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Robert I. L. Morrison

August 9, 2012

The Hon. Gil Kerlikowske, Director
Office of National Drug Control Policy (ONDCP)
750 17th Street, NW
Washington, D.C. 20503

Dear Director Kerlikowske:

On behalf of the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD), thank you for your work to support addiction treatment, prevention and recovery. We sincerely appreciate your leadership, greatly value our partnership, and look forward to working with you and our member State substance abuse agencies to implement the Affordable Care Act (ACA) and also address issues related to prescription drug abuse.

We are writing to provide recommendations for the development of ONDCP's 2013 National Drug Control Strategy and are grateful that you sought NASADAD's input. We applaud ONDCP for its leadership on the following:

- Expanding access to services and ensuring clinically appropriate care;
- Improving the transmission of electronic health information, including prescription drug monitoring programs;
- Strengthening efforts to promote substance abuse prevention, treatment, and recovery; and
- Developing a comprehensive plan focused on prescription drug abuse.

As ONDCP develops its 2013 National Drug Control Strategy, we urge you to consider the following recommendations:

- Strengthen State substance abuse systems and the office of the Single State Authority (SSA) for Substance Abuse
- Expand prevention, treatment and recovery
- Assist States in integrating and coordinating substance use disorder (SUD) services with primary care
- Assist States in developing the treatment workforce to meet PPACA requirements
- Encourage strategies to address emerging trends, such as prescription drug abuse and misuse
- Promote Medication Assisted Treatment (MAT) for SUDs
- Implement an outcome and performance measurement data system

Below is more in-depth information about NASADAD's recommendations:

Strengthen State substance abuse systems and the office of the Single State Authority (SSA) for Substance Abuse

We would like to work with ONDCP to implement policies that ensure a strong Single State Authority (SSA) for Substance Abuse. With a rich history of creating and maintaining system linkages to improve services, State Substance Abuse Agency Directors ensure accountability, oversight, effectiveness and efficiency. We recommend action by ONDCP to ensure that federal funding pertaining to addiction prevention, treatment and recovery is directed to SSAs in recognition of their unique roles.

Furthmore, the Strategy is not clear about which prevention organizations Criminal Justice Agencies must collaborate with. State and local organizations such as State substance abuse agencies, Public Health, Education, and Child Welfare would be ideal organizations to come together to strengthen local drug policies, increase the number of educational resources, and provide direct service to populations such as military personnel in High Intensity Drug Trafficking Areas (HIDTA).

Expand access to substance abuse treatment, prevention, and recovery

Health Reform: The implementation of ACA and Mental Health Parity and Addiction Equity Act (MHPAEA), particularly in terms of Medicaid expansion and parity, holds great potential in addressing the high number of individuals with SUD who are uninsured or underinsured. However, we also know from a NASADAD Study, *Effects of State Health Care Reform on Substance Abuse Services in Maine, Massachusetts and Vermont*, that even with expansion in coverage, the uninsured rate among those with SUDs remained high in those three States. We urge for a strong federal role for ONDCP and the Substance Abuse and Mental Health Services Administration (SAMHSA) in promoting the benefits of strong prevention, treatment and recovery provisions, which includes providing technical assistance to States to ensure they are including substance abuse services in their Medicaid expansion and Exchange benefit packages, as required by the ACA and MHPAEA.

Increased Federal Funding: We sincerely hope that ONDCP will promote more robust federal funding in FY 2014 for addiction prevention, treatment and research programming. A core priority for NASADAD is adequate funding for SAMHSA, and the Substance Abuse Prevention and Treatment (SAPT) Block Grant in particular. We very much appreciate the leadership of the Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP) and call for a strong role for SAMHSA in next year's Drug Strategy. This is especially important in light of the latest National Survey on Drug Use and Health (NSDUH) report finding that drug use is increasing among individuals 12 and older. We have programs that are unique to substance abuse prevention, treatment and recovery that are effective, including the SAPT Block Grant and CSAP's Partnerships for Success.

Continued Partnerships with States to Create Recovery Orientated Systems of Care: We applaud the Administration's promotion of Recovery Oriented Systems of Care (ROSC). We recommend continued work by ONDCP to help States plan and implement systems using the ROCS approach. We also recommend the promotion of a more robust research agenda pertaining to

recovery. Finally, we thank you for adding in a formal and visible structure within ONDCP focused on recovery.

Importance of addressing alcohol use, abuse and addiction – including underage and childhood drinking: We believe that the National Drug Control Strategy should address alcohol prevention and treatment services. Alcohol is the most commonly used and abused substance in the United States. Statistics also show us that most crimes, especially crimes of violence, are associated with alcohol abuse. The National Institutes of Health (NIH) supported research that demonstrates that if an adolescent can delay the onset of alcohol consumption, chances are much greater that he or she will not develop an addiction disorder in adulthood. Moreover, research has demonstrated that alcohol consumption by youth can have negative effects on brain development.

