


# Policy Levers to Drive Change and Reform the Nation's Approach to Addiction

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# Professional & Financial Disclosures

I have no conflicts of interest to disclose.

# The Addiction and Public Policy Initiative

## O'Neill Institute for National and Global Health Law at Georgetown University Law Center

Advancing a public health approach to substance use disorders through legal and policy strategies that promote evidence based treatment and support recovery.



The logo for the University of Gävle (GU) is displayed in a white, serif font. It is positioned above a thin white horizontal line. The background of the left side of the image is a dark blue gradient with a faint, circular seal of the university.

# Addiction Policy and Practice



In today's policy environment, what effective, evidence-based policies can be implemented in light of increasing rates of overdose death and increasing availability of illicitly manufactured fentanyl?

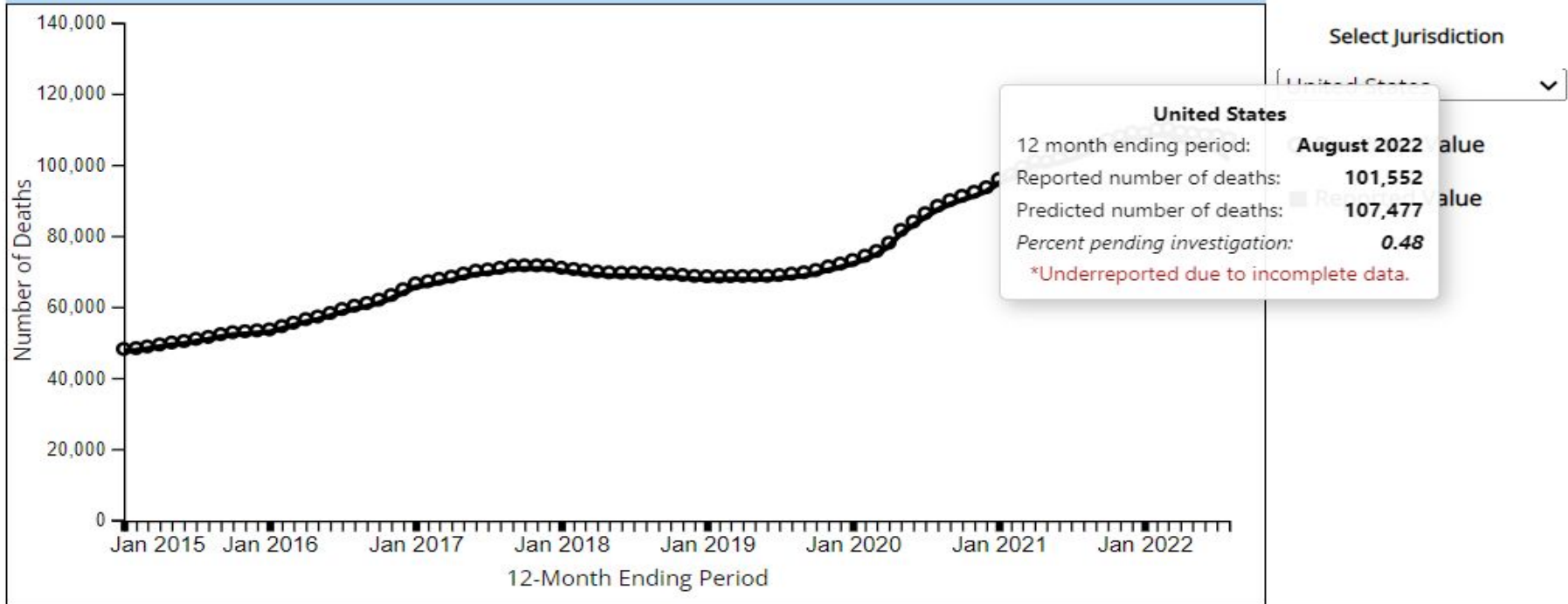
Significant barriers remain to reforming the nation's current approaches to substance use disorder. We'll discuss how to use the various policy levers at our disposal to drive reform, including litigation proceeds.



