

SAMHSA: Addressing National Mental Health and Substance Use Issues

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Secretaries Innovation Group
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SAMHSA
Substance Abuse and Mental Health
Services Administration

2016 National Survey on Drug Use and Health

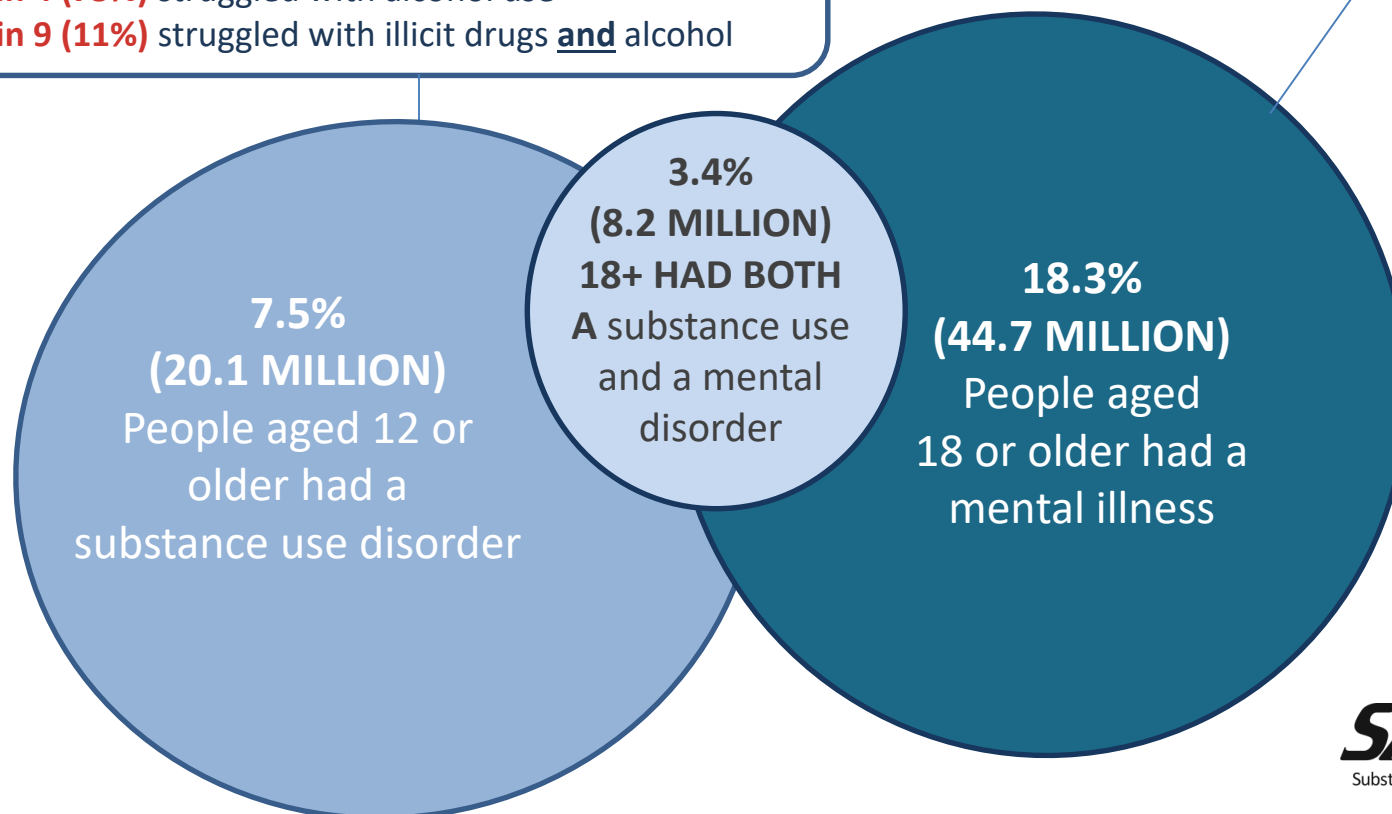
MENTAL AND SUBSTANCE USE DISORDERS IN AMERICA: 2016

