

U.S. Opioid Epidemic

Resource Pack

2018

Overview

This resource pack on the U.S. opioid epidemic was curated by the Global Health Education and Learning Incubator. Opioid misuse and addiction in the United States is an ongoing and rapidly evolving public health crisis, requiring an urgent coordinated response and innovative scientific solutions. This resource collection includes resources focused on populations particularly vulnerable to the consequences of opioid misuse—pregnant women, Native American communities, veterans, rural communities, and the poor. The resources here also highlight state-level challenges and innovations, and the complicated ways the current opioid crisis intersects with the private sector and criminal justice policy.

The multidisciplinary materials may be suitable for students at the undergraduate college and public health graduate school levels. Learning objectives and supporting materials will vary depending on how the material is used in a course. Brief annotations provide a cursory summary.

This resource pack includes:

- [Books and Reports](#)
- [Articles and Briefs](#)
- [Data Publications, Portals, and Interactives](#)
- [Country Profiles and Fact Sheets](#)
- [Topic Portals and Organizations](#)
- [Multimedia](#)
- [News](#)
- [Teaching Material](#)

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Selected Resources – At a Glance

BOOKS AND REPORTS	
	Report. Community Management of Opioid Overdose. World Health Organization 2014. http://www.who.int/substance_abuse/publications/management_opioid_overdose/en .
	Book. Quinones S. Dreamland: True Tale of America’s Opiate Epidemic. Bloomsbury Press 2015. https://www.bloomsbury.com/us/dreamland-9781620402511 .
	Report. Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health. United States Office of the Surgeon General 2016. https://addiction.surgeongeneral.gov .
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Annotated Bibliography

BOOKS AND REPORTS

Community Management of Opioid Overdose

Report. Community Management of Opioid Overdose. World Health Organization 2014.

http://www.who.int/substance_abuse/publications/management_opioid_overdose/en.

This report from the World Health Organization shares best practices for responding to an overdose.

According to the report, an opioid overdose is frequently reversed with naloxone and basic life support.

Although these resources are typically only available through medical institutions, community members who are likely to witness these overdoses should have access to appropriate response. The report cautions that naloxone—while a life-saving response—should not be seen as a replacement for medical care.

Dreamland: True Tale of America's Opiate Epidemic

Book. Quinones S. Dreamland: True Tale of America's Opiate Epidemic. Bloomsbury Press 2015.

<https://www.bloomsbury.com/us/dreamland-9781620402511>.

This book by Sam Quinones tracks how the influx of prescription opioids and heroin assaulted small towns and mid-sized cities across the country, where addiction issues have soared. Prescription opioid usage soared with Purdue Pharma's aggressive campaign to market OxyContin, its new and addictive painkiller. Simultaneously, cheap, potent heroin from Mexico—but unaffiliated with any drug cartel—was also introduced to small-town America with clever marketing and distribution.

Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health

Report. Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. United States Office of the Surgeon General 2016.

<https://addiction.surgeongeneral.gov>.

This report, spearheaded by former U.S. Surgeon General Vivek Murthy, summarizes what is known about substance misuse, the neurobiology of substance use, opportunities for treatment, and recommendations for future policy and practice. Representing the first-ever report of its kind from the Office of the Surgeon General, *Facing Addiction* emphasizes the need to integrate substance use treatment into regular health care, address pervasive stigma, and embrace the many evidence-based paths to prevent and treat substance-use disorders.

Finding Solutions to the Prescription Opioid and Heroin Crisis: A Road Map for States

Report. Murphy K et al. Finding Solutions to the Prescription Opioid and Heroin Crisis: A Road Map for States.

National Governors Association Center for Best Practices 2016. <https://www.nga.org/cms/finding-solutions-to-the-prescription-opioid-and-heroin-crisis-a-road-map-for-states>.

This report was developed by the National Governors Association Center with collaboration from experts and state officials. It is intended to help states respond to the opioid epidemic, given that states bear a majority of the costs associated with addiction. The report advocates for a preventative, public health-focused approach to addressing the epidemic, and also recommends strengthening law enforcement responses to address the supply chain of illegal opioids. This public road map provides a suite of policy tools to help states address the opioid crisis, which can be modified to be used in situations unique to each state.

A Prescription for Action: Local Leadership in Ending the Opioid Crisis

Report. A Prescription for Action: Local Leadership in Ending the Opioid Crisis. National League of Cities,

National Association of Counties 2016. <http://opioidaction.org/report>.

This report was developed by the National League of Cities and the National Association of Counties to help local governments combat the opioid crisis. It provides data to illustrate the urgency of responding to the crisis and gives recommendations for local leaders to catalyze change. The report offers guidance on multiple aspects of change, including leading in a crisis, focusing on prevention and education, expanding treatment, and reassessing public safety and law enforcement.

The Economic Costs of Drug Abuse in Alaska, 2016 Update

Report. The Economic Costs of Drug Abuse in Alaska, 2016 Update. McDowell Group 2017.

<http://dhss.alaska.gov/dph/Director/Documents/heroin-opioids/Economic-Costs-of-Drug-Abuse-Final-4.24.17.pdf>.

This report was developed by the McDowell Group for the Alaska Mental Health Trust Authority. In 2015, the estimated cost of drug misuse to the Alaskan economy totaled nearly \$1.22 billion, with productivity losses being the largest component (\$542 million). Drug abuse increases overall economic costs through increases in health care costs, increases in criminal justice system costs, increased spending on social services, and decreased workplace productivity.

Treating an Illness, Ending a War

Report. Ghandnoosh N, Anderson C. Treating an Illness, Ending a War. The Sentencing Project 2017.

<https://www.sentencingproject.org/publications/opioids-treating-illness-ending-war>.

This report from the Sentencing Project synthesizes evidence supporting a public health approach to ending the opioid epidemic and shares lessons learned from past drug crises in the U.S. The report suggests the past “war on drugs” did not reduce drug crime of the last three decades and instead influenced the dramatic growth in incarceration. The report advocates aligning prescribing practices to national public health guidelines, expanding insurance coverage to increase access to healthcare and mental health services, prioritizing drug treatment in the criminal justice system, increasing naloxone access to prevent overdose deaths, and implementing safe syringe sites.

Alleviating the Access Abyss in Palliative Care and Pain Relief—an Imperative of Universal Health Coverage: The Lancet Commission Report

Report. Knaul FM et al. Alleviating the Access Abyss in Palliative Care and Pain Relief—an Imperative of Universal Health Coverage: The Lancet Commission Report. The Lancet 2017.

<http://www.thelancet.com/commissions/palliative-care>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11818>

This Lancet Commission report calls on the global health community to alleviate the global burden of health-related human suffering by providing equitable, worldwide access to palliative care and pain relief. The practice of palliative care, defined as a core component of universal health care, has been ignored in most parts of the world, especially in the failure to provide pain-relieving medicines such as morphine and other opioids to sick and dying people. The report describes current global conditions, outlines challenges and opportunities, and presents a framework and methodology to achieve universal access goals. It emphasizes that overcoming the access abyss requires collective international action, and it sets forth recommendations and strategies for global implementation. These include integrating a cost-effective package of essential medicines and equipment into universal health coverage, adopting a metric for health-related suffering to describe the state of the world’s health, and amending inflexible regulatory policies that inhibit the medical distribution of opioids. The commission report is accompanied by two comments and a profile, as well as two audio interviews.

A New Normal: Addressing Opioid Use through the Criminal Justice System

Report. A New Normal: Addressing Opioid Use through the Criminal Justice System. Vera Institute of Justice 2017. <https://www.vera.org/publications/new-normal-opioid-use-criminal-justice-system>.

This report from the Vera Institute of Justice describes how some parts of the U.S. criminal justice system are employing harm reduction strategies to reduce overdose deaths and advance the safety of their communities. Despite a long history of punitive enforcement policies that inflated incarceration in the U.S., there is now growing momentum to implement more compassionate approaches to people using drugs, including law enforcement assisted diversion, medication-assisted treatment, naloxone distribution, and syringe exchange programs.

The Opioid Epidemic: From Evidence to Impact

Report. The Opioid Epidemic: From Evidence to Impact. Johns Hopkins Bloomberg School of Public Health, Clinton Foundation 2017. <https://www.jhsph.edu/events/2017/americas-opioid-epidemic>.

This report from the Clinton Foundation and the Johns Hopkins Bloomberg School of Public Health highlights high-impact and evidence-based solutions to the U.S. opioid epidemic. The report broadly focuses on improving safe use of prescription opioids and identifying and treating people with opioid-use disorders. To improve the safe use of prescription opioids, the authors recommend optimizing prescription drug monitoring programs; standardizing clinical guidelines; engaging pharmacy benefits managers and pharmacies; implementing innovative engineering strategies; and engaging patients and the public. To improve treatment, the report advocates for improving surveillance; improving naloxone access and use; expanding harm reduction strategies; and implementing approaches to tackle stigma.

Pain Management and the Opioid Epidemic: Balancing Societal and Individual Benefits and Risks of Prescription Opioid Use

Report. Pain Management and the Opioid Epidemic: Balancing Societal and Individual Benefits and Risks of Prescription Opioid Use. The National Academies Press 2017. <https://www.nap.edu/catalog/24781/pain-management-and-the-opioid-epidemic-balancing-societal-and-individual>.

This report from the National Academies of Sciences, Engineering, and Medicine provides an update of the state of science on pain research, care, and education in the United States. It responds to the U.S. Food and Drug Administration (FDA)'s Opioid Action Plan in early 2016, which calls for greater attention and research on chronic pain and opioid use. Because chronic pain and opioid use disorder represent complex conditions that cause disability and loss of function, the FDA also sought recommendations for actions to better incorporate individual and societal considerations into its risk-benefit framework for opioid approval and monitoring.

A Second Chance: Overdose Prevention, Naloxone, and Human Rights in the United States

Report. A Second Chance: Overdose Prevention, Naloxone, and Human Rights in the United States. Human Rights Watch 2017. <https://www.hrw.org/report/2017/04/27/second-chance/overdose-prevention-naloxone-and-human-rights-united-states>.

