Substance Abuse and Mental Health Services Administration

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DEPARTMENT OF HEALTH & HUMAN SERVICES • USA

Behavioral Health is Essential To Health

Treatment is Effective

People Recover

Substance Abuse and Mental Health Services Administration

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Disclaimer: Comments are my own and do not necessarily reflect the position or policy of SAMHSA or HHS.

SAMHSA: Mission and Vision

- **Mission:** To reduce the impact of substance abuse and mental illness on America's communities.

- **Vision:** SAMHSA provides leadership and devotes its resources towards helping the nation act on the knowledge that:
  - *Behavioral health is essential for health;*
  - *Prevention works;*
  - *Treatment is effective; and*
  - *People recover.*

SAMHSA's Roles

- **Leadership and voice**
  Leading the field through the Office of the Chief Medical Officer*
- **Health surveillance**
  National Survey on Drug Use and Health (NSDUH)
- **Practice improvement**
  Early intervention and medication assisted treatment
- **Public education and awareness**
  Mental Health First Aid and Recovery Month
- **Regulation and standard setting**
  Opioid treatment and work place drug-testing programs
- **Strategic grant and contract resource investment**
  Focusing on diversion and moving upstream

***Examples are not meant to be illustrative and is not exhaustive.**

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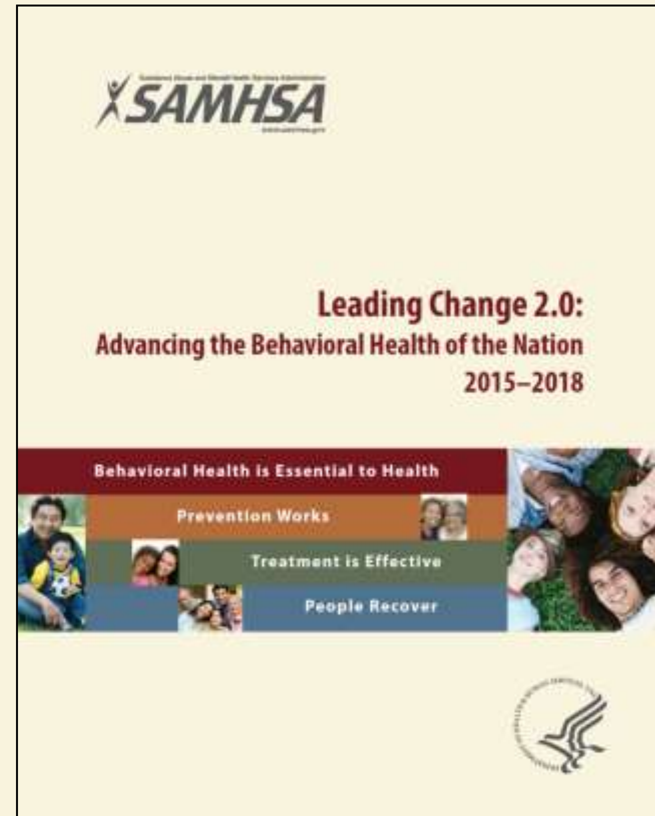
SAMHSA's STRATEGIC INITIATIVES

1. Prevention
2. Health Care and Health Systems Integration
3. Trauma and Justice
4. Recovery Support
5. Health Information Technology (Completed)
6. Workforce Development



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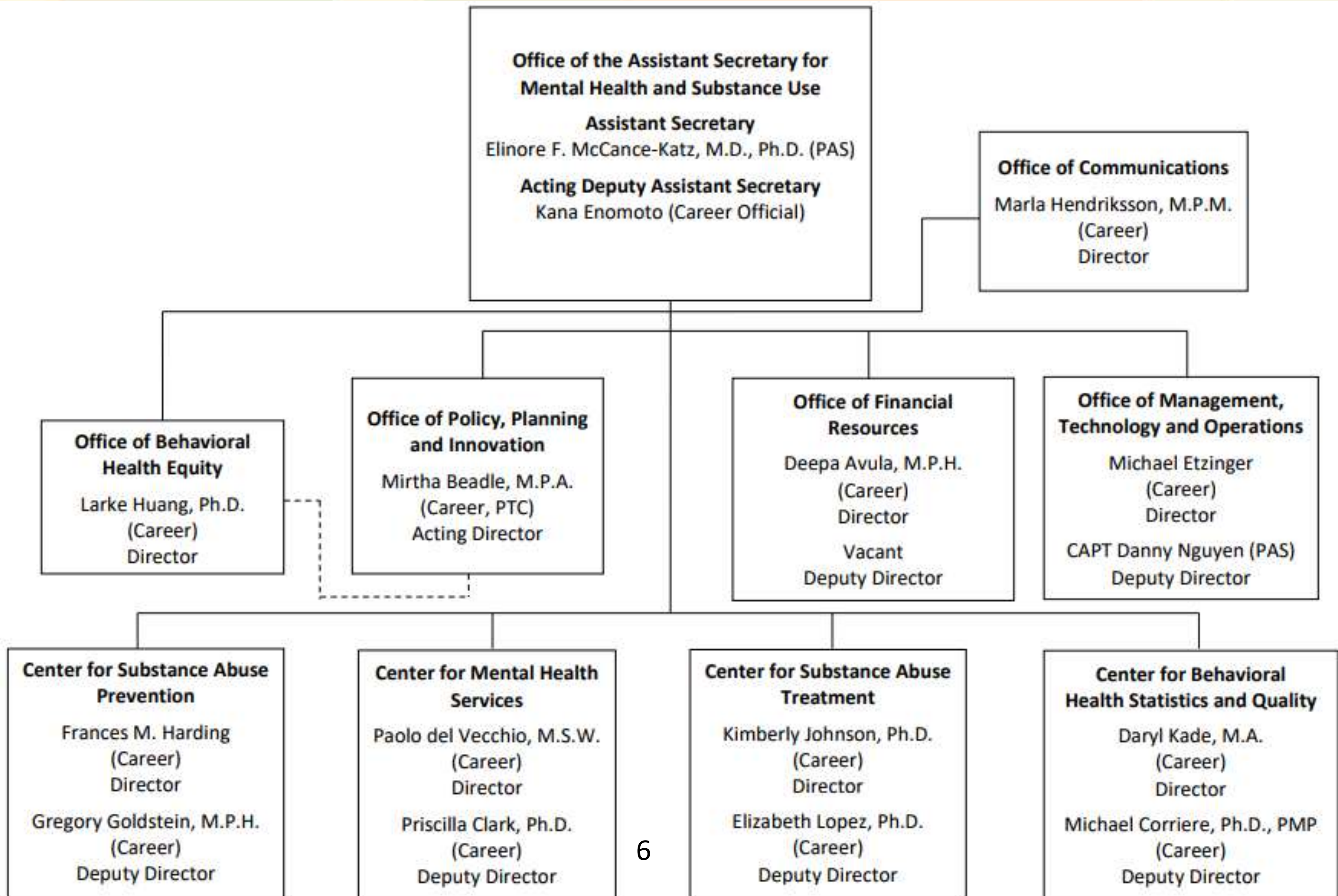
Organizational Chart (as of FY 2018 budget)

