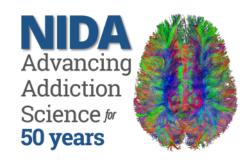


Providing Scientific Solutions to the Opioid & Overdose Crisis

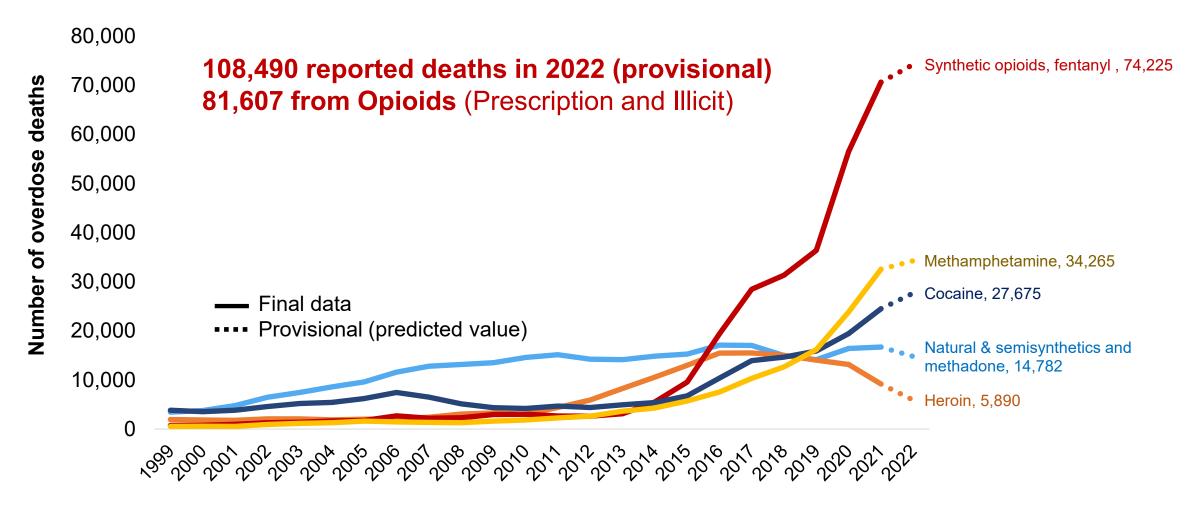
Nora D. Volkow M.D. Director





Evolution of Drivers of Overdose Deaths, All Ages

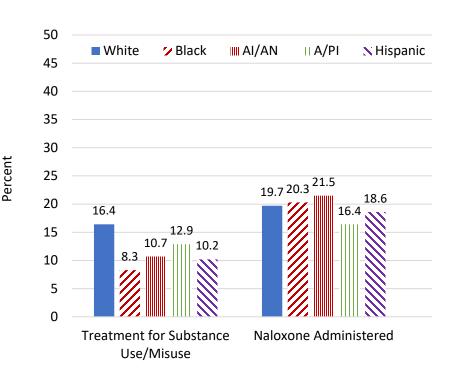
Analgesics → Heroin → Fentanyl → Stimulants



Note: Final and provisional data cannot be compared because some states have not reported final data. Numbers of deaths reported here are from the CDC multiple cause of death files and represent deaths in US residents, whereas other provisional data may include all overdose deaths in the US including those in foreign residents. Provisional data is included here to provide an estimate of what the final data may show. **Source**: The Multiple Cause of Death data are produced by the Division of Vital Statistics, NCHS, CDC, US DHHS.

