

The Continuum of Prevention, Harm Reduction, Treatment, and Recovery In A New Policy World

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U.S. Department of Health and Human Services

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SAMHSA
Substance Abuse and Mental Health
Services Administration

Disclosure Information

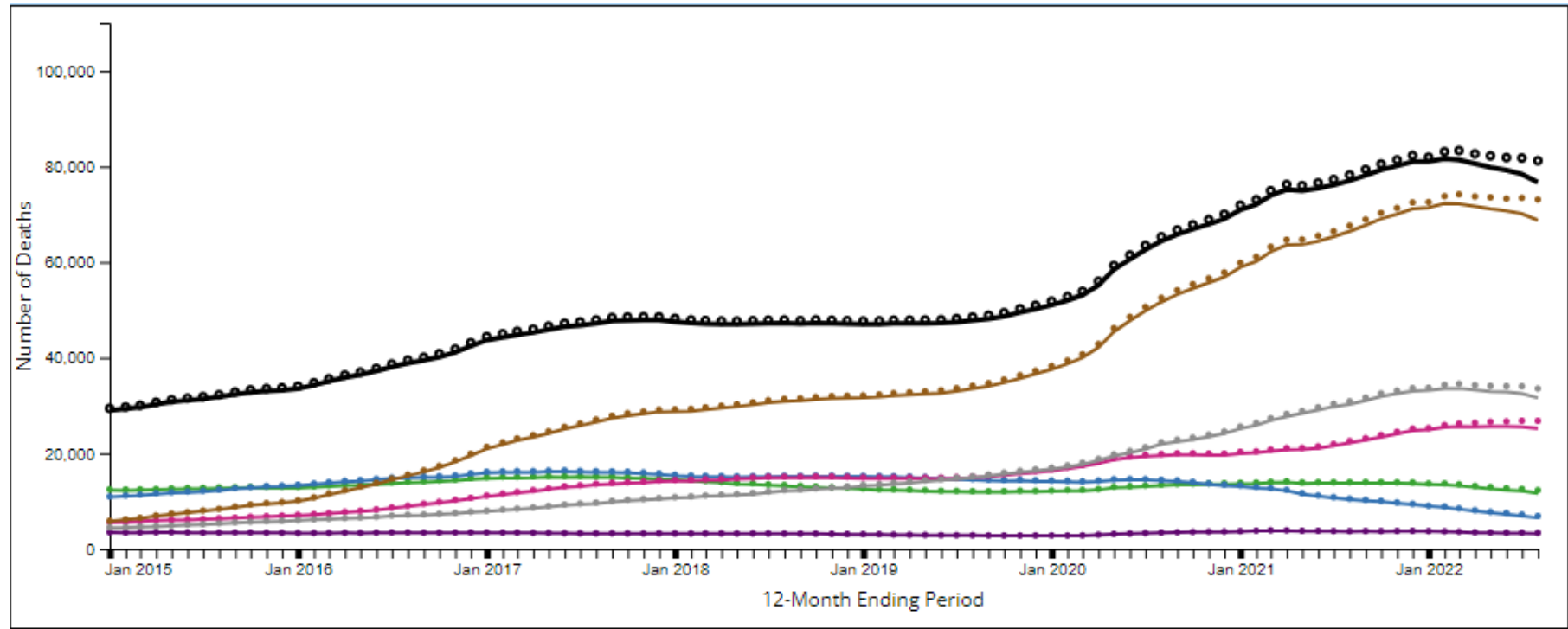
- Yngvild Olsen, MD, MPH, DFASAM has no disclosures to report
- Neeraj Gandotra, MD has no disclosures to report
- Captain Jennifer Fan, PharmD, JD has no disclosures to report
- Robert Baillieu, MD, MPH, FAAFP has no disclosures to report

Learning Objectives

By the end of this session, participants should be able to:

- Construct a shared understanding of policy changes made in 2022 that impact the addiction field.
- Describe the impact of policy changes on SAMHSA's strategic priorities.
- Share examples from areas of prevention, harm reduction, treatment, and recovery of how policy changes impact SAMHSA's programs.
- Detail SAMHSA's role in implementing these policy changes.

Fentanyl Is Driving Drug Overdose Deaths – Over 107,000 Lives Lost



Legend for Drug or Drug Class

Cocaine (T40.5)
Heroin (T40.1)
Methadone (T40.3)
Natural & semi-synthetic opioids (T40.2)
Opioids (T40.0-T40.4,T40.6)

Psychostimulants with abuse potential (T43.6)
Synthetic opioids, excl. methadone (T40.4)

--- Reported Value

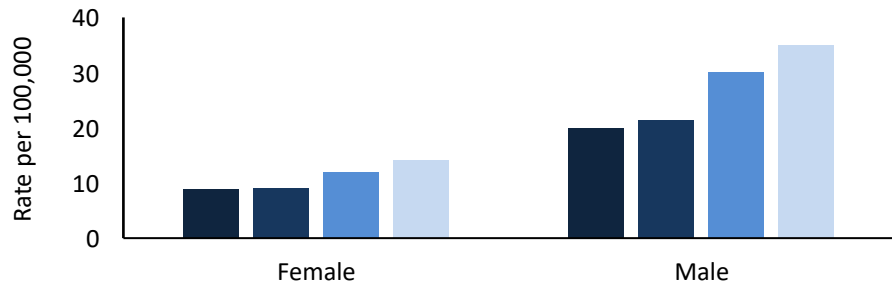
○ Predicted Value

Source: National Center for Health Statistics/Centers for Disease Control and Prevention. *Vital Statistics Rapid Release Provisional Drug Overdose Death Counts*, available at <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm> (January 1, 2023).

