

Reducing Opioid Morbidity and Mortality

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Overview

Goal Statement

- Reduce opioid-related morbidity and mortality through: 1) improving access to prevention, treatment and recovery support services; 2) targeting the availability and distribution of overdose-reversing drugs; 3) strengthening public health data and reporting; 4) supporting cutting-edge research; and 5) advancing the practice of pain management.
- Starting from the baseline of September 30, 2017, by September 30, 2019:
 1. Reduce opioid prescribing as measured by morphine milligram equivalents (MME) :
 - a. Decrease by 25% the MME of opioid analgesics dispensed in U.S. outpatient retail pharmacies
 - b. Decrease by 10% the morphine milligram equivalents (MME) per prescription in opioid analgesic prescriptions dispensed in U.S. outpatient retail pharmacies.
 2. Increase naloxone access:
 - a. Increase by 30% the number of prescriptions dispensed for naloxone in U.S. outpatient retail pharmacies.
 3. Increase uptake of medications for the treatment of opioid use disorder:
 - a. Increase by 25% the number of unique patients receiving prescriptions for buprenorphine in U.S. outpatient retail pharmacies (excluding implantable or long-acting injection products).
 - b. Increase by 100% the number of prescriptions for long-acting injectable or implantable buprenorphine from retail, long-term care, and mail-order pharmacies in the U.S.
 - c. Increase by 25% the number of prescriptions for extended-released naltrexone from retail, long-term care, and mail-order pharmacies in the U.S.

Overview

Challenge

- The crisis of opioid addiction and overdose in the United States continues to worsen, and the illicit drug supply increasingly contains more potent and dangerous opioids. In 2016, 2.1 million people in the U.S. had an opioid use disorder, and 116 people died each day from drug overdoses involving opioids, exacting an enormous societal toll.

Opportunity

- The urgency of this crisis has unified HHS around the goals most likely to prevent opioid misuse, treat existing opioid addiction, and prevent opioid overdose, with the immediate aim of preventing further increases in these negative outcomes. Specifically, HHS will:
 1. Improve access to prevention, treatment and recovery support services
 2. Target the availability and distribution of overdose-reversing drugs
 3. Strengthen public health data and reporting
 4. Support cutting-edge research
 5. Advance the practice of pain management

Goal Structure & Strategies

Strategy: Improve access to prevention, treatment, and recovery support services

Rationale: Access to prevention, treatment and recovery support services are crucial for reducing the public health burden of opioid use disorder (OUD). Medication-assisted treatment (MAT) is the standard of care for OUD, and has been shown to reduce drug use and associated risky behavior and negative health outcomes. Very few of those who need MAT receive it at all, and fewer still receive it for a therapeutic duration of time. The activities below support improved services access, and quantitative progress will be reflected in the indicator tracking increased uptake of medications for the treatment of OUD.

AGENCY	ACTIVITY
AHRQ	To advance the field of evidence-based clinical decision support, AHRQ will create clinical decision support artifacts for safe opioid prescribing and make them publicly available through their national CDS Connect Repository.
CDC	CDC's Opioid Prevention in States (OPIS) initiative will continue to equip states in supporting opioid overdose prevention efforts, including the enhancement of PDMPs within clinical and public health settings, insurer and community interventions, evaluation of state-level policies, and other innovative strategies that states can employ.
CDC	CDC will continue to support implementation of the RxAwareness campaign, which educates consumers on the risks of prescription opioids, and will evaluate the campaign launch.
CDC	As part its partnership with law enforcement and High Intensity Drug Trafficking Areas, CDC will support the piloting of 13 community-level projects through the Heroin Response Strategy which will help inform responses to opioid overdoses at the local level.

Goal Structure & Strategies

Strategy: Improve access to prevention, treatment, and recovery support services
(continued)

AGENCY	ACTIVITY
CDC	CDC will help communities prevent and combat infectious diseases stemming from the opioid crisis by tracking disease patterns, alerting states to risks of disease outbreaks, and supporting proven prevention strategies, including those for engaging people who inject drugs into treatment.
CDC	CDC will continue to provide guidance to emergency responders to prevent occupational exposure to fentanyl including through the Health Hazard Evaluations (HHE) Program.
CMS	CMS will continue to work with states to support and to improve opioid use prevention and treatment efforts, including medication-assisted treatment and alternative treatments (e.g. 1,115 opioid/SUD demonstration waivers, including certain Institution for Mental Disease (IMD) facility exclusion waivers, quality metrics, technical assistance).
CMS	CMS will improve provider education and outreach efforts and introduce new tools and data sources that provide information to help reduce overprescribing and support efforts in response to the crisis (e.g. Opioid heat map, data based reports and Component-specific education efforts).

Goal Structure & Strategies

Strategy: Improve access to prevention, treatment, and recovery support services (continued)

AGENCY	ACTIVITY
CMS	CMS will look to integrate responses to the opioid crisis into CMS regulations and sub-regulatory guidance (e.g., integrating the CDC guidelines into Medicare payment rules and conditions of participation).
HRSA	HRSA will provide additional funding and ongoing technical support to: <ul style="list-style-type: none">● Health centers to further increase capacity to provide substance abuse services, focusing on the treatment, prevention, and awareness of opioid misuse and their integration into primary care.● Rural health organizations to improve the overall health and well-being of rural residents through the delivery of opioid related prevention (education and outreach), treatment, and recovery efforts.
HRSA	HRSA is supporting the National Governors Association's Preventing NAS Learning Lab, a six-month effort to improve states' capacity to prevent and reduce opioid-related NAS. This project will take place January - August 2018.
HRSA	HRSA-funded Rural Research Centers are expected to continue producing policy briefs and other publications addressing opioid use in rural areas in 2018.