Among those with a substance use disorder about:

- **1 in 3 (33%)** struggled with illicit drugs
- **3 in 4 (75%)** struggled with alcohol use
- **1 in 9 (11%)** struggled with illicit drugs **and** alcohol

Among those with a mental illness about:

1 in 4 (25%) had a serious mental illness



Major Challenges of Our Time

Serious Mental Illness:

- In 2016: Over 11 million adults with SMI and over 7 million children and youth with SED
 - 35.2% of adults with SMI did not receive mental health treatment
 - Lack of use of evidence-based practices: Nearly a third receive medications only with no psychosocial or psychotherapeutic services
 - Only 2.1% receive AOT and 2.1% receive supported employment services
 - 2 million people are incarcerated every year; 20% SMI and up to 50% with SUD; only 1/3 of those will get any treatment for mental illness
 - Creates a revolving door of incapacity, with consequences of inability to be stably housed or employed
- Higher rates of suicide – people with serious depression and/or psychotic disorders have a rate 25x that of the general public
 - Higher rates of co-occurring mental and physical health problems: people with SMI die 10 years earlier than the general population

Opioid Crisis:

- Over 2 million Americans have an OUD— only 1 in 5 receive specialty treatment for illicit drug use
- 63,632 drug overdose deaths in 2016 – 44,249 (66%) from opioids

SERIOUS MENTAL ILLNESS

Creating a system that works for everyone living with
SMI and SED and their families

Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC)

- 21st Century Cures Act required establishment of a Public/Federal partnership to review current programs/practices within the federal government and encourage more collaboration between agencies
 - SAMHSA will lead these efforts over the next 4 years
 - Collaboration with HUD, DOL, DOE, CMS, DoD/VA, SSA
 - Administration for Community Living and Administration for Children and Families have been brought into the efforts
 - December 2017 Report to Congress with 45 recommendations: Federal collaboration, treatment issues: access/engagement/EBP, justice diversion/services, community recovery services, finance models
- Keeps federal government focused on SMI needs

SAMHSA Resources: Increased Access to Treatment

- Block grants to states: MH services increased by 305.9 million
- BG: 722M (160M increase); 10% set aside for SMI: FEP
- Children's Mental Health Services: increased by 6 million to 125 million for FY 18
- Integrated Care Programs: CCBHCs allocated additional 100 million for FY 18 and integration of BH into primary care
- Assistance in Transition from Homelessness
- New Assertive Community Treatment: 5 million FY 18
- Assisted Outpatient Treatment
- Suicide Prevention Programs including Zero Suicide program funding
- Criminal Adult and Juvenile Justice Programs
- New Infant and Childhood MH program (Cures) \$5M
- AWARE increased by \$14M in FY 18 to total of \$71M; MHFA and other EBP training programs increased by \$5M to total of \$20M
- Healthy Transitions increased by \$6M to total of \$26M
- NCTSI increased by \$5M to total of \$54M for FY 18

President's School Safety Commission

- SAMHSA participating in Commission report:
 - Efforts that raise awareness about mental illness and the effectiveness of treatment: MHFA, CIT, CSS-SMI
 - reduce barriers to recruitment of mental health professionals
 - provide school based resources related to violence prevention
 - SAMHSA support of school programs aimed at developing positive environment for children, teaching appropriate ways of interacting, nurturing environments
 - Integration of BH services into schools
 - SAMHSA OCMO developed training on warning signs for violent behavior and interventions for teachers, first responders
- Effectiveness and appropriateness of psychotropic medication for treatment of troubled youth
- Review of privacy laws

THE OPIOID CRISIS

A comprehensive, evidence-based strategy to address prevention, treatment, and recovery services for those living with or at risk for Opioid Use Disorder

What is Needed at the Federal Level?

