




# Policy Implications: Addressing Substance Use Disorder as a Matter of Public Health


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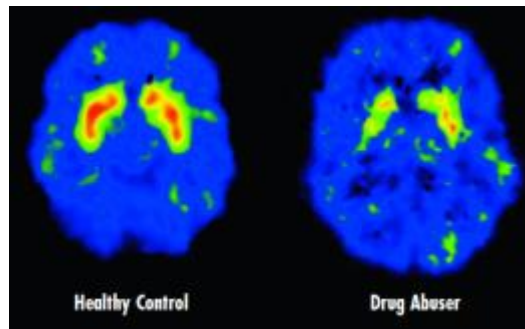
**“As someone who has spent their entire career in law enforcement, I know we cannot arrest our way out of the drug problem.”**

Former Director Kerlikowske, Executive Office of the Presidency, United States Office of National Drug Control Policy



# Substance Use Disorder is a brain disease

- Chronic, relapsing brain disease
- Relapse rates similar to other chronic illnesses such as asthma, diabetes and heart disease.
- Developmental disease typically beginning in childhood

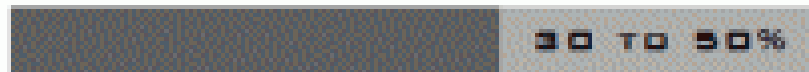


Source: The Journal of Neuroscience,  
21(23):9414-9418. 2001

# COMPARISON OF RELAPSE RATES BETWEEN DRUG ADDICTION AND OTHER CHRONIC ILLNESSES

*Percentage of Patients Who Relapse*

## TYPE 1 DIABETES



## DRUG ADDICTION



## HYPERTENSION

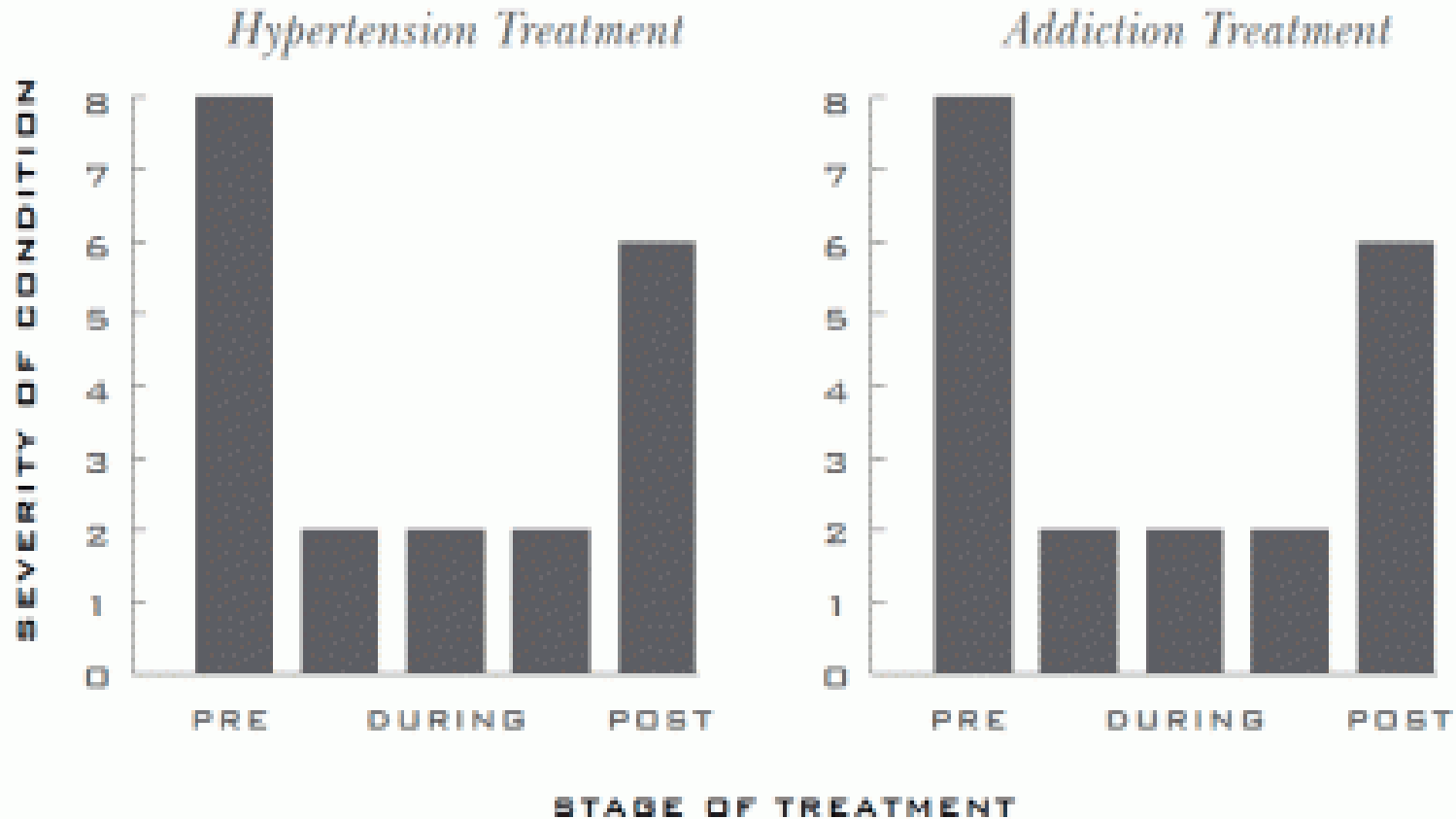


## ASTHMA



Source: National Institutes for Health, National Institute on Drug Abuse:  
<http://www.drugabuse.gov/publications/science-addiction/drug-abuse-addiction>

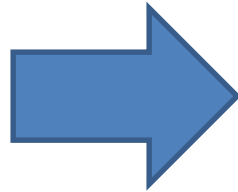
## WHY IS ADDICTION TREATMENT EVALUATED DIFFERENTLY? BOTH REQUIRE ONGOING CARE



Source: National Institutes for Health, National Institute on Drug Abuse:  
<http://www.drugabuse.gov/publications/science-addiction/drug-abuse-addiction>

# Cost-Effectiveness of Treatment

**Invest**



**Return**



Source: National Institutes for Health, National Institute on Drug Abuse:  
<http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/drug-addiction-treatment-worth-its-cost>

# Supply Side

- Prescription Drug Monitoring Programs
- Drug Disposal
- Prescribing guidelines
- Traditional interdiction efforts

# Demand Reduction Strategies

- Overdose prevention and education
- Treatment Access
- Medication Assisted Treatment access & reform
- Primary prevention



# Changing Landscape

- 2008 Recession
- Prescription Drug Epidemic
- Change of Demographics
- Bi-partisan
- New Stakeholders
- Affordable Care Act
- Parity Implementation



