

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION**

**Testimony before the  
United States Senate Caucus on International Narcotics Control  
Hearing Titled:  
“The Federal Response to the Drug Overdose Epidemic”**

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Good Afternoon and thank you Chairman Whitehouse and Co-Chairman Grassley for inviting me to testify during this hearing held by the Caucus on International Narcotics Control on the subject of “The Federal Response to the Drug Overdose Epidemic.”

My name is Tom Coderre and I am currently serving as the Acting Deputy Assistant Secretary for Mental Health and Substance Use at the Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA’s mission is to reduce the impact of substance use and mental illness on America's communities. The drug overdose epidemic and drug threats that have emerged or changed as a result of COVID-19 have been at the forefront of our work over the past year. I will be describing changes in use patterns, trends with psychostimulants and synthetic opioid such as fentanyl, and provide an overview of SAMHSA’s efforts toward the opioid crisis.

### **Changes in Drug Misuse and Overdose Patterns**

Treatment and prevention programs must evolve with the patterns of drug misuse, and over the past 40 years, this has been complicated by rapid changes in prescribing practices, supply chains, and patterns of use. In describing the history of the opioid crisis, the early opioid epidemic of the 1990s was characterized by an increased supply of prescription opioids.<sup>1</sup> By 2010, however, we began to see rapid increases in overdose deaths involving heroin<sup>2</sup> and then by 2013, the misuse of synthetic opioids – such as fentanyl – contributed to a further rise in overdose-related deaths.<sup>3,4</sup> This shift in types of opioid used has informed many of the strategies we now employ such as naloxone distribution and fentanyl test strip utilization as we are also more focused on overdose prevention. Since the 1980s, there has also been fluctuating mortality from

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<sup>1</sup> Centers for Disease Control and Prevention (CDC). Vital signs: overdoses of prescription opioid pain relievers—United States, 1999–2008. *MMWR MorbMortal Wkly Rep.* 2011 Nov 4; 60(43):1487-1492.

<sup>2</sup> Rudd RA, Paulozzi LJ, Bauer MJ, Burleson RW, Carlson RE, Dao D, Davis JW, Dudek J, Eichler BA, Fernandes JC, Fondario A. Increases in heroin overdose deaths—28 states, 2010 to 2012. *MMWR MorbMortal Wkly Rep.* 2014 Oct 3; 63(39):849.

<sup>3</sup> Gladden RM, Martinez P, Seth P. Fentanyl law enforcement submissions and increases in synthetic opioid-involved overdose deaths—27 states, 2013–2014. *MMWR MorbMortal Wkly Rep.* 2016; 65:837–43.

<sup>4</sup> O’Donnell JK, Gladden RM, Seth P. Trends in deaths involving heroin and synthetic opioids excluding methadone, and law enforcement drug product reports, by census region—United States, 2006–2015. *MMWR MorbMortal Wkly Rep.* 2017; 66:897–903.

methamphetamine and stimulant use.<sup>5</sup> Overdose deaths involving methamphetamine started rising steeply in 2009, and November 2020 data from the Centers for Disease Control and Prevention (CDC) show they had increased almost 10-fold by 2019.<sup>6</sup> It is also important to note the impact of alcohol and tobacco, which carry significant mortality when used alone, or in combination with other substances.<sup>7</sup>

The issue of concurrent use of multiple substances known as polysubstance misuse – complicates treatment and interventions further. Indeed, the rise in overdose deaths from methamphetamine has been linked to the co-administration of opioids such as heroin or fentanyl, or using products that have been contaminated by fentanyl without the user’s knowledge. Fentanyl is a powerful synthetic opioid which is 50 to 100 times more potent than morphine. According to a recent study, there are increasing numbers of individuals injecting methamphetamine and opioids together.<sup>8</sup> Of the 16,167 drug overdose deaths involving psychostimulants in the United States in 2019, 53.5 percent also involved an opioid.<sup>9</sup> There is also emerging thoughts that individuals may be substituting opioid for methamphetamines due to availability.<sup>10</sup> Some individuals will combine substances, such as methamphetamine and opioids, to achieve a synergistic high or to balance out their effects.<sup>11</sup> However, the combination can enhance the drugs’ toxicity and lethality, by exacerbating their individual cardiovascular and pulmonary effects as well as inherent increased risk of fatal overdose in those without opioid tolerance.

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<sup>5</sup> Jalal H, Buchanich JM, Roberts MS, Balmert LC, Zhang K, Burke DS. Changing dynamics of the drug overdose epidemic in the United States from 1979 through 2016. *Science*. 2018 Sep 21;361(6408):eaau1184. doi: 10.1126/science.aau1184.

