

A network diagram consisting of approximately 15 grey circular nodes of varying sizes connected by thin grey lines. The nodes are arranged in a non-uniform pattern across the page, with some nodes having multiple connections and others having only one or two.

A NATIONAL PLAN TO

ADDRESS OPIOID MISUSE



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In partnership with:



525 Foundation
The Ad Council
Advocates for Opioid Recovery
American Association for Psychoanalysis in Clinical Social Work
American College of Occupational and Environmental Medicine
American College of Osteopathic Emergency Physicians
Arizona Chapter of the National Safety Council
Architectural Wall Systems, Inc.
Brady's Hope
California Consortium of Addiction Programs & Professionals (CCAPP)
Captive Resources
Chesapeake Region Safety Council
Citizens for Effective Opioid Treatment
Connecticut Certification Board
Cory's Cause
Davis Direction Foundation
DisposeRx
Firmenich
Fletcher Group
FOA Families of Addicts
Houston Area Safety Council
International Certification & Reciprocity Consortium (IC&RC)
Iowa-Illinois Safety Council
Laborers' Health & Safety Fund of North America
Liver Health Initiative
LTM Foundation
Matt Adams Foundation
Minnesota Safety Council
National Association for Behavioral Healthcare
National Health Care for the Homeless Council
National Safety Council ArkLaTex Chapter
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National Safety Council of Northern New England
National Safety Council Ohio Chapter
North Dakota Safety Council
Northeastern New York Safety and Health Council
Oklahoma Safety Council
Operation RX
Parkdale Center for Professionals
Renown Health
Students Against Destructive Decisions (SADD)
Safe States Alliance
Safety and Health Council of North Carolina
Safety Council of Western New England
Save the Michaels of the World
Seedorff Masonry, Inc.
Seedorff Masonry Industries Company
Shatterproof
Society for Public Health Education
South Dakota Safety Council
Southeastern Chapter – National Safety Council
Southwest Airlines
Stericycle
Tennessee Safety and Health Council
The Kennedy Forum
U.S. Steel
Utah Safety Council
Wisconsin Safety Council
Wyoming-Montana Safety Council

Authored by:





A NATIONAL PLAN FOR ADDRESSING OPIOID MISUSE

For the first time in U.S. history, a person's lifetime odds of dying from an accidental opioid overdose (1 in 96) have eclipsed the odds of dying from a motor vehicle crash (1 in 103). The opioid crisis takes more than 130 lives each day and requires a coordinated, immediate response from various stakeholders, including federal and state governments, public health agencies, health and safety organizations, community-based organizations and non-profits, youth-focused organizations, medical professionals and centers, employers, and an educated public willing to advocate its own medical decisions.

The National Safety Council has assembled a comprehensive plan – endorsed by the organizations listed on page 2 of this paper – that any candidate for President of the United States could adopt to ensure opioid misuse in the U.S. is addressed thoroughly, thoughtfully and effectively. The organizations supporting this plan urge all presidential candidates to examine their existing strategies and close gaps, or adopt this plan in full for the safety and wellbeing of the constituents they are vying to represent and protect.

These needs and actions are intertwined and interdependent – one tactic cannot be effective without another. The recommendations in this plan are laid out based on the life cycle of addiction – from inception to recovery – and take into account societal factors and influences such as employment, data collection, enforcement and pharmaceutical litigation. We must ensure targeted, appropriate and sensitive interventions throughout the life cycle of opioid use and misuse are designed, implemented and evaluated.

PREVENTION EFFORTS

- **Expand and enhance research and development of evidence-based prevention programs**
 - Screen upon prescribing for familial or individual history of addiction and substance use disorders (SUDs)
 - Develop early intervention programs, such as Screening, Brief Intervention, and Referral to Treatment (SBIRT) and other evidence-based interventions
 - Expand drug take-back programs to include safe disposal sites at pharmacies, police stations and municipal buildings, and increase the presence of secure, free-standing drop-boxes in the community
 - Expand access to in-home drug deactivation and disposal technologies
- **Reduce the availability and supply of illicit drugs in the U.S.**
 - Disrupt, dismantle and defeat drug traffickers and their supply chains
 - Work with international partners
 - Combat illicit internet drug sales
 - Focus federal government efforts against illicit drug delivery through the mail and express consignment networks
 - Interdict the flow of drugs across physical borders and into the U.S.
 - Disrupt and dismantle the illicit drug production infrastructure
 - Leverage the full capabilities of multi-jurisdictional task force programs
 - Enhance law enforcement capacity

See “Prescriber and Medical Community Efforts” for detailed strategies for addressing prescriber's role in reducing supply and enhancing prevention efforts