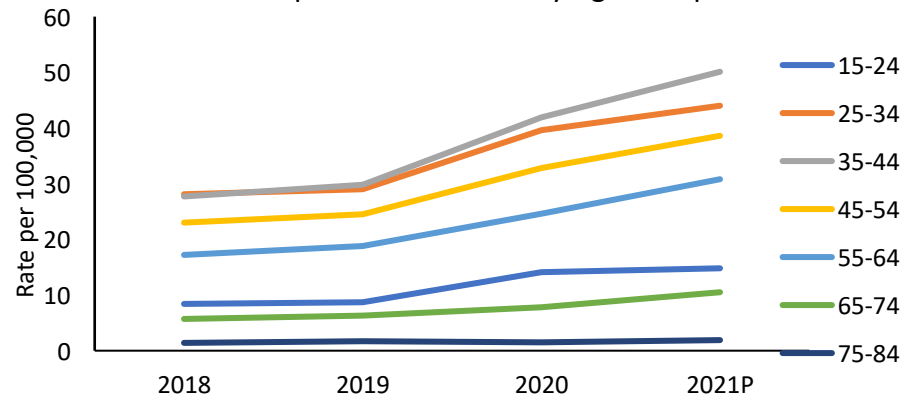
Opioid-Involved Overdose Deaths by Demographics, 2018-2021