<sup>6</sup> NIDA. 2020, November 12. Rising Stimulant Deaths Show that We Face More than Just an Opioid Crisis. Retrieved from <https://www.drugabuse.gov/about-nida/noras-blog/2020/11/rising-stimulant-deaths-show-we-face-more-than-just-opioid-crisis> on 2021, June 25

<sup>7</sup> Baggett, T. P., Chang, Y., Singer, D. E., Porneala, B. C., Gaeta, J. M., O’Connell, J. J., & Rigotti, N. A. (2015). Tobacco-, alcohol-, and drug-attributable deaths and their contribution to mortality disparities in a cohort of homeless adults in Boston. *American journal of public health*, 105(6), 1189–1197.

<sup>8</sup> Jones CM. Syringe services programs: An examination of legal, policy, and funding barriers in the midst of the evolving opioid crisis in the U.S. *Int J Drug Policy*. 2019 Aug;70:22-32.

<sup>9</sup> [NCHS Data Brief, Number 406, April 2021 \(cdc.gov\)](#)

<sup>10</sup> *ibid*

<sup>11</sup> Ellis MS, Kasper ZA, Cicero TJ. Twin epidemics: The surging rise of methamphetamine use in chronic opioid users. *Drug Alcohol Depend*. 2018 Dec 1;193:14-20. doi: 10.1016/j.drugalcdep.2018.08.029. Epub 2018 Oct 10.

We have seen further rises in opioid, stimulant, and polysubstance use over the course of the COVID-19 pandemic. Provisional CDC data indicate that there were more than 93,000 drug overdose deaths in 2020.<sup>12</sup> Synthetic opioids (primarily illicitly manufactured fentanyl) appear to be the principal driver, increasing 51.2 percent in 2020.<sup>13</sup> Overdose deaths involving cocaine also increased by 19.4 percent. This increase in deaths is likely linked to co-use or contamination of cocaine with illicitly manufactured fentanyl or heroin.<sup>14</sup> Of the 15,883 overdose deaths involving cocaine in 2019 in the United States, 75.5 percent also involved an opioid.<sup>15</sup>

Changes in drug misuse patterns complicate treatment. Treating people who use fentanyl, for example, is made difficult by disparity in access to agonist treatment. There is limited scientific evidence and a lack of consensus on the optimal treatment approaches for polysubstance misuse. Research cannot keep up with rapid changes in drug use patterns. Beyond this, medical schools have not uniformly implemented comprehensive curricula to improve the ability of graduates to recognize and treat substance misuse and to improve their attitudes toward this condition.<sup>16</sup> This potentiates stigma and may reduce the effectiveness of interventions at the health system level.<sup>17</sup>

### **State Patterns in Fentanyl and Methamphetamine Use**

Drug overdose deaths rates involving synthetic opioids and methamphetamine have shifted geographically over the past several years.<sup>18</sup> Understanding geographic distributions allows for more resources to be allocated to the areas most affected.

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<sup>12</sup> <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

<sup>13</sup> *ibid*

<sup>14</sup> *ibid*

<sup>15</sup> [NCHS Data Brief, Number 406, April 2021 \(cdc.gov\)](#)

<sup>16</sup> Polydorou S, Gunderson EW, Levin FR. Training physicians to treat substance use disorders. *Curr Psychiatry Rep.* 2008;10(5):399-404.

<sup>17</sup> van Boekel LC, Brouwers EPM, van Weeghel J, Garretsen HFL. Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: Systematic review. *Drug and Alcohol Dependence.* 2013;131(1):23-35.

<sup>18</sup> Mattson CL, Tanz LJ, Quinn K, Kariisa M, Patel P, Davis NL. Trends and Geographic Patterns in Drug and Synthetic Opioid Overdose Deaths — United States, 2013–2019. *MMWR Morb Mortal Wkly Rep* 2021;70:202–207.

- From 2018 to 2019, the largest relative increase in the death rate involving synthetic opioids occurred in the West (67.9 percent). While the largest relative increase in the death rate involving psychostimulants occurred in the Northeast (43.8 percent).
- Within the past two years, the East had the highest increases in deaths involving synthetic opioids, and the Midwest had the highest increases in deaths involving psychostimulants.
- Most striking is that no state experienced a significant decrease in the age-adjusted synthetic opioid overdose death rate from 2018-2019.
- From 2013 to 2019, the age-adjusted rate of deaths involving synthetic opioids other than methadone increased by 1,040 percent, and the age-adjusted rate of deaths involving psychostimulants increased 317 percent.

