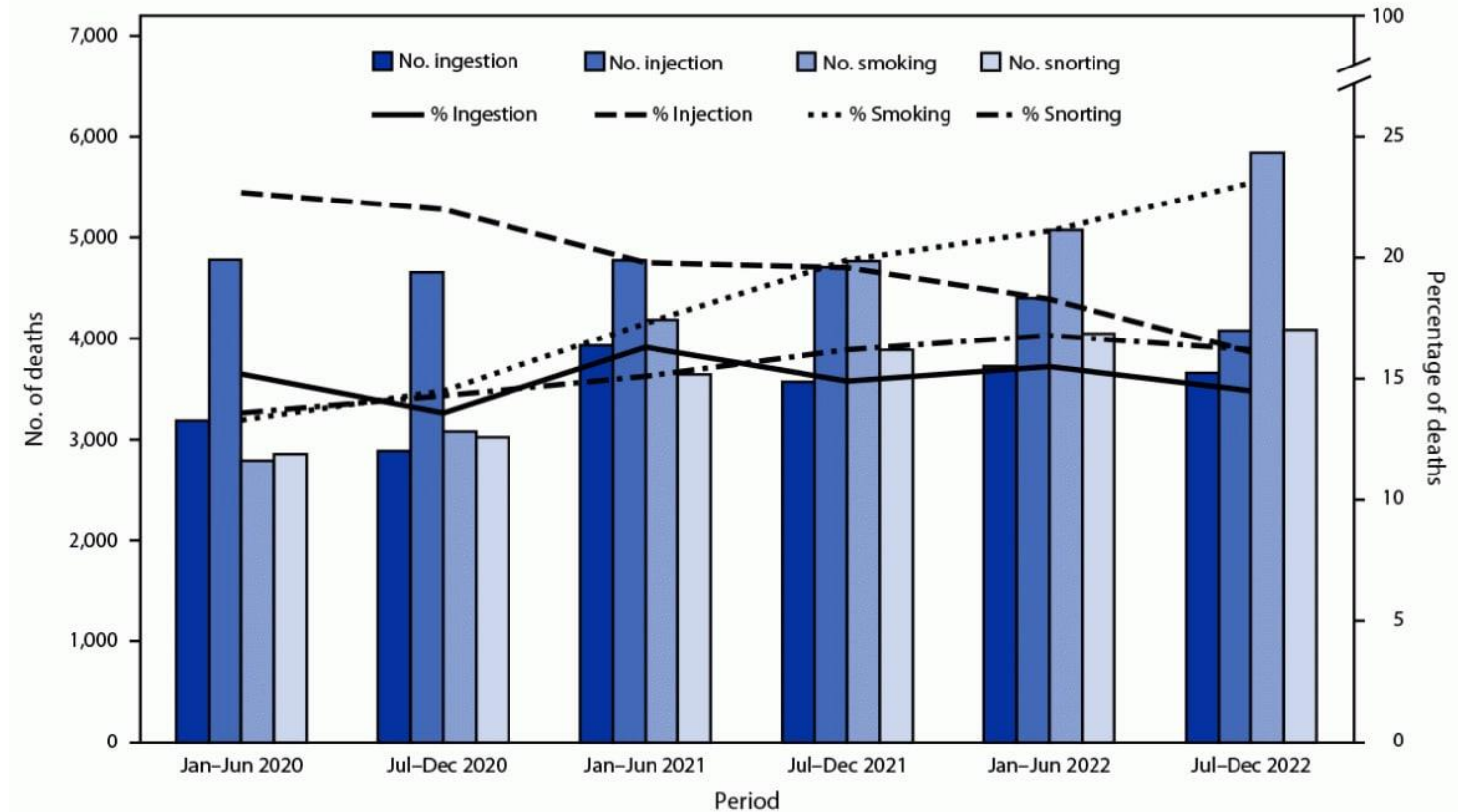
- Concentrations of fentanyl, cocaine, and methamphetamine in UDTs of people seeking treatment have risen sharply since 2019
- Relevance:
 - Increased volume and/or concentrations of illicit drug products
 - Prolonged/delayed effects and withdrawal
 - Challenges with buprenorphine induction
 - Higher dose MOUD
 - Cardiovascular risk with stimulants
 - Regional variability
 - Near elimination of heroin in most regions
 - Elevated tolerance...protective?



Huhn AS, Whitley P, Bolin BL, Dunn KE. Fentanyl, Heroin, Methamphetamine, and Cocaine Analyte Concentrations in Urine Drug Testing Specimens. JAMA Netw Open. 2024 Oct 1;7(10):e2441063. doi: 10.1001/jamanetworkopen.2024.41063. PMID: 39446323.

Changes in Route of Administration

- Decline in injection
- Significant rise in snorting and smoking
 - Likely related to increased potency
- Steady rates of ingestion from 2020-2022
- Smoking became most common route associated with overdose death, replacing injection



1. Karandinos G, Unick J, Ondocsin J, Holm N, Mars S, Montero F, Rosenblum D, Ciccarone D. Decrease in injection and rise in smoking and snorting of heroin and synthetic opioids, 2000-2021. *Drug Alcohol Depend.* 2024 Oct 1;263:111419. doi: 10.1016/j.drugalcdep.2024.111419. Epub 2024 Aug 15. PMID: 39216201.

