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

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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

Mental Illness and Substance Use Disorders in America

PAST YEAR, 2018 NSDUH, 18+

Among those with a substance use disorder:
3 IN 8 (38.3% or 7.4M) struggled with illicit drugs
3 IN 4 (74.5% or 14.4M) struggled with alcohol use
1 IN 8 (12.9% or 2.5M) struggled with illicit drugs and alcohol

Among those with a mental illness:
1 IN 4 (23.9% or 11.4M) had a serious mental illness

7.8%
(19.3 MILLION)
People aged 18 or older had a substance use disorder (SUD)

3.7%
(9.2 MILLION)
People 18+ had BOTH an SUD and a mental illness

19.1%
(47.6 MILLION)
People aged 18 or older had a mental illness

In 2018, **57.8M** Americans had a mental and/or substance use disorder.

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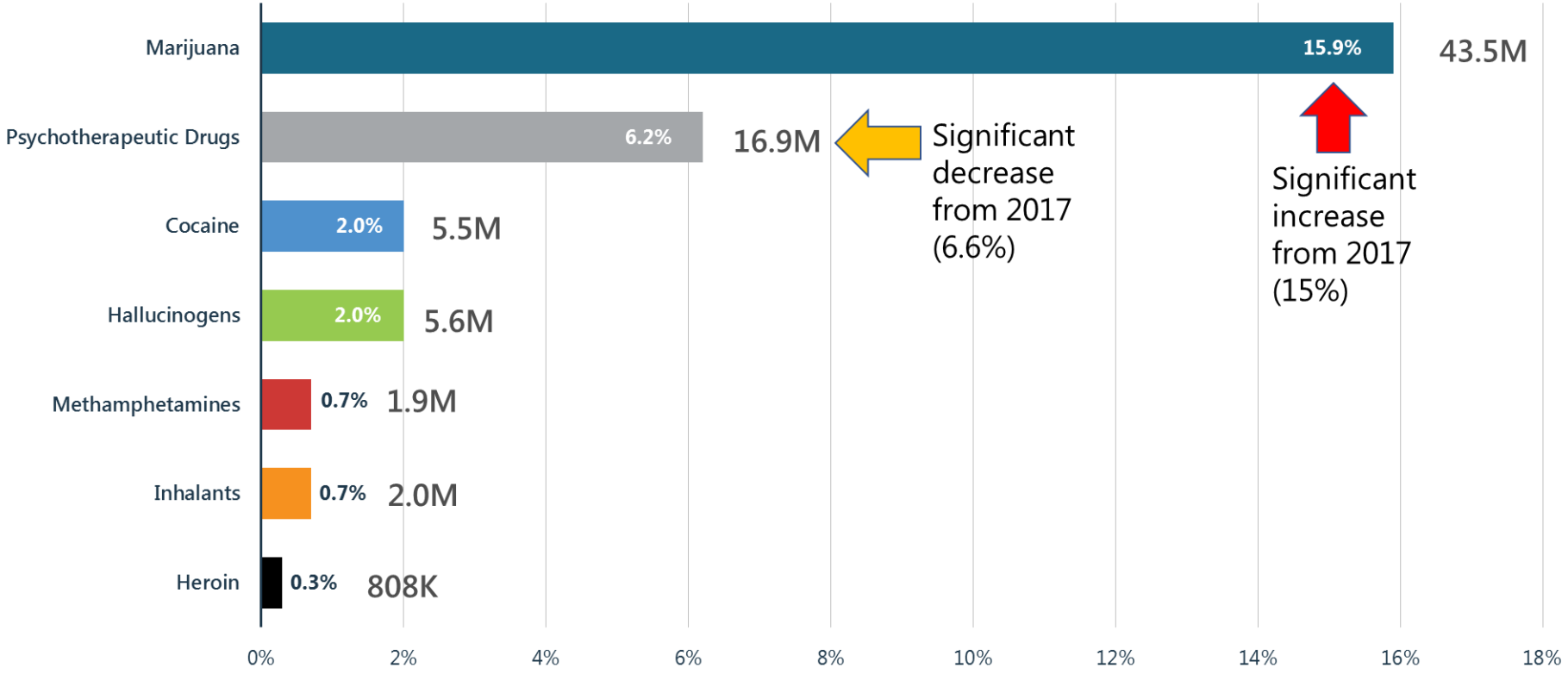
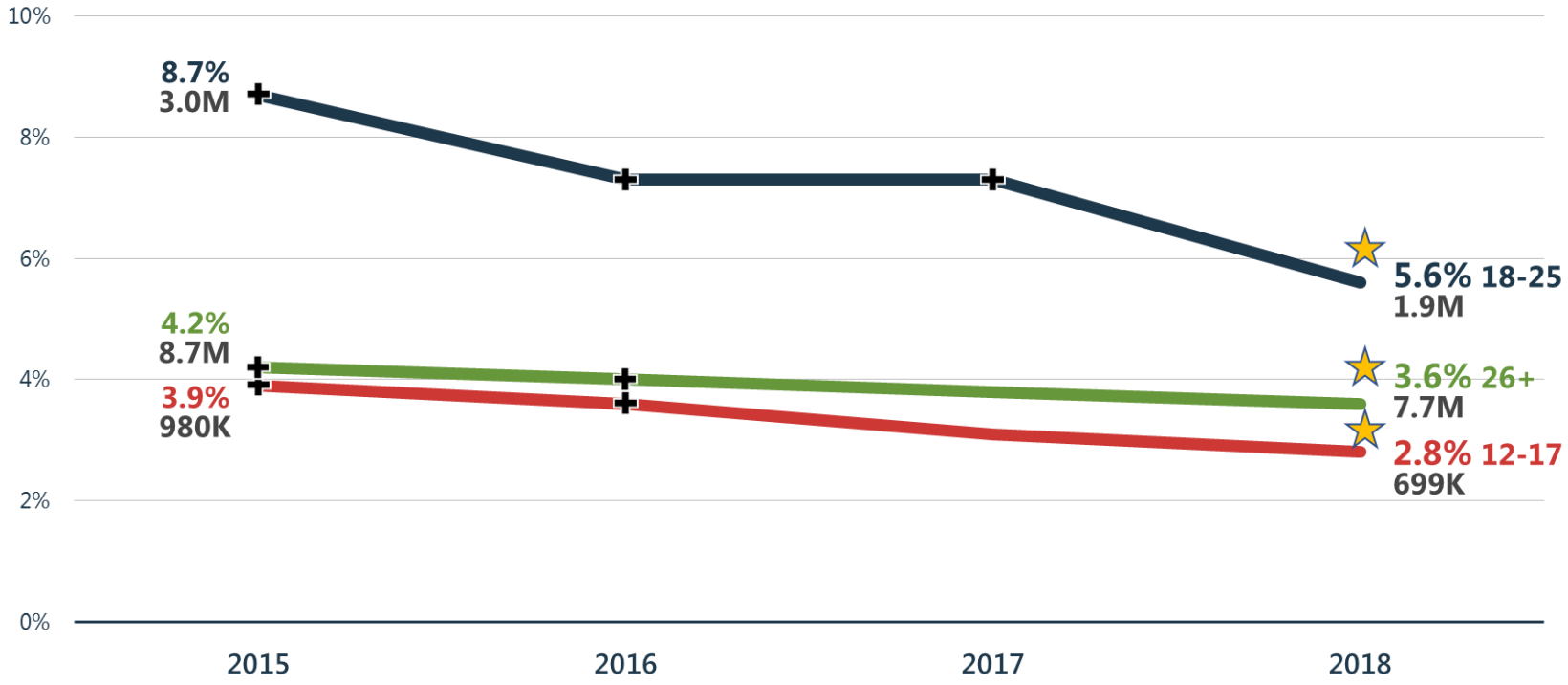
Illicit Drug Use: Marijuana Most Used Drug



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.

