

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

NIAAA:

- ◆ George Koob, PhD

NIDA:

- ◆ Geetha Subramaniam, MD, DFAACAP, DFAPA

AHRQ/University of Washington:

- ◆ Sebastian Tong, MD, MPH, FAAFP, FASAM

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; Sebastian Tong, MD, MPH, FAAFP, FASAM

Disclosures:

- ◆ 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
 - ◆ Indivior (Clinical condition: Opioid use disorder): 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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Bridging the Gap: National Institute on Drug Abuse (NIDA) Perspectives

Geetha Subramaniam, MD, DFAACAP, DFAPA

Presented at ASAM Annual Meeting



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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

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Select CTN Studies



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

Sebastian Tong, MD, MPH, FAAFP, FASAM
University of Washington

Analyzing Data and Synthesizing Evidence

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

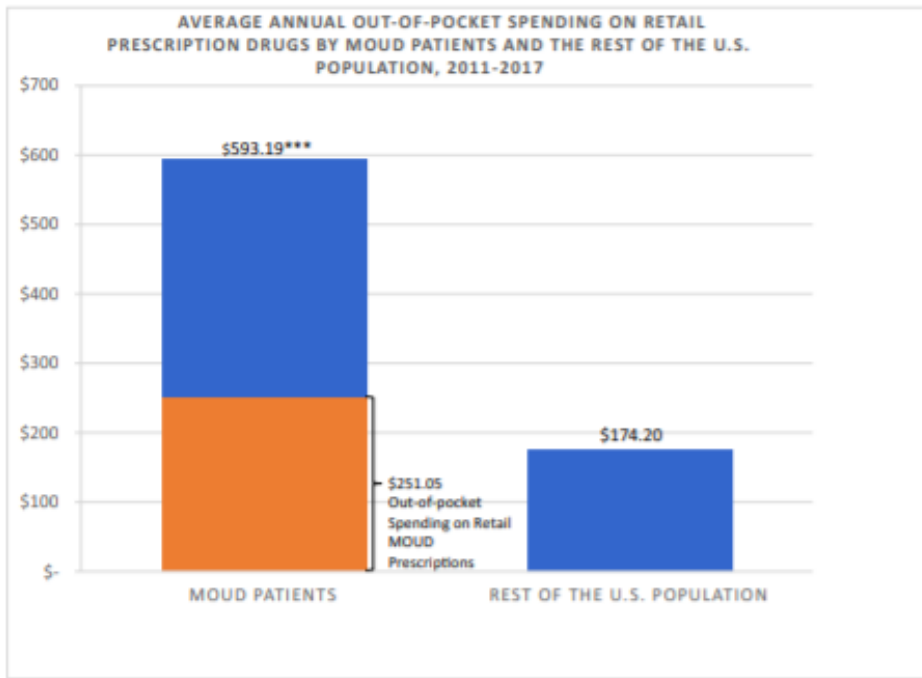




Fig. 1. Average annual out-of-pocket spending on retail prescription drugs by MOUD patients and the rest of the U.S. population, 2011–2017.

- [Effective Healthcare Program \(EHC\)](#)




New Research From AHRQ: Are Cannabis-Based Products Effective in Treating Chronic Pain?


PRODUCTS REVIEWED:




Mostly THC




Mostly CBD




Equal THC and CBD



Synthetic




Whole Plant





Plant Extract

CONCLUSION:

Evidence suggests cannabis can reduce some types of chronic pain.



Adverse effects may include dizziness and nausea.



Each cannabis-based treatment has specific potential benefits and harms.

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.



MAT for OUD Playbook

MAT for OUD Playbook

Introduction to MAT

Self-Assessment Checklist for MAT for OUD

Plan To Integrate MAT for OUD in Your Ambulatory Care Setting

Getting Started:

Understanding the Components of MAT

Addressing Organizational Readiness & Culture

Developing an Implementation Plan

Obtain Training & Support for Providers & Staff

Implement MAT for OUD

Monitor Patient & Program Progress

What Not To Do

Frequently Asked Questions (FAQs)

About the Playbook

My Notes

Getting Started

Understanding the Components of Medication-Assisted Treatment

Medication-assisted treatment (MAT) is, by definition, a whole person approach to care that combines pharmacotherapy with behavioral health counseling to treat those with opioid use disorder. The ultimate goal is to create a holistic MAT program that addresses all the patient's needs.

However, in the face of an ongoing epidemic, providers should aim to increase access to treatment using a low barrier philosophy. The components offered in a MAT program largely depend on the providers' abilities and preferences as well as resources available. A single standard model for MAT services does not exist. At a minimum, key components include:

- Qualified providers to prescribe medications;
- Patient agreements related to treatment planning, diversion, and consent; and
- Access to counseling and psychosocial supports onsite or through referrals.