2. Tanz LJ, Gladden RM, Dinwiddie AT, et al. Routes of Drug Use Among Drug Overdose Deaths — United States, 2020–2022. *MMWR Morb Mortal Wkly Rep* 2024;73:124–130.

“-Nitazenes”

- 2-benzylbenzimidazole analogs or “-nitazenes” infrequently identified in PA and elsewhere
- Up to ~10x as potent as fentanyl (but ~1/10th as potent as carfentanyl)
- Total/effective dose of naloxone similar to that required for fentanyl, but repeat dosing has been reported in tiny patient cohort due to prolonged effects¹
- Potential for prolonged sedation
- Drug Enforcement Administration placed: 1) metonitazene on 9/18/2023; 2) isotonitazene and etonitazene on 10/25/2023; 3) butonitazene, flunitazene, and metodesnitazene in schedule I of the Controlled Substances Act as of 10/25/2024



Philadelphia Department of Public Health

Division of Substance Use Prevention and Harm Reduction

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Health Alert

Nitazene analogs, a novel class of synthetic opioids more potent than fentanyl, detected in Philadelphia
December 21, 2022

SUMMARY POINTS

- Nitazene analogs are synthetic opioids that are up to 40 times more potent than fentanyl
- First identified in the United States in 2019
- First identified in Philadelphia as early as October 2022
- Individuals who experience an opioid overdose after using nitazene analogs will respond to naloxone (e.g., Narcan®).

1. Amaducci A, Aldy K, Campleman SL, Li S, Meyn A, Abston S, Culbreth RE, Krotulski A, Logan B, Wax P, Brent J, Manini AF; Toxicology Investigators Consortium Fentanyl Study Group. Naloxone Use in Novel Potent Opioid and Fentanyl Overdoses in Emergency Department Patients. JAMA Netw Open. 2023 Aug 1;6(8):e2331264. doi: 10.1001/jamanetworkopen.2023.31264. PMID: 37642962; PMCID: PMC10466160.

Xylazine Acute Toxicity

- Synergistic effect to enhance and prolong opioid effect (aka “legs”)
- Acute toxicity:
 - sedation, miosis, bradycardia, and hypotension (potentially initial hypertension)
- Not reversed with naloxone
 - Supportive treatment, rescue breathing
 - **STILL GIVE NALOXONE** for reversal of fentanyl
- Does it increase risk of overdose death?
 - 90/321 (28%) of ED visits for opioid overdose
 - Fewer episodes of coma and cardiac arrest in patients exposed to fentanyl with xylazine than without

1. Love JS, Levine M, Aldy K, Brent J, Krotulski AJ, Logan BK, Vargas-Torres C, Walton SE, Amaducci A, Calello D, Hendrickson R, Hughes A, Kurt A, Judge B, Pizon A, Schwarz E, Shulman J, Wiegand T, Wax P, Manini AF. Opioid overdoses involving xylazine in emergency department patients: a multicenter study. Clin Toxicol (Phila). 2023 Mar;61(3):173-180. doi: 10.1080/15563650.2022.2159427. PMID: 37014353; PMCID: PMC10074294.

Wound Care

- Traditional wound care can be effective
 - Limited by social circumstances and ongoing drug use
- Soap and water cleaning
 - NO hydrogen peroxide to wounds (common misconception)
- Eschar: MediHoney or Santyl
 - Ensure regular dressing changes
- Bacitracin or mupirocin non-stick dressings and coverage (gauze, ABD pad, gauze wrap, and/or ACE Wrap)
- Close wound care follow up and engagement
- Surgical debridement may become necessary

1. [Wound Care | SURGE Substance Use Response Guidance and Education \(healthfederation.org\)](https://www.healthfederation.org/)
 2. Zagorski CM, Hosey RA, Moraff C, Ferguson A, Figgatt M, Aronowitz S, Stahl NE, Hill LG, McElligott Z, Dasgupta N. Reducing the harms of xylazine: clinical approaches, research deficits, and public health context. Harm Reduct J. 2023 Sep 30;20(1):141. doi: 10.1186/s12954-023-00879-7. Erratum in: Harm Reduct J. 2023 Nov 27;20(1):170. PMID: 37777769; PMCID: PMC10544173.

Self Wound Care Instructions

- Wash the wound and surrounding area with soap and water or just water or saline
- Around the wound clean with Alcohol or BZK wipe
- Moisturize around the outer edges of the wound with A&D
- Use triple antibiotic ointment or medihoney over the open wound or on very thick scabbing
- Cover with a non-stick pad
- Put an ABD pad over the non-stick
- Wrap with roll gauze or cover with other gauze if roll gauze isn't needed
- If wanted/needed cover with an ace wrap or tube/gauze dressing

Do not leave dressings on for more than 48 hours. If your wound worsens, you start to feel sick for no reason, seek medical attention

Harm domain	Mechanism	Clinical implications	Harm reduction strategies
Skin wounds	Unknown	Bacterial superinfection possible Ensure adequate longitudinal wound care Can cause shame and reduced care-seeking Individuals may be deemed ineligible for in-patient substance use disorder care due to untreated wounds	Coach to avoid injecting into or near wounds Facilitate wound care access Teach individual and friends/family how to care for wounds Provide wound care supplies Teach on signs of worsening condition

