June 16, 2017

The Honorable Chris Christie, Chairman
President’s Commission on Combatting Drug Addiction and the Opioid Crisis
Office of National Drug Control Policy
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Governor Christie,

As the 2017 President of the Association of State and Territorial Health Officials (ASTHO), I would like to thank you and the members of the Commission on behalf of all state and territorial health officials for your leadership on the crucial topic of combatting drug addiction and the opioid crisis. We appreciate the opportunity to submit comments for consideration by the Commission. As a governor, ASTHO is confident you understand the important role states play in responding to drug addiction and how critical state and territorial public health and prevention efforts are to addressing the opioid crisis currently plaguing our country.

ASTHO is the national nonprofit organization representing our nation’s state and territorial public health agencies. ASTHO members, the chief health officials of these jurisdictions, are dedicated to formulating and influencing sound public health policy, and assuring excellence in state-based public health practice. State and territorial public health agencies protect and promote the health of our entire population by controlling infectious diseases, preventing chronic diseases and injuries, and promoting healthy lifestyles in diverse communities nationwide.

With the leadership and oversight of governors, state and territorial health officials are on the front lines of responding to the current crisis of substance misuse, addiction, and drug overdoses. We witness the consequences of this crisis every day in the form of overdose deaths, substance-related interactions with the criminal justice and child welfare systems, HIV and hepatitis C infections, prenatal substance exposure effects, and the burden on the healthcare system. As you well know, drug overdose deaths and opioid-involved deaths continue to increase in the United States.\(^1\) Since 1999, the number of overdose deaths involving opioids (including prescription opioids and heroin) quadrupled.\(^2\) Health officials are acutely aware of the magnitude of the opioid epidemic, working vigorously in their states and territories along with other government agencies, healthcare providers, and local, state, and national organizations to reverse the trend in substance misuse and addiction.

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I would like to encourage the Commission to learn about the ASTHO’s 2017 President’s Challenge on Substance Misuse and Addictions, a national effort to unite and rally state health officials, affiliates, and other cross-sector partners to act and use proven public health approaches to prevent substance misuse, addictions, and the related consequences. Given the scale and complexity of the opioid epidemic, the Challenge calls for a multi-prong, government-wide approach that relies on both public and private commitment to reverse the epidemic of addiction plaguing our nation. Specific recommendations from the Challenge are provided below in the spirit of adding to the Commission’s deliberations and emphasizing the vital work of state and territorial health agencies in your final report to the President.

1. **Expand and strengthen primary prevention and education strategies**
   Core to the public health approach to addressing drug addiction and opioid misuse is the understanding that preventing individuals from turning to opioids or other illicit substances in the first place is the best way to end our nation’s epidemic of addiction. Without putting prevention first, we will continue to suffer the devastating human consequences of addiction and untenable financial burden that substance misuse creates for local, state, and federal governments. As several experts have noted, we cannot “treat” or “arrest” our way out of this crisis, we must take steps to prevent it.

   A comprehensive policy agenda to combat drug addiction and the opioid crisis must emphasize strategies that amplify prevention messages, expand evidence-based prevention education programs, promote optimal methods of pain management, and provide information on treatment and recovery resources to the public. Prevention programs are as essential as treatment services and should be considered part of an effective response to the addiction crisis in America. Primary prevention strategies that raise public awareness about the dangers of prescription opioids and provide prescribers with education and accurate information on pain management and the risk of opioid addiction can lead to more well-informed patients and prescribers, and prevent new cases of opioid addiction. Many providers report that they have not received adequate training in pain management and many more feel that they have not received adequate training on the care of patients who are addicted to opioids. More quality, science-based, distance delivered, continuing professional education materials could help fill this void.

   Education and awareness alone, however, are not enough to end the epidemic. Numerous studies have found that adverse childhood experiences (ACEs), or incidents that harm social, cognitive, and emotional functioning of children, are a significant risk factor for substance use disorders and behavioral problems. As such, policies and programs that promote safe, stable, and nurturing environments for children can ensure a foundation for health into the next generation. The goal of these programs is to help individuals cope with adverse life events, and mitigate their long-term consequences and the need for individuals to self-medicate or abuse drugs to cope with adverse events. Many state and territorial health departments are collecting information about ACEs and convening with partners to educate the public and specific sectors about the prevalence of ACEs. Many agencies are also implementing social media campaigns and prevention education to
inform and educate providers, the public, state and local policymakers, and other key stakeholders on the risks of prescription opioids. We urge you to include primary prevention, with an emphasis on strengthening parenting skills and supporting safe, stable, and nurturing environments for children, in your report.

