



**July 7, 2017**

Dear Governor Christie and Members of the President's Commission on Combating Drug Addiction and the Opioid Crisis:

As former governors, we welcome President Donald Trump's attention to the critical issue of the opioid epidemic and the commission's work to address the tragic increase in opioid overdose deaths. Each one of us has experienced this issue in our states and the consequences of the epidemic have been felt acutely. Because of our experience at the state level, we offer the following suggestions to the President's Commission on Combating Drug Addiction and the Opioid Crisis to consider.

We believe some progress is being made to decrease the number of people misusing and overdosing from prescription opioids. The Centers for Disease Control and Prevention (CDC) reports that prescription opioid (including oxycodone and hydrocodone) involved overdose death rates decreased from 29 percent in 2010 to 24 percent in 2015.<sup>1</sup> Federal, state, and local governments have established policies to increase naloxone access, expand prescription drug monitoring programs and mandate their use, and significantly increase treatment dollars from the federal government through the 21st Century Cures Act. These and other responses were appropriate for the crisis as it presented itself in 2015 and 2016 and should continue.

However, the opioid epidemic of 2017 is different, requiring new federal and state responses that effectively address the increasing overdose death rates involving heroin and fentanyl, as well as heroin and fentanyl supply increases. We are also seeing increasing reports of fentanyl analogs such as the powerful and deadly drug carfentanil being combined with heroin. [Data from the CDC](#) confirms that increases in opioid involved overdoses are primarily driven by heroin and illicit fentanyl. CDC data show that, between 2014 and 2015, overdose deaths involving synthetic opioids (which includes fentanyl) increased 72.2 percent and heroin involved overdose deaths increased 20.6 percent.<sup>2</sup> In addition, the Drug Enforcement Administration (DEA) reports stark increases in lab testing of fentanyl, per the National Forensic Laboratory Information System (NFLIS). [NFLIS](#) reported 14,440 lab submissions testing positive for fentanyl in 2015, up from 4,697 in 2014.

Given these facts, we offer the following recommendations for the commission's consideration:

## 1. Curb Illicit Supply

**Trafficking.** In addition to working closely with Mexico to reduce heroin production and trafficking, and with China on the supply of illicit fentanyl, the administration should consider legislative solutions to better track and interdict fentanyl and other illegal synthetic opioids. Senators Markey (D-MA) and Portman (R-OH) are each lead sponsors of two pieces of legislation to address illicit fentanyl trafficking. Senator Markey's bill, the [INTERDICT Act](#), requires Customs and Border Protection (CBP) to purchase more instruments that enable the detection of fentanyl coming through parcel post or U.S. ports of entry. The second piece of legislation, Senator Portman's [STOP Act](#), requires additional shipping information to be provided on packages shipped through the U.S. Postal Service and private carriers. The legislation's intent is to enable CBP to better identify shipments of illicit fentanyl. The commission should consider the following: Direct CBP to develop and implement a plan to more effectively track and interdict illicit fentanyl shipments and work with Congress to pass bipartisan legislation to improve tracking and interdiction of illicit fentanyl.

**First Responders.** Carfentanil is a Schedule II controlled drug, an analog of the synthetic opioid fentanyl used to tranquilize large animals. Reports have surfaced in the past year of heroin being laced with this deadly synthetic opioid. The DEA has issued [alerts](#) warning law enforcement of the dangers of handling this substance. Further, the CDC recently released [guidelines](#) for first responders who may come into contact with fentanyl and its analogues. The commission should consider the following: Direct federal agencies to ensure that first responders (law enforcement, medics, and firefighters) are properly trained in how to respond to overdose sites where carfentanil and other fentanyl analogs might be present.

## 2. Curb Unnecessary Prescription Opioid Supply

**Training.** There is an urgent need to increase training of health care professionals in the science of addiction and proper opioid prescribing. [The CDC Guideline on Prescribing Opioids for Chronic Pain](#), released in 2016, has been adopted in many states and in medical schools nationwide. In addition to training on proper opioid prescribing, there remains a need for prescribers to better understand the nature of addiction and how to prevent, screen, and treat it. The commission should consider the following: Tie the renewal of a controlled substances license, obtained through the DEA, to a requirement for a course in proper opioid prescribing and addiction. Medical specialty societies could design and offer the courses so they are relevant to the practitioner. The Food and Drug Administration (FDA) should also consider adding such training requirements to a Risk Evaluation and Mitigation Strategy for any newly approved opioids.

**Prescription Drug Monitoring Programs (PDMPs).** Every state (except for Missouri) and the District of Columbia has a PDMP. PDMPs provide health care professionals with a record of a patient's prescription drug history. By examining this database, a health care provider can see if the patient is obtaining opioids from multiple prescribers, which may indicate the patient has an opioid use disorder. With this information, the health care provider then has an opportunity to intervene, to refer the patient to treatment or other services. Federal grant funding for PDMPs is provided primarily through the Bureau of Justice Assistance (BJA) at the Department of Justice. The commission should consider the following: Include language in BJA grants to provide incentives to make PDMP checking mandatory and to train providers in screening, brief intervention, and referral to treatment techniques. Federal grant funding should also be used to encourage states to adopt best practices such as increasing interoperability among state PDMPs, providing delegation authority, and integrating PDMPs with electronic health records.

