

U.S. Department of Health and Human Services

***Minutes of the Interdepartmental Substance Use Disorders
Coordinating Committee
First Full Committee Meeting***

February 28, 2020 8:30 a.m. to 12:30 p.m. (Eastern Time Zone)
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, Pavilion A, Rockville, Maryland 20857

Table of Contents

Call to Order/Committee Roll Call.....	3
Welcome and Opening Remarks	5
State of the Science.....	6
Federal Advances to Address Challenges in Substance Use Disorders.....	9
Office of National Drug Control Policy (ONDCP)	9
Centers for Disease Control and Prevention (CDC).....	10
Food and Drug Administration (FDA)	11
Department of Agriculture (USDA)	11
Department of Education (ED).....	12
Department of Justice (DOJ)	12
Department of Labor (DOL).....	13
Office of Personnel Management (OPM).....	14
Social Security Administration (SSA).....	14
Department of Veterans Affairs (VA)	14
Open Discussion	15
Public Comment.....	17
Final Comments/Adjournment.....	17
Appendix A: Meeting Agenda.....	18
Appendix B: Official List of Meeting Participants.....	21

Call to Order/Committee Roll Call

Tracy Goss, Designated Federal Officer, Interdepartmental Substance Use Disorders Coordinating Committee (ISUDCC)

The meeting of the Interdepartmental Substance Use Disorders Coordinating Committee was called to order at 8:30 a.m., and a quorum was established.

Federal ISUDCC Members or Designees Present

- Elinore F. McCance-Katz, M.D., Ph.D., Assistant Secretary for Mental Health and Substance Use, Substance Abuse and Mental Health Services Administration
- Amanda Liskamm, Director, Opioid Enforcement and Prevention Effort, Office of the Deputy Attorney General, Department of Justice
- Julia Hearthway, Director, Office of Workers' Compensation Program, Department of Labor
- Ruth Ryder, Deputy Assistant Secretary for State Grant and Program Support, Office of Elementary and Secondary Education, Department of Education
- Jacqueline Ponti-Lazaruk, Chief Innovation Officer, Rural Development, Department of Agriculture
- Jennifer Burden, Ph.D., Deputy National Mental Health Program Director for Substance Use Disorders, Department of Veterans Affairs
- Leola Brooks, Social Insurance Specialist, Social Security Administration
- Debra Houry, M.D., MPH, Director, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention
- Emily Einstein, Ph.D., Branch Chief, Science Policy Branch, National Institute on Drug Abuse, National Institutes of Health
- Patricia Powell, Ph.D., Deputy Director, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health
- Celia Winchell, M.D., Medical Team Leader, Addiction Drug Products, Division of Anesthesiology, Addiction Medicine, and Pain Medicine, Office of Neuroscience, Center for Drug Evaluation and Research, Food and Drug Administration
- Ronald Kline, M.D., Chief Medical Officer, Office of Personnel Management
- June Sivilli, Senior Advisor, Public Health, Education and Treatment, Office of National Drug Control Policy

Federal ISUDCC Members Not Present

- Department of Housing and Urban Development

Non-Federal ISUDCC Members Present

- Chad Audi, Ph.D., President and CEO, Detroit Rescue Mission Ministries
- Caleb Banta-Green, Ph.D., MPH, MSW, Principal Research Scientist, Alcohol & Drug Abuse Institute, University of Washington
- Honorable Nancy L. Butts, President Judge, Lycoming County, Pennsylvania
- Meredith Canada, MSW, MPA, LCSW, Public Health Analyst, Indiana High-Intensity Drug Trafficking Area Overdose Response Strategy
- Kathleen M. Carroll, Ph.D., Albert E. Kent Professor of Psychiatry, Yale University School of Medicine
- Susan Dawson, Ed.D., PMHNP-BC, Psychiatric Nurse Practitioner, Assisted Recovery Center of America and State Targeted Response Team for the Opioid Crisis Trainer for Professionals
- Nicholas D. Estabrook, Addictive Disease Recovery Support Specialist, Georgia Department of Behavioral Health and Developmental Disabilities
- Sara A. Goldsby, MSW, MPH, Director, South Carolina Department of Alcohol and Other Drug Abuse Services
- Erik P. Hess, M.D., MSc, Professor and Vice Chair for Research, Department of Emergency Medicine, University of Alabama at Birmingham School of Medicine
- Keith Humphreys, Ph.D., Esther Ting Memorial Professor, Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine
- Steven M. Jenkusky, M.D., M.A., FAPA, Vice President and Medical Director, Magellan Healthcare
- Jamie Chrisman Low, M.Ed., NCC, Recovery Consultant, Statewide Recovery Community, Network Weaver, Certified Peer Support Specialist
- Sheryl Ryan, M.D., FAAP, Division Chief, Professor of Pediatrics, Adolescent Medicine and Eating Disorders, Penn State Health
- Amanda S., Patient, and Advocate
- Cynthia Seivwright, LCMHC, CQIA, Director, Division of Alcohol and Drug Abuse Programs, Vermont Department of Health, Single State Agency for Substance Abuse Services
- Daniel Sledge, B.A., L.P., Lead Outreach Paramedic, Williamson County (Texas) EMS-MOT
- Richard Spoth, Ph.D., Director, Partnerships in Prevention Science Institute, Iowa State University
- Luis R. Torres, Ph.D., Associate Professor, Center for Drug and Social Policy Research, University of Houston

Welcome and Opening Remarks

Elinore F. McCance-Katz, M.D., Ph.D., ISUDCC Chair, Assistant Secretary for Mental Health and Substance Use

Dr. McCance-Katz thanked members for attending the first meeting of ISUDCC and welcomed their input. Congress established this new committee as part of the SUPPORT Act of 2018. The committee is comprised of federal and public members, and the committee's goals are for public members to learn about federal activities, receive input from the public members, and discuss programs and ongoing goals.

