

Designing an Innovative Partnership to End the Abuse of Opioids in the U.S.

Background

In October 2017, the Acting Secretary of the United States Health and Human Services, Eric Hargan, declared the opioid epidemic a nationwide public health emergency.ⁱ At the time, 130 people were dying every day from opioid-related drug overdoses.ⁱⁱ

The declaration was an important milestone that permits authorities to appoint and allocate personnel and resources toward preventing the misuse of, and addiction to, opioid medication, but it came 20 years after the misuse and abuse of opioids began.ⁱⁱⁱ By the time of the declaration, more than 300,000 Americans overdosed from opioid-related incidents.

The response of public policy, health regulation, and justice systems had evolved over time leading up to the declaration of the public health emergency. Early efforts focused on curbing the prescription of opioids, which tripled between 1991 and 2011. With it, there was a three-fold increase in opioid-related deaths^{iv} and states began to issue guidelines and activate prescription monitoring programs (PMPs) to curb prescription abuse and diversion.¹ In 2016, the Center for Disease Control and Prevention (CDC) released the “Guideline for Prescribing Opioids for Chronic Pain,” aimed at supporting clinicians in safer and more effective pain treatment. Legislation also passed in 2016 to limit opioid prescriptions, setting statutory limits by state. In 2017, national prescribing rates fell to their lowest in 10 years, at 58.7 prescriptions per 100 people, but significant work remains to be done to end the abuse of opioids.

Opioids are a class of drugs that include legally-available prescription pain relievers, such as codeine and morphine; synthetically-produced drugs, such as fentanyl; and illegal drugs like heroin.

Research into Opioid Alternatives

While the response to stop the over-prescription of medications has been effective in addressing the supply of opioids, stakeholders in the medical community have been hesitant to issue strict guidelines or stop prescriptions all together. Policies that force doctors to cut back on pain medications, even among those that do not misuse the drug, have left some patients to suffer.^v

The balance between limiting supplies of opioids and continuing to provide patients in pain relief has been difficult when no suitable alternatives to opioids exist. A small but vital piece of the opioid epidemic response has become identifying alternatives to opioids for pain management and investing in pain research.

In recognition of this need, the National Institutes of Health (NIH) met in 2017 with pharmaceutical companies and academic research centers to discuss safe, effective, non-addictive strategies to manage chronic pain.^{vi}

Accelerating research through a more holistic approach, the NIH launched the Helping to End Addiction Long-Term (HEAL) initiative in 2018, which includes bolstering research to enhance pain management and fund clinical trials that test new pain therapies. While stakeholders have started to identify possible alternatives for specific ailments, no widespread suitable alternative to opioids has been identified to date.



Panorama's Role

To support this innovative research, Panorama worked with a leading pharmaceutical cannabis company interested in donating their product to support investigation into alternatives to opioid medications. Panorama provided strategic counsel around how the company could pursue a collaboration with stakeholders across medical, philanthropic, and academic communities to scale impact. Panorama conducted phone calls with key stakeholders – policy advisors, pharmaceutical leaders, medical researchers, and communication experts – to understand different perspectives on how this initiative could be most impactful.

Panorama and the company worked together to design a clear operating model for an initiative that could receive and process the donation of cannabis products. The initiative was designed to be attractive to other philanthropic donors and private sector stakeholders in the medical cannabis space, and scalable as more stakeholders joined to support the research. Panorama provided a one-year action plan to the company to launch the initiative, with recommendations to consider as the organization files for federal 501(c)(3) status. Panorama also provided guidance to develop and refine messaging for the public announcement of the initiative at the 2019 SALT Conference.

Following an extensive landscape analysis, which identified opportunities for impact and potential risks, Panorama worked with the organization's executive team to clarify a philanthropic strategy and define their value-add within the ongoing opioid epidemic response.

Looking Ahead

The response to the opioid epidemic has been able to curb dangerous prescribing rates, and with it, save the lives of those at risk of misuse and overdose – but more needs to be done. While prescription opioids were a leading cause of overdose deaths in the early 2000s, declining prescribing rates coincided with sharp increases in opioid-related overdose deaths in the 2010s. Sudden increases in heroin and synthetic opioids² - legal and illegal – are the main contributors to the increase in opioid deaths during the last decade.^{vii} Addressing use, addiction, and death from heroin and synthetic will require a much heavier look at treatment systems, harm reduction, and controlling supply of drugs than the response to pharmaceutical opioids did.

In collaboration with health professionals, private sector partners, government officials, and affected communities, Panorama believes research into opioid alternatives must be a pillar in addressing the ongoing opioid epidemic in the United States. Panorama is eager to continue to be a part of strategies that take a holistic response approach, taking into consideration the mental, physical, and community health components that are so vital to an effective response.

There is not agreement among social policy or medical experts as to what caused the sudden increase in heroin and synthetic opioid use in the United States. Low cost and high availability have both been cited as contributing to increased use.

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1. Diversion is the distribution or sale of legally prescribed controlled substances to another individual for an illicit use.
 2. There is not agreement among social policy or medical experts as to what caused the sudden increase in heroin and synthetic opioid use in the United States. Low cost and high availability have both been cited as contributing to increased use.
 3. Hargan, Eric D. "Determination That a Public Health Emergency Exists." Department of Health & Human Services, 26 Oct. 2016, www.hhs.gov/sites/default/files/opioid%20PHE%20Declaration-no-sig.pdf.
 4. CDC/NCHS, [National Vital Statistics System](#), Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2018. <https://wonder.cdc.gov>.
 5. "Understanding the Epidemic." Centers for Disease Control and Prevention, 18 Dec. 2018, www.cdc.gov/drugoverdose/epidemic/index.html.
 6. "Increased Drug Availability Is Associated with Increased Use and Overdose." National Institute on Drug Abuse. National Institutes of Health, Jan. 2018.
 7. Szalavitz, Maia. "When the Cure Is Worse Than the Disease." The New York Times, 9 Feb. 2019.
 8. Facher, Lev. "NIH Abruptly Changes Course on Industry Opioids Partnership after Ethics Flags Raised." STAT, www.statnews.com/2018/04/19/nih-industry-partnership-ethics-opioids/.
 9. "Understanding the Epidemic." Centers for Disease Control and Prevention, 18 Dec. 2018, www.cdc.gov/drugoverdose/epidemic/index.html.