American Academy of Addiction Psychiatry

Translating Science. Transforming Lives.

July 27, 2021

Regina M. LaBelle
Acting Director
Office of National Drug Control Policy (ONDCP)
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Director LaBelle:

On behalf of the American Academy of Addiction Psychiatry (AAAP), I thank you for the opportunity to provide input on the Biden-Harris Administration's 2022 National Drug Control Strategy. The AAAP is a professional organization representing specialists in Addiction Psychiatry and other healthcare professionals who treat patients with addictions. AAAP's main educational mission is to educate healthcare professionals in the prevention and treatment of substance use disorders and co-occurring psychiatric disorders; we are an interprofessional CME provider. AAAP is focused on working with the Administration, Congress, and experts in the field of addiction treatment to develop and implement science-based policies and programs to accomplish our shared goal of ending the opioid epidemic and providing effective treatment for our patients. We support the adoption of policies and programs that expand education and training of current and future healthcare providers, through foundational health education for physicians, nurses, physician assistants, pharmacists, and other allied health professionals.

AAAP commends the Administration's actions and policies in response to the addiction and overdose crisis, including:

- Significant increases in funding for addiction treatment and research through the Substance Abuse and Mental Health Services Administration and National Institutes of Health in the President's Fiscal 2022 Budget Recommendations
- Expanding the addiction psychiatric workforce
- Advancing racial equity and reducing healthcare barriers
- Improving use of evidence-based treatment

As ONDCP develops the Administration's National Drug Control Strategy, we respectfully request that you consider adopting the following policy and programmatic recommendations:

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A Comprehensive Strategy for Increased Use and Availability of Buprenorphine

We are concerned with the dramatic rise in drug overdoses in the past year, with more than 93,000 Americans dying from overdoses from 2019 to 2020, a 29% increase from the prior year[1]. We recognize that increasing access to buprenorphine is key to ending the opioid epidemic. We are also aware that treating addiction goes beyond prescribing medication; successful treatment of all addictions entails a multidisciplinary holistic approach to address the co-occurring psychiatric disorders and complex social needs of people living with addiction. To deal with the root causes of the overdose epidemic and address the broader causes of addiction requires expanded education and training of health care practitioners who are treating patients with substance use disorders (SUDs).

The Health and Human Services Secretary's April 27, 2021 *Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Disorders* acknowledged that "substance-use disorder education is not yet uniformly integrated into medical education." The HHS Practice Guidelines echo the conclusion of a 2019 American Medical Association article that "the current state of ethical education and opioid-related courses in medical schools has proven to be ineffective when it comes to the opioid epidemic … It is therefore imperative that measures be taken in order to properly equip future physicians, physician assistants and nurse practitioners to properly screen diagnose and treat SUDs, and in particular, safely and effectively prescribe opioids."[2]

To meet this need, SAMHSA funds the *Providers Clinical Support System (PCSS),* a training program led by AAAP in collaboration with over 22 national professional organizations representing over 1.5 million health professionals. PCSS provides critically needed education on OUD prevention and reduction through effective and safe pain management practices and science-based OUD identification and treatment. PCSS has provided over 800 online educational resources as well as buprenorphine waiver training and mentorship at no cost for all health professionals. Demand for these ***free*** continuing education resources continues to grow. PCSS trainings have increased 400% in the past 5 years, including an 800% increase in waiver trainings. PCSS also provides ongoing mentorship and learning collaboratives for prevention and treatment of OUD and other substance use disorders for all health professionals at no cost.

The underutilization of buprenorphine has attracted considerable attention. Through our collective work in PCSS, AAAP and its collaborators have learned that the waiver training requirement in most cases has not been a primary barrier for practitioners treating opioid use disorder. In fact, PCSS's Mentoring Program has found there is a strong desire by practitioners for *additional* training rather than an elimination of training. Waivered providers and their care management teams want more, not less, education on managing common co-occurring psychiatric disorders, hepatitis and HIV, and recognizing and overcoming social disparities in healthcare. Data shows there are currently 96,000 waivered prescribers that if they prescribed to their limits, they would provide over 6 million slots for an estimated 2 million Americans with OUD.[3] Unfortunately, 40 percent of waivered practitioners do not prescribe buprenorphine at all and many others prescribe at far below their authorized capacity. Clearly, there are other important barriers to overcome in providing treatment that need to be addressed.