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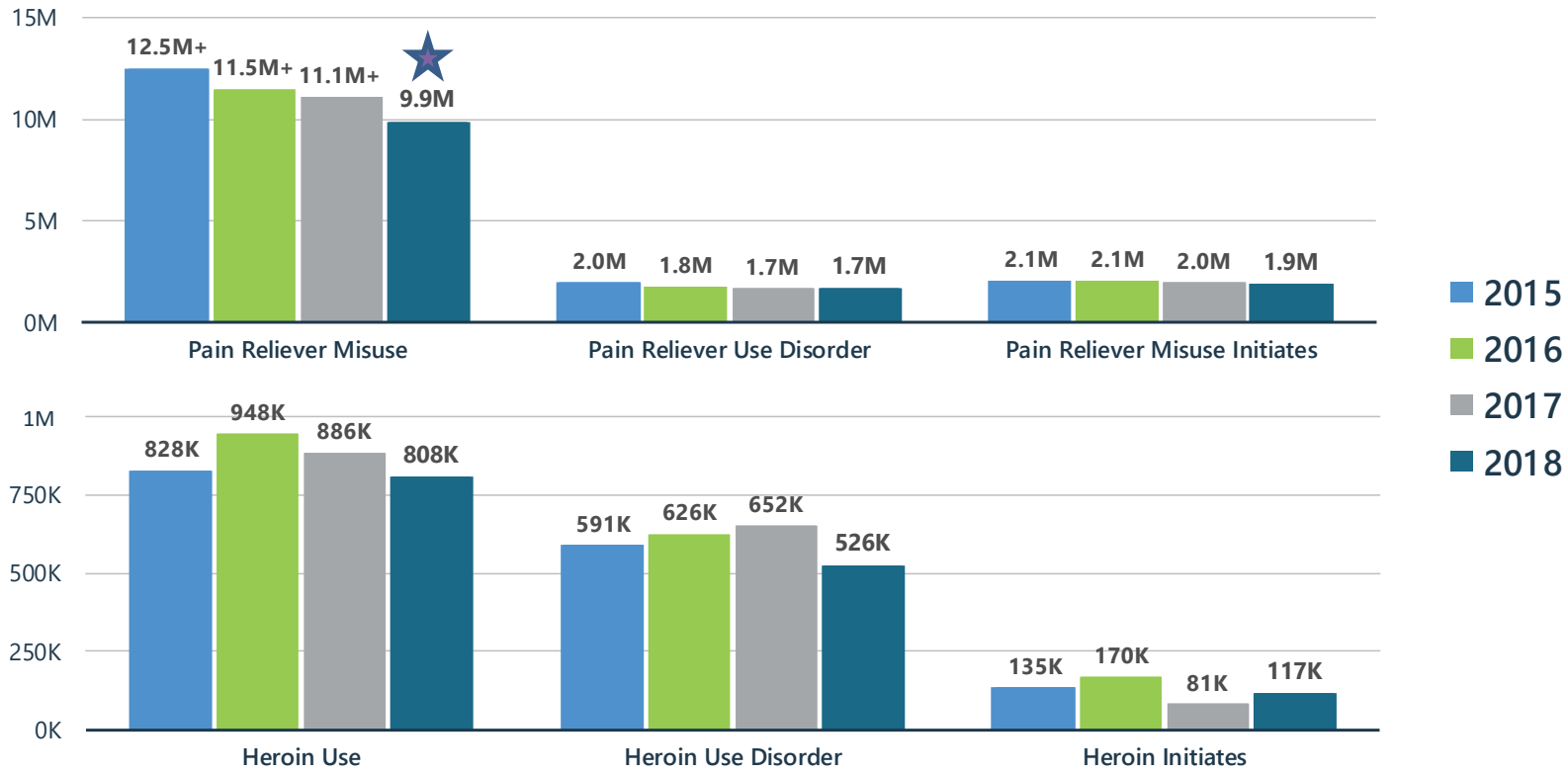
Prescription Pain Reliever Misuse and Heroin Use

PAST YEAR, 2015-2018 NSDUH, 12+



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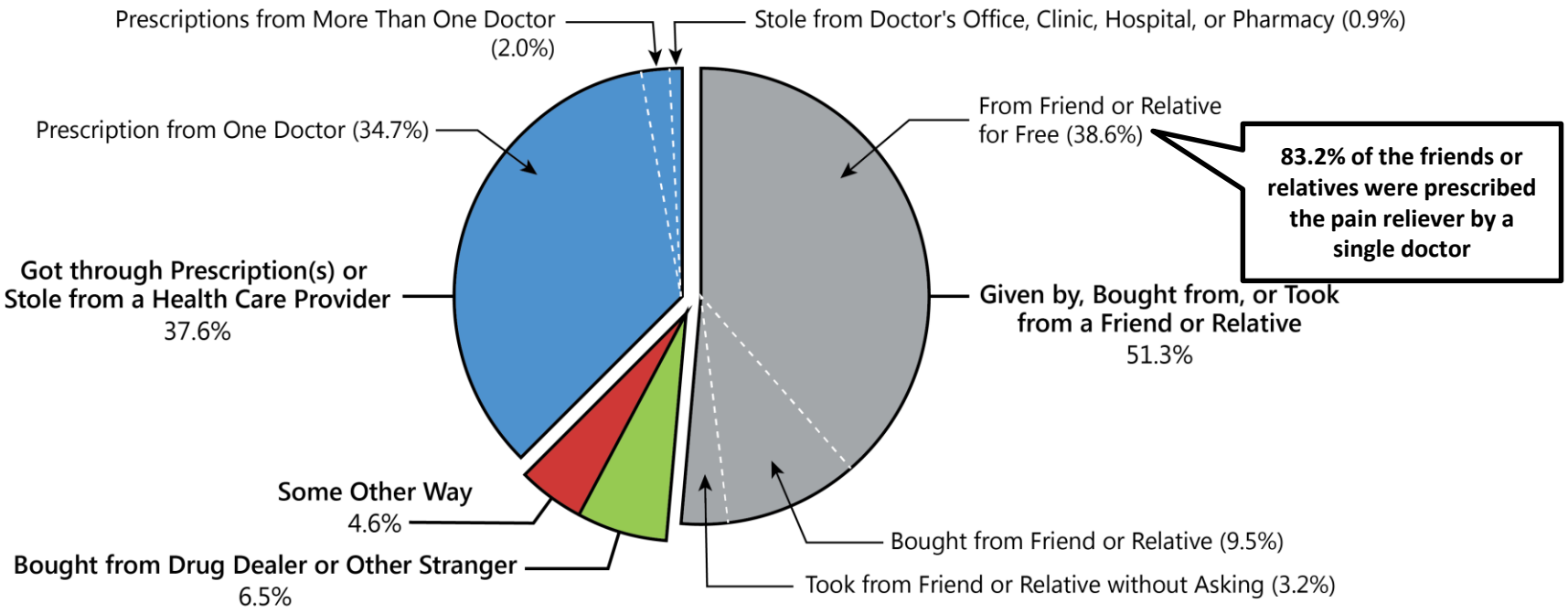
Sources Where Pain Relievers Were Obtained for Most Recent Misuse among People Who Misused Prescription Pain Relievers

PAST YEAR, 2018 NSDUH, 12+



9.9 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year

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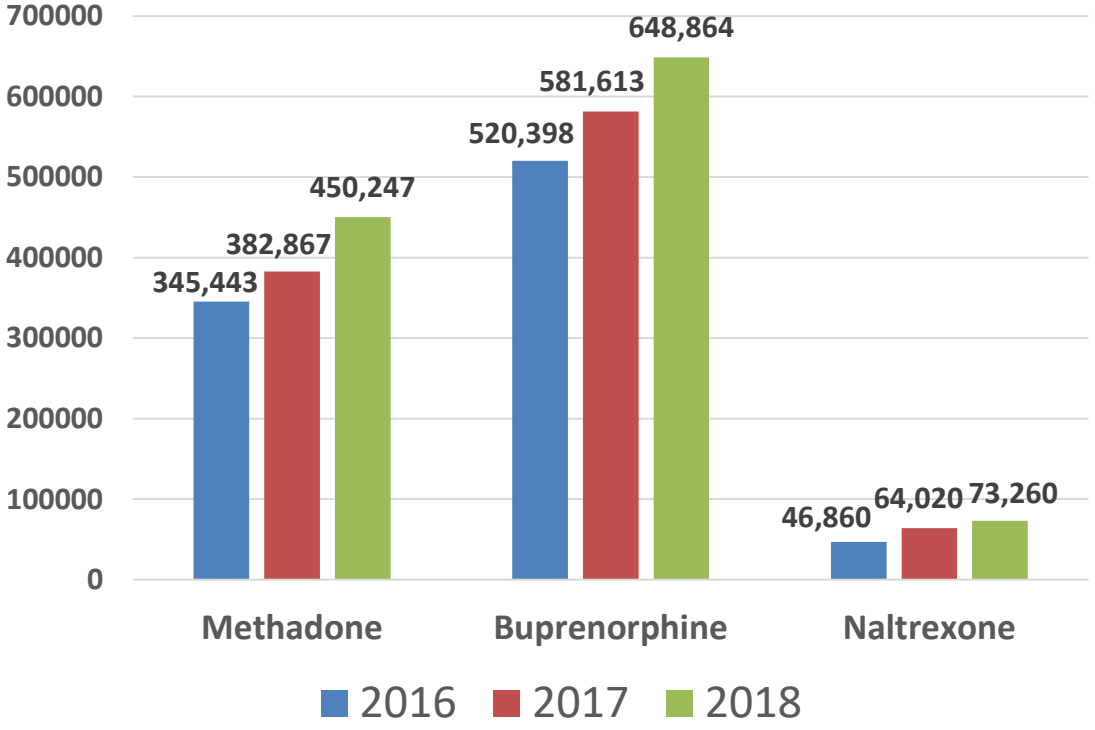
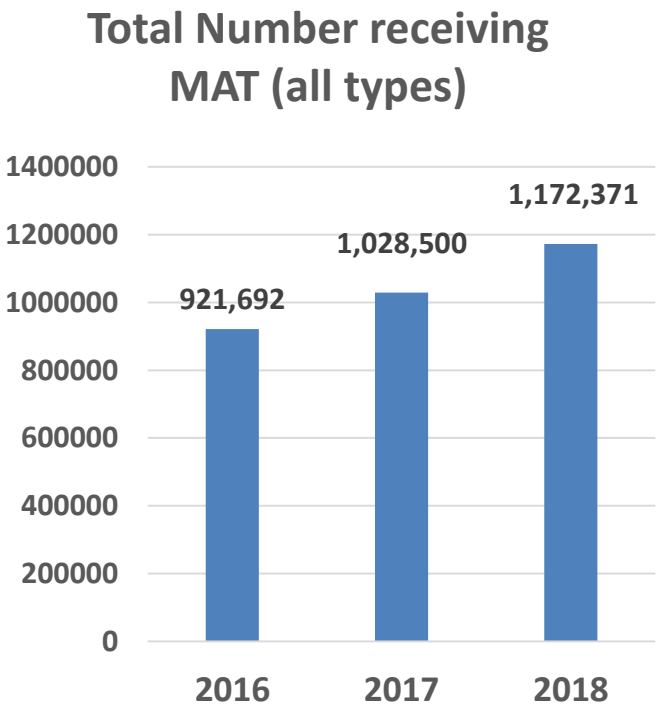
Treatment Gains: Number of Individuals Receiving Pharmacotherapy for Opioid Use Disorder (MAT)





