

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Medication-Assisted Treatment

H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM
Director

Center for Substance Abuse Treatment
Substance Abuse Mental Health Services Administration
U.S. Department of Health & Human Services

2011 NASADAD/NPN/NTN Annual Meeting
June 7, 2011 • Indianapolis, IN



SAMHSA's Strategic Initiatives



- Prevention of Substance Abuse and Mental Illness
- Trauma and Justice
- Military Families
- Recovery Support
- Health Reform
- Health Information Technology
- Data, Outcomes, and Quality
- Public Awareness and Support

Challenges



- In 2009, an estimated 22.5 million persons— 8.9% of the U.S. population aged 12 or older -- were classified with substance abuse or dependence.
 - 2.2 million reported past year dependence or abuse of psychotherapeutics (non-medical use) – 1.9 million of them for pain relievers
- 20.6% persons reported non-medical use of psychotherapeutics at sometime during their lifetime – 13.9% reporting non-medical use of pain relievers, and
- 2.2 million people (12 or older) initiated illicit use of pain relievers during 2009, second only to those who initiated marijuana use (2.4 million)

Past Month Alcohol Use - 2009



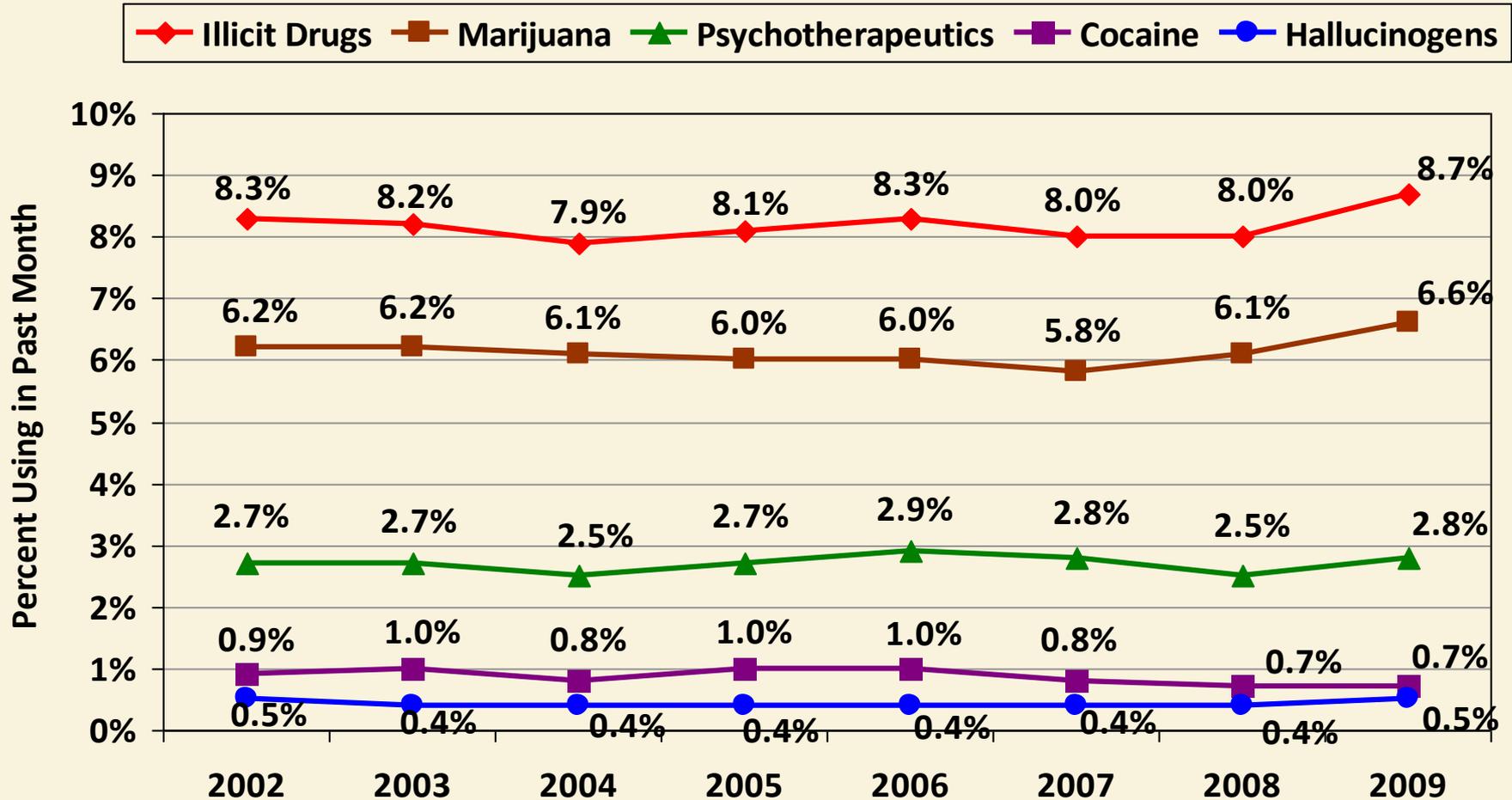
Any Use: 51.9% (130 million)

Binge Use: 23.7% (59 million)

