

Reforming the Response To Substance Use: A Drug Policy for the 21st Century



2015 NASADAD MEETING

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Office of Demand Reduction

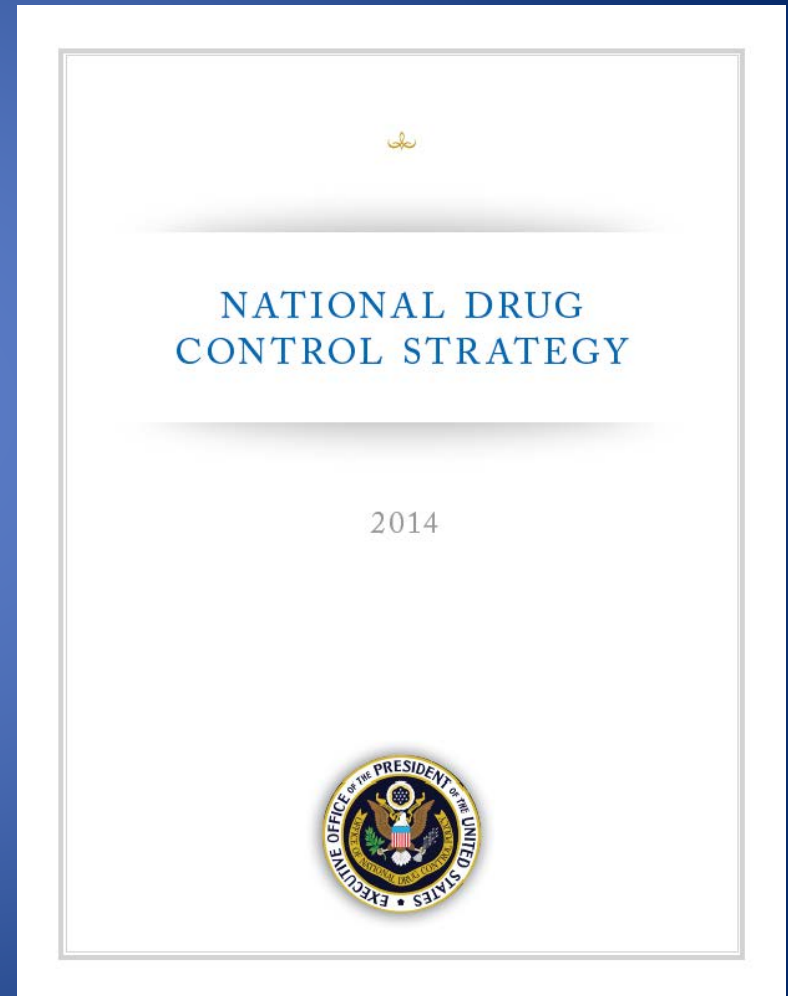
Office of National Drug Control Policy

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- Component of the U.S. Executive Office of the President
- Coordinates drug-control activities and related funding across the United States Government
- Produces the U.S. Government's annual *National Drug Control Strategy*

National Drug Control Strategy

- The U.S. President's science-based plan to reform drug policy:
 - 1) Prevent drug use before it ever begins through education
 - 2) Expand access to treatment for Americans struggling with addiction
 - 3) Reform our criminal justice system
 - 4) Support Americans in recovery
- Coordinated the U.S. Federal effort on 112 action items
- Signature initiatives:
 - Prescription Drug Abuse
 - Prevention
 - Drugged Driving



Reforming Drug Policy

A 21ST CENTURY APPROACH

Knowledge of Addiction: 20th Century *Versus* 21st Century Approach

Myths & Misconceptions

- Morally Flawed
- Lacking in Willpower
- Punitive Responses

What Does the Science Tell Us?