This report from Human Rights Watch explores the role of naloxone in responding to opioid overdoses in the United States. The report highlights the steps needed to curb and prevent overdose deaths: ensuring people who use drugs have naloxone access; reforming prescription rules to expand naloxone access to community members; encouraging reports of overdoses by protecting overdose reporters from criminal prosecution; and equipping law enforcement officials with naloxone.

The Underestimated Cost of the Opioid Crisis

Report. The Underestimated Cost of the Opioid Crisis. The Council of Economic Advisers, Executive Office of the President of the United States 2017.

<https://www.whitehouse.gov/sites/whitehouse.gov/files/images/The%20Underestimated%20Cost%20of%20the%20Opioid%20Crisis.pdf>.

This report from the Council of Economic Advisers to the President of the United States offers new estimates using conventional approaches to valuing life used by federal agencies, while also accounting for underreporting in opioid-related deaths. Using this new approach, it is estimated that the cost of the opioid epidemic was \$504 billion in 2015—more than six times larger than previous estimates—and accounted for 2.8 percent of the GDP. Prior assessments of the economic toll of the opioid epidemic have been shown to be underestimates due to a failure to account for deaths from opioid overdoses.

World Drug Report 2017

Report. World Drug Report 2017. United Nations Office on Drugs and Crime 2017.

<https://www.unodc.org/wdr2017/index.html>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12109>

This annual report by the United Nations Office on Drugs and Crime (UNODC) provides an overview of drug demand and supply; cultivation of plant-based drugs; analysis of global synthetic drug markets; and the nexus

of drug use and organized crime. In particular, the report highlights that opioids, including heroin, remain the most harmful drug type—a majority of avoidable, premature deaths related to drugs are associated with opioids. In 2015, 70 percent of the global burden of disease attributable to drug use disorders were related to opioids.

ARTICLES AND BRIEFS

The Promotion and Marketing of Oxycontin: Commercial Triumph, Public Health Tragedy

Article. Van Zee A. The Promotion and Marketing of Oxycontin: Commercial Triumph, Public Health Tragedy. *American Journal of Public Health* 2009; 99(2): 221-7.

<http://ajph.aphapublications.org/doi/full/10.2105/AJPH.2007.131714>.

This article highlights the public health risks of highly prescribed, controlled drugs, using the promotion and marketing of OxyContin as a case example. The author provides in-depth analysis of Purdue Pharma's heavy marketing of OxyContin after its introduction in 1996; with increased availability, OxyContin became the most commonly abused prescription opioid by 2004. The author shines a light on physician ethics as well as the need for enhanced oversight of the pharmaceutical industry by the U.S. Food and Drug Administration.

The Health of Americans

Article Series. The Health of Americans. *The Lancet* 2014. <http://www.thelancet.com/series/health-of-americans-2014>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11121>

This *Lancet* Series describes some of the major health challenges facing the United States, including chronic and infectious diseases, injuries, and accidents, and outlines how opportunities provided by the Patient Protection and Affordable Care Act (ACA) could improve public health. The series also evaluates health spending in the U.S. (currently the highest in the world per capita), in comparison with other high-spending OECD countries. Series paper include:

- [Prevention of Chronic Disease in the 21st Century: Elimination of the Leading Preventable Causes of Premature Death and Disability in the USA](#)
- [Challenges of Infectious Diseases in the USA](#)
- [Prevention of Injury and Violence in the USA](#)
- [The Patient Protection and Affordable Care Act: Opportunities for Prevention and Public Health](#)
- [Health-Care Expenditure and Health Policy in the USA Versus Other High-Spending OECD Countries](#)

The Prescription Opioid and Heroin Crisis: A Public Health Approach to an Epidemic of Addiction

Article. Kolodny A et al. The Prescription Opioid and Heroin Crisis: A Public Health Approach to an Epidemic of Addiction. *Annual Review of Public Health* 2015; 36: 559-74.

<http://www.annualreviews.org/doi/abs/10.1146/annurev-publhealth-031914-122957>.

This article shares a public health approach to reduce opioid-related morbidity and mortality. In particular, the article describes the scope of the public health crisis, explains its historical context, and outlines a framework of interventions to address the growing epidemic of opioid addiction.

Addressing the Burden of Mental, Neurological, and Substance Use Disorders: Key Messages from Disease Control Priorities, 3rd Edition

Article. Patel V et al. Addressing the Burden of Mental, Neurological, and Substance Use Disorders: Key Messages from Disease Control Priorities, 3rd Edition. *The Lancet* 2015; 387: 1672-1685. DOI:

[http://dx.doi.org/10.1016/S0140-6736\(15\)00390-6](http://dx.doi.org/10.1016/S0140-6736(15)00390-6).

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11075>

This article describes findings from the third edition of *Disease Control Priorities* (DCP-3) on the burden of mental, neurological, and substance use disorders, and the relative effectiveness and cost-effectiveness of

interventions. The primary goal of *Disease Control Priorities in Developing Countries*, first published by the World Bank in 1993, is to provide evidence that will assist decision makers in allocating limited resources in a way that maximizes health benefits to the population. In [DCP-3](#), interventions were included for five groups of disorders (adult mental disorders, child mental and developmental disorders, neurological disorders, alcohol use disorder, and illicit drug use disorders) and for suicide and self-harm, a health outcome strongly associated with these disorders. One of several novel features of DCP-3, compared to previous editions, is the inclusion of how interventions can be packaged together across a range of delivery platforms and channels.

The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013

Article. Florence CS, Zhou C, Luo F, Xu L. The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013. *Medical Care* 2016; 54(10): 901-6. http://journals.lww.com/lww-medicalcare/Abstract/2016/10000/The_Economic_Burden_of_Prescription_Opioid.2.aspx.

This article estimates the economic burden of prescription opioid overdose, misuse, and dependence to help decision makers assess the cost-effectiveness of their approaches addressing the opioid crisis in the U.S. The analysis, based on data from 2013, estimates the total economic burden to be \$78.5 billion, with over one-third of the amount due to increased health care and substance abuse treatment costs.

Needle Exchange Programs: Policy Recommendations for Maryland

Brief. Needle Exchange Programs: Policy Recommendations for Maryland. Johns Hopkins Bloomberg School of Public Health 2015. <https://www.jhsph.edu/research/centers-and-institutes/institute-for-health-and-social-policy/awards-and-fellowships/lipitz-public-health-policy-faculty-awards/awardees/Needle-Exchange.pdf>.

This brief examines needle exchange programs in Maryland to recommend policy changes that can reduce the risk of HIV/AIDS, hepatitis C, and other infectious diseases associated with needle sharing. It looks at the current state of needle exchange programs and research evidence to give policy recommendations and consider factors of implementation. Maryland state law established new programs to provide substance abuse outreach and education, and research shows that needle exchange programs have effectively reduced infectious diseases; for example, HIV cases attributed to drug use dropped from 62 percent in 1994 to 12 percent in 2011. Policy recommendations include allowing secondary distribution of needles and syringes, and prescribing naloxone to people who are a part of needle exchange programs.

Reducing the Risks of Relief—the CDC Opioid-Prescribing Guideline

Article. Frieden TR, Houry D. Reducing the Risks of Relief—the CDC Opioid-Prescribing Guideline. *New England Journal of Medicine* 2016; 2016(374): 1501-4. <http://www.nejm.org/doi/full/10.1056/NEJMp1515917>.

This article examines the guideline for prescribing opioids for chronic pain that was released by the U.S. Centers for Disease Control and Prevention. The guideline was created to support health care professionals in balancing risks of addiction and overdose while also supporting their patients. It gives 12 recommendations for opioid prescription. Overall, it prioritizes patient care and safety when using opioids to manage chronic pain. It suggests non-opioid therapy, low doses of opioids when they must be used, and monitoring patients closely.

Combatting Opioid Overdoses and Addiction: An Overview of Harm Reduction Strategies in the Midwest

Brief. Miller D, Bishop N. Combatting Opioid Overdoses and Addiction: An Overview of Harm Reduction Strategies in the Midwest. The Council of State Governments 2016.

<http://knowledgecenter.csg.org/kc/content/combating-opioid-overdoses-and-addiction-overview-harm-reduction-strategies-midwest>.

This brief summarizes the strategies used in the Midwest region of the United States to combat the opioid epidemic and manage risks associated with injection drug use. It discusses syringe exchange programs, “Good Samaritan” laws, naloxone laws, Medicaid coverage, and Prescription Drug Monitoring Programs (PDMP) use by states. A combination of these harm reduction efforts can be used to curb the opioid epidemic and manage dangers of injection drug use.

Substance Use in Young People

Article Series. Substance Use in Young People. The Lancet Psychiatry 2016.

<http://www.thelancet.com/series/adolescent-substance-misuse>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11132>

This *Lancet* Series examines the increasing global problem of substance use among young people, looking at the clinical and epidemiological picture as well as exploring the knowledge regarding prevention, early intervention, harm reduction, and treatment. The use of tobacco, alcohol, and illicit drugs during adolescence carries potential short- and long-term impacts on physical, mental, and social well-being. Series papers include:

- [The Increasing Global Health Priority of Substance Use in Young People](#)
- [Why Young People's Substance Use Matters For Global Health](#)
- [Prevention, Early Intervention, Harm Reduction, And Treatment of Substance Use in Young People](#)

Increase in Neonatal Abstinence Syndrome, Alaska, 2001-2015

Article. Young M. Increase in Neonatal Abstinence Syndrome, Alaska, 2001-2015. State of Alaska Epidemiology Bulletin 2016. http://www.epi.alaska.gov/bulletins/docs/b2016_05.pdf.

This article explores trends in neonatal abstinence syndrome (NAS) in Alaska using data from the Hospital Discharge Database (HDD) and Medicaid claims. NAS is a group of problems that can occur in a newborn infant who was exposed to addictive opioids while in utero. This article notes a five-fold increase in NAS rates from 2001-2012. This follows the national trend of increased NAS rates, which increased from 1.2 to 5.8 per thousand hospital births. This article recommends that providers counsel patients on the potential risks of addiction, and argues that screening all pregnant women about opiate use, as well as participating in the Prescription Drug Monitoring Program, can help to reduce adverse health effects.