# Current State

Based on data available for analysis on: January 1, 2023

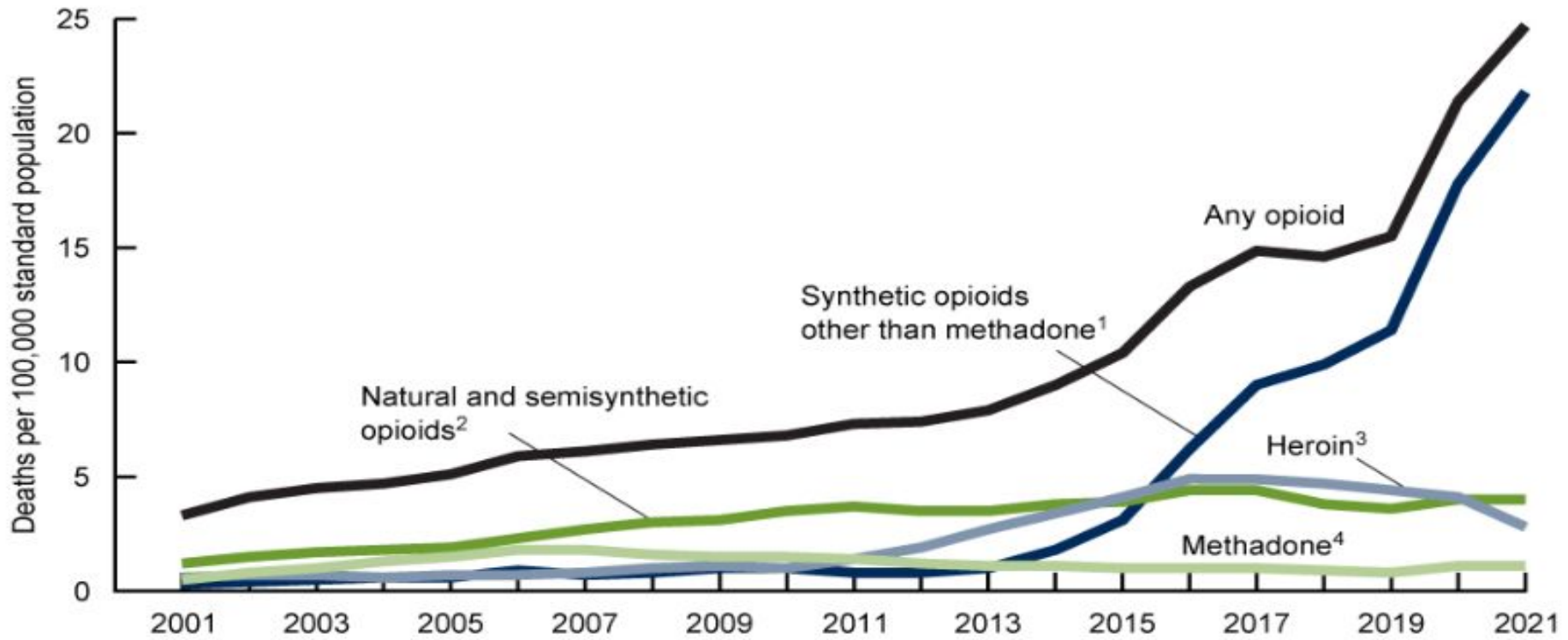
### Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: United States



### Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: August 2021 to August 2022

# Current State

Figure 4. Age-adjusted rate of drug overdose deaths involving opioids, by type of opioid: United States, 2001–2021