- Disease of the Brain
- Health Problem
- Therapeutic Responses

We Don't Have Time to Wait

PRESCRIPTION DRUG ABUSE EPIDEMIC



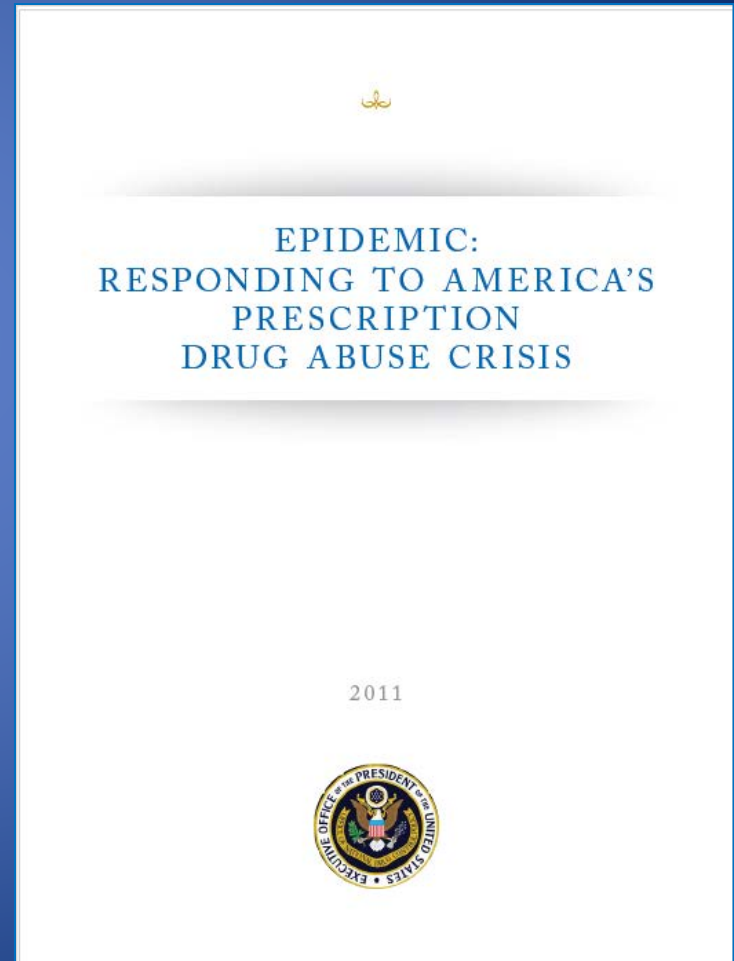
In 1999, there was one drug overdose death every 30 minutes.



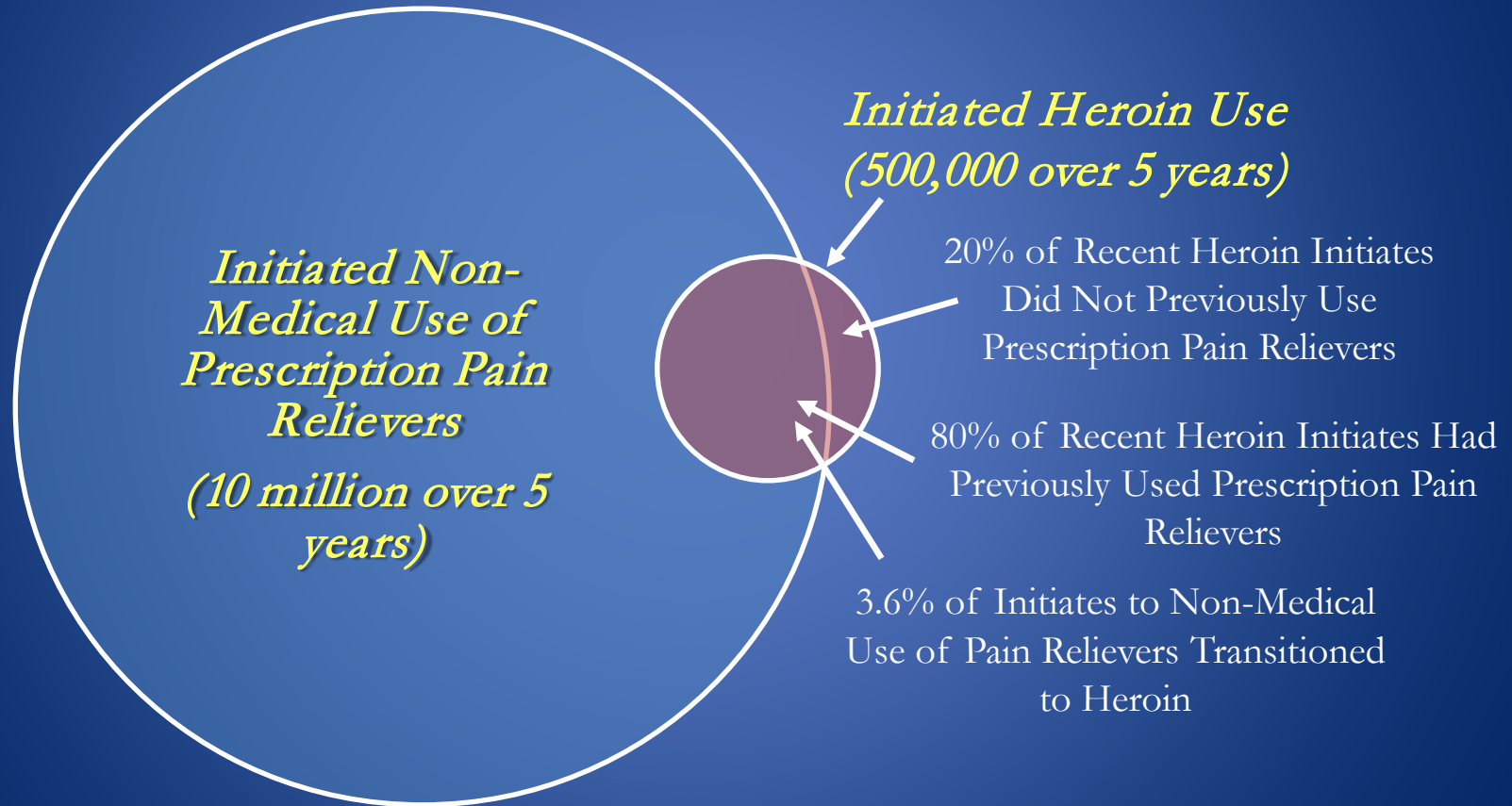
In 2013, there was one drug overdose death every 12 minutes.

