

Centene Advanced Behavioral Health

White Paper

Strategies for Combatting Substance Use Disorder



Our nation continues to face challenges, including increasing rates of substance use disorder (SUD). Due to the COVID-19 pandemic, experts anticipate increases, not only in SUDs, but also mental health issues and suicide for all age groups. A June 2020 report showed more than 13% of respondents started or increased substance use to cope with stress or emotions related to COVID-19.¹ Among those with existing substance use disorders, 20% increased their use since the pandemic began.² With pressures and worries continuing, it is likely that those turning to substances as an outlet will increase, even among those who never had a previous history of misuse.

More than 81,000 people died of drug overdoses in the U.S. in a 12-month period ending in May 2020.³ It's the highest number ever recorded in a one-year period, and represents a 21% increase compared to the previous one-year period.³ Significant increases in overdose deaths from stimulants and stimulant-opioid combinations were also found. The trend continued throughout 2020, with more than 40 U.S. states seeing increases in opioid-related mortality along with ongoing concerns for those with substance use disorders.⁴

A recent analysis projected that the pandemic could result in an incremental 75,000 “deaths of despair” from alcohol/drug misuse and suicide.⁵ Add this the existing 95,000 deaths each year from excessive alcohol use⁶ and more than 67,000 drug overdoses each year,⁷ and the magnitude of the problem becomes clear.

The added stressors COVID-19 brings to individuals' lives are immense, including fear of illness and death, unemployment/financial insecurity, and isolation. In addition, many are facing the loss of daily structure they are accustomed to and increased expectations such as teaching children at home or caring for ill family members. Others may turn to substances as a way to combat boredom and to dissociate from feeling confined to their homes.

Although progress was being made in the fight against opioids, the pandemic has derailed that effort, with every region of the country showing surges in emergency department (ED) visits and overdoses due to opioids.⁸ A 37% decrease in opioid prescriptions from 2014 to 2019 was reported, yet drug-related overdose deaths continue to escalate due to illicit opioids, such as illicitly manufactured fentanyl and heroin, as well as illicit stimulants like methamphetamine.⁹ Even prior to the pandemic, increases in stimulant overdoses occurring with and without opioids was found,¹⁰ with the most common substance use-related ED visits between April 2019 and October 2020 due to methamphetamine.¹¹

Additionally, opioid misuse has exacted a tremendous economic toll on our nation. In 2017, the value of life lost due to overdose deaths was \$480.7 billion, and opioid



Since the pandemic began, **substance use** for those with SUD **has increased** by **20%**

use disorder (OUD) accounted for \$471 billion. Conversely, a fraction of that was spent on caring for individuals combating OUD, with healthcare costs attributed at \$31.3 billion and opioid use disorder treatment at \$3.5 billion.¹²

While opioids and illicit drugs continue to be of concern, a more commonplace substance has shown a substantial uptick in use during the pandemic. More readily available and socially acceptable, individuals may turn to alcohol to decompress, reduce stress, and get away from the repetitiveness of their days. The frequency of alcohol consumption for adults age 30 and over has increased year-over-year by 19%, and for women specifically, heavy drinking episodes defined as four or more drinks increased by 41%.¹³ Alcohol misuse is concerning on its own, but research shows that alcohol can exacerbate the risk of illicit drug use and co-occurring disorders,^{14,15} amplifying the need to address misuse early on.

Polysubstance use is also common. If individuals are having problems with one substance, they are likely using, and may be having problems with other substances.¹⁶ Further validating the need for focused attention is the co-occurrence between substance misuse and mental illness, with 9.2 million people experiencing both in 2018.¹⁷ When people are prescribed medications such as benzodiazepines while suffering an addiction to opioids, their risk of adverse effects and overdose death is much higher. Comorbid mental illness and polysubstance use must be identified and addressed in order to facilitate recovery and achieve wellness.

In addition to the link between substance misuse and mental health, there is also a substantial impact on the physical health and total cost of care among those who misuse substances. In adults, substance misuse and SUDs have been linked to an array of serious health conditions including heart disease, stroke, diabetes, respiratory problems, liver damage/disease, and hypertension.¹⁸ Individuals who inject drugs are also at a higher risk for infectious diseases such as HIV and hepatitis C.¹⁹ Additionally, based on nationwide hospital EHR data, Americans with substance use disorders are not only at a higher risk of developing COVID-19, but they are significantly more likely to experience adverse COVID-19-related outcomes, including hospitalization and death.²⁰

On top of increasing relapse for those already diagnosed with SUD, the pandemic is creating an increase in first-time diagnoses of SUD. Thus, while addressing *existing* SUDs is imperative, *preventing* substance misuse and progression to SUD is foundational to a comprehensive solution. Centene, as an industry leader and the largest Medicaid and Marketplace Managed Care Organization in the country serving some of the most vulnerable populations, is committed to identifying individuals at risk for SUD and helping those diagnosed overcome barriers to recovery and live healthier, higher-quality lives. The following are recommendations for payers in this pursuit.