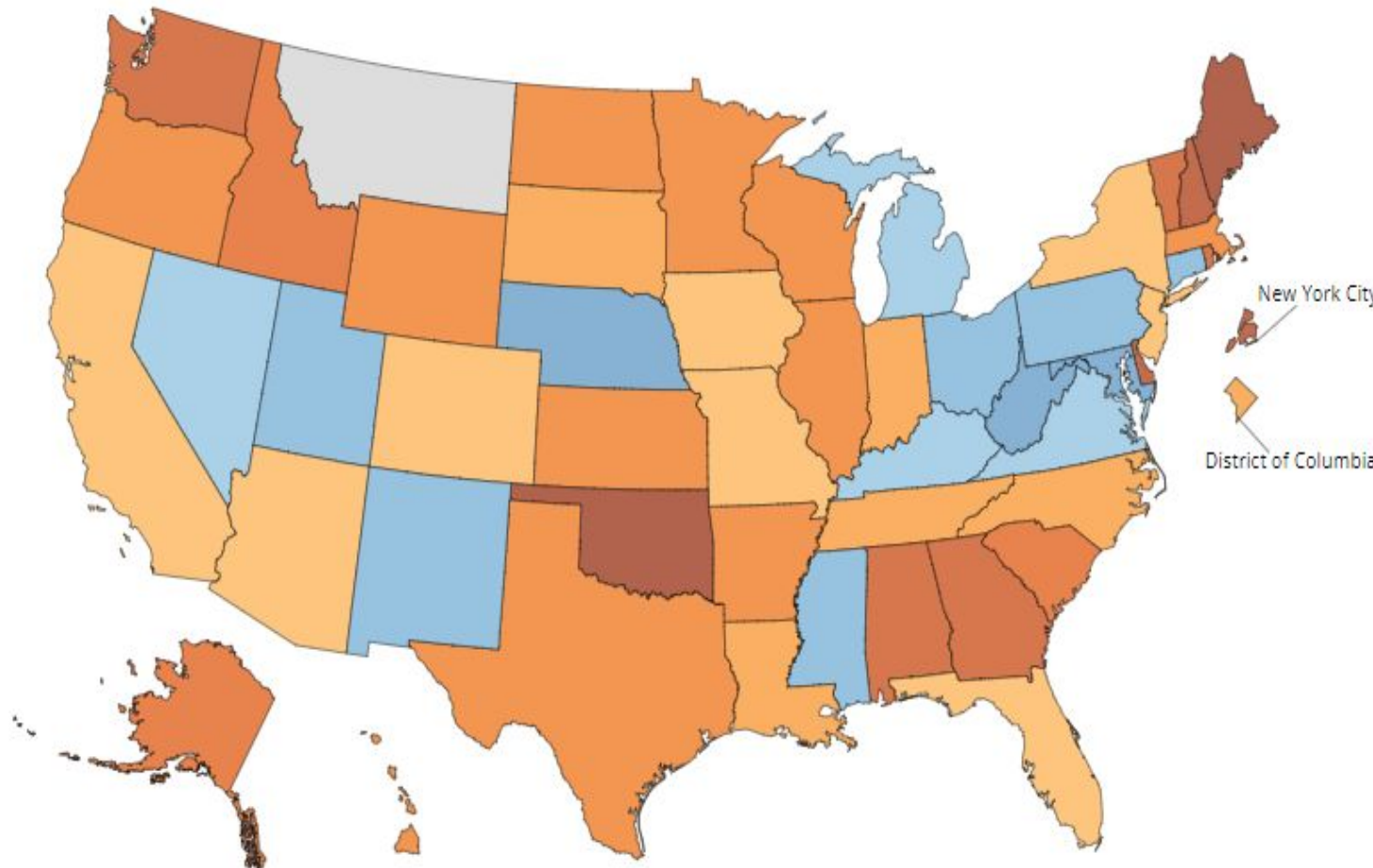


<sup>1</sup>Significant increasing trend from 2001 through 2021 with different rates of change over time,  $p < 0.05$ .  
<sup>2</sup>Significant increasing trend from 2001 through 2010, then stable trend from 2010 through 2021,  $p < 0.05$ .  
<sup>3</sup>Significant increasing trend from 2001 through 2015 with different rates of change over time, stable trend from 2015 through 2019, then significant decreasing trend from 2019 through 2021,  $p < 0.05$ .  
<sup>4</sup>Significant increasing trend from 2001 through 2006 with different rates of change over time, significant decreasing trend from 2006 through 2019, then stable trend from 2019 through 2021,  $p < 0.05$ .

NOTES: Drug overdose deaths were identified using *International Classification of Diseases, 10th Revision (ICD-10)* underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Among these deaths, the following ICD-10 multiple cause-of-death codes indicate the drug type(s) involved: T40.0–T40.4, T40.6, any opioid; T40.1, heroin; T40.2, natural and semisynthetic opioids; T40.3, methadone; and T40.4, synthetic opioids other than methadone. Age-adjusted death rates were calculated using the direct method and the 2000 U.S. standard population. Deaths involving more than one opioid category (a death involving both methadone and a natural or semisynthetic opioid, for example) were counted in both categories. The percentage of drug overdose deaths that identified the specific drugs involved varied by year, ranging from 75% to 79% from 2000 through 2013 and increasing from 81% in 2014 to 95% in 2021. Access data table for Figure 4 at: <https://www.cdc.gov/nchs/data/databriefs/db457-tables.pdf#4>.  
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality File.

# National Trends

Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: August 2021 to August 2022