Implementation Science

Drug Overdose Deaths: 2019–2020



NIDA Clinical Trials Network



HEALTHCARE

Effectiveness of treatments in diverse clinical settings and populations

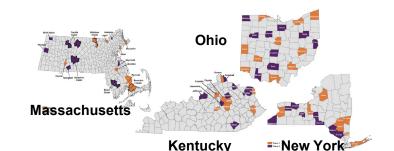


Build Evidence for OUD treatment in justice populations



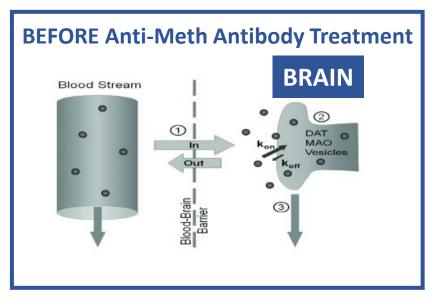
JUSTICE

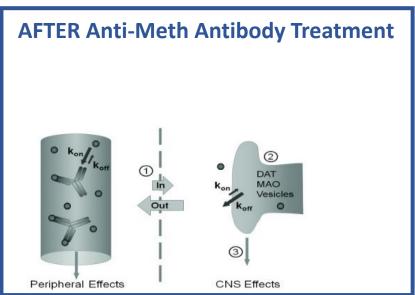
HEAL Healing Communities Study

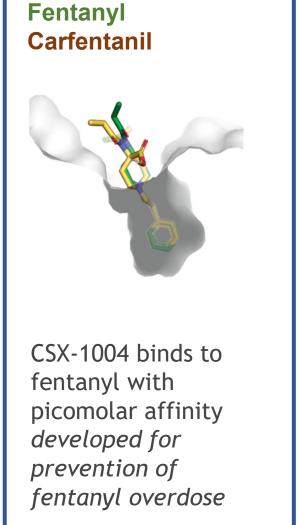


COMMUNITIES

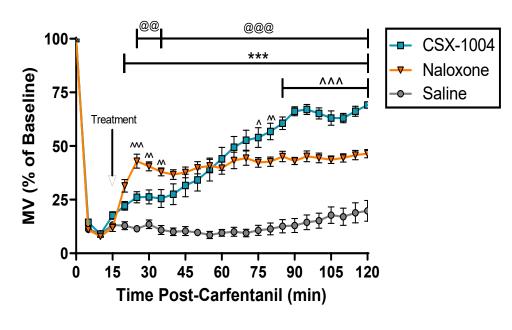
Medications Development: Immunotherapies







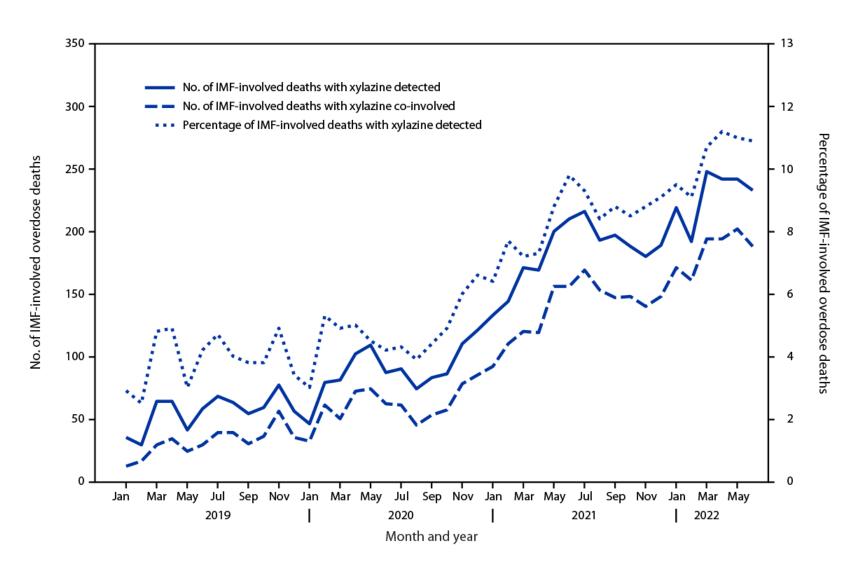
Cessation Therapeutics
Announces FDA Authorization
for First-in-Human Clinical
Trial of Antibody for
Prevention of Fentanyl
Overdose Trial to start August of 2023



www.cessationtherapeutics.com/media 27 July 2023

Co-Involvement of Emerging Drug, Xylazine, and Fentanyl

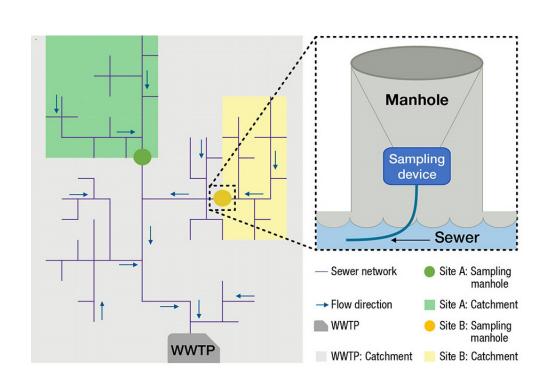
- Number and percentage of drug overdose deaths involving illicitly manufactured fentanyls.
- By month and xylazine detection or co-involvement
- State Unintentional Drug
 Overdose Reporting System, 21
 jurisdictions,
 January 2019–June 2022.

