

# INSTRUCTIONS

(delete this slide after reading)

Ensure that your presentation meets the following requirements:

- ☀ Includes a disclosure for every presenter
- ☀ Includes references and/or citations for all research
- ☀ Is free from commercial bias (uses generic rather than trade names, no logos, balanced discussion of therapeutic options)
- ☀ Uses language that is inclusive of all members of the health care team and is non-stigmatizing
- ☀ Uses 20-point font or higher for all content (except for references)
- ☀ Does not include any content, images, or video that you don't have permission to use (eg, copyrighted images)

# **Bridging the Gap between Science and Clinical Practice**

## **Developed in Collaboration with the Agency for Healthcare Research and Quality and the National Institutes of Health**

### **NIAAA:**

Aaron White, PhD

### **NIDA:**

Geetha A. Subramaniam, MD, DLFAPA, DFAACAP  
Wilson M. Compton, MD, MPE

### **AHRQ:**

Elisabeth Kato, MD, MRP

### **ASAM, Recovery Research Network, Aetna / CVS Health:**

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



Presented at the 55th ASAM Annual Conference on April 5, 2024

# Disclosure Information

**No Disclosures:** Aaron White, PhD; Geetha Subramaniam, MD, DFAACAP, DFAPA; Elisabeth Kato, MD, MRP

## **Disclosures:**

### **Wilson Compton, MD, MPE**

#### ☀ Stock Equity (long-term):

- ☀ 3M Company (under \$10,000)
- ☀ Pfizer, Inc. (under \$10,000)

### **Ken Freedman, MD, MS, MBA, FACP, AGAF, DFASAM**

- ☀ Aetna, a CVS Health Company (Clinical Condition: Med/surg care): Medical Director
- ☀ The Recovery Research Network (Clinical Condition: Opioid use disorder): Medical Director

### **Tami Mark, PhD, MBA**

- ☀ Employed by RTI International, a nonprofit research institute

# **A Glimpse into NIAAA Priorities Related to AUD Treatment and Recovery**

**Aaron White, PhD**

**Leader, Epidemiology and Biometry Branch  
and Senior Scientific Advisor to the Director  
NIAAA/NIH**



# NIAAA Funding Related to Treatment and Recovery



## Search for funding opportunities

<https://grants.nih.gov/funding/searchguide/index.html#/>

**Example new NOFO:** Screening, Brief Intervention and Referral to Treatment or Prevention (SBIRT/P) for Alcohol, Tobacco, and Other Drugs (ATOD) Use and Misuse in Adult Populations that Experience Health Disparities (R01, Clinical Trial Required), [PAR-23-270](#).

**Open Date** – January 05, 2024

**Expiration date** – May 8, 2027



## Search for active funded grants

<https://reporter.nih.gov/advanced-search>

Search Criteria



Fiscal Year: Active Projects

Agency/Institute/Center: NIAAA Admin: Yes

Search Criteria



Exclude Subprojects: Yes

Limit to: Project Title

Text Search: treatment recovery (or)

# Advancing Diversity, Equity, Inclusion, and Accessibility in Research

**NIAAA is participating in several funding opportunities to increase research on health disparities:**

- **Health of Women of Understudied, Underrepresented and Underreported Populations (Admin Supp), [NOT-OD-24-032](#)**
- **Screening, Brief Intervention and Referral to Treatment or Prevention for Alcohol, Tobacco, and Other Drugs in Adult Populations that Experience Health Disparities (R01), [PAR-23-270](#)**
- **Intervention Research to Improve Native American Health: (R34), [PAR-23-285](#); (R01), [PAR-23-298](#); (R21), [PAR-23-299](#)**
- **Health and Health Care Disparities Among Persons Living with Disabilities (R01), [PAR-23-309](#)**
- **Multi-sectoral Preventive Interventions that Address Social Determinants of Health in Populations that Experience Health Disparities (UG3/UH3), [PAR-24-053](#)**
- **Addressing Health and Health Care Disparities among Sexual and Gender Minority Populations (R01), [PAR-24-077](#)**



# NIAAA Director's Vision for the Future

- What if every conversation with a healthcare provider included asking their client about their alcohol use and providing valuable feedback, making alcohol use the 5th vital sign
  - Need more research regarding how best to conduct screening and connect people to effective long-term care
- What if we could eliminate stigma for alcohol misuse, alcohol use disorder (AUD), and alcohol-associated health conditions?
  - Reminder that positive stigma can be a barrier (e.g., low screening among Asian American patients)
- What if we could offer individuals with AUD a broader array of treatment options and could personalize the treatment approach knowing what is likely to work for whom?
  - There is considerable heterogeneity in AUD from symptoms to circumstances so tailored treatments are needed
  - E.g., what about patients with AUD and OUD or other SUDs?