Dr. McCance-Katz then described what SAMHSA considers to be critical issues—opioids, methamphetamine, and marijuana. Addressing the opioids crisis has been an important initiative of the Administration. Initial funding consisted of \$500 million per year for 2017 and 2018 through the 21st Century Cures Act. In 2018, Congress and the President increased funding to \$1 billion to distribute to states based on the severity of their problem to address opioid prevention, treatment, and recovery services. In addition, the Department of Health and Human Services (HHS) has an investment of \$5.2 billion per year to help American communities combat the opioid crisis, and includes increases in distribution of naloxone; training of first responders on opioid overdose and use of naloxone; research funding to improve treatment for opioid use disorders, as well as the development of non-addictive pain medications, potent formulations of naloxone that will address the more potent opioids, improved pain management, and ongoing surveillance.

We are beginning to see positive effects. While we still have a long way to go, in 2018, there was a significant decrease of 10.3 million compared to 11.4 million in 2017. Fentanyl and synthetic opioids remain a significant source of toxicity and overdose deaths, and misuse of prescription opioids continues to be an issue. According to the National Survey on Drug Use and Health (NSDUH), more than 50 percent of opioid analgesic misusers reported getting these medications from friends and relatives. Many participants of the survey said that their friends and relatives are prescribed enough to give or sell to others.

Dr. McCance-Katz reported that SAMHSA now includes language in its funding announcements requiring the use of medication-assisted treatment (MAT) by states and grantees. There has been a significant increase in the use of MAT to treat opioid use disorder as well as an increase in naloxone prescribing. In response to learning that eight states have approved marijuana as a treatment for opioid use disorder, SAMHSA included in all Notice of Grant Awards that marijuana cannot be used with federal dollars to pay for treatment of mental or substance use disorders because marijuana is a risk factor for mental and substance use disorders.

Concerning methamphetamine, our data is showing this is increasing in prevalence in some states and tribal lands. We are seeing large quantities of methamphetamine being brought into the United States from Mexico and South America. It frequently contains high potency opioids

such as fentanyl, and stimulant users are at extreme risk for overdose should they take substances with fentanyl in them. Data from late 2019 indicate that methamphetamine is the primary substance causing toxicity in users being seen in emergency departments. SAMHSA is responding by monitoring NSDUH data and the Drug Abuse Warning Network (DAWN) and implementing targeted capacity expansion grants. Also, SAMHSA provides extensive training and technical assistance and asking grantees to make a case for polysubstance misuse.

Dr. McCance-Katz ended her overview with a discussion of the marijuana issue in the United States. The NSDUH shows a significant increase in marijuana use since 2017, with more than 45 million current users. Only 15 percent of NSDUH respondents considered that marijuana use was risky, and the 2017 NSDUH showed a startling increase in marijuana use in pregnancy, for which there are many health concerns. Use during pregnancy may be associated with fetal growth restriction, stillbirth, preterm birth, and neonatal intensive care unit admission, as well as problems with neurological development. Also, research suggests that marijuana use may be associated with suicidality, other substance use, major depression, and serious mental illness.

State of the Science

George F. Koob, Ph.D., Director, National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institutes of Health

Emily B. Einstein, Ph.D., Chief, Science Policy Branch, Office of Science Policy and Communications, National Institute on Drug Abuse (NIDA), National Institutes of Health

Dr. Koob and Dr. Einstein discussed the state of the science of substance use disorders, providing insight on activities at NIAAA and NIDA.

A total of 65.7 percent of the U.S. population uses alcohol, compared with 4.2 percent who use opioids. As well, 5.3 percent of the population has an alcohol use disorder in contrast to 0.8 percent who has an opioid use disorder. Alcohol use is a significant contributor to emergency department visits and causes half of the liver disease in the United States. Alcohol-related deaths doubled between 1999 and 2017. It also plays a prominent role in "deaths of despair," i.e., overdoses, suicides, and liver disease deaths. Also, alcohol misuse correlates with poor mental health, often preceding diagnoses of mental health conditions, commonly used in an effort to cope with symptoms.

Dr. Koob introduced a conceptual framework for the neurobiological bases driving substance/alcohol use disorder. The framework consists of three stages: 1) binge intoxication; 2) negative affect withdrawal; and preoccupation anticipation and the areas of the brain they affect. NIAAA has begun using a behavioral test to categorize different phenotypes of the addiction cycle, e.g., measuring cue-reactivity to identify incentive salience or measuring delay discounting to investigate executive function. This will help improve diagnosis and allow for precision treatments.

