



Agency Priority Goal Action Plan

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 and mail service pharmacies
 - b. Decrease by 10% the morphine milligram equivalents (MME) per prescription in opioid analgesic prescriptions dispensed in U.S. outpatient retail and mail service pharmacies.
 2. Increase naloxone access:
 - a. Increase by 30% the number of prescriptions dispensed for naloxone in U.S. outpatient retail and mail service 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 service 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. 1115 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	NIH's NIDA supports a portfolio of implementation science research to improve the dissemination, use, and sustainability of evidence-based treatment of OUD.
NIH	NIH's 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	NIH's 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 Opioid Response, State Targeted Response, and Tribal Opioid 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 Opioid Response, State Targeted Response, and Tribal Opioid 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 (TTCs) and other TTCs and training and technical assistance programs ● Publication of TIP 63 “Medications for Opioid Use Disorder” and other evidence-based resources
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 Opioid Response, State Targeted Response, and Tribal Opioid Response grant funding and targeted technical assistance ● Dissemination of Best Practices from the SAMHSA Policy Lab ● Leveraging the Addiction Technology Transfer Centers (TTCs) and other TTCs and training and technical assistance programs

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	NIH's 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 Opioid Response, STR, TOR, 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 nearly \$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	NIH's 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	NIH's 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● Implementation of the new Drug Abuse Warning Network● 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	To provide scientific solutions to help end the opioid crisis, NIH's NIDA, NINDS and other Institutes are 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	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 is leading research efforts for SAMHSA. Additionally, the National Mental Health and Substance Use Policy Laboratory is working to address 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	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	NIH 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 is 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 Q3

AHRQ

- AHRQ will continue their initiative exploring how to reduce barriers and support rural primary care practices providing MAT, and in August 2018 issued 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.
- AHRQ published a Systematic Review entitled Noninvasive Nonpharmacological Treatment for Chronic Pain: A Systematic Review. The purpose of the review is to assess which noninvasive nonpharmacological treatments for common chronic pain conditions improve function.

CDC

- OPIS Surge Support: CDC activated the Cooperative Agreement for Emergency Response: Public Health Crisis Response, or OPIS Surge Support, to award funds to those affected by the opioid overdose epidemic. Supplemental Guidance was released on June 20, 2018 and state and territory work plans were due July 31st.
- “Methodologies for Estimating Rates of Opioid Prescribing” Project : In the coming months, CDC will engage in a new project to estimate “best practice” opioid prescribing in the United States. Using medical insurer claims data, we will estimate opioid prescribing rates in the US for various conditions and procedures. Using clinical guidelines and related research, we will estimate what the prescribing rate would be for various conditions and procedures if best practices were followed. Based on this information, we will calculate how much the prescribing rate for acute and chronic pain would need to change across the US population to be consistent with best practices. In June, our Board of Scientific Counselors voted to approve the formation of a workgroup of experts for this project after considering comments from the public.

Summary of Progress – FY18 Q3

CDC

- Studies Completed:
 - “Notes from the Field: Overdose Deaths Involving Carfentanil — 10 States, July 2016–June 2017,” which discusses data from SUDORS that identifies an alarming number of recent deaths involving fentanyl and fentanyl analogs in certain states. Growing outbreaks associated with fentanyl analogs are straining the capacity of medical examiner/coroner offices and public health departments and highlight the need to improve detection of fentanyl outbreaks to facilitate effective response. In addition, CDC has also issued HAN 413 related to the MMWR release, Rising Numbers of Deaths Involving Fentanyl and Fentanyl Analogs, Including Carfentanil, and Increased Usage and Mixing with Non-opioids. The HAN Update features new information about the nationwide opioid epidemic, along with updated comprehensive guidance available to prevent occupational exposure to fentanyl and fentanyl analogs by law enforcement and other emergency responders.
 - “Invasive Methicillin-Resistant Staphylococcus aureus Infections Among Persons Who Inject Drugs-Six Sites, 2005-2016,” a study that found that the proportion of invasive MRSA infections that occurred among people who inject drugs more than doubled from 2011 to 2016. For persons who inject drugs, the risk of acquiring invasive MRSA infection can be reduced through community-based comprehensive syringe services programs that provide, where legal, access to sterile equipment used to inject drugs and their safe disposal, and education on safer injection practices, wound care, and early warning signs of serious infections associated with injection drug use.