Goal Structure & Strategies

Strategy: Improve access to prevention, treatment, and recovery support services (continued)

AGENCY	ACTIVITY
IHS	IHS will increase access to MAT services via: <ul style="list-style-type: none">● Telemedicine models through adoption of an IHS Internet Eligible Controlled Substance Prescriber policy● Tracking of IHS prescribers authorized to prescribe buprenorphine● Development of mandatory training at all levels of IHS staff on the opioid epidemic
IHS	IHS will develop a comprehensive neonatal abstinence syndrome guideline to improve screening, detection, and referral to treatment for pregnant and parenting individuals.
NIH/NIDA	NIDA supports a portfolio of implementation science research to improve the dissemination, use, and sustainability of evidence- based treatment of OUD.
NIH/NIDA	NIDA supports a portfolio of clinical research for rigorous study of: <ul style="list-style-type: none">● Comparative effectiveness of treatments for OUD● Clinical decision support for OUD management in general healthcare settings● Emergency department linkage to care for OUD● Infant outcomes to inform MAT choices for OUD during pregnancy

Goal Structure & Strategies

Strategy: Improve access to prevention, treatment, and recovery support services (continued)

AGENCY	ACTIVITY
NIH/NIDA	NIDA supports NIDAMED, a clinician education and outreach program that develops and disseminate science-based resources on opioids and substance use disorder (SUD) that educate health professionals and those in training about screening, addressing, and treating SUD; and enhancing awareness of addiction as a treatable brain disorder.
SAMHSA	Continue to provide national leadership and support to advance prevention efforts through the following programs: <ul style="list-style-type: none">● State Targeted Response grant funding and targeted technical assistance● Substance Abuse Prevention and Treatment block grant prevention set aside● Strategic Prevention Framework Partnership for Success (SPF-PFS) and Strategic Prevention Framework for Prescription Drugs (SPF-Rx)● Drug Free Communities Support Program and the Community-based Coalition Enhancement Grants

Goal Structure & Strategies

Strategy: Improve access to prevention, treatment, and recovery support services (continued)

AGENCY	ACTIVITY
SAMHSA	<p>Continue to provide national leadership and support to expand access to treatment services through the following:</p> <ul style="list-style-type: none"> ● State Targeted Response grant funding and targeted technical assistance ● Substance Abuse Prevention and Treatment block grant ● MAT for Prescription Drug and Opioid Addiction (MAT PDOA) grants ● Targeted funding such as the Pregnant and Postpartum Women treatment grants and Drug Court grants ● Oversight of Opioid Treatment Programs and the DATA waiver process ● Provision of education and training via PCSS-MAT ● Leveraging the Addiction Technology Transfer Centers ● Publication of TIP 63 “Medications for Opioid Use Disorder”
SAMHSA	<p>Continue to provide national leadership and support for the broader dissemination and implementation of recovery support services through the following:</p> <ul style="list-style-type: none"> ● Building Communities of Recovery grants ● State Targeted Response grant funding and targeted technical assistance ● Dissemination of Best Practices from the SAMHSA Policy Lab ● Leveraging the Addiction Technology Transfer Centers

Goal Structure & Strategies

Strategy: Target the availability and distribution of overdose-reversing drugs

Rationale: Opioid overdose can be reversed by the opioid antagonist naloxone. Naloxone is a vital tool in the fight against opioid overdose, though issues of access and increasing potency of illicit opioids pose practical challenges. The activities below support improved access to overdose reversal medication, and quantitative progress will be reflected in the indicator tracking increased naloxone access.

AGENCY	ACTIVITY
AHRQ	AHRQ will continue to disseminate the findings of their recently completed systematic evidence review on the Management of Suspected Opioid Overdose with Naloxone by Emergency Medical Services Personnel which was released in late November.
FDA	Model Drug Facts Label Comprehension Study for OTC naloxone to be completed by FDA in Spring 2019
IHS	IHS is developing an Indian Health Manual policy to issue naloxone to law enforcement agencies and other first responders and is expanding the number of pharmacist collaborative practice agreements to prescribe naloxone.
NIH/NIDA	NIDA supports research to: <ul style="list-style-type: none">● Evaluate naloxone distribution programs● Develop novel overdose reversal medications
SAMHSA	Continue to provide national leadership and support for naloxone and overdose prevention through the following: <ul style="list-style-type: none">● CARA First Responders grant funding● State Targeted Response grant funding and targeted technical assistance● Preventing Prescription Drug/Opioid Overdose Related Deaths grant funding● Substance Abuse Prevention and Treatment block grant

Goal Structure & Strategies

Strategy: Strengthen public health data and reporting

Rationale: In order to most effectively address resources and tailor strategy to the areas and populations most affected by the opioid crisis, it is crucial to have accurate and timely data reporting. The activities below address improved public health data concerning opioid addiction and overdose.

AGENCY	ACTIVITY
AHRQ	AHRQ will update their HCUP Fast Stats public web-portal to include state and national level trends in opioid related hospital and emergency department use with 2017 data allowing local and regional decision makers to understand trends in their communities as they develop local responses to the crisis.
CDC	CDC's Enhanced State Opioid Overdose Surveillance (ESOOS) program will improve the timeliness of reporting of nonfatal and fatal opioid overdoses and associated risk factors in 33 funded states, using innovative strategies such as syndromic surveillance and improved reporting of toxicology and death scene investigations.
CDC	Through the OPIS initiative, CDC will support using prescribing data to inform community responses, such as implementing academic detailing for providers in high prescribing communities. CDC will also continue to leverage data from QuintilesIMS, which helped inform county-level prescribing maps, for broad data dissemination and evaluation activities in 2018.
HRSA	HRSA will collect quarterly progress report data from HRSA grantees to measure program outcomes and track progress related to opioid related activities, including: <ul style="list-style-type: none">● 1,178 health centers grantees who received \$200 million from HRSA in September 2017 to increase access to substance abuse and mental health services.● 13 rural health organizations who received \$3.1 million in HRSA funding in September 2017 under the Rural Health Opioid Program and the Substance Abuse Treatment Telehealth Network Grant Program.