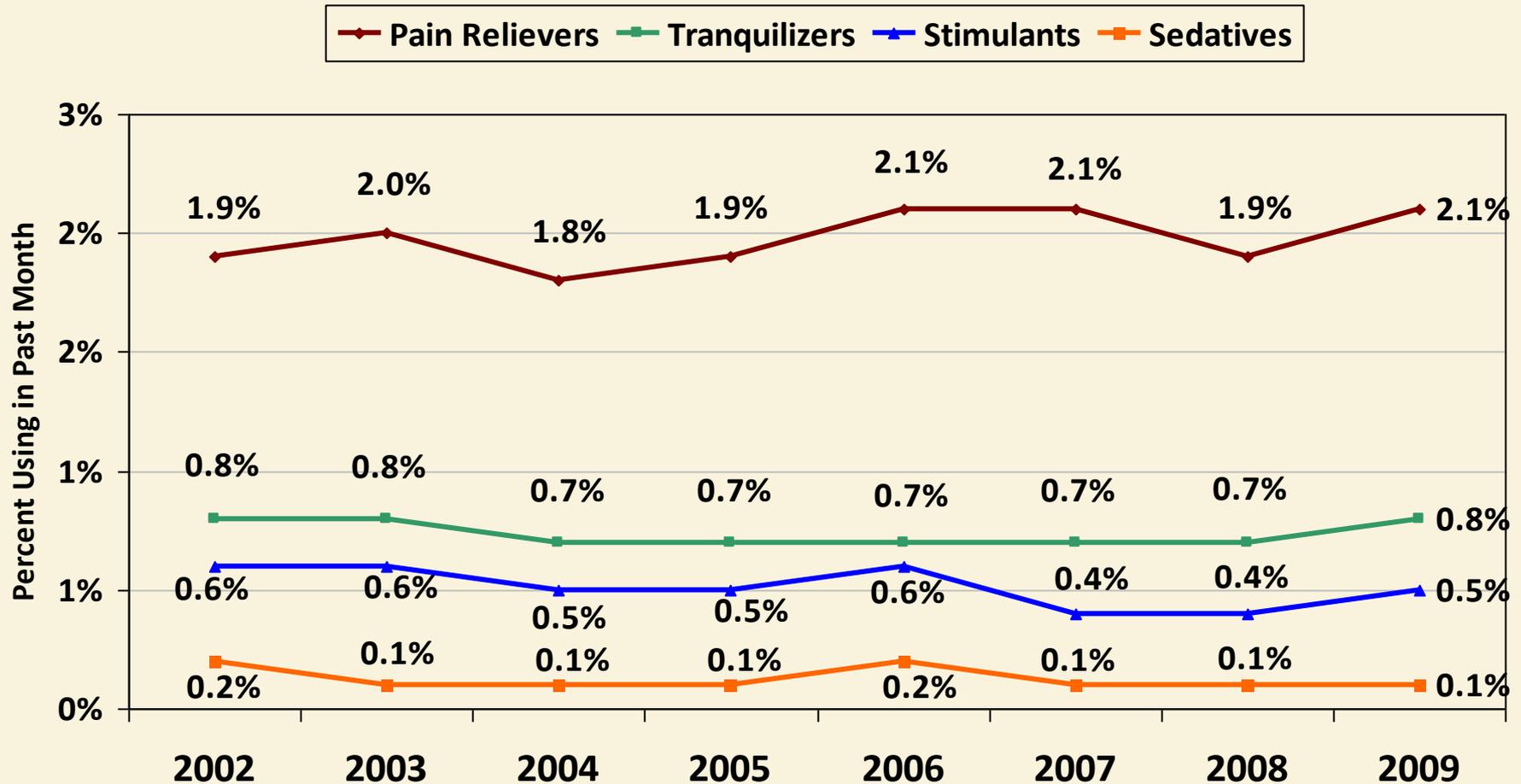
Heavy Use: 6.8% (17 million)

(Current, Binge, and Heavy Use estimates are similar to those in 2008)

Past Month Use of Selected Illicit Drugs among Persons Aged 12 or Older: 2002-2009



Past Month Nonmedical Use of Prescription Drugs (Psychotherapeutics) among Persons 12+:2002-2009