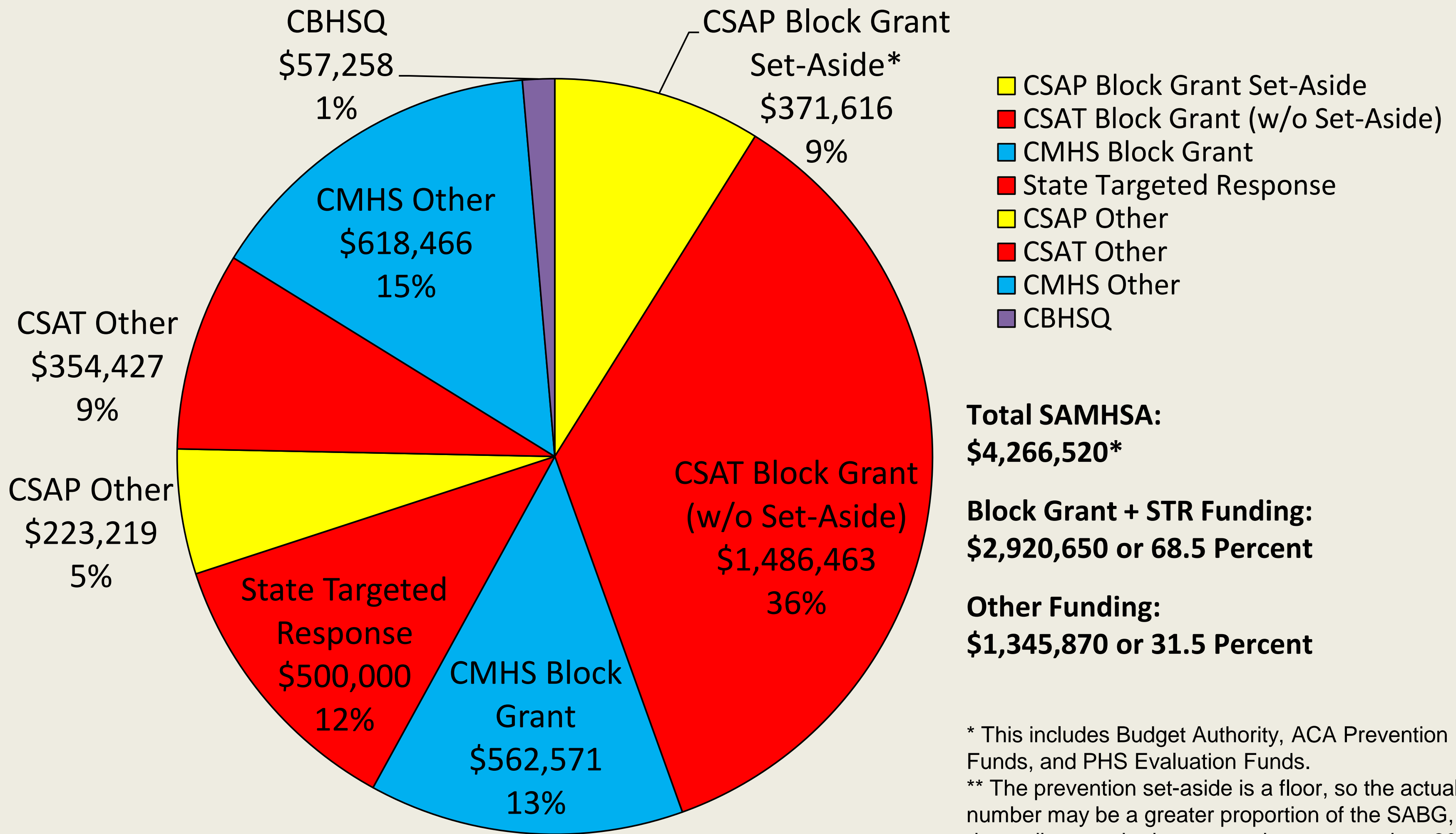


Office of the Chief Medical Officer

- *Uses latest clinical evidence to inform policy.*
- *Represents SAMHSA's clinical perspectives, particularly with other HHS and federal entities.*
- *Works with medical systems issues, including the coordination and integration of behavioral health services with primary care, medical, and public health systems.*

