

January 11, 2017

The Honorable Donald J. Trump
Presidential Transition Headquarters
1800 F Street, NW Room G117
Washington, DC 20270-0117

Dear President-Elect Trump:

On behalf of the families we serve, the Partnership for Drug-Free Kids urges the new Administration to make the opioid addiction epidemic a priority, and to work with legislators, government officials, healthcare providers, educators and law enforcement agencies to implement policy solutions that help parents and families of loved ones struggling with the disease of addiction.

With 144 people dying each day, drug overdose is now the leading cause of accidental death in our country. Addressing the opioid addiction epidemic will require a comprehensive approach including education and prevention resources, the “mainstreaming” of substance use as a health issue, and expanded access to effective treatment, recovery support services and overdose reversal medications.

We have outlined critical principles and recommended action steps to guide your transition team as it lays out policies and priorities for the Administration’s first 100 days:

1. EDUCATE PARENTS AND FAMILIES:

- **Rebuild prevention resources by creating a dedicated funding stream in future budgets.** Over the course of the past decade, federal funding for prevention programs has been cut in half. One concrete step to restore these critical programs is by fully funding the Comprehensive Addiction and Recovery Act (CARA), which passed with overwhelming Congressional support in July 2016. With 90 percent of addictions beginning in adolescence, it is essential to prevent early misuse of prescription pain relievers from progressing to harmful use and addiction, or to the use of heroin. Investing in effective prevention programs, and educating parents about the risks of early drug use and the importance of safe storage and disposal of prescription medication, are critical steps to reversing current overdose trends.
- **Provide families with the tools and resources they need to get effective help for a loved one struggling with a substance use disorder (SUD).** Today, sadly, only ten percent of those needing treatment for substance use disorders actually receive it. The families of those needing help don’t get informed guidance from their healthcare providers, they are unfamiliar with the evidence based modalities of

treatment that are available and too often rely on ineffective programs, and they struggle to find the financial resources necessary to pay for treatment. Both online and offline resources exist for parents and other caregivers trying to navigate our cumbersome and confusing treatment system, but those resources require support and promotion to families in need.

2. WORK WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES -- AND OTHER RELEVANT AGENCIES AND DEPARTMENTS -- TO BRING PREVENTION, DIAGNOSIS AND TREATMENT OF SUBSTANCE USE INTO THE MAINSTREAM OF HEALTHCARE:

- **Require medical schools and residency programs to fully integrate addiction medicine, including the proper screening protocols and diagnosis of substance use disorders (SUD), into their curricula.** Despite its prevalence and tragic impact – addiction is linked to more than 70 diseases or conditions and accounts for a third of inpatient hospital costs – addiction medicine (along with pain management) is rarely taught in medical school or residency training. According to the National Center on Addiction and Substance Abuse at Columbia University, of the 985,375 practicing physicians in the United States, only about 1,200 are trained in addiction medicine. As a result, many physicians do not see substance use (particularly early use in adolescence) as a health issue, but as a social phenomenon or even a moral failing, and so miss crucial opportunities to screen and identify at-risk patients, and to refer them for counseling or appropriate treatment. (While Screening, Brief Intervention and Referral to Treatment, or SBIRT, is an effective protocol, too many providers resist applying it in clinical settings.) Additionally, Continuing Medical Education (CME) in addiction medicine and pain management should be required as a condition of renewing medical licenses to prescribe scheduled medications.

- **Promote adoption in clinical settings of tools and procedures that have been shown to reduce misuse of prescription medications and the harm associated with misuse:**
 - o Insist that prescribers of powerful pain relievers consult the **CDC's recent guideline** for prescription of opioids for chronic pain;

 - o Link state-based **Prescription Drug Monitoring Programs (PDMPs)** in an inter-operative, real-time national network, allowing prescribers to identify “doctor shoppers” and those in need of treatment for opioid addiction;

 - o Expand the availability of **Medication-Assisted Treatment (MAT)**, an insufficiently understood and accessible option for treating opioid dependency. Today, there are a limited number of doctors able to prescribe these medications.

- Increase the number of parents, law enforcement officials and first responders who are trained to administer **naloxone** to reverse overdose. The distribution of naloxone kits should be accompanied by education on the nature of opioid addiction as well as information on how to connect the person whose life has been saved with an effective treatment program.

- **Expand access to, and enforce parity coverage of, effective and affordable treatment.** At the same time that we educate parents and caregivers to navigate our challenging treatment system, we must improve access to that treatment so that everyone struggling with a substance use disorder can get the help they need as early in their substance use trajectory as possible. One of the most visible and painful aspects of today’s opioid epidemic is the number of families who simply cannot find or pay for effective treatment for a loved one struggling with addiction. It is vital that Medication-Assisted Treatment (in combination with behavioral therapy) be made more widely available, and that effective treatment for opioid addiction be fully covered by insurers in compliance with the 2008 Mental Health Parity and Addiction Equity Act. Insurance companies have an obligation to cover substance use treatment properly within their health plans – and they must be held to that obligation through government oversight.

- **Promote and support workplace programs that address substance use disorders among employees and their dependents as a health issue, providing confidential counseling and treatment, support for recovery and non-prejudicial hiring practices.** Among the reasons that individuals in need of treatment do not seek and receive it is the fear of job loss, or of a compromised career path. Working through the Department of Labor and within the federal workforce itself, the federal government can exert significant influence on the ways in which those struggling with substance use disorders can be helped without cutting off their means of support or sense of purpose.

In addition to these concrete steps, your Administration can make great strides in addressing the opioid epidemic via thoughtful use of the “bully pulpit,” stressing repeatedly that (a) the opioid epidemic is a problem requiring close coordination across the federal bureaucracy and the enlistment of cooperation from both public and private sectors; (b) the epidemic is but one extreme symptom of a systemic failure to treat substance use a health issue rather than stigmatizing it as a moral failing or legal problem; and (c) to repair that systemic failure we must provide individuals and families struggling with addiction with comprehensive access to effective prevention, diagnostic, treatment and aftercare resources.

The Partnership for Drug-Free Kids stands ready to help your Administration in any way we can to further these objectives and strategies.

Respectfully,

A handwritten signature in black ink, appearing to read "M Taylor". The signature is fluid and cursive, with a long horizontal stroke at the end.

Marcia Lee Taylor
President and CEO