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SUBJECT: **Opioid Crisis: Data-Related Strategies for Special Populations to Improve Health Equity and Prevent Opioid Addiction and Overdose**

BACKGROUND

In March 2017, President Donald Trump established the President's Commission on Combating Drug Addiction and the Opioid Crisis. On October 26, 2017, the President declared the opioid crisis a Nationwide Public Health Emergency to mobilize the fight against the epidemic (www.whitehouse.gov). During its August 2017 meeting, the Advisory Committee on Minority Health (ACMH) heard evidence on opioid addiction and overdose, specifically current federal, tribal, state, and local efforts, and multisector perspectives including health care, public health, law enforcement, and first responders related to this growing crisis. The ACMH's focus on opioid misuse aligns with the Administration's priorities and with ACMH's Core Values Statement, which includes *Health for the Common Good*—access to improved quality health care and services for all U.S. communities, and *Respect for the Diversity of U.S. Communities* and *Effective Engagement of Diverse Communities*—coordination of the health care and public health delivery systems, at the community level. Critical in this process is the assurance of direct involvement, partnership, collaboration, and representation of a diverse cross-section of community members in the development, implementation, and evaluation of data collection policies, methods, and practices that bolster health equity. These values are critical to addressing the opioid epidemic across diverse communities and populations.

The ACMH recognizes that the complexity of opioid overdose and addiction will require multifaceted prevention and intervention solutions. Having access to comprehensive, real time data is one of the key needs to achieve this goal identified by committee members. Although data are only one part of the solution, this memorandum focuses on data issues as an overlooked aspect of the opioid crisis. Consideration of the importance of data both for understanding the causes and risk factors of opioid use and addiction and for developing evidence-based, culturally relevant prevention and intervention strategies is critical to advance the health and wellness of the *entire* nation.

BARRIERS TO EFFECTIVE DATA COLLECTION

A number of barriers to effective data collection efforts on opioid misuse and addiction were identified:

- lack of real-time, comprehensive, and standardized, surveillance, administrative, and treatment data;
- lack of systematic national standards for collecting and reporting data on opioid use; insufficient disaggregation of data;
- limited accessibility to data; lack of availability of user-friendly tools to utilize, visualize, and analyze relevant data;
- insufficient methods for collecting data on personal strengths and resiliency and community and cultural protective factors; and
- insufficient efforts to collect data on the needs of racial/ethnic minority and tribal populations.[1,2,3]

Accordingly, the ACMH is communicating our recommendations related to: data collection, translation, and dissemination as well as the need for adequate, meaningful engagement of racial, ethnic, and tribal populations in discussions about data to ensure that the validity of research, quality of treatment, and experiences of diverse communities are adequately addressed.

STATE OF THE CRISIS

The opioid crisis has worsened in recent years. In 2011, more than 366,000 people were treated in emergency departments for misusing prescription opioids – an over two-fold increase since 2005.[4,5] In 2014, almost 2 million Americans abused or were dependent on prescription opioids.[6] Additionally, as many as 25% of people who receive prescription opioids for non-cancer pain in primary care settings struggle with addiction.[7] The potential for fatal overdose distinguishes opioids from other drugs.[8,9] In 2015, more than 33,000 deaths were attributed to opioid overdose. More than 60% of drug overdoses involve opioids and nearly half of all opioid deaths are due to prescriptions. The recent surge in illicit opioid overdoses also has been driven by heroin and illegally-made drugs, such as fentanyl.[5,10]

The face of the opioid epidemic also is evolving. While the epidemic started in rural America, data from the 2015 National Survey on Drug Use and Health show that opioid misuse and addiction are now as prevalent in urban and suburban areas.[11] A recent U.S. Department of Health and Human Services (HHS) study found that the proportion of the population using prescription opioids is similar across large metropolitan (36.0%), small metropolitan (40.1%), and non-metropolitan (39.9%) areas.[12] Overdose is also a leading cause of death for individuals returning to the community from prison, who disproportionately are African Americans and Latinos.[13,14] American Indian/Alaska Native populations also have been disproportionately impacted compared to other communities (e.g., in terms of heroin use).[14,15]