Prescription Drug Use Among Older U.S. Populations

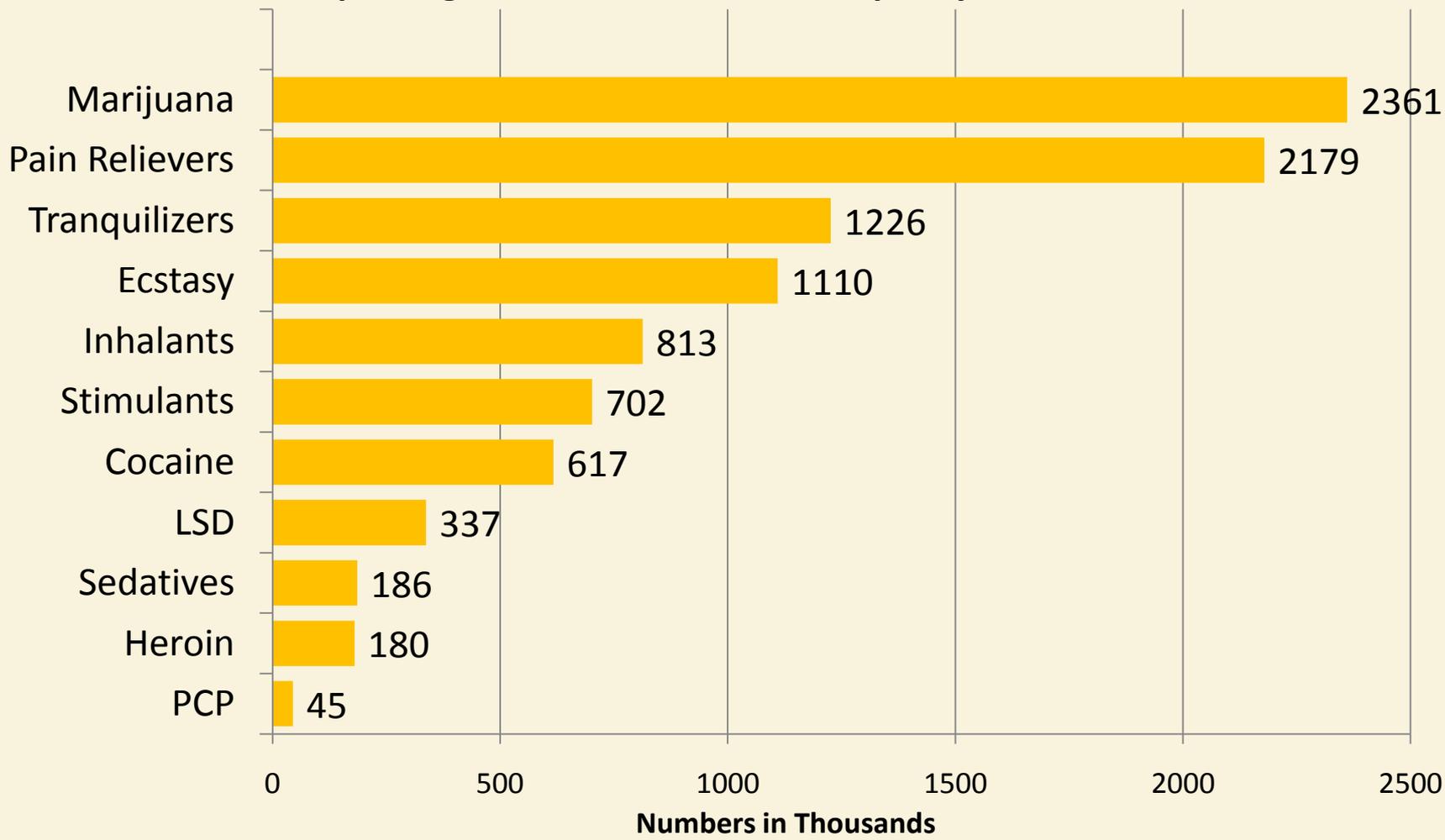


- Recent studies have found that more than half of adults (57-85) rely on a combination of 5 or more prescription drugs, over-the-counter drugs and dietary supplements.
- Women are more likely to use prescription medications and dietary supplements, but men are more likely to suffer from an adverse drug interaction.
- Unfortunately, health professionals tend to overlook substance use disorders (SUD) in older adults, attributing symptoms to dementia/ Alzheimer's disease, depression or other problems.

Past Year Initiates for Specific Illicit Drugs among Persons Aged 12 or older: 2009