Select predicted or reported number of deaths

- Predicted
- Reported

New York City  
District of Columbia

Percent Change for United States

3.3 ▲

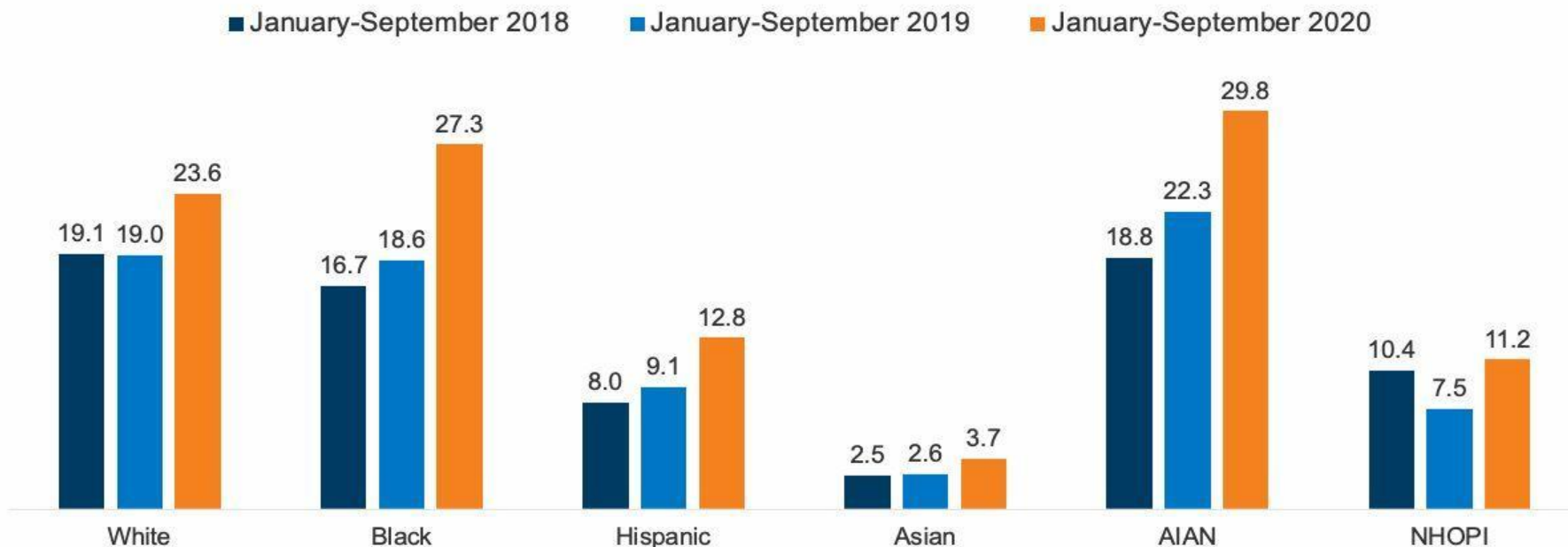




# Racial Disparities

Figure 2

## Drug Overdose Deaths Per 100,000, by Race/Ethnicity

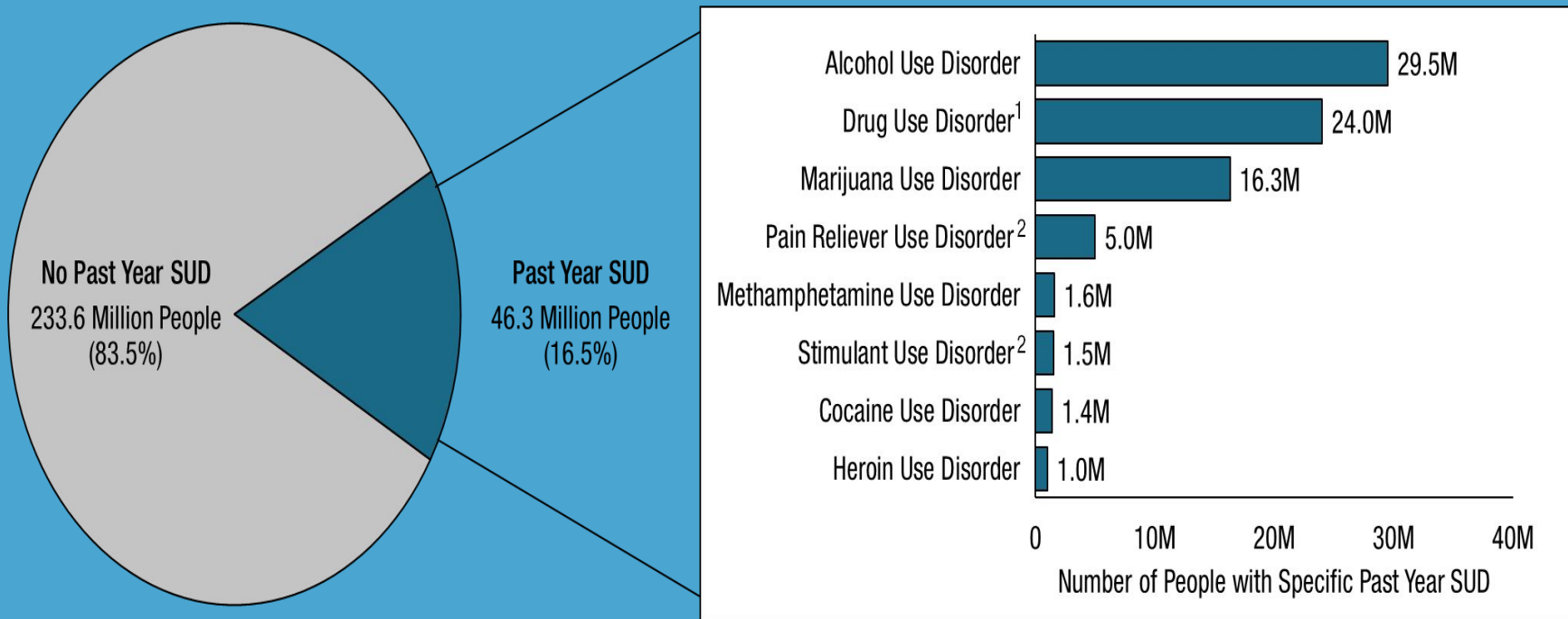


NOTES: Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic. AIAN refers to American Indian and Alaska Native people. NHOPI refers to Native Hawaiian or Pacific Islanders.