# NIAAA Director's Vision for the Future

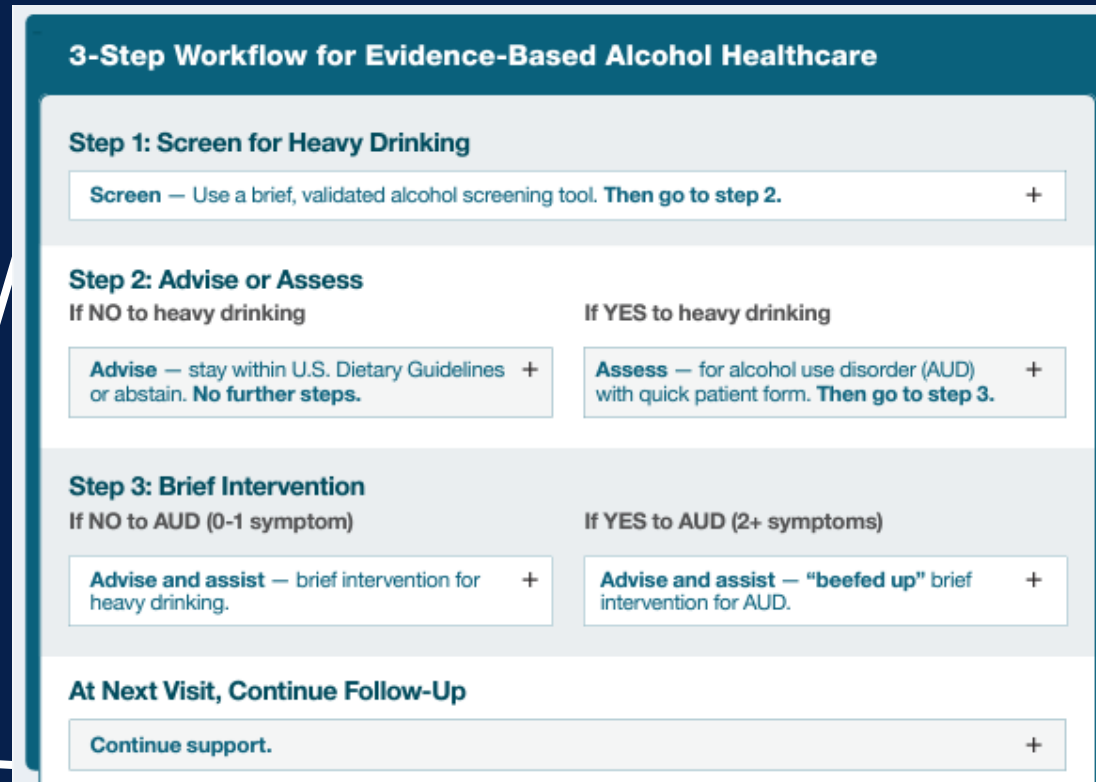
- What if we could better help individuals sustain recovery?
  - New NIAAA recovery definition ([here](#))
- What if we understood how social determinants of health interact with biological and environmental mechanisms to contribute to AUD and alcohol-related diseases?
  - Looking beyond symptom checklists to identify factors that could increase or decrease the likelihood of treatment success (e.g., presence of mental health comorbidities, housing and transportation, etc.)
- What if we met people where they are at school, the workplace, in healthcare settings, in emergency departments, retirement communities, military, or prisons to deliver prevention messages and provide counseling, treatment, or referral to specialty treatment as needed?
  - For example, addiction treatment in prisons appears to reduce recidivism



# NIAAA Healthcare Professional's Core Resource on Alcohol

Core Resource on Alcohol	
<b>Foundational Knowledge</b>	[-]
The Basics	
Risk Factors	
Neuroscience	
Stigma	
<b>Alcohol's Clinical Impacts</b>	[-]
Medical Complications	
Alcohol-Medication Interactions	
Mental Health Issues	
Alcohol Use Disorder	
<b>Strategies for Prevention and Treatment</b>	[-]
Screen and Assess	
Conduct a Brief Intervention	
Recommend Evidence-Based Treatment	
Make Referrals	
Support Recovery	
<b>Pulling It All Together</b>	[-]
Promote Practice Change	
How to Apply The Core Resource on Alcohol in Clinical Practice	

- 14 concise, up-to-date, practical articles to help treat patients who drink alcohol
- **Up to 10.75 free CME/CE credits** available for physicians, physician assistants, nurses, pharmacists, and clinical psychologists.
- Link: [niaaa.nih.gov/CoreResourceOnAlcohol](https://niaaa.nih.gov/CoreResourceOnAlcohol)



