SAMHSA Overview

One of several agencies in the HHS family of agencies

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

The 21st Century Cures Act (Dec 2016) elevated SAMHSA leadership to the Assistant Secretary level

Funding includes block formula grants, discretionary grants, cooperative agreements and contracts.

Office of the Assistant Secretary

• National Mental Health and Substance Use Policy Laboratory
• Office of the Chief Medical Officer
• Office of Tribal Affairs Policy
• PEPFAR

General organization:

CSAT: Center for Substance Abuse Treatment
CSAP: Center for Substance Abuse Prevention
CMHS: Center for Mental Health Services
CBHSQ: Center for Behavioral Health Statistics and Quality
Among those with a substance use disorder:
• 3 IN 8 (36.4%) struggled with illicit drugs
• 3 IN 4 (75.2%) struggled with alcohol use
• 1 IN 9 (11.5%) struggled with illicit drugs and alcohol

7.6% (18.7 MILLION) People aged 18 or older had a substance use disorder

3.4% (8.5 MILLION) 18+ HAD BOTH substance use disorder and a mental illness

18.9% (46.6 MILLION) People aged 18 or older had a mental illness

Among those with a mental illness:
• 1 IN 4 (24.0%) had a serious mental illness
Despite Consequences and Disease Burden, Treatment Gaps Remain Vast

- Substance Use Disorder (SUD) 12+: 19.7M (92.3% NO TREATMENT)
- Any Mental Illness (AMI) 18+: 46.6M (57.4% NO TREATMENT)
- Serious Mental Illness 18+: 11.2M (33.3% NO TREATMENT)
- Co-Occurring AMI & SUD 18+: 8.5M (91.7% NO TREATMENT FOR BOTH)
- Major Depressive Episode (MDE) 12-17: 3.2M (58.5% NO TREATMENT)
Illicit Drug Use: Marijuana Most Used Drug

- Marijuana: 15.9%, 43.5M users
- Psychotherapeutic Drugs: 6.2%, 16.9M users
- Cocaine: 2.0%, 5.5M users
- Hallucinogens: 2.0%, 5.6M users
- Methamphetamine: 0.7%, 1.9M users
- Inhalants: 0.7%, 2.0M users
- Heroin: 0.3%, 808K users

Significant decrease from 2017 (6.6%) and significant increase from 2017 (15%).
PAST YEAR, 2018 NSDUH, 12+
Alcohol Use Disorder

PAST YEAR, 2015-2018 NSDUH, 12+

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
### Alcohol Use Related to Other Substance Use, MDE and SMI

#### Past Year/Month, 2018 NSDUH, 12+

The table below summarizes the prevalence of alcohol use related to other substance use, MDE, and SMI.

<table>
<thead>
<tr>
<th>Substance Use Category</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>20.8%</td>
<td>7.2M</td>
</tr>
<tr>
<td>Past Year Opioid Misuse</td>
<td>2.8%+</td>
<td>9.9%+</td>
<td>43.4%+</td>
</tr>
<tr>
<td>Past Year Cocaine Use</td>
<td>3.8M</td>
<td>1.6M</td>
<td>812K</td>
</tr>
<tr>
<td>Past Year Methamphetamine Use</td>
<td>4.6%+</td>
<td>2.5%+</td>
<td>634K</td>
</tr>
<tr>
<td>Past Year MDE, 12+</td>
<td>0.7%</td>
<td>0.5%+</td>
<td>0.5M</td>
</tr>
<tr>
<td>Past Year SMI, 18+</td>
<td>6.2%+</td>
<td>2.2%+</td>
<td>5.1M</td>
</tr>
</tbody>
</table>

- **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.**
Opioid Misuse

PAST YEAR, 2015-2018 NSDUH, 12+

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Heroin Use Climbed Through 2016; Now Declining

PAST YEAR, 2002 AND 2015-2018 NSDUH, 12+

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Opioids' Grip Lessening: Prescription Pain Reliever Misuse

PAST YEAR, 2018 NSDUH, 12+

10.3 MILLION PEOPLE WITH OPIOID MISUSE (3.7% OF TOTAL POPULATION)

9.9 MILLION * Rx Pain Reliever Misusers (97.1% of opioid misusers)

808,000 Heroin Users (7.9% of opioid misusers)

5.5 MILLION + Rx Hydrocodone

3.4 MILLION Rx Oxycodone

269,000 Rx Fentanyl

Hydrocodone misuse down from 6.3M in 2017

506,000 Rx Pain Reliever Misusers and Heroin Users (4.9% of opioid misusers)

Rx = prescription.
Opioid misuse is defined as heroin use or prescription pain reliever misuse.

* Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

+ Difference between this estimate and the 2017 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

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
Misuse of Prescription Opioid Subtypes

Past Year, 2018 NSDUH, 12+ Subtype Users

- Hydrocodone: 5.5M users, 11.5%
- Oxycodone: 3.4M users, 12.8%
- Codeine: 2.4M users, 9.4%
- Tramadol: 1.5M users, 8.1%
- Buprenorphine: 718K users, 28.3%
- Morphine: 486K users, 7.9%
- Methadone: 256K users, 23.5%
- Fentanyl: 269K users, 12.7%
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.
TIP 63 Update changes: Overviews

1. Updating statistics from SAMHSA, the Centers for Disease Control and Prevention, and other health authorities on opioid-related deaths, overdoses, accidents, and hospitalizations.

2. Updating the expanded list of other qualifying practitioners who are eligible to apply for a waiver to prescribe buprenorphine (i.e., clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives).

3. Clarifying that buprenorphine is available in an extended-release injection formulation. Adding information about the use of subdermal formulations of buprenorphine (i.e., Probuphine and Sublocade).

4. Adding information about possible clinical interactions between formulations of Buprenorphine and Naltrexone with various other medications and products.

5. Improving the language to make clear the importance of testing for HIV and Hepatitis C.


7. Removing or replacing broken hyperlinks to online resources.
Treatment Gains: Number of Individuals Receiving Pharmacotherapy for Opioid Use Disorder (MAT)

- Methadone: 345,443, 450,247, 73,260
- Buprenorphine: 520,398, 581,613, 64,020
- Naltrexone: 46,860, 64,020, 73,260

Total Number receiving MAT (all types):
- 2016: 921,692
- 2017: 1,028,500
- 2018: 1,172,371
Marijuana Use

PAST MONTH, 2015-2018 NSDUH, 12+

+ Difference between this estimate and the 2018 estimate 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 Year Opioid Misuse
- 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 Month Heavy Alcohol Use
- No Past Year Marijuana Use: 15.4%
- Any Past Year Marijuana Use: 9.4%
- Past Year Daily or Almost Daily Marijuana Use: 4.1%

Past Year Cocaine Use
- No Past Year Marijuana Use: 16.7%
- Any Past Year Marijuana Use: 10.6%
- Past Year Daily or Almost Daily Marijuana Use: 0.4%

Past Year MDE, 12+
- No Past Year Marijuana Use: 11.5%
- Any Past Year Marijuana Use: 16.5%
- Past Year Daily or Almost Daily Marijuana Use: 10.6%

Past Year SMI, 18+
- No Past Year Marijuana Use: 16.5%
- Any Past Year Marijuana Use: 17.9%
- Past Year Daily or Almost Daily Marijuana Use: 17.1%

Past Year Cocaine Use
- No Past Year Marijuana Use: 14.0%
- Any Past Year Marijuana Use: 19.1%
- Past Year Daily or Almost Daily Marijuana Use: 17.1%

Difference between this estimate and the estimate for people with past year marijuana use is statistically significant at the .05 level.
Methamphetamine Use: Significant Increase in Adults > 26 y.o.

PAST YEAR, 2015-2018 NSDUH, 12+

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.
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.

