Treating Substance Use Disorders





Summary of Key Adaptations Needed for Substance Use Disorders (SUDs)

The Collaborative Care Model (CoCM) has been demonstrated to be an effective approach to managing substance use disorders (SUDs) in primary care. **Key adaptations to consider:**

- Behavioral health care managers (BHCMs) will need to be knowledgeable about screening, diagnosing, and evidence-based treatment for SUDs, as well as their relationship to co-occurring mental health disorders. This could look like case management for patients in a more formal treatment program, brief psychosocial recovery support, or therapeutic interventions to treat their co-occurring mental health disorder to promote recovery.
- Addiction specialty consultation will need to be available. Ideally, this should come from the psychiatric consultant, but alternatively could come from an addiction medicine specialist.

- The treating practitioners will need to be willing, knowledgeable, and have prescribing authority for medications that treat substance use disorders.
- Clinic staff will need to be knowledgeable around screening and recognition of SUDs to facilitate appropriate referrals.
- Accommodations around identification and treatment for substance withdrawal, as indicated, should be considered.
- The caseload registry should be able to reflect SUD pertinent data, such as urine drug screens, a SUD-specific measurement tool, and the use and dose of medication-assisted treatment (MAT) for opioid use disorder (OUD), if applicable.
- Considerations around compliance with federal (42 CFR Part-2) Substance Abuse Confidentiality Regulations

Additional Behavioral Health Measures to Consider

- Alcohol Use Disorders Identification Test (AUDIT/ AUDIT-C). Click Here
- Drug Abuse Screening Test (DAST-10). Click Here
- Brief Addiction Monitor (BAM). Click Here
- Alcohol Smoking and Substance Involvement Screening Test (ASSIST). <u>Click Here</u>
- Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS). Click Here

Additional Resources

Integrated SUD Care Resources

- American Psychiatric Association (APA)
 Webinar (1 AMA PRA Category 1 Credit): Treating
 Substance Use Disorders Through Collaborative
 Care-An Introduction. Click Here
- SUMMIT Trial Protocol: Step-by-Step Procedures for Providing Screening, Brief Intervention, and Treatment Services to Primary Care Patients with Opioid or Alcohol Use Disorders (RAND Corporation). <u>Click Here</u>
- Implementing Medication-Assisted Treatment for Opioid Use Disorder in Rural Primary Care: Environmental Scan (Agency for Healthcare

Research and Quality (AHRQ)). Click Here

- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
 - o SAMHSA
 - o Department of Family Medicine at Oregon Health and Science University
- A Guide to Substance Abuse Services for Primary Care Clinicians: Quick Guide for Clinicians Based on TIP 24 (Substance Abuse and Mental Health Services Administration (Substance Abuse and Mental Health Services Agency (SAMHSA)).
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- Implementing Care for Alcohol & Other Drug Use in Medical Settings (National Council for Behavioral Health). <u>Click Here</u>
- Ober, A.J., et al., Assessing and improving organizational readiness to implement substance use disorder treatment in primary care: findings from the SUMMIT study. BMC Fam Pract, 2017.
 18(1): p. 107. <u>Click Here</u>

Opioids

- TIP 63: Medications for Opioid Use Disorder (SAMHSA). <u>Click Here</u>
- Provider Clinical Support System (PCSS): A
 program funded by SAMHSA, created in response
 to the opioid overdose epidemic, that trains PCPs
 in evidence-based prevention and treatment of
 opioid use disorders (OUD) and treatment of
 chronic pain. This is for waiver trainings, but also
 many other related and pertinent topics, and
 includes an option for mentoring. Click Here

Alcohol

- National Institute on Alcohol Abuse and Alcoholism (NIAA), Rethinking Drinking
 - o Patient Website
 - o Clinician Guide
 - o A Rethink of the Way We Drink

Other

- Neurobiologic Advances from the Brain Disease Model of Addiction. Volkow, N.D., G.F. Koob, and A.T. McLellan, Neurobiologic Advances from the Brain Disease Model of Addiction. N Engl J Med, 2016. 374(4): p. 363-71. Click Here
- SAMSHA Treatment Improvement Protocol.
 Click Here

TIP 27: Comprehensive Case Management for Substance Abuse Treatment. <u>Click Here</u>

- TIP 48: Managing Depressive Symptoms in Substance Abuse Clients During Early Recovery. <u>Click Here</u>
- TIP 45: Detoxification and Substance Abuse Treatment. <u>Click Here</u>
- TIP 49: Incorporating Alcohol
 Pharmacotherapies Into Medical Practice.
 Click Here
- American Psychiatric Association (APA) Clinical Practice Guidelines. Pharmacological Treatment of Patients with Alcohol Use Disorder. Click Here
- Veterans Affairs/Department of Defense Clinical Practice Guidelines. Management of Substance Use Disorder (2015). <u>Click Here</u>
- SAMSHA Substance Abuse Confidentiality Regulations. CFR 42 Part 2. See Question 10 and 11. Click Here

Key References (Annotated Bibliography)

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 Use Disorders in Primary Care: The SUMMIT
 Randomized Clinical Trial. Watkins KE, Ober AJ,
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 A, Heinzerling K, Pincus HA. Click Here
- Feasibility of collaborative care treatment of opioid use disorders with buprenorphine during pregnancy. Mittal, L. and J. Suzuki, Subst Abus, 2015: p. O. <u>Click Here</u>
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- The Next Stage of Buprenorphine Care for Opioid Use DisorderThe Next Stage of Buprenorphine Care for Opioid Use Disorder. Martin, Stephen A., Chiodo, Lisa M., Bosse, Jordon D., Wilson, Amanda. Annals of Internal Medicine, 2018. 169(9): p. 628-635. Click Here

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2019 | psychiatry.org 2