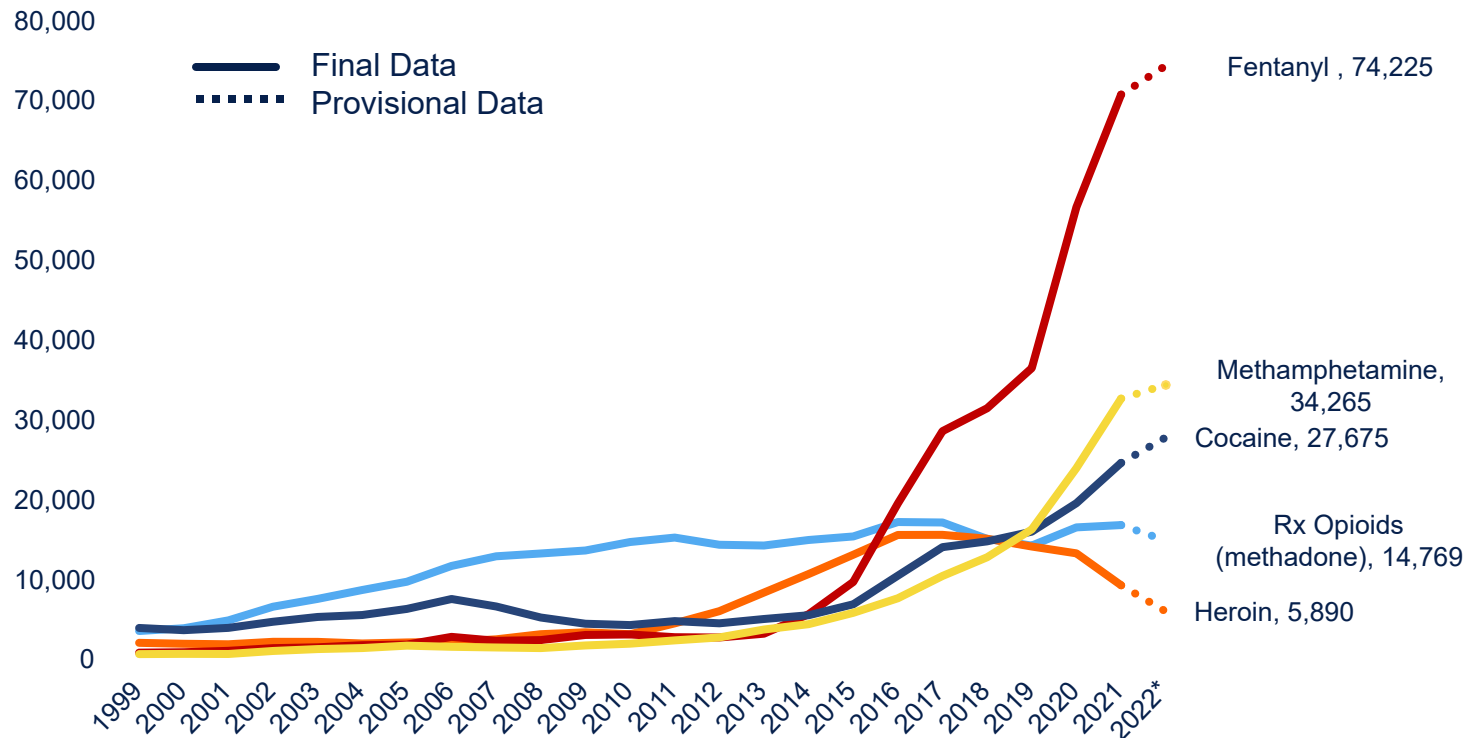
# Addressing Polysubstance Use: National Institute on Drug Abuse (NIDA) Perspectives

**Wilson M. Compton, MD, MPE**

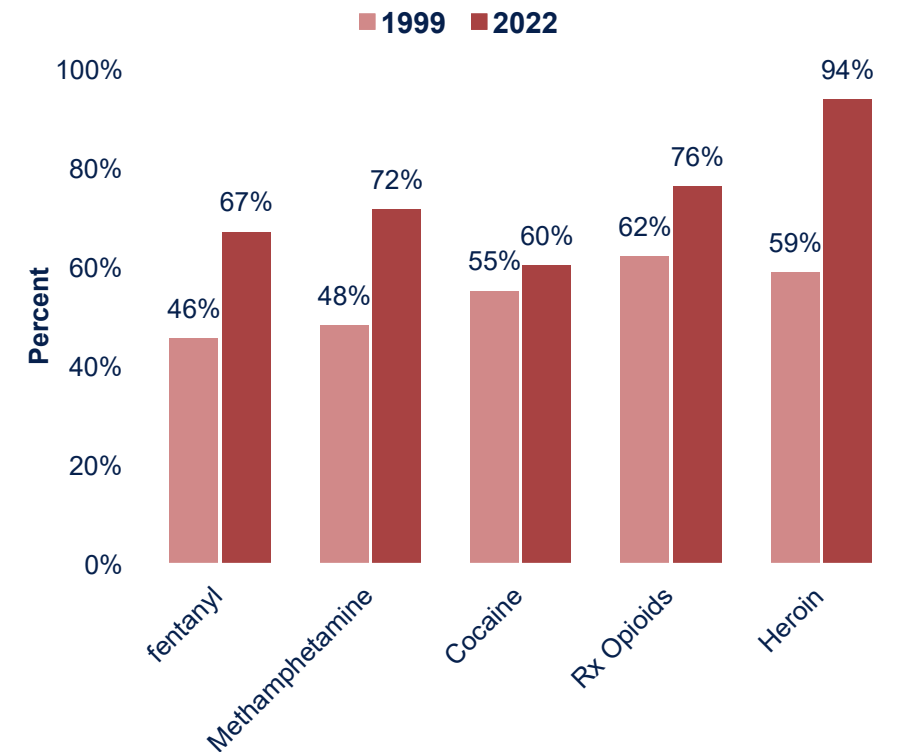
**Geetha Subramaniam, MD, DLFAPA, DFAACAP**

