The Opioid Epidemic – The Gap in Our Nation’s Response

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## COVID-19 Will Exacerbate the Impact of the Opioid Epidemic

<table>
<thead>
<tr>
<th>Current impact in lives</th>
<th>Current impact in cost</th>
<th>People with OUD are highly vulnerable</th>
<th>Substance use and “deaths of despair” will increase due to COVID-19</th>
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<td>• 4M individuals with opioid use disorder, according to a report by Milliman</td>
<td>• Every segment of society is impacted; in 2018, healthcare ($65B), economic productivity ($28B), and the criminal justice system ($12B) absorbed most costs</td>
<td>• OUD is correlated with greater rates of infectious disease, homelessness, and unemployment—all of which will certainly be exacerbated by the COVID-19 crisis</td>
<td>• The Well Being Trust estimates that – due to COVID-19 – “deaths of despair,” which include overdose and suicide, will increase by ~75,000 people in the coming years</td>
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<td>• In 2018, there were ~47,000 opioid overdose fatalities, a 490% increase since 1999</td>
<td>• Other estimates suggest the total cost is even higher: The Council of Economic Advisors estimate a cost of $696B in 2018, 3.4% of United States GDP</td>
<td>• Compromised lung function from COVID-19 will put those who use opioids at greater risk for fatal overdose; those with chronic respiratory diseases have increased risk of overdose when using opioids therapeutically</td>
<td>• Traumatic life events including sudden job loss, loss of family and friends, etc. will increase due to COVID-19 – these are all well known to increase substance use</td>
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<td>• Approximately 400,000 lives have been lost to drug overdose since 1999, 7x the number of US military deaths in the Vietnam War</td>
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Despite the understandable amount of attention being paid to COVID-19 response, the addiction crisis – which was actively raging pre-COVID-19 – continues to attack communities, many of which will be hit even harder due to the collision of these crises.
The Issue
### Key Drivers of the Epidemic

- Marketing of prescription opioids as non-addictive and overprescribing of opioids
- Increasing access to heroin and fentanyl

- **Shame and social isolation**: for those addicted, reduces a “whole” person to someone who is “broken,” with little or no self-esteem; less than 20% of Americans are willing to associate closely with someone who is addicted to prescription drugs as a friend, colleague, or neighbor.

- **Individuals not seeking help for their addiction** – around 20% of those addicted cite stigma as a reason for not seeking treatment.

- **Insufficient treatment capacity** - less than 50% of Emergency, Family, & Internal Medicine providers believe opioid addiction is treatable; 24% of EM and FM/IM doctors report “if my practice treats for OUD, it will attract undesirable patients”; ~40% of US counties do not have a physician licensed to prescribe buprenorphine.

- **Health care coverage and reimbursement disparities** relative to other chronic conditions making payment for the disease cost prohibitive to many.

- **Non-evidenced based treatment** - less than 20% of doctors use an evidenced based tool to screen for OUD; less than 40% of treatment programs offer even one of the three FDA approved medications and only 2% of programs offer all three.

- **Criminalization of people with SUD** - instead of compassionate evidence-based treatment; less than 1% of prisons offer medications for OUD.

- **Social and structural barriers to recovery** – loss of housing, employment, and social isolation; only ~60 of employer’s cover medications for OUD.

Seven of the nine key drivers of the epidemic are driven by pervasive stigma.
Our Nation’s Response

- Improved **public health surveillance of the epidemic**
- Increased funding for **addiction research**
- Increased **efforts to reduce the importation of illicit drugs** to the U.S.
- **Improved pain management practices** and use of prescribing guidelines
- Increased **availability of non-opioid alternatives** to treat chronic pain
- Increased prescribing and **distribution of naloxone**
- **Increased investment in** broad efforts and targeted initiatives – including in **evidence-based treatment**
- Increased efforts to **eliminate “step therapies,” “prior authorization,” and other “utilization management techniques”** for MOUD
- Increased **investment in recovery and wrap-around services for those with an OUD**
- **Less federal funding than other chronic diseases and public health issues** (~$7 billion in 2018), with no guarantee it will be sustained

Tragic gap:

Missing a national, coordinated, well-funded, and evidence-based initiative to reduce stigma
Research & Findings
Our Approach

**Shatterproof, McKinsey & Company and The Public Good Projects** embarked on a six-month project rigorously reviewing and analyzing analogous movements to inform Shatterproof’s plans to significantly reduce the stigma associated with opioid use disorder initially while developing a roadmap for stigma reduction for substance use disorder and, ultimately, behavioral health more broadly.

