Public Health Initiatives to Address the Opioid Crisis

ASPPH ASSOCIATION OF SCHOOLS & PROGRAMS OF PUBLIC HEALTH

Task Force (1/2)

Robert P. Pack, PhD, MPH - Chair
- East Tennessee State University College of Public Health

Caleb J. Banta-Green, PhD, MPH, MSW
- University of Washington School of Public Health

Donald S. Burke, MD
- University of Pittsburgh Graduate School of Public Health

Hannah Cooper, ScD, ScM
- Rollins School of Public Health at Emory University

Judith Feinberg, MD
- West Virginia University School of Medicine

Cheryl G. Healton, DrPH, MPA
- New York University College of Global Public Health

Kimberly A. Horn, EdD, MSW
- Virginia Tech Carilion Research Institute

Andrew Kolodny, MD
- Brandeis University

Brandon D.L. Marshall, PhD
- Brown University School of Public Health

William C. Miller, MD, PhD, MPH
- The Ohio State Univ. College of Public Health

Brendan Saloner, PhD
- Johns Hopkins Bloomberg School of Public Health

Michael D. Stein, MD
- Boston University School of Public Health

Sten H. Vermund, MD, PhD
- Yale University School of Public Health

April M. Young, PhD, MPH
- University of Kentucky School of Public Health

Task Force (2/2)

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- Chair, ASPPH Advocacy Committee

Staff

Laura Magaña, PhD

- President and CEO, ASPPH

Tony Mazzaschi

- Senior Director, Policy and Research, ASPPH

Jennifer Salopek

- Science Writer

Charge to 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, 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 SETTLEMENT PRIORITIES

Recommendations from the Addiction Solutions Campaign

Center on Addiction We can do this | LEGAL ACTION CENTER | PHMC a nonprofit institute for public health | Partnership for Drug-Free Kids Where families find answers

THE HILL

Opioid Master Settlement Agreement must fill more than potholes

BY A. THOMAS MCLELLAN, OPINION CONTRIBUTOR — 08/24/18 07:00 AM EDT
THE VIEWS EXPRESSED BY CONTRIBUTORS ARE THEIR OWN AND NOT THE VIEW OF THE HILL

Just In...

Virginia Republicans invite Fairfax and his accusers to testify
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WHAT AMERICA'S THINKING — 7M 7S AGO

South Dakota governor: State 'devastated' by Trump trade wars
STATE WATCH — 9M 36S AGO

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TECHNOLOGY — 15M 47S AGO

Congress should oppose the UN-SAFE Act
OPINION — 25M 8S AGO

Trump's approval rating 'fine' for now, will need to pick up by 2020, says pollster
WHAT AMERICA'S THINKING — 33M 32S AGO

Washington bureaucrats are handing China keys to 5G kingdom

40 SHARES

This November marks the 20th anniversary of the landmark Tobacco Master Settlement Agreement, in which tobacco companies agreed to pay up to $246 billion over 25 years. While the settlement produced many good outcomes, results might have been even better had states fully dedicated those funds to tobacco prevention and treatment instead of diverting too many of those dollars to non-health related expenses — such as fixing potholes.

Today, the nation faces a different but no less significant health crisis – one that could be markedly reduced with sensible allocation of new funds. As the opioid epidemic enters its second decade, it continues to wreak devastation on individuals, families and communities across the country.

Drug overdose is now the leading cause of death among people under 50 in our country. It now claims more lives annually than AIDS during the peak of that epidemic — and even more than the Vietnam, Iraq and Afghanistan wars combined. Add to these tragic human losses the extraordinary financial burden estimated at $740 billion in annual costs of addiction to healthcare, criminal justice and national productivity.

In response to this crisis, states and municipalities are following the tobacco model and suing opioid manufacturers and distributors, claiming

The New York Times

Opioid Lawsuits Are Headed to Trial. Here's Why the Stakes Are Getting Uglier.

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 bundled 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 briefs and we don't need trials."

That year is up.

