

A 21st Century Drug Policy: Implications for Research and Practice



GRANTMAKERS IN HEALTH MEETING
Behavioral Health Equity: Advancing Systems Change

Washington, D.C.

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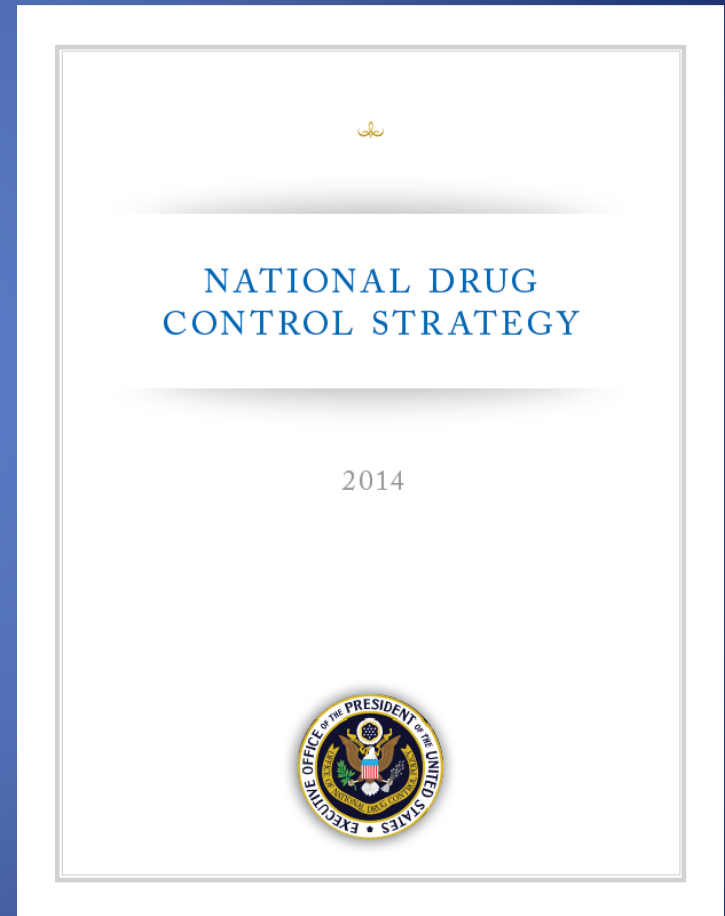
Office of National Drug Control Policy

- Component of the U.S. Executive Office of the President
- Coordinates drug-control activities and related funding across the United States Government
- Produces the U.S. Government's annual *National Drug Control Strategy*

National Drug Control Strategy

Prevent drug use before it ever begins through education

- Expand access to treatment for Americans struggling with addiction
- Reform our criminal justice system
- Support Americans in recovery
- **Signature initiatives:**
 - Prescription Drug Abuse
 - Prevention
 - Drugged Driving