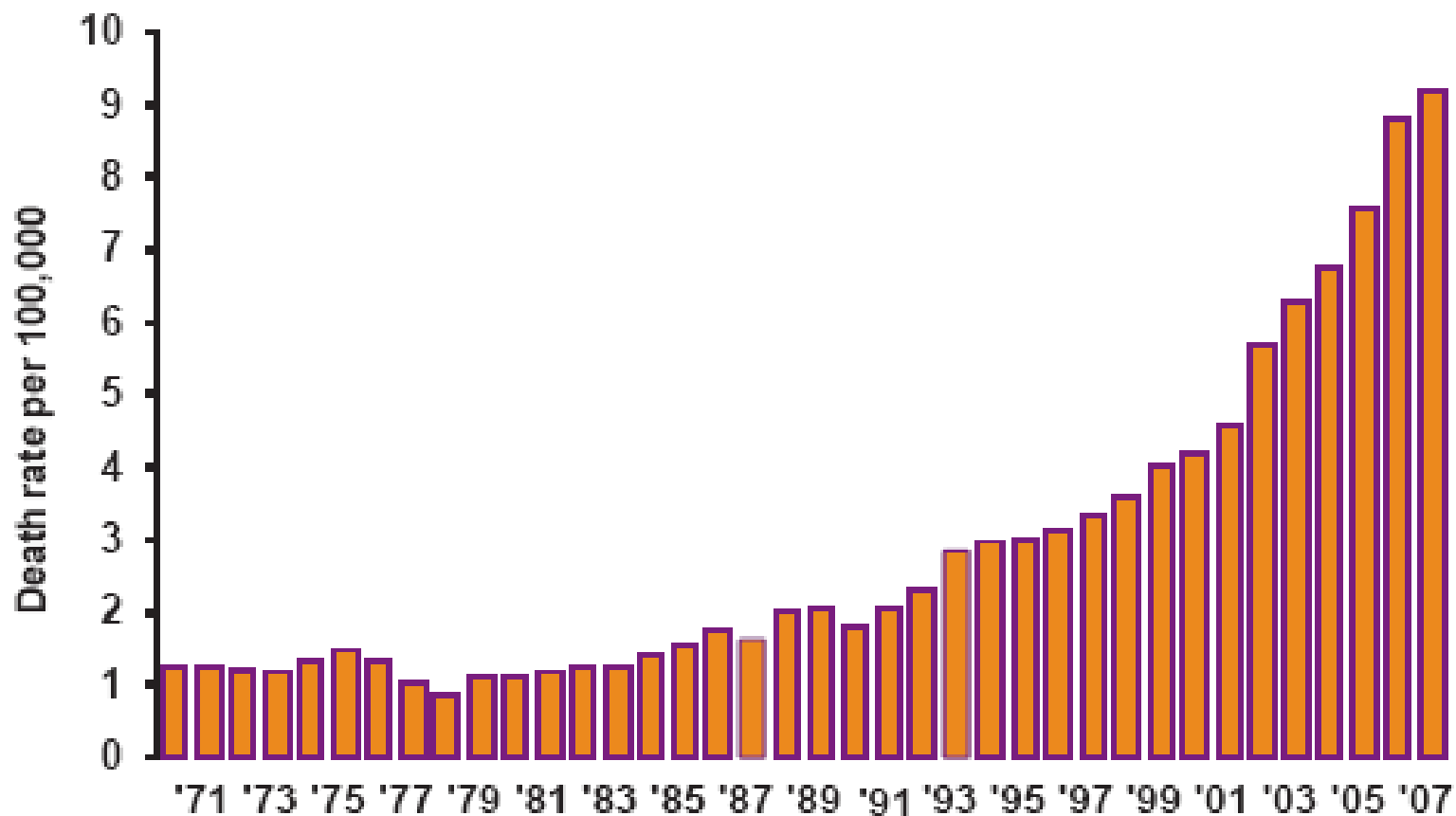
**“Drug overdose death rates  
in the United States have  
never been higher”**

Source: Unintentional Drug Poisoning in the United States – CDC Issue Brief – March 19, 2010

Source:

