It is imperative that the new administration’s strategy recognizes that the drug crisis the nation faces involves constantly changing drugs and drug categories affecting diverse communities and cultures. The impact of COVID-19 on drug use and availability and the provision of needed services has been profound. Access to services varies widely, and there are clear racial and urban/rural disparities. ONDCP should embrace the value of sustaining and building on recent innovative local efforts in areas such as telemedicine, prevention, and recovery services to address these issues. We believe ONDCP can take a valuable leadership role at the start of the new administration to serve as a guide and facilitator of cross-disciplinary programs and initiatives that benefit from pioneering local efforts and better coordinate federal efforts.

We are pleased to work with our nearly 2,000 member CESAResearch Network to support these efforts by collecting recommendations for moving forward under the new administration. We share a common belief in the importance of science and the need to learn from and build on innovations started in local communities struggling to respond to both life-threatening crises – Drugs and COVID-19. Network members including leading experts in public health, research, toxicology, drug policy, epidemiology, and law enforcement regularly share information and work together to understand our constantly changing drug environment. Based on these ongoing discussions1, CESAR has identified five essential priorities:

1. Lead communities in evidence-based practices that address the social determinants of substance use disorder – housing, employment, education/training, food security, childcare, mental health support, digital divide, etc. – in ways that prioritize the reduction of harm and ensure the respectful and humane treatment of those with Substance Use Disorder (SUD)
2. Support SUD treatment, prevention, and harm reduction as part of a sensible and compassionate continuum of care that reflects cultural and community differences and embraces lived experiences
3. Support and encourage the development of a data infrastructure that offers new opportunities for rapid and timely dissemination of criminal justice and public health information
4. Encourage federal agencies to provide comprehensive funding and networking opportunities that focus on substance use generally rather than on individual drugs
5. Expand support for community-based, frontline, nonprofit organizations that can inform and lead outreach and education efforts for both the drug crisis and COVID-19

Specific Activities for the First 100 Days

- Expand access to medication for opioid use disorder (MOUD) through telemedicine by expanding and improving access to broadband and other technology to rural and impoverished communities
- Launch a resource center for identifying and promoting model evidence-based programs and practices
- Lift the ban on spending federal funds on syringes for syringe exchange programs
- Expand access to and support for peer recovery coaches and peer recovery specialists
- Launch a social media campaign embracing lived experiences of people who use drugs
- Set up a central repository with near real-time information on emerging drugs
- Create a national system for testing urine specimens from high-risk populations to identify emerging drugs at the local level

1Guidance provided by Michael Lynch, MD; Sheila Vakharia, PhD; Tammy L. Anderson, PhD; Ellen Lycan, DPH; and Don Mathis. Also Dasgupta, Beletsky, and Ciccarone, 2017.
The University of Maryland’s Center for Substance Abuse Research (CESAR) was launched 30 years ago to serve as an information clearinghouse and interdisciplinary research hub. For the past three decades, CESAR has monitored shifts in the use and availability of many drugs including cocaine, heroin, ecstasy, fentanyl, methamphetamine, prescription opioids, synthetic cannabinoids, and other synthetic drugs. During this time, CESAR staff, led by Dr. Eric D. Wish, have launched pioneering epidemiologic surveillance systems including the NIH/NIDA funded National Drug Early Warning System (NDEWS) and the ONDCP funded Emergency Department Drug Surveillance (EDDS) system. These projects have enabled CESAR to develop strong partnerships and collaborations with federal, state, and local agencies across the country. Additional information about CESAR’s projects is available at www.cesar.umd.edu.