# Polysubstance Involvement in Drug Overdose Deaths is Increasing

## Number of Drug Overdose Deaths

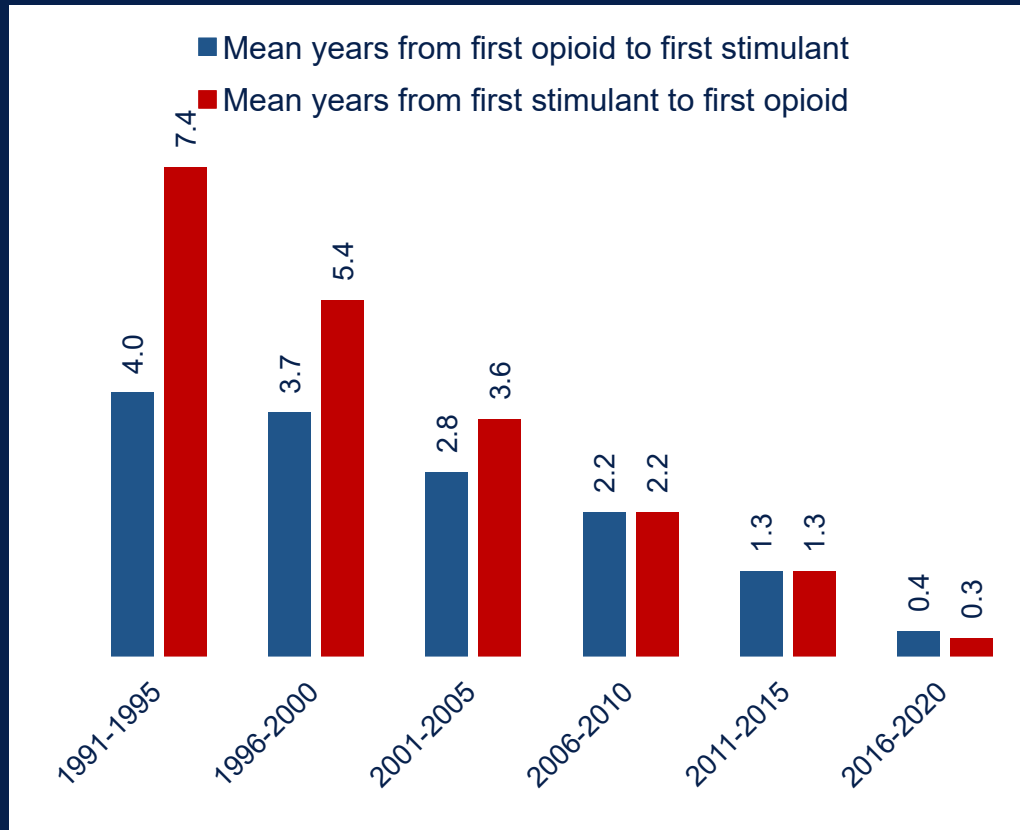


## Polysubstance Involvement, Percent with Any Other Drug

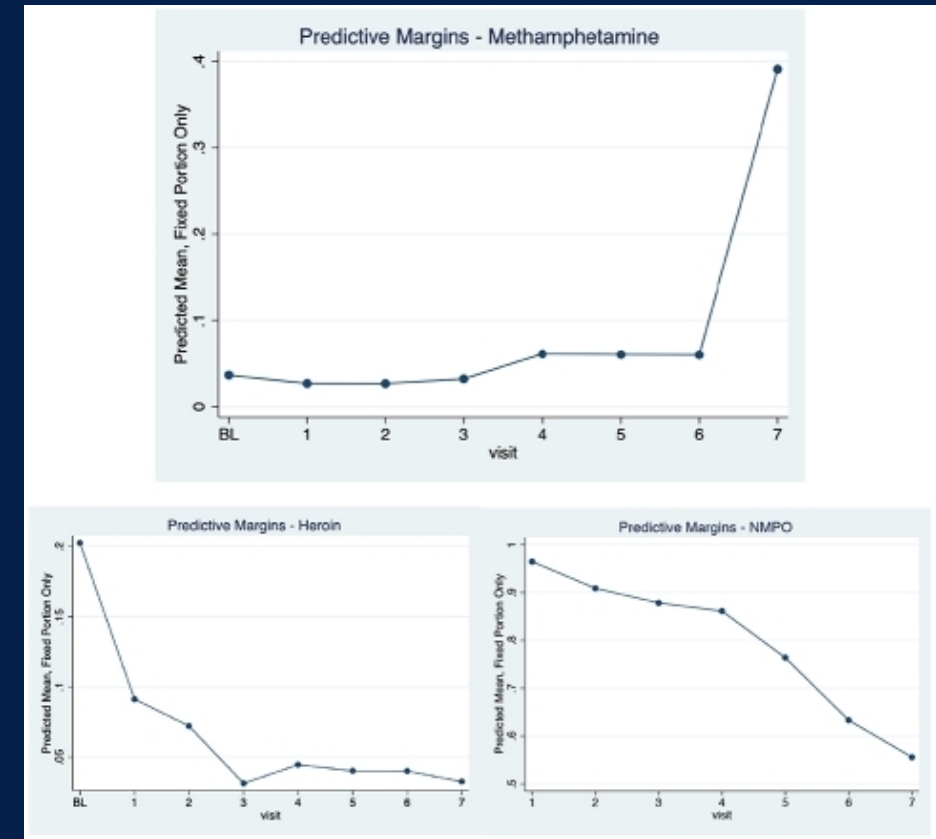


# Among Individuals with Opioid Use Disorder, Drug Transitions and Stimulant Use Increase

## More Rapid Drug Transitions, 1991-2020



## Methamphetamine, Nonmedical Prescription Opioid & Heroin Use, 2008–2020



# Therapeutic Pipeline for Opioid/Stimulant UD and OD

Medication Development to Prevent and Treat OUD and Overdose

Pharmacotherapies for Respiratory Depression

Novel Immunotherapies for Opioid Addiction

Medications for Stimulant Use Disorders

Novel Targets for OUD

Mitragynine Dev

Digital Therapeutics

OUD and Mental Health Disorders

Oral Complications

Emerging Opioid Threats

Clinical Outcome Assessments for Drug  
Development Tools

2019

2020

2021

2022

2023

2024

2025

2026

2027

2028

# National Drug Abuse Treatment Clinical Trials Network (CTN) Infrastructure

## Appalachian Node

University of Pittsburgh  
West Virginia University

## Big South/West Node

UT Southwestern Medical Center  