Drug Policy Reform

**From: Arrest and
Incarceration**

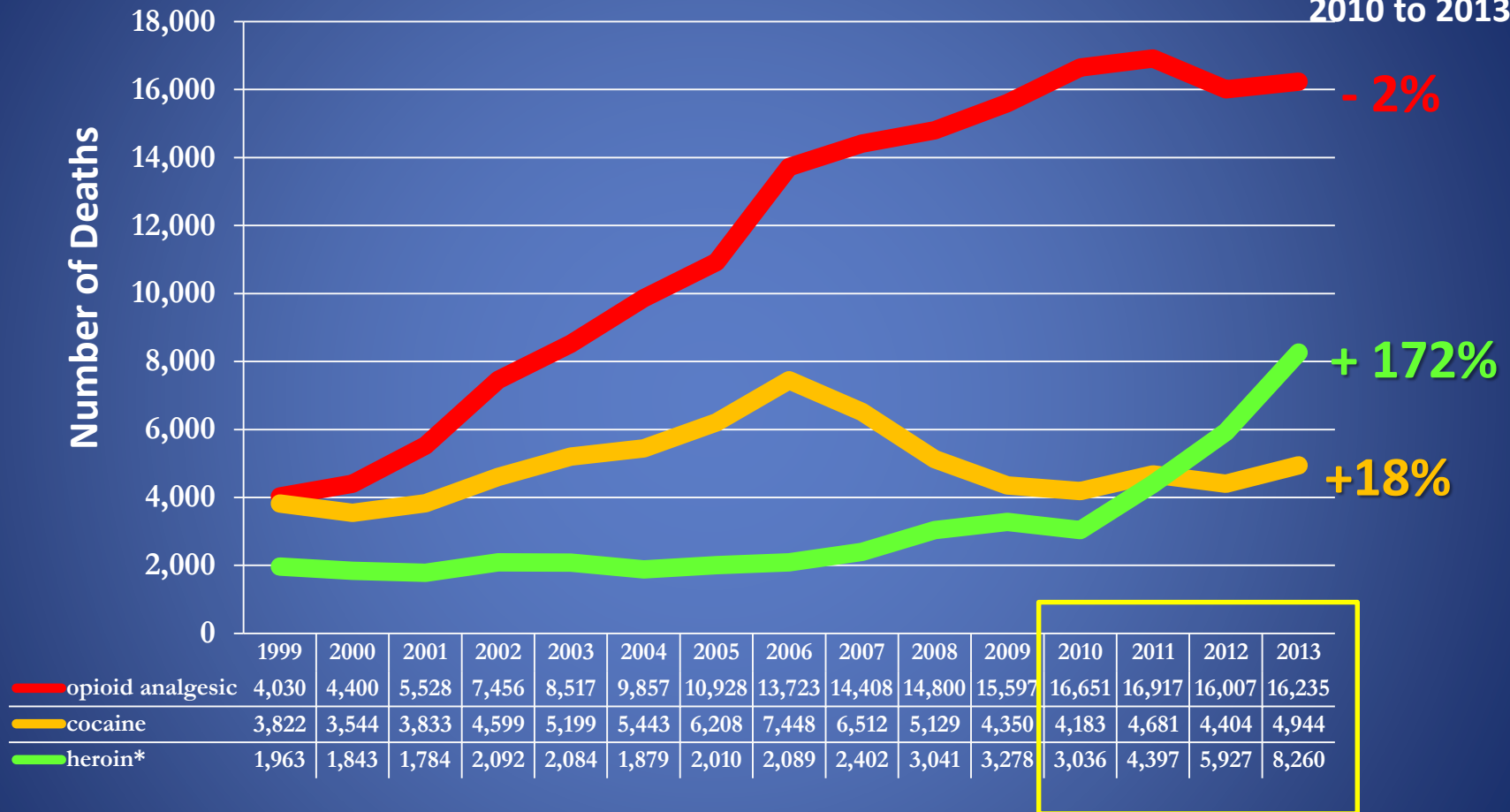
To: Treatment and Recovery



Addressing the Opioid Epidemic

Drug Poisoning Deaths Involving Opioid Analgesics, Cocaine, and Heroin: United States, 1999–2013

