

# ASCP 2020 SAMHSA Updates

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Chief Medical Officer



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

# 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 21<sup>st</sup> 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

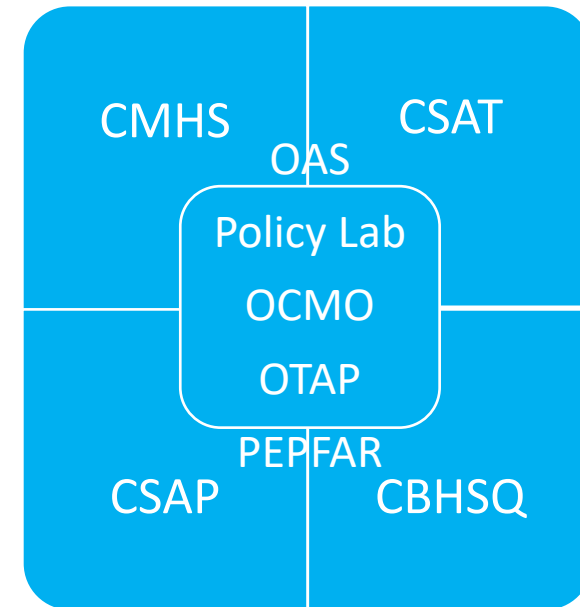
## General organization:

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



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# Mental and Substance Use Disorders in America

PAST YEAR, 2017,  
18+

**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

**Among those with a mental illness:**

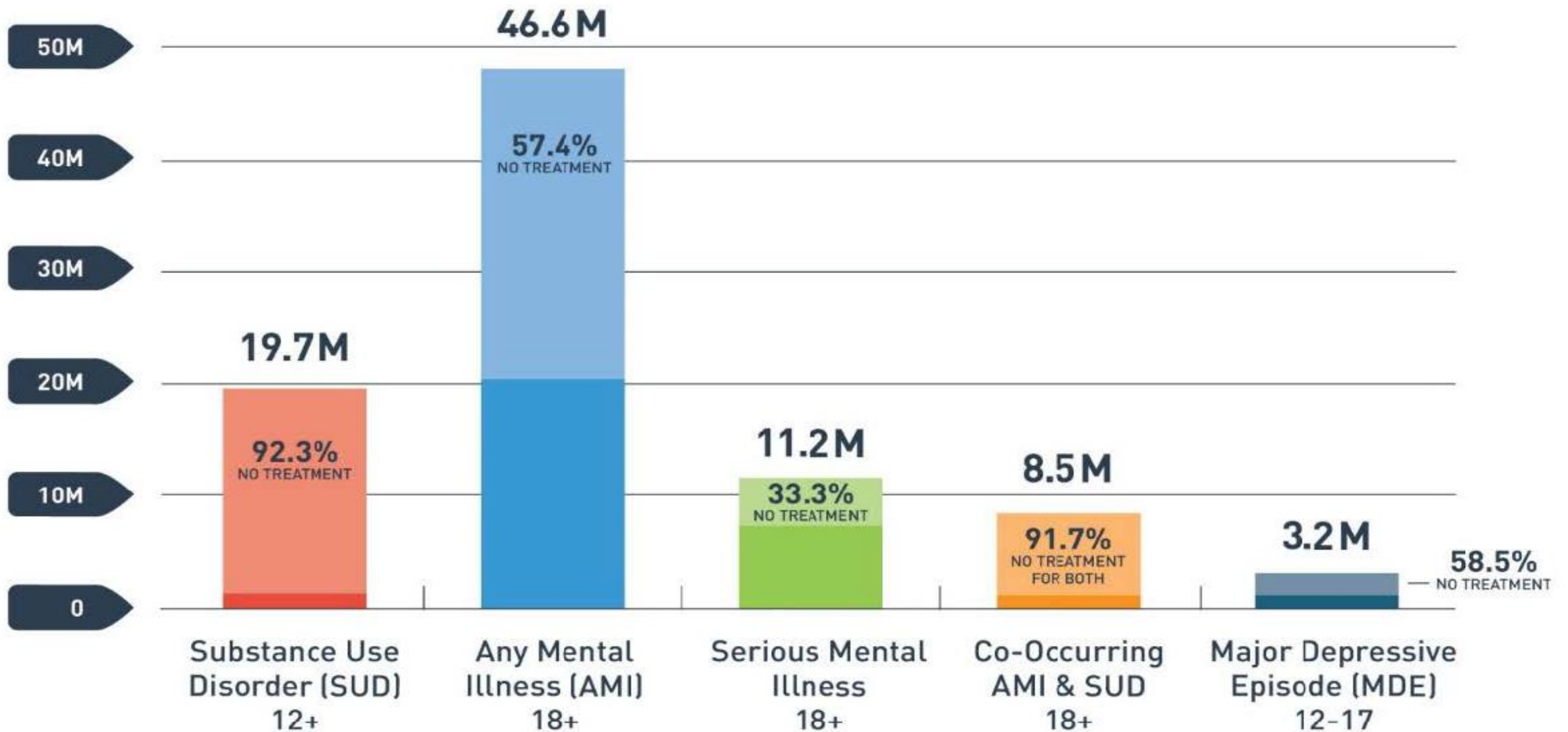
- **1 IN 4 (24.0%)** had a serious mental illness

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

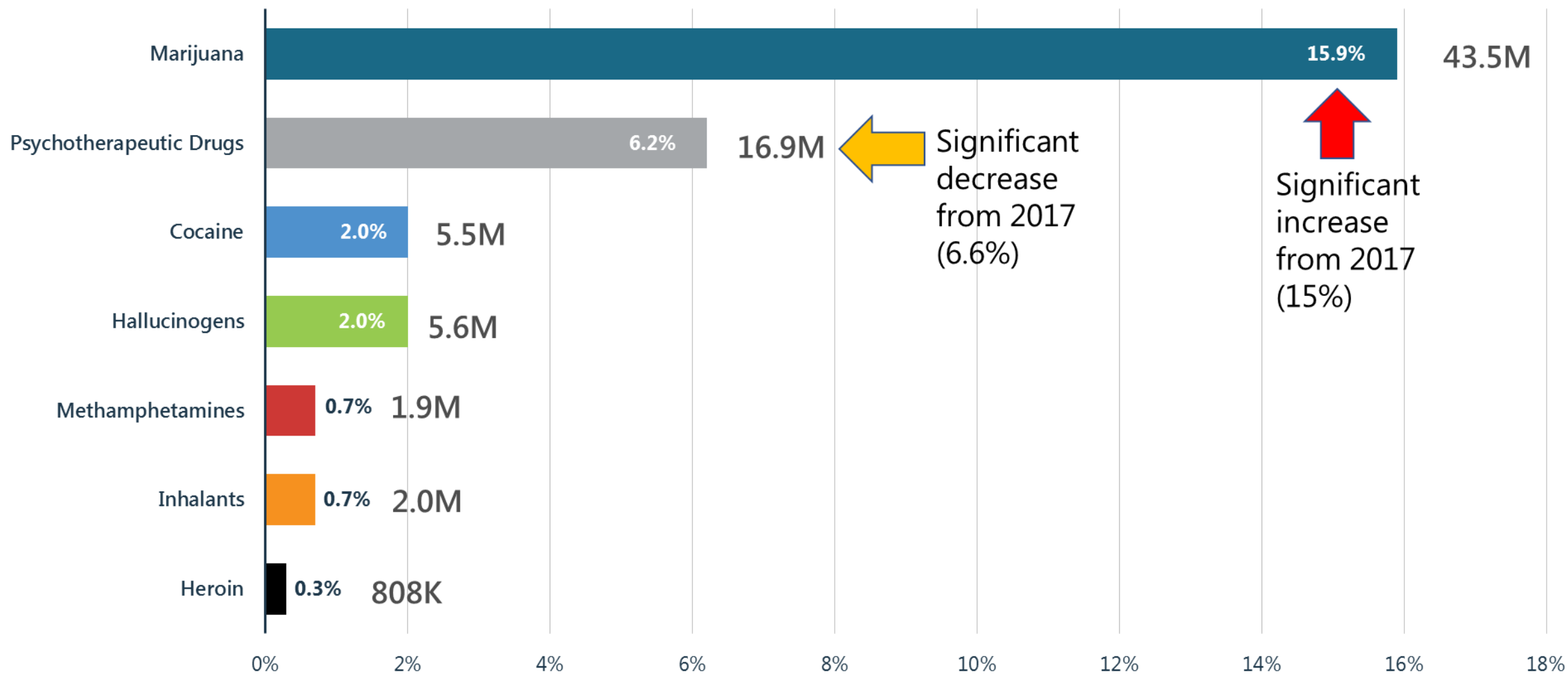
**3.4%**  
**(8.5 MILLION)**  
18+ HAD BOTH  
substance use  
disorder and a  
mental illness

