The National Drug Control Strategy
CEPOP Update Call

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ONDCP Authorities and Responsibilities

- **Director of National Drug Control Policy is the President's Principal Advisor on Drug Policy**
- **Establish and Lead National Drug Control Policy**
  - Publish the National Drug Control Strategy (NDCS) along with associated plans and documents
    - Performance Reporting System Report
    - Budget and Performance Summary
    - National Treatment Plan
    - Data Supplement
    - Border Strategies for the Northern Border and Southwestern Border
- **Director's Budget Authority**
  - Ensures Federal Drug Control budgets requested by Federal Drug Control Agencies are consistent with the President's Drug Control Priorities
- **Advance the Administration's drug control policy, and guide and synchronize drug control efforts at the Federal, State, Local, and Tribal levels**

Update on America's Opioid Crisis

- **From 2017 to 2018 Prescription opioid fills declined 19% as measured in Milligrams Morphine Equivalent (MME)**
- **From 2017 to 2018, drug poisoning deaths**
  - Declined overall for the first time since 1999
  - Natural and Semisynthetic (e.g., prescription) opioid deaths declined
  - Heroin deaths without synthetic opioids declined
  - Synthetic opioid deaths not involving methadone increased
  - Stimulant-involved (cocaine and methamphetamine) deaths both increased
- **The proportion of stimulant-involved deaths also involving opioids increased for both cocaine and methamphetamine.**
  - 51% of methamphetamine deaths involving an opioid in 2018
  - 74% of cocaine deaths involving an opioid in 2018

Our Top Priority: Saving American Lives

- **Three Lines of Effort as expressed in the National Drug Control Strategy**
  - **Preventing drug use before it starts**
    - Development of evidence-based prevention programs
    - Safe and responsible prescribing
    - Proper disposal of unused and unneeded medications
    - Expanding the use of Prescription Drug Monitoring Programs (PDMPs) across the country
  - **Providing treatment leading to long-term recovery**
    - Improving the response to and monitoring of overdose
    - Enhancing evidence-based addiction treatment
    - Eliminating barriers to treatment availability
    - Reducing stigma and making recovery possible
  - **Reducing the availability of illicit drugs in America's communities**
    - Working with international partners
    - Stopping the flow of drugs across our borders

Saving Lives: Reduce the number of drug overdose deaths by 15% within 5 years

- **From 2017 to 2018, drug overdose fatalities dropped 4.1%**
- **Key actions over the past two years:**
    - “The Crisis Next Door” national media campaign
    - The Five Point Plan to address the opioid crisis by the Department of Health and Human Services
    - Support for the CDC Guideline for Prescribing Opioids for Chronic Pain
    - Surgeon General’s Advisory on Naloxone
    - White House Convening with higher education stakeholders on overdose response in colleges and universities hosted by ONDCP, HHS, and the Department of Education
    - Community Response to Drug Overdose (CReDO) Project to create voluntary standards for responding overdose clusters in communities

Safe Prescribing: Decrease Opioid Fills by 33% in 5 years

- **From 2017 to 2018 Prescription opioid fills declined 19% as measured in Milligrams Morphine Equivalent (MME)**

- **Key actions over the past two years:**
    - Support for alternatives to opioids; CMS unbundled an alternative for separate payment in certain surgical settings
    - Pain Management Task Force support for alternatives
    - FDA Labeling Authority to reduce excess supply
    - FDA REMS program for prescription opioids including immediate release products and new training roadmap
    - CDC Guideline for Prescribing Opioids for Chronic Pain Guideline
        - States adopting MME levels
        - Clarification and Commentary
    - FDA warnings for gabapentanoid use with opioids
    - CMS review of prescribing policies

Effective Treatment: Increase the percentage of providers with buprenorphine waivers and community treatment programs offering medication assisted treatment for opioid use disorder

