U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Strategy to Combat Opioid Abuse, Misuse, and Overdose

A Framework Based on the Five Point Strategy

"The five-point HHS strategy to end the opioid crisis, unveiled under President Trump in 2017, uses the best science and evidence to directly address this public health emergency. Now, HHS is expanding the scope and improving the effectiveness of the strategy. The dedicated men and women of HHS will continue to support communities and families across America until, together, we have brought an end to this crisis."

SECRETARY OF HEALTH AND HUMAN SERVICES
ALEX M. AZAR II

"With this strategic framework, HHS is building upon the 5-point Strategy To Combat the Opioid Crisis using robust, scientific evidence as its foundation to set forth specific, concrete actions that can be taken by the Secretary and the agencies within HHS to end the worst public health crisis of our time."

ASSISTANT SECRETARY FOR HEALTH AND SENIOR ADVISOR FOR OPIOID POLICY
ADM BRETT P. GIROIR

BETTER ADDICTION PREVENTION, TREATMENT, AND RECOVERY SERVICES

Improve access to prevention, treatment, and recovery support services to prevent the health, social, and economic consequences associated with opioid misuse and addiction, and to enable individuals to achieve long-term recovery.

Prevention

- Implement science-based education campaigns to improve the public's understanding of substance use disorders as well as evidence-based treatments and prevention strategies, and to eliminate stigma associated with the disease.

- Increase the use of digital and social media technologies to amplify public health messages regarding prevention.

- Increase and support the use of school- and community-based prevention programs that are evidence-based to prevent misuse of opioids and other substances.

- Engage community and faith-based organizations to use evidence-based messages on prevention, treatment, and recovery.

- Identify individuals who are at risk of opioid use disorder and make available prevention and early intervention services and other supportive services to minimize the potential for the development of opioid use disorder (OUD).

- Educate the public and healthcare professionals regarding drug-drug interactions between opioids and other medications, including the interactions between opioids and benzodiazepines, alcohol, and gabapentin.

  - Working with the Department of Justice (DOJ), and the United States Postal Service (USPS), improve technologies and processes to detect illegal imports and human trafficking of illicit opioids.

  - Facilitate proper disposal of unused opioid prescription medications and other prescription drugs such as benzodiazepines and gabapentin.

Treatment

- Enable individuals, families, and caregivers to find, access, and navigate evidence-based, affordable treatments for opioid use disorder and home and community-based services and social supports.

- Identify and disseminate best practices related to medication-assisted treatment (MAT) and companion psychosocial treatment such as coordinated, holistic, culturally appropriate, person- and family-centered treatment of OUD, including the utilization of a broad range of providers, ancillary professionals, and team-based care.

- Test and implement new payment models that facilitate and incentivize coordinated care, and build in incentives for adoption of payment models across programs.

- Support broader adoption of Assisted Outpatient Treatment and Assertive Community Treatment models and provide technical assistance to states and tribes.
- Increase the number of behavioral health providers knowledgeable about substance use disorders, including psychiatrists, primary care providers with specialized addiction training, peer recovery specialists, social workers, and others.
- Support stakeholder efforts to make a full range of MAT available on demand to all individuals with OUD who meet the eligibility criteria for the specific MAT therapy.
  - Increase the number of providers, including nurse practitioners, physicians, and physicians assistants who are able and willing to provide MAT.
  - Advance telehealth direct care and consultation approaches to MAT.
  - Target workforce development, provider training, and recruitment incentives to underserved areas.
  - Advance innovative service delivery models that can address documented barriers to provider willingness to provide MAT.
  - Pursue a framework and work across different payers to reduce and remove coverage limitations on MAT.
- Track, screen, prevent, and refer to treatment patients with OUD and substance use disorder (SUD) who have infectious complications, including HIV, viral hepatitis, and endocarditis, particularly among persons who inject drugs. This can be done through Syringe Services Programs (SSPs) and other evidence-based strategies.
- Enable family-centered treatment that endeavors to keep families and caregivers together in their homes and communities, including utilizing out of home care only when in the best interest of the child.
- Provide support for pregnant and postpartum women to enter and adhere to family-centered OUD treatment, reduce the risk of relapse, and prevent, and reduce and manage medical complications in the newborn and other children, using approaches that minimize stigma and other barriers to care, and to support the long-term recovery of the women.
- In partnership with professional organizations, develop and implement a comprehensive educational plan for physicians, advanced practice nurses, pharmacists, and other healthcare professionals and providers in training, to improve the national professional expertise in the identification and treatment of addiction as well as safe pain management, treatment, and recovery.
- Enhance communication and formal feedback from state, tribal, and local providers, officials, and other stakeholders to continually improve federal funding, programs, and services.
- Work with states to address the complex challenges of those at risk of, or suffering from, SUD through Medicaid flexibilities as well as novel payment models for integrated care.

