

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES  
ADMINISTRATION

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Tackling the Opioid Crisis: A Whole-of-Government Approach

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## Written Testimony

### Introduction

Thank you Chairman Graham, Ranking Member Feinstein and distinguished Members of the Committee. As Director of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment, it is an honor and privilege to be before you today to have the opportunity to discuss SAMHSA's effort to combat the opioid crisis in this country. From the start of his Administration, President Trump has made addressing the opioid epidemic a top priority, and at SAMHSA, the Assistant Secretary for Mental Health and Substance Use shares the President's commitment to ending this crisis, which is exacting a toll on individuals, families, and communities across the country. The Department of Health and Human Services (HHS) has made the crisis a top priority and has committed to using our full expertise and resources to combat the epidemic. As HHS's lead agency for addressing mental and substance use disorders, SAMHSA's core mission is to reduce the impact of substance misuse and mental illness on America's communities. With this mission, SAMHSA supports a portfolio of activities that addresses the HHS 5-Point Opioid Strategy.

In April 2017, HHS outlined its five-point Opioid Strategy, which provides the overarching framework to leverage the expertise and resources of HHS agencies in a strategic and coordinated manner. The comprehensive, evidence-based Opioid Strategy aims to:

- Improve access to prevention, treatment, and recovery support services to prevent the health, social, and economic consequences associated with opioid addiction and to help individuals to achieve long-term recovery;
- Target the availability and distribution of overdose-reversing medications to ensure the broad provision of these drugs to people likely to experience or respond to an overdose, with a particular focus on targeting high-risk populations;
- Strengthen public health data collection and reporting to improve the timeliness and specificity of data and to inform a real-time public health response as the epidemic evolves;
- Support cutting-edge research that advances our understanding of pain and addiction, leads to the development of new treatments, and identifies effective public health interventions to reduce opioid-related health harms; and
- Advance the practice of pain management to enable access to high quality, evidence-based pain care that reduces the burden of pain for individuals, families, and society while also reducing the inappropriate use of opioids and opioid-related harms.

The SUPPORT for Patients and Communities Act (Public Law 115-271; Oct. 24, 2018) and the Consolidated Appropriation Act, 2019 (Public Law 116-6; Feb. 15, 2019), provides HHS new authorities and funding to address the opioid epidemic and will allow SAMHSA to continue to invest resources in expanding opportunities for evidence-based prevention, treatment and recovery support services.

Over the past 15 years, communities across our Nation have been devastated by increasing prescription and illicit opioid misuse, addiction, and overdose. According to SAMHSA’s National Survey on Drug Use and Health (NSDUH), in 2018, approximately 10.3 million Americans misused opioids; of that population, 9.9 million people misused prescription pain relievers, 808,000 people used heroin, and 2 million people had an opioid use disorder (OUD)<sup>1</sup>. While the number of individuals who misused opioids is down 19.2 percent from 2015,<sup>2</sup> almost 400,000 Americans died of an opioid overdose over the past 20 years<sup>3</sup>. Most alarming is the rapid increase in overdose deaths involving illicitly made fentanyl and other highly potent synthetic opioids. OUD and opioid-related overdose and death remain major issues that require a broader understanding of intersecting medical and public health factors.

Of those who died of opioid overdose, identified drugs include prescription and illicit opioids, such as heroin and illegally trafficked fentanyl. Overdoses involving opioids killed more than 47,000 people in 2017<sup>4</sup>. Overall, opioid overdoses appear to plateau when comparing 2017 and 2018 data, which is notable given how aggressively the increases in all prior years over the past decade had been and suggests some success in reducing deaths from synthetic opioids and methadone; illicit fentanyl continues to be a major reason deaths continue to accelerate for this category.

### ***SAMHSA’s Strategy to Combat the Opioid Crisis***

SAMHSA’s core mission is to reduce the impact of substance misuse and mental illness on America’s communities. SAMHSA is the agency within HHS that leads public health efforts to improve the lives of individuals living with mental and substance use disorders, and their families. The SAMHSA Strategic Plan FY 2019 – FY 2023 outlines five priority areas with goals and measurable objectives that provide a roadmap to carry out the vision and mission of SAMHSA over the next four years.