The Effect of Prescription Drug Monitoring Programs on Opioid Utilization in Medicare

Working Paper. Buchmueller TC, Carey C. The Effect of Prescription Drug Monitoring Programs on Opioid Utilization in Medicare. National Bureau of Economic Research 2017. <http://www.nber.org/papers/w23148>.

This working paper explores the Prescription Drug Monitoring Programs (PDMPs) that many states have implemented as a response to the opioid epidemic in the United States. It finds that requiring providers to use PDMP significantly reduces misuse of prescription opioids in comparison to the ineffectiveness of non-mandatory PDMPs.

Mortality and Morbidity in the 21st Century

Article. Case A, Deaton A. Mortality and Morbidity in the 21st Century. Brookings Papers on Economic Activity; Brookings Institution 2017. <https://www.brookings.edu/bpea-articles/mortality-and-morbidity-in-the-21st-century>.

This article explores the rising mortality rates in the United States population. The authors find that mid-life mortality rates are falling in the wealthy world, but middle-aged non-Hispanic whites with low education are the exception. They suggest that this is because of deaths due to drugs, alcohol, and suicide, combined with the slowing progress against heart disease and cancer. This article explores the pattern in “deaths of despair” and their relationship to deteriorating economic and social well-being of working class whites. The drug-, alcohol-, and suicide-related mortality that used to be concentrated in the southwest in 2000 is now countrywide.

Continuing Progress on the Opioid Epidemic: The Role of the Affordable Care Act

Brief. Continuing Progress on the Opioid Epidemic: The Role of the Affordable Care Act. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services 2017.

https://aspe.hhs.gov/system/files/pdf/255456/ACA_Opioid.pdf.

This brief from the Office of the Assistant Secretary for Planning and Evaluation (ASPE) evaluates the role of the Affordable Care Act (ACA) in addressing the U.S. opioid epidemic. Expanding access to medication-assisted treatment for opioid use and psychosocial services was a central goal of the Department of Health and Human

Services' Opioid Initiative, launched in March 2015. Evidence suggests that expansion of insurance coverage under the ACA has improved access to care and outcomes for Americans with opioid use or mental health disorders, especially in states that expanded Medicaid under the ACA. According to the analysis, for states that expanded Medicaid under the ACA, hospitalizations for substance use or mental health disorders where the patient was uninsured fell from 20 percent in 2013 to 5 percent in mid-2015.

Contribution of Opioid-Involved Poisoning to the Change in Life Expectancy in the United States, 2000-2015

Article. Dowell D et al. Contribution of Opioid-Involved Poisoning to the Change in Life Expectancy in the United States, 2000-2015. *JAMA* 2017; 318(11): 1065-7.

<https://jamanetwork.com/journals/jama/fullarticle/2654372>.

This article examines the relationship between the opioid epidemic in the United States and the changing life expectancy among certain U.S. populations between 2000 and 2015. During this period of time, opioid-involved poisoning more than tripled. While overall life expectancy has increased between 2000 and 2015, death by drugs contributed a loss of 0.28 years. As gains in U.S. life expectancy level off, many researchers project the gap to increase—suggesting a need for urgent public health action to combat the opioid epidemic.

The U.S. Opioid Epidemic

Brief. Felter C. The U.S. Opioid Epidemic. Council on Foreign Relations 2017.

<https://www.cfr.org/backgrounder/us-opioid-epidemic>.

This brief from the Council on Foreign Relations examines the economic and national security implications of the ongoing opioid epidemic in the United States. It examines which drugs are contributing to the crisis, from prescription opioid medications to illicit drugs like heroin. This brief explores the scale and demographics of the opioid epidemic, and breaks down the socioeconomic consequences, such as the number of children in foster care and declining labor-force participation. It also digs deeper into U.S. national policy on foreign narcotics to see where heroin and fentanyl are coming from. Lastly, it investigates how other countries—like the Netherlands, Canada, and Australia—have worked to combat opioid addiction.

Medicaid Expands Access to Lifesaving Naloxone

Brief. Frank RG, Fry C. Medicaid Expands Access to Lifesaving Naloxone. The Commonwealth Fund 2017.

<http://www.commonwealthfund.org/publications/blog/2017/jul/medicaid-helps-expand-lifesaving-naloxone>.

This brief from the Commonwealth Fund examines the role of Medicaid in spreading access to the life-saving opioid-reversal drug, naloxone. Graphs in the brief illustrate trends in naloxone distribution, opioid overdose reversals by Medicaid-funded naloxone, and a comparison of those reversals in expansion and non-expansion states. Overall, these data suggest that Medicaid can play a significant role in combating the opioid epidemic, and policymakers should be cautious in sanctioning further cuts to state Medicaid funding.

How ACA Repeal Would Worsen the Opioid Epidemic

Opinion. Friedmann PD et al. How ACA Repeal Would Worsen the Opioid Epidemic. *The New England Journal of Medicine* 2017; 376: e16. <http://www.nejm.org/doi/full/10.1056/NEJMp1700834>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11807>

This editorial from *The New England Journal of Medicine* contends that the opioid epidemic in the United States—which has resulted in a doubling of opioid-related overdose deaths over the past 15 years—requires a multifaceted response strategy. The authors argue that an effective response must incorporate better regulation and monitoring of opioid prescribing, a concerted effort at prevention, expanded options for safe disposal, support for effective non-opioid approaches to pain management, and expanded access to treatment for those already addicted. They also note that if the Affordable Care Act is repealed, millions of individuals will lose coverage for addiction and mental health treatment, and that protections established by the 2008 Mental Health Parity and Addiction Equity Act could be reversed; both could have devastating consequences, particularly in rural communities that have been hit hardest by the opioid epidemic.

Only One in Twenty Justice-Referred Adults in Specialty Treatment for Opioid Use Receive Methadone or Buprenorphine

Article. Krawczyk N et al. Only One in Twenty Justice-Referred Adults In Specialty Treatment for Opioid Use Receive Methadone or Buprenorphine. *Health Affairs* 2017; 36(12). DOI: <https://doi.org/10.1377/hlthaff.2017.089>. This article in *Health Affairs* examines whether people in the U.S. criminal justice system—who experience high rates of opioid use and overdose—are referred to the highest standard of treatment: methadone or buprenorphine. Using data from the national Treatment Episode Data Set, the authors find that only 4.6 percent of individuals referred from the criminal justice system for care received these treatments, compared to 40.9 percent of individuals referred from elsewhere. Because people in the criminal justice system represent a key demographic among those affected by the opioid epidemic, increasing these individuals' access to high-quality opioid treatments like methadone and buprenorphine is critical. The authors suggest expanding Medicaid programs to recently incarcerated populations as well as greater collaboration between health and criminal justice groups.

Where Have All the Workers Gone? An Inquiry into the Decline of the US Labor Force Participation Rate

Article. Krueger AB. Where Have All the Workers Gone? An Inquiry into the Decline of the US Labor Force Participation Rate. *Brookings Papers on Economic Activity Conference Draft*; Brookings Institution 2017. <https://www.brookings.edu/bpea-articles/where-have-all-the-workers-gone-an-inquiry-into-the-decline-of-the-u-s-labor-force-participation-rate>.

This article analyzes the declining trend of men's labor force participation (LFP) in the United States, suggesting that the increase in opioid prescriptions from 1999 to 2015 could account for 20 percent of this decline. The research suggests that differences in medical practices lead to regional discrepancies in rates of opioid prescriptions, rather than varying health conditions. It also found that LFP decreases were greater in counties where opioids were readily prescribed. This article builds on previous research finding that nearly half of prime-age men not in the labor force take pain medication on a daily basis. Overall, it is important to consider the role of the opioid epidemic in national economic activity.

Nonmedical Use of Prescription Opioids among Pregnant US Women

Article. Kozhimannil KB et al. Nonmedical Use of Prescription Opioids among Pregnant US Women. *Women's Health Issues* 2017; 27(3): 308-15. [http://www.whijournal.com/article/S1049-3867\(16\)30329-2/fulltext](http://www.whijournal.com/article/S1049-3867(16)30329-2/fulltext). This article explores the use of nonmedical opioids during pregnancy through data from the National Survey on Drug Use and Health. It finds that many pregnant women using opioids for nonmedical purposes also have mental illness and use other substances. The authors recommend improving both screening and treatment to address the multiple needs of pregnant women using nonmedical opioids, and their infants.

Minimizing Harm: Public Health and Justice System Responses to Drug Use and the Opioid Crisis

Brief. Parsons J, Neath S. Minimizing Harm: Public Health and Justice System Responses to Drug Use and the Opioid Crisis. *Vera Institute of Justice* 2017. <https://www.vera.org/publications/for-the-record-public-health-justice-system-responses-opioid-crisis>.

This brief from the Vera Institute of Justice describes the ways in which public health and the justice system have responded to the opioid crisis. Responses in public health are discussed in relation to treatment, prevention, and harm reduction, and are described as standing in stark contrast to punitive responses focusing on drug law enforcement and incarceration that tend to be the focus of most state and federal spending. The implications of common responses are discussed and recommendations for a nationwide harm reduction approach to tackling the crisis are discussed.

A Public Health Response to Opioid Use in Pregnancy

Article. Patrick SW, Schiff DM. A Public Health Response to Opioid Use in Pregnancy. *Pediatrics* 2017. <http://pediatrics.aappublications.org/content/early/2017/02/16/peds.2016-4070>.

This article examines the response to increasing trends of opioid use during pregnancy. In an effort to curb this trend, many states have incarcerated pregnant women with substance use disorders. However, a public health

response is needed to focus on preventing unintended pregnancies by improving access to contraception. Programs that emphasize opioid-replacement therapy and comprehensive obstetric care are other public health responses that could slow the rate of opioid use during pregnancy.

Widening Disparities in Infant Mortality and Life Expectancy between Appalachia and the Rest of the United States, 1990–2013

Article. Singh GK, Kogan MD, Slifkin RT. Widening Disparities in Infant Mortality and Life Expectancy between Appalachia and the Rest of the United States, 1990–2013. *Health Affairs* 2017; 36(8). DOI:

<https://doi.org/10.1377/hlthaff.2016.1571>.

