



## **STATEMENT OF URGENCY: ADDRESSING THE OPIOID EPIDEMIC IN THE UNITED STATES**

Opioid use in the U.S. is at epidemic proportions, despite proven and available prevention and treatment interventions that can be implemented and brought to scale to effectively combat the epidemic. As a result of increased opioid use, an alarming increase of hepatitis C virus (HCV) and HIV infections and overdose exist among people who inject substances. Without urgent intervention and increased leadership, far too many Americans will be lost to addiction, infectious diseases and overdose. As a nation, we must mount an urgent, compassionate and effective response to the opioid epidemic.

These serious health issues for Americans are finally receiving increased attention from policy makers, the media and the public. The **National Alliance of State and Territorial AIDS Directors (NASTAD)**, calls for an **immediate, comprehensive, effective and science-based approach to address the prevention, care and treatment needs of individuals at risk for or living with substance use disorders.**

Health department infectious disease programs have a long history of supporting the HIV and HCV prevention needs of people who inject drugs. This commitment to positive health outcomes and expertise of the unique needs of this population position infectious disease programs as key implementers in our nation's response to this challenge. These epidemics are the responsibility of federal, state and local governments; not-for-profit organizations; health systems and payers; and individuals who seek a society in which people with substance use challenges deserve high-quality health services, free from stigma and discrimination. With leadership from health department infectious disease programs, all stakeholders must join together and mount a comprehensive response to turn the tide on these epidemics.

A coordinated national response must include:

**Substance Use Prevention and Treatment** – Individuals at risk for substance use or who are living with substance use disorders must have increased access to prevention and treatment services on demand. This includes increased access to inpatient and outpatient treatment facilities and fully scaling up the use of medication assisted therapies such as buprenorphine and methadone. Services that are tailored to address substance use among young people are critical. These services should be available at a price that is not a barrier to their use.

**Mental Health Treatment** – Many substance use disorders are linked to a lack of access to mental health services. Individuals should have increased access to a variety of mental health providers offering cognitive behavioral therapy, pharmacologic treatments and group level interventions. Additionally, services that effectively address the intersection between substance use and mental health issues among young people remain critical in order to mount an effective response among this population. These services should be available at a price that is not a barrier to their use.

**HCV and HIV Prevention** – Individuals who inject drugs should have access to sterile needles and injection equipment to prevent the acquisition or spread of blood borne infections. These needles and equipment should be easily available through syringe services programs, pharmacies, health departments, health care providers and community based organizations. Federal, state and local restrictions on access to sterile needles and injection equipment should be eliminated, including the Congressional ban on the use of federal funds for this effective intervention. Furthermore, other preventive strategies that address drug user health such as sexually transmitted infection screening, hepatitis A and B vaccinations and wound care should be incorporated into HCV and HIV prevention programming.

**HCV and HIV Treatment** - For individuals with substance use disorders who are living with HCV and/or HIV, treatment for these infections should be available without restriction. Private and public insurance treatment eligibility requirements based on length of sobriety for HCV treatment are discriminatory and at odds with clinical guidelines and evidence. Payers should maximize access to HCV treatment to accomplish health promotion and disease prevention objectives and increase cure rates without increasing stigma. Withholding HCV treatment also increases the likelihood of continued transmission. Medical providers should offer medication assisted therapies for substance use disorders while simultaneously treating HCV and/or HIV. HCV and HIV treatment should be available to all, with price and other access restrictions not being barriers.

**Access to Sterile Syringes** - The Congressional ban on the use of federal funds for syringe services programs must be lifted. These programs, steeped in decades of science that support their efficacy, provide lifesaving tools to protect individuals from blood borne infections, in addition to other medical services and linkage to substance use and mental health treatment. Efforts to support broader access to sterile syringes on the state and local level through mechanisms such as legislation, local approval, policies and/or funding for syringe services programs and pharmacy sales are essential in bringing sterile syringe access to scale.

**Overdose Prevention** – Individuals with substance use disorders, as well as their families and other support networks, should receive information about the risks of overdose, the use of naloxone and the importance of seeking emergency assistance should an overdose be suspected. Naloxone should be available without restriction through syringe services programs, pharmacies, health departments, health care providers and community based organizations. Naloxone should be available at a price that is not a barrier to its use. Additionally, the adoption of “Good Samaritan” laws, which offer legal protection to bystanders offering aid and seeking emergency medical services, are imperative in the promotion of effective overdose prevention.

**Provider Education, Capacity and Expertise** – Education and ongoing training for health care providers must include diverse approaches to chronic pain management in order to reduce incidence of dependence and addiction to opiates. Health care providers working in rural and underserved areas can leverage emerging technologies and practices such as telemedicine to better serve people with substance use disorders. All providers interacting with people with substance use disorders should provide high quality, culturally competent and client centered services to address the complex needs of their patients.

**Sustained Support for People in Recovery** – Ongoing support is important for people in recovery. Through formal after-care or 12 step programs or through informal support of colleagues, family and friends, recovery is a lifelong process. Increased resources should be dedicated to ensuring support is available for individuals (and the support networks of those individuals) in recovery.

**Public Health vs. Law Enforcement Approach** – The opioid epidemic and our nation’s response should be addressed as a public health emergency. Drug policies of the past have proven ineffective in addressing the prevention, care and treatment needs of people with substance use disorders. We are encouraged to see a shift in emphasis on the public health approach to addressing the health needs of individuals with substance use disorders. Public health and law enforcement, including prosecuting attorneys, should continue to establish meaningful partnerships and protocols to achieve state and local prevention and treatment goals which are rooted in positive public health outcomes.

**Active Engagement of People with Substance Use Disorders** – No one is more expert in the experiences and needs of people with substance use disorders than the individuals themselves. All policy and program decisions related to opioid prevention and treatment, HCV and HIV prevention, care and treatment as well as overdose prevention should include the active engagement of people with substance use disorders.

**Strong Public and Private Insurance Protections** - As millions of people gain access to Medicaid and private insurance coverage through the Affordable Care Act, it is imperative to ensure that access to insurance translates to meaningful access to mental health and substance use disorder services. Benefit mandates, non-discrimination provisions and parity requirements must be enforced in ways that ensure access to the range of prevention, treatment and overall drug user health services outlined above.

These public health and policy interventions have been demonstrated to be effective through research and practice. Unfortunately, they are not currently available to all who need them, are not adequately funded and often do not receive the prioritization of policy makers at the federal, state or local level. As the opioid epidemic is both a rural and urban issue, it is important to assure that effective prevention and treatment services are available in all areas.

Changing the course of the opioid, HCV, HIV and overdose epidemics requires an honest and critical examination of efforts among all stakeholders. Expanded federal, state and local investment in substance use prevention and treatment, infectious disease and overdose prevention and care and treatment programs is paramount.

NASTAD and its members re-commit to prioritize and implement effective public health programs addressing the continuum of prevention and treatment services for this population and will continue to advocate for increased and targeted resources as well as accessible programs and policies that incorporate best practices in order to urgently combat the opioid epidemic.

Approved by NASTAD's Executive Committee on June 18, 2015.