SAMHSA Budget (FY 2017 Enacted)

(Dollars in Thousands)



* This includes Budget Authority, ACA Prevention Funds, and PHS Evaluation Funds.
** The prevention set-aside is a floor, so the actual number may be a greater proportion of the SABG, depending on whether states devote more than 20% to prevention activities.

http://www.samhsa.gov/budget

SAMHSA

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About Us › Budget

About Us

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Budget

SAMHSA's budget supports programs that reduce the impact of substance abuse and mental illness on America's communities.

SAMHSA is a public agency within the U.S. Department of Health and Human Services (HHS). SAMHSA was designed as the lead agency to reduce the impact of substance abuse and mental illness on America's communities.

The SAMHSA Congressional Justification provides the Senate and House Appropriations Committee with detailed justifications and estimates for programs and services that SAMHSA anticipates funding at the presidential budget request level.

FY 2018 Budget

SAMHSA Budget Documents:

SAMHSA FY 2018 Congressional Budget Justification (PDF | 2.4 MB)

HHS Budget Information:

HHS FY 2018 Budget

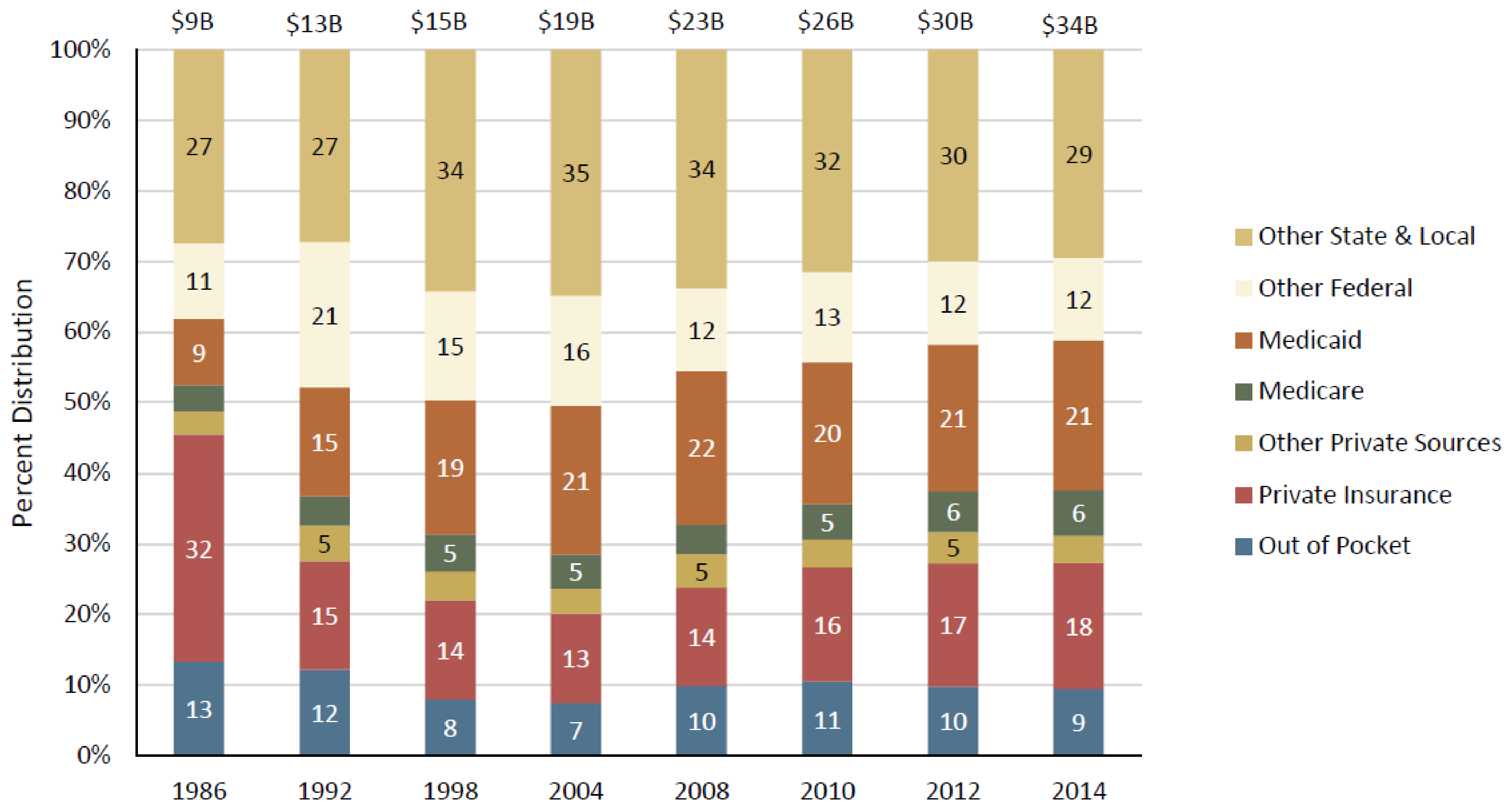
HHS FY 2018 Budget in Brief

Related Information:

The SAMHSA FY 2018 Congressional Justification file is undergoing remediation for full compliance with Section 508. SAMHSA anticipates completing the remediation by Wednesday, June 7, 2017. In the interim, if you need accessibility assistance with the file, please contact the SAMHSA 508 Team at [illegible].

