

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

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**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# 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

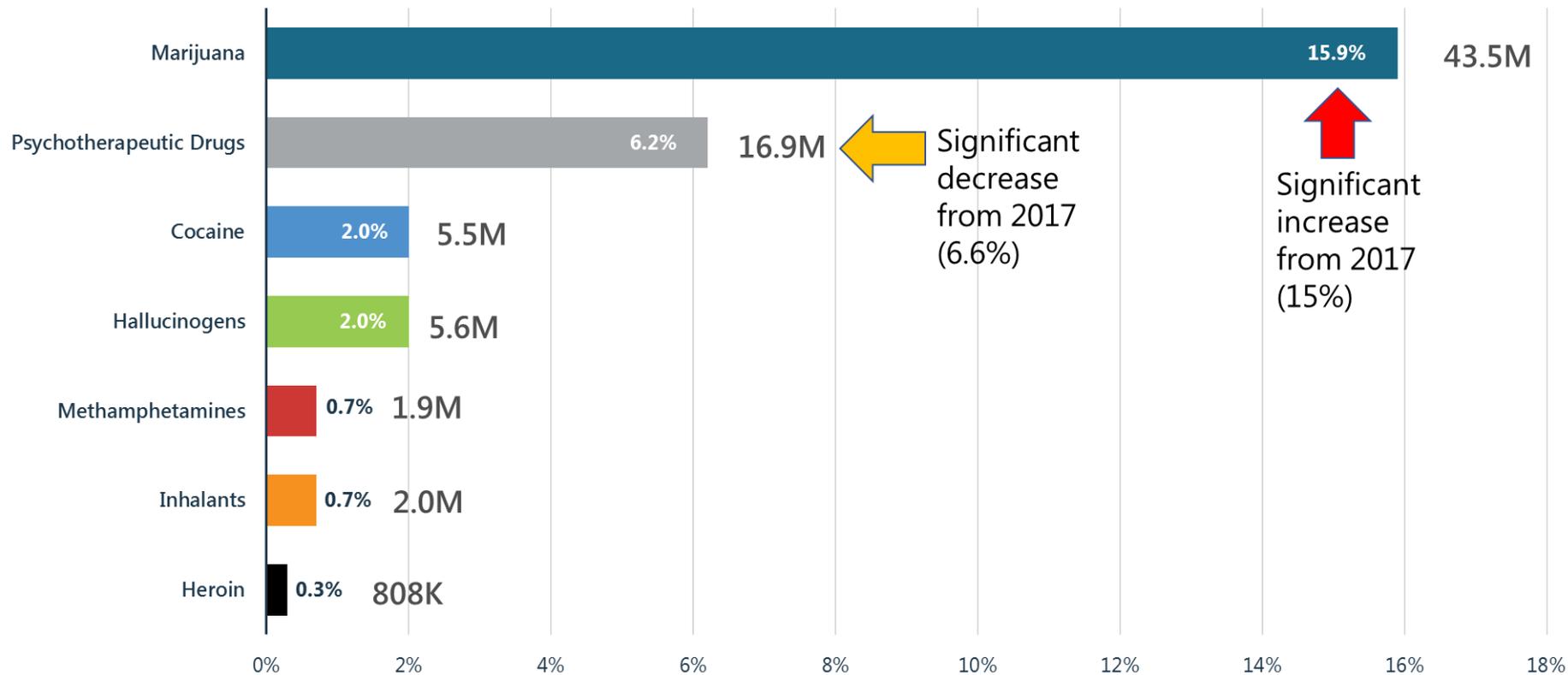
**7.8%**  
**(19.3 MILLION)**  
People aged 18  
or older had a  
substance use  
disorder (SUD)

**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

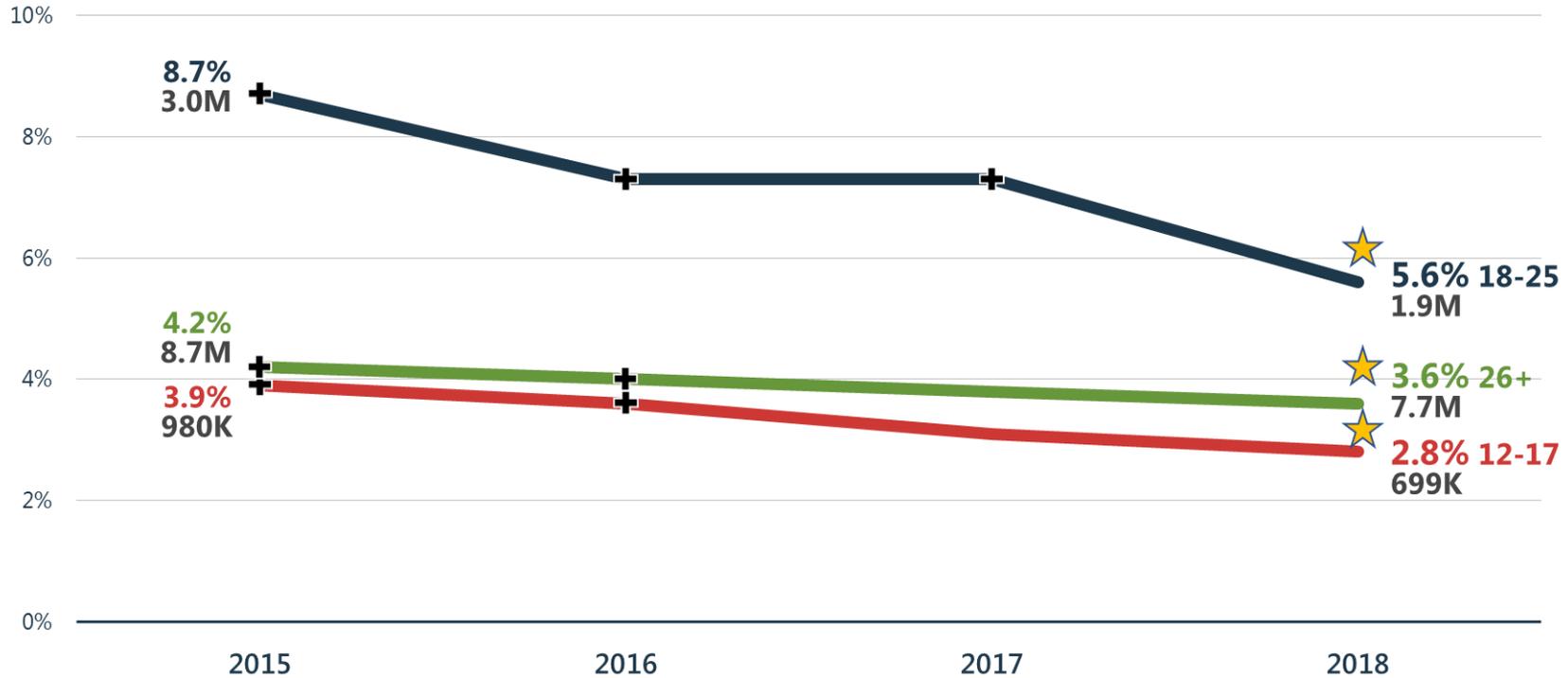
In 2018, **57.8M** Americans had a mental and/or substance use disorder.