UT Health Science Center at San Antonio  
University of California, Los Angeles

## Clinical Coordinating Center

The Emmes Corporation

## Data & Statistics Center

The Emmes Corporation

## Florida Node Alliance

University of Miami  
Columbia University

## Great Lakes Node

University of Illinois Chicago  
Research triangle Institute

## Greater Intermountain Node

University of Utah

## Greater Southern California Node

University of California, Los Angeles

## Health Systems Node

Kaiser Foundation Hospitals

## New England Consortium

Yale University  
McLean Hospital

## New York Node

New York University  
New York State Psychiatric Institute

## Northeast Node

Dartmouth College

## Northstar Node

Hennepin Healthcare Research Institute

## Ohio Valley Node

University of Cincinnati

## Pacific Northwest Node

University of Washington  
Washington State University

## Southwest Node

University of New Mexico

## Southern Consortium Node

Medical University of South Carolina

## Western States Node

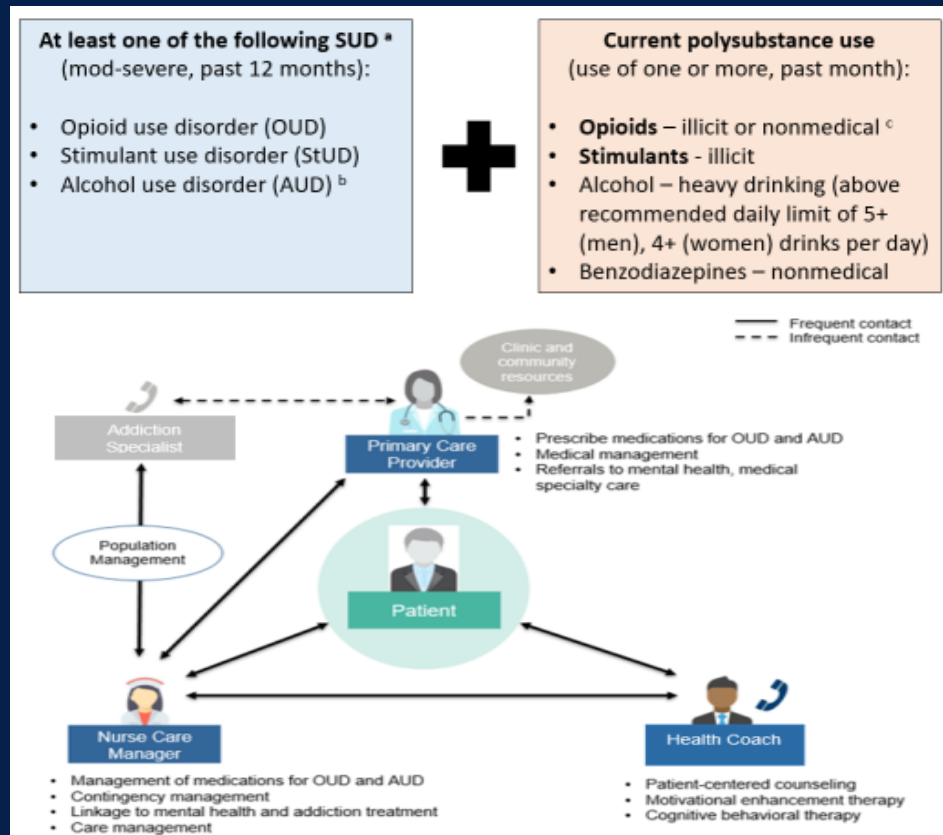
Oregon Health & Science University  
Stanford University