### **Engagement Strategies and Solutions**

Ensuring access to treatment for individuals who misuse substances requires that issues regarding treatment capacity and barriers to treatment seeking be addressed. SAMHSA is addressing these issues in several ways, which are described below. This section also discusses other strategies that can improve engagement in treatment.

Treatment Capacity: Workforce projections estimate a shortage of behavioral health providers. Treatment capacity could be increased through the use of peer providers in a wide variety of integrated and specialty care settings. will be required.

DATA Waivers: To expand access to treatment, HHS issued the “*Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder*”<sup>19</sup> These guidelines permit eligible practitioners to treat up to 30 patients without obtaining a waiver. The revised guidelines may help reduce geographic barriers to treatment, especially in rural areas. We have seen an uptick in evaluations overall and over 1000 providers have applied for the exemption in the first two months.

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<sup>19</sup> 86 FR 22439 (Apr. 28, 2021)

SAMHSA provides direct support and technical assistance to practitioners seeking to treat and currently treating people with Opioid Use Disorder (OUD) through its university-based Provider Clinical Support System.

Certification of Opioid Treatment Programs (OTPs): SAMHSA certifies OTPs and provides direct support (information and technical assistance) to OTPs regarding certification, accreditation and treatment. These services include:

- Assisting potential sponsors in establishing new OTPs.
- Reviewing and approving exemptions to the federal regulations where needed, such as developing flexibilities for use of telehealth and take-home prescription medication during the COVID-19 pandemic.
- Providing technical assistance and support for prisons seeking to assure continuation of Medications for Opioid Use Disorder (MOUD) for people who are incarcerated and/or preparing for re-entry.

Comprehensive Opioid Recovery Centers (CORC): SAMHSA provides direct support for the development of comprehensive centers which provide a full spectrum of treatment and recovery support services to address the opioid epidemic through its Comprehensive Opioid Recovery Centers grants. These Centers have played a key role in allowing people receiving MOUD to live as residents of sober homes and to participate in inpatient rehabilitation services.

Supporting Providers, Healthcare Systems and States: SAMHSA meets regularly with the state opioid treatment authorities (SOTAs) to provide technical assistance and support in the oversight opioid treatment programs (OTPs), and it oversees the work of the Accrediting Bodies in maintaining accreditation standards. Examples of issues SAMHSA addresses with SOTAs include:

- Assisting in evaluating state requirements and their adherence to the Federal regulations for Opioid Treatment Programs (OTPs).
- Promoting evidence-based treatment through discussion of scientific strategies and OTP accreditation standards.
- Use of social media as a means of engaging younger people in treatment.

Our oversight of the accreditation bodies enables SAMHSA to promote culturally appropriate treatment for specific populations (e.g. American Indians and Alaska Natives, Latinx communities, women, youth, and people involved in the criminal justice system). We do this by requiring that the capacity to deliver culturally appropriate services is included in the accreditation standards for OTPs.

Providers Clinical Support Systems-Universities (PCSS-U): SAMHSA manages the PCSS-U through which medical, physician assistant and nurse practitioner students receive the training needed to obtain a DATA waiver . This grant promotes incorporation of substance use disorder (SUD) education into the core curriculum of graduate-level medical education for physicians and mid-level providers and prepares these students to obtain a waiver upon becoming licensed.

Decreasing Barriers: Research reveals geographic and sociodemographic barriers to receiving treatment.<sup>20</sup> Indeed, many treatment facilities are found in urban and suburban areas, and there is disparity in access to buprenorphine providers and OTPs.<sup>21</sup> Recent policy changes, such as *The Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder*, remove barriers to obtaining a DATA-2000 Waiver and eliminate the need to do so for eligible practitioners providing MOUD to 30 or fewer patients. On June 28, 2021, the U.S. Drug Enforcement Administration published the final rule allowing OTPs the option of adding a mobile component (or van) to their existing registration. We anticipate these new flexibilities in the use of mobile units to provide methadone for the treatment of OUD will expand the reach of methadone providers, improving geographic access.

Wrap-around Services: These services not only improve the treatment experience, but also provide support to clients during their recovery. For example, research demonstrates that women’s SUD treatment outcomes are improved when women-specific needs are addressed through wrap-around services, such as the provision of childcare, employment assistance, or

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<sup>20</sup> Sharma RN, Casas RN, Crawford NM, Mills LN. Geographic distribution of California mental health professionals in relation to sociodemographic characteristics. *Cultur Divers Ethnic Minor Psychol*. 2017 Oct;23(4):595-600.

