American Society of Addiction Medicine

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Treat Addiction ● Save Lives

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March 30, 2013

Nora D. Volkow, MD
Director
National Institute on Drug Abuse
6001 Executive Boulevard
Bethesda, MD 20892

Dear Dr. Volkow:

The American Society of Addiction Medicine (ASAM) is pleased to have the opportunity to offer input to assist NIDA in setting research priorities to enhance the dissemination, implementation, and adoption of evidence-based practices and principles to treat persons with substance use disorders. ASAM is grateful for NIDA's attention to the persistent research-to-practice gap in the substance use disorder service delivery field and NIDA's commitment to ensuring its research findings are widely disseminated and evidence-based practices are adopted.

ASAM represents over 3,000 physicians who focus their practices on prevention, treatment, education, research and public policy regarding addiction and substance related health conditions. ASAM members practice in a diversity of settings, including primary and specialty care, criminal justice, and mental health settings; and many co-specialize in other areas of medicine such as psychiatry, internal medicine, family medicine, pediatrics, infectious diseases, and emergency medicine. Thus, ASAM is uniquely qualified to comment on the research needs for improving best practice implementation across the multiplicity of care delivery settings for substance use and related disorders.

1. Challenges Preventing Adoption of Evidence-Based Practices

ASAM believes the greatest challenges preventing widespread adoption of evidence-based addiction treatment services are (1) a lack of practice guidelines for addiction treatment in both specialty and primary care; (2) little to no education about addiction in medical school curricula or in residency programs; and (3) continued stigma and other misperceptions of addiction perpetuated in part by unique patient confidentiality requirements and restrictive regulations governing treatment.

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Practice Guidelines

The development of authoritative practice guidelines would be a significant advancement toward improving both addiction treatment service delivery and the laws and regulations governing this care. Moreover, a guideline development process supported by NIDA would enjoy the scientific credibility needed for widespread adoption. Specifically, ASAM sees a particular need for guidelines on inpatient and ambulatory alcohol and benzodiazepine detoxification, due to the heightened risks associated with it; and on opioid addiction treatment, because of the epidemic level of this disease. There are Treatment Improvement Protocols and Technical Assistance Publications issued by the Center for Substance Abuse Treatment (CSAT), and there is an overall Practice Guideline for Substance Use Disorders published by the American Psychiatric Association, and a Clinical Practice Guideline on Treating Tobacco Use and Dependence issued by the U.S. Public Health Service. But the latter is five years old and an updated version, focusing on how to integrate nicotine addiction/tobacco use disorder treatment into clinical services for chemical dependency, gambling disorder and mental disorders, would be useful to practitioners. And with efforts to enhance the ability of primary care providers (including in Patient Centered Health Care Homes) to address addiction and other behavioral health conditions in their own settings, and to use integrated primary care/addiction/mental health services to meet the needs of newly covered individuals under the Patient Protection and Affordable Care Act, practice guidelines need to be developed to guide primary care clinicians (both physicians and non-physicians) in the use of evidence-based practices to generate optimum outcomes in a clinically effective and cost-effective manner. There is no reason to expect that there would not be a library of Practice Guidelines within addiction care, just as there is in cardiology and oncology care, to address specific patient populations and presentations (for example, the patient with addiction associated with prescription opioids, or the patient with addiction who is pregnant or who has young children).

Addiction Medical Education

Secondly, funding for curricula development and medical residencies in addiction is severely lacking, resulting in a dearth of qualified professionals to treat persons with addiction or to train the next generation of treatment professionals. ASAM believes that NIDA is in a unique position to remedy this shortcoming through its academic and research leadership and funding capabilities. In medical schools and in primary care residency training programs, there has been little progress in the last 50 years in moving curriculum content from a review of how to diagnose and treat medical/surgical complications of substance use and addiction, to a review of the primary disease of addiction, how it manifests itself in the pathological pursuit of relief or reward through the use of various substances and specific behaviors (such as gambling), how to intervene and treat it acutely, and how to manage it in primary care settings over time, like any other chronic disease. And there are precious few addiction specialist physicians to serve as faculty at the medical school or residency level, or even in specialty training programs in Addiction Medicine and Addiction Psychiatry. Research is needed on how best to train generalists in identification and management of substance use disorders, and how best to expand the workforce of specialists who can serve as clinical consultants and educational faculty in the care of persons with addiction.

Stigma

Lastly, addiction remains a highly stigmatized disease. Research into how addiction treatment could be better integrated into the general medical system may result in less onerous regulations and ease the burden on physicians and other providers who treat addiction as well as reduce the stigma on patients seeking care.