# Illicit Drug Use: Marijuana Most Used Drug



# Opioid Misuse

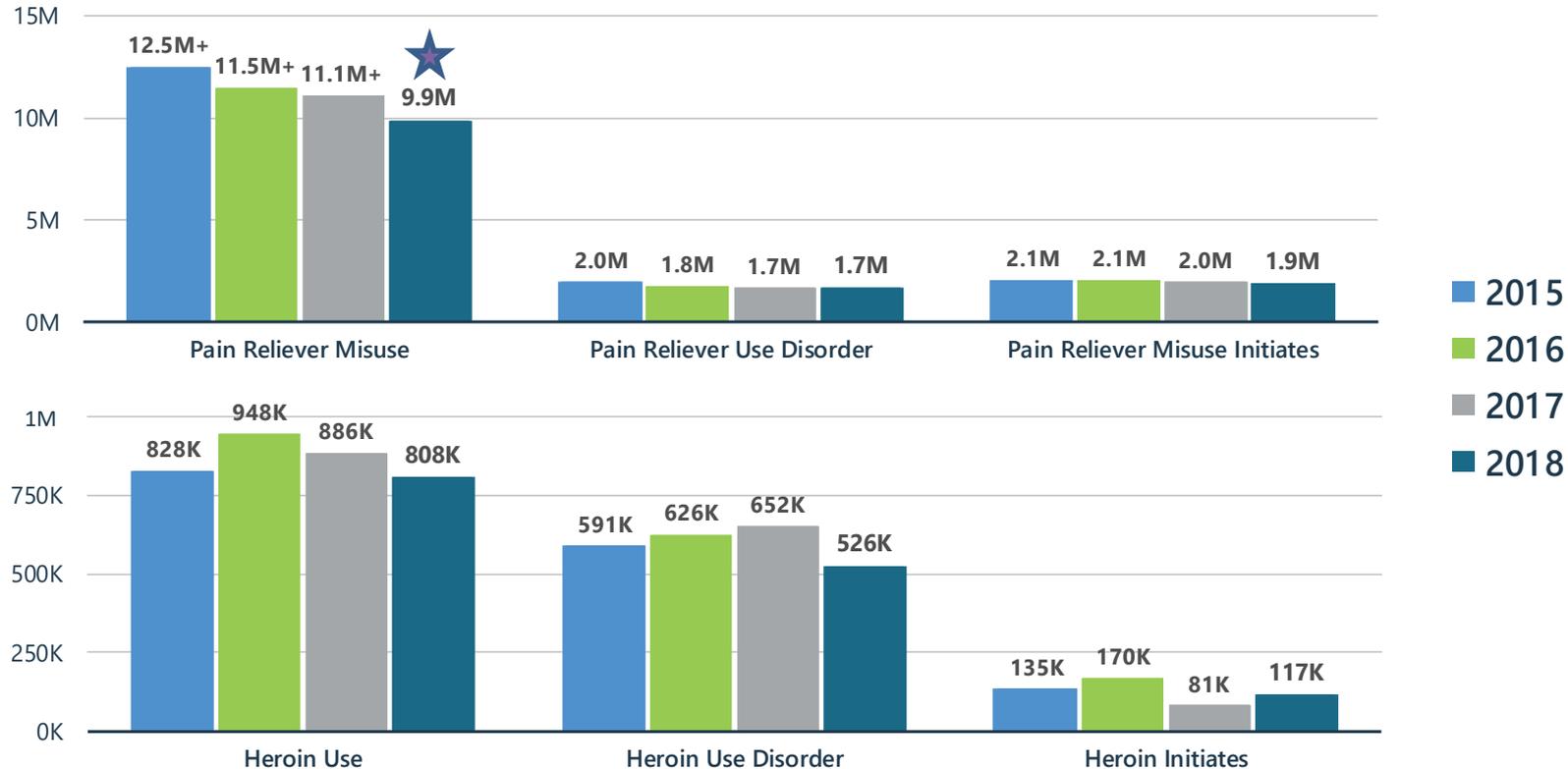
PAST YEAR, 2015-2018 NSDUH, 12+



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

# Prescription Pain Reliever Misuse and Heroin Use

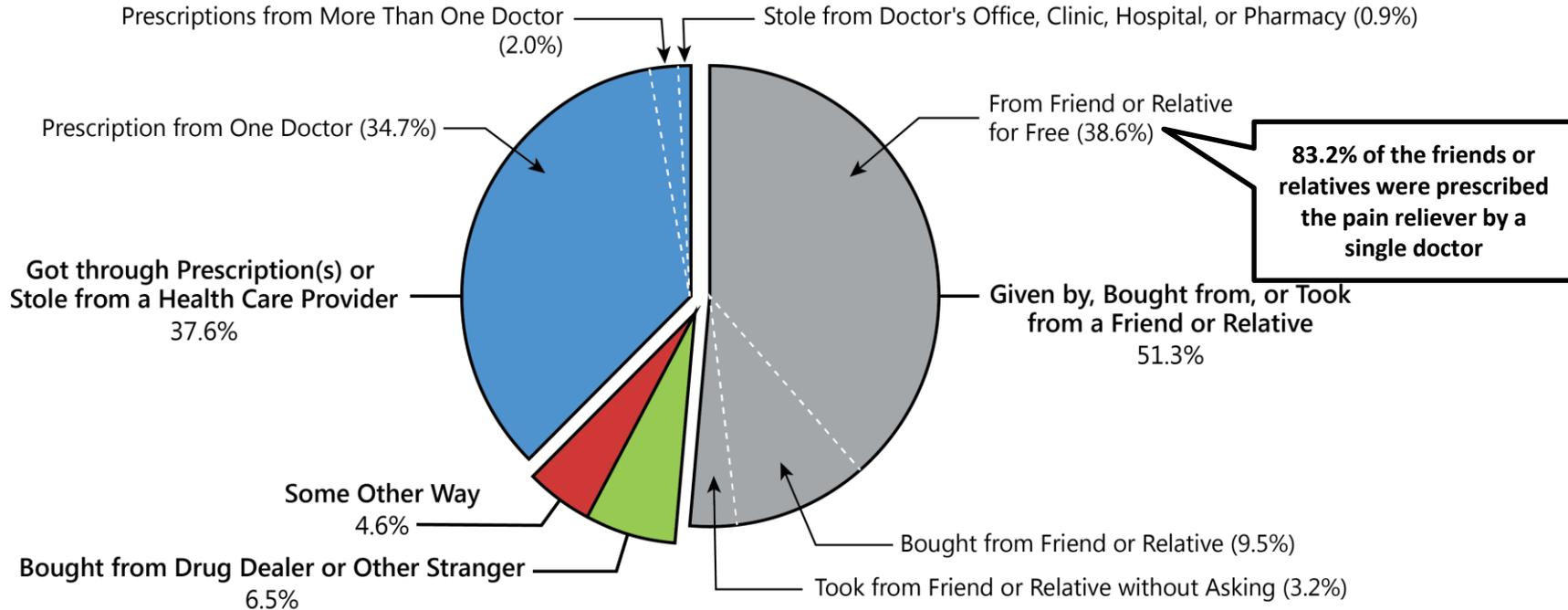
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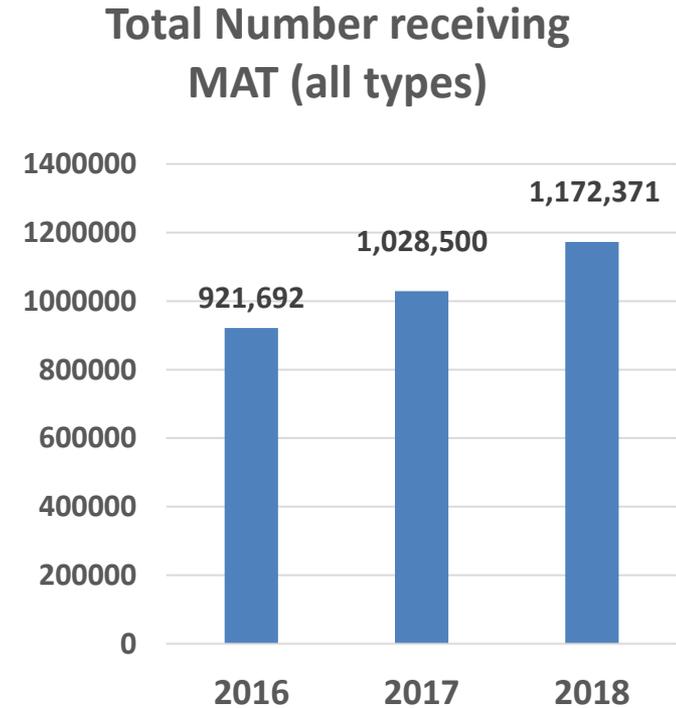
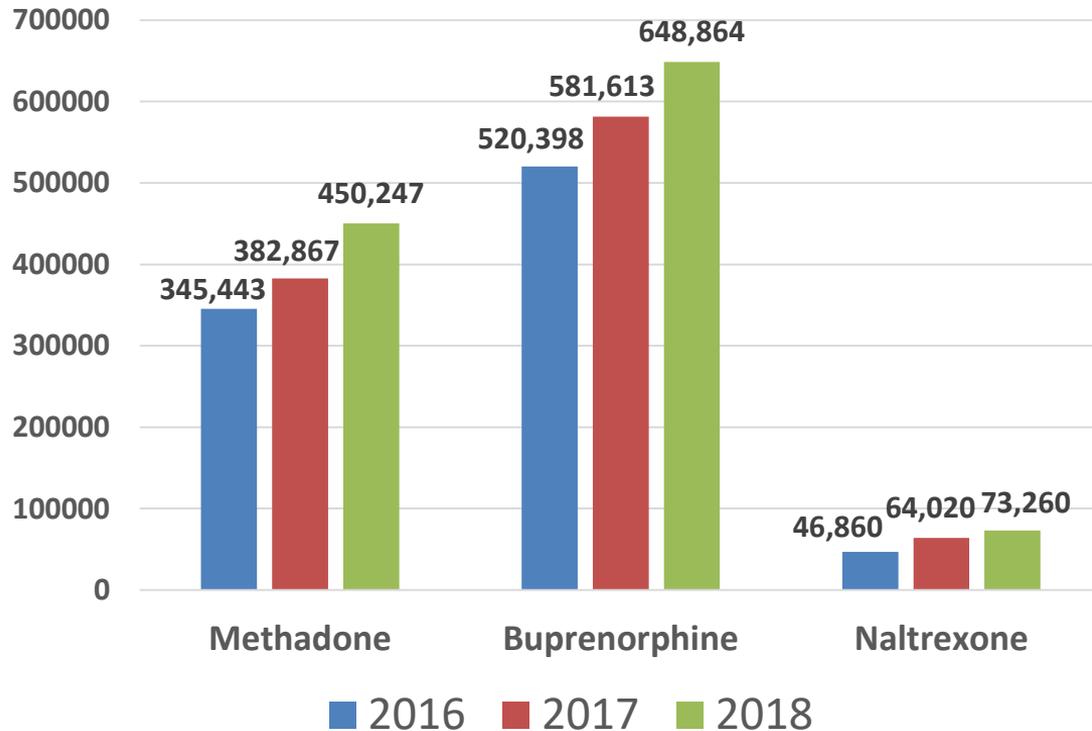
# Sources Where Pain Relievers Were Obtained for Most Recent Misuse among People Who Misused Prescription Pain Relievers

