In its most recent recommendation, the U.S. Preventive Services Task Force (USPSTF) last week said there is not enough evidence to recommend either for or against clinicians providing counseling to prevent drug use in young people. In the final recommendation statement, “Primary Care–Based Interventions to Prevent Illicit Drug Use in Children, Adolescents, and Young Adults: US Preventive Services Task Force Recommendation Statement,” published in the Journal of the American Medical Association (JAMA), the task force concluded that “the current evidence is insufficient to assess the balance of benefits and harms of primary care–based behavioral counseling interventions to prevent illicit drug use, including nonmedical use of prescription drugs, in children, adolescents, and young adults.”

By Alison Knopf

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By Alison Knopf

The U.S. Preventive Services Task Force (USPSTF) last week said there is not enough evidence either for or against such interventions in primary care practices. In two studies, the interventions resulted in an increase in drug use. Rather, primary care should target children who do need help and refer them to care.

### Precis

- Pediatricians should not conduct drug prevention interventions on young patients, the USPSTF task force says.
- There is not enough evidence either for or against such interventions in primary care practices.
- In two studies, the interventions resulted in an increase in drug use.
- Rather, primary care should target children who do need help and refer them to care.

**Substance use disorders, continued on page 2**

**Substance use, continued on page 4**

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**Number of deaths from untreated addiction may rival those from COVID-19**

By Alison Knopf

In a far-reaching clarion call for attention to addiction in the midst of the COVID-19 pandemic, Pete Nielsen, CEO of the California Consortium of Addiction Professionals and Programs (CCAPP), urges policymakers to recognize that the isolation required in shelter-in-place will fuel even more deaths from alcohol, drugs, and suicide. In *The Disease of Addiction Thrives on Isolation*, released this month, Nielsen warns that these deaths were already “on track to break records in the number of victims in our state this year;” and goes on to say that those “who survive this year will face a second wave of death due to tobacco related diseases and or...”

**What’s new in research**

- DUI program combines treatment, testing, and sanctions to reduce repeat offender arrests.
- Schools and colleges have been closed for more than three months, summer camps are mostly closed, and children are going through a historic period in which their lives, as well as everyone else’s, are being saved by not mingling.
- Even children can succumb to COVID-19, some research says. But another health problem threatens their lives too: opioid addiction.
- A report from a California provider organization has found that there could be more deaths from opioids than the pandemic if addiction isn’t treated.
- Meanwhile, addiction and opioids have fallen out of the public eye.

**News**

- West Virginia ordered to allow father on Suboxone to adopt.
- Nitrosamine impurity findings in certain metformin extended-release products.
- Schools and colleges have been closed for more than three months, summer camps are mostly closed, and children are going through a historic period in which their lives, as well as everyone else’s, are being saved by not mingling.
- Even children can succumb to COVID-19, some research says. But another health problem threatens their lives too: opioid addiction.
- A report from a California provider organization has found that there could be more deaths from opioids than the pandemic if addiction isn’t treated.
- Meanwhile, addiction and opioids have fallen out of the public eye.

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**Highlights…**

Our page 1 stories this month look at the lack of attention to addiction in the face of the pandemic may lead to more overdoses, and the lack of evidence to support, or to oppose, primary care drug prevention by pediatricians.
relapse to drug of choice unless tobacco is routinely treated in substance use disorder.”

And now, the pandemic threatens to increase deaths from untreated addiction, which, said Nielsen, may rival the number of deaths from COVID-19.

Nielsen cautions against using the phrase “deaths of despair,” calling the concept a “bit too political for this piece.” The CCAPP actively avoided making the paper about balancing a continuation of shelter-in-place with deaths by despair, he told CPU last month. “We also do not believe that all addiction leads to death, or suicidality. The paper points to an increase in case rates. As addiction is deadly for a percentage of those who have it — deaths will increase.”

“Economic despair, psychiatric trauma, an inability to access services, and a constricting treatment system in the face of rapid increases in demand for services paints a picture that resembles the familiar graphs which depicted a growing number of COVID patients and a limited number of hospital beds and ventilators,” he wrote in the introduction to this report, which was prepared in collaboration with the California Society of Addiction Medicine, Shatterproof, and the California Council of Community Behavioral Health Agencies. “The other organizations discussed the paper conceptually, reviewed drafts, and provided comments for changes and improvement,” Nielsen told CPU. “We would use ‘sponsor,’ but there was no monetary support given or received.”

