



American College of
Emergency Physicians®



August 5, 2020

Re: NOT-DA-20-059

Jennifer A. Hobin, PhD
Deputy Director
Office of Science Policy and Communications
National Institute on Drug Abuse (NIDA)

Re: Request for Information (RFI) inviting feedback on an outline for the NIDA Strategic Plan for Fiscal Years (FYs) 2021-2025.

Dear Dr. Hobin:

On behalf of the American College of Emergency Physicians (ACEP) and our 40,000 members and the Society for Academic Emergency Medicine (SAEM), we appreciate the opportunity to respond to this request for information for feedback on an outline for the National Institute on Drug Abuse (NIDA) Strategic Plan for Fiscal Years 2021-2025. NIDA's strategic plan comprises the areas of discovery that need to be addressed. As emergency physicians, we are on the front lines treating patients with substance use disorder and addiction. The emergency department (ED) is often the only venue of care in which patients with substance use disorder and addiction have contact with the medical system. Patients with substance use disorder receive ED treatment for conditions related to substance abuse either directly (e.g., overdose, intoxication) or indirectly (e.g., trauma, cirrhosis, endocarditis). An ED visit often represents a critical moment in a patients' substance use disorder trajectory when researchers have easy access to blood sampling, intravenous access, and electronic records. For patients without established primary care, the ED often provides referrals for post ED care even for specialty assessment and treatment. Thus, the ED is a vital access point to the entire healthcare system, particularly for patients with substance abuse disorders. It also offers the opportunity to develop and test many innovative strategies related to improving care and decreasing stigma and health disparities.

We, therefore, appreciate the efforts of NIDA to advance science on the causes and consequences of substance abuse disorder and addiction and to apply that knowledge to improve individual and public health. We are grateful for the opportunity to respond to the questions in the RFI. Our answers to NIDA's request for perspectives on the scientific goals and actions, cross-cutting topics/themes, and additional topics relevant to the plan reflect input that came directly from our members. Suggested modifications are included in italicized/bolded font.

1. Cross-cutting research topics and approaches

Research Topics

Regarding proposed research topics, we believe that it is timely and pertinent to emphasize and focus specifically on the identification of racial/ethnic disparities in substance abuse disorder and

access to care, and to acknowledge and investigate the contribution of systemic racism in establishing disparities in substance abuse disorder and access to care, to effectively identify and address the root causes of many disparities rather than providing temporary “band-aids” to a broken system.

- Identify and Develop Approaches to Reduce the Stigma *Surrounding Substance Abuse Disorder*
- Identify and Develop Approaches to Reduce Health Disparities, *Particularly the Contribution of Systemic Racism to Disparities in Substance Abuse Disorder and Access to Care*
- Understand Sex/Gender/*Geographic/Racial/Ethnic* Differences *in Substance Abuse Disorder*
- Understand the Interactions Between Substance Use, HIV and other Co-occurring *Health and Mental Health* Conditions, including COVID-19

Research Approaches

In the past decade, many interventions, including Screening, Brief Intervention and Referral to Treatment (SBIRT), naloxone distribution, and Medically Assisted Therapy (MAT) for opioid use disorder, have demonstrated the ability to save lives. However, many political, financial, and institutional barriers to widespread implementation of these interventions remain. Focusing on reducing barriers to implementation of existing, effective, evidence-based interventions by encouraging the development of novel infrastructure for distribution should be considered as an additional research goal. Since patients present to EDs often with consequences of their addictions (e.g., intoxication, withdrawal states or other complications), many opportunities exist to access this population in an unbiased fashion, and to develop and test innovative interventions for treatment and prevention across the entire lifespan. The ED is a prime location to test harm reduction strategies and collaborative care modules with community partners. As the ED reflects the community it serves, it is an ideal site to develop strategic partnerships with addiction providers, primary care providers, and harm reduction services such as needle exchange programs and naloxone distributions sites. Along with our ambulance-based emergency medical services (EMS) partners, emergency physicians have the opportunity to impact the health of their communities. Lastly, the ED offers early warning signs of spikes in mortality and morbidity associated with substances and can be of great value as a surveillance tool for initiating targeted interventions and prevention strategies.

- Leverage Technology and Innovation
- Capitalize on Big Data Analytics and Open Data Sharing
- *Utilize Team Science-based Multidisciplinary Collaborations*
- Integrate the Complexity of Drug Use and Related Behaviors into Models
- *Integrate Modern Implementation Science Research Approaches to Benefit Communities*
- *Identify and Reduce Regulatory and Ethical Barriers to Clinical Research, such as informed consent documentation requirements, and Explore the Use of Exemption or Exception from Informed Consent When Appropriate*

2. Priority Research Goals and Actions

Goal 1: Understand Drug Use, Behavior, and the Brain *and the Environment*

Understanding the drug use and behavior requires evaluation of the larger context of the system in which drug use and behavior occur. Therefore, we suggest moving Action 3.3 up and re-labeling it action 1.4.

