National Association of State Alcohol and Drug Abuse Directors, Inc.

March 29th, 2013

Mr. Matthew Finger
National Institute on Drug Abuse
6001 Executive Blvd., Room 5153, MSC 9589
Bethesda, MD 20892-9589
By email: Matthew.Finger@nih.gov

Request for Information (RFI): NIDA Dissemination and Implementation Priority Areas

Dear Mr. Finger:

On behalf of the National Association of State Alcohol and Drug Abuse Directors (NASADAD), and its component organizations the National Prevention Network (NPN) and National Treatment Network (NTN), thank you for seeking comment on the *Request for Information (RFI): National Institute on Drug Abuse (NIDA) Dissemination and Implementation Priority Areas.* We appreciate the opportunity to provide input on a preliminary list of potential scientific opportunities and public health needs that may not be currently included or should be expanded on in NIDA's portfolio. NASADAD and our membership value the strong relationship we have had with the NIDA. As work continues to better understand how to prevent and treat substance use disorders, we urge you to use NASADAD as a resource to identify ways NIDA can partner with State substance abuse directors to ensure addiction programs are using the most up-to-date, evidence based research, including regular communication with State substance abuse directors to discuss how to better move research into practice.

We offer the following recommendations to be considered when prioritizing addiction-related research:

Prevention
We urge NIDA to continue its commitment to a strong prevention research portfolio. In particular, NIDA pioneered the basic approach to prevention with the two editions of *Preventing Drug Use Among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders*. In this work, NIDA focused on risk and protective factors. While we acknowledge some federal grants have emphasized the negative consequences associated with first time use, ongoing use, or addiction, we strongly believe that work on the intermediary factors of such consequences should be implemented across the country.

Environmental Strategies
The Substance Abuse and Mental Health Services Administration (SAMHSA) and the Office of National Drug Control Policy (ONDCP) are supporting a number of State and local prevention grants, specifically the Strategic Prevention Framework State Incentive Grant (SPF-SIG), Partnerships for Success (PFS) and the Drug Free Community (DFC) Support grant programs, where environmental strategies (e.g. enforcement, ordinances, etc.) are widely being implemented across the country.

We recommend an expansion of research to better understand the underlying changes in individual, family, peer and community risk and protective factors and environmental conditions contributing to changing use patterns, with the intention to use this knowledge towards the development of more effective strategies to prevent the initiation of drug use and the continued abuse that can lead to addiction. While ongoing surveillance is certainly important, work is also needed to increase our understanding of how best to prevent behaviors that lead to negative consequences.

Marijuana and Prescription Drug Use
Marijuana and prescription drug use rates amongst youth are concerning both at the national and State level. According to the most recent National Survey on Drug Use and Health (NSDUH), marijuana is the most used illicit drug in the United States, with 17.7 million people reporting past month usage. In that same year, NSDUH showed 7 million persons age 12 or older misused or abused some type of prescription drug in the past month. The prevention field has an array of tools, evidence-based practices and model programs, to address youth alcohol and tobacco use. When it comes to illegal substances such as marijuana and over-the-counter and/or prescription drugs, there are few evidence-based resources available.

Further, according to the Center for Disease Control and Prevention (CDC), in 2008 more than 36,000 unintentional drug overdose deaths occurred in the United States. Drug overdose deaths have more than tripled since 1990.[1] As States are working collaboratively to address the dramatic increase in fatal and non-fatal opioid-related overdose, an improved understanding of effective strategies to prevent and manage overdoses is necessary.

Coordination with State Substance Abuse Agencies
State substance abuse agencies oversee State prevention programs and have adopted, or are in the midst of adopting, program policies that require the use of strategic prevention framework (assessment, development of logic models, etc.) and evidence-based programs, practices and policies. Thus, State substance abuse agencies play an important role in translating research to practice. We look forward to continuing the partnership we have enjoyed with NIDA.

Further, we recommend connecting the work of the Community Epidemiological Outcome Workgroup (CEOW) with NASADAD, NPN and NTN in order to enhance collaboration and strengthen the communication between potentially disparate initiatives. For example, we strongly support the benefits of the State Epidemiological Outcome Workgroup (SEOW) for SPF-SIG and PFS grants supported by SAMHSA. As a result, we would be eager to help explore how best to coordinate these activities to help take advantage of these resources.