<sup>21</sup> Goedel WC, Shapiro A, Cerdá M, Tsai JW, Hadland SE, Marshall BDL. Association of Racial/Ethnic Segregation With Treatment Capacity for Opioid Use Disorder in Counties in the United States. *JAMA Netw Open*. 2020;3(4):e203711. Published 2020 Apr 1. doi:10.1001/jamanetworkopen.2020.3711

mental health counseling.<sup>22</sup> Additionally, the receipt of basic needs, child care, educational, family, and medical services is associated with improvements in several post-treatment outcomes.<sup>23</sup> These services provide an important opportunity to address social determinants of health that could otherwise lead to a poor prognosis. SAMHSA supports the provision of wraparound services in most of its major grant programs.

**Telehealth:** The recent pandemic has demonstrated the utility of telehealth in ensuring access to care despite geographic or other barriers. Telehealth is a mode of service delivery that has been used in clinical settings for over 60 years and empirically studied for just over 20 years.<sup>24</sup> Telehealth is not an intervention itself, but rather a mode of delivering services. This mode of service delivery increases access to screening, assessment, treatment, recovery supports, crisis support, and medication management<sup>25</sup> across diverse behavioral health and primary care settings. For example, State Opioid Response (SOR) grantees have implemented telehealth in various ways. Another outreach strategy is the use of mobile healthcare services include HIV testing, hepatitis testing, vaccinations, buprenorphine medication, harm reduction supplies, connections to follow-up appointments with doctors, naloxone training, housing services, and treatment. Telehealth has also increased access to MOUD, particularly in rural and other hard to reach areas. SOR grantees have reported a significant increase in client engagement, satisfaction, and retention in treatment due to the increased use of telehealth.

**State Opioid Response (SOR) Grants:** The SOR program aims to address the opioid crisis by increasing access to MOUD using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment needs, and reducing opioid overdose deaths. This program was expanded recently to address stimulant use, including cocaine and

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<sup>22</sup> Oser C, Knudsen H, Staton-Tindall M, Leukefeld C. The adoption of wrap-around services among substance abuse treatment organizations serving criminal offenders: The role of a women-specific program. *Drug Alcohol Depend.* 2009;103 Suppl 1(Suppl 1):S82-S90. doi:10.1016/j.drugalcdep.2008.12.008

<sup>23</sup> Pringle, J, et al. The Role of Wrap Around Services in Retention and Outcome in Substance Abuse Treatment: Findings From the Wrap Around Services Impact Study. *Addict Disord Their Treatment* 2002;1:109–118.

<sup>24</sup> Bashshur, R. L., Shannon, G. W., Bashshur, N., & Yellowlees, P. M. (2016). The empirical evidence for telemedicine interventions in mental disorders. *Telemedicine and e-Health*, 22(2), 87-113.

<sup>25</sup> Substance Abuse and Mental Health Services Administration. (2015). Using technology-based therapeutic tools in behavioral health services. Treatment Improvement Protocol (TIP) Series 60



methamphetamine. The SOR program is helping reduce opioid morbidity and mortality, and expanding overdose prevention and naloxone distribution, treatment, and recovery support services. SOR grantees have utilized peer support specialists assist individuals with OUD and/or stimulant use disorder(s) to initiate and/or maintain recovery. Peers work across settings, collaborating closely with medical professionals, criminal justice personnel, treatment providers, child welfare workers, and others to provide education, assistance accessing treatment, and recovery support services. SOR grantees have reported increased numbers of peer-certified specialists in the workforce with streamlined training and certification as well as improved child welfare outcomes when family peer mentors are paired with child welfare workers.

SOR grantees have implemented several programs that offer MOUD and wrap-around services, including housing assistance, transportation to treatment, job training, and peer recovery support services. Grantees report improved ability to integrate wrap-around recovery support services not traditionally provided in office-based opioid treatment (OBOT) as a result of grant funding. Further, SOR-funded services that target pregnant and post-partum women have demonstrated positive outcomes. These programs provide access to safe housing, MOUD, medical and behavioral health care, employment and educational services, and case management services related to childcare and transportation. Outcome data suggests an overall reduction in the days of use of substances and a greater percentage of clients housed from intake to 6-month follow-up. Additional outcomes include infants with healthy birth weights, no or shorter stays in the neonatal intensive care units (NICU), fewer infants born with neonatal abstinence syndrome (NAS), fewer infants with feeding and respiratory issues, and many mothers in recovery at the time of birth.