Far from being settled, the litigation has ballooned to 1,548 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 payday 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 sputtering, 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 RX Services Inc. 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 knew this would be complex and challenging," Judge Polster said in an interview, "but it turned out to be far more so than I envisioned."

RESEARCH

RESEARCH ARTICLE SUMMARY

PUBLIC HEALTH

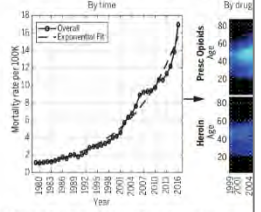
Changing dynamics o drug overdose epiden United States from 19

Hawre Jalal, Jeanine M. Buchanich, Mark S. Rob Kun Zhang, Donald S. Burke*

INTRODUCTION: The epidemic of substance use disorders and drug overdose deaths is a growing public health crisis in the United States. Every day, 174 people die from drug overdoses. Currently, opioids (including prescription opioids, heroin, and synthetic opioids such as fentanyl and its chemical analogs) are the leading cause of overdose deaths. The overdose mortality data can reveal the complex and evolving dynamics of drug use in the United States.

RATIONALE: Reports on the U.S. drug overdose epidemic tend to focus on changes in yearly statistics. Improved understanding of the long-term dynamics of the overdose epidemic may aid in the development of more effective epidemic prevention and control strategies. At present, there are no reliable methods to forecast the likely future course of the epidemic. We focused on deaths from overdoses as a relatively reliable metric of the epidemic because all deaths are required to be reported in all U.S. states and territories using the standardized International

Overdose Mortality



Exponential growth in overdose deaths. The smoot (left panel) is a composite of multiple subepidemics, as deaths by age distribution (middle panel; color indicate geography (right panel; color shows hotspots), for pres Subepidemic patterns for other drugs are shown in the

Jalal *et al.*, *Science* **361**, 1218 (2018) 21 September 2018

(left panel). By contrast, the trajectories of mortality rates from individual drugs have not

Special Article

PUBLIC HEALTH Reports

Public Health Reports 2018, Vol. 133(Supplement 1) 24S-34S © 2018, Association of Schools and Programs of Public Health

A Public Health Strategy for the Opioid Crisis

Brendan Saloner, PhD[1], Emma E. McGinty, PhD Leo Beletsky, JD, MPH[2,3], Ricky Bluthenthal, Ph Chris Beyrer, MD, MPH[5], Michael Botticelli, ME and Susan G. Sherman, PhD[7]

Abstract

Drug overdose is now the leading cause of injury death in the Uni include prescription medication, heroin, and illicit fentanyl. Current groups and that overdose rates are now rising most rapidly among that can be used to mobilize a comprehensive local, state, and natio crisis from a public health perspective requires considering the factors (eg, poverty and racism), the inadequate management of reduction services (eg, syringe services). We propose a novel ec multiple recommendations to improve public health and clinical pra allocation, steps to increase safer prescribing, stigma-reduction treatment, criminal justice policy reform, and regulatory chang opportunities provides the greatest chance of making a measured

Keywords

addiction, health disparities, health policy, injury, pain management

In 2016, 64 000 people died from drug overdose in the United States.[1] Overdose is now the leading cause of injury death in the United States, contributing to an unprecedented decline in life expectancy among non-Hispanic white people without a college degree.[2] The current drug overdose crisis is substantially driven by opioids, which accounted for 42 000 deaths in 2016, a 5-fold increase since 1999.[1] Much of the current response to this crisis, which is aimed at reducing the wide-ranging health consequences of the opioid epidemic, lacks comprehensive vision and strategy. Public health approaches that focus on reducing overdose risk among the most vulnerable populations show great promise, but implementing these approaches requires policies rooted in a broad conceptualization of the drivers of the epidemic.