Goal Structure & Strategies

Strategy: Strengthen public health data and reporting (continued)

AGENCY	ACTIVITY
IHS	IHS tracks key metrics to follow opioid prescribing trends, naloxone distribution patterns, buprenorphine prescribing, and diagnosis of opioid use disorders across IHS facilities.
NIH/NIDA	NIDA supports the National Drug Early Warning System, which is a nationwide public health surveillance system to monitor emerging drug use trends to enable quick response to potential outbreaks of illicit drugs such as heroin and to identify increased use of designer synthetic compounds.
NIH/NIDA	NIDA supports the Monitoring the Future Study, which measures drug use and related attitudes among a national sample of 8th, 10th, and 12th graders.
SAMHSA	Continue to provide critical surveillance data on the opioid crisis through the following: <ul style="list-style-type: none">● National Survey on Drug Use and Health● Treatment Episode Data Set● National Survey of Substance Abuse Treatment Services

Goal Structure & Strategies

Strategy: Support cutting-edge research

Rationale: Cutting-edge research is underway to improve existing treatments for pain, addiction, and overdose and to develop entirely new ways of understanding and addressing these serious public health issues define the current opioid crisis. The activities below support expansion of such research.

AGENCY	ACTIVITY
AHRQ	AHRQ will continue their initiative exploring how to reduce barriers and support rural primary care practices providing MAT. AHRQ is also disseminating important research findings through their Academy for Integrating Behavioral Health and Primary Care, a web portal targeting primary care practices.
CDC	CDC will continue to fund innovative research to prevent opioid misuse and overdose through the Injury Control Research Centers, to conduct a longitudinal study assessing the real-world client outcomes of three types of MAT and counseling without medication for individuals with opioid use disorder, and to study adverse outcomes associated with NAS.
FDA	Fostering the Development of Novel Pain Treatment Therapies <ul style="list-style-type: none">• Support development of innovative ADFs, data to inform benefit-risk assessment• Ensure ADF label nomenclature enables providers to adequately distinguish between the risk of abuse and the risk of addiction
NIH/NIDA	To provide scientific solutions to help end the opioid crisis, NIH/NIDA is supporting a wide range of research on pain and addiction, from basic science of the complex neurological pathways involved in pain and addiction, to services and implementation science to develop and test treatment models, to integrating behavioral interventions with medication-assisted therapy, to forging strategic partnerships to advance safer, non-addictive treatments for pain.

Goal Structure & Strategies

Strategy: Support cutting-edge research (continued)	
AGENCY	ACTIVITY
NIH/NIDA	The NIH has launched the HEAL (Helping End Addiction Long-Term) Initiative to accelerate scientific solutions to address the opioid crisis, including the development of better treatments for pain, opioid use disorder, and opioid overdose.
SAMHSA	SAMHSA is building on existing partnerships with the NIH to improve the research to practice pipeline and is committed to promoting evidence-based practices and service delivery models. The newly formed National Mental Health and Substance Use Policy Laboratory and the Office of the Chief Medical Officer will be leading research efforts for SAMHSA. Additionally, the National Mental Health and Substance Use Policy Laboratory will assist in addressing the opioid crisis through its evaluation of models that would benefit from further development and through expanding, replicating, or scaling evidence-based practices across wider areas as we seek to increase access to and delivery of the best treatment services for opioid use disorders across America.

Goal Structure & Strategies

Strategy: Advance the practice of pain management

Rationale: Over-prescribing of opioid medications was one factor that led to the precipitous increase in opioid addiction and overdose now faced by the U.S. Improved pain management will reduce overall opioid exposure and opioid supply. The activities below support advancement in the practice of pain management, and quantitative progress will be reflected in the indicator tracking a reduction in morphine milligram equivalents.

AGENCY	ACTIVITY
CDC	CDC will continue to support the implementation of the Guideline for Prescribing Opioids for Chronic Pain through the release of supportive materials and resources, including a series of interactive training modules addressing topics such as dosing and titration and assessing and addressing opioid use disorder. CDC is evaluating the impact of the Guideline by evaluating prescribing rates before and after the release of the Guideline.
CDC	CDC is piloting the implementation of quality improvement (QI) measures informed by the 12 recommendation statements contained in the Guideline in 6 large health care systems. These measures are intended for health systems and clinics to use as a way to track prescribing rates and provide feedback to clinicians.
CDC/AHRQ	CDC is collaborating with the Agency for Healthcare Research and Quality to assess the evidence on nonpharmacological treatments for chronic pain; the report will be finalized in 2018.
CDC/IHS	CDC is working with the National Indian Health Board (NIHB) on a 9-month project to reduce opioid overdose in tribal communities; this will include a toolkit for Tribal Health Centers and Indian Health Service facilities.

