

Behavioral Health is Essential To Health



Prevention Works

Treatment is Effective

People Recover



Drug and Alcohol Disorder Priorities in 2017

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Acting Deputy Assistant Secretary
for Mental Health and Substance Use

2017 NASADAD Annual Meeting
Indianapolis, Indiana • May 25, 2017







2017 BUDGET HIGHLIGHTS

MENTAL HEALTH

- \$30M increase in the MHBG
- \$9M increase in the Zero Suicide Program
- \$2M increase for NCTSI
- CMHI is level
- \$11M decrease for LAUNCH

SUBSTANCE ABUSE TREATMENT

- \$31M increase in MAT-PDOA
- SABG is level
- \$14.9M decrease for SBIRT
- \$4.9M decrease for Homeless Programs

SUBSTANCE ABUSE PREVENTION

- Level other than CARA

HSPS

- Health Surveillance is level
- \$2.6M decrease for Program Support
- \$2.9M decrease for PQIS
- \$2.6M decrease for PAS

CARA

- PDO II \$12M
- PPW \$4M
- BCOR \$3M
- Improving Access to Overdose Treatment (FQHC program): \$1M

**LOOKING AHEAD:
2018 President's Budget**



Policy

Prevention

Treatment

Recovery

Data

CARA

- Expanding prescribing to NPNs & PAs
- Training & TA for all 3 forms of MAT
- \$20 M in CARA funds

Comprehensive Addiction Recovery Act (CARA) - 2016

Oriented toward providing recovery services to individuals experiencing substance abuse



