



National Association of County & City Health Officials

The National Connection for Local Public Health

August 25, 2017

Governor Chris Christie
Chair
Commission on Combating Drug Addiction and the Opioid Crisis
Office of National Drug Control Policy
750 17th Street NW
Washington, DC 20006

Dear Governor Christie:

The National Association of County and City Health Officials (NACCHO) is writing to provide comments to the Commission on Combating Drug Addiction and the Opioid Crisis. NACCHO represents the nation's nearly 3,000 local health departments. These city, county, metropolitan, district, and tribal departments work every day to help ensure prevention and treatment options and resources are available to those affected by the opioid epidemic. NACCHO appreciates the Commission's work to seek solutions to address opioid misuse, both prescription and illicit.

Every day, 78 Americans die of opioid and drug overdoses, costing more than \$78.5 million to taxpayers. The opioid epidemic has been driven by multiple factors including poverty and unemployment; lack of access to healthcare; limited availability of treatment facilities (e.g., mental and behavioral health) and modalities (e.g., medication-assisted therapy); stigma; and prescribing practices.

In accordance with NACCHO's policy statement [Prescription Drug Abuse and Overdose Response](#), NACCHO would like to highlight the critical role that local health departments play in supporting the prevention of prescription and illicit drug overdose and ensuring appropriate prescribing. NACCHO urges the administration to partner with local and state agencies to fund and support evidence-based strategies that utilize surveillance, cross-cutting partnerships, treatment and recovery, education, and legislation to prevent and mitigate the impact of this epidemic.

NACCHO makes the following recommendations and supports the following strategies for implementation of a national strategic plan to combat opioid addiction and overdose deaths.

1. Emergency Declaration

NACCHO appreciates the White House and the Department of Health and Human Services calling attention to the severity of the epidemic by declaring a national public health emergency, and the need to address it in order to save lives. There is an immediate need for a surge in resources and a coordinated federal, state, and local response. Declaring a public health emergency for opioid abuse and overdose, which requires long-term solutions with an indeterminate end, presents a challenge in determining how to ramp up and sustain a robust response long-term without diverting resources from other emergent public health issues.



2. Treatment and Recovery

Expansion of treatment and recovery services should be a priority of federal efforts to address the opioid epidemic. NACCHO supports the commission's recommendation to quickly eliminate barriers to treatment resulting from the federal Institutes for Mental Diseases (IMD) exclusion within the Medicaid program, which will open treatment to thousands of Americans seeking treatment in existing facilities in all 50 states.

3. Education and Outreach for Healthcare Providers

NACCHO supports the commission's focus on the importance of ramping up provider education. NACCHO supports the commission's recommendation that healthcare providers who prescribe prescription pain medication be educated about the risk factors, but more importantly the provider must educate patients, and their families, about prescription drug abuse and overdose, including risk factors, prevention strategies, and prescription security. It is important for providers to educate the public on prescription drug disposal. Education must be provided for healthcare providers about recommended prescribing guidelines, such as those outlined in the Centers for Disease Control and Prevention's Guidelines for Prescribing Opioids for Chronic Pain Healthcare providers should also be trained on new treatment options for substance dependence disorders.

Local health departments can be critical partners in providing education to healthcare providers and patients about opioid misuse, abuse, and overdose, including risk factors, prevention strategies, and prescription security. Local health departments are also crucial partners in providing education and support to address community-wide efforts to prevent opioid overdose.

4. Medication Assisted Therapy (MAT)

NACCHO supports the Commission's focus on increasing access to MAT. Studies have shown that MAT, which pairs medications approved by the Food and Drug Administration (FDA) with behavioral therapy, is more effective in treating substance use disorder than other interventions used to address dependence on prescription opioids and heroin.

NACCHO's members have been at the leading edge of innovation in combatting the opioid epidemic, including medication-assisted treatment. Local health departments have expanded access to buprenorphine treatment by offering services in low-barrier settings, such as recovery centers, emergency shelters, and mental health facilities. Many work with county and city EMS, fire, and police departments to train all emergency responders on how to recognize signs of an overdose and administer naloxone accordingly. Providing access to buprenorphine services across a number of settings throughout a jurisdiction allows engagement of those who are more transient and/or lack stable housing into much needed treatment.

5. Naloxone

First responders, patients, family members, and other caregivers must be educated on how to recognize the signs of an overdose and how to administer naloxone or similar drugs to lower overdose death rates. NACCHO supports the commission's recommendations on the importance of preventing opioid overdose by expanding access to life-saving rescue medications, such as naloxone or similar drugs to reverse drug overdose, to first responders, patients, and family members or caregivers. Controlling the cost of naloxone and expanding availability to life-saving antidotes better equips local health departments and other first responders to address this epidemic. Increases in funding will increase access to naloxone through the medical community, pharmacies, law enforcement, and first responders. Naloxone can help to limit the fallout from the opioid epidemic. NACCHO recommends the commission

explore options for the Department of Health and Human Services 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 the delivery modalities.

6. Prescription Drug Monitoring Programs (PDMPs)

NACCHO supports the commission's recommendation to provide federal funding and technical support to states to enhance interstate data sharing among state-based prescription drug monitoring programs (PDMP) to better track patient-specific prescription data. Robust PDMPs would increase their utilization by providers as a clinical tool to combat prescription misuse and diversion.

