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A Clinical Support System for Serious Mental Illness

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Understanding Comorbid Substance Use Disorders and Serious Mental Illness

June 20, 2019

CSS-SMI Initiative

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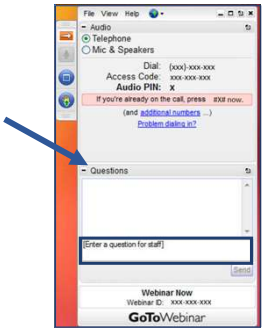

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Disclosure

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Learning Objectives

Participants will:

- Know the prevalence of co-occurring severe mental illness and substance use disorders and heavy drinking.
- Be able to accurately identify substance use disorders and high risk alcohol consumption in those with serious mental illness.
- Be able to evaluate treatment options for effectively managing dual-diagnosis serious mental illness and substance use disorders (SUDs).

Substance Use Disorders Defined & Prevalence Rates

American Society of Addiction Medicine: Addiction Defined

"Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death."

Substance Use Disorders Defined

- The substance-related disorders encompass 9 separate classes of drugs; these 9 classes are not fully distinct.
- Drugs that are taken in excess directly activate the brain reward system, which is involved in the reinforcement of behaviors and the production of memories
  - They produce such an intense activation of the reward system that normal activities may be neglected
- In addition to the substance-related disorders, the DSM-5 also includes gambling disorder, reflecting evidence that gambling behaviors activate reward systems similar to those activated by drugs of abuse and produce some behavioral symptoms that appear comparable to those produced by the substance use disorders.

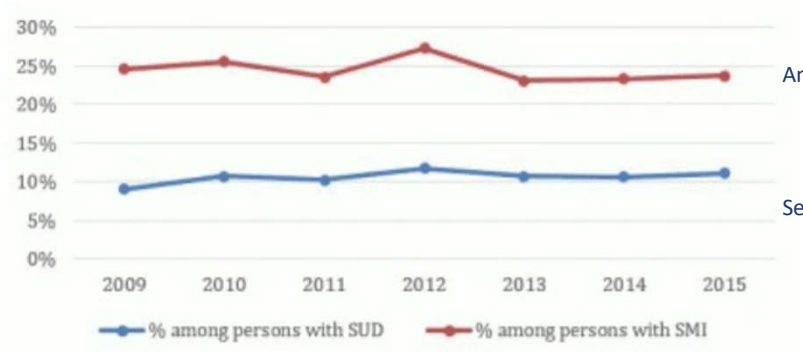
Prevalence Rates of Substance Use Disorders

- 19.7 million Americans had substance use disorders (SAMHSA, 2018)
  - 2.1 million had an opioid use disorder
  - 14.5 million had a alcohol use disorder
- Drug overdose is leading cause of accidental death in 2016 (NIDA, 2018b)
  - 63,632 deaths from drug overdose,
  - 41,997 deaths (66%) related to prescription opioids and heroin
- Only 1 in 10 received treatment in the previous year (USDHHS, 2016)

Prevalence of Comorbid Substance Use Disorders and Serious Mental Illness

- Serious Mental Illness (NIMH, 2019)
  - 11.2 million (4.5% of all U.S. adults) adults (18 years or older) have a SMI
- About ½ of individuals with a mental illness with experience a SUD during their lifetime and vice versa (Kelly & Daley, 2013; Ross & Peselow, 2012)
- Proposed reasons for high comorbidity (NIDA, 2018a):
  - Common risk factors
  - Mental illness can increase risk for substance abuse
  - Substance use can contribute toward developing a mental illness

Prevalence of Comorbid Substance Use Disorders and Serious Mental Illness



Any Mental Illness + SUD (SAMHSA, 2018):

8.5 million adults (3.4 percent of all adults)

Serious Mental Illness + SUD (SAMHSA, 2018):

3.1 million adults (1.3 percent of all adults)

Co-Occurring Substance Use Disorder and Serious Mental Illness in Past Year among Persons Age 18 and Older (NIDA, 2018)

Diagnostic and Statistical Manual-5 (DSM-5) Criteria

Substance Use Disorders

SUDS in the Diagnostic and Statistical Manual-5 (DSM-5)

- Moved towards a diagnosis for each substance based on a continuum from mild to severe.
  - Each substance the person uses will receive its own diagnosis in relation to its spectrum level.
- The essential feature of a substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using a substance despite significant substance-related problems.
- An important characteristic of substance use disorders is an underlying change in brain circuits that may persist beyond detoxification.
  - The behavioral effects of these brain changes may be exhibited in the repeated relapses and intense drug craving when the individuals are exposed to drug related stimuli.