PAST YEAR, 2018 NSDUH, 12+



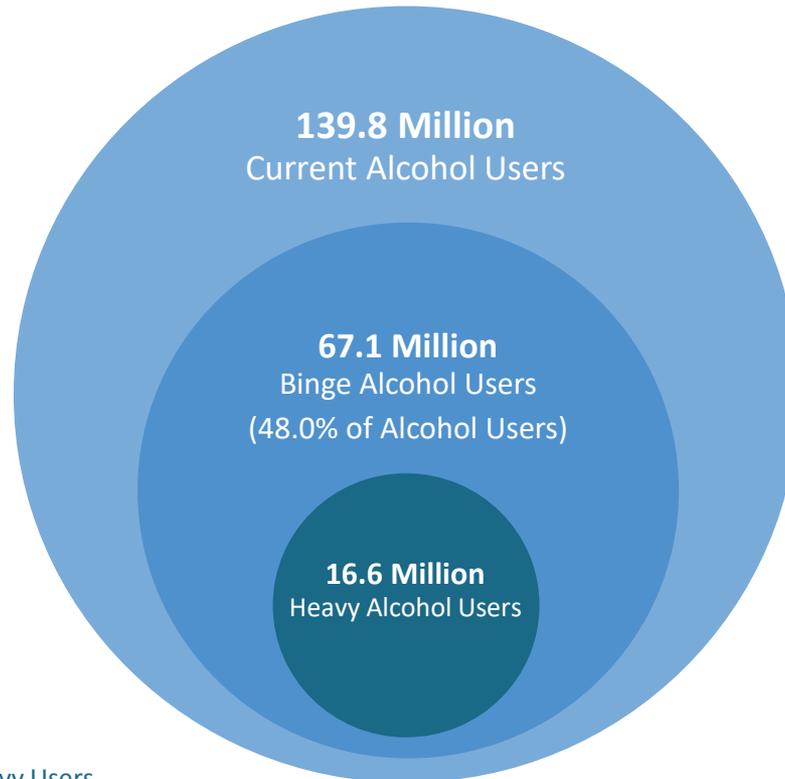
**9.9 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year**

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



# Alcohol Use in the United States: 2018

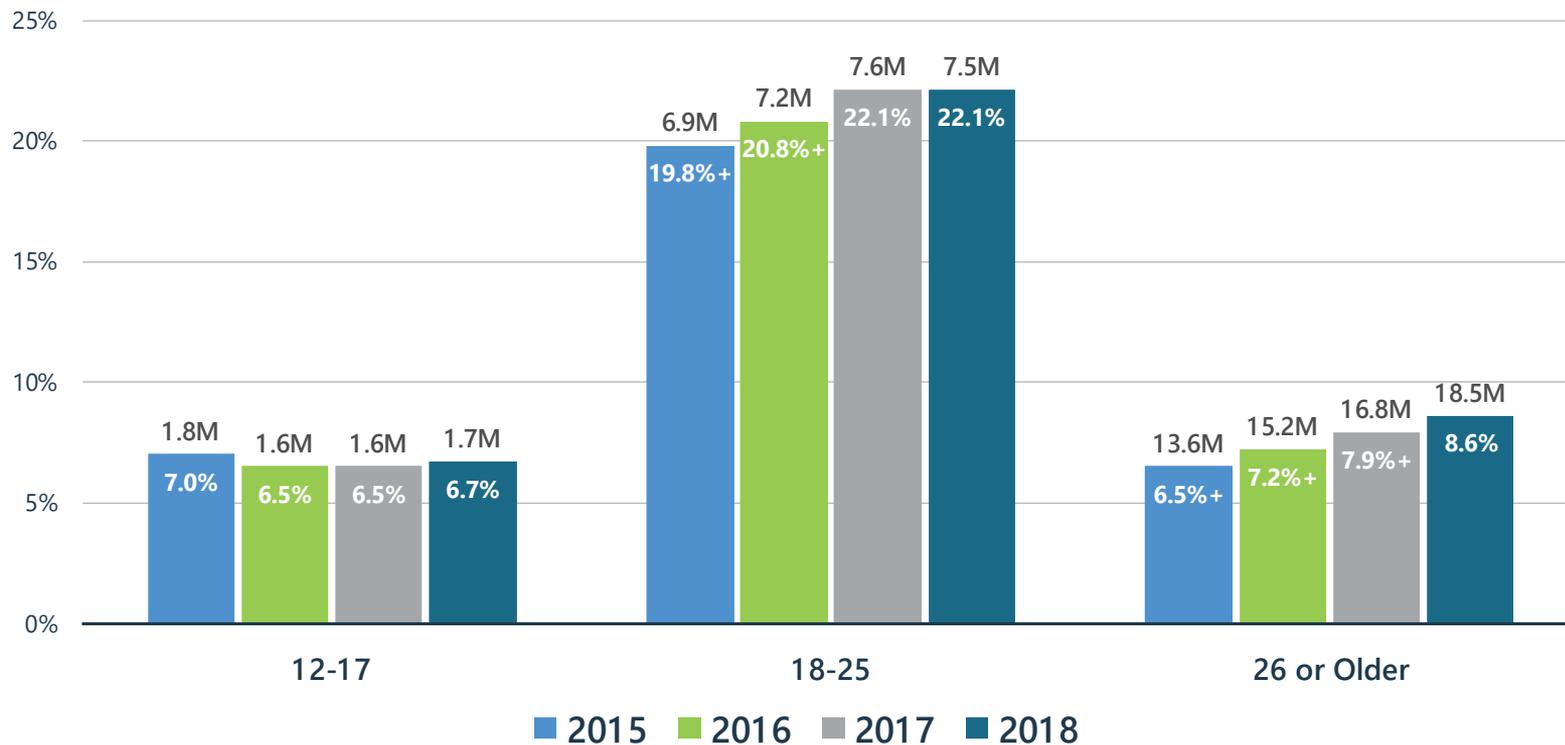
PAST MONTH, 2018 NSDUH, 12+



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

# Marijuana Use

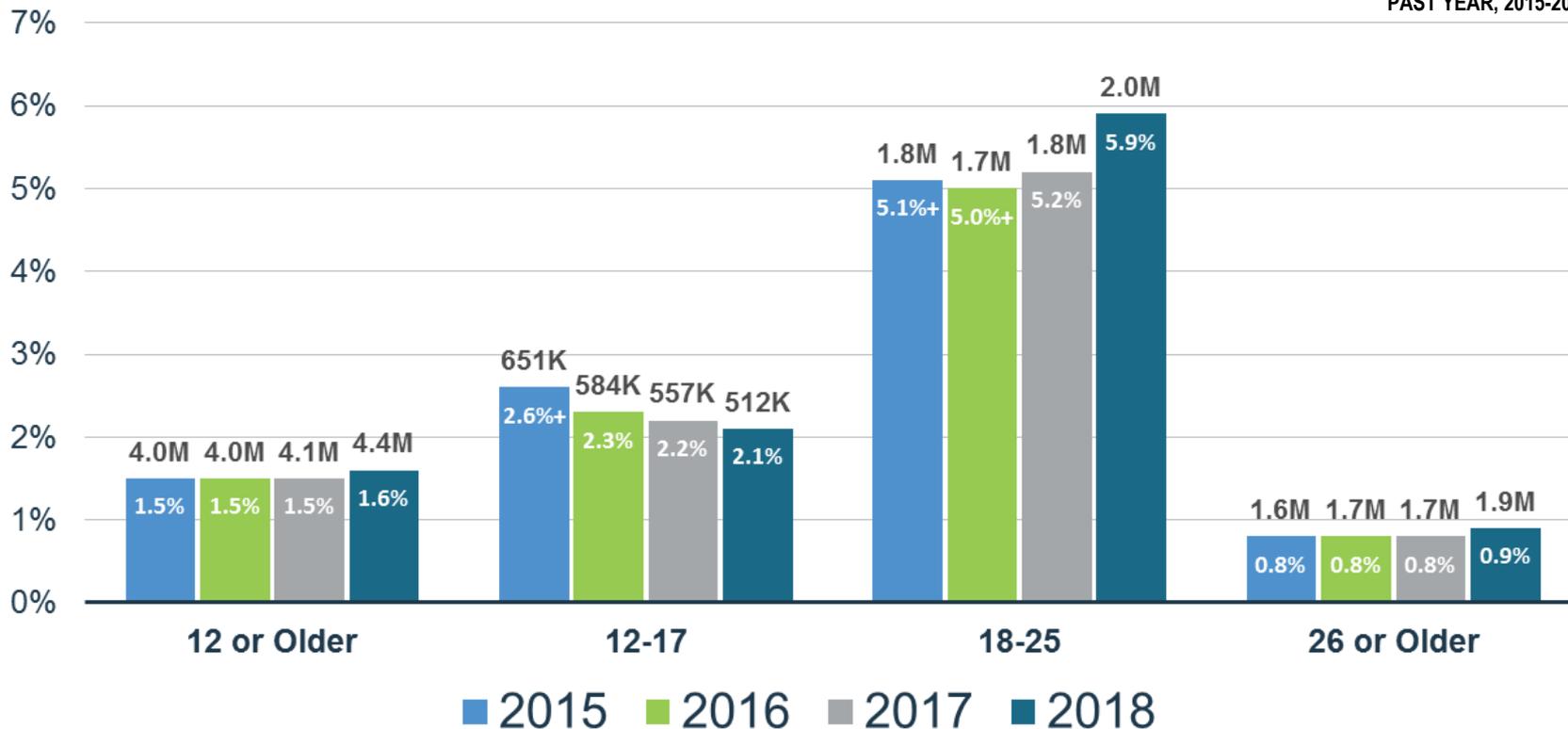
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# Marijuana Use Disorder