FEDERAL, STATE, LOCAL, AND TRIBAL EFFORTS

At the August 2017 ACMH meeting, a number of current federal, tribal, state, and local efforts to combat the opioid crisis were presented. Consistent with the Secretary's five priorities for addressing the opioid epidemic, Substance Abuse and Mental Health Services Administration (SAMHSA) officials described the agency's substance use disorder continuum of care model as comprised of prevention, risk reduction, recovery management, and recovery maintenance. SAMHSA also described its support of efforts to increase our understanding of the opioid epidemic through improving public health surveillance, improving access to treatment and recovery services, promoting the use of overdose-reversing drugs, supporting cutting-edge research on pain and addiction, and advancing practices for pain management.[14]

SAMHSA officials reported that the majority of people facing opioid addiction do not receive treatment, particularly evidence-based treatment. Furthermore, SAMHSA reported that the risk of death from substance use disorder is higher among populations that experience health disparities and mental illness, and that the rates of admission to treatment programs among racial and ethnic minority populations have not changed significantly in a decade.

At the state level, the National Governors Association (NGA) reported that it has developed an opioid compact that was signed by 46 governors in July 2016 and nine newly-elected governors in 2017. NGA also reported that it conducts policy academies on prescription drug abuse reduction and learning labs to assist states in addressing the epidemic. In July 2016, NGA released its Opioid Road Map *(Finding Solutions to the Prescription Opioid and Heroin Crisis: A Road Map for States).* The road map identified major factors driving the epidemic (wider availability of prescription opioids, lack of access to treatment for addiction, changing economics brought about by an increased supply, and lower costs of heroin and fentanyl). The report highlighted the need for coordinated health, health care, and health services strategies for prevention, early identification, treatment and recovery, and public safety strategies for reducing the supply of illicit opioids.[15]

Locally, governments are employing multi-pronged, multi-sector strategies to address the opioid epidemic. For instance, Washington, DC officials described a four-pronged, multi-agency approach that they are using which includes emergency responders (e.g., use of Narcan); public health (e.g., review of data, trends, and strategies); testing (e.g., investigation of opioid overdose deaths); and criminal justice (e.g., investigation of fentanyl).[5]

Meanwhile, tribal governments, through the National Congress of American Indians, have called on all federal agencies, including the Department of Interior (DOI), HHS, Department of Justice (DOJ), and SAMHSA to increase resources such as funding and support services to advance education, prevention, treatment, services, and public safety programs designed to address heroin and opioid abuse and addiction within Indian Country.

IDENTIFIED NEEDS

The efforts to address the opioid crisis reveal some common needs across all communities in general, and racial and ethnic minority populations specifically. Overprescribing was the catalyst for the current opioid epidemic and remains the leading cause of opioid deaths. Hence, critical

strategies to prevent opioid addiction include more cautious prescribing and prescription drug monitoring systems. Prescription drug monitoring systems typically are administered by state health departments, which allow practitioners to view and track patients' prescription drug history and trends. Presenters also identified the following needs: more education (e.g., information on non-opioid therapies); greater patient-provider engagement; and closer collaborations among various sectors (e.g., public health and physicians).[4]

Strategies to combat the opioid epidemic for state and local governments will require communities to share data across levels of government and across sectors and agencies to identify both the unique needs of at-risk communities and the full scope of resources that are available locally.[3] Timely and accurate data collection is challenging, however, particularly when data systems are decentralized and not integrated. Furthermore, there is a need to evaluate the effectiveness of prevention and intervention efforts and the cultural appropriateness of messages targeting opioid use and addiction among racial, ethnic, and tribal communities, as well as build an evidence base of successful programs and interventions.[15,16]

RECOMMENDATIONS

Rethinking and modifying data collection and sharing efforts at the federal, tribal, state, and local levels of government relative to the opioid crisis is critical for understanding populations at greatest risk for addiction and for creating an evidence base that can inform effective prevention, practice, and policy strategies. At the state level, for instance, NGA identified the need to use both public health and safety data for prevention and response (e.g., Rhode Island, Pennsylvania, New Jersey).[15] At the tribal level, efforts of the National Congress of American Indians recognized the need for increased collaboration with federal agencies as well as state and local governments.

The need to improve the quality and address the limitations of data associated with opioid use and addiction among special populations are priorities identified by the ACMH. Accordingly, the ACMH recommends the following data improvement measures to promote a better understanding of culturally appropriate practices, approaches, and policies to increase access to care and services:

1) **Improve existing data and data collection efforts related to opioid use and addiction by leveraging resources within OMH and other federal agencies and encouraging collaboration with tribal, state, and local governments to increase the quality and linkage of data to advance health equity.** Specific strategies to achieve this short-term goal include:
    - Build upon existing data collection efforts of other federal agencies, including the following U.S. Department of Health & Human Services agencies: Centers for Disease Control and Prevention (CDC) including the National Center for Health Statistics (NCHS); Centers for Medicare & Medicaid Services (CMS); Health Resources and Services Administration (HRSA) including the Office of Rural Health Policy (ORHP); Indian Health Service (IHS); National Institutes of Health (NIH); and the Substance Abuse and Mental Health Services Administration (SAMHSA); as well as the U.S. Department of the Interior (DOI) and the U.S.