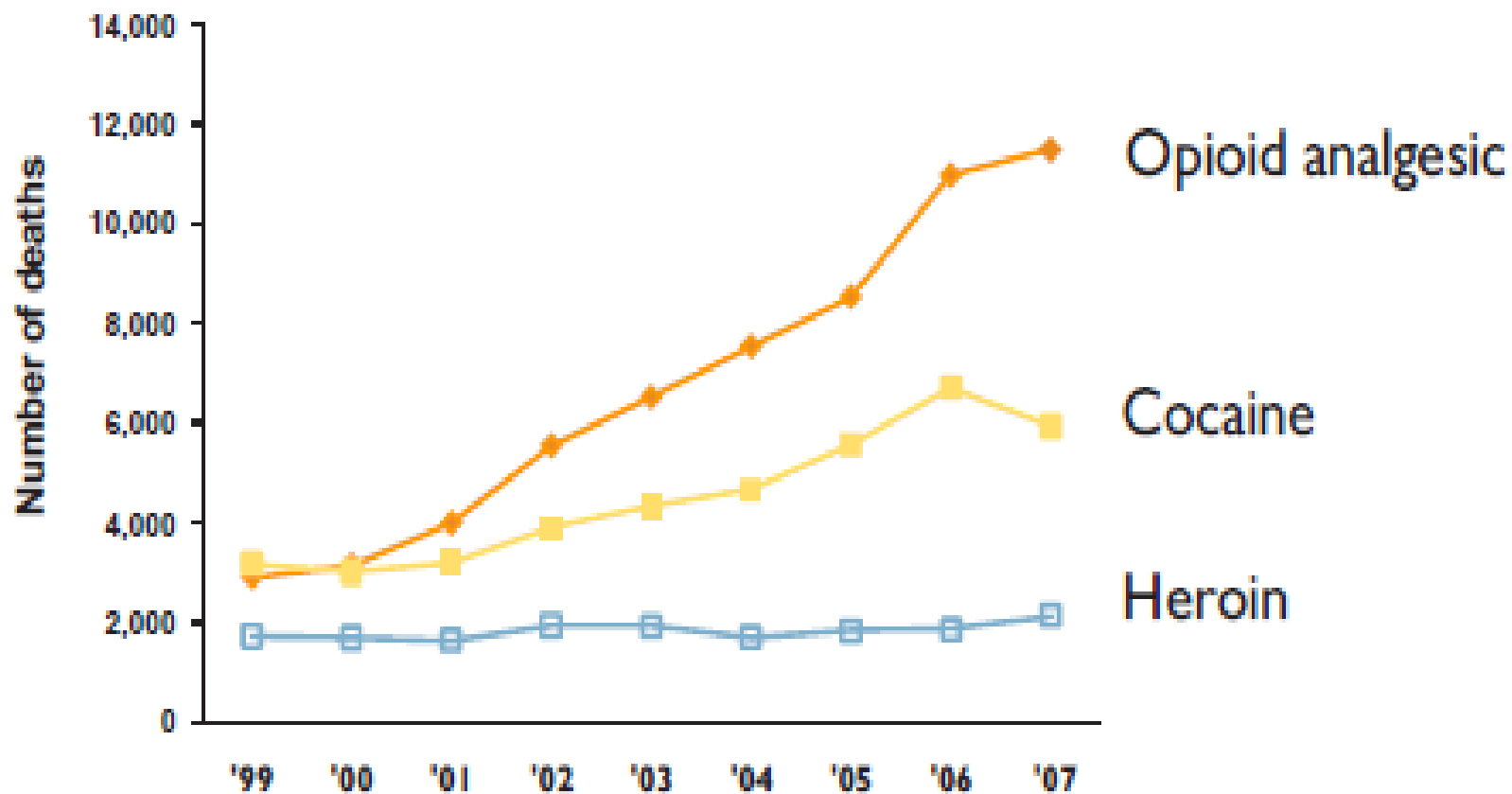
<http://www.cdc.gov/HomeandRecreationalSafety/pdf/poison-issue-brief.pdf>

