



National City-County Task Force on the Opioid Epidemic

Summary of the Task Force's Inaugural Convening

April 7, 2016 | Washington, D.C.

Introduction

The National City-County Task Force on the Opioid Epidemic was convened by the National League of Cities (NLC) and the National Association of Counties (NACo) in March, 2016 to explore how cities and counties are working to address the opioid epidemic and to share proven solutions with local leaders across the country. The Task Force also aims to increase awareness of the opioid epidemic and provide policy recommendations to local, state and federal governments.

On April 7, 2016, the inaugural meeting of the Task Force was held at the Bipartisan Policy Center in Washington, D.C. Task Force members were joined by national experts to assess the scope of the prescription drug and heroin epidemic and to begin discussing how cities and counties can help to stem the tide of the epidemic at the local level. The discussion – which was separated into conversations on facts and trends; prevention and education; treatment; and public safety and community wellness – is summarized below.

The Task Force will meet again in the summer of 2016 to continue these discussions and will publish a report featuring policy recommendations and best practices in the fall. For up-to-date information related to the Task Force, and a list of Task Force members, please visit www.naco.org/OpioidTaskForce or <http://www.nlc.org/build-skills-and-networks/resources/addressing-the-opioid-epidemic>.

Welcoming remarks by Task Force co-chairs and introduction of members

The National City-County Task Force on the Opioid Epidemic is co-chaired by Judge Gary Moore of Boone County, Kentucky and Mayor Mark Stodola of Little Rock, Arkansas.

In opening remarks to the Task Force, co-chairs Judge Gary Moore and Mayor Mark Stodola spoke of the impact of the opioid epidemic in their own communities and the urgent need for action to prevent further drug abuse and related deaths in communities across the country. The co-chairs called on city and county officials throughout the nation to take the lead on addressing this epidemic and called on the Task Force to find and uplift effective local solutions to curb the use and abuse of opioids.

During roundtable introductions, Task Force members shared troubling statistics and anecdotes related to the impact of the epidemic in their hometowns. Localities represented on the Task Force have seen as many as 11 overdose deaths per week in 2016; others have seen overdose deaths of individuals as old as 90 and as young as one, with an average age of 39 for overdose deaths in one county. States represented on the Task Force see as many as 19 prescriptions per year written for each individual. Fentanyl has invaded many communities represented on the Task Force, acting as a deadlier and often cheaper cousin of heroin and prescription drugs.

Some communities have begun to see reductions in overdose rates through community engagement, harm reduction practices and increased utilization of the overdose antagonist Naloxone. In many communities, drug dependence drives crime, and justice systems are often ill-prepared to help provide

needed treatment for drug dependent individuals who come into contact with their courts and jails, leading to cycles of drug abuse, crime and incarceration that often end in social isolation or overdose.

Opening presentation and discussion

Following introductions, the open-data firm Socrata shared a presentation titled “America in Crisis: Opioid Addiction,” which used national, state and local data to highlight key facts and trends related to the opioid epidemic. You can view Socrata’s presentation, including interactive sections, [here](#).

In the presentation, Socrata demonstrated the staggering escalation of the opioid epidemic throughout the U.S. in the past decade, as well as its broad impact on urban, rural and suburban areas alike. The presentation demonstrated a link between the economic health of a state and the scope of its opioid crisis – states with booming economic performance generally are less affected by opioid use and overdose. Harmful byproducts of the epidemic were also demonstrated through data, like the outbreak of HIV/AIDS in a small community in Indiana as a result of needle sharing among heroin users; according to Socrata, the community represented less than one-tenth of one percent of the state’s total population, but accounted for twenty-five percent of its HIV/AIDS cases.

In response to Socrata’s presentation, Task Force members stressed the importance of ensuring that national data is up-to-date and truly reflective of the rates of overdose in local communities, so that policy decisions based on that data have a greater chance of success. Some members of the Task Force expressed skepticism about the veracity of currently available national data on overdose rates in their local communities; this inaccuracy was said to stem in part from underreporting at the local level. Localities may underreport overdose rates because of the stigma that the actual rates may bring to their community. In other cases, national data may simply be out-of-date, and issues related to standardization of reporting – or lack thereof – may also contribute to incomplete or inaccurate national data on the scale of the opioid epidemic.