Opioid-Involved OD by Gender

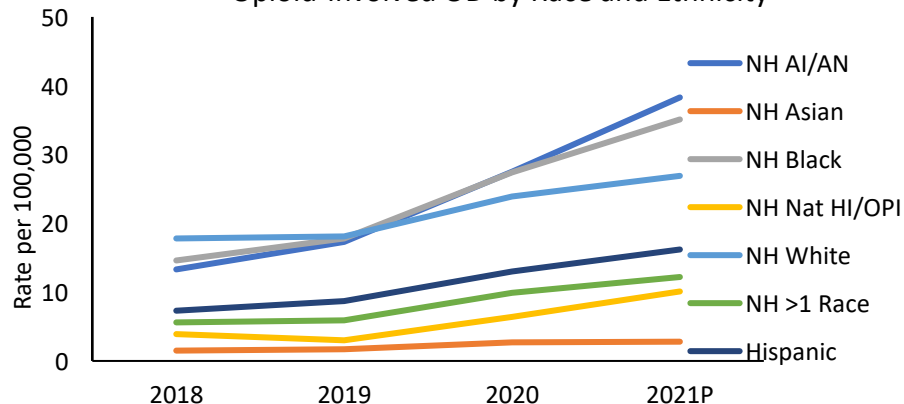
■ 2018 ■ 2019 ■ 2020 ■ 2021P



Opioid-Involved OD by Age Group

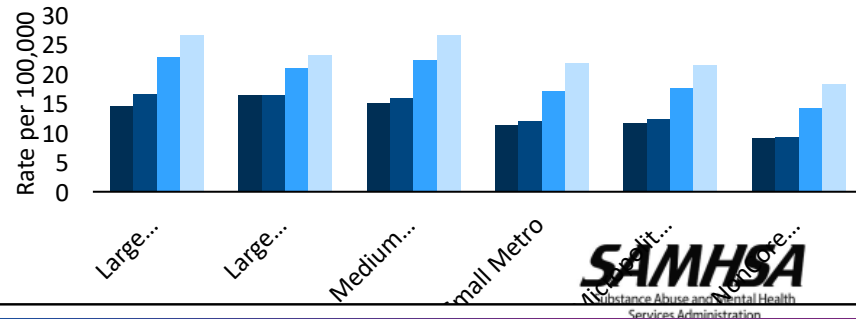


Opioid-Involved OD by Race and Ethnicity

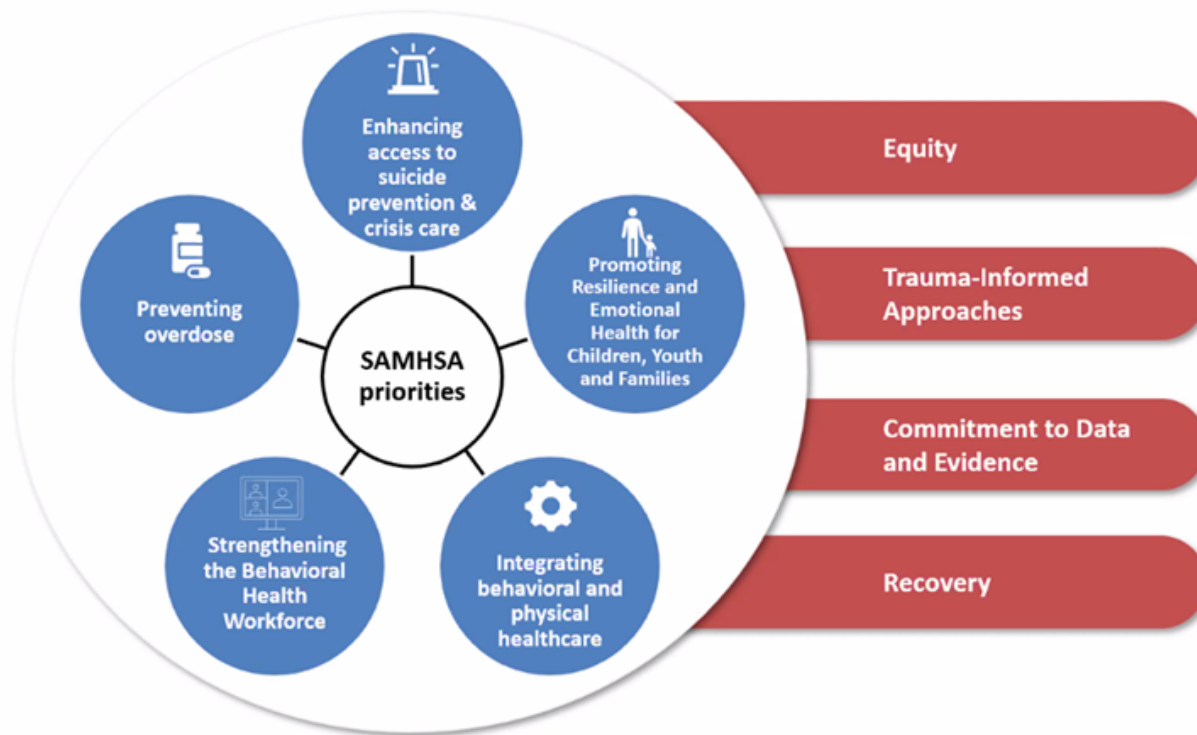


Opioid-Involved OD by Urbanization

■ 2018 ■ 2019



SAMHSA Priorities and Overarching Principles



<https://www.samhsa.gov/sites/default/files/samhsa-interim-strategic-plan.pdf>

Focus on Overdose

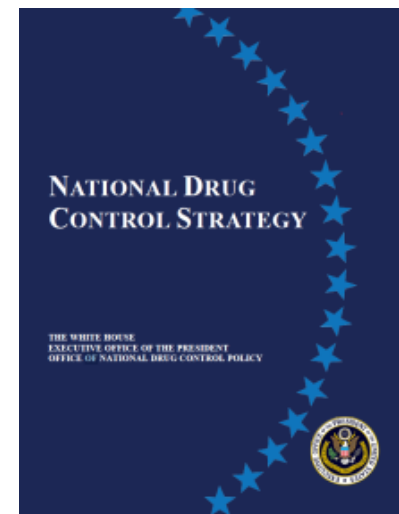
HHS Overdose Prevention Strategy



<https://www.hhs.gov/overdose-prevention/>

President Biden's Unity Agenda

- Universal access to MOUD by 2025
- Harm reduction services as a federal drug policy priority



FACT SHEET: Addressing Addiction and the Overdose Epidemic

MARCH 01, 2022 • STATEMENTS AND RELEASES

<https://www.whitehouse.gov/wp-content/uploads/2022/04/National-Drug-Control-2022Strategy.pdf>

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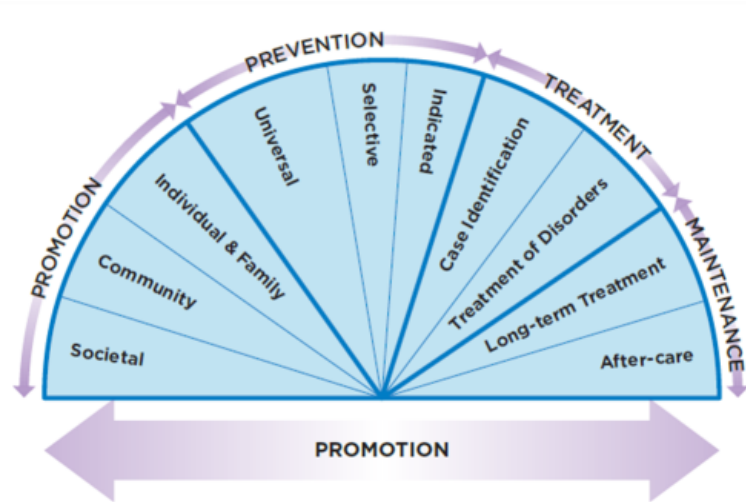


PREVENTION

SAMHSA's Substance Use Prevention Role

Promoting Resilience and Emotional Health for Children, Youth, and Families

- Focus on early identification
- Tiered public health approach – right service at the right time
- Broad scale implementation of evidence-based approaches
- Comprehensive and integrated systems of care



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SAMHSA's Prevention Grant Programs

State formula funding (**\$381,535,010**)

- Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant.