A recent national survey of DATA waivered providers[4] found that impediments to having practitioners prescribe buprenorphine include: 1) preauthorization insurance requirements, 2) limited reimbursement when treating such patients, 3) sometimes frequent DEA monitoring, 4) not having access to behavioral health providers and 5) stigma around this patient population. This mirrors a second review[5] that identified concerns about: lack of training and lack of confidence in one's ability to treat OUD; time constraints; low insurance reimbursement; the inability to refer to psychosocial supports; care

management or an addiction specialist; concern about buprenorphine diversion; and stigma more often than cumbersome regulatory requirements. Stigma has consistently been noted to be an underlying driver of many of the barriers at all levels and education specifically targeting stigma is key. Healthcare professionals need more education and assistance with other barriers in order to make OUD medication accessible. These barriers are not addressed by waiver removal, which we feel is the incorrect focus in trying to improve the use of medications to treat OUD, as the above data indicates, that waiver removal would not improve treatment of OUD or lower the tragic consequences of the opioid epidemic.

We encourage ONDCP to develop improved training platforms to reduce risk for inappropriate prescribing practices, which could increase the amount of buprenorphine diversion and reduce the risk of exposure of opioid-naïve individuals not screened for alcohol and benzodiazepine co-use with buprenorphine, conditions that greatly increase the risk of overdose death.

The current opioid epidemic began, in part, with the overprescribing of opioid pain medications because of inadequate training of prescribers for safe and responsible opioid prescribing, lack of appropriate medical monitoring and patient education. In our judgment, successful prevention and treatment of opioid use disorder will require (1) education of the entire prescribing workforce to prevent and provide evidence-based treatment of less complex and stable opioid use disorder and (2) building the addiction specialist workforce to treat severe and unstable OUD and its common co-occurring conditions. Improper prescribing of buprenorphine could lead to ineffective treatment of OUD, increased diversion, and exposure of opioid naïve individuals to buprenorphine, in which case, as described above, the agent itself could contribute to significant harms.

Increased Training of Practitioners to Strengthen the Opioid Workforce

Only about 1,500 of almost one million physicians in the United State are board certified in addiction psychiatry. Most psychiatrists, physicians and other clinicians receive little if any training in substance use disorders (SUD). Further, healthcare providers are increasingly experiencing psychological distress, burnout and trauma while caring for patients with SUDs and other psychiatric disorders. These issues have been exacerbated during the COVID pandemic and OUD epidemic.

To respond to this workforce shortfall and stresses of clinicians dealing with SUD crisis, AAAP makes the following recommendations:

- Require more training on diagnosis and treatment of SUDs in medical school and residency curricula for all specialties
- Incentivize physicians to complete fellowship programs in addiction psychiatry and addiction medicine to ensure sufficient experts to consult with primary care and manage more complex patients
- Change ACGME requirements across specialties for physician trainees in SUD to have basic knowledge identification of SUDs and appropriate treatment
- Expand training about stigma toward mental health and SUD
- Expand training in SUD and co-occurring disorders for allied health professionals (*e.g.,* RNs, PAs, social workers, psychologists)
- Expand support for health professionals experiencing burnout, depression, and anxiety related to COVID and the opioid epidemic. Require and incentivize healthcare institutions, licensing agencies, and regulatory bodies to implement system-level solutions that promote and prioritize provider well-being

AAAP encourages ONDCP to support the following Congressional legislation and increased funding for the following SUD-workforce programs:

- Substance Use Disorder/Opioid Workforce Act (S. 1438/H.R. 3441). This bill would provide an additional 1,000 Medicare graduate medical education slots to qualifying hospitals that have established, or will establish, approved residency programs in addiction psychiatry, addiction medicine, pain medicine and corresponding prerequisite programs.
- Opioid Response Network. Within a portion of the State Opioid Response (SOR) grant program set-aside for technical assistance and administrative support, the Substance Abuse and Mental Health Services Administration (SAMHSA) has supported the Opioid Response Network (ORN) to deliver technical assistance (TA) to US state and territory State Opioid Response (SOR) grantees, sub-recipients and others addressing opioid use disorder (OUD), and increasingly stimulant use disorder (StUD), in their communities. ORN delivers education and training on evidence-based practices (EBPs) for substance use disorder (SUD) prevention, treatment and recovery to meet locally identified needs. All evidence-based education and TA provided is defined and supported by the ORN consortium, which has the capacity to provide culturally and linguistically appropriate, state-of-the-art, evidence-based TA. The ORN is committed to improving racial, ethnic, cultural and linguistic competence, as well as awareness and competencies for treating OUD and StUD in underserved and under-resourced communities that often experience persistent health disparities.
- Providers Clinical Support System (PCSS). The PCSS is a training program led by AAAP in collaboration with other 22 national professional organizations representing over 1.5 million health professionals. PCSS provides critically needed education in OUD prevention through modalities training in effective, safe pain management and science-based OUD identification and treatment. PCSS has provided over 800 online educational resources as well as waiver training and mentorship at no cost for all health professionals. AAAP and the American Osteopathic Academy of Addiction Medicine (AOAAM), along with PCSS partner organizations, have seen PCSS trainings increase 400% in the past 5 years, including an 800% increase in DATA-2000 waiver trainings. PCSS also provides ongoing mentorship and learning collaboratives for prevention and treatment of OUD and other substance use disorders for all health professionals at no cost.
- Minority Fellowship Program (SAMHSA). SAMHSA's Minority Fellowship Program (MFP) increases behavioral health practitioners' knowledge of issues related to prevention, treatment and recovery support for mental illness and drug/alcohol addiction among racial and ethnic minority populations. The program provides stipends to increase the number of culturally competent behavioral health professional who teach, administer, conduct services research, and provide direct mental illness or substance use disorder treatment services for minority populations that are underserved. The program has helped enhance services for racial and ethnic minority communities through specialized training of mental health professionals in psychiatry, nursing, social work, psychology, marriage and family therapists, and professional counselors.
- Expansion of Interprofessional Practitioner Education. This initiative aims to provide an introduction to the fundamental elements needed for health professionals, including medicine, nursing, physician associate, social work, pharmacy and public health, while simultaneously cultivating interprofessional learning across disciplines. AAAP is working in collaboration with Yale School of Medicine to expand interprofessional training and education at the foundational level learning of substance use disorders.

- Addiction Medicine Fellowship (AMF) Program. The Health Resources and Services Administration (HRSA) AMF program seeks to increase the number of board certified addiction medicine and addiction psychiatry specialists trained in providing interprofessional behavioral health sciences, including OUD and SUD prevention, treatment, and recovery services, in underserved, community-based settings.
- Behavioral Health Workforce Education and Training (BHWET) Program for Professionals. The BHWET Program increases the number of behavioral health providers entering and continuing practice, with special emphasis on prevention and clinical intervention for those at risk of developing mental and substance use disorders, and the involvement of families in the prevention and treatment of behavioral health conditions. Entities eligible to compete for funding under this program include accredited institutions of higher education or accredited training programs that are establishing or expanding internships or other field placement programs in mental health in psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing, social work, school social work, substance use disorder prevention and treatment, marriage and family therapy, occupational therapy, school counseling, or professional counseling.
- Loan Repayment Program for Substance Use Disorder Treatment Workforce. This program, authorized in the SUPPORT for Patients and Communities Act, is designed to address shortages in the substance use disorder workforce by providing for the repayment of education loans for individuals working in a full-time SUD treatment job that involves direct patient care in either a Mental Health Professional Shortage Area or a country where the overdose death rate exceeds the national average.
- Increased funding for HRSA's Integrated Substance Use Disorder Training Program, authorized in the 21st century Cures Act. This program expands training of physician assistants, nurse practitioners, psychologists and social workers to provide addictions and mental health services, supporting expansion of multidisciplinary treatment delivery.

Expand Treatment for SUDs

Currently 90 percent of Americans with SUDs receive no treatment[3,] and access to effective evidence-based treatments is insufficient to meet demand. Further, individuals from ethnic and racial minorities have limited access to effective SUD treatment and further face disparities in the judicial system. We have learned from the pandemic that telehealth and telemedicine are effective for treatment delivery and facilitate increased access to treatment in rural communities. However, individuals from ethnic and racial minorities and individuals of lower socio-economic states face disparities in access to broadband and digital technology.

