



Administrators in Medicine 2023 Annual Meeting

Rahul Gupta, MD, MPH, MBA, FACP
Director

May 4, 2023

Office of National Drug Control Policy

- Operational since 1989
- Principal drug policy adviser to the President
- Manages the National Drug Control Budget of more than \$42.5 billion across 19 departments and agencies
- Produces the *National Drug Control Strategy* and coordinates federal drug-control activities

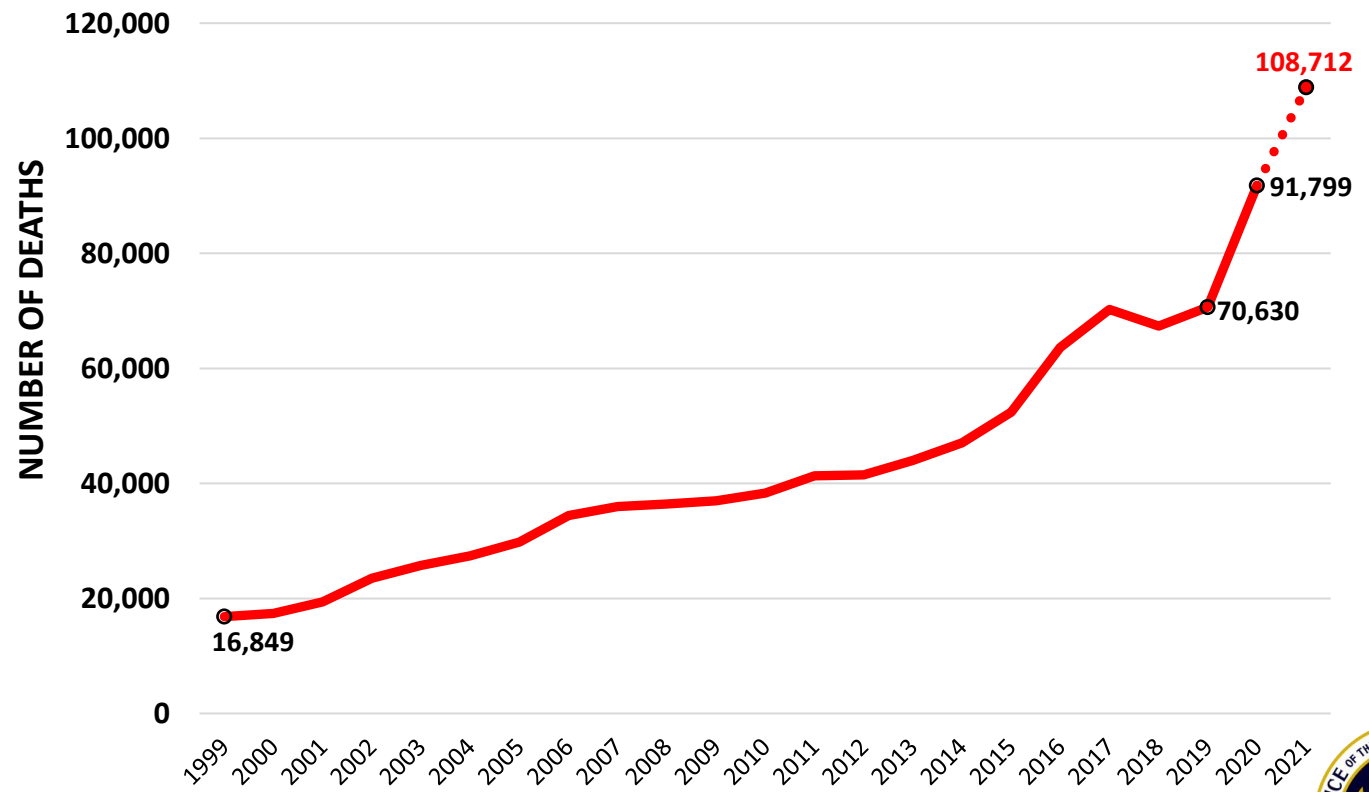


National Drug Control Program Agencies



Every Five Minutes a Life is Lost

- For the first time in our Nation's history, we have passed the milestone of 100,000 deaths resulting from drug overdoses in a 12-month period.



Source: Centers for Disease Control and Prevention/National Center for Health Statistics. *Multiple Cause of Death 1999-2020* CDC WONDER Online Database for final data, extracted by ONDCP on December 22, 2021. Data for 2021 is the predicted provisional number from <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>, accessed on April 13, 2022.



Every Five Minutes a Life is Lost

- We saw more than 108,000 drug poisoning deaths in the last year... that's one person dying every five minutes, every hour, every single day... not there for birthdays or holidays... and not there at the dinner table each night
- There are 46 million Americans with substance use disorder - a complex, chronic disease of the brain. Nine million Americans have opioid use disorder
- At the same time, transnational criminal organizations are refining, adapting, and evolving their business models
- And now we're facing the most dynamic drug supply we've ever seen



What This Means for You

- This crisis affects your patients...they are already in your panels
- Overlap with mental health crisis: co-occurring disorders
- Creates challenges for the workforce (pressure, shortages, substance use)
- Regulations around treating patients with OUD



Challenges Facing the Medical and Public Health Community

- **Two key problems:**

- Lack of addiction treatment infrastructure
- Lack of enforcement of parity laws

- **Additional challenges:**

- Workforce Strain
 - COVID-19 pandemic

- **Shortages →**

Exhibit 1. Projected Supply and Demand for Behavioral Health Occupations in the U.S., 2017-2030

	Adult Psychiatrists	Child & Adolescent Psychiatrists	Nurse Practitioners	Physician Assistants	Psychologists	Social Workers	Marriage & Family Therapists	Addiction Counselors	Mental Health Counselors	School Counselors
Supply ^a										
Estimated supply, 2017	33,650	8,090	10,450	1,550	91,440	239,410	53,080	91,340	140,760	116,080
New entrants, 2017-2030	10,270	5,000	9,520	1,770	49,400	367,520	39,190	33,300	72,860	158,440
Attrition ^b , 2017-2030	(14,850)	(2,810)	(2,770)	(350)	(29,670)	(82,760)	(18,080)	(28,030)	(45,150)	(52,640)
Change in work patterns ^c	(2,050)	(450)	(300)	(80)	(7,730)	(10,800)	(1,540)	(2,730)	(4,150)	(3,750)
Projected supply, 2030	27,020	9,830	16,900	2,890	103,440	513,370	72,650	93,880	164,320	218,130
Total Growth, 2017-2030	(6,630)	1,740	6,450	1,340	12,000	273,960	19,570	2,540	23,560	102,050
% growth, 2017-2030	-20%	22%	62%	86%	13%	114%	37%	3%	17%	88%
Demand										
Estimated demand, 2017	38,410	9,240	10,450	1,550	91,440	239,410	53,080	91,340	140,760	116,080
Projected demand, 2030 ^d	39,550	9,190	12,050	1,670	95,600	268,750	57,970	105,410	158,850	119,140
Total growth, 2017-2030	1,140	(50)	1,600	120	4,160	29,340	4,890	14,070	18,090	3,060
% growth, 2017-2030	3%	-1%	15%	8%	5%	12%	9%	15%	13%	3%
Adequacy of Supply, 2030										
Total Projected Supply (minus) Demand	(12,530)	640	4,850	1,220	7,840	244,620	14,680	(11,530)	5,470	98,990

Notes: All numbers reflect full time equivalent (FTEs); Numbers presented are rounded to the nearest ten and may not sum due to rounding; Negative numbers are in parenthesis;

^a For all professions except psychiatrists, the model assumes that demand and supply are equal in 2017.