Summary of Progress – FY18 Q3

CMS

- The CMS Opioids Roadmap was published in June 2018, outlining key activities related to prevention (prescription opioid safety and non-opioid pain alternatives), treatment for opioid use disorder, and data-driven policies and activities.
- CMS approved three additional states' 1115 Medicaid demonstrations (Illinois, Pennsylvania, and Vermont) to increase access to OUD treatment and medication-assisted treatment, bringing the total up to 13 states with such demonstrations.
- CMS issued guidance to Medicaid programs in June 2018 that clarified funding options for covering services related to neonatal abstinence syndrome (NAS) and enhancing opioid-related technology (i.e., PDMPs, EHRs, and telehealth).

FDA

- 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. FDA recently completed survey collection for this project, and we are currently analyzing the survey data. FDA is also planning a survey of health care providers on the topic of professional promotion in 2019.
- FDA has an abuse-deterrent formulation (ADF) research project in progress, and proposals are due on August 6. The contract for this project will be awarded before the end of the fiscal year.
- FDA issued a draft guidance in August 2018 aimed at encouraging more widespread innovation and development of new medication-assisted treatment (MAT) drugs for opioid use disorder (OUD). The draft guidance provides a framework for the development of novel clinical endpoints acceptable to demonstrate effectiveness that could form the basis of approvals for additional MAT product or new uses for existing products. This guidance was informed by patient input, and FDA continues to engage with public stakeholders on the issues surrounding the opioid crisis. To date in 2018, FDA has conducted 8 public meetings (including workshops, advisory committees, and patient focused drug development meetings), and 8 additional public meetings are planned for the rest of 2018.

Summary of Progress – FY18 Q3

HRSA

- In June 2018, HRSA released the notice of funding opportunity for the new Rural Communities Opioid Response Planning Grants for FY 2018. In September, HRSA plans to award approximately 75 grants to rural communities as part of this funding opportunity. Successful awardees will receive up to \$200,000 for one year to develop detailed plans to implement substance use disorder prevention, treatment, and recovery interventions designed to reduce opioid overdoses among rural populations. This is part of a multi-year Rural Communities Opioid Response initiative, totaling \$130 million, aimed at supporting treatment for and prevention of substance use disorder, including opioid use disorder, among high risk rural communities.
- In June 2018, HRSA announced the availability of \$350 million in new funding to expand access to substance use disorder and mental health services at community health centers across the nation. These funds will support health centers in implementing and advancing evidence-based strategies, including expanded medication-assisted treatment services, and are expected to be awarded in September of this year.

IHS

- IHS developed and implemented comprehensive multi-level training to address the opioid epidemic including:
 - A program to educate non-prescribing clinicians on the fundamentals of pain management and safe opioid prescribing.
 - A community-level opioid tutorial for non-healthcare providers including health system support staff, community members, school staff, and first responders.
- IHS launched a new website located at www.ihs.gov/opioids that includes information surrounding effective pain management and the opioid epidemic for AI/AN populations.
- IHS developed a comprehensive and culturally adapted neonatal abstinence syndrome guideline to improve screening, detection, and referral to treatment for pregnant and parenting individuals. next session is scheduled for September 2018.

Summary of Progress – FY18 Q3

NIH

- HEAL Initiative: NIH is continuing to solicit and support cutting-edge research through its 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. Research foci include basic science of the complex neurological pathways involved in pain and addiction, implementation science to develop and test treatment models, and research to integrate behavioral interventions with Medication-Assisted Treatment (MAT) for opioid use disorder (OUD).
 - The HEAL research plan has identified detailed research opportunities to: expand therapeutic options for opioid addiction, overdose prevention, and reversal; enhance treatments for infants with Neonatal Abstinence Syndrome/Neonatal Opioid Withdrawal Syndrome; optimize effective treatment strategies for opioid addiction; understand the biological underpinnings of chronic pain; accelerate the discovery and pre-clinical development of non-addictive treatments for pain; and advance new non-addictive treatments for pain through the clinical pipeline. Funding opportunities have begun to be announced across these domains.
 - HEAL coordinates specific expertise across NIH Institutes and Centers to address research to the multifaceted challenges of both pain and addiction.
- The HEALing Communities Study: Planning is underway for a large-scale study to test the immediate impact of implementing an integrated set of evidence-based interventions to prevent and treat opioid misuse and Opioid Use Disorders (OUD) within highly affected communities. (SEE COLLABORATIVE MILESTONES). The notice of intent to publish was issued in July 2018.