Prescription Drug Abuse Prevention Plan

- Coordinated effort across the Federal Government
- Four focus areas:
 - 1) Education
 - 2) Prescription Drug Monitoring Programs
 - 3) Proper Disposal of Medication
 - 4) Enforcement

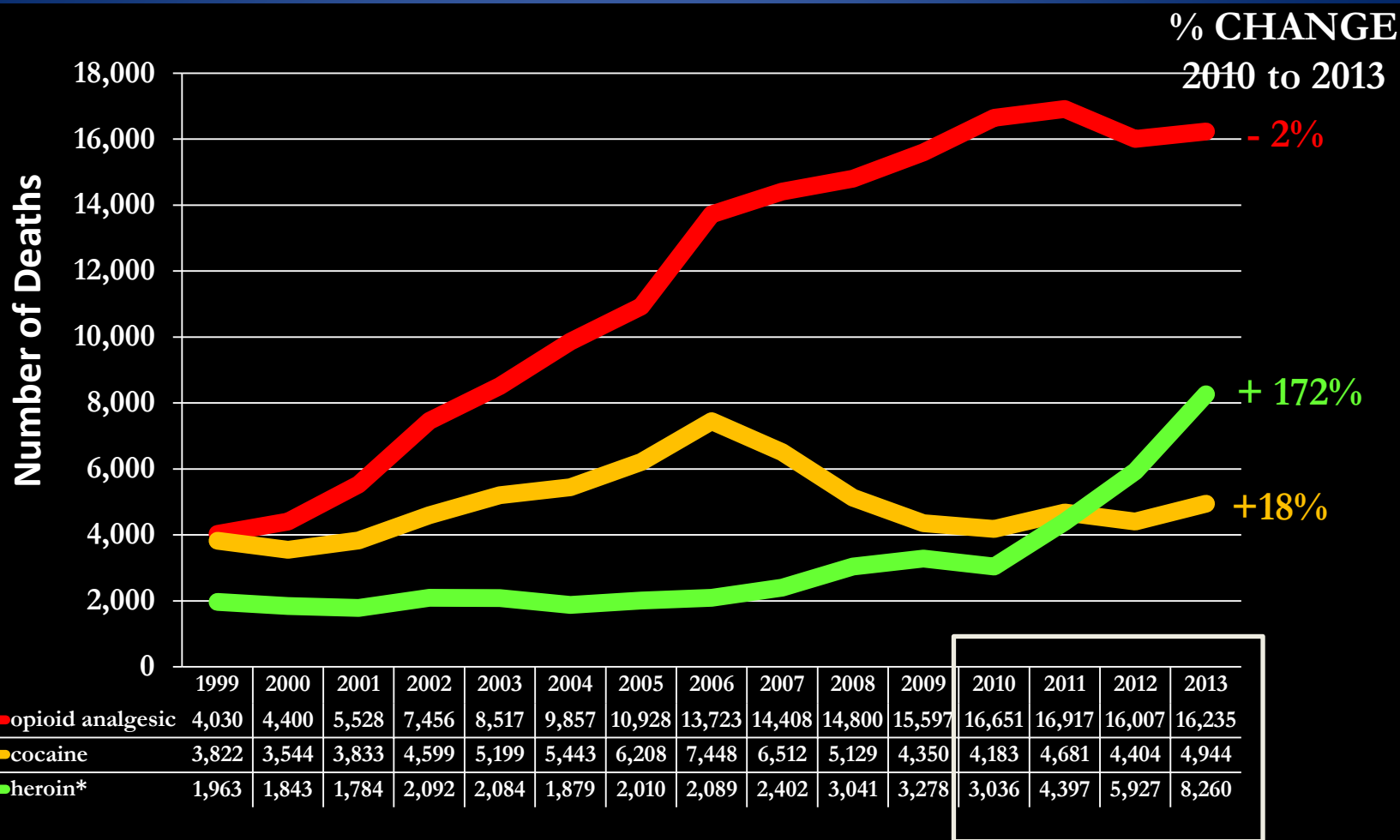


Only a Small Subset of Those Who Started Using