



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Substance Use Treatment: Creating a Recovery Culture in Integrated Care

**PBHCI Grantee Webinar
9/11/2015**

Background

The societal costs of addiction are as much as **\$555 billion***

In addition to the crime, violence and loss of productivity associated with addiction, individuals living with an addiction often experience a number of physical health problems, including:

Lung disease

HIV/AIDS

Cardiovascular disease

Cancer

Hypertension

Asthma

Psychoses

Ischemic heart disease

Pneumonia

Chronic obstructive pulmonary disease

Cirrhosis

Hepatitis C

*U.S. Department of Justice National Drug Intelligence Center, The Economic Impact of Illicit Drug Use on American Society. 2011. <http://www.justice.gov/archive/ndic/pubs44/44731/44731p.pdf>

Bouchery EE1, Harwood HJ, Sacks JJ, Simon CJ, Brewer RD. "Economic costs of excessive alcohol consumption in the U.S., 2006" American Journal of Preventive Medicine. 2011 Nov;41(5):516-24.

U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

Prism Studies.....

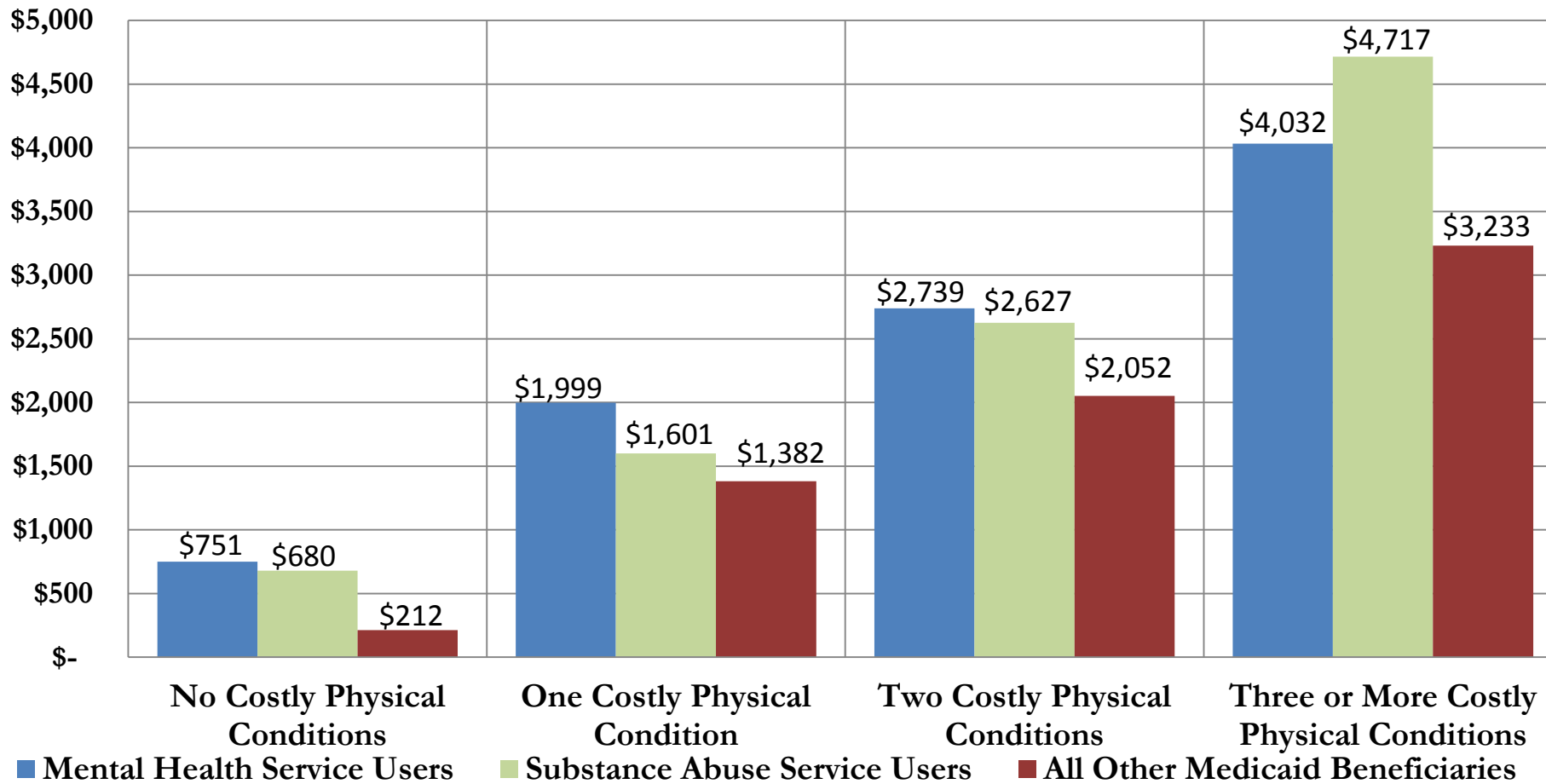
- Between 25 and 35 percent of adults receiving care for medical conditions abuse alcohol or drugs. An additional 15 percent are addicted to alcohol or drugs.
- Medically harmful alcohol or drug use by patients with chronic diseases leads to misdiagnoses, poor adherence to prescribed care, unexpected side effects from prescribed medications, poorer outcomes and greater cost.

