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Here Are The Next Steps To Tackling The Opioid Epidemic



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CONTRIBUTOR I cover the intersection of business, health and public health.



Gary Mendell, founder and chief executive officer of Shatterproof.org, is merging science with a business approach to tackling the opioid epidemic. Photographer: Patrick T. Fallon/Bloomberg

Yes, the U.S. is in the midst of an opioid-use crisis, an epidemic. Yes, the opioid crisis is bad, with 91 Americans dying every day from overdoses and many other lives being shattered, [according to the Centers for Disease Control \(CDC\)](#). Yes, the crisis has been

getting worse since 1999, with overdose deaths quadrupling and more and more powerful opioid concoctions emerging seemingly every year (the latest being the aptly named "Gray Death," [which I described here](#)). Yes, the opioid epidemic is finally getting more attention with news coverage and speeches, lots of speeches. But for the many drowning in the crisis, just mentioning the epidemic without a concrete plan and action can be like a lifeguard standing next to a pool saying, "Someone really needs to do something about that person drowning." When will talk actually lead to more specifics and more action? Well, Gary Mendell and Shatterproof, [the organization he founded to tackle the crisis](#), have a plan, which they are executing just as a business would, and the cornerstone of the plan is science.

Mendell is showing that an effective business approach does not preclude science and, in fact, needs science to be front and center. Mendell is not a scientist. He doesn't even play one on TV. [But the former successful hotel entrepreneur and executive](#) appreciates science and scientists, as evidenced by the number of times he mentions the need for science and "evidenced-based actions" when referring to the crisis. To him, addressing the opioid crisis is not something just to get political points or votes or Twitter followers. It's personal. His son Brian succumbed to a battle with addiction. Therefore, Mendell has a compelling stake in finding and enacting real solutions. And trying to really solve such a problem without science would be like trying to be a lifeguard without all that swimming and cardiopulmonary resuscitation (CPR) stuff.

To put science front and center, scientists have to be integral parts of the decision making...not merely tokens or window dressing. Not only does the lifeguard have to be able to swim, but those instructing the lifeguard, constructing and maintaining the pool, developing the life preservers and swimming vests, and swimming in the pool have to fully understand swimming as well. Otherwise, the risk is plans that are unrealistic, impractical or burdensome (e.g., outfitting lifeguards with tuxedos, chain mail and football helmets). Last month, Shatterproof announced the formation of the [Substance Use Disorder Treatment Task Force](#) that will "ensure implementation of the most up-to-date research findings, boosting the quality and quantity of treatment—which, ultimately, will lead to more successful patient outcomes," according to Shatterproof. The members of the task force aren't just a group of friends, political allies, potential business partners or formal wear or medieval armor designers, but include scientists and those who have been directly engaged in opioid-related decision making.



Michael Botticelli, former U.S. National Drug Control Policy Director, is a member of Shatterproof's Substance Use Disorder Treatment Task Force. (Photo by John Moore/Getty Images)

Here's the roster:

- Michael Botticelli, former director of the Office of National Drug Control Strategy
- Jay Butler, president of the Association of State and Territorial Health Officials (ASTHO) Board of Directors
- David Calabrese, senior vice president and chief pharmacy officer for OptumRx
- Chris Hocevar, MBA, president of both Cigna Healthcare's Select and Pharmacy businesses
- Charles Ingoglia, MSW, senior vice president of public policy and practice improvement at the National Council of Behavioral Health
- Thomas McLellan, PhD, former deputy director of the Office of National Drug Control Policy under President Obama
- Penny S. Mills, MBA, executive vice president and CEO of the American Society of Addiction Medicine
- John O'Brien, former senior advisor for healthcare financing at the U.S. Department of Health and Human Services
- Daniel Polsky, PhD, executive director of the Leonard Davis Institute of Health Economics at the University of Pennsylvania
- Martin H. Rosenzweig, MD, senior medical director for Optum Behavioral

- Mendell

The first order of business for the task force? Find evidence-based ways for employers and state governments (who, according to Mendell, comprise about 70% of those paying for opioid and opioid addiction treatment) to incentivize healthcare providers to use more evidenced-based quality measures and approaches to treat patients with pain or addiction.