PUBLIC EDUCATION AND STIGMA REDUCTION EFFORTS

- **Enhance understanding of how community, environmental and individual factors as well as other social determinants of health increase the risk of developing a substance use disorder and impact its treatment. Some of these complicating factors and circumstances include:**
 - Socio-economic status
 - Mental health conditions
 - People who have experienced trauma (including Adverse Childhood Experiences [ACEs])
 - Women
 - LGBTQ people
 - People of color
 - Native Americans
 - Veterans
 - Rural Americans
 - Incarcerated persons
- **Increase accessibility of evidence-based, youth- and teen-focused education initiatives and interventions**
- **Support organizations launching public education campaigns aimed at increasing understanding of the risks of opioids and how to ask prescribers for alternatives**
- **Increase awareness of the myriad impacts the opioid crisis has on families, their experiences and familial structure**
- **Initiate actions to reduce stigma, including increasing education and altering language to remove derogatory, stigmatizing and judgmental words and phrases**
- **Implement contact-based strategies – messaging between people with substance use disorders, people in recovery and those without substance use disorders – when possible, humanizing the disorder and emphasizing treatment effectiveness**
 - Normalize recovery in public discourse through a nationwide public education campaign elevating survivors of substance use disorders
- **Publicly recognize institutions for implementing actions that reduce stigma**
- **Increase research on stigma**

PRESCRIBER AND MEDICAL COMMUNITY EFFORTS

- **Address the role prescribers and prescribing play in the opioid crisis:**
 - Mandate use of Prescription Drug Monitoring Programs (PDMP)
 - Continue to assess and evaluate long-term impacts of PDMPs on the opioid crisis; ensure PDMP use and best practice evolves accordingly
 - Mandate prescriber education on opioids and their use for acute and chronic pain
 - Mandate addiction education for medical professionals who write prescriptions
 - Continue to evaluate and update prescriber guidelines, including the CDC Guideline for Prescribing Opioids for Chronic Pain, and standardize use for anyone who prescribes opioids
 - Ensure individuals with chronic pain for whom usage of opioids is the appropriate pharmacotherapy are not denied access to these medications, and that accompanying risks are mitigated as much as possible
- **Increase research on pain and addiction**
 - Enhance research into non-opioid pain management methods for both acute and chronic pain
(See “Treatment Efforts” for detailed research suggestions)
- **Improve training and education of the non-addiction specialist medical workforce – including but not limited to primary care, emergency department, acute care and mental health professionals – on addiction science and assessing for substance use disorders**

HARM REDUCTION EFFORTS

- **Expand and enhance research and development of evidence-based harm reduction services and programs, including but not limited to:**
 - Syringe exchange services
 - Community-based take-home naloxone distribution programs for people who use opioids
 - Supportive housing and other services built on harm reduction philosophies for people living with addiction

NALOXONE EFFORTS

- **Expand and enhance research and development of evidence-based naloxone education and distribution programs, prioritizing people at highest risk of experiencing or witnessing an opioid overdose**
 - Ensure every state has comprehensive Good Samaritan laws in place to protect people who use naloxone to treat someone suspected of overdosing from negative legal consequences, regardless of legal status
 - Support community-based take-home naloxone distribution programs for people who use opioids
- **Ensure naloxone is covered by insurance co-pays**
 - Make naloxone available with every opioid prescription received at a pharmacy
- **Expand access to naloxone to the above groups, first responders and other community members and settings – including entities such as libraries, hotels and public transit stations, among others – with higher incidence of opioid overdose**
- **Support education campaigns for the general public to recognize signs and symptoms of an opioid overdose, “and understand how to access and use naloxone**

EMPLOYER EFFORTS

- **Urge employers to enhance existing drug-free workplace policies to include policies for employees with opioid use and other substance use disorders so they can, among other strategies:**
 - Support employees to return to work during and following treatment
 - Have the flexibility to accommodate employees who are prescribed opioids
- **Urge employers to educate supervisors and managers about the signs of opioid misuse so employers can spot early symptoms**
- **Ensure all workplaces have naloxone on-site and that emergency response staff members are trained on how to administer it**
- **Expand Employee Assistance Programs (EAP) to provide barrier-free preventive services, screening and early identification services, short-term counseling, referral to specialty treatment and other behavioral health interventions related to opioid use and misuse**
- **Expand insurance plans to ensure coverage of non-opioid pain treatment options, including but not limited to non-opioid pharmacology, physical and occupational therapy. Ensure coverage of evidence-based treatment for opioid use disorders and address other disparities and gaps in healthcare benefits.**
- **Support a stigma-free, recovery-friendly workplace culture**

DATA COLLECTION EFFORTS

- **Require states to screen for and identify all drugs present in overdose fatalities**
- **Require hospitals, EMTs, law enforcement, coroners and medical examiners to promptly report drug overdoses to the appropriate jurisdictional authority or authorities**
 - Require said jurisdictional authority to report out on data points, including but not limited to drugs present during toxicology screen, de-identified demographic data and other points as determined
- **Expand and enhance reporting on non-fatal opioid overdoses**
 - Support and expand capacity at state and local public health laboratories to detect and identify opioids and novel fentanyl analogues associated with non-fatal overdoses with the aim of informing and maximizing the impact of public health interventions
 - Require hospitals, EMTs, law enforcement, coroners, medical examiners and other entities to promptly report non-fatal drug overdose reversals to the appropriate jurisdictional authority
- **Expand and enhance other reporting systems such as those developed by the CDC, HHS, CMS, and AHRQ**