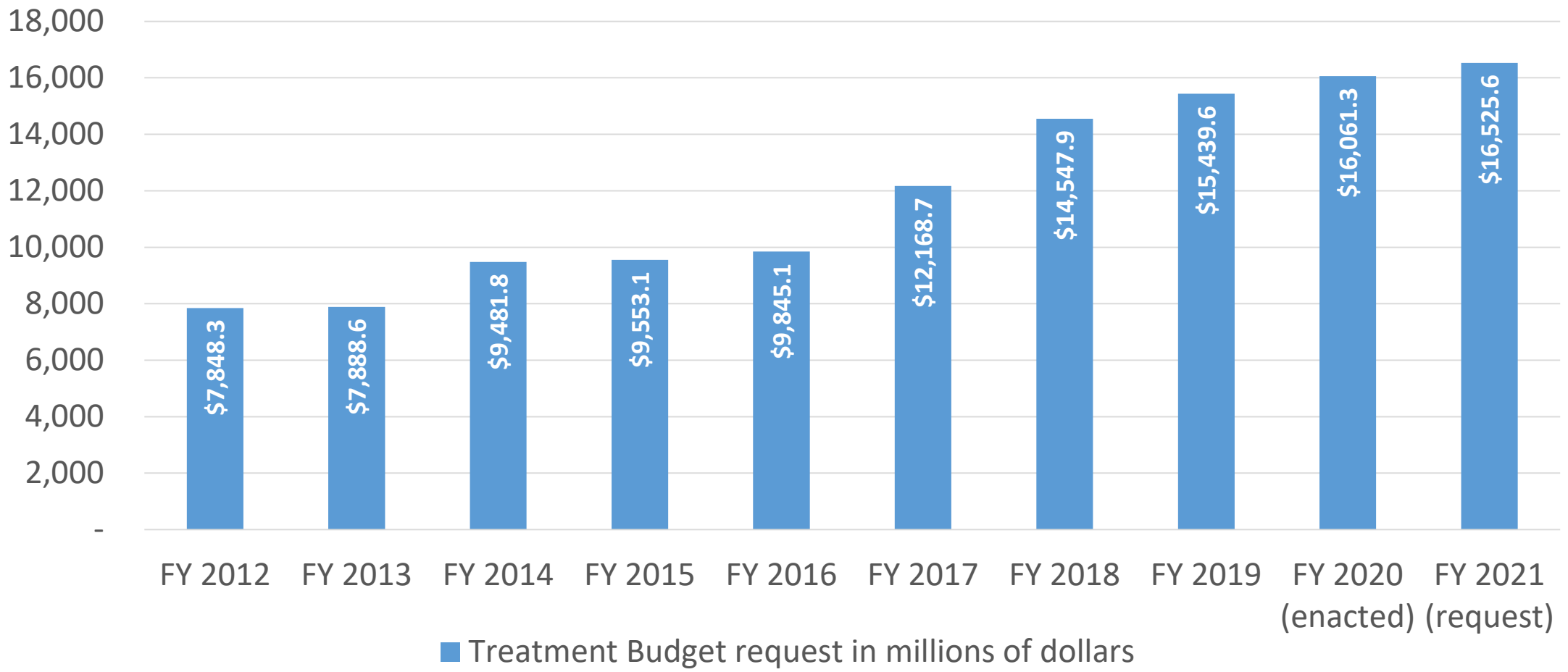
- **Federally-funded treatment has more than doubled since 2012**

- **Key actions over the past two years:**
    - Launch of findtreatment.gov which improves patient and family ability to locate a program that takes your form of payment
    - The 2018 SUPPORT Act included a path to payment for Medication Assisted Treatment in Medicare, allowing for methadone under Part D, and Opioid Treatment Programs offering methadone under Part B