Last Updated: 05/23/2017

SUD Treatment Spending Trends



Virginia Funding 2015-16

- **Total: $75.4M**
  - *Substance Use: $53.7M*
  - *Mental Health: $21.7M*

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Va Funding 2015-16: CSAP

Amount	Recipient
$268,738	NORFOLK STATE UNIVERSITY
$1,648,188	VIRGINIA DEPT BEHAV HLTH/DEVEL SERVICES
$283,875	VIRGINIA COMMONWEALTH UNIVERSITY - Capacity Building Initiative
$292,328	VIRGINIA STATE UNIVERSITY
$125,000	JAMES MADISON UNIVERSITY – Drug Free Communities (DFC)
$125,000	ROCKBRIDGE AREA COMMUNITY SERVICES - DFC
$125,000	PAGE ALLIANCE FOR COMMUNITY ACTION - DFC
$125,000	CITY OF WAYNESBORO VIRGINIA - DFC
$125,000	ALEXANDRIA COMMUNITY SERVICE BOARD - DFC
$2,459,505	COMMUNITY ANTI-DRUG COALITIONS OF AMERICA – Leadership
$125,000	PIEDMONT REGIONAL COMMUNITY SERVICES – DFC
$125,000	SATIRA, INC -- DFC
$48,258	UNIFIED PREV COALITION FAIRFAX COUNTY -- Sober Truth on Preventing Underage Drinking

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Va Funding 2015-16: CSAT

$307,482	NORFOLK CIRCUIT COURT CLERK'S OFFICE – Adult Drug Courts
$399,124	VA DEPT BEHAV HLTH/DEVEL SERVICES – Transition Age Youth
$2,280,333	VA DEPT BEHAV HLTH/DEVEL SERVICES – Homeless: Road2Home
$300,000	CITY OF RICHMOND – Adult Drug Courts
$500,000	RICHMOND BEHAVIORAL HEALTH AUTHORITY – HIV/HCV
$800,000	NAADAC-ASSN FOR ADDICTION PROFESSIONALS -- Training
$315,000	VIRGINIA POLYTECHNIC INST AND ST UNIV – SBIRT Training
$275,356	CITY OF BRISTOL VIRGINIA – Adult Drug Courts
$324,327	CUMBERLAND MTN COMMUNITY SERVICES – Adult Drug Courts
$312,392	SHENANDOAH UNIVERSITY – SBIRT Training
$299,002	GEORGE MASON UNIVERSITY – SBIRT Training

Center for Behavioral Health Statistics and Quality Surveys

- The National Survey on Drug Use and Health (NSDUH)
- The Drug Abuse Warning Network (DAWN) + SAMHSA's Emergency Department Surveillance System (SEDSS)
- National Survey of Substance Abuse Treatment Services (N-SSATS)
- National Mental Health Services Survey (N-MHSS)
- Treatment Episode Data Set (TEDS)

Key Substance Use and Mental Health Indicators in the United States:
Results from the 2016 National Survey on Drug Use and Health