Goal Structure & Strategies

Strategy: Advance the practice of pain management (continued)

AGENCY	ACTIVITY
IHS	In February 2018, the IHS released a revision to the Indian Health Manual Chapter 30 “Chronic Non-Cancer Pain Management.” The policy revisions promote appropriate pain management, emphasize use of non-opioid/non-pharmacological treatments for pain, emphasize patient reassessment and engagement in the treatment plan. The IHS revised the “IHS Essential Training on Pain and Addiction” prescriber course to align with the revised policy and developed on-demand content with continuing medical education credits. The IHS also released an abbreviated course to serve as refresher training in January 2018.
NIH/NIDA	The NIH Pain Consortium is involved with implementation of the National Pain Strategy and has published three educational modules from the Centers of Excellence in Pain Education on better pain treatment, with and without opioids.
NIH/NIDA	NIH/NIDA supports a broad portfolio of basic and clinical research on mechanisms of pain, novel targets for pain medications, and nonpharmacological treatments for pain. Developing improved treatments for pain is also a key focus of the NIH HEAL initiative.
SAMHSA	SAMHSA's National Mental Health and Substance Use Policy Laboratory and the Office of the Chief Medical Officer will be engaging in efforts related to pain care and the appropriate use of opioid analgesics, in collaboration with HHS partners and external stakeholders. In addition, SAMHSA's PCSS MAT will include training for providers on appropriate opioid prescribing.

Summary of Progress – FY18 Q2

AHRQ

- AHRQ will continue to disseminate the findings of their recently completed systematic evidence review on the Management of Suspected Opioid Overdose with Naloxone by Emergency Medical Services Personnel which was released in November 2017, and update their HCUP Fast Stats public web-portal to include state and national level trends in opioid related hospital and emergency department use with 2018 data, allowing local and regional decision makers to understand trends in their communities as they develop local responses to the crisis.
- AHRQ will continue their initiative exploring how to reduce barriers and support rural primary care practices providing MAT, and in 2018 will issue a special emphasis notice soliciting cutting-edge health delivery system research to address the opioid crisis. AHRQ is also disseminating important research findings through their Academy for Integrating Behavioral Health and Primary Care, a web portal targeting primary care practices.

CDC

- CDC released publications reflective of more timely reporting of both fatal and nonfatal overdoses. In October 2017, CDC released a MMWR, “Deaths Involving Fentanyl, Fentanyl Analogs, and U-47700—10 States, July–December 2016.” This release examines death data on fentanyl and fentanyl analogs from 10 states participating in CDC’s Enhanced State Opioid Overdose Surveillance program. In March 2018, CDC released a Vital Signs on Opioid Overdoses Treated in Emergency Departments from July 2016 through September 2017.
- CDC launched an agency-wide framework for opioid overdose prevention around five priority pillars (Conduct surveillance and research; Build state, local, and tribal capacity; Support providers, health systems, and payers; Partner with public safety; Empower consumers to make safe choices), and is finalizing plans for scaling up its opioid overdose prevention programs in response to FY 2018 omnibus funding.

Summary of Progress – FY18 Q2

CMS

- The CMS Opioid Heat Map that shows Medicare Part D prescribing patterns at granular levels was updated with more current 2016 data in April of 2018 (previous data was only through 2015).
- CMS released major new policies for Medicare Part D prescription opioid prescribing starting in the 2019 plan year, including: 7-day fill limits for acute pain in opioid-naïve patients; new care coordination policies for Part D sponsors, pharmacies and prescribers; and Part D plans ability to limit at-risk beneficiaries' access to coverage for frequently misused drugs (including opioids and benzodiazepines)- known as “lock-in”.

FDA

- The Model Drug Facts Label Comprehension Study for OTC Naloxone is active, and the final stage is projected to complete by early 2019.
- In order to foster the development of novel pain treatment therapies, FDA is conducting an iterative, multi-modal social science research project aimed at obtaining a clearer understanding of current knowledge, attitudes, behaviors, and perceptions about opioid use, misuse, and addiction among health care providers, patients, and the lay public. The project is currently underway and expected to be complete in mid-2018. FDA is also planning a survey of health care providers on the topic of professional promotion in 2019.

Summary of Progress – FY18 Q2

HRSA

- HRSA continues to plan for the Rural Communities Opioid Response program, a new initiative that will expand access to prevention and treatment services in rural communities most at risk for substance abuse, as directed by Congress in the FY 2018 Omnibus.
- With HRSA's recent investments of nearly \$200 million in mental health and substance use disorder funding, health centers have expanded their role in addressing the nation's opioid epidemic. Preliminary data from 2017 shows that health centers have increased access to substance use disorder services, resulting in nearly 3,000 providers, a nearly 75% increase over the 2016 level, in providers that can prescribe Medication Assisted Treatment (MAT) and nearly 65,000 patients, an over 65% increase over the 2016 level in health center patients receiving MAT. In FY 2018, HRSA plans to award approximately \$350 million in supplemental funding to further support health centers in improving quality of care and expanding substance use disorder services.

IHS

- In March 2018, IHS released the Indian Health Manual, Chapter 35, "Prescribing and Dispensing of Naloxone to First Responders" to require IHS Federal pharmacies to provide naloxone to Tribal law enforcement agencies and other trained first responders. IHS naloxone distribution has increased 7% over FY17 in Q1/Q2.
- The IHS has increased access to MAT services through the development of a comprehensive two-day training program that includes a provider pain skills intensive training combined with DATA Waiver training. To date 42 providers have attended this course. The next session is scheduled for September 2018.

Summary of Progress – FY18 Q2

NIH

In April 2018, NIH launched the HEAL (Helping to End Addiction Long-term) Initiative, an aggressive, trans-agency effort to speed scientific solutions to stem the national opioid public health crisis. This Initiative will build on extensive, well-established NIH research-to:

- Develop new tools and biomarkers to detect changes in the brain associated with the transition from acute to chronic pain to detect altered brain circuits and/or genes and develop tailored interventions to control pain and restore function; develop new, effective, and non-addictive approaches for pain management; and define and support best practices for pain management.
- Advance the scientific understanding of addiction; develop flexible and complementary treatment options for opioid use disorder to reduce drug use, prevent overdoses and support recovery; develop new agents to prevent and reverse opioid overdose that are capable of reversing overdose from highly potent synthetic opioids such as fentanyl and carfentanil; enhance treatments for pregnant women with an OUD and for newborns with Neonatal Opioid Withdrawal Syndrome (NOWS); develop and test additional MAT options; and test strategies for translating research into practice, and advance implementation of evidence-based treatments in real world settings.