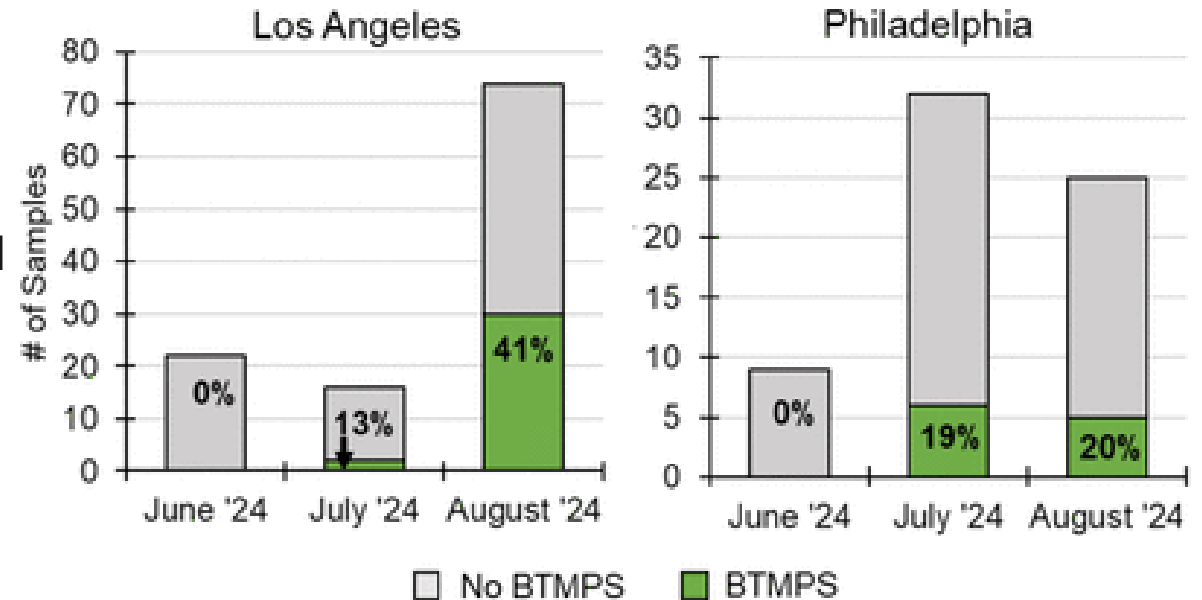
Xylazine Withdrawal Management

- Non-critical care
 - **TREAT ASSOCIATED OUD** (methadone, buprenorphine)
 - Alpha-2 agonists
 - Tizanidine, clonidine
 - Can treat with standing tizanidine and PRN clonidine with gradual tizanidine taper
 - Antipsychotics, e.g. olanzapine or droperidol, for agitation
 - Hydroxyzine or benzodiazepines for severe anxiety
- Critical care adjuncts
 - Dexmedetomidine
 - Ketamine

1. Ehrman-Dupre R, Kaigh C, Salzman M, Haroz R, Peterson LK, Schmidt R. Management of Xylazine Withdrawal in a Hospitalized Patient: A Case Report. *J Addict Med.* 2022 Sep-Oct 01;16(5):595-598. doi: 10.1097/ADM.0000000000000955. Epub 2022 Jan 11. PMID: 35020700.
2. London K, Li Y, Kahoud JL, Cho D, Mulholland J, Roque S, Stugart L, Gillingham J, Borne E, Slovis B. Tranq Dope: Characterization of an ED cohort treated with a novel opioid withdrawal protocol in the era of fentanyl/xylazine. *Am J Emerg Med.* 2024 Nov;85:130-139. doi: 10.1016/j.ajem.2024.08.036. Epub 2024 Sep 4. Erratum in: *Am J Emerg Med.* 2024 Oct 8:S0735-6757(24)00523-0. doi: 10.1016/j.ajem.2024.10.006. PMID: 39260041.

BTMPS Adulterant

- Bis(2,2,6,6-tetramethyl-4-piperidyl) sebacate, or “BTMPS”
 - Light stabilizer used in plastics manufacturing, as an adhesive, and as a sealant
- Recently identified in PA drug supply
 - In some samples concentration of BTMPS > fentanyl
- Limited human data on toxicity
- Rat studies suggest calcium channel blocker activity
 - Decreased heart rate and blood pressure



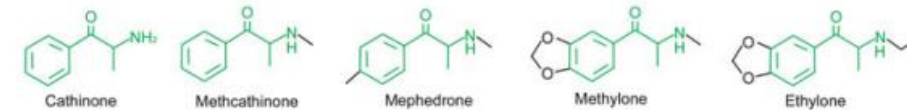
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Stimulants and Hallucinogens