Recovery

- Provide culturally and linguistically appropriate education and support to individuals, families, and caregivers to understand the importance of recovery and to find and access a range of evidence-based services.

- Identify innovative ways to expand and fund recovery services as part of a continuum of services to support stable and long-term recovery.

- Support the development of recovery communities, recovery coaches, and recovery community organizations to expand the availability of and access to recovery support services.

- Enhance discharge coordination for people leaving inpatient treatment facilities who require linkages to home and community-based services and social supports, including case management, housing, employment, food assistance, transportation, medical and behavioral health services, faith-based organizations, and sober/transitional living facilities.

- Enhance the ability to provide MAT and transition of care for people exiting the criminal justice system, and in particular following incarceration.

- Expand peer workforce and programming as interventionists in various settings, including hospitals, emergency departments, law enforcement departments, jails, OUD treatment programs, and in the community.

- Strengthen the education process demonstrating the value of peer and recovery supports through Recovery Community Centers and other recovery oriented systems and services.

- Increase collaboration with law enforcement and first responders to enhance their capability of responding to and/or providing emergency treatment to those with OUD.

- Develop best practices, such as toolkits, guidelines and policy briefs, on the development of recovery housing that meets the needs of those with OUDs who may or may not be on MAT.

BETTER DATA

Strengthen public health data reporting and collection to improve the timeliness and specificity of data, and to inform a real-time public health response as the epidemic evolves.

- Collect and disseminate as close to "real-time" as possible, actionable data that can be used to target interventions, deployment of resources locally and regionally, and to assess impacts of federal, state, and local efforts.

- Enhance the speed of data collection and publication of results from HHS surveys on illicit drug use and abuse.

- Work with the Drug Enforcement Administration (DEA) and the U.S. Customs and Border Protection (CBP) to collect data about, and compile periodic and timely reports of, illicit drug seizures.

- Collect data that indicate durable outcomes, such as opioid deaths and non-fatal overdoses; as well as surrogate outcome markers, such as opioid prescriptions, new drug patterns, related harms, patients receiving MAT, and Neonatal Abstinence Syndrome (NAS) incidence, with minimal lag time in order to modify, expand, or change federal strategies to meet the ongoing needs.

- Collect, analyze, and disseminate data that provide insights into causes, risk and protective factors, comorbidities, and disparities of opioid misuse and other substance use, misuse, and addiction that can be used to devise long term solutions to the underlying causes and drivers.

- Collect state-, county-, and zip-code specific data when feasible.

- Improve linkages between disparate data systems, including among HHS operating divisions, to inform interventions as well as analytics and modeling.

- Effectively communicate the meaning of the data and its implications within HHS and externally.

- Conduct a comprehensive assessment of current data and key metrics, and implement strategies to address gaps and identify policy and research questions.

- Create incentives for states to develop, implement, and utilize Prescription Drug Monitoring Programs (PDMP) that are accessible by providers (prescribers and pharmacies) across state lines and integrated into the electronic health record.

BETTER PAIN MANAGEMENT

Advance the practice of pain management to enable access to high-quality, evidence-based pain care that reduces the burden of pain for individuals, families, and society while also reducing the inappropriate use of opioids and opioid-related harms.

- Provide prescribers with actionable information on the appropriate use of opioids and other pain treatment modalities, such as the Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain, which also ensure patients pain management needs are met.

- Develop evidence-based guidance on appropriate management of acute pain including non-opioid approaches and, when appropriate, short-term opioid management.