SUDS in the Diagnostic and Statistical Manual 5

- Substance Use Disorders
  - 9 classes of Drugs
- Substance Induced Disorders
  - Medical/Psychiatric Disorder
    - E.g., Alcohol-Induced Major Neurocognitive Disorder
  - Intoxication or Withdrawal
- Non-Substance Related (Addictive) Disorder

SUDS in the Diagnostic and Statistical Manual 5

- Alcohol
- Cannabis
- Hallucinogens
- Inhalants
- Opioids
- Sedative, hypnotic, anxiolytic (benzodiazepines)
- Stimulants (amphetamine-type, cocaine, or other)
- Tobacco
- Other (cathinones, K2, Spice, research drugs)

Criteria Across Substances

- A problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by at least:
  - 2 of the following 11 criterion within a
  - 12-month period
- **Severity**:
  - Mild: 2-3 criteria
  - Moderate: 4-5 criteria
  - Severe: 6 or more criteria
- **Remission specifiers**:
  - In early remission: no criteria for 3 or more months (but less than 12 months)*
  - In sustained remission: no criteria for 12 months or longer*

Impaired Control: Criteria 1-4

- **Criterion 1**: individual may take the substance in larger amounts over a longer period than was originally intended
- **Criterion 2:** individual may express a persistent desire to cut down or regulate substance used and may report multiple unsuccessful efforts to decrease or discontinue use
- **Criterion 3:** individual may spend a great deal of time obtaining the substance, using the substance or recovering from the substance
- ***Criterion 4: cravings**: individual has an intense desire or urge for the drug that may occur at any time but is more likely when in an environment where the drug previously was obtained or used.

Social Impairment: Criteria 5-7

- **Criterion 5:** recurrent substance use may result in a failure to fulfill major role obligations at work, school or home
- **Criterion 6:** individual may continue substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance
- **Criterion 7:** important social, occupational or recreational activities may be given up or reduced

Risky Use: Criteria 8-9

- **Criterion 8:** recurrent substance use in situations in which it is physically hazardous
- **Criterion 9:** individual may continue substance use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have caused or exacerbated by the substance use

Pharmacological: Criteria 10-11

- **Criterion 10:** Tolerance: signaled by requiring a markedly increased dose of the substance to achieve the desired effect or markedly reduced effect when the usual dose is consumed
- **Criterion 11:** Withdrawal: syndrome that occurs when blood or tissue concentration of a substance decline in an individual who had maintained prolonged heavy use of the substance.
  - After developing withdrawal symptoms, the individual is likely to consume the substance to relieve the symptoms. Withdrawal symptoms vary greatly across the classes of substances.

*These criteria are not considered for individuals taking stimulant medications, opioids, sedatives, hypnotics, or anxiolytics solely under appropriate medical supervision

Risky Drinking

Prevalence of Heavy and Binge Drinking

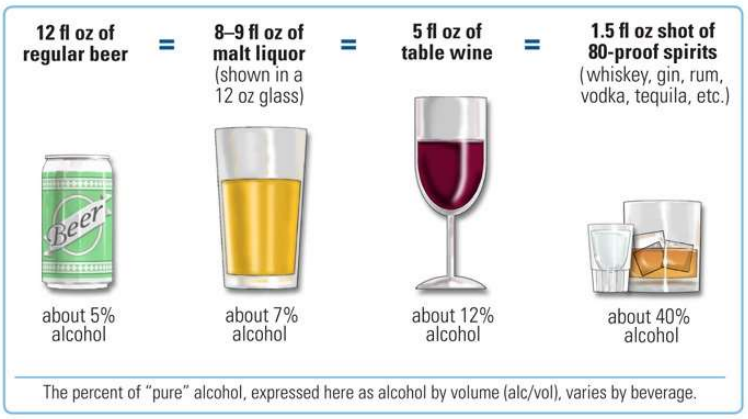
Binge drinking:

- NIAAA: A pattern of drinking that brings blood alcohol concentration levels to 0.08 g/dL. This typically occurs after 4 drinks for women and 5 drinks for men – in about 2 hours
- SAMHSA: 5 or more alcoholic drinks for males or 4 or more alcoholic drinks for females on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past month

Heavy drinking:

- SAMHSA: Binge drinking on 5 or more days in the past month

Standard Drink Size Chart



Health Related Outcomes

- Unintentional injuries
- Violence
- Sexually transmitted diseases
- Poor pregnancy outcomes
- Chronic diseases
- Cancer
- Alcohol dependence

Prevalence of Heavy and Binge Drinking

- 26.9% of adults 18 years or older reported engaging in binge drinking in the previous month
- 7% of adults 18 years or older reported engaging in heavy drinking in the previous month
- Alcohol-related deaths are the 3rd leading cause of preventable deaths (behind tobacco and poor diet and physical inactivity)

(Centers for Disease Control, 2011)

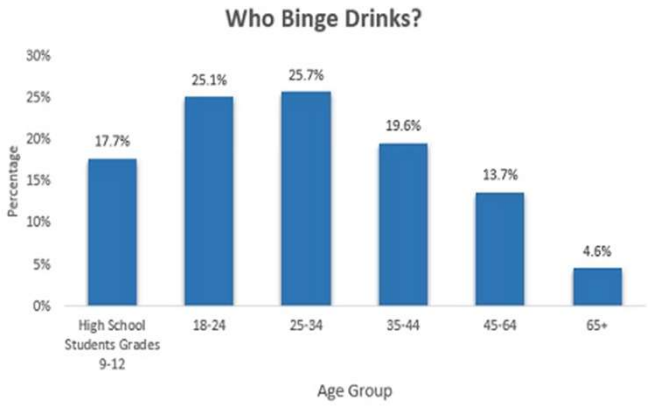
Co-Occurring Alcohol Use Disorder and Mental Illness

Mental Illness	Alcohol Use Disorder
Anxiety*	20-40%
Major Depression	35-40%
Bipolar Disorder	5-61%

*Any anxiety disorder

(Lai, Cleary, Sitharthan, & Hunt 2015; Sadock, Sadock, & Ruiz, 2014)

Who Should We Talk to About This?



(Centers for Disease Control and Prevention, 2018; Esser, Clayton, Demissie, Kanny, & Brewer, 2017; Kanny, Naimi, Liu, Lu, & Brewer, 2018)

Screening for Risky Substance Use

Screeners & Assessments

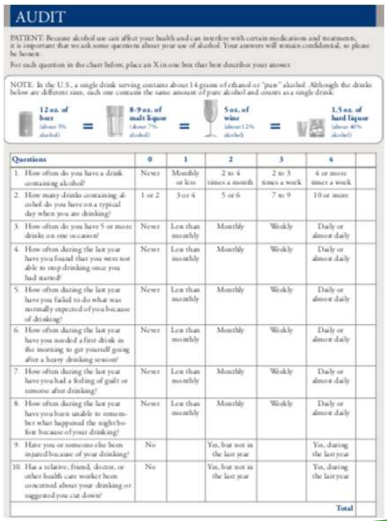
Screeners and Assessments

Adults
- CAGE-AID questionnaire
- The Alcohol Use Disorders Identification Test (AUDIT)

Adolescents
- CRAFFT questionnaire
- Drug Abuse Screening Test (DAST)-20-Adolescent Version

Urine drug screens
- Consider decision making and rapport building

Screeners and Assessments: CAGE-AID & AUDIT



AUDIT

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest.

For each question in the chart below, place an X in one box that best describes your answer.

NOTE: In the U.S., a single drink serving contains about 14 grams of ethanol or "pure" alcohol. Although the drinks below are different sizes, each one contains the same amount of pure alcohol and counts as a single drink.