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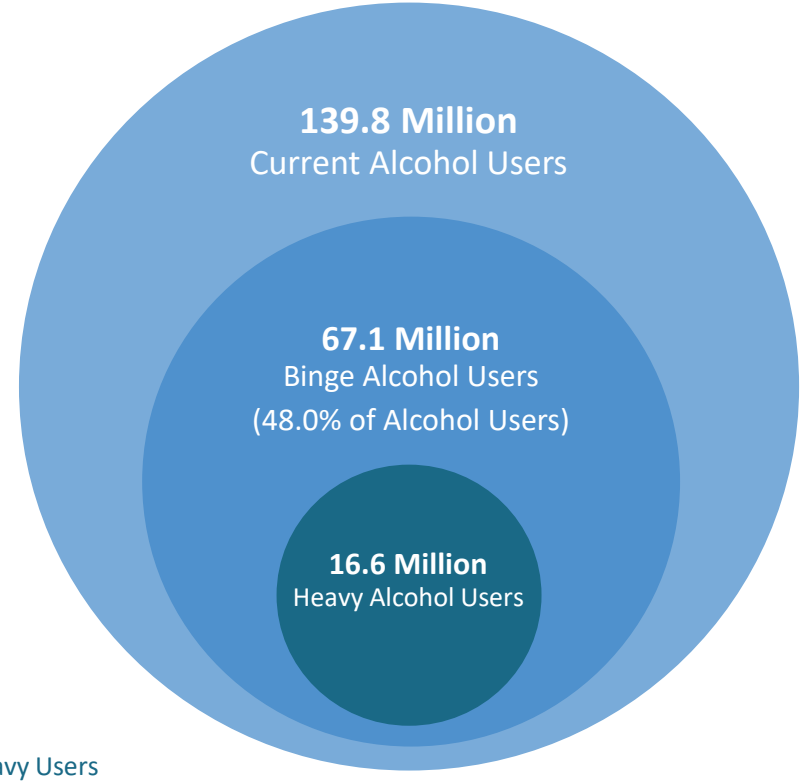
Alcohol Use in the United States: 2018

PAST MONTH, 2018 NSDUH, 12+



24.7% of Binge Alcohol Users are Heavy Users

11.8% of Alcohol Users are Heavy Users

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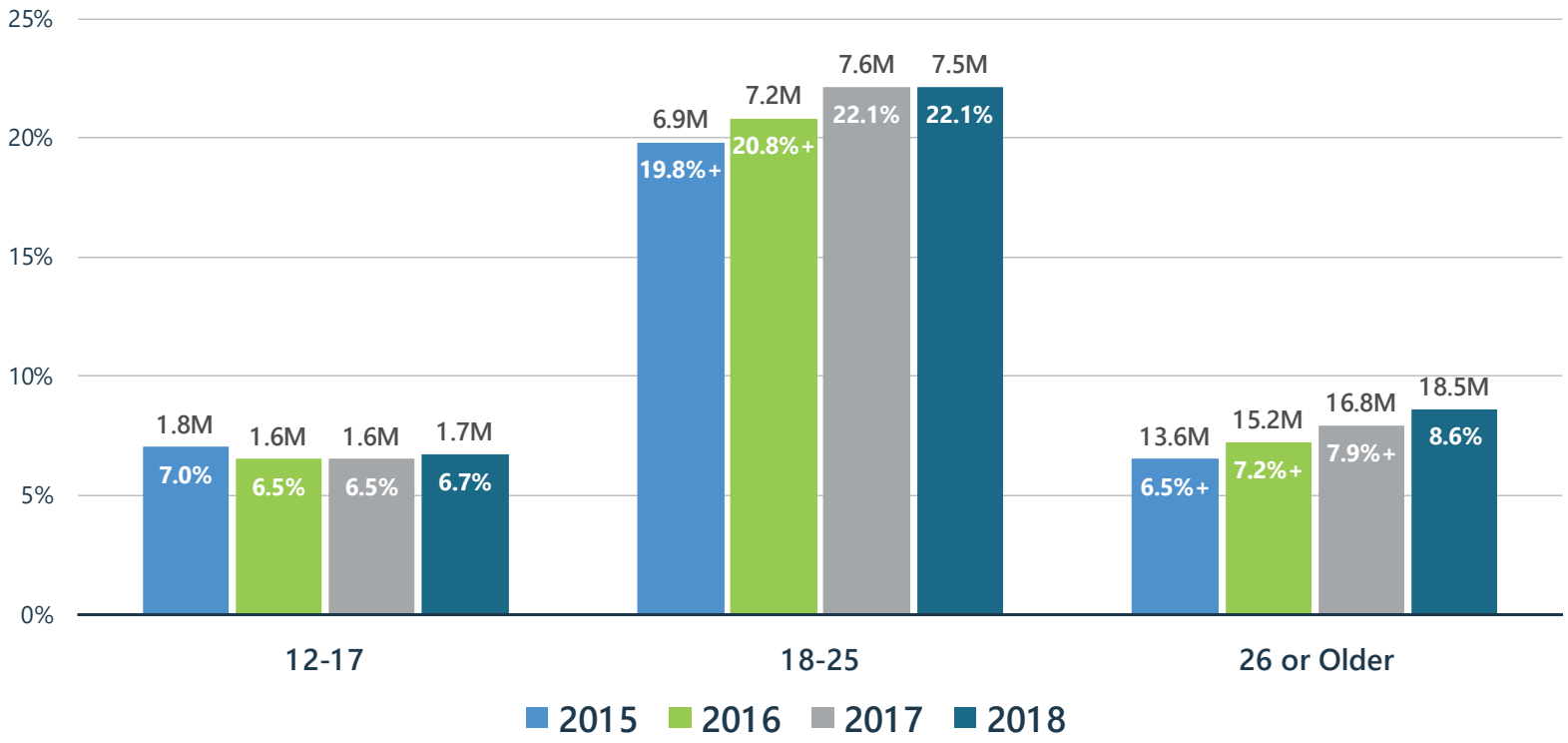
Marijuana Use