Issues of accuracy aside, the importance and potential impact of data were embraced by the Task Force, both in assessing the true scope of the epidemic to build effective solutions and in finding areas that have been less impacted and exploring the reasons underlying this reduced prevalence.

Prevention and education

For its conversation on prevention and education, the Task Force was joined by Robert Morrison, Executive Director of the National Association of State Alcohol and Drug Abuse Directors (NASADAD). Mr. Morrison began by drawing a distinction between the prevention of overdoses and deaths and the prevention of drug use generally. Even as the large number of overdoses and deaths brings more and more attention to overdose prevention, Mr. Morrison stressed that these important life-saving efforts should not come at the expense of preventing drug abuse generally. In order to truly stem the tide of overdoses and deaths, prevention efforts must be aimed at stopping individuals from abusing prescription painkillers and using heroin, whether or not such abuse and use leads to overdose.

In continuing the conversation, Task Force members and Mr. Morrison focused on the importance of understanding the root causes of the opioid epidemic in efforts to stem its tide. Local leaders must understand the rising demand for painkillers and heroin and the factors that are driving it in order to implement sustainable solutions. Without an understanding of these factors, painkillers, heroin and fentanyl use might be curbed, but they will soon be replaced by other drugs.

Among driving factors of this epidemic, Task Force members highlighted pervasive and untreated mental health issues in local communities, the economic struggles of many individuals throughout the country,

and an overwhelming culture of prescription drug use driven in part by the pharmaceutical industry and its advertisement practices and exasperated by careless prescription practices of many medical professionals, who are partially incentivized to carry on these practices because they are ranked on the effectiveness of patient pain management.

In discussing effective drug abuse prevention efforts, the Task Force stressed the importance of working in local coalitions that include city and county leaders, parents, teachers, law enforcement officials, businesses and faith leaders. Through these coalitions, local leaders can take charge of responding to the opioid epidemic in their communities rather than accepting drug abuse as the norm. Federal funding is available for building these coalitions and should be utilized. The importance of prevention efforts tailored to each community and reflective of that community's particular root causes of the crisis was also stressed.

The Task Force also focused on the importance of education on drug abuse from the earliest possible stages, especially through peer-to-peer interactions, as well as collaboration with educational departments. Stigma was discussed by the Task Force as an obstacle to effective prevention and education efforts, as it can inhibit discussions of drug abuse, especially with younger individuals.

Further, the Task Force discussed the following solutions and potential policy changes:

- Some localities have made official public health disaster declarations in response to the opioid epidemic. Task Force members spoke of the effectiveness of these declarations in bringing attention to the crisis and in galvanizing support for solutions. Members stressed the importance of putting forth declarations in conjunction with strategies for action, including local task forces and coalitions
- Task forces and coalitions are perhaps most important at the local level, but regional task forces – such as the task force convened by three counties in Northern Kentucky – are also effective and important
- Incoming doctors and other prescribers must be trained on the dangers of opioid addiction, as careless prescription practices are a major driving force of the opioid epidemic
- Patient survey questions and rankings that assess the success of pain management practices by doctors should be eliminated where possible by the federal government and by insurance companies, as they incentivize doctors to prescribe drugs that are effective at treating pain but expose the patient to high risk of addiction
- In some communities, doctors who rank in the top 20 percent of prescribers must attend annual classes on the dangers of opioids
- Prescription drug monitoring programs have proven effective in many local communities, although some Task Force members questioned the practice of not monitoring methadone treatments as part of these programs
- Communication of information related to prevention efforts should not be overlooked; for example, one community has installed 12 drug take-back boxes throughout its jurisdiction, but has not taken sufficient steps to publicize the locations of these boxes
- Federal funding for prevention efforts should be utilized, and best practices can be uncovered by reviewing work done with previous grants
- Assessing and documenting the long-term benefits of prevention is an effective tool in advocating for greater investments in prevention
- Bulk purchasing programs operated by NACo and NLC should assess their prescription drug sale practices with an eye towards eliminating practices that contribute to the current epidemic