2. Reimbursement and Regulatory Policy Barriers to Adoption

In addition to the general challenges preventing adoption of evidence-based addiction treatment services, there are several reimbursement and policy barriers to overcome. Low Medicaid reimbursement rates for substance use disorder services and state legislated treatment limitations impede or explicitly prohibit physicians from providing evidence-based care. Additionally, the lack of final regulations implementing the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 has left the door open to continued access limitations, poor compliance by health plans, and little enforcement. Without the parity protections of MHPAEA, individuals seeking addiction treatment may not be able to access evidence-based care due to coverage limitations. Finally, the lack of federal funding for recovery support services inhibits the adoption of proven strategies to support persons in recovery. The research agenda regarding these topics could look at the following areas:

a) Health services research to ascertain the clinical and overall financial results of pilots to offer a full range of addiction care to persons on Medicaid and Medicare.
b) Research on the impact of eliminating the Institutions for Mental Disease (IMD) exclusion of coverage for residential addiction treatment.
c) Health services research examining changes in availability of Opioid Treatment Program services in the various states given the adoption of the MHPAEA.
d) Research on the effectiveness of various recovery support strategies.

3. Quality Indicators and Accountability Systems

Even as our health care systems increasingly encourage the use of performance measures for quality reporting and value-based purchasing, addiction treatment providers and systems are often excluded due to the sheer lack of performance measures for the field as well as the omission of the few that do exist from current accountability systems. Were more performance measures for addiction treatment providers and systems to be developed, they could be included in programs such as the Medicare and Medicaid EHR Incentive Programs (the "Meaningful Use" programs). The development of addiction treatment performance measures and their inclusion in such incentive programs would certainly facilitate more widespread adoption of evidence-based practices.

ASAM, through a NIDA-funded Practice Improvement and Performance Measures Action Group (PIPMAG), has begun the work of identifying specific areas where performance measures for addiction specialist physicians are needed. ASAM looks forward to sharing with you the recommendations emerging from PIPMAG, including recommendations on a research agenda addressing medical quality, accountability, and performance, and encourages NIDA to develop performance measures based on these recommendations.

4. Populations or Conditions in Need of Evidence-Based Treatment Services

There are several populations and conditions ASAM would like to highlight where evidence-based treatment services are most in need of development or adaption. Specifically, ASAM believes treatment services for criminal justice populations, women and children (particularly, opioid-addicted young adults), rural and Native American populations, HIV/AIDS and Hepatitis C-affected individuals as well as persons in need of ambulatory detoxification may be improved through further research and the development of evidence-based services tailored to their unique needs.

5. Additional Research Needs

Finally, ASAM would like to suggest several additional priority research areas which may enhance the delivery of addiction treatment services as well as address emerging issues in the field.

Best Practices Research

Research into best practices for treating the medical complications of addiction, including liver disease, fetal alcohol and fetal abstinence syndromes, and Hepatitis C, is needed, as well as research into the interaction between the treatment of addiction and the treatment of addiction's medical complications. Outcomes research targeting different addiction therapies, including medication-assisted therapies, psychosocial counseling and community-based treatment alternatives is also needed, in order to develop treatment guidelines related to these different modalities and to determine the impact of these guidelines on patient care. Additionally, more research is needed on the effectiveness of intensive outpatient/partial hospitalization levels of care, where most treatment occurs.

Illicit and Prescription Drug Misuse

As states have begun to legalize the recreational use of marijuana, ASAM believes more research into treatment of marijuana addiction and best public health responses to increased marijuana use is both timely and critical. We also need epidemiological research on individual and population health effects of broader use of marijuana among our nation's citizens, including issues of highway safety and other injury prevention initiatives. Also, as prescription drug misuse and addiction continues to take its toll on Americans, improvements in toxicology are required to better inform the specific causes of overdose death, including methods to isolate the combinations of drugs and/or alcohol that may be culpable in overdose mortalities.

The Recovery Process

Possibly the most important area to focus research is to remedy the dearth of basic biomedical information about the neurobiological changes occurring through the process of recovery from addiction. We know that persons with addiction recover, in large numbers, and many persons stay completely abstinent for the rest of their lives after an index intervention to treat their alcohol, nicotine or other drug addiction. We also know that some persons seem to move into remission even without the benefits of professional help. What we do not know is: what in the brain changes during recovery? In other words, how does the brain change back to a healthy

state, after having been changed by the process of addiction—what areas undergo "recovery", how do they repair themselves, and how long does that take? If a treatment is to positively influence the process of change and recovery, be it a psychosocial intervention or a pharmacological or other somatic intervention, we presume it is promoting specific brain changes seen in the natural progression of recovery. Clinicians and clinical researchers are in dire need of more basic biomedical information about brain healing during addiction recovery, in order to guide their care and their investigations.

The members of the American Society of Addiction Medicine have long been beneficiaries, supporters, and chief implementers of the life-changing research put forward by NIDA. ASAM is grateful for this opportunity to inform NIDA's research priorities related to the adoption of evidence-based practices, and we look forward to continued collaboration with NIDA to advance the science and practice of addiction medicine.

Sincerely,

Stuart Gitlow, MD, MBA, MPH, FAPA
Acting President, American Society of Addiction Medicine