Summary of Progress – FY18 Q2

OASH

- Pain Management Best Practices Inter-Agency Task Force (Task Force) – OASH is convening the inaugural public meeting of the Task Force on May 30-31, 2018. The Comprehensive Addiction and Recovery Act of 2016 (CARA) directs the Secretary of Health and Human Services, in cooperation with the Secretary of Veterans Affairs and Secretary of Defense, to convene the Task Force. The Task Force was established to propose updates and recommendations on best practices for managing chronic and acute pain and develop a report to Congress by 2019.
- National Pain Strategy – OASH and NIH are leading the implementation of the Strategy. It is the first coordinated plan to reduce the burden of chronic pain in the U.S.; and to achieve a system of care in which all people receive high quality, evidence-based pain care. HHS staff divisions and operating divisions, including OASH, NIH, SAMHSA, CDC, FDA, HRSA, CDC, CMS, AHRQ and IHS are identifying deliverables for 2018.

Summary of Progress – FY18 Q2

SAMHSA

SAMHSA continues to focus on advancing prevention, treatment, and recovery support services, and overdose prevention through: 1) funding to build state and local capacity; 2) education, training and technical assistance; and 3) data collection, analysis and evaluation to track emerging trends, identify what works, and support the integration of evidence into practice.

- In the area of funding: In March 2018, SAMHSA awarded supplemental funding to New Hampshire, Massachusetts, and West Virginia under SAMHSA State Targeted Response (STR) to the Opioid Crisis grants, and in April 2018, SAMHSA released the second year of the STR funds. SAMHSA is working to release funding announcements for a variety of opioid-related funding opportunities, including the new \$1B opioid funding; Community-Based Coalition Enhancement Grants to Address Local Drug Crises; Drug-Free Communities (DFC) Support Program – New; Drug-Free Communities (DFC) Support Program – Competing Continuation; CARA First Responders naloxone grants; MAT PDOA; and drug court and offender reentry programs.
- In the area of training and technical assistance: In January 2018, SAMHSA awarded \$12 million dollars to create the Opioid State Targeted Response (STR) Technical Assistance program that is providing TA on evidence-based practices tailored to the specific needs of states and local jurisdictions. In February 2018, SAMHSA released TIP 63 -*Medications for Opioid Use Disorders*, which now includes information about the appropriate use of all FDA-approved medications for OUD treatment. In February 2018, SAMHSA released a new publication “Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants” which provides guidance on a range of real-world scenarios faced by healthcare professionals caring for mothers and infants. SAMHSA is dedicating significant resources to expand workforce through training and technical assistance such as our new STR TA program, our PCSS-MAT and our Regional Addiction Technology Transfer Centers (ATTCs). In April 2018, SAMHSA launched a new Evidence-Based Practices Resource Center which aims to provide communities, clinicians, policy-makers and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings.

Key Milestones

- On April 17, FDA, in collaboration with NIDA, hosted a public meeting on Patient Focused Drug Development (PFDD) for OUD to learn patients' perspectives, including the effects on their health and well-being that have the greatest impact on daily life, their experience using prescription medical treatments and other treatments or therapies for OUD, and challenges or barriers to accessing or using medical treatments for OUD. This input is intended to guide drug development and approval processes, potentially expanding possibilities for endpoints other than abstinence.
- The Behavioral Health Coordinating Council (BHCC) Subcommittee on Opioids and Controlled Substances has prepared an implementation work plan for the Protecting Our Infants Act Strategy that targets activities for research and evaluation, programs and services, data and surveillance, and education across HHS with the goal of preventing, identifying, and treating NOWS, as well as improving the treatment OUD in pregnant women.

