ADVOCACY ISSUE BRIEF

Addressing the Treatment Gap for Opioid and Substance Use Disorders

Substance use disorders (SUD) are a major public health crisis impacting families, communities and society.

107,941 AMERICANS **died from drug overdoses** in 2022[1]

over **81,000** of those **died from opioids** representing **224 each day**[1]

34-fold increase in **drug overdose deaths** involving **psychostimulants** (cocaine, amphetamines) over the past 20 years[1]

178,307 people **died from alcohol-related causes in 2021**, an increase of 29% from 4 years prior [2]

48.5 MILLION people **aged 12 or older** suffer from a **substance use disorder**[3]

20.4 MILLION adults with SUD have some form of **co-occurring mental illness**[3]

THE TREATMENT GAP

Only about **1 in 4 (23.6%)** who needed substance use treatment in 2023 received any treatment [3]

40.9% of adults with co-occurring mental illness and SUD received neither substance use treatment nor mental health services and only **17%** received treatment for both[3]

There are an estimated **5.7 million** Americans with opioid use disorder yet only **18%** received medication treatment in 2023[3]

More than **one-third (37.8%)** of substance use treatment facilities don't offer medications for opioid use disorder (MOUD) and **less than half** (45.6%) offer multiple MOUD types[4]

Even after removal of regulatory prescribing restrictions, stigma, insufficient training, poor care coordination, and inadequate reimbursement, **significant barriers** remain to buprenorphine, a highly effective and safe treatment.[5]

There are several reasons adults do not receive substance use treatment including the fact that **42.4%** think it costs too much, **29.7%** have no health care coverage for it, and **38.7%** don't know how or where to get treatment.[3]

Access to Medication for Opioid Use Disorder (MOUD) Treatment is an Urgent Need[6]

Medications for Opioid Use Disorder (MOUD), including methadone, buprenorphine and naltrexone XR, can successfully treat opioid use disorders (OUD). MOUD is highly effective and has been shown to significantly:

- **Reduce** opioid use and relapse
- **Reduce** infections such as HIV and hepatitis C virus from injection drug use
- **Reduce** overdose deaths
- **Improve** retention in treatment

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Psychiatric Pharmacists Impact Substance Use Disorder Care

SARAH is referred to your clinic for fentanyl use. She meets with an addiction medicine physician to discuss starting buprenorphine/naloxone for opioid use disorder. Her physician discusses Sarah's case with the psychiatric pharmacist, who is part of the interdisciplinary care team. During the interview, Sarah reports that she has been told she has hepatitis C. The provider asks the psychiatric pharmacist to discuss how to take buprenorphine/naloxone and also asks if there's a way to get Sarah treated for hepatitis C. Using a collaborative practice agreement, the psychiatric pharmacist places the laboratory orders for Sarah, and also discusses preferred treatment options. The psychiatric pharmacist completes the required prior authorization for the hepatitis C medication and schedules a follow-up appointment with Sarah to complete education on the medication. At follow-up, the psychiatric pharmacist starts the medication and places laboratory tests for hepatitis C clearance.



Psychiatric Pharmacists are Highly Qualified to Treat OUD and SUD

Psychiatric pharmacists have specialized training in SUDs with deep understanding of MOUD as well as the commonly co-occurring psychiatric illnesses. They are an underutilized member of the SUD health care team who can:

- Advise providers and prescribers on the selection of appropriate MOUD treatments including buprenorphine and naltrexone.
- Assist with buprenorphine inductions and dosing adjustments and monitor patient response to reduce adverse events including diversion.
- Assist with medication management for co-morbid psychiatric and substance use disorders providing benefits such as:
  - Improved patient adherence and success
  - Improved safety and impact through appropriate medication dosing and monitoring
  - Optimized outcomes
  - Reduced workload for providers thereby increasing access and reducing costs

Policy Recommendations to Improve Access to SUD Care by Psychiatric Pharmacists

There is urgent need to increase the workforce to expand access to treatment for SUD. Psychiatric pharmacists can increase access to SUD care but until billing and reimbursement are addressed, health care systems and providers who want to employ psychiatric pharmacists have little incentive to hire them. AAPP recommends policymakers:

- Recognize substance use treatment as part of medical care for all patients.
- Remove reimbursement and policy barriers to SUD treatment including those that limit access to forms of FDA-approved MOUD, counseling, first-fail protocols, and frequent prior authorizations.
- Require CMS and other payers to pay for services provided by psychiatric pharmacists on SUD treatment teams.
- Expand access to methadone beyond the Opioid Treatment Program (OTP) setting, including take-home doses for stable patients and pick-up doses at pharmacies.
- Remove barriers in access to teleprescribed buprenorphine, including the in-person visit requirement.
- Remove buprenorphine from DEA flagging which has resulted in investigations of wholesalers and pharmacies and reduced access.

The American Association of Psychiatric Pharmacists (AAPP) is a professional association representing psychiatric pharmacists nationwide. Our members integrate into teams of health care professionals, making a difference in overall costs, treatment efficiencies, patient recovery, and quality of life.

References available at: https://aapp.org/advocacy/sud

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