12 oz. of beer (about 5% alcohol) = 8-9 oz. of malt liquor (about 7% alcohol) = 5 oz. of wine (about 12% alcohol) = 1.5 oz. of hard liquor (about 40% alcohol)

Questions	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have 5 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year
					Total

CAGE-AID Questionnaire

Patient Name _____ Date of Visit _____

When thinking about drug use, include illegal drug use and the use of prescription drug use other than prescribed.

Questions:	YES	NO
1. Have you ever felt that you ought to cut down on your drinking or drug use?	☐	☐
2. Have people annoyed you by criticizing your drinking or drug use?	☐	☐
3. Have you ever felt bad or guilty about your drinking or drug use?	☐	☐
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?	☐	☐

Screeners and Assessments: CRAFFT & DAST

The CRAFFT Screening Interview

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

Part A

During the PAST 12 MONTHS, did you:	No	Yes
1. Drink any alcohol (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)	☐	☐
2. Smoke any marijuana or hashish?	☐	☐
3. Use anything else to get high? ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")	☐	☐

For clinic use only: Did the patient answer "yes" to any questions in Part A?

No ☐ → **Ask CAR question only, then stop**

Yes ☐ → **Ask all 6 CRAFFT questions**

Part B

	No	Yes
1. Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	☐	☐
2. Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?	☐	☐
3. Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?	☐	☐
4. Do you ever **FORGET** things you did while using alcohol or drugs?	☐	☐
5. Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?	☐	☐
6. Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?	☐	☐

Drug Abuse Screening Test (DAST) - Adolescent Version

The following questions concern information about your potential involvement with drugs not including alcoholic beverages during the past 12 months. Carefully read each statement and decide if your answer is "Yes" or "No". Then, circle the appropriate response beside the question. In the statements "drug abuse" refers to (1) the use of prescribed or over the counter drugs in excess of the directions and (2) any non-medical use of drugs. The various classes of drugs may include: cannabis (e.g. marijuana, hash), solvents, tranquilizers (e.g. Valium), barbiturates, cocaine, stimulants (e.g. speed), hallucinogens (e.g. LSD) or narcotics (e.g. heroin). Remember that the questions do not include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

These questions refer to the past 12 months.

1. Have you used drugs other than those required for medical reasons?
2. Have you abused prescription drugs?
3. Do you abuse more than one drug at a time?
4. Can you get through the week without using drugs?
5. Are you always able to stop using drugs when you want to?
6. Have you had "blackouts" or "flashbacks" as a result of drug use?
7. Do you ever feel bad or guilty about your drug use?
8. Does your spouse (or parents) ever complain about your involvement with drugs?
9. Has drug abuse created problems between you and your spouse or your parents?
10. Have you lost friends because of your use of drugs?
11. Have you neglected your family because of your use of drugs?
12. Have you been in trouble at work because of drug abuse?
13. Have you lost a job because of drug abuse?
14. Have you gotten into fights when under the influence of drugs?
15. Have you engaged in illegal activities in order to obtain drugs?
16. Have you been arrested for possession of illegal drugs?
17. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
18. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)?
19. Have you gone to anyone for help for a drug problem?
20. Have you been involved in a treatment program specifically related to drug use?

Philosophical Orientation & Motivational Interviewing

The Basics

Unifying Principles

- Addiction is a chronic, medical disease of the brain.
- Aberrant behaviors and unhealthy choices are a consequence of the acute and accumulated toxic effects of the substance on the individual
- Addiction resembles other chronic diseases like diabetes and heart disease in regard to genetic transmission, relapsing and remitting course
- If you treat it as a chronic disease, you have a much better chance for improving recovery
- People relapse because relapse or recurrence is one of the core features of this and all chronic diseases

Comparative Relapse Rates

- Less than 60% of T1DM patients remain fully adherent to a medication schedule
- Less than 40% of asthma and HTN patients remain fully adherent to a medication schedule
- 30-50% of T1DM and 50-70% of HTN, asthma patients experience recurrence of sx requiring medical intervention annually

Provider Role

- MDs, PAs, and NPs require waivers to prescribe buprenorphine medication-assisted treatment
- Have a knowledge of the discontinuation (withdrawal) presentation and appropriate interventions for symptom management
- Have a strong referral network for individual and group therapy resources; inpatient and outpatient substance use centers; and a variety of support groups
- Understand the nature of relapse in all chronic diseases and work to normalize the experience of chronic disease management