Prescription Pain Relievers Non-Medically Transitioned to Heroin Within 5 Years



Source: SAMHSA, *Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the United States* (August 2013).

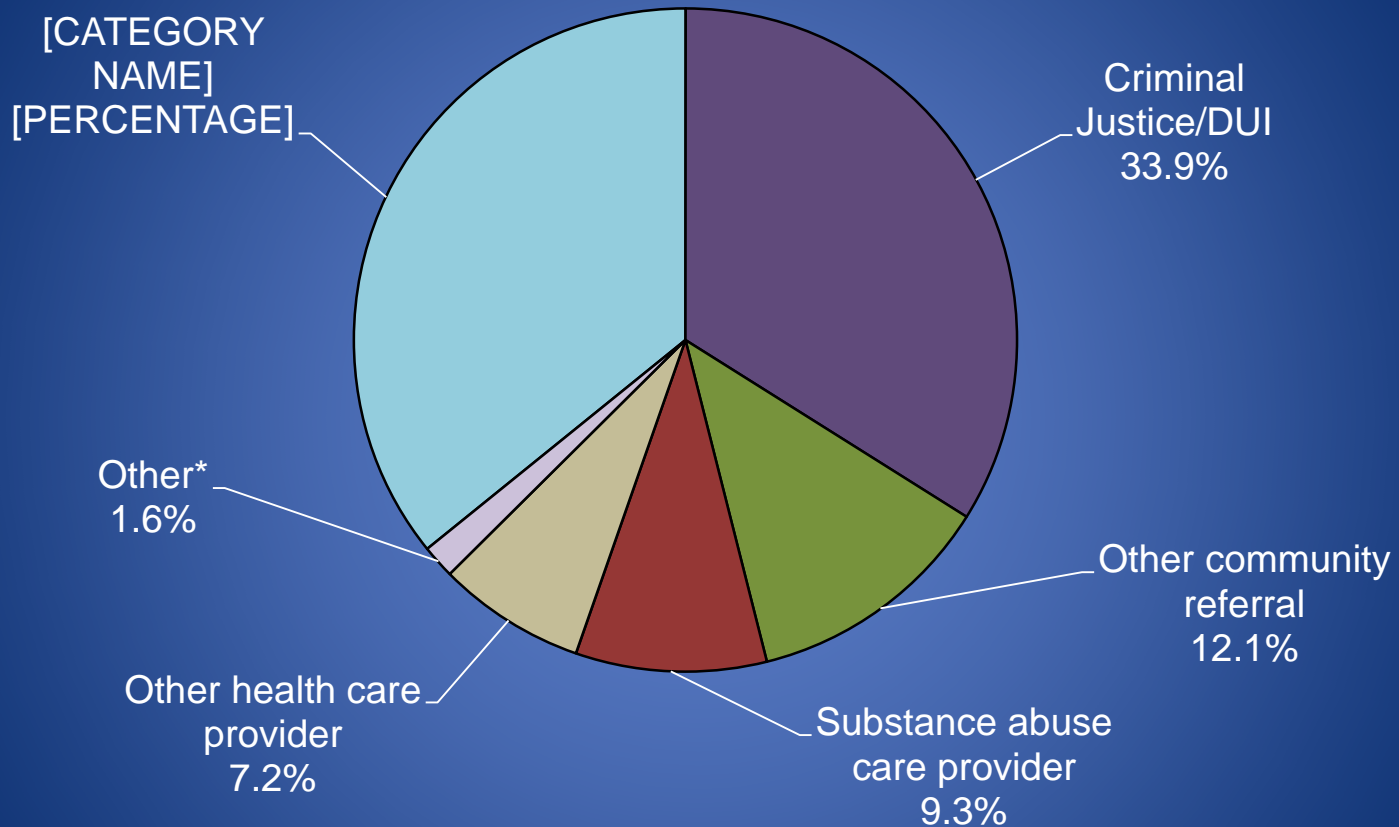
Drug Poisoning Deaths Involving Opioid Analgesics, Cocaine, and Heroin: United States, 1999–2013



