Opioid use and misuse is one of the most urgent public health threats facing communities across the country. U.S. opioid-related fatalities have quadrupled in the past 20 years¹ and are still on the rise. Increases are being seen among men and women of all ages and races and are contributing to decreases in life expectancy.

In addition to this huge human cost, this epidemic has also come with a significant financial cost, with opioid overdose and death costing the United States over $78.5 billion. It is imperative that cities promote and implement proven strategies to prevent, treat and combat the opioid health crisis. While recent focus has largely been on the opioid epidemic, in particular, it is estimated that nearly 8 million Americans (or about 3% of our population) have a drug use disorder.² If current trends continue, drugs, alcohol and suicide could kill an estimated 1.6 million Americans between 2016 and 2025, according to a new analysis conducted by the Berkeley Research Group.³ A 60 percent increase. More and more, in our cities, this epidemic is a polysubstance problem without easy interventions. Across the board, more resources are needed to reframe this epidemic as more than just a prescription or illicit opioid epidemic, but one that has a number of symptoms and causes.

As we work to get there, responding to today’s public health crisis will require action on many fronts, including policy changes, increases in funding, and better, more timely data collection, particularly at the local level.

---

¹ CDC. Understanding the Epidemic. https://www.cdc.gov/drugoverdose/epidemic/
OUR PRIORITIES
Below we outline a number of priorities to address opioid use and abuse in big cities across the country. These priorities fall into four key action areas: policy, funding/infrastructure, data, and practice.

POLICY RECOMMENDATIONS

► Eliminate waiver and training requirements related to certain medication assisted treatments, such as those around prescribing Buprenorphine, which have effectively become barriers to treatment and are restricting access.

► Support the Comprehensive Addiction Resources Emergency Act, which will provide emergency assistance and funding to areas most affected by the opioid crisis, creating a similar service structure to the Ryan White HIV/AIDS program.

► Incentivize states and localities to include evidence-based social and emotional drug and alcohol prevention into K-12 educational curricula as an addiction prevention intervention.

► Increase availability of Naloxone (and similar overdose reversal drugs) by:
  ■ Exploring options for the federal government to bulk-purchase naloxone for distribution to local health departments; and
  ■ Allowing over-the-counter access and/or expanding use of “standing orders,” where a doctor issues a written order that can be dispensed by a pharmacist or other designee(s), without the prescribing doctor being present.

► Support Good Samaritan laws at the state and local level to fully protect first responders, medical and public health practitioners, and the general public, who carry and administer naloxone.

► Increase availability of fentanyl testing strips to the general public by exempting them from drug paraphernalia laws. These strips test whether fentanyl or a similar analog is present in an opioid (or other drug), providing potentially life-saving information. Fentanyl is 50–100 more potent than morphine and has been linked to numerous overdose deaths.

► Shield localities exploring implementation of evidence-based and practice-informed harm reduction services (such as “safer” consumption or injection sites/facilities) from federal prosecution. These are uniquely local solutions, and studies have shown such interventions are effective in reducing the number of overdose deaths in communities, while at the same time do not increase drug use.4

► Appropriate federal funds to fully support comprehensive syringe service programs.

FUNDING, INFRASTRUCTURE, AND CAPACITY BUILDING

- Deploy federal resources for primary prevention efforts to address the root causes of substance abuse and prevent overdose and death. This should include support for both research and implementing best/promising practices regarding primary prevention activities, not just response to the current crisis.

- Ensure that federal opioid dollars, primarily those that flow through CDC and SAMHSA, reach localities by providing direct funding to big cities to respond to the current epidemic and to prevent future addiction.

- Ensure prevention is a key pillar of any substance abuse work across the federal agencies.

DATA

- Require states, as part of federal funding agreements, to provide local health departments with real time access to Prescription Drug Monitoring Program data.

- Increase the ability of local jurisdictions to collect a key set of indicators regarding substance use in their communities by providing federal resources to convene an expert panel tasked with developing a set of recommended indicators that are relevant to, and can be garnered at, the local level.

- Increase federal resources to expand current overdose surveillance systems beyond categorizing “deaths due to overdose,” to include non-fatal overdose events and overdose reversals, which will require dollars for surveillance at all levels of government—local, state, and federal.

PUBLIC HEALTH PRACTICE

- Increase access to 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.

- Increase federal resources for IV drug-related outbreaks, including expanded access to testing and treatment for hepatitis C, including removal of restrictions related to sobriety, as well as access to vaccines to prevent hepatitis A and B.

- 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.