# Select Projects from the CTN Portfolio

## Polysubstance

### Collaborative Care in Primary Care (Co-Care)



## Opioid Use Disorders

- Primary Care Opioid Use Disorder Treatment Trial (PROUD)
- Rapid Initiation for Extended-Release Injection Naltrexone (SWIFT)
- Medication Treatment for Opioid-dependent Expecting Mothers (MOMS)
- Emergency Department-Initiated Buprenorphine (ED-INNOVATION)
- Optimizing Retention, Duration and Discontinuation for OUD Medication (RDD)
- Subthreshold OUD Trial (STOP)
- Methadone or enhanced buprenorphine – retention among pts not optimally benefitting from office-based buprenorphine

## Stimulant Use Disorders

- TMS for Stimulant Use Disorders (STIMULUS)
- RCT of Naltrexone-ER and Monthly Injectable Buprenorphine for Cocaine Use Disorder (CURB-2)
- Ketamine for MUD (KMD)



# Improving care for people with Substance Use Disorders: Data, tools and research

Elisabeth Kato, MD, MRP  
Medical Officer

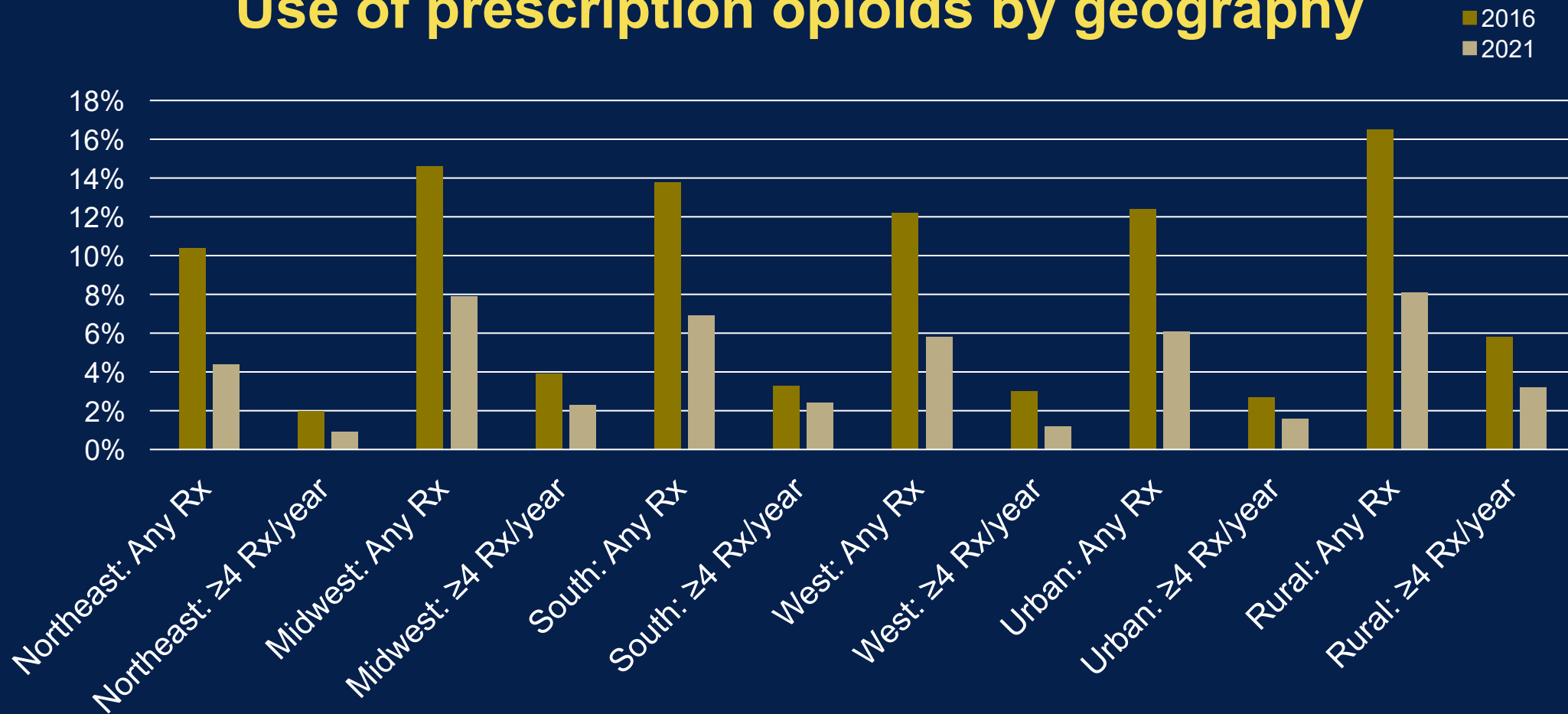
Center for Evidence and Practice Improvement, AHRQ