Language

- We can emphasize medical necessity and decrease stigma by staying clinical in our speech
  - Withdrawal can be fatal, and is a medical condition.
- Medically assisted withdrawal versus detox
- A person with a substance use disorder versus an addict
  - My patient has alcohol use disorder versus my patient is an alcoholic

Components of Motivational Interviewing

Definition:

- A person-centered counseling style for addressing the common problem of ambivalence about change

Components:

- Relational component: focused on empathy and the interpersonal spirit of MI
- Technical component: the evocation and reinforcement of client "change talk"

The Core Skills: OARS

- **Open-ended questions:** Encourages elaboration
- **Affirmations** – recognize, support and encourage a person's strengths and efforts
- **Reflections** – keep the person talking, exploring, considering
  - Simple: Repeating or rephrasing
  - Complex: hypothesis testing, statements, short stems
- **Summaries** – pull together several points of information the patient has provided.

DARN

Client/Patient:

Desire: I really want to stop smoking

Ability: I stopped before, I can try again

Reasons: For my health and self-respect

Needs: I have to make this change

Clinician Questions:

Desire: How would you *want* things to be different?

Ability: How *confident* are you if you made up your mind?

Reasons: What might be the good things about quitting drinking?

Need: How important is it for you to make this change?

Responding to Change Talk: EARS

- **Elaborate** – an interviewer response to client *change talk*, asking for additional detail, clarification, or example
- **Affirmations** – the interviewer accentuates the positive, seeking and acknowledging a person's strengths and efforts
- **Reflections** – an interviewer statement intended to mirror meaning (explicit or implicit) of preceding client speech
- **Summaries** – a *reflection* that draws together content from two or more prior client statements

Understanding Goals

- Abstinence
- Reducing consumption
- Harm reduction

Questions to consider:

- When was your last recovery attempt?
- What was your longest recovery episode?
  - What worked?
  - What did not work?
- Did you take medications to assist you in your recovery attempt?
  - What was helpful? What did not work?
- What supports do you have in place?

Pharmaceutical Treatment

Alcohol Use Disorder and Opioid Use Disorder

Comprehensive Addiction and Recovery Act

- In July 2016, President Obama signed the Comprehensive Addiction and Recovery Act (CARA) into law.
- Major Provisions:
  - $200,000 grants for federally qualified healthcare centers (FQHCs), opioid treatment programs (OTPs) and buprenorphine-waivered physicians to establish naloxone co-prescription programs
  - State grants for pharmacists dispensing naloxone from standing order
  - Grants to state agencies, local governments and non-profits for medication-assisted treatment (MAT)
  - Expands buprenorphine prescribing privileges to Nurse Practitioners (NPs) and Physician Assistants (PAs)
- SUPPORT for Patients and Communities Act (2018)
  - Extends the ability of waivered NPs and PAs to prescribe buprenorphine indefinitely (previously only 5 years)

Medication-Assisted Treatment

Definition:

- Medication-Assisted Treatment (MAT) is the use of FDA-approved medications for the treatment of substance use disorders
- Best if combined with counseling and behavioral therapies for a "whole-patient" approach

Treatment & Utilization

- First-line treatment
- SMI

Medication-Assisted Therapy

FDA-Approved Medications for Substance Abuse Treatment and Tobacco Cessation

Medications for Alcohol Dependence	Naltrexone (ReVia®, Vivitrol®, Depade®) Disulfiram (Antabuse®) Acamprosate Calcium (Campral®)
Medications for Opioid Dependence	Methadone Buprenorphine (Suboxone®, Subutex®, and Zubsolv®) Naltrexone (ReVia®, Vivitrol®, Depade®)
Medications for Smoking Cessation	Varenicline(Chantix®) Bupropion (Zyban® and Wellbutrin®) Nicotine Replacement Therapy (NRT)

Medications for Alcohol Use Disorder

- Acamprosate
- Disulfiram
- Naltrexone

acamprosate (Campral)