Key Indicators

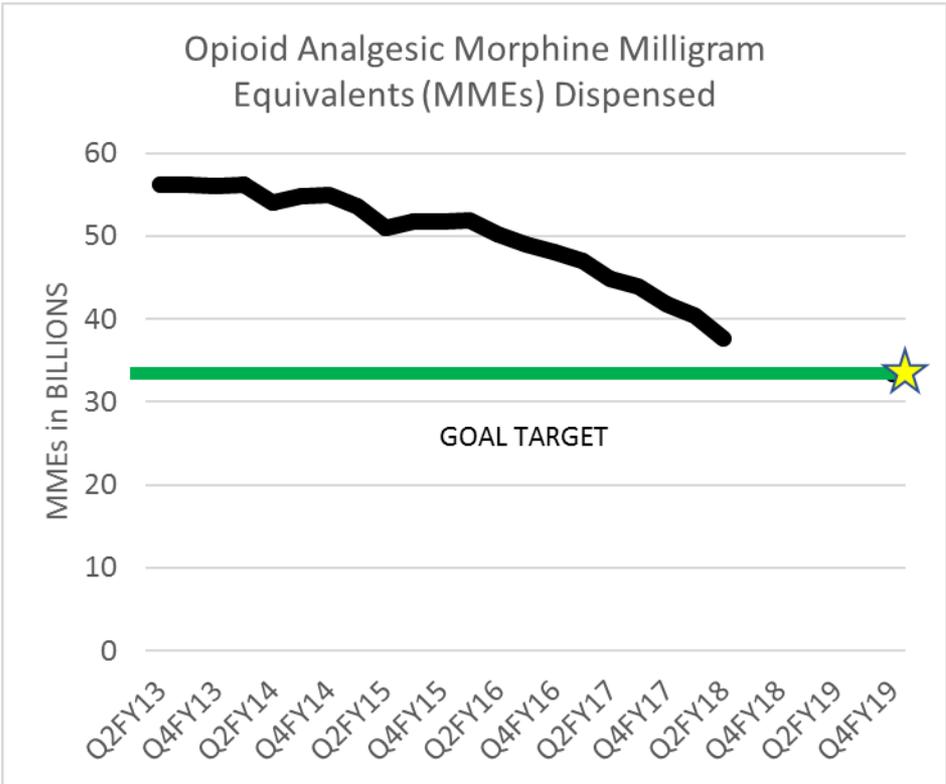
Fiscal Years 2018 Second Quarter

Indicator	Target Value	Actual Value
Total morphine milligram equivalents dispensed	39 billion	38 billion
Morphine milligram equivalents /prescription	843	847
Naloxone prescriptions	103,998	117, 989
Unique buprenorphine patients	799,412	779,743
Long-acting injectable or implantable buprenorphine prescriptions	79	64
Extended release naltrexone prescriptions	67,171	64,775

Key Indicators

- Total morphine milligram equivalents dispensed in BILLIONS

Q2FY13	56
Q3FY13	56
Q4FY13	56
Q1FY14	56
Q2FY14	54
Q3FY14	55
Q4FY14	55
Q1FY15	54
Q2FY15	51
Q3FY15	52
Q4FY15	52
Q1FY16	52
Q2FY16	50
Q3FY16	49
Q4FY16	48
Q1FY17	47
Q2FY17	45
Q3FY17	44
Q4FY17	42
Q1FY18	40
Q2FY18	38

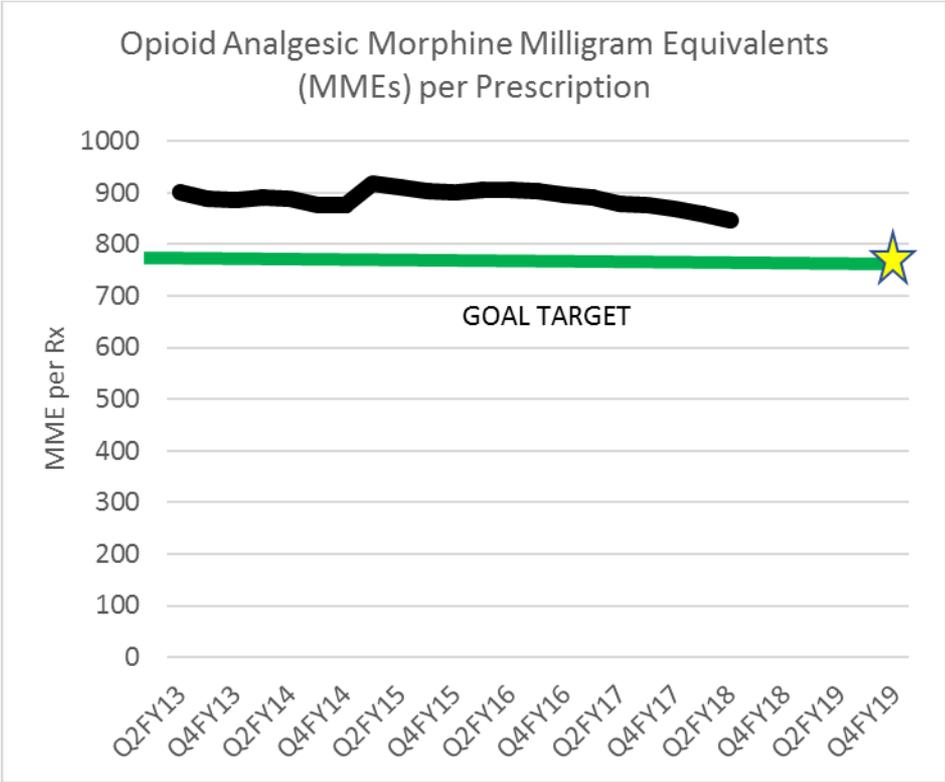


Source: IQVIA National Prescription Audit (NPA). Retrieved April 25, 2018. Note: These data are for the retail channel only and does not include the mail or long-term care channels in NPA.

Key Indicators

- Morphine milligram equivalents per prescription

Q2FY13	901.9
Q3FY13	889.5
Q4FY13	885.2
Q1FY14	890.0
Q2FY14	888.1
Q3FY14	876.5
Q4FY14	875.7
Q1FY15	917.1
Q2FY15	911.4
Q3FY15	903.6
Q4FY15	900.1
Q1FY16	906.7
Q2FY16	906.2
Q3FY16	903.5
Q4FY16	895.5
Q1FY17	892.3
Q2FY17	880.0
Q3FY17	876.1
Q4FY17	868.5
Q1FY18	860.0
Q2FY18	846.8