NACCHO recommends increased local and state health department access to health care provider prescribing activities, syndromic surveillance, and overdose response data, where collected. 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 prescription overdose and are key contributors to state Health Burden of Injury reports. Moreover, national surveillance is integral in tracking the growing opioid abuse and misuse epidemic.

Local health departments are tasked with monitoring the health of communities through surveillance systems and using data to alert policymakers and inform programs. Prescription drug and illicit overdose, including fatalities, must be surveilled in order to monitor opioid use trends and examination of linkages with prescription drug abuse. NACCHO encourages the commission to allow local health departments to access PDMP to allow stakeholders to track prescriptions within states, and efforts are underway to allow cross-jurisdictional communication.

7. Cross-Cutting Partnerships in Communities

In addition to the commission's recommendations of federal law enforcement partnerships, NACCHO recommends the creation of local task forces or coalitions comprised of members from multiple sectors including public health, law enforcement, medical examiners, treatment providers, the legal/judicial system, and social services. Working together, these partners can create an all-hands-on-deck approach to tackling the opioid epidemic. Coalitions comprised of local health departments and law enforcement agencies can reduce the criminalization of substance use disorders and educate communities about Good Samaritan laws. Also, partnerships between local health departments, healthcare providers and pharmacies can help establish or expand medication disposal programs. Local health departments have capitalized on opportunities for collaboration for decades, which has strengthened their capacity to serve as the primary protectors of community health. Partnering enhances thinking, catalyzes action, and expands the reach of outcomes.

8. Infectious Disease Prevention

Local health departments are key partners in protecting the health and well-being of their community and are instrumental in slowing the opioid epidemic. In addition to concerns about opioid overdose, there are additional risks for poor health outcomes and blood-borne infections, including HIV, hepatitis C virus (HCV), and hepatitis B virus (HBV) among injection drug users. Substantial progress has been made in reducing HIV infections among injection drug users, but increases in injection drug use stemming from the opioid epidemic present a new set of challenges, particularly in rural and suburban communities. These areas often lack the public health and healthcare infrastructure and services to comprehensively address the epidemic, leaving communities vulnerable to infectious disease outbreaks. For example, the Appalachian states of Kentucky, Tennessee, West Virginia, and Virginia experienced a 364% increase in new HCV cases from 2006 to 2012, and a 114% increase in HBV from 2009 to 2013.

Well-known is the outbreak of HIV among 200 local residents of Scott County, Indiana. This outbreak was the first-time injection of prescription opioids was linked to an outbreak of HIV.

The Commission's Interim Report confirmed that medication-assisted treatment (MAT) programs reduce overdose and deaths. NACCHO recommends expanding MAT programs to also include health care screenings for individuals seeking treatment for opioid use disorder. Screening and treating recipients of MAT programs for infectious diseases will prevent the spread of Hepatitis B and C.

Hepatitis B and C outbreaks are more likely to occur in communities dealing with intravenous drug users. NACCHO recommends the Commission remove barriers to syringe service programs (SSP) which have been proven to decrease rates in Hepatitis B and C, and HIV infections. NACCHO supports the removal of the ban on the use of federal funds to support syringe services programs.

9. Legislative Solutions

The opioid epidemic will not be solved overnight, and will require an investment by Congress and the Administration to state and local health departments to conduct research and analysis that supports and informs the development, evaluation, and promotion of programs and policies to prevent drug abuse and overdose. NACCHO applauds the commission's recommendations on tackling the opioid epidemic, but there is legislation that the Administration can recommend and Congress adopt to enhance treatment options with a primary focus on prevention.

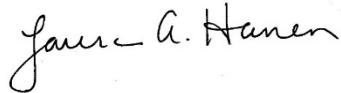
NACCHO recommends passage of legislation that:

- Require healthcare providers to physically examine patients before prescribing prescription drugs.
- Mandate the use of tamper-resistant forms for all controlled substance prescriptions.
- Set limits on prescribing or dispensing controlled substances, with allowances for specialty clinics and pharmacies with documented expertise in the management of substance dependency and chronic pain.
- Prohibit patients seeking drugs from withholding from one healthcare provider information regarding other or prior treatments, visits, or prescriptions from another provider.
- Require patients to provide identification prior to filling a prescription for a controlled substance.
- Provide immunity from prosecution for possession of a controlled substance during the overdose incident for individuals seeking help or for those providing help for another person experiencing an overdose. (Good Samaritan)
- Increase pharmaceutical industry product stewardship initiatives that allow for safe disposal of unwanted prescription drugs that have significant potential for substance abuse and dependency
- Protect first responders and good Samaritans from liability associated with naloxone administration during a suspected drug overdose.

In addition, regulations should require state oversight of pain management clinics or other specific requirements for registration, licensure, or ownership.

NACCHO appreciates the opportunity to provide input for the deliberations of the Commission on Combating Drug Addiction and the Opioid Crisis. As an essential governmental public health partner, we look forward to continuing to work with ONDCP and the commission to realize its goals. Please contact Eli Briggs, Senior Director of Government Affairs, for further information at 202-507-4194 or ebriggs@naccho.org.

Sincerely,

A handwritten signature in black ink that reads "Laura A. Hanen". The signature is written in a cursive style with a large initial 'L'.

Laura A. Hanen, MPP
Interim Executive Director & Chief of Government Affairs