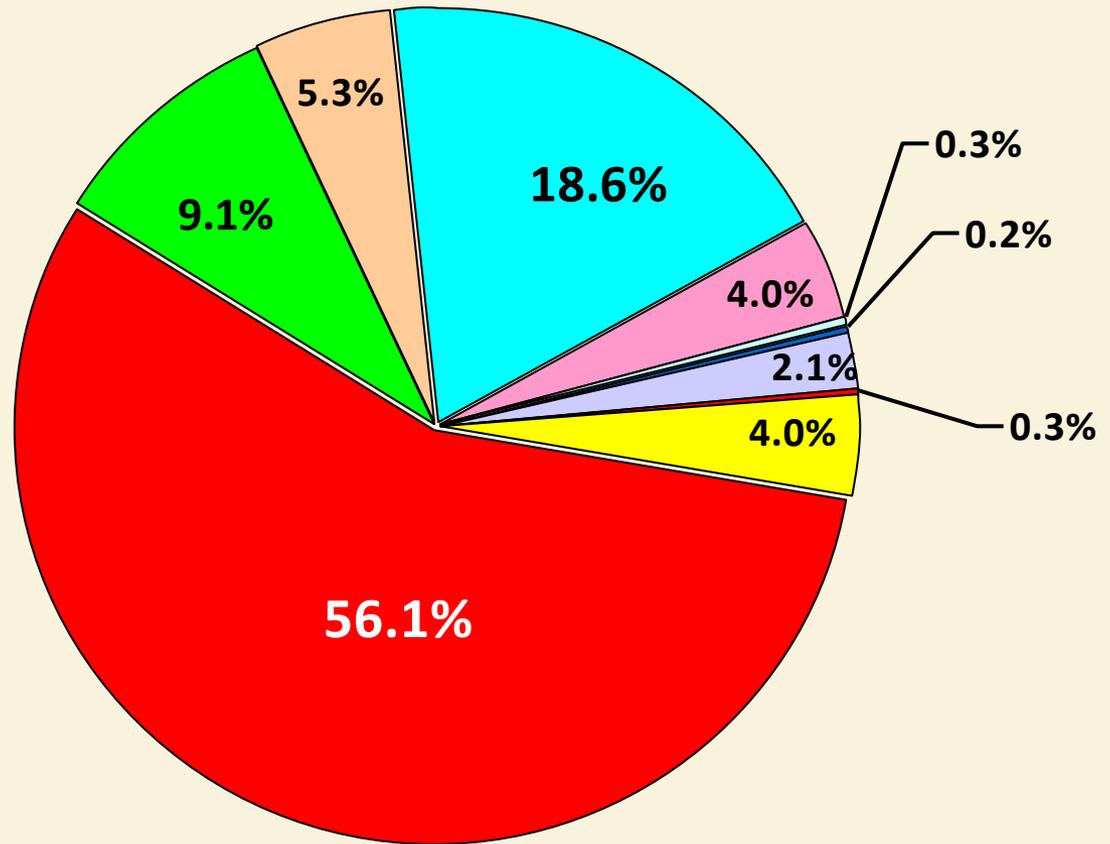
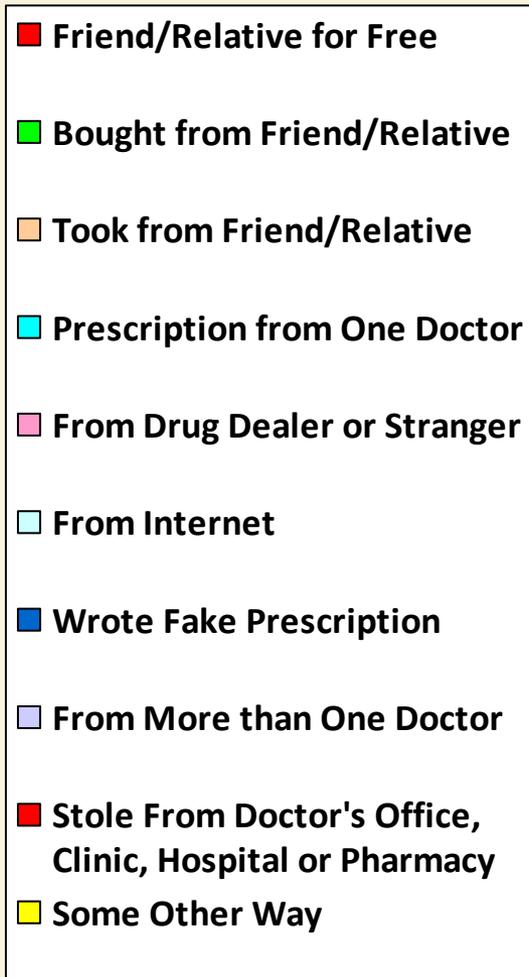