**Figure 1: Rate of unintentional drug overdose death in the United States, 1970-2007**



Source: National Vital Statistics System

**Figure 2: Unintentional drug overdose deaths by major type of drug, United States, 1999-2007**



Source: National Vital Statistics System

# Overdose in the U.S.

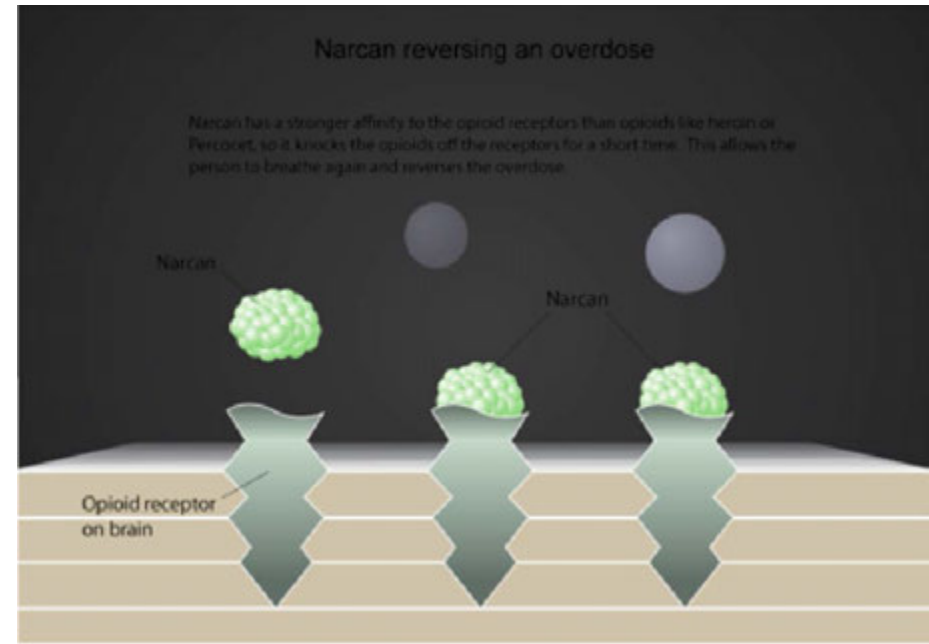
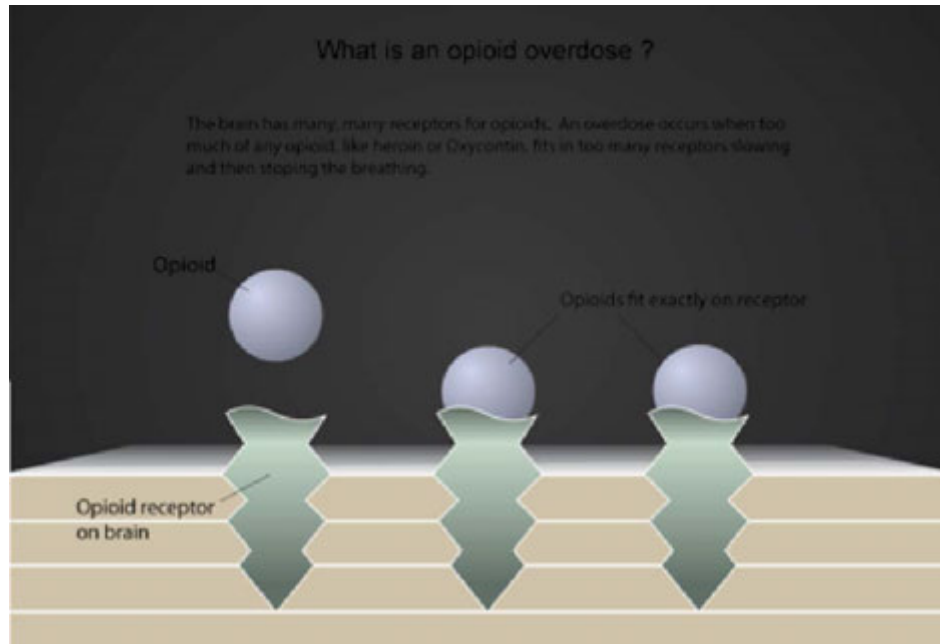
- More than 24,000 deaths from opioids in 2013
- Non-heroin opioid treatment admissions up **345%**

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Center for Disease Control and Prevention 2013 Mortality data  
[http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf)

Warner, et. Al. 2011 <http://www.cdc.gov/nchs/data/databriefs/db81.pdf>

# Naloxone (Narcan)



Graphics: Maya Doe-Simkins

# Overdose Prevention Education & Naloxone Distribution

Prescribed opioid antagonist which rapidly reverses opioid related sedation and respiratory depression and may cause withdrawal

Naloxone access may be expanded in two major ways:

- 1- Community and public agency programming (distribution model)
- 2- Integration into healthcare delivery system (co-prescription)

# Overdose prevention programs: US

- As of 2010, there were 48 known programs, representing 188 community-based sites in 15 states and DC.
- 53,032 individuals have been trained in naloxone administration and overdose response
- **10,171 overdose reversals reported**

CDC MMWR February 17, 2012

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6106a1.htm>

Survey completed by Eliza Wheeler [wheeler@harmreduction.org](mailto:wheeler@harmreduction.org)



# Legal issues

- All state laws allow for prescription of naloxone by a physician to those at risk of overdose
- Some states have passed legislation to allow for prescribing to *anyone* potentially at risk of witnessing an overdose (including family, friends or service providers)
- Other jurisdictions have passed local laws or initiated pilot programs

# 2013 State Legislative Action

Legislation expanding naloxone passed:

- *Colorado, District of Columbia, Kentucky, Maryland, New Jersey, North Carolina, Oklahoma, Oregon, Vermont, and Virginia.*

