

Following Questions submitted by Brett Guthrie:

“Currently there are only three types of medications approved for the treatment of opioid use disorders (methadone, naltrexone and buprenorphine), yet according to a recent analysis in Health Affairs fewer than 3% of all licensed substance abuse treatment facilities in the country are able to offer all three. In other words, we have a lot of one-size-fits-all treatment programs.”

1. What’s wrong with our current, fragmented and siloed approach in the treatment of opioid use disorders?

Patients and families struggling with substance use disorders (SUDs) often do not know where to find high quality, evidence-based treatment. In a crisis, many turn to google, where search results display treatment programs that appear to be high quality due to their use of therapeutic buzzwords and expert marketing. But many of them do not provide treatment services that meet current standards of care, leaving patients and families in crisis incredibly vulnerable to predatory marketing schemes. Because our patient population, and arguably substantial sections of the field as a whole, are uneducated and/or misinformed about what evidence-based care for SUDs actually entails, quality of *marketing*, rather than *care*, tends to dictate which facilities people encounter and “trust” with loved ones.

There are countless examples of families taking out second mortgages or bankrupting themselves to pay for what they assumed to be excellent and critical care, only to learn later that they were misled by programs offering substandard treatment. When a person is struggling with a severe SUD, their loved ones often feel alone and afraid, and they will do whatever they can to find help. Unfortunately, because the current state of treatment in this country is so poor, many receive bad advice and take action that ends up hurting their loved ones rather than helping them.

Historically, the general health care system has not taken responsibility for treating addiction. SUD treatment has remained relatively isolated from innovations that have transformed modern medicine and led to increasingly integrated systems of care. Because addiction treatment exists in a silo, most medical students are inadequately trained to diagnose and treat SUD. As a result, general health care providers (primary care, emergency department physicians) often do not know where to refer people for high quality care. This means that even if they recognize the signs and symptoms of SUD in their patients, they do not know how to effectively respond to their needs. The few providers who are trained in evidence-based treatment for SUD commonly find themselves surrounded by an “addiction treatment desert” as so few facilities operating in the U.S. provide evidence-based care.

2. How do you believe the Comprehensive Opioid Recovery Centers, or “CORCs,” would help to correct this problem?

CORCs would ensure that patients and families have access to trusted treatment programs offering the most current standards of care and provide evidence-based treatment for SUDs.

There are only three medications available to treat opioid use disorders and very few facilities provide all three. Each patient has a unique profile, defined by his or her circumstances, biology, environment, medical history, etc., that influence which medication will

be most effective. Patients should have access to all three medications, and the decision of whether to use medication, and which one, should be made with their doctor, based on an accurate understanding of the scientific evidence and the individual patient's needs and circumstances.

The Comprehensive Opioid Recovery Centers Act (CORC) of 2018 will help address these barriers through the development and promotion of integrated care models based on best practices, which will build a pathway toward the comprehensive health care infrastructure that must be achieved to ensure that everyone suffering with a substance use disorder has access to quality treatment. More importantly, the legislation would provide resources to operate these centers, which will provide the full spectrum of evidence-based treatment services including intake evaluations and regular assessments, all Food and Drug Administration (FDA)-approved treatments for substance use disorders, detoxification, counseling, residential rehabilitation, recovery support services, pharmacy and toxicology services, and interoperable electronic health information systems.

3. In your work with family members of people who unfortunately have lost their battle with addiction as a result of an opioid overdose, how common is it that their loved one completed treatment without being offered a range treatment options and the necessary support services?

Unfortunately, this is all too common. We have heard countless families, who have lost a loved one to this disease, reflect on the fact that they had no idea medications existed to treat opioid use disorder (OUD). It is devastating for these families to be left to grapple with the fact that their children were denied basic care, let alone the gold standard of treatment, and to wonder whether their child would still be alive if they had been armed with better information and access to evidence-based treatment.

4. One of the unique provisions of CORCs is the requirement that they provide job-training and job placement assistance. Why might this be an important component within a treatment center?

Job training, placement assistance and other wrap-around services are essential to help patients recover from addiction and rebuild their lives. When left untreated, SUDs tend to get worse over time. As the disease progresses, those struggling with a SUD often find it harder and harder to perform basic functions in their personal and professional lives. Loss of employment and difficulties performing at work are key indicators used by doctors to assess the severity of a patient's disorder.

Severe SUDs have profound effects on every aspect of a person's life, often leading to delays in education, gaps in job history and legal challenges, as well as problems with family and social relationships. In order to achieve and maintain long-term recovery, patients may need a diverse array of supports to rebuild their lives—including help finding stable housing, employment, recovery-supportive communities, repairing interpersonal relationships, etc. There are many things that employers can do to help address addiction in the workplace and better assume their role as a critical point of intervention for those struggling with substance use. Job

training and job placement assistance are examples of wrap-around recovery support services that maximize a person's chances of living in long-term recovery.