\$80 million for prevention & treatment

Greater recovery support in high schools and colleges



Tighter controls on doctor prescriptions

Increased availability of naloxone, an opiate overdose medication



529,000

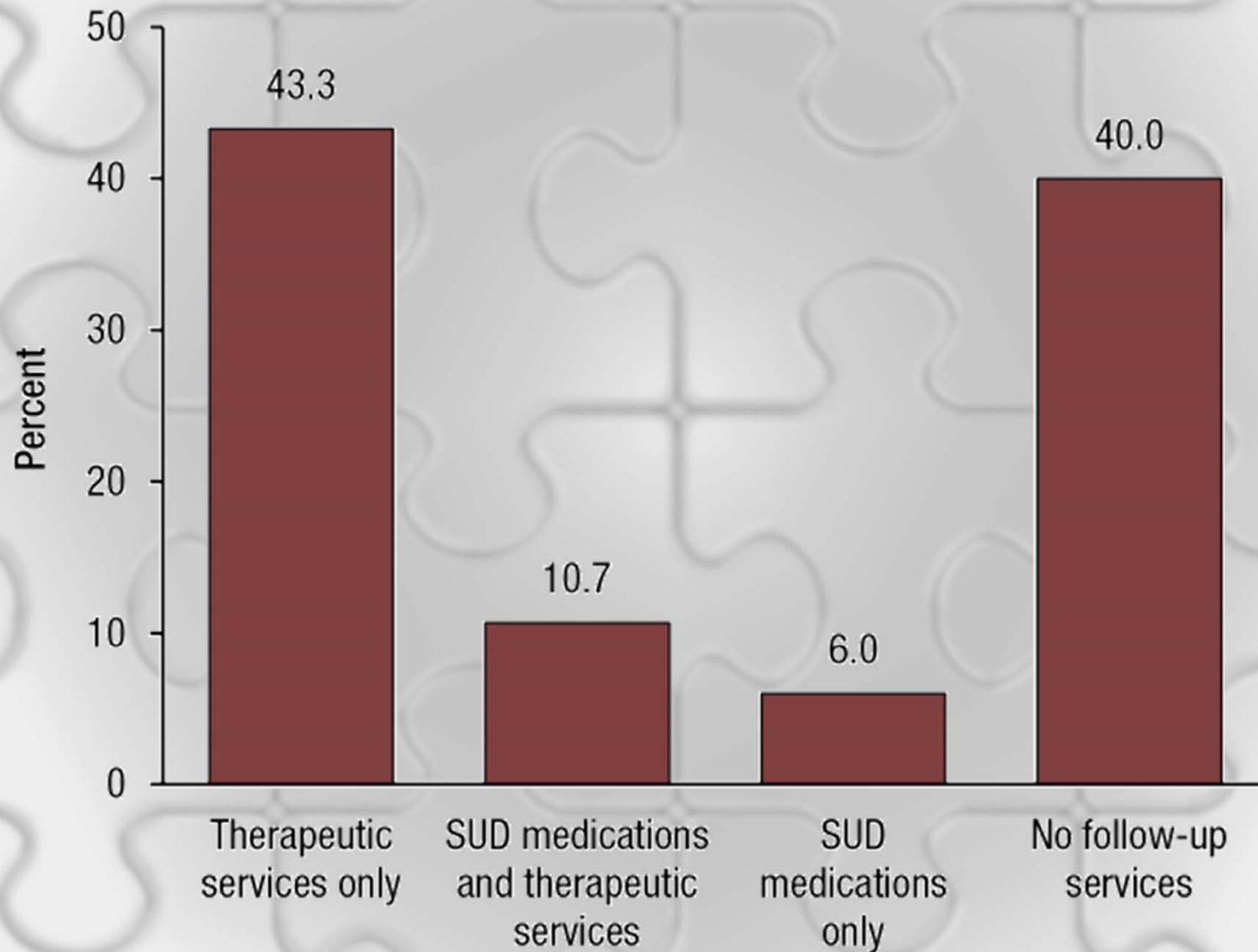


Parity Policy Academies

- Provide TA and resources to support parity implementation
- Focused on partnerships between regulators and systems
- States report having a better understanding of the path ahead

For more information, visit
hhs.gov/parity

NATIONAL DISCONNECT: OUD TREATMENT & FOLLOW-UP SERVICES



http://www.samhsa.gov/data/sites/default/files/report_2117/ShortReport-2117.pdf

TOGETHER, WE ARE MAKING AN IMPACT.

11

Nearly every state has achieved improvements in:

... abstinence from alcohol and drug use;

...employment;

...clients with no arrests; and

...stable housing.

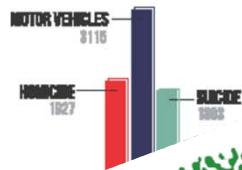
OKLAHOMA

CAR CRASHES ARE THE
#1 KILLER
OF TEENS IN AMERICA

83

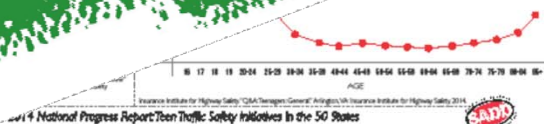
Fatalities in crashes involving
young drivers (ages 15-20)
in Oklahoma in 2012

National Highway Traffic Safety Administration "Teen
Safety Facts 2012 Young Drivers" Washington D.C.
Highway Traffic Safety Administration



NOTABLE
TEEN SAFETY
INITIATIVES

2M2L
2 MUCH 2 LOSE



**OK has achieved
significant reductions in:**

Alcohol-related crashes

Binge-drinking among adults

Youth lifetime alcohol use, youth
drinking and driving - past 30
days, and youth binge-drinking

Prescription opioid overdose deaths;
and

All unintentional deaths involving
prescription drugs, illicit drugs, or
alcohol.



- A shining example of State/Tribal cooperation
- In 2015, 100% of the Tribe's middle/high school teens reported being alcohol-free.



Treatment



Only
criminal ch

82% o

9.7%
charge;

97.5%
dr

The T



Texas NAS Initiative

- 33% reduction in NICU stays
- Many newborns required no medication/hospitalization
- 87% of newborns allowed to stay with their mothers.

