

Making the Opioid Public Health Emergency Effective

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Purpose Simply labeling the opioid epidemic a “Public Health Emergency” (PHE), without emergency appropriations or actions, is not enough to address acute opioid-related harms. This viewpoint article explores four opioid-related “emergencies” that should be addressed with appropriate policy, actions, and sufficient funding to meet the magnitude of the worsening opioid overdose epidemic.

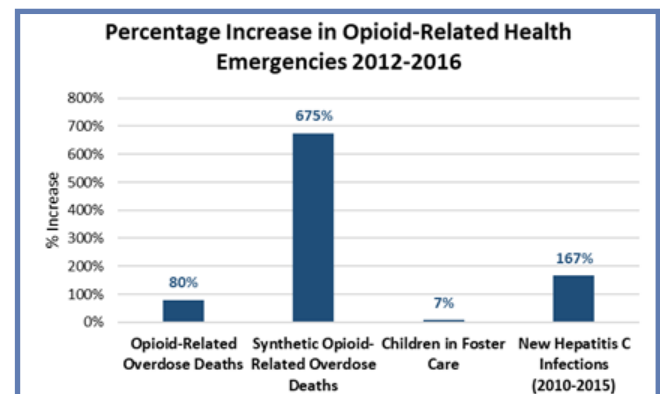
Background The federal administration has met the opioid crisis with mainly the PHE label. Four key outcomes of the opioid epidemic reflect the magnitude of the high level of harm to the nation’s communities and cost burden for our nation. Specific, evidence-based solutions that can help attenuate the problem are not sufficiently funded.

Methods Researchers examined percentage increases for opioid epidemic outcomes and costs associated with such outcomes over the 2010—2016 time period. Data analyzed included opioid overdose fatalities (separately broken out for synthetic opioids); national spending on the overdose reversal drug naloxone; number of people diagnosed with opioid use disorders; transmission of the infectious diseases typically caused by illicit drug injection; influx of orphans into foster care; and availability of rural drug treatment (e.g., medication-assisted therapy).

Key Findings

Opioid overdose outcomes are worsening at an unprecedented rate over the 2010-2016 timeframe:

- > Drug-related overdoses (attributable increasingly to heroin and synthetic opioids) rose 21.4% from 2015-2016—requiring the state-burdensome cost of millions of additional naloxone doses
- > Hep C infections rose after years of decrease
- > Foster care took an influx of orphans
- > Rural counties lack access to opioid treatment



Implications

Appropriate crisis response to the opioid overdose PHE could occur if a national emergency were declared under one of the specific disaster relief or national emergencies acts, balancing appropriations according to the cost magnitude of this worsening epidemic. Steps such as increasing the supply of naloxone and related training, increasing the provision of MAT and associated providers, relaxing drug addiction treatment requirements to empower telemedicine providers, promoting clean needle exchange, and supporting the foster care system for opioid overdose orphans are recommended evidence-based program and policy changes needed to reduce further harm.

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