Issues in Substance Use Disorder Treatment: A Focus on Workforce

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Substance Abuse and Mental Health Services Administration
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Overview

• What we are facing
• Consider three national issues
  • Policy changes
  • The impact of stigma
  • Workforce support
Drug Overdose Death Rates by Census Division, 2018 and 2021

2018

2021 (provisional)

Opioid Involvement in Psychostimulant-Involved Overdose Deaths, U.S., 2011-2021 (2021 data are provisional)

Source: Data Brief, Number 406, April 2021 (cdc.gov) and NVSS Wonder, 2022
Age-adjusted drug overdose death rates, by race and Hispanic origin: United states, 2019 and 2020


Past Year Substance Use Disorder (SUD) and Any Mental Illness (AMI): Among Adults 18 or Older; 2020

Perceived Need for Substance Use Treatment: Among People Aged 12 or Older with a Past Year Substance Use Disorder (SUD) Who Did Not Receive Substance Use Treatment at a Specialty Facility in the Past Year; 2020

- 37.5 Million Did Not Feel They Needed Treatment (97.5%)
- 211,000 Felt They Needed Treatment and Made an Effort to Get Treatment (0.5%)
- 737,000 Felt They Needed Treatment and Did Not Make an Effort to Get Treatment (1.9%)

8.4 Million People with an SUD Who Did Not Receive Substance Use Treatment

Note: People who had an SUD were classified as needing substance use treatment.
Note: The percentages do not add to 100 percent due to rounding.

Expanding the Continuum and Other Opportunities....

HHS Overdose Prevention Strategy

FACT SHEET: Addressing Addiction and the Overdose Epidemic

The Unity Agenda

- Universal access to MOUD by 2025
- Harm reduction services as a federal drug policy priority.

https://www.hhs.gov/overdose-prevention/

National Buprenorphine for OUD Access

In April 2021, HHS Buprenorphine Practice Guideline released to expand access to buprenorphine for opioid use disorder

Waivered Prescribers

<table>
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<tr>
<th>30 Level</th>
<th>30E Level</th>
<th>100 Level</th>
<th>275 Level</th>
<th>Total</th>
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<td>73,995</td>
<td>18,141</td>
<td>28,823</td>
<td>9,114</td>
<td>130,073</td>
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</table>

As of September 2022

The Challenge of Stigma

SUDs carry a high burden of stigma

- People with SUD are
  - less likely to seek treatment
  - more likely to drop out of treatment

- SUD is among the most stigmatized conditions in the US and around the world

- Health care providers treat patients who have SUDs differently

- People with a SUD who expect or experience stigma have poorer outcomes
Additional Stigma in SUD

Condition stigma

Medications for Opioid Use Disorder are often the focus of intervention stigma

Intervention Stigma

Intervention Stigma Examples

• People taking methadone for OUD have been denied:
  – Custody rights of their children
  – Access to housing and shelter
  – Admission to residential SUD treatment facilities
  – Acceptance by subacute skilled nursing facilities
• Remedy: Department of Justice guidance on American With Disabilities Act
Stigma as a Barrier to a Robust Workforce

- Stigma and treatment hesitancy are associated with workforce challenges but are surmountable.
- All medical schools, professional schools and residency programs should have a comprehensive and longitudinal curriculum on substance use and substance use disorders.
- Education at the community level brings individuals into treatment and helps to reduce stigma.
- Supporting a peer specialist workforce helps close the workforce shortage gap.
- Funding resources that promulgate evidence-based practice promotes equity and quality care.

Workforce Shortage

- Based on a recent HRSA/SAMHSA workforce projections report, there will be a shortage of over 31,000 FTEs in the following workforce professions by 2025:
  - Psychiatrists
  - Psychologists
  - Social workers working in behavioral health
  - Addiction counselors

- There is also a need for peer providers in a wide variety of integrated and specialty care settings.

- New challenges evidenced by the COVID-19 pandemic have exposed and exacerbated existing concerns regarding behavioral health workforce supply and distribution.

Source: National Projections of Supply and Demand for Selected Behavioral Health Practitioners: 2013-2025 (hrsa.gov)
Peer Recovery Support Specialists

- Peer recovery support specialists have been called upon to play an even more integral role in engaging with their clients to help them establish and maintain recovery during the COVID pandemic.

- SAMHSA's Peer Recovery Center for Excellence provides technical assistance and training to recovery community organizations, as well as peer support networks.