Formerly Substance Abuse & Treatment Block Grants

-Synar Program (youth tobacco use prevention)

Tribal discretionary funding (**\$23,665,000**)

- Tribal Behavioral Health (Native Connections)

States and communities (discretionary)

- Strategic Prevention Framework – Partnerships for Success (PFS) (**\$124,484,000**)
- STOP Act Program (Sober Truth on Preventing Underage Drinking) (**\$11,000,000**)

HIV discretionary program (**\$43,205,000**)

- HIV Prevention Navigator Program for Racial and Ethnic Minorities

Harm Reduction Grant Program (**\$30,000,000**)

Opioid discretionary programs

- Strategic Prevention Framework for Prescription Drugs (SPF-Rx) (**\$10,000,000**)
- Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths (**\$16,000,000**)
- First Responders (FR-CARA) (**\$56,000,000**)
- Improving Access to Overdose Treatment (OD-Tx) (**\$1,500,000**)

Prevention Set-Aside in the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant

Primary Prevention Strategies - Comprehensive programming delivered in a variety of settings to serve both the general population and sub-groups that are at high risk for substance use disorders. Strategies **may include**, but are not limited to, the following strategies:

Strategy	Description
Information Dissemination	Address nature and extent of alcohol and other drug use and related consequences
Education	Build critical life and social skills through structured learning processes
Alternatives	Provide alternative, healthy activities to discourage use of alcohol and other drugs
Problem Identification and Referral	Aim to identify individuals who have indulged in illegal or age-inappropriate use of tobacco or alcohol and individuals who have indulged in the first use of illicit drugs.
Community-based Process	Support strategic planning, implementation, and evaluation by states and communities
Environmental	Establish or change written and unwritten community standards, codes, and attitudes. Its intent is to influence the general population's use of alcohol and other drugs.

HIV Discretionary Program

HIV Prevention Navigator Program for Racial and Ethnic Minorities

- **Purpose:** to provide substance misuse and HIV prevention services to racial/ethnic minority men at risk for HIV/AIDS. Emphasis placed on serving:
 - 1) men who have sex with other men (MSM), including transgender individuals
 - 2) people who identify as LGBTQ+ who are not in stable housing and reside in high HIV incidence rate communities.
- **Strategies:**
 - Outreach to assist people in receiving HIV and hepatitis testing and support services;
 - Navigation approach (Community Health Workers, Neighborhood Navigators, and/or Peer Support Specialists) to expedite service delivery.
- **Services Supported:** Linkages to or provision of psychosocial support, medical care, housing, employment, family, education, and prescription drug assistance services to reduce morbidity and mortality rates.

Tribal Discretionary Funding - Tribal Behavioral Health (Native Connections)

The Native Connections grant program supports grantees in:

- Reducing suicidal behavior and substance use among Native youth up to age 24
- Easing the impacts of substance use, mental illness, and trauma in tribal communities
- Supporting youth as they transition into adulthood



States and Communities (Discretionary programs)

- **Strategic Prevention Framework-Partnerships for Success (SPF-PFS)** – Focus is to prevent the onset and reduce the progression of substance use and its related consequences, while strengthening prevention capacity and infrastructure at the state, tribal, and community levels.
- **STOP Act Program (Sober Truth on Preventing Underage Drinking)** – The Community Coalition Enhancement Program implements strategies such as:
 - Conducting community wide education campaigns;
 - Conducting vendor and server training;
 - Conducting compliance checks
 - Mobilizing the community to restrict youth access to alcohol;
 - Strengthening and enforcing underage sales/service laws

Screening as a Prevention Strategy



Multidimensional Screening

Elevated risk for potential problems
(12-20 years old)

Health

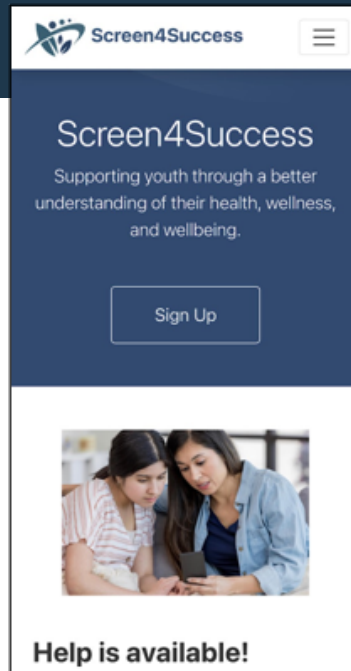
- Weight Loss/Gain
- Physical Discomfort
- Chronic Conditions

Wellness

- Mental Health
- Substance Use
- Family Environment

Wellbeing

- Life Satisfaction
- Quality of life
- Community Connectedness



Opportunities for Collaboration

Use prevention as the ‘front door’ to access youth support services.

1. Invitation to utilize a new SAMHSA/CSAP tool in health care settings – “Screen4Success”
2. Multiple touchpoints (e.g., bi-directional referrals – health care providers to other parts of the behavioral health system)
 - Family support services
 - Parenting programs
 - Student assistance services
3. Workforce Development – A distributed workforce representing unique scopes of practice supports a comprehensive and interdisciplinary approach to behavioral health.