- Some communities fund prevention efforts and related coalitions through drug and alcohol fines
- Counter-advertising efforts, such as those that proved effective in increasing awareness about the dangers of cigarettes, could be effective in stemming the tide of this epidemic

Treatment

For its conversation on treatment, the Task Force was joined by Dr. Melinda Campopiano, Medical Officer for the Center for Substance Abuse Treatment of the Substance Abuse Mental Health Services Administration (SAMHSA). Dr. Campopiano began her remarks by highlighting the difference between detoxification and Medication Assisted Treatment (MAT). According to Dr. Campopiano, although detoxification or “rehab” may be perceived as a more desirable outcome for those struggling with drug addiction, such efforts do not change the underlying conditions or brain diseases that cause addiction. Further, individuals who participate in detoxification programs have a fifty percent relapse rate after 90 days, and those who relapse are at much greater risk of overdose death.

Dr. Campopiano went on to state that based on decades of experience, people who receive MAT and stay on the treatment reduce their all-cause mortality rate in half. The risk of contracting HIV is also reduced in half, and there is decreased criminal behavior and increased social function. Based on these factors, Dr. Campopiano asserted that not utilizing MAT is difficult to justify, and urged the Task Force to explore capacity issues and obstacles to MAT so that drug dependent individuals can have greater access to this treatment. She further asserted that MATs should not be viewed as a solution of last resort.

Task Force members responded to Dr. Campopiano’s remarks by highlighting the stigma that often accompanies MAT clinics and causes communities, and even local governments, to undertake efforts to keep these clinics out of their jurisdictions for fear of becoming a “location for all the addicts.” Dr. Campopiano responded that MAT clinics often attract drug dealers and others who wish to prey on the individuals who visit the clinics, and stated that more should be done to protect individuals visiting MAT clinics from those who would attempt to profit from their addiction. Dr. Campopiano also raised the point that just as communities are hesitant to bring MATs into their midst, medical doctors are also hesitant to begin participating in MAT because of the attached stigma.

Task Force members also cited the high cost of MAT clinics and associated drugs as an impediment to the establishment of these clinics. Dr. Campopiano responded that to some extent, this is a reflection of the high demand for drugs used in MATs in a free market. Task Force members expressed a desire to explore means of capping MAT costs or raising reimbursement rates as a way to increase access to MATs. Dr. Campopiano also made the point that the high cost of MATs should be viewed in the context of the many benefits they provide in overdose and crime prevention, which ultimately provide significant savings to local communities.

Task Force members further asserted that there remains an underlying suspicion about the science behind MATs and a widespread belief that such treatments simply replace one addictive drug with another. Dr. Campopiano responded that MATs may indeed replace one drug for another, but that there are important distinctions between these drugs such as heroin and methadone, the latter of which is often used in MATs. Whereas heroin is short acting and needs to be dosed multiple times a day, methadone is long acting and can be dosed just once per day, allowing individuals to function more normally. Ultimately, according to Dr. Campopiano, “addiction is about behavior,” and an individual’s behavior has proven to be healthier on MAT than on heroin.

Aside from these broad issues, Task Force members also stated that federal caps on the prescription of Suboxone – one of the drugs used in MATs – limit doctors in providing these treatments. Dr. Campopiano stated that the federal government is reassessing these caps and considering increases, and that waivers can be utilized to exceed caps in certain situations.

The conversation on treatment stressed the importance of ensuring that individuals participating in MATs are also receiving social services and supports that they need to be productive members of society, including mental health services, assistance with housing and jobs and removal of barriers to employment.

The Task Force also explored issues related to the treatment of individuals in jails. While some consider detoxification as the only option for individuals who are incarcerated, MATs in jails could potentially generate better outcomes. In any case, the federal practice of ending an individuals' Medicaid eligibility as soon as they are charged with a crime was criticized by Task Force members for placing additional strain on already stretched local budgets.

Lastly, Dr. Campopiano discussed the difficulty of tapering off MAT administration over time for individuals, due to bureaucratic barriers to lowering dosages in treatment, as well as individuals' fear of decreasing dosage or ending treatment.