The five priority areas are:

1. Combating the Opioid Crisis through the Expansion of Prevention, Treatment, and Recovery Support Services
2. Addressing Serious Mental Illness and Serious Emotional Disturbances
3. Advancing Prevention, Treatment, and Recovery Support Services for Substance Use
4. Improving Data Collection, Analysis, Dissemination, and Program and Policy Evaluation
5. Strengthening Health Practitioner Training and Education

To date, SAMHSA has taken significant steps to advance Priority Area #1 - Combating the Opioid Crisis through the expansion of prevention, treatment, recovery support services, provider education, and increased surveillance. This statement addresses SAMHSA’s work to address the opioid epidemic.

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<sup>1</sup> Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>.

<sup>2</sup> Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>.

<sup>3</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December 2018. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

<sup>4</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December 2018. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

## *Improving Access to Prevention, Treatment and Recovery Support Services*

### **State Opioid Response Grants (SOR)**

The SOR program aims to increase access to medication-assisted treatment (MAT), the use of the three FDA-approved medications (buprenorphine, methadone, and naloxone) in combination with counseling and behavioral therapies, for the treatment of OUD, as well as, reduce unmet treatment need, and reduce opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs). Building off of the lessons learned in FY 2017 and FY 2018 from the similar \$500 million State Targeted Response to the Opioid Crisis formula grant program, the SOR program was appropriated \$1 billion in FY 2018 and \$1.5 billion in FY 2019. In addition to technical assistance and other support, this funding was awarded to states and territories via a formula based on overdose death rates and treatment need. Within this amount, \$50 million was also provided to tribes through the Tribal Opioid Response program (TOR). SOR included a 15 percent set-aside for states with the highest mortality rate related to drug overdose deaths.

Grantees are implementing comprehensive systems of prevention, treatment, and recovery support services to address the opioid crisis. The SOR Program specifically emphasized the use of MAT as a requirement of the program. Grantees are required to ensure that FDA-approved medications are coupled with clinical and psychosocial interventions as well as community recovery supports to address opioid use disorder. Currently, there are 57 active SOR grants.

This section provides an overview of prevention, treatment, and recovery support services funded through the SOR grant program. Specifically, the following are described in each area:

### **SOR Prevention**

#### *Activities*

SOR grantees are implementing various evidence-based practices (EBP) for prevention such as Drug Take Back and Disposal programs and Overdose Education and Naloxone Distribution activities. Grantees also implement marketing/media campaigns, strategies to address and reduce stigma, and enhancement/expansion of Prescription Drug Monitoring Programs (PDMPs). In the first six months of SOR, 271,550 naloxone kits were distributed and 14,433 opioid overdose reversals were reported.

#### *Collaborations*

SOR grantees partner with numerous community sectors to ensure the dissemination of primary, secondary and tertiary opioid prevention strategies. Community-based organizations, such as the Boys and Girls Clubs of America, have become integral partners in the delivery and implementation of EBPs. Grantees collaborate with social service agencies, departments of health, and the criminal justice system, to ensure prevention services reach populations most at-risk for opioid use and overdose. Additionally, grantees collaborate with Attorneys General and Drug Enforcement Agencies to provide year-round medication drop boxes for drug disposal initiatives.

### *Innovations*

Innovative services are utilized to provide a continuum of care to at-risk populations affected by the opioid crisis. For example, in some areas Mobile Crisis Teams provide follow-up services to individuals within 48–72 hours of experiencing an overdose. These efforts help triage high-risk individuals and offer needed treatment and prevention services such as MAT and distribution of naloxone. Another example of an innovative strategy includes pharmacists providing education, brief screening, and referral to treatment.

### **SOR Treatment**

#### *Activities*

Grantees are required to ensure that all three FDA-approved medications for OUD—methadone, buprenorphine, and injectable naltrexone—are provided as part of the SOR grant. These medications are provided in combination with evidence-based psychosocial services. Examples of these services include Screening, Brief Intervention, and Referral to Treatment, Motivational Interviewing, and Cognitive Behavioral Therapy.

The “Hub and Spoke” evidence-based model is utilized by many SOR grantees. In this model, every person seeking care for OUD receives an individualized assessment and initiation of treatment at a “hub” location, which specializes in addiction treatment. Referrals are made to community-based “spokes” for ongoing treatment.

#### *Collaborations*

SOR grantees have collaborated with academic medical institutions to provide training and education to increase providers’ knowledge of MAT and OUD. Grantees also collaborate with Child Protective Services to build expertise of front line staff to identify OUD, improve engagement with families, and improve access to treatment. Further, many states have collaborated with Departments of Corrections to provide MAT to inmates as well as case management services to ensure coordinated treatment following discharge from correctional facilities.