- Develop further evidence-based guidance on the management of chronic pain, including non-opioid approaches, pre/peri-operative treatment, and when appropriate, opioid management.

- Develop payment policies and other incentives to encourage best practices for the appropriate prescribing of opioids and the use of a full range of non-opioid pain treatments.

- Develop regulatory strategies, guidance, and policies to promote the appropriate use of opioids, including professional and patient labeling, and packaging at the time of marketing approval and in the post-marketing period.

- Assist states to monitor and support best practices by providers, including through the use of comprehensive prescription drug monitoring programs, other data integration mechanisms across states, and clinical decision support in electronic health records.

- Encourage the use of multidisciplinary team models for the management of pain.

- Promote best practices for safe and well-tolerated opioid tapering for people on potentially excessive and unsafe doses, based on established guidelines.

- Work with healthcare professional stakeholders to develop guidance on screening and treatment for co-occurring mental and substance use disorders and unresolved trauma in people living with chronic pain.

- Educate and empower patients, families, caregivers, and communities to understand the risks and benefits of opioid pain medication and non-opioid mechanisms to manage both acute and chronic pain.

- Work with healthcare professional stakeholders to develop guidance for prescribers of when to refer to or link to treatment for OUDs.

- Identify individuals who are at risk of developing chronic pain after an acute pain episode, and make available mental health, substance use, and other supportive services to minimize the potential for the development of chronic or persistent pain.

BETTER TARGETING OF OVERDOSE REVERSING DRUGS

Target the availability and distribution of overdose-reversing medications to ensure the broad provision of these drugs to people likely to experience or respond to an overdose, with a particular focus on targeting high-risk populations.

- Develop models to estimate the amount of naloxone required by communities to be able to reverse cases of opioid overdose.

- Explore development of over the counter naloxone, including an assessment of its impact on availability of naloxone in the community.

- Ensure widespread availability of naloxone, including through standing orders, co-prescription with other opioids, collaborative practice agreements, pharmacist prescriptive authority, targeting of high-risk populations such as people leaving incarceration, residential treatment, and recent opioid-related emergency department visits and hospitalizations.

- Expand availability and affordability of naloxone through grants, including grants to first responders, and the approval of generic products.

- Strengthen education and training on overdose prevention and naloxone administration to ensure that individuals likely to respond to an overdose can take the appropriate steps to reverse an overdose. Develop and assess intervention models across settings that leverage the overdose reversal as a bridge to treatment to reduce long-term dependence on naloxone as the only form of addressing harmful opioid use.

BETTER RESEARCH

Support cutting-edge research that advances our understanding of pain, overdose and addiction, leads to the development of new treatments, and identifies effective public health interventions to reduce opioid-related health harms.

- Support and evaluate novel integrated treatment delivery demonstration projects to bring together all HHS and other entities, including the criminal justice system, in regional projects with short-term and long-term objectives.

- Support the development of non-pharmacologic, non-opioid and/or non-addictive pain therapeutics.

- Support the development of novel opioid antagonists to combat highly potent synthetic opioids, including new antagonists with longer duration of action.

- Support development and evaluation of immunotherapies including vaccines against select opioids.

- Determine risk factors, including genomic, metabolomics, prenatal substance exposure, work history, social, behavioral, and psychological factors for SUD, OUD, and identify how these factors may affect responses to treatment. Explore the development of "personalized treatment" based on these factors to maximize efficacy.

- Develop technologies and systems to alert potential naloxone providers, such as family members, emergency medical services personnel, and others when a person is at imminent risk of overdose death.

- Assess current treatments and develop new treatments, including non-pharmacological treatments, for NAS, as well as appropriate care for all infants with sustained prenatal opioid exposure.

- Improve research and disseminate findings on safe and effective treatment for OUD during pregnancy, including the risks and benefits of pharmacotherapy to both the mother and infant.

- Develop longitudinal data systems to assess the ongoing potential developmental, social, educational, physical, and other disabilities of infants born to mothers with SUD, with a focus on infants with NAS.

- Expand service delivery and intervention implementation research and service delivery innovations in order to identify how best to quickly incorporate scientific advances into community and clinical practice.

- Utilize community based participatory research strategies when evaluating data in diverse communities including tribal communities.