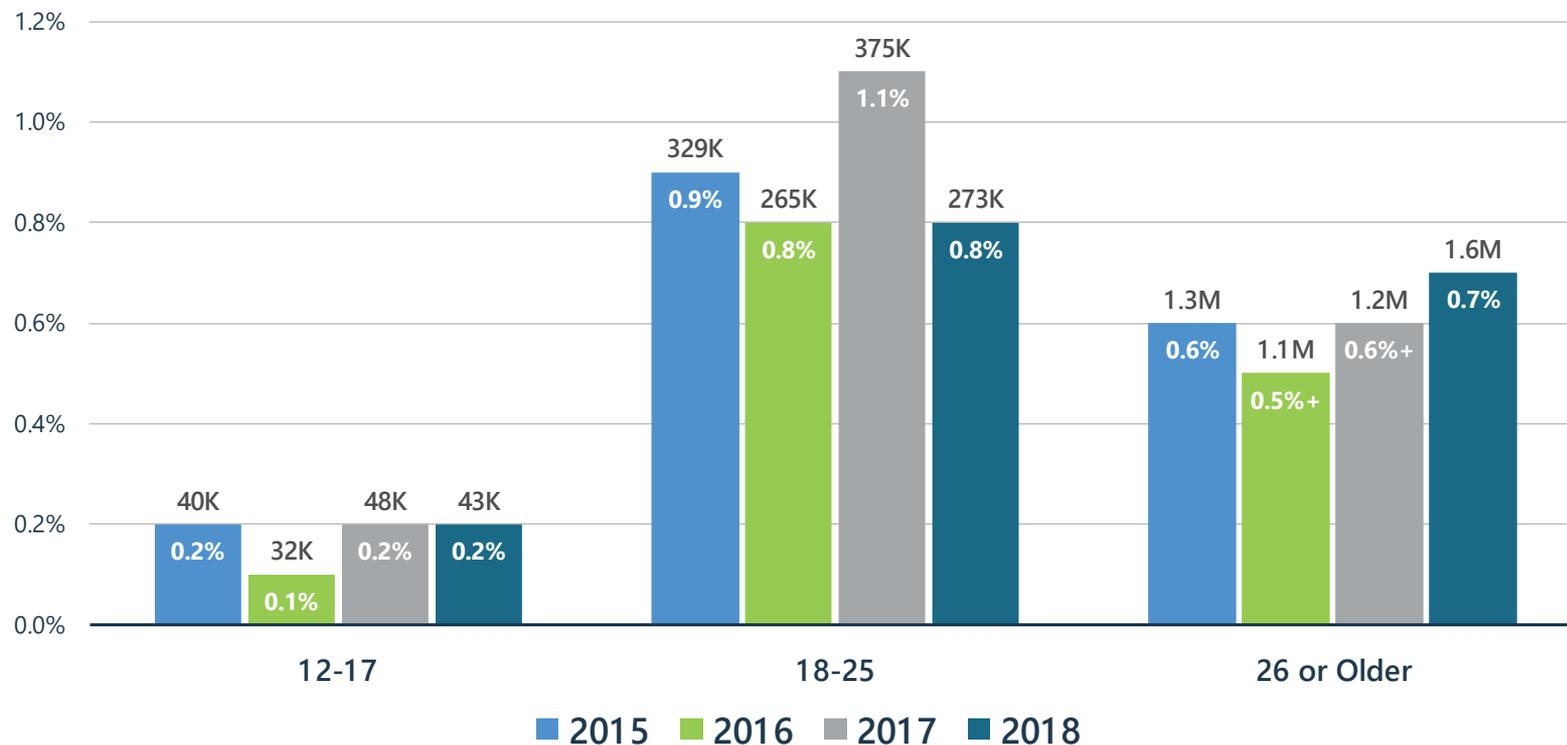
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# Methamphetamine Use: Significant Increase in Adults $\geq 26$ y.o.

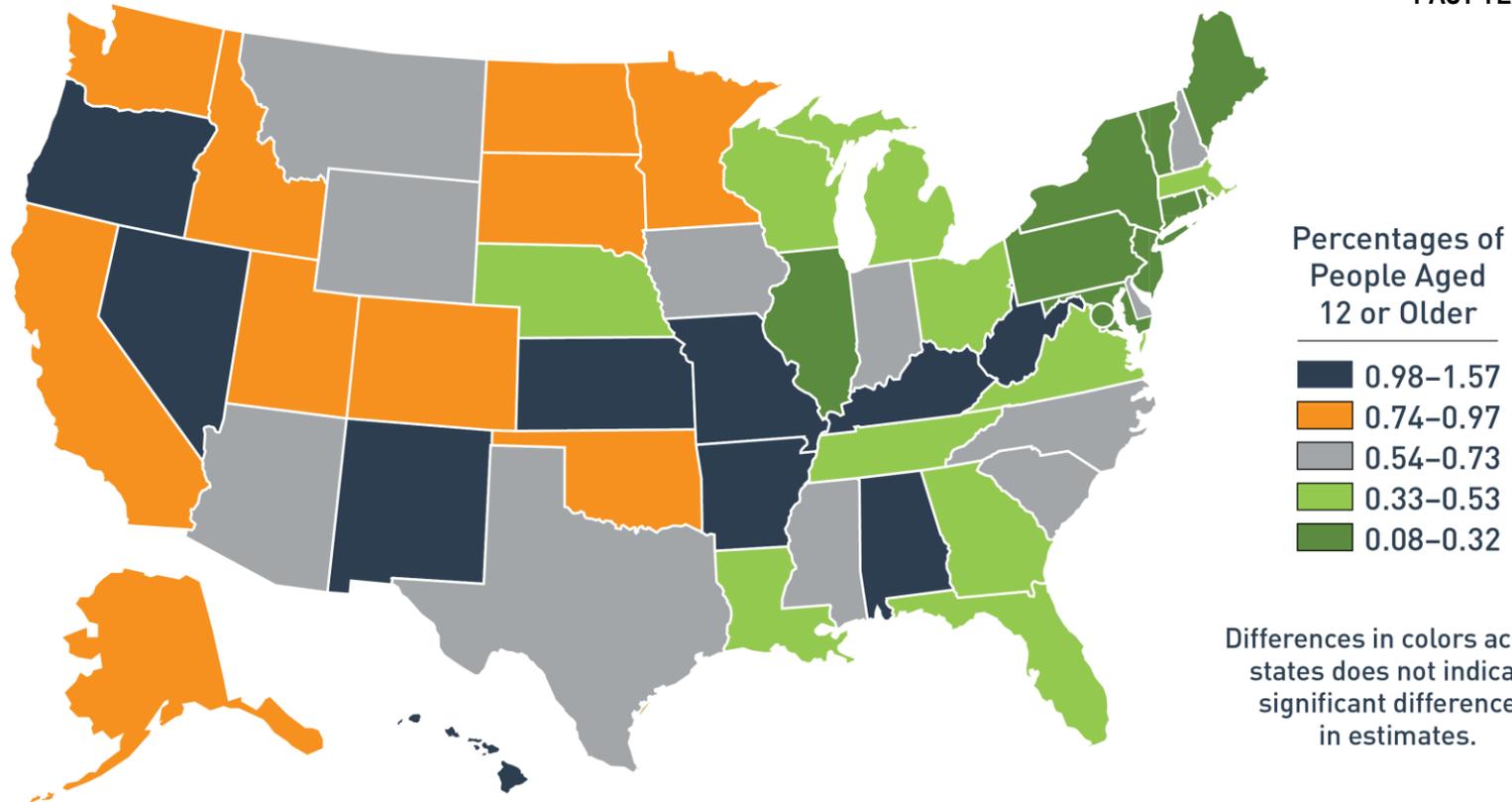
PAST YEAR, 2015-2018 NSDUH, 12+



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# Methamphetamine Use by State

