Bridging Gaps Between Science and Clinical Practice: Discussion with the NIH and AHRQ

NIAAA:

- George Koob, PhD

NIDA:

- Wilson Compton, MD, MPE
- Geetha Subramaniam, MD, DFAACAP, DFAPA

AHRQ:

- Elisabeth Kato, MD

ASAM Science Initiative Subcommittee:

- Ken Freedman, MD, MS, MBA, FACP, AGAF, DFASAM (Chair)

Disclosure Information

No Disclosures:

- George Koob, PhD; Geetha Subramaniam, MD, DFAACAP, DFAPA; Elisabeth Kato, MD; Tami Mark, PhD, MBA

Disclosures:

- **Wilson Compton, MD, MPE**
  - Long-term stock holdings in General Electric Co., 3M Companies, and Pfizer Inc.
- **Ken Freedman, MD, MS, MBA, FACP, AGAF, DFASAM**
  - AAAP (Clinical Condition: Opioid use disorder): Consultant/Advisory Board
  - Aetna, a CVS Health Company (Clinical Condition: Med/surg care): Employment
  - Pfizer/Lily (Clinical Condition: pain management): Consultant/Advisory Board
  - SAMHSA (Clinical Condition: substance use disorders): Consultant/Advisory Board
  - The Recovery Research Network (Clinical Condition: Opioid use disorder): Medical Director

NIAAA Research Portfolio Updates for 2022

George F. Koob, Ph.D.

Director, National Institute on Alcohol Abuse and Alcoholism

Presented to the American Society of Addiction Medicine

April 2, 2022

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Opportunities to Increase SBIRT

- An analysis of national survey data examined basic screening, advice and referral for people with alcohol use disorder.[1]
  - More than 80% of people with AUD saw a clinician in the past year
  - Around 70% were asked at least one question about their alcohol consumption, most likely on an intake form (screening)
  - Among people who were screened, 11.6% were offered advice/information (brief intervention) but only 5.1% were advised about treatment options or other resources (referral to treatment)
  - People with severe AUD are more likely to receive advice (23%) and/or referral (12.5%), but the numbers are still far too low

[1]Mintz et al., 2021

Challenges and Opportunities in Research on Alcohol-Associated Liver Disease (ALD)

- Alcohol is responsible for nearly half of liver disease deaths, and ALD-related deaths have increased by 40.6% since 1999.[2]
- The greatest increase in deaths has been driven by alcohol-associated cirrhosis in women and young adults ages 25-34.[3]
- Integrated treatment of ALD and AUD may improve patient outcomes. A recent study of patients recovering from AH found that participation in alcohol rehabilitation shortly after hospital discharge was associated with improved outcomes, including reduced hospital readmission rates, alcohol relapse, and mortality.[4]
- Algorithms to predict alcohol associated liver disease have been developed based on mean corpuscular volume, aspartate aminotransferase (AST)/alanine aminotransferase (ALT) ratio, body mass index, and gender variables but they are limited in their predictive capabilities.[5]
- *In development:* NIAAA Core Liver Resource that provides fundamental information about ALD for health care providers

[2]Woolf et al., 2019

[3]Tapper and Parikh, 2018

[4]Peeraphatdit et al., 2019

[5]Dunn et al., 2006

Opportunities to Reduce Stigma in Patients with AUD

- Combat the misunderstanding that AUD is a choice by acknowledging that AUD risk is influenced by a mix of factors besides drinking pattern
- Use and promote use of non-stigmatizing, person-first language[6]
  - "Person with alcohol use disorder" vs "alcoholic"
- Promote the view of AUD as a treatable chronic condition like other common chronic diseases (e.g., hypertension, diabetes)
- Increase awareness of the full range of treatment options, including lower-intensity treatment that may be less stigmatizing (i.e., outpatient treatment vs. residential "rehab")
  - Offering multiple options encourages patient autonomy
- Offer AUD medications in primary care

[6]Volkow, Gordon, and Koob, 2021

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Bridging the Gap: National Institute on Drug Abuse (NIDA) Perspectives