Year | 12-17 | 18-25 | 26 or Older
--- | --- | --- | ---
2015 | 53K | 580K | 1.7%
2016 | 28K | 552K | 1.6%
2017 | 26K | 524K | 1.9%
2018 | 12K | 665K | 1.5%
Major Depressive Episodes

PAST YEAR, 2015-2018 NSDUH, 12+

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.
Past Month Substance Use among Pregnant Women

**Illicit Drugs**
- 2015: 4.7%
- 2016: 143K
- 2017: 194K
- 2018: 8.5%+

**Tobacco Products**
- 2015: 109K
- 2016: 139K
- 2017: 239K
- 2018: 13.9%

**Alcohol**
- 2015: 319K
- 2016: 271K
- 2017: 334K
- 2018: 14.7%

**Marijuana**
- 2015: 78K
- 2016: 111K
- 2017: 161K
- 2018: 7.1%

**Opioids**
- 2015: 19K
- 2016: 26K
- 2017: 32K
- 2018: 0.9%

**Cocaine**
- 2015: 1K
- 2016: 2K
- 2017: 8K
- 2018: <0.05%

* Estimate not shown due to low precision.
+ 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 YEAR, 2018 NSDUH, 18+

Difference between this estimate and the estimate for adults without mental illness is statistically significant at the .05 level.
1. To provide prevention interventions to those at risk through HIV testing with pre/post-test counseling and education regarding high risk behaviors: both community based and within SUD/MH programs.

2. To assure that all identified with HIV infection or at very high risk and in need of prophylaxis get the appropriate referrals from behavioral health programs to appropriate healthcare resources with ongoing care coordination.

3. To provide treatment for mental and substance use disorders for those at risk for HIV or living with HIV to reduce risk and improve adherence to treatment with an overall goal of improving the lives of those affected.

4. Through SAMHSA’s national network of TTCs, we provide training and technical assistance to SUD/MH providers with a goal of improving screening, assessment and treatment of HIV and associated mental and substance use disorders for those in behavioral health programs.

5. To provide training and technical assistance to primary healthcare providers regarding the importance of addressing mental and substance use issues/disorders in those at risk for or living with HIV.
Why is it important—Key concepts

• HIV/AIDS, substance abuse disorders, and mental disorders interact in a complex fashion.
  • Each acts as a potential catalyst or obstacle in the treatment of the other two—substance abuse can negatively affect adherence to HIV/AIDS treatment regimens; substance abuse disorders and HIV/AIDS are intertwining disorders
• Substance abuse increases the risk of contracting HIV.
  • HIV infection is substantially associated with the use of contaminated or used needles to inject heroin.
• Substance abuse treatment serves as HIV prevention.
  • Placing the client in substance abuse treatment along a continuum of care and treatment helps minimize continued risky substance-abusing practices. Reducing a client’s involvement in substance-abusing practices reduces the probability of infection.
  • Risk reduction allows for a comprehensive approach to HIV/AIDS prevention. This strategy promotes changing substance related and sex-related behaviors to reduce clients’ risk of contracting or transmitting HIV.

SAMHSA TIP 37
Updates

New Grants 2020:

1. The Substance Abuse and HIV Prevention Navigator Program for Racial/Ethnic Minorities (Prevention Navigator)
2. Drug-Free Communities (DFC) Support Program-New

Continued Grants:

- SAMHSA has over 250 active grants included in the Minority AIDS Initiative (MAI) Service Integration grant program. The goals of the MAI grant programs are to address gaps in available prevention and treatment programs, to reduce risk, and improve adherence to treatment. Providing community and program based HIV testing with pre- and post-test counseling and education. Ensuring that individuals that are high risk or already diagnosed with HIV obtain the appropriate referrals for ongoing care coordination for behavioral health and medical resources.
Current Grantees focusing on HIV

SAMHSA Ending the HIV Epidemic Analysis
Distribution of Prevention, Mental Health and Treatment
Minority AIDS Initiative Grants in Targeted Counties and States

Legend
- CSAP Grants - (108)
- CSAT Grants (98)
- CMHS Grants (10)

State
Targeted Counties
County

Map Update on 11/18/2019
New Products set for publication this year:

**Prevention and Treatment of HIV Among People Living with Substance Use and Mental Disorders with focus on**
PrEP - Pre-Exposure Prophylaxis
SSP - Syringe Services Programs
Cognitive Behavioral Therapy
Contingency Management
Intensive Case Management
Patient Navigation
Clinical Coordination Screening
Peer Support Services

**Existing products:**

- The Case for Behavioral Health Screening in HIV Care
New Initiatives:

HIV Data Project:
- Now tracking every grantee to monitor testing and referrals to treatment as well as identifying barriers.
- Meeting with grantees for further ideas on outcomes.