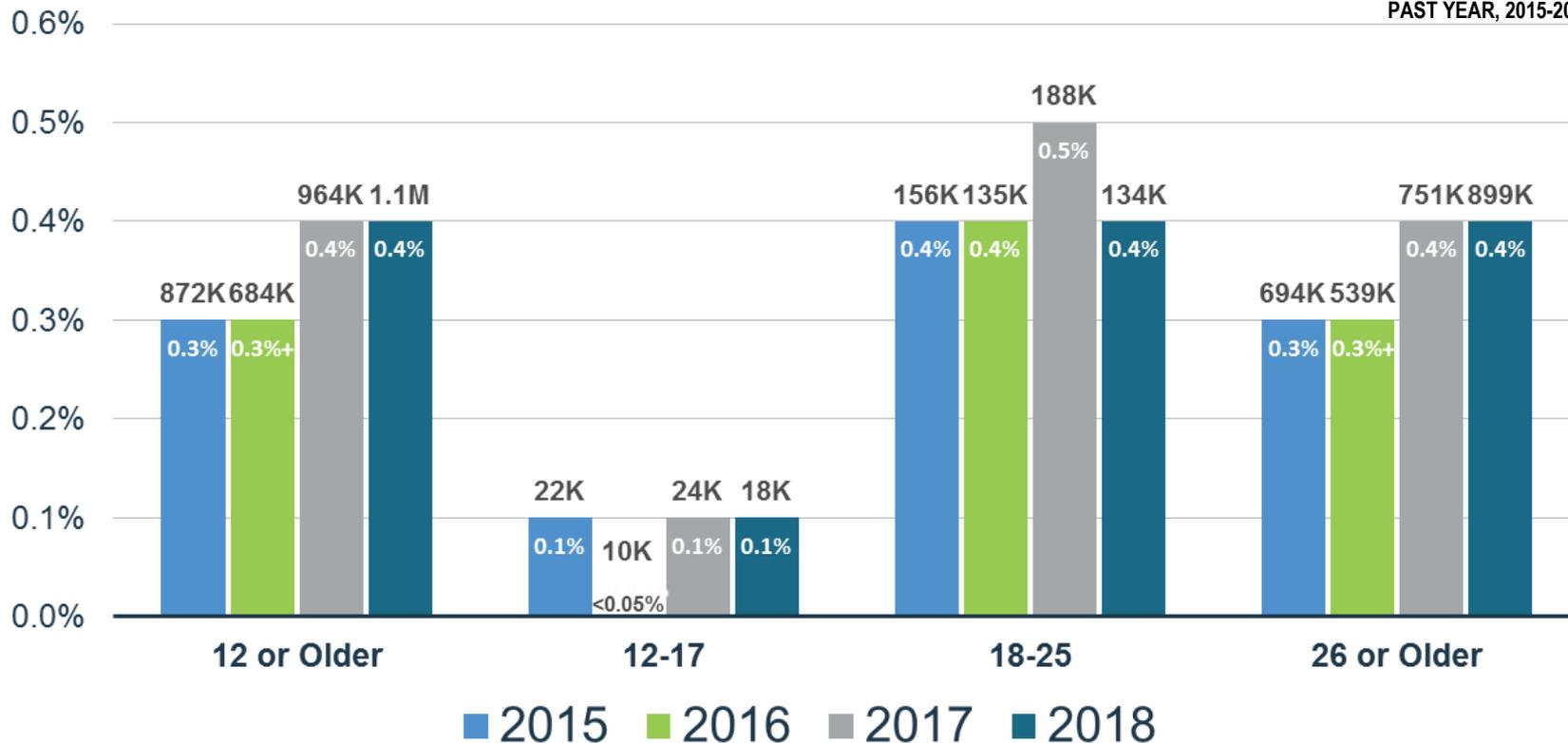
PAST YEAR, 2016-2017, 12+



Source: NSDUHs, 2016 and 2017.