Wilson M. Compton, MD, MPE

Geetha Subramaniam, MD, DFAACAP, DFAPA

Presented at ASAM Annual Meeting

Drug Overdose Deaths* Continue to Increase Into 2021

	ALL DRUGS	HEROIN	NAT & SEMI SYNTHETIC	METHADONE	SYNTHETIC OPIOIDS (mainly illicit fentanyl)	COCAINE	OTHER PSYCHO-STIMULANTS (mainly meth)
6/2020*	83,992	14,617	13,090	3,218	48,546	19,398	20,473
12/2020	91,799	13,165	16,416	3,543	56,516	19,447	23,837
6/2021*	101,263	11,054	13,845	3,743	64,977	21,266	29,346
Percent Change 6/20-6/21	**20.6%**	**-24.4%**	**5.7%**	**16.3%**	**33.8%**	**9.6%**	**43.3%**

*NCHS Provisional drug-involved overdose death counts are PREDICTED VALUES, 12 months ending in select months.
https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

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NIDA Racial Equity Initiative

Workplace

- Fall 2020 Climate Survey conducted; results analyzed by an external contractor to promote trust and objectivity of the results
- Survey results provide a meaningful snapshot and important baseline data as we continue our internal racial and ethnic equity initiatives.
- Focus groups with NIDA staff will be held this spring to further delve into findings.
- A follow-on survey will be launched in summer 2022.

Workforce

- NIDA Diversity Supplement Program
  - Increase in $750K annual budget
  - 4 additional supplement apps from underrepresented predoc & postdocs funded in response to the number of meritorious applications received in FY 2021
- 3 supplements to support ESIs in Addiction Science and Related Neuroscience Pilots at NIMHD-RCMI institutions
- 3 NIDA R25 applications to support underrepresented UG, predocs, and postdocs
- 13 research and career development applications funded in FY 2021
- **2 concepts presented later today**

Research Gaps and Opportunities

- 18 supplements in response to REI NOSIs
- Supported 14 projects that characterize impact of racism on substance use outcomes, ameliorate disparities in SUD care, involve culturally tailored interventions, and/or are led by URM scientists
- **5 REI research concepts will be presented later today**
  - A 6th REI concept was presented at the last Council meeting on addressing HIV-related health disparities in minority populations

Select CTN Studies

National Institute on Drug Abuse

Multi-Site Clinical Studies

1. Medication Treatment for Opioid-dependent Expecting Mothers **(MOMS)**
2. Emergency Department-Initiated Buprenorphine **(ED-INNOVATION)**
3. Rural Expansion of Medications for Opioid Use Disorder
4. Rapid Initiation for Extended-Release Injection Naltrexone **(SWIFT)**
5. Optimizing Retention, Duration and Discontinuation for OUD Medication **(RDD)**
6. Subthreshold OUD Trial **(STOP)**
7. RCT of injectable naltrexone and injectable buprenorphine for MUD **(MURB)**
8. TMS for Stimulant Use Disorders
9. RCT of Naltrexone-ER and Monthly Injectable Buprenorphine for Cocaine Use Disorder **(CURB-2)**
10. Ketamine for MUD (**KMD**)
11. Methadone or enhanced buprenorphine – retention among pts not optimally benefitting from office-based buprenorphine

Studies Using Datasets

1. Individual Level Predictive Modeling of OUD Treatment Response Using CTN Datasets
2. Analyses of VA Databases to Examine Patient Characteristics Associated with Bup Termination
3. Medicaid Analysis Comparing Outcomes in Residential and Outpatient Treatment
4. Impact of Drug-focused Twelve Step Mutual Help Groups Using the VA Database
5. Developing a Prescription Opioid Registry in Diverse Health Care Delivery Systems
6. Identifying Correlates of Precipitated Withdrawal During Bup Induction in Fentanyl users

Expansion of Existing CTN Studies

1. Ancillary Study Adoption and Sustainability of ED-Initiated Buprenorphine
2. Economic Analysis of Primary care Opioid Use Disorder Trial
3. Data Analysis of CTN Studies to Examine the Impact of Psychosocial Treatments for Black People who use Cocaine

Closing the Treatment Gap

1. Culturally Centered MOUD in Programs Serving American Indian/Alaska Natives
2. OUD Clinical Decision Support in Med. Settings
3. Development of a Pharmacy-based PDMP Risk Assessment Tool
4. Peer recovery Support: A Bridge to Treatment for Overdose Survivors
5. Integrating pharmacy-based prevention and Tx: A survey of pharmacists and stakeholders
6. Exploring Health Beliefs for Community Engagement and Diversity in Clinical Trials
7. Integrated Care and Treatment for Severe Infectious Diseases and Substance Use Disorders (SUD) among Hospitalized Patients

