

#StoptheSpiral

A Project of



The Christopher D.
Smithers Foundation, Inc.



COLUMBIA UNIVERSITY
MEDICAL CENTER
Department of Psychiatry

COLUMBIA PSYCHIATRY TO BEGIN NATIONAL CAMPAIGN IN RESPONSE TO OPIOID EPIDEMIC

***Columbia Psychiatry and Smithers Center Launch National Awareness Effort and Urge the
Removal of Financial Barriers to Medications, Same Day Access to
Evidence-Based Treatment***

***Programs should be incentivized to initiate and retain patients on FDA-approved medications
as first line treatment for Opioid Use Disorder***

New York, NY, March 1, 2018—Columbia Psychiatry's Division on Substance Use Disorders will be playing a major role with money allocated by the federal government to provide clinical expertise to all 50 states to respond to the opioid epidemic. The Division on Substance Use Disorders, within the Columbia University Irving Medical Center's Department of Psychiatry, has been a pioneer in the treatment of Opioid Use Disorder (OUD) for 25 years and is committed to improving the practice as well as the science of addiction treatment.

The Substance Abuse and Mental Health Service Administration (SAMHSA) has announced a \$24 million grant to the American Academy of Addiction Psychiatry, in which Columbia Psychiatry faculty will play a lead role, along with other Core Collaborators. This project will organize local leaders to provide technical assistance and training on evidence-based practices across all 50 states to combat the nation's opioid crisis. The program is funded to support the Opioid State Targeted Response (STR) program authorized by the 21st Century Cures Act.

Clinician-researchers Frances R. Levin MD, Aimee Campbell, Ph.D., Edward Nunes MD, Adam Bisaga, MD, together with other faculty, will be coordinating Columbia Psychiatry's role as part of the national effort. They have announced a five-pronged approach to expand every American's access to evidence-based treatment:

- All patients with Opioid Use Disorder should have access to one of three FDA-approved medications (buprenorphine, methadone, XR-naltrexone) as their primary treatment.
- Medication assisted treatment should continue for a minimum of one year, without a pre-defined length of treatment, under a long-term medical model.
- As detoxification alone for Opioid Use Disorder is an ineffective and potentially dangerous practice, it should not be the choice for most patients. The primary goal should be to stabilize patients on FDA-approved medications.

- 12-step based approaches are insufficient and dangerous when used to stabilize and treat patients with OUD. 12-step based treatment does not protect against overdose and should only be introduced as an option in combination with pharmacological treatment and medical supervision.
- Financial and insurance barriers to treatment should be removed to hasten same-day access to evidence-based treatment nationwide.

The initiative comes as Columbia Psychiatry and long-time partner in addiction services, the Christopher D. Smithers Foundation, Inc., are launching a national awareness campaign about opioid addiction and urging federal and local elected officials to expand immediately programs to provide access to FDA-approved medications.

The awareness campaign is a call to action to increase access to evidence-based treatment for opioid use disorder. Told from the perspective of a teenager and his family, the “Hey Charlie” video shows how quickly the use of banned substances in social situations almost seamlessly spirals into an addiction to opiates. The powerful PSA ends with a link for people looking for more information about appropriate and effective medical treatment for opioid addiction: www.StopTheSpiral.com

“The solution to the opioid crisis now is funding for medical treatment programs that use proven medical strategies for the primary and aftercare treatment of opioid addiction,” said Christopher Smithers, president of the Christopher D. Smithers Foundation, one of the country’s addiction research and treatment organizations. “Group therapy and 12-step programs should not be used as primary addiction treatments nor should they be used for primary addiction aftercare.”

“These medications: buprenorphine, naltrexone, or methadone, significantly diminish cravings and reduce the risk of overdose,” said Dr. Adam Bisaga, Professor of Psychiatry at the Columbia University Vagelos College of Physicians and Surgeons. Dr. Levin, the Medical Director of the STR project, notes that “Life-saving medication treatments provide patients with an opportunity to benefit from psychotherapeutic approaches that allow them to lead more productive lives.”

Dr. Arthur Robin Williams, Assistant Professor of Psychiatry at the Columbia University Vagelos College of Physicians and Surgeons, explained that FDA approved medications have proven to reduce overdose, yet only a third of the many thousands of people seeking effective treatment successfully access them during a given care episode. According to the [National Survey on Drug Use and Health](#), approximately 2.5 million Americans are dependent on opioids. This class – which includes prescription opioids, heroin, and fentanyl – is driving a recent increase in mortality from drug overdose deaths which surpassed 64,000 in 2016. Yet, as noted by the [National Institute of Drug Abuse](#), fewer than 50% of private sector treatment programs even offer medications for Opioid Use Disorder.

About the Christopher D. Smithers Foundation, Inc.

The Christopher D. Smithers Foundation, Inc. was founded in 1952 by R. Brinkley Smithers in memory of his late father. Originally, the purpose of the Foundation was to carry on the charitable activities pursued by Mr. Christopher D. Smithers during his lifetime. However, after attending the Yale School of Alcohol Studies in 1956, R. Brinkley Smithers decided that the family charitable foundation should concentrate on alcohol use disorder and addiction, and on educating the public that addiction is a medical illness.

For more than 60 years the Christopher D. Smithers Foundation, Inc. has concentrated its efforts on educating the public that addiction is a medical illness from which people can and do recover; encouraging prevention programs and activities, with an emphasis on high risk populations; and continually fighting to reduce and eliminate the stigma that is associated with the illness of addiction.

About Columbia Psychiatry

Columbia Psychiatry is among the top ranked psychiatry departments in the nation and has contributed greatly to the understanding and treatment of brain disorders. Co-located at the New York State Psychiatric Institute on the New York-Presbyterian Hospital/Columbia University Irving Medical Center campus in Washington Heights, the department enjoys a rich and productive collaborative relationship with physicians in various disciplines at the Columbia University Vagelos College of Physicians and Surgeons. Columbia Psychiatry is home to distinguished clinicians and researchers noted for their clinical and research advances in the diagnosis and treatment of depression, suicide, schizophrenia, bipolar and anxiety disorders, eating disorders, substance use disorders, and childhood psychiatric disorders.

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