^b Includes retirements and mortality.

^c For example, changes from full-time to part-time hours, or vice versa.

^d Demand growth reflects changing demographics.

Reimbursement Challenges

GAO Report on Mental Health Access found that low reimbursement rates affect provider willingness to join networks.

- Reimbursement rates for providers contribute to ongoing access issues that covered consumers experienced in finding in-network providers.
- Many providers cited low reimbursement rates as a factor contributing to a lack of willingness among some providers to take patients or join a network.
- GAO found that providers can often make more money and still have patients by converting to a self-pay or cash only practice.
- One state health agency noted that psychiatrists who might treat Medicaid patients were incentivized to go to a full cash payment model because the demand for services by consumers willing to pay out-of-pocket was sufficient to support that model.



March 2022

MENTAL HEALTH CARE

Access Challenges for Covered Consumers and Relevant Federal Efforts

<https://www.gao.gov/assets/gao-22-104597.pdf>

President Biden's Inaugural National Drug Control Strategy

And this all builds on the foundation of our country's drug policies: the National Drug Control Strategy.

President Biden's Strategy is coordinating the federal government to go after two Drivers of this epidemic:

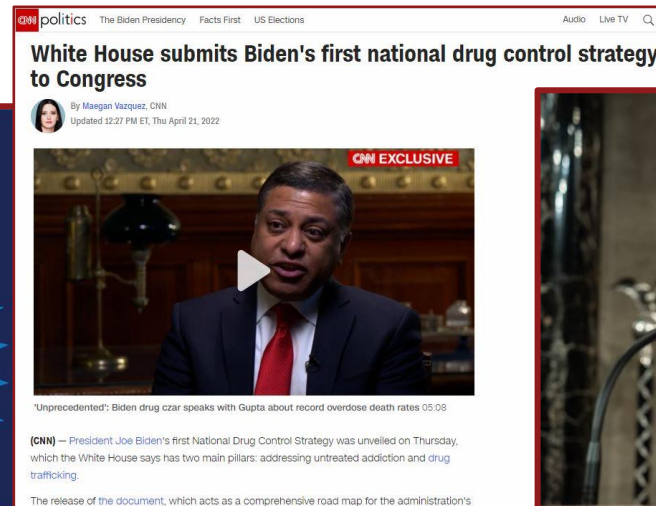
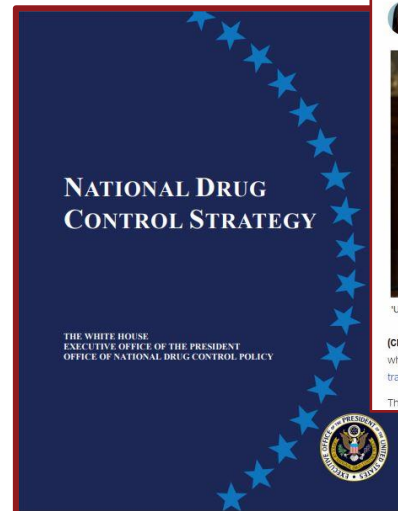
- Untreated addiction
- Drug trafficking profits

Again, two sides of the coin

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“Through [this Strategy], we strive to usher in a new era of drug policy centered on individuals and communities.”

– President Joe Biden



How We're Addressing This

Public health and public safety really are two sides of the same coin

- **Public Health**
 - Unprecedented expansion of treatment
 - Support for prevention, harm reduction, and recovery support services
- **Public Safety**
 - Commercial Disruption
 - Surge against illicit fentanyl

How Policy Is Made

Goal: Reduce overdose deaths and hold drug traffickers accountable

How?

- Coordinate the work of 19 departments and agencies (budgetary guidance)
- Work closely with WH Domestic Policy Council and National Security Council
- Federal Interagency Working Groups (“IWGs”)

