

18-01

STATEMENT OF POLICY

Opioid Epidemic

Policy

The National Association of County and City Health Officials (NACCHO) recognizes prescription and illicit opioid misuse as a significant public health threat and national emergency, and the critical role of local health departments in responding to the nation's opioid epidemic. NACCHO urges local jurisdictions, states, and the federal government to appropriately fund efforts to respond to the opioid epidemic and to implement evidence-based policies and programs for the prevention and treatment of opioid use disorder and its related health consequences.

NACCHO supports the following strategies:

- Improve Monitoring and Surveillance
 - Increase local and state capacity for expanded opioid surveillance, including surveillance of fatal and non-fatal overdoses and reversals, illicit drug use, and neonatal abstinence syndrome.
 - Promote universal use of state prescription drug monitoring programs (PDMPs) that track all prescriptions within states and across jurisdictions to better monitor patient-specific prescription data and healthcare provider prescribing activities.
 - Increase coordination of data collection and sharing among members from multiple sectors (e.g., state and local health departments, first responders, hospitals, law enforcement, treatment providers, behavioral health services, judicial system, and social services.)
- Increase Prevention and Education
 - Expand and promote education for healthcare providers, first responders, law enforcement, judicial system, correctional facilities, schools, social services, nonprofit organizations, the general public, and other key partners and stakeholders about opioid misuse and addiction to reduce stigma and improve access to prevention, treatment, and recovery support services.
 - Make access to life-saving overdose reversal medications, such as naloxone, widely available to first responders, people who use opioids or are prescribed opioids, family members, companions and caregivers of people who use or are prescribed opioids, and the public.
 - Expand and promote education on how to recognize signs of overdose and to administer naloxone or similar drugs, especially among first responders, law



- enforcement, people who use or are prescribed opioids, and family members, companions and caregivers of people who use or are prescribed opioids.
 - Expand and promote education on the safe storage and proper disposal of prescription opioids.
 - Encourage adoption of local guidelines or legislation to lower barriers to report a potential overdose, such as Good Samaritan amnesty laws.
 - Increase implementation of syringe services programs to reduce harms from injection drug use and opioid use disorder, such as the spread of human immunodeficiency virus (HIV) and viral hepatitis, and to increase access to substance use disorder treatment and other medical, mental health, and social services.
 - Explore implementation of other evidence-based and practice-informed harm reduction services, such as safe consumption sites (also referred to as safe injection facilities.)
- Promote Appropriate Opioid Prescribing Practices
 - Expand and improve mandatory education for healthcare providers who prescribe prescription pain medication about prescription drug misuse and overdose, including risk factors, prevention strategies, and prescription security.
 - Encourage healthcare providers and pharmacists to educate patients, their families, caregivers, friends, and the public about prescription drug misuse and overdose, including risk factors and prevention strategies.
 - Promote use of guidelines for appropriate opioid prescribing, such as the Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain.
- Improve Treatment and Recovery
 - Increase availability of and access to effective opioid use disorder treatment, including medication-assisted treatment (MAT).
 - Increase capacity of and access to inpatient and outpatient recovery support services.
 - Improve insurance coverage and reimbursement for opioid use disorder treatment and recovery services.
 - Encourage healthcare providers to link people with substance use disorders to appropriate and accessible treatment and recovery support services.
 - Promote exploration of options to bulk-purchase naloxone for distribution to state and local health departments and/or negotiate deep discounts and rebates to bring down the cost of naloxone across delivery modalities.

The opioid epidemic requires an increased and sustained investment by Congress and the Administration to state and local health departments to support and inform the development, evaluation, and promotion of programs and policies to prevent opioid misuse and overdose. Furthermore, NACCHO urges Congress to completely remove the ban on the use of federal funds to support syringe service programs. Additionally, NACCHO would like to highlight the critical role that local health departments and their partners play in supporting the prevention of prescription and illicit opioid overdose and ensuring appropriate prescribing.