This article in *Health Affairs* explores infant mortality and life expectancy disparities in Appalachia, the region extending from Mississippi to New York, compared to the rest of the country over the 1990-2013 period. On average, life expectancy for individuals in Appalachia was 0.6 years less than for the country as a whole in 1990-92, and that deficit quadrupled to 2.4 fewer years by 2009-2013; these deficits were even greater when disaggregating by race and poverty level. From 1999 to 2013, the mortality rate from opioid-related overdose deaths more than tripled, as did the rate of deaths involving heroin. In 2012, West Virginia and Kentucky—two Appalachian states—had the highest rates of drug-abuse deaths in the country. Drug-related mortality increased more rapidly in Appalachia than in other parts of the country, underscoring that drug overdose—specifically opioid overdose—is an important social determinant contributing to the growing life expectancy gap between Appalachia and the rest of the country.

As Opioid Use Climbs, Neonatal Abstinence Syndrome Rises in New Hampshire

Brief. Smith K. As Opioid Use Climbs, Neonatal Abstinence Syndrome Rises in New Hampshire. Carsey School of Public Policy at the University of New Hampshire 2017. <http://www.new-futures.org/sites/default/files/pages/attachments/IB-Smith-Opioids-print.pdf>.

This state-level brief on New Hampshire explores the connection between the state’s increasing opioid use and the number of newborns born with withdrawal symptoms (neonatal abstinence syndrome, or NAS). NAS, which can affect later child development, can be managed and treated at the hospital if diagnosed. The analysis leverages hospital discharge data from 2012 to 2015 to assess the prevalence of NAS; in 2015, 2.4 percent of live hospital births in New Hampshire were diagnosed with NAS. Newborns diagnosed with NAS remained in the hospital longer on average than newborns born without opioid exposure in utero. The brief suggests that New Hampshire policymakers should take a coordinated approach to addressing this issue, reaching out to mothers during prenatal care while also confronting issues like mental health, poverty, homelessness, and domestic violence.

Strategies to Combat the Opioid Epidemic: What We Know and Where to Go from Here

Brief. Strategies to Combat the Opioid Epidemic: What We Know and Where to Go from Here. Abdul Latif Jameel Poverty Action Lab (J-PAL) 2017. <https://www.povertyactionlab.org/es/news/strategies-combat-opioid-epidemic-what-we-know-and-where-go-here>.

This brief from the Abdul Latif Jameel Poverty Action Lab (J-PAL) explores the current treatments for opiate use disorders, summarizing the many existing intervention programs that treat opioid use disorders and related harms. The brief reviews literature on these interventions and assigns each intervention an evidence rating to categorize the strength of evidence that is published on the intervention. J-PAL authors find that supportive housing interventions have the strongest evidence rating, and can provide significant relief to better health. These interventions illustrate cost savings and could utilize outcomes-based funding, such as Pay for Success (PFS). Other potential supports include syringe service programs, Vivitrol for criminal justice populations, and peer counseling.

The Role of Science in Addressing the Opioid Crisis

Article. Volkow ND, Collins FS. The Role of Science in Addressing the Opioid Crisis. *New England Journal of Medicine* 2017. <http://www.nejm.org/doi/full/10.1056/NEJMs1706626>.

This article by Nora Volkow, Director of the National Institute on Drug Abuse (NIDA), and Francis Collins, Director of the National Institutes of Health (NIH), explores the use of scientific initiatives in combating the national opioid crisis. These initiatives include developing better overdose-reversal and prevention interventions, finding new treatment technologies and medications, and creating non-addictive interventions for chronic pain. Volkow and Collins encourage collaborative partnerships between the public and the private sector to accelerate progress in scientific development to overcome the opioid crisis.

Collaborative Care for Opioid and Alcohol Use Disorders in Primary Care: The SUMMIT Randomized Clinical Trial

Article. Watkins KE et al. Collaborative Care for Opioid and Alcohol Use Disorders in Primary Care: The SUMMIT Randomized Clinical Trial. *JAMA Internal Medicine* 2017; 177(10): 1480–1488.

<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2652574>.

This article explores the effects of collaborative care for substance use disorders on treatment and self-reported abstinence from drugs and alcohol. The randomized control trial placed participants into collaborative care and usual primary care interventions. Primary measure outcomes included evidence-based treatment use and self-reported abstinence of drugs and alcohol. Secondary outcomes included data from the Healthcare Effectiveness Data and Information Set (HEDIS), abstinence from other substances, and changes in health-related quality of life. At six months, the authors found that collaborative care interventions lead to more treatment access and abstinence from drugs and alcohol in comparison to usual care.

Patient Residence Characteristics of Opioid-Related Inpatient Stays and Emergency Department Visits Nationally and by State, 2014

Brief. Weiss AJ et al. Patient Residence Characteristics of Opioid-Related Inpatient Stays and Emergency Department Visits Nationally and by State, 2014. Agency for Healthcare Quality and Research 2017.

<https://www.hcup-us.ahrq.gov/reports/statbriefs/sb226-Patient-Residence-Opioid-Hospital-Stays-ED-Visits-by-State.pdf>.

This brief from the Agency for Healthcare Quality and Research indicates that although large metropolitan areas in the U.S. had the highest rate of opioid-related inpatient stays, the rate of opioid hospitalizations increased the most in small metropolitan areas during the 2005 to 2014 period. In 2014, communities with the lowest income had the highest rates of opioid-related inpatient stays.

Opioid Crisis: No Easy Fix to Its Social and Economic Determinants

Article. Dasgupta N et al. Opioid Crisis: No Easy Fix to Its Social and Economic Determinants. *American Journal of Public Health* 2018; 108(2): 182-186. DOI: <http://dx.doi.org/10.2105/AJPH.2017.304187>.

This commentary in the *American Journal of Public Health* discusses the need to adopt a social determinants of health lens to understand the opioid crisis in the United States. The authors discuss the implications of the general public's perception of the opioid epidemic as driven by prescription practices and pharmaceutical companies, and critique the ways such an approach fails to account for the structural root causes of recent trends, including limited economic opportunity and social upheaval.

Impact of Dual Use of Department of Veterans Affairs and Medicare Part D Drug Benefits on Potentially Unsafe Opioid Use

Article. Gellad WF et al. Impact of Dual Use of Department of Veterans Affairs and Medicare Part D Drug Benefits on Potentially Unsafe Opioid Use. *American Journal of Public Health* 2018; 108(2): 248-255. DOI: <http://dx.doi.org/10.2105/AJPH.2017.304174>.

This article sought to estimate the extent to which veterans received prescription opioids from both the Department of Veterans Affairs (VA) and Medicare Part D (the federal program that subsidizes prescription drug costs and insurance premiums for Medicare beneficiaries). The VA and the Centers for Medicare and Medicaid Services pay for a large proportion of prescription drugs in the United States, and both systems have implemented changes to address possible misuse and abuse of prescription opioids. However, many U.S. veterans receive care from both systems and the ability to monitor prescriptions across systems is limited. Of

the more than half-million veterans with dual enrollment who filled one or more opioid prescriptions in 2012, approximately 25 percent received opioids from the VA only, 62 percent from Part D only, and 13 percent from both. Among those who were enrolled in both, dual use of opioids was related to over twice the risk of being exposed to high doses of opioids.

Emergency Department Visits Involving Opioid Overdoses, U.S., 2010-2014

Article. Guy Jr GP, Pasalic E, Zhang K. Emergency Department Visits Involving Opioid Overdoses, U.S., 2010-2014. *American Journal of Preventive Medicine* 2018; 54(1): e37-e39.

DOI: <http://dx.doi.org/10.1016/j.amepre.2017.09.003>.

This study compared trends in direct medical costs related to emergency department visits for non-heroin and heroin opioid overdoses from 2010 to 2014 using data from the Nationwide Emergency Department Sample. The results found that non-heroin opioid visits decreased by 1.6 percent over time, especially for young people and those who lived in the western United States. However, heroin opioid visits increased by 33 percent over time, with increases experienced among all demographic groups and regions.

Opioids, Hepatitis C Virus Infection, and the Missing Vaccine

Article. Page K et al. Opioids, Hepatitis C Virus Infection, and the Missing Vaccine. *American Journal of Public Health* 2018; 108(2): 156-157. DOI: <http://dx.doi.org/10.2105/AJPH.2017.304201>.

This commentary discusses the implications of the growing and related hepatitis C and opioid epidemics, both of which are considered to be major public health threats individually, but together could create a health crisis of unusual proportions. The authors specifically discuss the urgent need for a hepatitis C vaccine in order to prevent infection altogether. Additionally, the challenges drug-using patients face in obtaining hepatitis C treatment are also discussed as a major barrier to stemming the tide of these concurrent epidemics.

Increases in Acute Hepatitis C Virus Infection Related to a Growing Opioid Epidemic and Associated Injection Drug Use, United States, 2004 to 2014

Article. Zibbell JE et al. Increases in Acute Hepatitis C Virus Infection Related to a Growing Opioid Epidemic and Associated Injection Drug Use, United States, 2004 to 2014. *American Journal of Public Health* 2018; 108(2): 175-181. DOI: <http://dx.doi.org/10.2105/AJPH.2017.304132>.

Injection drug use is the main cause of hepatitis C virus infection in the United States, with infection particularly prevalent in communities where contaminated needles, syringes, cookers, and filters are re-used. To analyze the relationship between injection opioid use and hepatitis C infection, this study in the *American Journal of Public Health* examined correlations in trends between 2010 and 2014. Results showed that over time, increases in the incidence of hepatitis C infection (two-fold increase) mirrored increases in both admissions to substance use disorder treatment facilities due to heroin as well as prescription opioid injection use (4-fold increase), suggesting that the opioid epidemic has impacts on population rates of hepatitis C infection.

