Best Practices in Substance Use Disorders: 
The Importance of Integrated Care

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ASAP, Niagara Falls, NY
September 23, 2019
Overview

• Epidemiology of substance use and mental disorders in the United States
  – High rates of co-occurring disorders
• Best practice in clinical treatment of SUDs
  – Addressing polysubstance use
  – Addressing co-occurring mental disorders
• Clinical settings and care integration
  – Specialty SUD programs
    • E.g.: Centers of Excellence for Treatment of OUD
  – CCBHC models
  – FQHC/primary care models
• SAMHSA resources
  – Addressing the opioids epidemic
  – Block grant funds
  – Technical assistance and training programs: CIHS and others
In 2018, 57.8M Americans had a mental and/or substance use disorder.
Illicit Drug Use: Marijuana Most Used Drug

- **Marijuana**: 15.9% of 43.5M, 16.9M users
  - Significant decrease from 2017 (6.6%)
- **Psychotherapeutic Drugs**: 6.2%
- **Cocaine**: 2.0%, 5.5M users
- **Hallucinogens**: 2.0%, 5.6M users
- **Methamphetamines**: 0.7%, 1.9M users
- **Inhalants**: 0.7%, 2.0M users
- **Heroin**: 0.3%, 808K users

Past Year, 2018 NSDUH, 12+
Opioid Misuse

PAST YEAR, 2015-2018 NSDUH, 12+

- Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Prescription Pain Reliever Misuse and Heroin Use

PAST YEAR, 2015-2018 NSDUH, 12+

Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Sources Where Pain Relievers Were Obtained for Most Recent Misuse among People Who Misused Prescription Pain Relievers

PAST YEAR, 2018 NSDUH, 12+

83.2% of the friends or relatives were prescribed the pain reliever by a single doctor

9.9 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year
<table>
<thead>
<tr>
<th>Year</th>
<th>Methadone</th>
<th>Buprenorphine</th>
<th>Naltrexone</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>345,443</td>
<td>581,613</td>
<td>73,260</td>
</tr>
<tr>
<td>2017</td>
<td>382,867</td>
<td>520,398</td>
<td>64,020</td>
</tr>
<tr>
<td>2018</td>
<td>450,247</td>
<td>648,864</td>
<td>73,260</td>
</tr>
</tbody>
</table>

**Total Number receiving MAT (all types):**

<table>
<thead>
<tr>
<th>Year</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>921,692</td>
<td>1,028,500</td>
<td>1,172,371</td>
</tr>
</tbody>
</table>
Alcohol Use in the United States: 2018

- 139.8 Million Current Alcohol Users
- 67.1 Million Binge Alcohol Users (48.0% of Alcohol Users)
- 16.6 Million Heavy Alcohol Users

24.7% of Binge Alcohol Users are Heavy Users
11.8% of Alcohol Users are Heavy Users
Marijuana Use

PAST MONTH, 2015-2018 NSDUH, 12+

Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-17</td>
<td>1.8M</td>
<td>1.6M</td>
<td>1.6M</td>
<td>1.7M</td>
</tr>
<tr>
<td>18-25</td>
<td>6.9M</td>
<td>7.2M</td>
<td>7.6M</td>
<td>7.5M</td>
</tr>
<tr>
<td>26 or Older</td>
<td>13.6M</td>
<td>15.2M</td>
<td>16.8M</td>
<td>18.5M</td>
</tr>
</tbody>
</table>

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Marijuana Use Disorder

PAST YEAR, 2015-2018 NSDUH, 12+

The difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Methamphetamine Use: Significant Increase in Adults > 26 y.o.

PAST YEAR, 2015-2018 NSDUH, 12+

The difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Methamphetamine Use by State

PAST YEAR, 2016-2017, 12+

Source: NSDUHs, 2016 and 2017.
PAST YEAR, 2015-2018 NSDUH, 12+

Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Cocaine Use: Significant Decline among Young Adults (18-25 y.o.)