Justification

Deaths from drug overdose have risen steadily and are now the leading cause of injury death in the United States, with opioids in particular killing 42,000 people in 2016.¹ The majority of these drug overdose deaths involve an opioid, including both prescription and illicit opioids, with the latest estimates reporting 91 Americans dying each day from an opioid overdose in 2015.^{2,1} In 2016, 62,000 Americans died from a drug overdose, surpassing the peak yearly death counts for HIV, car crashes, and guns.³ Contributing to an estimated \$183 billion in healthcare costs related to addiction, opioid use has emerged as a national emergency.⁴ Aside from the increasing rates of fatal drug overdoses, 2.5 million emergency department visits in 2011 were attributed to drug misuse, with a 183% increase in visits that involved drugs classified as opioids.⁵

Overdose deaths that involve prescription opioids have quadrupled since 1999, and are responsible for nearly half of all U.S. opioid overdose deaths today.¹ In 2015, more than 15,000 people died of overdoses involving prescription painkillers. Although there have been recent declines in opioid prescribing in the U.S., prescribing rates remain inconsistent and high, with three times higher amounts of opioids prescribed per person in 2015 than in 1999.⁶ In 2013, providers wrote almost a quarter of a billion opioid prescriptions, which is enough for every American adult to have their own bottle of prescription opioid pills.⁷ Taking too many prescription opioids can lead to death, and anyone who takes prescription opioids can become addicted. In 2014, almost two million Americans were either dependent on or abusing prescription opioids.⁸

Rates of prescription painkiller misuse and overdose death are highest among persons aged 25-54 years, and non-Hispanic white and American Indian or Alaskan Natives. Although women are more likely to use prescription opioids than men, men are still more likely to die from a prescription opioid overdose. Deaths of prescription painkiller overdoses in women have increased more than 400% since 1999. Those with mental illness are more often prescribed opioids and more often overdose. Additionally, people who obtain multiple prescription medications from multiple healthcare providers (also known as “doctor shopping”), and people who take high daily dosages of prescriptions and misuse multiple abuse-prone prescription drugs are at highest risk for prescription drug overdose.⁹ Drug overdose deaths are highest in the Southwest and Appalachian regions of the U.S., while the Northeast and Southern regions have seen significant increases in death rates from 2014 to 2015.¹⁰ Cases of neonatal abstinence syndrome, which is a group of problems that can occur to newborns exposed to opioids, grew by nearly 300% between 2000 and 2009. This may be fueled by the fact that women (1) are prescribed prescription painkillers at higher doses and for longer time periods than men; (2) become dependent on prescription painkillers more quickly than men; and (3) are more likely to engage in “doctor shopping” than men.⁸

Although prescription opioids have been a major contributing factor in the increase in opioid overdose deaths over the past two decades, recent opioid-involved death rate increases have been largely driven by increases in the deaths involving heroin and synthetic opioids other than methadone.¹¹ Since 2010, heroin-related deaths have more than quadrupled. Heroin overdose death rates increased by 20.6% from 2014 to 2015, when almost 13,000 people died from a heroin overdose.¹¹ Death rates from synthetic opioid overdoses, which include fentanyl and other

fentanyl analogues, increased 72.2% from 2014 to 2015, likely due to an increase in illicitly-manufactured fentanyl.¹¹

Role of Local Health Departments in Addressing the Epidemic

Local health departments protect individuals, families, and communities from the devastating impact of opioid misuse and overdose through the ongoing collaboration of local, state, and national agencies. Local surveillance committees are valuable tools for identifying overdose trends, risk factors, and points of intervention. For instance, local poison death review committees are instrumental in determining the prevalence of overdoses due to prescription opioids, heroin, and other synthetic opioids, and are key contributors to state Health Burden of Injury reports. Moreover, national surveillance is integral in tracking the growing opioid epidemic. PDMPs address prescription drug diversion (i.e., illicit drug trafficking of legitimately made controlled substances) and inappropriate prescribing or use in a number of ways, including helping healthcare providers identify drug-seeking behaviors or “doctor shopping,” and aiding professional licensing boards to identify clinicians with patterns of inappropriate prescribing and dispensing. They can also assist clinicians in practicing appropriate prescribing practices, such as providing reminders to co-prescribe naloxone with an opioid prescription. A total of 49 states have active PDMPs with the capacity to receive and distribute controlled substance prescription information to authorized users; however, just 16 states require mandatory use of PDMPs. Studies indicate that PDMPs are a promising intervention at the state level, and that expansion of interstate PDMPs bolstered by federal support and funding could positively contribute to improved prescribing practices and better surveillance of opioid prescriptions across jurisdictions.

The coordination and collaboration of federal, state, local, and tribal partners and the engagement of policymakers, parents, youth and youth-serving agencies, healthcare professionals, concerned citizens, and persons in recovery are imperative to implementing strategies that target persons most at risk of opioid misuse, overdose, and diversion.⁹ Local health departments are skilled conveners of cross-cutting community partners, such as physicians, pharmacists, first responders, law enforcement, correctional systems, substance use treatment providers, behavioral health services, regulatory agencies, and public health systems. The benefits of collaboration at the local level are essential to address this multifaceted epidemic. Together, these groups work to raise awareness through community-based outreach; identify points of prevention; analyze data from multiple sources to increase knowledge of local opioid misuse and overdose trends; and encourage professional licensing boards to take action against inappropriate prescribing and dispensing of prescription opioids. Local health departments are critical in providing increased access to opioid overdose prevention education, as well as improved access to medical, mental health, and social services for people who use or misuse opioids.