Number of Individuals reporting first use of substance in past year

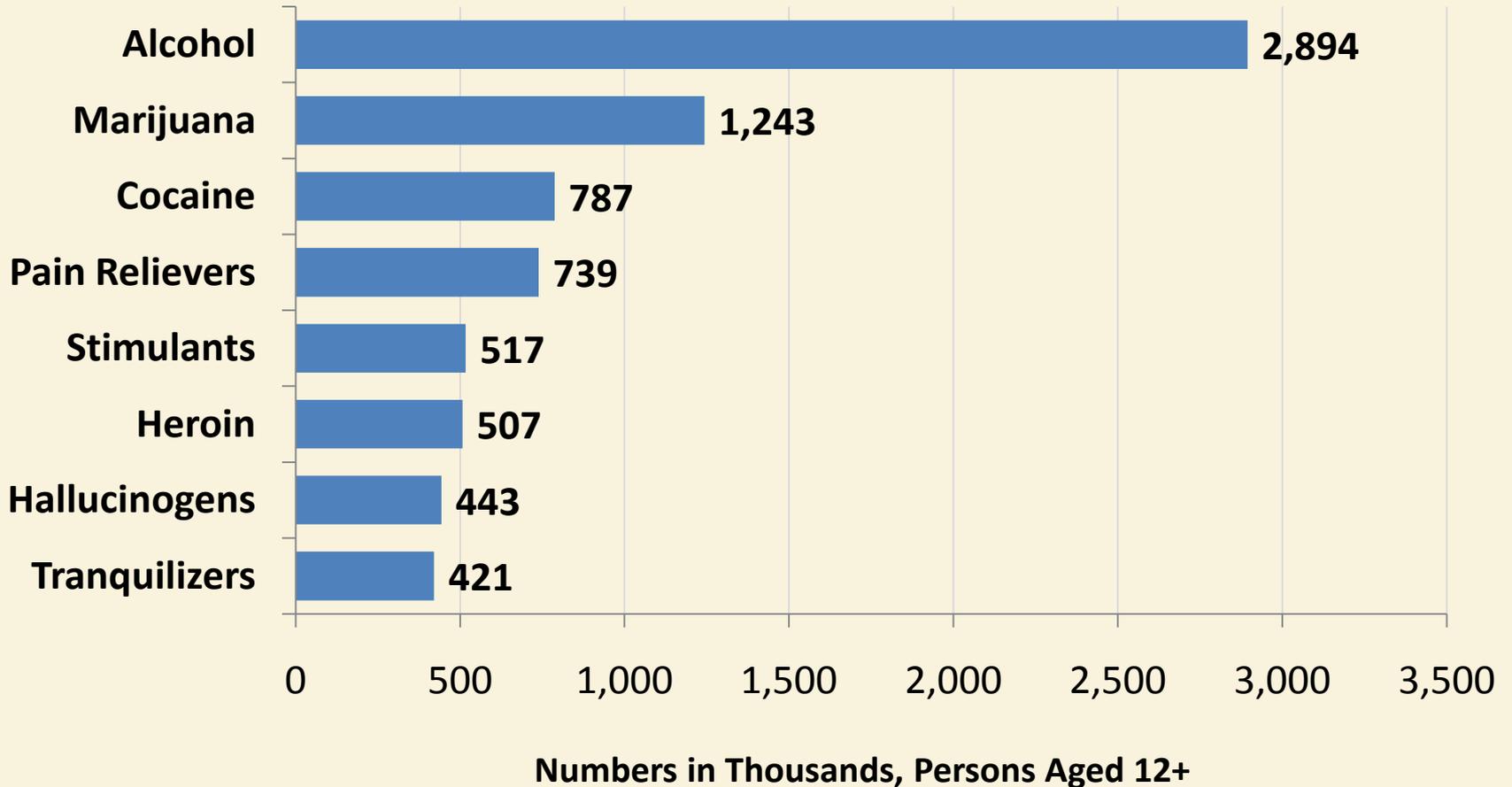


Source: NSDUH 2009

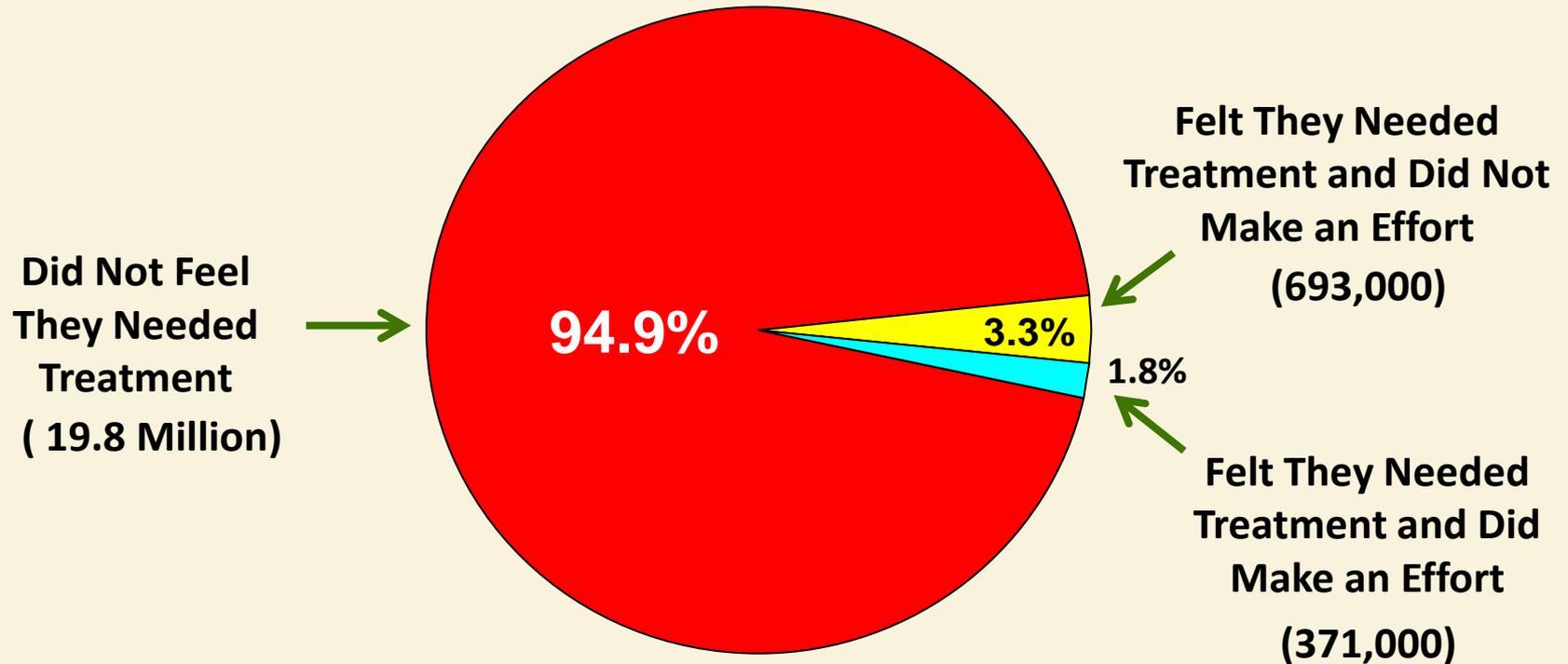
Source Where Pain Relievers Were Obtained for Most Recent Nonmedical Use among Past Year Users Aged 12 or Older: 2009



Substances for Which Most Recent Treatment Was Received in Past Year



Past Year Perceived Need for and Effort Made to Receive Specialty Treatment among Persons Aged 12 or Older Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use: 2009