Recommendations

ADDRESSING THE SPECIFIC NEEDS OF POPULATIONS

Because SUD feeds on secrecy and shame, increasing education and awareness, and promoting anti-stigma messages for both providers and members, can help decrease barriers to treatment and normalize the difficulties that many are experiencing. As part of that process, it is important to recognize that there are specific needs and nuanced experiences that must be taken into account when serving certain populations. SUD impacts individuals of all racial and ethnic groups, and those of varying socioeconomic status. By tailoring support to be sensitive to these distinctions, recovery and prevention are better achieved and health disparities can be decreased.

- » **Pregnant members:** Pregnant individuals impacted by substance use and substance use disorders are considered a high-risk group whose children experience higher rates of neonatal abstinence syndrome and fetal alcohol syndrome. The lasting impact of substance misuse and substance use disorders not only affects those who are pregnant, but also the lives of the next generation. Screening for SUD and delivering integrated prenatal care early in pregnancy can help to improve outcomes. Based on evidence-based practices from the American Society for Addiction Medicine (ASAM), Substance Abuse and Mental Health Services Administration (SAMHSA), and American College of Obstetricians (ACOG), Centene's Strong Beginnings™ program supports pregnant

members at risk for substance use disorder by integrating approaches across the prevention to treatment continuum. Initial outreach to at-risk members includes screening for substance use with a validated screening tool, consistent with ACOG's recommendation, and if indicated, a substance use assessment to identify treatment options and barriers or gaps for future care coordination. Members are then paired with care managers who facilitate access to resources, including connecting them with skilled providers.

» **Families:** Substance misuse within a family can have a lasting negative impact on future generations as a result of adverse childhood events (ACE) that affect health, quality of life, and potential opportunities. Those experiencing ACEs may have disruptions in healthy brain and social development, compromised immune systems, and a predisposition toward substance use disorders.²¹ Additionally, these generational effects can contribute to stress and trauma in their own children. ACEs contributed to nearly 2 million cases of heart disease and 21 million cases of depression.²² By implementing programs that focus on reducing stigma around seeking help with parenting challenges or substance misuse, payers can help to lessen the member harm, as well as decrease long-term adverse impact of children in the household. Payers need to pay special attention to parents and expectant parents in order to decrease the risk of ACEs and adverse child and family outcomes by offering more screening and referrals to treatment, as well as increasing prevention efforts.

» **People experiencing social isolation:** During the pandemic, individuals have increasingly experienced social isolation, which may lead to substance misuse. For those diagnosed with SUD, loneliness has shown to fuel relapse.²³ Centene's Social Threads™ program provides resources and evidence-based interventions to address social isolation and loneliness, offering person-centered choices for members.

- » To improve recognition and detection, the program provides an evidence-based scale, integrated with the comprehensive assessment process, to measure loneliness and identify members in need of further support. Also, to proactively identify members at the highest risk of social isolation, the program provides a predictive model.
- » All of Centene's member-facing teams have access to a comprehensive training module on social isolation – how to identify it, how it can impact health outcomes, how to support members suffering from isolation, and where to go for additional resources.
- » Centene's Social Isolation Toolkit offers educational materials for members and their support persons on strategies for addressing loneliness. Additionally, members have access to an app that provides resources on COVID-19 and mental wellness, evidence-based stress management strategies, parenting tips, and other emotional support tools.
- » To combat social isolation in congregate facilities, Centene distributed tablets in multiple states that are equipped with videoconferencing software so individuals can keep in contact with their social support



Rx

The **annual cost** of **prescription opioid abuse** in the US is **\$78.5 billion**



According to Centene data, **preventing at-risk members** from developing an **opioid use disorder** produces a **2:1 ROI**



and care networks, and reconnect with family, friends, and providers outside of the facility.

- » For older adults in the community, Centene is launching a virtual senior community pilot and continues to explore in-home technology solutions to promote social connections and wellness.

» **Rural populations:** More than 18% of Americans live in rural communities, and those individuals have a higher rate of death due to opioids than those in urban areas.²⁴ Similar to the national average, more than 15% of Centene members live in rural areas.