Training and Dissemination

1. Increasing PCP Prescribing of Buprenorphine
2. Integrating Nurse Practitioner Buprenorphine Waiver Training into Graduate Nursing Curriculum
3. Expanding Clinical Research Training on Implementing the Hub and Spoke Model
4. Preventing and Identifying OUD by Improving Opioid Prescription Management

Data, tools and research to improve care for people with Substance Use Disorders

Elisabeth Kato, MD, MRP

Center for Evidence and Practice Improvement, AHRQ

Analyzing Data and Synthesizing Evidence

- Medical Expenditure Panel Survey (MEPS)
- Healthcare Cost and Utilization Project (HCUP)
- Compendium of U.S. Health Systems (CHSP)

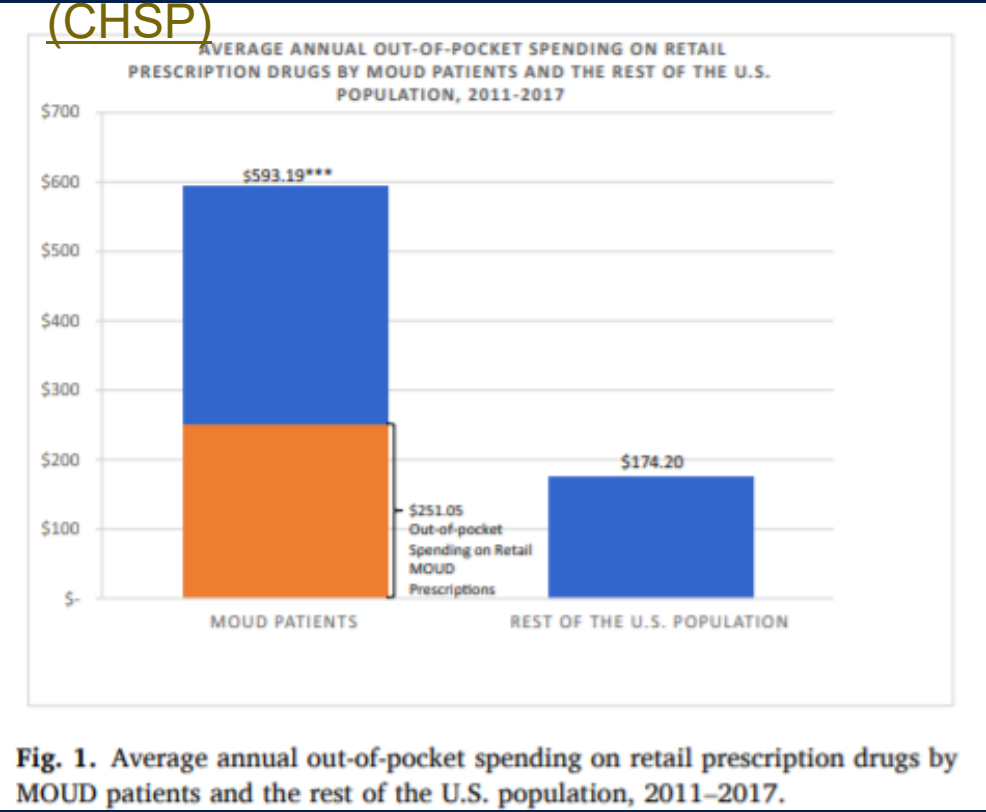
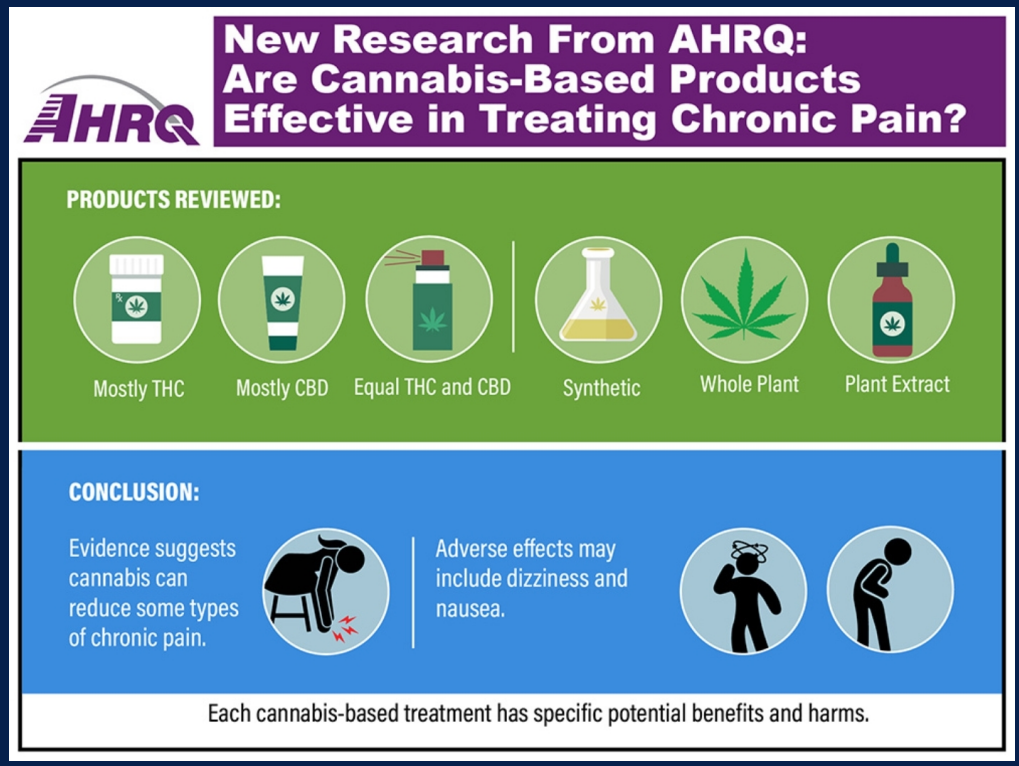


