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[www.CEPOPonline.org](http://www.CEPOPonline.org)

October 6, 2017

The Honorable Chris Christie  
Chairman  
President's Commission on Combating Drug Addiction and the Opioid Crisis  
Office of the National Drug Control Policy  
750 17<sup>th</sup> Street, NW  
Washington, D.C. 20503

**RE: Stakeholder Response to the Opioid Commission's Draft Interim Report**

Dear Governor Christie:

On behalf of the Collaborative for Effective Prescription Opioid Policies ([www.CEPOPonline.org](http://www.CEPOPonline.org)) and the undersigned participating organizations, we commend the President's Commission on Combating Drug Addiction and the Opioid Crisis ("Commission") for your leadership in this critical initiative. Your Draft Interim Report ("Report") is an important step forward in the national response to an opioid epidemic that continues to claim lives of citizens from coast to coast. We are writing today to offer comments to inform the final report and recommendations.

By way of background, CEPOP was formed in January 2015 and currently engages nearly 80 diverse organizations working toward a comprehensive and balanced policy strategy to reduce prescription opioid abuse and to promote appropriate treatment options. We support effective programs, strategies and policies to help prevent prescription opioid misuse, abuse, and diversion, while ensuring patient access to safe and effective therapeutics.

As the opioid epidemic continues to devastate American communities, we must act boldly across the prevention, treatment, and recovery continuum. Not only have opioid overdoses quadrupled since 1999 to nearly 100 American deaths per day, recent data released by the CDC notes a 22% increase in opioid-related overdose deaths in just the past year and a 540% increase in deaths from the synthetic opioid fentanyl in the past three years.<sup>1</sup> As the Report notes, this is a substance abuse and addiction of unprecedented proportions that must be recognized as a national emergency by the President and the responding federal authorities. CEPOP endorsed this step immediately following the report release.<sup>2</sup>

CEPOP commends the Report's recommended strategies to address the issues faced at the national, state, and local levels including, but not limited to, the following items:

- Improve healthcare provider education to include greater awareness on effective pain treatment options and the risks of opioid utilization and alignment with state and federal guidelines;

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<sup>1</sup> <https://www.nytimes.com/interactive/2017/09/02/upshot/fentanyl-drug-overdose-deaths.html?mcubz=0>

<sup>2</sup> <https://cepoponline.org/actions/cepop-leaders-support-declaration-public-health-emergency-confront-opioid-epidemic/>



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- Reduce access barriers for medication-assisted treatment (MAT) such that all FDA-approved modalities are available and affordable for all patients with substance use disorders;
- Expand access to naloxone and other opioid overdose reversal medications, including dispensing via standing orders for anyone that requests a prescription;
- Decrease the administrative burdens in coordinating care for individuals with substance use disorders and ushering these individuals into treatment and recovery programs alongside increased interoperability of electronic health records (EHRs) for healthcare providers;
- Increase interoperability and ease of use for prescription drug monitoring programs (PDMPs). This includes interoperability between states, integration between EHR and clinical applications, alignment of patient privacy laws with data sharing, and timely updating of the database;
- Enforce relevant parity laws and regulations in regards to mental health services as outlined in the Mental Health Parity and Addiction Equity Act (MHPAEA); and
- Fund existing and proposed state and/or federal prescription drug overdose programs at adequate levels.

In addition to these and other important areas of focus included in the Report, CEPOP identifies several, additional actions that complement the current recommendations. These items, noted below, emphasize stopping and reversing the upward trajectory of the epidemic through evidence-based prevention and other upstream efforts. A durable solution to the opioid epidemic will be multi-faceted and comprehensive.