Understanding the Opioid Epidemic

Epidemiological and clinical data provide context for understanding the range of adverse outcomes directly related to fatal opioid overdose, opioid use and misuse, and opioid use disorder; the medical and social consequences

Current HIV/AIDS Reports
https://doi.org/10.1007/s11904-018-0409-9

THE GLOBAL EPIDEMIC (SH VERMUND, SECTION EDITOR)

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

Stephanie M. Mathis[1,2] · Nicholas Hagemeier[2,3] · Angela Hagaman[1,2] · John Dreyz

Abstract

Purpose of Review This review aims to (1) conceptualize the complexity of the opioid use model grounded in the disease continuum and corresponding levels of prevention and (2) for the prevention and treatment of opioid use disorder.

Recent Findings Epidemiologic data indicate non-medical prescription and illicit opioid u fueling an opioid use disorder epidemic in the USA. A problem of this magnitude is roote drivers, the combined effect of which outweighs current prevention and treatment effo tertiary prevention interventions, both evidence-informed and evidence-based, are avai disease continuum—non-use, initiation, dependence, addiction, and death.

Summary If interventions grounded in the best available evidence are disseminated and i uum in a coordinated and collaborative manner, public health systems could be increa epidemic.

Keywords Opioid use disorder · Non-medical use · Addiction · Prevention · Disseminatio

Introduction

Opioid use disorder, often secondary to non-medical use of prescription opioids (NMUPO), is a leading public health issue in the USA, and one of such scale it has been called an epidemic [1–4]. According to the National Institute on Drug Abuse (NIDA), non-medical use refers to "the use of a medication without a prescription, in a way other than as prescribed, or for the experience or feelings elicited" [5]. Since 1979, the

overdose death rate in creasing at a rate of 9 every 8 years [6]. In 20 12 years of age or old million individuals me dence in the past year abuse treatment admis roughly tripled from 3 infants, neonatal abs withdrawal syndrome posure, has nearly qua neonatal intensive care through 2013 [9]. Give order and its consequen has alarmed the nation, of a surge of marketing, tion of prescription na much of which was di derstand interventions understand drivers of N

Drivers of Non-Medical

results from a comple

This article is part of the Topical Collection on *The Global Epidemic*

Robert P. Pack
packr@etsu.edu

1 College of Public Health, East Tennessee State University, Johnson City, TN, USA
2 Center for Prescription Drug Abuse Prevention and Treatment, East Tennessee State University, Johnson City, TN, USA
3 Bill Gatton College of Pharmacy, East Tennessee State University, Johnson City, TN, USA
4 Tennessee Department of Health, Nashville, TN, USA

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RESEARCH AND PRACTICE

Modeling Health Benefits and Harr Policy Responses to the US Opioid

Allison L. Pitt, MS, Keith Humphreys, PhD, and Margaret L. Brandeau, PhD

Objectives. To estimate health outcomes of policies to mitigate the opioid epidemic.

Methods. We used dynamic compartmental modeling of US adults, in various pain, opioid use, and opioid addiction health states, to project addiction-related deaths, life years, and quality-adjusted life years from 2016 to 2025 for 11 policy responses to the opioid epidemic.

Results. Over 5 years, increasing naloxone availability, promoting needle exchange, expanding medication-assisted addiction treatment, and increasing psychosocial treatment increased life years and quality-adjusted life years and reduced deaths. Other policies reduced opioid prescription supply and related deaths but led some addicted prescription users to switch to heroin use, which increased heroin-related deaths. Over a longer horizon, some such policies may avert enough new addiction to outweigh the harms. No single policy is likely to substantially reduce deaths over 5 to 10 years.

Conclusions. Policies focused on services for addicted people improve population health without harming any groups. Policies that reduce the prescription opioid supply may increase heroin use and reduce quality of life in the short term, but in the long term could generate positive health benefits. A portfolio of interventions will be needed for eventual mitigation. (*Am J Public Health*. Published online ahead of print August 23, 2018: e1–e7. doi:10.2105/AJPH.2018.304590)