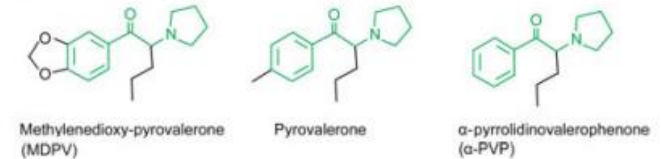
- Phenyethylamine backbone
- Chemical substitutions and additions promote variable effects
 - Serotonergic
 - Adrenergic
 - Dopaminergic
- Drug classes
 - Amphetamines and synthetic analogues
 - Rx stimulants, methamphetamine, 2C drugs, MDMA, MEA
 - Cocaine
 - Cathinones
 - “Bath Salts”, “gravel”, “flakka”
 - Eutylone most commonly identified by DEA



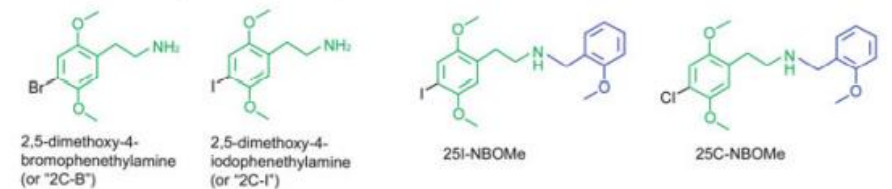
β -keto amphetamines



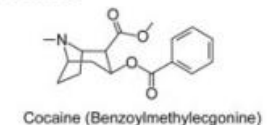
Pyrrolidinophenones



Dimethoxyphenethylamines (“2C”) and their N-benzylmethoxy derivatives (“NBOMe”)



Cocaine



Tamama K, Lynch MJ. Newly Emerging Drugs of Abuse. Handb Exp Pharmacol. 2020;258:463-502. doi: 10.1007/164_2019_260. PMID: 31595417.

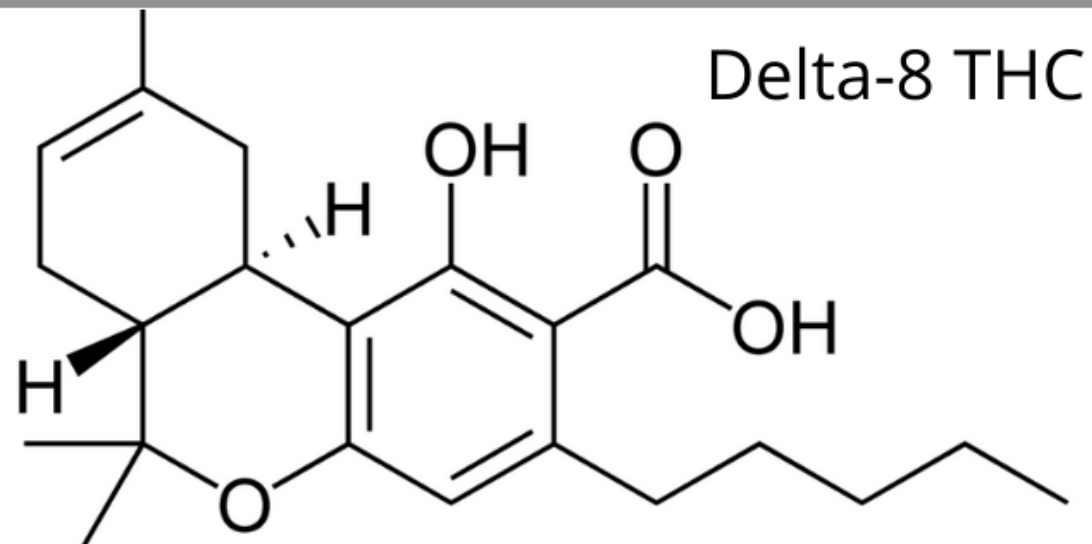
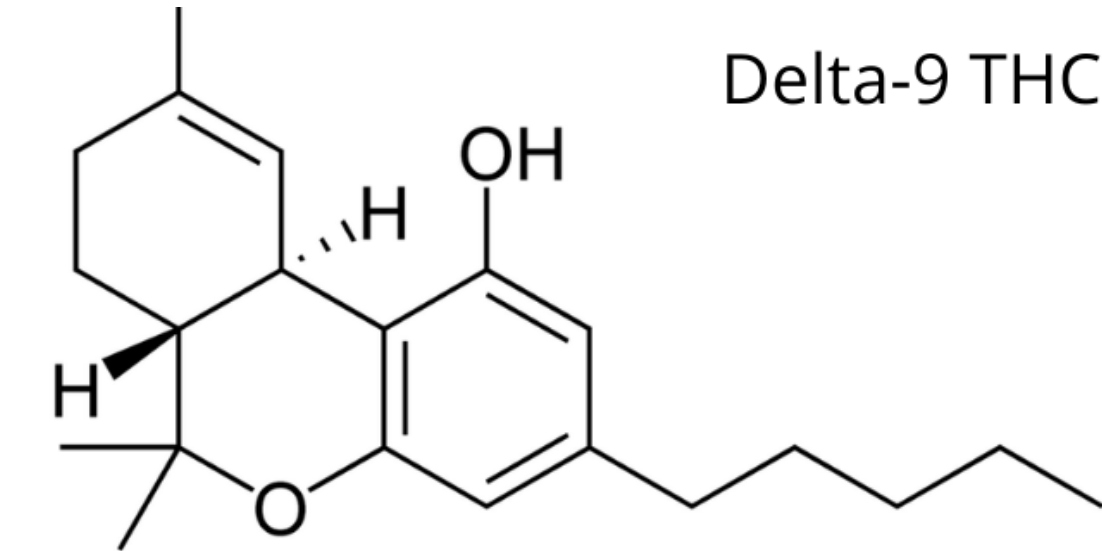
Treating Stimulant Intoxication