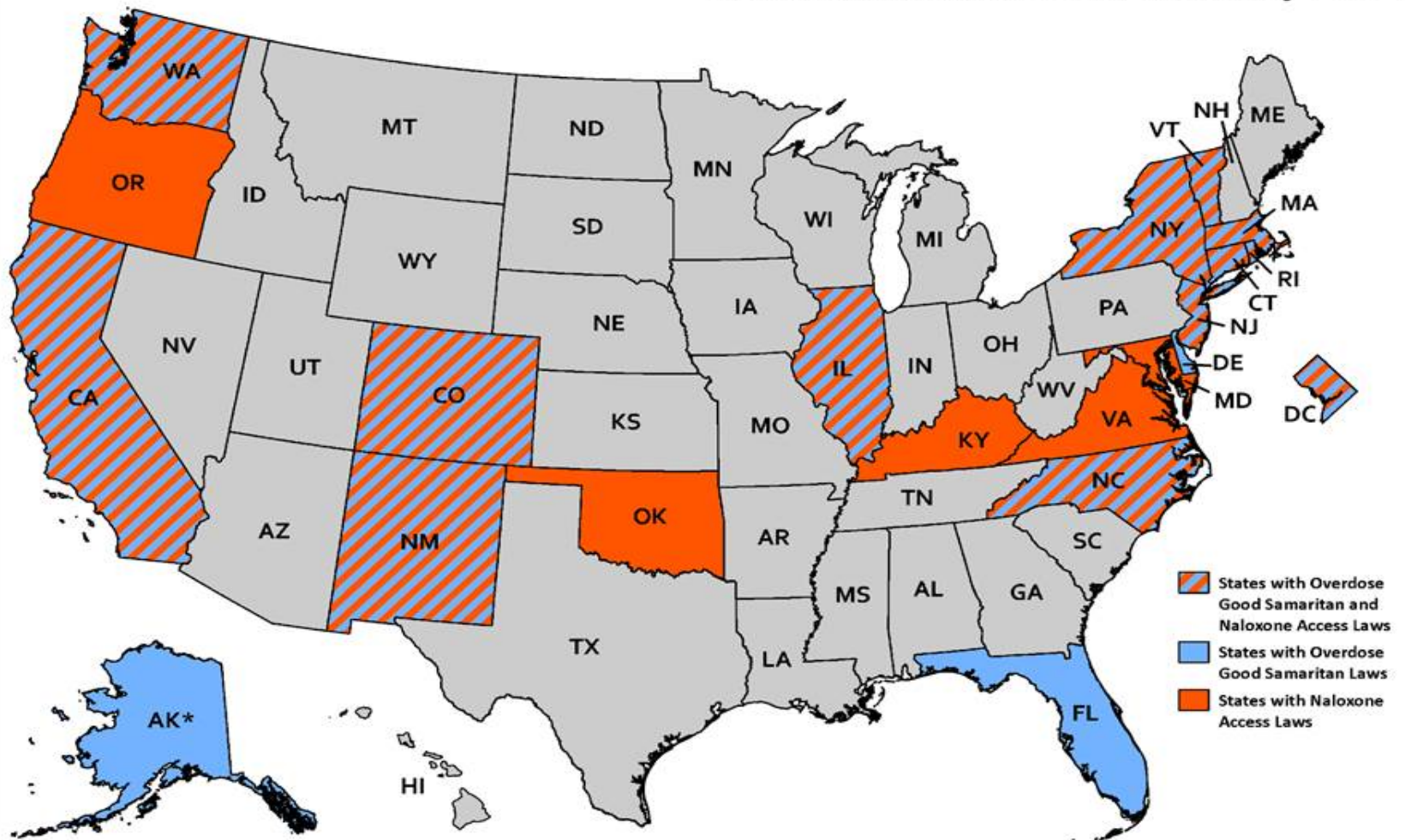
Legislation to expand naloxone pending:

- *California, Connecticut, Illinois, Massachusetts, New Mexico, New York Ohio, and West Virginia.*

Good Samaritan legislation introduced/enacted:

- *Massachusetts, Mississippi, Missouri, and New Jersey.*

# States with Naloxone Access and Overdose Good Samaritan Laws as of January 2014

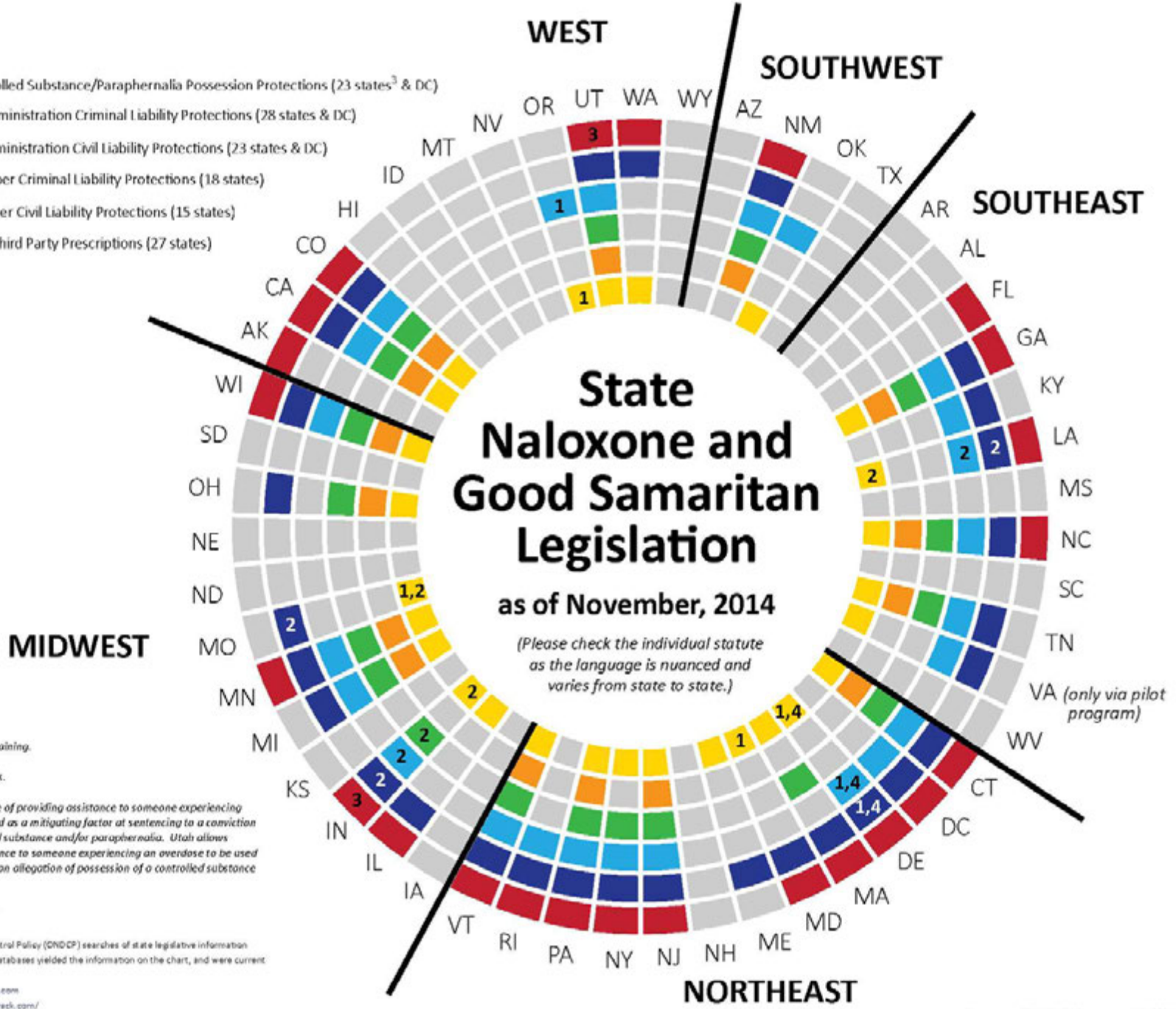


Source: The Network for Public Health Law, *Legal Interventions to Reduce Overdose Mortality: Naloxone Access and Overdose Good Samaritan Laws*, web document, [https://www.networkforphl.org/\\_asset/qz5pvn/network-naloxone-10-4.pdf](https://www.networkforphl.org/_asset/qz5pvn/network-naloxone-10-4.pdf), accessed February 4, 2014.