We urge the Commission to review the work of federal agencies that support prevention programs, including the Department of Health and Human Services (HHS) and Department of Justice (DOJ) programs, and identify innovative approaches to enhancing their scale and spread at the state and local level. For example, we urge the Commission to consider expanding support for prevention programs at the Centers for Disease Control and Prevention (CDC), and Substance Abuse and Mental Health Service Administration (SAMHSA), Administration for Children and Families (ACF), and Health Resources and Services Administration (HRSA) programs within HHS that provide needed support to states and territories.

2. **Reduce and control access to opioids**
   A comprehensive policy agenda must promote evidence-based strategies for non-opioid pain management options and more appropriate use of opioid pain relievers, as well as strategies to prevent conditions that cause chronic pain. Guidelines for safe opioid prescribing, including CDC's 2016 Guideline for Prescribing Opioids for Chronic Pain, ensure that clinicians and patients consider safer and more effective treatment, and improve patient outcomes. Guidelines and recommended dosing options should also be built into electronic medical record systems to reduce the supply of unneeded medications. While opioids are not the first-line therapy for chronic pain outside of active cancer treatment and several exceptions, non-opioid pain management options should be used and encouraged to the extent possible. State and territorial health departments have a critical role to play, implementing medication take-back and disposal programs, and promoting safe storage and disposal of opioid medications at pharmacies, institutional settings, and homes.

In addition, we urge the Commission to consider policy options at the state and territorial levels to control access to opioids. These include adopting a comprehensive opioid management program in Medicaid and other state-run health programs, adopting a comprehensive opioid management program in federally qualified health centers, and promoting policies on the effective use of prescription drug monitoring programs (PDMP).

3. **Improve monitoring and surveillance of drug addiction and opioid misuse and overdose**
   Screening for potential addictive behaviors early in the course of the disease can help reduce the risk of an overdose or other medical complications when opioids are prescribed. For this reason, we must optimize the effective use of state-based PDMPs as epidemiology and surveillance tools so providers share information on patient medication use and drug-seeking behaviors. PDMPs are a key tool for combatting the prescription...
drug epidemic and should be strengthened to monitor and control access of controlled substances, including opioids.

Strategic use of PDMPs has shown to decrease opioid prescriptions, decline prescription drug overdose deaths, reduce “doctor shopping”, and reduce health care costs. In addition to PDMPs, multiple data sources such as statewide overdose data, and regional morbidity and mortality data, need to be integrated, accessible, and up-to-date to rapidly predict and detect outbreak “hot spots” and disease clusters for both public health and law enforcement purposes. Data-sharing agreements across state lines will also help expand monitoring efforts. Several states have been using PDMPs with great success and have built data dashboards that integrate state and county level data on controlled substance prescribing, drug overdose health outcomes, and other addiction indicators.

The Commission should direct federal agencies to continue to support the implementation of evidence-based best practices for monitoring and surveillance at the state and local levels with an emphasis on expanding epidemiology and surveillance activities to better predict individual risk of drug misuse and addiction and community risk of overdose and related “hot spots.” This includes vital collaboration between HHS operating divisions working on this issue at CDC, SAMHSA, and HRSA, and between Departments such as HHS and DOJ.

In addition, ASTHO recommends expansion of core public health programs that are being used by states to address the drug addiction and opioid misuse epidemic. These include CDC and HRSA programs such as Prevention for States, the Preventive Health and Health Services Block Grant, and SAMHSA’s Substance Abuse Prevention and Treatment Block Grant.

4. **Promote multi-program, government-wide approaches to combatting opioid misuse**

An effective response to the opioid crisis requires collaboration at all levels, both governmental and non-governmental. State and territorial health agencies, substance abuse and addiction agencies, health care delivery, law enforcement, emergency medical services, and other stakeholders have critical roles to play in improving the response to drug addiction and the opioid crisis. For example, public health, law enforcement, and emergency medical services are joining forces to improve data sharing and tracking of opioid use and overdoses; to equip and train officers on the use of naloxone; and to link overdose victims with appropriate treatment and recovery services. Because of this collaboration, public health syringe service programs have helped mitigate the spread of infectious diseases, such as HIV and hepatitis C. Similarly, collaboration between public health and health care is essential for expanding training and education efforts, and promoting data sharing.