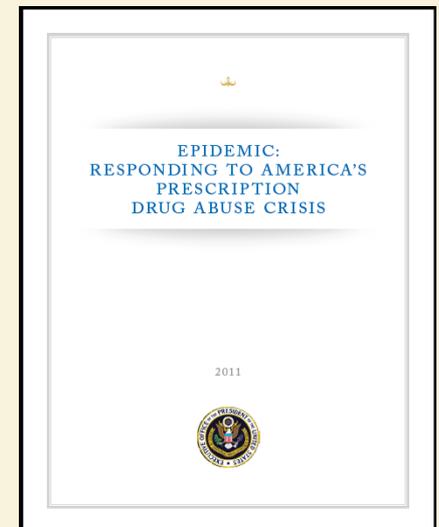


20.9 Million Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use

The Obama Administration's New Plan to Combat Prescription Drug Abuse

"Today we are making an unprecedented commitment to combat the growing problem of prescription drug abuse. The Government, as well as parents, patients, health care providers, and manufacturers all play a role in preventing abuse. This plan will save lives, and it will substantially lessen the burden this epidemic takes on our families, communities, and workforce."

- Vice President Biden (April 19, 2011)



“Epidemic: Responding to America’s Prescription Drug Abuse Crisis”- Key Elements

1. Expanding state-based prescription drug monitoring programs
2. Recommending convenient and environmentally responsible ways to remove unused medications from homes
3. Supporting education for patients and health care providers
4. Reducing the number of “pill mills” and doctor-shopping through law enforcement



SAMHSA's Role re. Opioid Treatment Programs



- Approximately 1,235 SAMHSA-certified OTPs are located in 47 states, the District of Columbia, Puerto Rico and the Virgin Islands. (North Dakota, South Dakota, and Wyoming do not license OTP services)
 - 90% of the OTPs are privately operated – a majority are private for profit
 - At least 284,000 patients have been treated

Certification Withdrawal

- In 2007, SAMHSA withdrew certification of 4 programs for being out of compliance with regulatory standards.
 - SAMHSA has recommended withdrawal of certification for 4 programs – currently under review in the Office of the General Counsel.
- SAMHSA has also recommended the suspension of a program's certification because its practices pose unacceptable risks to public health.

“Combating the Silent Epidemic of Viral Hepatitis” -- HHS Action Plan



- An estimated 3.5–5.3 million persons are living with viral hepatitis in the United States.
- Because viral hepatitis can persist for decades without symptoms, 65%–75% of infected Americans remain unaware of their infection status and are not receiving care and treatment.
- On May 12, 2011, the U.S. Department of Health & Human Services launched its action plan to prevent & treat viral hepatitis.

Focus of the HHS Action Plan



The HHS Action Plan is organized into 6 topic areas:

- ➔ Educate providers and communities to reduce health disparities;
- ➔ Improve testing, care, and treatment to prevent liver disease and cancer;
- ➔ Strengthen surveillance to detect viral hepatitis transmission and disease;
- ➔ Eliminate transmission of vaccine-preventable viral hepatitis;
- ➔ Reduce viral hepatitis caused by drug-use behaviors; and
- ➔ Protect patients and workers from health-care-associated viral hepatitis.

What This Means for OTPs

- 
- The HHS Hepatitis Plan indicates that OTPs are not taking advantage of the opportunity to vaccinate their high risk populations.
 - Because an estimated 60-70% of OTP patients are infected with Hepatitis C Virus (HCV), they are at increased risk for the consequences of Hepatitis A and B.
 - Therefore, vaccinating for Hepatitis A (HAV) and Hepatitis B (HBV) is important from a public health standpoint.
 - SAMHSA is encouraging OTPs to increase their efforts to educate patients regarding hepatitis and provide them with the opportunity to be vaccinated.

SAMHSA Hepatitis Prevention Project



- In 2005, SAMHSA initiated the Hepatitis Prevention Project to educate OTP staff on hepatitis and liver disease.
- In 2007, SAMHSA received funding from the DHHS Minority AIDS Initiative (MAI) to assess the feasibility of providing SAMHSA HIV grantees and OTPs with Hepatitis B vaccine and Hepatitis C testing.
- In 2010, SAMHSA plans to integrate the vaccine project with an educational component.

FDA Approved Vivitrol



- Vivitrol was approved by the Food and Drug Administration in October 2010 for preventing opioid addiction relapse.
 - Once monthly intramuscular injection.
- Vivitrol has the potential to evolve into a relapse prevention facilitator for those who were opioid dependent and who have detoxed from opioids
 - Post Opioid Medication Assisted Treatment
 - Those under the jurisdiction of drug courts, probation or who have last chance agreements with employers

SAMHSA ADVISORY PENDING



- Unlike therapeutic controlled substances, Vivitrol may be prescribed by any individual licensed to prescribe medicine. It is not a scheduled drug. Thus, access to this treatment is broader than either for methadone or buprenorphine
- SAMHSA will be issuing a Vivitrol Advisory on Vivitrol's use in preventing opioid addiction relapse as a follow up to the Advisory on Vivitrol for alcoholism.

FDA Requires REMS for Extended Release & Long Acting Opioids



- April 19, 2011: the Food And Drug Administration (FDA) notified opioid makers that they must propose a Risk Evaluation and Mitigation Strategy (REMS) for all extended-release and long-acting opioid medications within 120 days.