- There is no single antidote or treatment that is effective for stimulant toxicity
 - There is no “naloxone equivalent”
- Treatment prioritizes minimizing harm associated with acute toxicity
 - Sedation, control involuntary movements, prevent seizures
- Drug classes used in treatment include:
 - Benzodiazepines
 - Antipsychotics, e.g. haloperidol and olanzapine
 - Ketamine

Additional Treatment of Acute Toxicity

- Optimize breathing and oxygen levels
 - Supplemental oxygen
 - Ventilator may be needed to maintain adequate sedation, e.g. propofol
- IV fluids
 - Many patients are dehydrated
 - Rhabdomyolysis
- Manage secondary organ injury as needed
 - Brain, heart, kidney, liver, and/or orthopedic injuries
- No approved and proven medication therapy for Stimulant Use Disorder
 - Rx stimulants +/- naltrexone have demonstrated limited efficacy

Delta-9 and Delta-8 THC Structures



THC (Delta 8, 9, and 10)-Acute Adverse Effects

- Vasodilation/Hypotension
- Tachycardia
- Syncope
- Impaired judgment
- Paranoia, dysphoria
- Impaired motor coordination
- Impaired short-term memory
- Bronchitis/Bronchospasm (smoking)

Delta-8 THC Gummies Sold in CBD Shops



Murky Legal Status of Delta-8 THC



Westmoreland DA's office, local police raid three vape stores



CIARA MCENEANY 
Pittsburgh Post-Gazette
cmceneany@post-gazette.com

OCT 25, 2024 11:26 AM



Undercover agents executed a search warrant on three vape stores in Westmoreland County after multiple students from local school districts were found with marijuana (THC) vape cartridges, the Westmoreland District Attorney's office [announced](#) Thursday.

Drug Paraphernalia

DEA TOX received one exhibit (Figure 3) and confirmed two detections⁵ (Table 6) in this product in the third quarter of 2022.

Table 6. Drug Product exhibit #1– Third Quarter 2022

Drug Class	Drug	State Found	Confirmed Levels: mg of drug/gram of drug product (%)	Actual Amount within Drug Product
Cannabinoid	Delta-8 THC ¹	Kentucky	600 (60.0)	155 mg
Cannabinoid	Delta-10 THC ¹		212 (21.2)	55 mg
Exhibit 1: Total Weight of Vape Liquid – 259.1 mg				

¹ – Substance included in NPS category for Figures 1A, 1B, 2A, and 2B

Figure 3: Drug Product exhibit #1

TOP VIEW



BOTTOM VIEW



DEA TOX Quarterly Report-
3rd Quarter 2022

Seized Delta-9 THC Products



Delta-8 Clinical Effects on Children

- Analysis of 27 children, age 1-14, hospitalized with delta-8 THC exposure at Children's Hospital Pittsburgh
 - No other substances identified on LC/MS
- All had alteration of mental status
- Nearly a third required ICU admission
- Remained in the hospital from 1-4 days
- Nearly all were hypotensive at some point
- 2 required mechanical ventilation

Table 1. Cohort characteristics

Age median, (range) years	4.1 (1.4-14.4)
Hospitalized, n (%)	27/27 (100)
ICU, n (%)	8/27 (30)
LOS median (range) hours	19 (10, 97)
IV Naloxone, n (%)	3/27 (11)
EMIT + THC, n (%)	27/27 (100)
LC/MS + THC, n (%)	22/24 (81)

Table 2. Cohort clinical observations

Encephalopathy, n (%)	27/27 (100)
Respiratory impairment, n (%)	6/27 (22)
Hypoxemia, n (%)	3/27 (11)
Hypercapnia, n (%)	3/27 (11)
Mechanical ventilation, n (%)	2/22 (7)
Hypotension, n (%)	24/27 (89)
IV fluid boluses, n (%)	16/27 (59)
Vasopressors, n (%)	2/22 (7)

Synthetic Cannabinoid Compounds

- 786,000 Americans reported synthetic cannabinoid use in 2022
- True incidence difficult to assess given limited testing capabilities
- Chemicals sprayed onto dried vegetative material, e.g. tobacco or marijuana, or vaped
- Stimulant effects
 - Agitation, sinus tachycardia, occasionally requiring intubation, and associated with deaths
 - Treatment is sedation and supportive care





SHOP BY CATEGORY



RESEARCH CHEMICALS



LEGAL BUDS



LIQUID



MAGIC POWDERS



DEPRESANT



We accept payment



Bank Transfer



BTC



BCC



LTC



ETH

HOME

CUSTOMER SERVICE

SHOP

PAGES

BLOG

CONTACT US

FREE SAMPLE ORDER

FREE SAMPLE

WANT SOME FREE SAMPLES?