% CHANGE
2010 to 2013

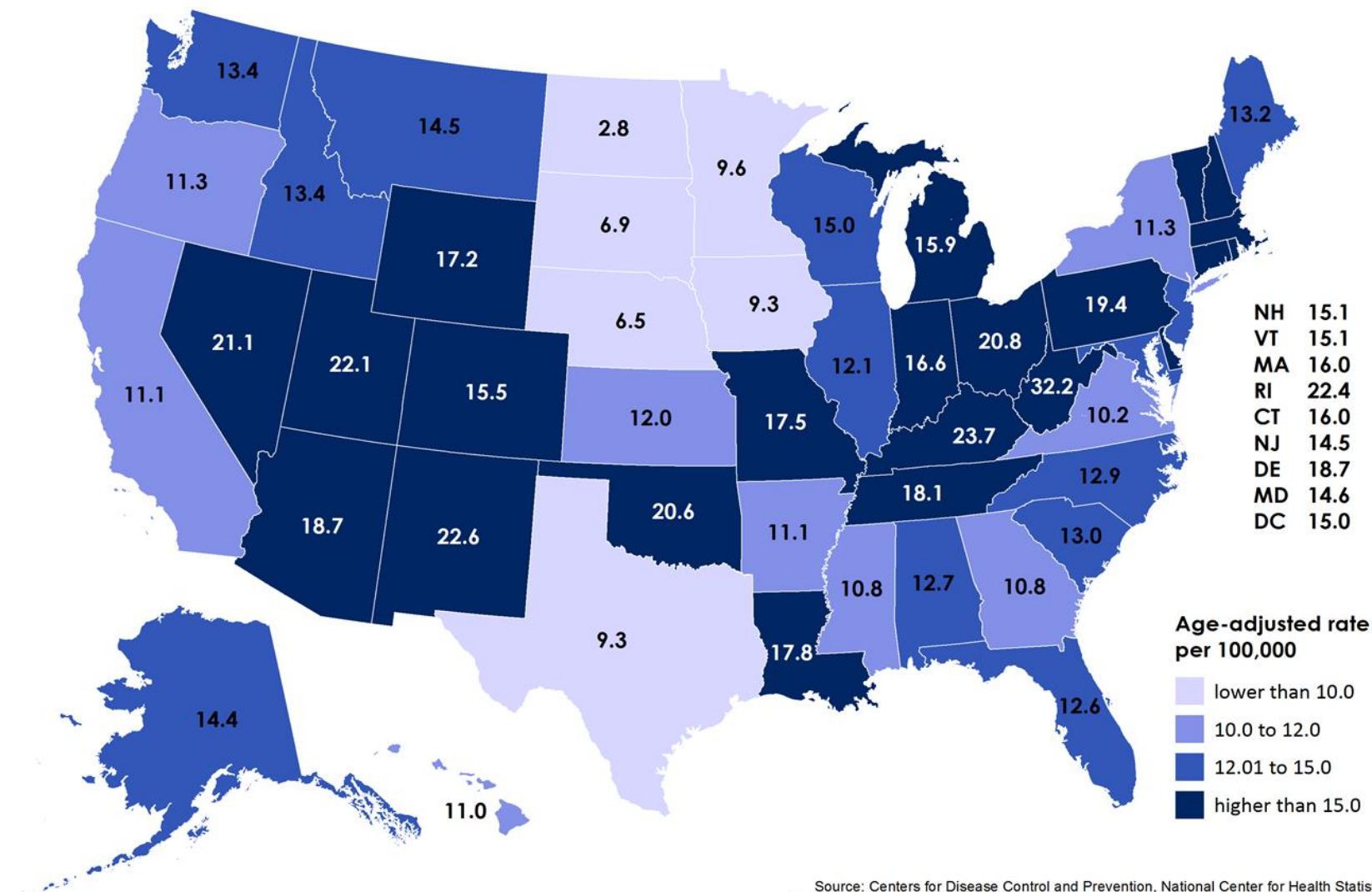


Note: Not all drug poisoning deaths specify the drug(s) involved, and a death may involve more than one specific substance. The rise in 2005-2006 in opioid deaths is related to non-pharmaceutical fentanyl (see <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5729a1.htm>). *Heroin includes opium.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics [NCHS]. *Multiple Cause of Death 1999-2012* on CDC WONDER Online Database, released 2014. Data for 1999 to 2012 were extracted by ONDCP on November 20, 2014. Data for 2013 are from unpublished analysis by NCHS December 30, 2014).