Next, Dr. Koob provided examples of how this information is used to advance the diagnosis, prevention, and treatment of alcohol use disorder. They include:

- Fetal Alcohol Spectrum Disorders (FASD)—Research has shown that FASD prevalence may be higher than previously thought, and prenatal exposure to cannabinoids exacerbates alcohol-induced facial malformations, thus highlighting the harms of co-substance use during pregnancy. NIAAA is using technology to support screening and early diagnosis of adverse effects of fetal alcohol exposure.
- Longitudinal Brain Development Studies—NIAAA has funded two major studies currently underway including the National Consortium on Alcohol and Neurodevelopment in Adolescence (N-CANDA), a longitudinal study of youth ages 12 – 21 on the effects of alcohol and other insults on the brain, and the Adolescent Brain Cognitive Development (ABCD) Study, an ongoing, multisite study tracking the biological, cognitive, and behavioral development of youth over ten years.

Dr. Koob shared the positive news that binge drinking among underage and college-age individuals has declined considerably over time. He also pointed to NIAAA and NIDA's robust neurobiology program. The Small Business Innovative Research program has been expanded to facilitate studies leading to investigational new drugs to treat alcohol use disorders.

Dr. Koob shared some emerging issues, the gaps between men and women are narrowing in the prevalence, early-onset drinking, frequency, and intensity of drinking, having an alcohol use disorder, drunk driving, and self-reported consequences. Women are more likely to experience blackouts, liver inflammation, brain atrophy, and other negative effects. Other emerging issues include:

- The prevalence of high-intensity drinking among young people (12th graders)
- The disappearance of gender gaps related to the amount of alcohol consumption and frequency of binge drinking on college campuses
- Rising alcohol use among older adults
- The cyclical relationship between alcohol misuse and pain
- The relationship between alcohol use disorder and sleep disturbance
- Closing the treatment gap
- Integrating treatment of alcohol use disorder with alcohol-associated liver disease

Dr. Einstein reported on activities and research priorities at NIDA. She began with a discussion of the drug overdose death rate surveillance data from the Centers for Disease Control and Prevention. Drug overdose death rates have been increasing since at least 1980, with 70,000 overdose deaths in 2018. Although it was encouraging that there were decreased deaths from prescribed opioids and heroin, deaths from illicit synthetic opioids such as fentanyl and psychostimulants such as cocaine and methamphetamine increased.

Drug overdose deaths are not the only consequence of the addiction crisis. Drug use while pregnant or parenting has led to increases in rates of neonatal abstinence syndrome and removal of children into the foster care system. Another consequence is an increase in the transmission of infections associated with injection drug use. One example of a coordinated federal response is the collaboration among NIDA, CDC, SAMHSA, and the Appalachian Regional Commission to look at ways to prevent transmission of HIV and hepatitis C in rural communities and ways to implement evidence-based prevention and treatment in these communities.

In addition to its intramural research program, NIDA funds extramural research in several areas, including neuroscience and behavior, epidemiology and prevention research, therapeutics, clinical trials, and translational initiatives and program innovations. Findings from this research include the following:

- In a study where subjects could choose freely between interacting socially with a peer and taking a drug, social interaction was vastly preferred to taking either heroin or methamphetamine.
- The three medications for opioid use disorder—methadone, buprenorphine, and naltrexone—decrease opioid use, opioid-related overdose deaths, criminal activity, and infectious disease transmission, and increase social functioning and retention in treatment. NIDA and SAMHSA commissioned the National Academies to aggregate the evidence in the consensus report, *Medications for Opioid Use Disorder Save Lives*.

NIH has established the Helping to End Addiction Long-Term (HEAL) Initiative, which invests almost \$500 million per year in nearly 400 projects. The two main topic areas are to enhance pain management and improve treatments for opioid use disorders. For example, projects are investigating the development of new medications for opioid use disorder and overdose as well as the development of longer-acting opioid antagonists. Other research is looking at whether the drug suvorexent can be therapeutic for people with opioid use disorder. Outside of the HEAL Initiative, NIDA also has a robust pipeline of compounds being tested to become medications for methamphetamine and cocaine use disorder.

In collaboration with SAMHSA, NIDA is sponsoring the HEALing Communities Study, which covers 67 urban and rural communities, each of which is testing a Communities that HEAL intervention. This study will require partnerships among emergency departments and behavioral health community leaders, along with elected officials and health departments. The overall goal is to decrease overdose deaths by 40 percent over three years.

Dr. Einstein turned to the substantial increase in nicotine vaping and THC vaping among adolescents in 8th, 10th, and 12th grade, as documented in the 2018 and 2019 Monitoring the Future Surveys. Nicotine vaping more than doubled from 2017 to 2019. The finding that mint and mango flavors were the most popular, along with findings from CDC's National Youth

Tobacco Survey, directly informed the choice to remove the flavored JUUL pods from the market.

Discussion

Ms. Avula invited questions or comments on these presentations.

Dr. Spoth expressed sadness that findings take so long to be translated into practice. He hoped that ISUDCC could help speed up that slow process. Dr. Einstein reflected that many prevention interventions do not only impact drug use but also a variety of domains that have the potential to improve lives. It may take a very long time to see results. Dr. McCance-Katz agreed with Dr. Spoth's comment and said that SAMHSA had encouraged the states to use their block grant dollars for prevention interventions. SAMHSA has found that the states that have Medicaid expansion can apply more resources to prevention interventions. She invited the committee to review the Policy Lab catalog of evidence-based practices and provide feedback.

