State Strategies for Addressing the Opioid Crisis

The Opioid Crisis in Alabama: From Silos to Solutions
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Agenda

- NGA Background
- Snapshot of the Problem
- NGA Opioid Road Map
- Select State Strategies
Every day **91 people** will die from an opioid overdose in the United States.

Source: CDC
2014 RAPID INCREASE IN DRUG OVERDOSE DEATH RATES

Source: CDC
Number of Fentanyl Exhibits in NFLIS, 2004-2015

Source: 2016 DEA Intelligence Brief: Counterfeit Prescription Pills Containing Fentanyls

Source: DEA 2016 National Drug Threat Assessment Summary
Governors have long been at the forefront of efforts to prevent and treat opioid addiction, working with health care providers, law enforcement and other stakeholders to mount a comprehensive response to the opioid crisis. Although there has been progress in recent years, inappropriate opioid prescribing continues to fuel one of the deadliest drug epidemics in our nation’s history, claiming the lives of 76 people every day. More Americans died from drug overdoses in 2014 than in any year on record. Deprived by a spike in opioid-related deaths, drug overdose now surpasses motor vehicle crashes as the leading cause of injury death in the United States. While most opioid-related overdoses involve prescription painkillers, an increasing number are linked to heroin and fentanyl, a powerful synthetic opioid often packaged and sold as heroin. The consequences of the opioid epidemic continue to reverberate through society, tearing lives, devastating families and overwhelming the healthcare system, law enforcement and social services.

During the 2016 NGP Winter Meeting, governors agreed that collective action is needed to end the opioid crisis. With more lives lost every day, governors are redoubling their efforts to combat the epidemic with bold and thoughtful new strategies. While states play a central role in ending this public health and safety emergency, they cannot do it alone. Turning the tide on the epidemic requires a coordinated response across all levels of government and strong leadership from the private sector, including opioid manufacturers and prescribers.

With this compact, the undersigned commit to build on their efforts to fight opioid addiction by

- Taking steps to reduce inappropriate opioid prescribing, which may include:
  - Partnering with health care providers to develop or update evidence-based opioid prescribing guidelines, which may be informed by CDC’s guidelines, and consider prescription limits with exceptions for certain patients and circumstances;
  - Requiring that physicians, osteopaths, nurse practitioners, physician assistants, dentists, veterinarians and all other opioid prescribers receive education on pain management, opioid prescribing and addiction throughout their training and careers;
  - Integrating data from state prescription drug monitoring programs (PDMPs) into electronic health records and requiring PDMP use by opioid prescribers and dispensers; and
  - Reducing payment and administrative barriers in Medicaid and other health plans to promote comprehensive pain management that includes alternatives to opioid painkillers.

- Leading efforts to change the nation’s understanding of opioids and addiction, which may include:
  - Developing a communications strategy through the governor’s office to raise awareness about the risks of abuse associated with opioid use and reduce the stigma of addiction;
  - Establishing social media campaigns and integrating education into schools, athletic programs and other community-based settings to raise awareness about opioid abuse and addiction among youth and other at-risk groups; and
  - Partnering with professional associations to improve understanding of the disease of addiction among health care providers and law enforcement.
Finding Solutions to the Prescription Opioid and Heroin Crisis: A Road Map for States

NGA OPIOID ROAD MAP

www.nga.org
MAJOR FACTORS DRIVING THE OPIOID EPIDEMIC

FACTOR 1: Wider Availability of Prescription Opioids
- Increasing Prescription Opioid Misuse and Overdose

FACTOR 2: Lack of Access to Treatment for Opioid Use Disorder
- Increasing Heroin Use and Overdose

FACTOR 3: Changing Economics and Supply of Heroin

Underlying Biological and Social Risk Factors for Substance Use Disorder

https://www.etsy.com
Select State Strategies

- Establish a collaborative data and information-sharing environment
- Limit new opioid prescriptions for acute pain, with exceptions
- Expand use of non-opioid therapies for pain
- Increase access to naloxone
- Expand access to evidence-based MAT and recovery services
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States Taking New Steps to Reduce Inappropriate Opioid Prescribing

**Eight states** set limits for opioid prescribing in statute.

**One state** established limits through executive order.
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Since the start of Project ECHO’s IAP Clinic in 2005, New Mexico has gone from the 13th to the 3rd highest ranking state in terms of buprenorphine-waivered physicians per capita.

MATADOR Program, Middlesex County, MA


- 17% overall recidivism rate;
- 6% drug-related recidivism rate

No known cases of re-arrest, re-incarceration, and/or reconviction among this group

Source: Middlesex Sheriff’s Office
Thank you.

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