Summary of Progress – FY18 Q3

OASH

- Pain Management Best Practices Inter-Agency Task Force (Task Force): 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 clinical best practices for managing chronic and acute pain. The inaugural public meeting of the Task Force was convened on May 30-31, 2018. The Task Force discussed the intersections of mental health, addiction, and pain and emphasized that these conditions are not synonymous. Task Force subcommittees are currently meeting to develop recommendations. It is anticipated that the second Task Force meeting will be held in Fall 2018.
- 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. For example, the Professional Education and Training Subcommittee plans to work with accreditation organizations to identify paths for educating health care professionals in ways that help reduce opioid misuse.

Summary of Progress – FY18 Q3

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 support of training and education, on May 25, 2018, SAMHSA announced the availability of funding for the three-year Provider's Clinical Support System – Universities grant program. The purpose of this program is to expand/enhance access to medication-assisted treatment (MAT) services for persons with an opioid use disorder (OUD) seeking or receiving MAT through ensuring the education and training of students in the medical, physician assistant and nurse practitioner fields. SAMHSA anticipates funding up to 24 grants for up to \$150,000 annually.
- In June 2018, SAMHSA released the updated Opioid Overdose Prevention Toolkit. This toolkit offers strategies to health care providers, communities, and local governments for developing practices and policies to help prevent opioid-related overdoses and deaths.
- In May 2018, SAMHSA announced the availability of funding for Targeted Capacity Expansion: Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA). This new cohort of MAT-PDOA grants expands eligibility beyond states to public and private non-profit organizations and tribes and tribal organizations. The focus remains on states with the highest rates of primary treatment admissions for heroin and opioids per capita and includes those with the most dramatic increases for heroin and opioids, as identified by SAMHSA's 2015 Treatment Episode Data Set.
- In June 2018, SAMHSA announced the availability of \$930 million in funding for the State Opioid Response grants. The purpose of these grants is to increase access to MAT as well as prevention and recovery support services through awards to states and territories via formula.

Summary of Progress – FY18 Q3

SAMHSA

- In June 2018, SAMHSA announced the availability of funding for Tribal Opioid Response (TOR) grants. The purpose of these grants is to address the opioid crisis in tribal communities by increasing access to culturally appropriate and evidence-based treatment, including medication-assisted treatment (MAT).
- SAMHSA has awarded the Community-Based Coalition Enhancement Grants to Address Local Drug Crises to 55 grantees. Also, SAMHSA has released additional funding announcements for a variety of opioid-related funding opportunities: Strategic Prevention Framework-Partnerships for Success, Improving Access to Overdose Treatment, State Opioid Response Grants.
- SAMHSA's Policy Lab conducted a survey of newly DATA-waivered providers to assess current buprenorphine prescribing trends and barriers and incentives to prescribing. The results have been submitted to *Addiction* and are under review. The Policy Lab is getting ready to launch a survey of Opioid Treatment Programs to assess current practices and barriers.
- SAMHSA is formally working as a partner with NIH on their HEALing Communities Study and has been actively participating in study planning.
- SAMHSA continues to engage with USDA and DOJ to advance efforts related to rural opioid use disorder prevention and treatment.

Collaborative Milestones

- HEALing Communities: NIH/NIDA, in collaboration with SAMHSA, will support the HEALing Communities Study, which will test the immediate impact of implementing an integrated set of evidence-based interventions across healthcare, behavioral health, justice, and other community-based settings to prevent and treat opioid misuse and Opioid Use Disorders (OUD) within highly affected communities. Highly affected communities of interest could include counties, neighborhoods, or some other justifiable geographic areas, within states that are burdened with higher than average rates of overdose mortality and opioid-related morbidity, and other complications. The integrated set of evidence-based prevention and treatment interventions should be designed to achieve the following goals: reduce overdose fatalities, and events; decrease the incidence of OUD; and increase the number of individuals receiving medication-assisted treatment, retained in treatment beyond 6 months, and receiving recovery support services compared to baseline.
- National Academies Study of MAT: NIH, in collaboration with SAMHSA, will support a study of the evidence base on medication-assisted treatment (MAT) for opioid use disorder (OUD) under the auspices of the National Academies of Sciences, Engineering, and Medicine to facilitate the dissemination of accurate patient-focused information about treatments for addiction, and to help provide scientific solutions to the current opioid crisis.

