



- More than 400,000 Americans have died from opioid overdoses since 1999. This is the worst drug addiction epidemic in American history.
- The epidemic was caused by the overprescribing of opioids. As prescriptions soared, addiction and overdose deaths among both pain patients and nonmedical users increased in lockstep.
- Overdose deaths are rising faster than ever in opioid-addicted heroin users because fentanyl is increasingly mixed into heroin or sold as heroin.
- The Federal Government's efforts to combat the epidemic are uncoordinated and underfunded.
- The death toll will continue to mount until effective treatment is easier to access than heroin, fentanyl and opioid painkillers.

2018 FED UP! Coalition Platform

We – the FED UP! Coalition to End the Opioid Epidemic – call for a coordinated and sustained Federal Government response that will take all necessary steps to end the opioid addiction epidemic including:

- 1. Adequately fund treatment, public health surveillance, interdiction, and research.**
- 2. Ensure that evidence-based treatment is easily available to all Americans suffering from opioid use disorder, regardless of their ability to pay for it.**
- 3. Remove all barriers to buprenorphine treatment.**
- 4. Ensure access to harm reduction services, including clean syringes and naloxone.**
- 5. Mandate prescriber use of Prescription Drug Monitoring Programs.**
- 6. Launch public awareness campaigns to communicate risks of opioids, reduce stigma of addiction and reduce bias against medication-assisted treatment.**
- 7. Ensure access to interdisciplinary pain care programs to help opioid-dependent chronic pain patients reduce opioid use and improve function.**
- 8. Stop undue influence of the pharmaceutical industry on FDA, Congress, doctors, hospitals, advocacy organizations, and others responsible for the public health.**
- 9. Change policies at the FDA to:**
 - o Stop approval of new opioids lacking major advantages over existing drugs.**
 - o Prohibit marketing of opioids as safe and effective for chronic pain.**
 - o Add a suggested upper dose limit and maximum duration of use in its labelling.**
 - o Remove ultra-high dosage unit opioids, transmucosal immediate-release fentanyl products, and all oxymorphone products.**
- 10. Change policy at the DEA to mandate prescriber education, free of pharmaceutical industry bias, for all DEA registrants who intend to prescribe more than a 3-day supply of opioids.**