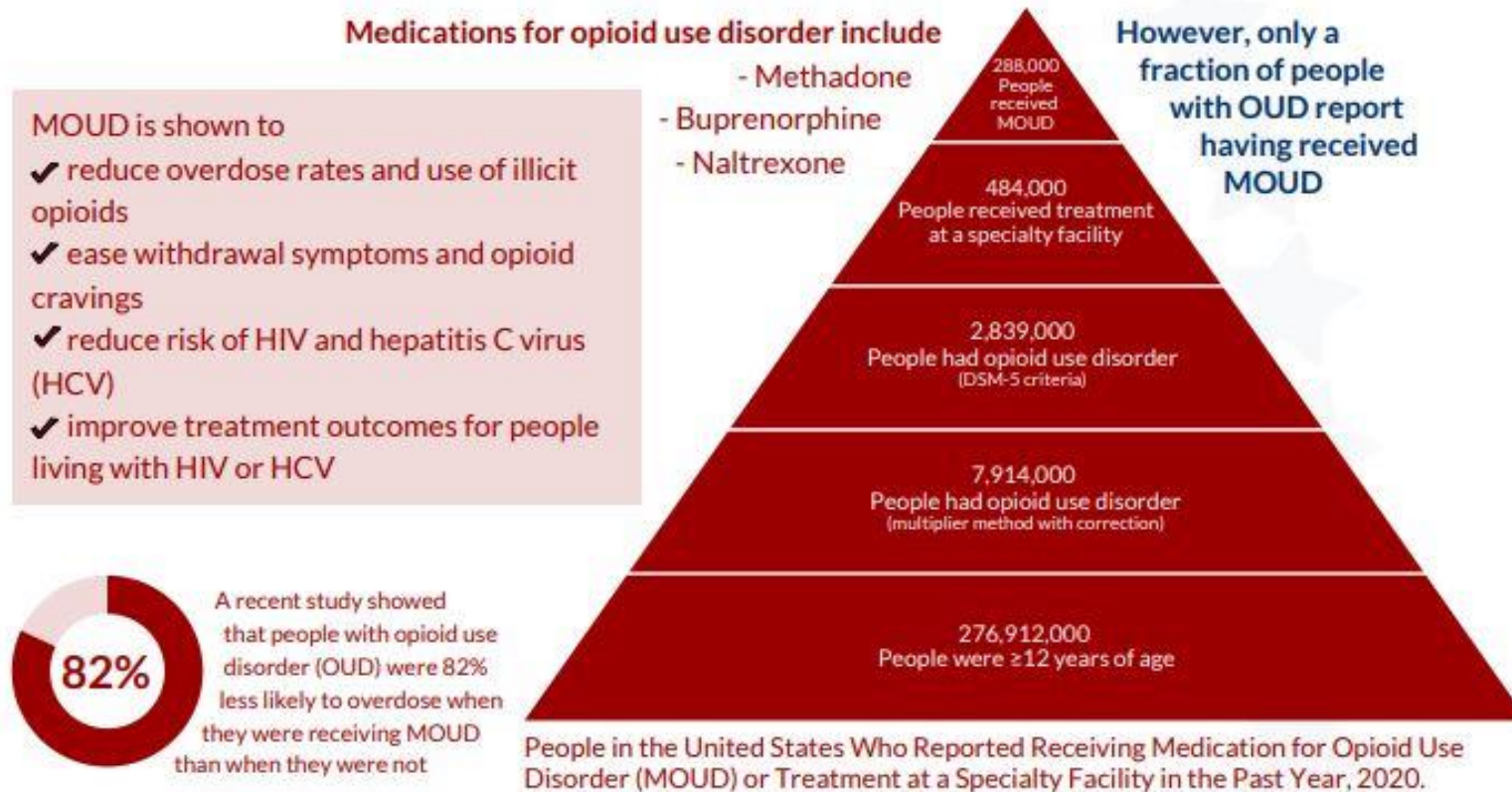


ONDCP Interagency Working Groups

- Cascade of Care
- Drug Data
- Emerging Threats Committee
- Federal Law Enforcement Partners
- Fentanyl Adulterated or Associated with Xylazine
- Harm Reduction
- Methadone Modernization
- Prevention (Coming Soon)
- Nationwide Webinar on Opioids and Synthetic Drugs
- Recovery Ready Workplaces
- Recovery Research



Expanding Treatment Is Key



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The NEW ENGLAND JOURNAL of MEDICINE

Perspective

Transforming Management of Opioid Use Disorder with Universal Treatment

Rahul Gupta, M.D., M.P.H., M.B.A., Rachel L. Levine, M.D., Javier A. Cepeda, Ph.D., M.P.H., and David R. Holtgrave, Ph.D.

According to provisional data from the Centers for Disease Control and Prevention, there were more than 107,000 drug-overdose deaths in the United States in 2021. More than

received MOUD in the past year (see figure), and data from providers confirm the existence of treatment gaps.

1 million people have died of drug overdoses since 1999. Most of these deaths that occurred in 2021 involved opioids — in particular, synthetic opioids such as fentanyl, which is about 100 times more potent than morphine and is often illicitly manufactured. Barriers at multiple levels (including patient, clinician, and system levels) prevent many people with opioid use disorder (OUD) from obtaining treatment. Stigma, structural challenges, and a lack of addiction-treatment infrastructure impede people's access to and uptake of lifesaving, evidence-based medication for opioid use disorder (MOUD).

Medications used for OUD include methadone, buprenorphine,

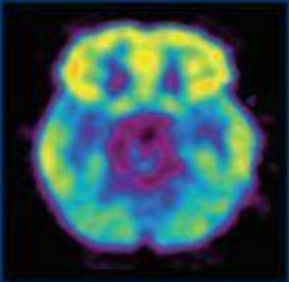
and naltrexone. Distinct challenges affect uptake of each of these drugs. For example, patients can obtain methadone only from designated opioid-treatment programs, which are governed by the Controlled Substances Act and jointly regulated by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Drug Enforcement Administration. Although buprenorphine can be administered in medical office settings, providers are required to complete a registration process and obtain an X waiver to prescribe it. These and other barriers have kept a substantial portion of the need for MOUD from being met. Only a small fraction of people with OUD report having re-

The president's 2022 National Drug Control Strategy (NDSCS), which is spearheaded by the Office of National Drug Control Policy (where three of us work), focuses on two drivers of the overdose crisis — untreated addiction and drug trafficking — and calls for access to MOUD for any person with OUD by 2025. The Department of Health and Human Services has also released its Overdose Prevention Strategy to strengthen the administration's efforts to increase access to substance use disorder (SUD) services.

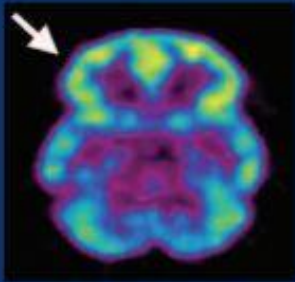
MOUD can significantly reduce the risk of overdose death; a recent study showed that people with OUD were 82% less likely to die of an overdose when they were receiving MOUD than when they were not.² In addition to reduc-

The Cascade of Care IWG

DECREASED BRAIN METABOLISM IN PERSON WITH ADDICTION

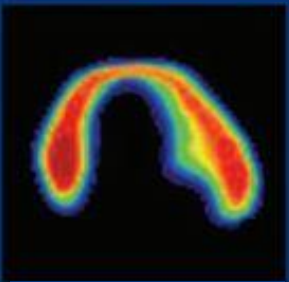


Healthy Brain

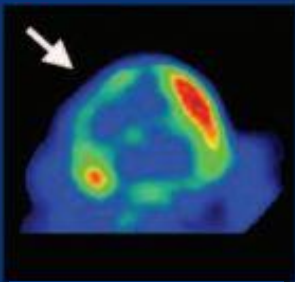


Diseased Brain (Cocaine)

DECREASED BRAIN METABOLISM IN
PERSON WITH HEART DISEASE



Healthy Heart



Diseased Heart



CASCADE OF CARE

At risk or diagnosed with SUD

Linkage intervention received

Treatment initiated

Retained in treatment

In recovery

Key Priorities:

- Workforce
- Curriculum Development
- Training



“The X Waiver Is Officially Dead”

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Special Reports > Features

The X Waiver Is Officially Dead

— But now, doctors will have to take substance use disorder training to get the

by Amanda D'Ambrosio, Enterprise & Investigative Writer, MedPage Today January 5, 2023



The Biden administration's [recent spending bill](#) contained under-the-radar changes for addiction medicine, including eliminating the X waiver requirement for clinicians who treat opioid use disorder with medication-assisted treatment (MAT).

The X waiver, a special Drug Enforcement Administration (DEA) certification that allowed clinicians to prescribe buprenorphine (Suboxone), a partial opioid agonist that curbs opioid cravings, has long been considered a bureaucratic hurdle to improving treatment access for patients who struggle with opioid addiction.

Medical News From Around the Web

BBC
Gridlock as record number of ambulances queue at A&E



“This is a major step forward in our ongoing work to ensure universal access to medication for substance use disorder care by 2025.”

X-Waiver

- This law removed additional hurdles that were required for practitioners who wanted to prescribe buprenorphine to treat patients with an opioid use disorder
- It means any DEA-registered prescriber of controlled substances can offer buprenorphine, without additional federal approvals
- Now, thanks to this law, we're going from 129,000 prescribers who could treat patients with opioid addiction to nearly 2 million

→ Please make sure your members know about this.