Shatterproof is also bringing science into addiction support groups. Currently, support groups and their facilitators are all over the map in terms of composition, rigor, training, qualifications, reliability and attention to scientific real facts. A bad support group could actually do more harm than good, spreading misinformation and making the situation worse. Also, throwing too many different people together in support groups can be like telling everyone in the pool to just start flinging around their arms and legs wildly without any thought. Parents of those battling addiction can have very different needs and perspectives from those battling addiction, the siblings of those battling addiction and the friends of those battling addiction. Therefore, in the third quarter of this year, Shatterproof will be launching new parent-only support groups. As Mendell explained, "Parents will only be allowed to enter the group after having taken an online program and thus are up to date on current research. All the facilitators will be trained in the subject matter and the ability to facilitate. Groups will have curriculum designed by Shatterproof, all based on science. The groups will have a local flavor while being completely based on the most recent science."

Another problem is the lack of go-to locations for good scientific evidence, which is present but hidden behind the cacophony. As the crisis has gained more attention, more and more people have assembled around the pool, shouting a mishmash of comments, some helpful, some distracting and some misguided and harmful (such as "stop drowning," "drowners are losers," "arrest everyone who drowns," and "darn childhood vaccines,"--OK, maybe not the last one, but these days aren't vaccines being unjustifiably blamed for things?). People need quicker and easier ways to find the right science-based information. Thus, as Mendell indicated, "the task force will review different quality measures, determine which have the best evidence and which are the ones we can measure, and then issue a national standard of care." He also added that Shatterproof has been building "a central website for resources on addiction, containing unbiased and footnoted evidence."

Just because the science is available doesn't mean that people will follow it. In other words, you may offer swimming and CPR lessons, but how many lifeguards will actually

take them before jumping in the pool? According to Mendel, "There are dozens of quality measure and processes. Over 13,000 treatment programs doing their own thing. We don't know which providers are actually following evidence. Therefore, we need to determine which healthcare providers are doing what and then offer licenses only to those who are for doing the right thing." Basically, you can't wear those *Baywatch* outfits unless you really know what you are doing.

Finally, science will help everyone understand that opioid addiction is **not** "bad people doing bad things." People don't drown without water and other problems around them. Putting people in a big, turbulent, poorly designed pool without swimming lessons or qualified life guards actively available will lead to drowning. It's not as if more and more people around the country since the '90s have decided to turn bad. The opioid epidemic is a systems problem. Broken systems such as flaws in the healthcare system, flaws in the social support system and flaws in the economic system are contributing to the crisis. As Mendell related, "We have to remove the stigma and victim-blaming. Science such as brain scans have shown that addiction goes beyond just individual decision-making. When is the last time that you knew someone with heart issues and said, *Let him die, he's overweight. Let him die because he ate a doughnut?*" (Well, unfortunately, some people are doing that as well...[as I explained previously for Forbes and Time.](#)) Again, simply blaming those in need is a waste of time and just plain stupid. It's akin to saying, "Let people drown," a faulty premise, because who wants to continue wading in a pool in which so many people are drowning? Time to drain the pool.

To help clear public misconceptions, Shatterproof is holding a series of "[Rise Above Addiction](#)" [community events](#). These include rappels:

And 5K runs in cities such as Kansas City, Washington, D.C., Boston and Atlanta:

Again, a big reason behind the opioid crisis has been a failure of various systems and a failure to use science to understand and address these faulty systems. The only real way to change complex systems is to design and implement well-planned, scientific and systems-oriented approaches. The best-run businesses do this, whether they fully realize it or not.

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