INSURANCE PROVIDER EFFORTS

- **Increase coverage of non-opioid pain management methods**
- **Increase coverage of medications for addiction treatment and other therapies – including but not limited to behavioral health and other cognitive therapies – that support people seeking recovery, including in government-sponsored insurance plans**
- **Enforce and prioritize the Mental Health Parity Act**
 - Ensure all insurance plans are compliant with federal and state parity laws

LAW ENFORCEMENT, FIRST RESPONDER AND CRIMINAL JUSTICE SYSTEM EFFORTS

- **Require all first responders, including law enforcement, to carry naloxone and be trained on how to administer it**
- **Train first responders on using appropriate personal protection equipment and other tactics to prevent accidental exposure to high-potency opioids (including fentanyl and its analogues), recognizing symptoms of exposure to these substances, how to handle accidental exposure, and how to administer first aid and naloxone if exposed in the line of duty**
- **Encourage law enforcement agencies to allow local residents to turn in illicit substances without fear of legal retribution**
- **Research the links among substance use, criminal justice system involvement, and barriers to treatment and recovery**
- **Expand the use of specialty courts – including but not limited to drug courts and mental health courts – and other interventions to prioritize treatment over incarceration for individuals involved in the criminal justice system**
- **Ensure individuals in correctional facilities have access to evidence-based treatment methods**
 - Provide medications for addiction treatment (MAT) in correctional facilities
 - Research and implement naloxone provision programs for people with an opioid use disorder as they experience re-entry. People who are re-entering and have a history of opioid use are 40 times more likely to experience a fatal overdose than people using opioids who were never incarcerated.
- **Expand the training and use of Drug Recognition Experts (DRE)**
- **Provide culturally sensitive and linguistically appropriate crisis intervention services and provide training for all first responders**

TREATMENT EFFORTS

- **Expand and enhance research and development of evidence-based treatment programs and other programming to treat and manage opioid use disorders**
 - Increase access to MAT – methadone, buprenorphine and other opioid agonist therapies; Vivitrol; and other opioid antagonist therapies
 - Encourage adoption of payment models that ensure collaborative, integrated care, and provide full coverage for treatment medications and therapies
 - Incentivize providers to get the DATA 2000 waiver to prescribe buprenorphine for opioid use disorder
 - Eliminate the cap on the number of patients whom providers with the DATA 2000 waiver can treat with buprenorphine
- **Expand and enhance research and development of specialized evidence-based treatment programs for vulnerable populations (such as those previously mentioned under “Public Education and Stigma Reduction Efforts”)**
- **Support community-based programs – such as housing services, job training and other initiatives – that assist individuals in treatment**
- **Expand the SUD workforce, especially professionals credentialed in the diagnosis of substance use disorders**
 - Ensure focus on cultural competencies and communication in order to effectively serve diverse populations (such as those previously mentioned under “Public Education and Stigma Reduction Efforts”)
 - Concentrate on recruiting credentialed professionals by using incentives such as loan repayment programs as well as retention
 - Examine and prioritize reimbursement rates, improving working conditions, preventing burnout, and removing bureaucratic obstacles and other factors that cause current professionals in the field to leave
- **Expand and enhance the public reporting of quality measures for all addiction treatment programs to guide individuals in locating evidence-based treatment**
- **Expand treatment capacity by removing barriers to telemedicine for addiction treatment**

RECOVERY EFFORTS

- **Expand and enhance research and development of evidence-based and promising recovery services and programs, such as peer-to-peer support programming and others**
- **Increase employment programs for people in recovery to ensure employees can return to work after successful completion of a treatment program**
- **Expand access to transitional housing, job training, employment and social services for people in recovery**

USE OF PHARMACEUTICAL COMPANY SETTLEMENT FUNDS

- **Ensure pharmaceutical company settlement funds are used to support all efforts and stakeholders listed above, and that amounts are driven by local injury and fatality data trends**
- **Hospitals, bound both by their missions and by federal law, have a responsibility to stabilize and treat any patient, regardless of their ability to pay, so they have borne much of the financial burden of addressing the nation’s opioid crisis**
- **Hospitals are vital community resources and have both the expertise and infrastructure needed to care for patients, other persons with opioid use disorder and others impacted, and help alleviate the opioid crisis**
- **Proceeds from the lawsuits against opioid manufacturers must be directed toward hospitals and other entities, including but not limited to health and safety organizations, as well as community-based organizations and non-profits, with the ability to address patient needs, the needs of other persons with an opioid use disorder, and the needs of others impacted – rather than allowing political entities to make funding decisions**



The National Safety Council is a mission-based organization, focused on eliminating the leading causes of preventable death and injury. We focus our efforts and thought leadership on impacting safety through three strategic pillars: Workplace, Roadway and Impairment - until the data tells us otherwise. Every one of our employees, member organizations and strategic partners have one thing in common: a commitment to enable people to live their fullest lives.