Note: Not all drug poisoning deaths specify the drug(s) involved, and a death may involve more than one specific substance. The rise in 2005-2006 in opioid deaths is related to non-pharmaceutical fentanyl (see <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5729a1.htm>). *Heroin includes opium.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics [NCHS]. *Multiple Cause of Death 1999-2012* on CDC WONDER Online Database, released 2014. Data for 1999 to 2012 were extracted by ONDCP on November 20, 2014. Data for 2013 are from unpublished analysis by NCHS December 30, 2014).

Sources of Referral to Treatment, 2012

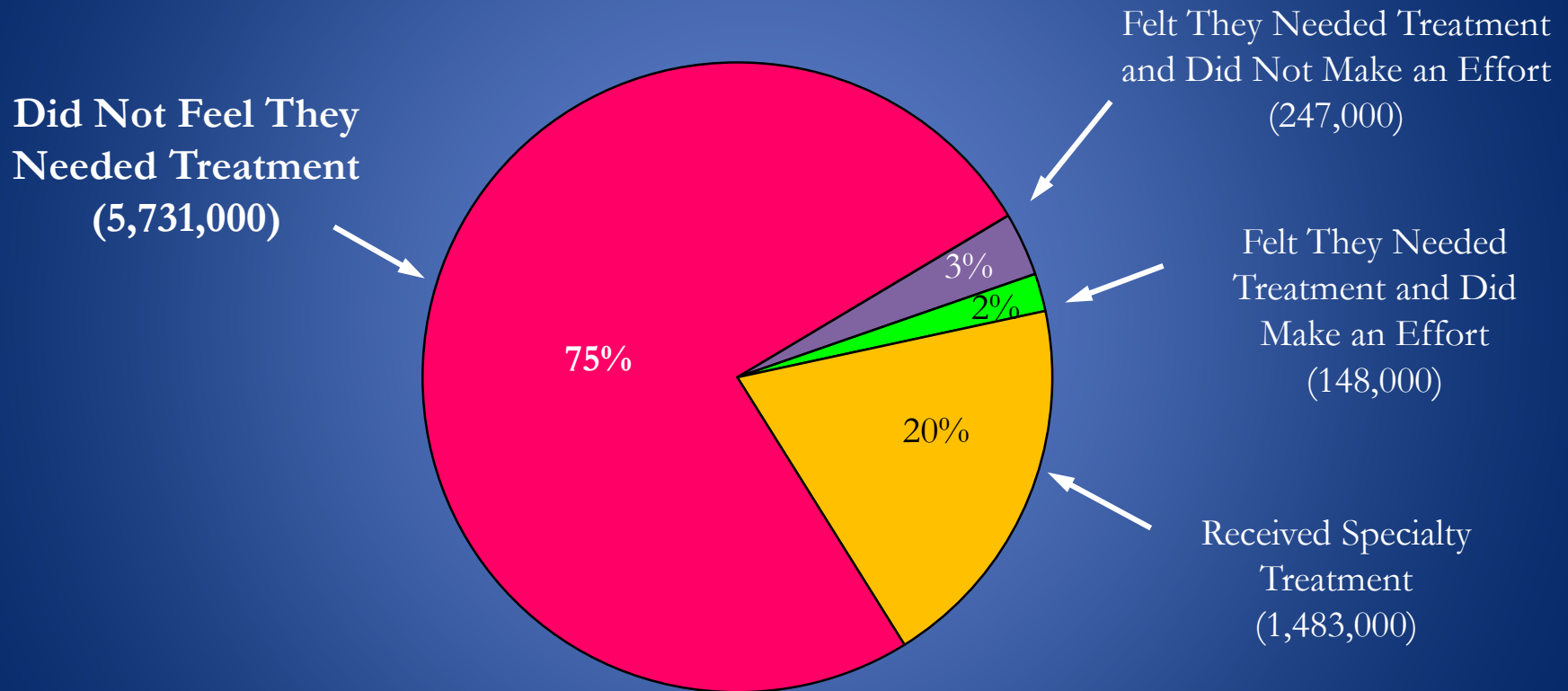


Total 2012 admissions = 1.7 million

**Other referrals include school (educational) and employer EAP.*

Source: SAMHSA, 2012 Treatment Episode Data Set (July 2014).