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

# Despite Consequences and Disease Burden, Treatment Gaps Remain Vast



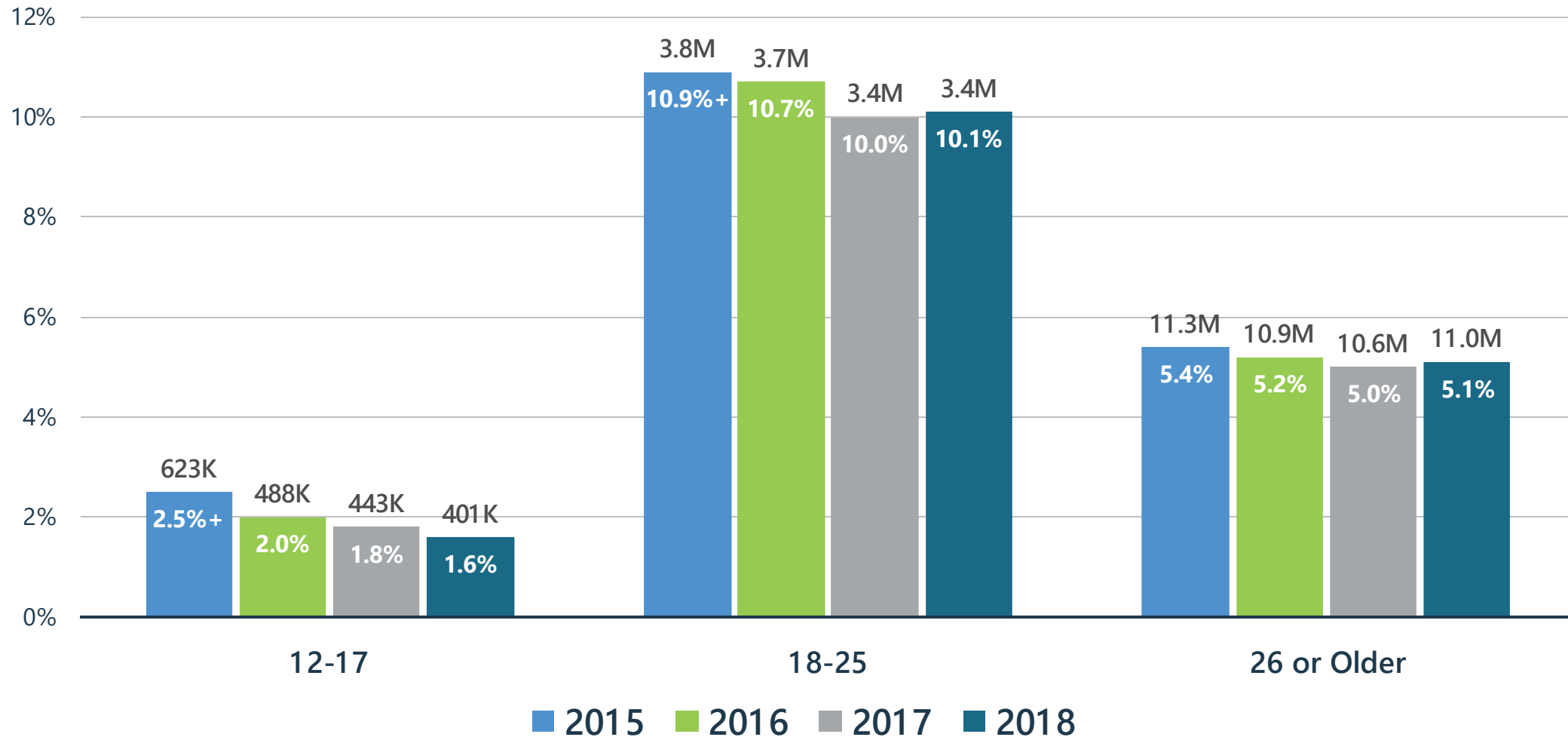
# Illicit Drug Use: Marijuana Most Used Drug