SOR grantees implement coordinated SUD prevention, treatment, and recovery support efforts to address the opioid and stimulant crisis. Grantees' strategies must include evidence-based practices (EBPs). Among EBPs commonly implemented by SOR grantees are: MOUD, "hub and spoke" models, cognitive behavioral therapy, motivational interviewing, contingency management, peer recovery support services, and overdose education and naloxone distribution.

SOR grantees report increased utilization of evidence-based behavioral health treatment models and recovery supports because of grant-funded trainings.

Services: SOR grantees have implemented several harm reduction activities, including innovative approaches to distribution of naloxone and fentanyl test strips as well as access to HIV/HCV testing, street-based outreach, and support of SSPs. These approaches aim to reduce the harms of active drug use, including reducing the spread of infectious disease as well as providing important connections to treatment and other community supports.

Education: SOR grantees are required to make use of SAMHSA-funded opioid technical assistance/training (TA/T) resources, including the opioid response network (ORN), in providing training and technical assistance to healthcare providers. The SOR grant program also hosts monthly webinars for states to share effective use of grant funds in addressing the opioid and stimulant use crises. Additionally, many grantees provide ongoing educational opportunities to providers in their state through Project ECHO. Various webinars and training events are also offered through SOR grantees to ensure the workforce has the most up-to-date information.

Reducing Stigma: SOR grantees focus on the need to reduce stigma surrounding not just OUDs but also medications for OUD, also known as MOUD. This is accomplished through various training and education initiatives, focused on directly addressing myths and stigma. Other effective approaches include the implementation of media campaigns, as described below.

Street-Based Outreach: SOR grantees have implemented various street-based outreach initiatives as a means of providing harm reduction services. These projects often target underserved areas. Services include distribution of naloxone, fentanyl test strips, hygiene kits, and provision of wound care. Information about how to access treatment and other relevant resources is also shared. The approach for this outreach style is rooted in harm reduction and overdose prevention, often emphasizing education on fentanyl and latest drug trends.

Another example of SOR-funded street-based outreach occurs in post overdose support teams (POST). This is a model that partners harm reduction programs with first responders to provide

outreach and support after a 911 call for overdose. These teams visit overdose survivors and their families in the days or weeks following the overdose event. During these visits, individuals are provided access to naloxone, referrals to mental health counseling, and information about treatment and recovery support services. These efforts have been shown to be effective in reducing the likelihood that the overdose survivor will experience a second, fatal overdose.

Partnering with Public Safety Officials and Community Organizations: SOR grantees continue to work with law enforcement, community groups, patients, and treatment teams to address the overdose epidemic. SOR grantees are required to provide treatment transition and coverage for patients reentering communities from criminal justice or rehabilitative settings. Approaches include working within criminal justice settings to offer access to MOUD for incarcerated individuals, training incarcerated individuals to become peer support specialists, and collaborating with various agencies to improve transitions into the community. SOR grantees report improved transitions for clients reentering communities from criminal justice settings or other rehabilitative settings through close partnerships of “hub” locations and “spoke” providers.

Increasing Public Awareness: Many SOR grantees sponsor evidence-based media campaigns to reduce stigma, provide education on OUD and MOUD, and increase awareness of available treatment options. Millions of people have been reached through television, radio, social media, and print campaigns. Many grantees have been able to show an increase in the number of individuals seeking treatment because of these public awareness campaigns.

**Harm Reduction Activities:** The promotion and distribution of naloxone and fentanyl test strips represents an opportunity to not only promote life-saving interventions, but to also provide education on drug potency and mortality.<sup>26</sup> This can be achieved in partnership with public safety agencies, providers, community organizations and the public. A comprehensive and coordinated approach must incorporate innovative and established overdose prevention and response strategies, including those focused on polysubstance use. We have seen earlier success

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<sup>26</sup> Han JK, Hill LG, Koenig ME, Das N. Naloxone Counseling for Harm Reduction and Patient Engagement. *Fam Med.* 2017 Oct;49(9):730-733.

with syringe services programs reducing the spread of infectious diseases such as HIV and Hepatitis C and expect similar results with other harm reduction measures.

SAMHSA's Community-Based Substance Use Disorder program, supported through the American Rescue Plan Act, promotes the widespread dissemination and implementation of evidence-based strategies aimed at reducing the negative consequences associated with drug use. Community-based overdose prevention programs, syringe services programs, and other harm reduction services will be expanded under this effort. Funding will be used to prevent and control the spread of infectious diseases and the consequences of such diseases for individuals with, or at risk of developing SUD, support distribution of opioid overdose reversal medication to individuals at risk of overdose, connecting individuals at risk for, or with, a SUD to overdose education, counseling, and health education, and encouraging such individuals to take steps to reduce the negative personal and public health impacts of substance use or misuse. Grants will strengthen harm reduction programs by helping establish strategies for referral to appropriate treatment and recovery support services, and for increasing safety around fentanyl, fentanyl analogs, and other dangerous drugs. Harm reduction grants are intended to promote widespread dissemination and implementation of harm reduction activities and stigma reduction efforts. Grant funding is intended for states; local, tribal, and territorial governments; tribal organizations; nonprofit community-based organizations; and primary care and behavioral health organizations to support community-based overdose prevention programs, SSPs, and other harm reduction services.