Need for and Receipt of Drug Use Treatment At a Specialty Facility Among U.S. Persons Aged 12 and older: 2013



7,608,000 Needing Treatment at a Specialty Facility

Reforming Treatment and Care

CONTINUUM OF CARE

Stigma and Language



Addict
Hitting Bottom
Junkie
Crack Head

Substance Abuse/Abuser

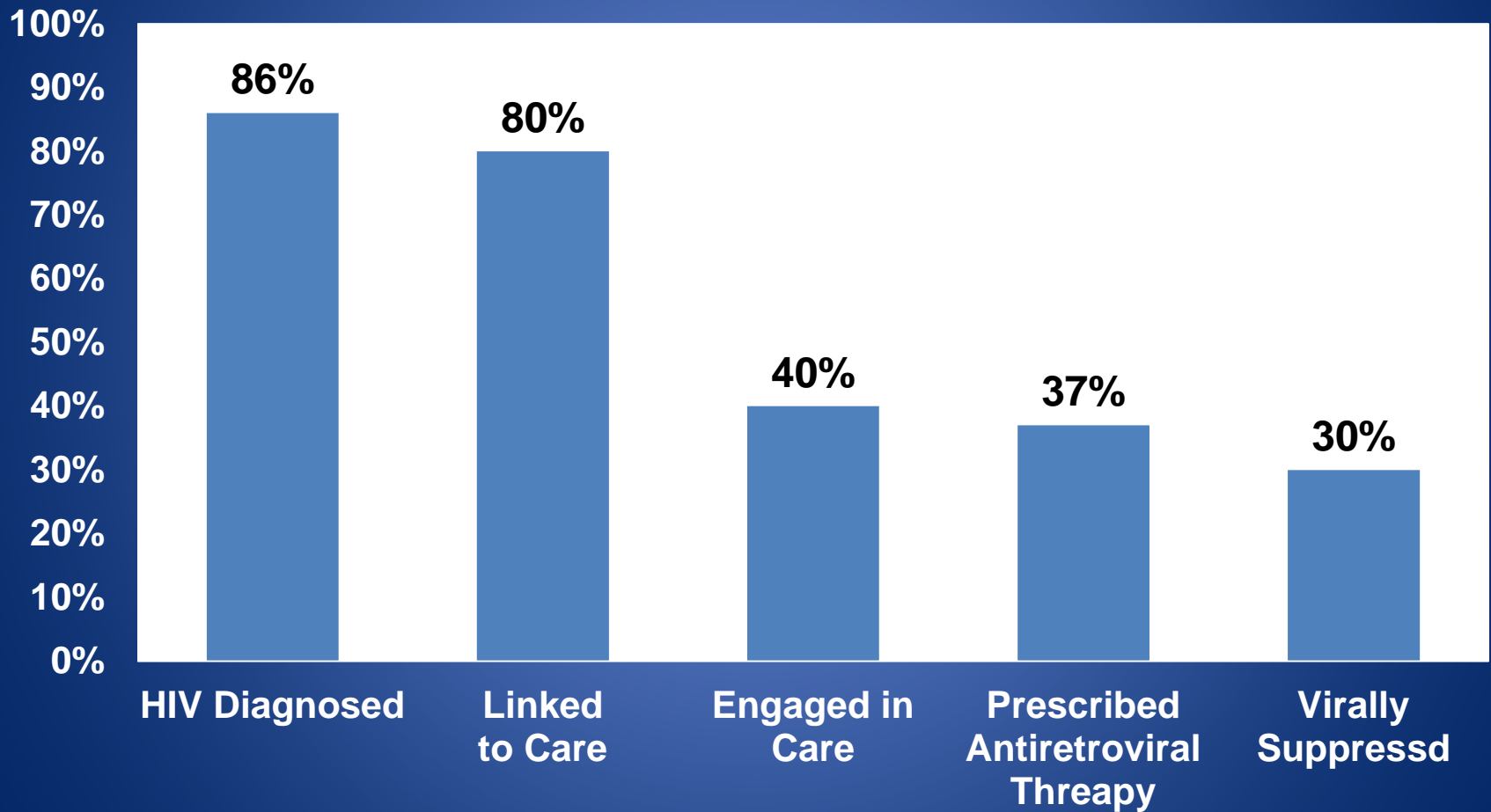
Dirty Urine

Clean Urine

Habit/Drug Habit



The HIV Care Continuum In the United States, 2011



Source: U.S. Office of National AIDS Policy, National HIV Strategy: Improving Outcomes, Accelerating Progress along the HIV Care Continuum, December 2013