PAST YEAR, 2018 NSDUH, 12+

# Alcohol Use Disorder

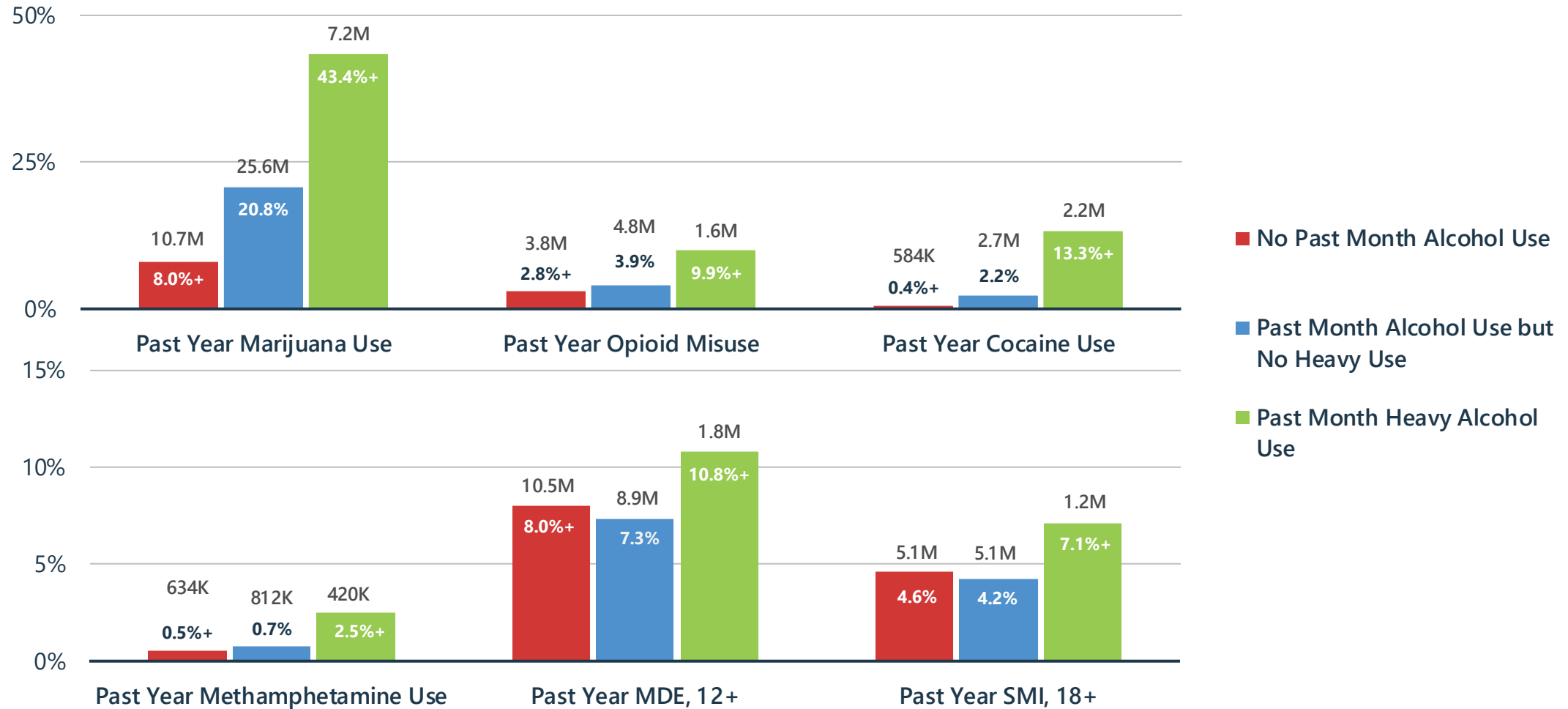
PAST YEAR, 2015-2018 NSDUH, 12+



+ 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

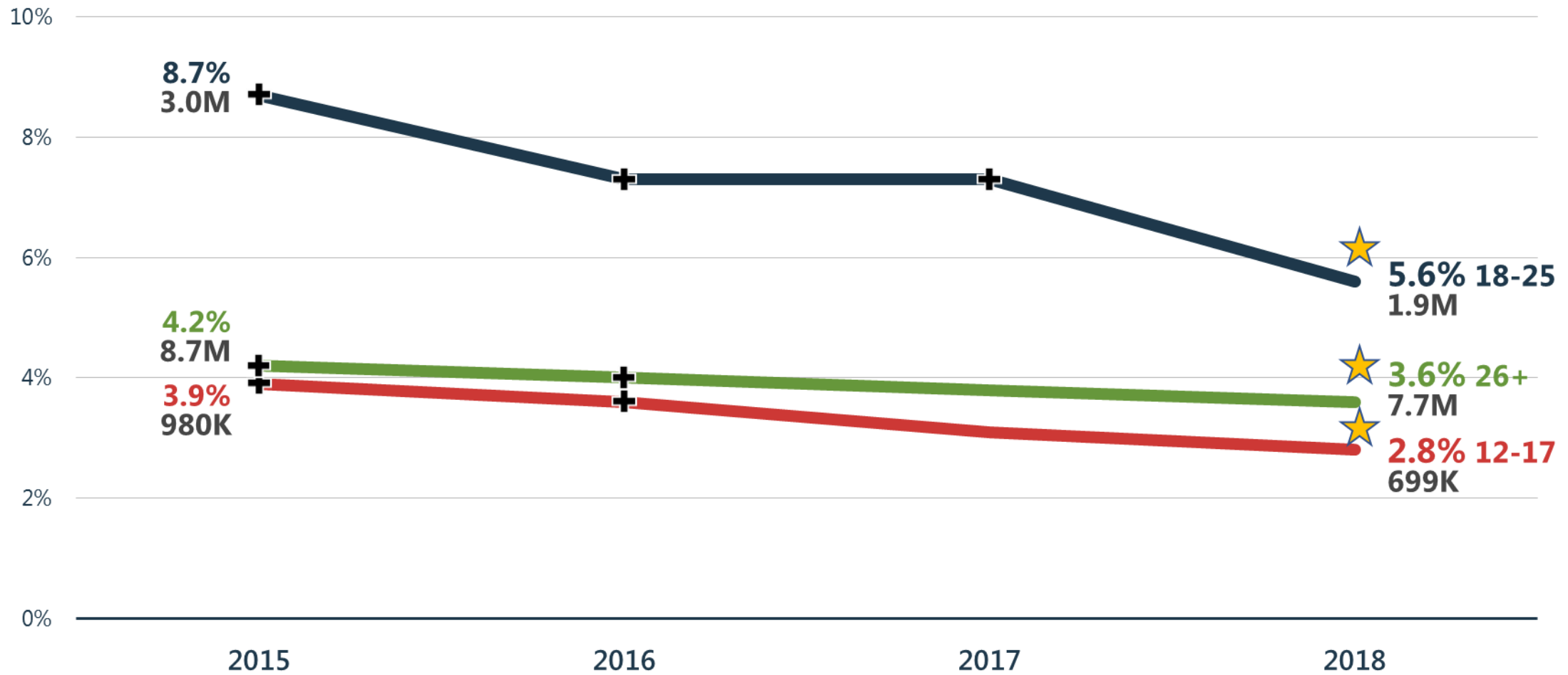
PAST YEAR/MONTH, 2018 NSDUH, 12+



+ 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+

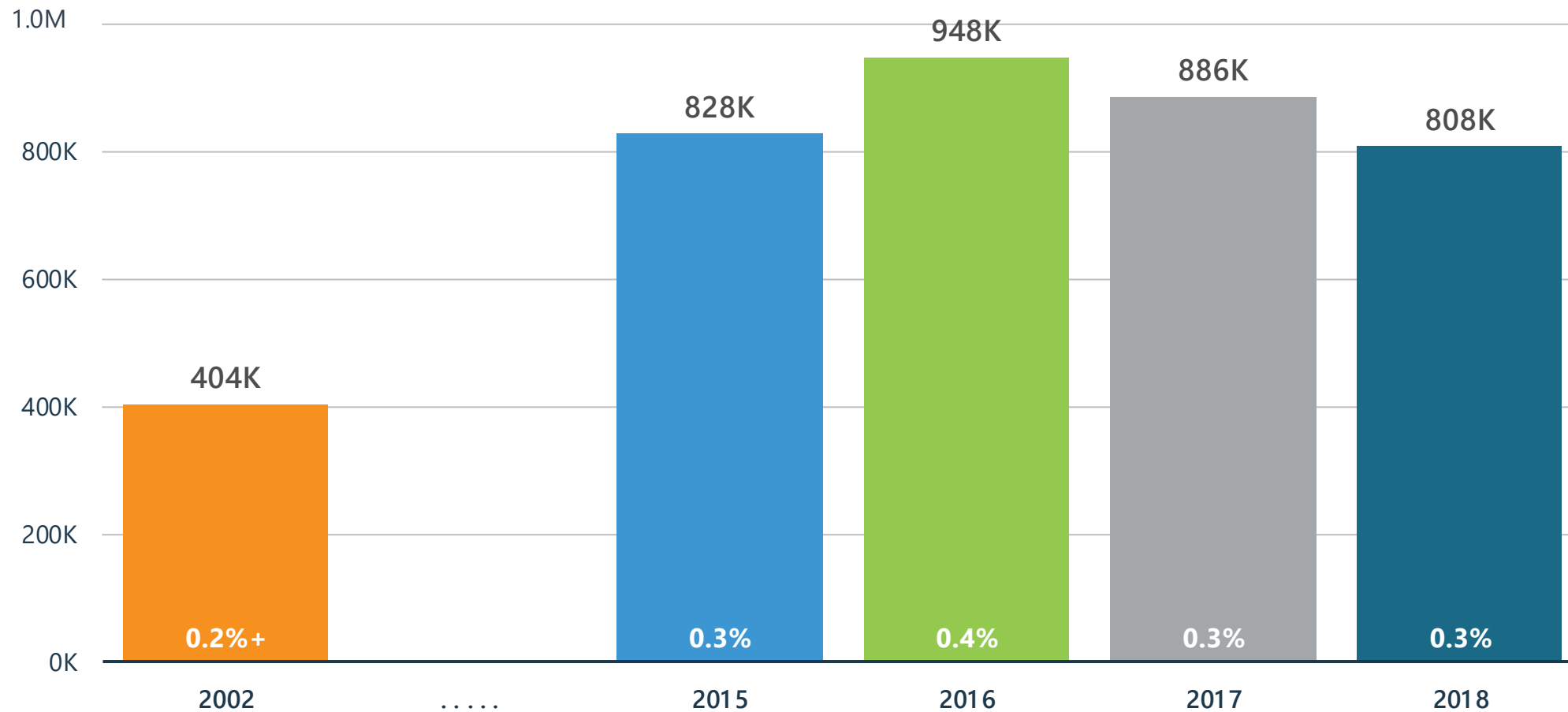


+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.



# Heroin Use Climbed Through 2016; Now Declining

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



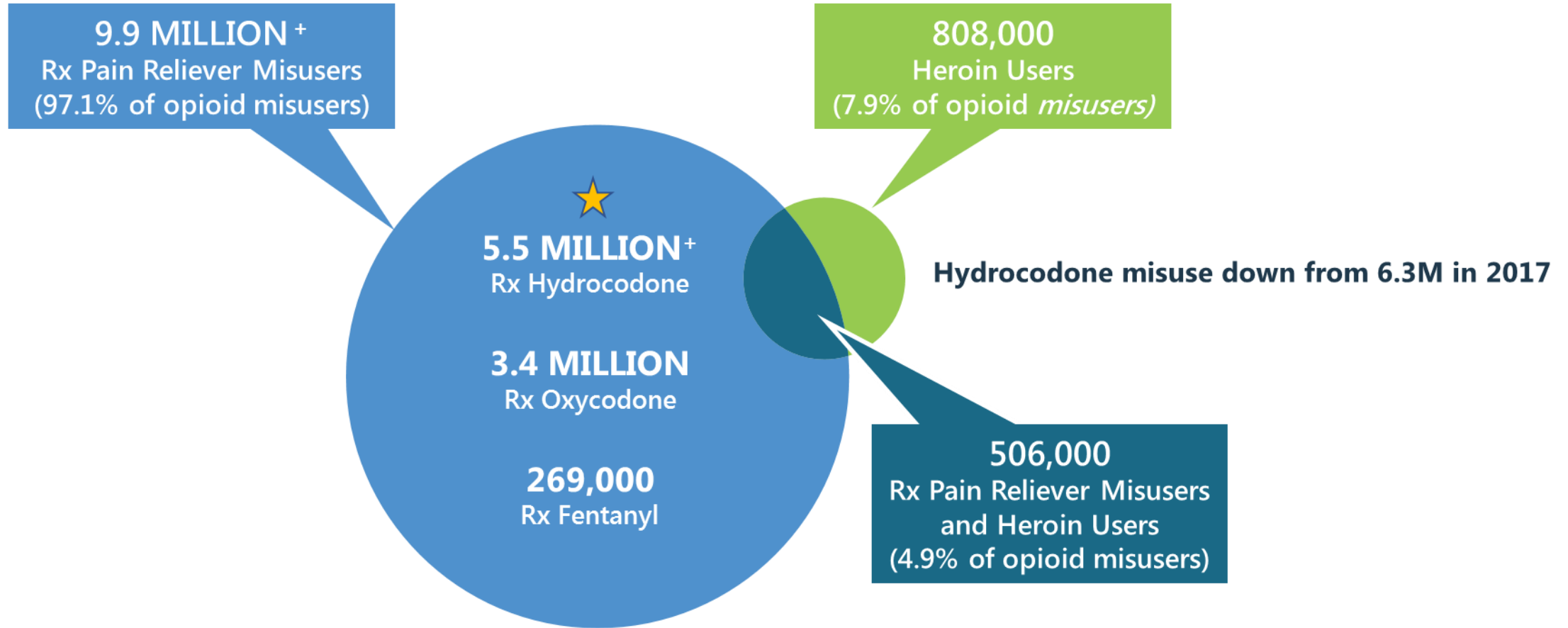
+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