HHS FIVE-POINT OPIOID STRATEGY

- 1 **Strengthening public health surveillance**
- 2 **Advancing the practice of pain management**
- 3 **Improving access to treatment and recovery services**
- 4 **Targeting availability and distribution of overdose-reversing drugs**
- 5 **Supporting cutting-edge research**

FY 18: Increased Resources

- Substance Abuse Treatment: \$3.18B, an increase of \$1.05B from FY17
- Block Grant continuation, Cures 500M continuation
- New \$1B Opioid grant program
 - \$50M set-aside for tribes
 - 15% set-aside for states hardest hit
 - Includes prevention, treatment, and recovery language
- MAT PDOA increased by \$28M (total: \$84M)
- PPW increased by \$10M (total \$29.9M)
- CJ increased to \$89M (\$70M for Drug Courts)
- BCOR (peer specialist training programs) increased by \$2M (total: \$5M)
- MFP Note: addiction psychiatry, addiction medicine, psychology (\$1M increase to total of \$4.5M)
- First responder overdose reversal training programs (24-48M)
- Reinstatement of DAWN at 10M

Medication Assisted Treatment: Effective and the Standard of Care

MAT treatment of Opioid Use Disorders in criminal justice population

Methadone (59%)

Buprenorphine/naloxone (39%)

Injectable naltrexone (1%)

Medication treatment while in DOC; referral to ongoing care for OUD on release

Comparison of opioid overdose deaths first 6 months of 2016 vs. 2017:

61% reduction in opioid-associated overdose deaths upon release from incarceration

Overall 12% reduction in opioid overdose deaths in Rhode Island (2016-2017)

Importance of MAT and warm handoff to outpatient providers

Establishing the standard of care for the treatment of OUD is key to SAMHSA's strategy to address the PHE

Practitioner Education

- Continue SAMHSA training initiatives:
 - Regional network of ATTCs, PCSS-type programs
 - Establish regional network of prevention technology transfer centers
- STR TA/T grant: national network of trainers that focus on local communities to meet training/TA needs related to opioid crisis
- Support for DATA waiver training in pre-graduate settings: medical, advance practice nursing, physician assistant programs
- Encourage national certification program for peer workforce
- With HRSA:
 - Encourage entry to the field through incentives: e.g.: loan forgiveness programs: NHSC
 - Integration of BH/OPUD treatment into primary care/FQHCs
- Telehealth/HIT

SAMHSA: A New Approach to Technical Assistance and Training

EVIDENCE-BASED, LOCAL TRAINING, NATION-WIDE SCOPE

Evidence-based Practice Repository in NMHSUPL

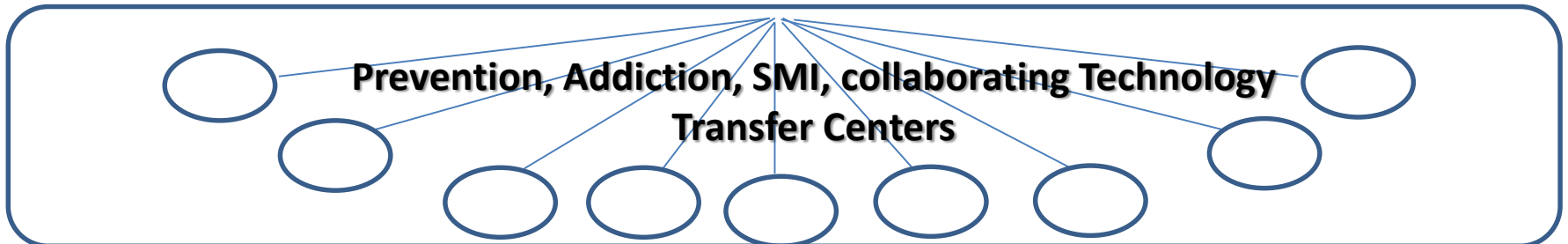
Grants and National TA/T Centers:

STR, Block Grant, PCSS, CSS-SMI

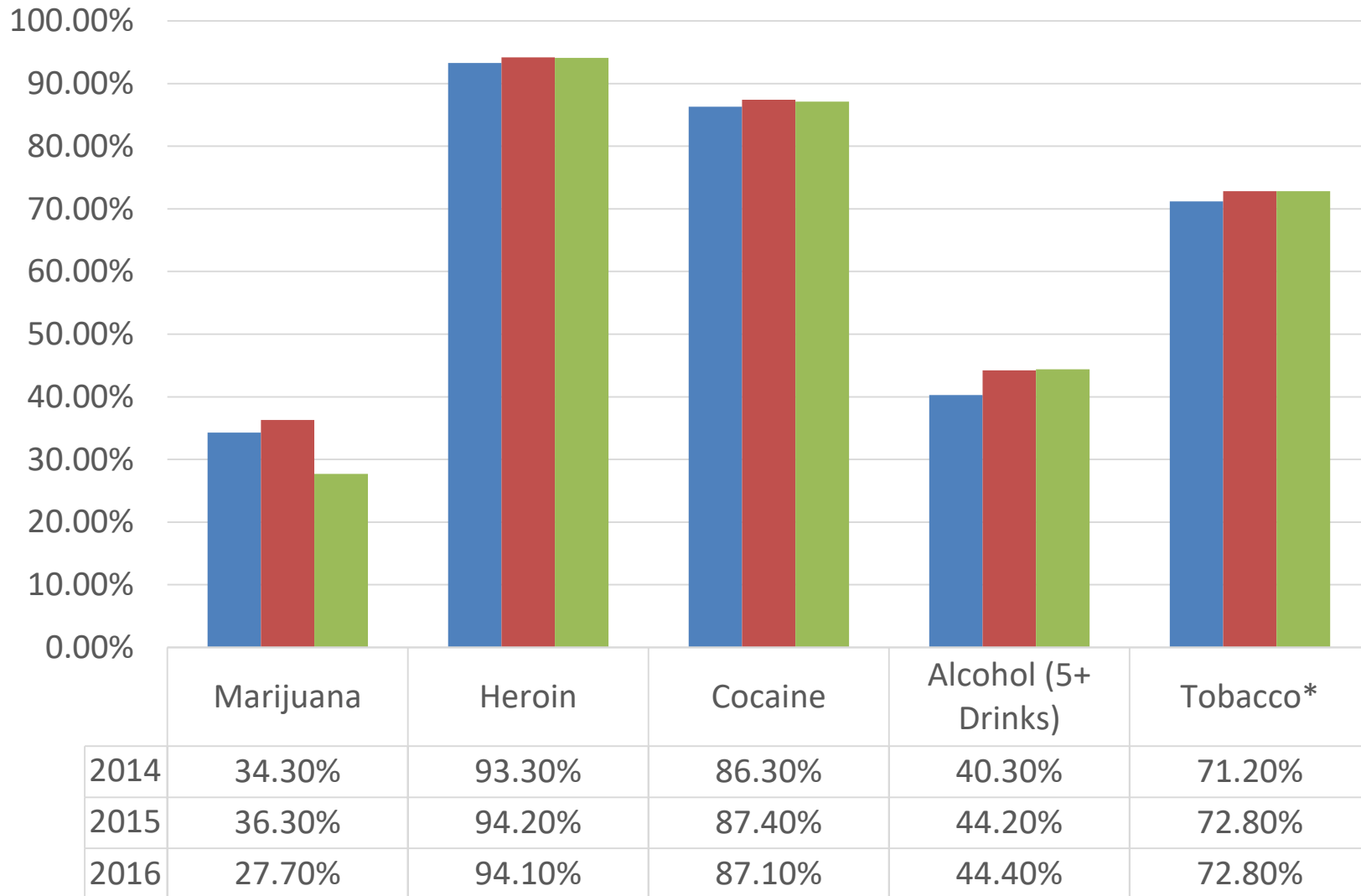
Specialty TA Centers:

E.g.: National Child Traumatic Stress Network, Block Grants, National Center on Substance Abuse and Child Welfare, CIHS, Veterans, GAINS, Disaster, Social Inclusion/Public Education, SOAR

Combined Efforts at the Regional, State, and Local Level oriented to all Health Professionals

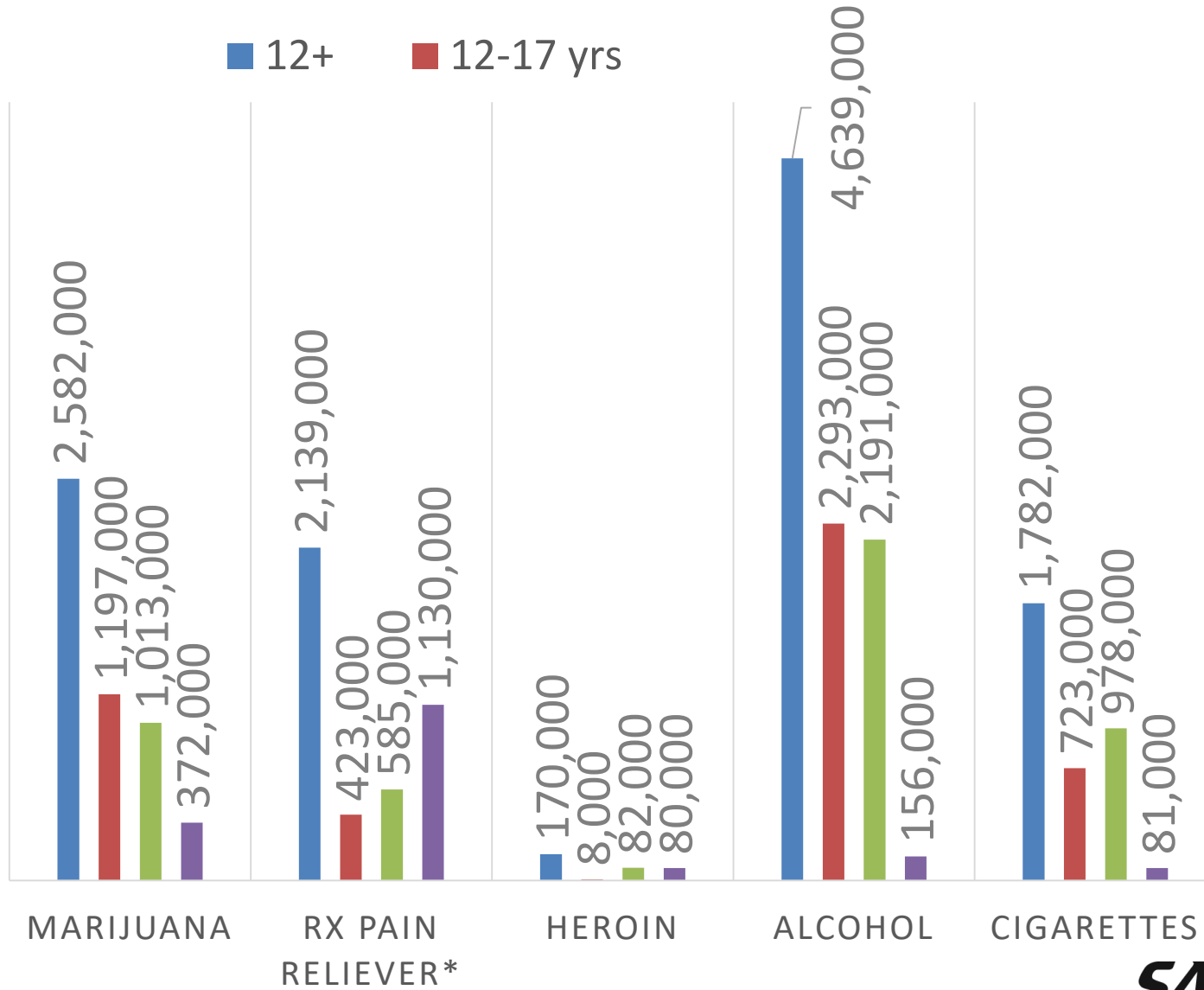


2016 NSDUH: Perceived Risk of Great Harm, Once or Twice Per Week Use, 12+



