



Public Health Responsibilities and Actions for Preventing Opioid Drug Overdose

Safe States Alliance Supports Public Health Responsibilities and Actions for Preventing Opioid Drug Overdoses. Given the national health crisis stemming from opioid drug overdoses, the Safe States Alliance recommends the following public health responsibilities and actions to reverse the epidemic and prevent opioid drug overdoses. The recommendations are organized by federal/national, state/tribal, and local levels, and also among the key components of a comprehensive public health approach to preventing opioid drug overdose.

Federal and National Public Health Agencies and Organizations should:

Leadership

- Provide public health leadership and participate in all relevant federal and national efforts addressing opioid drug overdose to assure a comprehensive, data-driven, and evidence-based approach.

Coordinated funding and resources

- Expand direct funding and support for state and local efforts. Federal agencies should work closely to ensure all relevant state agencies have the opportunity to apply for available federal funds given the need for a multi-faceted and multi-sector response, as well as the diverse approaches each state takes in addressing this epidemic.
- Encourage state and local funded partners to leverage available resources so as not to silo efforts and to maximize effective use of available funds.

Prevention and policy

- Continue and strengthen efforts to evaluate, translate and scale evidence-based and culturally-appropriate prevention, harm reduction, and policy strategies, and research. Strategies should include:
 - Continually update opioid prescribing guidelines;
 - Support the development of better indicators for pain;
 - Support Good Samaritan/911 immunity laws;
 - Strengthen harm reduction interventions by promoting national-level policy change to reclassify rescue medications from prescriptions to over-the-counter drugs; and
 - Facilitate the development of a research agenda.
- Identify and focus prevention efforts on high risk populations, including women of childbearing age and women who are pregnant.
- Expand support for and access to harm reduction interventions, including opioid overdose prevention programs that provide training and naloxone.

- Convene and support states and communities through Communities of Practice to share opioid overdose prevention lessons learned and provide peer-to-peer technical assistance.
- Strengthen efforts to engage and provide technical assistance and support to medical boards, including pain management education within medical school curricula and ongoing continuing education.
- Establish model pain management clinic guidelines and standards.

Monitoring and surveillance

- Support and enhance state prescription drug monitoring programs (PDMPs) and the national Prescription Behavior Surveillance System (PBSS).
- Improve surveillance of opioid drug misuse and abuse by supporting the expanded use of PDMPs as surveillance and evaluation tools.
- Expand the National Violent Death Reporting System (NVDRS) to support all states and to include unintentional drug overdose death surveillance.

Treatment and recovery

- Support efforts to improve access to non-pharmacological options for treatment of pain and to screening for and referral to treatment.

State and Tribal Public Health Agencies should:

Leadership

- Participate in and provide public health leadership in coordinating the state response to the opioid drug overdose epidemic.

Coordinated funding and resources

- Ensure all relevant state agencies have the opportunity to apply for available federal funds given the diverse approaches each state takes in addressing this epidemic.
- Encourage state and local funded partners to leverage available resources so as not to silo efforts.

Prevention and policy

- Establish and enhance capacity to conduct opioid drug overdose prevention within the state public health agency.
- Implement and evaluate evidence-based and culturally appropriate prevention, policy and harm reduction strategies, with a focus on high risk populations, including women of childbearing age. Strategies should include:
 - Adopt, implement and promote opioid drug prescribing guidelines based on the best available research evidence (i.e., CDC or state-developed guidelines);
 - Collaborate with health systems, insurers, and professional providers to help them make informed decisions about prescribing pain medication;

- Include training and the provision of naloxone to potential overdose witnesses as standard components of comprehensive opioid drug overdose prevention programs; and,
 - Conduct ongoing evaluation of naloxone training and distribution programs.
- Strengthen and support policy that encourages provider utilization of state PDMPs.
- Strengthen and support state level policies for pain management clinics that require ownership and operation by a licensed physician and operation that follows safe opioid prescribing guidelines.
- Strengthen harm reduction interventions by promoting state-level policy change, including policy to:
 - Allow third-party prescribing and dispensing;
 - Include naloxone and other rescue medications in physician, nursing, health department, and/or other standing orders; and
 - Reclassify rescue medications from prescriptions to over-the-counter drugs.
- Evaluate state-level policies, including naloxone policies and policies providing limited immunity from arrest or prosecution for minor drug law violations for people who summon help at the scene of an overdose (i.e., Good Samaritan, 911).

