Public Health Initiatives to Address the Opioid Crisis
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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, and in consideration of related and emerging substance use problems 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; and, elucidate why such approaches are essential and how they complement other policy initiatives that address harmful substance use.
Opioid Master Settlement Agreement must fill more than potholes

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The New York Times

Opioid Lawsuits Are Headed to Trial. Here’s Why the Stakes Are Getting Ugly.

The judge presiding over all the federal cases had hoped to settle them by now. But the behemoth litigation is only becoming more bloated, contentious and difficult to resolve.

By Jan Hoffman

Jan. 30, 2019

Uncontested: The devastation from prescription opioids has been deadly and inordinately expensive.

Contested: Who should foot the bill?

Just over a year ago, opioid lawsuits against makers and distributors of the painkillers were proliferating so rapidly that a judicial panel banded all the federal cases under the stewardship of a single judge. On a January morning, Judge Dan Aaron Polster of the Northern District of Ohio made his opening remarks to lawyers for nearly 200 municipal governments gathered in his Cleveland courtroom. He wanted the national opioid crisis resolved with a meaningful settlement within a year, proclaiming, “We don’t need brinks and we don’t need trials.”

That year is up.

Far from being settled, the litigation has ballooned to 1,545 federal court cases, brought on behalf of cities and counties, 77 tribes, hospitals, union benefit funds, infants with neonatal abstinence syndrome and others — in total, millions of people. With a potential payout amounting to tens of billions of dollars, it has become one of the most complicated and gargantuan legal battles in American history.

With settlement talks stalling, the judge has signed off on a parallel track involving, yes, briefs, focused on, yes, trial. He will preside over three consolidated Ohio lawsuits in what is known as a “bellwether,” or test case. The array of defendants include Purdue Pharma, Mallinckrodt PLC, CVS Caremark Corp. and Cardinal Health, Inc. That jury’s verdict could determine whether the parties will then negotiate in earnest or keep fighting.

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The trial date has already been postponed twice. It is now scheduled for Oct. 21.

“I know this would be complex and challenging,” Judge Polster said in an interview, “but it turned out to be far more so than I envisioned.”
A Public Health Strategy for the Opioid Crisis

Brendan Saloner, PhD1, Emma E. McGinty, PhD1, Len Ballew, MD, MPH2, Lara Beck, PhD1,3, Maud Dumas, PhD1,3,4, and Susan G. Sherraden, PhD2,5,6

Abstract

Drug overdoses now lead the cause of death in young adult non-Hispanic white men. To prevent harms, much of public health practice has focused on myriad evidence-based interventions. Examples of such efforts include: increasing access to naloxone; limiting the retail sale of acetaminophen, opioid analgesics, and opioid agonist-antagonist drugs; and providing education on the use of opioids. Despite these efforts, opioid overdose deaths continue to rise, and we argue that the opioid crisis requires new and different strategies to address it.

We propose a strategy that involves direct and targeted prevention efforts. We recommend that the federal government intervene to increase and improve the availability of opioid agonist-antagonist drugs, which are currently underutilized. We recommend that states and localities work with large employers to ensure that the availability of opioid agonist-antagonist drugs is sufficient to meet the needs of the population. Finally, we argue that the federal government should intervene to increase the availability of opioid agonist-antagonist drugs.

Keywords

reduction in opioid-related deaths; prescription drug abuse; drug treatment; overdose prevention; drug policy

Modeling Health Benefits and Harm Policy Responses to the US Opioid Epidemic

Andrew Kolokythas, PhD, David T. Courtwright, PhD, Catherine S. Hwang, PhD, Peter Kramer, John L. Ellick, Thomas W. Clark, and G. Cole Alexander

Abstract

A Dissemination and Implementation Science Approach of Opioid Use Disorder in the United States

Stephanie M. Mattia1,2,3,4,5,6,7, Nicholas Hagerman1,2,3,4,5,6,7, Angela Hagerman1,2,3,4,5,6,7, and John G. Reid1,2,3,4,5,6,7

Abstract

Purpose of Study

The main aim of this conceptualization of the opioid epidemic is to present a comprehensive and compelling analysis of the opioid epidemic for the prevention and treatment of opioid use disorder.

Recent Findings: Epidemiology

Drug-related deaths in the US and Europe have increased dramatically in recent years. The use of opioids has increased in the US and Europe, and there is evidence that these trends are related.

In the US, from 1999 to 2017, opioid overdose deaths increased 200%, while heroin overdose deaths increased 300%.

The opioid epidemic has affected people of all ages, and the use of opioids has increased in all age groups.