#### *Innovations*

In an effort to reach individuals in need of treatment, SOR grantees have implemented a variety of innovative approaches. These approaches include: providing MAT in rural and other hard to reach areas across states through telehealth; the incorporation of “Bridge Clinic” models offering rapid access to treatment by providing MAT in the emergency department; and the implementation of Addiction Stabilization Units, providing 24/7 drop-in outpatient stabilization and other OUD services.

### **SOR Recovery Supports**

#### *Activities*

One of the most common approaches to implementing recovery support services by SOR grantees is the EBP of utilizing peer (individuals with lived experience of OUD who are in recovery) supports. SOR grantees have developed standardized certification processes to ensure consistent training and education for peers statewide. Another common activity is the development, enhancement, and expansion of Recovery Community Organizations (RCOs) as

well as Recovery Residences. Efforts are made to ensure all houses are clinically appropriate and allow individuals on MAT to reside in the house. Employment services are also often provided to assist individuals in finding and maintaining suitable employment. In the first six months of the SOR program, over 36,000 individuals received recovery support services.

### *Collaborations*

Peers are engaged in a number of settings to assist individuals with an OUD to initiate or maintain recovery. These settings include hospital emergency departments, urgent care centers, criminal justice settings, addiction treatment facilities, community centers, homeless and domestic violence shelters, and street-based outreach. Within these various settings, peers collaborate closely with a number of stakeholders, including medical professionals, criminal justice personnel, and child welfare workers to provide education, support, and assistance with accessing treatment for OUD, including MAT.

### *Innovations*

An example of innovation includes the integration of peers in faith-based communities to address stigma, provide education, and engage in recovery coaching. Some grantees have focused on developing and expanding housing for specific populations, such as pregnant and parenting women. In addition to addressing barriers to treatment such as housing, cost, and lack of access, many SOR grantees provide assistance with transportation as this is a common barrier to accessing and maintaining treatment.

SOR grantees are implementing innovative and evidence-based approaches to prevention, treatment, and recovery supports across the country. SAMHSA strongly believes that through the expansion of comprehensive systems and through the continued partnership between the federal government, states, and communities, the country will continue to make major progress on the opioid crisis.

### **Tribal Opioid Response Grants**

American Indians and Alaska Natives (AI/ANs) have been devastated by increasing rates of prescription and illicit opioid misuse abuse, addiction, and overdose. According to SAMHSA's 2018 National Survey on Drug Use and Health (NSDUH), AI/ANs ages 18-25 (7.4 percent), and 26 and older (6.2 percent) had higher prevalence rates of past year opioid misuse compared to individuals in those same age ranges in the overall U.S. population (5.6 percent, and 3.6 percent)<sup>5</sup>. Furthermore, data from the Centers for Disease Control and Prevention's Drug and Opioid-Involved Overdose Deaths 2013-2017 Report indicates that AI/AN populations had the second highest overdose rates from all opioids in 2017 (15.7 deaths/100,000 population) among all racial/ethnic groups in the U.S. In addition, AI/AN populations had the second highest overdose death rates from heroin (5.2) and third highest from synthetic opioids (6.5)<sup>6</sup>.

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<sup>5</sup> Substance Abuse and Mental Health Services Administration. (2018). Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

<sup>6</sup> Scholl L, Seth P, Kariisa M, Wilson N, Baldwin G. Drug and Opioid-Involved Overdose Deaths — United States, 2013–2017. *MMWR Morb Mortal Wkly Rep* 2019;67:1419–1427. DOI: <http://dx.doi.org/10.15585/mmwr.mm675152e1>

In an effort to address the opioid epidemic in Indian Country, SAMHSA established the \$50 million Tribal Opioid Response (TOR) program through a set-aside of the SOR program. The TOR program aims to address the opioid crisis in tribal communities by increasing access to culturally appropriate and evidence-based treatment, including MAT using one of the three FDA-approved medications for the treatment of opioid use disorder. This program provides direct funding to tribes and tribal organizations while allowing them the option to apply as part of a consortium or in partnership with urban Indian organizations to ensure services are accessible across rural and remote areas.

Currently, TOR grantees are at varying stages of providing treatment, prevention and recovery support services to ensure individuals are receiving a comprehensive array of assistance across the continuum of care. Through the TOR program alone, approximately 33,831 naloxone kits were purchased and 25,868 were distributed to increase availability of the lifesaving opioid reversal medications to first responders, law enforcement, and members of other key sectors to administer the lifesaving medication.

