



ONDCP

Office of National Drug Control Policy

Buprenorphine Summit – Links to National Drug Strategy Goals

Keith Humphreys

Senior Policy Advisor, White House ONDCP

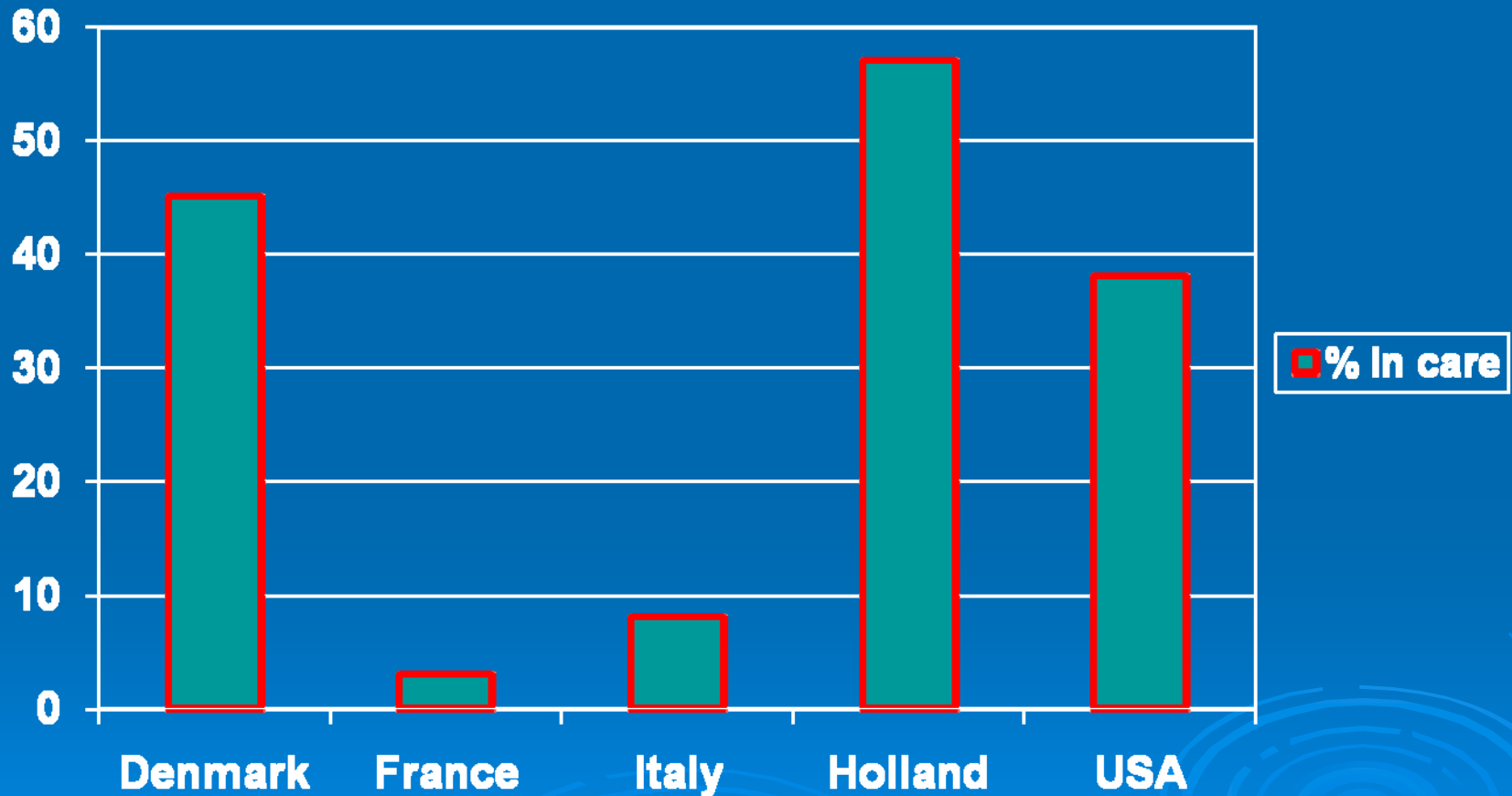
Professor of Psychiatry, Stanford University

Career Research Scientist, Department of Veterans Affairs

Can Countries Achieve “Tipping Points” with Substance Use Disorder Treatment?