samhsa.gov/data

MENTAL AND SUBSTANCE USE DISORDERS IN AMERICA: 2016

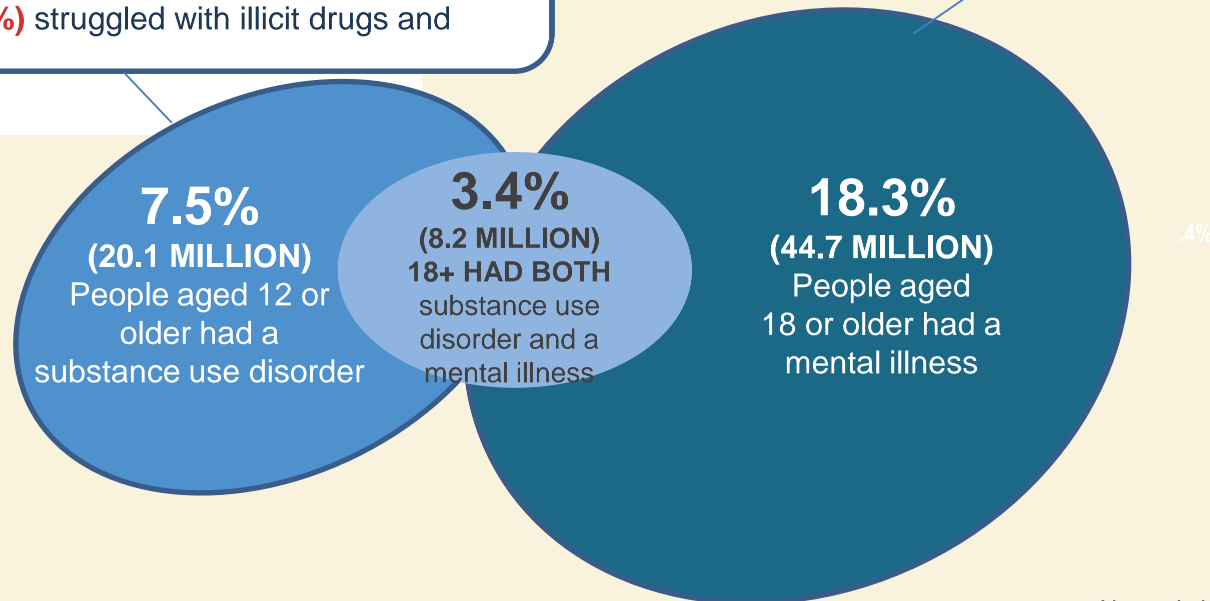
PAST YEAR, 2016, 12+

Among those with a substance use disorder about:

- **1 IN 3 (37%)** struggled with illicit drugs
- **3 IN 4 (75%)** struggled with alcohol use
- **1 IN 9 (12%)** struggled with illicit drugs and alcohol

Among those with a mental illness about:

- **1 IN 4 (23%)** had a serious mental illness



No statistically different changes from 2015

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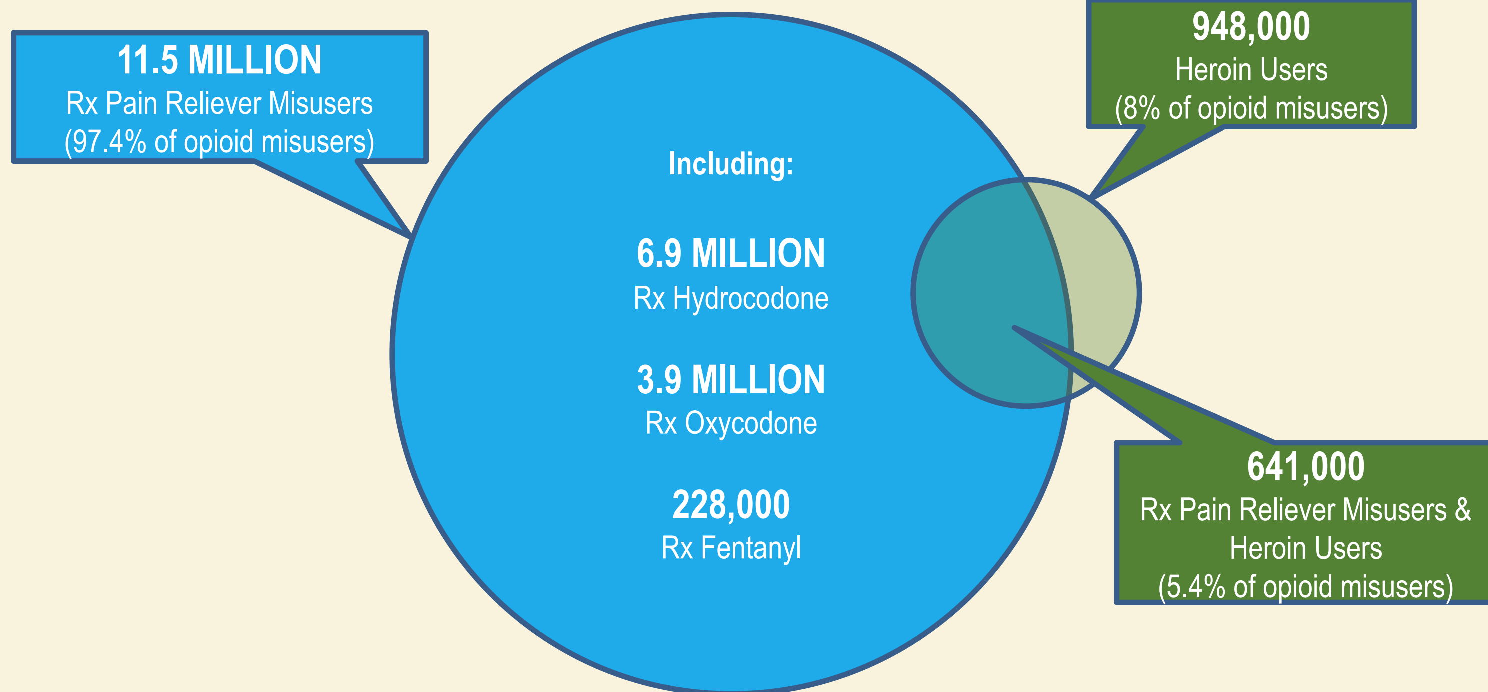
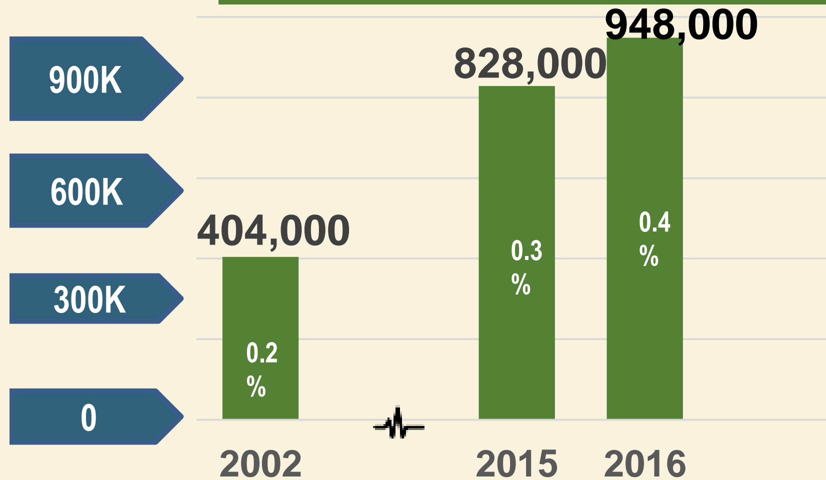
OPIOID'S GRIP: MILLIONS CONTINUE TO MISUSE RX PAIN RELIEVERS