Drug Poisoning Death Rates by State, 2013

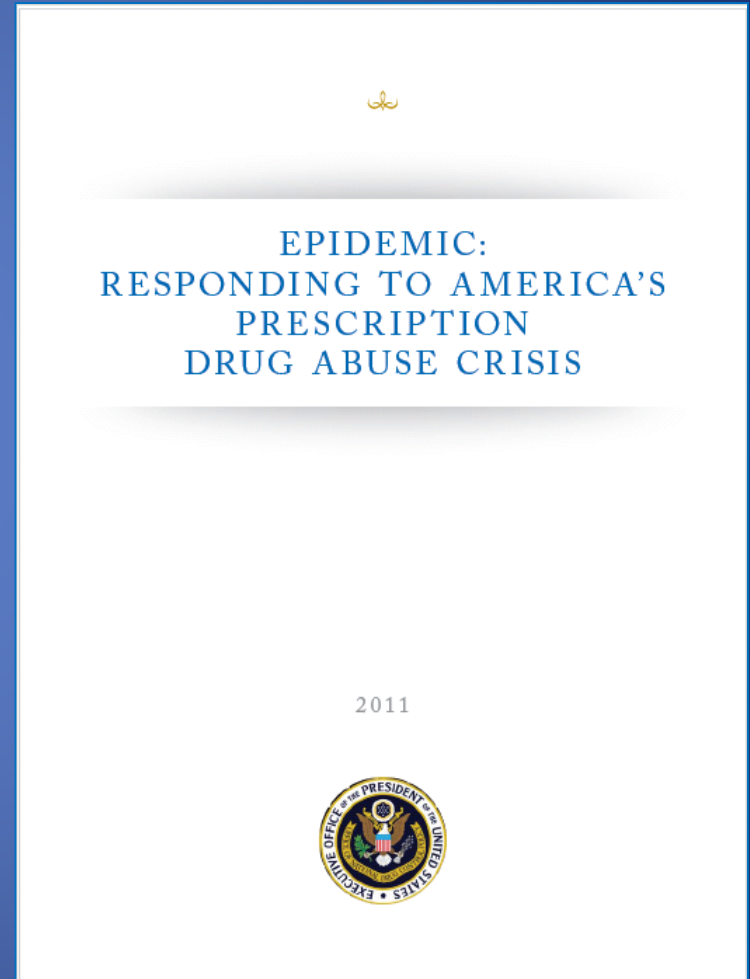
U.S. National Rate: 13.8 per 100,000



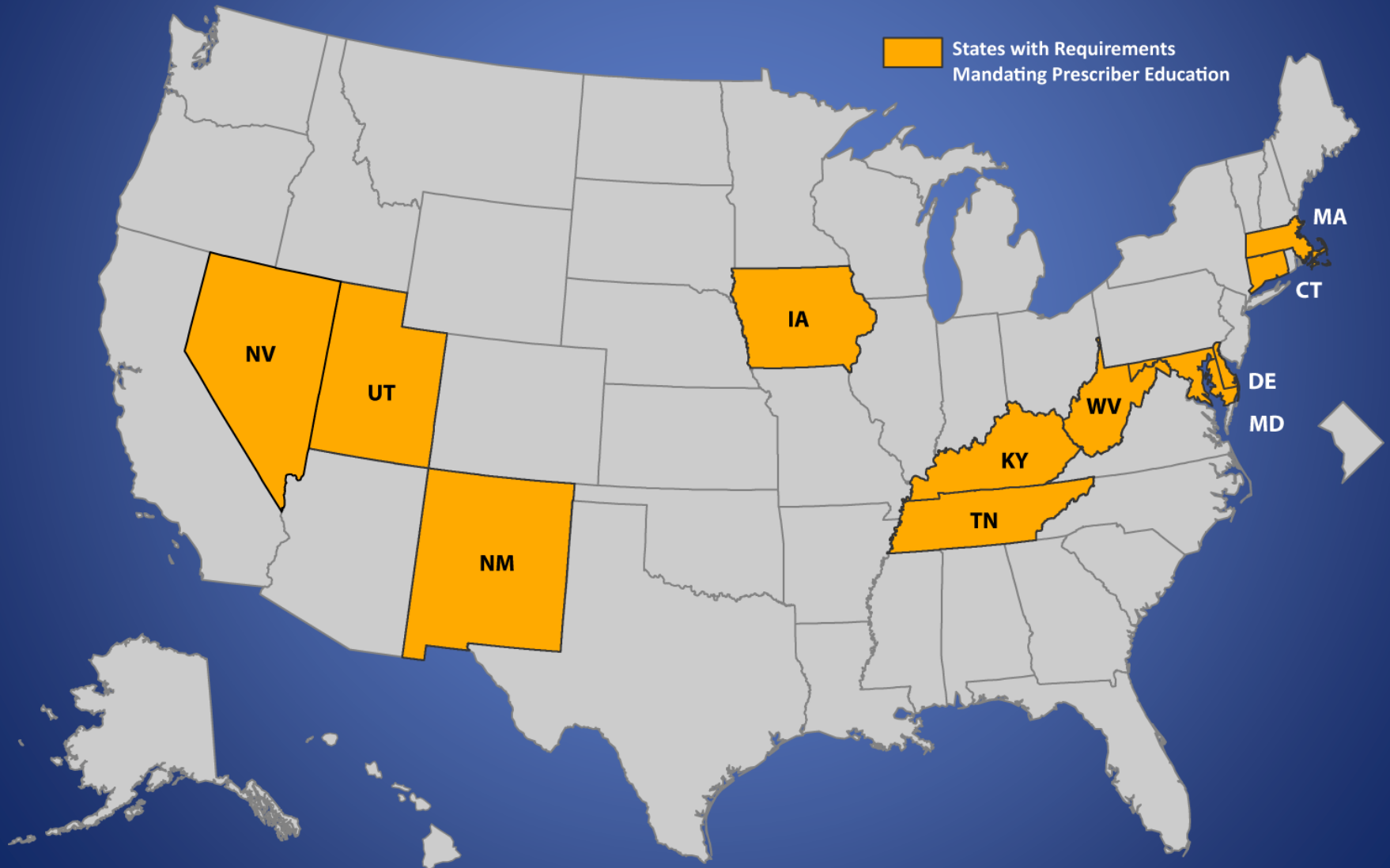
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death on CDC WONDER Online Database, extracted January 23, 2015.

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



Since 2011, Eleven States Have Instituted Requirements Mandating Prescriber Education



Making a Difference: State Successes



2012 Action:

New York required prescribers to check the state's prescription drug monitoring program before prescribing painkillers.