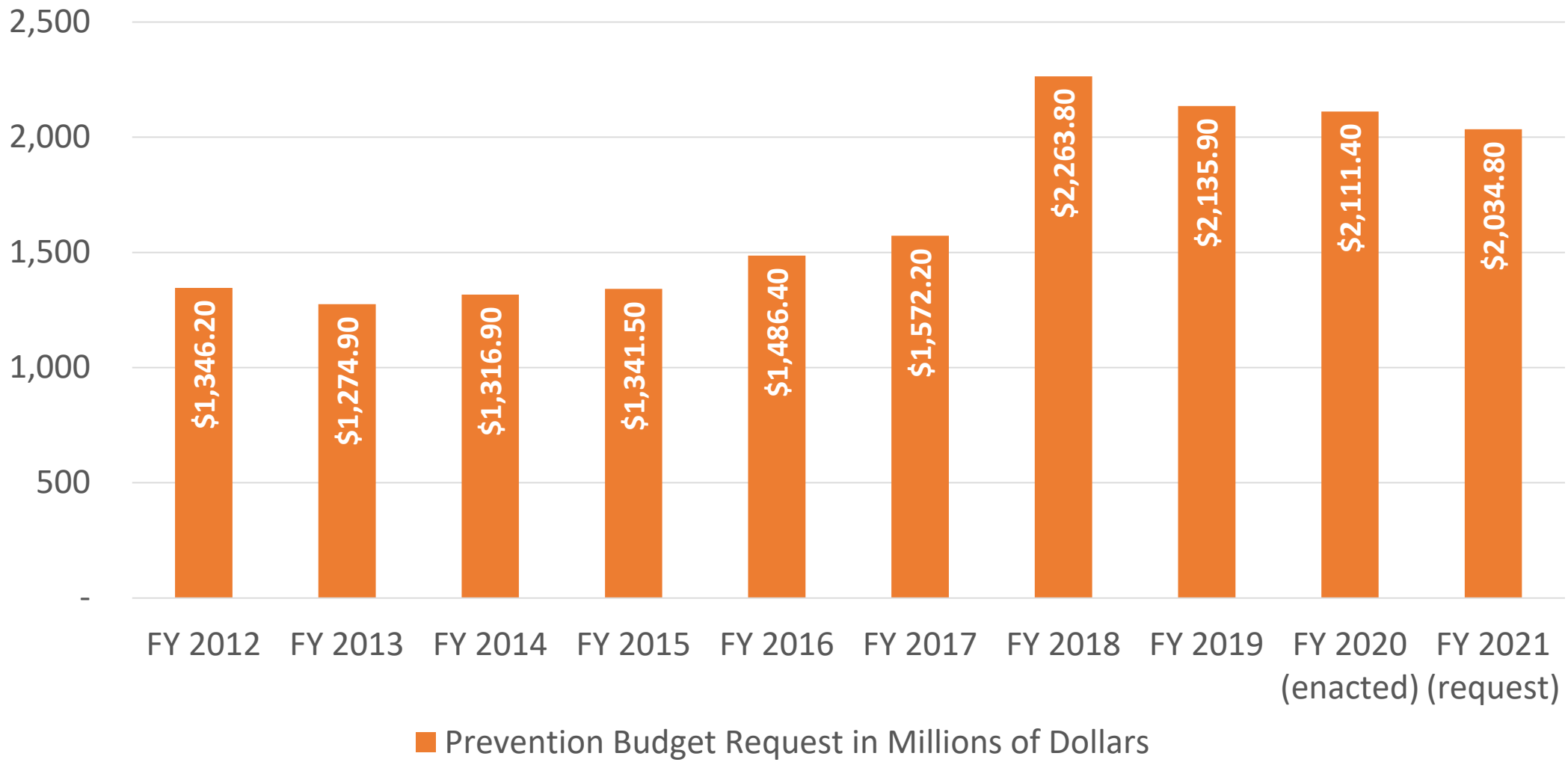
MAT Providers and Facilities: Progress But…

- **DEA records show 1,583 "Narcotic Treatment Programs" which could use methadone to treat opioid addiction in January 2018 increasing to 1,786 in January 2020, a *12.8 % increase***
- **DEA records shows the US total qualifying buprenorphine practitioners in all categories (which includes physician and midlevel practitioners regardless of patient cap) was 44,971 in January 2018, and increased to 76,316 in January 2020, a *69.7% increase***
- **Progress is good, but there remains more than 1.3 million physician-level practitioner registrants who can prescribe controlled substances and who could be prescribing buprenorphine**