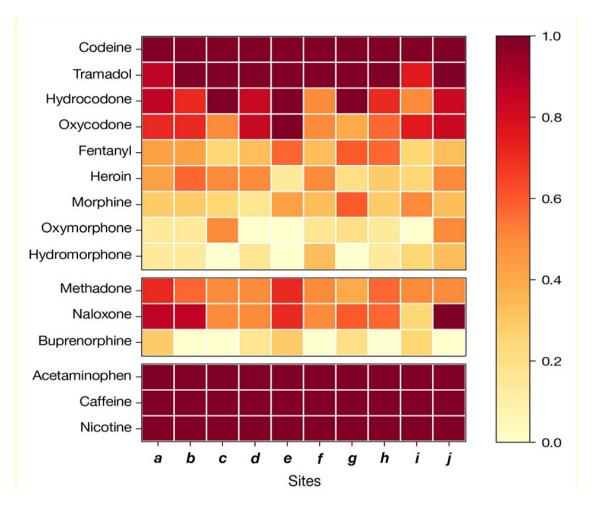


O'Donnell, et al., (2023) MMWR Morb Mortal Wkly Rep.

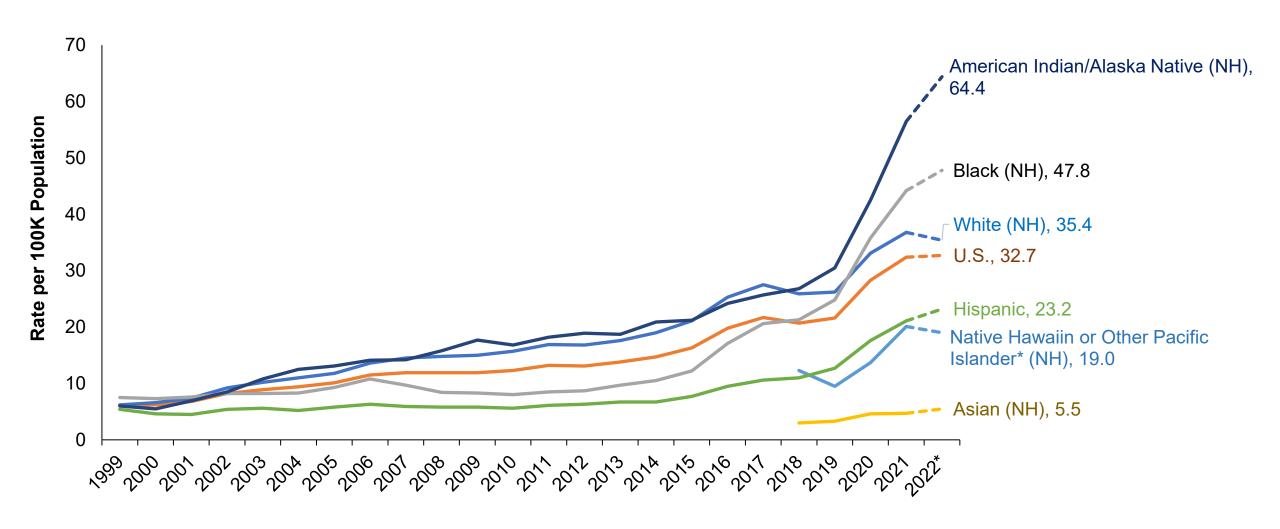
Translational Science

Drug Exposures in the Community Can Be Measured Using Wastewater





Drug Overdose Death Rates by Race/Ethnicity



Native Collective Research Effort to Enhance Wellness

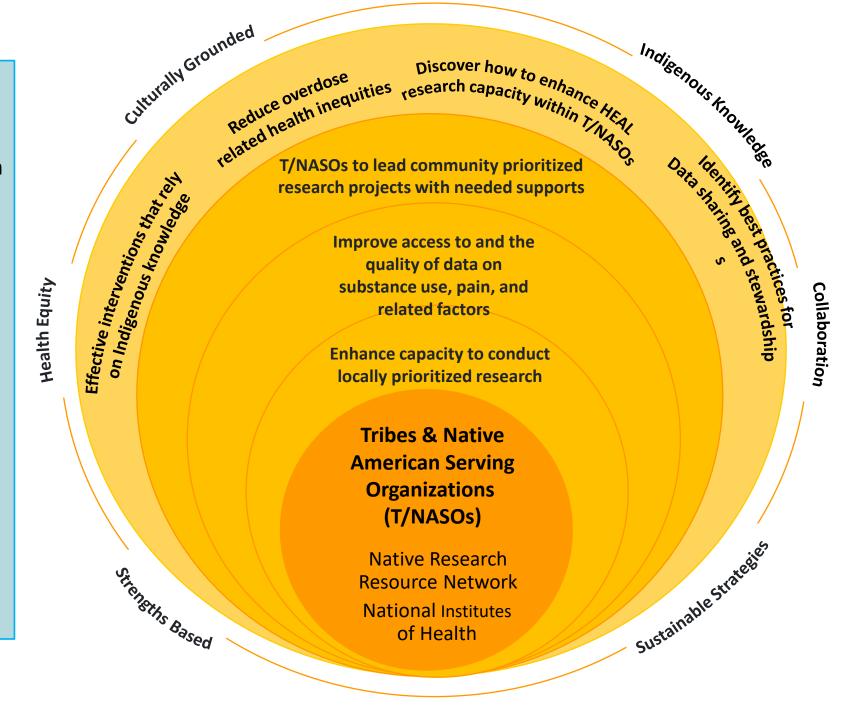
(N CREW): Addressing Overdose, Substance Use, Mental Health, & Pain

