SAMHSA Efforts to Enhance Emergency Department Care for Opioid Use Disorder

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National Drug Abuse Treatment Clinical Trials Network
ED Research Meeting - Advancing ED-initiated Buprenorphine
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SAMHSA
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Overview

- SAMHSA grants, programs, policies and publications augment Emergency Department (ED) programs and practice.
  - The State Opioid Response (SOR) grants
  - Discretionary grants
  - Recent revisions to the Buprenorphine Practice Guidelines
  - Publications freely available in the SAMHSA Store
  - The SAMHSA Treatment Locator

State Opioid Response (SOR) Grants

- Specialty programs such as emergency departments or urgent care centers may qualify for dedicated SOR support
  - As a result of SOR funding, states such as California, Kentucky, Maryland, Missouri, New York and Utah, have integrated comprehensive treatment services in their EDs
  - These states act as models for innovation
  - Programs such as The California Bridge Program, Utah Bridge Program, and systems of care found in Kentucky employ comprehensive, evidence-based programs that:
    - Initiate buprenorphine to manage opioid withdrawal, alongside transitional treatment services
    - Provide linkage to an appropriate level of care while admitted and on discharge
    - Provide peer support to facilitate engagement and retention
    - Use inpatient consultation services as needed
  - Programs, such as those found in New York, partner with local public health agencies to strengthen community linkage, while also promoting education as a means of overcoming stigma
  - Montana is currently engaging key stakeholders to determine how MOUD services can be best provided to those in need

Discretionary Grants

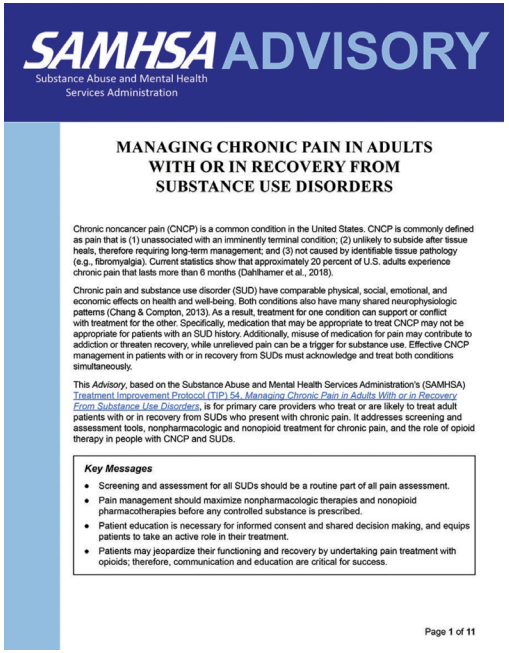
- SAMHSA's discretionary grants also promote integrated care, starting at the point of first contact
  - The MAT-PDOA grant seeks to build funding mechanisms and service delivery models with rural and resource limited counties and municipalities, as well as organizations such as hospitals and emergency departments, in order to provide a robust suite of treatment and recovery support services that effectively identify, engage, and retain individuals in MOUD and facilitate long-term recovery.
  - The Provider's Clinical Support System provides on-going support and education to MOUD prescribers.

Revisions To The Buprenorphine Practice Guidelines

- In late April 2021, SAMHSA announced an exception to the training and certification of counseling requirements under the Notification of Intent (NOI) to prescribe buprenorphine:
  - Providers who wish to treat up to 30 patients can submit an NOI without undertaking training requirements or certifying to an ability to refer to counseling
  - The exception applies to all providers with a state license and DEA registration
  - Time spent practicing under this exception does not qualify the provider for subsequent increases in their treatment cap
  - Should the provider wish to increase their treatment cap, a new NOI with evidence of relevant training and certification to counseling activities must be submitted

Promoting Evidence Based Treatment

- The SAMHSA Store (https://store.samhsa.gov/) contains freely available evidence-based practice guides


SAMHSA ADVISORY
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MANAGING CHRONIC PAIN IN ADULTS WITH OR IN RECOVERY FROM SUBSTANCE USE DISORDERS

Chronic noncancer pain (CNCP) is a common condition in the United States. CNCP is commonly defined as pain that is (1) unassociated with an imminently terminal condition; (2) unlikely to subside after tissue heals, therefore requiring long-term management; and (3) not caused by identifiable tissue pathology (e.g., fibromyalgia). Current statistics show that approximately 20 percent of U.S. adults experience chronic pain that lasts more than 6 months (Dahlhamer et al., 2018).

Chronic pain and substance use disorder (SUD) have comparable physical, social, emotional, and economic effects on health and well-being. Both conditions also have many shared neurophysiologic patterns (Chang & Compton, 2013). As a result, treatment for one condition can support or conflict with treatment for the other. Specifically, medication that may be appropriate to treat CNCP may not be appropriate for patients with an SUD history. Additionally, misuse of medication for pain may contribute to addiction or threaten recovery, while unrelieved pain can be a trigger for substance use. Effective CNCP management in patients with or in recovery from SUDs must acknowledge and treat both conditions simultaneously.

This *Advisory*, based on the Substance Abuse and Mental Health Services Administration's (SAMHSA) Treatment Improvement Protocol (TIP) 54, *Managing Chronic Pain in Adults With or in Recovery From Substance Use Disorders*, is for primary care providers who treat or are likely to treat adult patients with or in recovery from SUDs who present with chronic pain. It addresses screening and assessment tools, nonpharmacologic and nonopioid treatment for chronic pain, and the role of opioid therapy in people with CNCP and SUDs.