Ms. Chrisman Low asked about the lack of buy-in from the pharmaceutical companies to develop the drugs that research suggests would improve outcomes. Dr. Einstein noted that the HEAL Initiative is an opportunity to create ways to incentivize pharmaceutical companies to invest in this space. For example, the initiative provides free technical assistance to carry out some of the preclinical work required.

Mr. Estabrook asked Dr. McCance-Katz if there has been any research on the adverse side effects of a criminal conviction for drug possession on entering long-term recovery. Dr. McCance-Katz was unaware of such studies but said she believed that convictions for minor drug offenses are obstacles to many issues in a person's life, possibly including long-term recovery. She continued that HHS continues to try to reduce stigma.

Federal Advances to Address Challenges in Substance Use Disorders

Office of National Drug Control Policy (ONDCP)

June Sivilli, Senior Advisor, Public Health, Education and Treatment

Ms. Sivilli began her presentation by thanking Dr. McCance-Katz for convening the committee and Congress for acknowledging the need for such a group. She then provided an overview of the activities of the Office of National Drug Control Policy (ONDCP).

ONDCP was established in 1988 and reauthorized in 2018. It is authorized to develop and coordinate the National Drug Control Strategy and administer the \$35.7 billion federal drug control budget. The proposed 2021 budget request represents an increase of nearly \$100 million over 2020 and provides \$18.6 billion for demand reduction, with the rest going to supply reduction. The budget reflects the Administration's key drug priorities, including a commitment to addressing the evolving opioid epidemic. The efforts span five drug control functions, i.e.,

prevention, treatment, domestic law enforcement, interdiction, and international operations. The National Drug Control Strategy has three broad pillars, which are prevention, treatment/recovery, and supply control.

As required under the SUPPORT Act, ONDCP this year developed a National Treatment Plan for Substance Use Disorders structured around infrastructure; delivery systems, provider networks, and reaching populations in need; and quality of treatment. ONDCP has already begun implementation through interagency coordination with federal partners using a tiered, prioritized approach. The treatment plan was intended to help close the treatment gap and acknowledges that the government alone is not going to solve the problem; all stakeholders have a role to play.

ONDCP oversees a few programs and contracts, including:

- High-Intensity Drug Trafficking Areas Program, which is primarily a law enforcement collaboration and information sharing across federal, state, and local law enforcement entities.
- Drug-Free Communities Support Program, a significant prevention program is reaching more than 700 community and coalitions to address youth drug use and prevention in communities.

ONDCP also supports anti-doping efforts, legislative and policy efforts, community anti-drug coalition activities, and drug court training and technical assistance.

Ms. Sivilli closed by encouraging committee members to read the National Treatment Plan, noting that it provides an excellent opportunity for federal partners and stakeholders to do more.

Centers for Disease Control and Prevention (CDC)

Debra Houry, MD, MPH, Director, National Center for Injury Prevention and Control (NCIPC)

Dr. Houry provided a brief overview of NCIPC and how its work relates to substance abuse prevention and treatment.

NCIPC has three priorities: 1) adverse childhood experiences; 2) suicide prevention; and 3) opioid overdose prevention. With regard to opioid overdose prevention, NCIPC funded the Overdose to Action grant, a three year, nearly \$1 billion program that began in September 2019. This program combines prevention and surveillance under one overarching program. Part of the grant funds is spent on funding coroners and medical examiners to conduct more toxicology testing to gain a more accurate picture of overdose deaths.

Prevention activities include prescription drug monitoring programs and the development of guidelines such as the Guideline for Prescribing Opioids for Chronic Pain. NCIPC is working with the Agency for Healthcare Research and Quality on more chronic and acute pain reviews.

NCIPC may update or expand the guide and issued a call for applications to participate in a workgroup to review the existing guideline and any potential drafts.

Additional activities include supporting the High-Intensity Drug Trafficking Areas program and issuing two extramural funding announcements, one on primary or secondary prevention of opioid overdose and one on effective strategies for opioid overdose prevention. NCIPC is also seeking ways to link opioid work with work on adverse childhood experiences.

Food and Drug Administration (FDA)

Celia Winchell, MD, Medical Team Leader, Addiction Drug Product Division of Anesthesiology, Addiction Medicine, and Pain Medicine, Office of Neuroscience, Center for Drug Evaluation and Research

Dr. Winchell focused her presentation on FDA's activities related to speeding innovation. The Center for Drugs, Biologics, and Devices meet with stakeholders, including pharmaceutical companies, regarding new drugs or other medical products, providing them with advice on what is necessary to bring their treatments to market and issuing guidance when possible. Draft and final guidance documents are available on substance use disorders, including the development of drugs to treat alcohol use disorders, depot buprenorphine products, drugs to treat opioid use disorder, and nicotine replacement products. FDA is currently working on filling gaps that may allow for the issuance of guidance on how to study drugs to treat various stimulant use disorders.

