Substance Use Disorder (SUD) is one of the most urgent public health threats facing communities across the country. U.S. opioid-related fatalities have quadrupled over the past 20 years.\(^1\) However, 2018 saw a 4% decrease in overdose (OD) deaths, which helped to hold life expectancy steady after a several-year decline due in part to ODs.

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 the 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, a 60% increase, according to an analysis conducted by the Berkeley Research Group.\(^3\)

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.

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3. Ibid.
OUR PRIORITIES

Below are 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 that 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 to 100 times 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

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FROM 2015–2018
OPIOID OVERDOSE AND DEATH COST THE UNITED STATES

$2.5 TRILLION

7.5 MILLION AMERICANS HAVE AN ILLICIT DRUG USE DISORDER

Sources: White House Council of Economic Advisors and SAMHSA, Key Substance Use and Mental Health Indicators in the United States, 2018.
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, that flow through CDC and SAMHSA, are flexible and reach localities** by providing direct funding to big cities to respond to the current epidemic and to prevent future addiction.

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 federal resources to expand current overdose surveillance systems** to improve information on full scope of burden of SUD and associated infectious disease outbreaks. It is also critically important to include non-fatal overdose events and overdose reversals, which will require dollars for surveillance at all levels of government—local, state, and federal.

- **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.

PUBLIC HEALTH PRACTICE

- **Increase access to syringe services programs** through federal dollars and leadership to support comprehensive Syringe Service Programs (SSPs). These reduce harm from injection drug use such as the spread of 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 appropriate opioid prescribing**, such as the CDC Guideline for Prescribing Opioids for Chronic Pain.

IN 2017

68% OF OVERDOSES WERE FROM PRESCRIPTION OR ILLICIT OPIOIDS