2013 Result:

Saw a 75% **drop in patients** who were seeing **multiple prescribers** to obtain the same drugs, which would put them at higher risk of overdose.



2010 Action:

Florida regulated pain clinics and stopped health care providers from dispensing prescription painkillers from their offices.

2012 Result:

Saw more than 50% **decrease in overdose deaths** from oxycodone.



2012 Action:

Tennessee required prescribers to check the state's prescription drug monitoring program before prescribing painkillers.

2013 Result:

Saw a 36% **drop in patients** who were seeing **multiple prescribers** to obtain the same drugs, which would put them at higher risk of overdose.

Safe Drug Disposal

In September 2014, we joined the Drug Enforcement Administration to announce the final rule of the Safe Drug Disposal Act of 2010.

- http://www.deadiversion.usdoj.gov/drug_disposal/takeback/

Product Stewardship Model: King County, WA, and Alameda County, CA

- <http://kingcountysecuremedicinereturn.org/>
- <http://www.acgov.org/aceh/safedisposal/>

Preventing Heroin, Injection-Drug Use, and Medical Consequences

- Non-Medical Use of Prescription Drugs and Prescription Drug Diversion (Rx Plan Pillars)
- Overdose Education and Naloxone Distribution
- Earlier Treatment as Prevention
- Public Health Prevention Interventions for HIV/HEP C
- Medication-Assisted Treatment (Maintenance)

Overdose Prevention and Education

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

- Public education campaigns
- Naloxone Expansion
- Increased education

President Barack Obama at the West Virginia Community Forum

"It touches everybody – from celebrities to college students, to soccer moms, to inner city kids. White, black, Hispanic, young, old, rich, poor, urban, suburban, men and women. It can happen to a coal miner; it can happen to a construction worker; a cop who is taking a painkiller for a work-related injury. It could happen to the doctor who writes him the prescription."



Source: Remarks by the President at Community Forum at East End Family Resource Center
White House Office of the Press Secretary. October 21, 2015. Available at <https://www.whitehouse.gov/the-press-office/2015/10/21/remarks-president-community-forum-east-end-family-resource-center>Linked to October 29, 2015.
Photo Credit: Chris Dorst: Charleston Gazette

Presidential Memorandum— Addressing Prescription Drug Abuse And Heroin Use

- Purpose: To reduce prescription pain medication and heroin overdose deaths, promote the appropriate and effective prescribing of pain medications, and improve access to treatment

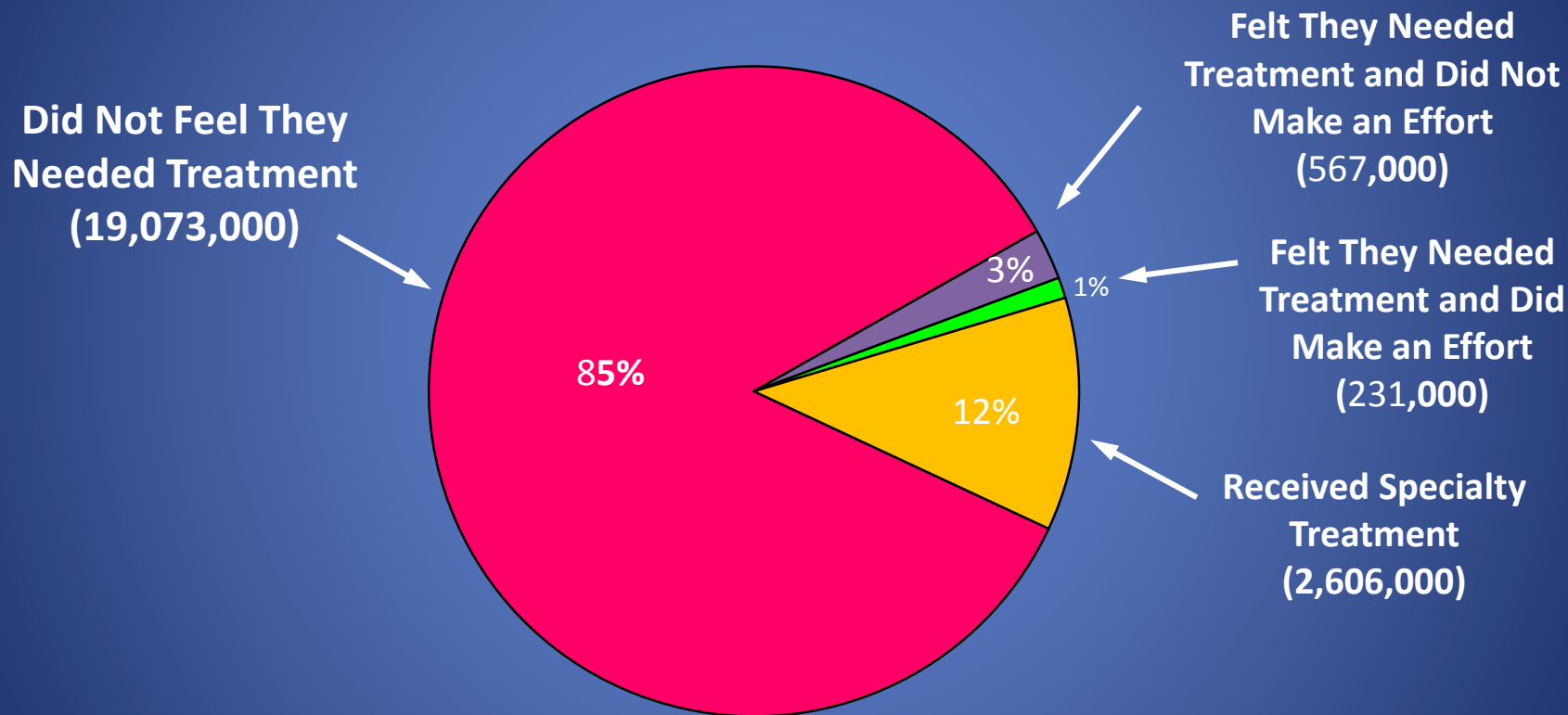
Taylor Smith, of Holly Springs, Georgia, Died in 2013 at Age 20 from Overdose



