

STATE SOLUTIONS TO THE ADDICTION CRISIS

Between November 2019 and November 2020, the Centers for Disease Control and Prevention reported a 29% increase in fatal drug overdoses nationally, with over 90,000 Americans dying during this 12-month span – the highest number of drug deaths *ever* recorded¹. COVID-19 has made the addiction crisis worse as people experience social isolation, financial uncertainty, and healthcare delivery systems continue to be overburdened. Even more worrisome, this trend disproportionately impacts individuals of color². The public health crisis of addiction has not waned during the global pandemic; sadly, we now anticipate that more people will die each year from an overdose than from COVID-19.

Addiction affects Americans from all walks of life, and just like heart disease or diabetes, addiction is a chronic medical condition that is treatable. Fortunately, we have resources and solutions at our disposal to curb this epidemic within a pandemic. **While every state has unique needs, these core initiatives can help frame your states' strategic response to the addiction crisis.** Evidence-based practices will save lives.

IDENTIFY SUBSTANCE USE DISORDER EARLIER

Challenge: We are treating addiction at stage 4 in the disease state, in emergency rooms after drug overdoses. Many healthcare professionals, including primary care physicians, are not equipped to treat addiction and are unaware of where to refer patients for treatment. Medicaid enrollees with behavioral health conditions, including substance use disorders, account for approximately 20 percent of enrollees, but over half of Medicaid spending.

State solutions: Identify and treat addiction sooner by integrating behavioral health services in the primary care setting. Medicaid should cover the Collaborative Care Model codes, which incentivize primary care doctors to screen and treat for mental health and substance use disorders. Over 80 randomized controlled trials (RCTs) demonstrate that collaborative care improves health outcomes and is cost-effective. [The Collaborative Care Model](#) is one of very few specific interventions in medicine that have been shown via multiple RCTs to reduce disparities by race/ethnicity and/or socioeconomic status in patients' access to care, quality of care, and outcomes. Despite the evidence base, only 17 Medicaid programs are covering the collaborative care codes.

State example: Texas



Every state Medicaid agency has a unique process to adding new codes or changing their programs and services offered to providers. In Texas, the legislature was engaged to assist with coverage of the collaborative care codes. Shatterproof worked closely with The Meadows Institute in Austin, TX, and many advocates including Shatterproof ambassadors in the state, to share the importance of this policy with legislators and agency officials. The bipartisan bill, SB 672, passed the legislature and was signed into law

¹ <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm#notes>

² Zeisler MÉ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>

by Governor Abbott in June 2021, enabling payment for the team-based approach to mental health and substance use disorder treatment in the primary care setting.

USE EVIDENCE-BASED PRACTICES IN COMMUNICATIONS INITIATIVES

Challenge: Societal and structural stigma against those who use drugs and those with addiction is pervasive. Stigma prevents those in need from obtaining quality treatment and isolates them from critical resources and supports needed to reach recovery.

State solutions: Evidence-based communications campaigns can reduce stigma associated with substance use disorder diagnosis, treatment, and recovery. They do so by creating social awareness and positive contact through intentional engagement, such as with stories of recovery. These connections are made in person or via digital channels and strengthen when combined with educational interventions. Contact-based approaches are a crucial evidence-based strategy for reducing stigma. Shatterproof's pilot with the Commonwealth of Pennsylvania has shown that stigma related to addiction can be reduced. For more information, "A Movement to End Addiction Stigma," can be read [here](#).

State example: Pennsylvania



Shatterproof partnered with the Commonwealth of Pennsylvania through its Department of Drug and Alcohol Programs (DDAP), The Public Good Projects, and The Douglas W. Pollock Center for Addiction Outreach and Research at Penn State Harrisburg (*the chosen local academic partner*) to implement a contact-based approach to reduce stigma by connecting the public with fellow Pennsylvanians in their recovery journey via social media.

Importantly, the campaign engages with more than 350 community-based organizations (CBOs) in Pennsylvania by sharing tools and information about stigma reduction. The project is not solely a messaging campaign to reduce stigma, but further addresses the needs of other stakeholders like government officials, single-county authority personnel, and others in the SUD field. The campaign, called *Life Unites Us*, was officially launched in partnership with Governor Wolf's administration. All stories can be viewed on the [campaign website](#). Within the first six months of the campaign, over three million Pennsylvanians recalled viewing the campaign, and the effort generated significant, measured behavior change using a validated, public health evaluation executed by Penn State University.

FOCUS ON TREATMENT QUALITY

Challenge: Desperate individuals and families go to Google to search for addiction help in a moment of crisis. There is a lack of information about best practices for addiction treatment, and even worse, there are unscrupulous actors that prey upon vulnerable people looking to profit. This results in more emergency room visits, higher overdose rates, and worsening health outcomes.

State Solutions: Connect patients to unbiased information about the quality of treatment and help inform consumers about the different levels of care. Rather than directing patients to the highest bidder, [ATLAS](#) offers patients and family members a transparent way to receive a recommendation on the appropriate level treatment, search for and compare facilities on evidence-based measures shown to improve patient

outcomes, and ultimately select the facility best suited for them. A treatment quality initiative such as ATLAS should be essential for every state and can easily be incorporated in states' existing strategies, oftentimes using federal SUD block grant or State Opioid Response (SOR) funding. ATLAS launched its free, not-for-profit website, TreatmentATLAS.org in 6 states in July 2020, and has seen over 100,000 visits since.



State example: **West Virginia**

To facilitate ATLAS implementation, each state designated one lead agency or organization (typically the single state agency designated to address substance use) and identified additional collaborators across key stakeholder constituencies. The West Virginia Department of Health and Human Resources designated an action officer who worked in partnership with Shatterproof state directors to implement ATLAS activities such as the data collection survey.

Multi-stakeholder advisory boards were also established to inform implementation approaches and disseminate information across the state, so that providers could be a key voice in ATLAS design and help drive quality improvement for addiction treatment. Shatterproof state directors managed the formation and convening of these State Advisory Committees within each state. The State Advisory Committee in each state was formed in partnership with the Action Officer and includes agency staff, payers, providers, consumer advocates and other key state leaders. This group met approximately quarterly to provide guidance throughout execution of implementation activities and continues to meet to disseminate information across the state and ensure the project's successful continuation.

To request more information, please contact

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