Addressing Substance Use Disorders While Recovering from COVID-19

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Today's Topic Areas



Overview and Priorities



Substance Use Disorders Before the Pandemic



The Opioid Crisis



The Pandemic



Federal Commitment





SAMHSA: Overview and Priorities

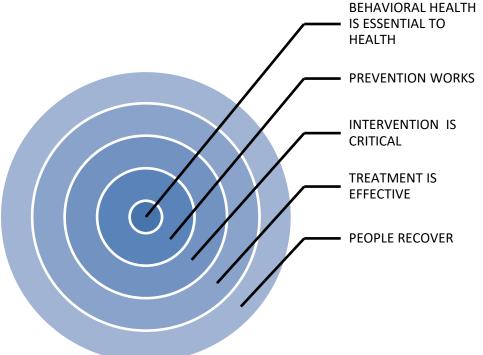




Behavioral Health – A National Priority

Our mission is to reduce the impact of substance use and mental illness on America's communities

Leadership Voice Data Surveillance **Public Education Regulation and Standard Setting Practice Improvement**





A RECOVERY STORY

What lies behind us and what lies before us are tiny matters compared to what lies within us.

Emerson





SAMHSA Regional Offices and the Regional Administrators



Core Principles

Supporting the adoption of EBPs

Increasing access to full continuum of services for M/SUDs

Engaging in outreach to clinicians, grantees, patients, and the American public

Collecting, analyzing, and disseminating data to inform policies, programs, and practices

Recognizing that the availability of mental health and SUD services are integral to everyone's health



SAMHSA Priorities

Combating the opioid crisis through the expansion of prevention, treatment, and recovery support services

Addressing serious mental illness and serious emotional disturbances

Advancing prevention, treatment, and recovery support services for substance use

Improving data collection, analysis, dissemination, and program and policy evaluation

Strengthening health practitioner training and education



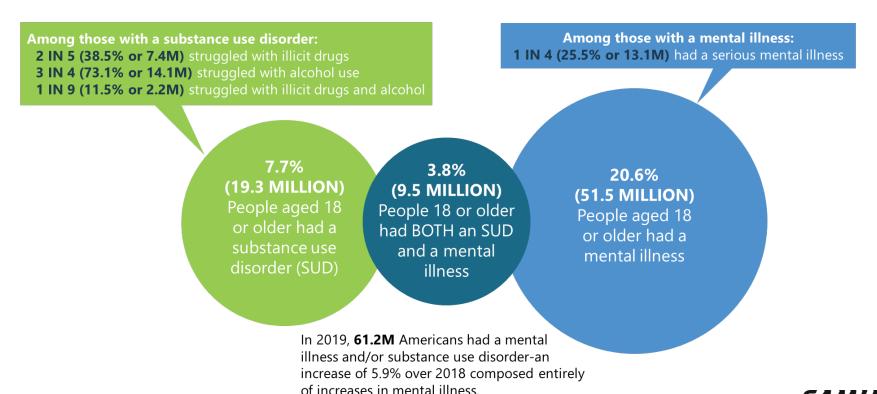
SAMHSA: Substance Use Disorders Before the Pandemic





Substance Use Disorders in America

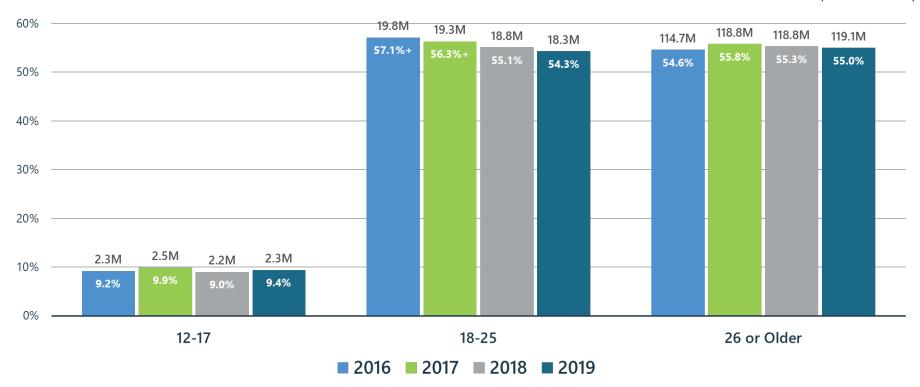
PAST YEAR, 2019 NSDUH, 18+





Alcohol Use

PAST MONTH, 2016-2019 NSDUH, 12+



⁺ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.