However, there is no plan to lessen the impact of addiction, the state’s — and indeed, the country’s — “parallel epidemic.”

No other organization so far has produced such a scathing, detailed, and comprehensive indictment of addiction policy (or lack of it) in light of the pandemic, yet no plan is in place to lessen the impact of California’s “parallel epidemic.” It is based on historic trends and contemporary data, and Nielsen hopes it will help the state lessen the impact of addiction.

And this report should be used to help convey the urgent need for funding, as the Senate considers the HEROES Act. “These reports are critical for our advocacy work, because Congress needs to understand how desperate the situation is on the ground,” said Andrew Kessler, principal with Slingshot Solutions, a Washington, D.C.-based consulting firm. “The funding in the CARES Act and the HEROES Act may seem substantial at first glance, but it falls far too short,” Kessler told CPU last month. “In the CARES Act, SUD services received one-fifth of 1% of all public health dollars. In the HEROES Act, we are slated to receive one-tenth of 1% of all allocated funds. For a disease that is seeing a direct increase in cases as a result of the pandemic, that is very discouraging.”

Pre-pandemic

Before COVID-19, addiction rates were rising, as was the opioid epidemic, with an exponential increase in deaths caused by alcohol abuse, drug overdose, and suicide. Life expectancy decreased in 2017 for the first time in two decades, with alcoholism playing a significant role.

Meanwhile, health care spending for individuals diagnosed with drug or alcohol use disorder or at risk for suicide are 2.5 times greater than the average American adult, at more than $20,000 per patient per year, the report notes.

• In 2014, the yearly health care cost for the average Californian was $7,549, while the cost of health care for individuals with alcohol, drug, or suicide diagnoses was $18,873.

• In California, an estimated 45% of drug overdose deaths involved opioids in 2018, a total of more than 2,400 fatalities (a rate of 5.8 per 100,000 adjusted for age).

• Among opioid-involved deaths, the largest increase involved synthetic opioids other than methadone (mainly fentanyl and fentanyl analogs), with a more than 60% increase from 536 in 2017 to 865 in 2018.

• Deaths involving heroin also continued to rise to 778 reported in 2018. Deaths involving prescription opioids continued a downward trend and totaled 1,084 in 2018 (primarily due to a decrease in deaths caused by prescription opioids).

• In 2018, 2,487,000 Californians met criteria for illicit drug or alcohol dependence or abuse based on definitions found in the DSM-IV.

• In 2018, individuals needing but not receiving substance use disorder services as defined as meeting criteria for illicit drug or alcohol dependence or abuse as defined in the DSM-IV was 2,339,000.
During pandemic
- As of April 2020, there are 1,742 (only 17 more than in 2008) residential treatment beds in California; if each bed is used for a treatment duration of 30 days, yearly capacity is 20,904 unique clients.
- As of April 2020, there are 832 certified outpatient programs in California, with a current unknown capacity (the California Department of Health Care Services [DHCS] does not track this capacity).
- As of April 2020, there are 9,038 certified addiction counselors and 10,108 registered alcohol drug technicians in California.

