American Academy of Addiction Psychiatry
Translating Science. Transforming Lives.

March 29, 2023

The Honorable Rahul Gupta
Director
Office of National Drug Control Policy
Executive Office of the President
1600 Pennsylvania Ave NW
Washington, DC 20500

Dear Dr. Gupta:

On behalf of the American Academy of Addiction Psychiatry (AAAP), thank you for the opportunity to provide input for the Office of National Drug Control Policy's (ONDCP) 2024 National Drug Control Strategy (Strategy). AAAP is a professional organization representing specialists in addiction psychiatry and other healthcare professionals who treat patients with substance use disorders (SUDs). AAAP's primary mission is to educate healthcare professionals in the prevention and treatment of SUDs and co-occurring psychiatric disorders. AAAP is focused on working with the Administration, Congress, and experts in the field of addiction treatment to develop and implement science-based policies and programs to accomplish our shared goal of expanding SUD treatment, ending the opioid misuse and overdose epidemic, addressing co-occurring mental health conditions, and providing effective treatments for our patients and their families.

As ONDCP develops its 2024 Strategy to strengthen our nation's ability to deliver comprehensive prevention, treatment, and recovery services for people, families and communities facing substance use issues, we urge you to build on the 2022 Strategy by identifying solutions to remaining barriers to care and implementing policies to reduce stigma and discrimination. We specifically commend the Administration for implementing respectful, compassionate, and evidence-based interventions policies for people who use drugs. We are encouraged by the inclusion of drug test strips and syringe service programs as part of harm reduction interventions. These are important components to meet people where they are and increase the likelihood of engaging people in care.

We also appreciate the success in efforts to expand access to evidence-based care and encourage a focus on ensuring the availability of a well-trained workforce to deliver quality care and meet the needs of people with unhealthy substance use and substance use disorders. As overdose deaths rise and substance use and addiction evolves with emerging substances and technology, so too must our ability to provide effective treatment. We are pleased to offer the following recommendations on improving the SUD workforce, training clinicians in SUDs, educating clinicians about on privacy laws and regulations and addressing health inequities and the needs of vulnerable populations:

Improving the Workforce

Our nation faces a shortage of mental health and substance use disorder treatment professionals. The Health Resources and Services Administration (HRSA) estimates that the shortage of psychiatrists will worsen. By 2030, HRSA projects a 20% decrease of adult psychiatrists to 27,020 (as compared to 33,650 adult psychiatrists in 2017) while at the same time they project a 3% increase in demand for adult psychiatrists (to 39,550).

If we are going to alter this trend, **we must encourage more medical students to enter the field and persuade them to serve in high-need areas. Addiction psychiatrists are uniquely qualified to address our nation's dual crises of rising mental health disorder rates and overdose deaths. However, only about half the slots available for addiction psychiatry fellowships are being filled. This is the result of a combination of the high costs associated with medical education coupled with the low reimbursement rates for psychiatry**. A study conducted by Milliman found that primary care reimbursement for the same service done by addiction psychiatrists was 23.8% higher than for behavioral health visits. Medical residents are opting to join the workforce rather than complete a fellowship. We urge you to work with HRSA to identify issues to current loan repayment programs and identify ways to streamline and make programs more accessible, including through increased funding. Unfortunately, the demand for loan repayment outpaces the funding. For example, in Fiscal Year 2021, HRSA data shows (Substance Use Disorder Treatment and Recovery Loan Repayment Program) STAR-LRP received 3,184 applications for loan repayment but only made 255 awards and, of those, only 12 awards (5%) were for physicians.

Training Clinicians on Substance Use Disorders

We also strongly encourage ongoing support for education and training of the current workforce in treating SUDs and co-occurring mental health conditions. Unfortunately, even as our nation has faced an opioid misuse and overdose crisis of historic proportions with recent Centers for Disease Control and Prevention data showing that 107,477 overdose deaths occurred in the 12-month period ending in August 2022, the training of clinicians on SUDs remains inadequate.

As stated in a Resource Document published by American Psychiatric Association (2020), "current training of physicians in the recognition and treatment of substance use disorders (SUD) is inadequate to meet the needs of such a diverse and growing population of patients. Medical schools, physician training (residency) programs, and continuing education programs for physicians in practice, provide limited training in the treatment of SUDs. The scope of training on SUDs is disproportionate to the population health need to address these problems, and many with SUDs go undiagnosed and untreated. In the past decade there have been marked advancements in the science of addiction, which includes an expanding range of evidence-based pharmacologic and behavioral treatments. Despite these advances and a growing knowledge base, the educational requirements in psychiatry and other medical residencies have not shifted, leaving many physicians ill-prepared to manage SUDs in practice".