Alcohol Use Disorder

PAST YEAR, 2016-2019 NSDUH, 12+



⁺ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.



Opioid Use Disorder

PAST YEAR, 2016-2019 NSDUH, 12+



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.



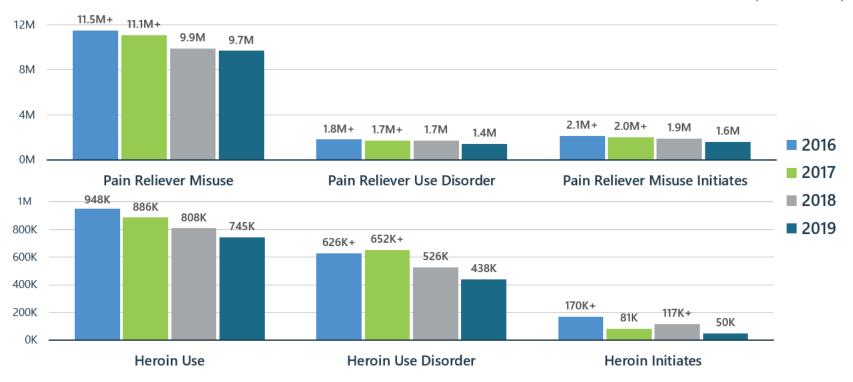
SAMHSA And The Opioid Crisis





Prescription Pain Reliever Misuse and Heroin Use

PAST YEAR, 2016-2019 NSDUH, 12+



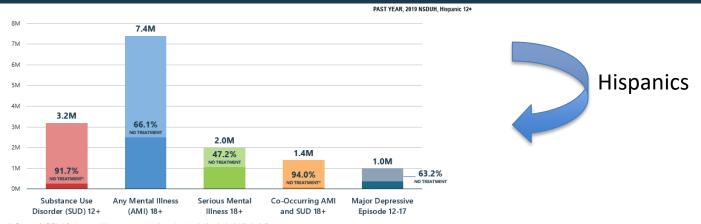
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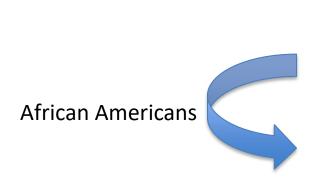
Number of Individuals Receiving Pharmacotherapy for Opioid Use Disorder

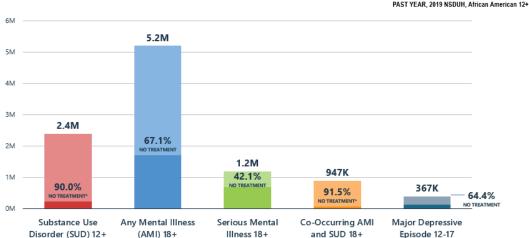


Mental and Substance Use Disorders: High Prevalence Rates and Huge Treatment Gaps



^{*} No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.





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Combating the Opioid Crisis: Grants and Resources