PAST MONTH, 2015-2018 NSDUH, 12+

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Cocaine Use Disorder

PAST YEAR, 2015-2018 NSDUH, 12+

Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Serious Mental Illness (SMI) Rising among Young Adults (18-25 y.o.) and Adults (26-49 y.o.)

PAST YEAR, 2008-2018 NSDUH, 18+

53.8%
1.4 MILLION YOUNG ADULTS WITH SMI RECEIVED TREATMENT IN 2018
46.2% got NO treatment

63.7%
3.8M adults (26-49 y.o.) with SMI received treatment;
36.3% got NO treatment

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Major Depressive Episodes

Note: The adult and youth MDE estimates are not directly comparable.

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Co-Occurring Issues: Substance Use Is More Frequent among Adults (≥18 y.o.) with Mental Illness

PAST MONTH, 2018 NSDUH, 18+

Difference between this estimate and the estimate for adults without mental illness is statistically significant at the .05 level.

- Cigarette
  - No Mental Illness: 16.3%
  - Any Mental Illness: 28.1%
  - Serious Mental Illness: 37.2%

- Daily Cigarette
  - No Mental Illness: 9.6%
  - Any Mental Illness: 16.7%
  - Serious Mental Illness: 24.2%

- Binge Drinking
  - No Mental Illness: 19.3M
  - Any Mental Illness: 7.9M
  - Serious Mental Illness: 2.7M

- No Mental Illness: 13.4M
- Any Mental Illness: 32.9M
- Serious Mental Illness: 37.2M

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Co-Occurring Issues: Substance Use Is More Frequent among Adults (≥18 y.o.) with Mental Illness

PAST YEAR, 2018 NSDUH, 18+

Difference between this estimate and the estimate for adults without mental illness is statistically significant at the .05 level.

<table>
<thead>
<tr>
<th>Substance</th>
<th>Any Mental Illness</th>
<th>Serious Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illicit Drugs</td>
<td>15.7%</td>
<td>36.7%+</td>
</tr>
<tr>
<td>Marijuana</td>
<td>26.5M</td>
<td>29.2%+</td>
</tr>
<tr>
<td>Opioid Misuse</td>
<td>4.4M</td>
<td>38.9%+</td>
</tr>
<tr>
<td>Prescription Pain Reliever Misuse</td>
<td>4.4M</td>
<td>14.6%+</td>
</tr>
<tr>
<td>Heroin</td>
<td>1.6M</td>
<td>1.8%+</td>
</tr>
</tbody>
</table>

No Mental Illness | Any Mental Illness | Serious Mental Illness

+ Difference between this estimate and the estimate for adults without mental illness is statistically significant at the .05 level.
### Alcohol Use Related to Other Substance Use, MDE and SMI

#### PAST YEAR/MONTH, 2018 NSDUH, 12+

The difference between the estimate and the estimate for people with past month use but not heavy alcohol use is statistically significant at the .05 level.

<table>
<thead>
<tr>
<th>Substance Use</th>
<th>No Past Month Alcohol Use</th>
<th>Past Month Alcohol Use but No Heavy Use</th>
<th>Past Month Heavy Alcohol Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past Year Marijuana Use</td>
<td>8.0%+</td>
<td>2.8%+</td>
<td>10.7M</td>
</tr>
<tr>
<td>Past Year Opioid Misuse</td>
<td>2.8%+</td>
<td>3.9%+</td>
<td>3.8M</td>
</tr>
<tr>
<td>Past Year Cocaine Use</td>
<td>9.9%+</td>
<td>4.2%+</td>
<td>4.8M</td>
</tr>
<tr>
<td>Past Year Methamphetamine Use</td>
<td>0.5%+</td>
<td>2.5%+</td>
<td>20.8%</td>
</tr>
<tr>
<td>Past Year MDE, 12+</td>
<td>5.1%+</td>
<td>4.2%+</td>
<td>634K</td>
</tr>
<tr>
<td>Past Year SMI, 18+</td>
<td>4.6%+</td>
<td>7.1%+</td>
<td>8.0%+</td>
</tr>
</tbody>
</table>