An estimated 64 000 persons in the United States died from drug overdose in 2016, mostly from opioids.[1] Once focused on postsurgery, traumatic injury, and terminal illness, opioid prescribing in recent decades broadened to treatment of chronic noncancer pain[2,3] including for conditions for which opioids have no evidence of benefit.[4] Increased prescribing has produced iatrogenic opioid use disorder (addiction) in some patients and large-scale diversion of opioids to others for whom they were not intended.[5,6] People addicted to prescription opioids may overdose from them or may transition to cheaper illicit opioids—notably heroin—as tolerance increases and users' need for opioids exceeds what can be garnered from the health care system.[7]

Efforts are under way to stem the opioid epidemic.[8] Many initiatives curb prescribing rates, thereby reducing the risk of iatrogenic addiction and decreasing the likelihood that individuals can acquire opioid pain relievers through diversion or falsely acquired prescriptions. These policies include prescription drug monitoring programs (PMPs) and practice guidelines recommending more judicious prescribing. Other policies focus on reducing the potential for misuse of, or harm from, prescription opioids, including tamper-resistant reformulations, expanded access to the overdose rescue medication naloxone, and medication-assisted treatment (MAT).

Limiting the supply of prescription opioids is likely to generate both positive and negative health effects. Reduced opioid prescribing could simultaneously reduce opioid addiction incidence while decreasing the quality of pain management for patients

ABOUT THE AUTHORS

Allison L. Pitt and Margaret L. Brandeau are with the Department University, Stanford, CA. Keith Humphreys is with the Center fo Care System, Palo Alto, CA, and the Department of Psychiatry a

Correspondence should be sent to Allison L. Pitt, Department of M Center, 475 Via Ortega, Stanford University, Stanford, CA 94305- at http://www.ajph.org by clicking the "Reprints" link.

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The Prescription Opioid and Heroin Crisis: A Public Health Approach to an Epidemic of Addiction

Andrew Kolodny,[1,2,3] David T. Courtwright,[4] Catherine S. Hwang,[5,6] Peter Kreiner,[1] John L. Eadie,[1] Thomas W. Clark,[1] and G. Caleb Alexander[5,6,7]

[1]Heller School for Social Policy and Management, Brandeis University, Waltham, Massachusetts 02454; email: akolodny@phoenixhouse.org, pkreiner@brandeis.edu, jeadie@brandeis.edu, twclark@brandeis.edu

[2]Phoenix House Foundation, New York, NY 10023

[3]Global Institute of Public Health, New York University, New York, NY 10003

[4]Department of History, University of North Florida, Jacksonville, Florida 32224; email: dcourtwr@unf.edu

[5]Center for Drug Safety and Effectiveness, [6]Department of Epidemiology, Bloomberg School of Public Health, Johns Hopkins University, Baltimore, Maryland 21205; email: chwang12@jhu.edu

[7]Division of General Internal Medicine, Department of Medicine, Johns Hopkins Medicine, Baltimore, Maryland 21205; email: galexan9@jhmi.edu

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Keywords

prescription drug abuse, heroin, overdose deaths, chronic pain, opioid, addiction

Abstract

Public health authorities have described, with growing alarm, an unprecedented increase in morbidity and mortality associated with use of opioid pain relievers (OPRs). Efforts to address the opioid crisis have focused mainly on reducing nonmedical OPR use. Too often overlooked, however, is the need for preventing and treating opioid addiction, which occurs in both medical and nonmedical OPR users. Overprescribing of OPRs has led to a sharp increase in the prevalence of opioid addiction, which in turn has been associated with a rise in overdose deaths and heroin use. A multifaceted public health approach that utilizes primary, secondary, and tertiary opioid addiction prevention strategies is required to effectively reduce opioid-related morbidity and mortality. We describe the scope of this public health crisis, its historical context, contributing factors, and lines of evidence indicating the role of addiction in exacerbating morbidity and mortality, and we provide a framework for interventions to address the epidemic of opioid addiction.

THE OHIO STATE UNIVERSITY
MORITZ COLLEGE OF LAW

Using Opioid Settlement Proceeds for Public Health: Lessons from the Tobacco Experience

Micah Berman

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This paper can be downloaded without charge from the Social Science Research Network: http://ssrn.com/abstract=3352705

Tobacco Master Settlement Agreement Provisions, Potential Provisions for Other Industries, and Evidence Supporting Action

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

* 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

Recommendations: **Evidence and Epidemiology**

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.

