A Drug Policy for the 21st Century

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California Association for Alcohol and Drug Educators (CAADE) Conference

Integrating Mental Health and Substance Use Disorder Services

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Office of National Drug Control Policy
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• Component of the Executive Office of the President

• Coordinates drug-control activities and related funding across the Federal Government

• Produces the annual *National Drug Control Strategy*
National Drug Control Strategy

• The President’s science-based plan to reform drug policy:
  1) Prevent drug use before it ever begins through education
  2) Expand access to treatment for Americans struggling with addiction
  3) Reform our criminal justice system
  4) Support Americans in recovery

• Coordinated Federal effort on 112 action items

• Signature initiatives:
  – Prescription Drug Abuse
  – Prevention
  – Drugged Driving
Prevention

- Each dollar invested in a proven school-based prevention program can reduce costs related to substance use by an average of $18.¹

- Effective drug prevention happens on the local level.

- Prevention must be comprehensive:
  - evidence-based interventions in multiple settings
  - tested public education campaigns
  - sound public policies

Persons Aged 12 or Older Needing Treatment for Illicit Drug or Alcohol Use and Obtaining Specialty Treatment, 2012

23.1 Million Needing Treatment* for Illicit Drug or Alcohol Use

*Treatment need is defined as meeting the criteria for substance dependence or abuse or receiving treatment at a specialty facility within the past 12 months.

Source: SAMHSA, 2012 National Survey on Drug Use and Health (September 2013).
Early Intervention and Treatment
Patient Protection and Affordable Care Act

All health insurance sold on Health Insurance Exchanges and provided in Medicaid programs (ACOs, MCOs, and CHIP) must include services for substance use disorders.

U.S. Health Care reforms will extend access to and Parity for substance use treatment and mental health services for an estimated 62 million Americans and help integrate substance use treatment into mainstream health care.¹

Coverage for expanded Medicaid population is likely to create an increased need for substance abuse treatment services and staff.

Medicaid Managed Care Organizations, Children’s Health Insurance Program, and Alternative Benefit (Benchmark) are required to meet the provisions within Application of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008.
Opioid Abuse in the United States

- 6.8 million Americans reported current non-medical use of prescription drugs in 2012.¹

- Approximately 1 in 4 people using drugs for first time in 2012 began by using a prescription drug non-medically.²

- Of the 38,329 drug overdose deaths in 2010, approximately 22,100 involved prescription drugs.
  - 16,651 involved opioid painkillers (vs. 4,183 for cocaine and 3,038 for heroin)³

- $55.7 billion in costs for prescription drug abuse in 2007 including $25 billion in direct health care costs and $5.1 billion in criminal justice costs.⁴

- Studies have found that individuals abusing opioids generate, on average, annual direct health care costs 8.7 times higher than non-abusers.⁵

³. CDC, National Center for Health Statistics. Multiple Cause of Death 1999-2010 on CDC WONDER Online Database. Extracted May 1, 2012.
U.S. Death Rate Trends, 1980-2010

Source: NCHS Data Brief, December, 2011, Updated with 2009 and 2010 mortality data
State Overdose Death Rates, 2010

— U.S. National Rate: 12.3 per 100,000

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2000-2010 on CDC WONDER Online Database. Extracted October, 2012.
Source of Prescription Pain Relievers

How different misusers of pain relievers get their drugs

- **Bought from friend/relative, dealer, or internet**:
  - Recent Initiates: 9%
  - Occasional Users: 13%
  - Frequent or Chronic Users: 28%

- **Prescribed from 1 or more doctors**:
  - Recent Initiates: 17%
  - Occasional Users: 17%
  - Frequent or Chronic Users: 26%

- **Obtained from friend/relative for free or w/o asking**:
  - Recent Initiates: 68%
  - Occasional Users: 66%
  - Frequent or Chronic Users: 41%

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009-2010
Prescription Drug Abuse Prevention Plan

• Coordinated effort across the Federal Government

• Four focus areas:
  1) Education
  2) Prescription Drug Monitoring Programs
  3) Proper Disposal of Medication
  4) Enforcement
Emerging Issues: Prescription Opiates and Heroin

• The number of primary admissions among 18- to 24-year-olds for heroin treatment services increased from 34,000 in 2000 to 60,000 in 2011.¹

• The number of persons who were past-year heroin users has been rising steadily, increasing approximately 50 percent since 2008 (445,000 to 669,000 in 2012).²

• Injection-drug users report prescription opioid use predates heroin use and tolerance motivates them to try heroin.³

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1. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data extracted as of September 2013.


Overdose Prevention and Education

The National Drug Control Strategy supports comprehensive overdose prevention efforts, to include:

• More extensive public education campaigns about overdose, including the signs of overdose, emergency interventions, information about “Good Samaritan” laws where they exist, and the importance of connecting people to substance abuse treatment.

• Expanded training and availability of emergency interventions, such as naloxone (Narcan) for first responders.