Co-occurring Mental Health and Substance Use Disorders*

- Approximately 8.9 million adults have co-occurring disorders, i.e. they have both a mental and substance use disorder.
- Only 7.4 percent of individuals receive treatment for both conditions, with 55.8 percent receiving no treatment at all.

<http://media.samhsa.gov/co-occurring/>

Substance Use Increases Costs



SAMHSA. (2010). Mental health and substance abuse services in Medicaid, 2003: Charts and state tables. HHS Publication No. (SMA) 10-4608.

So why is this important to PBHCl grantees?



PBHCI H Indicators

- Blood Pressure - Combined
- BMI
- Waist Circumference
- Breath CO
- Plasma Glucose (fasting)
- HgbA1c
- HDL Cholesterol
- LDL Cholesterol
- Tri-glycerides

Substance Use Effect on H Indicators: Alcohol

Chronic diseases such as diabetes, hypertension, and sleep disorders are involved in more than 70 percent of all health care received by adults.

Drinking too much alcohol can raise the levels of some fats in the blood (triglycerides).

It can also lead to high blood pressure, heart failure and an increased calorie intake. (Consuming too many calories can lead to obesity and a higher risk of developing diabetes.)

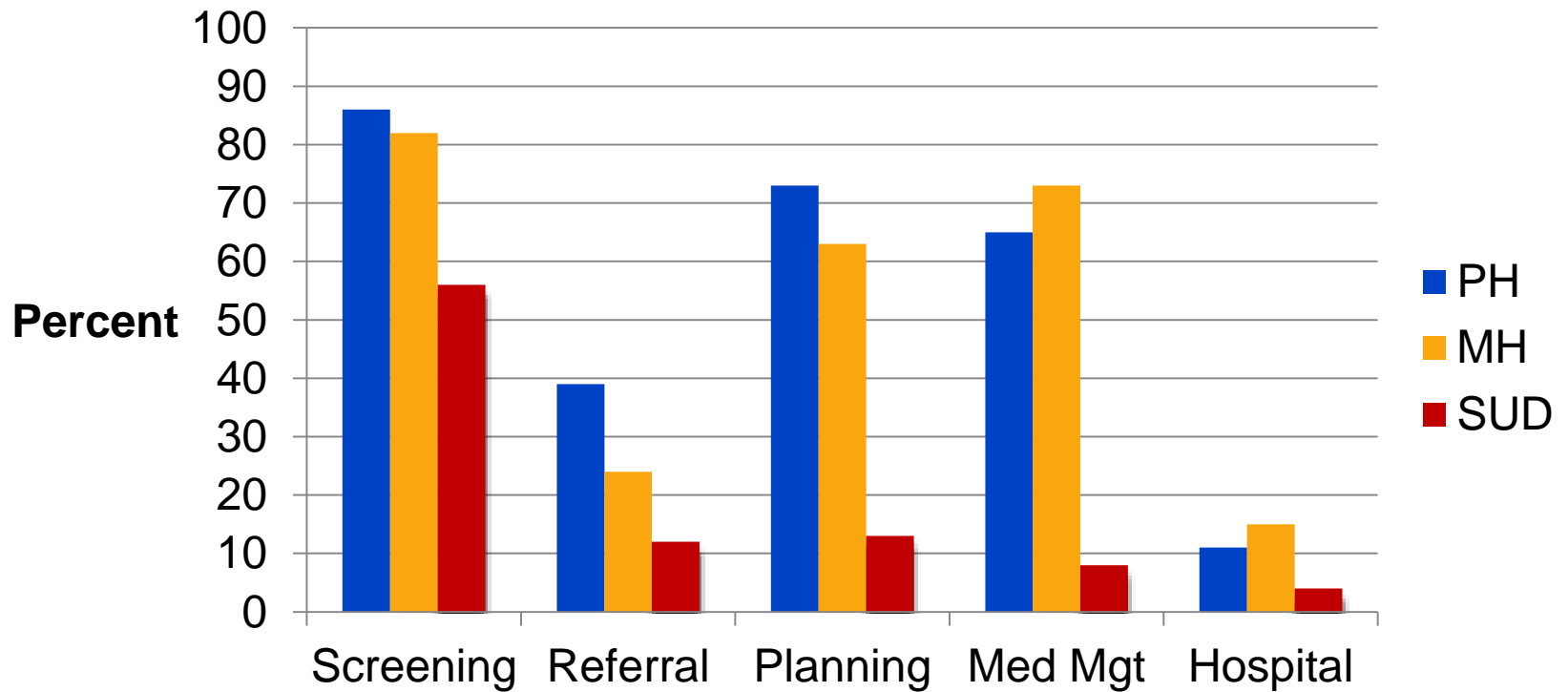
Yet more than 80 percent of adults say they've never discussed alcohol use with a health professional, a survey finds. (CDC Morbidity and Mortality Weekly Report (MMWR))

Substance Use Effect on H Indicators: Illicit Drugs

2005 study suggested that:

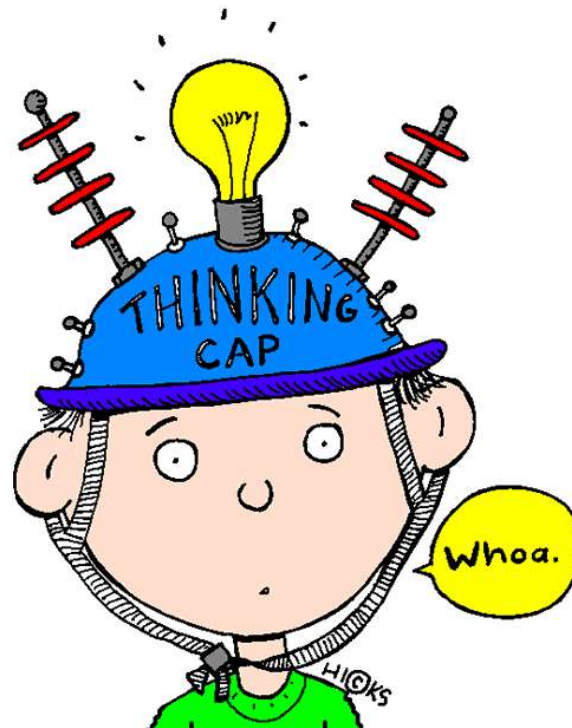
- Illicit drug use is extremely common among young people (ages 16-30) with type 1 or type 2 diabetes.
- Cocaine, heroin, and ecstasy appear to most severely affect glycaemic control and the number of emergency hospital admissions and long-term complications.
- Health clinic attendance is much worse in illicit drug users.