# Opioids' Grip Lessening: Prescription Pain Reliever Misuse

PAST YEAR, 2018 NSDUH, 12+

★ Significant decrease from 11.4M opioid misusers in 2017

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

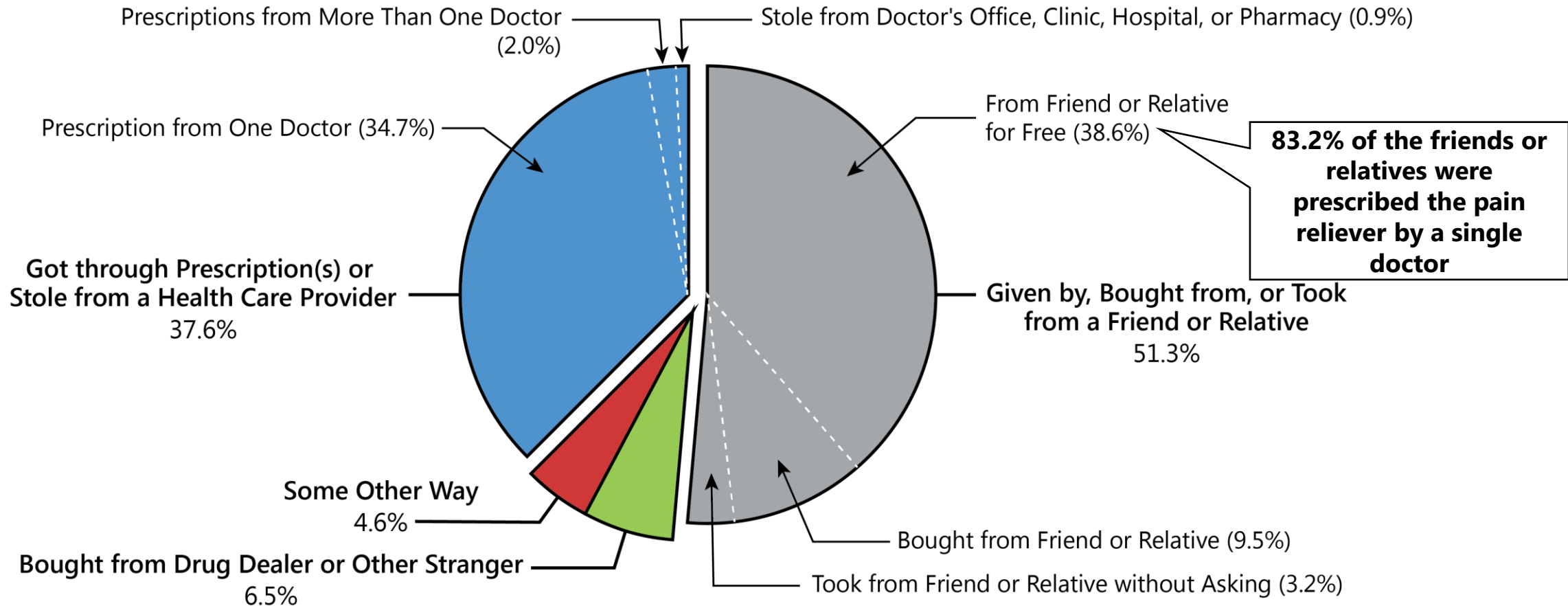


Rx = prescription.  
Opioid misuse is defined as heroin use or prescription pain reliever misuse.

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

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

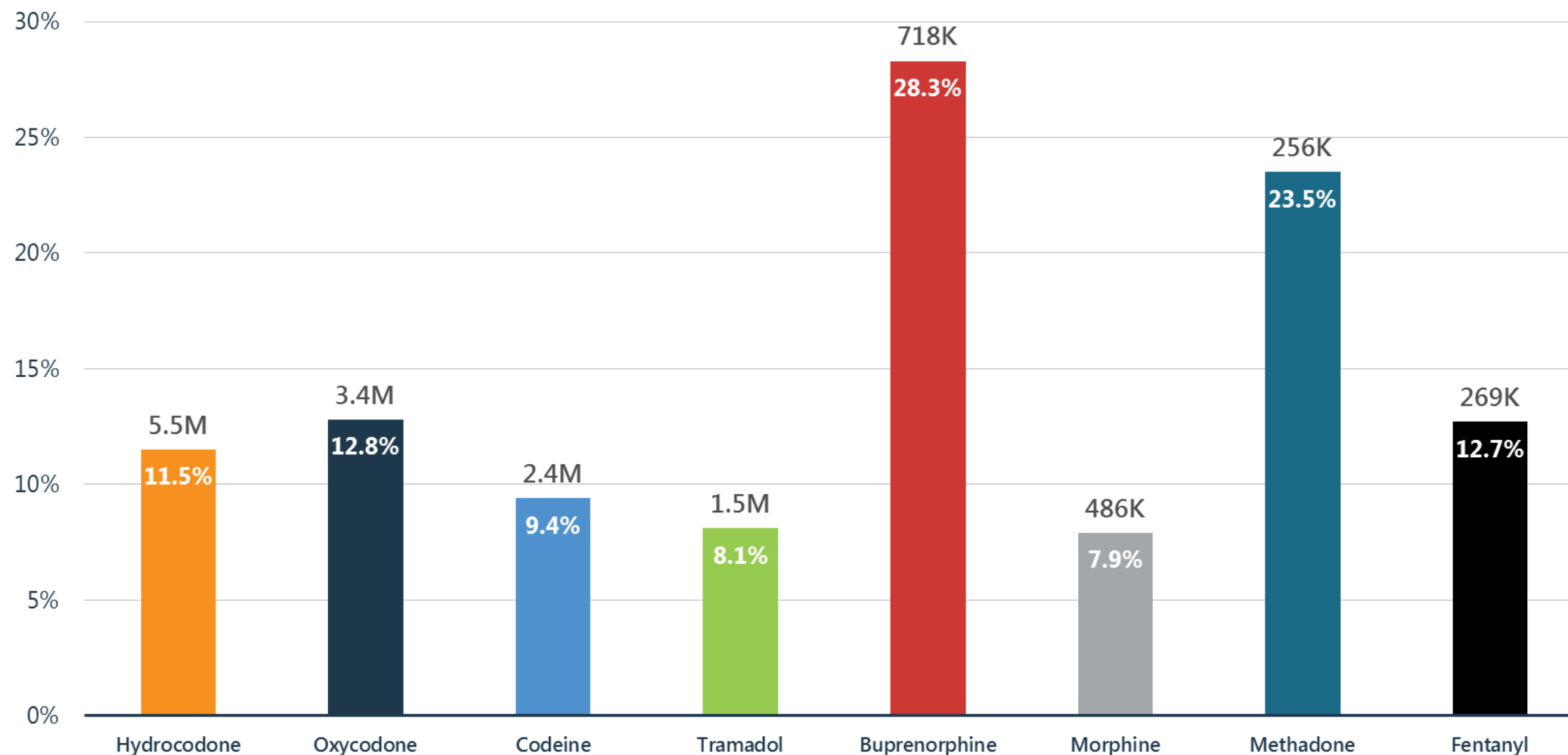
PAST YEAR, 2018 NSDUH, 12+



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

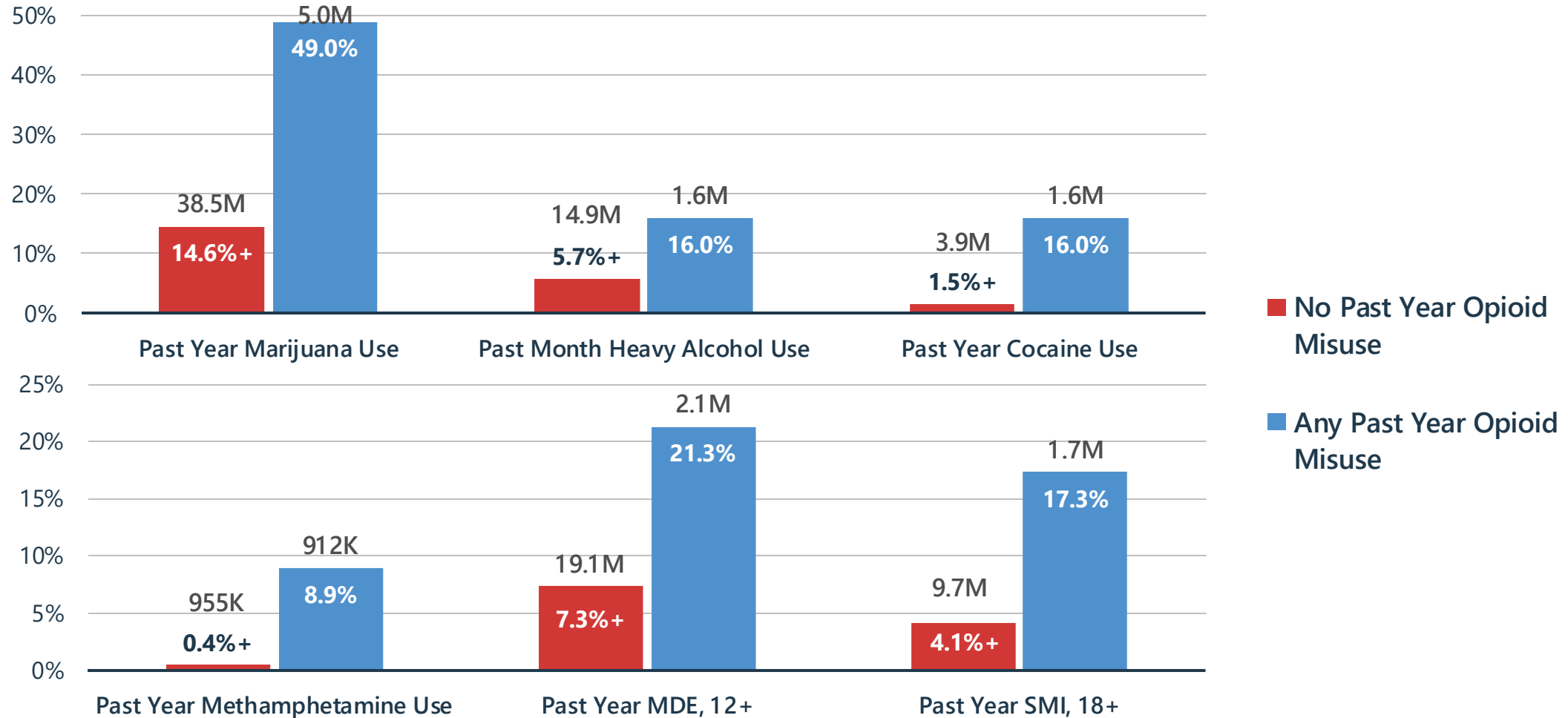
# Misuse of Prescription Opioid Subtypes