AAAP recommends that the ONDCP support policies and programs that address these issues, including:

- Expand resources for access to and delivery of medications for opioid use disorders (MOUD) other than buprenorphine formulations, including methadone administered through opioid treatment programs, and extended-released naltrexone.
- Expand insurance coverage of telemedicine and technology-based treatments, and continued reimbursement for telemedicine services initiated during COVID to expand access to SUD and mental health disorder treatment
- Support greater broadband access in rural areas and continue beyond the current Public Health Emergency associated with the pandemic relaxation of telehealth regulations (e.g. removing the evaluation in-person evaluation requirement for prescribing controlled substances as required by the Ryan Haight Online Consumer Protection Act. This in-person requirement has been waived during the current Public Health Emergency.

- Support legislation that preempts current state-based restrictions on provision of telehealth services across state lines
- Ensure that Federal funding for SUD care is used for provision of evidence-based treatment
- Support treatment court programs to treat rather than incarcerate individuals with SUD
- Expand treatment of psychiatric conditions, including SUDs, within residential correctional facilities, and improve development of diversion court programs to best integrate the justice systems and SUD treatment systems

Co-occurring Psychiatric Disorders with SUDs

Psychiatric comorbidity is common among patients with OUD and other SUDs[3]. Accordingly, AAAP supports integrated care for patients with comorbid psychiatric disorders and SUDs, care which unfortunately is not currently routinely available in many settings, such as primary care settings and in rural areas. In the course of the ongoing pandemic, major COVID-related disruptions to the lives of individuals of all ages have led to psychiatric conditions and distress, with dire consequences (increased drug overdoses, domestic abuse, developmental issues, and increased mental health disorders and SUDs). More people use alcohol and other drugs to mitigate stress and anxiety, and we know that substance use is a major risk factor for suicide attempts.

To response to these issues, AAAP recommends that ONDCP support the following policies:

- Improve reimbursement for integrated co-occurring SUD and mental health disorders
- Continue funding to enable provision of SUD treatment to uninsured individuals and continue to enforce parity
- Support additional law and medicine partnerships to address co-occurring disorders
- Provide more high quality integrated mental health and addiction care facilities and settings
- Increase funding for suicide and overdose prevention research and interventions

Response to Opioid Use Disorder

More than 1.5 million Americans have an opioid use disorder (OUD)[3]. FDA-approved pharmacotherapies for OUD have been approved, are quite effective in reducing overdose, contraction of HIV and hepatitis C, and re-incarceration to prison, but are not widely available. The shortage of such therapies is more acute in correctional settings, and in underserved regions of the country.

To address the OUD crisis and the associated dramatic increase in fatalities, AAAP encourages ONDCP to support the following policies:

- Expand access to medications for OUD (MOUD) to reduce overdose and mortality in primary care settings and other diverse settings, including criminal justice settings
- Continue ONDCP and SAMHSA emphasis on MOUD as the gold standard for treatment
- Require incentive payments and enhanced reimbursements to treatment providers delivering MOUD.
- Reduce utilization control policies, preauthorization requirements etc. that restrict use of MOUD.
- Increase research into effective interdiction, prevention and treatment strategies for addictions related to fentanyl and fentanyl-derivatives.
- Expand education on the provision of and access to naloxone overdose prevention kits.
- Further research into the link between OUDs and suicide.

Response to Stimulant Use Disorders (StUDs)

In 2019, about one million Americans each had a cocaine or methamphetamine use disorder[6]. According to the CDC[6], methamphetamine use surged in the U.S. from 2015 to 2018, rising to an annual use rate of 59.7 per 1000 adults, or 14,686,900 individuals per year. Stimulants—cocaine and methamphetamine—are now commonly adulterated with synthetic fentanyl, resulting in >35% increase in overdose deaths and compromising current treatment regimens for stimulant use disorder[7]. While there currently are no FDA-approved pharmacotherapies available for stimulant use disorder, contingency management is a robust evidence-based behavioral treatment that has proven success in treatment SUD.

