

Strategy Team
Office of National Drug Control Policy

Re: Request for Input on the *National Drug Control Strategy*

Dear ONDCP Strategy Team,

Thank you for the opportunity to highlight ways in which the *National Drug Control Strategy* can be strengthened to support the health of all Americans, especially those experiencing the consequences of substance use disorders. We are a multidisciplinary group of researchers with expertise in health services research, economics, statistics, clinical practice, and policy, who work on a NIDA-funded center of excellence on substance use treatment delivery and payment systems performance and improvement. We bring our deep understanding of the substance use disorder treatment and payment systems in responding to this request for input. We are responding to two priority areas:

- Provide Treatment That Leads to Long-Term Recovery
- Innovate in Research and Data to Support Drug Control Strategies

An overarching concern is that the substance use treatment field lacks accountability, and in turn, research on the appropriate elements of accountability. This is reflected in the need for actionable quality metrics; their incorporation in payment systems; improved access to evidence-based treatments; and approaches to hold providers, payers, and states accountable for providing adequate and appropriate care. This lack of accountability interferes with the provision of high-quality treatment and ultimately the ability to support people who have substance use problems in attaining and maintaining long-term recovery and reducing the harmful effects of substance use on their health and functioning. Thus, accountability is important to address if we are to improve substance use treatment and population health. In light of these knowledge gaps, we recommend that the *Strategy* focus on the following:

1. Maintain and improve systematic data collection.
 - a. National surveys, such as the *National Survey on Drug Use and Health (NSDUH)*, are essential for tracking population needs for services and reporting barriers to care (e.g., costs, geographic access). These federally led surveys are critical to the nation's ability to address gaps in the treatment delivery system, but are at risk with recent funding changes.
 - b. Continuing the administration of these surveys is critical, yet improvements are necessary. Existing data sources do not adequately capture real-time prevalence of substance use and addiction, such as for illicit opioids or methamphetamine, limiting the ability of providers and states to respond in a timely manner to a rapidly changing drug use environment. Specifically, the NSDUH has been shown to under-estimate the prevalence of opioid use disorder. Furthermore, survey redesign has compromised the ability to study trends starting prior to 2020. For these reasons and others, it is critical to invest in improving the capabilities of the NSDUH.
 - c. Finally, the sources of data that allow for more rapid understanding of substance use disorder outbreaks, like the *Drug Abuse Warning Network (DAWN)*, are limited in consistent coverage of the nation. Expansion of those data would enhance the ability to respond early to SUD outbreaks.
2. Emphasize quality measurement and use of quality metrics as a tool in clinical care and payment systems that increase accountability and improve care. This will ultimately improve population

health. For example, medications to treat opioid use disorders (e.g., buprenorphine, methadone) are effective, cost-effective, and considered the cornerstone of treatment for most people with opioid use disorder. However, many substance use treatment programs do not provide these medications, putting their patients at risk for relapse and downstream consequences for individuals and society.ⁱ Metrics that are linked to accountability could be used to change practice.

3. Encourage states to use their oversight to improve care. States contract with managed care plans, license substance use treatment providers, and distribute federal funding to the state to improve treatment. However, very few states monitor managed care plans' substance use treatment benefits or assess whether providers offer evidence-based treatment, and rarely will they require changes to care if not. These are missed opportunities to improve health and well-being for people with substance use disorders.ⁱⁱ
4. Encourage the use of large, varied datasets and capitalize on modern analytical methods, such as causal inference combined with machine learning, to consider what is working currently and for whom, and to test alternative approaches.
 - a. This requires access to multiple, diverse datasets, which would benefit from private-public partnerships to make data available to researchers.
 - b. Machine learning approaches, including federated learning methods that permit data to remain decentralized, could be used to understand the effectiveness of alternative treatment regimens across broad populations.

We thank you for considering our comments.

Sincerely,

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ⁱ See, for example, Busch AB, Normand SLT, Horgan CM, Greenfield SF, Huskamp HA, Reif S. Opioid and alcohol use disorder medication availability in outpatient care: national estimates & potential policy levers. *Health Affairs Scholar*. 2025;3(4):qxaf040. doi:10.1093/haschl/qxaf040; O'Brien PL, Stewart MT, Shields MC, White M, Dubenitz J, Dey J, Mulvaney-Day N. Residential treatment and medication treatment for opioid use disorder: The role of state Medicaid innovations in advancing the field. *Drug Alcohol Depend Rep*. 2022 Sep;4:100087. doi: 10.1016/j.dadr.2022.100087.

ⁱⁱ See, for example, Kennedy-Hendricks A, Song M, McCourt AD, Sharfstein JM, Eisenberg MD, Saloner B. Licensure policies may help states ensure access to opioid use disorder medication in specialty addiction treatment. *Health Affairs*. 2024;43(5):732-739. doi:10.1377/hlthaff.2023.01306