Treatment
Medication Assisted Treatment
We recommend additional research specifically focused on the publicly funded State-wide substance

[1] CDC. Vital Signs: Overdoses of Prescription Opioid Pain Relievers—United States, 1999-2008. MMWR 2011; 60: 1-6

abuse prevention, treatment, and recovery systems around the country. These systems vary in both size and shape. However, many common challenges face State substance abuse agencies – including challenges related to infusing medication-assisted treatment approaches in the publicly funded system; proven approaches to infusing recovery support services into the system; using data to improve performance; developing science-based approaches to help educate stakeholders on the economic cost-benefit to investing in prevention, treatment and recovery support services; and more. While we recognize this type of research is extremely complex, we stand ready to partner with you to examine potential approaches that could be shared nationwide.

In addition, while there is data about how many patients are receiving buprenorphine via Office-Based Opioid Treatment (OBOT), very little is known about the nature and quality of that care, or its outcomes. OBOT has rapidly become a major modality of care, but questions are beginning to arise about diversion, patient safety and accountability that should be addressed through research.

Trauma

In addition to the topics above, State agencies would like to work with NIDA on issues related to adolescent treatment and trauma. According to the 2012 National Survey on Drug Use and Health (NSDUH), among 38 million 12-20 year olds, 24.7 percent reported drinking alcohol in the past month while 14.9 percent of youths aged 12-20 used illicit drugs in the past month. A number of NASADAD members remain interested in research that promotes effective strategies focused on adolescents with substance use disorders. The Association also remains interested in working with NIDA to develop a strong research portfolio on trauma and substance use disorders. The experience of September 11, along with Hurricanes Katrina, Rita, Sandy and a number of other natural disasters remind us of the serious challenges publicly funded systems face in relation to disaster preparedness and response – and the issue of trauma and substance use. In addition, we believe a commitment should be made to ensure a strong research portfolio related to the unique needs of persons in the military and others returning home from war.

HIV/AIDS

We recommend work to proactively involve State substance abuse agencies if the proposed Institute continues work on HIV/AIDS, given the role the Substance Abuse Prevention and Treatment (SAPT) Block Grant plays and the requirements related to HIV/AIDS.

Continuum of Care

Overall, we believe any discussion on reorganizing addiction-related research could benefit from a discussion about the role of prevention in treatment and recovery. For example, traditional programming like Strengthening Families and other family based programs could be critical assets to treatment. As work is done to continue to define indicated prevention and treatment, we encourage support for research to determine practices and procedures to identify this population and the type of services to best meet its needs. We share a common goal in promoting collaborative systems that increase access and eliminate barriers to service delivery. In order to help our systems meet this goal, we encourage a research agenda to study the dynamics of the interactions between prevention, treatment and recovery.

Role of Residential Services in the Continuum of Care

SSAs spend over 50 percent of their treatment funds on residential services, inclusive of long and short-term care and residential detoxification. While patient placement criteria (such as ASAM PPC-2R) address residential care, there has been extremely limited rigorous research on the effectiveness and

appropriate use of these services. These services are unlikely to be included in public or private health insurance plans and States have very little data to inform the coming transformation of their treatment systems.

Coordination with State Substance Abuse Agencies
We also urge NIH to continue a partnership with State substance abuse agencies to optimize research infrastructure and improve service delivery. As you know, NIDA previously supported grants exclusively to State substance abuse agencies to conduct research that helped create, implement, expand and/or sustain science-based improvement in the publicly funded prevention and treatment system. This initiative was critical as it provided the necessary infrastructure and expertise missing in many State substance abuse agencies across the country. We were disappointed when this innovative approach to help increase the research capacity of State substance abuse agencies was discontinued after providing support to only a few State agencies. We strongly urge NIDA to reinstitute these grants in the future.