\*Law in Alaska explicitly requires courts to take the fact that a good samaritan summoned medical assistance into account at sentencing.

**Enacted Legislation**

- Controlled Substance/Paraphernalia Possession Protections (23 states<sup>3</sup> & DC)
- Lay Administration Criminal Liability Protections (28 states & DC)
- Lay Administration Civil Liability Protections (23 states & DC)
- Prescriber Criminal Liability Protections (18 states)
- Prescriber Civil Liability Protections (15 states)
- Allows Third Party Prescriptions (27 states)



# State Naloxone and Good Samaritan Legislation

as of November, 2014

*(Please check the individual statute as the language is nuanced and varies from state to state.)*

<sup>1</sup> Only if person has received training.

<sup>2</sup> Only applies to 1st responders.

<sup>3</sup> In Utah and Indiana, evidence of providing assistance to someone experiencing an overdose can be presented as a mitigating factor at sentencing to a conviction for possession of a controlled substance and/or paraphernalia. Utah allows evidence of providing assistance to someone experiencing an overdose to be used as an affirmative defense to an allegation of possession of a controlled substance and/or paraphernalia.

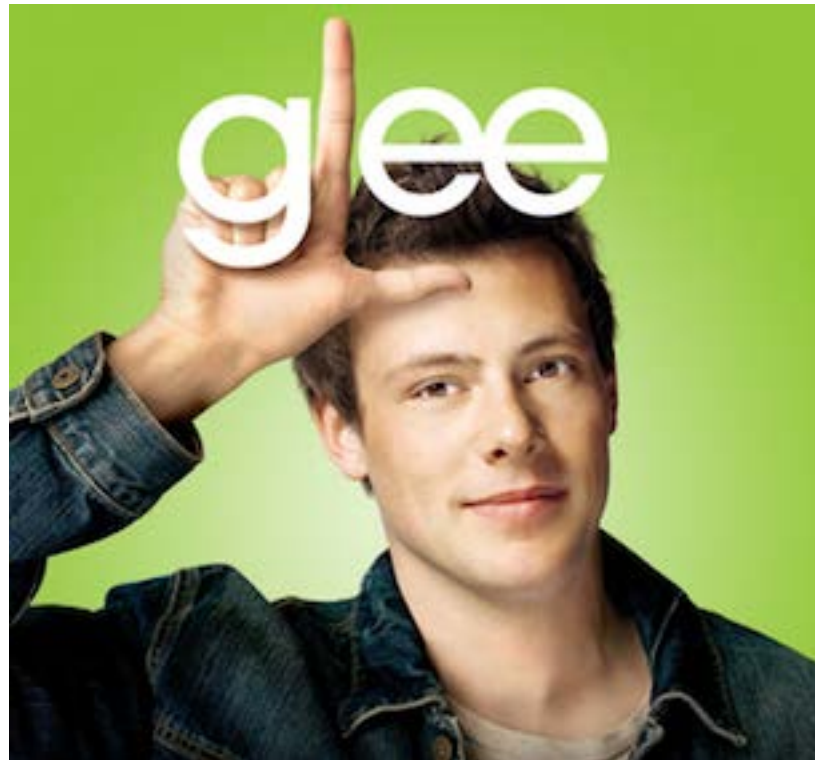
<sup>4</sup> Only applies to peace officers

Source: Office of National Drug Control Policy (ONDCP) searches of state legislative information from the following online databases yielded the information on the chart, and were current as of November, 2014:  
<https://ed-ance.lawis.com>  
<http://www.cqstatetrack.com/>  
<http://openstates.org/>



# In Conclusion

120 Americans are lost everyday to overdose, an epidemic with mortality rates similar to the peak of the HIV/AIDS epidemic.



# Acknowledgements

- Dr. Sharon Stancliff, MD
- Eliza Wheeler, MA
- Corey Davis, JD



**American Society of Addiction Medicine Report:**

**-Reimbursement and coverage discrimination  
(medication and counseling)**

**-Few treatment providers**

**Structural discrimination and stigma**

**Cultural resistance to treating addiction as a disease  
with medical interventions**

**Poor referral networks**