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*+ Difference between this estimate and the estimate for people with past month use but not heavy alcohol use is statistically significant at the .05 level.*
Marijuana Use Related to Other Substance Use, MDE and SMI

Past Year Methamphetamine Use
- No Past Year Marijuana Use: 0.2%
- Any Past Year Marijuana Use: 3.1%
- Past Year Daily or Almost Daily Marijuana Use: 4.1%

Past Month Heavy Alcohol Use
- No Past Year Marijuana Use: 2.3%
- Any Past Year Marijuana Use: 4.1%
- Past Year Daily or Almost Daily Marijuana Use: 6.2%

Past Year Cocaine Use
- No Past Year Marijuana Use: 11.5%
- Any Past Year Marijuana Use: 16.5%
- Past Year Daily or Almost Daily Marijuana Use: 19.1%

Past Year Opioid Misuse
- No Past Year Marijuana Use: 0.4%
- Any Past Year Marijuana Use: 11.5%
- Past Year Daily or Almost Daily Marijuana Use: 15.4%

Past Year MDE, 12+
- No Past Year Marijuana Use: 9.4M
- Any Past Year Marijuana Use: 5.0M
- Past Year Daily or Almost Daily Marijuana Use: 11.5M

Past Year SMI, 18+
- No Past Year Marijuana Use: 903K
- Any Past Year Marijuana Use: 7.2M
- Past Year Daily or Almost Daily Marijuana Use: 17.1M

Past Year SMI, 18+
- No Past Year Marijuana Use: 0.2%
- Any Past Year Marijuana Use: 3.1%
- Past Year Daily or Almost Daily Marijuana Use: 4.1%

Past Year SMI, 18+
- No Past Year Marijuana Use: 3.3%
- Any Past Year Marijuana Use: 10.9%
- Past Year Daily or Almost Daily Marijuana Use: 14.0%

*Difference between this estimate and the estimate for people with past year marijuana use is statistically significant at the .05 level.*
Opioid Misuse Related to Other Substance Use, MDE and SMI

PAST YEAR/MONTH, 2018 NSDUH, 12+

- Difference between this estimate and the estimate for people with past year opioid misuse is statistically significant at the .05 level.

Past Year Marijuana Use: 14.6%+ 16.0%
Past Month Heavy Alcohol Use: 5.7%+ 16.0%
Past Year Cocaine Use: 1.5%+ 16.0%
Past Year Methamphetamine Use: 0.4%+ 912K
Past Year MDE, 12+: 7.3%+ 955K
Past Year SMI, 18+: 4.1%+ 19.1M

- No Past Year Opioid Misuse
- Any Past Year Opioid Misuse

0% 10% 20% 30% 40% 50%
• Screen for hazardous substance use/misuse/abuse/use disorders
  – SBIRT: USPSTF endorses screening for tobacco, alcohol, illicit drug use
  – Refer for specialty treatment where indicated
• Screen for mental health problems
• These get at depression and suicidal thinking (PHQ-9)
• Take a complete history of mental health, substance use, and physical health issues
• Address all problems in treatment plan
  – If a specialist is needed; make referral and get releases in place to facilitate collaborative, coordinated care for the patient
Current model of SBIRT based on IOM report recommending development of integrated service systems linking:
  - community-based screening and brief intervention
  - Assessment and referral activities
SBIRT: fills a gap between primary prevention and more intensive treatment for those with SUDs
SBIRT goal: to improve community health by reducing prevalence of adverse consequences of substance misuse including SUDs through early intervention and referral when needed
What is SBIRT in Practice?