Naloxone and Fentanyl Test Strips: Distribution of naloxone is a large focus of SOR grantees. Ensuring individuals have access to this life-saving medication is a cornerstone of the grant program. Implementation includes widespread distribution of naloxone kits to peers, first responders, people who use drugs, and various community-based organizations. Grantees report having distributed approximately 2,571,381 naloxone kits and using naloxone to reverse approximately 197,084 overdoses through March 31, 2021.

Vending machines are one innovative approach to the distribution of naloxone kits and fentanyl test strips 24/7. After receiving their own unique card/PIN, participants can use the machines to

access a number of harm reduction supplies including: sharps boxes, naloxone, fentanyl test strips, hygiene kits, first-aid kits, pregnancy tests, and safe sex kits. The vending machines allow for increased naloxone and fentanyl test strip distribution in communities with high overdose rates. These machines can also be placed in commercial areas to allow for easier access to naloxone.

Another innovative approach to increasing access to naloxone was inspired by the proliferation of automated external defibrillators (AEDs) for heart attacks. Like fire extinguishers or defibrillators, wall-mounted kits with doses of naloxone are placed in common areas of various public buildings. This allows bystander rescuers to save the lives by reversing opioid overdose with publicly available naloxone.

Naloxone and fentanyl test strips are also distributed by peer support specialists, through street-based outreach, emergency medical service (EMS) leave-behind models, mobile unit distribution, and mail delivery. The “Text to Live” program allows individuals to use their phones to receive an interactive map of naloxone distribution sites and a series of follow-up messages encouraging naloxone use and providing information about accessing treatment.

HIV/HCV Testing: SOR grantees have partnered with local harm reduction organizations and coalitions to provide various harm reduction services aimed at reduction of infectious disease. These include access to free HIV and hepatitis C Virus (HCV) testing, as well as referrals to treatment as needed. SOR grantees have partnered with harm reduction organizations to administer hepatitis A and hepatitis B vaccines, distribute many types of clean and safe injection supplies, with the exception of syringes, and to refer individuals to treatment. Grantees also offer PrEP to at-risk individuals.

Syringe Service Programs (SSPs): Other SOR grantees have partnered with syringe service programs (SSPs) to implement various harm reduction approaches within these settings. SOR grantees have provided support to SSPs in order incorporate low-barrier opioid treatment

services into these settings. Other grantees have worked to expand SSPs operating hours. These approaches increase access to treatment for individuals who may utilize SSPs.

Medication Assisted Treatment- Prescription Drug and Opioid Addiction (MAT-PDOA): The purpose of MAT-PDOA grants are to expand/enhance access to MOUD and psychosocial services for persons with an OUD seeking or receiving MOUD. The desired outcomes for this program are: 1) an increase in the number of individuals with OUD receiving MOUD; and 2) a decrease in illicit opioid drug use and prescription opioid misuse at six-month follow-up. MOUD is evidenced based and is an integral component of harm reduction strategies and helps to prevent overdose deaths.

MAT-PDOA grantees are currently purchasing fentanyl test strips to help mitigate potential overdoses among their patients who still use. MOUD combined with psychosocial services provides a channel to help patients engage in recovery support services and gain access to primary care services while providing a pathway to gainful employment and significant benefits in reducing STI transmission and other infectious diseases.

Education: Recent medical school graduates play a pivotal role in educating their patients and colleagues; screening, diagnosing, and treating patients; and modeling positive attitudes to reduce the stigma attached to SUDs. Research demonstrates that SUD educational interventions, using various approaches and durations, produce a positive impact on medical students' knowledge, skills, and attitudes.<sup>27</sup> Studies also show that simply increasing exposure to patients with SUD does not equip providers to identify, treat or prevent SUD. A concurrent, comprehensive didactic curriculum is necessary to accomplish that.<sup>28</sup> Even as the opioid crisis deepens, there remains wide variability in SUD curricula across medical schools.<sup>29</sup> This adversely impacts patient care - a lack of preparedness has been identified as a barrier in the

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<sup>27</sup> Muzyk A, Smothers ZPW, Akrobetu D, Ruiz Veve J, MacEachern M, Tetrault JM, Gruppen L. Substance Use Disorder Education in Medical Schools: A Scoping Review. *Acad Med.* 2019 Nov;94(11):1825-1834. doi: 10.1097/ACM.0000000000002883. PMID: 31663960.