Keywords

reduction in opioid-related deaths; prescription drug abuse; drug treatment; overdose prevention; drug policy
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<thead>
<tr>
<th>DOMAIN</th>
<th>TOBACCO</th>
<th>OPIOID</th>
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<tbody>
<tr>
<td>Science Base</td>
<td>Extensive proof that use causes deaths, including from secondhand smoke</td>
<td>Addiction risk is high; overdose deaths are rising</td>
</tr>
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<td>Compensation to Public and Private Sectors</td>
<td>States received and are receiving billions of dollars to compensate them for tobacco-related costs and to support tobacco control</td>
<td>Reimburse states for cost of addiction treatment; other health costs, social services costs, and criminal justice and legal-aid costs for illegal drug use</td>
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<tr>
<td>Labeling and Warnings*</td>
<td>None (graphic warning labels sought by the FDA are being adjudicated)</td>
<td>Provider and consumer warnings about addiction, including potentially mandated corrective statements</td>
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<td>Advertising Restrictions</td>
<td>Ended use of cartoon characters, paid product placement, billboards, free samples, branded merchandise, and sponsorships</td>
<td>End advertising of products to the public and mandate truth in advertising to health providers</td>
</tr>
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<td>Public Education</td>
<td>Funded national foundation to educate young people and the public (Legacy, now Truth Initiative)</td>
<td>Mass-media education to reverse current false assumptions; health provider education to improve support for opioid-related policy changes</td>
</tr>
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<td>Lobbying &amp; Advocacy Groups Inspired and Financed by Industry</td>
<td>Closed the Tobacco Institute and Council for Tobacco Research; prohibited forms of lobbying and research suppression</td>
<td>Close groups created and supported by the pharmaceutical industry to advocate for pain relief</td>
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* U.S. First Amendment protections extend to corporations, so “compelled speech” such as warning labels are rarely required but can be part of voluntary agreements.
Foundational Principles

- Opioid crisis is a public health issue, not a criminal justice issue

- Addiction is a chronic, relapsing brain disease

- The opioid crisis has both social determinants and corporate determinants

- Recommendations aligned with guiding principles of public health

- Consideration of the syndemics/synergistic epidemics of OUD, HCV, HIV and other outcomes related to the same drivers

- Scale of the synergistic epidemics demand a multi-pronged public health approach, not unlike the Ryan White Care Act.
Recommendations

- Evidence and Epidemiology
- Anti-Stigma and Harm Reduction
- Primary Prevention
- Access to Medications for Opioid Use Disorder
- Research and Evaluation
- Regulatory and Legislative Reforms; Changes in Industry Business Practices
The public health community and its partners must be equipped with the necessary data to understand the size, scope, and location of need of the opioid epidemic.

The recommendations in this area will help us improve metrics, standardize systems, leverage technology and tools, and share and analyze data to combat the epidemic.
The Task Force feels strongly that OUD is not widely understood as a medical illness; reducing stigma around OUD can improve access to treatment and harm reduction programs.

These recommendations are directed at educating healthcare professionals and the public, reducing barriers to medications for OUD, promoting recovery, and spreading evidence-based harm reduction programming.
Recommendations: **Primary Prevention**

- Primary prevention strategies for preventing opioid misuse are critical to stopping the epidemic and should be focused on youth and the public at large.
- Credible prescriber and dispenser training created by an independent organization.
- Academic detailing and enhanced training for healthcare workers can help correct the inaccurate and misleading claims made by drug manufacturers.
- Expansion of drug disposal sites is a useful primary prevention strategy.
Recommendations: **Access to MOUD**

- Facilitate local access to MOUD
- Deregulate buprenorphine prescribing
- Maximize the use of telemedicine
- Suspend the need for X waivers
- Expand role of pharmacists in identifying and treating 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
• Establish a multi-site, multi-institutional collaborative, coordinated evaluation structure that will leverage the strengths of different universities and agencies
• Expand research into the causes and remedies for the psychosocial drivers of the substance use epidemic
• Dissemination and implementation studies to speed up adoption of evidence-based treatment, prevention and harm reduction
• Conduct computational modeling and simulation to enhance early detection
• Study clinical treatment decision support tools to integrate treatment into mainstream healthcare
Recommendations: **Regulatory & Legislative Reforms**

- Modify FDA review and approval of applications for pain medications
- 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
- Approve an affordable, accessible form of naloxone
- Impose post-market requirements on opioid manufacturers
- Modernize and resource data and sentinel surveillance programs, including DATA 2000 to eliminate the X waiver
We recommend a comprehensive program for OUD treatment and SUD prevention similar to the Ryan White Comprehensive AIDS Resources Emergency Act

- "Payer of last resort" that funds treatment when no other resources are available
- Funds primary medical care providers
- Focus on early detection and prevention
- Funds essential support services
- Healthcare provider training programs
- Platform for dissemination of best practices
- Relies on stakeholder engagement & input
- Rigorous program evaluation components

Recommendations: Adapt the Ryan White Model
Recommendations: **Industry Changes**

- Voluntarily end all lobbying and marketing activities related to opioids and other drugs of potential abuse.
- Fund (but **NOT** manage or control) one or more **independent** campaigns aimed at educating the public about the risk of opioids and the availability of treatment options.
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