DATA PUBLICATIONS, PORTALS, AND INTERACTIVES

CDC Data Portal: Drug Overdose Deaths and Opioid-Involved Deaths

Data Portal. CDC Data Portal: Drug Overdose Deaths and Opioid-Involved Deaths. U.S. Centers for Disease Control and Prevention. <https://www.cdc.gov/drugoverdose/data/index.html>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11811>

This data portal hosted by the U.S. Centers for Disease Control and Prevention depicts how drug overdose deaths and opioid-involved deaths continue to increase in the United States; overdose deaths from opioids have more than quadrupled since 1999. Opioids are a drug class that contains heroin as well as prescription pain relievers such as oxycodone, hydrocodone, morphine, codeine, fentanyl, and others; these substances interact with specific brain receptors to reduce the intensity of pain. Deaths from drug overdoses are up within nearly all population groups – men and women, all races, and nearly all adult age cohorts—and opioids are involved in more than three out of every five overdose deaths. This portal offers data about drug overdose rates for different types of opioids, prescription rates, and encounters with the highly potent fentanyl, which is

increasingly being mixed with heroin and prescription opioids and has contributed to this dramatic rise in overdose deaths. The portal also offers information about overdose prevention, pain management guidance for health care providers and individuals, evidence-based strategies for states seeking to curb the opioid epidemic, and more.

Databases on Noncommunicable Diseases and Mental Health

Data Portal. Databases on Noncommunicable Diseases and Mental Health. World Health Organization. <http://www.who.int/nmh/databases/en>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11269>

This data portal, maintained by the World Health Organization (WHO), contains links to key databases on chronic disease and risk factors, mental health and substance abuse, suicide, and tobacco use.

U.S. Prescribing Rate Maps

Data Interactive. U.S. Prescribing Rate Maps. U.S. Centers for Disease Control and Prevention.

<https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11810>

These interactive maps from the U.S. Centers for Disease Control and Prevention illustrate the geographic distribution, at both the state and county levels, of retail opioid prescriptions dispensed in the United States. Data is shown as a rate per 100 people and maps are available for each year from 2006 to 2016; corresponding data tables are also provided. The data show that the national opioid prescribing rate steadily increased from 2006 to its peak in 2012, when more than 255 million prescriptions were dispensed across the United States (representing 81.3 prescriptions per 100 persons). That national rate then declined from 2012 to a low point in 2016, but prescribing rates continue to remain very high in areas across the country—in approximately 25 percent of U.S. counties, enough prescriptions were dispensed for each person to have one. Reductions in the prescribing rate have been uneven, and while the national rate in 2016 was 66.5 prescriptions per 100 people, some counties had rates that were seven times higher than that.

Annual Prevalence of Use of Drugs in 2015 (or Latest Year Available)

Data Interactive. Annual Prevalence of Use of Drugs in 2015 (or Latest Year Available). United Nations Office on Drugs and Crime 2017. <https://www.unodc.org/wdr2017/en/interactive-map.html>.

This interactive map from the United Nations Office on Drugs and Crime (UNODC) presents the annual prevalence of drug use in 2015 or the latest year available for specific countries. The data can be disaggregated by country and by drug group. The interactive accompanies the [World Drug Report 2017](#).

Annual Surveillance Report of Drug-Related Risks and Outcomes – United States, 2017

Data Publication. Annual Surveillance Report of Drug-Related Risks and Outcomes – United States, 2017. U.S. Centers for Disease Control and Prevention 2017. <https://www.cdc.gov/drugoverdose/pdf/pubs/2017-cdc-drug-surveillance-report.pdf>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11808>

This report summarizes the latest information available for various health outcomes, health behaviors, and prescribing patterns related to the drug problem in the United States. This report presents latest data available on rates of opioid prescribing, substance use disorder, nonfatal hospitalizations and emergency department visits, and overdose deaths. National information, and some state information, is presented to serve as a resource to help address the ongoing national problem of drug abuse, addiction, and overdose.

Drug Overdose Deaths in the United States, 1999-2016

Data Publication. Hedegaard H, Warner M, Minino AM. Drug Overdose Deaths in the United States, 1999-2016. National Center for Health Statistics, U.S. Centers for Disease Control and Prevention 2017.

<https://www.cdc.gov/nchs/products/databriefs/db294.htm>.

This data publication from the National Center for Health Statistics provides an overview of drug overdose deaths in the United States from 1999-2016. The rate of drug overdose deaths in 2016 (19.8 per 100,000) was 21 percent higher than the rate in 2015 (16.3 per 100,000). The rate of drug overdose deaths involving synthetic opioids doubled from 2015 to 2016 (3.1 to 6.2 per 100,000).

The Massachusetts Opioid Epidemic: A Data Visualization of Findings from the Chapter 55 Report

Data Visualization. The Massachusetts Opioid Epidemic: A Data Visualization of Findings from the Chapter 55 Report. Massachusetts Department of Public Health 2017. <http://www.mass.gov/chapter55>.

This data visualization from the Massachusetts Department of Public Health provides information about opioid-related deaths, opioid prescriptions, and addiction in Massachusetts. In 2015, Massachusetts Governor Charlie Baker signed a law, “Chapter 55,” to permit analysis of different government datasets to guide policy decisions around the state’s opioid epidemic. In 2014, the fatal overdose rate was more than the national average. The Chapter 55 analysis, led by the Department of Health, involved 10 datasets from five different government agencies and examined key public health questions disaggregated by county, gender, age, and race/ethnicity. Age-adjusted, normalized data indicate that the opioid epidemic is impacting the white non-Hispanic population at a rate around twice that of the black non-Hispanic population for the last two years.

Medicare Part D Opioid Prescribing Mapping Tool

Data Interactive. Medicare Part D Opioid Prescribing Mapping Tool. Centers for Medicare & Medicaid Services 2017. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/OpioidMap.html>.

This data interactive from the Centers for Medicare & Medicaid Services shares information about opioid prescribing rates based on Medicare Part D opioid prescription claims. Users can explore the data at the state, country, and ZIP code levels, as well as see both the number and percentage of opioid claims in specific localities. The interactive map is based on 2013 and 2014 de-identified Medicare Part D claims.

Trends in Opioid-Related Hospitalizations

Data Interactive. Trends in Opioid-Related Hospitalizations. Agency for Healthcare Research and Quality 2017. <https://www.ahrq.gov/news/opioid-hospitalization-map.html>.

This data interactive from the Agency for Healthcare Research and Quality shares statistics and trends about opioid-related hospital care between 2009 and 2014. Data on hospitalizations in 2014 are disaggregated by patient age, sex, geographic area, and income.

COUNTRY PROFILES AND FACT SHEETS

Information Sheet on Opioid Overdose

Fact Sheet. Information Sheet on Opioid Overdose. World Health Organization 2014. http://www.who.int/substance_abuse/information-sheet/en.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12110>

This fact sheet from the World Health Organization (WHO) provides information about opioid overdoses worldwide, outlining effects of opioids, physical symptoms of overdose, risk factors, and emergency responses to it. The fact sheet also highlights gaps in access to effective opioid dependence treatment as well as gaps in access to naloxone, a medication that can reverse opioid overdose.

Addressing the Opioid Epidemic: How the Opioid Crisis Affects Homeless Populations

Fact Sheet. Addressing the Opioid Epidemic: How the Opioid Crisis Affects Homeless Populations. National Health Care for the Homeless Council 2017. <https://www.nhchc.org/2017/08/new-fact-sheet-examines-the-opioid-epidemics-effects-on-people-without-homes>.

This fact sheet was created by the National Health Care for the Homeless Council for International Overdose Awareness Day. It maps the deaths from drug overdose in the United States from 2003 to 2014, illustrating an alarming increase across the country. By exploring the social determinants of health, this fact sheet pinpoints

the increased prevalence of substance use. It also looks at the systemic barriers in access to treatments and quality care: strict criteria for grant-funded substance abuse programs; lack of available resources or programs; lack of enabling services like transportation and work schedule flexibility; cost of treatment; and reduced access of doctor-supervised prescriptions.

County Profiles of Opioid Use and Related Outcomes

County Profiles. County Profiles of Opioid Use and Related Outcomes. Indiana State Department of Health 2017. <http://www.in.gov/isdh/26680.htm>.

These county-level profiles from the Indiana State Department of Health share detailed information about opioid use and related outcomes in the state. In 2015, Indiana experienced the worst HIV outbreak in state history, which many health officials attribute to intravenous drug use, state-level cuts to HIV testing, and reticence to needle exchange policies. The county profiles share the number and incidence rate of HIV, HCV, and STDs, as well as the total number and incidence rate for drug overdoses and deaths.

Medication-Assisted Treatment Improves Outcomes for Patients with Opioid Use Disorder

Fact Sheet. Medication-Assisted Treatment Improves Outcomes for Patients with Opioid Use Disorder. The Pew Charitable Trusts 2016. <http://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2016/11/medication-assisted-treatment-improves-outcomes-for-patients-with-opioid-use-disorder>.

This fact sheet explores the use of medication-assisted treatment (MAT) as an intervention for opioid use disorders (OUDs). MAT is the combined use of approved medication and psychosocial therapy. It has been shown to be more effective than using therapy or medication alone. While it is an effective treatment for OUDs, spreading awareness of how MAT works and ensuring accessibility to all people will be important in helping curb the opioid epidemic in the United States.

Opioid Prescribing: Where You Live Matters

Fact Sheet. Opioid Prescribing: Where You Live Matters. CDC Vital Signs; U.S. Centers for Disease Control and Prevention 2017. <https://www.cdc.gov/vitalsigns/pdf/2017-07-vitalsigns.pdf>.

This fact sheet from the U.S. Centers for Disease Control and Prevention highlights how opioid prescribing remains high and varies county to county in the United States. In particular, the highest prescribing counties prescribed six times more opioids per person than the lowest prescribing counties in 2015. Higher-prescribing counties tended to comprise small cities or large towns, with a higher percentage of white residents, more uninsured or underemployed citizens, and more people with chronic conditions.

TOPIC PORTALS AND ORGANIZATIONS

End the Epidemic

Topic Portal. End the Epidemic. American Medical Association. <https://www.end-opioid-epidemic.org>.

This topic portal from the American Medical Association (AMA) synthesizes key recommendations from the AMA's opioid task force and provides state-by-state education and training information for health care providers seeking to curb the epidemic. Resources include fact sheets on prescription drug monitoring programs, prescription disposal, and anti-stigma efforts, as well as guidelines and policy statements to tackling overdose issues.