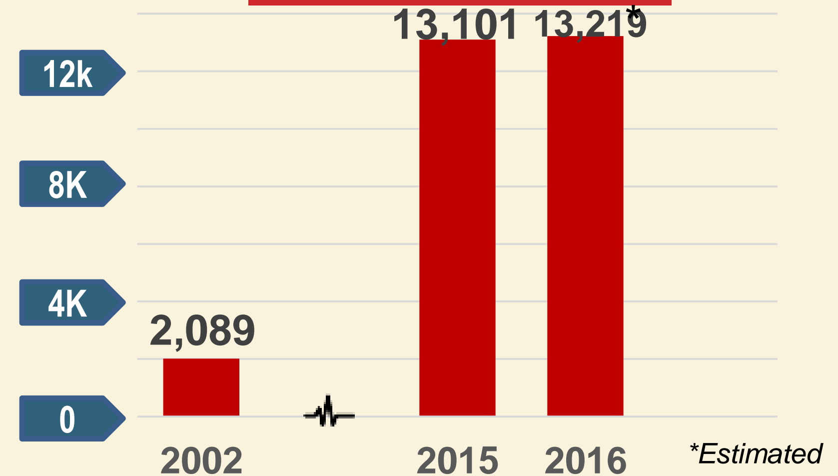
PAST YEAR, 2016, 12+

11.8 MILLION PEOPLE WITH OPIOID MISUSE (4.4% OF TOTAL POPULATION)



HEROIN DEATHS HAVE SKYROCKETED





230% increase in heroin users

630% increase in heroin deaths

Source: SAMHSA

Source: CDC NVSS (NCHS)

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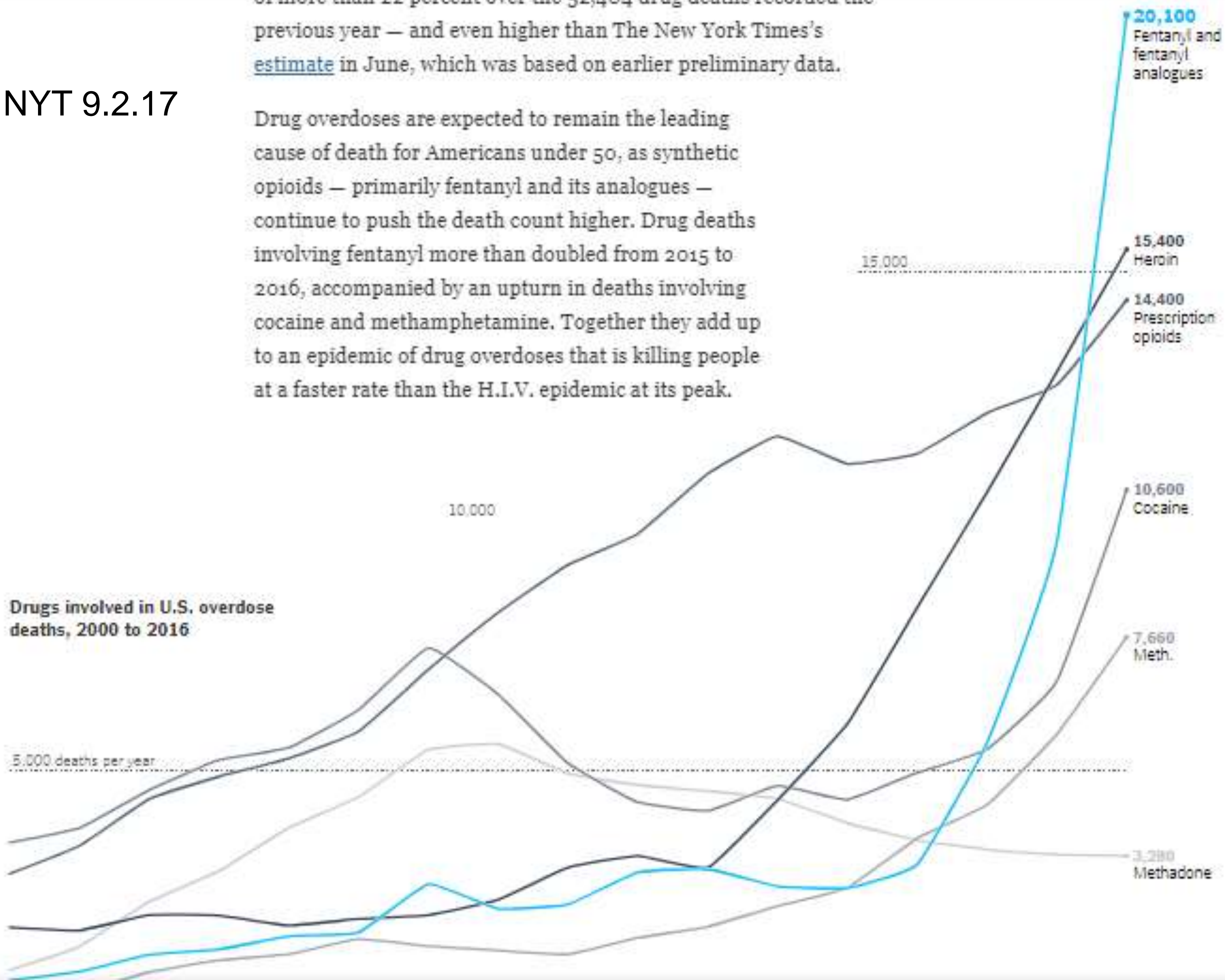
NYT