PAST YEAR, 2018 NSDUH, 12+ SUBTYPE USERS



# Opioid Misuse Related to Other Substance Use, MDE and SMI

PAST YEAR/MONTH, 2018 NSDUH, 12+

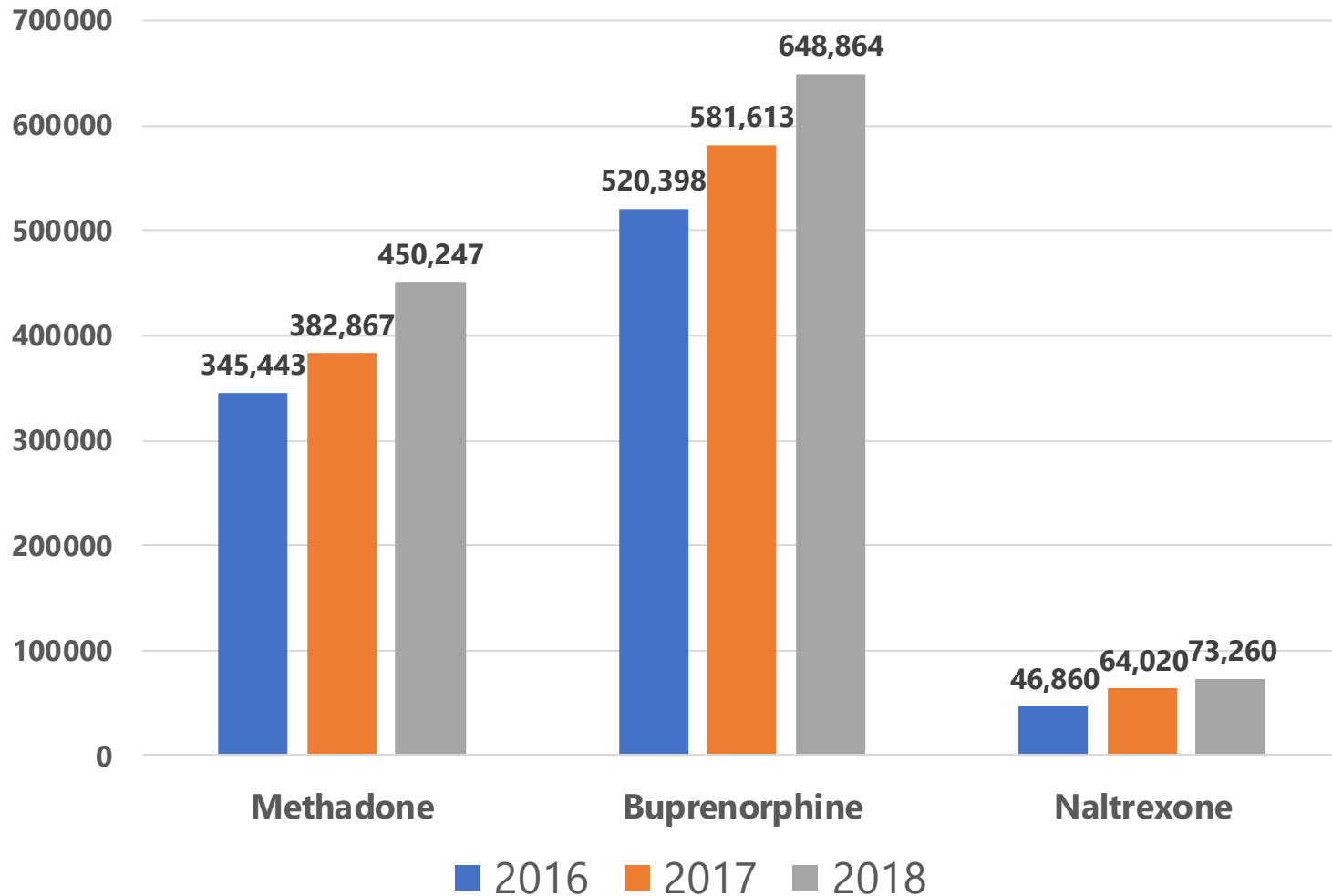


+ Difference between this estimate and the estimate for people with past year opioid misuse is statistically significant at the .05 level.

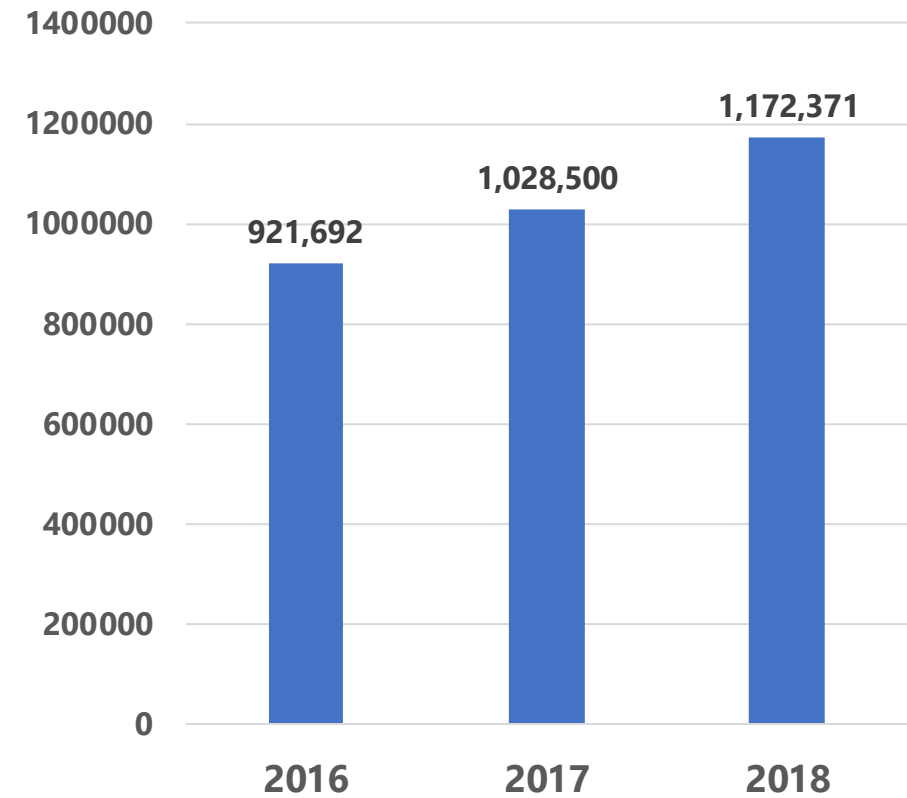
# TIP 63 Update changes: Overviews

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.
6. Updating recommendations from the U.S. Preventive Services Task Force on performing drug screening for adults in primary care settings.
7. Removing or replacing broken hyperlinks to online resources.