Monitoring and surveillance

- Establish and enhance capacity to conduct opioid drug overdose surveillance and prescription opioid monitoring within the state public health agency.
- Improve and enhance opioid drug overdose surveillance and prescription opioid monitoring. Strategies should include:
 - Leverage state VDRS or other federal and state surveillance systems to assist with this surveillance;
 - Establish and utilize PDMPs to the fullest extent, including proactive reporting; and
 - Include naloxone and/or other rescue medications in PDMP or other state surveillance systems (e.g., EMS, Emergency Department).
- Improve the quality of opioid drug overdose surveillance and prescription opioid monitoring data, including supporting and utilizing national and multi-state consensus documents, recommendations and tools.
- Expand and enhance the use and dissemination of relevant surveillance and monitoring data. Strategies should include:
 - Access and utilize data from state PDMPs and other surveillance systems to inform provider and prescriber education, as well as other prevention and policy efforts; and
 - Access, use and provide customizable data from multiple sources – death certificates, emergency department and hospitalization, PDMPs, and illicit drug use registries and sources – and tools (e.g., dashboards) to inform state and local opioid drug overdose prevention and policy efforts.

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Treatment and recovery

- Implement and evaluate evidence-based and culturally appropriate opioid abuse treatment. Strategies should include:
 - Collaborate with mental health partners to support efforts related to increasing access to treatment and recovery, including medication-assisted treatment; and
 - Assure options for the return of medication within state and local communities.

Local Public Health Agencies should:

Prevention

- Establish and enhance capacity to conduct opioid drug overdose prevention within the local public health agency.
- Establish and/or enhance a community-based coalition that includes public health, drug treatment, clinician, harm reduction, social work, judicial system, and law enforcement partners, as well as affected communities, to develop and implement a coordinated, comprehensive, data-driven, and evidence-based response to opioid drug overdose.
- Implement and evaluate evidence-based and culturally appropriate prevention, harm reduction, policy, and treatment strategies, with a focus on high risk populations, including women of childbearing age. Strategies should include:
 - Assure access to harm reduction interventions, including naloxone training and provision for individuals/patients and family members/caregivers;
 - Identify opportunities to expand first responder access to naloxone to reverse opioid drug overdose;
 - Collaborate with health systems, insurers, and professional providers to help them make informed decisions about prescribing and dispensing pain medication;
 - Provide public education on the use, safe storage and disposal of opioid prescription drugs; and,
 - Assure options for the return of unused medication;
 - Increase and strengthen culturally competent safe sleep messaging, particularly among providers serving mothers in substance abuse treatment.

Monitoring and surveillance

- Establish and enhance capacity to conduct opioid drug overdose surveillance and prescription opioid monitoring within the local public health agency.
- Promote and encourage local providers and prescribers to participate in and utilize existing state PDMPs.
- Access and use multiple sources of data and tools to monitor and describe the opioid overdose epidemic and to target prescription opioid overdose interventions for those at highest risk.

Treatment and recovery

- Support implementation and evaluation of community-based opioid overdose prevention strategies that have been adapted to clinical settings, including substance abuse treatment and pain management programs. Strategies should include:
 - Overdose education for patients and family members/caregivers, and

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- Naloxone distribution.
- Expand access to naloxone and other life-saving rescue medications for first responders, patients, and family members/caregivers.

BACKGROUND

The U.S. Opioid Overdose Epidemic

The United States has a significant drug overdose epidemic. Nearly half a million people died from drug overdoses from 2000 to 2014, and opioid overdose deaths – including both opioid pain relievers and heroin – reached record levels in 2014, including a 14 percent increase in 2014.¹

The epidemic stems from changes in prescribing patterns of these drugs.² The amount of opioids prescribed and sold in the U.S. has quadrupled since 1999 (without an overall change in the amount of pain reported). Some healthcare providers overprescribe these drugs, particularly for chronic pain. Contributing to this problem are “pill mills” – pharmacies, doctors, clinics, and/or other health care facilities that routinely prescribe or dispense opioid and other controlled prescription drugs inappropriately or for non-medical purposes. Opioid prescribing varies widely among states, a variation that cannot be attributed to state-by-state differences in health issues causing physical pain.