FDA held a workshop in December 2019 to get a better understanding of the range of stimulant use disorders as well as the context, populations, and motivations people have for using different stimulants and coming into treatment. A meeting was scheduled for March 10th to hear the patient perspective on stimulant use disorders, the effects this has on people, and the goals they have for treatments to help advise stakeholders on how to design trials for potential medications.

Department of Agriculture (USDA)

Jacqueline Ponti-Lazaruk, Chief Innovation Officer, Department of Agriculture Rural Development

The Innovation Center within USDA Rural Development combines and centralizes workaround partnerships, policy, and analytics. USDA's mission is broad-reaching and impacts the lives of every American. Substance use disorder is an issue that impacts the work being done at USDA and with communities, particularly in rural areas. USDA supports the collective efforts of federal partners in the fight against substance use disorders.

The agency has taken the lead on the development of critical tools such as the Community Assessment Tool that helps local leaders understand the scope of the issues and what is driving addiction in their communities. USDA also offers an Action Guide that helps communities find federal assistance, highlights best practices, and helps connect them to others. The Federal Rural

Resource Guide helps communities navigate federal programs. These resources were developed in partnership with ONDCP and SAMHSA among other federal agencies.

USDA is currently holding a series of community prosperity summits across the country. Substance abuse is an issue that consistently arises during these summits. It impacts the types of law enforcement and public safety services needed in rural communities, as well as their ability to fill jobs and build a strong workforce to attract new business.

USDA Rural Development has funding to help address substance misuse in rural communities in a variety of ways, including support for equipment and facilities, technical assistance, workforce development support, and strategic planning support. In 2019, USDA invested \$75.5 million in loans, grants, and guarantees to support community projects that address treatment and prevention in rural areas. Also, the 2018 Farm Bill included a provision for a rural health liaison position. This position will work to improve coordination and funding mechanisms in healthcare delivery in rural America.

Department of Education (ED)

Ruth Ryder, Deputy Assistant Secretary for State Grant and Program Support, Office of Elementary and Secondary Education

While ED does not have a specific office that deals with preventing and reducing youth substance misuse, it has a long history of supporting drug prevention programs in schools and supporting students, families, school districts, state agencies, and other community partners. Much of ED's work is reliant on partnerships with other agencies. ED is using those partnerships to help educate students, families, and educators on the dangers of substance misuse and providing information about ways to prevent and overcome addiction.

Interagency work includes workshops focused on opioids, drug prevention and treatment, improving school climate and safety, and other topics. ED collaborated with the Department of Justice (DOJ) on *Growing Up Drug-Free: A Parent's Guide* and with ONDCP on the *Federal Prevention School Resource Guide*. ED also supports several technical assistance centers, e.g., the National Center for Safe and Supportive Learning Environments. A further example is a series of briefs produced through the Office of Special Education Programs called Intervention IDEAs, one of which focuses specifically on drug use and prevention.

Department of Justice (DOJ)

Amanda Liskamm, Director, Opioid Enforcement and Prevention Effort, Office of the Attorney General

Ms. Liskamm explained that DOJ is focused on community outreach by the U.S. Attorneys' Offices in the districts throughout the country and the numerous efforts in which the Drug Enforcement Agency (DEA) and Office of Justice Programs are engaged. DEA has a 360

Strategy, which takes an innovative three-pronged approach to combatting heroin and opioid use through law enforcement, diversion, and community outreach. DEA is also involved in Operation Prevention, a multiyear partnership with Discovery Education to educate students and teachers about the true impact of opioids and the science of addiction to kick-start conversations in the home and classroom. Interactive digital lesson plans, self-paced modules, virtual field trips, youth video PSA challenges, and a parents' toolkit are part of this program. Current updates include a module for engagement at the workplace and cultural adaptations for American Indian-Alaska Native audiences and broadening the content to address all drugs of abuse, not just opioids.

DEA's longest-running drug abuse prevention campaign is the Red Ribbon Campaign begun by students in California following the murder of a DEA Special Agent. It occurs annually in October and engages communities, students, and teachers to raise awareness of the dangers of drug misuse and encourage a healthy, drug-free lifestyle.

The Office of Justice Programs runs the Family Drug Treatment Courts Program, which seeks to build the capacity of state and local courts, municipal governments, and federally recognized tribal governments to enhance existing family drug courts or implement statewide or county-wide family drug court practices.

Other DOJ initiatives include a program for mentoring strategies for youth impacted by opioids and drug addiction and the Improving Reentry for People with Substance Use Disorder program. This program works to improve the provision of drug treatment to incarcerated individuals. Finally, the Justice and Mental Health Collaboration Program encourages early intervention for multisystem-involved individuals and maximizes diversion opportunities for multisystem-involved individuals with mental illness or co-occurring mental and substance use disorders.

Department of Labor (DOL)

Julia Hearthway, Director, Office of Workers' Compensation Program

Ms. Hearthway provided an overview of three areas where DOL has been able to make an impact on the opioid crisis. The first is the Employees Benefits Security Administration, which requires employers' health plans to cover mental health care, including opioid use disorder. Next is the Education and Training Administration, which uses some of its budget to help in the retraining of individuals who have gone through an opioid misuse program.