PAST MONTH, 2015-2018 NSDUH, 12+



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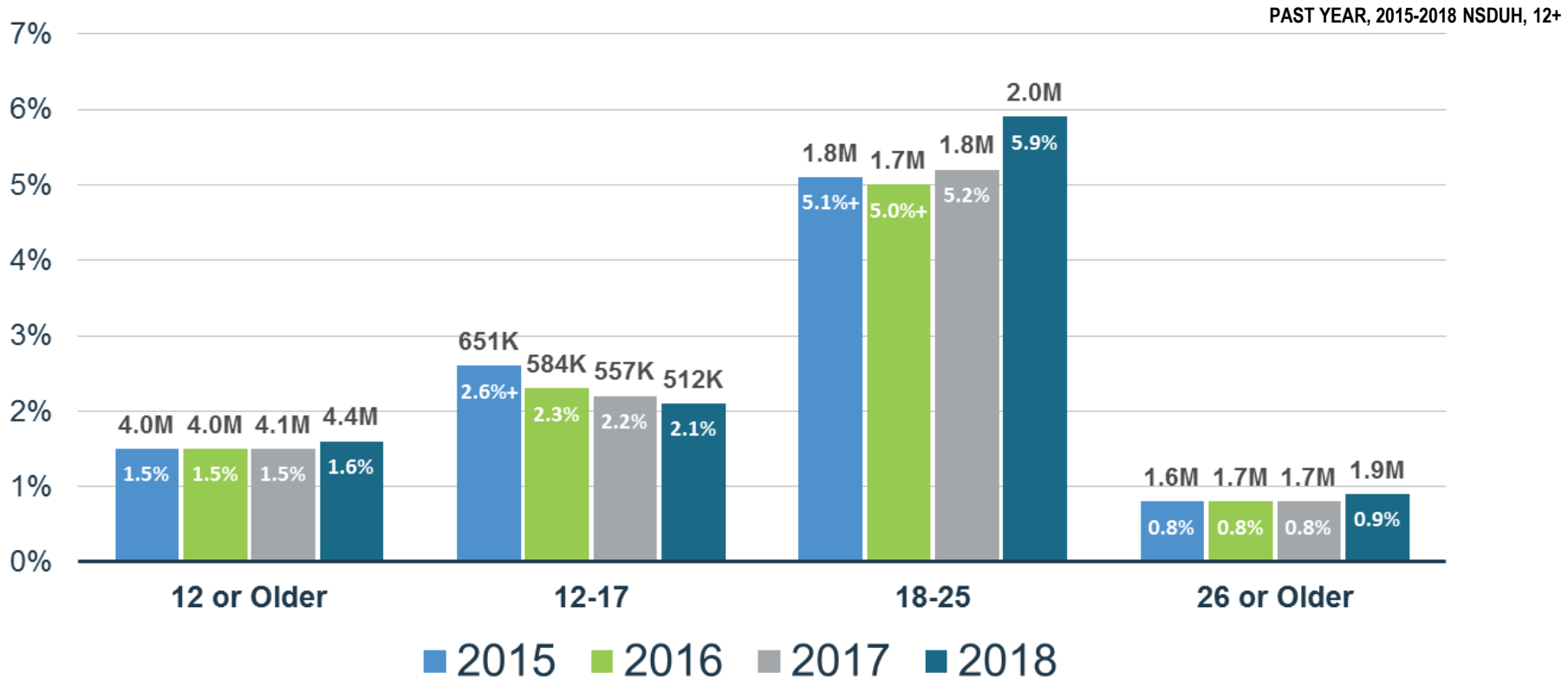
Marijuana Use Disorder



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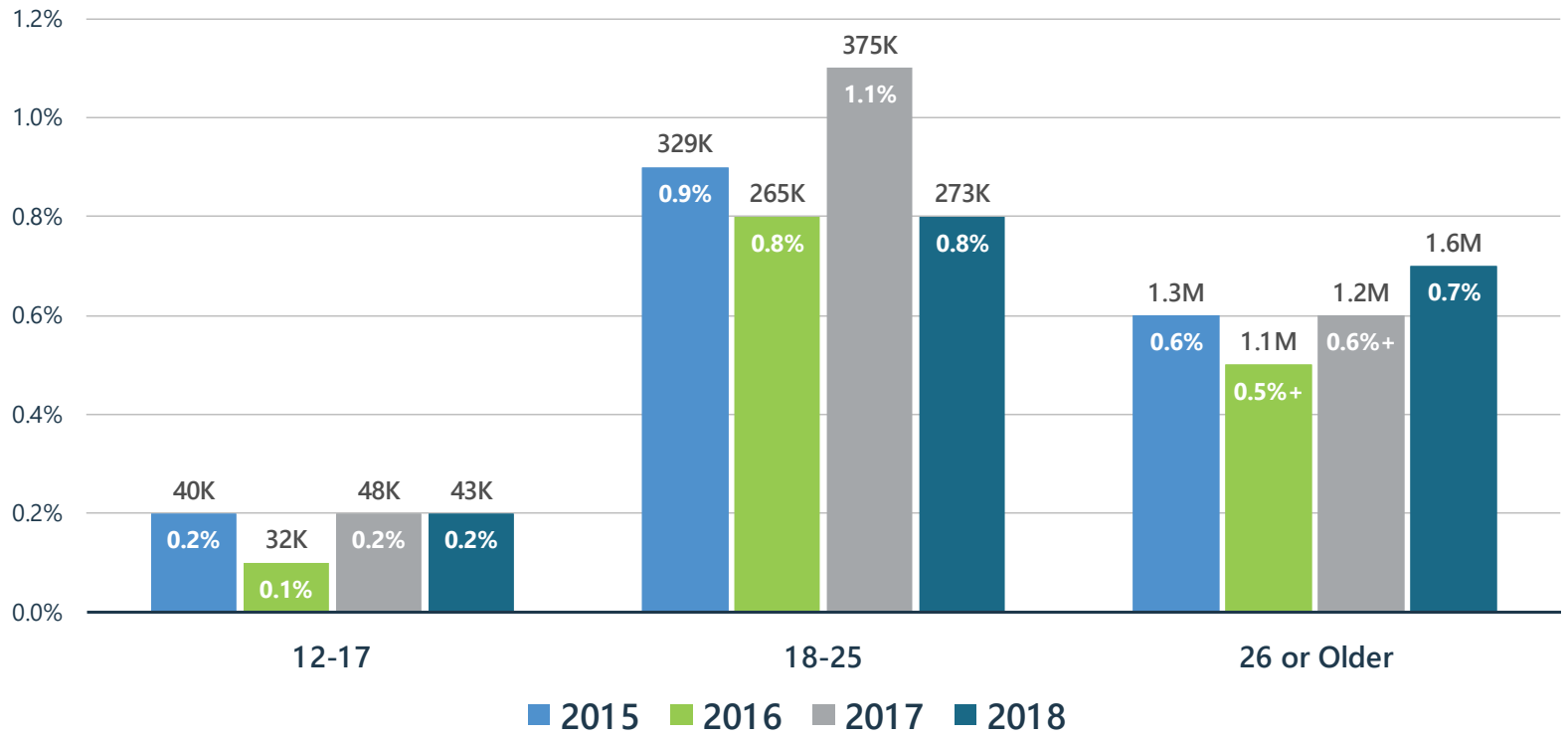
Methamphetamine Use: Significant Increase in Adults ≥ 26 y.o.

PAST YEAR, 2015-2018 NSDUH, 12+



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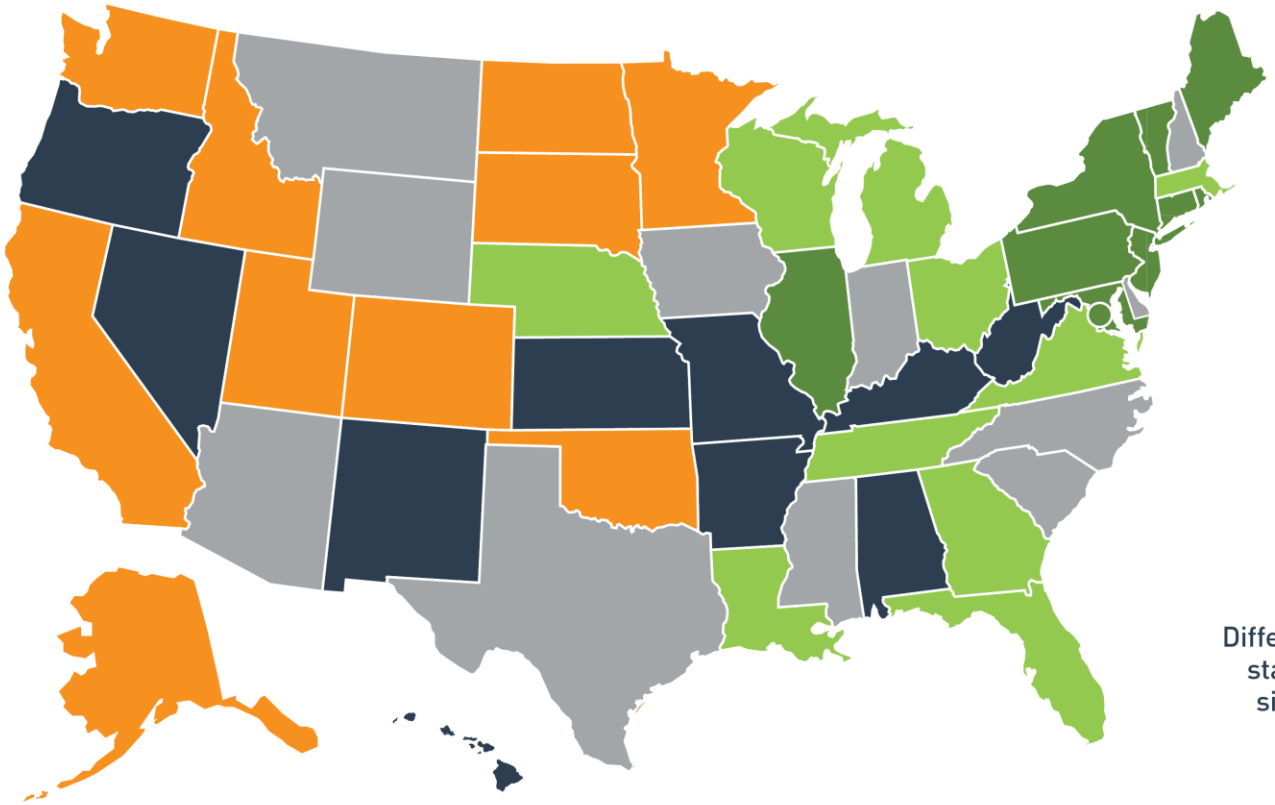
Methamphetamine Use by State

PAST YEAR, 2016-2017, 12+



Percentages of People Aged 12 or Older

- 0.98–1.57
- 0.74–0.97
- 0.54–0.73
- 0.33–0.53
- 0.08–0.32

Differences in colors across states does not indicate significant differences in estimates.

