

DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH

Testimony before the
Senate Health, Education, Labor and Pensions Committee

Hearing Title
Strengthening Federal Mental Health and Substance Use Disorder Programs:
Opportunities, Challenges, and Emerging Issues

Nora D. Volkow, MD
Director
National Institute on Drug Abuse

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Chairwoman Murray, Ranking Member Burr, and members of the Committee, thank you for inviting the National Institute on Drug Abuse (NIDA), a component of the National Institutes of Health (NIH), to participate in this hearing. NIDA's mission is to advance the science on the causes and consequences of drug use and addiction and apply that knowledge to improve individual and public health. I am pleased to speak to you today about the intersection of substance use and mental health.

The Administration is committed to addressing the unprecedented mental health, and substance use disorder crisis that is affecting adults and children of all races in urban and rural communities across the United States. During the State of the Union, President Biden announced his Unity Agenda. This includes a focus on fighting the overdose epidemic as well as addressing our national mental health crisis.¹ The three pillars of the President's mental health strategy are: (1) Strengthen System Capacity; (2) Connect Americans to Care; and (3) Support Americans by Creating Healthy Environments. Today I will detail for you how NIDA science is advancing these goals.

We are experiencing the worst drug overdose crisis in the nation's history. Exacerbated by the COVID-19 pandemic, overdose deaths exceeded 100,000 from September 2020 to September 2021, the highest number ever recorded in a 12-month period and a staggering 50 percent increase over the previous two years. Large increases in many kinds of drug use have been seen over the course of the pandemic: Several reports have revealed increases in positive urine drug screens for fentanyl, cocaine, heroin, and methamphetamine.^{2,3,4} There have been increases in cannabis and alcohol use, especially among people with anxiety and depression and those experiencing COVID-19-related stress,^{5,6,7} underscoring the close relationship between drug use and mental health.

Substance use disorders (SUDs) are considered mental illnesses, and these conditions frequently co-occur with other mental illnesses including depression, anxiety, post-traumatic stress disorder (PTSD), and others. Half of people with mental illnesses will have an SUD at some point in their lives, and the reverse is also true. The reasons that SUDs often co-occur with other mental illnesses are complex. Sometimes they arise independently as a result of shared risk factors (common genetics, common environmental adverse factors). Their

¹ [FACT SHEET: President Biden to Announce Strategy to Address Our National Mental Health Crisis, As Part of Unity Agenda in his First State of the Union | The White House](#)

² [Millennium Health's Signals Report™ COVID-19 Special Edition Reveals Significant Changes in Drug Use During the Pandemic \(prnewswire.com\)](#)

³ [Analysis of Drug Test Results Before and After the US Declaration of a National Emergency Concerning the COVID-19 Outbreak | Emergency Medicine | JAMA | JAMA Network](#)

⁴ [The Opioid Epidemic Within the COVID-19 Pandemic: Drug Testing in 2020 | Population Health Management \(liebertpub.com\)](#)

⁵ [Alcohol Consumption during the COVID-19 Pandemic: A Cross-Sectional Survey of US Adults \(nih.gov\)](#)

⁶ [Increased alcohol use during the COVID-19 pandemic: The effect of mental health and age in a cross-sectional sample of social media users in the U.S. - ScienceDirect](#)

⁷ [Changes in Alcohol Consumption Among College Students Due to COVID-19: Effects of Campus Closure and Residential Change: Journal of Studies on Alcohol and Drugs: Vol 81, No 6 \(jsad.com\)](#)

development may also

went down in most groups between 2015 to 2019 (the most recent year available), it rose in

implementing relatively low-cost measures including screening in primary care and referral to family-based prevention.¹⁴

Indeed, screening is crucial to better prevention of SUD and other mental illnesses, and it is an important area to focus our efforts. As it now stands, within primary and ambulatory care settings, rates of screening for depression are quite low.^{15, 16} Screening for depression and other mental health conditions needs to become part of standard practice along with and referral to

reduce substance use by addressing symptoms of anxiety and depression; to simultaneously intervene on substance use and symptoms of PTSD in adolescents; and to develop SUD treatment approaches that are tailored to the needs of people with schizophrenia or symptoms of psychosis.

Developing effective medications for SUDs is one of NIDA's highest priorities and is critical to improving treatment for people with addiction. While effective medications exist for OUD, these medications are underutilized. Suboptimal patient retention in treatment regimens, policy barriers that limit opioid prescribing, and stigma around opioid agonist medications all contribute to their underutilization.

complexity of these disorders, the stigma that surrounds them, and concerns around the profit potential of substance use disorder medications.

Abundant research shows the value of interventions and services aimed at reducing harms associated with drug use. Overdose deaths are significantly reduced in communities that distribute naloxone to people who use drugs and to their families or other potential bystanders. An important part of NIDA's medication-development research involves developing new and improved overdose reversal medications, particularly formulations of naloxone that are effective for high-potency opioids like fentanyl, as well as compounds that could reverse opioid overdoses involving other drugs such as methamphetamine. Syringe-services programs are effective at reducing the spread of HIV and other infectious diseases like hepatitis C, and they also help link people who inject drugs to addiction and HIV screening and treatment. NIDA continues to support research on these and other harm reduction practices such as drug checking technologies like fentanyl test strips.

an increase in adverse outcomes. NIDA is funding research on telehealth utilization and the effects of recent changes in policy and practice.

NIDA is also leveraging the Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) programs and other funding mechanisms to help biotech startups develop technologies that connect people with SUDs to care, provide or support treatment, help individuals sustain their recovery, and even facilitate overdose prevention. For example, a smartphone app originally designed to connect patients to open acute care beds has been adapted to facilitate referrals to addiction treatment facilities and is currently being used by several state governments and hospital systems. NIDA has also helped develop tools that put evidence-based psychosocial treatment for SUDs right in the hands of anyone with a smartphone. For example, reSET and reSET-O are apps that deliver cognitive behavioral therapy in conjunction with treatment that includes buprenorphine and contingency

projects funded under the NIH HEAL Initiative rely on such collaboration with our federal partners and others. The HEALing Communities Study is led by NIDA in close partnership with SAMHSA to ensure that this research is poised to impact service delivery toward ameliorating the opioid crisis in hard hit areas. JCOIN fosters collaboration between investigators, justice, and behavioral health stakeholders in search of creative ways for improving the capacity of the justice system to respond to the opioid crisis.

The issues of substance use and SUD are inseparable from the larger landscape of mental health and mental illness. Consequently, we cannot hope to make headway against the drug overdose crisis unless we make screening, preventing, and treating all mental illness, including SUDs, one of our top priorities. Continued research is also critical, and NIDA is actively supporting research in each of these areas with a focus on SUDs, their entwined psychiatric problems, and overcoming the various infrastructural barriers and stigma that have historically impeded these goals. Thank you for the opportunity to address these critical issues.