Website: https://www.peerrecoverynow.org/

HHS Health Workforce Strategic Plan Goals and Objectives

GOAL 1: Expand the Health Workforce To Meet Evolving Community Needs
- 1.1 Offer financial support and other incentives to expand health workforce and training opportunities
- 1.2 Increase diversity, inclusion, and representation in the health professions
- 1.3 Invest broadly in health occupation education and training
- 1.4 Use evidence-based and innovative techniques to retain the existing workforce

GOAL 2: Improve the Distribution of the Health Workforce to Reduce Shortages
- 2.1 Improve the geographic distribution of health care workers
- 2.2 Ensure distribution of health professionals in high demand

GOAL 3: Enhance Health Care Quality through Professional Development, Collaboration, and Evidence-Informed Practice
- 3.1 Provide health professional development opportunities
- 3.2 Encourage integrated, collaborative health care
- 3.3 Strengthen workforce skills for the future of health care
- 3.4 Promote evidence-based health care practice

GOAL 4: Develop and Apply Data and Evidence To Strengthen the Health Workforce
- 4.1 Use data to monitor and forecast health workforce needs
- 4.2 Advance health workforce knowledge through research and evaluation
Goal 1: Expand the Health Workforce To Meet Evolving Community Needs

1.2.2: Actively recruit, train, and retain individuals from underrepresented backgrounds, including racial and ethnic minority students and students with disabilities, into the health workforce
- Minority Fellowship Program

Goal 1: Expand the Health Workforce To Meet Evolving Community Needs

1.3.2: Conduct targeted training and recruitment to expand and diversify the behavioral health workforce
- Historically Black Colleges and Universities Center of Excellence in Behavioral Health
GOAL 2: Improve the Distribution of the Health Workforce to Reduce Shortages

2.1.2: Conduct targeted recruitment, training, and retention investments to improve access to a high-quality health workforce in rural and underserved areas
   - Rural Emergency Medical Services Training Grant
   - Rural Opioid Technical Assistance Center

2.2.2: Increase the supply and capacity of the behavioral health workforce to provide new, innovative, and evidence-based treatment in community-based primary care settings
   - Expansion of Practitioner Education
   - Providers Clinical Support System-University

2.2.4: Conduct targeted investments to reduce disparities in access to specialized health care services, including oral health, behavioral health, maternal and child health, and public health
   - State Opioid Response Technical Assistance Grant
   - Center of Excellence for Infant and Early Childhood Mental Health Consultation

GOAL 3: Enhance Health Care Quality through Professional Development

SAMHSA currently funds over 40 Training and technical assistance resources that offer professional skill development and implementation support to health professionals.

During the pandemic, many of these resources were converted to virtual offerings and from 2020 through 2021, 50,264 events were held with a combined attendance of 3,438,000.
Goal 4: Develop and Apply Data and Evidence To Strengthen the Health Workforce

4.1.1: Use health workforce data, research, and evaluations to inform how and where to allocate resources to strengthen the health workforce

Mental and Substance Use Disorder Practitioner Data

The Behavioral Health Workforce Tracker, a new one-of-a-kind database of 1.2 million MH/SUD providers that includes behavioral health professions as well as PC physicians, NPs, PAs and other specialists that prescribe 11+ BH meds; geocoded to census tract (also aggregated to county and state); Medicaid acceptance, SMI and MAT provision (for prescribers).

Business of Behavioral Health Delivery is Changing

Trends we are watching:

- Increased Integration of Behavioral Health and Primary Care – maintenance of specialty care system
- Increased demand for “convenient” access
- Increased development of Digital Therapeutics/Mobile Apps
- Increase of Interstate Compacts
Increased use of Interstate Compacts (telehealth + hybrid)

- **Interstate Medical Licensure Compact**—about 80% of physicians meet the criteria for licensure through the compact (42 states)
- The **Nurse Licensure Compact (NLC)** provides the same for eligible nurses (39 states)
- The **Psychology Interjurisdictional Compact** authorizes eligible psychologists to practice telehealth across members states (Psypact: 33 States)
- Physical therapists, speech language therapists, and emergency medical service workers also have compacts for serving multiple states.

**Increased use of Interstate Compacts (telehealth + hybrid)**

The **Counseling Compact (ACA: 6/14/22)** allows licensed professional counselors to practice across state lines without obtaining multiple licenses. Georgia, Maryland, Alabama, Mississippi, West Virginia, Utah, Maine, Florida, Kentucky, Nebraska, Tennessee, Colorado, Louisiana and Ohio. are participating.

Teamwork makes the dream work…..

Advancing Equitable and Person-Centered Care

Thank you!

abuse and mental illness on América’s communities.