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

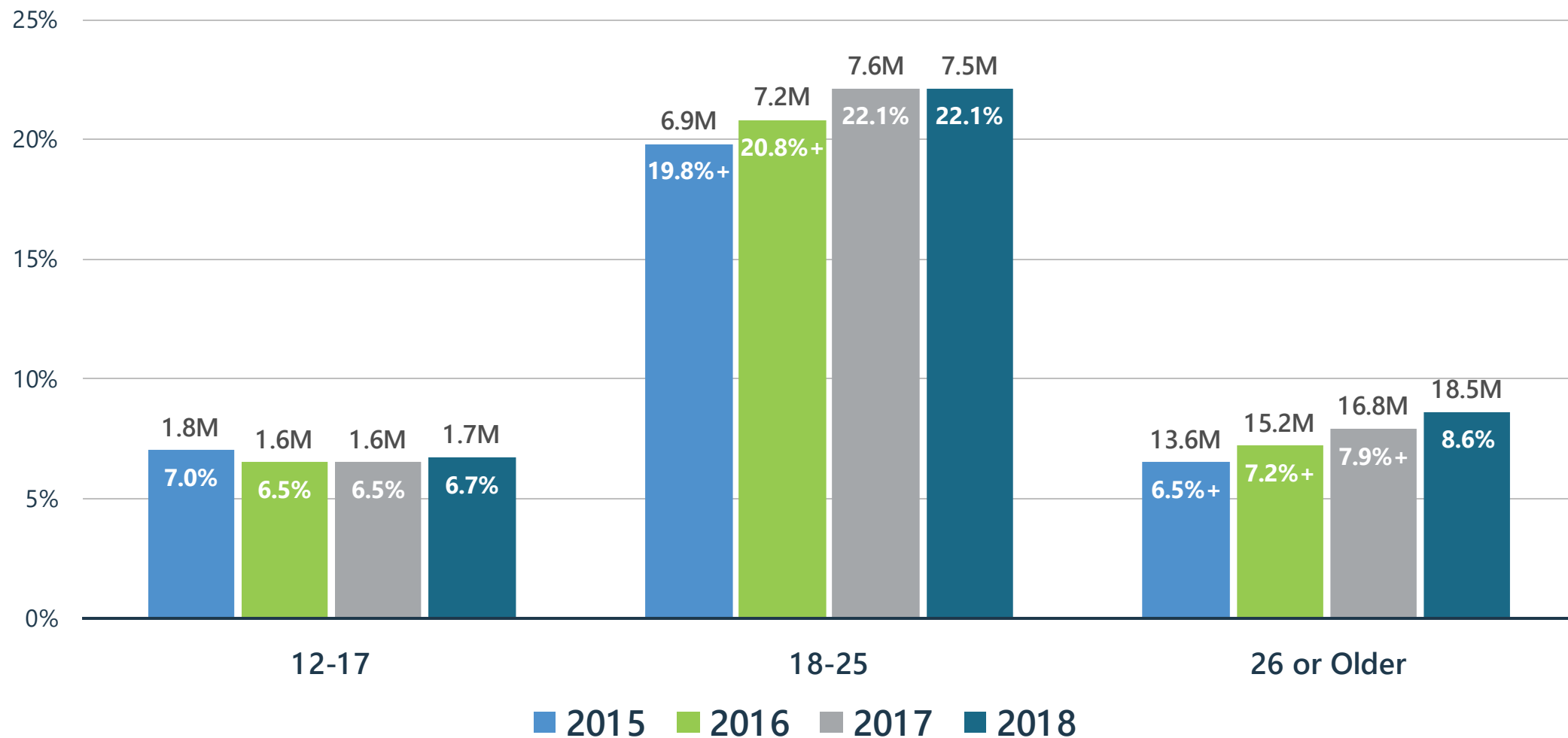


## Total Number receiving MAT (all types)



# Marijuana Use

PAST MONTH, 2015-2018 NSDUH, 12+

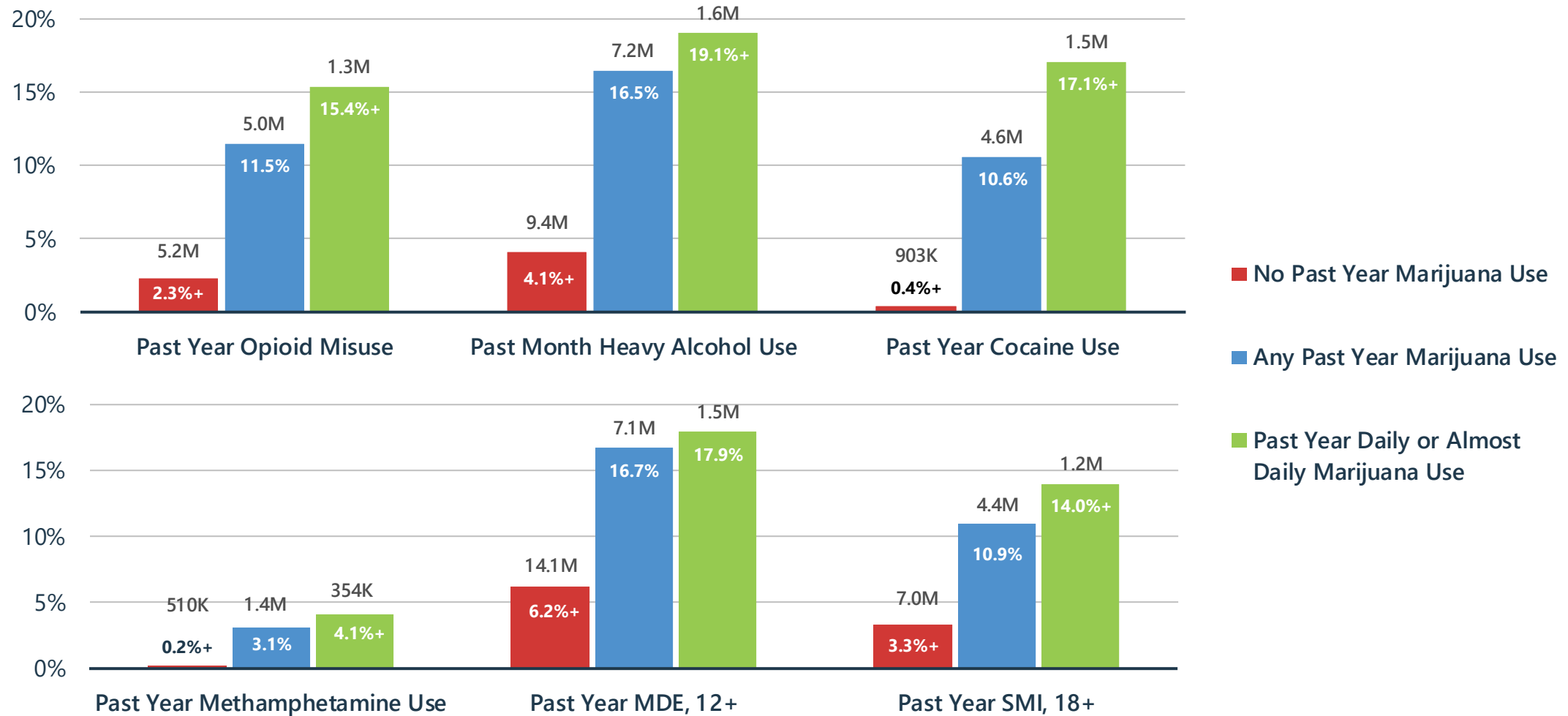


+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.