- **Increase Focus on Evidence-Based Primary Prevention Strategies** – We were encouraged to see primary prevention included in the Report’s list of secondary suggestions. Clearly, the nation will not be able to arrest or treat its way out of the epidemic. As the Commission develops its final report, we urge you to incorporate a significant investment in prevention and early intervention efforts to stem the tide of individuals with newly-diagnosed substance use disorders. Existing literature – from federal agencies such as the National Institutes of Health (NIH), Substance Abuse and Mental Health Services Administration (SAMHSA) and Centers for Disease Control and Prevention – points to the success of both primary prevention and early intervention in reducing opioid misuse and abuse. The final report should note these findings and recommend additional funding and focus from state and federal stakeholders in enhancing and building on comprehensive community-wide capacity through multi-sector coalitions and ensuring that other evidence-based programs and materials are accelerated nationwide.
- **Advance Abuse-Deterrent Formulations and Alternatives to Opioids** – Americans who live with pain, including both chronic and acute forms, should have access to the most clinically appropriate and safest therapies, as determined with their healthcare provider. At times, the clinically appropriate decision is a prescription opioid. However, barriers currently exist in the healthcare system that discourages access or coverage for abuse-deterrent formulations of prescription opioids or other non-opioid analgesics. Public and private insurance plans, health systems, and other stakeholders should be encouraged to make these medications available as ordered by physicians and other prescribers.
- **Enable Safe Storage and Appropriate Disposal** – The Opioid Commission should encourage a full, life-cycle approach to handling medications safely, from the moment a prescription opioid is dispensed to the pharmacy until the time it is administered or disposed. In particular, safe storage in the home and the appropriate disposal of unused and unwanted products is critical to reduce diversion and resulting harm. Appropriate disposal of unused or unwanted prescription opioids would include both national take-back programs as well as novel in-home drug deactivation and disposal technology. This is an area where focused research also is necessary to expand our knowledge of what works best to promote this behavior.



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- **Improved Provider Education** – Through collaboration with key stakeholder groups, including provider or academic organizations, the Commission should continue to advocate for improved provider education for the treatment of pain, available alternative treatments and medications, and identification of substance use disorders. As noted during in the Commission’s draft interim report, medical, dental, veterinary, and other professional schools should be required to ensure our nation’s healthcare professionals – both existing and future – are educated and prepared to appropriately treat individuals with acute or chronic pain and substance use disorders, as well as how to address the health issues stemming from the epidemic.
- **Treatment and Recovery Services** – In line with various recommendations in the Commission’s draft interim report, federal funding should be directed to help expand evidence-based recovery services for individuals with substance use disorders. This approach includes expanded access to all FDA-approved medication-assisted treatment modalities that may be prescribed based upon a clinically appropriate determination by a licensed healthcare provider.
- **Reduction of Substance Use Disorder Stigma** – Alongside the President’s National Drug Control Strategy, we urge the Commission to recommend the need for increased public awareness and education around substance use disorders, its origin as a chronic brain disease and not a moral failure, and application of evidence-based therapies to treat these individuals. Those dealing with a substance use disorder should not be discriminated against, nor should those engaged in treatment or recovery programs. Lessons should be learned from the handling of stigma from the HIV/AIDS epidemic and work alongside key stakeholders from the public and private sectors to improve public awareness.
- **Universal Public Awareness** -- Beyond increased public awareness around substance use disorders themselves, as noted above, efforts should be made to alert those at risk, especially youth, to the potential dangers associated with the misuse and abuse of prescription opioids and other controlled substances. This could be accomplished through strategic outreach or education campaigns – such as the one recently launched by the Centers for Disease Control and Prevention – with a focus on this issue. More resources should be put towards public awareness campaigns aimed at educating patients and caregivers around the risks associated with prescription opioids, including misuse and abuse.
- **Research** – While we appreciate the Commission’s recommendation to enhance public- and private-sector collaboration, there still remains a substantial unmet medical need among Americans living with pain and addiction that must be addressed by the nation’s leading research organizations. This will require strategic leadership from the National Institutes of Health, the Food & Drug Administration, and the Centers for Medicare and Medicaid Services, among other federal agencies, working in concert to support discovery and development of non-opioid interventions. CEPOP also strongly urges an unprecedented alliance between these federal partners and the private sector to accelerate these solutions to Americans to stem an intergenerational expansion of the epidemic.
- **Implementation Funding** – Federal budgets for Fiscal Year 2019 and beyond should include adequate funding for the recommendations put forth by the Commission.

