

The AAFS Opioids & Emerging Drugs ad hoc Committee has reviewed the previous Board-approved advocacy planks and decided to focus on only four planks. The following revision to the Opioids Advocacy Planks was been approved by the AAFS Board of Directors on September 25, 2020:

Opioids Advocacy Planks

The opioids crisis continues, but it is overshadowed by the COVID-19 pandemic (see: <https://amp.theguardian.com/us-news/2020/jul/09/coronavirus-pandemic-us-opioids-crisis>). However, the nature of the crisis has changed, with pure fentanyl replacing mixtures and a cessation of novel psychoactive substances. We believe that in the current environment it would be prudent to scale back our current opioids and emergency drugs advocacy planks, as follows:

- 1. Inclusion of ME/C, forensic toxicology and crime labs in opioid response funding.** Funds that are available to states and local communities for prevention, treatment, harm reduction, and interdiction should also support medical examiner and coroner offices, forensic toxicology labs, and crime lab, which are an important, but often overlooked component of the governmental response to the crisis.
- 2. Forensic Pathology Workforce initiatives.** The opioid crisis has significantly exacerbated the forensic pathology workforce shortage, as described in the recent NIJ *Report to Congress, Needs Assessment of Forensic Laboratories and Medical Examiner/Coroner Offices*. Legislation should support efforts to enhance the nation's generation of forensic pathologists. Such efforts should include payment of hospital autopsies by CMS which would benefit medicine generally, and the forensic pathology training pipeline specifically.
- 3. Appropriate intelligence gathering and information sharing relating to illicit opioids and other emerging substances.** Although the federal government continues to improve its data collection and sharing processes, more work needs to be done in this area. State and local efforts that supply data to the federal government should be reimbursed for their data. Several State Forensic Epidemiologists exist, but such networks must be expanded and integrated among all states to create a network and an interface between the federal and state governments. An early warning system for the appearance of novel psychoactive substances ("designer drugs") should be federally-funded.
- 4. Promotion of Fentanyl-Related Structure Scheduling.** When fentanyl related substances, or fentanyl analogues, were placed on Schedule 1 under the temporary emergency scheduling authority of the Attorney General, fentanyl analogue related deaths declined dramatically. Fentanyl analogue seizures showed a corresponding significant decline. While illicit fentanyl remains a significant societal threat, fentanyl analogues were largely eradicated and extinguished by core structure scheduling according to all known scientific information and data. The temporary extension of fentanyl related substance scheduling by class or core structure that was effectuated by a temporary emergency order and extended by legislation should be made permanent, with a qualification for research purposes. Absent permanent legislation scheduling all fentanyl related analogues by core structure, scheduling of individual analogues after identification and requisite findings of morbidity, mortality, and societal prevalence will return. Scheduling of all fentanyl related substances should be made permanent through Congressional action, and further research and study should be undertaken to determine whether scheduling of emerging illicit opioids and other novel psychoactive substances could be accomplished to prevent future morbidity, mortality, and societal costs associated with such emerging substances.