PBHCI Consumers Accessed PH and MH Services - SUD Service Access was Low*



* RAND data within 12 months of enrolling in PBHCI

So what can grantees do to address this?



Options

- Increased use of EBP practices for substance abuse (outpatient therapy motivational interviewing, motivational incentives)
- Use of Medication Assisted Treatment
- Increased linkages to SUD services
- Increased co-occurring disorder services

&

Begin creating a culture of recovery and wellness

What is Recovery



Four major dimensions that support a life in recovery*:

Health—overcoming or managing one’s disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and, for everyone in recovery, **making informed, healthy choices that support physical and emotional well-being**

Home—having a stable and safe place to live

*SAMHSA <http://www.samhsa.gov/recovery>

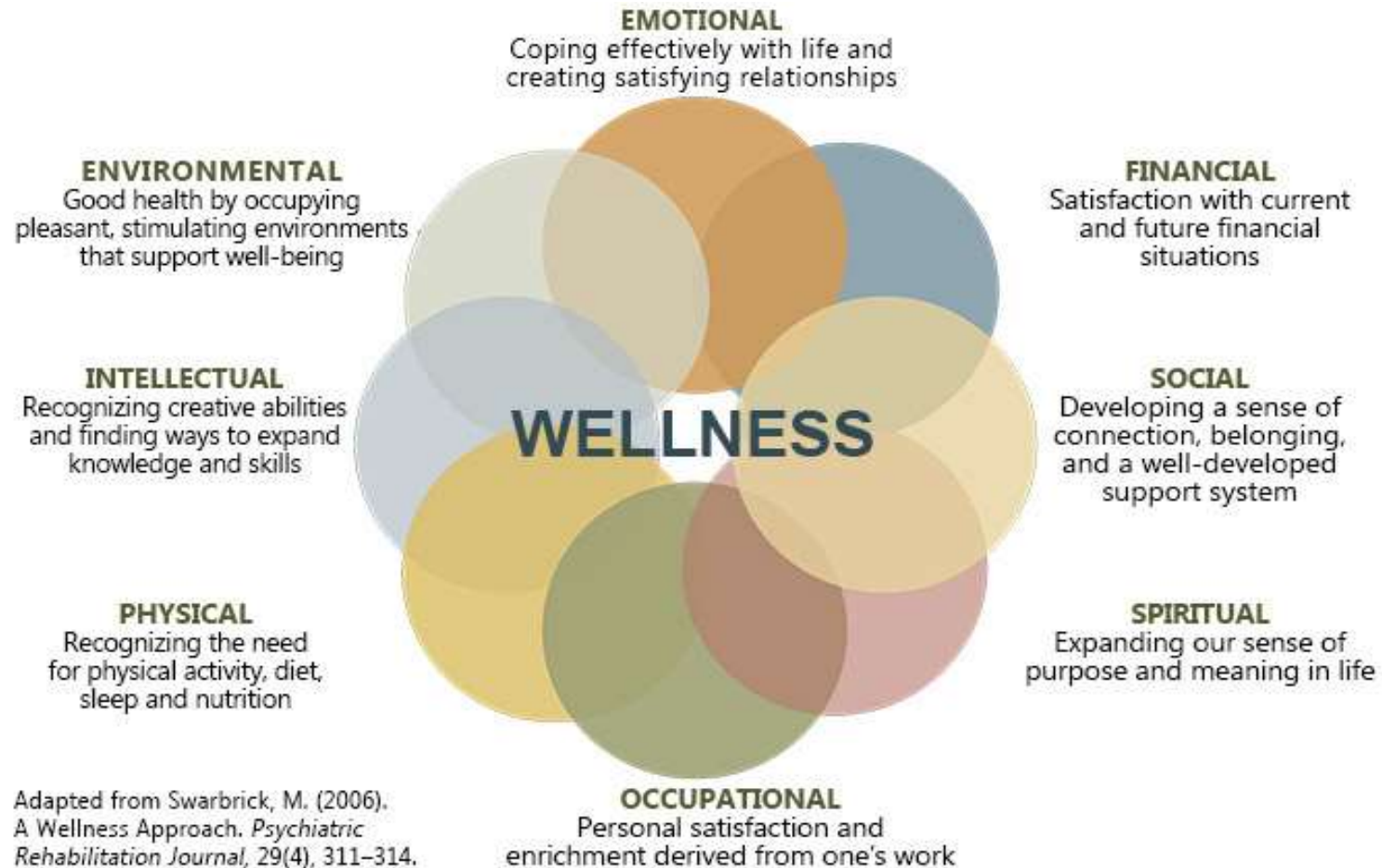
Four Major Dimensions of Recovery Cont...