JUST CONTACT US AND WE WILL SEND YOU
SOME QUALITY SAMPLES

RESEARCH CHEMICAL

hex-en

3cmc small Cristal

3cmc yellow

Alfa-piHP

4cmc brown

3mmc

FEATURED PRODUCTS



BRILLANT DUST



4CMC BROWN



ALFA-PIHP

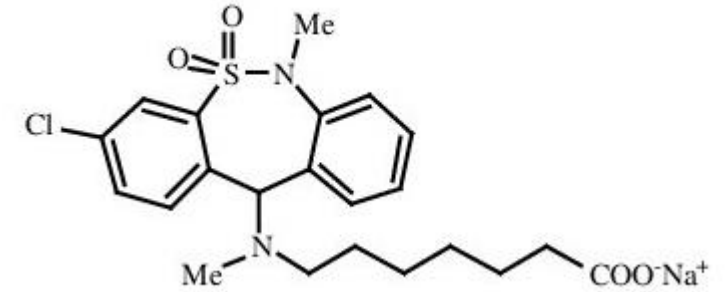
Kratom (Mitragynine and 7-OH-Mitragynine)

- Mild stimulant properties at low doses
- Partial μ -opioid receptor agonist
 - Does not lead to β -arrestin 2 recruitment associated with most opioid adverse effects
- Unscheduled
- Used recreationally as well as for pain and self-treatment of opioid withdrawal
- Deaths have been reported, but mild toxicity relative to full opioid agonists



Tianeptine aka “Gas station heroin”

- Structurally similar to tricyclic antidepressants
- Can cause stimulatory effects and agitation as well as opioid effects
- Most exposures require hospitalization with 2/3 admitted to the ICU
- Reported fatalities are rare
- Results in dependence and withdrawal requiring opioid agonist, e.g. buprenorphine, treatment



1. Rushton W, Whitworth B, Brown J, Kurz M, Rivera J. Characteristics of tianeptine effects reported to a poison control center: a growing threat to public health. *Clin Toxicol (Phila)*. 2021 Feb;59(2):152-157. doi: 10.1080/15563650.2020.1781151. Epub 2020 Jun 18. PMID: 32552075.
2. Brink CB, Harvey BH, Brand L. Tianeptine: a novel atypical antidepressant that may provide new insights into the biomolecular basis of depression. *Recent Pat CNS Drug Discov*. 2006 Jan;1(1):29-41. doi: 10.2174/157488906775245327. PMID: 18221189.

Barriers To Accessing Evidence-Based Treatment

- 76% of patients with any SUD received no treatment in 2022¹
 - Only ~18% of patients with OUD received any MOUD
- Barriers:
 - Gaps in knowing where to go for treatment^{1,2}
 - 52.2% of those seeking treatment reported not knowing where to go in 2022
 - Difficulty accessing care^{1,2}
 - Long wait times^{1,2}
 - Pennsylvania patients can wait up to 3 weeks for MOUD treatment³
 - Geographical distance from treatment providers^{1,2}
 - Stigma¹
 - 46.1% reported concern about what others would think or say in 2022

1. Substance Abuse and Mental Health Services Administration. (2023). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health* (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report>

2. Hall NY, Le L, Majmudar I, Mihalopoulos C. Barriers to accessing opioid substitution treatment for opioid use disorder: A systematic review from the client perspective. *Drug Alcohol Depend.* 2021 Apr 1;221:108651. doi: 10.1016/j.drugalcdep.2021.108651. Epub 2021 Feb 26. PMID: 33667783.

3. Kawasaki S, Francis E, Mills S, Buchberger G, Hogentogler R, Kraschnewski J. Multi-model implementation of evidence-based care in the treatment of opioid use disorder in Pennsylvania. *J Subst Abuse Treat.* 2019 Nov;106:58-64. doi: 10.1016/j.jsat.2019.08.016. Epub 2019 Aug 28. PMID: 31540612; PMCID: PMC7194237.

UPMC ED SUD Treatment “Bundle”

- Buprenorphine induction in the department
- Warm handoff to follow up treatment incorporated into EHR
- Naloxone to-go
- Buprenorphine to-go (6 doses for 3 days)
- Fentanyl and xylazine test strips to go
- “Reducing Harm from Drug Use” discharge instructions
- “Buprenorphine Home Induction” including safe storage discharge instructions
- “Xylazine Wound Care” discharge instructions
- Buprenorphine prescribing by any DEA-licensed provider
- Toxicology Telemedicine Bridge Clinic for guaranteed low barrier follow up