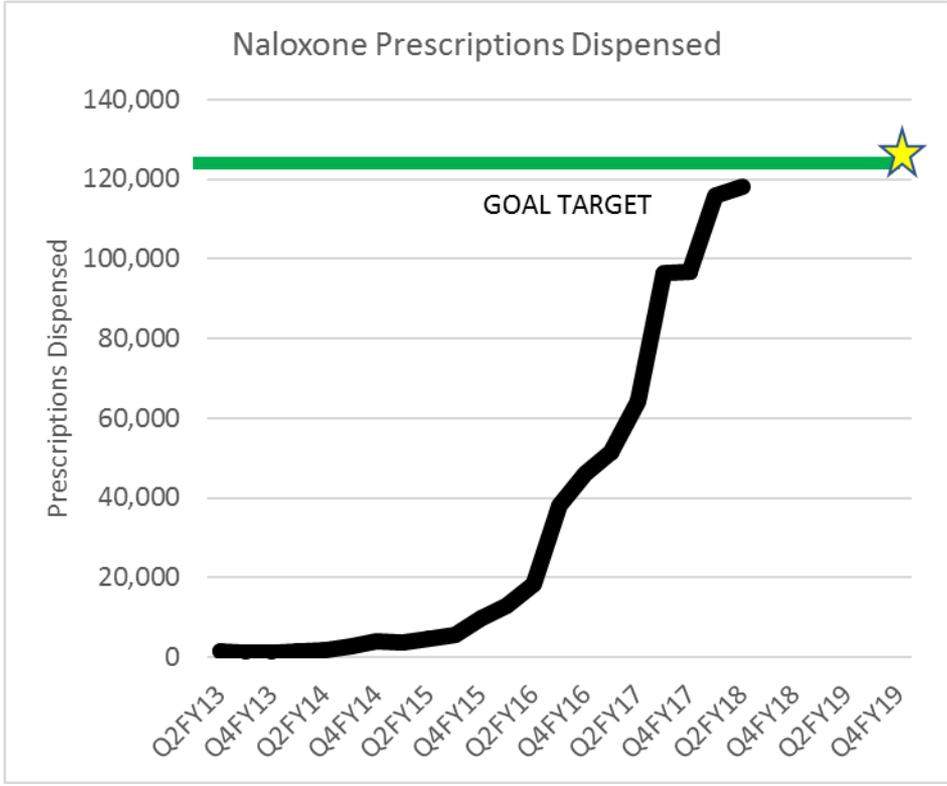


Source: IQVIA National Prescription Audit (NPA). Retrieved April 25, 2018.

Key Indicators

- Number of naloxone prescriptions dispensed

Q2FY13	1,482
Q3FY13	1,207
Q4FY13	1,134
Q1FY14	1,501
Q2FY14	1,980
Q3FY14	2,649
Q4FY14	4,040
Q1FY15	3,726
Q2FY15	4,791
Q3FY15	5,630
Q4FY15	9,948
Q1FY16	13,084
Q2FY16	18,483
Q3FY16	38,050
Q4FY16	46,113
Q1FY17	51,432
Q2FY17	64,413
Q3FY17	96,404
Q4FY17	96,742
Q1FY18	115,917
Q2FY18	117,989

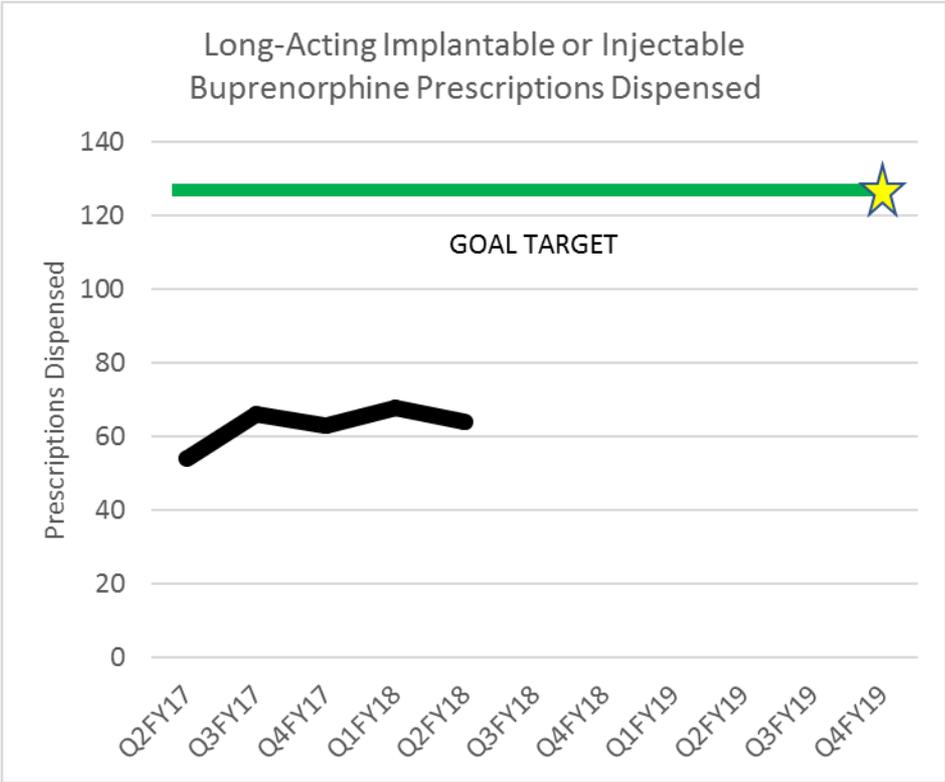


Source: IQVIA National Prescription Audit (NPA). Retrieved April 25, 2018.

Key Indicators

- Number of long-acting implantable or injectable buprenorphine prescriptions dispensed