* One or more packs per day

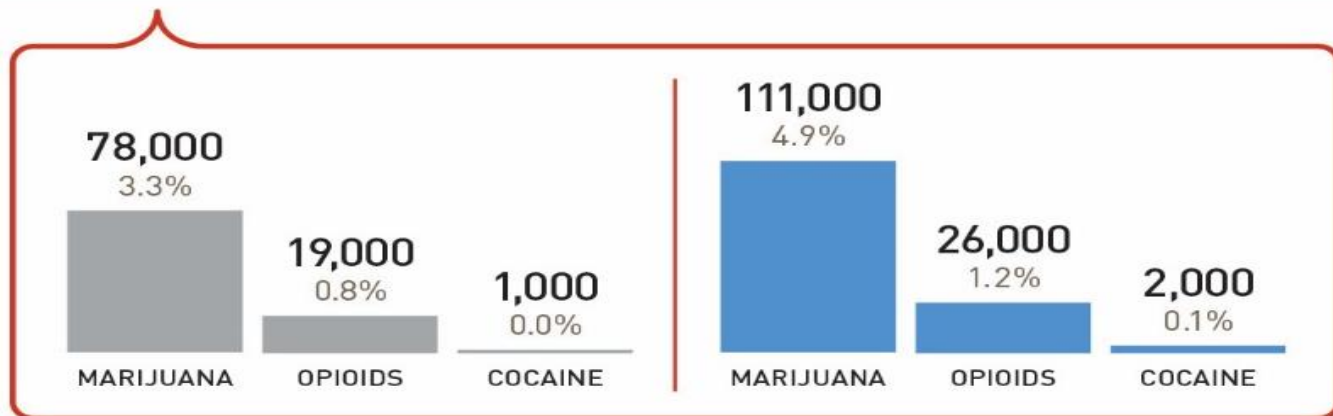
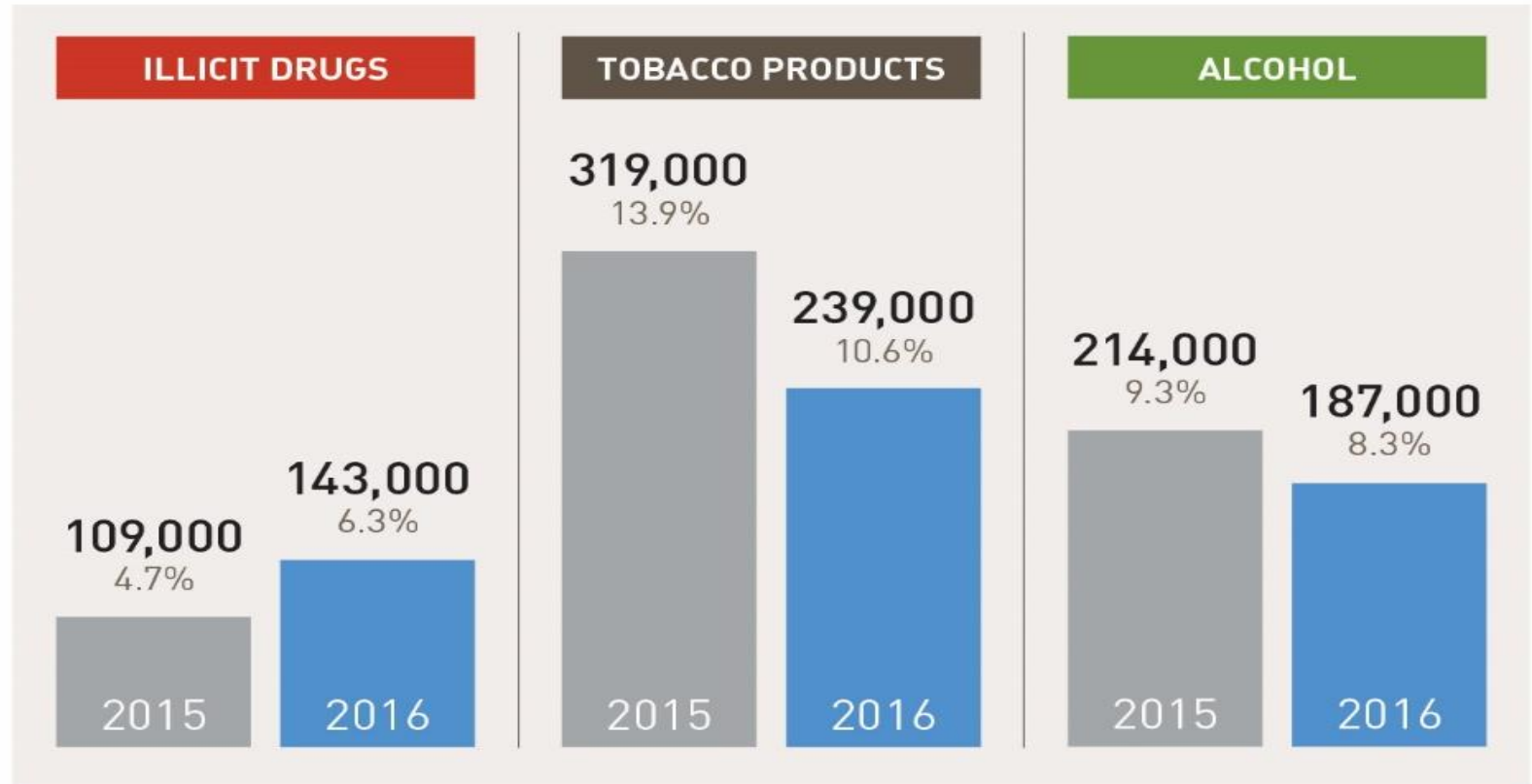
2016 NSDUH: Past Year Initiates, Age Group & Substance