In addition, the use of heroin – which acts on the same receptors in the brain as prescription opioids and produces similar effects – has increased across the U.S. among men and women, most age groups, and all income levels, with the greatest increases occurring in groups with historically lower rates of heroin use, such as women and people with private insurance and higher incomes. Abuse of multiple other substances is common, as nearly all people who use heroin also use other controlled substances. Prescription opioid abuse is the strongest risk factor for heroin use.³ Heroin overdoses have nearly tripled since 2010, with more than 10,500 people dying in 2014.⁴

A Comprehensive Public Health Response

Many national prevention organizations and agencies recommend a comprehensive approach to achieve reductions in controlled prescription drug misuse, abuse and overdose. These include recommendations from the Centers for Disease Control and Prevention (CDC)⁵, the American Public Health Association (APHA)^{6,7}, the Association of State and Territorial Health Officials (ASTHO)⁸, and the National Association of County and City Health Officials (NACCHO)⁹.

Policies, position statements and other recommendations from these organizations and agencies typically focus on the common areas and strategies, including (1) prevention, including policy, (2) monitoring and surveillance, (3) control and enforcement, and (4) treatment and recovery. Partnerships/coalition-building, legislation, and/or research are also often included. Brief descriptions of key strategies, as well as gaps or needs in these strategies, are presented below.

Prevention and policy

Prevention and policy efforts may target patients, health professionals and/or the public. However, wider dissemination, adoption and scaling up of evidence-based and promising interventions are needed, as are those that are culturally appropriate.

- *Evidence-based and promising interventions*
Numerous evidence-based and/or promising interventions for state, tribal and local levels are available. They include maximizing PDMPs, community and insurer/health systems interventions, and policy implementation and evaluation.

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- *Harm-reduction and naloxone*

Opioid overdose mortality can be reduced in part through by providing opioid overdose education and naloxone to persons who use drugs and to persons who might be present at an opioid overdose.¹⁰ Naloxone hydrochloride is a rescue medicine used by an increasing number of community-based opioid overdose prevention programs¹¹, emergency responders, drug users, and others to reverse the potentially fatal respiratory depression caused by an overdose of opioids, including heroin.

During 1996-2010, 188 opioid overdose prevention programs in 15 states and the District of Columbia reported 10,171 drug overdose reversals using naloxone after reaching 53,032 persons with training and naloxone.¹² However, many states with the highest rates of opioid use and overdose deaths do not have community-based overdose education and naloxone distribution programs.¹³

- *Guidelines*

National guidelines, such as CDC's 2016 *Guidelines for the Prescribing of Opioids for Chronic Pain*¹⁴, and state guidelines help ensure patients with chronic pain receive safe, effective care that reflects current evidence and expert opinion on the relative risks and benefits of opioids. Guidelines should be widely disseminated and their uptake and usage among providers encouraged.

- *Policies and regulations*

A variety of existing laws and regulations are available for state and local adoption and implementation to prevent opioid abuse and overdose prevention. For example, most states have doctor shopping laws and require a physical exam of a patient by a healthcare provider prior to prescribing certain medications. Some states also require pain management clinics be owned and operated by a licensed physician and to follow safe opioid prescribing guidelines.^{15,16,17} Many states have prescription drug limit laws and/or require tamper-resistant prescription forms. However, only a handful of states provide immunity from prosecution or mitigation at sentencing, and many do not have laws supporting naloxone use.¹⁸

Monitoring and surveillance

Monitoring includes Prescription Drug Monitoring Programs (PDMPs) – systems mandated to collect information from prescriptions for controlled drugs dispensed within a state to help law enforcement and health care providers identify drug misuse or abuse. Surveillance includes the new national Prescription Behavior Surveillance System (PBSS) – a public health surveillance system using PDMP data to characterize and quantify the use and misuse of prescribed controlled substance – as well as state level surveillance.¹⁹

Treatment and recovery

While accessible and effective substance abuse treatment programs can reduce drug overdose among people with dependence and addiction,^{20,21} only 2.3 million of the 21.6 million Americans ages 12 and older who needed substance abuse treatment in 2011 actually received this treatment in a substance abuse facility.²² Accessible, effective opioid addiction treatment and recovery options are an essential component of a comprehensive approach to preventing opioid abuse and overdose prevention.

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