Patients will soon have greater flexibilities to take life-saving medications without barriers

- HHS Proposed Rule makes permanent methadone take-home flexibilities
- DEA Proposed Rule makes permanent telehealth buprenorphine induction flexibilities
- **Work remains:**
 - **Finalize rule-making**
 - **Convene interagency to further improve access**



Rahul Gupta ✓
@DrGupta46

One of the biggest challenges in defeating the overdose epidemic is that treatment is far too difficult to access. That's why today's @HHSgov proposed rule is historic - it removes barriers to one of the best medications we have to treat opioid use disorder: methadone.



ONDCP ✓ @ONDCP · Dec 13, 2022

Today's @HHSgov proposed federal rule changes will make it easier for people to access medication for opioid use disorder and maintain their recovery by making COVID-19 era flexibilities permanent.
whitehouse.gov/ondcp/briefing...

7:19 PM · Dec 13, 2022



Treatment in Carceral Settings

- **Bureau of Prisons** – By this summer, the Federal BOP will ensure that each of their 122 facilities are equipped and trained to provide in-house medication-assisted treatment (MAT)
- **New CMS Guidance** – States can apply for 1115 Demonstration Waiver to use Medicaid funding to treat SUD before reentry

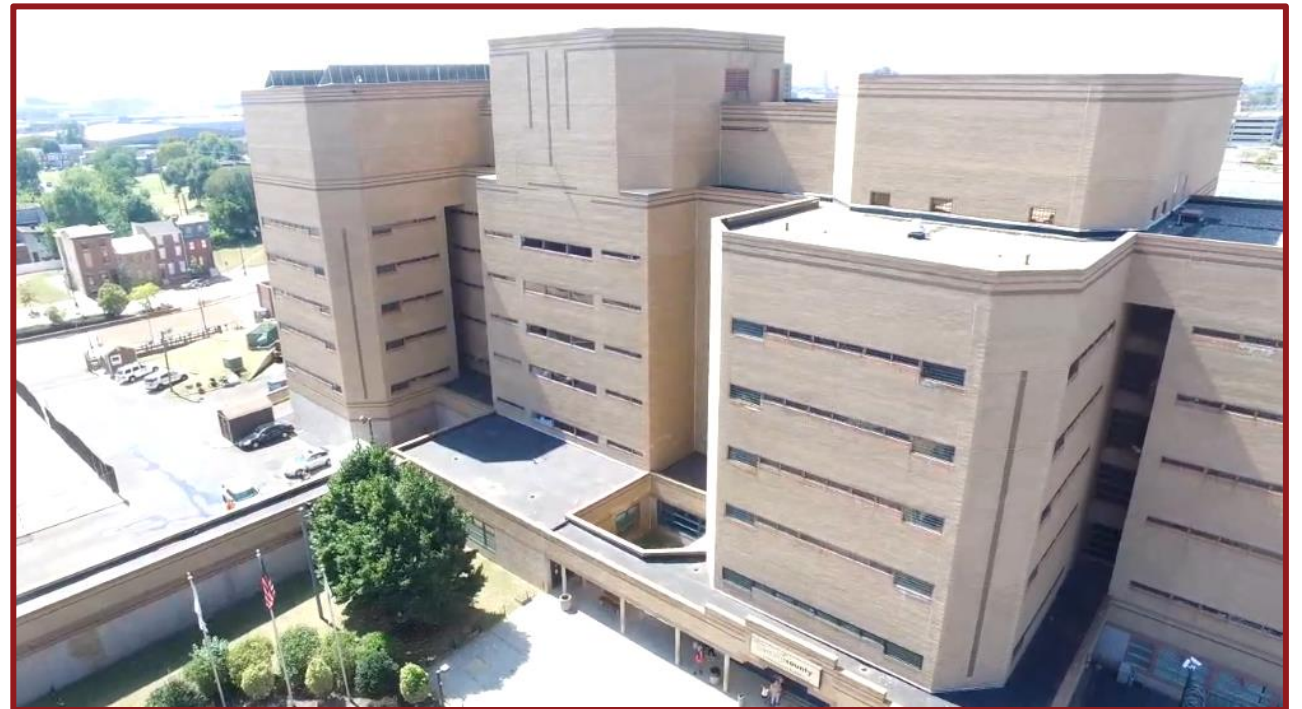
As many as 65 percent of people who are incarcerated have a substance use disorder, so this policy change just makes sense



Why We Care

Freddie Flores of Camden, NJ

- Turning what once looked like endings for people into new beginnings, new opportunities, and fulfilling lives



Recovery: A Key Part of Our Strategy

- **Unprecedented funding for recovery**
- **More research into effective supports is needed**
- **Department of Labor's Recovery-Ready Workplace hub for employers**
- **60% of people in recovery are employed** – great employees, employment addresses SDOH



Substance Use Prevention

It's critical we prevent substance use during adolescence and intervene early

- Pediatricians, school nurses, and school-based health centers have a significant role to play

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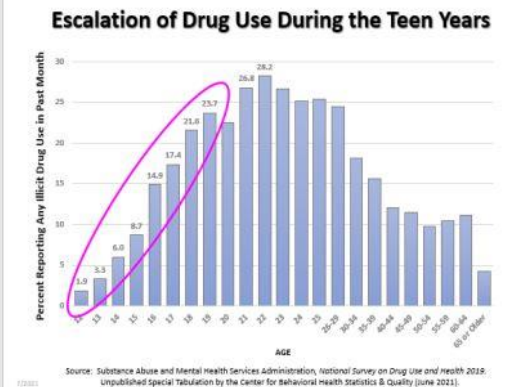


★★★★★ Prevention and Early Intervention

Adolescence is a critical risk period for substance use initiation and adverse outcomes related to substance use. Data from the National Survey on Drug Use and Health (NSDUH) show a rapid escalation of drug use

associated with an increase in age, particularly among youth ages 12-19 (see Figure to left).²³ This trajectory speaks to the need to understand what drives youth drug use, identify current and emerging trends, and match programs and policies with local conditions so as to effectively reduce youth substance use.

There are simultaneous conditions that converge to create a particularly dangerous circumstance for adolescents – drug use increases during a period of time when the brain is especially vulnerable to



It was great to hear from @AmerAcadPeds practitioners today about the substance use trends and challenges they are seeing. Pediatricians play a critical role in our efforts to address substance use disorder and their work helps set our nation's youth up for success.