Phase I Development and Planning FY24-25 \$~25 million

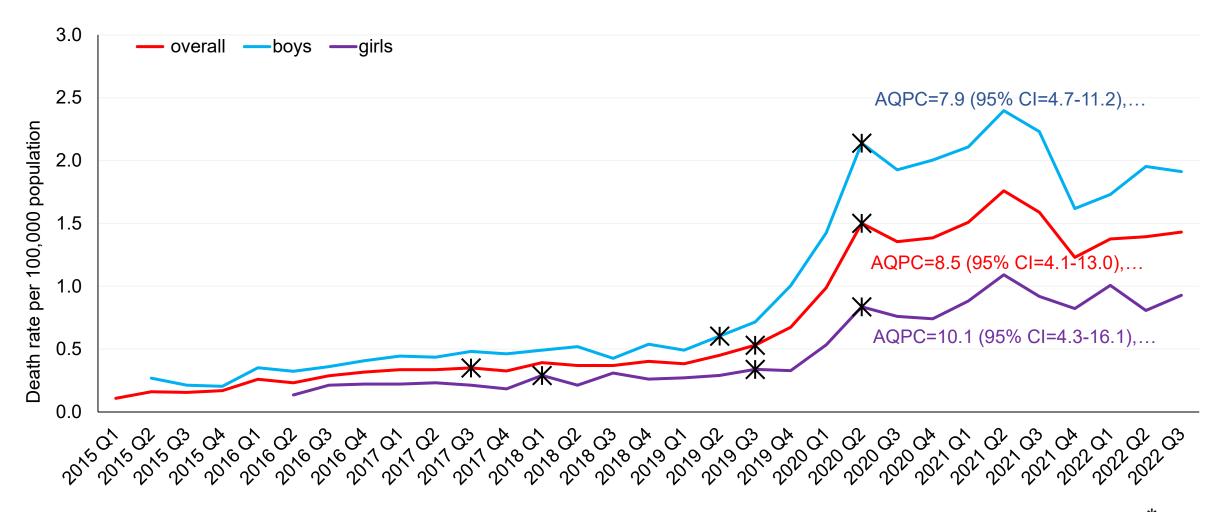
- ROA OTA 23-007: T/NASOs will plan, develop, pilot, and/or implement research and/or data improvement projects.
- ROA OTA 23-008: T/NASOs and Ally Organizations will form a Native Research Resource Network (NRRN) to provide comprehensive training, resources, and program coordination.