Grant Programs	Publications/Resources	
Substance Abuse Prevention and Treatment Block Grant	Talk. They Hear You. National Media Campaign	
State and Tribal Opioid Response Program	Evidence-Based Practices Resource Center, for example:	
Medication Assisted Treatment for Prescription Drug and Opioid Addiction Program	Substance Misuse Prevention for Young Adults Prevention and Treatment of HIV Among People Living with Substance Use and/or Mental Disorders Treatment of Stimulant Use Disorders	
Prevent Prescription Drug/Opioid Overdose-Related Deaths	Use of Medication-Assisted Treatment in Emergency Departments Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings Substance Use Disorders Recovery with a Focus on Employment and Education Treatment Improvement Protocols (TIP), for example: TIP 26, Treating Substance Use Disorders in Older Adults TIP 35, Enhancing Motivation for Change in Substance Use Disorder Treatment	
First Responders – Comprehensive Addiction and Recovery Act		
Strategic Prevention Framework for Prescription Drugs		
Strategic Prevention Framework – Partnership for Success		
Minority AIDS Initiative	TIP 39, Substance Use Disorder Treatment and Family Therapy TIP 42, Substance Use Disorder Treatment for Persons With Co-Occurring Disorders	
Cooperative Agreements for Adolescent and Transitional Aged Youth Treatment Implementation	TIP 63, Medications for Opioid Use Disorders FindTreatment.Gov, Finding Quality Treatment	
Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families	Recovery Housing Guidelines	
	Addiction Technology Transfer Center	
Grants for the Benefit of Homeless Individuals	Provider's Clinical Support System for Medication-Assisted Treatment	



SAMHSA And The Pandemic





Increase in Overdoses During Pandemic

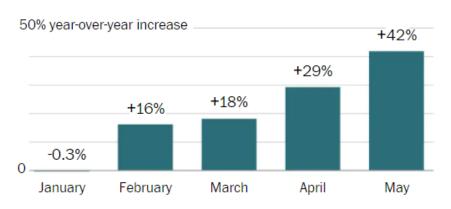
Monthly overdoses grew dramatically during the pandemic

For every **10** suspected overdoses reported to ODMAP in **May 2019** ...

... 14 overdoses were reported in May 2020.



Overdoses increased up to 42% per month during the pandemic, as compared to the same months in 2019.

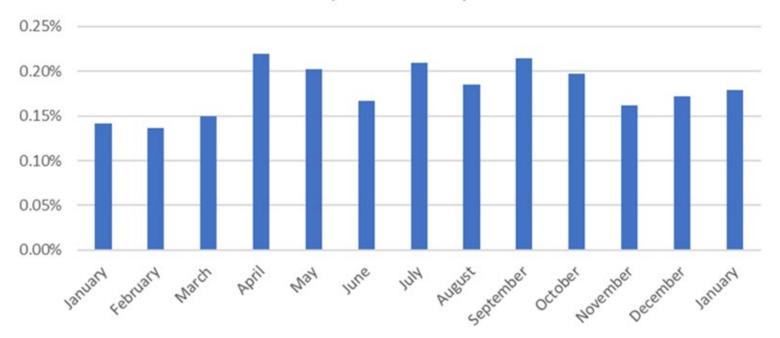


Note: Percent growth references the 1,201 agencies reporting to ODMAP by January 2019.



Drug Abuse Warning Network

Percentage of ED visits associated with fentanyl of all ED visits, January 2020-January 2021





Overdose death numbers have risen dramatically, reaching a predicted high of more than 91,800 deaths in 12 months leading up to October 2020.



Touchpoints for linkage to care

- Recent release from an institution: Among the people who died from overdoses involving opioids, about 10% had had recently been released from an institution (such as jails/prisons, inpatient rehabilitation facilities, psychiatric hospitals)
- Previous overdose: Among the people who died from overdoses involving opioids, about 10% had had a previous overdose
- Mental health diagnosis: Among all the people who died of a drug overdose, one quarter had a documented mental health diagnosis (percentage varied by type of drug overdose)
- **Substance use disorder treatment:** Among the people who died from overdoses involving opioids, nearly 20% had previously been treated for substance use disorder
- Bystander present: Nearly 40% of opioid and stimulant overdose deaths occurred while a bystander was present



Intervention is Critical





More than 3 in 5 people who died from drug overdose had an identified opportunity for linkage to care or life-saving actions



Callouts From the Field

- Relax restrictive barriers to opioid treatments such as buprenorphine and called for wider distribution of naloxone
- Emergency funding to steady/preserve treatment programs, recovery centers and harm reduction programs



COVID Flexibilities

- Urgent need to continue to address needs of those with OUD
- Ongoing work with DEA to assure consensus on flexibilities so that people with OUD continue to get medication-based treatment and treatment resources:
 - Availability of greater number of take-home medications
 - Medication pickup/delivery flexibility
 - Flexibilities around prescribing/dispensing opioid therapies
 - Telehealth flexibilities
 - Expansion of mid-level practitioner clinical responsibilities



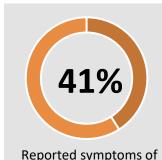
New Buprenorphine Practice Guidelines



The Practice Guidelines for the
Administration of Buprenorphine for
Treating Opioid Use Disorder provide an
exemption from certain certification
requirements under 21 U.S.C. §
823(g)(2)(B)(i)-(ii) of the Controlled
Substances Act (CSA).