2003 2004 2005 2006

2007 2008 2009 2010

2011 2012 2013 2014


NYT 9.2.17

of more than 22 percent over the 52,404 drug deaths recorded the previous year — and even higher than The New York Times's estimate in June, which was based on earlier preliminary data.

Drug overdoses are expected to remain the leading cause of death for Americans under 50, as synthetic opioids — primarily fentanyl and its analogues — continue to push the death count higher. Drug deaths involving fentanyl more than doubled from 2015 to 2016, accompanied by an upturn in deaths involving cocaine and methamphetamine. Together they add up to an epidemic of drug overdoses that is killing people at a faster rate than the H.I.V. epidemic at its peak.

Fentanyl and Counterfeit Products Broaden At-Risk Population

Counterfeit Norco Poisoning Outbreak — San Francisco Bay Area, California, March 25–April 5, 2016

Kathy T. Vo, MD[1,2]; Xander M.R. van Wijk, PhD[3]; Kara L. Lynch, PhD[3]; Alan H.B. Wu, PhD[3]; Craig G. Smollin, MD[1,2]

HEALTH ALERT:

FENTANYL IS KILLING NEW YORKERS

ANYONE USING DRUGS, EVEN CASUALLY, IS AT RISK

SAFETY TIPS:

AVOIDING DRUG USE IS THE BEST WAY TO PROTECT YOURSELF AGAINST FENTANYL.

Figure 3: Counterfeit 30 Milligram Oxycodone Pills Containing Fentanyl.

Furanyl-Fentanyl Overdose Events Caused by Smoking Contaminated Crack Cocaine — British Columbia, Canada, July 15–18, 2016

Salman A. Klar, MPH[1]; Elizabeth Brodkin, MD[1]; Erin Gibson[1]; Shovita Padhi, MD[1]; Christine Predy[2]; Corey Green, MHSc[1]; Victoria Lee, MD[1]

Source: Jones CM, et al. AJPH 2017, Mar;107(3):430-432.

Slide credit: Dr Wilson Compton

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On an average day in the U.S., according to the Department of Health and Human Services, health care professionals dispense more than

650,000 OPIOID PRESCRIPTIONS.

EACH DAY:

3,900 People initiate nonmedical use of prescription opioids for the first time.

580 People use heroin for the first time.

78 People die from an opioid-related overdose.

Source: U.S. Department of Health and Human Services

NACo - NLC : A PRESCRIPTION FOR ACTION

NACo/NLC

opioidaction.org

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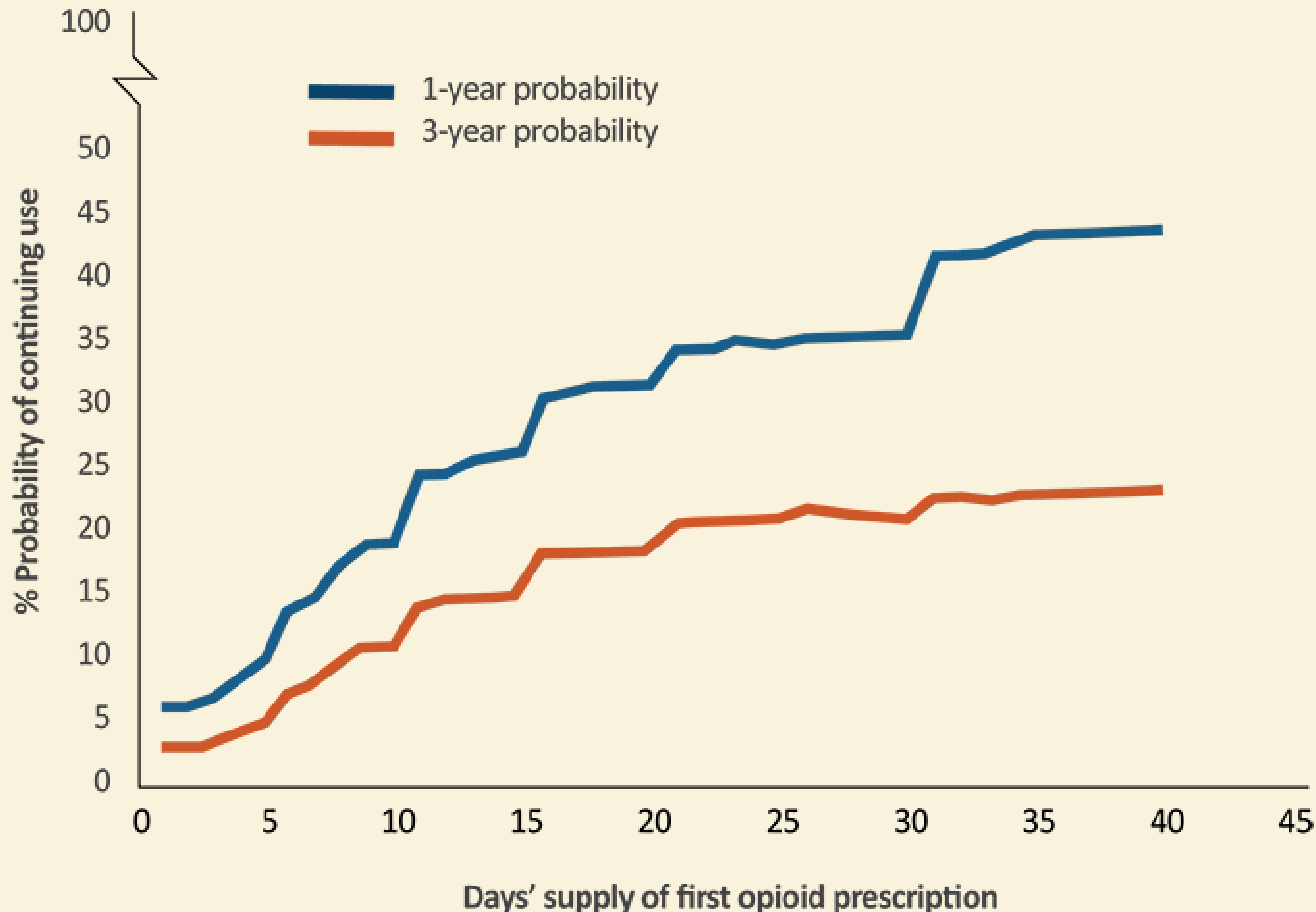
Prescription: Minimize Amount