We remain concerned that even with the elimination of the DATA-waiver, which required education in order to prescribe buprenorphine, that access to medications for opioid use disorder (MOUD) will remain limited because of a variety of barriers. Clinicians need more training in administering these medications, in handling of controlled substances, better understanding in the basics of SUD/addiction, and how to implement and incorporate medications for opioid use disorder (MOUD) practices into their day-to-day administration to increase their comfort treating patients with opioid use disorder (OUD). **We were pleased the Substance Abuse and Mental Health Services Administration (SAMHSA) released funding to continue support for clinician education and training as part of its Provider Clinical Support System, and we would like to see this initiative continue with increased funding to meet the ongoing workforce training need.** ONDCP's role is important for supporting coordination between SAMHSA and the Drug Enforcement Administration (DEA) and to monitor the impact of changes to the DATA Waiver on clinicians and patients.

Education for Clinicians on Privacy Laws and Regulations

We are grateful to the Department of Health and Human Services (HHS), through the Office for Civil Rights (OCR) and SAMHSA for releasing regulations to better align the Confidentiality of Substance Use Disorder

Patient Records regulations under 42 CFR part 2 (Part 2) with the regulatory requirements under the Health Insurance Portability and Accountability Act (HIPAA) for purposes of treatment, payment and operations (TPO). However, we are concerned that technological limitations will result in administrative burdens, continued challenges with data segmentation, and may impede access to treatment. **We encourage ONDCP to work with SAMHSA and OCR to provide stakeholder outreach and offer robust technical assistance (TA) as they work on unpacking and implementing the law.** Examples of technical assistance could be collaborations to create multiple learning modalities, including webinars, written sub-regulatory guidance, sample wording, and public awareness campaigns. We encourage the tracking, monitoring, and sharing of lessons learned and best practices through implementing these Part 2 rule modifications so that all entities can continue to learn how to best carry out these provisions and enhance treatment delivery.

Address Health Inequities and Improve Care for Pregnant and Parenting People

Health Inequities

We support legislation and policies that promote equity and improve the social and structural determinants of substance use and substance use disorders. Unfortunately, an analysis of overdose deaths during the pandemic found that drug overdose death rates among Black people surpassed rates of White people and American Indian or Alaska Natives (AIAN) continued to experience the highest rates of overdose deaths as compared to other racial and ethnic groups.

Inequities in access to and quality of healthcare are primary drivers of the disparate clinical outcomes among individuals with SUD; these inequities are either directly or indirectly affected by social and structural determinants of health including race. For example, a study found that Black patients were 70% less likely to receive buprenorphine at a visit with their physician. Moreover, another study found that while cannabis use is relatively equally prevalent among both Black and White people, Black Americans are 3 times more likely to be arrested for possession.

We urge ONDCP to embed equity throughout its 2024 Strategy – for example, when considering how to grow the SUD workforce, policies that would encourage the development of a culturally appropriate workforce by attracting minority applicants should be prioritized. Specifically, we recommend support for SAMHSA's Minority Fellowship Program. Moreover, when considering how to expand access to Medication for opioid use disorders (MOUD), policymakers should consider barriers specific to minority populations and tailor efforts to reach these underserved communities.

Improve Care for Pregnant and Parenting People

We applaud the Administration for releasing a report and plan specifically on SUD treatment during pregnancy. We agree with principles outlined in the report such as that having an SUD in pregnancy is not, by itself, child abuse or neglect and that criminalizing SUD pregnancy is ineffective and harmful as it discourages women from seeking help. As the report states, women of color, those living in rural communities and those who do not speak English are less likely to receive MOUD during pregnancy.

We note that offering education on SUDs to women's health primary care clinicians throughout the Veteran's Health Administration is included as a tactic for increasing access to effective treatment. **We would urge the Administration to make education on SUDs available to all clinicians who treat pregnant women and women of reproductive age.**

A public health response, rather than a punitive legal approach to substance use during pregnancy is critical. This should include universal evidence-based screening and voluntary maternal drug testing with informed consent, improved access to substance use treatment, and comprehensive care approaches that include behavioral therapy, appropriate social services, and evidence-based pharmacotherapy.

Conclusion

Thank you again for the opportunity to provide input for the 2024 Strategy. We look forward to working with you to improve access to effective care for people with substance use disorders and their family members.

Sincerely,

Larissa Mooney, MD
AAAP President