

# Public Policies to Address the Opioid Crisis

The nation is experiencing a public health crisis involving licit and illicit opioids.<sup>1,2</sup> Purdue endorses the following policies that support a comprehensive approach to reducing addiction, abuse, diversion, and overdose related to opioids.<sup>3</sup>

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**Limit the Duration of the First Opioid Prescription** – Purdue supports medically appropriate limits on the duration (days supply) of the initial opioid prescription during a course of treatment.<sup>4</sup> Such limits can improve prescribing practices and reduce the number of unused opioids in the community.

**Use Prescription Drug Monitoring Programs (PDMPs)** – Purdue encourages prescribers to register and use PDMPs. Further, Purdue supports improved PDMP utility for clinicians, such as accessing data across state lines, allowing use by a prescriber’s delegate, and integrating information into the clinical workflow. Evidence shows PDMPs are effective in supporting appropriate clinical decision-making, reducing “doctor shopping,” and preventing prescription drug abuse and diversion.<sup>5</sup>

**Require Demonstrated Competence for Opioid Prescribing** – Purdue supports required demonstration of competence in opioid prescribing as a condition for initial or renewed registration with the DEA to prescribe opioid analgesics.<sup>6</sup> Prescribers can demonstrate competency by completion of specific training on the risks and appropriate use of opioids or by certification from a relevant specialty board. Healthcare professionals who possess current and accurate knowledge of opioids are more likely to make appropriate prescribing decisions, thereby reducing risks to the individual and to the public.

**Expand the Use of Naloxone** – Purdue supports increased access to naloxone, an opioid reversal agent, to reduce deaths from opioid overdose. Policies to expand use include greater availability of naloxone for use by law enforcement and other first responders; appropriate civil immunity to persons aiding in a potential overdose situation (“Good Samaritan” laws); and ability to obtain naloxone without a prescription.<sup>7,8</sup>

**Expand Access to Medication-Assisted Treatment (MAT) for Opioid Use Disorder** – Purdue supports affordable, culturally appropriate, convenient, and timely access to MAT.<sup>9,10</sup> Policies to expand access to MAT include increasing workforce capacity, improving insurance coverage, and reducing stigma. Evidence shows that combining the judicious use of medications approved by the FDA specifically for use in managing opioid addiction with counseling and behavioral therapies effectively treats opioid use disorder.

**Encourage Adoption of Abuse-Deterrent Formulations** – Purdue supports removing barriers to the appropriate clinical use of opioid analgesics with abuse-deterrent properties (ADP) as recognized by the FDA. While the FDA has approved several opioids with ADP, the vast majority of opioids dispensed lack such properties.<sup>11,12</sup> Development and use of opioids with ADP are parts of a comprehensive approach to reduce the abuse of opioid analgesics.<sup>13</sup> All opioids, including those with abuse-deterrent properties recognized by the FDA, expose users to the risks of addiction, abuse, and misuse.

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