* Initiation of misuse

Illicit Drug, Tobacco Product, and Alcohol Use in Past Month among Pregnant Women, Age 15-44, 2015-2016

2016 NSDUH



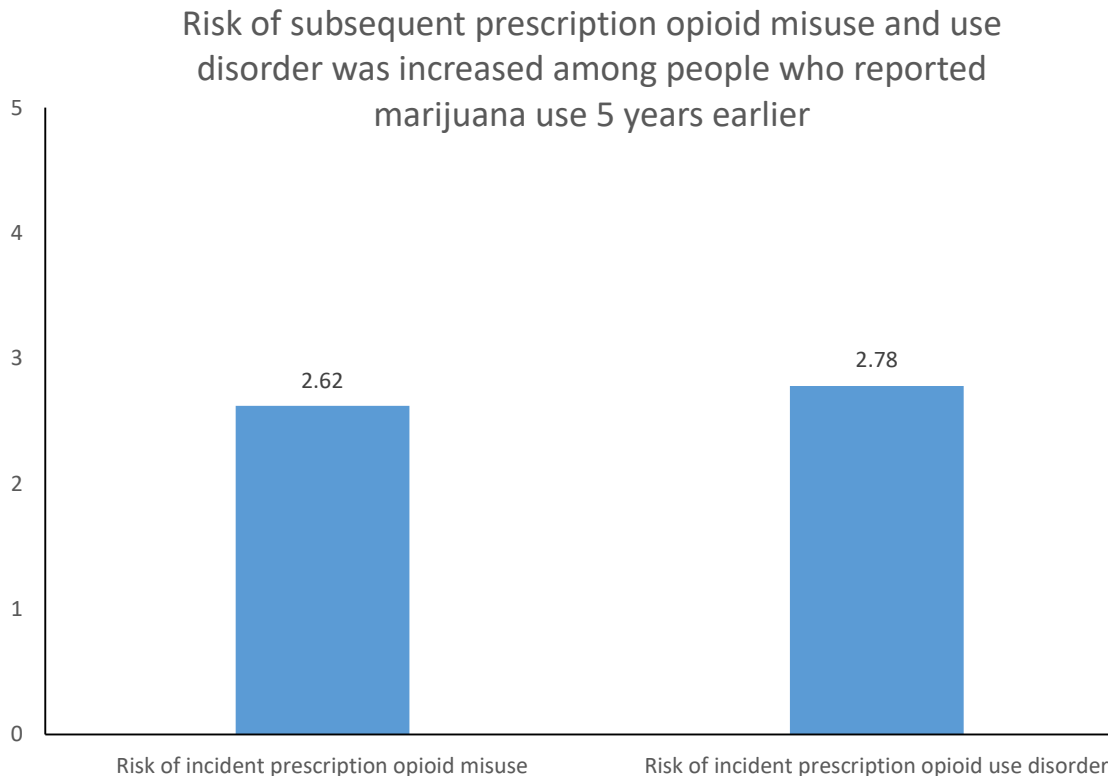
Marijuana Use: Special Impact on Children

Marijuana exposure in utero: Lower birth weight; increased risk of behavioral problems

Adverse outcomes linked to marijuana use by youth:

- Poor school performance and increased drop out rates
- Chronic use in adolescence has been linked to decline in IQ that doesn't recover with cessation (Meier et al. 2012)
- Marijuana use in adolescence is associated with an increased risk for later psychotic disorder in adulthood (D'Souza, et al. 2016)
- Marijuana use linked to earlier onset of psychosis in youth known to be at risk for schizophrenia (McHugh, et al. 2017)

Association of marijuana use with abuse of prescription pain medications and addiction (Olfson et al. 2017)



Factors:

- Increased clinician awareness
- Use of PDMPs increasingly mandated
- Medical boards holding prescribers responsible for adverse outcomes
- State laws regulating opioid prescribing

New Stimulant Toxicity

Deadly Speedballs:

Cocaine laced with fentanyl:

7% of cocaine seized in New England in 2017 was contaminated with fentanyl

Connecticut: deaths involving fentanyl-laced cocaine up 420% in last 3 years

Increasing deaths in Pennsylvania

<https://www.ncadd.org/blogs/in-the-news/cocaine-laced-with-fentanyl-causing-growing-number-of-deaths>

Why?

Poor quality control in packaging?

Attempt to increase numbers addicted to opioids?

Opioid users wanting stimulant to counteract sedation/intensify effect of opioid

Cocaine users wanting to counteract unwanted stimulant effects

- Underscores the need to warn the public and provide treatment for cocaine use disorders
- Epidemic is not just about opioid addiction

Cocaine users lack opioid tolerance: fentanyl overdose/death more likely

- Naloxone
- Discourage use alone

<https://www.npr.org/sections/health-shots/2018/03/29/597717402/fentanyl-laced-cocaine-becoming-a-deadly-problem-among-drug-users>

Evidence-Based Practices Resource Center

- New SAMHSA website
- Aims to provide communities, clinicians, policy-makers and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings
- Contains a collection of scientifically-based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources

www.samhsa.gov/ebp-resource-center

**Behavioral Health Treatment Services
Locator**

findtreatment.samhsa.gov

Questions?

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)