**Assessed**

11 analogous social-change movements to understand how they shifted beliefs & behaviors

Tobacco smoking
HIV/AIDS
Sexual assault
Teenage drug use
Mental health
Obesity

Substance use
Cancer
Gender equality
Intellectual disability
Same-sex marriage

**Prioritized and reviewed**

100 publications and reports related to stigma reduction

30 News/social media articles
25 Presentations/websites
24 Academic papers/journals
19 Book chapters
17 Public campaigns
7 Reports
2 Books

**Conducted interviews**

48 experts in social change, mental health, and addiction

48 Academics/researchers
10 experts in specific behavioral change campaigns
8 Government offices/policymakers
7 behavioral change marketing/advertising experts
5 Nonprofit organization leaders
4 Healthcare experts
3 Criminal justice experts
1 Individual in recovery
The opioid crisis uniquely faces stigma against medications for opioid use disorder ("MOUD"), an evidence-based treatment, across the three types of stigma described above; public, structural, and self-stigma. One common misconception about MOUD is that it involves “trading one addiction for another.”
1. A well-funded, central actor or set of coordinated actors benefitted the creation of rapid change

2. Key actions taken in three categories: educating, altering language, and changing policies

3. Educational initiatives using contact-based strategies (messaging between those with a stigmatized condition and those without it) to humanize the disease and emphasize treatment is effective

4. Movements sequenced to first activate influential institutions and ultimately achieve mass adoption by the public

5. Positive and negative incentives employed to change relevant stakeholder behavior

6. Action was mobilized at both the “grassroots” and “grasstops”
Our Plan
Sample Action Items

Draft Action Items

**Educate through empowerment**
- **Sharing Stories**: Implement campaigns sharing stories using contact-based strategies connecting those with OUD and those without OUD
- **Education**: Implement education program (i.e., Just Five©) to educate on six specific topics related to addiction

**Affirm through cultural change and norm-setting**
- **Language**: Initiate standards to remove stigmatizing language across all communications
- **Events**: Participate in recovery-focused community events

**Support through policy**
- **Sponsorship**: Establish an executive level sponsor accountable for advocating for employees with OUD and improving their workplace environment
- **Benefits**: Align organization health benefits and guidelines to better support those with OUD
**Coordinated Coalition to Catalyze Change**

| Shatterproof | • Publish first Addiction Stigma Index to create baseline; hold Shatterproof and our nation accountable through the annual publication of Addiction Stigma Index  
• Develop and continually improve evidence-informed Action Plans tailored to each segment  
• Recruit a core group of Principals and Partners, build momentum, and reach a “tipping point” of Action Plan adoption  
• Implement certification for the adoption of Action Plans  
• Ensure continuous improvement through research and measuring progress |
|---|---|
| Partners | • Implement evidence-informed Action Items  
• Support with funding |
| Allies | • Implement evidence-informed Action Items |
| Coalition Members | • Recruit Partners / Allies to help establish critical mass adoption of Action Items |
| Principals | • Support with funding |
Plan for Mass Adoption

1. Publicly launch movement

Convening event publicizing leadership of founding Partners and Principals who have committed to the start of a movement to end the stigma of addiction

2. Broader coalition of Partners and Allies

Broaden outreach to a wider group of Partners and Allies who will implement our Action Plans

3. Tipping point for mass adoption

Reach a tipping point, whereby a majority of stakeholders in each of the six systems implement our Action Plans
Thank you – contact us for additional resources

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