Harm Reduction

- **More funding, better distribution, stronger research at local level**
- **Naloxone over the counter by this summer**
- More work remains:
 - Improve states purchase and distribution of naloxone
 - Reimbursement and investment for services



New White House Social Media Campaign: Fentanyl and Naloxone

Key Messages:

- Illicit fentanyl is prevalent and deadly
- Naloxone is available and lifesaving

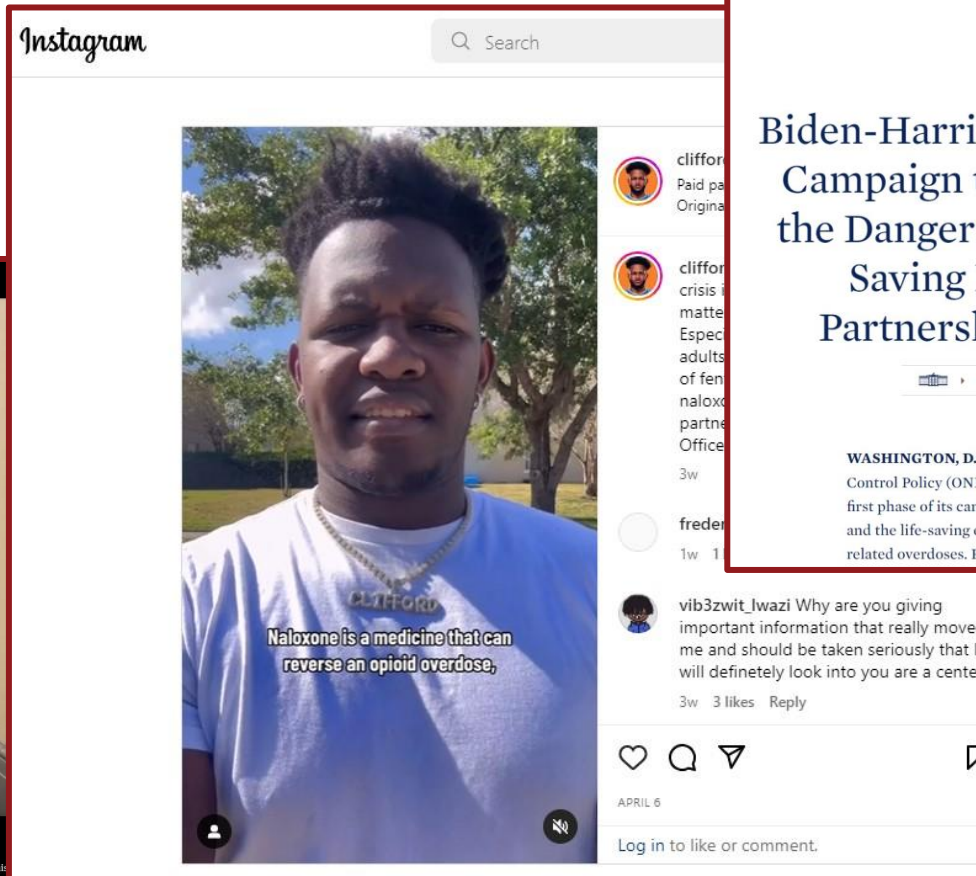


NIGHTLY NEWS

Biden admin partnering with social media influencers to warn about fentanyl dangers

Fentanyl-related deaths in young people spiked nearly 200 percent from 2019 to 2021. The Biden administration's "Dr. Rahul Gupta" launched a new campaign partnering with social media influencers to spread awareness about the dangers of fentanyl. NBC News' Kate Snow shared more about the lifesaving effort.

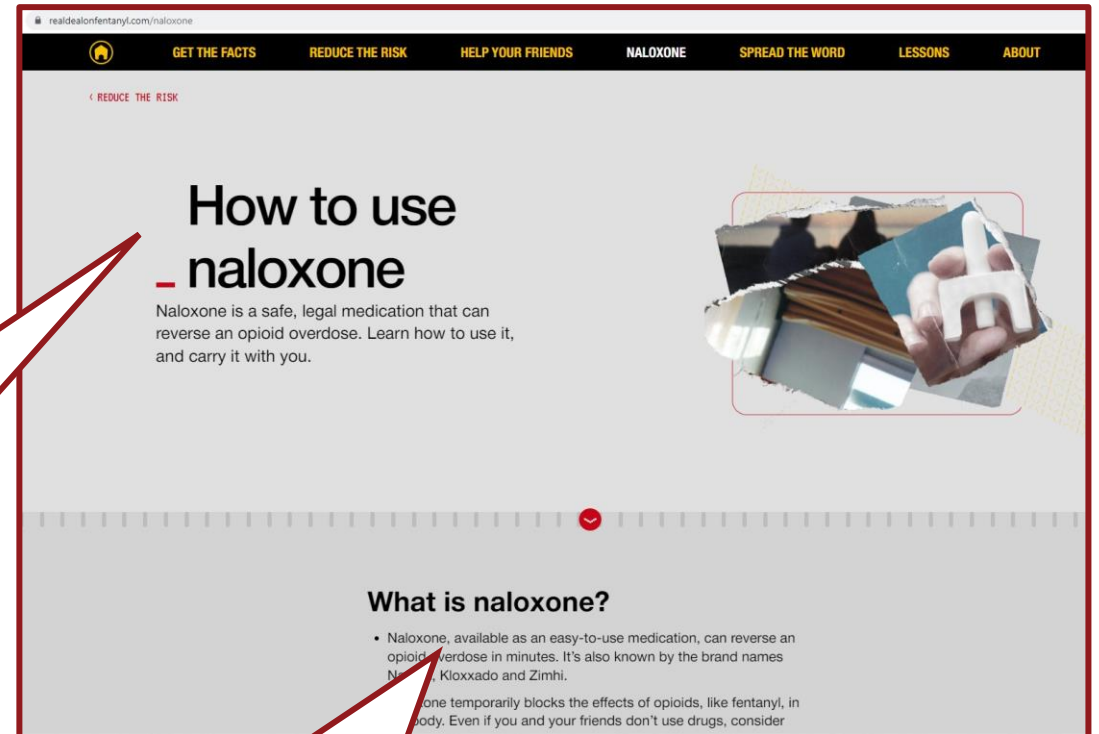
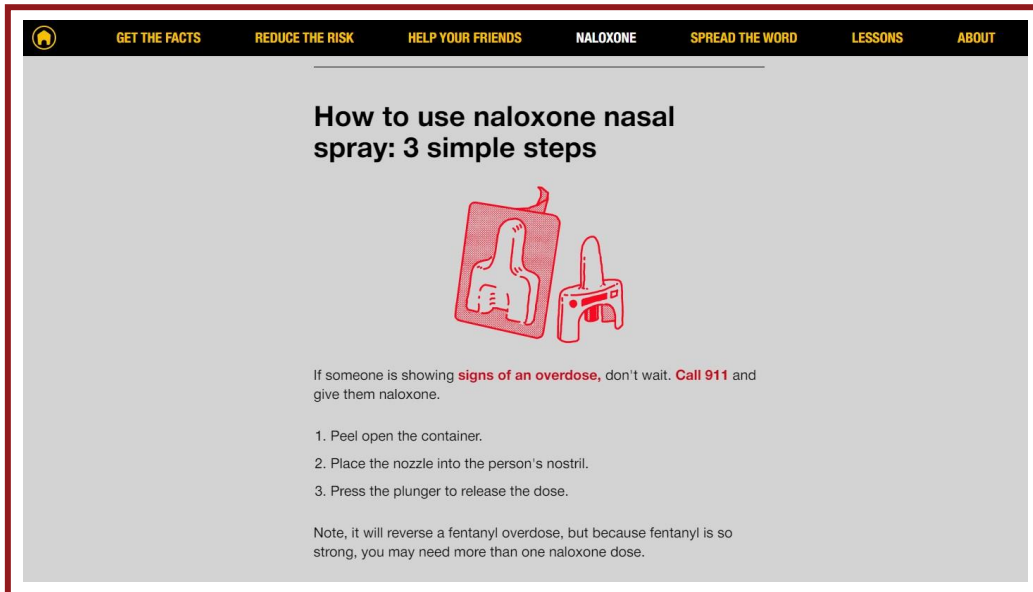
April 5, 2023