SOURCE: Estimates for 2018 are from CDC National Center for Health Statistics. Multiple Cause of Death 2018-2019 on CDC WONDER Online Database, from: <https://wonder.cdc.gov/mcd-icd10-expanded.html>. Estimates for 2019 and 2020 are based on provisional CDC, National Vital Statistics System data, from: [https://www.cdc.gov/nchs/data/health\\_policy/Provisional-Drug-Overdose-Deaths-Quarter-Demographic-Q32020.pdf](https://www.cdc.gov/nchs/data/health_policy/Provisional-Drug-Overdose-Deaths-Quarter-Demographic-Q32020.pdf). Population estimates from Census Bureau Monthly Population Estimates.



## Past Year Substance Use Disorder (SUD): Among People Aged 12 or Older; 2021

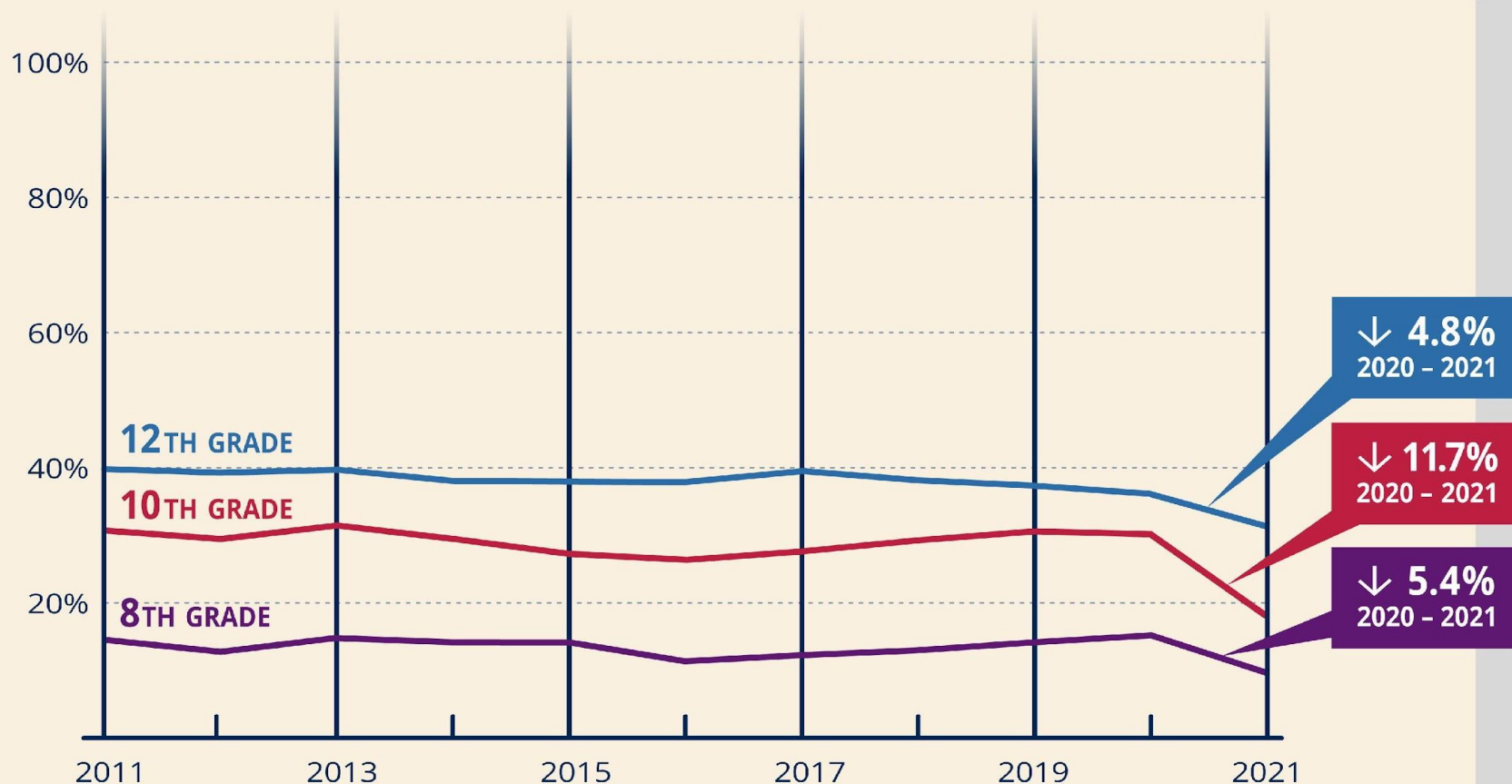


Note: The estimated numbers of people with substance use disorders are not mutually exclusive because people could have use disorders for more than one substance.