Phase II will build on Phase I FY26-30 \$~240 million

Contact: NCREW@NIH.GOV



UNINTENTIONAL FENTANYL-CATEGORY-INVOLVED OVERDOSE DEATH RATES AMONG US YOUTH AGED 15-19 REMAIN ELEVATED



Data sources: National Vital Statistics System multiple-cause-of-death 2015-2021 final and 2022 provisional data and the U.S. census monthly data. *: Joinpoints identified indicate significant chang in nonlinear trends using Bayesian Information Criterion. AQPC=average quarter percentage change during 2015 Q1-2022 Q3 (overall), 2015 Q2-2022 Q3 (boys), and 2016 Q2-2022 Q3 (girls). ICD-10 cause of death code: synthetic opioids other than methadone (T40.4, primarily fentanyl and analogs).



Blueprint for a National Prevention Infrastructure for Behavioral Health Disorders

NASEM ad hoc committee to develop a blueprint for building and sustaining an infrastructure for delivering prevention interventions for behavioral health disorders.

- Best practices to create and sustain behavioral health prevention infrastructure
- Funding needs and strategies
- Research gaps
- Actionable recommendations on policies

Very Few Adolescents with Substance Use Disorders Receive Treatment

- 8.7% (2.2 million) adolescents aged 12 to 17 had a SUD in the past year, USA 2022.
 - 0.5% (n=8,000) sought treatment
 - 2.0% (n=34,000) did not seek treatment but thought they should get it
 - 97.5% (1.7 million) did not seek treatment or think they should get it.

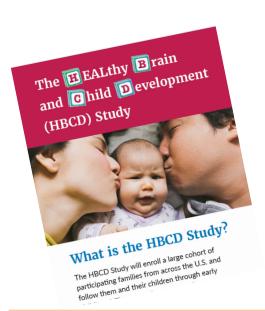
Limited Treatments for Adolescents with SUD

Psychosocial treatments: motivational, cognitive-behavioral, family-oriented therapies and contingency management (CM) are efficacious, but effect sizes are small to modest.

Medications: Few clinical trials have evaluated FDA approved medications for SUD

For OUD, buprenorphine was approved by FDA for 16 years of age or older and has evidence of benefit in adolescents with more severe SUD. Naltrexone (oral or XR) merits further investigation.

Research Across the Cascade of Care for Opioid Use Disorder



Novel harm reduction approaches

Novel settings

Understanding and addressing barriers

Novel settings for and modes of service delivery

Prevention

Reaching understudied populations

Harm Reduction

•Peer Recovery Recovery Community Support Centers Services Peer MOUD MOUD to retention RCC linkage intervention intervention Families into RRs for those MOUD and who take RSS **MOUDs** Integration Recovery Residences

Longitudinal (n=7,500 infants)
normative neurodevelopment study
from birth to 9-10 years to investigate
impact of drug exposures and social
determinants of health factors and
genes throughout childhood

THANKS!

HHS Overdose Prevention Strategy



Harm Reduction

Model of substance use care created by and for people who use drugs, that aims to reduce health and safety issues from drug use

Syringe Exchanges and Syringe Services Programs (SSPs)









injection supplies helps prevent outbreaks of other diseases. For example, SSPs are associated with a 50% decline in the risk

times more likely to stop

Naloxone



Overdose Prevention Centers



Drug Testing

Fentanyl and Xylazine Test Strips

Others????

Harm Reduction Research Network

Purpose: Increase our understanding of effectiveness, implementation, and impact of existing and new harm reduction strategies

Novel harm reduction approaches

- Community drug checking
- Overdose prevention centers
- Meth sobering center
- Contingency management

Novel settings for and modes of service delivery

- Emergency department
- Mobile apps
- Hotline
- Text messages
- Mail delivery
- Secondary distribution
- Remote lockboxes

Understanding and addressing barriers

- Limited access
- Not using naloxone when it is available
- Burnout & trauma from responding to overdose
- State-level policy barriers