New White House Social Media Campaign: Fentanyl and Naloxone

Key Messages:

- Illicit fentanyl is prevalent and deadly
- Naloxone is available and lifesaving



Realdealonfentanyl.com



Illicit Fentanyl Combined with Xylazine: An Emerging Threat

health Life, But Better Fitness Food Sleep Mindfulness Relationships

Audio Live TV

Biden administration declares fentanyl laced with xylazine 'an emerging threat' in the US



By Jacqueline Howard, CNN

Updated 2:41 PM EDT, Wed April 12, 2023



ONDCP Designates Fentanyl-Xylazine Combo as Emerging Drug Threat

Tom Valentino, Digital Managing Editor

04/12/2023



The Office of National Drug Control Policy (ONDCP) is taking a "heads and tails" approach to the nation's opioid crisis, Director Rahul Gupta, MD, MPH, MBA, FACP, told Rx Summit attendees on Wednesday morning.

"Heads because it is a disease of the brain," Dr Gupta said while holding up a large coin. "And tails because drug traffickers need to watch theirs."

In what he described as a new era for drug trends that requires a new era of drug policy and actions, Dr Gupta announced ONDCP's latest move: The combination of fentanyl and xylazine has been designated as an emerging drug threat to the United States.

Special Reports > Features

What Doctors Should Know About Xylazine in Fentanyl

— Naloxone still works but additional support may be needed; wound care a challenge

by Kristina Fiore, Director of Enterprise & Investigative Reporting, MedPage Today ; Joyce Frieden, Washington Editor, MedPage Today February 1, 2023



Mix of vet tranquilizer, fentanyl 'emerging threat,' White House drug office says

Nation Apr 12, 2023 12:56 PM EDT

The Response to Fentanyl adulterated or Associated with Xylazine (FAAX)

Xylazine:

- Is not safe for humans
- Is addictive, slows breathing and heart rate, lowers blood pressure
- Produces some of the worst flesh wounds
- Complicates efforts to reverse opioid overdoses with Naloxone
- Use is growing in every region

What's Next — National Response Plan in Development: Six pillars:

- Increase xylazine testing
- Get better data
- Develop treatments
- Attack the supply
- Regulation
- Research into antidotes and best treatments



A New Emerging Threat

“Xylazine poses a threat to public health... Our goal is for the designation of xylazine as an emerging threat and subsequent actions to begin to address this threat before it worsens and undermines efforts to reduce illicit fentanyl use in the United States.”

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The NEW ENGLAND JOURNAL of MEDICINE

Perspective

Xylazine — Medical and Public Health Imperatives

Rahul Gupta, M.D., M.P.H., M.B.A., David R. Holtgrave, Ph.D., and Michael A. Ashburn, M.D., M.P.H., M.B.A.

Increasing use of xylazine, most often in combination with other drugs such as fentanyl, is a rapidly growing threat to human health in the United States. Xylazine is an α_2 -agonist in the same

drug class as clonidine, lofexidine, and dexmedetomidine. It was initially studied for use in humans as an antihypertensive agent, but development for human use was discontinued because of adverse effects. Xylazine was approved by the Food and Drug Administration for use as a sedative in veterinary medicine in 1972 but isn't approved for use in humans.

Centrally acting α_2 -agonist medications inhibit the release of norepinephrine and epinephrine. The effects on the central nervous system include sedation, analgesia, and euphoria. Reduced sympathetic outflow from the central nervous system causes decreased peripheral vascular resistance, heart rate, and blood pressure. Some α_2 -agonists are approved for

use in humans as antihypertensive agents, for sedation, and for mitigation of opioid-withdrawal symptoms to facilitate abrupt opioid discontinuation. This class of drugs is not regulated under the federal Controlled Substances Act and historically has been thought to be associated with a low risk of illicit use. People who use xylazine, however, may develop physiological dependence, have symptoms consistent with a xylazine-related substance use disorder, and have severe withdrawal symptoms (e.g., irritability, anxiety, and dysphoria) after abrupt discontinuation. Xylazine-withdrawal symptoms are not alleviated by the administration of opioids. The severity of such symptoms, combined with uncertainty about effective treat-

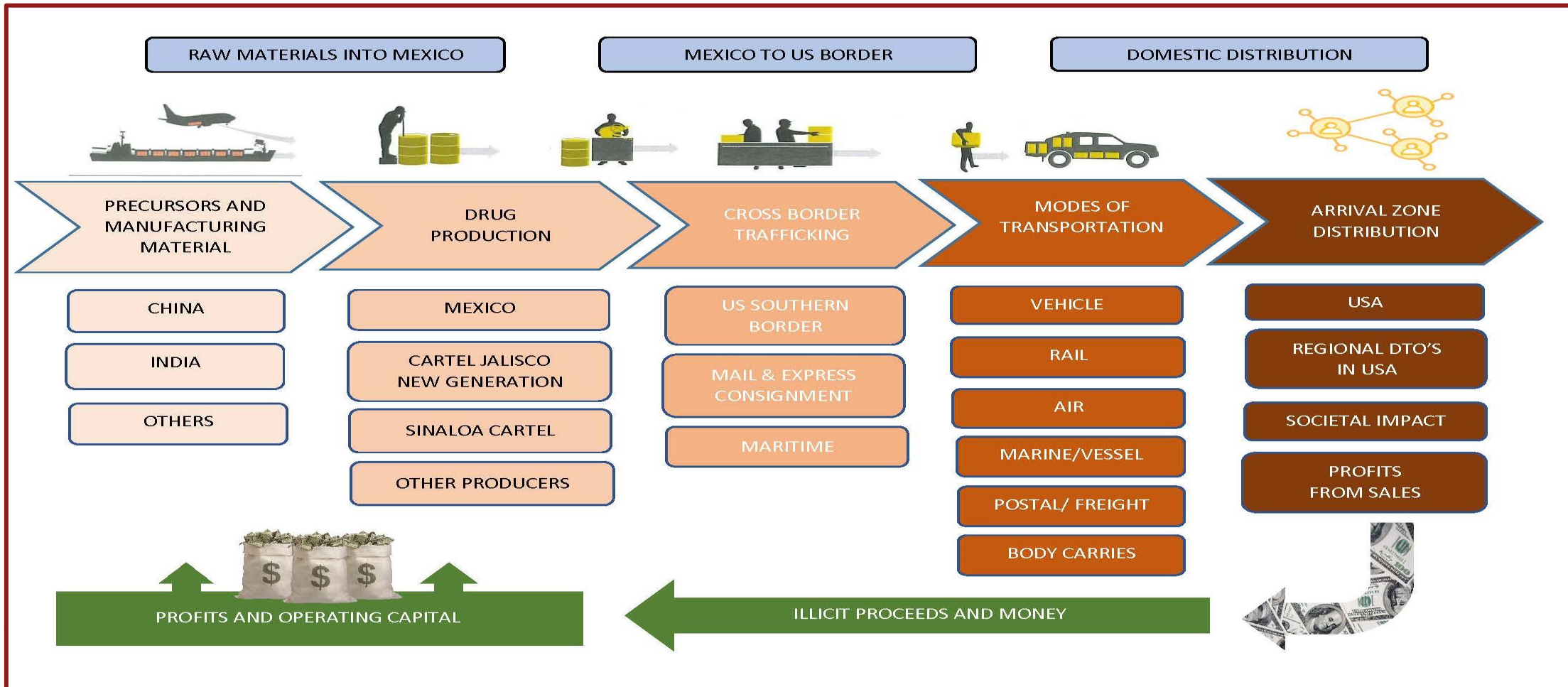
ment options, may compel people to continue to use xylazine, since discontinuation without assistance often isn't feasible.