Fig. 1. Average annual out-of-pocket spending on retail prescription drugs by MOUD patients and the rest of the U.S. population, 2011–2017.

- Effective Healthcare Program (EHC)



To nominate a topic to the EHC: https://www.ahrq.gov/research/findings/evidence-based-reports/topic-nomination/index.html

To comment on a draft report: https://effectivehealthcare.ahrq.gov/

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Tools and Resources for Practice Improvement

The Academy
Integrating Behavioral Health & Primary Care

https://integrationacademy.ahrq.gov/

Unhealthy Alcohol Use Tools and Resources

A collection of tools and resources for managing unhealthy alcohol use in primary care, intended for use by providers, organizational leadership, other team members, and patients.

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Future Directions for Research and Implementation

Special Emphasis Notice: Interest in Health Services Research to Address Substance Use Disorder Epidemic (NOT-HS-21-010)

- Evidence-based, non-pharmacological and behavioral interventions for polysubstance and stimulant use
- Interventions to address socioeconomic contributors to SUD
- Effect of SUDs on chronic conditions and whole person health

Special Emphasis Notice: Interest in Research to Advance Health Equity (NOT-HS-21-014)

Notice of Funding Opportunity: Innovative Digital Healthcare Solutions to Improve Quality at Point of Care

Discussion

1. From your perspective and experience, what are the biggest evidence gaps in treating addiction?

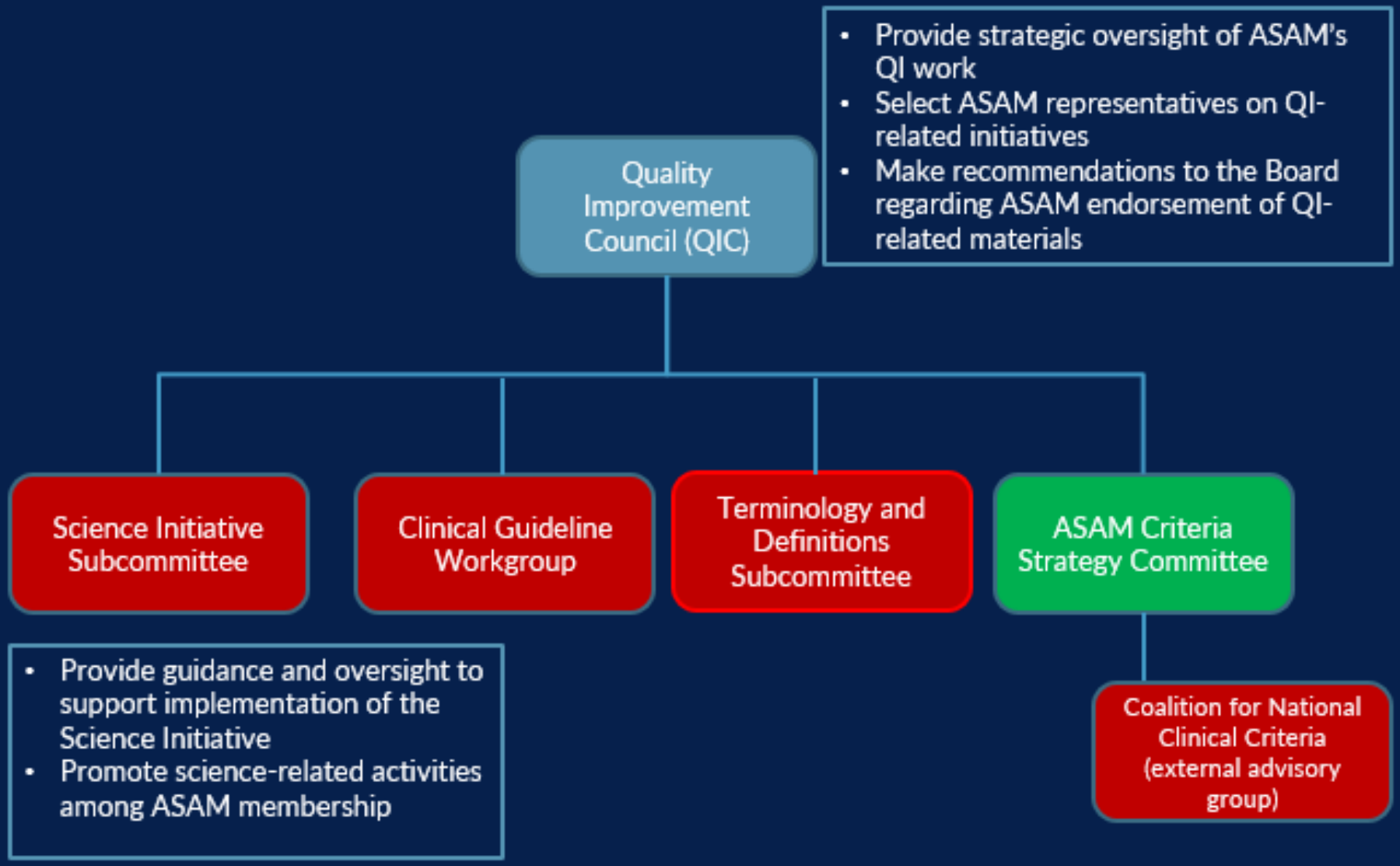