<sup>1</sup> Includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives).

<sup>2</sup> Includes data from all past year users of the specific prescription drug.

# U.S. Students Reporting Any Past-Year Illicit Drug Use\*



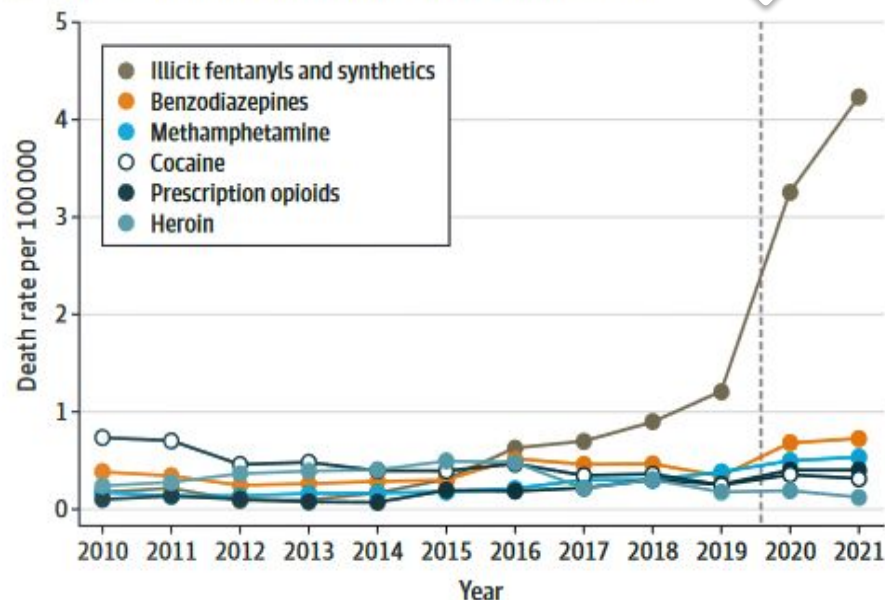
\*Illicit drug use in this survey was defined as use of marijuana, LSD, other hallucinogens, crack, other cocaine, or heroin; or any use of narcotics other than heroin, amphetamines, sedatives (barbiturates), or tranquilizers not under a doctor's orders.

Source: 2021 Monitoring the Future Survey

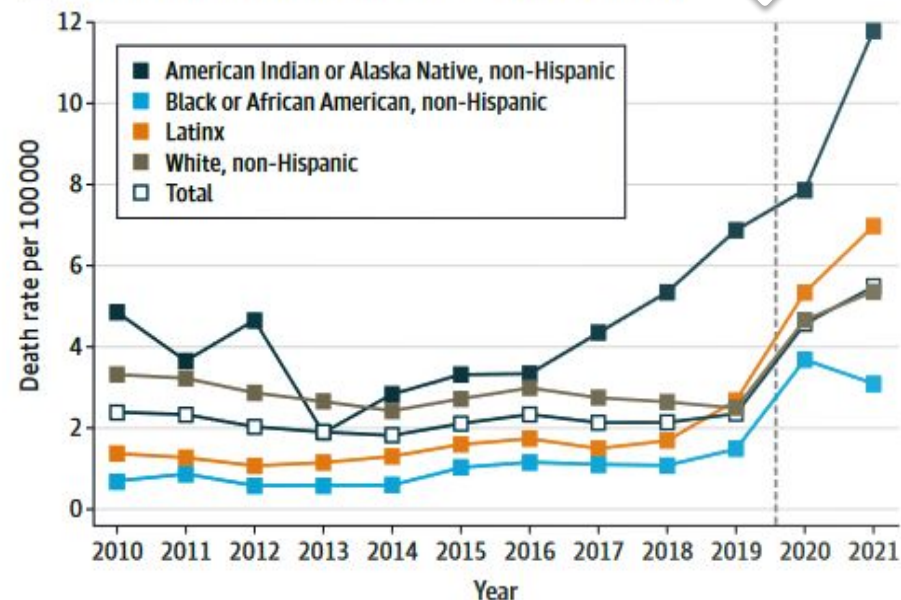
# Adolescent (14-18) Overdose Deaths

Figure. Adolescent Overdose Deaths, 2010-2021

A Overdose mortality among adolescents by substance type



B Overdose mortality among adolescents by race and ethnicity



Drug overdose rates per 100 000 adolescents are shown by (A) substance involved and (B) race and ethnicity. The year 2021 refers to January to June 2021, and rates have been annualized. The vertical dashed lines delineate the pre-pandemic and pandemic periods of observed data.