SAMHSA is committed to ensuring AI/AN communities are provided necessary technical assistance, training and educational resources in their efforts to address the opioid epidemic across Indian Country. SAMHSA has provided \$1.9 million in funds to the National American Indian and Alaska Native Addiction Technology Transfer Center (AI/AN ATTC) to provide support to assist tribes, tribal organizations, and urban Indian programs develop and strengthen the specialized behavioral and primary healthcare workforce, which provides substance use disorder treatment and recovery support services to tribal communities. The AI/AN ATTC has provided TOR grantees with opportunities to share best practices and lessons learned on subjects such as Creating Sustainable Programs, Medication-Assisted Treatment in a Native Community, and Co-occurrence of Mental Health and Opioid Use Disorders during in person events held in FY 2018 and FY 2019. To date, the AI/AN ATTC has implemented over 75 events and served over 2,700 professional and paraprofessional healthcare providers. In addition, 28 webinars have been provided on a number of opioid and behavioral health topics with a total reach of 528 participants over the same period.

### **Substance Abuse Prevention and Treatment Block Grant**

The \$1.9 billion Substance Abuse Prevention and Treatment Block Grant (SABG), first authorized in 1992, is a vital source of funding for states that accounts for approximately 32 percent of total state substance abuse agency funding. For many people seeking to recover from opioid addiction, this public funding represents the only support for treatment. In addition, the block grant's flexible structure enables states to use the funds to address pressing challenges within their communities, such as the opioid crisis.

### **Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA)**

SAMHSA also has several initiatives aimed specifically at advancing the utilization of MAT for opioid use disorder, which is proven effective but is highly underutilized. SAMHSA's Medication Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA) program expands MAT access by providing grants to states with the highest rates of treatment admissions for opioid addiction. Between FY 2015 and FY 2017 SAMHSA awarded approximately \$84 Million to 28 states including 53 new grants and 31 continuation grants.

In FY 2018 SAMHSA expanded eligibility for the MAT-PDOA program to include states, political subdivisions in states or nonprofit organizations within the states identified with having the highest primary treatment admissions for heroin and opioids per capita and includes those with the most dramatic increases for heroin and opioids, as identified by SAMHSA's 2015 Treatment Episode Data Set. In FY 2019, the MAT-PDOA program was funded at \$89 million, including \$5 million in set aside funding for awards to federally recognized AI/AN tribes/tribal organizations. The FY 2019 funding resulted in 37 additional awards for a total of 165 MAT-PDOA grantees, 20 of which are tribes/ tribal organizations.

### **Criminal Justice Programs and Programs for Pregnant and Postpartum Women (PPW)**

SAMHSA also provides critical funding for MAT for specific high-risk and vulnerable populations, such as those involved with the criminal justice system and pregnant and postpartum women.

SAMHSA's criminal justice grantees can use up to 20 percent of their grant awards for the purchase of FDA-approved medications for treatment of opioid and alcohol addiction. Since 2013, SAMHSA has seen a steady increase in the number of drug courts integrating MAT into their programs with 57 percent of active programs currently integrating MAT. SAMHSA's Treatment Drug Court Programs provide communities with support to implement Drug Court programs as critical alternatives to incarceration. These funded programs are required to recognize MAT as an evidence-based practice and cannot deny services to those on MAT. Additionally, SAMHSA also funds the Offender Re-entry Program to work with individuals to gain access to treatment, including MAT, as they leave jail/prison and enter back into society.

Under SAMHSA's PPW program, which serves women with opioid or other substance use disorders who are pregnant and/or newly parenting, grantees are encouraged to ensure access to MAT for opioid addiction, which has been shown to improve birth outcomes. Beginning in FY 2017, SAMHSA awarded approximately \$57 million in PPW services grants to support the recovery of pregnant and postpartum women struggling with substance use, including opioid use disorder and awarded \$14 million over three years for the new State Pilot PPW grants authorized by the Comprehensive Addiction and Recovery Act of 2016 (Public Law 114-198) (CARA)..