Facing Addiction

Organization. Facing Addiction. <https://www.facingaddiction.org/?home>.

Facing Addiction is a national non-profit dedicated to finding solutions to the addiction epidemic, with the goal of giving a voice to individuals affected by addiction. The organization leads educational efforts to destigmatize addiction, increase access to prevention and treatment programs, translate research into effective tools, and advocate for governments to implement comprehensive and compassionate policies responding to the crisis. The organization has curated a hub of [addiction resources](#), produced [public service](#)

[announcements](#) regarding addiction stigma, and shared a [community convening guide](#) to amplify conversations about addiction in local contexts. Of note, Facing Addiction co-hosted a national summit on addiction in collaboration with former U.S. Surgeon General Vivek Murthy to release the 2016 report, [Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health](#).

Harm Reduction Coalition

Organization. Harm Reduction Coalition. <http://harmreduction.org>.

The Harm Reduction Coalition advocates for harm reduction approaches to ensure drug users and their communities have access to health care and basic human services. “Harm reduction” encompasses a spectrum of strategies aimed at reducing negative consequences associated with drug use, emphasizing the human rights and voice of drug users themselves. The organization’s work includes advocating for safe syringe access to curb HIV and hepatitis C rates, disseminating best practices for responding to opioid overdose, and capacity-building services to help organizations provide destigmatized, evidence-based services to drug users.

Management of Substance Abuse

Topic Portal. Management of Substance Abuse. World Health Organization.

http://www.who.int/substance_abuse/en.

This topic portal from the World Health Organization highlights timely data, reports, research, and news associated with alcohol, drugs, and addictive behaviors and their implications for health and well-being.

Opioid Overdose

Topic Portal. Opioid Overdose. U.S. Centers for Disease Control and Prevention.

<https://www.cdc.gov/drugoverdose/index.html>.

This topic portal from the U.S. Centers for Disease Control and Prevention (CDC) shares current data about opioid use and overdose prevention efforts specific to the United States. The portal also shares up-to-date information regarding the CDC’s ongoing efforts to address the country’s opioid overdose epidemic and the most recent clinical guidelines for prescribing opioids for chronic pain management.

Opioid Policy Research Collaborative

Organization. Opioid Policy Research Collaborative. The Heller School for Social Policy and Management, Brandeis University. <http://heller.brandeis.edu/opioid-policy/index.html>.

The Opioid Policy Research Collaborative (OPRC) at Brandeis University’s Heller School for Social Policy and Management advances scholarship on public health interventions to address the opioid addiction epidemic. The OPRC focuses on providing timely research to evaluate local, state, and national interventions and policies; offering evidence-based policy recommendations to address the crisis; convening stakeholders across disciplines to develop coordinated strategies addressing the epidemic; and sharing findings of specific innovations to broader, non-academic audiences.

Opioids: The JAMA Network

Topic Portal. Opioids. The JAMA Network. <https://jamanetwork.com/collections/42053/opioids>.

This topic portal curates the latest peer-reviewed research from the *Journal of the American Medical Association* on opioid use and related topics like opioid prescribing guidelines, pain management, and addiction treatment.

Opioids: The Prescription Drug & Heroin Overdose Epidemic

Topic Portal. Opioids: The Prescription Drug & Heroin Overdose Epidemic. United States Department of Health and Human Services. <https://www.hhs.gov/opioids>.

This topic portal from the U.S. Department of Health and Human Services (HHS) summarizes resources related to HHS’ five-point strategy to tackle the opioid crisis: better data; better pain treatment; prevention, treatment, and recovery; more overdose reversers; and better research. The topic portal include basic drug and pain medication facts, drug disposal information, prevention planning, and information for health professionals and law enforcement.

Prescription Drug Overdose

Topic Portal. Prescription Drug Overdose. American Public Health Association. <https://www.apha.org/topics-and-issues/prescription-drug-overdose>.

This topic portal from the American Public Health Association shares public health-oriented resources about the opioid crisis, including policy statements, advocacy letters, webinars, and related articles from the *American Journal of Public Health*.

MULTIMEDIA

Heroin and the War on Drugs

Documentary. Heroin and the War on Drugs. Retro Report 2015. <https://www.retroreport.org/video/heroin-and-the-war-on-drugs>.

This documentary shares the historical context of the “War on Drugs” in the United States and how it connects to the present-day opioid epidemic. During the 1970s, approaches to drug use focused on punitive, criminal justice responses to targeting the heroin epidemic. These approaches disproportionately targeted lower-income, black Americans and inflated the prison system. The documentary follows policy shifts over the past 40 years that have led to reevaluating heroin addiction as a public health issue affecting white, rural populations. (14:00)

Chasing Heroin

Documentary. Chasing Heroin. Frontline 2016. <http://www.pbs.org/wgbh/frontline/film/chasing-heroin>.

This *Frontline* film examines the opioid epidemic’s social and historical roots, focusing specifically on shifts in U.S. drug policy. In addition to contextualizing the stories of individual drug users, the two-hour investigation explores what happens when drug misuse and addiction is treated as a public health issue, not a crime. (1:54:11)

Faces of Fentanyl

Podcast. Faces of Fentanyl. Out in the Open with Piya Chattopadhyay. CBC Radio 2017; Oct 1.

<http://www.cbc.ca/radio/outintheopen/faces-of-fentanyl-1.4302209>.

This podcast explores fentanyl usage in Canada. In this episode, fentanyl users talk about addiction and family members share personal narratives of opioid use. Narratives touch on topics from opioid use in First Nations communities to paramedics using naloxone to reverse overdoses.

Infographics: The Lancet Commission on Global Access to Palliative Care and Pain Relief

Infographics. The Lancet Commission on Global Access to Palliative Care and Pain Relief. The Lancet 2017.

<http://www.thelancet.com/commissions/palliative-care>.

These infographics accompanying the *Lancet* Commission on Global Access to Palliative Care and Pain Relief depict the global inequity in access to pain medications, chart the unmet need of immediate-release morphine in developing countries, and illustrate the overall inequity in quality of palliative care. The infographics are located on the right hand side of the web portal.

Medicaid’s Role in Addressing the Opioid Epidemic

Infographic. Medicaid’s Role in Addressing the Opioid Epidemic. Kaiser Family Foundation 2017.

<https://www.kff.org/infographic/medicaids-role-in-addressing-opioid-epidemic>.

This infographic illustrates the role of Medicaid in the opioid epidemic. Medicaid can help to control the opioid epidemic since it can cover low-income individuals who are fighting addiction and help them receive proper treatment. The infographic shows the challenges of the opioid epidemic and how broadened Medicaid coverage can address these challenges.

Medication-Assisted Treatment: The Best Therapy for Opioid Use Disorder

Video. Medication-Assisted Treatment: The Best Therapy for Opioid Use Disorder. The Pew Charitable Trusts 2017. <http://www.pewtrusts.org/en/multimedia/video/2017/medication-assisted-treatment-the-best-therapy-for-opioid-use-disorder>.

This short video from The Pew Charitable Trust describes how medication-assisted treatment (MAT)—a combination of legal medications and behavioral therapies—can help people manage opioid use disorder. Because opioid use is highly stigmatized, many users are unable to access effective treatments like MAT, which can reduce the risks of future overdose. (1:49)

A New Normal: Addressing Opioid Use through the Criminal Justice System

Video. A New Normal: Addressing Opioid Use through the Criminal Justice System. Vera Institute of Justice 2017. <https://youtu.be/5bvqkFRXCSo>.

This video from the Vera Institute of Justice explains how some parts of the U.S. criminal justice system are employing harm reduction strategies to reduce overdose deaths and advance the safety of their communities. Although the “war on drugs” led to punitive enforcement policies and inflated incarceration in the U.S., there is growing momentum to implement more compassionate approaches to people using drugs. (1:35)

Opioids and Addiction: A Governors Roundtable on State Approaches to Treatment

Video. Opioids and Addiction: A Governors Roundtable on State Approaches to Treatment. The Forum. Harvard T.H. Chan School of Public Health 2018; Apr 12. <https://theforum.sph.harvard.edu/events/opioids-and-addiction>. GHELI repository link: <http://repository.gheli.harvard.edu/repository/12369>

This webcast seminar from The Forum at the T.H. Chan School of Public Health explores the U.S. opioid crisis from the state perspective, specifically examining available treatment options for people with addiction. This Forum brings together the former governors of Kentucky, Vermont, Delaware, and Ohio, as well as the 21st United States Secretary of Health and Human Services, for a conversation about the role of states in current and future approaches to addiction treatment. Approaches discussed include public education, payment for treatment, regulation of treatment performance and availability, training of health professionals, and guideline development. This event was presented jointly with Reuters as part the Forum’s “[Andelot Series on Current Science Controversies](#).”

The Opioid Crisis: A Governors Roundtable

Video. The Opioid Crisis: A Governors Roundtable. The Forum. Harvard T.H. Chan School of Public Health 2017; May 7. <https://theforum.sph.harvard.edu/events/the-opioid-crisis>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11805>

This multimedia roundtable discussion, hosted by The Forum at Harvard T.H. Chan School of Public Health in partnership with PRI’s The World and WGBH News, features four former governors sharing their candid insights into the epidemic of opioid drug overdoses, which claim the lives of 91 Americans every day, according to the U.S. Centers for Disease Control and Prevention. The speakers – from Kentucky, Ohio, Missouri, and Hawaii – offer their thoughts on how government policy can help address this crisis. They explore what works and what doesn’t, describing their experiences in their home states and within the broader national context. Topics of this roundtable conversation include prescription drug monitoring programs; treatment vouchers; naloxone use; and crackdowns on illegal supply streams. The governors also discussed the goals of the 21st Century Cures Act to fight the epidemic and the role of the Trump administration’s opioid task force. This event was part of The Forum’s “[Policy Controversies](#)” series.

Playlist (11 Videos): Rx Awareness

Playlist. Playlist (11 Videos): Rx Awareness. U.S. Centers for Disease Control and Prevention 2017.

