American Academy of Addiction Psychiatry
Translating Science. Transforming Lives.

P 401 524-3076
F 401 272-0922
www.aaap.org

July 20, 2018

Redonna K. Chandler, PhD
National Institute on Drug Abuse
National Institutes of Health
9000 Rockville Pike
Bethesda, Maryland 20892

Dear Dr. Chandler:

On behalf of the American Academy of Addiction Psychiatry (AAAP), the medical specialty society representing more than 1600 Addiction Psychiatrists specializing in the treatment of substance use disorders and co-occurring psychiatric disorders, we thank you for the opportunity to provide comments on the interest of the National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) in a multi-site national research effort to investigate implementation of sustainable community approaches to address the opioid epidemic. As an organization, we are dedicated to educating health professionals on evidence-based practices in the prevention, identification and treatment of substance use disorders and co-occurring psychiatric disorders.

We applaud the goals of this planned research to evaluate approaches to close the treatment implementation gap between the many people with opioid use disorders (OUDs) who need but do not receive evidence-based treatment in spite of the availability of multiple effective evidence-based interventions and practices. Your proposed study will focus on effective and sustainable approaches to decrease fatal and non-fatal overdoses; decrease the incidence of OUD and related infectious diseases; increase the number of individuals receiving medication-assisted treatment (MAT); increase the proportion retained in treatment beyond 6 months; and increase the number of individuals receiving needed recovery support services.

To that end, we would like to submit the following relevant areas of initiative for your consideration:

Medication Assisted Treatment (MAT) Access and Workforce Training at the Clinic and Practice Level:
Despite the advantages associated with MAT for OUD, the vast majority of Americans with OUD remain untreated[1]. There are many reasons for this gap including lack of access to programs and adequately

trained clinicians who provide MAT, lack of training for health providers particularly in rural areas[2,3], stigma, expense, and negative attitudes toward medications in general and agonist medications in particular[4]. AAAP is the lead organization for the Providers' Clinical Support System for Medication Assisted Treatment (PCSS-MAT), a SAMHSA-funded initiative, working with a large coalition of national professional organizations representing over one million health professionals. PCSS has trained over 130,000 health professionals, including providing MAT waiver training for prescribers to prescribe medications for MAT. PCSS also provides free mentoring to answer questions and provide support. In addition, the State Targeted Response Technical Assistance (STR-TA) initiative, funded by SAMHSA and led by AAAP with a coalition of national professional organizations, is providing local expertise and technical assistance to better prepare the healthcare and general community in confronting the opioid misuse and overdose crisis. The goal of the STR-TA initiative is to quickly respond to technical assistance requests for education and training so that prevention, treatment, and recovery services have the resources needed to treat patients and save lives.

Through these programs we have learned that while training and mentoring support have proven to be necessary for clinicians in learning to prescribe medications for OUD and implementing MAT, additional focus is needed to address implementation interventions required to address these multiple systems-level issues, including enhanced infrastructure for prescribing clinicians, their clinical and administrative teams, billing and programs. These interventions will require implementation at the level of practices and systems of care, including training in the identification, assessment, diagnosis and treatment of opioid misuse and OUD. One approach to addressing these barriers is to increase the knowledge and proficiency of providers from multidisciplinary healthcare backgrounds (including those who work with pregnant and post-partum women, adolescents, and veteran populations) as well as the clinical and administrative support staff, at the level of the clinic or clinical practice. We urge you to integrate into your study research comparing specific models of sustainable training approaches for all clinicians and staff at the practice or clinic level with measurable provider and staff outcomes (e.g., changes in knowledge and proficiency and attitudes) as well as patient clinical outcomes including the proportion of patients screened for opioid misuse or OUD, proportion inducted onto MAT, proportion retained in treatment beyond six months, among other outcomes. This would assist in answering the question: *What are the best models of interdisciplinary and staff training at the staff and clinic level that result in improved and sustained patient outcomes for OUD?*

Co-occurring mental health disorders treatment for individuals with OUD:
Research demonstrates a high prevalence of co-occurring mental health disorders including depression, anxiety and post-traumatic stress disorders (PTSD) among individuals with OUD[5,6]. In spite of this, treatment of co-occurring other mental disorders are rarely integrated into treatment of individuals with OUD. Lack of treatment of co-occurring other mental conditions can pose a barrier for some individuals with OUD to initiation and retention in treatment. Best approaches to integrating treatment for co-occurring mental disorders and MAT for OUD have not been adequately investigated. We encourage you to compare several models of providing sustainable, integrated care to individuals with OUD and co-occurring mental conditions. These models might include integrating evidence-based pharmacotherapy and/or behavioral interventions for depression, anxiety and PTSD with MAT for OUD through implementation within a single practice or clinic setting; collaborative care models with behavioral health clinicians and non-psychiatric medical specialists; collaborations between different practice settings such as primary care and specialty care; among other possible approaches to implementation. A focus on both the provider outcomes (e.g., changes in knowledge, perceptions of barriers to care, changes in attitude/stigma, etc) as well as patient clinical outcomes (e.g., proportion treated, retained in care, changes in symptoms of both OUD and co-occurring mental health conditions) would be important. *If researched further this would assist in defining the best implementation models to provide integrated care for OUD and co-occurring mental health conditions such as depression, anxiety, and PTSD?*