### **Building Communities of Recovery Program**

Peer services play a vital role in assisting individuals in achieving recovery from substance use disorders. RCOs are central to the delivery of those services. In FY 2017, SAMHSA funded a new cohort of grants through the CARA Building Communities of Recovery program. The purpose of this program is to mobilize resources within and outside of the recovery community to increase access to and quality of long-term recovery support from drug/alcohol addiction. These grants are intended to support the development, enhancement, expansion, and delivery of recovery support services as well as promotion of and education about recovery. Programs are designed to be overseen by people in recovery from SUDs who reflect the community served. Grants support linkages between recovery networks and a variety of other organizations, systems, and communities, including primary care, other recovery networks, child welfare system, criminal justice system, housing services and employment systems. Grantees will also work to reduce negative attitudes, discrimination, and prejudice around addiction and addiction

recovery. In FY 2019, SAMHSA funded 27 BCOR grants, of which eight are new grants and 19 are continuation award grants.

**Opioid Treatment Programs (OTPs)**

SAMHSA regulates over 1,700 opioid treatment programs (OTPs) nationwide, which dispense methadone and may also dispense and prescribe buprenorphine, and administer extended-release naltrexone. In coordination with the Drug Enforcement Administration (DEA) and states, territories, and the District of Columbia, SAMHSA reviews new and renewal applications for OTPs through an accreditation process that among other things, ensures programs have sound risk management practices in place and are using evidence-based treatments.

*DATA 2000 Waivered Practitioners*

SAMHSA also oversees physicians (MDs, DOs), nurse practitioners (NPs), and physician assistants’ (PAs), clinical nurse specialists (CNSs), certified registered nurse anesthetists (CRNAs), and certified nurse midwives’ (CNMs) ability to prescribe buprenorphine in office-based outpatient treatment settings. In 2016, SAMHSA published a final rule, which allows certain qualified physicians who have obtained a waiver to prescribe buprenorphine for up to 100 patients for at least a year, to acquire a waiver to treat up to 275 patients. The regulation provides that these licensed physicians can become eligible for the patient limit of 275 by being board certified either in Addiction Medicine or Addiction Psychiatry or by practicing in a qualified practice setting.

In 2017, SAMHSA began processing waivers to allow NPs and PAs to prescribe buprenorphine in accordance with the requirements of CARA. Most recently, in 2018, the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act authorized waivers to prescribe buprenorphine in office-based settings to CNSs, CRNAs, and CNMs until October 1, 2023. The SUPPORT Act also expanded the prescribing limits for mid-levels and allows practitioners under certain conditions to immediately start at a 100 patient limit after completing the required educational training. Further, the SUPPORT Act authorized and SAMHSA implemented the ability of mid-level practitioners who have had a waiver to treat up to 100 patients for at least one year to then apply to increase their caseload to 275 patients if they satisfy the requirements of 42 C.F.R. §§ 8.610 to 8.615. These requirements include work in a ”qualified practice setting” as described in 42 C.F.R. § 8.615. As of November 9, 2019, the following practitioners have obtained waivers:

<b>Patient Limit</b>	<b>MD/DO</b>	<b>NP</b>	<b>PA</b>	<b>CNS</b>	<b>CNM</b>	<b>CRNA</b>
<b>30</b>	42,851	10,875	2,860	5	11	1
<b>100</b>	10,451	2,751	693	3	0	1
<b>275</b>	5,210	262	84	0	0	0

***Workforce Efforts***

It is the strong belief of SAMHSA that without adequate training and education of the workforce, the opioid epidemic will not be curbed. It is essential to train and educate as many practitioners as possible to assist in this effort.

### **Provider's Clinical Support System (PCSS) and PCSS Universities Program**

A well-documented challenge to improving access to opioid use disorder treatment is a lack of providers who can provide MAT. SAMHSA supports a number of training initiatives to increase the number of qualified healthcare providers who can provide treatment for opioid addiction. In the last nine years, more than 157,000 medical professionals have participated in online or in-person trainings on MAT for opioid addiction through SAMHSA's PCSS-MAT. This program is a national training and clinical mentoring project that provides mentoring of newly trained physicians by experienced clinicians, maintains a library of evidence-based practice materials, and offers at no cost to the trainee the required DATA 2000 waiver training to enable providers to prescribe buprenorphine for opioid addiction treatment as well as related training on management of opioid use disorder which provides continuing medical education/continuing education units of credit at no cost to practitioners completing these trainings.

SAMHSA has recently expanded this effort to ensure that universities are mainstreaming opioid use disorder education among its healthcare profession students through the PCSS Universities Program. SAMHSA has awarded grants to universities to implement DATA Waiver training as part of the curriculum such that students are exposed to opioid use disorder early in their training and graduate having met the educational requirements to obtain a DATA waiver.