Reforming Treatment and Care

CONTINUUM OF CARE

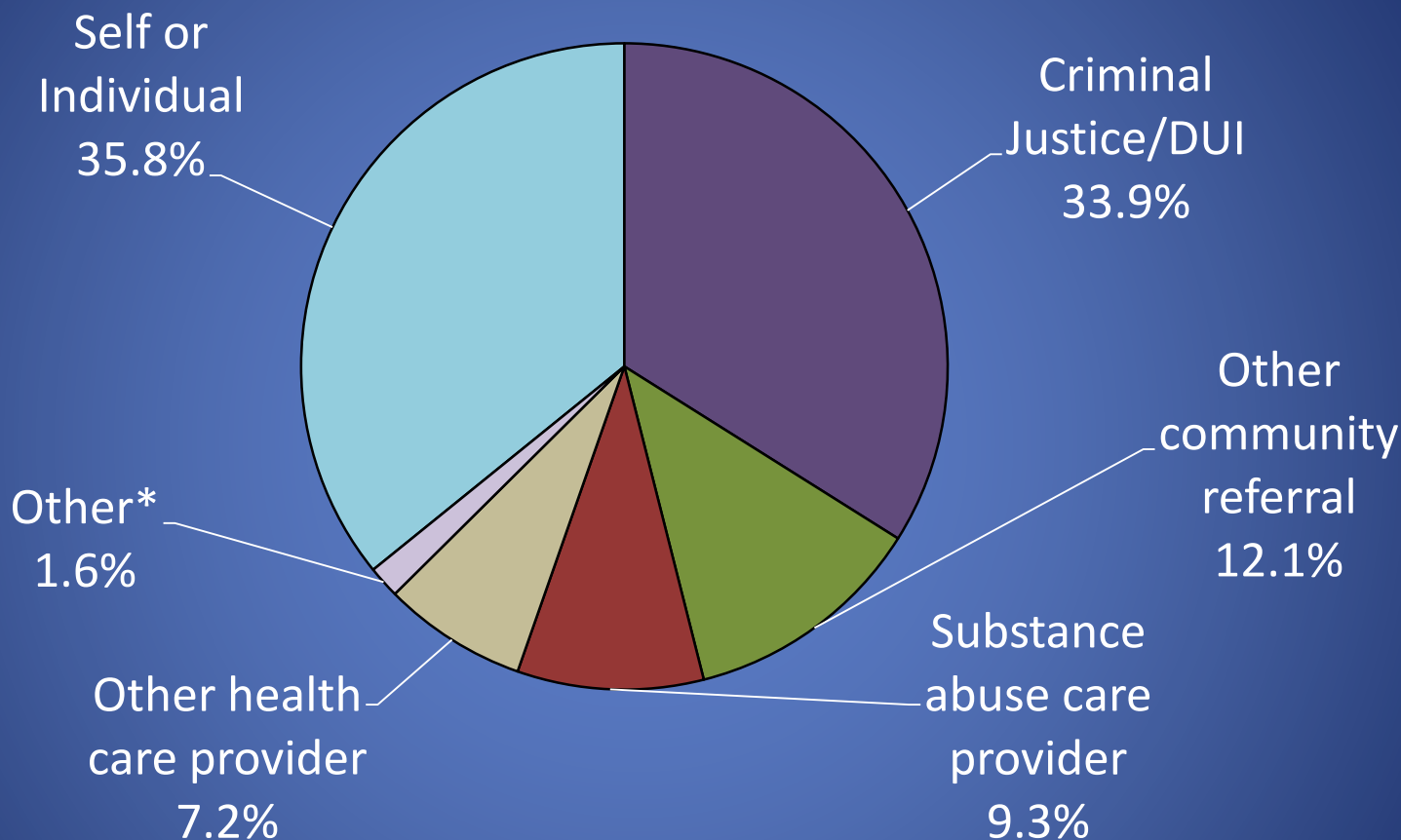
Need for and Receipt of Drug or Alcohol Treatment at a Specialty Facility Among U.S. Persons Aged 12 and older: 2014