AAAP encourages ONDCP to support policies and programs that:

- Support increased funding by the National Institute on Drug Abuse for research on treatments for stimulant use disorder and overdose protection
- Expand contingency management to treat stimulant use disorder, which requires removing a current Center for Medicare and Medicare Services (CMS) regulation that prevents using CM because it is currently considered a payment to patients

Expand SUD and Mental Health Treatment of Those in the Justice System

With support of the Opioid Response Network, AAAP has worked closely with the National Judicial College to further judicial knowledge and use of problem-solving courts to divert those with SUDs from incarceration to treatment solutions. We have developed *Cultivating Law and Medicine Partnerships to Support Justice-Involved Individuals With Substance Use Disorders*[8] as a resource to support judges and other justice-system stakeholders as they seek to further integrate evidence-based substance use disorder (SUD) treatment practices into their work. In juvenile justice settings 50-75% of offenders were under the influence of drugs or alcohol at the time of their offense. Adult offenders have over 4X the rate of SUDs as the general population. Research shows that evidence-based treatment can significantly decrease drug problems, crime and criminal recidivism while improving health. AAAP supports all efforts to further the goal that every individual suffering an SUD have access to effective treatment, while detained and within the community.

Escalating Cannabis Use and Cannabis Use Disorders (CUDs)

Increased availability, reduced costs, high-potency formulations, and state-based laws legalizing or decriminalizing cannabis are felt to have explained the doubling of adult use of cannabis and rates of CUD from 2001-02 to 2012-13[9]. While data are conflicting in their support of a rise in CUD due to marked heterogeneity of screening studies, differences in cannabis content and potency etc. it cannot but be that CUD will increase, since some 10-30% of those using higher potency products now available to the public will develop a CUD[10]. There is a strong scientific underpinning for the addictive capacity of cannabis[11]. CUD is strongly associated with co-occurring psychiatric disorders (psychosis, anxiety, mood disorders, etc.)[12], and along with the public good of increased freedoms and reduced societal harms of disparate law enforcement, we must plan for the rising tide of adverse health effects of the legalization process.

AAAP encourages ONDCP to support the following policies and initiatives:

- Streamline current DEA licensing restrictions on research on Schedule I compounds to facilitate scientific research on the health effects of cannabis use and potential medical benefits of current retail cannabis products.
- Support research on the effects and consequences of the availability of more potent cannabis preparations

- Support studies on the impact of state-based cannabis legalization and/or decriminalization on mental health and addictive disorders so that science can inform future consideration of federal decriminalization.
- Support efforts to develop defined cannabis component medications that can be safely regulated by the FDA, and more rigorously studied than complex cannabis formulations.

Escalating Alcohol Use Disorder (AUD)

Heavy drinking rose 14% nationally, including 17% among women, in 2020 compared to 2019, largely attributed to stresses due to the Covid-19 pandemic[13]. The effects of this will last for years. The adverse health effects of alcohol use disorder account for more morbidity and mortality than opioid use disorder.

AAAP recommends the following policies:

- Address increased rates of hazardous alcohol use by expanding access to FDA-approved medications. This will necessitate increased training of the workforce, especially at points of first contact such as primary care offices, emergency rooms, and trauma centers.
- Support programs that expand training the healthcare workforce to deliver evidence-based behavioral treatments for AUD in primary care settings.
- Continue to support NIAAA in its efforts to develop more effective treatments of alcohol use disorder.

Support the Drug Abuse Warning Network (DAWN)

The SAMHSA-supported Drug Abuse Warning Network[14], re-established in 2018, is a nationwide public health surveillance system that allows monitoring of emergency department (ED) visits for substance use crises, including those related to recent substance use and misuse, such as alcohol use, illicit drug use, and nonmedical use of pharmaceuticals, as is critical for identification emerging trends in the SUD field. AAAP applauds the House Appropriations Committee in its Fiscal 2022 Labor, Health and Human Services Appropriations bill that has recommended a $6.5 million increase for DAWN, which would raise its total funding to $16.5 million.

AAAP appreciates this opportunity to communicate these concerns and recommendations to ONDCP. We stand ready to assist in any way possible to further the administration's efforts to combat the pain and cost of substance use disorders and their co-occurring psychiatric disorders in America. If you have any questions or concerns, please contact Jane Goodger, AAAP's Outreach and Communications Manager at jane@aaap.org.

Thank you,

Kevin A. Severino MD, PhD, FAPA, FASAM
President, American Academy of Addiction Psychiatry

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