Recommendations: **Anti-Stigma and Harm Reduction**

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

Recommendations: **Research and Evaluation**

- 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

Recommendations: **Adapt the Ryan White Model**

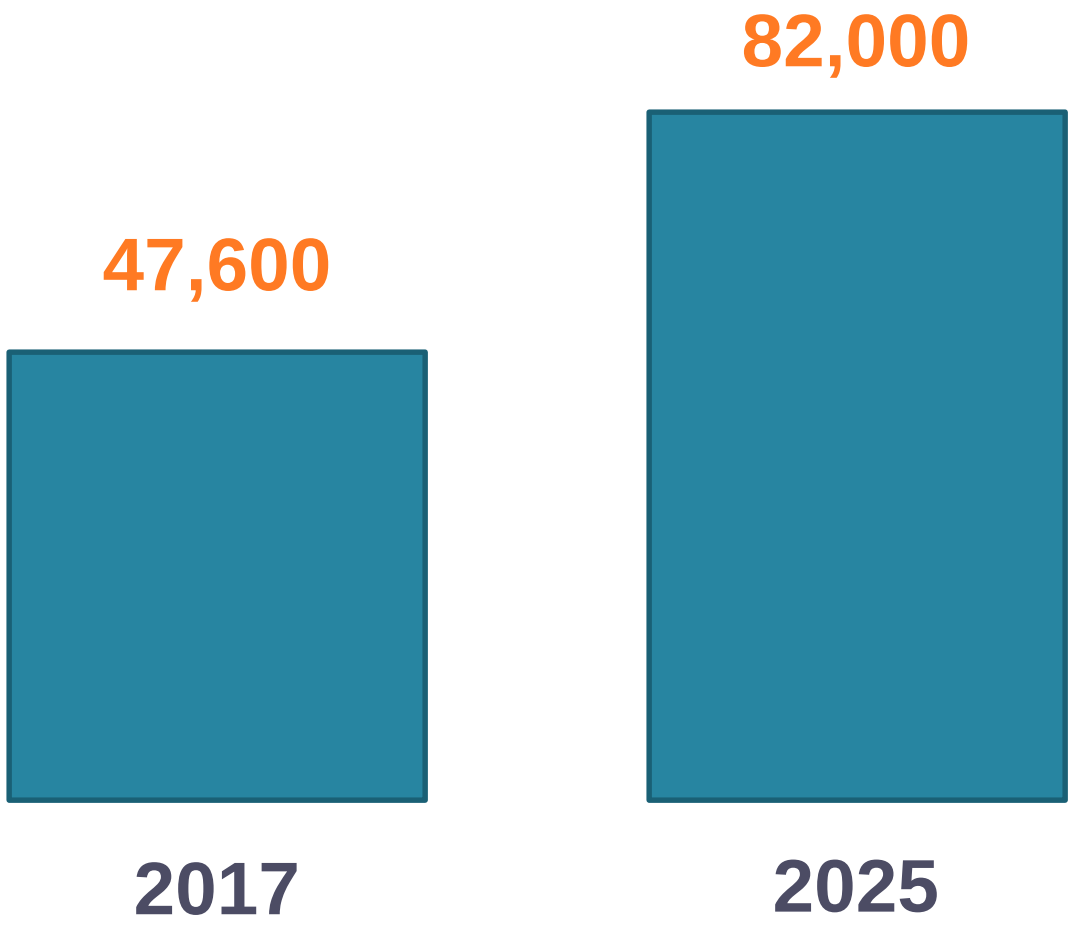
We recommend a comprehensive program for OUD treatment and SUD prevention similar to the Ryan White Comprehensive AIDS Resources Emergency Act

- "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: **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.

Why This Matters



Total Death Toll

700,000+

2016-2025

More Information and Resources

http://www.ASPPH.org/opioids/

or

advocacy@ASPPH.org