State and territorial efforts to coordinate across government should be acknowledged and encouraged by the Commission. A review of state efforts to address this crisis using the incident command system (ICS) or other government-wide responses should be reviewed
for effectiveness and potential model practice. Several states have utilized emergency response infrastructure and/or ICS to address the opioid crisis, including Alaska, Arizona, Florida, Maryland, Massachusetts, and Virginia. Use of ICS leads to enhanced cross-sectoral coordination and collaboration, more effective leadership, and pooling of resources that otherwise are not available on an emergency basis.

ASTHO is in the process of creating a National Public Health Opioid Strategy that demonstrates ways that state public health departments can lead across government with their governor’s direction to marshal resources within and across jurisdiction to address the epidemic. This strategy builds on many state efforts and tools such as “Finding Solutions to the Prescription Opioid and Heroin Crisis: A Road Map for States,” created by the National Governor’s Association (NGA). While still in the draft stage, we hope to brief the Commission and/or related federal agency representatives on our strategy on this effort and ways to leverage the strategy in the Commission’s final report.

5. Improve access to and use of effective treatment and recovery support

Treatment and recovery services are an integral part of the public health and health care system response to drug addiction. To increase the number of people living in recovery, we need to fill the immense gap between the number of people in need of treatment and the availability of services to manage drug withdrawal and maintenance of recovery. Increased funding for treatment, as well as an expanded and strengthened workforce, are needed to augment treatment and recovery services at the local and state levels. Other models for diagnosis and access to care should be reviewed for possible utilization in opioid addiction treatment, such as the Ryan White program, which has increased the number of Americans with HIV infection who have been diagnosed, entered care, and are on optimal medical management to control the infection and prevent spread.

In addition to funding, there is a need to reduce the stigma associated with addictions and increase recognition of opioid addiction as a chronic health condition of the brain. Changing our understanding of addiction means ending our use of words such as “addict,” “dirty,” or “junkie.” These terms devalue the individuals who suffer from addiction and push them and their families away from seeking help. We urge the Commission to adopt language that is supportive of individuals struggling with substance misuse disorder and destigmatizes their conditions.

Innovative treatment and recovery strategies should be expanded, as should access to naloxone, medication assisted treatment (MAT), counseling and behavioral therapies, and other evidence-based approaches to treating substance use disorder in public and commercial insurance plans. We also need to consider new and alternative entry points to treatment that meet individuals where they live, learn, work and play. Informational “warmlines,” and expanded public health support for continuing recovery services located in high schools, universities, and other residential, community-based settings connect people in need with treatment services. Solutions should also support state and territorial efforts to expand access and research via telemedicine or other technologies,
especially in rural and underserved areas. Support for “peer recovery” and increasing the workforce of individuals trained to prevent and treat substance misuse disorders must be a priority for rational efforts to end the epidemic.

As such, we recommend that the Commission’s report support policies and practices that improve access to treatment and recovery, such as enforcement of mental health parity laws and ensuring access to behavioral health services. Screening, Brief Intervention, and Referral to Treatment (SBIRT) and other screening and referral programs should be expanded and include a “warm handoff” to treatment services. We need insurance Commission oversight that assures adequate treatment networks exist in state certified insurance plans. In addition, the Commission should support state and territorial efforts to expand certification and licensure of new types of professionals, such as peer recovery coaches, to complement existing addiction support and recovery professionals. Finally, the Commission should address zoning and other local land-use policy issues in the siting of new treatment centers.

ASTHO and its members applaud the efforts of the Commission to improve the national response to drug addiction and turn the tide in this epidemic. We strongly urge the Commission to consider these recommendations as you review the scope and effectiveness of the federal response to drug addiction and the opioid crisis, and make recommendations for improving the response.

State and territorial health officials look forward to collaboration with the Commission to assure vital resources and expertise are available to end the opioid epidemic. We are ready to assist the Commission in our shared work of protecting and promoting the public’s health. Please contact me if we can provide further information that would be useful to the Commission.

Sincerely,

[Signature]

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