The third area is the Federal Workers' Compensation Program, which administers the Workers' Compensation Program for all injured federal workers. To address the issue of individuals using opioids for chronic pain, DOL developed a four-point plan comprising adequate controls, tailored treatment, meaningful communications, and a diligent fraud detection effort. The controls involved tailored letters to patients and their doctors about their medication levels and dosages. Medical benefit examiners also contacted patients and doctors to discuss alternative

treatment plans, therapies, opioid use disorder programs, and alternative pain management methods. Results include a 40 percent decline in overall opioid use in less than three years.

Office of Personnel Management (OPM)

Ronald Kline, MD, Chief Medical Officer

Dr. Kline described OPM's Federal Employee Health Benefit Program, which provides coordinated coverage for approximately 8.2 million federal employees, retirees, and their families and is responsible for \$54 billion in annual premium. In 2016, OPM changed the way carriers were paid so that two-thirds of the 1 percent of premium dollars paid to carriers based on performance known as the Plan Performance Assessment, a series of quality metrics mostly through the National Committee on Quality Assurance that is intended to measure quality healthcare in a plan. Three of those metrics involve substance abuse: 1) follow-up after emergency department visit for alcohol and other drug abuse and dependence; 2) risk of continued opioid use; 3) use of opioids from multiple providers. OPM is finding that tying payment rates to quality performance is drawing close attention from the carriers.

Social Security Administration (SSA)

Leola Brooks, Social Insurance Specialist

Ms. Brooks discussed SSA's Office of Research, Demonstration, and Employment Support, which conducts research and analysis related to the Social Security Disability Insurance program and the Supplemental Security Income program. This office collaborates with federal departments, including HHS.

SSA and the Administration for Children and Families entered into a joint partnership to foster a better understanding of the effects of interventions aimed to improve the employment and economic outcomes of low-income individuals with little or no work history and who currently have a disability or may have one in the foreseeable future. This project, Building Evidence on Employment Strategies for Low-Income Families (BEES), was launched in 2017 and will evaluate the effectiveness of innovative programs designed to increase employment and earnings for low-income families. BEES is part of Promoting Work through Early Intervention Projects and is a 5-year, \$25 million project.

Department of Veterans Affairs (VA)

Jennifer Burden, Ph.D., Deputy National Mental Health Program Director for Substance Use Disorders

The Veterans Health Administration (VHA) within the VA has several initiatives to address the opioid crisis and other substance use disorder issues. Dr. Burden provided an overview and described selected projects and initiatives.

Substance use disorder treatment services are part of VA's broader mental health continuum and are considered foundational benefits available to any individual receiving care within the VA. The VHA system can address substance use disorders within an integrated healthcare system, allowing for concurrent treatment. Around 416,000 veterans have been diagnosed with alcohol use disorder, and about 170,000 receive services within VHA's substance use disorder specialty programs. Services are framed around VHA's clinical practice guidelines, which outline expectations driven by the evidence for prevention, screening, early intervention, treatment, continuing care, and stabilization services.

VA has focused attention on providing training for staff on evidence-based psychosocial interventions. There are programs to support the implementation of cognitive-behavioral therapy, motivational enhancement therapy, behavioral couples therapy, and contingency management, and VHA is developing training protocols specific to 12-step facilitation. The VHA provides peer support services throughout a range of settings, including in substance use disorder treatment settings.

Key initiatives include the Opioid Overdose Education and Naloxone Distribution effort, which began in 2014. As of February 2020, over 360,000 naloxone prescriptions have been dispensed and initial results indicate that more than 1,000 overdose reversals have been documented. In September 2018, the Rapid Naloxone Initiative was launched that focused on the deployment of naloxone to VA police for use in emergency situations. The Stepped Care for Opioid Use Disorder Train the Trainer (SCOUTT) Initiative provides training and implementation support on MAT in Level One Clinics. Since the launch of the initiative in 2018, there has been a 141 percent increase in patients receiving buprenorphine in these clinics and a 130 percent increase in buprenorphine prescribers in Level One Clinics.

Open Discussion

Following the federal updates, Ms. Avula opened the floor for discussion.

Dr. Banta-Green raised a concern about pathologizing substances or people. Although it may seem illogical from the outside, there are biological drivers influencing substance use. The field should be engaging and thoughtful around that issue.

Dr. Banta-Green also inquired about the composition of the committee—why some were present while others, such as the Indian Health Service and the Center for Medicare and Medicaid Services, were not. Dr. McCance-Katz reiterated that the SUPPORT Act determines committee members.

Dr. Dawson was concerned about the DOJ regulation that providers are limited to 100 patients. There are thousands of people who need these services and not enough psychiatrists, medical doctors, and nurse practitioners. Dr. McCance-Katz replied that providers may now treat up to

275 people and asked committee members to bring that information back to their communities. States may have additional restrictions that SAMHSA cannot control.

Dr. Spoth noted the many programs and initiatives across the federal government and considered how best to "connect the dots." He inquired on how these programs can maximize connections and impact and work toward the larger goals. Ms. Avula responded that the federal government uses interagency and coordinating committees to share information and foster collaboration, and collaboration also happens on a day-to-day basis. The ISUDCC allows the government to ensure that it is collaborating across departments in a coordinated and comprehensive way. The new rural health liaison provided some examples of collaboration between USDA and SAMHSA. One initiative is a rural opioid technical assistance grant program; the second is a program to make foreclosed properties available to nonprofit organizations that are involved in the opioid response.

