BIG CITIES HEALTH COALITION

POLICY PRIORITIES | Preventing and Mitigating Harms from Substance Use

Public health needs dedicated, sustained federal funding to prevent substance use disorder

Big city health departments are on the front lines of responding to the substance use (SU) and overdose epidemics but receive insufficient dedicated or direct federal funding for that lifesaving work.

Most states and 40 local health departments receive funding directly from the Centers for Disease Control and Prevention (CDC) through the Overdose Data to Action (OD2A) program. OD2A is a critical resource for prevention of opioid and polysubstance use.

Prevention efforts include harm reduction and linkage to care initiatives with a focus on health equity and reducing stigma.

Local communities need additional funding to ensure overdose prevention efforts can stem the tide of drug-related injury and death.

Below we outline a number of priorities to address substance use and overdose in big cities across the country. These priorities fall into five key action areas: funding, prevention, harm reduction, reducing barriers to treatment, and data and surveillance.

FUNDING

- Increase funding for CDC's Opioid Overdose Prevention and Surveillance program to support local health department SU prevention efforts.
- Increase funding for CDC's Infectious Diseases and Opioid Epidemic program to:
  - support syringe service programs (SSPs);
  - increase infectious disease testing and linkage to care;
  - increase health department capacity to detect and respond to infectious disease clusters associated with drug use; and
  - conduct outreach and linkage activities in communities that are the most in need.
- Enact and fund the Comprehensive Addiction Resources Emergency (CARE) Act (H.R. 6311/S. 3418 in the 117th Congress) to provides $125 billion in federal funding over ten years, of which $3.3 billion per year to hardest-hit counties and cities. The bill supports local decision-making and federal research and programs to prevent substance use disorder while expanding access to evidence-based treatments and recovery support services.

DATA & SURVEILLANCE

- Increase data resources at the local level to expand overdose surveillance systems, including real-time, nonfatal overdose events and reversal data, to improve information about the full scope of burden of SU and associated infectious disease outbreaks; expand use of wastewater surveillance.
- Require states, as part of federal funding agreements, to provide local health departments with real-time access to Prescription Drug Monitoring Program data.

PREVENTION

- Increase availability of naloxone and similar overdose reversal drugs by:
  - permanently allowing CDC (particularly OD2A) funding to be used to purchase naloxone;
  - facilitating bulk purchase of naloxone for distribution directly to local health departments;
  - regulating the cost of nasal naloxone and its generic forms; 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 prescribing doctor being present.
- Consider research exemptions for trials of other types of opioid medicine, such as the Study to Assess Long-term Opioids Maintenance Efforts (SALOME) or innovative policy pilot programs, such as the North American Opiate Medication Initiative (NAOMI).

HARM REDUCTION

- Increase funding for low-threshold services at SSPs, including case management/outreach, and mental health and other medical services.
- Increase availability of drug checking services – e.g., fentanyl testing strips – to the public by exempting such materials from drug paraphernalia laws. This can be accomplished by passing the Preventing Overdose with Test Strips Act (H.R. 5801/S. 2976) and Expanding Nationwide Access to Test Strips Act (S. 2484).
- Remove the federal ban on the purchase of syringes and safe smoking supplies and increase access to SSPs through federal dollars and leadership.
- Shield from federal prosecution localities that are exploring implementation of evidence-based and practice-informed harm reduction services, such as "safer" use sites/facilities and overdose prevention centers.

REDUCING BARRIERS TO TREATMENT (METHADONE & BUPRENORPHINE)

- Enact the Modernizing Opioid Treatment Access Act (H.R. 1359/S. 644) to expand access to methadone by allowing addiction medicine physicians and psychiatrists to prescribe methadone for OUD to be dispensed at a pharmacy.
- Remove requirement to use HIPAA-compliant platforms to teleprescribe buprenorphine.
- Enact the Reentry Act (H.R. 2400/S. 1165) to allow states to restore access to health care, including addiction and mental health treatment, through Medicaid for incarcerated individuals up to 30 days before their release.
- Make permanent the COVID-19 Public Health Emergency (PHE) flexibility to allow prescribing of buprenorphine via telehealth, including audio-only services, thus enabling 24-hour access to medications for opioid use disorder (MOUD).
- Remove the required, initial in-person visit, as included in the Ryan Haight Act of 2008 (PL 110-425).
- Instruct SAMHSA and DEA to remove barriers and incentivize pharmacies to stock buprenorphine. About 1 in 5 pharmacies currently refuse to dispense.

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 their residents. Collectively, BCHC's 35 member jurisdictions directly impact more than 61 million people, or one in five Americans. ▶ **Visit bigcitieshealth.org or contact Chrissie Juliano at juliano@bigcitieshealth.org**