- » To help overcome community stigma and ensure services are available to everyone regardless of geography, payers can support and facilitate the delivery of substance use disorder treatment via telehealth modalities. TeleBehavioral Health (TeleBH) allows members to access behavioral health treatment safely and in the comfort of their own homes, as well as addressing under-served areas with shortages of providers.
- » To ensure access, it is important for payers to support and influence efforts to expand technology infrastructure in rural areas.
- » In addition to connectivity, members may not have adequate devices that allow for TeleBH treatment. Payers can look for opportunities to assist with this. For example, Centene partnered with Samsung to deploy smart devices along with 90 days of free wireless service to providers, particularly in rural areas, to distribute to members so they can participate in telehealth services.

» **Racial minorities:** In some areas, minorities are becoming increasingly impacted by drug overdoses and may experience higher stigma, which can lead to a hesitancy to seek treatment. A recent study shows that compared to White patients, Black patients with COVID and SUD have higher mortality and hospitalization rates.²⁵ Additionally, Hispanics/Latinx, Blacks, and Native Americans with Alcohol Use Disorder (AUD) suffer increased illness and premature death compared to other groups.²⁶ Data from 2011 through 2018 reveals increases in deaths involving methamphetamines for all racial and ethnic groups, with non-Hispanic American Indians and Alaska Natives experiencing the largest rise in death rates at more than four times during this period.²⁷ These individuals are also more likely to have further hardship due to unmet social determinants of health (SDoH) needs. Payer programs must be culturally sensitive and look to identify then address SDoH. One way to keep track of health disparities for racial minorities is to look more closely at health plan and provider performance on HEDIS measures by race and ethnicity to identify opportunities to better address access. Additionally, providing education and awareness that encourages members to seek help to address concerns they may observe in themselves or their loved ones can be accomplished in communications that have easy-to-access resources specific to each population can improve outcomes.

PREVENTION, IDENTIFICATION & TREATMENT

Integrating evidence-based treatments, such as medication-assisted treatment (MAT), with preventive efforts aimed at mental and physical health and social determinants provides further benefit than substance treatment alone.²⁸ As payers develop and implement programs, they should look for ways to improve quality outcomes and member quality of life, while incorporating all care team participants in these efforts.

- » Comprehensive, clinically-driven programs, such as Centene's OpiEnd™ are essential in combatting the opioid epidemic and other substance use issues. OpiEnd is a multi-modal, evidence-based program that is aimed at the provision of support services for members at risk for opioid use and opioid use disorder. This program provides interventions across the prevention-to-recovery continuum through data-driven integrated care management and member education, pharmacy policies, provider engagement, and community outreach interventions.
- » While identifying, addressing, and achieving recovery success for those already diagnosed with SUDs is important, identifying those at risk for potential misuse and decreasing development of SUDs may be even more important. Payers can use a variety of data sources and methods to do this. OpiEnd utilizes proprietary business intelligence tools to identify at-risk members for potential opioid misuse. By leveraging the program, Centene works to help improve the lives of members with opioid dependency and substance use disorder across the prevention to treatment continuum through data-driven integrated care management and member education, pharmacy policies, provider engagement, and community outreach interventions. OpiEnd's goal is to effectively manage pain and prevent opioid misuse. This proactive approach employs early intervention to prevent opioid misuse and helps save lives. Centene not only leverages internal algorithms, but also data available through pharmacy claims and electronic health records. According to Centene data, preventing at-risk members from developing an opioid use disorder produces a 2:1 return on investment. Additionally, members with an opioid-related disorder have greater inpatient utilization, higher lengths of stay, and increased ED utilization – further demonstrating the need for proactive intervention.
- » Understanding SUD is important for those who work with at-risk members. Centene's OpiEnd program provides a Care Manager e-Learning Curriculum, *Opioid Use Disorder Training for Care Managers*, with accompanying CMSA/Centene *Care Management Reference Guide for OUD* to increase the expertise and effectiveness of care managers.
- » When assessments and treatment plans are built for one SUD, payers should be thinking about how to extend the applicability for other needs. For example, the assessments built for OpiEnd are flexible enough to be used for any SUD, including alcohol and methamphetamine use disorders, and can help build member-specific care plans and treatment recommendations. Care managers make SUD screening a regular part of all screenings – helping to identify misuse and prevent SUD.



