After nearly 30 years working with cities, I continue to be impressed by the energy and creativity that local government leaders bring to community problem solving. This is especially true as they now combat the public health crisis caused by the prescription drug, heroin, and fentanyl epidemic across America. Whether it is in the field of data management, regional collaboration, policing reforms, or treatment strategies, local leaders are taking actions that contribute to better health outcomes in our communities.

In March 2016, the National League of Cities (NLC) and the National Association of Counties (NACo) created a combined task force charged with understanding the current state of opioid addiction in our communities and delivering recommendations to government officials at the local, state, and federal levels. The report, A Prescription for Action: Local Leadership in Ending the Opioid Crisis, was released in November 2016. An online version can be found at www.opioidaction.org.

What We Are Up Against

The available data from the Centers for Disease Control and Prevention (CDC) on opioid overdoses and deaths stops at 2015. Although not a perfect representation of the crisis, the available national data defines the stark realities of this epidemic sufficiently well. Deaths from drug overdoses, including prescription opioids (OxyContin, Percocet, Demerol, and others), from heroin, and from fentanyl and its analogues, have risen to become the largest cause of accidental death in America, as reported by the National Safety Council.

CDC data reveals that more than 500,000 people died from drug overdoses in the 15 year period from 2000 to 2015. Perhaps even more striking, a daily tally of 91 Americans die from an opioid overdose.

The Value of Data

Because the CDC data is anywhere from 12-24 months old, cities and counties have been prompted to become better data managers in their own right. As a practical matter, the dramatic increase in opioid overdoses and deaths has pushed cities and counties to collect, synthesize, share, evaluate, report, and make decisions based on real-time data. Working with city EMS staff, hospitals, coroners, and public prosecutors, local governments are collecting robust information about drug supplies, levels of toxicity, distribution patterns, and mortality.

The City of Cincinnati, Ohio created a special Heroin Dashboard as part of the CincyInsights web portal. The data in this dashboard updates daily. While it does capture
responses to overdose incidents, it does not disclose patient information or medical data. In the Dayton area, the Montgomery County Coroner’s Office delivers a monthly mortality report which makes comparisons over the last four years and tracks other specialized information, all of which are exceedingly useful to local decision makers.

Local Responses

As with the management of data, city and county officials are approaching the opioid epidemic from a number of angles and are implementing policies and practices across disciplines. Taking stock of existing local plans, the main components of an action agenda seek progress in the areas of education and prevention, treatment, and public safety.

New England and states in the Midwest have been among the hardest hit by this public health crisis. Massachusetts cities came together as early as 2015 to deliver an action plan created under the auspices of the Massachusetts Municipal Association. Their report, An Obligation to Lead, proved to be a valuable tool for other states and cities seeking to take action. But in order to be truly impactful, responses to the opioid crisis must be tailored to fit the needs of each unique community.

This is certainly the case in Huntington, West Virginia. Like New England, the State of West Virginia was hit very hard by the flood of prescription opioids and heroin. Acting quickly and aggressively, the leadership in Huntington established The Mayor’s Office of Drug Control Policy. Among the first outcomes was creation of a two-year strategic plan that sought to coordinate stakeholders, equip first responders, leverage the resources of the medical and health community, and deploy local resources in effective ways.

This willingness to be outspoken, strategic, and creative helped reinforce the community ethos of this college town of 50,000. Moreover, the process of team building and goal achievement that characterized the effort on opioid addiction and overdoses helped Huntington win a $3 million first prize in the America’s Best Communities competition in 2017.

In Manchester, New Hampshire, city leaders are focused on creating a safe environment for individuals seeking assistance and wanting to start on a path to recovery. The city’s Safe Station initiative ensures that when a person suffering from substance use disorder gathers up the courage to ask for help, he or she can go to any Manchester Fire Department Station and speak to the firefighters on duty – at any time of day or night. They then help provide a general medical assessment and if medical conditions warrant, provide transportation to an appropriate medical facility. Safe Station is part of a wider effort to create a culture of health in Manchester, and has been recognized for excellence by the Robert Wood Johnson Foundation.

Another program that has been lauded is The Champion Plan in Brockton, Massachusetts. The police-assisted recovery program launched in February 2016 and is designed to place individuals with substance use disorders (SUD) who want help into the level of care they want – detoxification, outpatient, Medically Assisted Treatment (MAT), etc. Modeled after a similar program in Gloucester, Massachusetts, individuals suffering with a SUD asking for help will receive it. Brockton’s police headquarters serve as the point of entry.