Source: NSDUHs, 2016 and 2017.

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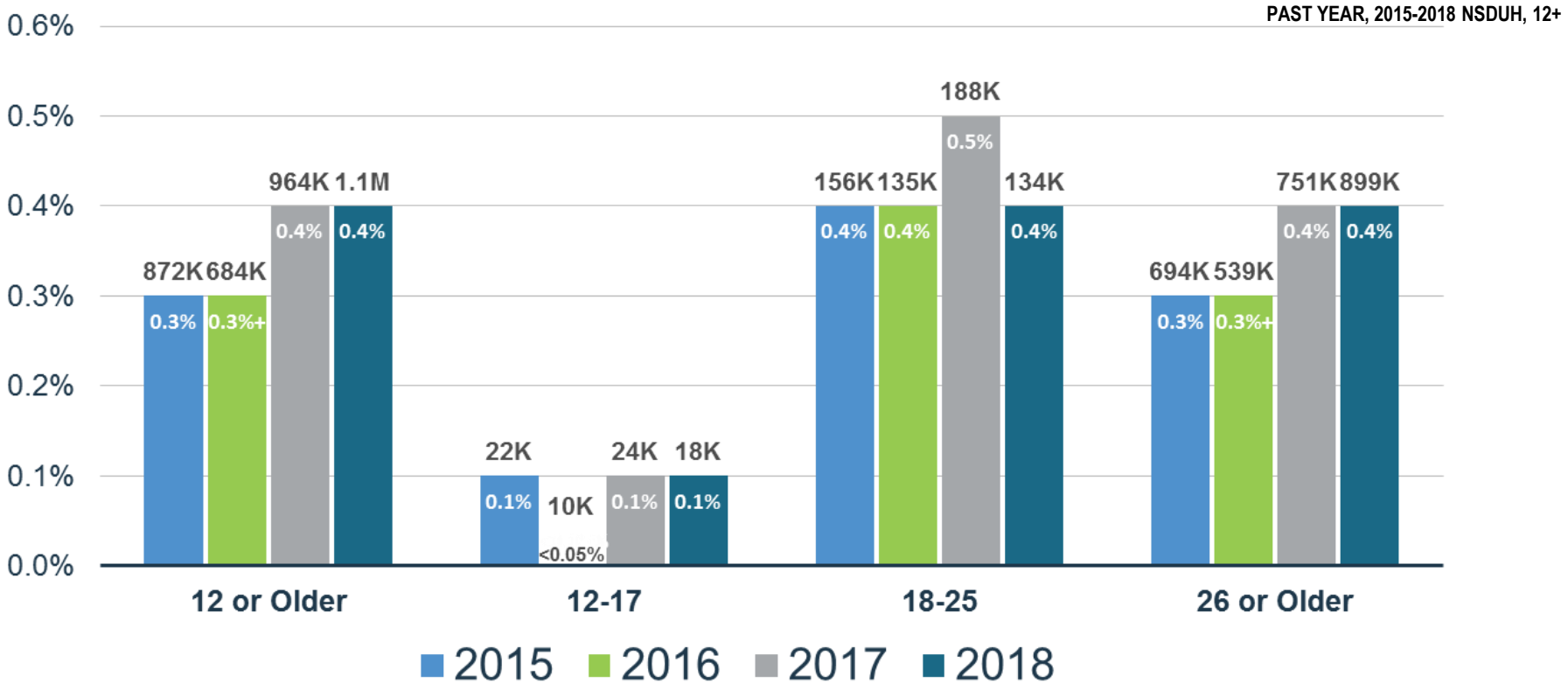
Methamphetamine Use Disorder



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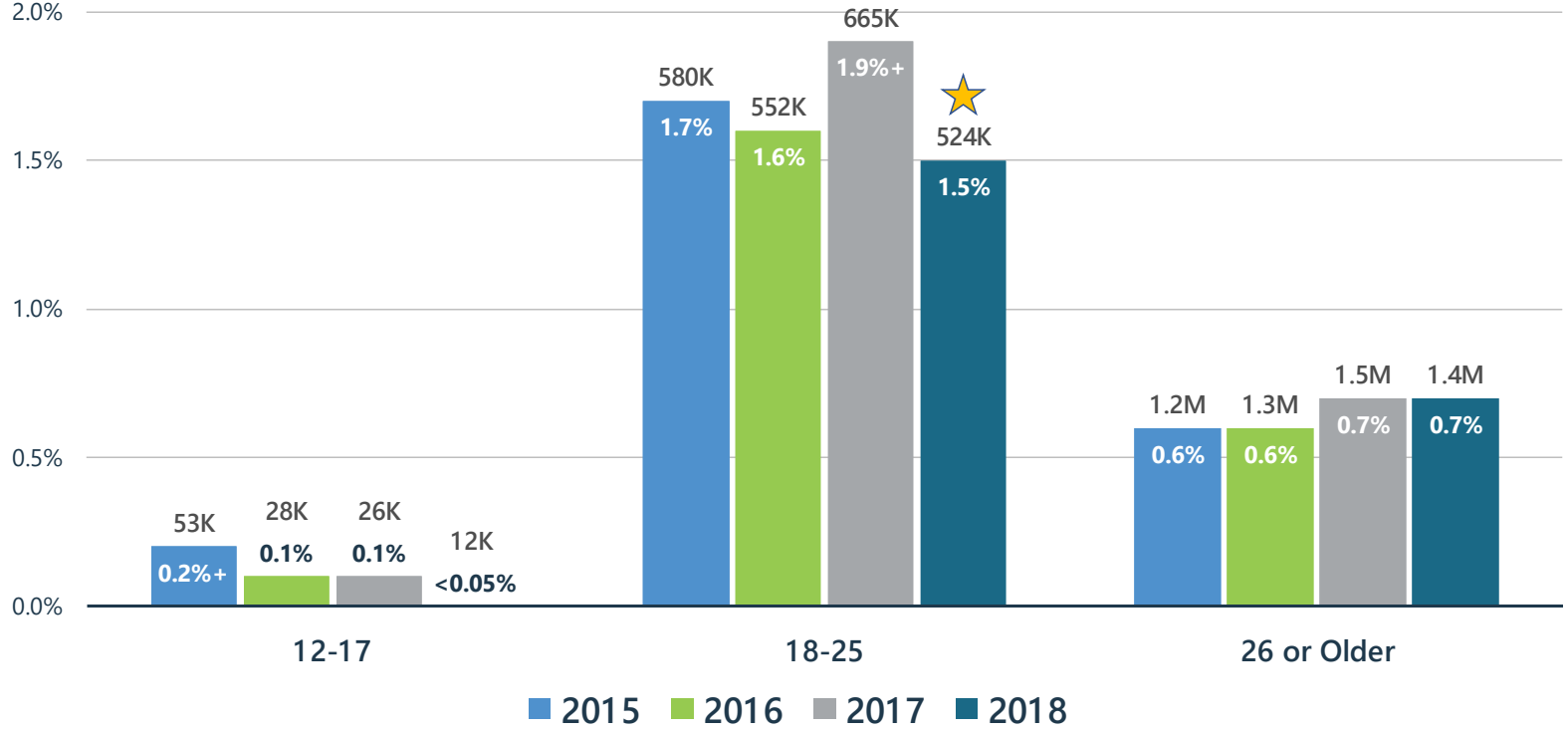
Cocaine Use: Significant Decline among Young Adults (18-25 y.o.)