COVID's Impact: Behavioral Health



at least one adverse

behavioral health

condition

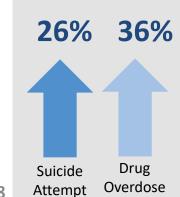
6,000 - 7,000 Calls Per Day

10-30% increase in calls to the Suicide Lifeline when compared to the same dates last year

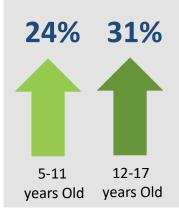


of all overdose deaths during the early months of the pandemic are attributed to opioids Layoffs of behavioral health staff/providers without financial reserves to survive long-term and unable to generate enough revenue to survive.

All of this portends major increases in mental/substance use disorder treatment and recovery service needs and potential loss of the staff and services to assist Americans experiencing these issues



ED visits in 2020 were higher for the period mid-March through mid-October 2020 compared to same period in 2019.



Children MH-related ED visits from 04/2020-10/2020 increased compared with 2019.

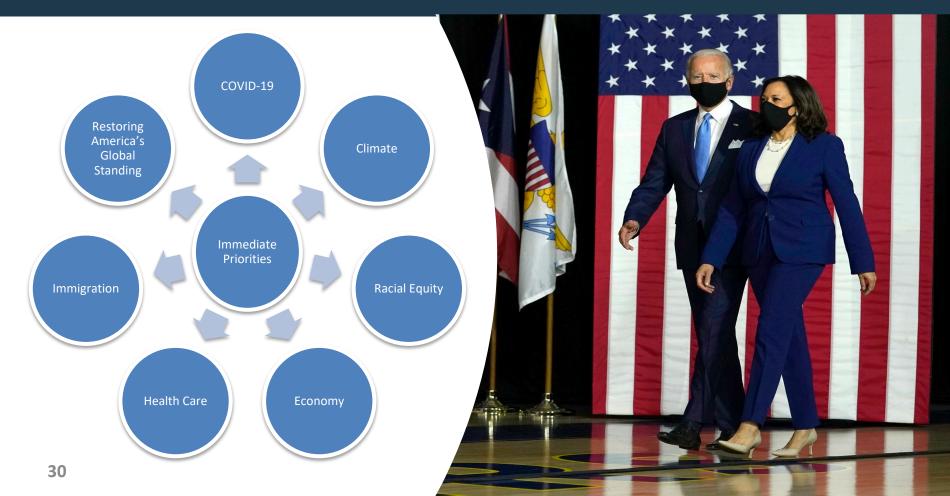


Federal Commitment





SAMHSA and the Biden-Harris Administration



Executive Orders (EO): COVID and DEI

EO Number	Title
13985	Advancing Racial Equity and Support for Underserved Communities Through the Federal Government
13994	Ensuring a Data-Driven Response to COVID-19 and Future High-Consequence Public Health Threats
13995	Ensuring an Equitable Pandemic Response and Recovery
13996	Establishing the COVID-19 Pandemic Testing Board and Ensuring a Sustainable Public Health Workforce for COVID-19 and Other Biological Threats
13997	Improving and Expanding Access to Care and Treatments for COVID-19
14000	Supporting the Reopening and Continuing Operation of Schools and Early Childhood Education Providers
14002	Economic Relief Related to the COVID-19 Pandemic
14009	Strengthening Medicaid and the Affordable Care Act
14015	Establishment of the White House Office of Faith- Based and Neighborhood Partnerships
14020	Establishment of the White House Gender Policy Council



Secretary Xavier Becerra

U.S. Department of Health and Human Services'

