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
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.

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

<table>
<thead>
<tr>
<th>Supply</th>
<th>Adult Psychiatrists</th>
<th>Child &amp; Adolescent Psychiatrists</th>
<th>Nurse Practitioners</th>
<th>Physician Assistants</th>
<th>Psychologists</th>
<th>Social Workers</th>
<th>Marriage &amp; Family Therapists</th>
<th>Addiction Counselors</th>
<th>Mental Health Counselors</th>
<th>School Counselors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated supply, 2017</td>
<td>33,650</td>
<td>8,090</td>
<td>10,450</td>
<td>1,550</td>
<td>91,440</td>
<td>239,410</td>
<td>53,080</td>
<td>91,340</td>
<td>140,760</td>
<td>116,080</td>
</tr>
<tr>
<td>New entrants, 2017-2030</td>
<td>16,270</td>
<td>5,000</td>
<td>9,520</td>
<td>1,770</td>
<td>45,400</td>
<td>367,520</td>
<td>39,190</td>
<td>33,300</td>
<td>72,860</td>
<td>158,440</td>
</tr>
<tr>
<td>Attrition, 2017-2030</td>
<td>(14,850)</td>
<td>2,810</td>
<td>2,770</td>
<td>(350)</td>
<td>(29,670)</td>
<td>(82,760)</td>
<td>(18,080)</td>
<td>(28,030)</td>
<td>(45,150)</td>
<td>(52,540)</td>
</tr>
<tr>
<td>Change in work patterns</td>
<td>(2,050)</td>
<td>(450)</td>
<td>(300)</td>
<td>(80)</td>
<td>(7,730)</td>
<td>(10,800)</td>
<td>(1,540)</td>
<td>(2,730)</td>
<td>(4,150)</td>
<td>(3,750)</td>
</tr>
<tr>
<td>Projected supply, 2030</td>
<td>27,020</td>
<td>9,830</td>
<td>16,900</td>
<td>2,890</td>
<td>103,440</td>
<td>513,370</td>
<td>72,650</td>
<td>93,860</td>
<td>164,320</td>
<td>218,130</td>
</tr>
<tr>
<td>Total Growth, 2017-2030</td>
<td>(6,630)</td>
<td>1,740</td>
<td>6,450</td>
<td>1,340</td>
<td>12,000</td>
<td>273,560</td>
<td>19,570</td>
<td>2,540</td>
<td>23,560</td>
<td>102,050</td>
</tr>
<tr>
<td>% growth, 2017-2030</td>
<td>-20%</td>
<td>22%</td>
<td>62%</td>
<td>85%</td>
<td>13%</td>
<td>114%</td>
<td>37%</td>
<td>3%</td>
<td>17%</td>
<td>88%</td>
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<table>
<thead>
<tr>
<th>Demand</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Estimated demand, 2017</td>
<td>38,410</td>
<td>9,240</td>
<td>10,450</td>
<td>1,550</td>
<td>91,440</td>
<td>239,410</td>
<td>53,080</td>
<td>91,340</td>
<td>140,760</td>
<td>116,080</td>
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<td>39,550</td>
<td>9,190</td>
<td>12,050</td>
<td>1,670</td>
<td>95,600</td>
<td>268,750</td>
<td>57,970</td>
<td>105,410</td>
<td>158,850</td>
<td>119,140</td>
</tr>
<tr>
<td>Total growth, 2017-2030</td>
<td>1,140</td>
<td>(50)</td>
<td>1,600</td>
<td>120</td>
<td>4,160</td>
<td>29,340</td>
<td>4,890</td>
<td>14,070</td>
<td>18,090</td>
<td>3,060</td>
</tr>
<tr>
<td>% growth, 2017-2030</td>
<td>3%</td>
<td>-1%</td>
<td>15%</td>
<td>8%</td>
<td>5%</td>
<td>12%</td>
<td>9%</td>
<td>15%</td>
<td>13%</td>
<td>3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adequacy of Supply, 2030</th>
<th></th>
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<tbody>
<tr>
<td>Total Projected Supply (minus) Demand</td>
<td>(12,530)</td>
<td>640</td>
<td>4,850</td>
<td>1,220</td>
<td>7,840</td>
<td>244,620</td>
<td>14,880</td>
<td>(11,530)</td>
<td>5,470</td>
<td>98,990</td>
</tr>
</tbody>
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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 parentheses.

* For all professions except psychiatrists, the model assumes that demand and supply are equal in 2017.
† Includes retirements and mortality.
‡ For example, changes from full-time to part-time hours, or vice versa.
§ Demand growth reflects changing demographics.
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.
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

“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
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

Medications for opioid use disorder include:
- Methadone
- Buprenorphine
- Naltrexone

However, only a fraction of people with OUD report having received MOUD.

People in the United States Who Reported Receiving Medication for Opioid Use Disorder (MOUD) or Treatment at a Specialty Facility in the Past Year, 2020.

MOUD is shown to
- reduce overdose rates and use of illicit opioids
- ease withdrawal symptoms and opioid cravings
- reduce risk of HIV and hepatitis C virus (HCV)
- improve treatment outcomes for people living with HIV or HCV

A recent study showed that people with opioid use disorder (OUD) were 82% less likely to overdose when they were receiving MOUD than when they were not.

Office of National Drug Control Policy
@ONDCP

An estimated 1 in 3 people have died of a drug overdose since 2013. Those of the 600,000 people who use opioids — in particular, synthetic opioids such as fentanyl, which is about 100 times more potent than morphine and is at least 50% more likely to be involved in fatal overdoses — are at greater risk for treatment failures.

more people with opioid use disorder (OUD) from obtaining medications illegally, increasing the risk of obtaining medications from criminal networks, as well as from one another. This increases the risk of overdose and death.

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The Cascade of Care IWG

Key Priorities:
- Workforce
- Curriculum Development
- Training
“The X Waiver Is Officially Dead”

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

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.

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...
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
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.
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
Key Messages:
• Illicit fentanyl is prevalent and deadly
• Naloxone is available and lifesaving
New White House Social Media Campaign: Fentanyl and Naloxone

Key Messages:
• Illicit fentanyl is prevalent and deadly
• Naloxone is available and lifesaving
Illicit Fentanyl Combined with Xylazine: An Emerging Threat
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
“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.”
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
12 Month-ending Provisional Number and Percent Change of Drug Overdose Deaths: 8 reports in a row indicating flattening or decreasing deaths

Source: CDC, NCHS: https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm
With Appropriate Action, This Administration Will Save American Lives

Drug Overdose Deaths

- Actual
- With Strategic Action
- Without Strategic Action

Overdoses prevented by the Strategy

Office of National Drug Control Policy
• **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.