- **Mechanism of Action**: theoretically reduces excitatory glutamate and increases inhibitory gamma-aminobutyric acid (GABA)
- **Indication**: maintenance of alcohol abstinence
- **Side-effects**: diarrhea, nausea, anxiety, depression
- **Warnings**: may cause suicidal ideation and behavior
- **Contraindications**: Severe renal impairment, allergy to Acamprosate
- **Pearls**: Not hepatically metabolized; probably more advantageous in chronic daily drinkers versus binge drinkers

disulfiram (Antabuse)

- **Mechanism of Action**: irreversibly inhibits aldehyde dehydrogenase, the enzyme involved in second-stage metabolism of alcohol
- **Indication**: maintenance of alcohol abstinence
- **Side-effects**: metallic taste, dermatitis, sedation
  - If alcohol consumed: flushing, headache, tachycardia, nausea, vomiting
- **Warnings**: can lead to myocardial infarction, congestive heart failure, respiratory depression
  - Check liver function
- **Contraindications**: alcohol intoxication or 12 hours after last drink, hx of psychosis, cardiovascular disease, allergy to disulfiram or thiuram derivatives
  - If taking: metronidazole, amprenavir, ritonavir, or sertraline

Medications for Opioid Use Disorder

- Methadone
- Buprenorphine
- Naltrexone

Medications for Opioid Use Disorder: Settings and Roles

Settings:

- In-patient treatment (detox, residential, partial-hospitalization, intensive outpatient)
- Out-patient*
- Opioid treatment program

*Methadone may only be prescribed for OUD in an OTP (i.e. a methadone clinic)

Roles:

- NPs, PAs, MDs
- RNs
- Social work & case managers

methadone (Dolophine)

- **Mechanism of Action**: mu-agonist, produces similar effects to morphine but with longer onset and action
- **Indication**: maintenance treatment of opioid dependence (heroin or other morphine-like drugs), in conjunction with appropriate social and medical services; treatment of moderate to severe pain not responsive to non-narcotic analgesics
- **Side-effects**: hypotension, constipation, sedation, dizziness, agitation, nausea
- **Warnings**: schedule II controlled substance with risk for diversion, prolonged QT interval, respiratory depression/high risk overdose, especially when combined with other CNS depressants (benzodiazepines)
- **Contraindications**: allergy, respiratory depression, acute bronchial asthma or hypercarbia, paralytic ileus

buprenorphine (Subutex) (Suboxone when combined with naloxone)

- **Mechanism of Action**: partial agonist, binds to mu opioid receptors, preventing exogenous opioid from binding and thus preventing the pleasurable effects of opioid consumption
- **Indication**: detox & maintenance treatment of opioid dependence
- **Side-effects**: headache, constipation, nausea, odd mouth sensations, orthostatic hypotension
  - Serious SE: respiratory depression, hepatotoxicity
- **Warnings**: requires abstinence from full agonist before first dose
  - Check liver function tests
- **Contraindications**: allergy, severe hepatic impairment

naltrexone (Revia, Vivitrol)

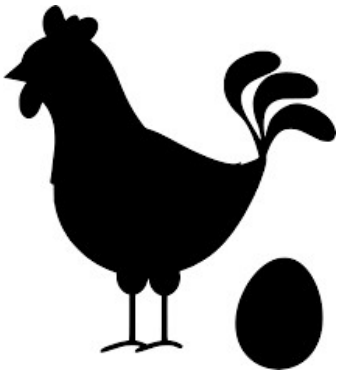
- **Mechanism of Action**: opioid receptor antagonist; blocks mu opioid receptors, preventing exogenous opioids from binding there an thus preventing the pleasurable effects of opioid consumption. Modulates opioid systems, thereby reducing the reinforcing effects of alcohol or opioids
- **Indication**: alcohol dependence, blockade of effects of exogenously administered opioids, prevention of relapse to opioid dependence
- **Side-effects**: nausea, vomiting, dysphoria, anxiety, injection site reactions
  - Severe: eosinophilic pneumonia, hepatocellular injury, severe injection site reactions
- **Warnings**: attempts by patients to overcome blockade of opioid receptors by taking large amounts of exogenous opioids could lead to overdose
- **Contraindications**: pts taking opioids, acute hepatitis or liver failure, allergy
- **Pearls**: Not only increases total abstinence, but can reduce days of heavy drinking

naloxone (Narcan)