North Star

The ideal practice offers a robust MAT program to treat those with opioid use disorder, including:

- Improved prescribing practices for prescription opioids;
- Harm reduction strategies;
- Multiple pharmacotherapy options based on patient needs and preferences;
- Full integration of behavioral health services; and
- Coordination with local recovery supports.

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: Primary Care Research (NOT-HS-22-011)

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

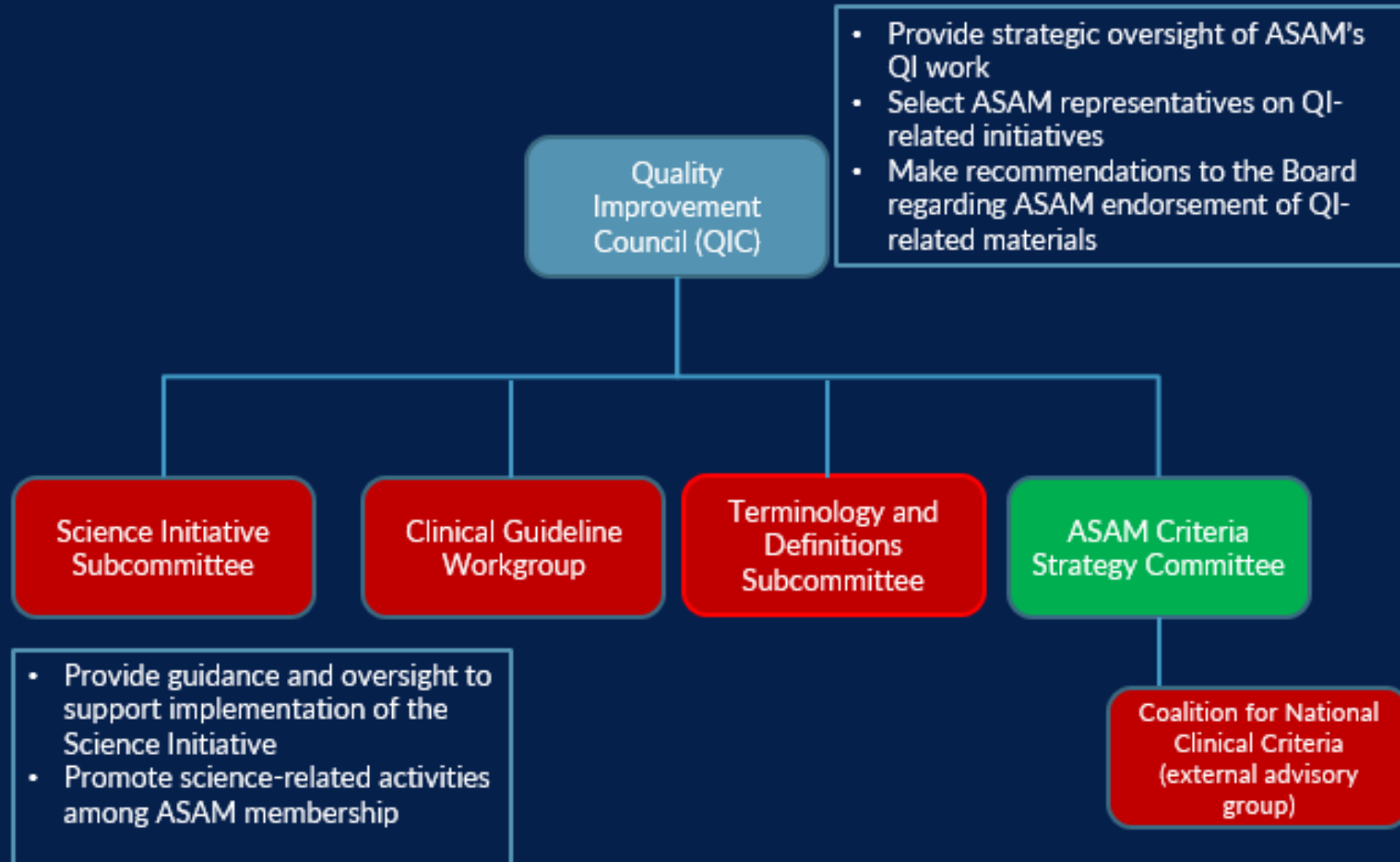
Discussion

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 do 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



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
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- ◆ Marcie Bockbrader, MD, PhD, FAAPMR
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- ◆ Ray Denny, PhD



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