

September 6, 2017

The Honorable Chris Christie
Chairman
Commission on Combating Drug Addiction and the Opioid Crisis
Office of National Drug Control Policy
750 17th Street, NW
Room 810
Washington, DC 20503

Dear Governor Christie,

As leaders of national organizations dedicated to fighting the opioid overdose epidemic, we thank you for your continued leadership of the President's Commission on Combating Drug Addiction and the Opioid Crisis. We are writing to share of our thoughts on how the Interim Report, and the recommendations within, can be further improved. These recommendations include addressing stigma, providing adequate funding, strengthening primary prevention efforts, expanding prescriber education, and ensuring access to medication-assisted treatment.

The United States is in the midst of a severe epidemic of opioid misuse and overdose deaths. Drug overdose deaths, once rare, have increased sharply over the past 20 years. Since 1999, prescription opioid deaths have increased 448%. As the report states, "America is enduring a death toll equal to September 11th every three weeks."

Prescription drug misuse and overdose is a complex problem which requires a comprehensive, multifaceted solution, which you have recognized. Measures such as those listed below are strong steps to fight this crisis, and we would like to express our support for the following:

- Increased education on effective pain treatment and the risks of opioid use for providers and the public, including mandatory prescriber education and prescribing guidelines.
- Effective prescription drug monitoring programs (PDMPs), including interoperability between states, integration into clinical workflow and medical records, and timely collection of data.
- Expanded access to naloxone, including allowing for third-party prescribing and standing orders.
- Reduced barriers to treatment of opioid use disorder by increasing availability and affordability, including medication assisted treatment (MAT).
- Enforcing substance use disorder and mental health parity laws and regulations.
- Better coordinated care for individuals suffering from substance use disorders by decreasing the administrative burdens hindering information-sharing between providers.
- Adequate funding of prescription drug overdose efforts at the federal and state levels.

Each of these concrete components is critical to effectively fighting this growing epidemic, and we were pleased to see them addressed in the Interim Report. Additionally, we advise that the following topics are also addressed to reduce the death toll.

- Addressing stigma – We agree with the need to address stigma with a sophisticated and robust national prevention strategy, including a public awareness campaign to educate the public and healthcare providers about opioid use disorder as a chronic brain disease that can be effectively treated with evidence-based interventions. It is also important to educate the public that these interventions should not be subject to discrimination in employment or housing tenancy based on the continued misperception that MAT simply replaces one addiction with another. Experience with AIDS and other epidemics has demonstrated the capacity of the federal government, if leveraged properly, to raise public awareness. Recognizing that opioid overdose deaths have now surpassed the death tolls from the height of the AIDS crisis, the Commission should recommend that the Centers for Disease Control and Prevention (CDC) launch this public

awareness campaign in cooperation with stakeholders. Increased enforcement efforts cannot be the sole approach to this crisis.

- Adequate Funding - The Commission's report should ensure that all prevention and treatment recommendations within the scope of federally supported initiatives incorporate an adequate funding request for implementation.
- Primary Prevention – We appreciate that prevention is included in the final list of items to be further examined in the final report. This epidemic requires a multifaceted approach that must include a robust investment in prevention and early intervention. This includes recognizing the root causes that lead to substance use disorder and identifying solutions that foster hope and opportunity for those who are struggling. Research supported by the National Institute on Drug Abuse at the National Institutes of Health (NIH), Substance Abuse and Mental Health Services Administration (SAMHSA) and CDC has found that early intervention can reduce the chance of adolescent risk behaviors that lead to substance misuse and other related outcomes, such as decreased academic performance. The final report should note existing research around proven primary prevention programs, and recommend that the government invest more to increase access to these interventions in communities across the country.
- Expanded Prescriber Education – While we are encouraged by the acknowledgment of the need for better prescriber education, we urge the Commission to broaden this recommendation to include clinical school curricula and residency programs. Our nation's clinical schools should be obligated to equip the next generation of health care professionals with the knowledge and skills needed to address the opioid epidemic. The Department of Health and Human Services (HHS) should work with the American Association of Medical Colleges (AAMC), the American Association of Colleges of Nursing (AACN), the International Nurses Society on Addictions (IntNSA) and other relevant clinical school associations to improve their course offerings and the competencies of their graduates in pain and opioid use disorder treatment.
- Medication-Assisted Treatment – While we agree that expanded access to proven medications must be a part of the federal response to the opioid epidemic, we urge the Commission to omit this recommendation that all modes of MAT be offered at every licensed MAT facility. As methadone can only be prescribed at federally-certified opioid treatment programs, this would eliminate a significant amount of access to office-based treatment with buprenorphine and naltrexone, leaving thousands of patients without access to care.
- Safer Medications and Disposal – It is important to recognize that Americans living with pain, both chronic and acute, must have access to the most appropriate and safest therapies as determined with their health care providers, including opioid medications. At the same time, the current health care system has significant barriers to access for innovative abuse deterrent formulations, as well as non-opioid analgesics. It is important to encourage public and private insurance plans and health systems to make these medications available. In addition, the Commission should encourage a full, life-cycle approach to handling medications safely, including storage in the home and appropriate disposal of unused and unwanted products, both in and out of the home.
- Recovery Support Services - Provide federal funding and technical support to states to expand access to and evaluate outcomes from evidence-based recovery support services such as, but not limited to, certified peer recovery coaching services, alternative peer groups, recovery high schools, collegiate recovery programs and chapter-based recovery organizations
- Protecting Patient Privacy- While we agree that access to medical information is vitally important to ensure proper treatment and care, we do not support limiting patient consent. We believe that individuals should continue to remain stewards of their own healthcare information and suggest that regulatory mechanisms should support the existing HIPAA and FERPA framework (as applicable).
- Research and Evaluation – Require that all efforts – including primary prevention, increased access to treatment, and stigma reduction efforts – be subject to continuous evaluation and improvement, resulting in more lives saved.

Thank you for your leadership, and for considering our request. Please feel free to contact us if you would like any further information on these recommendations. Too many Americans are losing their lives every day to prescription drug, heroin and fentanyl overdoses. We look forward to working with you to fight the growing opioid overdose epidemic and save lives.

Sincerely,

American Academy of Family Physicians
American College Health Association
American Public Health Association
American Society of Addiction Medicine
American Society for Pain Management Nursing
Association of Air Medical Services
Association of Critical Care Transport
Directors of Health Promotion and Education
International Association of Fire Chiefs
International Nurses Association on Addictions
National Alliance to End Homelessness
National Association of County and City Health Officials
National Association of EMS Educators
National Association of EMS Physicians
National Association of State Emergency Medical Services Officials
National Emergency Medical Services Management Association
National Prevention Science Coalition to Improve Lives
National Safety Council
National Volunteer Fire Council
Prevention Institute
Safe States Alliance
Shatterproof
The Consortium
The Pew Charitable Trusts
Trust for America's Health
Young People in Recovery