While local officials are leading on these issues in their communities, their ultimate success requires partners at the state and federal levels.
**Actions for States**

**Establish or strengthen prescription drug monitoring programs (PDMPs).**
States should require medical professionals to use PDMPs to assess potential abuse or diversion before prescribing opioids, and they should require those who dispense opioids to report each prescription to the PDMP within 24 hours.

**Institute guidelines for prescribing opioids.**
States should adopt the CDC opioid prescription guidelines which direct prescribers when to initiate opioids for chronic pain, how to select opioids, set their dosage, duration and discontinuation, and how to assess risk and address the harms of opioid use.

**Support greater availability of medication-assisted treatments.**
States should assess the factors that limit medication-assisted treatments in their cities and counties and take actions to help increase the availability of such treatments.

**Structure Medicaid programs to promote safe opioid prescription practices and access to treatments.**
Medicaid participants are twice as likely to be prescribed opioids and have six times the risk of opioid-related overdose deaths. States should address these disparities through their Medicaid plans by limiting opioid prescriptions, promoting the use of non-opioid pain management methods, and optimizing timely access to medication-assisted treatments like buprenorphine and naltrexone.

**Explicitly authorize or remove barriers to clean syringe programs.**
In addition to protecting communities from the outbreak of infectious diseases like HIV and hepatitis, syringe exchange programs provide important opportunities to connect individuals struggling with drug addiction to treatment services. States should support these programs and remove statutory barriers to their establishment in cities and counties.

**Actions for the Federal Government**

**Expand access to medication-assisted treatments.**
One of the greatest impediments to the treatment of individuals struggling with addiction is the limited number of practitioners who can prescribe buprenorphine. To prescribe buprenorphine, practitioners must apply for a special license that limits the number of patients they can treat. Recently, the federal government took action to increase the limit from 100 to 275 patients. The federal government must continue to make policy changes to allow other medical professionals (such as nurse practitioners) to dispense such medications.

**Provide further funding for local efforts to address the opioid crisis.**
The federal government must quickly appropriate the remaining $500 million authorized in the 21st Century Cures legislation to assist local governments through grants that would help expand and improve existing efforts to address the opioid epidemic in localities across the nation.

**Partner with local and state officials to reduce the supply of fentanyl and its analogues.**
The federal government must devote extensive resources to federal, state, and local law enforcement efforts to stop the illicit trafficking of fentanyl and fentanyl analogues.

**Allow individuals in custody to continue receiving Medicaid benefits until convicted, sentenced, and incarcerated, and require states to suspend, rather than terminate, Medicaid for individuals in jail.**
The federal government should provide greater flexibility in the Medicaid program for justice-involved populations and should require states to suspend, rather than terminate, coverage for incarcerated individuals.

**A Call To Action**

Leaders at the local level experience the human costs of this public health crisis one life at a time. They confront the tragedies of this epidemic in rural counties and in urban cities, and no portion of society is immune from the devastation. Families are shattered without regard to income, race, ethnicity, gender, educational attainment, or family structure.

The city and county leaders entrusted with preserving the health, safety, and vitality of their communities are acting with urgency to break the cycles of addiction, overdose, and death that have taken hold in so many corners of this nation. Addressing the opioid epidemic necessitates adopting several core convictions: that addiction is an illness; that although law enforcement is critical to an effective response to this epidemic, cities cannot simply arrest their way out of a crisis of addiction; and that to stem the tide of this epidemic and combat the stigma that often accompanies it, local leaders must build partnerships across communities and with counterparts at the local, state, and federal levels.

Finally, it is important to recognize that the current approach to the problem of addiction differs markedly from the “war on drugs” philosophy that dominated our nation’s response to previous epidemics. During the crack cocaine epidemic of the 1980s and 1990s, addiction was criminalized — through policies like mandatory minimum sentences and three strikes laws — resulting in mass incarceration of African-Americans and Latinos. Communities of color continue to feel the detrimental effects of these policies.

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It is important that local leaders reflect upon past policies and their impact on our communities as they formulate the response to an epidemic that threatens every community across the country. Further, although it is not possible to change the past, actions taken today can help undo some of the damage caused by prior responses. First, we can show compassion for those struggling with addiction by expanding public support for diversion and treatment programs to individuals throughout the criminal justice system. Second, we can support sentencing reforms that retroactively apply to individuals still serving time for non-violent drug-related convictions.

It has been said that in every crisis lies the seed of opportunity, and the opioid crisis presents an invaluable opportunity for city and county officials: an opportunity to assess the reaction to addiction and to formulate lasting and equitable responses that promote health, safety, and opportunity for all members of our communities.

James A. Brooks is the city solutions director at the National League of Cities in Washington, D.C. He was primary staff to the National City-County Task Force on the Opioid Epidemic and one of the lead authors of the task force report.★

Sources
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