<https://www.youtube.com/playlist?list=PLvrpgiOILTQYcHqukShtAlqko1FTDGV9m>.

This YouTube playlist by the Centers for Disease Control and Prevention (CDC) shares personal video narratives of individuals who were affected by the opioid epidemic.

Faces of an Epidemic

Photo Essay. Montgomery P, Talbot M. Faces of an Epidemic. *The New Yorker* 2017; Oct 30.

<https://www.newyorker.com/magazine/2017/10/30/faces-of-an-epidemic>.

This photo essay from *The New Yorker* uses images to portray the problems of addiction and overdose on daily American life, focusing on the epidemic's impact on Montgomery County, Ohio.

Opioid Overdose: Shareable Graphics

Infographics. Opioid Overdose: Shareable Graphics. U.S. Centers for Disease Control and Prevention 2017.

<https://www.cdc.gov/drugoverdose/resources/graphics.html>.

These infographics by the Centers for Disease Control and Prevention (CDC) illustrate recent trends in opioid use and prescription in the United States. One infographic shows how some states have decreased opioid prescription through the use of regulated pain clinics. Another shows how opioid prescriptions are still widespread, despite these recent regulations. The last infographic depicts the rise of fentanyl use and the increasing challenges associated with fentanyl overdose.

Treating the Opioid Epidemic

Podcast. Treating the Opioid Epidemic. After the Fact Podcast. The Pew Charitable Trusts 2017.

<http://www.pewtrusts.org/en/multimedia/audio/2017/treating-the-opioid-epidemic>.

This podcast from The Pew Charitable Trusts unpacks challenges associated with opiate misuse and describes opportunities to move forward. Featured guests include Cindy Reilly, director of Pew's substance use and prevention and treatment initiative; Dr. Shawn Ryan, president and chief medical officer at BrightView Health in Cincinnati; and a nurse in Minnesota who successfully overcame her substance use disorder.

The Whistleblower

Episode. The Whistleblower. 60 Minutes 2017. <https://www.cbsnews.com/videos/the-whistleblower-redemption>.

This episode of *60 Minutes* uncovers how the U.S. opioid crisis was allowed to blossom, aided in part by Congress, lobbyists, and an unchecked drug distribution agency. The episode features whistleblower Joe Rannazzisi, who ran the U.S. Drug Enforcement Agency (DEA) Office of Diversion Control—the division that regulates the pharmaceutical industry. The in-depth investigation highlights how the bill introduced by Rep. Tom Marino (R-PA) stripped the DEA of its ability to freeze suspicious shipments of prescription narcotics; Marino was recently tapped as President Trump's drug czar and withdrew his name from consideration following the investigation led by *The Washington Post* and *60 Minutes*. (44:04)

Medicaid's Role in Addressing the Opioid Epidemic

Infographic. Medicaid's Role in Addressing the Opioid Epidemic. Kaiser Family Foundation 2018.

<https://www.kff.org/infographic/medicaids-role-in-addressing-opioid-epidemic>.

This infographic from the Kaiser Family Foundation outlines how insurance coverage, through Medicaid, plays an important role in tackling the opioid epidemic in the U.S. In particular, Medicaid expansion—which provides states additional federal funding—has enhanced state-level capacity to provide those insured with access to early opioid interventions and treatments. Medicaid covers nearly 4 in 10 nonelderly adults with opioid use issues in the U.S.

NEWS

Veterans Face Greater Risks Amid Opioid Crisis

News. Childress S. Veterans Face Greater Risks Amid Opioid Crisis. *Frontline* 2016; Mar 28.

<http://www.pbs.org/wgbh/frontline/article/veterans-face-greater-risks-amid-opioid-crisis>.

This *Frontline* news story highlights how the number of U.S. veterans with opioid use disorders continues to grow. Although Veterans Affairs (VA) has reduced the number of veterans receiving opioids by 20 percent

since 2012, 68,000 veterans still have opioid-use disorders. This builds on findings from a 2011 study indicating veterans are twice as likely to die from opioid overdoses as non-veterans. Many veterans struggle with complex chronic pain, and opioids are seen as a “silver bullet” for patients seeking relief and clinicians strapped for time to craft more tailored treatments.

The Drug Industry’s Triumph Over the DEA

News. Higham S, Bernstein L. The Drug Industry’s Triumph Over the DEA. The Washington Post, 60 Minutes 2017; Oct 15. <https://www.washingtonpost.com/graphics/2017/investigations/dea-drug-industry-congress>. This news investigation by the *Washington Post* and *60 Minutes* reveals how Congress weakened the U.S. Drug Enforcement Agency (DEA)’s ability to go after drug distributors even as opioid deaths spiked in the U.S. The investigation points to Rep. Tom Marino (R-PA) as the key actor in loosening these policies. Marino was initially tapped to be the White House drug czar, but since this report has rescinded his name from consideration. The investigation also notes that at least 56 DEA and Department of Justice officials went to work for pharmaceutical companies since 2000, and that the number of immediate suspension orders against doctors, pharmacies, and drug companies has plummeted since 2011.

The Opioid Epidemic, Explained

News. Lopez G. The Opioid Epidemic, Explained. Vox 2017; Oct 26. <https://www.vox.com/science-and-health/2017/8/3/16079772/opioid-epidemic-drug-overdoses>. This news article explores the opioid epidemic in America, noting the steady increase in opioid use through recent years. This has been exacerbated by the lack of attention to addiction treatment and misleading marketing about the safety of prescription pain medication. The United States has the highest opioid consumption around the world, fueled by the combination of aggressive pharmaceutical marketing and increased pressure on doctors to treat pain more seriously. In addition to prescription painkillers, heroin and fentanyl pose a risk of addiction and overdose. The article underscores the need to educate individuals on the challenges of addiction as well as to make changes to policy in order to save lives and overcome this epidemic.

Opioid Epidemic Causing Rise in Hepatitis C Infections and Other Serious Illnesses

News. Stopka TJ. Opioid Epidemic Causing Rise in Hepatitis C Infections and Other Serious Illnesses. The Conversation 2017. <https://theconversation.com/opioid-epidemic-causing-rise-in-hepatitis-c-infections-and-other-serious-illnesses-82040>. This news story explores the relationship between the opioid epidemic and rising rates of hepatitis C and HIV. These diseases interact with and exacerbate each other among vulnerable populations in what’s known as a syndemic or synergistic epidemic, increasing the public health burden on society. Mapping hotspots can help to measure disease burden to pinpoint locations with the most need and inform health policy decisions. Government and foundations will need to continue collaboration in order to educate physicians, pharmacists, and patients on hotspots, and increase disease testing, in order to address this health crisis.

The Problem of Pain

News. The Problem of Pain. The Economist 2016; May 28. <https://www.economist.com/news/international/21699363-americans-are-increasingly-addicted-opioids-while-people-poor-countries-die>. This news story depicts the challenges surrounding prescription pain medication. It shares personal narratives to illustrate how rich countries, like the United States, overprescribe pain medication which can lead to addiction and death. In contrast, developing countries have restrictive laws, limited knowledge, and strong stigma against pain medication. More work must be done to balance this discrepancy, by educating both doctors and patients on the disadvantages of pain medication over-use in rich countries, as well as the significant benefits of pain medication in developing countries.

Fighting Opioid Abuse in Indian Country

News. Vestal C. Fighting Opioid Abuse in Indian Country. Stateline. The Pew Charitable Trusts 2016; Dec 6. <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2016/12/06/fighting-opioid-abuse-in-indian-country>.

This news article from The Pew Charitable Trusts describes the unique challenges Native American populations face in combatting the opioid epidemic in their communities. Nationwide, Native Americans are three times as likely as the general population to die of a drug overdose. For example, in Washington State, Native Americans die of drug overdoses at a rate of 29 deaths per 100,000 people, compared to a rate of 12 for whites and 11 for blacks. Compounding the problem, a majority of Native Americans living on and off the reservation have little to no access to health care, let alone mental health and addiction services. The article also highlights pockets of innovation, where affluent tribes in the U.S. northwest are building health care systems including addiction treatment programs.

Trump Administration Declares Opioid Crisis a Public Health Emergency

News. Allen G, Kelly A. Trump Administration Declares Opioid Crisis a Public Health Emergency. National Public Radio 2017; Oct 26. <http://www.npr.org/2017/10/26/560083795/president-trump-may-declare-opioid-epidemic-national-emergency>.

This news story examines the current policy surrounding the U.S. opioid epidemic. In October 2017, President Trump declared the opioid epidemic as a public health emergency; however, it was not declared as a national emergency. This distinction means that new addiction treatments will not be receiving additional funding from the U.S. government—a worrying issue as the Public Health Emergency Fund is almost empty. There are still many questions on how the president will continue the plan for addressing opioids and how that plan will be funded.

The Family That Built an Empire of Pain

News. Keefe PR. The Family That Built an Empire of Pain. The New Yorker 2017; Oct 30. <https://www.newyorker.com/magazine/2017/10/30/the-family-that-built-an-empire-of-pain>.

This news story in *The New Yorker* examines the Sackler family, whose fortune was built through the family business, Purdue Pharma. Purdue Pharma developed OxyContin, a heavily marketed prescription painkiller that is now controversial due to its oversized role in the current opioid abuse epidemic. Many Americans have died from overdosing on OxyContin, and research by the American Society of Addiction Medicine suggests that the majority of people who use heroin initially began with prescription drugs. This news story takes a step back, to look at the inaccuracy in marketing to health care professionals and patients that led to opioid addiction across America.

The Opioid Epidemic in Six Charts

News. Kolodny A. The Opioid Epidemic in Six Charts. The Conversation 2017; Oct 4. <https://theconversation.com/the-opioid-epidemic-in-6-charts-81601>.

This news story depicts the opioid epidemic through six charts which illustrate various trends in the opioid epidemic: the rise of opioid use in recent years, overdose deaths from opioid use, the demographic breakdown of opioid users, the rise of fentanyl use, oxycodone consumption, and medication-assisted therapy for heroin addicts by age group.

