Recommended Core Curriculum Topics for Substance Use Disorder in Early Academic Career Healthcare Education Programs

Below are recommendations offered by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Office of National Drug Control Policy (ONDCP) Expert Panel Meetings regarding elements or categories for inclusion in core curriculum on substance use disorder (SUD) for integration into graduate healthcare education programs.

I. General and Historical Context
   A. Introduction to drug use and trends over time
   B. History of Drug Control Policies in the U.S.
   C. Impact of diagnosis (criminalization of a medical diagnosis)
   D. Impact of structural stigma

II. Overview of SUD
   A. Determinants of SUD
      1. Genetic factors
      2. Neurobiology of substance use, misuse, and addiction as a chronic disease
      3. Impact of the unequal access to any health care, lack of education, stigma, and biases on SUD and recovery
   B. Substances of Concern
      1. Opioids
      2. Stimulants
      3. Depressants
      4. Alcohol
      5. Tobacco
      6. Cannabis
      7. Emerging Substances (e.g., xylazine, nitazene)
   C. Prevention
      1. Discussing prevention in clinical settings
      2. Specific interventions
      3. Mental health and preventing substance use; mitigating unmanaged mental health
   D. Legal and ethical issues involved in the care of patients with SUD
      1. Professional responsibilities of caring for patients with SUD
         a. Complications of not addressing SUD (“Do no harm”), including medical/legal complications of not providing care
         b. Responsibilities for advising patients about marketing of unapproved medications and interventions
      2. Recognizing and addressing discrimination and prejudicial treatment and stigma and bias in the community and in the healthcare professions
      3. Lab testing for work-related issues (safety-sensitive and security-sensitive positions); balancing caring for persons and environmental safety and occupational issues
      4. The role of research in treatment settings
      5. [42 CFR Part 2, Controlled Substances Act (CSA), and the Medication Access and Training Expansion (MATE Act) (as codified in the Consolidated Appropriations Act, 2023)]
III. Screening and Assessment for Patients with SUD
   A. Screening ("SBIRT")
   B. Assessing for trauma and social determinants of health
      1. Trauma assessments should be included as well as references to Adverse Childhood
         Experiences (ACEs)
      2. Include suicide risk assessment
   C. Diagnosis and Assessment
      1. Lab testing (drugs and other related-medical issues)
      2. Consideration of co-occurring issues
         a. polysubstance use
         b. medical
         c. mental health disorders (e.g., anxiety, depression, ADHD)
      3. SUD and related medical co-morbidities
      4. Special Populations

IV. Treatment of SUD
   A. Modalities for treatment
   B. Pharmacotherapies for SUD: The initiation and management of FDA-approved medications for
      SUDs, including the impact of unique, individual physiology and metabolism on medication
      pharmacodynamics, including technological delivery systems (such as electrified patches and
      vaping)
      1. Alcohol Use Disorder
      2. Opioid Use Disorder
      3. Tobacco Use Disorder
   C. Integrating pharmacotherapy into care
      1. Effective Treatment Planning – and use of person-centered, collaborative approaches and
         decision making, using techniques such as motivational interviewing, conflict resolution,
         and redirection to address anchoring
      2. Managing other substances
      3. Managing associated medical conditions
      4. Patient and family education on safety and overdose prevention (diversion control; safe
         storage; use of naloxone)
      5. Toxicology Testing in medications for the treatment of opioid use disorder (MOUD)/initial
         and ongoing assessment
      6. Diversion management
   D. Treatment Approaches
      1. Person-centered care
         a. Shared decision-making; treatment goals tailored to the patient
         b. Use of patient-centered language and cultural humility
         c. How SUD is viewed and discussed in different communities and cultures, such as
            understanding religious practices and how they might influence the attitudes and
            perspectives about certain substances

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