22,478,000 Needing Drug or Alcohol Treatment at a Specialty Facility

Source: SAMHSA, 2014 National Survey on Drug Use and Health (September 2015).

Sources of Referral to Treatment, 2012

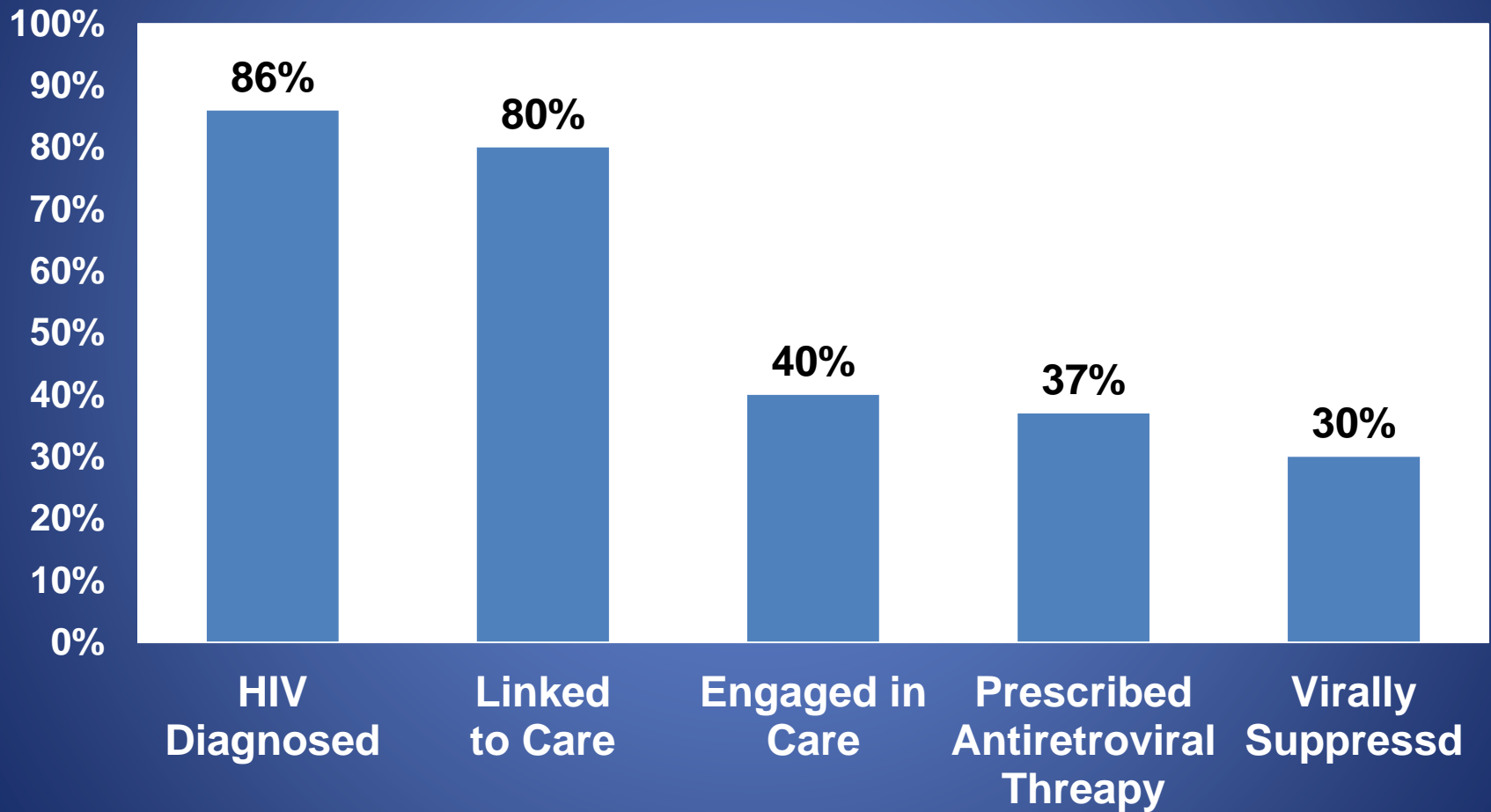


Total 2012 admissions = 1.7 million

**Other referrals include school (educational) and employer EAP.*

Source: SAMHSA, 2012 Treatment Episode Data Set (July 2014).

The HIV Care Continuum In the United States, 2011



Source: U.S. Office of National AIDS Policy, National HIV Strategy: Improving Outcomes, Accelerating Progress along the HIV Care Continuum, December 2013

Treatment and Care

From Acute Care Model

- Enters Treatment
- Completes Assessment
- Receives Treatment
- Discharged

To Chronic Care Model

- Prevention
- Early Intervention
- Treatment
- Recovery Support Services

Source: McLellan AT, Starrels JL, Tai B, Gordon AJ, Brown R, Ghitza U, Gourevitch M, Stein J, Oros M, Horton T, Lindblad R, Jennifer McNeely J. Can substance use disorders be managed using the chronic care model? Review and recommendations from a NIDA consensus group. *Public Health Reviews*. 2014;34: epub ahead of print

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

- Enhances access and care for people with substance use disorders.
- Need to focus on integration of substance use disorders into primary care.
- Screening is essential for case identification and clinical decision making.
- Referrals to specialty treatment are critical to increased access to care.
- Brief Interventions do not appear to be as effective for reducing drug use as for reducing alcohol use.*
- We need to find new/better interventions in primary care.

* Brief Intervention for Problem Drug Use in Safety-Net Primary Care Settings: A Randomized Clinical Trial. Peter Roy-Byrne, et al. *JAMA*. 2014;312(5):492-501. doi:10.1001/jama.2014.7860.

Screening and Brief Intervention for Drug Use in Primary Care: The ASPIRE Randomized Clinical Trial. Richard Saitz, MD, et al. *JAMA*. 2014;312(5):502-513. doi:10.1001/jama.2014.7862.