### **Practitioner Education**

SAMHSA funds efforts to further embed substance use disorder training into universities via the Prac-Ed program. This program funds both professional guilds and universities to support the development and implementation of SUD curriculum, including OUD, to mainstream education and training to a wide array of practitioners including social work, nursing, family physicians, emergency medicine, physician assistants, and other related professions.

### **Technology Transfer Centers (TTCs)**

SAMHSA has funded the Technology Transfer Centers (TTC) Program with the purpose to develop and strengthen the specialized behavioral healthcare and primary healthcare workforce that provides prevention, treatment and recovery support services for substance use disorder (SUD) and mental illness. The TTC program is comprised of three networks: the Addiction Technology Transfer Centers (ATTC), the Mental Health Technology Transfer Centers (MHTTC) and the Substance Abuse Prevention Technology Transfer Centers (PTTC). Each network is comprised of:

- One National Coordinating Center;
- Ten Regional Centers (one placed in each of the ten regions into which HHS divides the nation);
- One National American Indian & Alaska Native focused Center; and
- One National Hispanic & Latino focused Center.

The ATTCs support national and regional activities focused on preparing tools needed by practitioners to improve the quality of service delivery and to providing intensive technical assistance to provider organizations to improve their processes and practices in the delivery of effective SUD treatment and recovery services, with a great focus on opioid use disorders. As a Network, the ATTC is committed to taking action to address opioid misuse by developing

resources, providing training and technical assistance for health professionals and paraprofessionals (<https://attcnetwork.org/centers/global-attc/taking-action-address-opioid-misuse>).

Under the current grant cycle (2017 to 2022), the ATTC Network has already implemented over 2,300 events serving over 50,000 participants throughout all 50 U.S. States and territories promoting capacity building, connections and creating resources.

The MHTTCs work with organizations and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals, including the full continuum of services spanning mental illness prevention, treatment, and recovery support.

The PTTCs develop and disseminate tools and strategies needed to improve the quality of substance abuse prevention efforts; provide intensive technical assistance and learning resources to prevention professionals in order to improve their understanding of prevention science, how to use epidemiological data to guide prevention planning, and selection and implementation of evidence-based and promising prevention practices; and develop tools and resources to engage the next generation of prevention professionals.

### **Opioid Response Network**

SAMHSA has funded a program to support a team of experts on the ground in every state to assist in providing opioid use disorder prevention, treatment, and recovery training to individuals, families, communities and practitioners. The program's premise is that local expertise is needed to address this crisis. States and communities require tailored approaches and these teams of experts comprising psychiatrists, other mental health and SUD professionals, preventionists, peers, nurses, and recovery specialists are available at no-cost to provide that expertise. SAMHSA has responded to over 1,200 requests for assistance since the program's implementation in May 2018.

### **Rural Opioid Technical Assistance (ROTA)**

This effort represents a collaboration between SAMHSA and the Department of Agriculture (USDA) to address the opioid epidemic in rural America. These grants provide support to USDA's Cooperative Extension grantees to enhance their efforts through providing opioid-specific training and education to rural healthcare practitioners. These efforts cover comprehensive prevention and treatment education for rural populations.

### ***Targeting Overdose-Reversing Drugs***

SAMHSA has been a leader in efforts to reduce overdose deaths by increasing, through funding and technical assistance, the availability and use of naloxone to reverse overdose. SAMHSA's "Opioid Overdose Prevention Toolkit," first released in 2013, is one of SAMHSA's most downloaded resources. The Toolkit provides information on risks for opioid overdose, recognition of overdose, and how to provide emergency care in an overdose situation. The Toolkit is intended for community members, first responders, prescribers, people who have

recovered from an opioid overdose and family members, as well as communities and local governments.

SAMHSA's opioid misuse prevention efforts are showing positive outcomes. For example, the Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO) provides funds for grantees to undertake prevention activities that lead to the reduction the number of opioid related overdose deaths and adverse events among individuals 18 years of age and older through the use of SAMHSA's Opioid Overdose Prevention Toolkit. The program includes activities such as education for key community sectors on the prevention of opioids use and misuse and implementation of secondary prevention strategies such as the distribution of naloxone. In FY 2018, the 12 PDO grantees reported:

- 122,444 naloxone (or other FDA-approved) kits distributed; and
- 12,471 opioid overdose reversals.