1-877-SAMHSA-7 (1-877-726-4727) | 1-800-487-4889 (TTY)
www.samhsa.gov | @samhsagov

1-877-SAMHSA-7 (1-877-726-4727) ● 1-800-487-4889 (TDD)
Update from the National Institute on Drug Abuse—NIDA

Wilson M. Compton, M.D., M.P.E.
Deputy Director
National Institute on Drug Abuse

Disclosures of Interests: Wilson M. Compton, MD, MPE

Stock Equity:
- 3M Company (under $5,000)
- General Electric Corporation (under $5,000)
- Pfizer, Inc. (under $5,000)

Speaker's Bureau(s): None

Sources of Research Support: NIH

Consulting Relationships: None

Current Position: Deputy Director, National Institute on Drug Abuse
ADDICTIONS as Diseases of Gene-Environment-Development

Biology
Genes/Development

Environment

DRUG/ALCOHOL

Brain Mechanisms

Addiction

Age

FY 21 Extramural Research Funding Overview

Therapeutics and Medical Consequences, $195M

Clinical Trials Network, $98M

Office of the Director, $106M

Neuroscience & Behavior, $492M

Epidemiology, Services & Prevention Research, $482M

NIDA Total Extramural Research Funding in Fiscal Year 2021: $1.373 billion
National Data on Substance Use Among Adults Ages 19-30 and 35-50, 1988-2021

MARIJUANA
Trends in 12 Month Prevalence Among Ages 19-30 and 35-50

CIGARETTES
Trends in 12 Month Prevalence Among Ages 19-30 and 35-50

Cigarette Smoking Among US Adults with Major Depression, Substance Use Disorders 2006-2019: Higher but Declining Rates

Data: The 2006-2019 National Surveys on Drug Use and Health (NSDUH). Error bar=standard error; AAPC=average annual percentage change during 2006-2019. Each prevalence estimate for each specific year was adjusted for age, sex, race/ethnicity, education, family income, health insurance, employment status, marital status, and county type.

Source: Han, Volkow, Blanco, Tipperman, Einstein, Compton. JAMA 2022.
U.S. Drug Overdose Deaths

70,630 Deaths in 2019—49,860 from Opioids*
93,398 Deaths in 2020—69,769 from Opioids*
107,622^ Deaths in 2021—80,816 from Opioids*

*Provisional data (predicted values) released May 2022
^Opioids include both illicit and prescription opioids
National Center for Health Statistics, National Vital Statistics System, mortality data

40 Year Exponential Increases in U.S. Overdose Deaths

Drug Overdose Death Rate
U.S., 1968 to 2020

Virtually All U.S. Regions Have Increased Drug Overdoses

Estimated Age-adjusted Death Rates per 100,000 for Drug Poisoning by County

Evolution of Drivers of Overdose Deaths:

- Analgesics ➔ Heroin ➔ “Fentanyl” ➔ Stimulants

Drug Overdose Deaths* Continue to Increase

<table>
<thead>
<tr>
<th>Date</th>
<th>ALL DRUGS</th>
<th>HEROIN</th>
<th>NAT &amp; SEMI SYNTHETIC</th>
<th>METHADONE</th>
<th>SYNTHETIC OPIOIDS (mainly illicit fentanyl)</th>
<th>COCAINE</th>
<th>OTHER PSYCHO-STIMULANTS (mainly meth)</th>
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<tbody>
<tr>
<td>3/2021*</td>
<td>99,567</td>
<td>12,733</td>
<td>14,061</td>
<td>3,893</td>
<td>63,389</td>
<td>20,780</td>
<td>27,435</td>
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<tr>
<td>9/2021</td>
<td>105,654</td>
<td>10,227</td>
<td>14,023</td>
<td>3,733</td>
<td>68,880</td>
<td>23,127</td>
<td>31,647</td>
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<td>3/2022*</td>
<td>109,247</td>
<td>8,328</td>
<td>13,376</td>
<td>3,527</td>
<td>73,473</td>
<td>25,959</td>
<td>33,994</td>
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Percent Change 3/21-3/22

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<tr>
<td>3/21</td>
<td>9.7%</td>
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<tr>
<td>9/2021</td>
<td>-34.6%</td>
</tr>
<tr>
<td>3/22</td>
<td>15.9%</td>
</tr>
<tr>
<td>3/22</td>
<td>24.9%</td>
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<tr>
<td>3/22</td>
<td>23.9%</td>
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*NCHS Provisional drug-involved overdose death counts are PREDICTED VALUES, 12 months ending in select months.