ED Buprenorphine To Go

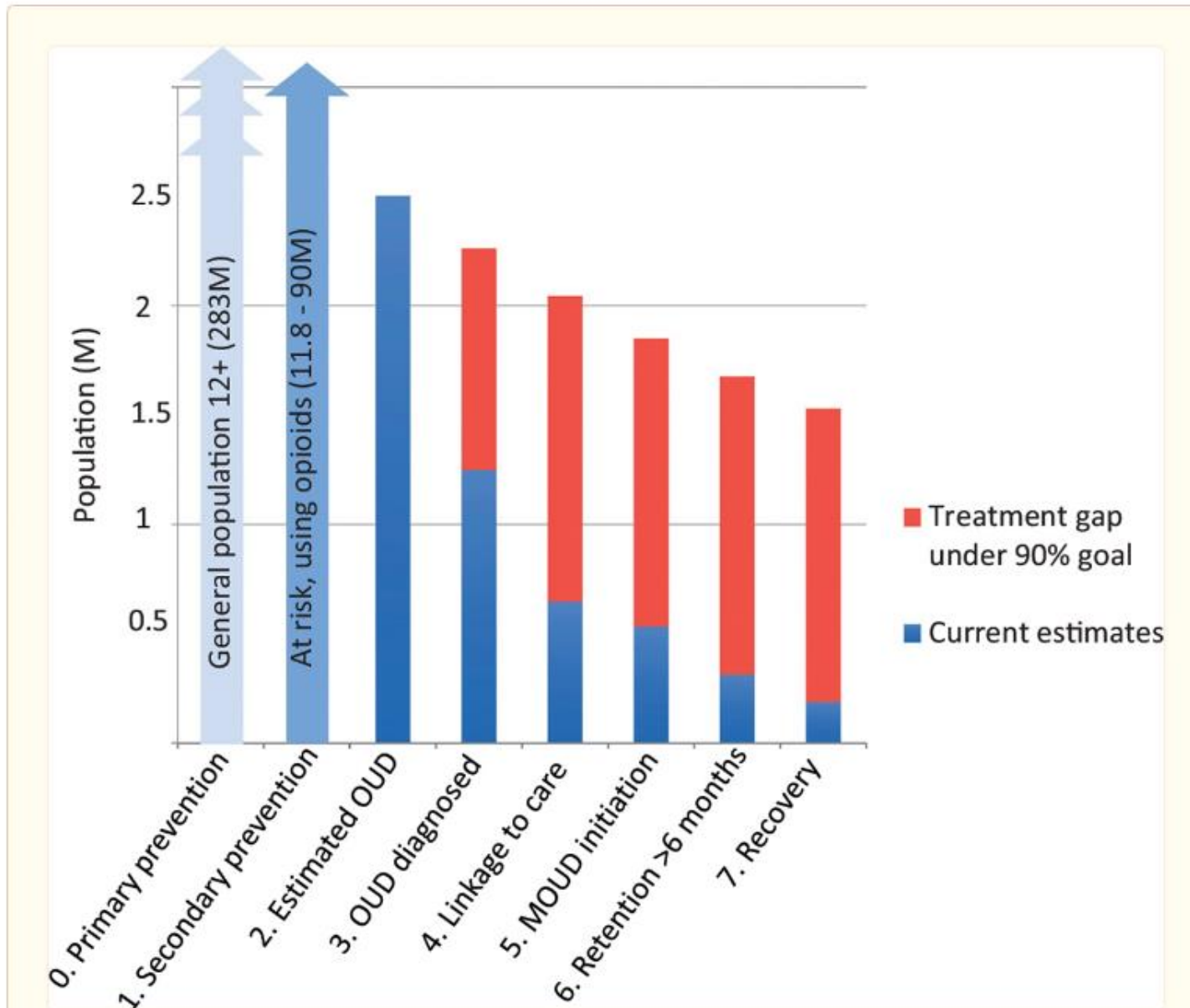
- Capitalize on Meds to go programs in EDs
- 61% of patients provided buprenorphine to go filled subsequent prescriptions within 30 days¹
- Particularly effective when:
 - Limited pharmacy access
 - Holidays and off-hours
 - Housing instability
 - Transportation limitations
 - Home-induction
 - Can be provided in addition to a prescription to bridge the gap to follow-up

Zimmerman DE, Johnson B, Kearns A, Metro H, Robb A, Nemecek BD, Montepara CA, Covvey JR, Lynch MJ. The use of buprenorphine to-go packs in the emergency department. *Am J Emerg Med.* 2024 Mar;77:154-157. doi: 10.1016/j.ajem.2023.12.025. Epub 2023 Dec 20. PMID: 38150985.

Implementing a Warm Handoff Program

- Partner with community resources
 - Local treatment providers able to accommodate rapid referrals
 - Low barrier engagement
 - County agencies
- Staffing and program mechanism
 - Ideally Peer or CRS physically present in the ED or able to respond quickly
- Quality assurance and program assessment
 - Outcomes reported to ED staff to reinforce utilization