Purpose—conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society

Community—having relationships and social networks that provide support, friendship, love, and hope

*SAMHSA <http://www.samhsa.gov/recovery>

Eight Dimensions of Wellness (SAMHSA)



Do you have a culture of wellness and recovery?



Discussion Question

What can you do as an organization to foster wellness and recovery from substance abuse?

Questions to consider

- When risky substance use is identified at any point with a client, is there a protocol/workflow in place to ensure that the rest of the care team is aware?
- Do you have an integrated treatment plan that includes substance use?
- Is your staff knowledgeable about the relationship between substance use and health?
- Do you provide educational materials about the relationship between substance use and health?
- How can the use of technology (EHRs, registries, CCD, NWIN Direct) help facilitate the communication of substance use-related information to the care team?

Questions to consider cont....

- Are you able to track a referral to more formal substance use treatment?
- Do you have a process for screening and follow-up (i.e. SBIRT) in your integrated health setting?
- Have you identified existing resources (community coalitions, prevention programs, recovery support organizations) in the community that can be leveraged to support recovery/wellness?
- Do you have access to resources that clients in recovery may want, such as access to sober housing or recovery support groups?
- Does your wellness messaging include conversations around substance use?
- Are wellness-related services personalized and action oriented? (e.g., clients are supported to apply what they have learned outside the treatment environment).

Open Discussion: Let's hear from you

What are you currently doing to create a more supportive environment for client wellness and recovery from substance use disorder?

Take Home Points....

- Substance use and physical health problems are related and should be treated as such by the care team.
- All members of the care team should have a working knowledge of the clients' substance use related behaviors and how substance use impacts physical health
- Patient education on the impact of substance use and physical health is a key component of patient self-management
- All physical health/wellness goals should take into consideration the individual's substance use history and the impact that may have on the achievement of those goals

Take Home Points....

- Creating a culture of wellness and recovery requires more than just abstinence.
- Creating a culture of wellness requires providing services that support clients as they address all issues that affect their wellness, including substance use.
- Activities that foster client self-management are a critical component of moving toward wellness and recovery.

Resources

The Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) Toolkit

<http://www.samhsa.gov/co-occurring/DDCMHT/>

Providers' Clinical Support System For Medication Assisted Treatment

<http://pcssmat.org/>

Faces and Voices of Recovery

<http://www.facesandvoicesofrecovery.org/>

Addiction Technology Transfer Centers (ATTC)

<http://www.attcnetwork.org/index.asp>

National institute on Drug Abuse

<http://www.drugabuse.gov/>

The National Registry of Evidence-based Programs and Practices (NREPP)

<http://nrepp.samhsa.gov/>

Resources cont...

Prism Study report

http://www.rwjf.org/content/dam/farm/reports/program_results_reports/2009/rwjf70031

Substance Use With Comorbid Obesity in Patients With Bipolar Disorder

<http://www.psychiatrictimes.com/articles/substance-use-comorbid-obesity-patients-bipolar-disorder>

Pract Diab Int July/August 2005 Vol. 22 No. 6 Diabetes and illicit drug use

<http://onlinelibrary.wiley.com/doi/10.1002/pdi.821/pdf>

SAMHSA Working Definition of Recover

<http://store.samhsa.gov/shin/content//PEP12-RECDEF/PEP12-RECDEF.pdf>

Questions?



CONTACT INFORMATION

Aaron M. Williams, MA

aaronw@thenationalcouncil.org

202-684-7457 x 247