Xylazine appears to have entered the illicit drug supply in the northeastern United States as an additive to fentanyl. It can be consumed orally or by smoking, snorting, or intramuscular, subcutaneous, or intravenous injection. The drug's reported duration of effect is longer than that of fentanyl; adulteration of fentanyl with xylazine therefore probably enhances the euphoria and analgesia induced by fentanyl and reduces the frequency of injections.

The first illicit use of xylazine was reported in Puerto Rico around 2001. Xylazine was initially used in combination with a polydrug mixture, commonly referred to as a speedball, containing a stimulant (e.g., cocaine or amphetamine) and an opioid (e.g., heroin, morphine, or fentanyl). Xylazine was identified intermit-



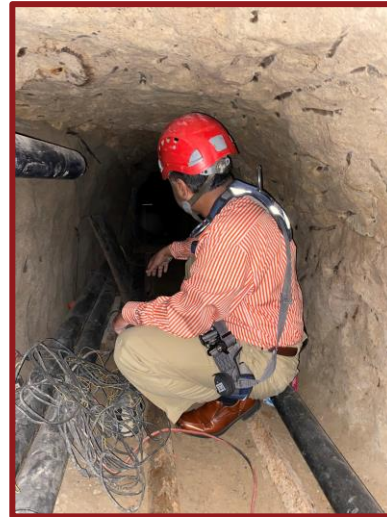
Illicit Fentanyl Supply Chain: From Source to End User to Profits



Commercial Disruption of Transnational Criminal Organizations

Supply Side: Going After Drug Trafficking Profits

- The journey from China to your local emergency room



Federal Actions & Support for the Public Health Community

Loan Repayment for practicing in underserved areas: \$145 million

- Increase of \$16 million over last year

Health Resources & Services Administration (HRSA) training and resources: \$885 million for programs directly affecting drug policy

- Increase of \$59 million since President Biden took office

Block Grant funding to States: \$2+ billion for addressing and preventing addiction

- Increase of \$158 million

Medical curriculum



Dr. Lorna Breen Health Care Provider Protection Act



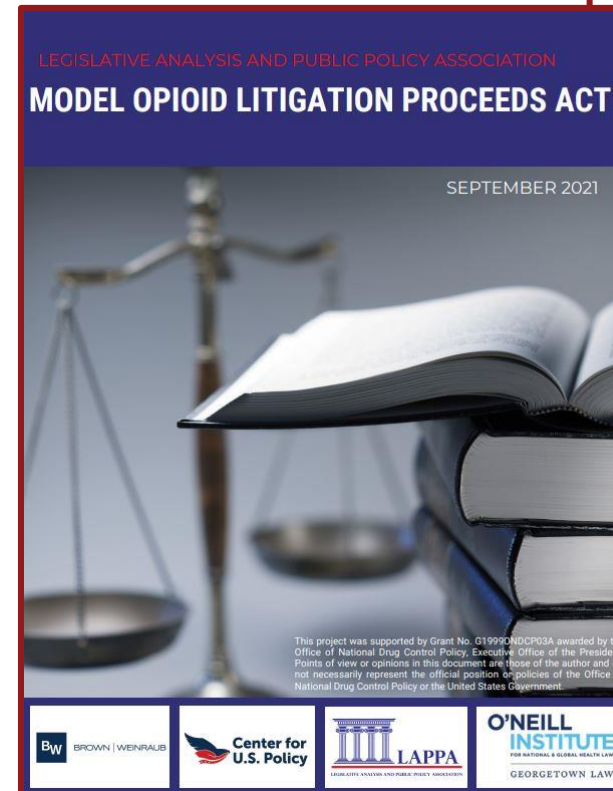
- Investing in training health care providers on suicide prevention and behavioral health
- Breaking stigma



ONDCP's Model State Acts

- **Naloxone**
- **Syringe Services Programs**
- **Deflection to treatment** by law enforcement and first responders
- **Opioid settlement funds**
- **Overdose fatality reviews teams**
- **Model overdose mapping and response**
- **Substance use treatment in correctional settings**
- *Available at [ONDCP.gov](https://www.ondcplaw.org)*

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White House Releases State Model Law to Help Make Access to Naloxone Consistent Across the Country

NOVEMBER 17, 2021

ONDCP BRIEFING ROOM PRESS RELEASES

Model law supports Biden-Harris Administration's ongoing efforts to expand evidence-based harm reduction services to address overdoses

WASHINGTON, D.C. – Today, the Office of National Drug Control Policy (ONDCP) announced the release of a model law for states to help expand access to naloxone, which saves lives by reversing opioid overdoses. The release of this model law comes at a critical time when overdose deaths have reached a record high, and gives states a tool to help prevent overdoses.