Overdoses Before and During the COVID-19 Pandemic

Han et al., JAMA Network Open, September 21, 2022
Fentanyl-involved and Non-fentanyl Overdose Death Rates
In US Youth Aged 15-19 Prior and During COVID Pandemic

AQPC=10.7 (95% CI=9.3,12.1), P<.0001

AQPC=-2.7 (95% CI= -6.2, 0.8), P=.13


Novel Synthetic Opioids Constantly Evolving

- March 2019
  - Isotonitazene (500> morphine) first appeared in Canada and Europe
- July 2019
  - Isotonitazene found in U.S. toxicology and >250 overdose deaths
- August 2020
  - DEA classified isotonitazene as a Schedule I substance
  - DEA listed isotonitazene in Annual Emerging Threat Report
  - Other nitazines, etonitazene and metonitazene, emerge
- 2021
  - Nitazenes detected postmortem in combination with other drugs
  - Increased toxicology reports of nitazenes and other non-fentanyl NPS opioids

Point of care testing (e.g., urine drug screen for fentanyl or other opioids) does not detect benzimidazole-opioids (nitazenes) which requires lab-based mass spectrometry testing that is not widely available.

Presented by: Wilson M. Compton, MD, MPE, and Yngvild K. Olsen, MD, MPH
Methadone
Prior to COVID:
• Only federally-approved opioid treatment programs
• In-person for daily dosing
Under COVID, SAMHSA allowed:
• 3/16/2020: 28 day take home
• 3/20/2020: for those under quarantine—surrogate take home or door-step delivery
• Still requires in person visit for first dose

Buprenorphine
Prior to COVID:
• Prescribed through pharmacies in outpatient settings
• DATA 2000, limited to clinicians with buprenorphine waivers that required additional training and federal registration
• Limited number of patients to treat
• In-person evaluation for initial dose
Under COVID, DEA allowed:
• 3/17/2020: Buprenorphine initiation through telehealth (including phone) without in-person visit
• Follow up can be via phone

Methadone Overdose Deaths Before and After Policy Changes Expanding Take-Home Methadone Doses From OTP

Relaxation of methadone take home doses did not increase overdoses from methadone but facilitated treatment retention

Jones et al., JAMA Psychiatry 2022
Telehealth Services, Receipt and Retention of Medications for Opioid Use Disorder (MOUD), and Medically Treated Overdose (OD) Among Medicare Beneficiaries Before and During the COVID-19 Pandemic

Characteristics Associated With Experiencing A Medically Attended OD During Study Period Among Beneficiaries With OUD

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>aOR (95% CI)</th>
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<tbody>
<tr>
<td>Total, No.</td>
<td>70,497</td>
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<tr>
<td>Receipt of OUD-related telehealth service</td>
<td>0.671 (0.634-0.710)</td>
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</table>

Characteristics Associated With MOUD Retention for at Least 80% of Eligible Days Among Beneficiaries With OUD and MOUD

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>aOR (95% CI)</th>
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<tbody>
<tr>
<td>Total, No.</td>
<td>8826</td>
</tr>
<tr>
<td>Receipt of OUD-related telehealth service</td>
<td>1.267 (1.139-1.410)</td>
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</tbody>
</table>

Source: Jones CM, Shoff C, Hodges BS, Blanco C, Losby JL, Ling SM, Compton WM. *JAMA Psychiatry*. Online August 31, 2022
Medication treatment of OUD in the US increased from 2010 to 2019; But treatment gap is still very large

- Estimated annual prevalence of 7,631,804 individuals suffering from OUD (2723.5/100 000) in 2019
- Estimated number of individuals receiving medications for OUD 1,031,785 (368.2/100 000) in 2019
- Though MOUD treatment has increased in past 10 years in 2019 still only 13.4% of individuals with OUD received MOUD

Krawczyk N et al., International J Drug Policy 2022

Science = Solutions: Improving Addiction Treatment

- Initiating buprenorphine treatment in the emergency department improves treatment engagement and reduces illicit opioid use
- Extended-release naltrexone initiated in criminal justice settings lowers relapse rates and overdoses
- BUP-Nx more effective the XR-Naltrexone overall but appear equally safe and effective after induction

Post Prison-Release Outcomes

- Relapse-free survival

ED-initiated Buprenorphine Increased TX Engagement

Presented by: Wilson M. Compton, MD, MPE, and Yngvild K. Olsen, MD, MPH
Implementation Science: CTN, JCOIN, HCS, Prevention

**Enhancing the National Drug Abuse Treatment Clinical Trials Network to Address Opioids** Expand research conducted by NIDA CTN to address emergent needs presented by the opioid crisis.