Collaborative Milestones

- The HHS Behavioral Health Coordinating Council (BHCC) Activities: The BHCC is co-chaired by the Assistant Secretary for Health and the Assistant Secretary for Mental Health and Substance Use. It is a coordinating body consisting of HHS Operating Divisions and Staff Divisions that provides guidance and recommendations on HHS behavioral health issues, including those relevant to opioid use.
 - The Integrated Behavioral Health and Primary Care Subcommittee is focused on advancing telemedicine and Medication-Assisted Treatment and is developing additional guidance for providers and grantees. Supplemental funding was awarded to health centers to expand access to mental health services, and substance abuse services by focusing on the treatment, prevention, and awareness of opioid abuse.
 - Protecting Our Infants Act Strategy : The Opioids and Controlled Substances Subcommittee is implementing a work plan for the Protecting Our Infants Act Strategy. This subcommittee is also drafting a report to Congress under the Ensuring Patient Access and Effective Drug Enforcement Act of 2016. The report to Congress will address obstacles to legitimate patient access to controlled substances; issues with diversion of controlled substances; how collaboration between federal, state, and tribal law enforcement agencies and the pharmaceutical industry can benefit patients and prevent diversion and misuse of controlled substances; the availability of medical education, training opportunities, and comprehensive clinical guidance for pain management and opioid prescribing, and any gaps that should be addressed; beneficial enhancements to state prescription drug monitoring programs; and, steps to improve reporting requirements.

Key Indicators : Fiscal Year 2018 Third Quarter (Through June 2018)

Indicator	Target Value Q3FY18	Actual Value Q3FY18	Final Target Value FY19
Total morphine milligram equivalents dispensed	34 billion	34 billion	29 billion
Morphine milligram equivalents /prescription	765	765	715
Naloxone prescriptions	97,374	165,446	113,785
Unique buprenorphine patients	644,810	652,647	736,926
Long-acting injectable or implantable buprenorphine prescriptions	87	633	126
Extended release naltrexone prescriptions	70,368	70,523	75,677

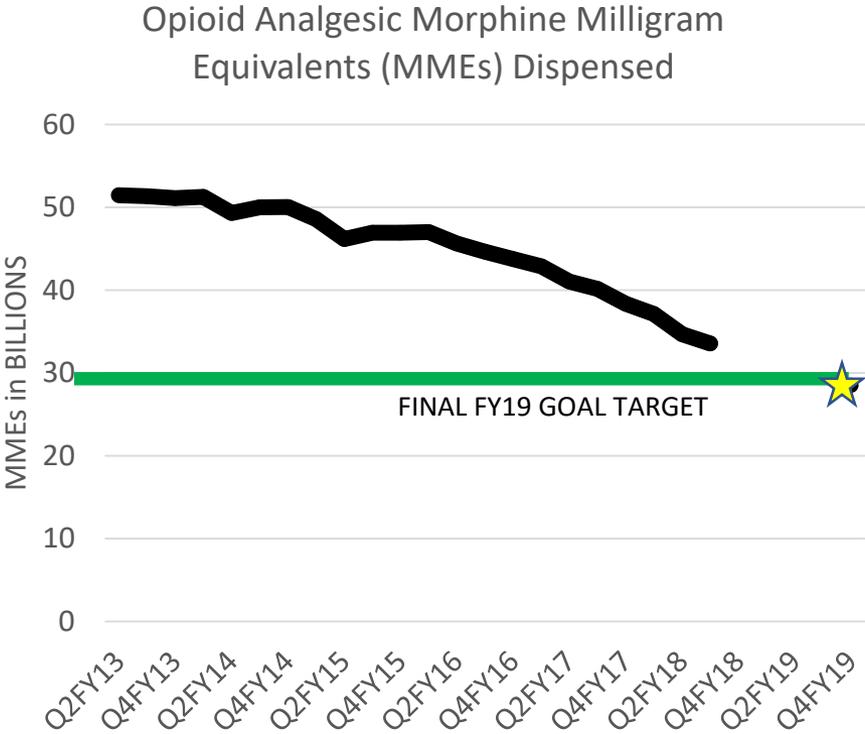


All Q3 Targets Met or Exceeded

Key Indicators

- Total morphine milligram equivalents dispensed in BILLIONS

Q2FY13	51
Q3FY13	51
Q4FY13	51
Q1FY14	51
Q2FY14	49
Q3FY14	50
Q4FY14	50
Q1FY15	49
Q2FY15	46
Q3FY15	47
Q4FY15	47
Q1FY16	47
Q2FY16	46
Q3FY16	45
Q4FY16	44
Q1FY17	43
Q2FY17	41
Q3FY17	40
Q4FY17	38
Q1FY18	37
Q2FY18	35
Q3FY18	34