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- » Payers can also look for innovative ways to include care partners such as providing point of sale messaging to pharmacists that automatically alerts them to dispense naloxone spray if member's prescribed dosage level is greater than a specific morphine milligram equivalent.
- » As with any program, member education is vital. For example, Centene's OpiEnd program incorporates care management and pain management education for at-risk members, including medication journals and other materials written for the member and family.
- » Many accounts show that the medical community may struggle with supporting those facing SUDs.^{29,30} In order to assist providers, payers can offer training on SUD prevention, identification and clear referral pathways for treatment and other resources. Helping providers overcome stigma is crucial to mitigating the current and future impact SUDs have on our nation.
- » As part of preventative care, primary care providers must screen for and refer or treat all substance use disorders and substance misuse. SBIRT (Screening, Brief Intervention and Referral to Treatment) is a primary-care based intervention where the primary care team screens all patients for SUD, then uses the results to provide brief intervention, education, or refers the patient to treatment. Payers should work with primary care providers to implement SBIRT and ensure care referral and next steps in care are easily deployed.
- » Payers play an important role in expanding access to MAT across their provider networks. By offering MAT training and consultation, payers can help providers gain the expertise and certification they need to increase access to opioid use disorder treatment throughout communities. Centene partnered with ASAM to offer prescribers a course at no cost that provided them with the required education needed to obtain the waiver to prescribe all OUD medications for up to 100 patients in their first year of offering MAT. The training aided them in assessing patients for the full spectrum of opioid misuse including identification of opioid misuse and how to initiate, stabilize, maintain, monitor and modify the treatment of patients on buprenorphine or naltrexone.
- » In addition to provider training, when Centene identified inefficient substance use disorder treatment, its team participated in 30+ hours of ASAM training on levels of care for SUDs, as well as training in motivational interviewing, the well-established intervention for increasing treatment engagement and compliance. As a result, the team was able to more easily identify SUD needs in members who were struggling with recovery and provide them with the necessary treatment. The team also improved capacity to work alongside providers to ensure that members are receiving best practices at the level of care they need.
- » Payers should take a comprehensive approach to driving efficient, high-quality treatment in the community. Within its health insurance marketplace product Ambetter, Centene identified a higher-than-expected utilization of out-of-state SUD services that were inefficient, lacked coordination, and were of lower quality. To address, Centene applied specific interventions throughout the company cross-functionally – quality, compliance, data

management, network/contracting, utilization and care management, and local plan leadership. As a result, members were directed to more appropriate levels of care, quality of care was improved, enhanced quality metrics were designed to help monitor provider quality of care, system changes were established to decrease authorization and claim errors, and UM attempts were made to redirect members from facilities with poorer outcomes to more highly effective settings.

- » During the COVID-19 pandemic some positive learnings have resulted in providing care that payers can take away and implement in the future. For example, ensuring members have access to telehealth eliminates obstacles to keeping appointments, such as transportation and stigma, and improves adherence. Additionally, Centene has implemented the use of an electronic referral platform that enables referrals between providers, payers, and social service entities. By using innovative technology solutions, payers can help remove SDoH barriers members face, allowing them to focus on their recovery needs and treatment.
- » When developing programs, quality and HEDIS measures must be monitored closely to achieve favorable outcomes. At Centene, workgroups consisting of individuals with expertise from across the country were formed to focus on each HEDIS measure and develop best-practice solutions that improve quality and care. This dedicated emphasis on quality and HEDIS measures can result in a decrease in unnecessary mental health admissions, total inpatient admissions, avoidable ED visits, total medical costs, opioid-related deaths, and opioid-related overdoses.



FEDERAL & STATE POLICY RECOMMENDATIONS

The increasingly complicated and deadly nature of the opioid epidemic, and spikes in drug overdoses, requires meaningful action to remove barriers to evidence-based treatment for substance use disorders. Based on the insights Centene has gained through experiences in supporting members at risk for opioid misuse and reducing the stigma associated with opioid use disorder treatment, the following are considerations for payers in sustaining recent policy changes and pursuing new opportunities.

- » Physicians' ability to submit prescriptions electronically often alleviates many barriers to care for members such as access and lapse in treatment. For health plans, it allows for more seamless management of care and detection of misuse. As Electronic Prescriptions for Controlled Substances (EPCS) becomes ubiquitous, there is great potential for improvements in system efficiency, greater accuracy in transmissions, and other workflow benefits. However, barriers to implementation for EPCS remain a burden for physicians. As cited by the American Medical Association in late 2019, only 44 percent of physician have the technology, hardware, and certifications required for EPCS.⁴ EPCS also remains more difficult than other routine e-prescribing methods for providers to implement. EPCS applications require additional training and certification, and providers are required to use multiple devices for both the application and for the two-factor patient

**Adverse
Childhood
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contributed to nearly
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depression





**Substance
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and
stroke



verification. There also remain considerable differences in state-by-state regulations that providers must navigate. Given all of these barriers, payers should encourage CMS to carefully consider the execution, timing, roll-out, and coordination of EPCS to ensure physicians are given appropriate support for implementation of these requirements.