Once again, thank you for your decisive leadership in addressing the prescription opioid epidemic. CEPOP stands ready to assist the Commission in developing and implementing an aggressive and sustained effort to combat the epidemic. We appreciate your careful consideration of our comments and the opportunity to join in a collective effort.

Sincerely,



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A New PATH  
 Advocates for Recovery Colorado  
 Alano Club of Portland  
 American Public Health Association  
 AmerisourceBergen Corporation  
 Association of Recovery Community Organizations  
 Capital Area Project Vox - Lansing's Voice of Recovery  
 Center for Recovery and Wellness Resources  
 Chicago Recovering Communities Coalition  
 Community Anti-Drug Coalitions of America (CADCA)  
 CT Community for Addiction Recovery (CCAR)  
 DarJune Recovery Support Services & Café  
 Davis Direction Foundation - The Zone  
 Depomed  
 Detroit Recovery Project  
 Egalet Corporation  
 Faces and Voices of Recovery  
 FAVOR Grand Stand  
 FAVOR Greenville  
 FAVOR Low Country  
 FAVOR Mississippi Recovery Advocacy Project  
 FAVOR Pee Dee  
 FAVOR Tri-County  
 Fellowship Foundation Recovery Community  
 Organization  
 Foundation for Recovery  
 Friends of Recovery - New York  
 Georgia Council on Substance Abuse  
 Greater Macomb Project Vox  
 Home of New Vision  
 HOPE for New Hampshire Recovery  
 Jackson Area Recovery Community  
 Kentucky Office of Drug Control Policy  
 Latah Recovery Center  
 Lifehouse Recovery Connection  
 Long Island Recovery Association (LIRA)  
 Maine Alliance for Addiction Recovery  
 Mallinckrodt  
 Massachusetts Organization for Addiction Recovery  
 Message Carriers of Pennsylvania  
 Minnesota Recovery Connection  
 Missouri Recovery Network  
 National Athletic Trainers' Association  
 National Association of County & City Health Officials  
 National Association of Drug Diversion Investigators  
 National Association of State Alcohol and Drug Abuse  
 Directors (NASADAD)  
 National Council for Behavioral Health  
 Navigating Recovery of the Lakes Region  
 Northern Ohio Recovery Association

Oklahoma CART Association (OCARTA)  
 Peer Coach Academy Colorado  
 Pennsylvania Recovery Organization Alliance (PRO-A)  
 People Advocating Recovery  
 Phoenix Multisport – Boston  
 PRO-ACT  
 REAL – Michigan (Recovery, Education, Advocacy &  
 Leadership)  
 Recover Project/Western MA Training  
 Recover Wyoming  
 Recovery Alliance of Austin  
 Recovery Allies & West Michigan  
 Recovery Cafe  
 Recovery Communities of North Carolina  
 Recovery Community of Durham  
 Recovery Consultants of Atlanta  
 Recovery Epicenter Foundation, Inc.  
 Rhode Island Communities for Addiction RICARES  
 Recovery is Happening  
 ROcovery Fitness  
 Safe Harbor Recovery Center  
 SMART Recovery  
 Solutions Recovery, Inc.  
 S.O.S. Recovery Community Organization  
 SpiritWorks Foundation  
 Springs Recovery Connection  
 STEP Industries  
 T.O.R.C.H. Inc.  
 The Bridge Foundation  
 The DOOR - DeKalb Open Opportunity for Recovery  
 The Honorable Mary Bono  
 The McShin Foundation  
 The Ohana Center for Recovery  
 The RASE Project  
 Tia Hart Community Recovery Program  
 Trilogy Recovery Community  
 Trust for America's Health  
 Utah Support Advocates for Recovery Awareness  
 (USARA)  
 Verde Technologies  
 Vermont Recovery Network  
 Voices of Hope for Cecil County  
 Voices of Recovery San Mateo County  
 WAI-IAM, Inc. and RISE Recovery Community  
 Wisconsin Voices for Recovery