Additionally, studies have demonstrated that heroin users have 13 times the death rate of peers and are 14 times more likely to die from suicide[7]. Co-occurring major depression is one of several independent predictors of suicide in this population[8]. In the U.S., recent data calls attention to the overlapping epidemics of suicide and OUD[9]. *Therefore, an additional research question is whether provision of integrated treatment for OUD and other mental conditions, and especially co-occurring depression and anxiety, may decrease the number of suicide deaths through opioid overdose.*

Addressing the Emergent Epidemic of OUD in Women:

In assessing the most sustainable models to reducing population morbidity and mortality within a specific community, we would like to encourage this study to incorporate focused efforts on investigating the best approaches to addressing the specific needs of women with opioid use disorders including pregnant, post-partum, and parenting women. Converging data reveal an emerging epidemic in women, highlighting some of the unique treatment needs of women with opioid use disorders as well as their children and families[10]. Women are more likely to be prescribed opioids and more likely to use them for a longer period of time overall[11]. Women have experienced sustained significant increases in heroin use over the past four decades such that by 2010, women were using heroin at rates similar to men[2] with a doubling of heroin use among women between 2002 and 2013. While more men die from prescription opioid overdoses than women, since 1999, deaths from prescription opioid overdoses increased 471% among women compared with 218% in men[12]. This increase in OUD in women includes women of reproductive age with a rise in the prevalence of OUD among pregnant women as well as the increased prevalence of infants with neonatal opioid withdrawal syndrome (NOWS). This steep increase in the prevalence of OUD in women will require specific implementation approaches to workforce training, prevention, identification/screening and diagnosis, treatment initiation and retention, as well as best approaches to care for family members including infants and other dependent children. *Research to develop and compare approaches across multiple practitioner specialties (e.g., primary care, pediatrics, obstetrics, and psychiatric physicians; nurse practitioners, physician assistants, social workers, psychologists) should incorporate assessments to measure outcomes such as initiation, engagement and retention in treatment of women with OUD, as well as infant and pediatric clinical and developmental outcomes*.

AAAP stands ready and eager to provide assistance to NIDA and SAMHSA in your ongoing efforts to address this public health crisis and are grateful for all of your efforts. Please let us know if we can be of further assistance or respond to any questions by contacting Kathryn Cates-Wessel at kcw@aaap.org.

Sincerely,

Kathryn L. Cates-Wessel

Kathryn Cates Wessel
Chief Executive Officer

Shelly Greenfield MD

Shelly F. Greenfield MD MPH
President, Board of Directors

References:

1. President's Commission on Combatting Drug Addiction and the Opioid Crisis Final Report: Opioidshttps://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-1-2017.pdf
2. Cicero TJ, Ellis MS, Surratt H, et al. The Changing Face of Heroin Use in the United States. A retrospective analysis of the past 50 years. *JAMA Psychiatry*. 2014;71:821-826.
3. Knudsen, H.K., Ducharme, L.J., & Roman P.M. (2007). The Adoption of Medications in Substance Abuse Treatment: Associations with Organizational Characteristics and Technology Clusters. *Drug and Alcohol Dependence*, 87: 164–174. http://dx.doi.org/10.1016/j.drugalcdep.2006.08.013
4. Zaller ND, Bazazi AR, Velazquez L, and Rich JD. (2009). Attitudes toward methadone among out-of-treatment minority injection drug users: implications for health disparities. *Int J Environ Res Public Health*, 6(2): 787–797. doi: 10.3390/ijerph6020787.
5. Hughes A, Williams, MR, Lipari RN, Bos J, Copello EAP Kroutil LA. SAMHSA Sept 2016. Retrieved 21 January 2018: https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR2-2015/NSDUH-FFR2-2015.htm
6. Conway, K. P., Compton, W., Stinson, F. S., & Grant, B. F. (2006). Lifetime comorbidity of DSM-IV mood and anxiety disorders and specific drug use disorders: results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Journal of Clinical Psychiatry, 67*, 247-257.
7. Darke S., Ross J. Suicde among heroin users: rates, risk factors, and methods. Addiction 2002:97:1383-94.
8. Darke, S., Ross, J., Marel, C., Mills, K. L., Slade, T., Burns, L., & Teesson, M. (2015). Patterns and correlates of attempted suicide amongst heroin users: 11-year follow-up of the Australian treatment outcome study cohort. *Psychiatry Research, 227*, 166-170. doi: 10.1016/j.psychres.2015.04.010
9. Oquendo MA, Volkow ND. Suicide: A Silent Contributor to Opioid-Overdose Deaths. New England Journal of Medicine 2018;378:1567-1569.
10. Mazure CM, Fiellin DA. Women and Opioids: Something Different is Happening Here. Lancet 2018;392:9-10.
11. Campbell CI, Weisner C, LeResche L, Ray GT, et al. Age and Gender Trends in Long-Term Opioid Analgesic Use for Noncancer Pain. *Am J Public Health*. 2010;100(12):2541-2547.
12. CDC. Vital Signs. Prescription Painkiller Overdoses: A Growing Epidemic, especially among women. Published March 2017. Accessed July 13, 2018.