• Increased education among health care providers about informing patients using opioids (and their family members/caregivers) about potential for, signs of, and interventions in case of overdose.
Medications Currently Available

For Nicotine Use Disorder
• Nicotine Replacement Therapies (NRT)
• Bupropion
• Varenicline

For Alcohol Use Disorder
• Disulfiram
• Naltrexone
• Acamprosate
• Naltrexone Depot
• Topiramate

For Opioid Use Disorder
• Methadone
• Naltrexone (Vivitrol)
• Buprenorphine
• Buprenorphine/Naloxone

Source: Principles of Drug Addiction Treatment, National Institutes of Health – National Institute on Drug Abuse
Screening, Brief Intervention, and Referral to Treatment (SBIRT)\(^1\)

**Step 1**

*Screen Patient:* Quickly assess the severity of substance use and identify the appropriate level of treatment.

**Step 2**

*Conduct Brief Intervention:* Increase awareness of consequences of substance use and encourage behavior change.

**Step 3**

*Refer to Treatment:* Access to care for those in need of treatment.

Screenings can take place in primary care settings, trauma centers, emergency departments, and community and school health centers.

Individualized Care

✓ **No single treatment** is appropriate for everyone

✓ Many drug-addicted individuals also have **co-occurring mental disorders**

✓ Effective treatment attends to **multiple needs** of the individual, not just his or her substance use disorder

✓ An individual’s treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her **changing needs**

Source: Principles of Drug Addiction Treatment, National Institutes of Health – National Institute on Drug Abuse
Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral treatments.

Behavioral therapies—including individual, family, or group counseling—are the most commonly used forms of substance use treatment.

Drug use during treatment must be monitored continuously, as lapses during treatment do occur.

Treatment programs should test patients for the presence of HIV/AIDS, Hepatitis B and C, Tuberculosis, and other infectious diseases, as well as provide targeted risk-reduction counseling, linking patients to treatment if necessary.

Source: Principles of Drug Addiction Treatment, National Institutes of Health – National Institute on Drug Abuse
Service System

✔ Treatment needs to be **readily available**

✔ Treatment does **not need to be voluntary** to be effective

✔ Medically assisted **detoxification is only the first stage** of addiction treatment and by itself does little to change long-term substance use

✔ Remaining in treatment for an **adequate period of time** is critical

Source: Principles of Drug Addiction Treatment, National Institutes of Health – National Institute on Drug Abuse
Three Distinctions Among Collaborative Models

• **Coordinated:** Routine screening for behavioral health problems in primary care settings, but delivery of services may occur in different settings.

• **Co-located:** Medical services and behavioral health services located in the same facility.

• **Integrated:** Medical services and behavioral health services located either in the same facility or in separate locations.

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Opportunities for Leadership

• Adopt/expand use of Screening, Brief Intervention, and Referral to Treatment (SBIRT) billing codes to reimburse for screening and early intervention.

• Ensure availability of medication assisted treatment (MAT) for treatment of addiction (i.e., buprenorphine/naloxone (Suboxone), methadone, Vivitrol).

• Examine potential partnerships for expanded overdose prevention, (i.e. naloxone distribution through first responders).
Opportunities for Leadership (cont’d)

• Prescribers should consider taking advantage of abuse deterrent formulations when available (e.g. buprenorphine/naloxone combination product versus the mono-product) and consider safety profiles of medicines.

• Employers: Ensure that health plans offer adequate coverage for screening and treatment for substance use disorders, including medication-assisted treatment (MAT).

• State Health Leadership: Inventory treatment availability and work within Affordable Care Act/state-run health marketplaces to ensure proper resourcing.
Recovery Emerges as Policy Focus

- Recovery becomes national drug policy priority for the first time in 2010
- First-ever Recovery Branch established
- Director’s 2012 national speech on recovery
“Not so long ago, the word ‘recovery’ was absent from our vocabulary in Washington. It was an afterthought—the term was relegated to the shadows.”

— R. Gil Kerlikowske (2012)
March 2014: ONDCP Deputy Director Michael Botticelli named Acting Director

Former Director, Massachusetts Bureau of Substance Abuse Services

Person in long-term recovery (25 years)
Conclusion

• **National Drug Control Strategy & ACA:**
  – Improve Health
  – Improve Quality of Care
  – Reduce Costs

• **SBIRT:**
  – May enable patients to receive appropriate care earlier
  – With effective referral to treatment can decrease dependence

• **Prescription Drugs:**
  – SBIRT can help reduce prescription drug misuse
  – Can help reduce the risk of overdose
Conclusion (cont’d)

• Role of Recovery Community, Service Providers, and other Allies
  – Continue to raise awareness nationally
  – Help inform the development of the National Drug Control Strategy
  – Continue to support colleges and universities, administrators, faculty, staff, and students in developing collegiate recovery programs
  – Continue to collect data and conduct research to expand our understanding of CRPs
For More Information

WhiteHouse.gov/ONDCP