Q2FY17	54
Q3FY17	66
Q4FY17	63
Q1FY18	68
Q2FY18	64

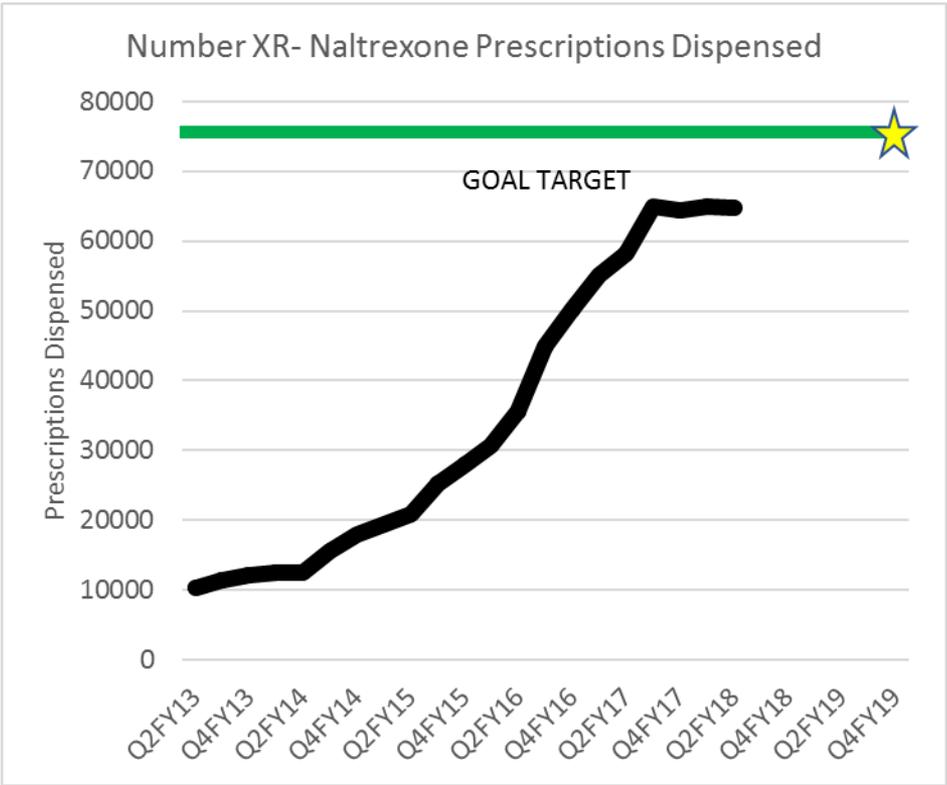


Source: IQVIA National Prescription Audit (NPA). Retrieved April 25, 2018.

Key Indicators

- Number of extended-release naltrexone prescriptions dispensed

Q2FY13	10251
Q3FY13	11442
Q4FY13	12143
Q1FY14	12438
Q2FY14	12525
Q3FY14	15687
Q4FY14	17950
Q1FY15	19350
Q2FY15	20830
Q3FY15	25286
Q4FY15	28058
Q1FY16	30758
Q2FY16	35566
Q3FY16	44877
Q4FY16	50167
Q1FY17	55155
Q2FY17	58205
Q3FY17	64864
Q4FY17	64336
Q1FY18	64982
Q2FY18	64775

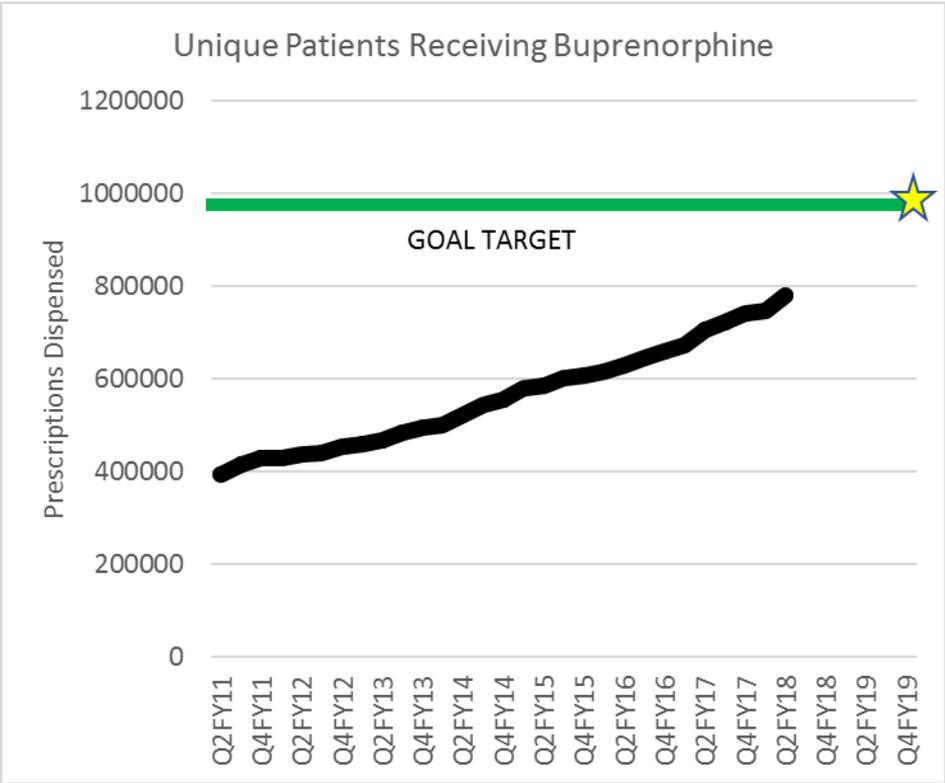


Source: IQVIA National Prescription Audit (NPA). Retrieved April 25, 2018.

Key Indicators

- Number of unique patients receiving buprenorphine

Q2FY11	393655
Q3FY11	414601
Q4FY11	427318
Q1FY12	429463
Q2FY12	435889
Q3FY12	440285
Q4FY12	452147
Q1FY13	459611
Q2FY13	466394
Q3FY13	484104
Q4FY13	495291
Q1FY14	500367
Q2FY14	521308
Q3FY14	542916
Q4FY14	553981
Q1FY15	578430
Q2FY15	585653
Q3FY15	601459
Q4FY15	607125
Q1FY16	615182
Q2FY16	629522
Q3FY16	644572
Q4FY16	657710
Q1FY17	672369
Q2FY17	706268
Q3FY17	721317
Q4FY17	739240
Q1FY18	746231
Q2FY18	779743



Source: IQVIA Total Patient Tracker. Retrieved April 25, 2018.