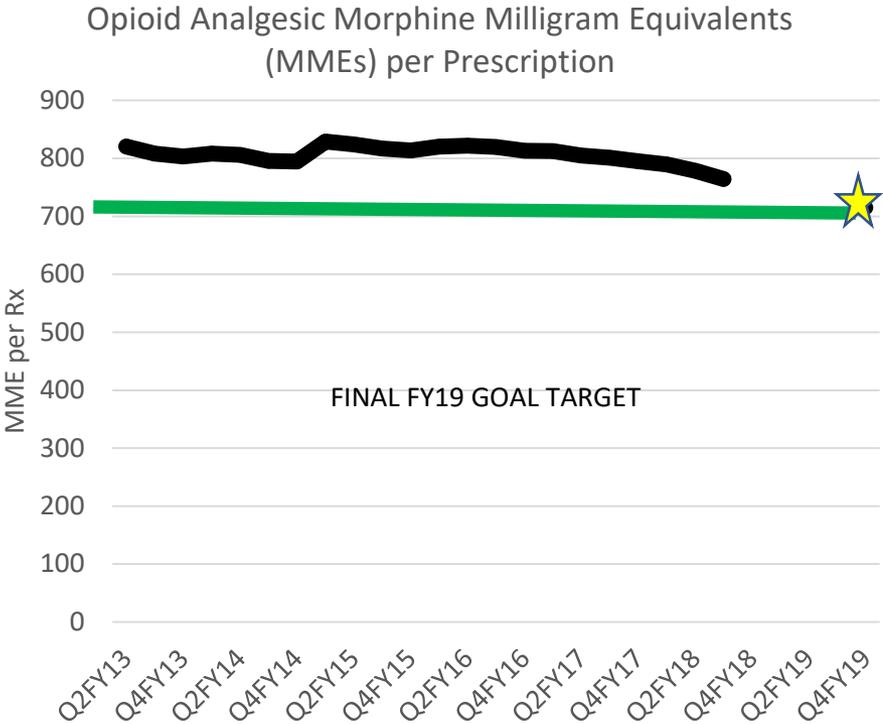


Source: IQVIA National Prescription Audit (NPA). Retrieved August 6, 2018. Note: These data are for the retail and mail service channels only and do not include the long-term care channel in NPA.

Key Indicators

- Morphine milligram equivalents per prescription

Q2FY13	820
Q3FY13	808
Q4FY13	803
Q1FY14	808
Q2FY14	806
Q3FY14	795
Q4FY14	794
Q1FY15	829
Q2FY15	824
Q3FY15	817
Q4FY15	813
Q1FY16	820
Q2FY16	822
Q3FY16	820
Q4FY16	813
Q1FY17	813
Q2FY17	805
Q3FY17	801
Q4FY17	795
Q1FY18	790
Q2FY18	779
Q3FY18	765

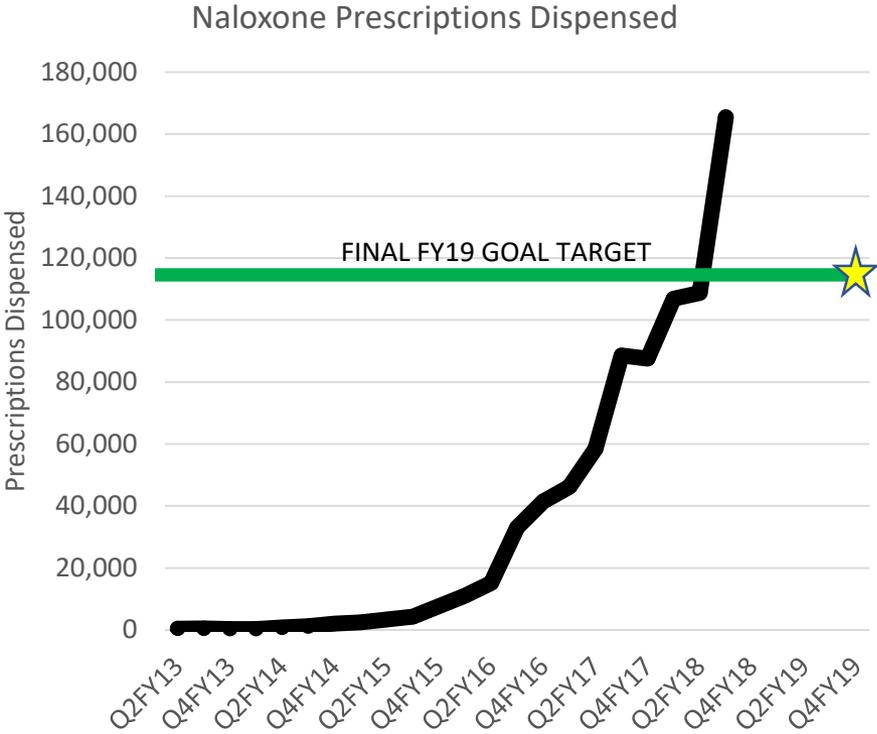


Source: IQVIA National Prescription Audit (NPA). Retrieved August 6, 2018. Note: These data are for the retail and mail service channels only and do not include the long-term care channel in NPA.