Reasons for increase of SUDs
Unemployment and traumatic events have been well-studied for their impact on substance use disorder (SUD) rates. The Sept. 11, 2001, attack, as well as Hurricane Katrina, were two major traumatic events. Here are some of the findings on the links between unemployment, traumatic events, and SUDs, according to the CCAPP report, which is thoroughly footnoted:
- People with a history of substance use may be at higher risk: Unfavorable employment changes were found to predict increased heavy drinking among former heavy drinkers.
- Countercyclical results also emerge from work focused on clinically significant alcohol abuse rather than on utilization. The Christchurch Health and Development Study reported that the variation in unemployment among young people accounted for 8%–17% of substance abuse risk and that those who had been unemployed for more than 6 months had increased rates of disorder.
- Using panel data from the Epidemiologic Catchment Area Study, Catalano et al. found that involuntary job loss increased risk of meeting standards of “caseness” sixfold.
- A study using World Health Organization and International Labor Organization data showed that increases in unemployment contributed to excess alcohol-related deaths among those older than 65 years. This paper also indicated that dips in employment may significantly increase alcohol-related deaths among working-age people.
- Studies following the recession found that both moderate and heavy drinking increased.
- For the period one year following the World Trade Center disaster, drinks per day and drinks per month both increased for New Yorkers, leading to a 75% increase in alcohol dependence.
- The period between 6 and 9 months following the Sept. 11 attacks New Yorkers reported a 9.9% increase in smoking, a 17.5% increase in alcohol use, and a 2.7% increase in marijuana use compared to the month before Sept. 11.
- The number of persons reporting problem drinking before Sept. 11 as opposed to 6 months after increased from 2% to 4.2%, a 110% increase.
- 2.2% of over 6 million adults living in NYC reported drinking problems in the 6 months after Sept. 11 that were not present before Sept. 11; this corresponds to approximately 130,000 adults.
- A study of African-American drug users evacuated from New Orleans, Louisiana, during Hurricane Katrina of August 2005 revealed that where alcohol and drug abuse is already high, increases in use rise dramatically in post-disaster periods.

Workforce shortages
The CCAPP’s expertise in data is workforce, and this report clearly shows there aren’t enough programs or workers to meet the SUD treatment demand — not now, and certainly not to come.
- About 8% of Californians, or 2.7 million people, met the criteria for SUD in the past year; of those, only one in 10 received treatment. Despite these statistics, California lags the nation in its percentage of qualified counselors and other addiction treatment providers.
- There are fewer than 20,000 alcoholism and drug abuse counselors currently certified in California, and fewer than 700 of the nearly 140,000 physicians who hold a California license maintain an addiction specialty certification.
- Addiction programs have cited the “lack of qualified staff” as a primary reason that they are unable to expand provision of services to patients.

Reasons for workforce shortages include retirement (the workforce tends to be older on average than in the rest of health care), exhaustion (“compassion fatigue”), and low salaries. There is an overall need for many behavioral health professionals, according to the report: psychiatrists, psychologists, social workers, advanced practice nurses, marriage and family therapists, certified prevention specialists, addiction counselors, mental health counselors, psychiatric rehabilitation specialists, psychiatric aides, para-professionals, peer support specialists, recovery coaches, and certified medical assistants.

The state’s Department of Health Care Services, in its “White Paper on California Substance Use Disorder Treatment Workforce Development,” set workforce goals for the substance use disorder profession, including “DHCS and providers of SUD services across California should make a concerted effort to recruit young individuals, males, and racial/ethnic minorities into the SUD workforce. Fewer members of these groups are involved, and generally it is preferable for clients to receive treatment from individuals who are of similar age, gender, and racial/ethnic background.”

According to the 2010 U.S. Census, almost 38% of the population of California is Hispanic/Latino.

NIMBY
The problem isn’t only a workforce shortage; it’s a program shortage. But when new programs try to open, they are met with local ordinances making siting of treatment and recovery residences cumbersome and difficult. It’s the “Not in My Back Yard” mentality, in which neighborhoods don’t want a treatment program near them.

“There are several ongoing lawsuits in multiple jurisdictions that are consuming years of time and millions of dollars in litigation fees, although local ordinances that prohibit treatment and recovery residence operations are clearly contradictory to state and federal disability law,” the report notes.

Impacts of COVID-19 on SUD treatment
The CCAPP represents more than 20,000 addiction-focused professionals and over 500 substance use disorder treatment programs and recovery residences that form the largest statewide consortium of community-based for-profit and nonprofit substance use disorder treatment agencies and addiction-focused professionals in California. Following the governor’s statewide
Safer at Home order, the CCAPP began hosting weekly conference calls to gather input, and distributed a questionnaire through the California Behavioral Health Directors Association to gain insight into data concerning COVID-19 impact. The results of these information-gathering activities have shown that many programs are suffering short-term consequences of the pandemic, and many are ill-prepared to staff up for the oncoming increase in cases.