**Justice Community Opioid Innovation Network** Study quality care for OUD in justice populations. Help create partnerships between local and state justice systems and community-based treatment providers.

**HEALing Communities Study** is investigating coordinated approaches for deploying evidence-based strategies to prevent and treat OUD in 67 communities in 4 states.

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Expanding Access to Medications for OUD (MOUD)

**JUSTICE SETTINGS**

For incarcerated adults with OUD, recidivism is lower for those offered buprenorphine during incarceration

Evans EA et al., (2022) Drug and Alcohol Dependence

Extended-Release vs Daily Buprenorphine in Adults (n=52) with OUD at Time of Release From Jail

![Graph showing recidivism rates and other outcomes for incarcerated adults with OUD.]

Evans EA et al., (2022) Drug and Alcohol Dependence
Treating Stimulant Use Disorder

ADAPT-2 Trial Results Deliver a Breakthrough in Long Search for Methamphetamine Use Disorder Medication

• No FDA approved medications for stimulant use disorder or overdose
• Contingency management is the most effective treatment but is challenging to implement and underutilized
• NIDA prioritizing investment in development of medications to treat stimulant use disorders

NIDA Research Pivots to Address Overdose Trends
Treating Overdose, Advancing Research on Fentanyl

• How do we reverse fentanyl overdose?
  • Should naloxone doses be higher?
  • Are long-acting formulations of naloxone needed?
  • Are there other medications or medication combinations that would be more effective?
• What are appropriate detoxification strategies?
• How do we treat fentanyl addiction?
  • In pregnancy and postpartum?
• How do we treat fentanyl involved neonatal abstinence syndrome?
### Harm Reduction Activities and Intended Outcomes

<table>
<thead>
<tr>
<th>Prevention Goals</th>
<th>Related Harm Reduction Activities</th>
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<tbody>
<tr>
<td>• Reduce overdose deaths and other deaths</td>
<td>• Syringe service programs</td>
</tr>
<tr>
<td>• Reduce infections</td>
<td>• Fentanyl test strips</td>
</tr>
<tr>
<td>• Reduce stigma and increase access to health and recovery services</td>
<td>• Naloxone and overdose education kits</td>
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<tr>
<td></td>
<td>• Safe injection sites</td>
</tr>
<tr>
<td></td>
<td>• Non abstinent outcomes</td>
</tr>
<tr>
<td></td>
<td>• Sterile syringes and other equipment</td>
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<tr>
<td></td>
<td>• Syringe Service Programs</td>
</tr>
<tr>
<td></td>
<td>• Medical care including wound care</td>
</tr>
<tr>
<td></td>
<td>• Low threshold medication for OUD</td>
</tr>
<tr>
<td></td>
<td>• Peer support specialists</td>
</tr>
<tr>
<td></td>
<td>• Case managers</td>
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</table>

### Making Addiction Treatment More Realistic And Pragmatic: The Perfect Should Not Be The Enemy Of The Good

*Nora D. Volkow*

“The magnitude of this crisis demands out-of-the-box thinking”

“Drug addiction is a chronic but treatable disorder with well-understood genetic and social contributors. It is not a sign of a person’s weakness or bad character.”

“Continued or intermittent use of drugs, even by people who know they have a disorder and are trying hard to recover from it, must be acknowledged as part of the reality of the disorder for many who struggle with it.”
Addressing Overdose Deaths in 2022

• **Pain** treatments crucial but not sufficient.
• Treatment **Opioid Use Disorders** crucial but not sufficient.
  • Retention
  • Recovery
• Treatment of **other Substance Use Disorders**
• Overdose treatment: drug combinations, **stimulant overdoses**
• **Prevention** drug use including but not limited to opioids
  • Screening and appropriate treatment intervention for SUD (across the full spectrum from mild to severe)

PREVENTION: Pre-Addiction (SBI Renamed)

**Measures to define and detect Pre-Addiction**

• This is a research need
• Meanwhile, DSM 5 diagnoses are reliable and easy to implement. Criteria for “Mild to Moderate” SUD are reasonable starting points for defining “pre-addiction”

**Effective interventions for Pre-Addiction**

• Treatments designed for severe SUD are usually inappropriate for mild cases.
• Payers support screening and 1-4 motivational counseling sessions, which are effective in reducing alcohol misuse. However, less data exists for other SUD. Also, more intensive interventions are likely needed for more severe symptoms.
• Need to develop pre-addiction interventions and test their effectiveness.
THANK YOU!