<sup>28</sup> Tetrault, J. Improving Health Professions Education to Treat Addiction: The Time Has Come. *The Josiah Macy Jr Foundation, News and Commentary.* May 2018.

<sup>29</sup> Blanco, C., Wiley, T.R.A., Lloyd, J.J. et al. America's opioid crisis: the need for an integrated public health approach. *Transl Psychiatry* 10, 167 (2020). <https://doi.org/10.1038/s41398-020-0847-1>

provision of buprenorphine to patients with opioid use disorder by early career family physicians.<sup>30</sup> Appropriate education “would help legitimize opioid use disorder as a chronic disease, and destigmatize its treatment.”<sup>31</sup> This impacts patient-physician dialogues and contributes to the under-treatment of SUDs by primary care and specialty providers.<sup>32</sup>

Reducing Racial Disparities in Outcomes: Opioid-involved overdose death rates in the United States differ by demographic and geographic characteristics.<sup>33</sup> From 2015 to 2017, nearly all racial/ethnic groups and age groups experienced significant increases in opioid-involved and synthetic opioid-involved overdose death rates, particularly Black persons aged 45–54 years (from 19.3 to 41.9 per 100,000) and 55–64 years (from 21.8 to 42.7) in large central metro areas.<sup>34</sup> In 2019, the age-adjusted drug overdose death rate in the Black population surpassed that in the White population for the first time in many years. From 2016 to 2019, Black persons saw a 43 percent increase in drug induced deaths, Latinx saw a 33 percent increase, Asian persons saw a 30 percent increase, and White persons saw a 5 percent increase.<sup>35</sup> The increased involvement of synthetic opioids in overdose deaths is changing the demographics of the opioid overdose epidemic. The differential impact of overdose rates in some populations has highlighted inequities and disparities in access to general healthcare, substance use disorder services, and vital ancillary services that must be addressed. Additionally, culturally competent interventions are needed to target populations at risk; these interventions include increasing awareness about synthetic opioids in the drug supply and expanding utilization of evidence-based interventions, such as naloxone distribution and MOUD.

Stigma can reduce willingness of providers in non-specialty settings to screen for and address problems with substances, and may limit willingness of individuals with such problems to seek

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<sup>30</sup> DeFlavio JR, Rolin SA, Nordstrom BR, Kazal LA Jr. Analysis of barriers to adoption of buprenorphine maintenance therapy by family physicians. *Rural Remote Health*. 2015;15:3019.

<sup>31</sup> Tong ST, Hochheimer CJ, Peterson LE, Krist AH. Buprenorphine Provision by Early Career Family Physicians. *Ann Fam Med*. 2018;16(5):443-446. doi:10.1370/afm.2261

<sup>32</sup> Kennedy-Hendricks A, Busch SH, McGinty EE, et al. Primary care physicians' perspectives on the prescription opioid epidemic. *Drug Alcohol Depend*. 2016;165:61-70.

<sup>33</sup> Lippold KM, Jones CM, Olsen EO, Giroir BP. Racial/Ethnic and Age Group Differences in Opioid and Synthetic Opioid-Involved Overdose Deaths Among Adults Aged ≥18 Years in Metropolitan Areas — United States, 2015–2017. *MMWR Morb Mortal Wkly Rep* 2019;68:967–973.

<sup>34</sup> *ibid*

<sup>35</sup> [https://www.tfah.org/wp-content/uploads/2021/05/2021\\_PainInTheNation\\_Fnl.pdf](https://www.tfah.org/wp-content/uploads/2021/05/2021_PainInTheNation_Fnl.pdf) ?

treatment.<sup>36</sup> All of these factors may help explain why so few individuals with SUDs receive treatment. Public education that reduces stigma and provides information about treatment is needed. This represents an opportunity to engage across multiple disciplines and modalities.

Supporting Providers, Healthcare Systems, and Payers: The production of treatment guidelines, advisories and informational materials represents an opportunity to not only promote best-practice, but to also inform decision making at the health system level. Furthermore, appropriate support of DATA-Waivered providers affords an opportunity to promote increased rates of treatment.<sup>37</sup> These activities encourage collaboration across disciplines, organizations, agencies, and centers. In a study of data from 24 states plus DC in 2019, the CDC found that in 62.7 percent of drug overdose deaths there was at least one opportunity for intervention prior to the fatal overdose.<sup>38</sup>

Partnering with Public Safety Officials and Community Organizations: Working with law enforcement, community groups, patients, and treatment teams to address the growing drug epidemic has the potential to channel new ideas, data sources, and efforts towards reducing mortality and use of illicit substances. Such engagement promotes cross collaboration and encourages patients and providers to work with law enforcement to create innovative and community focused interventions.