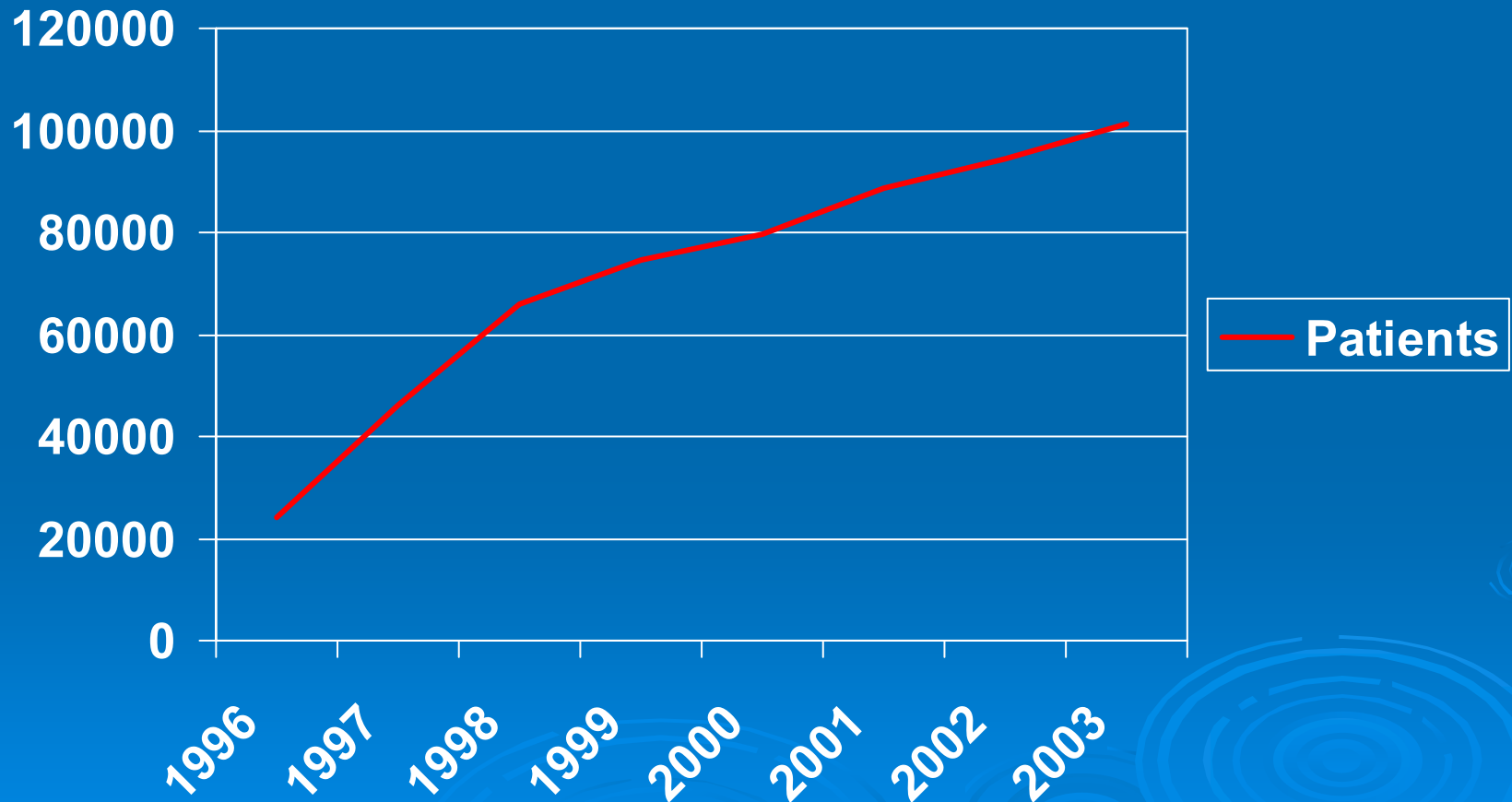
- Some nations have treatment on demand and very high population penetrance (Australia, Switzerland, The Netherlands)
- Others invest some resources, but have lower population penetrance (U.S.)
- Critical question is whether there is a “tipping point” with care expansion

Proportion of all heroin addicted individuals in methadone maintenance, 1993



Source: MacCoun, R. J., & Reuter, P. (2001). Drug war heresies. Cambridge, UK: Cambridge University Press.

France subsequently dramatically expanded opiate agonist treatment



Emmanuelli, J., & Desenclos, J-C. (2005). Harm reduction interventions, behaviours and associated health outcomes in France, 1996-2003. *Addiction*, 100, 1690-1700.

..And apparently achieved a tipping point 1996-2003

- Annual heroin arrests dropped from 17,328 to 4,025
- Annual overdose deaths declined from 465 to 89

Only historical U.S. example

- From 10/1971 – 3/1973, federal government expanded treatment slots 352%
- First national annual drop in street crime in 20 years occurred from 1972-1973
- Data systems at the time too crude to conduct more fine-grained analysis

Patient Protection and Affordable Care Act of 2010

- Specifies that screening, brief intervention and treatment for substance use disorders are essential healthcare benefits
- Insures about 5M more people who have substance use disorders
- Extends parity regulations to exchanges
- Expands Medicaid to 133% of FPL, covers childless adults

Gains for OAT Internationally

- PEPFAR new focus on medication assisted treatment for IDUs
- Increased uptake in Southeast Asia and other developing regions

Common quality issues in drug treatment generally

- Isolation of specialty addiction treatment and mainstream health care
- Sub-optimal staff training, morale and pay
- Poor continuity of care
- Minimal use of evidence-based practices

References: McLellan, AT, Carise, D, Kleber, HD. (2003). [Can the national information treatment infrastructure support the public's demand for quality care](#)

Journal of Substance Abuse Treatment. 25, 117-21.

Summary

- We need to expand quantity to achieve a tipping point
- We need more evidence-based care integrated with medicine
- We have a policy framework that provides strong support for these goals, but they need vehicles
- Buprenorphine is clearly one of those vehicles



The End