# Marijuana Use Related to Other Substance Use, MDE and SMI

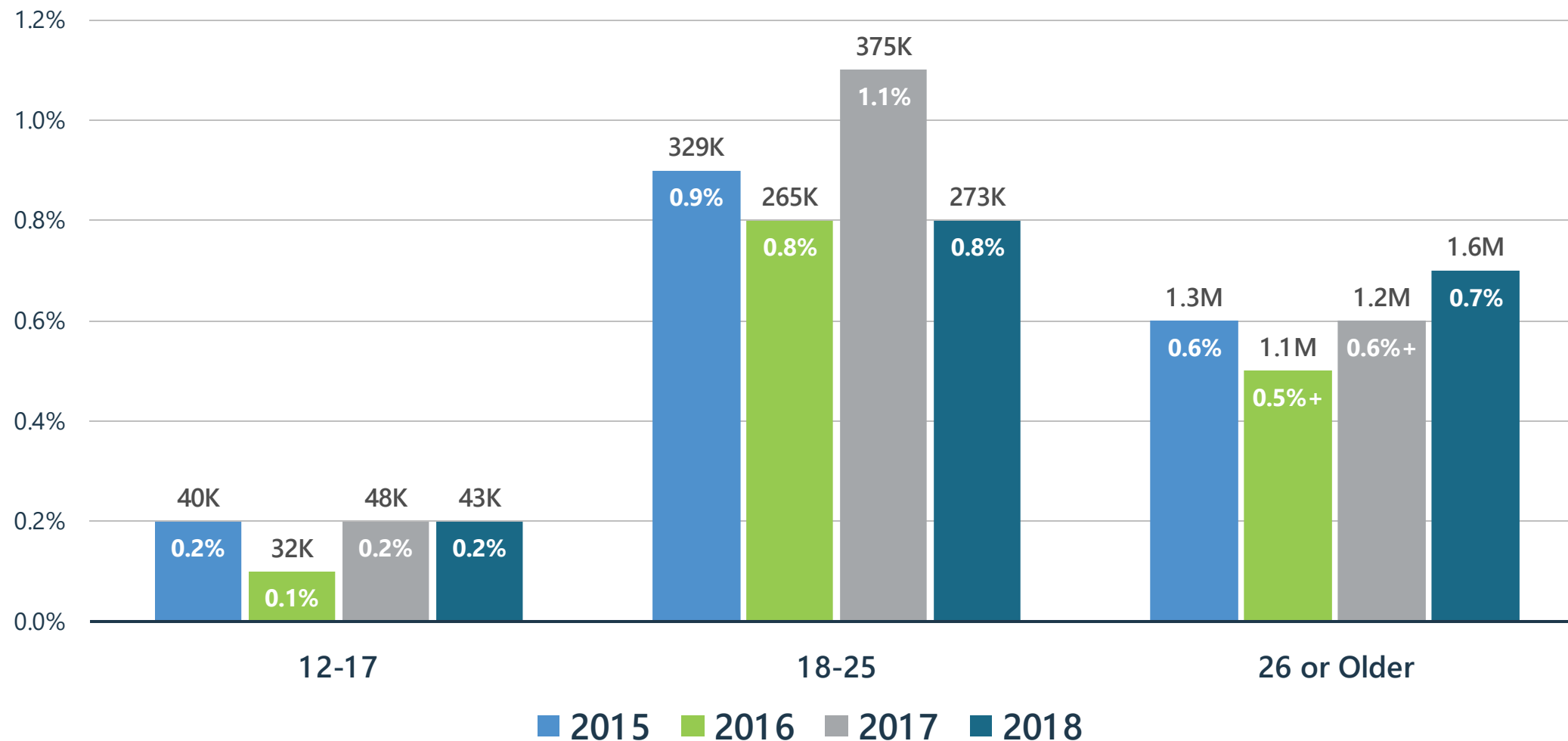
PAST YEAR/MONTH, 2018 NSDUH, 12+



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

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

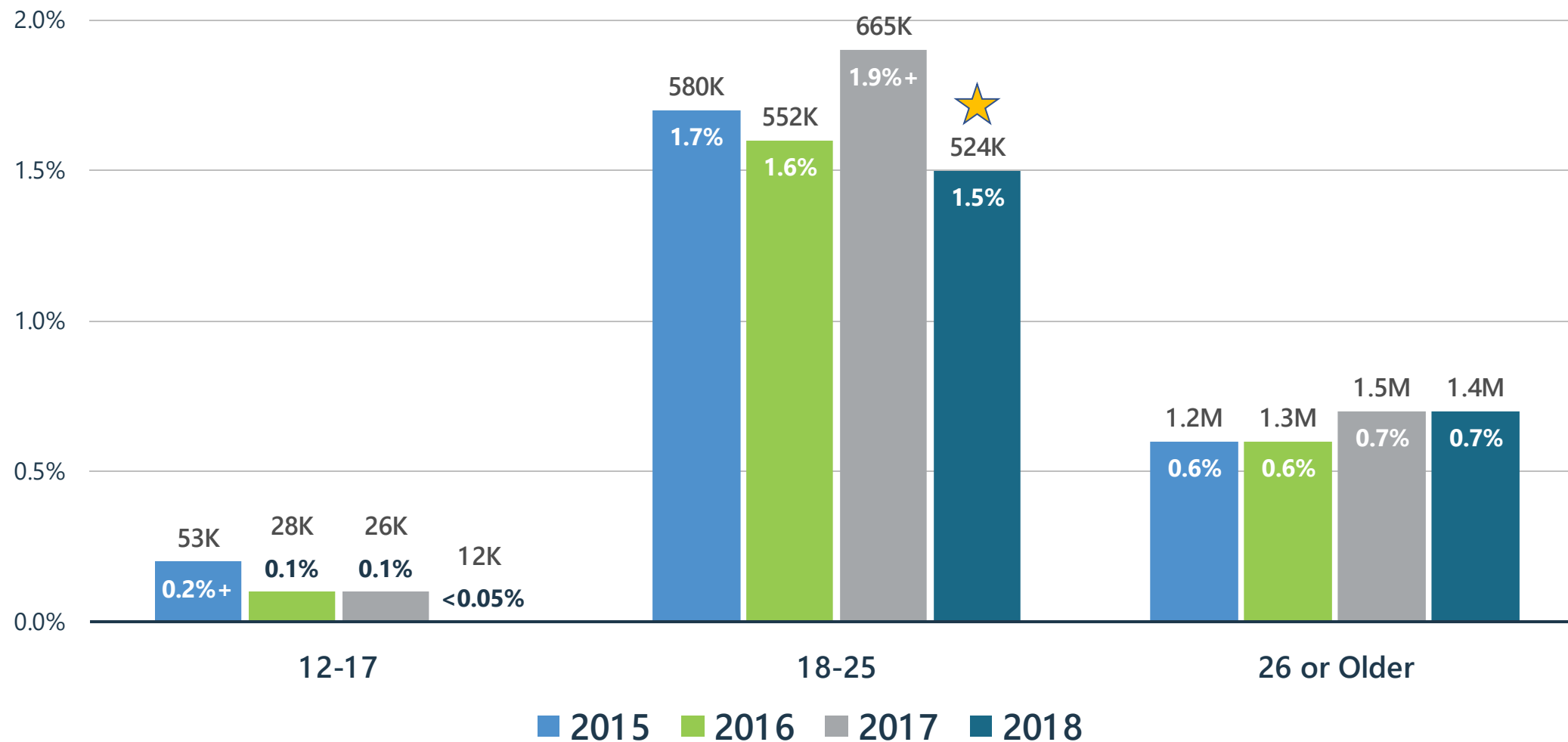
PAST YEAR, 2015-2018 NSDUH, 12+



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

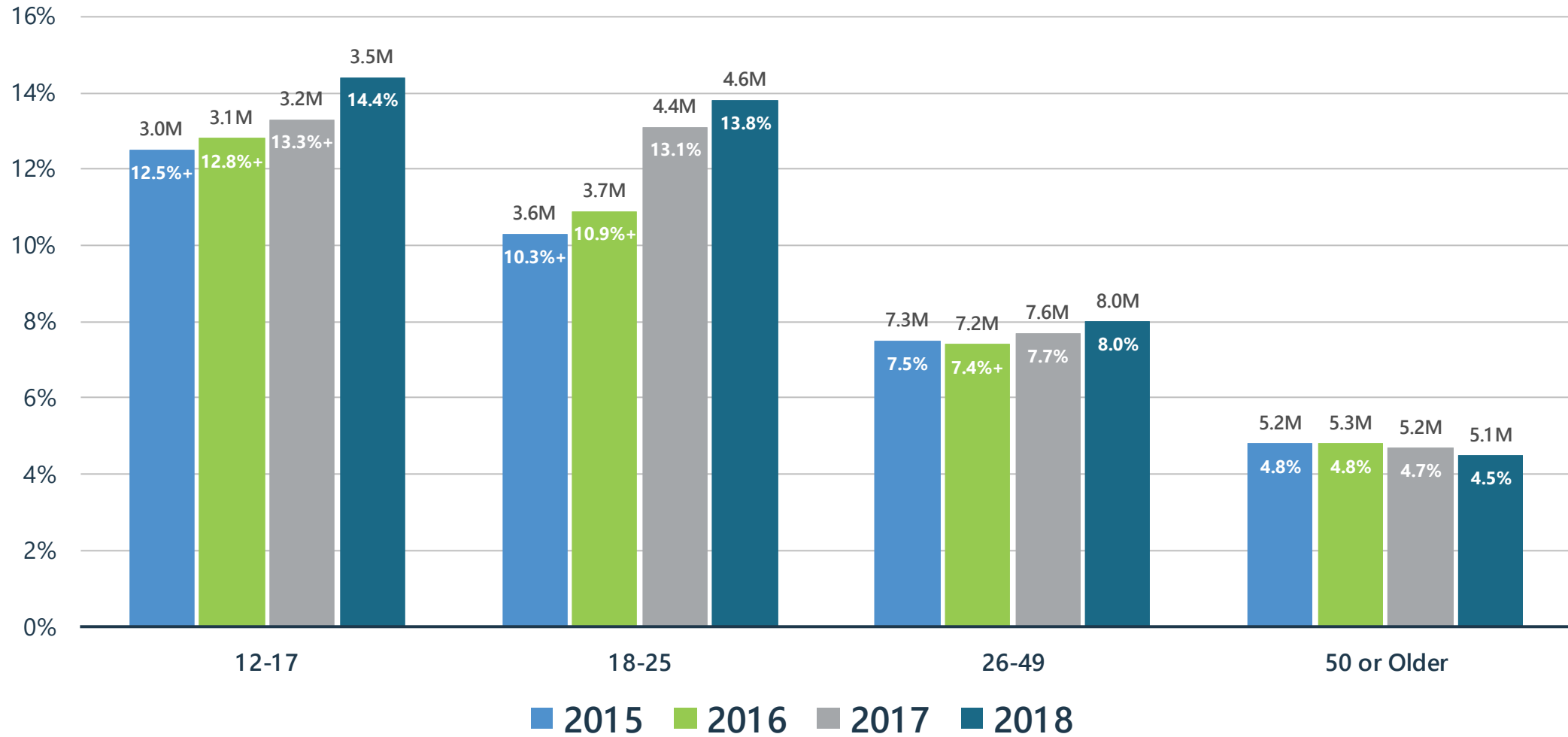
PAST MONTH, 2015-2018 NSDUH, 12+



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# Major Depressive Episodes

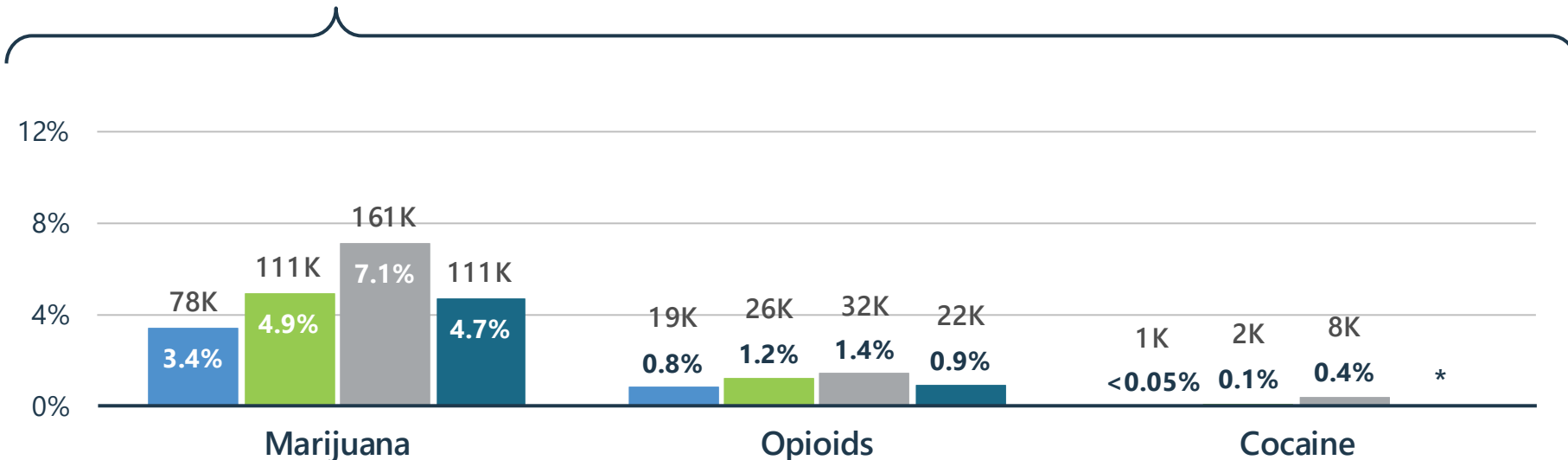
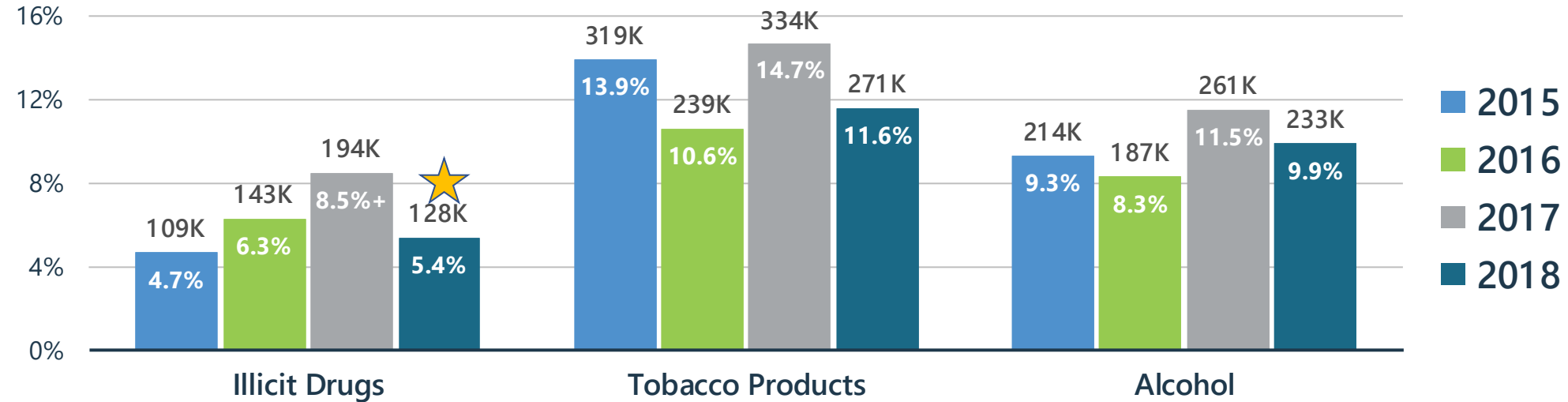
PAST YEAR, 2015-2018 NSDUH, 12+