Native American Rap Group Takes on Opioid Dealers

News. Lemont C. Native American Rap Group Takes on Opioid Dealers. WGBH News 2017; Oct 16. <http://news.wgbh.org/2017/10/16/local-news/native-american-rap-group-takes-opioid-dealers>.

This news article highlights a Native American rap group using their music to shed light on historical traumas experienced by Native Americans that have shaped the community's current struggles with the devastating opioid epidemic. In 2016, one in 100 deaths of native people were from opioid overdose, versus one in 125 for the rest of the population.

Unable to Arrest Opioid Epidemic, Red States Warm to Needle Exchanges

News. Luthra S. Unable to Arrest Opioid Epidemic, Red States Warm to Needle Exchanges. Kaiser Health News 2017; Jun 14. <https://khn.org/news/unable-to-arrest-opioid-epidemic-red-states-warm-to-needle-exchanges>.

This Kaiser Health News story explores how states that were previously reluctant to use needle exchanges, have now embraced the approach as a way to tackle the rapidly growing opioid epidemic. Legalizing needle exchanges has enabled safe disposal of used syringes—part of a “harm reduction” approach to curbing drug use—and may seem at odds with national rhetoric, with U.S. Attorney General Jeff Sessions encouraging a hardline approach to criminalize even low-level infractions.

The Fix: Treating New York’s Opioid Crisis

O'Brien M et al. The Fix: Treating New York’s Opioid Crisis. The GroundTruth Project 2017.

<http://thegroundtruthproject.org/projects/the-fix-groundtruth-podcast>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11806>

This multimedia journalism piece, offered by The GroundTruth Project, documents the growing epidemic of heroin use. Through a series of five chapters—which are composed of podcast audio recordings, textual narrative, photographs, data figures, and interactive features—journalists go to the Bronx, Staten Island, and Long Island to explore the roots of the existing opioid crisis, current efforts to address it, and ways in which denial and stigma are contributing to an unprecedented number of overdose deaths.

Photos Reveal Media’s Softer Tone on Opioid Crisis

News. Shaw M. Photos Reveal Media’s Softer Tone on Opioid Crisis. Columbia Journalism Review 2017.

<https://www.cjr.org/criticism/opioid-crisis-photos.php>.

This news story from the *Columbia Journalism Review* highlights the racial biases underlying popular media depictions of the current U.S. opioid crisis, when compared to historical coverage of heroin and crack cocaine use in the 1970s and 1980s. In present-day visual language surrounding the opioid crisis, predominantly white drug users face an “illness” or “disease” rather than a moral shortcoming. In comparison, the heroin and crack cocaine coverage in the 1970s and 80s—primarily affecting communities of color and described as a “war on drugs”—depicted black and brown drug users as violent and criminal. The author of this analysis also highlights how black-and-white images and color images are differentially used across drug coverage.

The Foster Care System is Flooded with Children of the Opioid Epidemic

News. Simon S. The Foster Care System is Flooded with Children of the Opioid Epidemic. National Public Radio 2017; Dec 23. <https://www.npr.org/2017/12/23/573021632/the-foster-care-system-is-flooded-with-children-of-the-opioid-epidemic>.

In this news story, Judge Marilyn Moores discusses the implication of the crisis on the foster care system in her jurisdiction of Marion County, Indiana. Indiana has seen one of the largest one-year increases in the number of youth in need of foster care, which has been attributed in large part to the opioid crisis. In addition to discussing resource restraints and the types of children that commonly come through the system, Judge Moores’ interview also touches on ethical debates around parent-child reunification in the context of opioid addiction.

There Is More Than One Opioid Crisis

News. Casteel K. There Is More Than One Opioid Crisis. *FiveThirtyEight* 2018; Jan 17.

<https://fivethirtyeight.com/features/there-is-more-than-one-opioid-crisis>.

This news article in *FiveThirtyEight* is a deep dive into how Kentucky—a state with one of the highest opioid overdose death rates—is taking a multifaceted approach to tackling its opioid crisis. Public health researchers in Kentucky are focused on improving data about drug overdoses to help policymakers make better, more accurate decisions about policy solutions to the crisis. This includes improving the accuracy of death certificate information and bolstering communication across state agencies. The state’s initial efforts have led to key insights, like realizing different parts of the state are affected by different drugs—synthetic opioids and heroin in northern Kentucky, and prescription opioids in eastern Kentucky. The article specifically emphasizes the

influence of coroners and medical examiners—including how they are elected, appointed, and funded—in shaping how data about death in the state are recorded.

As Opioid Crisis Strains Foster Care, States Aren't Tracking the Damage

News. Duncan B. As Opioid Crisis Strains Foster Care, States Aren't Tracking the Damage. *Reveal* from The Center for Investigative Reporting 2018; Jan 8. <https://www.revealnews.org/article/as-opioid-crisis-strains-foster-care-states-arent-tracking-the-damage>.

This news article from the Center for Investigative Reporting discusses how the foster care system in states impacted by the opioid crisis are under strain, but many states do not have an idea of the magnitude of impact because detailed data is not collected. The article highlights the challenges child welfare caseworkers face in proving the presence of drugs in homes, as well as more technical gaps, where state and federal statistics are not designed to capture whether a child has been removed from a household due to an opioid-using parent.

TEACHING MATERIAL

Addiction-ary

Glossary. Addiction-ary. Recovery Research Institute. <https://www.recoveryanswers.org/addiction-ary>.

This glossary by the Recovery Research Institute defines common terms associated with addiction, with careful emphasis on language that destigmatizes substance use disorders.

Safe Needles Save Lives

Teaching Case. Li Z et al. Safe Needles Save Lives. *Western Public Health Casebook*. Public Health Casebook Publishing 2016. http://www.schulich.uwo.ca/publichealth/cases/2016_Case_6.pdf.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11469>

This case highlights the harm reduction practices of providing clean needles and syringes to prevent the spread of blood-borne diseases among drug users in Ontario, Canada. It considers a needle exchange program effort in collaboration with a homeless prevention program that aimed to keep public areas free of discarded needles. When a six-year-old boy got a needle-stick injury in a public toilet in 2014, the resulting public panic sparked public discussion to improve existing efforts. The case helps students to understand project details and review the comparative landscape of community programs, policies, and activities related to needle/syringe disposal.

Annual Surveillance Report of Drug-Related Risks and Outcomes — United States, 2017. Centers for Disease Control and Prevention 2017

Presentation. Annual Surveillance Report of Drug-Related Risks and Outcomes – United States, 2017. U.S. Centers for Disease Control and Prevention 2017.

https://www.cdc.gov/drugoverdose/pdf/pubs/CDC_2017_Surveillance-Report_DataSummary_presentation.pdf.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11809>

This presentation from the Centers for Disease Control and Prevention (CDC) contains highlights from the CDC's first surveillance report about drug-related risks and outcomes in the United States in 2017, including data, maps, tables, and charts. The presentation is available for download. That publication, [Annual Surveillance Report of Drug-Related Risks and Outcomes](#), summarizes the latest national information available for various health outcomes, health behaviors, and prescribing patterns related to drug use and abuse in the United States. This report presents the latest data available on rates of opioid prescribing, substance use disorder, nonfatal hospitalizations and emergency department visits, and overdose deaths. National information, and some state information, is presented to serve as a resource to help address the ongoing national problem of drug abuse, addiction, and overdose.

Investigating the Heroin and Prescription Opioid Epidemic: A Lesson Plan

Lesson Plan. Gonchar M, Crosson Gilpin C. Investigating the Heroin and Prescription Opioid Epidemic: A Lesson Plan. The New York Times 2017. <https://www.nytimes.com/2017/05/04/learning/lesson-plans/investigating-the-heroin-and-prescription-opioid-epidemic-a-lesson-plan.html>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11764>

This lesson plan from *The New York Times* explores the causes, effects, and potential solutions for addressing the prescription opioid crisis in the United States. The lesson includes a short film about an overdose survivor, relevant news articles to discuss within class, and a discussion guide for brainstorming possible solutions.

The Intersection of Syringe Use and HIV Criminalization: An Advocate's Toolkit

Toolkit. The Intersection of Syringe Use and HIV Criminalization: An Advocate's Toolkit. National LGBTQ Taskforce, The Center for HIV Law and Policy 2017. <http://www.hivlawandpolicy.org/beyond-nondisclosure-toolkits>.

This toolkit introduces strategies to advocate for the decriminalization of syringes, emphasizing that HIV and substance use are public health issues rather than criminal legal issues. It defines key principles of harm reduction, an approach that centers on the human rights of people who inject substances by reducing the negative consequences of drug use. The toolkit underscores how many HIV criminal laws target people who inject substances—with black and brown Americans and sexual and gender minorities disproportionately targeted—and describes opportunities to advocate for safer access to sterile syringes.

Policy Meets Practice – People Who Inject Drugs

Teaching Case. Sibbald S, Shelley JJ. Policy Meets Practice – People Who Inject Drugs. Public Health Casebook Publishing 2017. https://www.schulich.uwo.ca/publichealth/cases/2017_Case_12.pdf.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11738>

This case study illustrates how a health policy for the treatment of infective endocarditis may increase health risks for persons with intravenous drug addictions. It follows an infectious disease physician in decision-making about aggressive antibiotic treatment for people who inject drugs (PWID) and may be homeless. The case would be suitable for use in health courses that consider clinical decision-making and the role of community health workers in addressing the health needs of persons with addictions or those facing socioeconomic challenges such as homelessness and domestic displacement.

The Opioid Crisis in America

Online Learning. The Opioid Crisis in America. HarvardX, edX 2017. <https://www.edx.org/course/opioid-crisis-america-harvardx-hhp100>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11804>

This self-paced online course from HarvardX challenges preconceptions about addiction and about who can become addicted to opioids, which are part of a drug class that includes heroin as well as pain relievers such as oxycodone, hydrocodone, morphine, codeine, fentanyl, and others. Students learn about the origins and spread of opioid use, misuse, and addiction. The course covers the appropriate ways in which prescription opioid drugs can be used to treat specific pain conditions, and explores the impact of opioid misuse on the individual, family, and community. It also discusses the differences between men and women when it comes to addiction and treatment, as well as the particular risks of opioid addiction in young people.