Substance Use Disorder Treatment Accessibility

Accessible and effective substance use disorder treatment programs can reduce drug overdose among people with dependence and addiction.¹² Unfortunately, in 2015, while 21.7 million Americans ages 12 and older needed treatment for substance use disorders, only 2.3 million (10.8%) actually received treatment at a substance use disorder facility.¹² The availability of accessible, effective treatment is essential. It is integral for local health departments to work with healthcare systems to identify patients in need of treatment and to link them to care. Local health departments can encourage healthcare providers to play an integral role in this process by

promoting the healthcare provider's role in linking a person experiencing opioid use disorder to appropriate treatment or recovery support services.

Additionally, overdose drug reversal medications, such as naloxone, save lives in the event of overdose. In April 2014, the U.S. Food and Drug Administration (FDA) approved Evzio, a naloxone auto-injector that provides verbal instruction to the user describing how to use the medication for emergency treatment of known or suspected opioid overdose.¹³ In November 2015, the FDA then approved Narcan, a nasal spray version of naloxone, which performs the same function as Evzio.¹⁴ These innovative treatments have the potential to save millions of lives by stopping or reversing the effects of an opioid overdose. In the event of an overdose, first responders, such as law enforcement and emergency medical services (EMS), should be trained to administer naloxone and have access to this life-saving medication. Additionally, family and friends of people who use or are prescribed opioids, along with other members of the public, can also be trained on how to administer naloxone to someone experiencing an opioid overdose. Healthcare providers and pharmacists can increase the co-prescribing of naloxone with an opioid prescription. Federal agencies can also explore options to bulk purchase naloxone, in order to distribute the reversal drug at deep discounts or rebates to local health departments to strengthen naloxone distribution across the delivery modalities.

Heroin Use and Increase in HIV, HCV, and HBV

There is increasingly more research that suggests non-medical use of prescription pain relievers may raise the risk of turning to heroin use. In a recent study, people aged 12 to 49 who had used prescription pain relievers for non-medical use were 19 times more likely to have initiated heroin use recently (within the past 12 months of being interviewed) than others in that age group (0.39 percent versus 0.02 percent).¹⁵ The report also shows that four out of five recent heroin initiates (79.5 percent) had previously used prescription pain relievers for non-medical use.¹⁵ Research indicates that opioid misuse may be a precursor to heroin misuse with individuals making the “switch” to heroin because of cheaper costs, greater availability, and ease of use.^{16,17,18} Opioid use disorder treatment programs must address the risk of heroin initiation in opioid-dependent clients, and provide safeguards to prevent heroin initiation.

Additionally, increases in opioid use has led to increases in HIV, hepatitis C virus (HCV), and hepatitis B virus (HBV). More than 50% of states report HCV cases are more than twice the national goal set by Healthy People 2020, with an overall national increase in acute HCV by 133% from 2004 to 2014.^{19,20} The most dramatic increases in rates of opioid injection and acute HCV infections from 2004 to 2014 were among younger Americans (ages 18-39), while increases in HCV among pregnant women have also raised concern about the potential trajectory of HCV risk among a new generation of Americans.^{20,21} Injection drug use is the primary risk factor for the spread of HCV, and a person who injects drugs represents one in ten new HIV diagnoses nationwide.²² In 2015, injection drug use was the primary cause of the HIV outbreak that occurred in Scott County, Indiana.²³ More than 90% of those diagnosed with HIV during the outbreak were co-infected with HCV. In response to the HIV outbreak in Scott County, CDC conducted an assessment to identify counties that might be particularly vulnerable to the rapid spread of HIV and HCV among people who inject drugs. The analysis identified 220 in 26 states as being most vulnerable to new HIV, HCV, or HBV infections due to unsafe injection drug use.²⁴ Given the relationship between increased opioid use and increased injection drug use, not

surprisingly, many of the locations identified in the vulnerability assessment are in states heavily impacted by the opioid epidemic, such as those in the Appalachian region.