## Research Letter

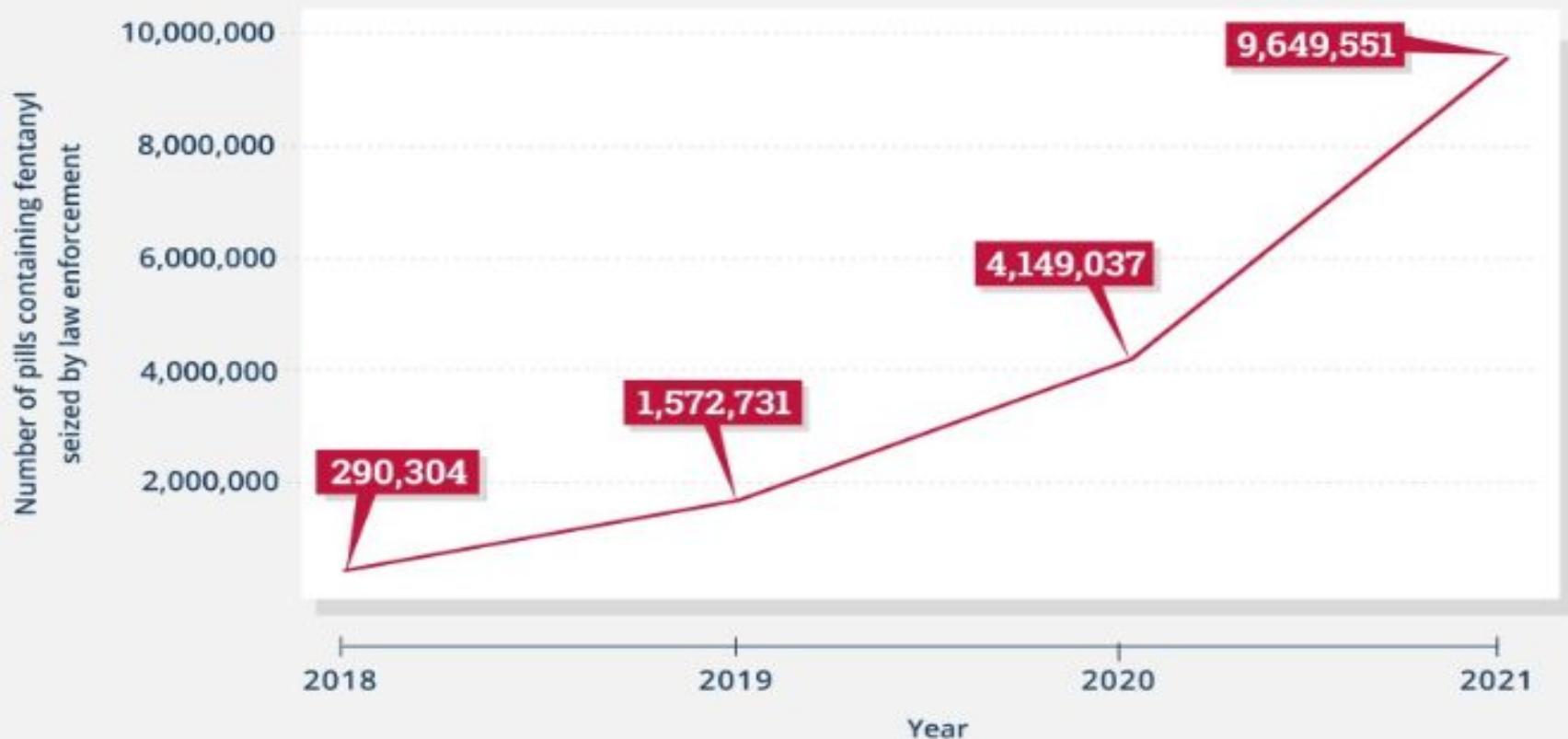
April 12, 2022

Trends in Drug Overdose Deaths Among US Adolescents, January 2010 to June 2021

Joseph Friedman, MPH<sup>1</sup>; Morgan Godvin, BA<sup>2</sup>; Chelsea L. Shover, PhD<sup>3</sup>; et al