- **Screening**: quickly assess use and severity of alcohol, illicit drugs, and prescription drug abuse
- **Brief Intervention**: a 3-5 minute motivational interview and awareness-raising intervention given to risky or problematic substance users
- **Referral to Treatment**: referrals to specialty care for patients with substance use disorders
Screening

• Ask about
  – Alcohol use: drinks/d, drinks/wk,
    • Binge drinking M:≥5/W ≥ 4 drinks in approx. 2 hour time period
    • Heavy drinking: binge use on 5 or more days in past month
  – Use of prescription drugs for a non-medical reason/for a purpose not part of why prescribed
  – Use of any illicit substance
  – Symptoms of depression PHQ-9, PHQ-2
    • Interest, pleasure, depressed mood, energy, appetite, concentration, guilt, motor activity, thoughts of hurting self
    • PHQ-2: loss of interest/pleasure, depressed/hopeless
  – Follow up on positive responses
• People come to treatment with an identified drug to be addressed
• Polysubstance abuse is the rule; not the exception
• History is very important to treatment planning
Taking the History

• **History of drug use:**
  – Start with first substance used and age at first use
  – Ask about all substances (licit and illicit)
  – Determine changes in use over time (frequency, amount, route)
  – Assess recent use (past several weeks)

• **Tolerance, intoxication, withdrawal:**
  – Explain what is meant by tolerance
  – Determine the patient’s tolerance and withdrawal history
  – Ask about complications associated with intoxication and withdrawal

• **Relapse/attempts to abstain:**
  – Determine if the patient has tried to abstain, and what happened
  – Longest period of abstinence
  – Identify triggers to relapse
Taking the History

- **Consequences of use:**
  - Determine current and past levels of functioning
  - Identify consequences
    - Medical
    - Family
    - Employment
    - Legal
    - Psychiatric
    - Other

- **Craving and control:**
  - Ask about craving and/or a compulsive need to use
  - Determine if patient sees loss of control over use

- **Treatment Episodes**
  - Response to treatment
  - Length of abstinence

- **Medical history:**
  - **Past and/or present:**
    - Significant medical illnesses
    - Hospitalizations/Operations
    - Accidents/injuries
Taking the History

- **Psychiatric history**
  - Symptoms/mental illnesses
  - Type of treatment(s)
  - Medication treatment

- **Family history:**
  - Substance use disorders
  - Other psychiatric conditions
  - Other medical disorders

- **Personal (or social) history:**
  - Birth and early development
  - Education
  - Employment and occupations
  - Marital status and children
  - Living situation
  - Legal status
• Toxicology screen: baseline and as clinically indicated
• Check PDMP: baseline and regularly thereafter
Importance of Mental Health Assessment

• Psychiatric considerations
  – Suicidality
  – Homicidality
  – Psychosis (paranoia, hallucinations)
  – Cognitive impairment or dementia (orientation, mood, affect, thought process/content, memory, abstraction, fund of knowledge, insight, judgment)
Co-Occurring Disorders

- Distinguish between substance-induced disorders versus independent psychiatric disorders:
  - **Substance-induced**: Disorders related to the use of psychoactive substance; typically resolve with sustained abstinence
  - **Independent**: Disorders which present during times of abstinence; symptoms not related to use of psychoactive substance; will need psychiatric treatment
Substance-Induced Disorders

– Symptoms occur only when actively abusing drugs/alcohol
– Symptoms are related to intoxication, withdrawal, or other aspects of active use
– Onset and/or offset of symptoms are preceded by increases or decreases in substance use
– Goal:
  • sustained abstinence
  • re-evaluation
Independent Disorders

- Symptoms occur when not using psychoactive substances, or with steady use without change in amount or type
- Family history may point to independent disorder if present in first degree relatives
- Goal: cessation of substance use and treatment of psychiatric symptoms
Will respond to medication treatments for depressive and anxiety disorder(s) at similar rates to those without substance use disorders.
Diagnosis(es) and level of care determination:

- Develop treatment plan that addresses all substance use and mental disorders: bring all necessary providers into the plan development; primary clinician, case manager, counselor, psychiatrist, medical provider

