



Request for Information: Opioid Use Disorder Among People with Disabilities

AGENCY: Administration for Community Living, HHS.

ACTION: Request for Information (RFI)

SUMMARY

The National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) at the Administration for Community Living is seeking input on the following areas related to the opioid public health emergency and people with disabilities. People with disabilities often experience chronic pain and, as a result, sometimes use opioids to address their pain. We are interested in understanding: 1) whether people with disabilities have been diagnosed and are being treated for an opioid use disorder, and 2) are clinics or community organizations observing a sizeable population of people with disabilities seeking treatment for opioid use disorder? If so, are current treatment strategies adequate and, if applicable, how is your organization adapting treatment strategies for people with disabilities?

DATES: *Comment Date:* To be assured consideration, comments must be received by February 20, 2018.

ADDRESSES: Comments should be submitted electronically to sarah.ruiz@acl.hhs.gov with “RFI – Opioid Public Health Emergency” in the subject line.

FOR FURTHER INFORMATION CONTACT: sarah.ruiz@acl.hhs.gov with “RFI – Opioid Public Health Emergency” in the subject line.

PURPOSE

The purpose of this Request for Information (RFI) is to gain feedback on the prevalence and treatment of opioid use disorder from the disability and rehabilitation research communities as well as from people with disabilities and their representatives on the occurrence and treatment of opioid use disorder among people with disabilities.

This RFI is for information and planning purposes only and should not be construed as a solicitation or as an obligation on the part of the federal government, the Administration for Community Living, and/or NIDILRR. NIDILRR does not intend to make any awards based on responses to this RFI or to otherwise pay for the preparation of any information submitted or for the government's use of such information.

BACKGROUND

NIDILRR's mission is to generate new knowledge and to promote its effective use to improve the abilities of individuals with disabilities to perform activities of their choice in the community, and to expand society's capacity to provide full opportunities and accommodations for its citizens with disabilities. NIDILRR is governed by the definitions in Title II of the *Rehabilitation Act* (the act). Title II describes a person with a disability as: any person who (i) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (ii) has a record of such an impairment; or (iii) is regarded as having such an impairment.

The federal government is well underway in its efforts to combat opioid abuse (HHS, 2017).

Opioid use leads to euphoria, drowsiness, and slowed breathing, as well as reduced pain (Surgeon General, 2016). Some people who use these substances can develop an opioid use disorder. Typically this disorder involves: (1) intense intoxication, (2) development of tolerance, (3) escalation in use, and (4) serious emotional and physical withdrawal symptoms. Opioid use disorder can affect people of all ages,

racess, ethnicities, income classes, and geographic areas. People with disabilities may be affected by this problem because they may use prescription opioids to cope with long-term pain as a result of their underlying primary disability (Jensen et al., 2006). As a result of chronic pain, people with disabilities may use prescription opioids for longer than 90 days and become at risk for developing an opioid use disorder. However, there is limited information in the scientific literature on the identification and treatment of opioid use disorder among people with disabilities.

NIDILRR is issuing this Request for Information (RFI) to obtain input on the incidence of opioid use disorder among people with disabilities. This information will help NIDILRR determine what research might be needed to inform interventions and/or policies to mitigate the effects of opioid use disorder on people with disabilities. Topics of particular interest include (1) opioid use among common subgroups of people with disabilities and their secondary conditions, and/or (2) the effectiveness of existing or adapted treatment strategies for opioid use disorder among people with disabilities.

SECTION I: Prevalence of Opioid Use Disorder among People with Disabilities

People with disabilities, especially those with significant disabilities, experience chronic pain (Jensen et al., 2011). Sometimes the treatment of this pain results in long-term opioid use and potential exists for development of an opioid use disorder. However, there are no national data on the prevalence of opioid use disorder among people with disabilities. Through this RFI, we are interested in reports from clinics and community organizations on the extent to which the opioid public health emergency has impacted people with disabilities. We are particularly interested in hearing from service providers, such as Centers for Independent Living (CIL), and behavioral health, and rehabilitation clinics that serve people with disabilities.

Section II: Treatment Strategies for Opioid Use Disorder Among People with Disabilities

Medication assisted treatments are recommended by the scientific literature (NASEM, 2017). This treatment strategy combines medication with counseling or other supportive services (VA/DOD, 2015, ASAM, 2015). The data show that medications can lead to clinical improvements for patients, and improvements in their quality of life (NASEM, 2017). Counseling may help people recover, but research does not support using counseling alone (NASEM, 2017). According to available evidence, the longer a person receives medication assisted treatment, the better their health outcomes (NASEM, 2017).

It is not known whether medication assisted treatments and the current drug recommendations (methadone, buprenorphine, naltrexone, naloxone; NASEM, 2017) are also effective for people with disabilities. People with long-term disabilities are more likely to take multiple medications and face greater barriers to health care access than those without disabilities (Krahn et al., 2006; Krahn et al., 2015). A recent brief reported physical accessibility remains a considerable challenge for people with disabilities (Singer et al., 2017). Thus, NIDILRR is interested in understanding whether current treatment strategies are effective for people with disabilities. Responses can be based on findings from research studies or observations from clinic or community settings.

References

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