Key Indicators

- Number of naloxone prescriptions dispensed

Q2FY13	436
Q3FY13	464
Q4FY13	352
Q1FY14	340
Q2FY14	798
Q3FY14	1,269
Q4FY14	2,048
Q1FY15	2,490
Q2FY15	3,343
Q3FY15	4,295
Q4FY15	7,687
Q1FY16	11,056
Q2FY16	15,170
Q3FY16	33,050
Q4FY16	41,493
Q1FY17	46,218
Q2FY17	58,473
Q3FY17	88,607
Q4FY17	87,527
Q1FY18	106,864
Q2FY18	108,702
Q3FY18	165,446

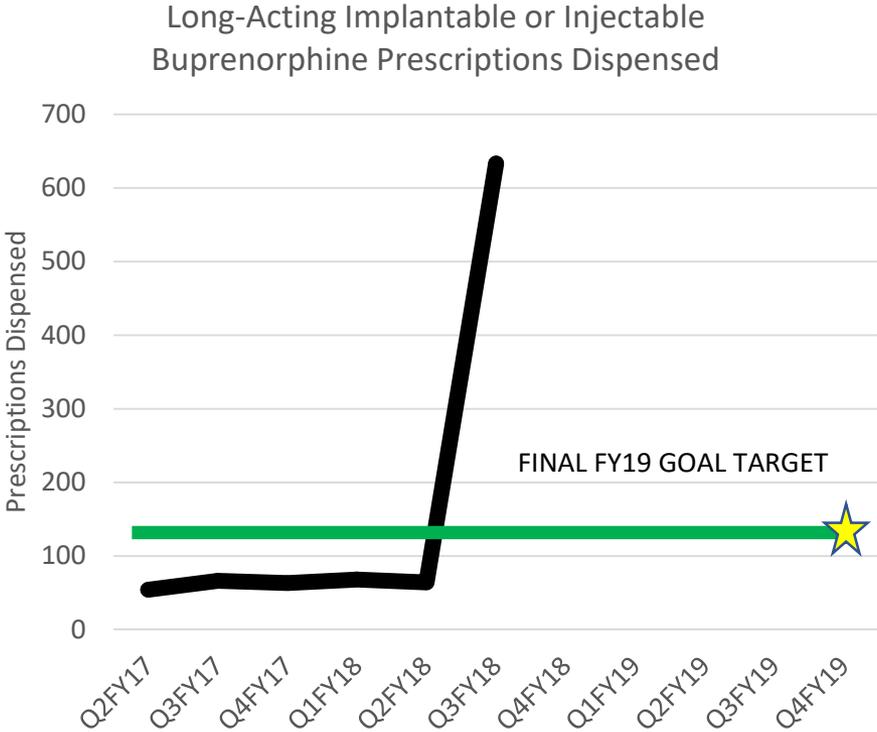


Source: IQVIA National Prescription Audit (NPA). Retrieved August 6, 2018. Note: These data are for the retail and mail service channels only and do not include the long-term care channel in NPA.