Medicine Responds to Addiction

September 18, 2015



Office of National Drug Control Policy

with

American Board of Addiction Medicine Foundation

In collaboration with

National Institute on Alcohol and Alcoholism

National Institute on Drug Abuse

and

Substance Abuse & Mental Health Services Administration

Centers for Disease Control

Health Resources and Services Administration

National Cancer Institute

Services and Delivery Re-design Under the Affordable Care Act

- Move away from “Fee for Service” to Coordinated Care Model
- Outcomes Based
- Integration of Medical and Behavioral Health Services
 - Medical Homes
 - Accountable Care Organizations

¹ Collins, C. Hewson, D., L., Munger, R., & Wade, T. (2010). Evolving Models of Behavioral Health Integration in Primary Care. Milbank Memorial Fund .

Medications Currently Available

For Nicotine Use Disorder

- Nicotine Replacement Therapies (NRT)
- Bupropion
- Varenicline



For Alcohol Use Disorder

- Disulfiram
- Naltrexone
- Acamprosate
- Naltrexone Depot



For Opioid Use Disorder

- Methadone
- Naltrexone (Vivitrol)
- Buprenorphine
- Buprenorphine/Naloxone



Recovery

SERVICE AND SUPPORTS

Recovery Support Services

- Services and supports (e.g., office-based settings)
- Recovery support services and engagement (e.g., recovery community & patients in opioid treatment programs)
- Service coordination
- Inform and engage recovery community

Stigma and Language



- Addict
- Hitting Bottom
- Junkie

- Drunk
- Addict
- Alcoholic



Policy Research Needs

A 21ST CENTURY APPROACH

Exploration for Advancing Systems Change

- Impact of the Affordable Care Act and MHPAEA
- Stigma Reduction
- Prevention and early intervention
- School-based prevention
- Law Enforcement Diversion
- Emergency Department Interventions
- Comparative Effectiveness (i.e., opioid epidemic)
- Integrated Care Models
- Recovery Research
- Policies and Practices that Promote Long- Term Recovery

For More Information:

[WHITEHOUSE.GOV/ONDGP](https://www.whitehouse.gov/ondcp)