Annual Growth in Federal Treatment Spending



Annual Growth in Federal Prevention Spending



National Drug Control Budget Treatment Funding

	FY 2019 Final	FY 2020 Enacted	FY 2021 Request	FY20 - FY21 Change Dollars	Percent
Court Services and Offender Supervision Agency	**$34.4**	**$29.8**	**$36.4**	**+ 6.5**	**+21.8%**
Department of Agriculture	**16.0**	**---**	**6.2**	**+ 6.2**	**n/a**
Office of Rural Development	*16.0*	*---*	*6.2*	*+ 6.2*	*n/a*
Department of Defense	**75.4**	**99.8**	**89.7**	**- 10.0**	**-10.0%**
Defense Health Program	*75.4*	*99.8*	*89.7*	*- 10.0*	*-10.0%*
Department of Health and Human Services	**13,331.4**	**13,816.4**	**14,224.5**	**+ 408.1**	**+3.0%**
Centers of Medicare and Medicaid Services	*8,160.0*	*8,550.0*	*9,020.0*	*+ 470.0*	*+5.5%*
Health Resources and Services Administration	*550.5*	*545.5*	*545.5*	*---*	*---*
Indian Health Service	*92.3*	*92.7*	*92.8*	*+ 0.1*	*+0.1%*
National Institute on Alcohol Abuse and Alcoholis	*6.4*	*6.6*	*6.0*	*- 0.6*	*-9.0%*
National Institute on Drug Abuse	*982.3*	*1,064.1*	*1,045.2*	*- 18.9*	*-1.8%*
Substance Abuse and Mental Health Services Adr	*3,540.0*	*3,557.4*	*3,515.0*	*- 42.4*	*-1.2%*
Department of Housing and Urban Development	**545.0**	**575.4**	**576.8**	**+ 1.4**	**+0.2%**
Department of Justice	**452.2**	**515.6**	**515.5**	**- 0.1**	**-0.0%**
Bureau of Prisons	*117.9*	*155.0*	*194.7*	*+ 39.7*	*+25.6%*
Drug Enforcement Administration	*---*	*---*	*3.9*	*+ 3.9*	*n/a*
Office of Justice Programs	*334.3*	*360.6*	*316.8*	*- 43.7*	*-12.1%*
Department of Transportation	**0.5**	**0.5**	**0.5**	**---**	**---**
National Highway Traffic Safety Administration	*0.5*	*0.5*	*0.5*	*---*	*---*
Department of Veterans Affairs	**818.3**	**850.6**	**903.0**	**+ 52.4**	**+6.2%**
Federal Judiciary	**157.5**	**163.8**	**170.3**	**+ 6.5**	**+4.0%**
Office of National Drug Control Policy	**8.9**	**9.4**	**2.8**	**- 6.6**	**-70.3%**
Total, Treatment	**$15,439.6**	**$16,061.3**	**$16,525.6**	**+ $464.3**	***+2.9%***

Note: Detail may not add due to rounding.

National Drug Control Budget Prevention Funding

	FY 2019 Final	FY 2020 Enacted	FY 2021 Request	FY20 - FY21 Change Dollars	Percent
Court Services and Offender Supervision Agency	**$19.0**	**$19.5**	**$19.9**	**+ 0.4**	**+2.0%**
Department of Defense	**121.9**	**124.9**	**123.7**	**- 1.2**	**-1.0%**
Drug Interdiction and Counterdrug Activities	*121.9*	*124.9*	*123.7*	*- 1.2*	*-1.0%*
Department of Education	**57.5**	**58.8**	**100.0**	**+ 41.2**	**+70.2%**
Department of Health and Human Services	**1,732.7**	**1,688.7**	**1,693.7**	**+ 5.0**	**+0.3%**
Administration for Children and Families	*40.0*	*30.0*	*60.0*	*+ 30.0*	*+100.0%*
Centers for Disease Control and Prevention	*475.6*	*475.6*	*575.6*	*+ 100.0*	*+21.0%*
Health Resources and Services Administration	*114.5*	*109.5*	*109.5*	---	---
Indian Health Service	*25.1*	*25.8*	*25.2*	*- 0.6*	*-2.3%*
National Institute on Alcohol Abuse and Alcoholis	*51.2*	*53.3*	*48.5*	*- 4.8*	*-9.0%*
National Institute on Drug Abuse	*425.9*	*393.6*	*386.6*	*- 7.0*	*-1.8%*
Substance Abuse and Mental Health Services Adr	*600.3*	*600.9*	*488.3*	*- 112.6*	*-18.7%*
Department of Justice	**32.3**	**35.6**	**21.6**	**- 14.0**	**-39.3%**
Drug Enforcement Administration	*7.8*	*8.1*	*11.2*	*+ 3.1*	*+37.6%*
Office of Justice Programs	*24.5*	*27.5*	*10.4*	*- 17.1*	*-62.1%*
Department of Labor	**13.8**	**33.8**	**33.8**	---	---
Employment and Training Administration	*6.0*	*26.0*	*26.0*	---	---
Office of Workers' Compensation Programs	*7.8*	*7.8*	*7.8*	---	---
Department of the Interior	**1.0**	**1.0**	**1.0**	---	---
Bureau of Indian Affairs	*1.0*	*1.0*	*1.0*	---	---
Department of Transportation	**33.4**	**23.7**	**26.0**	**+ 2.3**	**+9.7%**
Federal Aviation Administration	*15.0*	*17.5*	*19.8*	*+ 2.3*	*+13.1%*
National Highway Traffic Safety Administration	*18.4*	*6.2*	*6.2*	---	---
Office of National Drug Control Policy	**124.4**	**125.5**	**15.2**	**- 110.3**	**-87.9%**
Total, Prevention	**$2,135.9**	**$2,111.4**	**$2,034.8**	**- $76.6**	***-3.6%***