# Methamphetamine Use Disorder

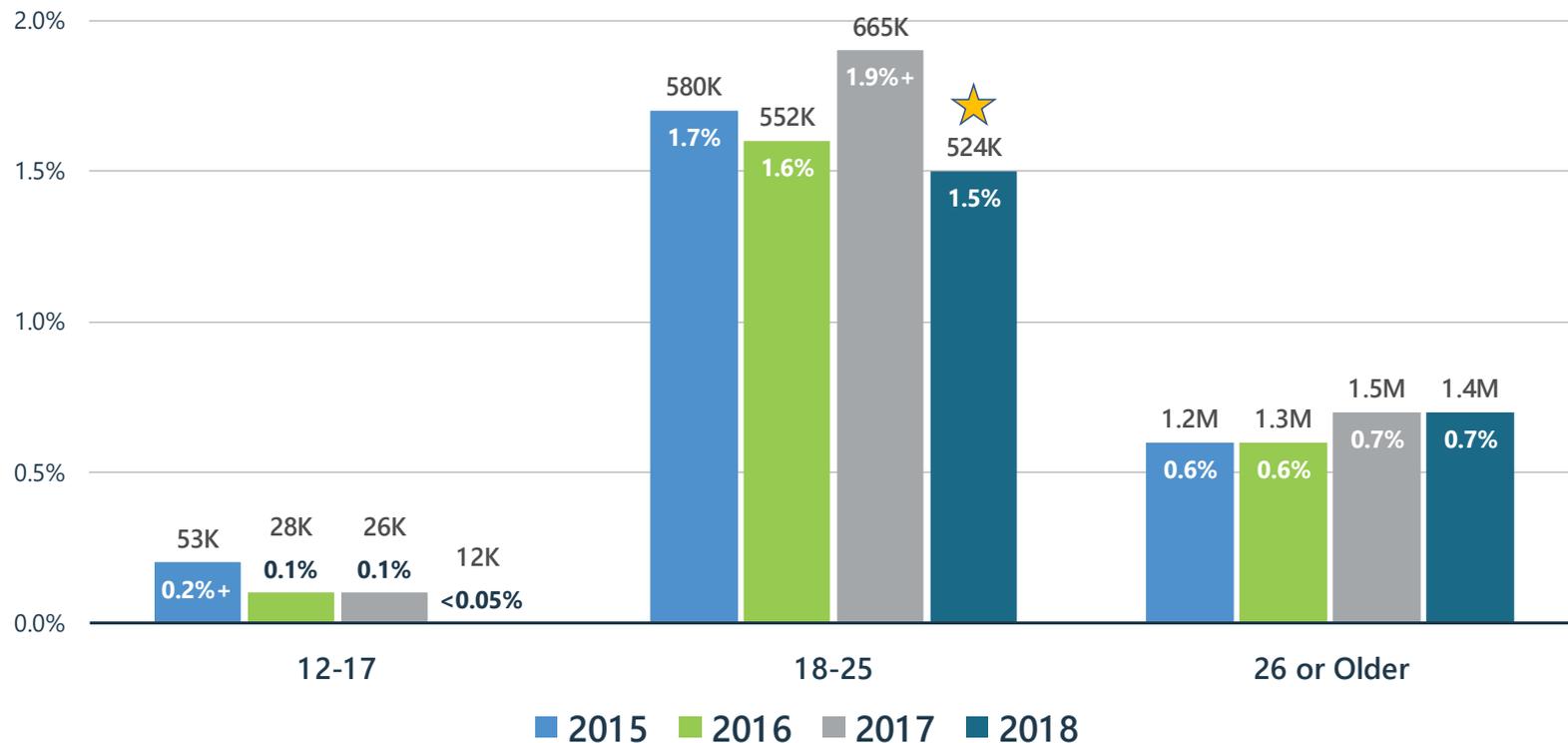
PAST YEAR, 2015-2018 NSDUH, 12+



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

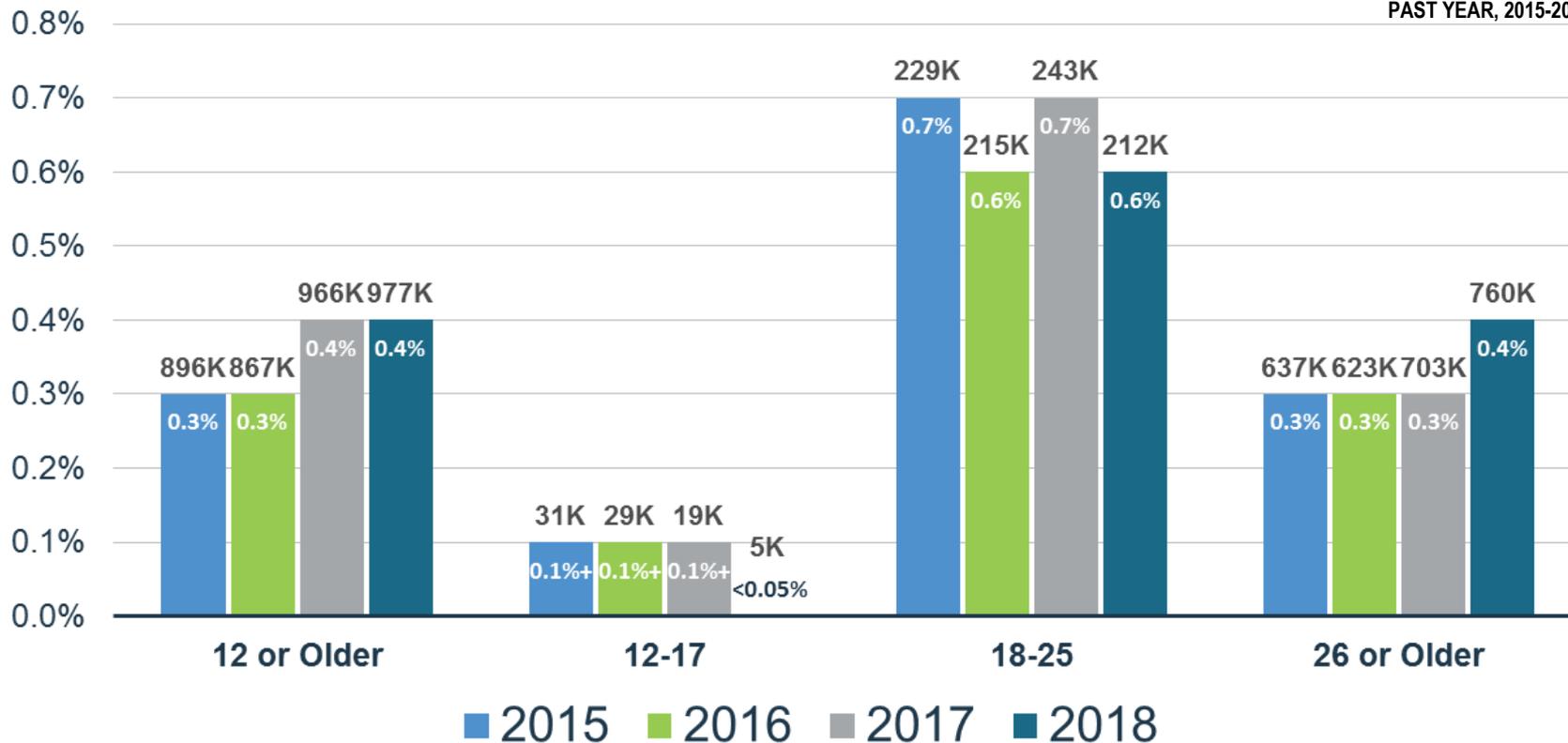
PAST MONTH, 2015-2018 NSDUH, 12+



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# Cocaine Use Disorder

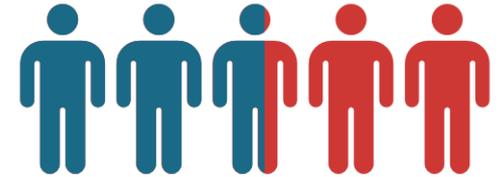
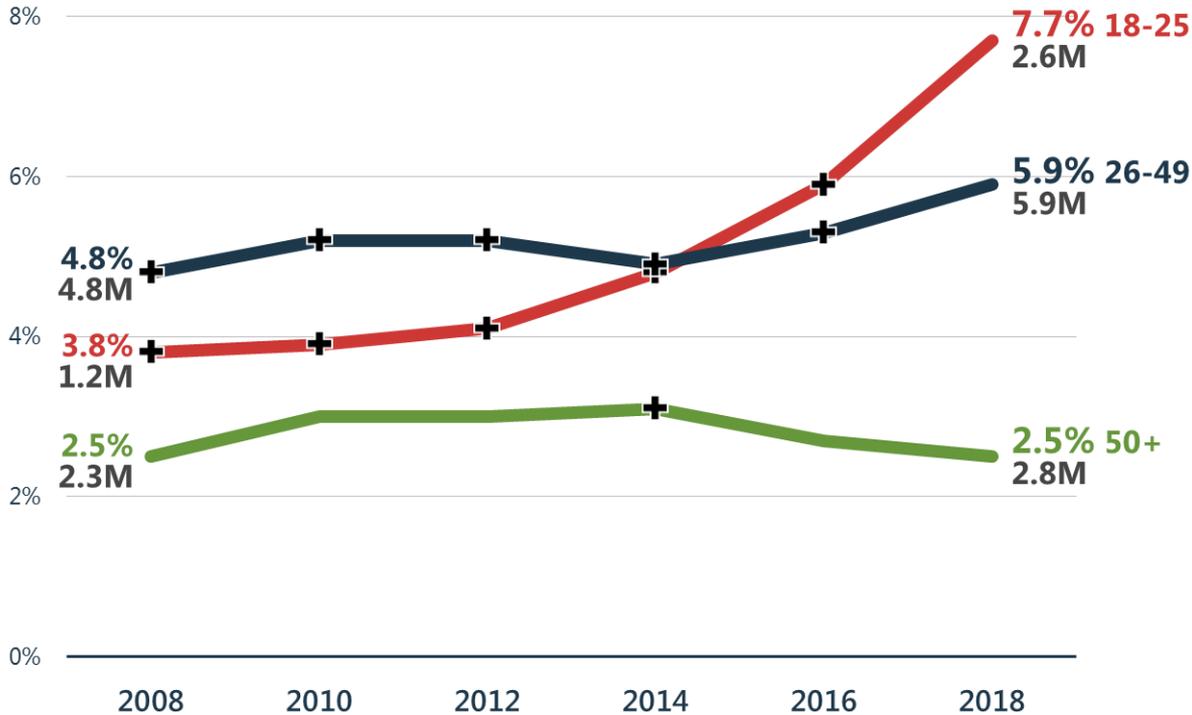
PAST YEAR, 2015-2018 NSDUH, 12+



+ 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+

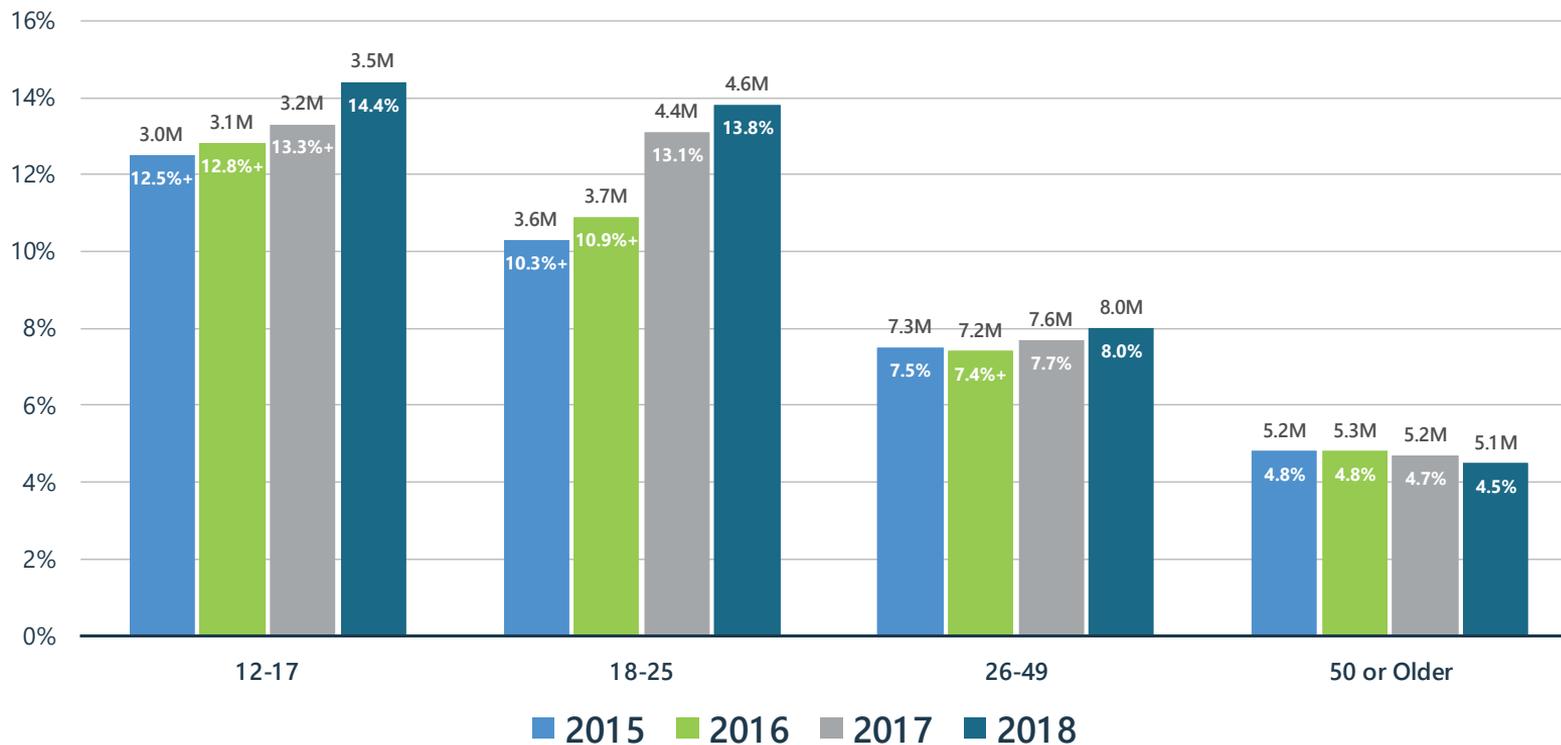


63.7%  
3.8M adults (26-49 y.o.) with SMI received treatment;  
36.3% got NO treatment