Increasing Public Awareness: Public awareness campaigns, such as Public Service Announcements (PSAs) and information sharing through social media promote safety and knowledge among community members.<sup>39</sup> Such activities also offer a means of promoting harm reduction practices among those already misusing substances.<sup>40</sup> The creation of these resources

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<sup>36</sup> Yang LH, Wong LY, Grivel MM, Hasin DS. Stigma and substance use disorders: an international phenomenon. *Curr Opin Psychiatry*. 2017;30(5):378-388.

<sup>37</sup> Andrilla CHA, Coulthard C, Larson EH. Barriers Rural Physicians Face Prescribing Buprenorphine for Opioid Use Disorder. *Ann Fam Med*. 2017 Jul;15(4):359-362.

<sup>38</sup> [Vital Signs: Characteristics of Drug Overdose Deaths Involving Opioids and Stimulants — 24 States and the District of Columbia, January–June 2019 | MMWR \(cdc.gov\)](#)

<sup>39</sup> Makkai, T., Moore, R., & McAllister, I. (1991). Health education campaigns and drug use: The "drug offensive" in Australia. *Health Education Research*, 6(1), 65–76.

<sup>40</sup> Harm reduction: An approach to reducing risky health behaviours in adolescents. *Paediatr Child Health*. 2008;13(1):53-60. doi:10.1093/pch/13.1.53



affords an opportunity to work with community members, technology experts and media strategists.

### **Recovery Supports**

True success with substance use disorder also involves enduring efforts, many of which are through recovery supports.

RCSP-RN, BCOR, TCE-PTP and Workforce Support Programs: Recovery Support efforts have been in the forefront at SAMHSA since the late 1990s. SAMHSA first launched the Recovery Community Support Program, later the Recovery Community Services Program (RCSP) in 1998. This grant helped launch and supported the development and strengthening of recovery community organizations (RCOs). Later iterations of the grant supported their efforts to establish statewide networks. Their focus has been emphasizing the critical importance of as a bi-directional bridge between communities and formal systems, including SUD treatment, and the criminal justice and child welfare systems. RCOs are peer-led organizations that advocate, educate, and may provide peer recovery support services to individuals with or in recovery from SUDs or co-occurring substance use and mental health disorders (CODs).

The most recent advancement of the SAMHSA recovery portfolios feature two new grant initiatives, the RCSP 5-year grant program and the Treatment, Recovery and Workforce Support Grants (Workforce Support). The 5-year RCSP grants build peer recovery support services capacity through recovery community centers, and the Workforce Support grants enhance employment opportunities for individuals in recovery from SUDs by addressing gaps in services and providing opportunities for veterans, homeless individuals, and those reentering the community after incarceration.

Moreover, understanding the critical role peers play, SAMHSA developed the targeted capacity expansion-peer to peer (TCE-PTP) grant portfolio forging the path for the extensive ongoing training of peers towards certification and expanding the workforce. This portfolio has provided state recognition for peer support service providers in the workplace and, in some states where allowable, Medicaid reimbursement for their services. It has been demonstrated that peer

recovery support services (PRSS) are invaluable in assisting individuals to establish and maintain their recovery.

Since 2017, SAMHSA allocated over 60 million dollars to recovery support initiatives, including the further development of RCOs, strengthening the peer recovery workforce, and advancing destigmatization efforts regarding addiction and recovery. Additionally, housing and employment opportunities have been supported, and SAMHSA's recovery support initiatives have served almost 8000 individuals. However, we can and must do more to build out the continuum.

President Biden's FY 2022 Budget contains a 10 percent set aside for recovery support services in the Substance Abuse Prevention and Treatment Block Grant which would provide states with funding to further invest in building out recovery support services.

SAMSHA is also partnering with NIDA in the HEALing Communities Study. This study is an implementation research study investigating coordinated approaches for deploying evidence-based strategies to prevent and treat opioid misuse and OUD tailored to the needs of local communities. The partnership will ensure that this research is best poised to impact service delivery toward ameliorating the opioid crisis in hard hit areas.

Thank you for the opportunity to share SAMHSA's activities to combat the addiction crisis in America. I welcome any questions that Caucus members might have.