Assist State substance abuse agencies in integrating and coordinating substance use disorder (SUD) services with primary care:

We applaud ONDCP for working with Community Health Centers (CHCs) to integrate substance use disorder treatment services with primary care in 243 community health centers across the country. Research has shown that chronic physical illnesses very often co-occur with mental health and/or substance use disorders. For example, one recent study of Medicaid beneficiaries found that approximately two-thirds of those with common chronic physical conditions also had at least one MH or SUD condition, and those beneficiaries with co-occurring chronic physical illnesses and a mental health or substance use disorder had associated healthcare costs that were 60 to 75 percent higher than those with only physical illnesses.¹ However, there are still many barriers to integration such as cultural issues, same day billing, and lack of resources. We recommend requiring coordination with State substance abuse agencies to help mitigate and work through some of these issues.

Further, we recommend ONDCP include university, college, and community college student health centers in the Strategy's definition of Screening Brief Intervention Referral and Treatment (SBIRT) services in All Health Care Settings.

Assist States in developing the treatment workforce to meet ACA requirements:

An estimated 6-9 million individuals with SUD or mental disorders are anticipated to be eligible for public and/or private insurance under the ACA. Given the increase in the number of individuals anticipated to access SUD services through States' opting to expand Medicaid and develop Exchanges, providers with SUD expertise will be essential. There is a strong role for SAMHSA and ONDCP to ensure State funded, certified and/or licensed addiction providers and facilities are part of the provider network under Exchanges and the Medicaid expansion. Particularly for the newly eligible Medicaid population, SUD providers have a long history of meeting the health needs of hard-to-reach populations such as those who are homeless and offenders leaving criminal justice system.

¹ Cynthia Boyd, Bruce Leff, Carlos Weiss, Jennifer Wolff, Allison Hamblin and Lorie Martin (2010). "Clarifying Multimorbidity Patterns to Improve Targeting and Delivery of Clinical Services for Medicaid Populations." Center for Health Care Strategies, pgs. 4-5. Available at: http://www.chcs.org/usr_doc/clarifying_multimorbidity_patterns.pdf. The common chronic physical conditions were asthma/chronic obstructive pulmonary disease, congestive heart failure, coronary heart disease, diabetes and hypertension.

Encourage strategies to address emerging trends, such as prescription drug abuse and misuse:

There are many prominent issues our country is facing related to substance use, most notably prescription drug abuse, misuse and overdose. The rate of use and abuse of prescription drugs amongst youth are concerning both at the national and State level. According to the 2010 National Survey on Drug Use and Health (NSDUH), 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 1990.² 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 overdose is necessary.

Further, we appreciate ONDCP's release of its Prescription Drug Abuse Prevention Plan in April 2011. It was a helpful tool for States to use. We are concerned however, by the omission of prevention, treatment and recovery as a stated element of ONDCP's approach. We know prevention and treatment are effective, and people can and do recover from addiction. We urge ONDCP to promote the effectiveness and expansion of prevention, treatment and recovery when discussing its Prescription Drug Abuse Plan.

Promote Medication Assisted Treatment for SUDs:

NASADAD strongly supports the utilization of FDA-approved medications in the treatment of substance use disorders. The Association has helped to facilitate a State-to-State dialogue regarding MAT through different forums (NASADAD's Annual Meeting; the National Treatment Network, the State Opioid Treatment Authorities, and more). During these discussions, members note that additional resources are sorely needed to help increase MAT implementation. As a result, NASADAD recommends a new discretionary grant within CSAT to State substance abuse agencies to help promote more widespread use of MAT.

Implement an outcome and performance measurement data system:

We appreciate your focus on improving information systems. Our members have a long history of providing effective and efficient services and overseeing complex data management and reporting systems. We urge for this partnership to continue between NASADAD and the federal government as data collection and performance measures related to substance abuse are reevaluated to ensure they align with the National Health Care Quality Strategy. Further, we believe the changes need to be well thought out and take into account the challenges States are facing with budget cuts. Changes to both the collection of data and reporting should be flexible enough to recognize that States are at different levels for data collection and the timeframe for implementing changes will vary based on a State's resources.

² CDC. Vital Signs: Overdoses of Prescription Opioid Pain Relievers—United States, 1999-2008. MMWR 2011; 60: 1-6

In addition, an important aspect for an efficient health system is the implementation of health information technology (HIT) and the use of electronic health records (EHRs), including prescription drug monitoring programs (PDMP). Many PPACA provisions promote the integration of substance use and mental health disorders with primary care through such means as screening, brief intervention, and referral to treatment (SBIRT), patient-centered health homes, Accountable Care Organizations (ACO's) and bundled payments. These initiatives will require the coordination and communication between substance use disorder providers and facilities and the primary care system. These programs will be most effective if an interoperable system exists to share information between substance use disorder providers and other health care settings. We encourage a strong role for ONDCP in helping promote web-based data systems given the important nature of HIT and work on standards and creation of EHRs. We also recommend technical assistance be provided to States to address how to implement privacy and confidentiality requirements, particularly 42 CFR Part 2, in HIT systems.

Thank you again for seeking our input as you prepare the 2013 National Drug Control Strategy. NASADAD looks forward to a continued partnership with ONDCP and others within the Administration as we seek to improve addiction treatment, prevention and recovery services across the country.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Morrison". The signature is fluid and cursive, with a large initial "R" and "M".

Robert Morrison
Executive Director