Focus of the Extended Release/Long Acting Opioid REMS



- Educating doctors about proper pain management, patient selection, and other requirements and improving patient awareness about how to use these drugs safely.
- As part of the plan, FDA wants companies to give patients education materials, including a medication guide that uses consumer friendly language to explain safe use and disposal.
- These are expected to become effective by early 2012.

PDMP Status



- Congress has removed funding for SAMHSA's National All Schedules Prescription Electronic Reporting (NASPER) program from the FY 2011 budget.
- However, over the past 2 years, SAMHSA has provided funding for 13 prescription drug monitoring programs (PDMPs).
- 48 states now have authority to implement PDMPs – there are 38 PDMPs nationally.

PDMPs and Electronic Health Records (EHRs)

- SAMHSA is working with the Office of National Coordinator (ONC) for Health Information Technology to develop a strategy for using electronic health record systems (EHRs) with prescription monitoring programs.
- The strategy is scheduled to be completed this month.
- SAMHSA has also presented to the Alliance of States with Prescription Drug Monitoring Programs (PDMPs) an analysis of an assessment of the States' ability to push information from PDMPs into EHRs, as it relates to unsolicited notifications.

Joplin, MO



- The recent disaster in Joplin, Missouri, demonstrated the benefit of interoperable electronic health record (EHR) system for OTPs.
- The OTP in Joplin was completely destroyed by the recent tornado.
- Continuity of care was facilitated by the ability to connect with the EHR system at a program 200 miles away.
- Patients' complete records were uploaded from a remote server, allowing them to access services at the alternate location.

Dear Colleague Letter

- SAMHSA is planning distribution of a letter to encourage physicians, physician assistant, nurse practitioners, pharmacists, and other treating clinicians in OTPs to utilize state Prescription Drug Monitoring Programs (PDMPs).
- PDMPs can be particularly useful to increase provider awareness of other medications being prescribed for patients and ensure patient safety.
- SAMHSA is urging OTPs to enroll in a PDMP as an invaluable resource to monitor patient compliance with treatment protocols.

SAMHSA Activities: NIATx Demonstration Project

- FY 2010, SAMHSA supported a demonstration project through which NIATx assisted a group of OTPs with process improvement strategies.
- Goal was to reduce or eliminate barriers to and delays in patients' access to care.
- Based on positive results, a second phase was funded for NIATx to work with a larger, more representative group of OTPs during FY 2011.
- 43 programs applied for Phase II, based on State agency directors' recommendations.

The Physician Clinical Support System - Buprenorphine (PCSS-B)

PCSS for buprenorphine (PCSS-B) provides additional support to all physicians – but is particularly valuable to practitioners new to providing care to those who abused or are dependent on opioids.

- ➔ PCSS-B is a program of the American Academy of Addiction Psychiatry (AAAP) and its partners, the American Osteopathic Academy of Addiction Medicine (AOAAM) and the American Psychiatric Association (APA). Web site: www.pcssb.org.
- ➔ The PCSS is a free, national service staffed by 45 trained physician mentors, a PCSS medical director and 5 physicians, who are national experts in the use of buprenorphine.
- ➔ Physicians who prescribe or dispense buprenorphine can contact the PCSS for support via telephone, email, and/or at the place of clinical practice.

PCSS for Appropriate Use of Methadone (PCSS-M)

- The Physician Clinical Support System for Methadone (PCSS-M) is a free, nationwide program through which health care providers needing information and mentoring on methadone treatment for opioid addiction and/or pain can connect with experts in the field.
- PCSS Mentors come from across the country and work in licensed opioid treatment programs, pain clinics, primary care, and other practice settings.
- The PCSS-M is coordinated by the American Society of Addiction Medicine (ASAM) in conjunction with other leading medical societies.
- Website: <http://pcssmethadone.org/>

PCSS- Opioids

→ FY 2011 Cooperative Agreement to:

- develop a free national mentoring network that will provide clinical support (e.g., clinical updates, consultations, evidence-based outcomes and training) to physicians, dentists and other medical professionals in the appropriate use of opioids for the treatment of chronic pain and opioid-related addiction.

→ The target population for this initiative includes prescribers (physicians, dentists) and other health professionals working in SAMHSA-certified OTPs as well as those prescribers using opiate-based therapy for chronic pain.

Education



- To date in FY 2011, approximately 550 physicians have participated in live CME courses.
- An additional 400 physicians viewed the online recordings of the live courses.
- SAMHSA estimates that another 500-600 physicians will be reached through the live courses scheduled through the rest of FY 2011.