Note: Detail may not add due to rounding.

Potential Challenges to Effective Treatment (one of two)

- **Stigma**
  - CMS spending may be constrained by a dearth of providers who take Medicare and Medicaid to treat patients with addiction, and inadequate networks
  - Infrastructure is historically underfunded and inadequate, especially in non-urban areas
  - Anecdotal evidence of hospital administrators not willing to offer MAT care
  - Emergency providers only required to stabilize patients and not offer care
  - Emergency providers who could screen and or induce but lack waived practitioners to receive patients: “Hubs without Spokes”
  - Provider currency with new CMS MAT regulations
- **Fear of Diversion**:
  - Some providers and stakeholders are reluctant to change the patient caps for buprenorphine providers because of concerns about increasing buprenorphine diversion

Potential Challenges to Effective Treatment (two of two)

- **Fraud**
- **Effective treatment not being scaled**
  - Stimulant use disorder treatments are behavioral and not widespread, currently no FDA medicines for stimulants
- **Evolving nature of the crisis-from opioid users to polysubstance users**
  - Uncertain relationship between drug user morbidity trends, along with active user and patient behavior and motivation
  - Do states and localities have the correct recipe of providers for their patient mix?
  - Is the infrastructure we're building capable of treating co-dependencies?

How does drug death data inform health systems who see living drug users?

- **From overdose mortality data alone we *don't* know…**
  - How frequently stimulant users are accidentally using synthetic opioids because of contaminated cocaine or methamphetamine vs intentionally seeking opioids
  - If stimulant users are combining drugs or using sequentially and why
  - How frequently opioid users are intentionally seeking stimulants and why
- **We *do* know that people in treatment for opioid use disorder often seek other avenues for drug use**
- **Our response should differ for occasional users vs those who are dually dependent**
- **Health system responses should reflect local community user characteristics**
  - Provide Naloxone and overdose awareness to all stimulant users
  - Scale up evidence-based behavioral treatment for cocaine and methamphetamine
  - Expand medication access for opioids through buprenorphine waivered providers, methadone clinics, hub and spoke, or emergency provider induction and referral
  - Specialty addiction treatment clinics offering MAT and dual MAT and behavioral treatment programs
  - Syringe services

What about other data? Cicero *et al;* 2020 Key Informant Treatment Participant Study

- **15,000+ treatment seekers from 2011 to 2018**
- **Prescription opioid users overall only decreased 10%**
- **Three groups of patients**
  - Heroin/fentanyl users (169% increase)
  - Mixed prescribed and heroin/fentanyl users (41% increase)
  - Prescription opioid users (46% decrease)
- **Methamphetamine use grew over time by 85% but mostly grew for the mixed group**
- **Other drug use categories did not grow**

Source: Cicero TJ, Ellis MS, Kasper ZA Polysubstance Use: A Broader Understanding of Substance Use During the Opioid Crisis. Am J Public Health. 2020 Feb;110(2):244-250. doi: 10.2105/AJPH.2019.305412. Epub 2019 Dec 19. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6951387/pdf/AJPH.2019.305412.pdf

Thank You!