ATRS

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in
place

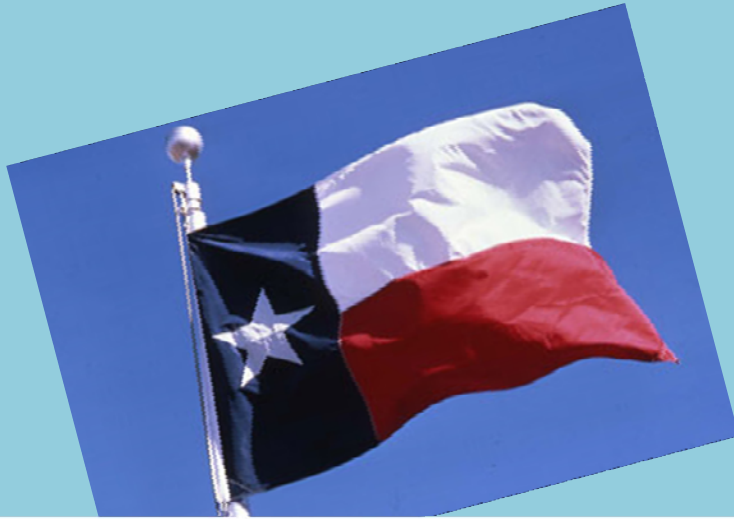
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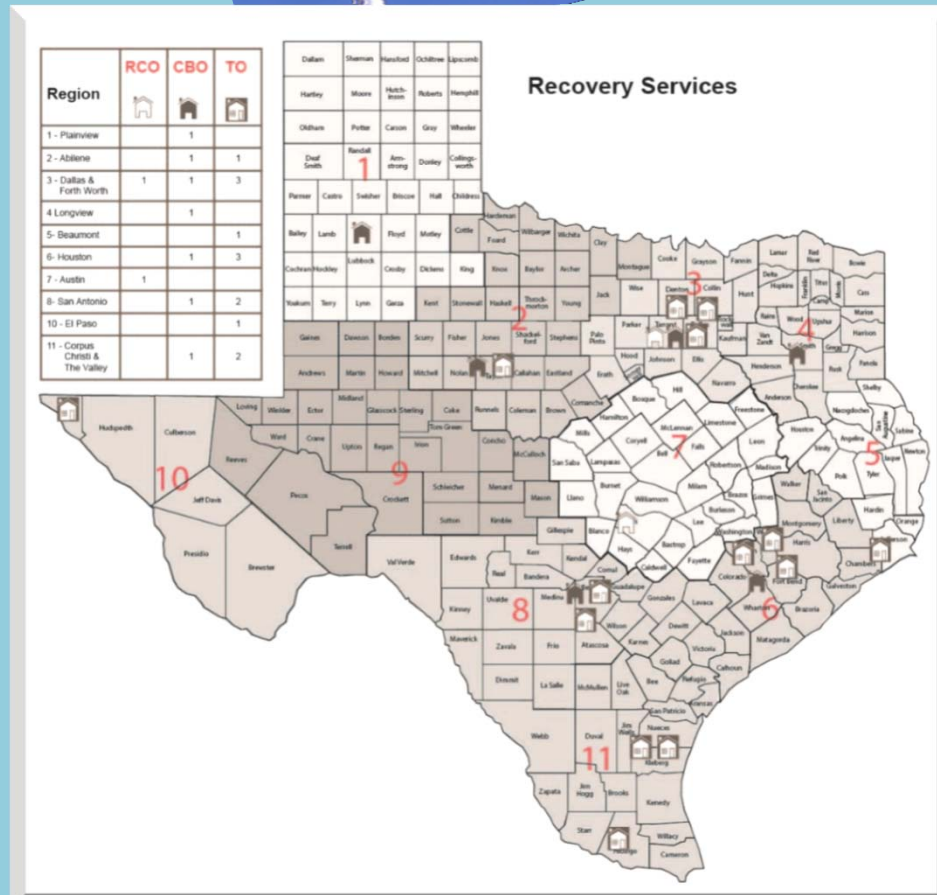
Recovery



Recovery Support Services Program

Coaching participants demonstrated improvements in many life domains:

- Participants owning/renting their own housing improved from **30%** to **55%**
- Overall employment increased from **25%** to **58%**
- Average monthly wages increased from **\$285** per month to **\$844**
- **84%** of participants were abstinent or had decreased substance use
- Healthcare service utilization decreased in outpatient and inpatient settings and in the ER





dryhootch



“Helping veterans and their families who survived the war; survive the peace.”

www.dryhootch.org

A SAMHSA Recovery Community Services Program – Statewide Network (RCSP-SN) Grantee



“Improving Health. Igniting Hope”

www.exponents.org

A SAMHSA Targeted Capacity Expansion Peer-to-Peer (TCE-PTP) Grantee

Data

Suggestions for
Federal, State, Local &
Tribal Governments:

- ✓ Provide leadership, guidance and vision in supporting science-based approaches.
- ✓ Improve coordination between social service and health care systems.
- ✓ Implement criminal justice reforms.
- ✓ Facilitate research on Schedule 1 substances.

- ✓ Neurobiology of Substance Use, Misuse & Addiction
- ✓ Prevention & Policy
- ✓ Early Intervention, Treatment, and Management of SUD
- ✓ Recovery
- ✓ Health Care Systems
- ✓ Vision for the Future

Coming Soon!