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

# Major Depressive Episodes

PAST YEAR, 2015-2018 NSDUH, 12+

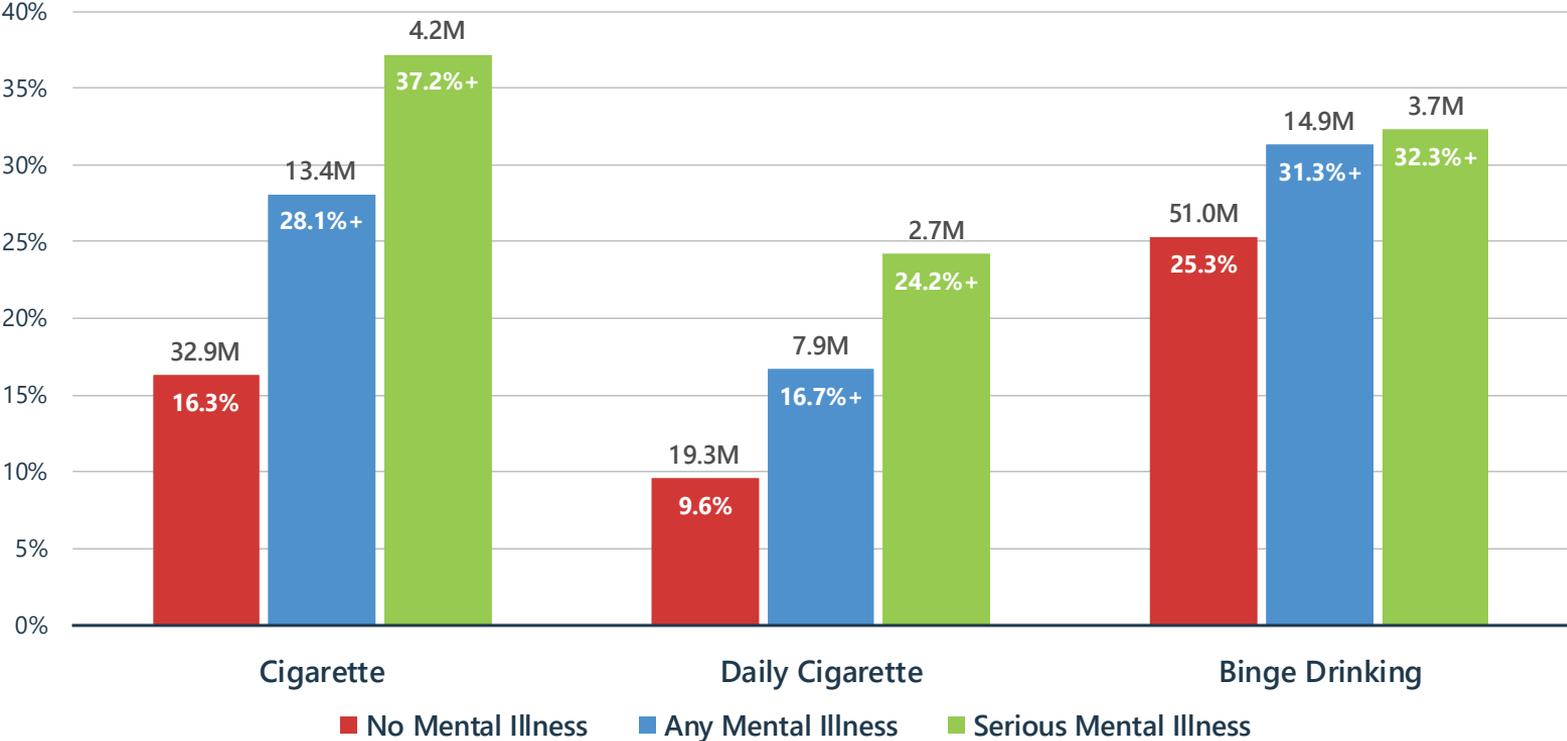


+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

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

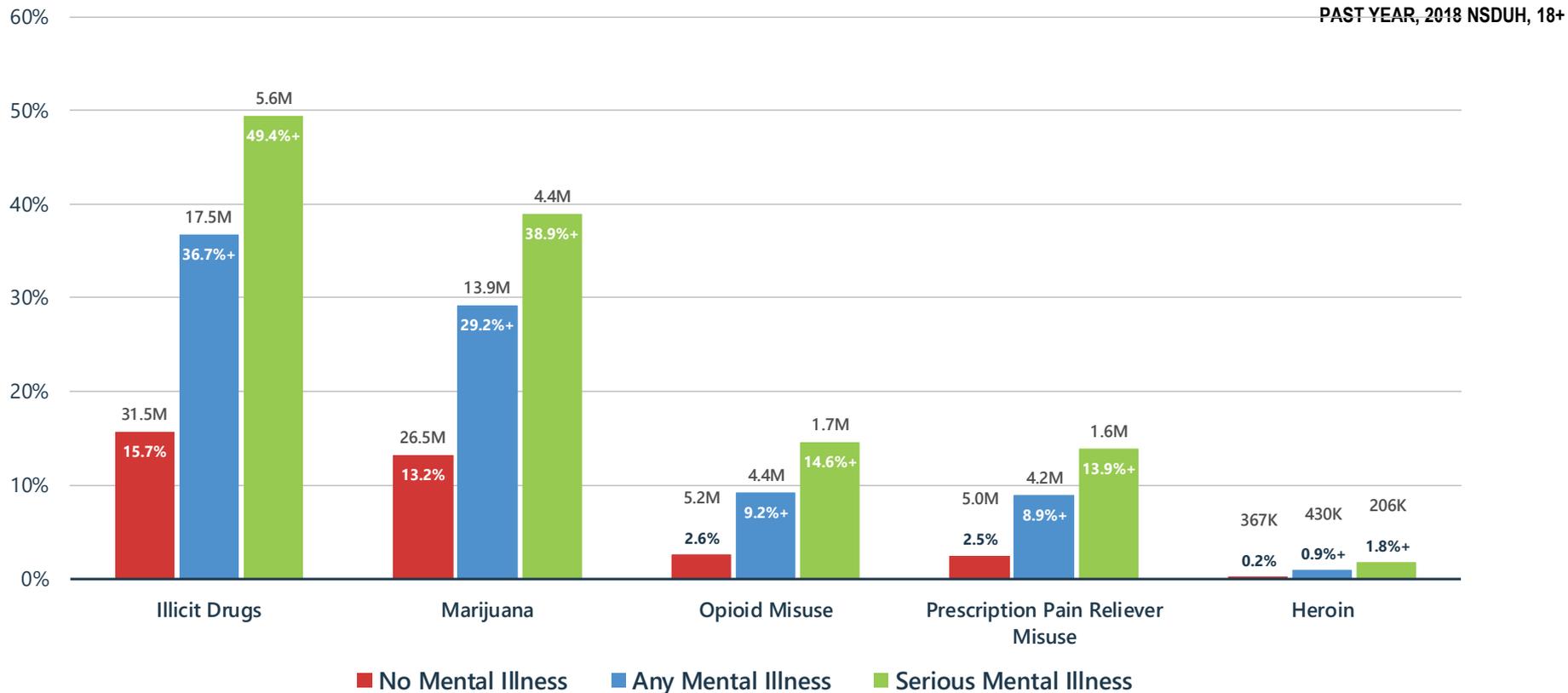
# Co-Occurring Issues: Substance Use Is More Frequent among Adults (≥18 y.o.) with Mental Illness

PAST MONTH, 2018 NSDUH, 18+



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

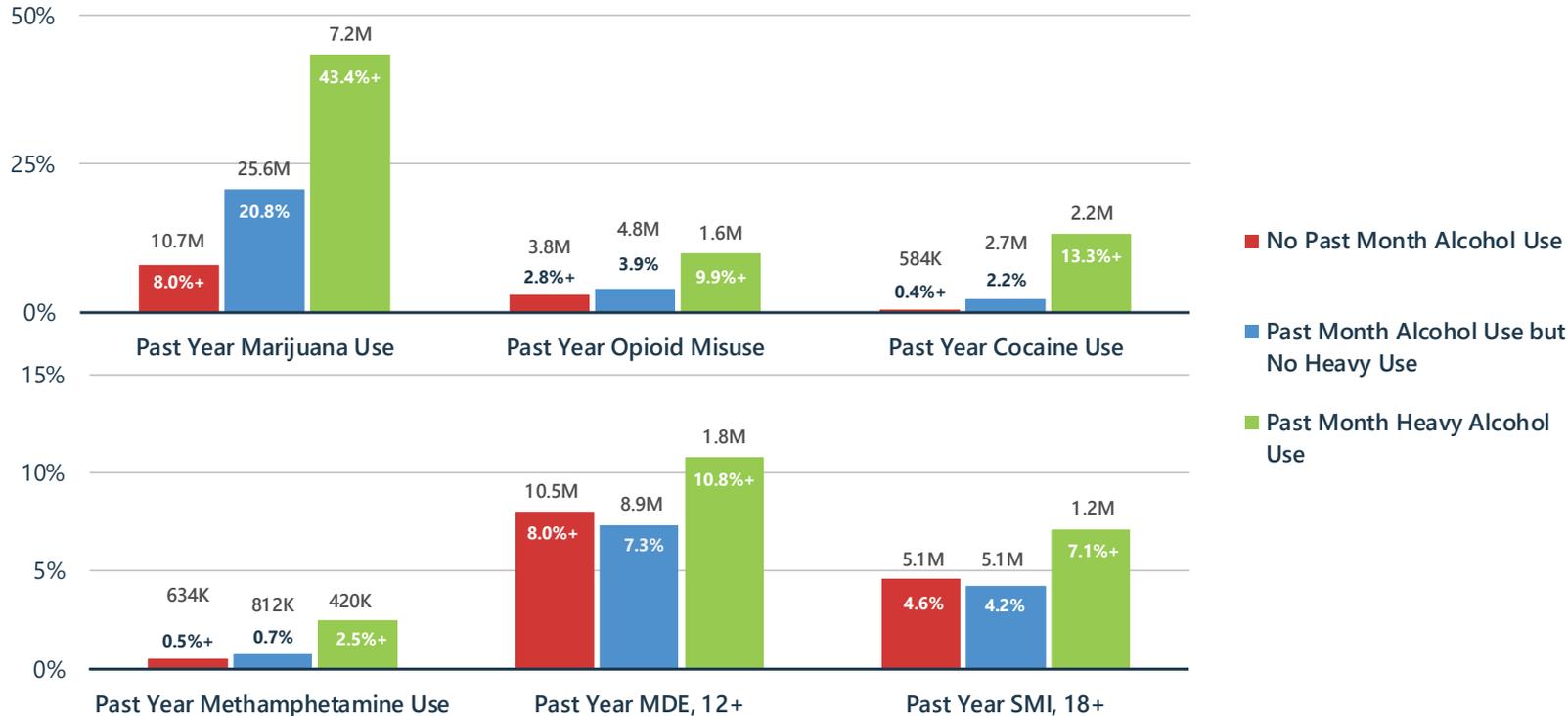
# Co-Occurring Issues: Substance Use Is More Frequent among Adults ( $\geq 18$ y.o.) with Mental Illness