- 65% of programs report that the pandemic has reduced capacity, with 21% reporting it has reduced capacity by more than 50%.
- 58% of programs have lost staff, with 7% unable to provide all necessary services.
- 86% of programs have been financially impacted (37% reporting drastic impact or threat of closure); estimates of losses range from thousands to hundreds of thousands of dollars.
- As workers transition from workplaces where they have access to insurance benefits that may have covered a significant portion of the cost of treatment, in order to gain coverage, they may access Medi-Cal or Covered California. This has tremendous implications for the publicly funded treatment system.
- Silver Plans for Covered California for a couple with less than $50,000 income have deductibles of $1,400 per individual, and copays are 15% of total costs of substance use disorder inpatient services. This cost will make access to addiction treatment services unattainable for many families with one income or low income.
- Programs are reporting that even where potential clients are still employed and insured they are reluctant to put forth deductibles and copays due to financial insecurity generated by the pandemic and the faltering economy.

**Impact on recovery residences**

The CCAPP has also conducted weekly calls with recovery residence (sober living) home operators to determine the impact to this part of California’s continuum of care. The CCAPP also conducted a recovery residence survey; however, the low number of respondents makes it not statistically significant. It does yield some insightful anecdotal evidence:

- Recovery residence operators report difficulties in obtaining basic cleaning supplies, masks, and protective equipment.
- Recovery residences live as families, so infection poses a high risk to the members of these “families” who often do not have elsewhere to live.
- A certain portion of recovery residence participants are coming from homeless shelters where incidence of infection is higher and the ability to quarantine is lower.
- Persons early in recovery are often reentering the job market. They often have low-paying retail jobs that are subject to stay-at-home closures.
- Many in early recovery have spotty work histories that make them ineligible for unemployment benefits.
- Most recovery residence owners are extending bed fee payments by asking residents to sign loan agreements to pay bed fees at a later time; it is unknown how long these entities can delay collection of these fees and still operate.
- Recovery residence participants are at the highest risk for homelessness and relapse given a downturn in the economy and no practical way to pay bed fees.

**The medical community**

“Deaths from untreated addiction are no less tragic than death from COVID-19,” the report notes. But the medical community may discriminate against addiction, and indeed, in many cases, does.

- While the exact form of discrimination may vary across different substances and social groups, research indicates that substance misuse appears to be at least as stigmatized as psychological disorders such as depression, schizophrenia, or borderline personality disorder.
- The medical community has worse attitudes toward individuals with SUDs, whom they frequently treat, than toward individuals with other medical or psychiatric conditions. This is concerning, as when clinicians have negative attitudes toward these patients, quality of care declines substantially.
- Persons who inject drugs (PWIDs; especially Latino/a vs. white PWIDs) believe they are more deserving of punishment, as opposed to help.
- Behavior analysts have significantly more negative attitudes toward people with SUDs than toward people with other mental disorders. Analysts report a greater desire for social distance and greater acceptability of discrimination for people with SUDs than for people with mental disorders.
- Some mental health professionals still believe there is less potential for recovery and provide lower support for policies to improve equity in insurance coverage for persons with substance use disorder.
- Others were less supportive of using government funding to improve treatment, housing, and job support for people with SUDs.

Finally, the isolation itself required to mitigate the pandemic is contributing to new cases of SUD as well as to relapses. This report is recommended reading for policymakers not only in California, but in the nation.

More than 120 people a day died from overdoses before the pandemic. That number was high on everyone’s minds. And in the headlines.

Indeed, the paper, while focused on California, includes national statistics that describe current conditions and projections for the future, said Nielsen. “Additionally, the temporal spikes section demonstrates how mass trauma impacts addiction rates,” he told CPU. “The pandemic is creating levels of trauma throughout the country.”

How can things change? By people in recovery being involved, said Nielsen. “The most important way to move forward is for people in recovery to be more vocal about the need to apply resources to this problem,” he said. “We should not be begging to save these lives. Policymakers should be moving with the same dedication and the same resources that apply to COVID to reducing deaths and destruction resulting from increases in rates of addiction. Why is one pandemic automatically given the attention and full force of governmental resources to reduce suffering and death and people impacted by the parallel pandemic are expected to politely beg for resources?”

“Hopefully these reports can help us deliver the message that it is time to take SUDs seriously even if they are not a hot-button political issue,” said Kessler, the consultant.