- Determine if medications are needed; discuss with patient; shared decision-making; monitoring for effectiveness/side effects

- Determine psychosocial treatments needed: counseling, psychoeducation, MI, CBT, CM, family therapy

- Determine recovery supports needed: accessing benefits, vocational/educational assistance, childcare assistance, transportation, housing

- Releases of information to allow communication between providers
Clinical Settings and Care Integration

– Specialty SUD programs
  • E.g.: Centers of Excellence for Treatment of OUD

– Certified Community Behavioral Health Clinics (CCBHC) models
  • Focus is on service to seriously mentally ill
  • Integrated mental, substance use, physical healthcare
  • 24/7 crisis intervention services

– Community mental health centers
  • Focus on addressing mental disorders
  • Integration of substance use disorder treatment

– FQHC/primary care models/healthcare systems
  • Based in medical settings
  • Mental health and substance use care integrated
Changes to redisclosure regulations to allow recording of substance use disorder treatment information in non-Part 2 medical records

Release to an entity (e.g.: SSA) with patient consent

Prescribers can check central registries; dispensed scheduled medications can be recorded in PDMP according to state law

Sharing of information by a Part 2 program in time of declared natural disaster

Change to sanitizing requirements

Research disclosures under Part 2 by HIPAA covered entity to entities not covered by HIPAA.

Extension of court-ordered placement of undercover agents/informants in course of investigation to 12 months
New Approaches: Addressing Parity through Increased Provider Prep
Addressing Training Needs of Any Provider—not just Grantees

- TTCs: MH with supplements for children’s issues, Substance Abuse Prevention, Addiction TTCs, CSS-SMI, Privacy TTC, Eating Disorders TTC
- PCSS Universities
- State Targeted Response to Opioids (STR) TA program
- Project ECHO type training programs, Centers of Excellence: Practical experience
- Education on assessment/treatment of SUDs by healthcare profession
- Evidence-Based Practices Website
- SAMHSA Products (e.g.: TIP 63, Pregnant/Post Partum Women with OUD Factsheets, NSDUH presentation, Prevention Day, MAT in jails/prisons)
Evidence-Based Practice Repository in NMHSUPL

National Technical Assistance/Training Centers:
- State Targeted Response to Opioids
- Providers’ Clinical Support System for Medication Assisted Treatment
- Clinical Support System for Serious Mental Illness/Supplements for School-Based Mental Health Programs
- National Child Traumatic Stress Network
- National Center on Substance Abuse and Child Welfare
- Center for Integrated Health Services
- Veterans
- GAINS (Criminal Justice)
- Disaster, Social Inclusion/Public Education
- Suicide Prevention
- SOAR
- Privacy (HIPAA, 42 CFR)
- Eating Disorders

Combined Efforts at the State, Regional, and Local Levels Oriented to All Health Professionals

Regional Substance Abuse Prevention, Addiction, Mental Health, Collaborating Technology Transfer Centers

Region 1  Region 2  Region 3  Region 4  Region 5  Region 6  Region 7  Region 8  Region 9  Region 10

National Hispanic/Latino TTCs  National American Indian/Alaska Native TTCs
Support use of credentialed peer providers and other paraprofessionals as an integrated component of comprehensive care

Peers can provide an important component of care in the form of:

• Links between psychiatric and medical systems with recovery support systems in communities
• Supports to assist individuals in obtaining needed medical and recovery support services

SAMHSA goals:

• Support the establishment of national credentialing, licensing and certification programs that provide training recognized in all states
• Encourage better understanding of peer professionals in mental and substance use disorder treatment and recovery resources by healthcare professionals
• Encourage peer professionals to obtain training and education on psychiatric medicine and evidence-based approaches to care and treatment of mental and substance use disorders
• Utilize TTCs to provide needed education and training
Thank You!

SAMHSA’s mission is to reduce the impact of mental illness and substance use issues on America’s communities.

Findtreatment.samhsa.gov

SAMHSA National Lifeline: 800-273-TALK (8255)