- **Mechanism of Action:** a competitive antagonist of the mu opioid receptor
- **Indication**: for the complete or partial reversal of opioid overdose (including opioid depression) induced by natural or synthetic opioids
- For patients who are:
  - Taking high doses of opioids
  - Misusing the opioid prescription (e.g. missing doses, taking too much)
  - Using illicit opioids
- Texas SB 1462 – Standing Order
- **Medical care should be sought or engaged immediately**

Treatment Considerations

- Order of treatment: SMI or SUD first?
- Therapy modalities
  - Cognitive Behavioral Therapy
  - Dialectical Behavioral Therapy
  - Acceptance and Commitment Therapy
- Consideration of current recovery status



Referral

- Substance use disorders are complex and frequently are comorbid with other mental illnesses
- If your patient screens positive for a substance use related issue consider referring to substance use/mental health specialty services
- A full psych assessment may reveal co-occurring conditions that may influence the selection of pharmacotherapy

Conclusion

- SUDs are a prevalent problem in the United States
  - Yet, very few individuals with a SUD receive treatment for their SUD
- MI may be useful to improve change talk and behaviors in those with SUDs
- Medication assisted treatment may be an appropriate option for some individuals
- Nurses have contact with individuals at every point in the recovery process and can advocate for a better experience in a recovery episode

Thank You

Questions?

STAY INFORMED

Visit www.SMIadviser.org to Join our #MissionForBetter now!

An APA and SAMHSA Initiative

AMERICAN PSYCHIATRIC ASSOCIATION

SAMHSA Substance Abuse and Mental Health Services Administration

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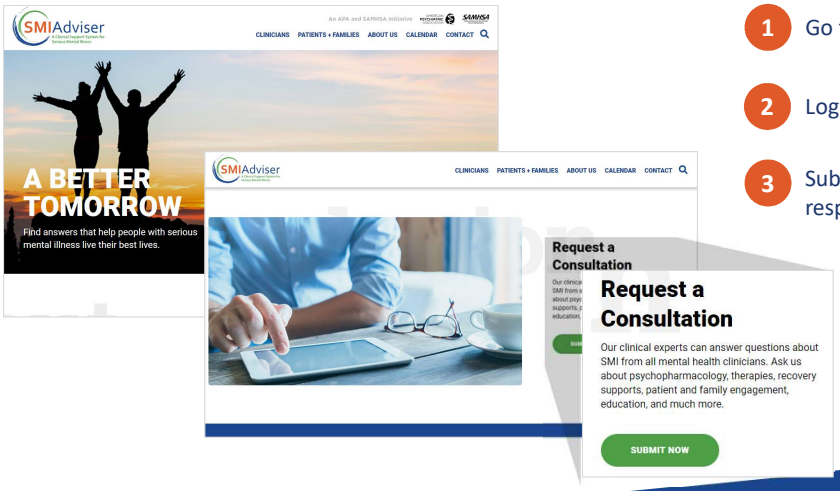

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UPCOMING WEBINAR

Marvin Swartz, MD
Duke University

Bebe Smith
Southern Regional AHEC

Psychiatric Advance Directives: A Compelling Tool to Support Crisis Care

June 28| 12-1pm ET

Introduces the concept of Psychiatric Advance Directives and presents information on their potential use and resources to aim implementation.

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Resources

- Screeners and Assessments:
  - https://www.drugabuse.gov/nidamed-medical-health-professionals/tool-resources-your-practice/screening-assessment-drug-testing-resources/chart-evidence-based-screening-tools-adults
- Finding Quality Treatment for Substance Use Disorder:
  - https://store.samhsa.gov/product/Finding-Quality-Treatment-for-Substance-Use-Disorders/PEP18-TREATMENT-LOC
- Psychology Today:
  - https://www.psychologytoday.com/us/therapists/texas?gclid=EAIaIQobChMIzr2qu5Sd3AIVDeO9Ch09jQwHEAAYASAAEgL04PD_BwE
- MAT in Primary Care
  - https://www.integration.samhsa.gov/clinical-practice/mat/RAND_MAT_guidebook_for_health_centers.pdf

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