Provider Education

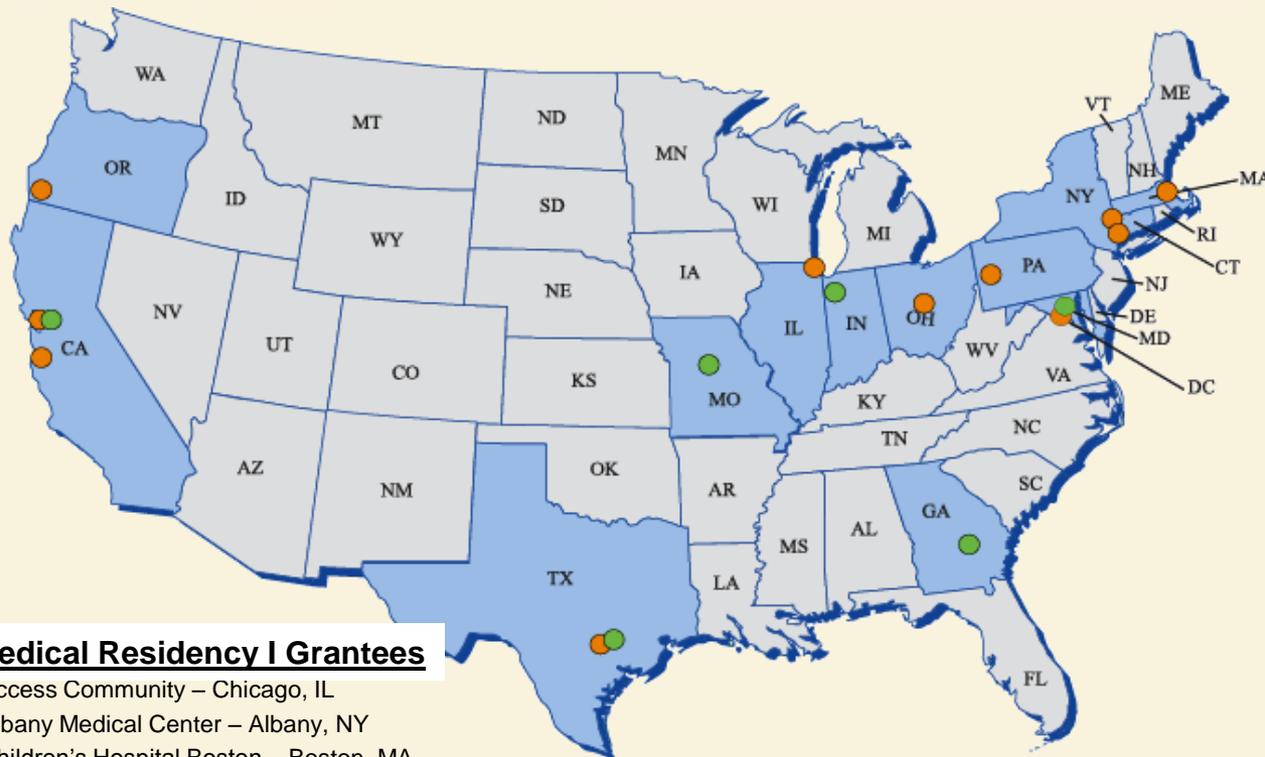
- 
- SAMHSA has programs in place or in development to educate physicians, nurse practitioners and other health care professionals regarding the treatment of addiction and for the management of pain.
 - SAMHSA's Knowledge Application Program (KAP)
 - Publication of SAMHSA Treatment Improvement Protocol
 - CSAT-sponsored workshops and symposium on methadone
 - CSAT-hosted summit meetings for opioid treatment programs
 - Development of computerized patient intake questionnaire
 - Development of CME course on the use of methadone to treat pain

FY 2008 SBIRT Medical Residency Program



- The SBIRT Medical Residency Program trains medical physicians to provide SBIRT services.
- The goal is to establish SBIRT training as a component of residency programs in a variety of disciplines, including emergency medicine, trauma, and others.
- Another purpose is to promote adoption of SBIRT through delivery of training to local and Statewide medical communities for wider dissemination of SBIRT practices.

Medical Residency I and II Grantees



● Medical Residency I Grantees

- Access Community – Chicago, IL
- Albany Medical Center – Albany, NY
- Children’s Hospital Boston – Boston, MA
- Howard University – Washington, DC
- Kettering Medical Center – Kettering, OH
- Natividad Medical Center – Salinas, CA
- Oregon Health Services – Portland, OR
- San Francisco General Hospital – San Francisco, CA
- University of Pittsburgh – Pittsburgh, PA
- University of Texas Health Services - San Antonio, TX
- Yale University – New Haven, CT

● Medical Residency II Grantees

- Baylor College – Houston, TX
- Indiana University – Indianapolis, IN
- Mercer University – Macon, GA
- University of California SF – San Francisco, CA
- University of Maryland Baltimore – Baltimore, MD
- University of Missouri – Columbia, MO

Medical Residency Specialty Areas



- 554 Residents have been trained nationally by Medical Residency I grantees
- Grantees also training 1581 non-residents
 - (e.g., physician assistants, psychologists, social workers, other health care professionals)
- The SBIRT Medical Residence program at Howard University is training students in the Oral and Maxillofacial Surgery Postgraduate Program (OMS) and the General Dentistry Practice Residency Programs.

Additional Resources from SAMHSA

- ➔ Knowledge Application Program includes publications, online education, and other resources that contain information on best treatment practices to behavioral health professionals.
- ➔ The Treatment Improvement Protocols (TIP) Series is part of KAP and includes:
 - TIP 24: *A Guide to Substance Abuse Services for Primary Care Clinicians*
- ➔ For more information about KAP:
<http://www.kap.samhsa.gov/general/about.htm>
- ➔ *Pain Management Without Psychological Dependence: A Guide for Healthcare Providers*
 - Available from <http://store.samhsa.gov/home>



Thank you.