



BRINGING SCIENCE TO BEAR ON OPIOIDS

Report and Recommendations from the ASPPH Task Force
on Public Health Initiatives to Address the Opioid Crisis

November 2019



Executive Summary

The statistics about the opioid crisis in the United States are startling:

- More Americans die each year from opioid overdoses than died in any armed conflict since the end of World War II.¹
- On average, 130 Americans die each day from an opioid overdose.²
- Overdose is now the leading cause of unintentional injury death in the United States, surpassing motor vehicle deaths.³

Alarmed by these statistics and knowing that the public health profession has a responsibility to address this crisis, the Association of Schools and Programs of Public Health assembled an expert Task Force in late 2018. After many months of research, consultation, and discussion, the Task Force has compiled the comprehensive set of recommendations laid out in this document. These recommendations rest on the foundational beliefs that the opioid crisis is a public health issue that touches all levels of society and must be addressed across sectors; that opioid use disorder is a chronic, relapsing brain disease; that inappropriate use of opioids leading to addiction was driven by corporate and personal greed; and that evidence-based public health approaches can reduce the harms of this epidemic and help bring it to an end.

If a master settlement agreement is reached in the multi-district litigation currently pending, funds should be used not only to compensate states and communities for expenditures related to the epidemic, but also to prevent it from spreading, ameliorate associated harms, and contain related syndemics (synergistic epidemics of two or more conditions with related underlying causes). The Task Force recommends the use of those monies specifically to:

- Improve the collection of evidence and epidemiological data on all dimensions of the opioid epidemic
- Combat stigma
- Ensure access to medications for opioid use disorder
- Reduce associated harms
- Support primary prevention efforts
- Fund research, and
- Advance program evaluation and implementation science

The Task Force also recommends several legislative and regulatory reforms to be incorporated into the ASPPH advocacy agenda to prevent further inappropriate lobbying, marketing, and prescribing of these highly addictive substances; and to increase access to harm reduction services.

¹ National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Sciences Policy; Committee on Pain Management and Regulatory Strategies to Address Prescription Opioid Abuse; Phillips JK, Ford MA, Bonnie RJ, editors. *Pain Management and the Opioid Epidemic: Balancing Societal and Individual Benefits and Risks of Prescription Opioid Use*. Washington (DC): National Academies Press (US); 2017 Jul 13. 4, Trends in Opioid Use, Harms, and Treatment. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK458661/>

² Centers for Disease Control and Prevention. <https://www.cdc.gov/drugoverdose/epidemic/index.html> Accessed September 12, 2019.

³ Case, A., Deaton, A. (2017). Mortality and morbidity in the 21st century. *Brookings papers on economic activity*, 2017, 397.

The current state of the opioid crisis warrants a comprehensive, multi-part federal effort that combines primary medical care, essential support services, outreach to persons who misuse substances, patient engagement, and access to medications for opioid use disorder (OUD). The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act is an excellent example of such an effort and should serve as a model.

The death toll is mounting. Nationwide, we must marshal financial resources, legislative power, knowledge, inquiry, and expertise to combat the opioid crisis, and turn the tide.

Recommendations

Evidence and Epidemiology

- Implement improved metrics on all dimensions of the epidemic
- Create a national open data-sharing center on substance use
- Leverage national computational research resources for sophisticated data science approaches to risk mitigation
- Standardize, use, and expand rigorous observational epidemiological surveillance tools
- Enhance harm reduction programs
- Detect fentanyl and related analogs
- Expand public messaging about evidence-based harm reduction programming
- Further expand and support naloxone distribution efforts
- Fund a robust research and evaluation program that focuses both on effectiveness and the impact of harm reduction interventions on individuals and communities

Anti-Stigma and Harm Reduction

- Mount a national anti-stigma campaign around opioid use disorder and its treatment
- Develop and implement anti-stigma training programs for all professionals likely to come into contact with persons with opioid use disorder and those seeking treatment for it
- Reduce barriers to prescribing medications for opioid use disorder and ensure that they are widely available
- Systematically elevate the voices and tell the stories of people who use drugs and those in recovery
- Train and deploy peer support specialists and navigators
- Create and promote a robust national information exchange on harm reduction and evidence-based harm reduction programming
- Scale up syringe exchange programs
- Establish legal supervised injection facilities in areas of high need
- Establish and support an independent entity to develop targeted programs and initiatives to increase public awareness of the risks of opioid misuse and opioid use disorder and to promote primary prevention at the population level
- Support formal public health training programs at schools and programs of public health focused on OUD
- Create and implement expanded, credible prescriber and dispenser training by one or more independent organizations
- Underwrite extensive academic detailing and counter-detailing on opioids
- Create and implement collaborative models with law enforcement
- Develop and implement evidence-based law enforcement policies, including police practices directed at drug users
- Promote drug disposal and create additional and more diverse disposal sites

Primary Prevention

Access to Medications for Opioid Use Disorder

- Facilitate local access to MOUD
- Deregulate buprenorphine prescribing
- Maximize the use of telemedicine
- Suspend the need for X waivers
- Extend training to pharmacists to identify and treat people with OUD
- Encourage and leverage partnerships among prevention specialists, treatment providers, corrections personnel, and law enforcement to ensure continuity of care for opioid use disorder upon discharge from jail, prison, or drug court

Research

- Understand the causes and remedies for the psycho-social drivers of the substance use epidemic
- Conduct dissemination and implementation studies to expand collaborations between health and law
- Study the expansion of access to medication-assisted treatment, as well as other forms of treatment for OUD
- Conduct computational modeling and simulation
- Investigate the biology and sociology of opioid use disorder
- Study clinical decision support tools to better equip healthcare providers to treat these patients and to integrate treatment into mainstream healthcare

Evaluation and Implementation Science

- Establish a multi-site, multi-institutional collaborative evaluation structure that will leverage the strengths of different universities and agencies toward an effective, coordinated approach
- Develop new and innovative evaluation methodologies

Regulatory and Legislative Reforms

- Modify FDA review and approval of applications for pain medications to focus on the risks and benefits to public health
- Discontinue the promotion of opioids for long-term use for chronic non-cancer pain except for palliative and end-of-life care
- Adopt the recommendations of the National Academies of Sciences for a revised cost-benefit framework to guide the approval of novel opioid products or the removal from the market of existing opioid products
- Approve an affordable, accessible form of naloxone that can be sold over the counter
- Impose post-market requirements on opioid manufacturers, including the development of risk evaluation and mitigation strategies
- Pass Congressional legislation to enact a comprehensive program using the Ryan White CARE Act as a model
- Modernize and resource data and sentinel surveillance programs
- Modernize DATA 2000 to eliminate the X waiver
- End the legislative prohibition on the purchase of syringes with federal funds
- Support the availability of supervised consumption sites
- Ensure that federal healthcare plans cover a full range of alternative pain management programs

Industry Changes

- Voluntarily end all lobbying and marketing activities related to opioids and other drugs of potential abuse
- Fund aggressive, independent campaigns aimed at educating the public about the risk of opioids and the availability of treatment options