The Big Cities Health Coalition (BCHC) is a forum for the leaders of America’s largest metropolitan health departments to exchange strategies and jointly address issues to promote and protect the health and safety of the 62 million people they serve. Together, these public health officials directly affect the health and well-being of nearly one in five Americans.

Together, we aim to create healthy, more equitable communities through big city innovation and leadership.
Addressing Substance Use Disorders (SUD)

Big city and county health departments are often among the first to detect emerging drug trends, identify inequities in overdoses, deaths, hospitalizations, and drug treatment, and recognize hyperlocal hotspots. They are then also the first to respond to them, working to mitigate the impact of overdose and other harmful effects of substance use, such as disease transmission. They pilot, implement, test, and study innovative strategies that are often expanded to the state, regional, and national level.

The work of local health departments in preventing and responding to overdoses is inclusive, but not limited to:

- Providing mortality data;
- Compiling, where possible, nonfatal overdose surveillance;
- Managing emergency medical services;
- Responding to those with substance-use disorders who are incarcerated through jail health services;
- Convening local task forces;
- Coordinating with health care systems;
- Distributing Naloxone and similar harm reduction activities; and
- Community-wide public education.

Most drug-related deaths represent preventable ones. In 2019, approximately 72,000 people died due to a drug overdose in the US, an 8 percent increase from 2018’s 67,000 drug overdose deaths. In both 2019 and 2018, opioids were involved in approximately 70 percent of those deaths. While 2018 represented a decrease from 2017 in total overdose deaths, there was an increase in deaths due to synthetic opioids. 2019’s overdose deaths represented an increase in overall deaths. In 2019, the decrease in overdose death involving heroin continued, and the increase in overdose deaths involving synthetic opioids continued, indicating the escalating role that illicit fentanyl and similar analogs play in overdose deaths. Provisional data shows a troubling 27% increase in drug overdose deaths in the first 9 months of 2020 compared to those months in 2019.

Increasingly, cities are seeing more drug overdose fatalities that involve cocaine and psychostimulants, indicating the increasing roles of polysubstance use and drugs tainted with potent synthetic opioids. While recent federal SUD programming has largely focused on the fatal impact of prescription opioids, and what is described as the “first wave” of overdose deaths, this completely disregards non-prescription drug use that has been a significant challenge and source of premature death occurring in the nation’s cities for decades. In fact, rates of overdose mortality involving prescriptions are lower in large metropolitan areas than the U.S. average, while rates of overdose mortality involving heroin and synthetic opioids are higher in metropolitan areas. The challenge of fentanyl and other illicit synthetic opioids shows no signs of abating, and the risk of overdose may continue to increase as economic, mental health, and social supports are impacted due to COVID-19.

Local health departments are on the front lines of responding to this epidemic, and yet receive little-to-no dedicated or direct funding to address and prevent the impact that substance use is having on our communities. Instead, local health departments compete for small amounts of grant funds that are insufficient to address the scale of the problem. CDC, at the direction of Congress, took an important first step to get overdose funding local with the Overdose Data to Action project, a 3-year cooperative
agreement that began in September 2019. However, from the start there were challenges related to eligibility including questions of burden and geographic definitions. Future efforts should learn from this work and ensure that funding reaches those local health departments most in need by using accurate data and appropriate geographic definitions to determine eligibility. Overdose Data to Action also funded states and required them to send a certain percentage of funding to communities. A full accounting of how states did so should be reported publicly, which has been a long-standing challenge.

**POLICY RECOMMENDATIONS**

- Provide resources and expand the scope of CDC’s programming beyond opioid overdose prevention and surveillance. Local and state health departments must address the rising use of polysubstances, including psychostimulants.
- Ensure that federal dollars reach the local level, ideally through direct funding, for both responding to the current epidemic and preventing future SUD by addressing its root causes.
- Eliminate waiver and training requirements related to certain medication-assisted treatments, such as those around prescribing Buprenorphine that have effectively become barriers to treatment and are restricting access.
- Incentivize states and localities to include evidence-based social and emotional drug and alcohol prevention into K-12 educational curricula as an addiction prevention intervention.
- Increase availability of Naloxone and similar overdose reversal drugs by: exploring options for the federal government to bulk-purchase naloxone for distribution to local health departments; and allowing over-the-counter access and/or expanding use of “standing orders,” where a doctor issues a written order that can be dispensed by a pharmacist or other designee(s), without the prescribing doctor being present.
- Increase availability of fentanyl testing strips to the general public by exempting them from drug paraphernalia laws.
- Shield localities exploring implementation of evidence-based and practice-informed harm reduction services (such as “safer” consumption or injection sites/facilities) from federal prosecution.
- Require states, as part of federal funding agreements, to provide local health departments with real-time access to Prescription Drug Monitoring Program data.
- Increase resources to expand current overdose surveillance systems to improve information on full scope of burden of SUDs, associated infectious disease outbreaks, and also to include nonfatal overdose events and reversals.
- Increase access to syringe services programs through federal dollars and leadership to support comprehensive Syringe Service Programs (SSPs).

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**Drug Overdose Deaths**

[Data Source: CDC](https://www.cdc.gov/mmwr/volumes/69/wr/mm6911a4.htm).

[Data Source: CDC](https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm).
ENDNOTES


2 Ibid.


4 Ibid.

5 Ibid.

6 Ibid.