- Action 1.1: Advance basic neuroscience and understand the neurological impact of drug use

- Action 1.2: Enhance knowledge of the real-world landscape of drug use
 - **Identify bidirectional impacts of substance use on other health conditions such as traumatic injury, cardiac disease, neurologic disease, psychiatric disease, infectious disease and other conditions, and the means to ameliorate these impacts**
- Action 1.3: Determine individual and population-level risk and protective factors for drug use and addiction across the lifespan, **including social determinants of health.**
- **Action 1.4: Better understand the impact of racial inequity, cultural differences, social structures, and evolving drug policy on health disparities in accessing and utilizing quality care for substance use disorders **Moved from Action 3.3****

Goal 2: Develop and Test Novel Prevention, Treatment, and Recovery Support Strategies

Reducing the incidence of substance use disorder should be prioritized, as once a disorder has developed rehabilitation and treatment both for substance use disorders and medical complications related to substance abuse disorder have proven both difficult to achieve and resource intensive. Some opioid use disorders stem from prescribing in the ED setting and some ED opioid prescriptions stem from inability for patients to quickly access definitive care outside the ED (e.g. orthopedic clinic for fractures, gastroenterologists clinic for non-operative abdominal pain), some benzodiazepine use disorder may derive from inability to access outpatient mental health care providers capable of implementing less addictive treatments for anxiety or depression.

- **Action 2.1: Identifying strategies to reduce development of and incidence of substance abuse disorder**
- **Action 2.2: Understanding the accuracy, reliability, and feasibility of substance use disorder screening in outpatient settings including acute care settings (e.g. ED)**
- Action 2.3: Identify innovative interventions that include attention to opioid, stimulant, and cannabis use disorders, **tobacco and vaping, alcohol, and benzodiazepine abuse**
 - **Partner with private organizations to identify and develop non-addictive biologics and non-pharmacologic adjuncts for the treatment of pain, depression, and anxiety- these are important co-morbidities to substance use disorder**
- Action 2.4: Target interventions to the needs of the whole patient and their families
- Action 2.5: Identify **and standardize** appropriate endpoints for demonstrating effectiveness in treatment outcome

Goal 3: Implement Evidence-Based Strategies in Real-World Settings

In clinical practice in the ED, cases involving substance abuse resulting from the abuse of a single agent are rarely encountered. The clinical settings that treat patients with substance abuse disorder must build models that are flexible and not entirely focused on a single agent. Related to this, the major barrier to translation remains financing and public policy. If clinicians and facilities are not adequately reimbursed for the work, all interventions (e.g., SBIRT, MAT) become unsustainable. Furthermore, many individuals with substance abuse disorders do not have access to outpatient care or access care intermittently. The ED becomes a vital locus of care, which they use when experiencing an acute or chronic complication of substance abuse, or are in a custodial setting. Identifying and studying novel approaches to initiate substance abuse treatment at locations accessible to at-risk populations should be prioritized, including telemedicine, mobile health units, custodial settings, EMS-collaborations, and ED-initiated treatment.

- Action 3.1: Support research to scale up the application of tested interventions that include screening, harm reduction approaches, and collaborative care models

- Action 3.2: Identify ways to enhance the *delivery of* prevention, treatment, and recovery support services *by evaluating barriers to care such as the X wavier and expansion to other settings, including* general medical care, *justice, telemedicine, and the emergency department*
- *Action 3.3: Support the development and further testing of MAT for multiple substances of abuse with specific attention to studies on longer-term safety and efficacy, and applicability to populations with co-occurring substance abuse disorder or comorbid mental or physical health disorders*
- *Action 3.4: Study the implementation of guideline-based treatment, such as MAT, in various outpatient settings including telemedicine, emergency departments, and the community*
- *Action 3.5: Identify and create the evidence base for solutions to regulatory barriers to implementing effective therapies such as waiver education requirements for MAT*

3. Scientific Stewardship of Public Resources

NIDA's commitment to being responsible stewards of public funds via:

- Promoting High-Quality Research Training and a Diverse Research Workforce
 - *Including adequate support for mentors and early career physician-scientists*
- Translating and Disseminating Research to Inform Policy and Practice, *and Education of the Public*
- Fostering Collaboration with Public and Private Partners
- Supporting the Development of Cutting-edge Research Infrastructure
- Advancing Rigor and Reproducibility of Scientific Evidence

Plan Dissemination

The RFI further requests input to ensure widespread dissemination and implementation of the plan. Our organizations, and their associated research foundations, support the vast majority of emergency medicine research, education, and clinical care training and includes all academic emergency medicine leaders. As such, we would be effective partners to NIDA to disseminate the plan and promote involvement as NIDA implements grant mechanisms, conferences, and other programs to achieve the plan's goals.

We appreciate the opportunity to share our comments. If you have any questions, please contact Loren Rives at lives@acep.org or Melissa McMillian at MMcMillian@saem.org.

Sincerely,



James F. Holmes, Jr., MD, MPH
President
Society for Academic Emergency Medicine



William Jaquis, MD, FACEP
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