Frequently Asked Questions

[Last Updated on November 1, 2019]

Why did ASPPH form this expert panel?

Most, if not all, schools and programs of public health are actively engaged with their communities in efforts to address opioid use disorder-related issues. At the federal and state level, much of the effort to address the epidemic has focused on treatment expansion and supply interdiction. ASPPH leadership felt that a comprehensive set of evidence-based, public health-focused initiatives is urgently needed to guide interventions to ameliorate the epidemic, reduce the death toll, and bring the crisis to an end.

Who was on the expert panel and how were they selected?

The ASPPH leadership consulted with academic colleagues, federal and state agency leaders, and others, and invited 15 experts to serve on the panel. To be sure, the panel does not include all of the experts on the topic from schools and programs of public health but does represent a wide range of academic disciplines and practice experiences. The panel also engaged other experts, including former government policy makers, in their deliberations, as appropriate.

What was the charge of the expert panel?

The ASPPH Board of Directors specifically asked the Task Force to identify and define evidence-based public health initiatives for the prevention and treatment of opioid use disorder (OUD), the mitigation of other consequences of opioid use (e.g., hepatitis B and C, HIV, endocarditis, and other diseases), and in consideration of related and emerging substance use problems (e.g., methamphetamine, benzodiazepines, and others) that might be undertaken with revenue resulting from litigation brought by public-sector entities (states, territories, tribes, cities, or localities) against opioid manufacturers and distributors, as well as any other agreements reached pursuant to similar litigation; and, elucidate why such approaches are essential and how they complement other policy initiatives that address harmful substance use.

Do the Task Force's recommendations mirror proposals made by other groups?

The Task Force did not undertake a comprehensive review of the many other groups that have offered policy and program suggestions to address the epidemic. Instead, the panel's discussions focused almost exclusively on public health science approaches to the crisis. However, the Task Force noted in its report that many other stakeholders, including other public health and medical organizations, also have made recommendations complementary to the Task Force's and that are equally worthy of consideration. ASPPH stands ready to serve as a partner and resource to federal and state policymakers and legislators, as well as to other concerned parties and organizations, in collaborative action to combat the opioid epidemic by bringing science to bear to save lives and reduce harm.



Does the Task Force make recommendations focused on drugs of potential abuse other than opioids? If not, why not?

The Task Force (and the ASPPH Board) considered the scope of its effort when it was convened. A decision was made to focus exclusively on opioids given the pending litigation and the unique roots of the current opioid crisis arising from a class of legal prescription drugs, with valuable uses in addressing pain issues in some cases. However, some of the Task Force's recommendations, such as comprehensive prevention programs for substance use disorder, are very likely to help mitigate the abuse of other substances.

Do any of the panel members have conflicts of interest?

Each member of the Task Force completed a conflict of interest disclosure document before deliberations began. The completed forms were made available to all panel members. None of the disclosures were deemed to require a management plan. The relevant disclosures are included as an appendix to the report.

Who funded the Task Force and its report?

The Task Force was funded solely from ASPPH membership dues. Task Force members were not compensated for their participation. They were reimbursed, of course, for normal and customary meeting expenses.

Direct additional questions and comments about the report to advocacy@aspph.org