PAST MONTH, 2015-2018 NSDUH, 12+



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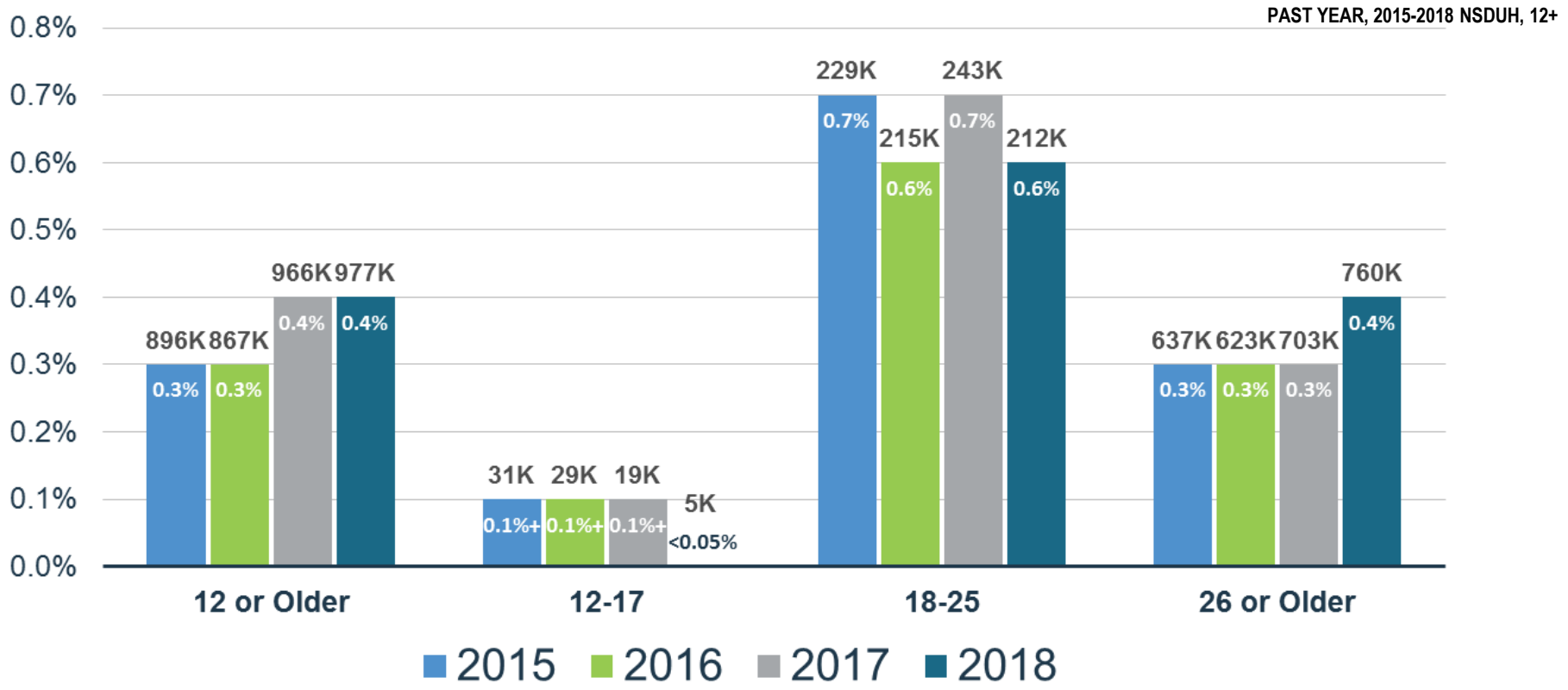
Cocaine Use Disorder



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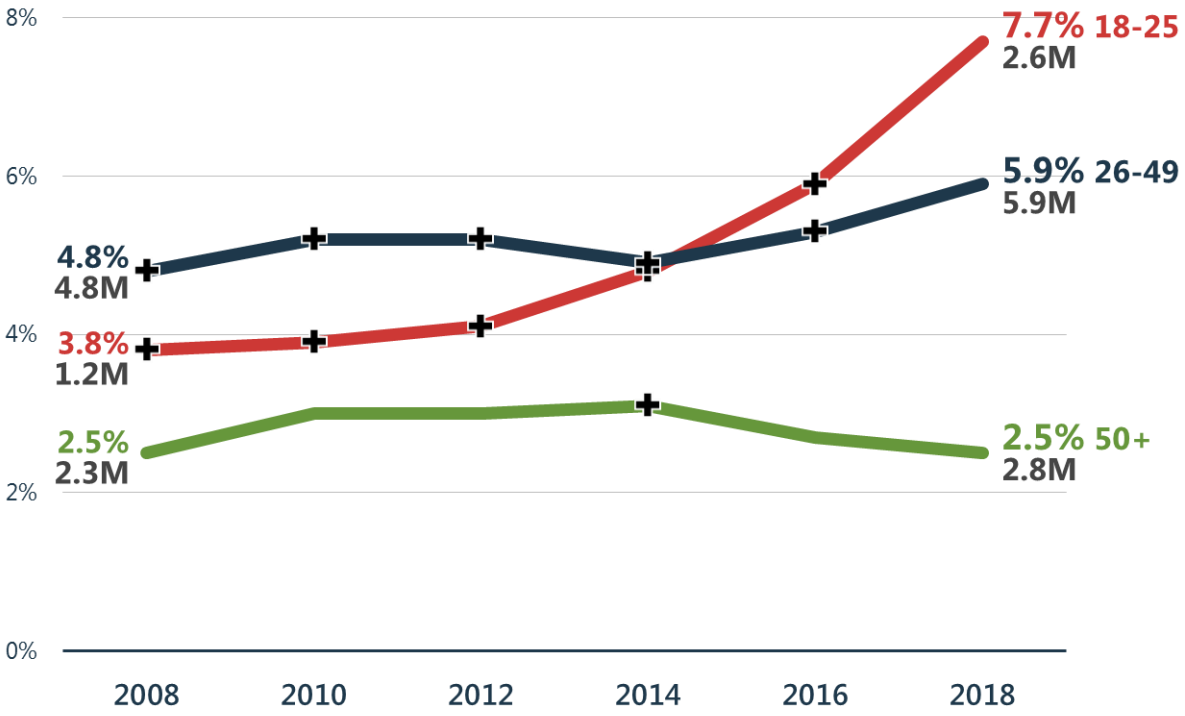
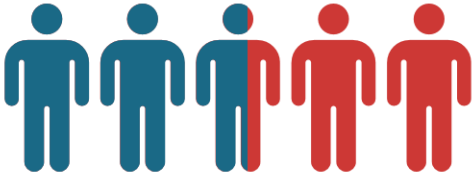
Serious Mental Illness (SMI) Rising among Young Adults (18-25 y.o.) and Adults (26-49 y.o.)

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.

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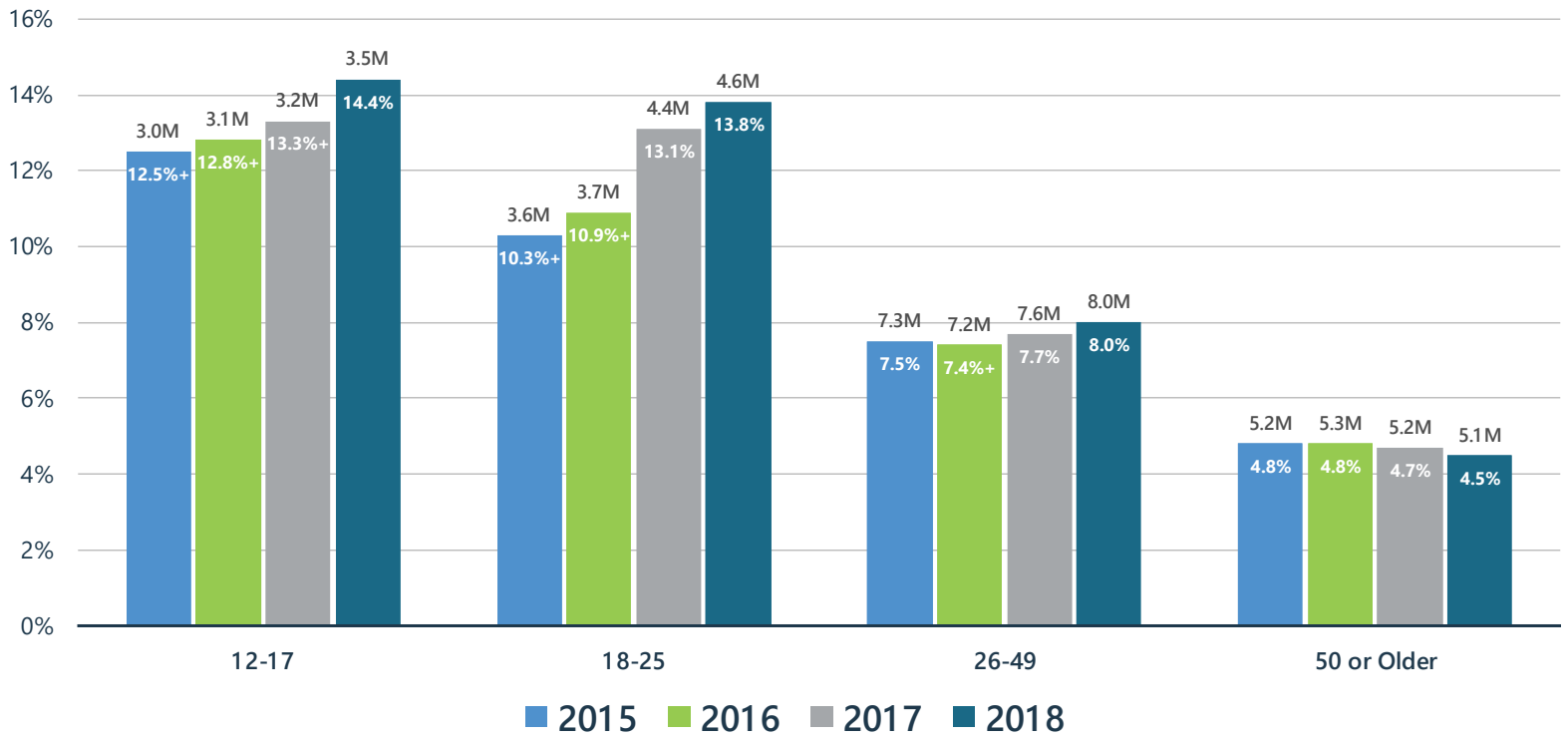
Major Depressive Episodes