2. What are the biggest challenges you face in treating patients with polysubstance use?

3. What barriers to screening, brief intervention and referral to addiction treatment that you most often encounter in your clinical practice?

ASAM Science Initiative

ASAM Science Initiative Subcommittee Co-Chairs:

- Ken Freedman, MD, MS, MBA, FACG, AGAF, DFASAM
- Tami Mark, PhD, MBA


Quality Improvement Council (QIC)
• Provide strategic oversight of ASAM's QI work
• Select ASAM representatives on QI-related initiatives
• Make recommendations to the Board regarding ASAM endorsement of QI-related materials
Science Initiative Subcommittee
Clinical Guideline Workgroup
Terminology and Definitions Subcommittee
ASAM Criteria Strategy Committee
• Provide guidance and oversight to support implementation of the Science Initiative
• Promote science-related activities among ASAM membership
Coalition for National Clinical Criteria (external advisory group)

ASAM Science Initiative Goals

- Promote research to address current clinical challenges and drive improvements in the quality of care for addiction
- Support ASAM members who want to become engaged in research
- Support more rapid dissemination of research

Science Initiative Subcommittee (Current)

- Ken Freedman, MD, MS, MBA, FACP, AGAF, DFASAM (Chair)
- Tami Mark, PhD, MBA (Co-Chair)

- Lawrence W. Adler, MD, FASAM
- Javier Ballester Gonzalez, MD
- Marcie Bockbrader, MD, PhD, FAAPMR
- Mark G. Fuller, MD, FACP
- Martin Krsak, MD, MSc, FASAM
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