Cascade of Care-Measuring the Continuum



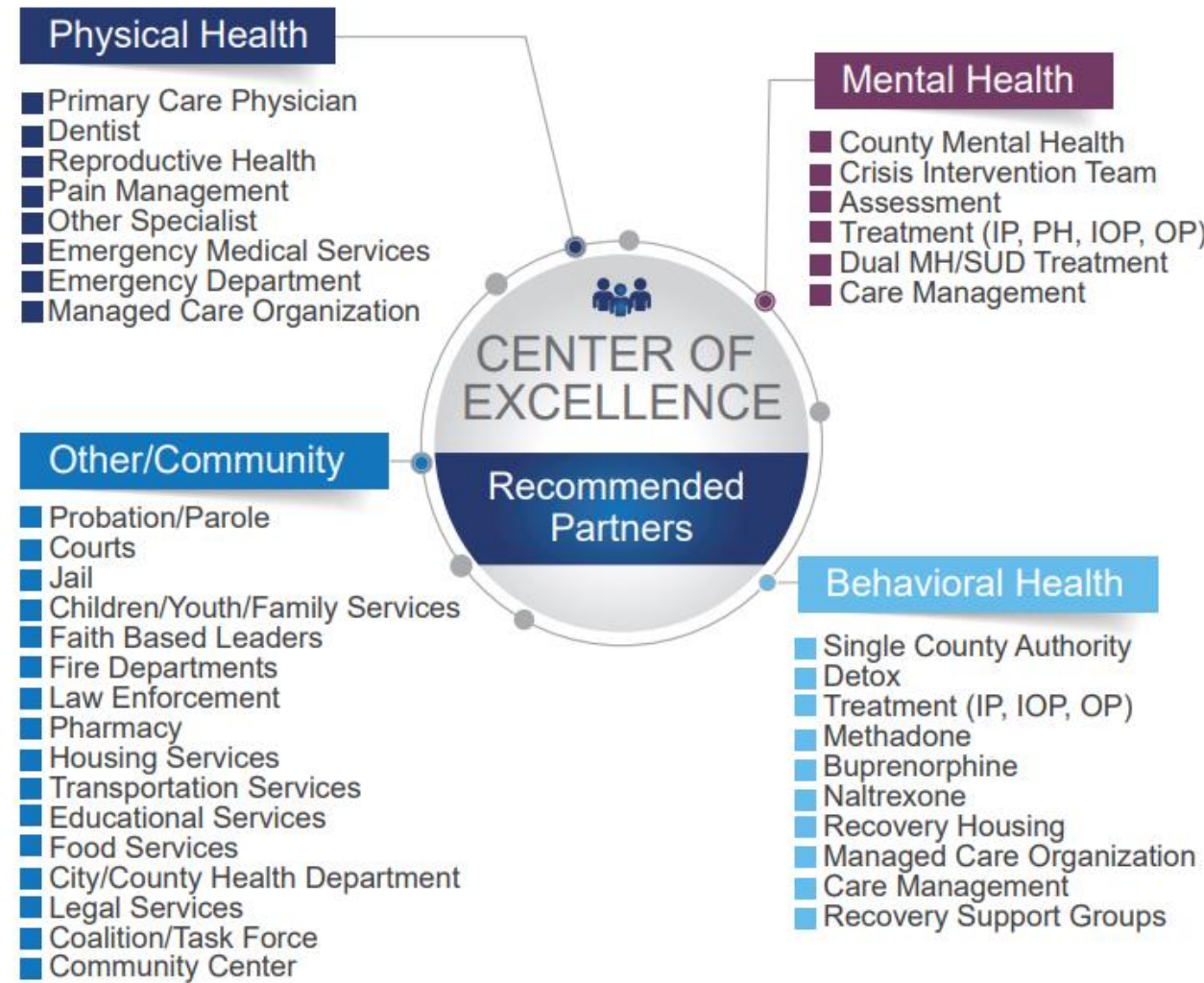
Williams AR, Johnson KA, Thomas CP, Reif S, Socias ME, Henry BF, Neighbors C, Gordon AJ, Horgan C, Nosyk B, Drexler K, Krawczyk N, Gonsalves GS, Hadland SE, Stein BD, Fishman M, Kelley AT, Pincus HA, Olfson M. Opioid use disorder Cascade of care framework design: A roadmap. *Subst Abus.* 2022;43(1):1207-1214. doi: 10.1080/08897077.2022.2074604. PMID: 35657670; PMCID: PMC9577537.

Non-linear Continuum of Care



Centers of Excellence

- Rapid access to OUD treatment
- Access to peer support and care coordination
- Access to behavioral health resources
- Ideally integrated into primary care infrastructure for long-term transition



Rapid Access to Telemedicine MOUD

UPMC Medical Toxicology Telemedicine Bridge Clinic



The banner features a purple background with a pattern of concentric circles. In the top right corner, the UPMC logo is displayed with the tagline "LIFE CHANGING MEDICINE". The main text, "UPMC Medical Toxicology Telemedicine Bridge Program", is written in a large, bold font, with "UPMC" in white, "Medical Toxicology" in light blue, and "Telemedicine Bridge Program" in white.

UPMC Medical Toxicology is providing addiction medicine bridge clinic services via telemedicine throughout Pennsylvania in collaboration with the PA Department of Drug and Alcohol Programs and local Single County Authorities (SCAs).

Appointments available Monday through Friday from 9 a.m. to 7 p.m. (typically same or following business day).

Call **412-432-1042** to make an appointment.

Online scheduling: [UPMC Toxicology Telemedicine Bridge Clinic > Pittsburgh, PA > Medical Toxicology > Book Appointment](#)



Referral Resources

Prospectively identify resources that can be rapidly accessed when patient need arises.

Develop standardized processes to access those resources.

PA DDAP Treatment Atlas: <https://treatmentatlas.org/>

24/7 PA GET HELP Hotline: 1-800-662-HELP (4357)

Find a local treatment provider

[Get Help Now | Care Provider \(pa.gov\)](#)

Single County Authorities (SCA)

[Find your county office \(pa.gov\)](#)

Questions?