New Secretary carrying out the Administration's health agenda





FY 2021 COVID Supplemental Funding: \$4.25B

Grant/Program	Funding
Certified Community Behavioral Health Clinics	\$600,000,000
Suicide Prevention	\$50,000,000
Emergency Response	\$240,000,000
Community Mental Health Service Block Grant	\$1,650,000,000
Substance Abuse Prevention and Treatment Block Grant	\$1,650,000,000
Project AWARE (Advancing Wellness and Resiliency in Education)	\$50,000,000
National Child Traumatic Stress Network	\$10,000,000

SAMHSA FY 2021 Appropriation: +\$6,017,000,000

SAMHSA FY 2021 American Rescue Plan Act: \$3.56B

Grant/Program	Funding
Block Grants for Community Mental Health Services	\$1,500,000,000
Block Grants for Prevention and Treatment of Substance Abuse	\$1,500,000,000
Community-Based Funding For Local Substance Use Disorder Services	\$30,000,000
Community-Based Funding for Local Behavioral Health Needs	\$50,000,000
National Traumatic Stress Network	\$10,000,000
Project AWARE	\$30,000,000
Youth Suicide Prevention (GLS State, Tribe, and campus)	\$20,000,000
Certified Community Behavioral Health Clinics	\$420,000,000

SAMHSA FY 2022 Budget Request: \$9.7B

Appropriation	Budget Request	Program Highlights
Mental Health	\$2,936,528,000	 Community Mental Health Services Block Grant: \$1.6B Certified Community Behavioral Health Clinics: \$375M Suicide Prevention Programs: \$179.7M Project AWARE: \$155.5M National Child Traumatic Stress Network: \$81.9M
Substance Use Prevention	\$216,667,000	Strategic Prevention Framework: \$126.7M
Substance Use Treatment	\$6,408,943,000	 Substance Abuse Prevention and Treatment Block Grant: \$3.5B State Opioid Response Grants: \$2.3B Targeted Capacity Expansion: \$147.9M Criminal Justice Activities: \$124.4M First Responders Comprehensive Addiction and Recovery Act: \$63M
Health Surveillance and Program Support	\$171,873,000	Program Support: \$83.3MDrug Abuse Warning Network: \$15M

SAMHSA Resources and Trainings





Practitioner Training – Numerous Opportunities

Practitioner Training Find Treatment Public Messages Grants Data Programs Newsroom About Us Publications





SAMHSA's practitioner training offers tools, training, and technical assistance to practitioners in the fields of mental health and substance use disorders.



Technology Transfer Centers (TTC) Program

The purpose of the Technology Transfer Centers (TTC) is to develop and strengthen the specialized behavioral healthcare...



State Targeted Response Technical Assistance (STR-TA)

The State Targeted Response Technical Assistance (STR-TA), known as the Opioid Response Network, was created to support...



SHARE+

Providers Clinical Support System (PCSS)

Providers Clinical Support System (PCSS) is a national training and clinical mentoring project developed in response to...



Clinical Support System for Serious Mental Illness (CSS-SMI)

This initiative supports the use and implementation of evidence-based screening and treatment for serious mental...



Suicide Prevention Resource Center (SPRC)

The Suicide Prevention Resource Center (SPRC) provides a virtual learning lab designed to help state- and community-...



Rural Opioid Technical Assistance (ROTA)

The purpose of this program is to develop and disseminate training and technical assistance for rural communities on...

https://www.samhsa.gov/practitioner-training



Evidence-Based Practices Resource Center (EBPRC)

The Evidence-Based Practices Resource Center provides communities, clinicians, policy-makers and others with the information and tools to incorporate evidence-based practices into their communities or clinical settings.