Overall, the Task Force recognized the pivotal importance of MATs in efforts to curb opioid abuse and related deaths, and acknowledged that part of its mission is to help more individuals access this treatment locally despite the widespread stigma attached to MATs and skepticism of the science behind these treatments.

Public safety and community wellness

The Task Force's conversation on public safety and community wellness was led by Task Force members Police Chief Nick Willard of Manchester, New Hampshire and Supervisor Leticia Perez of Kern County, California, who previously served as a public defender in Kern County. Throughout its discussion, the Task Force focused on the importance of approaching the opioid epidemic as a public health crisis and not as a matter of crime. Criminalizing substance abuse is expensive and ineffective and often does not address the factors – such as mental illness – that drive drug abuse and related criminal behavior. In Manchester, New Hampshire, for example, despite seemingly successful enforcement efforts that led to a decrease in drug-related crimes, deaths related to opioid overdoses continued to rise because the enforcement approach did not effectively address the root causes of individuals' abuse of drugs.

In discussing the importance of taking a public health approach to this crisis, Task Force members also stressed the importance of reflecting upon past approaches to drug epidemics – namely the “War on Drugs” of previous decades – and exploring the reasons for differing approaches to these epidemics. The Task Force expressed a desire to acknowledge variances in these approaches that may stem from the racial and economic characteristics of the populations impacted by each epidemic – i.e., the perception that the crack epidemic affected largely urban African-American populations, while the current opioid epidemic affects a more suburban and Caucasian population.

In discussing effective local response to this epidemic, the Task Force again stressed the importance of local coalitions, specifically those that bring together law enforcement leaders, elected officials and public health leaders. The creation of a children's advocate was also cited as particularly important.

The Task Force also discussed the necessity of alternatives to arrest and incarceration. However, simply not arresting or incarcerating individuals is unlikely to curb the current opioid crisis; rather, individuals should be diverted to treatment programs operated by qualified professionals.

The importance of partnerships with private industry was also stressed, as those leaders can play a large part in helping individuals reintegrate into society following incarceration. Law enforcement departments can work with the business industry to help individuals increase their chances of employment.

Task Force members also spoke to the importance of messaging and publicity in defining the opioid crisis in local communities; local leaders should work to uplift individuals who are successfully dealing with addiction, as well as programs and efforts that have proven effective at stemming the tide of the crisis. In short, good news should be delivered along with bad news when possible, and local leaders should be involved in messaging to ensure that the public's focus is not just on the escalating crisis, but also on the resilience and response of the community.

Specific law enforcement solutions explored by the Task Force included:

- Drug courts were discussed by Task Force members as an effective model of alternative enforcement that aims to provide needed treatment to drug dependent individuals who come in contact with the criminal justice system
- Mandatory hospitalization of individuals whose overdose was reversed with Naloxone. Currently, many communities simply release individuals after the traumatic experience of an opioid overdose, increasing the likelihood of future overdoses
- Criminal charges can be brought against doctors and other medical professionals who over-prescribe opioids, and drug monitoring programs can be utilized as a means of finding such individuals
- Predictive analytics can give clues as to when people are likely to overdose, and law enforcement departments can utilize them to saturate local communities with law enforcement on those days
- Law enforcement can utilize phone records of individuals who have overdosed to locate and arrest drug dealers

Wrap-up and takeaways

In concluding its first convening, Task Force members expressed their desire to engage with city and county leaders and other stakeholders across the country in the coming months to broaden the scope of the Task Force's work and ultimately to produce a report that enables the Task Force to share policy recommendations and best practices with local, state and federal leaders throughout the country.

Particular issues that were flagged for future discussions include:

- Further discussion of the Massachusetts Municipal Association's report, *An Obligation to Lead*
- The use of social media to further the cause of drug abuse prevention
- Connections between opioid abuse and alcohol and marijuana usage, including implications of the legalization of marijuana

NACo and NLC will announce future convenings of the Task Force, as well as opportunities for city and county leaders to engage with the Task Force, in early May. If you have questions or comments related to the Task Force, please reach out to Jim Brooks at brooks@nlc.org or Hadi Sedigh at hsedigh@naco.org.