# DATA: Changes in Prescription Opioid Use

## Use of prescription opioids by geography



# TOOLS for Managing Unhealthy Alcohol Use



# Compendium of Resources and Tools for Managing Unhealthy Alcohol Use

- ☀ Screening, Brief Intervention, and/or Referral to Treatment
- ☀ Medication-Assisted Therapy
- ☀ Primary Care and Behavioral Health Services Integration
- ☀ Quality Improvement and Implementation Science
- ☀ Electronic Health Record Systems and Related Integration
- ☀ UAU General Resources
- ☀ Telehealth Resources

The [Workforce Development](#) section includes materials to help the clinical workforce develop/strengthen their SBI/RT capabilities. Types of information included are 1) manuals/guides, 2) training programs/learning modules, and 3) quick reference materials and tools. Several of the training programs/learning modules listed offer continuing education credits for medical providers and other health professionals.

Title	Brief Description	Publisher/Author, Year	Format(s)
<b>4. Workforce Development</b>			
<i>Manuals, Guides</i>			
<a href="#">Alcohol Screening and Brief Intervention: A Guide for Public Health Practitioners</a>	Manual designed for public health professionals with information, skills, and tools needed to support professionals in conducting SBI to help at-risk drinkers reduce their alcohol use to a safe amount or stop drinking	American Public Health Association, 2008	Guide
<a href="#">Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide</a>	Offers guidance for healthcare professionals to screen and intervene for alcohol use for youth ages 9-18	NIAAA, 2021	Guide
<a href="#">Alcohol Screening &amp; Brief Intervention Inhibit Risky Alcohol Use</a>	Encourages medical assistants to take an active role and serve as champions for SBI for alcohol use in primary care settings, which can increase productivity and result in cost savings within the practice		
<a href="#">BNI Training Manual</a>	Guides emergency department practitioners through administering BNI with their patients, complete with step-by-step actions and case examples		
<a href="#">Brief Interventions and Brief Therapies for Substance Abuse: Quick Guide for Clinicians Based on TIP 34</a>	Describes brief intervention and therapy techniques for treating alcohol and drug misuse		
<a href="#">Brief Intervention for Hazardous and Harmful Drinking: A Manual for Use in Primary Care</a>	Manual for primary care and other providers on how to conduct brief interventions for patients with or at risk of developing AUDs; used in conjunction with WHO's companion manual the Alcohol Use Disorder Identification Test: Guidelines for Use in Primary Care on how to screen for alcohol-related problems using the AUDIT-C and AUDIT		
<a href="#">Brief Negotiated Interview (BNI) Adherence and Competency Checklist</a>	Developed for residency programs, measures practitioner competence in delivering BNI by listing the critical steps and providing space for feedback to improve performance		
<a href="#">Brief Negotiated Interview and Active Referral to Treatment Provider Training Algorithm (BNI ART)</a>	Presents the steps and language of BNI ART for providers to use with patients with alcohol and other substance use issues		

## VII. Telehealth Resources

The [Telehealth Resources](#) section includes general telehealth resources and telehealth-related resources relevant to UAU, SBI/RT, and MAT. Practices, providers, and other primary care staff can use these materials to inform the implementation of telehealth within their practices, including using it for SBI/RT and MAT for UAU.

Title	Brief Description	Publisher/Author, Year	Format(s)
<a href="#">7 Ways to Legally and Ethically Expand Your Services with Evidence-Based Telehealth</a>	Highlights key findings about implementing evidence-based telehealth services, including legal and regulatory codes and professional ethical requirements	NAADAC, the Association for Addiction Professionals, 2017	Webinar/Video
<a href="#">Addiction Treatment and Telehealth: Review of Efficacy and Provider Insights During the COVID-19 Pandemic</a>	Literature review exploring the efficacy of telehealth for substance use disorder treatment (including alcohol use disorder) during the COVID-19 pandemic, with a focus on treatment in California	Mark TL, et al., 2021 <sup>230</sup>	Journal Article
<a href="#">Alcohol Use Disorder in the Age of Technology: A Review of Wearable Biosensors in Alcohol Use Disorder Treatment</a>	Reviews the literature on wearable devices that help track alcohol consumption	Davis-Martin RE, et al., 2021 <sup>231</sup>	Journal Article
<a href="#">American Telemedicine Association (ATA) Resources</a>	Includes resources on telehealth basics, research, practice guidelines, and telehealth specific to COVID-19	American Telemedicine Association, 2020	Website
<a href="#">Approaches for Implementing Digital Interventions for Alcohol Use Disorders in Primary Care: A Qualitative, User-Centered Design Study</a>	Qualitative study that explores key approaches for implementation of digital interventions in primary care to treat alcohol use disorders	Glass JE, et al., 2022 <sup>232</sup>	Journal Article
<a href="#">Artificial Intelligence-Enhanced Screening, Brief Intervention &amp; Referral to Treatment (SBIRT): Using the Brief Negotiation Interview (BNI) Across Diverse Populations</a>	Conference proceedings from the Technology, Mind, and Society 2021 symposium addressed various technology-enabled SBIRT to treatment approaches, focusing specifically on efforts at incorporating artificial intelligence (e.g., machine learning, natural language processing) in this work	Pantalon MV, et al., 2021	Report/Paper/ Issue Brief
<a href="#">A Scoping Review of Computer-Based and Telecommunication Technology Interventions to Address Drug and Alcohol Misuse and Smoking in Women</a>	Review of articles looking at the use of technology for addressing drug and alcohol use and smoking in women, highlighting studies showing that these telecommunication technology interventions were successful at reducing alcohol and substance misuse	Washio Y, et al., 2022 <sup>233</sup>	Journal Article