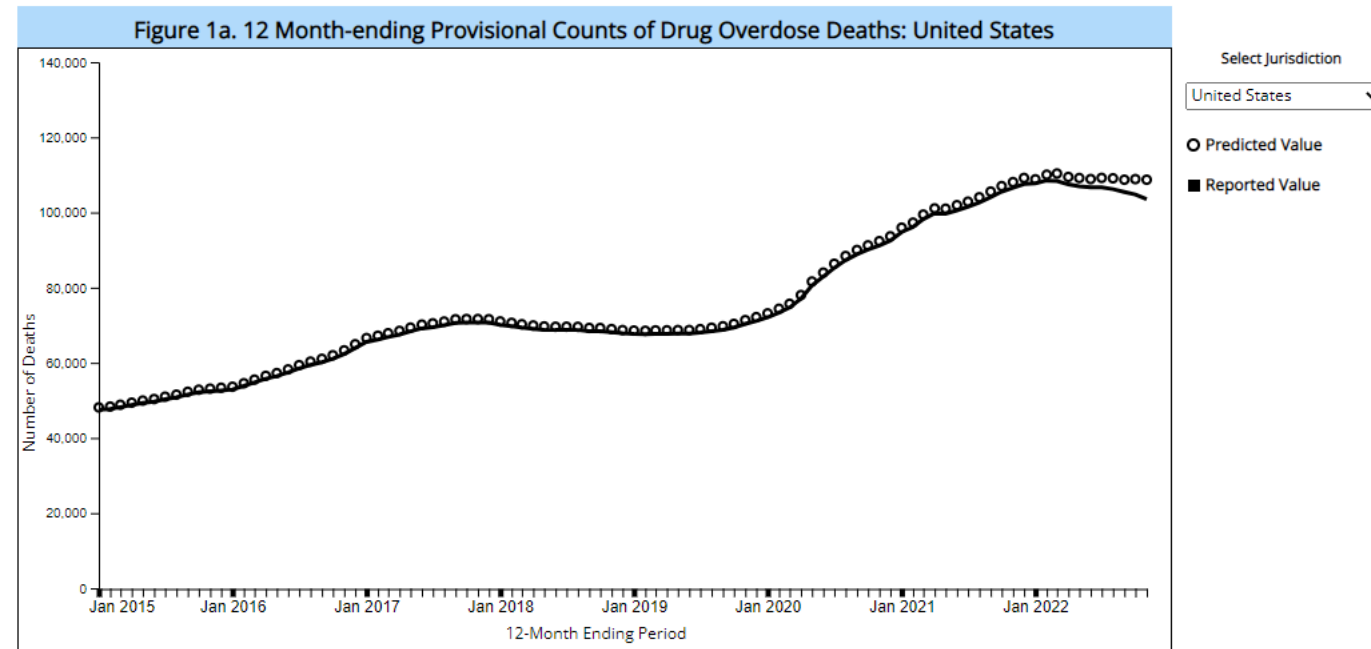
"No one should die from an overdose, and naloxone is one of the most effective tools we have to save lives. But sadly, today, people with substance use disorders are overdosing and dying across the country because naloxone access depends a great deal on where you live," said Dr. Rahul Gupta, Director of National Drug Control Policy. "This model law provides states with a framework to make naloxone accessible to those who need it— an evidence-based solution that, according to research, would have a significant effect on reducing opioid-related overdose deaths."



12 Month–ending Provisional Number and Percent Change of Drug Overdose Deaths:

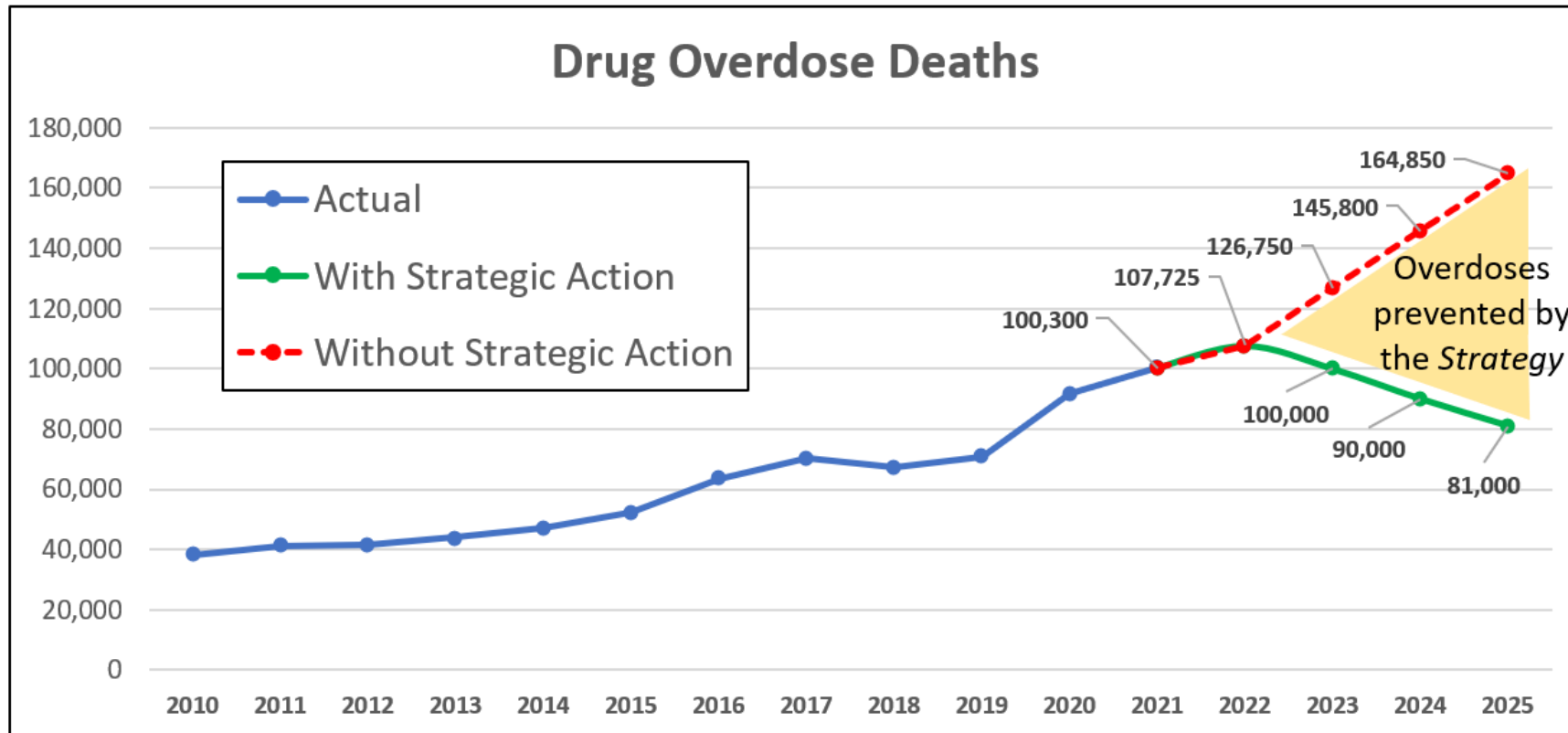
8 reports in a row indicating flattening or decreasing deaths

Based on data available for analysis on: April 2, 2023



Source: CDC, NCHS: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

With Appropriate Action, This Administration Will Save American Lives



My Ask of You

- **Encourage** providers to case find – Screen and Assess
 - And to prescribe buprenorphine for opioid use disorder
- **Support** providers who need SUD treatment – physician health programs work
- **Consider** policy change: 1115 waiver for expanding treatment in carceral settings
- **Share** what you're seeing in your states re: xylazine
- **Reach out** to my office for any guidance or assistance





This is a team effort.

Thank you for all your hard work so far... and all your work to come.





 **@DrGupta46**

ONDCPDirector@ondcp.eop.gov