Comprehensive Approaches to Harm Reduction Services

As local health departments develop plans to combat opioid use, the inclusion of comprehensive harm reduction services to prevent the spread of infectious disease, as well as to provide other prevention, screening, and linkage to care services, is critically important. For example, syringe service programs (SSPs) have proven to be highly effective at reducing HIV transmission among people who inject drugs and are an essential strategy to prevent HCV infection. Local health departments have a long history of addressing HCV and HIV prevention needs of persons who inject drugs, and are critical to the implementation and scale-up of comprehensive harm reduction services for people who use drugs. In 2015, the ban on federal funding for SSPs was lifted. While the legislation still prohibits the use of federal funds to purchase sterile needles or syringes for the purpose of injection of illegal drugs, it allows for federal funds to be used for other aspects of SSPs, based on evidence of a demonstrated need.²⁵ Local health departments are essential to scaling-up the availability of SSPs in response to increased vulnerability to the spread of infectious diseases that is being fueled by the opioid epidemic.

In addition to SSPs, supervised consumption sites, also referred to as safe injection facilities, are gaining increased attention for their role in harm reduction. A number of cities, including Baltimore, Denver, Seattle, San Francisco, New York City, and Philadelphia, are actively exploring opening such facilities and healthcare provider groups, such as the Massachusetts Medical Society, have expressed support for this public health intervention.²⁶ Supervised consumption services are a public health intervention that provide a hygienic space for people to use illicit drugs under the supervision of a trained staff. Such services are designed to reduce the risk of HIV, HCV, and HBV transmission, prevent overdose fatalities, and connect persons who inject or use drugs with addiction treatment and other social services. Additionally, they may decrease drug use in public places, reduce improperly discarded syringes, and diminish crime sometimes associated with open-air drug use. There is no persuasive data to support the idea that they increase drug use or frequency of injecting drugs.^{27, 28}

Appropriate Prescribing Practices

Over the past decade, healthcare providers have struggled to treat patients' pain appropriately without overprescribing painkillers, which is reflected in a quadrupling of opioid prescriptions since 1999 without a similar change in the reported amount of patients' pain.⁹ In 2010, enough prescription painkillers were prescribed to medicate every American adult around the clock for a month.²⁹ With national support, local health departments can provide education to healthcare providers that encourages them to identify alternate treatment options prior to prescribing opiates. Additionally, providers who do prescribe opioids for non-cancer chronic pain can utilize guidelines such as the CDC [“Guideline for Prescribing Opioids for Chronic Pain.”](#)³⁰

The general public is in need of accurate information about the risks associated with prescription drugs. According to the Partnership Attitude Tracking Study, 27% of teens believe it is safer to misuse prescription drugs than illegal drugs, while 30% believe prescription painkillers are not addictive.³¹ Local health departments are well-suited to tailor public health campaigns to their

communities to educate the general public and those most at risk of the dangers of prescription drug misuse.

There are multiple laws that states can implement in an effort to prevent drug misuse, overdose, and diversion. As of April 2017, 50 states and the District of Columbia have state-wide prescription drug monitoring programs; 36 states have regulations mandating or allowing pharmacists to check ID before dispensing prescriptions; and 18 states require continuing medical education for clinicians prescribing controlled substances.^{32,33,34} Additionally, as of March 2015, 47 states and the District of Columbia have prescription drug limit laws.³⁵ Other laws and regulations that states have implemented include requiring physical examinations of patients by a healthcare provider prior to prescribing certain medications, requiring tamper-resistant forms of prescription drugs, limiting an individual's ability to "doctor shop" for prescription opioids, and regulating pain clinics.³⁶ These laws and regulations offer a strategy for mitigating the effects of prescription drugs on the opioid epidemic. Additionally, a handful of states provide immunity from prosecution or mitigation in prosecution or at sentencing for people who call 911 in the case of an overdose emergency.³⁷ These types of Good Samaritan amnesty laws can also improve overdose outcomes, since they lower barriers for a bystander to call 911 by reducing their fear about arrest for drug charges.

While there are increasing examples of promising practices, more research is needed to expand the evidence base to evaluate the impact of current strategies on reducing opioid misuse and overdose, and to inform the development and promotion of effective strategies in the future. The 56 recommendations provided in the final report of the President's Commission on Combating Drug Addiction and the Opioid Crisis can act as a starting block for federal funding and activity around the opioid epidemic.³⁸ Local health departments play critical roles in the ongoing prevention of opioid overdose, and require a renewed federal investment in the form of increased and sustained funding to support the development and evaluation of programs and policies to improve prevention, treatment, and recovery support services.

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Record of Action

Proposed by NACCHO Injury and Violence Prevention Workgroup

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