Key Messages

- Screening and assessment for all SUDs should be a routine part of all pain assessment.
- Pain management should maximize nonpharmacologic therapies and nonopioid pharmacotherapies before any controlled substance is prescribed.
- Patient education is necessary for informed consent and shared decision making, and equips patients to take an active role in their treatment.
- Patients may jeopardize their functioning and recovery by undertaking pain treatment with opioids; therefore, communication and education are critical for success.

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Medications for Opioid Use Disorder

For Healthcare and Addiction Professionals, Policymakers, Patients, and Families

UPDATED 2021

TREATMENT IMPROVEMENT PROTOCOL

TIP 63

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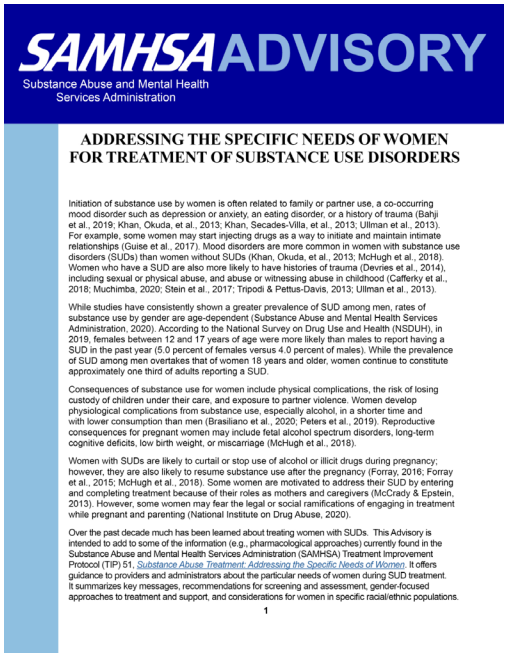
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ADDRESSING THE SPECIFIC NEEDS OF WOMEN FOR TREATMENT OF SUBSTANCE USE DISORDERS

Initiation of substance use by women is often related to family or partner use, a co-occurring mood disorder such as depression or anxiety, an eating disorder, or a history of trauma (Bahji et al., 2019; Khan, Okuda, et al., 2013; Khan, Secades-Villa, et al., 2013; Ullman et al., 2013). For example, some women may start injecting drugs as a way to initiate and maintain intimate relationships (Guise et al., 2017). Mood disorders are more common in women with substance use disorders (SUDs) than women without SUDs (Khan, Okuda, et al., 2013; McHugh et al., 2018). Women who have a SUD are also more likely to have histories of trauma (Devries et al., 2014), including sexual or physical abuse, and abuse or witnessing abuse in childhood (Cafferky et al., 2018; Muchimba, 2020; Stein et al., 2017; Tripodi & Pettus-Davis, 2013; Ullman et al., 2013).

While studies have consistently shown a greater prevalence of SUD among men, rates of substance use by gender are age-dependent (Substance Abuse and Mental Health Services Administration, 2020). According to the National Survey on Drug Use and Health (NSDUH), in 2019, females between 12 and 17 years of age were more likely than males to report having a SUD in the past year (5.0 percent of females versus 4.0 percent of males). While the prevalence of SUD among men overtakes that of women 18 years and older, women continue to constitute approximately one third of adults reporting a SUD.

Consequences of substance use for women include physical complications, the risk of losing custody of children under their care, and exposure to partner violence. Women develop physiological complications from substance use, especially alcohol, in a shorter time and with lower consumption than men (Brasiliano et al., 2020; Peters et al., 2019). Reproductive consequences for pregnant women may include fetal alcohol spectrum disorders, long-term cognitive deficits, low birth weight, or miscarriage (McHugh et al., 2018).

Women with SUDs are likely to curtail or stop use of alcohol or illicit drugs during pregnancy; however, they are also likely to resume substance use after the pregnancy (Forray, 2016; Forray et al., 2015; McHugh et al., 2018). Some women are motivated to address their SUD by entering and completing treatment because of their roles as mothers and caregivers (McCrady & Epstein, 2013). However, some women may fear the legal or social ramifications of engaging in treatment while pregnant and parenting (National Institute on Drug Abuse, 2020).

Over the past decade much has been learned about treating women with SUDs. This Advisory is intended to add to some of the information (e.g., pharmacological approaches) currently found in the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol (TIP) 51, *Substance Abuse Treatment: Addressing the Specific Needs of Women*. It offers guidance to providers and administrators about the particular needs of women during SUD treatment. It summarizes key messages, recommendations for screening and assessment, gender-focused approaches to treatment and support, and considerations for women in specific racial/ethnic populations.

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The Treatment Locator

- Local referral sites can be found using the SAMHSA Treatment Locator (https://www.samhsa.gov/find-treatment)
  - Provides the location of:
    - Substance Use Treatment Programs
    - Behavioral Health Treatment/Providers
    - Buprenorphine Prescribers
    - Opioid Treatment Programs
    - Treatment for Early Serious Mental Illness
    - As well as resources for various crisis lines

Thank you!

1-877-SAMHSA-7 (1-877-726-4727) | 1-800-487-4889 (TTY)
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