Opioid Discretionary Programs

- **Strategic Prevention Framework for Prescription Drugs (SPF-Rx)** - Strengthen state and community-level prevention capacity and infrastructure for substance use prevention focused on prescription medications.
- **Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths** - Trains first responders and other key community sectors on a range of overdose response strategies.
- **First Responders (FR-CARA)** - Supports first responders and members of other key community sectors in administering opioid overdose reversal agents.
- **Improving Access to Overdose Treatment (OD-Tx)** – Supports access to overdose education and opioid overdose reversal agents for people at high risk for overdose and their family and friends who receive care in FQHCs, OTPs, or from practitioners who prescribe buprenorphine

Naloxone Training and Distribution Programs – Lessons Learned

- Collaboration – Raise awareness, reduce stigma, assess policies, partner for joint activities, foster new ways of thinking, and rally towards a shared goal.
- Leadership – Invest time in relationship-building, tackle joint challenges, leverage existing coalitions, build diverse partnerships, and include those with lived experience.
- Community Champions – Support success, propel change, build trust
- Community Mindset – Share a sense of belonging, work together, recognize interconnected nature with SDOH



Harm Reduction

Role of Prevention in Harm Reduction

- Harm reduction supports people, helping prevent injury, infectious disease transmission, and death.
- Harm reduction meets people where they are and helps them move forward.
- Harm reduction supports multiple pathways to recovery.
- Harm reduction addresses social determinants of health and focuses on increasing protective factors.



See - <https://www.samhsa.gov/find-help/harm-reduction>

Harm Reduction Grant Program

Purpose: Support community-based overdose prevention programs, syringe services programs, and other harm reduction services in provision of services and capacity development.

- Enhance overdose and other types of prevention activities
- Support distribution of FDA-approved overdose reversal medications
- Build connections for individuals at risk for, or with, a SUD to overdose education, counseling, and health education
- Refer individuals to treatment for infectious diseases, and
- Encourage such individuals to take steps to reduce the negative personal and public health impacts of substance use or misuse.

Harm Reduction Framework for People Who Use Drugs

The Framework:

- Was developed through a data-driven process involving the harm reduction community
- Will inform SAMHSA's harm reduction activities moving forward, as well as related policies, programs, and practices
- Provides a framework for integrating and incorporating evidence-based harm reduction activities, practices, and principles across SAMHSA's centers and initiatives
- Informs SAMHSA on opportunities to work with other federal, state, and local stakeholders toward advancing harm reduction approaches, services, and programs

State Naloxone Saturation Plans

- As a component of the FY22 State Opioid Response (SOR) grant application, SAMHSA required states to submit a naloxone saturation plan (NSP) that described:
 - The amount of naloxone a state would need to achieve saturation in their communities
 - Estimated gaps
 - Potential acquisition and distribution mechanisms to reach priority communities and populations
 - Funding/budgetary needs to achieve saturation
 - A timeline for implementation.

State Naloxone Saturation Plans: Findings and Actions

- An initial analysis of 53 plans identified significant variability among states in saturation resources, community reach, and plan maturity
- ONDCP letter to Governors highlighting importance of naloxone saturation plans
- SAMHSA partnered with NASADAD for further assistance and action
 - A virtual learning community held January 25 and 26 focused on plan strengthening and refinement
 - 175 attendees across 49 states and 4 territories
 - Presentations from experts in naloxone modeling and state innovations
 - Regional Administrators facilitated peer-to-peer breakout sessions
 - Individualized technical assistance available to all states and territories
 - An in-person policy academy for up to 10 states to focus on plan implementation will be held in the Summer of 2023 with follow up TA