In September 2017, SAMHSA awarded funding to grantees in 21 states to provide resources to first responders and treatment providers who work directly with the populations at highest risk for opioid overdose. The First Responders-Comprehensive Addiction and Recovery Act (FR-CARA) grantees partner with other prescribers at the community level to develop best practices for prescribing and co-prescribing FDA-approved overdose reversal drugs. After developing best practices, the grantees train other prescribers in key community sectors as well as individuals who support persons at high risk for overdose.

In FY 2018, the 21 FR-CARA grantees reported:

- 30,313 naloxone (or other FDA-approved) kits distributed;
- 3,617 opioid overdose reversals; and
- 1,356 trainings held and 10,891 trained on naloxone administration or on other opioid-overdose related topics.

SAMHSA has since awarded another 27 FR-CARA grants in order to build on these successes. SAMSHA's Strategic Prevention Framework – Prescription Drugs (SPF-Rx) program assists grantees in developing capacity and expertise in the use of data from state-run prescription drug monitoring programs (PDMP). All the grantees are required to have an operational state run PDMP. As of FY 2018, all 25 SPF-Rx grantees have assessed the current use of PDMP and its components as it relates to accessibility of data, usage by the targeted communities, and outcomes related to previous PDMP use. Grantees are successfully working toward increasing the capacity of states/tribes to analyze and utilize collected data to identify drug misuse trends, address sources of diversion, and increase the number of users of the PDMP.

The Improving Access to Overdose Treatment (OD Tx) grantees partner with other prescribers at the community level to develop best practices for prescribing and co-prescribing FDA-approved overdose reversal drugs. The grantees also train other prescribers in key community sectors as well as individuals who support persons at high risk for overdose. In FY 2018, the initial OD Tx grantee reported:

- 15 programs developed for prescribing or co-prescribing FDA-approved overdose reversal drugs; and

- 1,341 trained on prescribing drugs or devices approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose.

SAMHSA awarded five additional five-year OD Tx grants in FY 2018. Each grantee award is approximately \$185,000 per year for the five year award period.

### ***Strengthening Public Health Data and Reporting***

SAMHSA's NSDUH provides key national and state level data on a variety of substance use and mental health topics, including opioid misuse. NSDUH is a vital part of the surveillance effort related to opioids, and the data from NSDUH has been used to track historical and emerging trends in opioid misuse, including geographic and demographic variability.

SAMHSA also captures data on emergency department (ED) visits related to recent substance use. The Drug Abuse Warning Network (DAWN) is a nationwide public health surveillance system used to track this data. Since DAWN obtains specific information about the substances involved in the visit, it is able to monitor trends in ED visits involving opioids as well as identify new and re-emerging psychoactive substances. The Assistant Secretary prioritized the re-establishment of DAWN as part of SAMHSA's response to the 21<sup>st</sup> Century Cures Act. Hospital recruitment began in the spring of 2019.

1. DAWN Objectives are
  - a. Identify increases in ED visits involving specific substances in its hospitals and monitor the geographic, temporal and demographic characteristics of these visits
  - b. Provide a warning system for the emergence of new and novel psychoactive substances and combinations of substances
  - c. Provide capacity for national estimates of substance use-related ED visits

SAMHSA also works collaboratively with other agencies to better understand the epidemic through sharing of data and assessing the implications of that data and develops publications based on NSDUH and other national surveys and data.

### ***Supporting Cutting-Edge Research***

SAMHSA is building on existing partnerships with the National Institutes of Health, a primary partner in the implementation of the HEALing Communities Study, to improve the research to practice pipeline and is committed to identifying and promoting evidence-based practices and service delivery models. The Office of the Chief Medical Officer and the National Mental Health and Substance Use Policy Laboratory (Policy Lab), which were authorized through the 21<sup>st</sup> Century Cures Act to promote evidence-based practices and service delivery models, will be pivotal to these efforts. Additionally, Policy Lab assists in addressing the opioid crisis through its evaluation of models that would benefit from further development, and through expanding,

replicating, or scaling evidence-based practices across wider areas as we seek to increase access to and delivery of the best treatment services for opioid use disorders across America.

Although we are making tremendous progress in our fight against the opioid epidemic, there is a lot more progress to be made. The public health fight against SUDs in our country has only begun. SAMHSA will continue to devote resources to solving this critical public health issue. Thank you for the opportunity to testify on this important issue. I look forward to answering any questions that you have.