

PRESIDENT'S COMMISSION ON COMBATING DRUG ADDICTION AND OPIOID CRISIS

EXECUTIVE SUMMARY

Last Friday, the President's Commission on Combating Drug Addiction and Opioid Crisis held its first meeting to discuss ways in which to curb the current opioid epidemic through best practices of prevention and treatment. During the meeting, Commission members and panelists discussed the challenges of effectively addressing the opioid crisis through means of both prevention and treatment. The meeting also concentrated on the importance of a collaborated effort between agencies to implement comprehensive solutions. Panelists noted that evidence-based practices have already been researched, but government at all levels must implement the most effective solutions. The Commission also emphasized the ties between mental health and substance abuse in the context of effecting long term solutions. The Administration reiterated their commitment to the issue, and stated that the President "cares deeply and personally about this issue."

Experts offering testimony at the meeting included: **Marcia Lee Taylor**, President and CEO of Partnership for Drug-Free Kids; **Dr. Mitchell Rosenthal**, Deputy Chairman of the National Council on Alcoholism and Drug Dependence; **Dr. Joe Parks**, Medical Director of the National Council for Behavioral Health; **Gary Mendell**, founder and CEO of Shatterproof; **Jessica Nickel**, President and CEO of Addiction Policy Forum; **Dr. Kelly Clark**, President of American Society of Addiction Medicine; **General Arthur Dean**, Chairman and CEO of Community Anti-Drug Coalitions of America; **Hugh Guill**, Vice President of Programs at Young People in Recovery; and **Dr. John Renner**, President of the American Academy of Addiction Psychiatry.

OPENING STATEMENTS

Chairman Chris Christie (R-NJ), the Governor of New Jersey, began the meeting by stating the necessity of addressing this issue and that the administration is commitment to finding effective solutions to the opioid crisis, as demonstrated by the creation of the Commission. The Chairman outlined the goals of the Commission and welcomed the testimony of the witnesses as a first step in dealing with this issue.

Governor Charlie Baker (R-MA) praised the creation of the Commission and stated that his state has been dealing with the opioid crisis since he took office, but the adverse affects of this issue have been persistent. The Governor expressed hope that the Commission would be able to form lasting solutions to this pervasive issue.

Governor Roy Cooper (D-NC) also emphasized the importance of the Commission to find consensus on effective solutions to the crisis. The Governor called upon his expertise as former Attorney General of North Carolina to state that “we can not arrest our way out of this problem.” He expressed a need for treatment and prevention and said that the GOP health care bill must address both treatment and prevention in the Medicaid area to attack this problem. The Governor also urged the Commission to examine the pharmaceutical industry’s role in this crisis, and call on the industry to produce less severely addicting drugs and create more tamper-resistant drugs.

Dr. Bertha Madras echoed previous sentiments, and stated that as a neurologist and educator, she understands the severity of the crisis. She expanded by saying that while challenging issue, “it is a human problem with a human solution” and that Office of National Drug Control Policy (ONDCP) is committed to the issue.

Rep. Patrick Kennedy (D-RI) focused his statement on mental health and its connection to the opioid epidemic. Rep. Kennedy also emphasized the importance of holding insurance agencies accountable so the public sector does not have to “pick up the tab.” He went on to say that Medicaid is the largest provider of insurance, so any repeal of Medicaid is a repeal of coverage. Rep. Kennedy said that this issue is personal to him since he has struggled with opioid addiction in the past, and urged the Commission “not to step back when we need to step forward.” Rep. Kennedy concluded by stating that the President needs to speak up on this issue.

WITNESS TESTIMONY

Marsha Lee Taylor started her testimony by outlining her decades of service in support of families with children battling addiction. Ms. Taylor elaborated by saying that her organization helps parents obtain best outcome for their children by providing information and actionable tools such as a national toll free help line and live online chat service to connect families. Ms. Taylor told the Commission that families suffering from this crisis need access to a funding streams from both the federal and state level to bridge the “canyon between prevention and treatment” and to show families that their children do not need to hit rock bottom to recover. She also emphasized the importance of enforcement of the Mental Health Parity and Addiction Equity Act of 2008 because people with substance abuse disorders have been denied coverage, and have subsequently been financially ruined by treatment costs. Ms. Taylor also called for a focus on addiction treatment training in mainstream medical training to increase professionals in the sector. She concluded that there must be a coordinated response between many bureaucracies, and that making the President of ONDCP a member of the President’s cabinet would show the Administration’s commitment to a coordinated effort.