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

# Past Month Substance Use among Pregnant Women

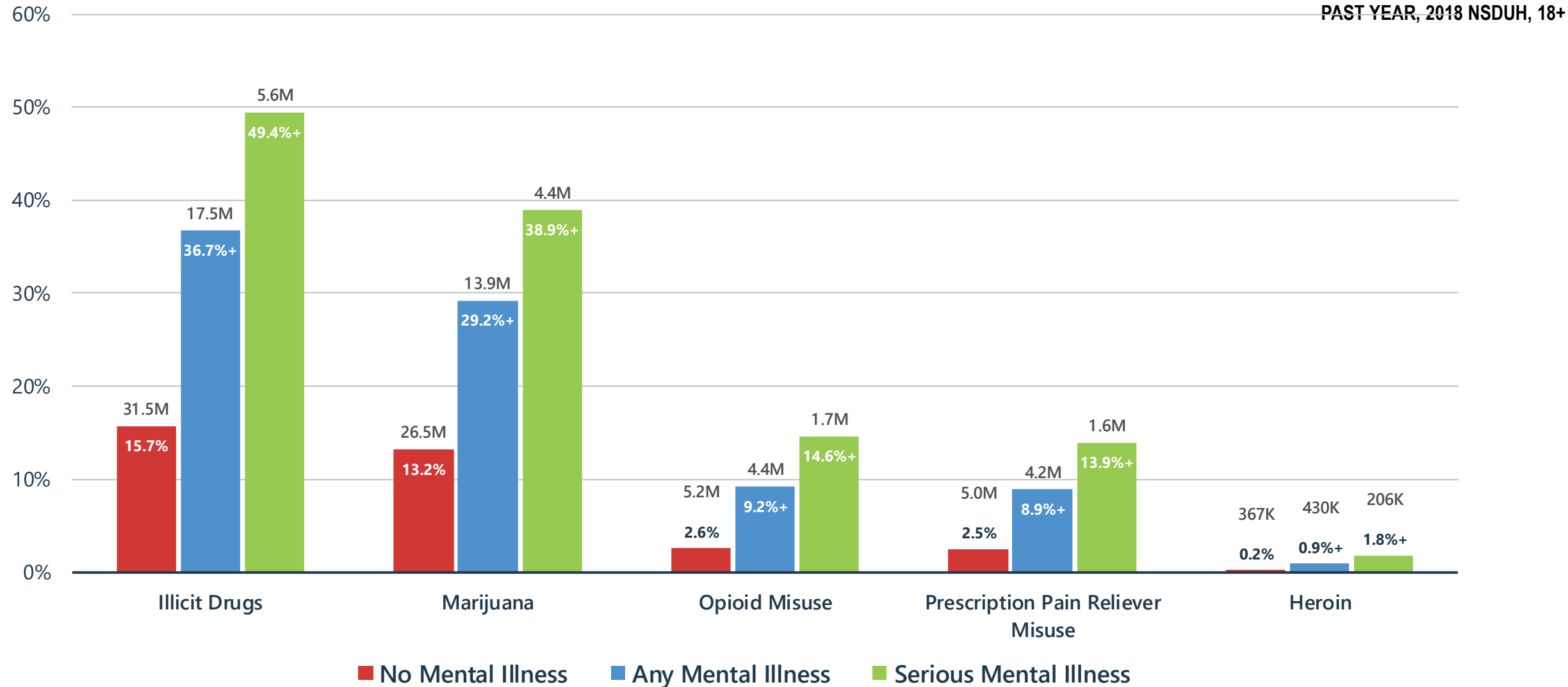
PAST MONTH, 2015-2018 NSDUH, 15-44



\* 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 ( $\geq 18$ y.o.) with Mental Illness



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

# ENDING THE HIV EPIDEMIC: SAMHSA'S GOAL

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*



## New Grants 2020:

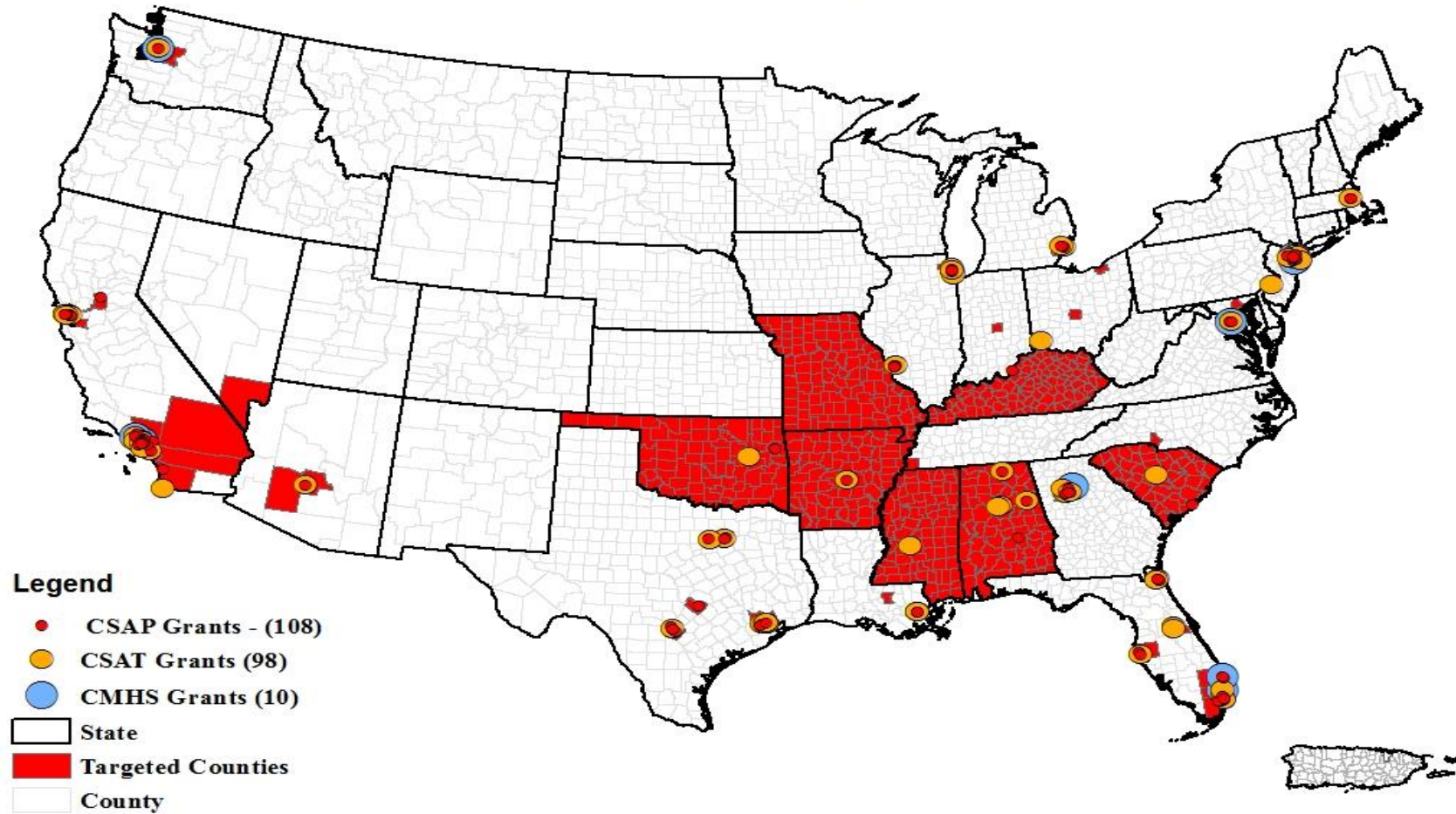
1. [The Substance Abuse and HIV Prevention Navigator Program for Racial/Ethnic Minorities \(Prevention Navigator\)](#)
2. [Drug-Free Communities \(DFC\) Support Program-New](#)

## 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**



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

Drugs, Alcohol, and HIV/AIDS: A Consumer Guide for African Americans

# Updates

## 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**

**COVID-19 Public Health Emergency Response and CFR Part 2 Guidance**

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# Capacity Expansion Division of Pharmacologic Therapies (DPT)

**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 waived 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**

# The Addiction Technology Transfer Centers (ATTC) help providers to improve services capability

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>
- **Monitoring outcomes:**
- Through continuation of NSDUH, DAWN, and SAMHSA grant program evaluation
- **Making policy modifications as indicated**