- » TeleBH has proven to be essential during the COVID-19 pandemic, and demand and need will continue into the future. The SUPPORT Act (passed in 2018), with some provisions later codified through the MAPD Rule (finalized 2021) and guidance provided through informational bulletins, have offered improved access to better quality OUD treatment, and aims to reverse the opioid epidemic. Through various regulations, memos, and guidance, regularly updated during 2020 to account for the Public Health Emergency (PHE), operational and financial flexibilities were granted for Medicare, Medicaid, and Marketplace to receive telehealth services, including lifting the originating site requirement, which allows more members to receive telehealth services from their home for SUD. While CMS was able to add more than 60 services to the Medicare telehealth list through the 2021 Physician Fee Schedule Final Rule, payers should continue to advocate for these improvements for Medicaid and Marketplace members, and ensure necessary flexibilities remain outside of the PHE to eliminate regulatory barriers to care delivery.
- » With the advent of the pandemic, some behavioral health providers have closed their practices and some have struggled to increase service delivery capacity through the use of telehealth and serve individuals in areas where telecommunications infrastructure is inadequate. Payers should continue to look for innovative ways to support the provider community as telehealth continues to prove a worthwhile delivery mode of care now and post-pandemic.
- » Payers can support implementation of a multi-state telehealth compact to harmonize state requirements and develop national standards for telehealth at a federal level that impact state Medicaid and Marketplace programs. An established multi-state telehealth compact will help ensure flexible, accessible, and efficient use of telehealth as a care delivery modality, which could also increase access to behavioral health and SUD professionals, especially for individuals in rural communities.
- » In recent years, CMS has shown an increased focus on innovative strategies to address the opioid epidemic, such as through the upcoming CMMI (Centers for Medicare & Medicaid Innovation) demonstration on the Value in Opioid Use Disorder Treatment (ViT) Initiative, which “increases access of applicable beneficiaries to opioid use disorder treatment services, improve physical and mental health outcomes for such beneficiaries, and to the extent possible, reduce [Medicare program expenditures].”³¹ Outcomes from this demonstration may help guide future value-based purchasing for SUD.

- » Payers should support reimbursement policies that incentivize provider networks to expand the care continuum; improve quality and member experience; and decrease cost of care. Additionally, now that methadone and related services furnished by opioid treatment programs are covered for MAT in Medicare populations, payers should continue to support increased use of this benefit.
- » Grant funding by Congress for the Rural Communities Opioid Response Program added new opportunities to address SUD challenges in rural areas. This is a positive step in ensuring individuals receive the treatment they need, regardless of the substance. Payers should continue to support federal policy that allows funding allocated to the fight against opioids, as well as additional funding, for use in combating issues with other substances.
- » States should continue to take advantage of the CMS Section 1115 Substance Use Demonstration waivers to expand their SUD service offerings. Thirty-one states have had such waivers approved thus far. Although this only directly affects Medicaid, it is expected that these expansions of services and treatment options should also positively impact services supported by other payers.
- » Carving behavioral health services into Medicaid managed care contracts allows for greater clinical integration and use of evidence-based practices such as the Collaborative Care Model, which improves behavioral health outcomes, including substance misuse and disorders.
- » Advocating for broader access to prescription drug monitoring programs (PDMP) can help to ensure accurate treatment and efficient coordination between providers and payers. Additionally, the integration of a national or state PDMP into providers' electronic health records can be beneficial for providers in that they can input information in one place and do not have to reference numerous databases.

Summary

As our county continues to address the SUD epidemic that has been magnified by the COVID-19 pandemic, payers have a responsibility to support the members they serve and the providers with whom they partner in addressing SUDs and identifying individuals with a history of misuse before progression to SUD. Through focusing on the specific needs of populations, and proper prevention, identification and treatment, payers play a significant role in helping individuals achieve better whole health and quality of life. By supporting recent, positive policy changes and continuing efforts in eliminating regulatory barriers to care, payers are able to foster further change for our nation to combat the rise of SUDs. In addition, these efforts can curtail the impact of this crisis and reduce the exorbitant associated costs. Centene is proud to be a leader in advancing the behavioral and physical health of its members, as well as being at the forefront of the industry's efforts in addressing and preventing SUD. Our commitment to our members is unwavering as we work to transform the health of the community, one person at a time.



More than
13%
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