Dr. Mitchell Rosenthal stated that as a psychiatrist, he has been personally treating people affected by the crisis in addition to tracking this issue as an administrator. He said that the Center for Disease Control and Prevention (CDC) confirms that this is the deadliest drug epidemic in US history, killing close to 60 thousand people a year. Dr. Rosenthal expressed concern about lack of long term treatment solutions. He said that adequate treatment and prevention services are sparse and have

huge disparities across states, and that states need to be able to look to the federal government for a standardization of care. Dr. Rosenthal also addressed the significance of maintaining the future of Medicaid. He outlined that 14 million people are set to lose coverage by 2020, and 30 percent of Medicaid patients today are being treated for opioid addiction or mental health issues. Dr. Rosenthal also expressed concern with the “proliferation of medically assisted treatment without counseling or behavioral therapies.” He expanded on this concern by stating that “we must change peoples’ way of life, which requires behavioral therapy.” Dr. Rosenthal also voiced his concern that people with few social or financial resources do not have adequate access to residential treatment. He said that long term treatment is critical to stop chronic readmission and become truly recovered, and that “today’s practice often amounts to postponing death.”

Dr. Joe Parks said that in his treatment of addicted and mentally ill people as well as his work in the Medicaid agency has given him insight to a co-occurring suicide epidemic. Dr. Parks said that in the US, an average of 91 people dies of opioid overdose a day and 121 people die from suicide. He said that we must be vigilant in community health to make sure people know where they can get help and that mental illness and opioid addiction are intertwined. To this end, concurrent treatment is most effective, since 72 percent of people with a drug abuse issue also have at least one mental health issue, most commonly depression. Dr. Parks said that we must systematically screen for illness such as addictive disorders and have prompt access to effective treatment. He elaborated that screening, a brief intervention, and referral to treatment is an evidence based practice that is used to reduce dependence in alcohol and drug abuse. Dr. Parks also emphasized the importance of expanded access to affordable coverage for addiction and mental illness, and that any healthcare legislation should expand parity coverage. He gave recommendations to “mandate coverage for addiction and mental illness, reset rates to match market costs of providing treatment, and expand Drug Treatment Act of 2000 waivers.” He also recommended that the DEA follow through on telemedicine guidelines to broaden access to treatment, as well as law enforcement and treatment centers cooperating to prioritize treatment over incarceration. Dr. Parks restated that Medicaid is the largest payer to mental health and opioid treatment, so it must continue as an entitlement. In addition, he said that the expansion population is the hardest hit by the opioid crisis so expansion must be completed.

Gary Mendell said that after his son died at age 25 of suicide and addiction, he founded Shatterproof to try and spare families the loss from addiction. Mr. Mendell said in order to save lives, the federal government should limit regulation of states in their capacity to resolve this crisis. He also recommended using federal funding from the 21st Century Cures Act and Comprehensive Addiction and Recovery Act (CARA), including SAMHSA block grants to end the treatment gap and increase specialists who can provide behavioral therapy. He also recommended that the government pay for medication assisted therapy for an interim period for every American who doesn’t have insurance. He said that the crisis can also be curbed by increasing Naloxone funding to states, broad adoption of CDC prescribing guidelines, robust goal setting and reporting infrastructure to analyze new patient subscribing, and clinical training in prevention. He concluded by stating that making certain federal funding contingent on states adopting these evidence-based practices will greatly reduce the effects of this crisis.

Jessica Nickel opened her testimony by noting her personal stake in this issue as both of her parents suffered from and ultimately succumbed to heroin addiction. Ms. Nickel also discussed the treatment gap by stating that only ten percent of addicted individuals get treatment and that the government must treat this like the disease that it is. She called on the government to intervene to help children of addicted parents, and to change laws to allow for family notification after an overdose reversal is administered. Ms. Nickel also asked for more resources to help families in crisis such as awareness campaigns and networks to connect families. She said that we must restructure the current treatment model to match the Institute of Medicine report and remove addiction from IND exemptions. Ms. Nickel expressed a need to educate every stakeholder in this space on all FDA-approved medical treatment options so they are more available and to invest in research to find a cure for addiction. She also recommended creating recovery communities as part of a 3- to 5-year recovery plan as well as investing in effective prevention in schools. She elaborated by saying that assemblies are not enough, and it must be a requirement to use NIDA resources to implement student assistance programs for early detection and intervention for better patient outcomes. Ms. Nickel concluded by calling for a reframing of the criminal justice system at all stages.