Treatment and Care

From Acute Care Model

- Enters Treatment
- Completes Assessment
- Receives Treatment
- Discharged

To Chronic Care Model

- Prevention
- Early Intervention
- Treatment
- Recovery Support Services

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

- Enhances access and care for people with substance use disorders.
- Need to focus on integration of substance use disorders into primary care.
- Screening is essential for case identification and clinical decision making.
- Referrals to specialty treatment are critical to increased access to care.
- Brief Interventions do not appear to be as effective for reducing drug use as for reducing alcohol use.*
- We need to find new/better interventions in primary care.

* Brief Intervention for Problem Drug Use in Safety-Net Primary Care Settings: A Randomized Clinical Trial. Peter Roy-Byrne, et al. *JAMA*. 2014;312(5):492-501. doi:10.1001/jama.2014.7860.

Screening and Brief Intervention for Drug Use in Primary Care: The ASPIRE Randomized Clinical Trial. Richard Saitz, MD, et al. *JAMA*. 2014;312(5):502-513. doi:10.1001/jama.2014.7862.

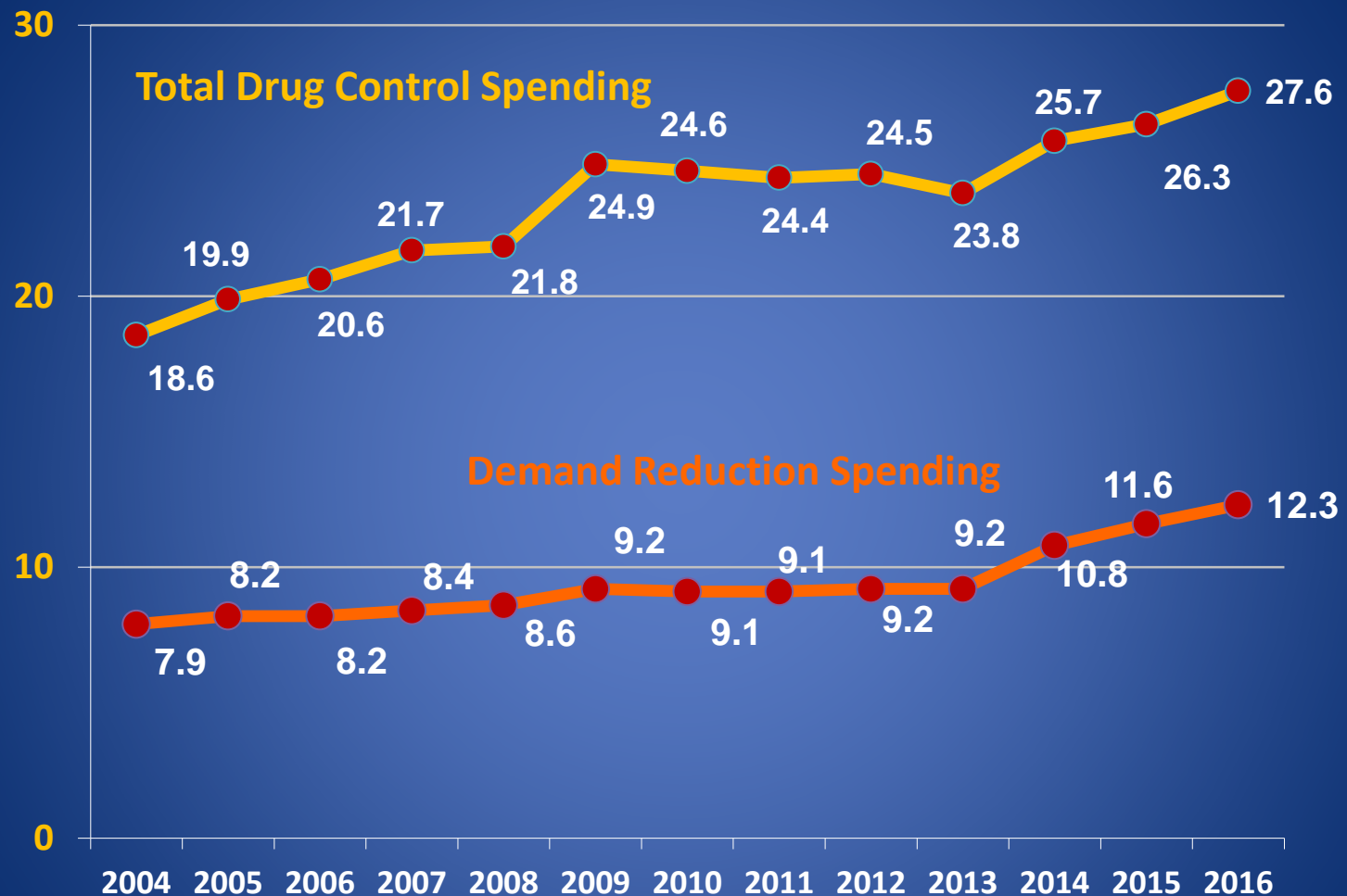
Three Distinctions Among Collaborative Models¹