Key Indicators

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

Q2FY17	54
Q3FY17	66
Q4FY17	63
Q1FY18	68
Q2FY18	64
Q3FY18	633

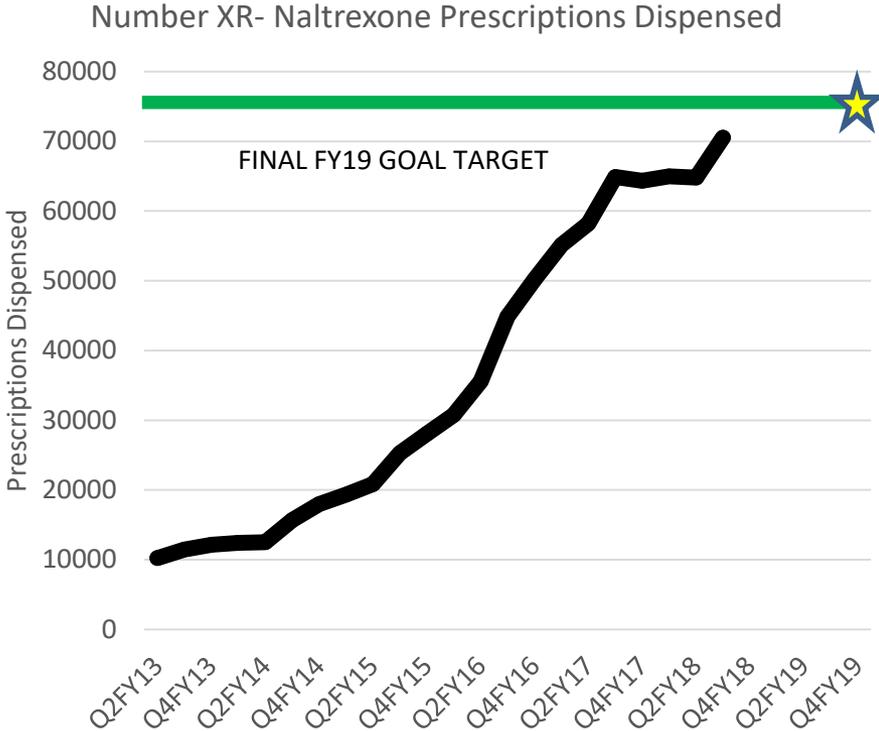


Source: IQVIA National Prescription Audit (NPA). Retrieved August 6, 2018.

Key Indicators

- Number of extended-release naltrexone prescriptions dispensed

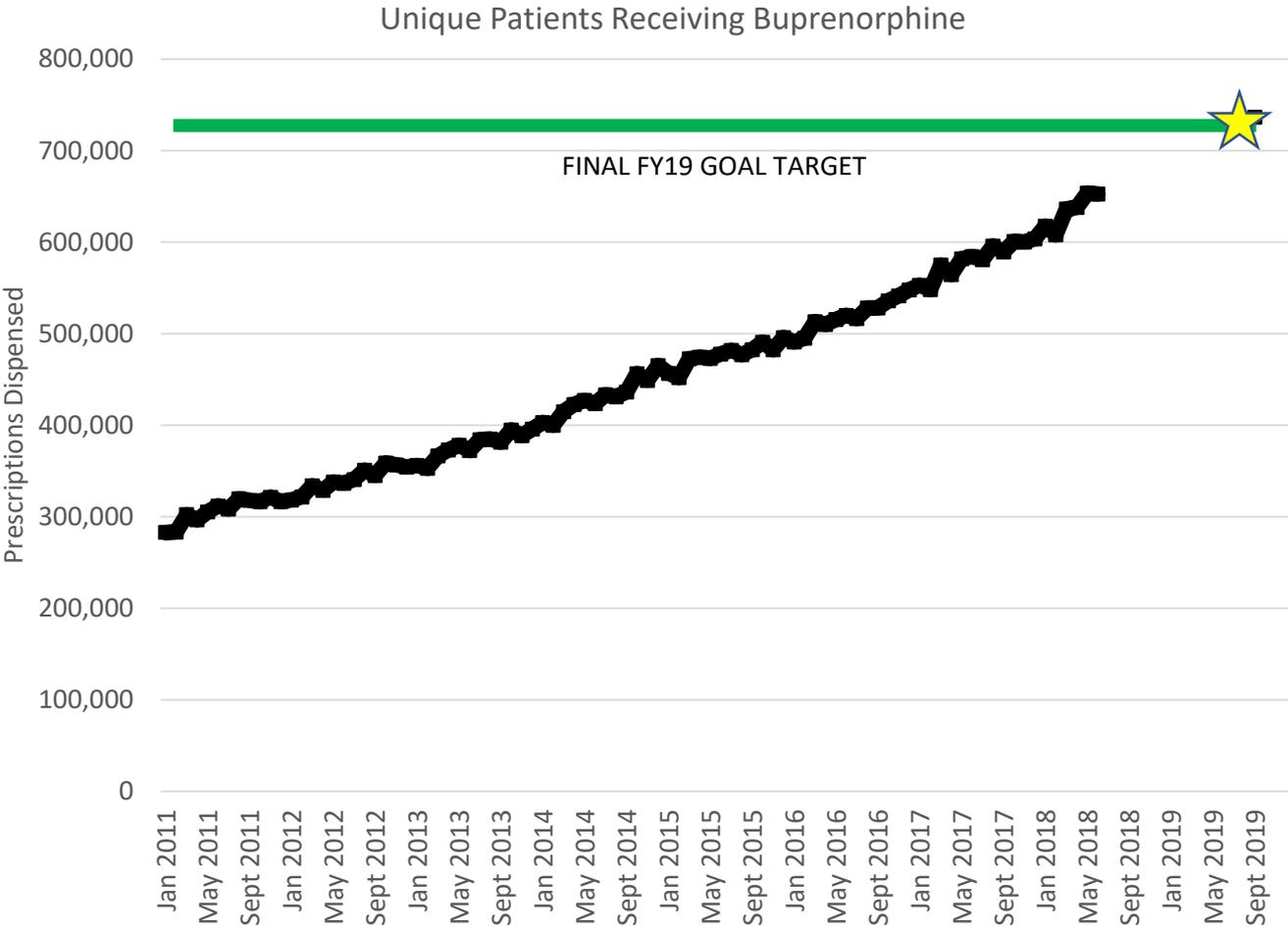
Q2FY13	10251
Q3FY13	11442
Q4FY13	12143
Q1FY14	12438
Q2FY14	12525
Q3FY14	15687
Q4FY14	17950
Q1FY15	19350
Q2FY15	20830
Q3FY15	25286
Q4FY15	28058
Q1FY16	30758
Q2FY16	35566
Q3FY16	44877
Q4FY16	50167
Q1FY17	55155
Q2FY17	58205
Q3FY17	64864
Q4FY17	64336
Q1FY18	64982
Q2FY18	64775
Q3FY18	70523