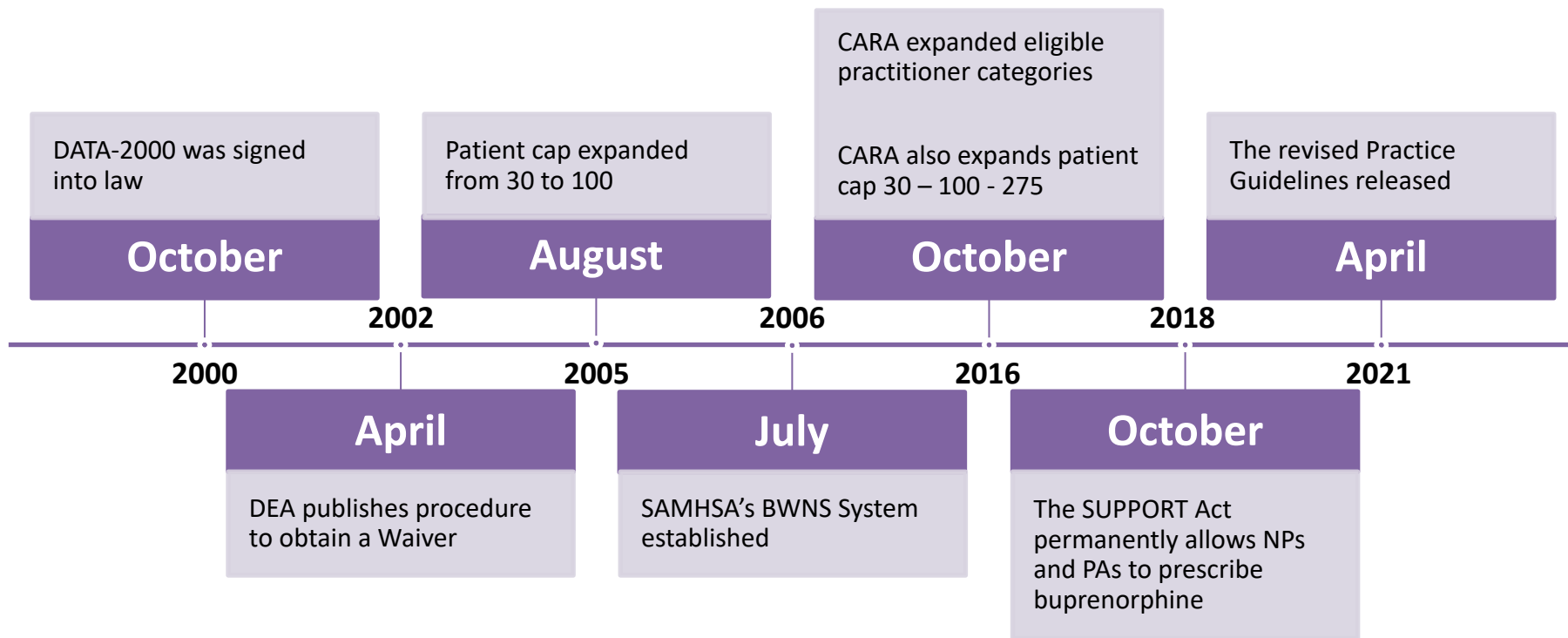


Treatment

Benefits to Expanding Methadone and Buprenorphine Treatment

- Multiple studies over two decades show that increasing access to methadone and buprenorphine saves lives and reduces other health care costs
- Mortality studies have demonstrated the positive impact of expanding treatment with medications for opioid use disorder, ranging from 37% to 80% reduction in overdose mortality
- A study of Medicaid beneficiaries with opioid use disorder found that treatment that includes medications is associated with reduced inpatient hospital admissions and outpatient emergency department visits

History of the X-Waiver



December 2022 – Removal Of The DATA-Waiver

On December 29, 2022, the President signed into law H.R. 2617, the “Consolidated Appropriations Act, 2023.”

Mainstreaming Addiction Treatment (MAT) Act	Medication Access and Training Expansion Act (MATE)
Removes the DATA-2000 Waiver to prescribe buprenorphine	Requirement for a one-time, 8-hour training on substance use for practitioners renewing or applying for registration from the DEA
Deliver a report to Congress assessing the impact of the elimination of the waiver program	

Implementation of MAT and MATE requires close collaboration and coordination between the DOJ/DEA and HHS/SAMHSA

2023 – Current Status

- “With this provision, and effective immediately, SAMHSA will no longer be accepting NOIs (waiver applications).”
- “All practitioners who have a current DEA registration that includes Schedule III authority, may now prescribe buprenorphine for Opioid Use Disorder in their practice if permitted by applicable state law and SAMHSA encourages them to do so.”

<https://www.samhsa.gov/medications-substance-use-disorders/removal-data-waiver-requirement>

SAMHSA Actions to Reduce Barriers

- Messaging to practitioners through FAQs, publications and the SAMHSA website
- Work with Federal partners, in particular the DEA and FDA
- Training and TA – The Provider’s Clinical Support System, Publications, TA provided through SAMHSA-funded platforms
- Outreach to professional associations to encourage prescribing
- Buprenorphine pharmacy access August 2022 summit

SAMHSA's Proposed Changes To 42 CFR Part 8

- In 2001, regulations governing methadone treatment for Opioid Use Disorder (OUD) shifted from FDA to SAMHSA
- SAMHSA reduced the scope of regulations that had been in place since 1972, but retained many original restrictions on methadone treatment
- These restrictions posed barriers to patient enrollment, but many factors precluded revisions
- The COVID-19 pandemic necessitated quickly creating regulatory flexibilities in key areas
 - Expanded parameters of take home methadone dosing
 - Initiation of buprenorphine via telehealth
- The ongoing overdose crisis calls for patient-centered, accessible care
- Feedback from multiple stakeholder groups request and/or endorse continuation of the flexibilities and other changes to the rules
- Aspects of the 2001 rules are outdated

Data supports these changes as a safe approach

- A recent CDC study published in JAMA Psychiatry found that overdose rates related to methadone have not increased as a result of expanded take home doses
- Recently conducted research surveys by George Washington University found that diversion of methadone is low among patients receiving take home doses under the COVID-19 PHE flexibility.
- Studies have also shown that the rate of diversion with methadone is lower than that of oxycodone or hydrocodone.

Highlights – Making Current Flexibilities Permanent

- Makes permanent flexibilities for the provision of unsupervised doses of methadone and the use of telehealth, including audio-only, in initiating buprenorphine
- Also, revises criteria for take home methadone doses by:
 - Reframing from rule-based to clinical judgment-based
 - Allowing patients eligibility for take home doses upon entry into treatment
 - Maintaining position of federal law not preempting state rules