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OFFICE OF NATIONAL DRUG CONTROL POLICY

National Treatment Plan Overview

Feb.24,2020

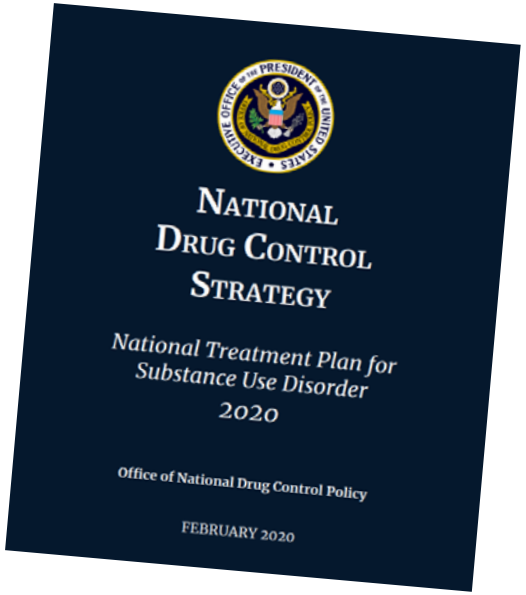
NATIONAL TREATMENT PLAN FOR SUBSTANCE USE DISORDERS

Three Pillars:

1) Infrastructure

2) Delivery systems, provider networks, reaching populations in need, and

3) Quality of treatment



PILLAR 1:
Improve Infrastructure, Expand Intervention, Treatment, Recovery Support Services

- Enhance addiction workforce, including rural;
- Improve services for pregnant and post-partum women, and infants with NAS;
- Improve access to low-threshold services, plus provided at syringe services programs (SSPs);
- Address barriers to treatment, housing and employment, recovery;
- Encourage medically managed withdrawal services that include initiation of medication to prevent relapse, and appropriate post-stabilization service as part of a treatment program with continuing care.

PILLAR 2:
Improve Systems, Services and target Special Populations

- **Ensure addiction services are provided at parity similar to medical-surgical services;**
  (payers, providers, health systems, States, and others)

- **Improve access to specialty addiction treatment services and care where lacking;**

- **Better integrate specialty addiction treatment services into mainstream health by:**
  - **reduce barriers to treatment**

  - **promote screening/brief interventions/referral/linking to treatment/to increase diagnosis; & MAT as needed;**

  - **increase ADM *specialty consultation services* in primary care/hospitals/mainstream/general medical /healthcare settings; increase initiation of MAT/ evidence-based addiction treatment in general health settings;**

- **Explore opioid treatment programs to treat stimulant use disorder (comprehensive services);**

PILLAR 3:
Improve Treatment Quality:

- Conduct environmental scan of existing standards for treatment;
- Develop / promote adoption of model state specialty SUD treatment licensing laws;
- Work to eliminate fraud and abuse, reduce related patient harm; and,
- Develop protocols, to promote/educate on medically managed withdrawal services, optimally as part of a treatment program/w linkages to treatment, particularly among criminal justice, rural and Native American populations.

Six Factors Contributing to the Treatment Gap

1: Individuals with SUD don't seek treatment (don't know they have a disorder)

2: Individuals with SUD don't know how to access/can't afford treatment (DK processes)

3: Individuals with SUD seek treatment / face provider shortages (no providers in region)

4: Individuals with SUD receive clinically inappropriate/poor quality/ fraudulent TX

(ie. not offered MAT if Opioid Use Disorder; boot camp vs. medical care)

5: A treatment episode is inappropriately shortened or cut (insurers reduce or cut stay)

6: Individuals don't receive treatment that addresses unique social/cultural needs

(Women in Tx Prgs with Men; NA Tx excluding cultural practices-sweat lodges)

National Treatment Plan

The End