We also recommend that any new Institute increase resources for the Blending Initiative that was once a robust and active set of activities within NIDA. This Initiative included a partnership between NIDA, CSAT and its Addiction Technology Transfer Center (ATTC) and State substance abuse agencies that sought to ensure that research generated by NIDA was infused into everyday practice in the publicly funded State substance abuse prevention, treatment and recovery system. These activities once included multiple regional meetings where NASADAD members would engage in a dialogue with NIDA leadership and other stakeholders; a half-day dialogue held at NASADAD's Annual Meeting that offered a forum for dialogue between leading researchers and State substance agency leaders; conference calls where NASADAD members could provide input on Blending products; and more. We recommend a renewed commitment of both energy and resources into a Blending Initiative in order to ensure this portfolio remains vibrant. We also recommend that NIH partner with the Center for Substance Abuse Prevention (CSAP) and its Centers for the Application of Prevention Technologies (CAPTs), to engage in a similar path – with a focus on prevention – by working closely with State substance abuse agencies, and NASADAD.

Recovery
We applaud the work of NIDA to focus more on recovery and urge research to be strengthened in this area. For example, we believe new epidemiologic work should be considered to gain a better understanding on the number of people in recovery in the United States. Further, as States continue to work to promote recovery-orientated systems of care, the Association would like to be a partner to develop a research portfolio that could complement this evolution. Additional research on proven strategies related to the implementation of effective recovery support services could ultimately be shared with publicly funded systems across the country. Examples of where more information is needed are:

- Communities of Recovery: How does the level and degree of exposure to communities of recovery and recovery-oriented communities affect a person's individual and family member recovery? What is the impact of having multiple housing options available for people in early or long-term recovery available mean to building recovery-oriented communities? Are there specific activities, events or developmental issues that pose significant challenges to recovery and community health? If so, what works to support recovery and community health?

- Recovery Support Institutions and Service Roles: Over the last ten years, a growing number of recovery community organizations have pioneered the development and delivery of peer recovery support services for people in or seeking recovery from addiction to alcohol or other

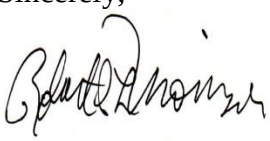
drugs. These organizations provide services in a variety of diverse settings, including recovery community centers and recovery residences, as well as a host of other settings outside of the recovery community including jails, prisons and medical settings. Peer recovery support services and organizations that provide them have been operating virtually unnoticed until the emergence of the health reform-related focus on prevention and wellness, an emphasis that highlights recovery-oriented systems of care and implementation planning. There has been limited research on the effectiveness of addiction peer recovery support services, mostly focused on recovery residences (housing). While there is a good start on this research, there is very little research on other recovery support institutions such as recovery schools, recovery community organizations, recovery community centers, recovery industries or recovery ministries. And there is next to no research on the emerging peer and other recovery support service roles of recovery coach and peer recovery support specialist.

- Pathways, Processes, Stages, and Styles of Long-term Recovery:
  Research is needed to understand longitudinally the multiple pathways to long-term recovery. As a person goes along his or her recovery path, he or she experiences a life filled or refilled with work, a place to live, relationships, and activities in the community. Research should examine how a person integrates recovery into an expanding quality of life and the stages within which this process happens with a community/environmental perspective. Factors to be examined should include health, quality of life and community service in long-term recovery.

  We also need to understand what the factors are that contribute to initiating alcohol and drug use after a period of sustained recovery. How often do people start using again across the life cycle of recovery? Are there points of vulnerability associated with age, primary drug(s), recovery pathway, gender, race/ethnicity, sexual orientation, or presence of co-occurring medical/mental health disorders? Are there critical transition points from early recovery to sustained recovery and from recovery maintenance to enhanced quality of life in recovery that increase the risk of relapse? Does the availability and use of peer and other recovery supports, recovery institutions such as recovery community centers, recovery schools, recovery-oriented employers, recovery residences, alcohol- and drug-free recreational activities, affect a person's ability to sustain recovery for the long haul?

On behalf of NASADAD, NPN and NTN, thank you very much for taking the time to seek comments on the Scientific Strategic Plan for addiction-related research. Should you have any questions, or require additional information, please do not hesitate to contact me or have your staff contact Michelle Dirst, NASADAD Public Policy, at (202) 293-0090 x109 or email mdirst@nasadad.org.

Sincerely,



Robert Morrison
Executive Director

Cc: Mark Stringer (MO), President