## Number of Pills Containing Fentanyl Seized by Law Enforcement in the United States, 2018 – 2021



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. *Drug and Alcohol Dependence*. DOI: 10.1016/j.drugalcdep.2022.109398 (2022)

## Executive Action

- Policy
- Regulation

## Legislative Action

- Bi-partisan
- Agency consensus

## Enforcement Actions

- Department of Justice
- Parity enforcement

# Research into Policy

FIRST OPINION

## Unlocking federal funding for fentanyl test strips will save lives

By Regina LaBelle, Tom Coderre and Rochelle Walensky May 4, 2021



## Mobile Medication Units Help Fill Gaps in Opioid Use Disorder Treatment

New Jersey state official reflects on how services help reach people in need

ARTICLE | November 22, 2021 | Read time: 5 min


Projects: Substance Use Prevention and Treatment



Read Mode

it would allow all medications for

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# 2022 Policy Changes

- Mainstreaming Addiction Treatment Act
- Medication Access and Training Expansion
- Codifies Mobile Treatment Units
- Extends Tele-health flexibilities for Medicare
- HHS must consider need for “Safe Harbor” provision (CMS)
- States can continue Medicaid for pre-trial juveniles during incarceration
- Extended class fentanyl scheduling until 12/24



# 2022 Methadone Proposed Rule

- Revises:
  - Definition of “qualifying practitioner”
  - Admission criteria
- Expands access to evidence-based practices such as split dosing, telehealth and harm reduction activities.
- Revises the provision containing the criteria for take home doses of methadone.
- Allows for greater flexibility for plans of care that promote recovery.
- Promotes the chronic disease model of management, while removing barriers to providing individualized care.
  - This is designed to encourage patient engagement and to reduce the need for individuals to attend an OTP each day to receive medication.





**Activist Tourism:**  
*Engaging in efforts to reform policies in a short-term or superficial way. Resulting in short-term gratification and few long-term results. Emphasizing “should” rather than “how”.*

## Executive Action

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- Regulation

## Legislative Action

- Bi-partisan
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# Moving from *Should* to *How*



# BIG IDEAS

## MAXIMIZING THE IMPACT OF OPIOID LITIGATION TO ADDRESS THE OVERDOSE EPIDEMIC

*SYSTEMS OF OVERSIGHT AND ACCOUNTABILITY  
CAN ENSURE THAT OPIOID SETTLEMENT FUNDS  
ARE USED TO ADVANCE PUBLIC HEALTH  
STRATEGIES.*

# Key Principles

- 1. Intentional collaboration leads to actionable policy**
- 2. The needs of the community must be reflected in the distribution of proceeds**
- 3. Litigation proceeds should supplement – not supplant – existing funding**
- 4. Oversight and continuous feedback are key**
- 5. Maximize and coordinate other sources of funding to create a comprehensive plan to address substance use disorders**

# Legislative Strategies

The Model Opioid Litigation Proceeds Act was developed by the O'Neill Institute for National and Global Health Law, the Legislative Analysis and Public Policy Association, the Center for U.S. Policy, and Brown & Weinraub, PLLC with support by the White House Office of National Drug Control Policy. This Act will guide state legislatures in ensuring that opioid litigation settlement funds are directed to addressing addiction and the overdose epidemic in impacted communities and with public accountability.




# Opioid Litigation Proceeds Act

- Framework for new or amended legislation
- Key Elements: Dedicated fund and diverse council with knowledge and expertise in the field
- Includes “evidence-informed” – allows for innovation

*State and federal legislation, when coupled with carefully crafted settlement agreements, can create guardrails for the use of opioid litigation proceeds.*

# The Way Forward

- **Providing Quality Treatment**
  - **Build the Workforce**
  - **No one is incarcerated for drug use alone**
  - **Child welfare = Family welfare**
  - **MOUD is accessible in corrections and reentry**
  - **The continuum of care includes harm reduction**
  - **Prevention is emphasized and includes the social determinants of addiction.**
  - **Funding sources are integrated to improve outcomes and efficiency**
- 

# Acknowledgment of the lives lost



# Maximizing the Impact of Opioid Litigation Settlements<sup>38</sup>

The Model Opioid Litigation Proceeds Act

## Project Page:

[oneill.law.georgetown.edu/projects/maximizing-the-impact-of-opioid-litigation-settlements/](http://oneill.law.georgetown.edu/projects/maximizing-the-impact-of-opioid-litigation-settlements/)

## Model Act :

[legislativeanalysis.org/model-opioid-litigation-proceeds-act/](http://legislativeanalysis.org/model-opioid-litigation-proceeds-act/)

## Summit:

[oneill.law.georgetown.edu/events/opioid-litigation-summit/](http://oneill.law.georgetown.edu/events/opioid-litigation-summit/)



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