



Opioid Policy

- Opioid misuse, overdose, and deaths are preventable, yet in the United States more than [130](#) people die each day from opioid related drug overdoses.
- The opioid epidemic has social and financial implications for states, including spending on health care, social services, education, and criminal justice.
- Evidence-based ways to prevent opioid overdose deaths include reducing opioid prescribing, reducing exposure to opioids, preventing misuse, and treating opioid use disorder.
- CDC data has shown a [trend](#) in increased overdoses related to illicit opioids over the last several years, which has implications on the criminal justice and social service system, as well as the health care system.

Existing resources and policy tools that address opioids	What agencies in state government can address opioids	
<ul style="list-style-type: none"> - Trauma-informed approaches - State prescription drug monitoring programs - Health providers licensure authority - Public safety infrastructure 	<ul style="list-style-type: none"> - Offices of substance use services - Departments of behavioral health - Medicaid agencies - Public health agencies - Governors' offices 	<ul style="list-style-type: none"> - Licensing agencies - Justice departments - Social services agencies - Veterans' offices

State Policy Options

- Prevention of opioid use disorder.** States can use prescription drug monitoring programs, regulation of controlled substances, licensing of health care providers, drug formulary management, and other strategies to prevent opioid overdoses and harm.
 - **Prescription drug monitoring programs.** States can pass legislation and promulgate regulations that require prescribers to consult prescription drug monitoring programs when prescribing opioids or other scheduled drugs.
 - **Prescribing guidelines.** States promote use of CDC's 2016 [Guideline for Prescribing Opioids for Chronic Pain](#), stay up-to-date with CDC's Opioid Workgroup recommendations, and implement their own guidelines through prescribing regulations or within Medicaid programs.
 - **Licensing.** States can use licensing and [continuing medical education requirements](#) as levers to ensure providers are trained in safe opioid prescribing practices.
- Trauma-informed and family-centered treatment.** There is a [strong link](#) between trauma and opioid use disorder, so a [trauma-informed approach](#) to care for both children and parents and an integrated care plan for a family unit can help mitigate the cycle of substance use disorder.
- Focus on social and economic factors leading to opioid use.** Comprehensive approaches to the opioid crisis require addressing the [underlying social and economic factors](#) that contribute to the crisis, such as pain complaints, emotional distress, suicidal feelings, substance abuse, and drug overdoses.
- Access to treatment and life-saving drugs.** States can expand access to evidence-based treatments, including [medication-assisted therapy](#) (MAT). States also can expand access to harm reduction programs including [syringe services programs](#) and [Naloxone](#) by making it readily accessible through standing orders, at pharmacies, and to law enforcement, emergency medical staff, and community-based organizations. With the increase in illicit opioid use, states can explore [Incarceration-based treatment opportunities](#).
- Aligning resources and policies across agencies.** States can encourage greater communication and collaboration between public health, behavioral health, social services, Medicaid, and law enforcement to improve data sharing, surveillance, and targeting of interventions.

Evidence and Resources for State Leaders

Policy	Resource	Notes
Prevention and treatment of opioid use disorder	US Department of Health and Human Services' 5-Point Strategy To Combat the Opioid Crisis	<ol style="list-style-type: none"> 1. Access: Better prevention, treatment, and recovery services 2. Data: Better data on the epidemic 3. Pain: Better pain management 4. Overdoses: Better targeting of overdose-reversing drugs 5. Research: Better research on pain and addiction
	Substance Abuse and Mental Health Services Administration's (SAMHSA) <ul style="list-style-type: none"> • State Targeted Response (STR) • State Opioid Response (SOR) Grants 	STR funding was the first round of federal funding under the CURES Act designed to address the crisis by increasing funds to support prevention, treatment, and recovery. SOR is the second round of federal funding for states. Strategies include innovative models of medication-assisted treatment delivery, enhanced community prevention, messaging strategies, and peer support recovery strategies.
	SUPPORT for Patients and Communities Act	The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act is designed to advance treatment and recovery initiatives, improve prevention, protect communities, and bolster efforts to fight deadly illicit synthetic drugs.
	Centers for Disease Control and Prevention's (CDC) Guideline for Prescribing Opioids for Chronic Pain	Recommendations for primary care clinicians who are prescribing opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care.
Trauma-informed and family-centered treatment	NASHP's State Strategies to Meet the Needs of Young Children and Families Affected by the Opioid Crisis	Parental opioid use is considered an adverse childhood experience (ACE) . ACEs are associated with chronic health conditions, risky behaviors, lower academic achievement, and early death.
	Centers for Medicare & Medicaid's (CMS) Maternal Opioid Misuse (MOM) Model	This new model addresses fragmentation in the care of pregnant and postpartum Medicaid beneficiaries with opioid use disorder through state-driven transformation of the delivery system surrounding this vulnerable population. The model supports the coordination of clinical care and integration of other critical health services for health and recovery and has the potential to improve quality of care and reduce costs for mothers and infants by providing \$51 million to 10 states (CO, IN, LA, ME, MD, MO, NH, TN, TX, WV) over the next 5 years.
	CMS Integrated Care for Kids (InCK) Model	The Integrated Care for Kids (InCK) Model is a child-centered local service delivery and state payment model that aims to reduce expenditures and improve the quality of care for children under age 21 covered by Medicaid through prevention, early identification, and treatment of behavioral and physical health needs, including impacting opioid addiction through care integration across the state. \$126 million has been awarded to CT, IL, NC, NJ, NY, OH, and OR for the 7-year model, launched in 2020.
Focusing on social and economic factors that lead to opioid use	National Institute of Health's Full Summary - Contributions of Social and Behavioral Research in Addressing the Opioid Crisis	The higher rates of pain complaints, emotional distress, suicide, substance abuse, and drug overdoses in the United States compared to other developed countries suggest that evidence-based changes in current US social and economic policies could impact these health issues.
Access to treatment and life-saving drugs	SAMHSA's resources on medication-assisted therapy (MAT)	States can expand access to evidence-based medical treatments.
	Surgeon General's Advisory on Naloxone and Opioid Overdose	Naloxone is a safe antidote to a suspected overdose. Keeping it within reach and knowing how to use it when given in time, can save a life.
	CDC's Syringe Services Programs TFAH, Promoting Health and Cost Control in States , p. 22-26: "Syringe Access Programs"	As described in the CDC and US Department of Health and Human Services guidance, syringe services programs are an effective component of a comprehensive, integrated approach to HIV prevention for people who inject drugs. Research demonstrates that comprehensive programs are safe, effective, and cost saving.
Aligning resources and policies across agencies	Pennsylvania's Opioid Operations Command Center	Pennsylvania's Opioid Command Center and Unified Coordination Group represents 14 state agencies.