Reaching understudied populations

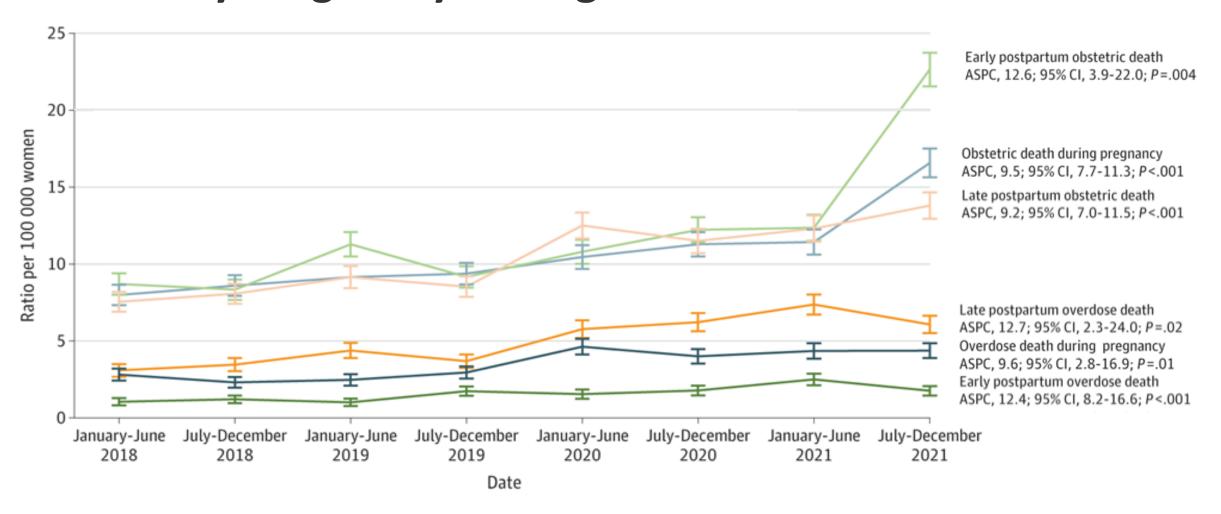
- Racial/ethnic minority groups
- Women
- Rural communities
- People who use stimulants

Coordination Center – 4 cores

- Communication and Coordination
- Data Harmonization and Methodology
- Community and
 Stakeholder Engagement
- Dissemination and Translation

(10 R01s, 1 R24)

Trends in Pregnancy-Associated Drug Overdose or Obstetric Mortality Rates in Women Aged 10 to 44 Years by Pregnancy Timing



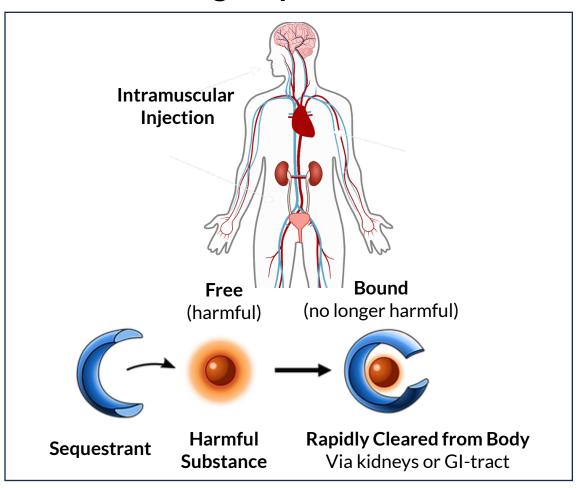
2022-2023: Provisional* Drug Overdose Deaths 12-months ending in select months

	ALL DRUGS	HEROIN	NAT & SEMI SYNTHETIC	METHADONE	SYNTHETIC OPIOIDS (mainly illicit fentanyl)	COCAINE	OTHER PSYCHO- STIMULANTS (mainly meth)
7/2022*	109,416	7,190	12,707	3,443	74,048	26,989	34,724
1/2023*	110,784	5,753	11,917	3,362	76,438	28,607	35,766
7/2023*	111,964	4,768	11,076	3,405	78,287	30,290	36,937
Percent Change 7/22-7/23	2.3%	-33.7%	-12.8%	-1.1%	5.7%	12.2%	6.4%

^{*}NCHS Provisional drug-involved overdose death counts are <u>PREDICTED VALUES</u>, 12 months ending in select months. The numbers for 2022 differ from final data in slide 1 because provisional data includes all deaths that occurred in the US including foreign residents. Final data through 2021 on slide 1 is limited to deaths in US residents. https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

Developing Novel Approaches to Address Polysubstance Use

Drug Sequestrants



Transcranial Magnetic Stimulation

