



Via Electronic Submission to: NIDAStrategicPlan@nida.nih.gov

August 7, 2020

NIDA Strategic Planning Team
National Institute on Drug Abuse
6001 Executive Blvd.
Rockville, MD 20852

**Re: Request for Information (RFI): Inviting Input on NIDA's Strategic Plan for 2021-2025
(Notice Number: NOT-DA-20-059)**

Dear Members of NIDA's Strategic Planning Team:

The American Pharmacists Association (APhA) appreciates the opportunity to comment on the National Institute on Drug Abuse's (NIDA) Strategic Plan for Fiscal Years (FYs) 2021-2025. Founded in 1852, APhA represents pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians, and others interested in improving medication use and advancing patient care. APhA members provide care in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and the uniformed services.

APhA supports NIDA's mission to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health. We believe that NIDA's Strategic Plan for FYs 2021-2025 is comprehensive and addresses the highest priority areas for research, including:

- Identifying and Developing Approaches to Reduce Stigma
- Identifying and Developing Approaches to Reduce Health Disparities
- Understanding Sex/Gender Differences
- Understanding the Interactions Between Substance Use, HIV, and other Co-occurring Conditions, including COVID-19

We offer the following specific comments on the Strategic Plan outline:

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

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

APhA Comments on Goal 3: Action 3.1

Research Focused on the Role of Pharmacists in Screening, Recommending and Monitoring Treatments, and Caring for Patients with Opioid Use Disorder

As NIDA considers supporting research to scale up application of tested interventions that include screening, harm reduction approaches, and collaborative care models, APhA urges NIDA to focus on the impact that a variety of health care professionals, including pharmacists, can have in preventing opioid misuse and abuse, and treating and monitoring patients with opioid use disorder (OUD).

Pharmacists are important providers on the patient's health care team and play a critical role in all facets of acute and chronic pain care management, including prescribing, as authorized; medication management; dispensing; and counseling on both opioid and non-opioid pain medications, as well as talking to patients about nonpharmacologic therapies.

As medication experts, pharmacists are uniquely qualified to provide opioid stewardship, medication-assisted treatment (MAT) for OUD and medication management services¹ including comprehensive medication management, dose optimization, appropriate tapering of opioids and other pain medications, and education on safe storage and disposal methods. In addition, pharmacists aid opioid overdose reversal efforts by furnishing naloxone and training patients and community members on its use.

Supporting research into pharmacists' roles in screening, recommending and monitoring treatments, and caring for patients with acute and chronic pain and/or OUD, as well as pharmacists' inclusion in collaborative care models, will add to the evidence base supporting access to, and sustainability of these critical pharmacists' services. In addition, APhA believes it would be helpful for NIDA to research how payment alignment among health care professionals, including pharmacists, can support broadscale adoption of evidence-based patient care models.

NIDA should also consider supporting research on the impact of prescription drug monitoring programs (PDMPs) on providing health care professionals, including pharmacists, with accurate and real-time information to assist in clinical decision making when providing patient care services related to controlled substances and medications for OUD, as well as the impact of PDMPs in helping to identify and prevent drug misuse, abuse, and/or diversion.

¹ Joint Commission of Pharmacy Practitioners (JCPP). (March 2018). Medication Management Services (MMS) Definition and Key Points. Retrieved on Aug. 5, 2020 from <https://jcphp.net/wp-content/uploads/2018/05/Medication-Management-Services-Definition-and-Key-Points-Version-1.pdf>

Harm Reduction

APhA recommends that NIDA support research that evaluates pharmacists' role in harm reduction. Ninety percent of all Americans live within five miles of a community pharmacy.² As the most accessible health care provider, pharmacists are well-positioned to assist patients by implementing proven harm reduction approaches. For example, pharmacists in all 50 states have the ability to furnish naloxone to patients without a prescription from a physician. This allows them to proactively identify and provide naloxone to patients who may be at higher risk for an opioid overdose. In order to make naloxone even more readily available to patients, APhA recommends that NIDA support research on data-driven interventions to monitor, sustain, and increase naloxone co-prescribing and co-dispensing. It would also be helpful for NIDA to support research into best practices for counseling patients, friends, and family members about naloxone in order to obtain buy-in for its receipt and use to prevent opioid-related overdose deaths.