Expansion of oral fluid testing:
- CMS approved, CLIA waived, easier for BH organizations to implement.

Upcoming Events:
- SAMHSA has submitted an abstract on a workshop for the World AIDS conference 2020 in San Francisco.
COVID-19: Resources and Response Efforts

Considerations for Outpatient Mental and Substance Use Disorder Treatment Settings

TAP 34: Disaster Planning Handbook for Behavioral Health Treatment Programs

Opioid Treatment Program (OTP) Guidance (SOTA)

OTP Guidance for Patients Quarantined at Home with the Coronavirus

Use of Telemedicine While Providing Medication Assisted Treatment (MAT)

FAQs: Provision of methadone and buprenorphine for the treatment of Opioid Use Disorder in the COVID-19 emergency

Training and Technical Assistance Related to COVID-19

Emergency Grants to Address Mental and Substance Use Disorders During COVID-19

The Division of Pharmacologic Therapies (DPT) manages the day-to-day oversight activities necessary to implement federal regulations on the use of substance use disorder medications such as methadone and buprenorphine.

- Supports the accreditation and certification of more than 1,700 opioid treatment programs (OTPs) that collectively treat more than 300,000 patients each year under 42 CFR Part 8.
- Implements DATA 2000 Waiver Program
- Manages Providers’ Clinical Support System (PCSS) and PCSS Universities Program

DPT has processed over 4000 OTP exception requests during the crisis
SAMHSA has approved 4679 newly waivered providers and increased the patient limits of 1548 providers in the past 10 weeks
Since February 2, 2020, an additional 163 practitioners have also exercised a temporary increase to treat up to 275 patient to address emergency situations.

Regular contact with State Opioid Treatment Authorities
ATTC Pandemic Response Resources - https://attcnetwork.org/centers/global-attc/pandemic-response-resources

Substance Use Disorder Services in the Days of a Pandemic: You Need A Bigger Boat! Providing SUD services during a pandemic requires a mix of disaster preparedness, safety precautions, telehealth, and ethics.

Telehealth Learning Series for SUD Treatment and Recovery Support Providers

Online Telephone and Support Groups Treatment providers and peer support specialists looking for online and telephone support groups for their patients/peers should review the list compiled by the Mountain Plains ATTC.

Healing the Healer: Employing Principles of Neuroscience, CBT, and MI to Understand and Treat Compassion Fatigue Among Human Services

A Guide to Using Text Messages to Improve Substance Use Treatment Outcomes Helping individuals remain in treatment or continue to participate in recovery support services can be difficult
SAMHSA’s Response

• **Workforce:** Continue to address the need for clinicians to be prepared to assess and treat mental health issues and substance issues with national training and technical assistance programs

• **Opioids**
  - Continue work with states to address opioids crisis needs in terms of prevention, treatment, and community recovery resources
    - STR/SOR/TOR grants
    - Discretionary grants: pregnant/post partum parenting women/children/families, drug courts, first responder/prevention grants
    - Collaboration with HHS partners and other federal departments to expand resources to communities

• **Other substances:**
  - Encourage use of block grant funds to address prevention/treatment needs
  - Provide training and technical assistance on evidence-based psychosocial therapies

• **Connecting with the public:** Importance of Prevention, Treatment, Community Supports
  - Public service messaging on substance use and mental health issues with focus on prevention
  - [https://www.samhsa.gov/technology-transfer-centers-ttc](https://www.samhsa.gov/technology-transfer-centers-ttc)

• **Monitoring outcomes:**
  - Through continuation of NSDUH, DAWN, and SAMHSA grant program evaluation

• **Making policy modifications as indicated**