Source: IQVIA National Prescription Audit (NPA). Retrieved August 6, 2018.

Key Indicators

- Number of unique patients receiving buprenorphine



Source: IQVIA Total Patient Tracker. Retrieved August 6, 2018. Note: TPT includes retail pharmacies only.

Key Indicators

- Number of unique patients receiving buprenorphine (data corresponds to previous graph)

Jan 2011	282,680
Feb 2011	283,300
Mar 2011	302,040
Apr 2011	296,566
May 2011	305,417
Jun 2011	311,831
Jul 2011	308,334
Aug 2011	319,571
Sept 2011	318,070
Oct 2011	316,515
Nov 2011	321,562
Dec 2011	316,717
Jan 2012	318,348
Feb 2012	321,878
Mar 2012	334,109
Apr 2012	328,860
May 2012	337,959
Jun 2012	336,796
Jul 2012	340,684
Aug 2012	351,043
Sept 2012	345,196
Oct 2012	358,867
Nov 2012	356,973
Dec 2012	354,349

Jan 2013	356,217
Feb 2013	352,937
Mar 2013	366,672
Apr 2013	373,084
May 2013	378,073
Jun 2013	372,525
Jul 2013	384,455
Aug 2013	385,154
Sept 2013	381,482
Oct 2013	394,861
Nov 2013	388,896
Dec 2013	395,822
Jan 2014	403,103
Feb 2014	400,008
Mar 2014	415,101
Apr 2014	422,673
May 2014	427,300
Jun 2014	423,909
Jul 2014	433,507
Aug 2014	431,412
Sept 2014	436,368
Oct 2014	456,588
Nov 2014	448,999
Dec 2014	465,204

Jan 2015	456,933
Feb 2015	451,952
Mar 2015	472,956
Apr 2015	474,673
May 2015	473,289
Jun 2015	477,787
Jul 2015	482,037
Aug 2015	477,343
Sept 2015	482,757
Oct 2015	490,729
Nov 2015	482,648
Dec 2015	495,938
Jan 2016	491,135
Feb 2016	495,341
Mar 2016	513,216
Apr 2016	510,109
May 2016	515,682
Jun 2016	520,109
Jul 2016	516,827
Aug 2016	528,396
Sept 2016	528,292
Oct 2016	536,006
Nov 2016	541,688
Dec 2016	547,869

Jan 2017	553,127
Feb 2017	548,236
Mar 2017	575,146
Apr 2017	564,749
May 2017	581,884
Jun 2017	584,361
Jul 2017	581,082
Aug 2017	596,044
Sept 2017	589,541
Oct 2017	600,979
Nov 2017	600,495
Dec 2017	603,720
Jan 2018	617,767
Feb 2018	608,144
Mar 2018	636,506
Apr 2018	638,064
May 2018	653,986
Jun 2018	652,647

Source: IQVIA Total Patient Tracker. Retrieved August 6, 2018. Note: TPT includes retail pharmacies only.