PAST YEAR, 2015-2018 NSDUH, 12+

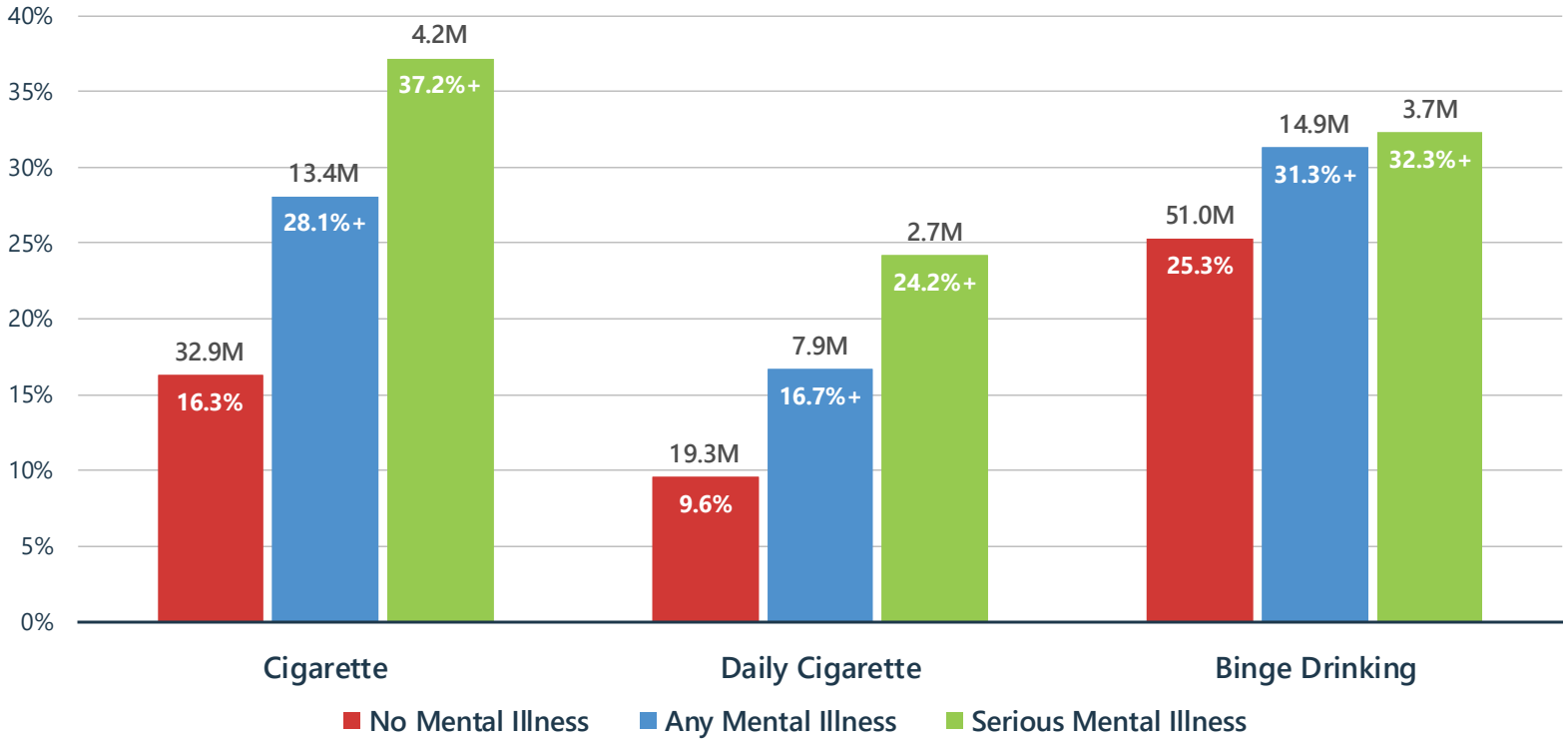


+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

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

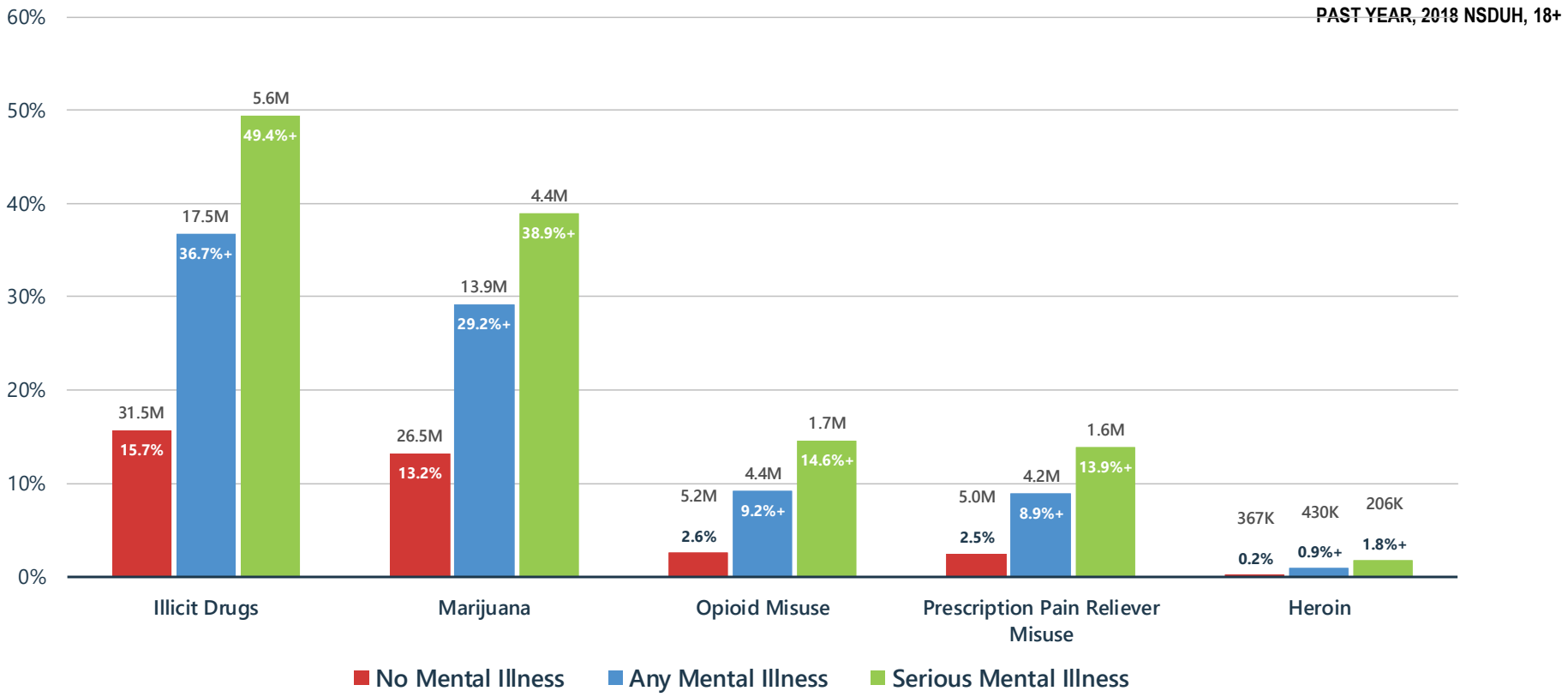
Co-Occurring Issues: Substance Use Is More Frequent among Adults (≥18 y.o.) with Mental Illness