First-Episode Psychosis and Co-Occurring Substance Use Disorders

SUD Prevention:

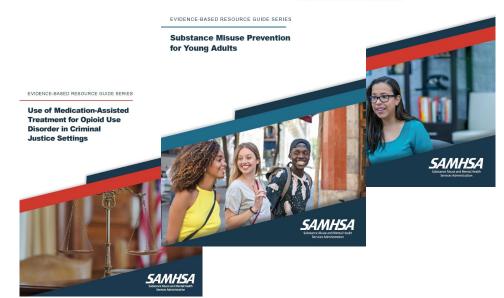
- Preventing the Use of Marijuana: Focus on Women and Pregnancy
- Substance Misuse Prevention among Young Adults

SUD Treatment

- Medication for Opioid Use Disorder in Criminal Justice Settings
- Stimulant Use Disorder
- Recovery with a focus on Employment Supports

Mental Health:

- First Episode Psychosis and Co-Occurring Substance Use Disorders
- Suicide Prevention and Treatment





An Example: A New and Exciting SAMHSA DEI Initiative



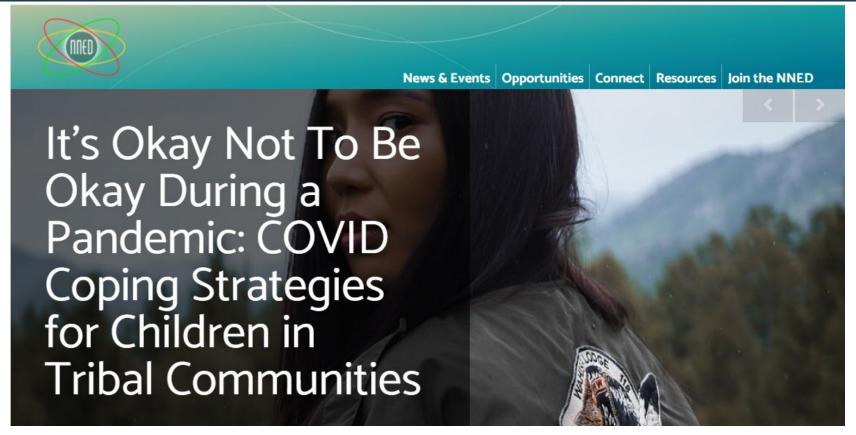
African American Behavioral Health Center of Excellence

Responding to the urgent need for greater equity and effectiveness in behavioral health services for African Americans...

- SAMHSA has established a new National Center, the African American Behavioral Health Center of Excellence (AABH-COE)
- Developing T/TA and resources to help healthcare practitioners eliminate behavioral health disparities within this large and diverse population
- Will mobilize the scholarship and expertise of many distinguished voices in African American behavioral health and health equity



National Network to Eliminate Disparities (NNED)





Communities Talk 2021

Purpose

- Educate the larger community about underage drinking.
- Support the mobilization of community action to prevent underage drinking.

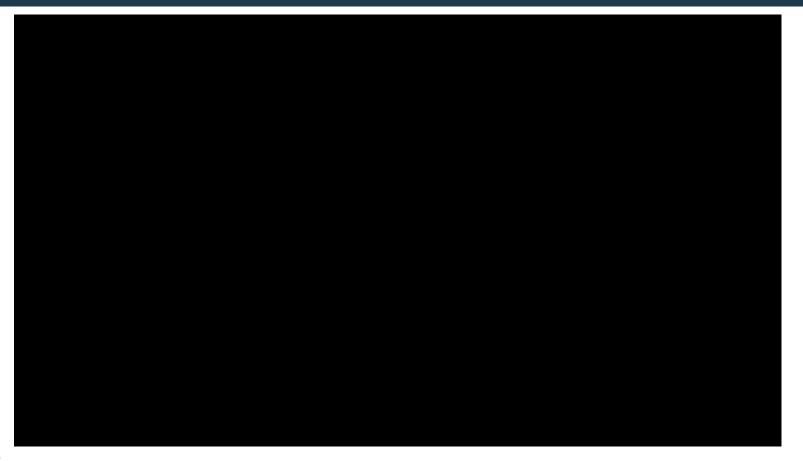
SAMHSA's 2021 *Communities Talk* stipend cycle is now open! Email INFO@STOPALCOHOLABUSE.NET if you would like to participate. Please note that invitations will be sent on a rolling basis.

www.stopalcoholabuse.gov





New PSA: "Can't Be Seen"



A Commitment to Behavioral Health





Thank You

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

www.samhsa.gov

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