Other Highlights - Expanding Access

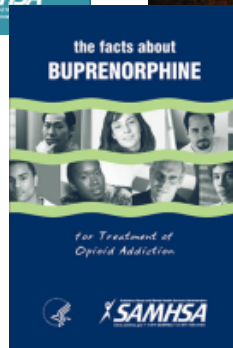
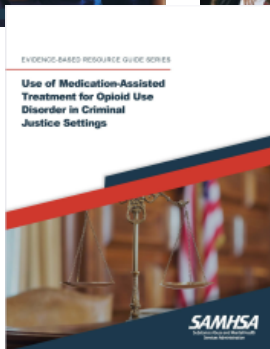
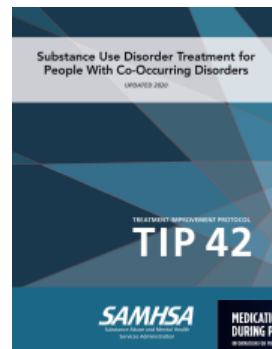
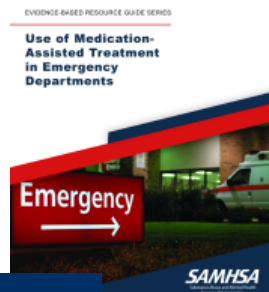
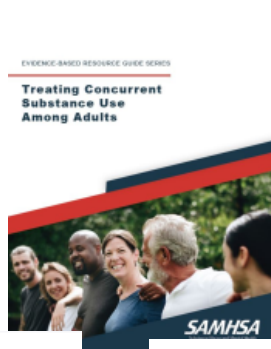
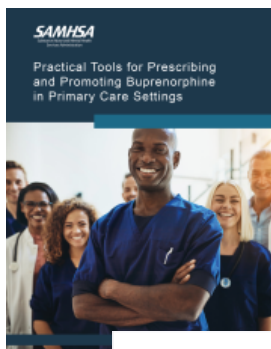
- Updates and details admission criteria including removal of the one-year requirement for opioid addiction before admission to an OTP, in favor of consideration of problematic patterns of opioid use
- Defines and details medication initiation and services possible in mobile medication units
- Expands access through incorporation of telehealth and integration of care:
 - Initiation of methadone using audio-visual technology (SAMHSA is not extending this change to the use of audio-only telehealth platforms in assessing new patients who will be treated with methadone)
- The proposed rule is not applicable to, nor authorizes, the prescription of methadone pursuant to a telehealth visit

Other Highlights – Modernizing Practice and Language

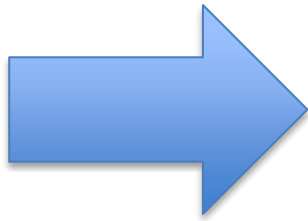
- Updates Part 8 to reflect evidence-based practice, treatment standards, and the workforce currently providing services in OTP
- Promotes shared decision-making to align with common medical practice
- Adds new definitions, such as split dosing and harm reduction, to support evidence-based practice
- Removes stigmatizing language (e.g., “drug abuse”, “detoxification”, “legitimate treatment use”)

SAMHSA Resources

The SAMHSA Store (<https://store.samhsa.gov/>) contains resources for a range of audiences related to best practices for the treatment of OUD/SUDs



SAMHSA website – Practitioner Training




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Practitioner Training

SAMHSA's practitioner training offers tools, training, and technical assistance to practitioners in the fields of mental health and substance use disorders.



Technology Transfer Centers (TTC) Program

The purpose of the Technology Transfer Centers (TTC) is to develop and strengthen the specialized behavioral healthcare and...



Opioid Response Network (STR-TA)

The State Targeted Response (STR) Technical Assistance (TA) Consortium was created to support efforts in addressing opioid use...



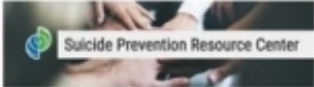
PCSS Providers' Clinical Support System for Medication Assisted Treatment (PCSS-MAT)

Providers' Clinical Support System for Medication Assisted Treatment (PCSS-MAT) is a national training and clinical...



Clinical Support System for Serious Mental Illness (CSS-SMI)

This initiative supports the use and implementation of evidence-based screening and treatment for serious mental illness (SMI)...



Suicide Prevention Resource Center (SPRC)

The Suicide Prevention Resource Center (SPRC) provides a virtual learning lab designed to help state- and community-level...



Rural Opioid Technical Assistance (ROTA)

The purpose of this program is to develop and disseminate training and technical assistance for rural communities on addressing...

<https://www.samhsa.gov/practitioner-training>



RECOVERY

SAMHSA Definition of Recovery

A process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

Recovery Focus in Consolidated Appropriations Act of 2023

- Consolidated Appropriations Act of 2023 includes provisions on recovery
 - Division FF: Title I – Restoring Hope for Mental Health and Well-Being
 - Summer Barrow Prevention, Treatment, and Recovery
 - Excellence in Recovery Housing
 - Subtitle B – Substance Use Disorder Prevention, Treatment, and Recovery Services
 - SOR and TOR authorization
 - Subtitle C – Access to Mental Health Care and Coverage
 - Primary care-BH integration program reauthorization

Operating Principles and Values

Hope: Recovery emerges from hope and is the catalyst of the recovery process.

Person Driven: Self-determination and self-direction are the foundations for recovery.

Many Pathways: Pathways are built on individual's unique needs and highly personalized.

Holistic – Recovery encompasses an individual's whole life including mind, body, spirit, and community.

Peer Support: Sharing of experiential knowledge and skills play an invaluable role in the process.