Dr. Hess asked about the linkage to care and how the committee might provide an opportunity to figure out how to incentivize states or regions to address the social determinants of health and linkages to care. Dr. McCance-Katz replied that SAMHSA's data collection system, which is required by law, is a system that enters data from grantees. The grantees enter the data in real-time, and SAMHSA is able to analyze the data in real-time.

Ms. Seivwright asked whether additional information on workforce development can be provided at a future meeting. Dr. McCance-Katz replied that she hoped to be able to share some data on the behavioral healthcare workforce. SAMHSA is currently working with the Health Resources and Services Administration on this issue.

Mr. Estabrook commented about the importance of having people in recovery involved in the operation of addiction recovery support center programs. Georgia has had success with this type of program. He also inquired on the official SAMHSA definition of recovery community organizations. Ms. Avula responded that SAMHSA requires that recovery community organizations actually be led by people in recovery and not simply recognizing the voices of people in recovery.

Dr. Audi commented regarding challenges with the Housing and Urban Development's (HUD) definition of homelessness and who can be served by HUD programs were also discussed. Dr. McCance-Katz responded that HUD was not represented at the session but will be notified that this issue arose during the meeting.

Ms. Hearthway suggested considering the development of a centralized resource listing program and how to access and use those programs.

Mr. Sledge had a question about deregulation so that buprenorphine can be prescribed by providers who can prescribe a Schedule III drug, whether or not they have a DATA 2000 waiver. Dr. McCance-Katz does not think this is a good idea because the issues surrounding

buprenorphine and opioid use disorders are complex, and the certification is free of charge. SAMHSA provides millions of dollars for the training and certification and also for mentors. In addition, she stressed that the care and treatment of substance use disorders must be part of medical school and other healthcare professional school curricula. She described a small SAMHSA grant program that embeds curriculum oriented toward the healthcare professions where they train, e.g., social workers and pharmacists.

Dr. Ryan pointed out that addiction prevention begins in adolescence, and coordination is essential there as well.

Public Comment

There was no public comment.

Final Comments/Adjournment

Elinore F. McCance-Katz, M.D., Ph.D., Assistant Secretary for Mental Health and Substance Use

Dr. McCance-Katz thanked members for attending and for their comments. She noted that the slides would be available. There being no further comments or questions, the ISUDCC meeting was adjourned at 12:43 p.m.

Appendix A: Meeting Agenda

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
INTERDEPARTMENTAL SUBSTANCE USE DISORDERS COORDINATING
COMMITTEE
FULL COMMITTEE MEETING**

February 28, 2020
8:30 a.m. to 12:30 p.m. (Eastern Time Zone)
Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane, Pavilion A
Rockville, Maryland 20857

Toll Free Number: 888-603-6976; Passcode: 5772950

WebEx Link: <https://protect2.fireeye.com/url?k=ed897dc4-b1dc7414-ed894cfb-0cc47a6a52de-2f6aa98fcb542896&u=https://www.mymeetings.com/nc/join.php?i=PWXW9890374&p=5772950&t=c>

AGENDA

OPEN SESSION

- 8:30 a.m. Call to Order/Committee Roll Call**
Tracy Goss, Designated Federal Officer, Interdepartmental Substance Use Disorders Coordinating Committee (ISUDCC)
- 8:35 a.m. Welcome and Opening Remarks**
Elinore F. McCance-Katz, M.D., Ph.D., ISUDCC Chair, Assistant Secretary for Mental Health and Substance Use
- 9:20 a.m. State of the Science**
George F. Koob, Ph.D., Director, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health (NIH)

Emily B. Einstein, Ph.D., Chief, Science Policy Branch, Office of Science Policy and Communications, National Institute on Drug Abuse, NIH
- Federal Advances to Address Challenges in Substance Use Disorders**
- 10:05 a.m. Office of National Drug Control Policy**
June Sivilli, Senior Advisor, Public Health, Education and Treatment, Office of National Drug Control Policy

- 10:15 a.m. Substance Abuse and Mental Health Services Administration**
Deepa Avula, Chief of Staff, Office of the Assistant Secretary for Mental Health and Substance Use
- 10:25 a.m. Centers for Disease Control and Prevention (virtual)**
Debra Houry, MD, MPH, Director, National Center for Injury Prevention and Control
- 10:35 a.m. BREAK**
- 10:45 a.m. Food and Drug Administration (virtual)**
Celia Winchell, MD, Medical Team Leader, Addiction Drug Products Division of Anesthesiology, Addiction Medicine, and Pain Medicine, Office of Neuroscience, Center for Drug Evaluation and Research
- 10:55 a.m. Department of Agriculture (virtual)**
Jacqueline Ponti-Lazaruk, Chief Innovation Officer, Department of Agriculture Rural Development
- 11:05 a.m. Department of Education**
Ruth Ryder, Deputy Assistant Secretary for State Grant and Program Support, Office of Elementary and Secondary Education
- 11:15 a.m. Department of Housing and Urban Development**
Mary Didier, Budget Analyst
- 11:25 a.m. Department of Justice**
Amanda Liskamm, Director, Opioid Enforcement and Prevention Effort, Office of the Attorney General
- 11:35 a.m. Department of Labor**
Julia Hearthway, Director, Office of Workers' Compensation Program
- 11:45 a.m. Office of Personnel Management (virtual)**
Ronald Kline, MD, Chief Medical Officer
- 11:55 a.m. Social Security Administration (virtual)**
Leola Brooks, Social Insurance Specialist
- 12:05 p.m. Department of Veterans Affairs (virtual)**
Jennifer Burden, Ph.D., Deputy National Mental Health Program Director for Substance Use Disorders
- 12:15 p.m. Open Discussion**