In addition to naloxone, APhA recommends that NIDA study the benefits of making other evidence-based harm reduction methods, such as fentanyl testing strips and syringe access programs, available to patients at their local community pharmacies.

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

- Action 3.2: Identify ways to enhance integrating prevention, treatment, and recovery support services into general medical care and other settings, including justice settings

APhA Comments on Goal 3: Action 3.2

APhA supports research into ways to enhance integrating prevention, treatment, and recovery support services into general medical care and other settings, including, where applicable, pharmacists' services.

Justice Settings

As NIDA knows, 65% of the United States prison population has an active substance use disorder (SUD).³ Evidence shows that providing comprehensive SUD treatment to inmates is effective in reducing both drug use and crime upon release from prison.⁴ APhA believes that criminal justice settings have an ethical and legal imperative to screen, offer, and sustain care with all medication-assisted treatments (MAT) for OUD. APhA recommends that NIDA continue to support the NIH's HEAL (Helping to End Addiction Long-Term) Initiative and the Justice Community Opioid Innovation Network (JCOIN), which are studying approaches to increase high-quality care for people with opioid misuse and OUD in justice settings. As part of

² NCPDP Pharmacy File, ArcGIS Census Tract File. NACDS Economics Department.

³ NIDA. 2020, June 16. Criminal Justice DrugFacts. Retrieved on Aug. 5, 2020 from <https://www.drugabuse.gov/publications/drugfacts/criminal-justice>

⁴ Id.

this research, NIDA should study the contributions of pharmacists in the treatment of incarcerated patients with SUD and OUD.

In addition, APhA supports research into the effectiveness of drug courts or other evidence-based mechanisms to provide alternate pathways within the criminal justice system for the treatment and rehabilitation of individuals who are charged with drug-related offenses and who have substance use or other related medical disorders.

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

- Action 3.3: 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

APhA Comments on Goal 3: Action 3.3

Health Disparities

In June, APhA joined 13 pharmacy organizations in issuing a joint statement on racial injustice, pledging to work together to provide opportunities to address health care disparities and strengthen affected communities.⁵ Studies show that low-income and minority patients with OUD face disparities in accessing appropriate treatment. Accordingly, APhA supports NIDA funding of research to 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 SUD. Geographic and racial inequities of addiction care can be addressed by promoting widespread pharmacist prescribing, dispensing, management, and administration of medications for OUD, especially buprenorphine.

Addressing Stigma

Stigma associated with SUD and OUD has a significant impact on health equity. According to the Office of National Drug Control Policy (ONDCP), nearly 89% of the estimated 20.2 million Americans who met the criteria for SUD in 2018 did not receive specialized treatment for their condition.⁶

The consequences of stigma are tragic and far-reaching. It contributes to low rates of diagnosis, reduces access to quality treatment options, and — through social isolation and low self-esteem

⁵ National Pharmacy Organizations Unite to Take a Stand Against Racial Injustice (June 2020). Retrieved on Aug. 5, 2020 from

https://nationalpharmaceuticalassociation.org/resources/Documents/Pharmacists_RacialInjustice_V2.pdf

⁶ Office of National Drug Control Policy. (Feb. 2020). National Treatment Plan for Substance Use Disorder 2020. Retrieved on Aug. 5, 2020 from <https://www.whitehouse.gov/wp-content/uploads/2020/02/2020-NDCS-Treatment-Plan.pdf>

for those addicted — makes the road to stable recovery much more difficult. For these reasons, APhA supports NIDA directing additional research into approaches to reduce stigma and improve access to SUD/OD treatment.

Conclusion

APhA would welcome the opportunity to serve as a resource to NIDA on its important work and looks forward to collaborating with the Institute and other health professionals and stakeholders to curb opioid use disorder. If you have any questions or need additional information, please contact Karin Bolte, Director of Health Policy, at kbolte@aphanet.org or (301) 648-0673.

Sincerely,

A handwritten signature in cursive script that reads "Ilisa BG Bernstein".

Ilisa BG Bernstein, PharmD, JD, FAPhA
Senior Vice President, Pharmacy Practice and Government Affairs