+ 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

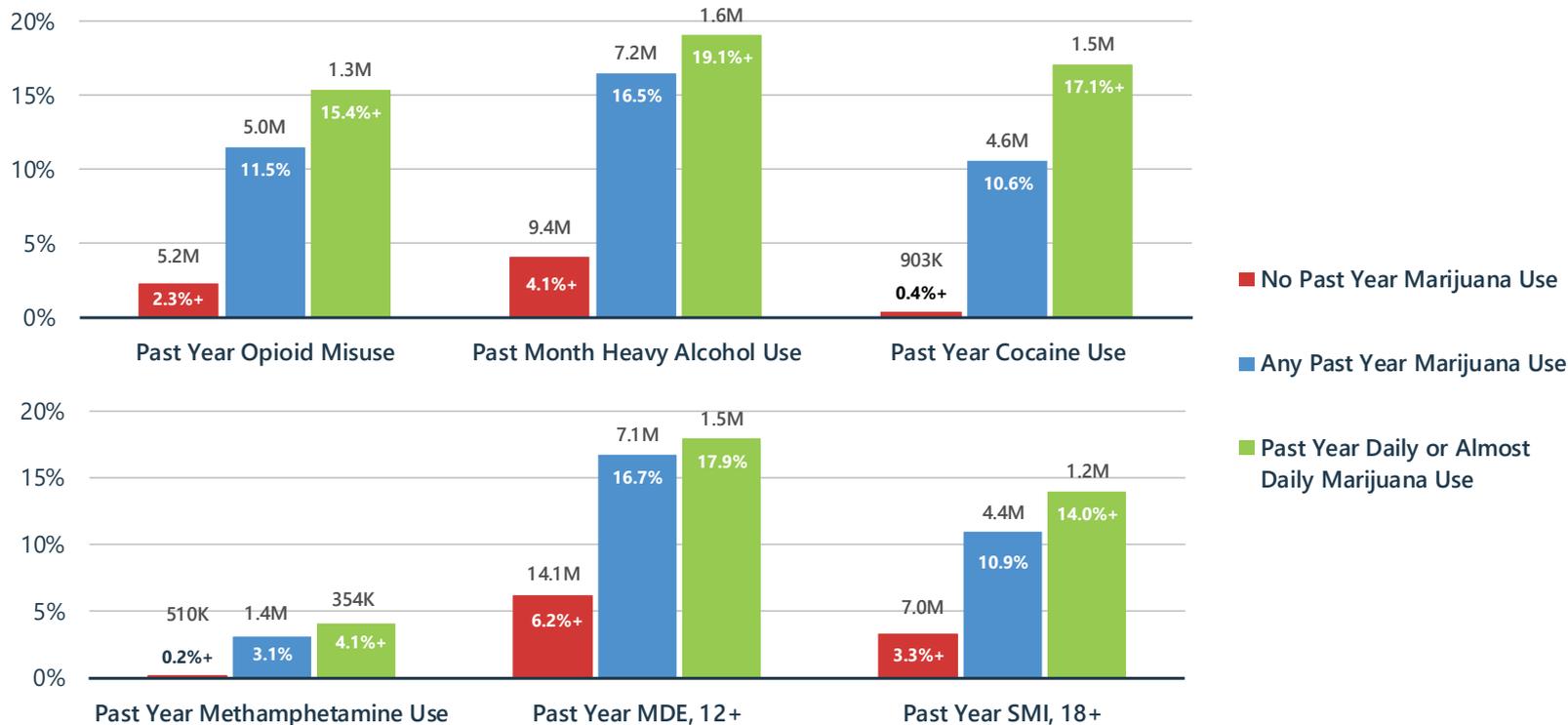
PAST YEAR/MONTH, 2018 NSDUH, 12+



+ 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

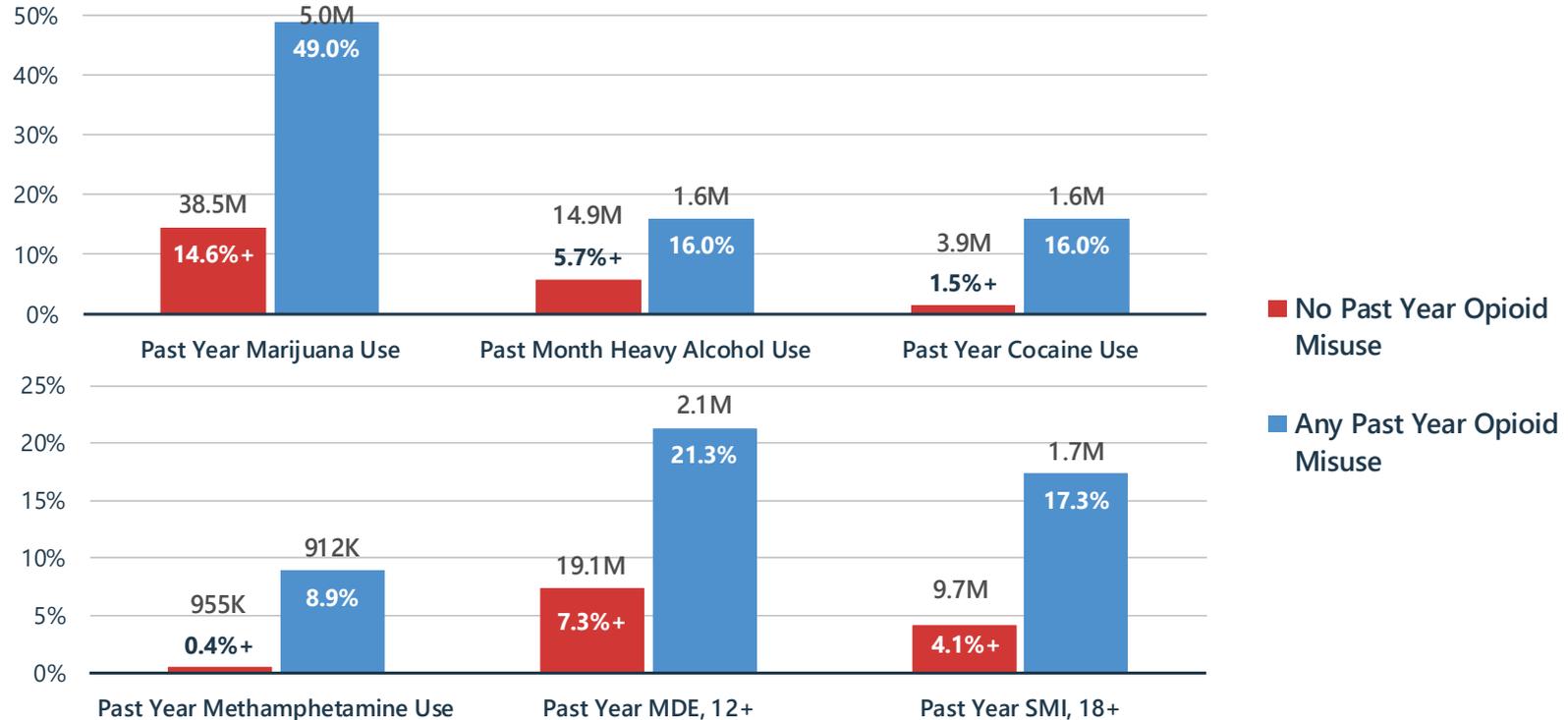
PAST YEAR/MONTH, 2018 NSDUH, 12+



+ 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.

# 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

# 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

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

- **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

# 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  
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Region  
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Region  
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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](https://findtreatment.samhsa.gov)**

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