Dr. Kelly Clark, said that readily accessible information on evidence-based treatment, prevention, and workforce development is the best way to deal with this crisis. Dr. Clark told the Commission that “building more beds won’t reduce deaths, it will take away scarce resources from approaches that have been proven to have far better results.” He said that medication in combination with psycho- social intervention is the best approach to reducing overdose death. Dr. Clark expanded on this recommendation by saying that releasing in patients without outpatient care leads to increased risk of death. He explained that opioid addiction requires different treatment methods than alcoholism and that the CDC must launch national public education campaign to raise awareness to the fact that addiction is chronic brain disease. He said that in order to do this, the federal government has reach to effectively raise public awareness as seen in the AIDS campaign. Dr. Clark also made a point to say that we must implement a healthcare system in which evidence based treatments are paid for appropriately. He said that his means working with CMS, private insurers, and employers to implement evidence-based programs rather than “spa-like treatments.” Dr. Clark said clinically sound and efficient programs can be funded through the 21st Century Cures Act. He concluded that although there will always be more to learn, “the government must stop piloting programs when we already know what works- we have the prevention science, lets leverage it.” He said that this means investing in an addiction treatment workforce, funding a training demonstration on prevention for clinicians funded by Cures Act, and increasing curriculum time on addiction therapy in medical training.

General Arthur Dean expressed that there is no single solution to this crisis, but that there must be a full continuum of care. He said that this entails evidence based prevention, intervention, treatment, recovery support. He also told the Commission that “you can’t legislate or imprison or your way out of this problem and every dollar invested in prevention will save money in the long run.” General Dean recommended funding coalitions of multi- sector stakeholders at the local level. He also expressed concern that the 21st Century Cares Act does not focus enough on prevention, stressing that treatment is not the only factor in this crisis. He concluded his testimony by stating that there is

evidence on how to delay first use of opioids and it is possible to deal with this crisis, but federal policy, guidance and funding is needed to achieve this goal.

Hugh Guill gave a personal anecdote on his journey to recovery from cocaine addiction, which has connected him to the crisis today. Mr. Guill restated recommendations from previous testimonies that states need recovery ready communities with uniform evidence-based solutions. He expanded on his proposal by saying that middle and high school prevention programs should be implemented with access to life skills, job training, housing, and harm reduction services for returnees. Mr. Guill also recommended acute inpatient treatment followed by structured outpatient reports. He concluded by telling the Committee to “see what works and scale them to take tangible steps to save lives.”

Dr. John Renner stressed the importance of adequate funding-full parity. He said that “without that, nothing can happen.” Dr. Renner also discussed the underlying stigma of the crisis. He said that we know what to do and we have the the money, and “we would have done it already if not for the stigma”. Dr. Renner also emphasized that substance problems can not be treated without mental health care, and that comprehensive care is cost effective because it creates long term solutions. He expanded by saying that IV drug users are at risk for a range of drug born diseases and chronic illnesses that are expensive to treat. Dr. Renner also sais that the criminal justice system is “warehousing hundreds of thousands of mentally ill people and spending money for poor results.” He continued to say that there is a stigma in the workforce of recovering addicts as well as a stigma in medical school, which is why we need addiction medicine training to get more experts to treat complicated addiction disorders. He noted that addiction specialists will go on to become faculty and mentors in the medical field which will change practices. He also said that there should be creative ways to incentivize doctors to go into addiction psychiatry and work in underserved areas. He commended Governor Baker for putting pressure on medical schools in the Boston are to change curriculums in medical schools to focus on addiction.

DISCUSSION AND QUESTIONING

Governor Cooper asked what percent of reimbursement for Medicaid or private insurance would reimburse non- evidence based treatment. Dr. Clark answered that although there is not a hard number, there is a substantial amount of treatment is not evidence based, including detoxification. She elaborated that chronic brain disease treatment is evidence- based to be most effective, but is not well used. Governor Cooper also expressed concern over the increasing cost of naloxone, which Ms. Nickel agreed that there is more of a concern about this issue because multiple doses of the drug are needed to reverse overdoses for synthetic opioids, which are growing in popularity.

Governor Baker asked about the best way to disperse information on best practice. Mr. Mendell responded that Shatterproof brings together behavioral health payers and researchers to agree on one set of quality measures and report once a year on providers, which will be accessible to consumers. He added that if primary health care providers used the CDC Prevention Guidelines, the number of new people becoming addicted would be cut in half. He also noted that 23 million people

are in recovery, many through peer related support groups such as AA, and community therapy is critical to success of treatment in the long term. General Dean said that multi-sector trained community coalitions are the key to dispersing information on best practice. He added that public speakers such as athletes talking to high school students won't work, but a trained coalition will focus on skills, information, policy, and practices. He concluded that when the appropriate, trained professionals are handling this issue, evidence based strategies will prevail.

Chairman Christie praised to the consistency of solutions in testimonies and spoke strongly against the idea that addiction is a moral failing and noted that addiction is a disease. He ended the meeting by saying that the President cares deeply about this issue.