



AMERICAN PUBLIC HEALTH ASSOCIATION

For science. For action. For health.

April 09, 2018

The Honorable Lamar Alexander
Chairman
Health, Education, Labor and Pensions Committee
U.S. Senate
Washington, D.C. 20510

The Honorable Patty Murray
Ranking Member
Health, Education, Labor and Pensions Committee
U.S. Senate
Washington, D.C. 20510

Dear Chairman Alexander and Ranking Member Murray:

On behalf of the American Public Health Association, a diverse community of public health professionals that champions the health of all people and communities, I am grateful for the opportunity to provide comments on the draft legislation entitled, The Opioid Crisis Response Act of 2018. We appreciate the committee's efforts to develop solutions to the opioid epidemic that kills 115 Americans on average every day, and we applaud you for including the public health community in the conversation. As an organization committed to safeguarding and improving the health of the public, APHA is pleased to support the sections of this legislation that emphasize prevention activities, and we strongly encourage the committee to include provisions with public health solutions that favor prevention, early intervention and treatment for substance misuse and abuse disorders.

Since 1999, more than 630,000 individuals have died as a result of opioid misuse. And for every unintentional overdose death involving an opioid painkiller, 9 people were admitted for substance abuse treatment, 35 visit emergency departments, 161 report drug abuse or dependence, and 461 report nonmedical use of opioid analgesics.ⁱ This has resulted in a financial burden, which including the costs of health care, substance abuse treatment and criminal justice activities, exceeds a total of more than \$78 billion.ⁱⁱ Just as a large-scale, highly coordinated, upstream approach was needed to address the HIV/AIDS epidemic at its peak in the early 1990s, a similar approach is needed today to help the millions of Americans with severe opioid-use disorder and to prevent new cases of opioid addiction and overdose deaths.

APHA strongly supports a systems approach to opioid and substance misuse and abuse that emphasizes primary prevention and treatment solutions. We are pleased to outline our support for the following provisions:

Sec. 403 National Recovery Housing Best Practices

The inclusion of recovery housing demonstrates an understanding that safe and stable housing is imperative to ensuring people are able to sustain long-term recovery and maintain good health.

Sec. 405 Youth Prevention and Recovery

ⁱ Paulozzi L, Baldwin G, Franklin G, et al. (2012). CDC grand rounds: prescription drug overdoses—a US epidemic. *MMWR*, 61(01), 10-13. Retrieved from <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6101a3.htm>

ⁱⁱ Florence CS, Zhou C, Luo F, Xu L. (2013). The economic burden of prescription opioid overdose, abuse, and dependence in the United States, 2013. *Med Care*, 54(10), 901-906. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/27623005>

We support the inclusion of the development of evidence-based best practices for prevention of substance misuse and abuse by children, adolescents, and young adults. We believe this funding should focus on strategies that address primary prevention, identifying some of the root causes that may lead to substance misuse, overdose addiction and death.

Sec. 501 Study on Prescribing Limits

Over prescribing of opioids has contributed to the current overdose epidemic. This study can build upon current laws and guidance such as the chronic pain prescribing guidelines developed by CDC, which address: when to initiate or continue opioids for chronic pain; opioid selection, dosage, duration, follow-up, and discontinuation; and assessing risk and addressing harms of opioid use.

Sec. 503 Education and Awareness Campaign

An education and awareness campaign is an important tool to increase public knowledge about the severity of substance abuse and misuse. It should provide the public with insight on how to make safer choices about opioids. This provides an opportunity to expand provider education about prescribing opioids and pain management overall.

Sec. 504 Enhanced Controlled Substance Overdoses Data Collection, Analysis, and Dissemination and Sec. 505 Preventing Overdoses of Controlled Substances

We are grateful for the committee's inclusion of authorizing language for these important CDC programs. Enhanced controlled substance overdose data collection, analysis and dissemination will strengthen evidence-based primary prevention strategies and timely responses to this and future public health emergencies.

Sec. 509 Pregnant and Postnatal Health

We support efforts to enhance data collection, analysis and dissemination of prenatal smoking, alcohol and substance abuse and misuse. Improved data systems will support cessation and treatment programs for mothers and infants, as emphasized in this section.

Sec. 511 Interagency Task Force on Trauma Care

Trauma and other situations of despair can lead to substance abuse and misuse. These risk factors must be addressed in order to effectively prevent and mitigate substance abuse.

Recommendations

We strongly encourage the inclusion of additional provisions that recognize the complex conditions that lead to opioid abuse and misuse:

Incorporate prevention strategies and treatment approaches for *substance* misuse and abuse disorders.

Although the widespread proliferation of opioid use is invariably recognized as a public health emergency, to restrict the conversation to opioid misuse alone fails to acknowledge the common overlap of multiple substance misuse and abuse disorders and the social, environmental and mental health factors that contribute to substance use disorders.

A stronger emphasis on education and awareness.

The HHS Office of Disease Prevention and Health Promotion has developed *Pathways to Safer Opioid Use*, an interactive training that promotes the appropriate, safe and effective use of opioids to manage chronic pain, which is based on the opioid-related recommendations in the National Action Plan for Adverse Drug Event Prevention Plan. Much like this tool, an awareness campaign would provide an

opportunity to discuss treatment and management of chronic pain for providers and consumers. Education and awareness regarding the management of acute pain is also important.

Authorize community-based and school-based grants to support evidence-based, primary prevention interventions for substance use disorders.

We encourage the committee to support funding opportunities for states and localities, recognizing that substance use disorders affect communities unequally. Successful primary prevention solutions will require extensive community support and collaboration.

Support research for safe, effective and non-addictive interventions to manage chronic pain and to prevent and reverse overdoses.

There are vast gaps in knowledge in research about alternative, non-addictive pain management options for chronic pain. Furthermore, there is little consensus among health professionals about effective, non-addictive interventions for chronic pain management. Additional and improved research in this field would better prepare health professionals to treat chronic pain with non-opioid alternatives.

Expand access to harm reduction programs to prevent the spread of infectious disease

Harm reduction programs including sterile syringe access should be scaled up to eliminate HIV and hepatitis C transmission among people who inject drugs. Failure to adopt proven harm reduction measures has significantly increased the public health harms of drug misuse. For example, legal and bureaucratic barriers still prevent people who inject drugs from accessing sterile syringes in the United States, despite decades of evidence proving that syringe access programs help to reduce the spread of diseases.ⁱⁱⁱ

Use of evidence-based drug courts for offenders with substance use disorders.

Such courts typically dismiss charges or offer lesser penalties to offenders who agree to supervision and addiction treatment. Evidence-based drug courts have proven positive effects on recidivism and incarceration rates and have also demonstrated benefits in reducing substance misuse and abuse.

Conclusion

Thank you for your consideration of these comments and your continued commitment to pursue policies to respond to this epidemic. We look forward to working with the committee as you continue your work to address the opioid epidemic. If you have any questions regarding our recommendations, please contact Gaby Witte, Senior Manager of Government Relations at: gabriella.witte@apha.org.

Sincerely,



Georges C. Benjamin, MD
Executive Director

ⁱⁱⁱ American Public Health Association. (2013). Policy No. 201312. Retrieved from <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/08/08/04/defining-and-implementing-a-public-health-response-to-drug-use-and-misuse>