12:25 p.m. Public Comment

12:30 p.m. Final Comments/Adjourn

*Elinore F. McCance-Katz, M.D., Ph.D., ISUDCC Chair, Assistant Secretary for
Mental Health and Substance Use*

Appendix B: Official List of Meeting Participants

Federal ISUDCC Members or Designees

- Elinore F. McCance-Katz, M.D., Ph.D., Assistant Secretary for Mental Health and Substance Use, Substance Abuse and Mental Health Services Administration
- Tracy Goss, Designated Federal Officer, Interdepartmental Substance Use Disorders Coordinating Committee (ISUDCC)
- Amanda Liskamm, Director, Opioid Enforcement and Prevention Effort, Office of the Deputy Attorney General, Department of Justice
- Julia Hearthway, Director, Office of Workers' Compensation Program, Department of Labor
- Ruth Ryder, Deputy Assistant Secretary for State Grant and Program Support, Office of Elementary and Secondary Education, Department of Education
- Jacqueline Ponti-Lazaruk, Chief Innovation Officer, Rural Development, Department of Agriculture
- Jennifer Burden, Ph.D., Deputy National Mental Health Program Director for Substance Use Disorders, Department of Veterans Affairs
- Leola Brooks, Social Insurance Specialist, Social Security Administration
- Debra Houry, MD, MPH, Director, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention
- Emily Einstein, Ph.D., Branch Chief, Science Policy Branch, National Institute on Drug Abuse, National Institutes of Health
- Patricia Powell, Ph.D., Deputy Director, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health
- Celia Winchell, MD, Medical Team Leader, Addiction Drug Products, Division of Anesthesiology, Addiction Medicine, and Pain Medicine, Office of Neuroscience, Center for Drug Evaluation and Research, Food and Drug Administration
- Ronald Kline, MD, Chief Medical Officer, Office of Personnel Management
- June Sivilli, Senior Advisor, Public Health, Education and Treatment, Office of National Drug Control Policy

Non-Federal ISUDCC Members

- Chad Audi, Ph.D., President and CEO, Detroit Rescue Mission Ministries
- Caleb Banta-Green, Ph.D., MPH, MSW, Principal Research Scientist, Alcohol & Drug Abuse Institute, University of Washington
- Honorable Nancy L. Butts, President Judge, Lycoming County, Pennsylvania

- Meredith Canada, MSW, MPA, LCSW, Public Health Analyst, Indiana High-Intensity Drug Trafficking Area Overdose Response Strategy
- Kathleen M. Carroll, Ph.D., Albert E. Kent Professor of Psychiatry, Yale University School of Medicine
- Susan Dawson, Ed.D., PMHNP-BC, Psychiatric Nurse Practitioner, Assisted Recovery Center of America and State Targeted Response Team for the Opioid Crisis Trainer for Professionals
- Nicholas D. Estabrook, Addictive Disease Recovery Support Specialist, Georgia Department of Behavioral Health and Developmental Disabilities
- Sara A. Goldsby, MSW, MPH, Director, South Carolina Department of Alcohol and Other Drug Abuse Services
- Erik P. Hess, MD, MSc, Professor and Vice Chair for Research, Department of Emergency Medicine, the University of Alabama at Birmingham School of Medicine
- Keith Humphreys, Ph.D., Esther Ting Memorial Professor, Department of Psychiatry and Behavioral Sciences, Stanford, University School of Medicine
- Steven M. Jenkusky, MD, MA, FAPA, Vice President and Medical Director, Magellan Healthcare
- Jamie Chrisman Low, M.Ed., NCC, Recovery Consultant, Statewide Recovery Community, Network Weaver, Certified Peer Support Specialist
- Sheryl Ryan, MD, FAAP, Division Chief, Professor of Pediatrics, Adolescent Medicine and Eating Disorders, Penn State Health
- Amanda S., Patient, and Advocate
- Cynthia Seivwright, LCMHC, CQIA, Division Director, SSA, Vermont Department of Health, Division of Alcohol and Drug Abuse Programs
- Daniel Sledge, B.A., L.P., Lead Outreach Paramedic, Williamson County (Texas) EMS-MOT
- Richard Spoth, Ph.D., Director, Partnerships in Prevention Science Institute, Iowa State University
- Luis R. Torres, Ph.D., Associate Professor, Center for Drug and Social Policy Research, University of Houston

Other Meeting Participants

- Deepa Avula, Chief of Staff, Office of the Assistant Secretary for Mental Health and Substance Use
- Betty-Ann Bryce, Rural Health Liaison, Department of Agriculture
- George F. Koob, Ph.D., Director, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health