### **3. Treat and Promote Recovery**

**Medicaid.** Medication-assisted treatment, which combines FDA-approved medications buprenorphine, methadone, and naltrexone with behavioral therapies, is considered the most effective treatment for opioid use disorders. Medicaid pays for a substantial share of treating opioid use disorder (for example, between 35 and 50 percent of all medication-assisted treatment in Ohio, Kentucky, Massachusetts, Maryland, and West Virginia, all states with high opioid overdose rates, is paid by Medicaid). Under the Better Care Reconciliation Act of 2017 being debated in the U.S. Senate, the Congressional Budget Office estimates that 15 million people would lose Medicaid coverage in the next 10 years. This would occur through phasing out Medicaid expansion and shifting the entire program to a per-capita cap system. While Democrats and Republicans have stark differences of opinion about the future of the Medicaid program, the commission should consider the following: Preserve, and not roll back, current Medicaid funding for opioid use disorder treatments and support states to seek innovative ways to enhance coverage for patients with opioid use disorders through the use of federal Medicaid waivers. Importantly, beyond opioids, we do believe that Medicaid poses a significant challenge to our nation's fiscal health and to that end we have urged Congress to consider provider payment reform as one means of reducing overall Medicaid and health care costs.

**Federal Grant Programs.** Through the [21st Century Cures Act](#) and the [Comprehensive Addiction and Recovery Act](#), as well as through other existing federal grant programs, the federal government is providing resources to states to address the opioid epidemic. Given this investment, it is important, therefore that these new and existing funding programs are optimized and blended with other related grant programs provided to states through executive branch departments such as Housing and Urban Development and Education. The commission should consider the following: The [Office of National Drug Control Policy](#)

(ONDCP) should coordinate these grant programs through its existing authorities and ensure that grants are blended and potential duplication is eliminated. To accomplish this, ONDCP should be reauthorized, adequately funded, and staffed to perform its key role of coordinating federal drug policy.

**Recovery Supports.** Since substance use disorders are chronic, relapsing diseases, individuals in recovery require supports that may include employment, housing, education, and ongoing treatment services. Relapse rates for substance use disorders are similar to [diseases such as diabetes](#) and recovery supports can help patients who relapse. Recovery supports are provided through peer networks for reentry populations, individuals released from emergency rooms after an overdose, or for pregnant or parenting women. The commission should consider the following: Given that treatment should not be viewed in isolation, certify that all federal funding for treatment include ongoing recovery supports to aid an individual in ongoing recovery.

#### **4. Educate America**

**Reduce Stigma.** As discussed at the [commission's public meeting](#), stigma plays a significant role in the opioid epidemic. A [2014 Johns Hopkins](#) study highlighted societal attitudes toward people with substance use disorders. [Respondents](#) held more negative views toward people with substance use disorders than toward individuals with mental health conditions. These negative perceptions made them less likely to support public policies to help people with substance use disorders. [Studies](#) have also shown that these same attitudes are held by most medical professionals. The commission should consider the following: Ensure all federal officials offer consistent messaging that addiction is a disease requiring a public health approach based on science and evidence. This can be done by joining with national organizations in the private sector dedicated to addressing the stigma of addiction.

**Syringe Services Programs.** In 2015, Scott County, Indiana experienced an outbreak of HIV and Hepatitis C due to increased rates of injection drug use necessitating then Governor Mike Pence to issue an executive order allowing syringes to be distributed in the county. Since then, the Centers for Disease Control and Prevention, [found](#) that 220 counties were at risk for similar outbreaks due to injection drug use linked to the opioid epidemic. Evidence confirms that syringe services programs can decrease infectious diseases, provide naloxone to reduce overdoses, and provide referrals to treatment, as well as other interventions. The commission should consider the following: Ensure federal officials publicly state support for and not restrict financial resources to syringe services programs.

**Neonatal Abstinence Syndrome.** [Neonatal abstinence syndrome \(NAS\)](#) is experienced by infants following birth if they have been exposed to opioids due to their mother's opioid use disorder. Infants with NAS have lower birth weights, experience irritability, tremors, and other symptoms due to withdrawal from opioid exposure. The majority of women, [60 percent](#), giving birth to infants with NAS are covered by Medicaid. The commission should consider the following: Conduct a targeted campaign through Medicaid encouraging evidence-based prenatal care and treatment for women with opioid use disorders and care for infants born with NAS.

Thank you for considering these recommendations. We would be happy to discuss these with you and are pleased to join you in this important work.

Sincerely,



Mike Beebe, former Governor  
State of Arkansas



Jim Douglas, former Governor  
State of Vermont



Steve Beshear, former Governor  
State of Kentucky



Linda Lingle, former Governor  
State of Hawaii



Christine Gregoire, former Governor  
State of Washington

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<sup>1</sup> Hedegaard H, Warner M, Miniño AM. Drug overdose deaths in the United States, 1999–2015. NCHS data brief, no 273. Hyattsville, MD: National Center for Health Statistics. 2017

<sup>2</sup> Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. MMWR Morb Mortal Wkly Rep 2016;65:1445–1452. DOI. Available at: <http://dx.doi.org/10.15585/mmwr.mm65051e1>.