# Notice of Intent

- ☀ The Agency for Healthcare Research and Quality (AHRQ) intends to publish a funding opportunity to create State-based Healthcare Extension Cooperatives that can accelerate the implementation of actionable evidence into practice.
- ☀ Each Cooperative will convene a variety of public and private partners that are drivers of healthcare improvement in their State, including the State Medicaid agency, healthcare systems, other healthcare organizations, patients, and community representatives, among others, that will address barriers to delivering equitable, whole-person care.
- ☀ Each Cooperative will provide services to support the dissemination and implementation of actionable evidence focused on critical areas for healthcare delivery improvement such as **behavioral health**.

# ASAM Science Initiative

Special Interest Group (SIG) Co-Chairs:

☀ Ken Freedman, MD, MS, MBA, FACG, AGAF, DFASAM

☀ Tami Mark, PhD, MBA

Presented at the 54th ASAM Annual Conference on April 15, 2023



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  
Special Interest  
Group

- Provide guidance and oversight to support the implementation of the Science Initiative
- Promote science-related activities among ASAM membership

Clinical Guideline  
& Methodology  
Workgroup

ASAM Criteria  
Strategy  
Committee

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 SIG (Current)

## ASAM Members

- ☀ 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
- ☀ Lara C. Weinstein, MD, MPH, DrPH
- ☀ Stephanie T. Weiss, MD, PhD

## ASAM Staff

- ☀ Anna Pagano, PhD



# Get Involved with the Science Initiative

Join Our Community on ASAM Connect!

## Contact us to learn more:

**Ken Freedman, MD, MS, MBA, FACG, AGAF, DFASAM** (Science Initiative SIG Chair; Quality Improvement Council Chair):

☀ Email: [kifreedman@verizon.net](mailto:kifreedman@verizon.net)

**Tami Mark, PhD, MBA** (Science Initiative SIG Co-Chair; Senior Research Scientist):

☀ Email: [tmark@rti.org](mailto:tmark@rti.org)

**Anna Pagano, PhD** (ASAM Senior Director of Science):

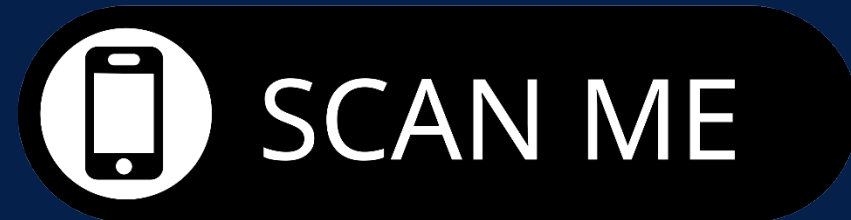
☀ Email: [apagano@asam.org](mailto:apagano@asam.org)



[www.asam.org/ScienceInitiative](http://www.asam.org/ScienceInitiative)

# Your Feedback Matters!

- ☀️ Help inform the clinical relevance of NIAAA, NIDA, and AHRQ's addiction medicine research portfolios by answering this questionnaire



# References

## AHRQ References

1. Miller, G. E. and Moriya, A. S. *Any Use and Frequent Use of Opioids among Non-Elderly Adults in 2015-2016, by Socioeconomic Characteristics*. September 2018. Statistical Brief #516. Agency for Healthcare Research and Quality, Rockville, MD. [https://meps.ahrq.gov/mepsweb/data\\_files/publications/st516/stat516.pdf](https://meps.ahrq.gov/mepsweb/data_files/publications/st516/stat516.pdf)
2. Moriya AS and Fang Z. *Any Use and "Frequent Use" of Opioids among Adults Aged 18–64 in 2020–2021, by Socioeconomic Characteristics*. Statistical Brief #552. Rockville, MD: Agency for Healthcare Research and Quality; September 2023. [https://meps.ahrq.gov/data\\_files/publications/st552/stat552.pdf](https://meps.ahrq.gov/data_files/publications/st552/stat552.pdf)

# Final Takeaways/Summary (Suggested)