PAST MONTH, 2018 NSDUH, 18+



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

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



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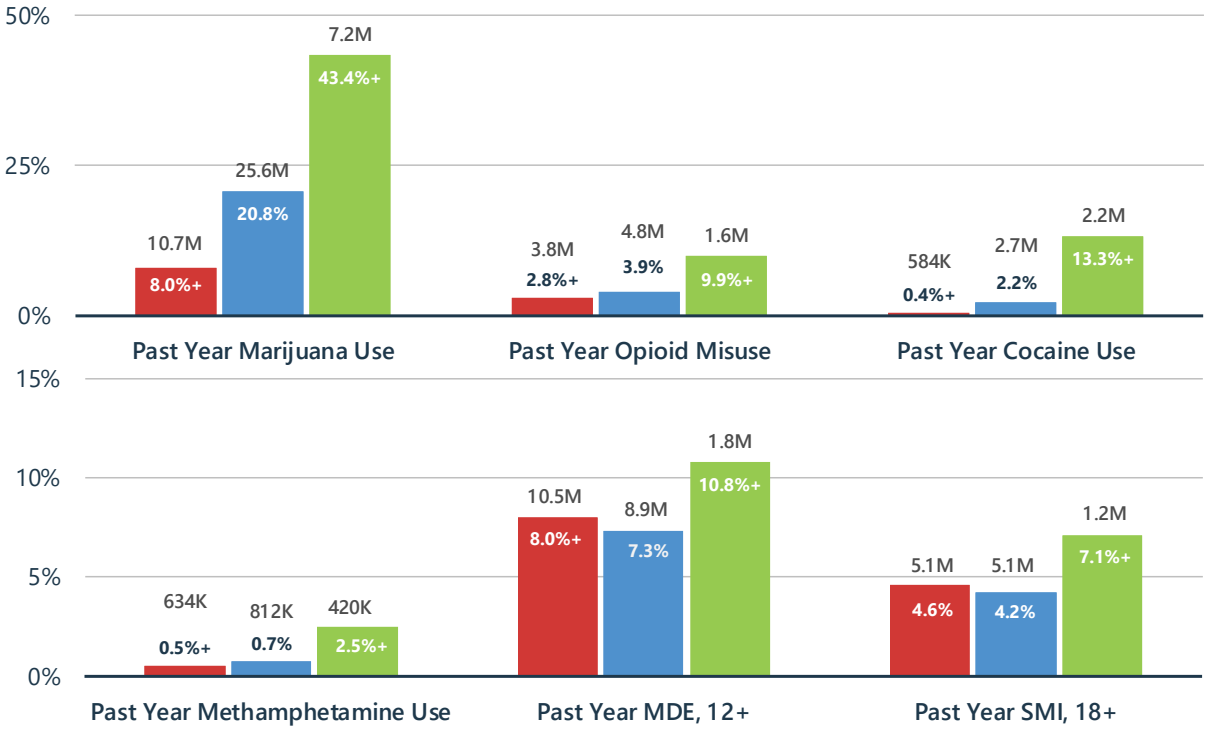
Alcohol Use Related to Other Substance Use, MDE and SMI

PAST YEAR/MONTH, 2018 NSDUH, 12+

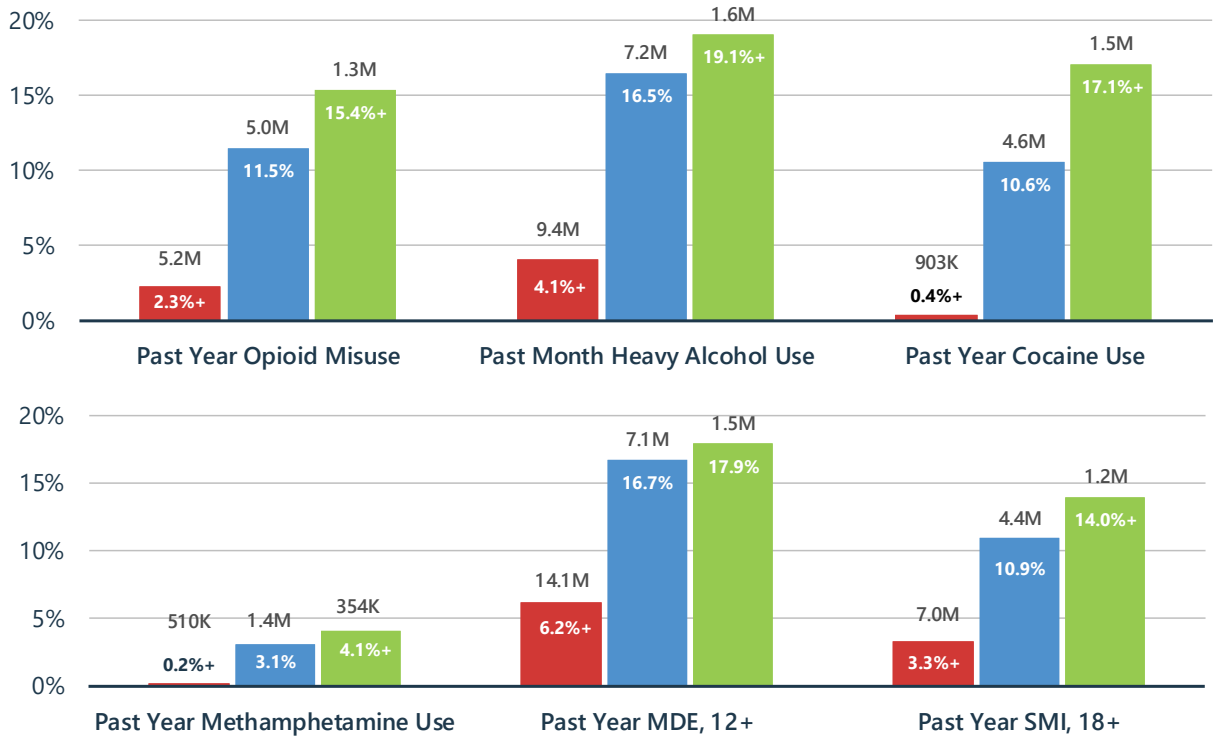


- No Past Month Alcohol Use
- Past Month Alcohol Use but No Heavy Use
- Past Month Heavy Alcohol Use

+ 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/MONTH, 2018 NSDUH, 12+



No Past Year Marijuana Use

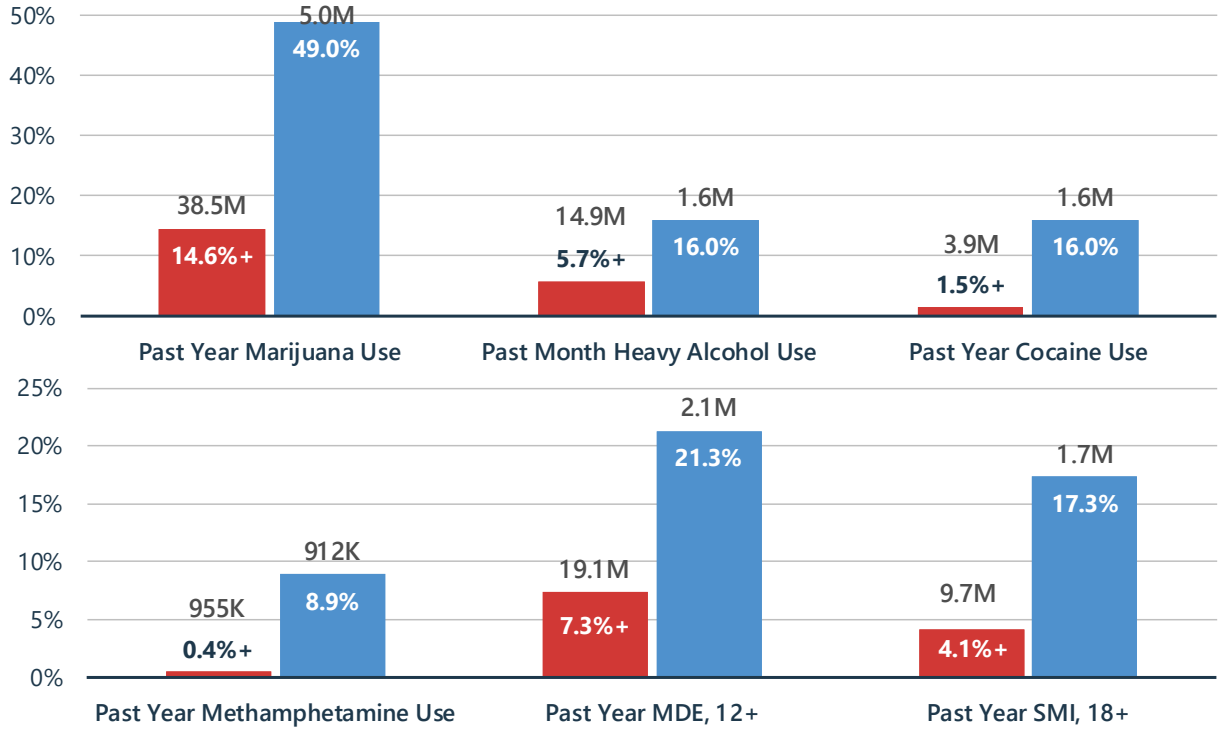
Any Past Year Marijuana Use

Past Year Daily or Almost Daily Marijuana Use

+ 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+



No Past Year Opioid Misuse

Any Past Year Opioid Misuse

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

Best Practices in the Treatment of Substance Use Disorders

- 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

SBIRT: A Means of Improving Community Health

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:$\geq$ 5/W $\geq$ 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

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Take a Complete History

- 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

Universal Precautions

- 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:**
  - **<u>Substance-induced:</u>** Disorders related to the use of psychoactive substance; typically resolve with sustained abstinence
  - **<u>Independent:</u>** 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

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Independent Mental Disorders that Co-occur with SUDs

Will respond to medication treatments for depressive and anxiety disorder(s) at similar rates to those without substance use disorders

Integrated Care

- 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

Importance of Provider Communication: Change to 42 CFR

- 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

Strengthening Healthcare Practitioner Training and Education

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)

Major Innovation: SAMHSA: Technical Assistance and Training
EVIDENCE-BASED, LOCAL TRAINING, NATION-WIDE SCOPE

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

Strengthening Healthcare Practitioner Training and Education

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)

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