Relational: An important factor is the presence and involvement of people who believe in an individual's ability to recover

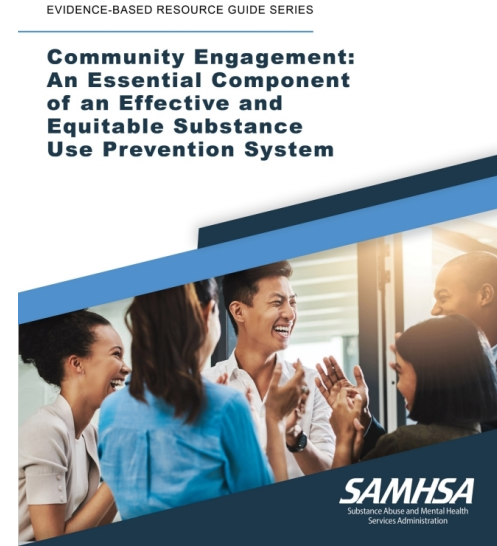
Culture: Culture and cultural background including values, traditions, and beliefs are key for a person's journey to recovery.

Addresses Trauma: Supports should be trauma-informed to foster safety and trust.

Strengths and Responsibilities: Individuals, families and communities have strengths and resources that serve as a foundation for recovery.

Respect: Community, systems and societal acceptance and appreciation including rights and eliminating discrimination are crucial in achieving recovery.

SAMHSA Publications On Recovery



Recovery Grants

- **Resiliency in Communities After Stress and Trauma (ReCast)** - The purpose of this program is to promote resilience, trauma-informed approaches, and equity in communities that have recently faced civil unrest, community violence, and/or collective trauma within the past 24 months; and assist high-risk youth and families through the implementation of evidence-based violence prevention, and community youth engagement programs.
- **Building Communities of Recovery (BCOR)** - The purpose of this program is to mobilize and connect a broad base of community-based resources to increase the prevalence and quality of long-term recovery support for persons with substance use disorders (SUD) and co-occurring substance use and mental disorders (COD).
- **Recovery Community Services Program (RCSP)** - The purpose of this program is to provide peer recovery support services via recovery community organizations to individuals with substance use disorders or co-occurring substance use and mental disorders or those in recovery from these disorders. The program's foundation is the value of lived experience of peers to assist others in achieving and maintaining recovery. These services, in conjunction with clinical treatment services, are an integral component of the recovery process.
- **Cooperative Agreements for Innovative Community Crisis Response Partnerships** - The purpose of this program is to create or enhance existing mobile crisis response teams to divert adults, children, and youth experiencing mental health crises from law enforcement in high-need community(ies). This program recognizes a high-need community as a community where mobile crisis services are absent or inconsistent.



Peer Recovery Center of Excellence

The Peer Recovery CoE provides training & technical assistance to build and elevate an equitable peer workforce to deliver peer recovery support services. We accomplish this through supporting peer integration, recovery community organization capacity building, peer workforce development, evidence-based practice dissemination, and diversity, equity, and inclusion.

Core Areas of Focus: Peer Recovery CoE

Integrating of peer support workers into varied settings

Building and strengthening capacity of recovery community organizations

Enhancing the capacity of peers through workforce development

Disseminating evidence-based practice and practice-based evidence

Promoting diversity, equity, and inclusion in peer support work

SAMHSA National Recovery Agenda Goals

Inclusion

Equity

Peer Services

Social Determinants

Wellness

Recovery Now! Summit 2022

- Hybrid Meeting, held on August 9 and 10
- First summit hosted by SAMHSA since 2010
- Inclusive of representatives across disciplines of behavioral health (SUD and MH) including family members, young people, researchers, allies, state and local government officials and federal partners



Recovery Now! 2022 Summit

Purpose:

- Center lived and living experience in conversation about recovery.
- Gather perspectives from the field on strengths, opportunities, results and challenges of recovery work.
- Identify and build upon common ground across disciplines.

Objectives:

- Address key issues facing the field.
- Identify main themes for SAMHSA's National Recovery Agenda.
- Peer Support Services

Recovery Now! Summit 2022

Key Themes:

- Specificity matters (language such as recovery, recovery supports)
- Recovery happens in community
- Structural racism and classism impede recovery and recovery community building
- Lived experience at center of helping systems
- Peer integration is only as good as organizational values
- Undervalue of peer support
- System transformation is on-going

Recovery Summit 2022

- Nine critical areas of focus
 - 1) Structural harms and work to dismantle
 - 2) Engaging diverse lived experience, intentional inclusion and meaningful representation for recovery leaders in policy
 - 3) Addressing disparities and promoting equity
 - 4) Collection recovery related data and measuring outcomes
 - 5) Prioritizing community based, peer run community organizations
 - 6) Building capacity of these organizations
 - 7) Supporting (lived experience) peer workforce
 - 8) Collaborating with other federal agencies
 - 9) Providing guidance to states and field on systems transformation

Recovery Summit 2022 – Next Steps

- Outcome
 - Timeline based on SAMHSA's receipt of final report
 - A webinar will be held to offer the outcomes of the meeting to stakeholders
 - Follow-up with regional meetings

SUMMARY

- New policy landscape across continuum of care
- SAMHSA plays a key role in many of these areas
- Partnerships and collaboration is key to realizing the promise of these changes

References

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Thank you!

1-877-SAMHSA-7 (1-877-726-4727) | 1-800-487-4889 (TTY)
www.samhsa.gov |  @samhsagov

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)