Department of Justice (DOJ); to collect data that reflect the needs and characteristics of racial and ethnic minority populations at risk or affected by opioids.
- Increase access to restricted and special populations data, including administrative, surveillance, and treatment statistics to produce reports on special populations.
- Examine disparities in opioid prescription rates, access to medication-assisted and non-medication-based treatment programs, and arrest rates.

2) **Improve methods for collecting data and projecting needs of opioid use and addiction among special or rare (numerically small) populations for underrepresented populations.** Specific strategies to achieve this short-term goal include:
   - Enhance sampling methods, address small sample sizes, ensure representative samples, sampling frames, data, and tools, and develop methods for projecting rates for hard-to-survey sub-populations.
   - Develop and pilot tools on opioid use and addiction that include culturally relevant questions, sensitivity and stigma.
   - Develop model data use policies and agreements (e.g., government, tribes) to ensure robust data collection and sharing across federal, tribal, state and local governments, sectors, and agencies. Consider tribal data sharing agreements (www.sph.umn.edu/resources).
   - Collect and analyze multi-level data including social (social determinants), behavioral (individual unit of analysis), and health services and treatment (provider unit of analysis).
   - Fund opportunities that support engagement of a broad cross-section of the community in data collection activities to ensure that strategies and methods are culturally relevant.

3) **Fund new data collection efforts which focus on special or rare (numerically small) and hard-to-reach populations related to opioid use and addiction.** Specific strategies to achieve this long-term goal include:
   - Focus on under-sampled, underserved, and underrepresented populations, particularly where little or no data exist.
   - Collect new data (e.g., via new instruments) on social (social determinants), behavioral (individual unit of analysis), and health services and treatment (provider unit of analysis) as it relates to opioid use and addiction.
   - Support demonstration projects that demonstrate culturally appropriate methodologies and tools to collect data on under-sampled, underserved, and underrepresented populations.
   - Create supplements to existing national surveys to collect data on specific populations and geographic areas through oversampling and modeling.
   - Develop collaborations across federal agencies including CDC, DOJ, HRSA, IHS, NCHS, National Institute on Drug Abuse (NIDA), National Institute on Minority Health and Health Disparities (NIMHD), Office of Behavioral and Social Sciences Research (OBSSR), ORHP, Patient-Centered Outcomes Research Institute (PCORI), SAMHSA, and in collaboration with state and local governmental

agencies to increase the availability and use of data related to opioid use and addiction among racial, ethnic and tribal populations.

CONCLUSION

A complex health issue like the opioid crisis requires multifaceted coordinated data collection and sharing strategies across federal, tribal, state, and local governments to prevent the tragic outcomes associated with opioid use addiction and support health equity across our nation's communities. This is the first in a series of ACMH memos with recommendations to address the opioid crisis. The current memo focuses on enhancing data collection, sharing, and dissemination efforts to support the development, implementation, and evaluation of efforts to better understand the impact of the opioid crisis on all communities and of effective strategies and interventions to end opioid misuse and addiction. Accurate, comprehensive, representative, and easily accessible data are critical to equip local, state, tribal, and federal stakeholders with the information and tools necessary to advance prevention, treatment, and policy to end the opioid crisis. Insufficient and inconsistent data collection activities relative to race and ethnicity, culture, and subcultures contribute to insufficient understanding of the root causes of addiction and its disproportionate adverse impact on racial, ethnic, and tribal populations, hindering efforts to achieve health equity for those populations.

To achieve health equity, practitioners, policymakers, and other stakeholders need to base decisions on valid data. The ACMH, therefore, recommends that OMH collaborate with federal, tribal, state, and local governments to collect, translate, and disseminate data on opioid use, addiction, and outcomes among special populations for which there are limited data and to fund data collection efforts which engage special populations. The ACMH thanks HHS and OMH in particular for continuing to work with our Committee to promote health equity. We welcome the opportunity to work with you on these and other critical issues that impact the health and health care of our nation's diverse communities.

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