- **Coordinated:** Routine screening for behavioral health problems in primary care settings, but delivery of services may occur in different settings.
- **Co-located:** Medical services and behavioral health services located in the same facility.
- **Integrated:** Medical services and behavioral health services located either in the same facility or in separate locations.

¹ Collins, C. Hewson, D., L., Munger, R., & Wade, T. (2010). Evolving Models of Behavioral Health Integration in Primary Care. Milbank Memorial Fund .

Federal Drug Budget Trends

Historical Federal Drug Control Spending (\$B)



NOTE: The years denoted are fiscal years (FY); FY 2015 information represents enacted Budget authority, and FY 2016 information represents Budget authority requested by the President.



Drug Policy Funding Priorities

The President's FY 2016 Budget includes:

- **\$68.0 million** to expand the CDC's Prescription Drug Overdose Prevention program to all 50 U.S. States and to strengthen and evaluate state-level prescription drug overdose prevention.
- **\$25.1 million** to expand SAMHSA's Medication-Assisted Treatment for Prescription Drug and Opioid Addiction program.
- **\$12.0 million** for SAMHSA grants to help states purchase naloxone, equip first responders in high-risk communities, and support education on the use of naloxone and other overdose death prevention strategies.
- **\$10.0 million** for SAMHSA's new Strategic Prevention Framework for Prescription Drugs program to target Rx drug abuse and misuse.
- **\$5.6 million** for the CDC to address the rising rate of heroin-related overdose deaths by working to collect near real-time emergency department data and higher quality and timely mortality data by rapidly integrating death certificate and toxicology information.

Medication-Assisted Treatment

EXPANDING ACCESS

Medications Currently Available

For Nicotine Use Disorder

- Nicotine Replacement Therapies (NRT)
- Bupropion
- Varenicline



For Alcohol Use Disorder

- Disulfiram
- Naltrexone
- Acamprosate
- Naltrexone Depot



For Opioid Use Disorder

- Methadone
- Naltrexone (Vivitrol)
- Buprenorphine
- Buprenorphine/Naloxone



Recovery

SERVICE AND SUPPORTS

Recovery Support Services

- Services and supports for persons prescribed buprenorphine in office-based settings
- Recovery support services and engagement with broader recovery community for persons in opioid treatment programs
- Service coordination for individuals in treatment with medications, both office-based and through opioid treatment programs
- Inform and engage recovery community
 - Treatment with medications
 - Identifying overdoses and preventing overdose deaths
 - Welcoming and support of those in MAT

Overdose

PREVENTION AND EDUCATION



Overdose Prevention and Education

The *National Drug Control Strategy* supports comprehensive overdose prevention efforts, to include:

- Public education campaigns about overdose, including signs of overdose, emergency interventions, information about “Good Samaritan” laws, and connecting individuals to treatment.
- Expanded training and availability of emergency interventions, such as naloxone for first responders. Now, police across the country carry naloxone – and 32 states and the District of Columbia enacted legislation to decrease overdose deaths.
- Increased education to inform patients using opioids (and their family members/caregivers) about potential for, signs of, and interventions in case of overdose.



Preventing Heroin, Injection-Drug Use, and Medical Consequences

- Non-Medical Use of Prescription Drugs and Prescription Drug Diversion (Rx Plan Pillars)
- Overdose Education and Naloxone Distribution
- Earlier Treatment as Prevention
- Public Health Prevention Interventions for HIV/HEP C
- Medication-Assisted Treatment (Maintenance)

For More Information:

[WHITEHOUSE.GOV/ONDGP](https://www.whitehouse.gov/ondcp)