- *Emergency Department Visits Involving Underage Alcohol Misuse: 2010 to 2013*
- *State and Substate Estimates of Nonmedical Use of Prescription Pain Relievers*
- *Underage Binge Drinking Varies within and across States*
- *A Day in the Life of Older Adults: Substance Use Facts*
- *NSDUH – Possible future redesign*
- *More!*



The DAWG

Drug-Related Emergency Department Visits Involving Synthetic Cannabinoids

Synthetic cannabinoids are substances that are designed to mimic the effects of marijuana on the body in a manner similar to marijuana but that are not derived from the marijuana plant.¹ Because they can be purchased without a prescription and without restrictions, their popularity among young people has grown significantly.

Synthetic cannabinoids are known by many names, including "Spice" or "K2," and some are marketed as "marijuana" or "fake marijuana" that their users believe will get them high without the legal consequences of marijuana.



Decisions in Recovery: Treatment for Opioid Use Disorders



FEDERAL GUIDELINES FOR TREATMENT PROGRAMS

March 2015

ADVISORY

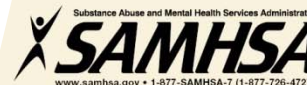
• Treatment by Effective • People Recover

EXTENDED-RELEASE METHADONE FOR THE TREATMENT OF OPIOID DEPENDENCE

What Role Can Extended-Release Injectable Naltrexone Play in the Treatment of Opioid Dependence?

Injectable naltrexone is another medication that is approved for treatment of opioid dependence. Over the years, it has been successful in treating many people for decades and has been proven to be effective. Methadone must be dispensed to patients at an opioid treatment program (OTP) or a SAMHSA-certified opioid treatment facility—with daily doses of 30 to 60 mg. Patients are monitored for side effects, including drowsiness, and have limited geographical access to treatment.

Approved by FDA to treat opioid dependence, it is an oral medication that is taken daily. It is not addictive and does not cause the same side effects as other medications. It is prescribed by a doctor and is available at all SAMHSA-certified OTPs.



www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)



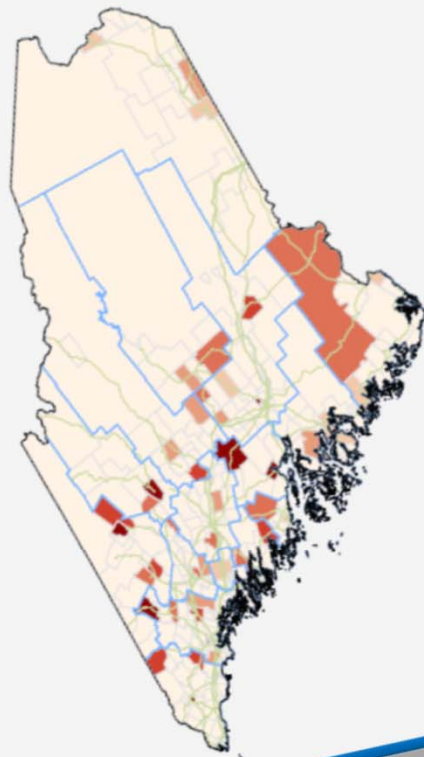
GIS for MAT

An evidence-based approach to identifying where new MAT programs should be located.

Visit: https://www.samhsa.gov/data/mat_map

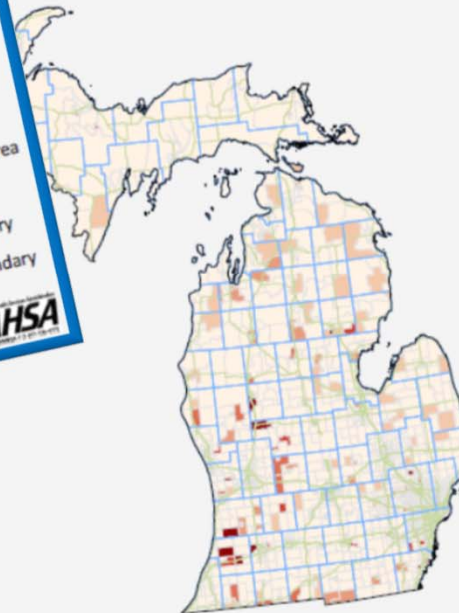
**Maine 2016 Potential Areas
for Addressing Service Gaps
for Opioid Treatment**

Data Sources:
Drug Use: NSDUH (2012)
Facilities: SAMHSA (2016)
Population: ACS 5-year average (2010-2014)



**Michigan 2016 Potential Areas
for Addressing Service Gaps
for Opioid Treatment**

Data Sources:
Drug Use: NSDUH (2012)
Facilities: SAMHSA (2016)
Population: ACS 5-year average (2010-2014)



MAKE

an IMPACT