Source: Centers for Disease Control and Prevention, 2017

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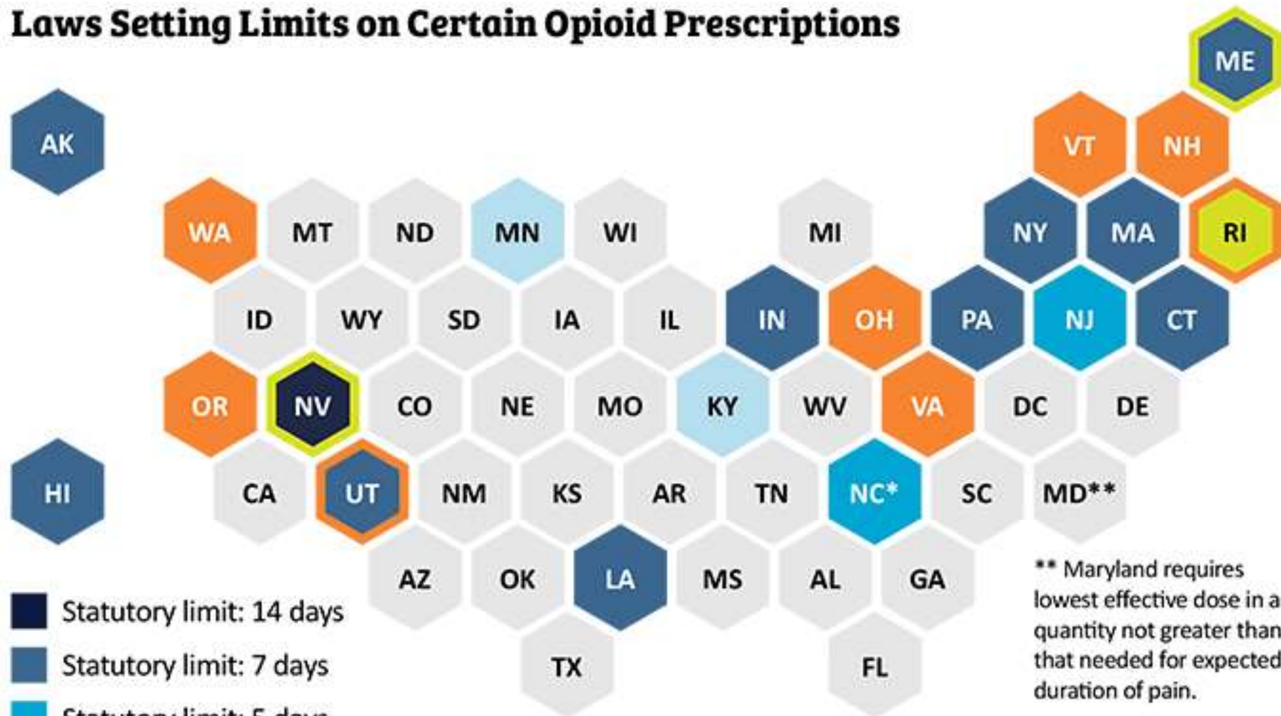
Prescription: Minimize Amount



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From NGA Report

KEY STATISTICS

Every day, **78 people** die from an overdose related to prescription opioids and heroin.

Medicaid is the most common payer of opioid-related hospitalizations, the cost of which **quadrupled** between 2002 – 2012.

In 2012, health care providers wrote enough opioid prescriptions for every American adult to have a bottle of pills.

Heroin seizures by U.S. law enforcement rose **81%** between 2010 – 2014.

4 out of 5 heroin users reported misusing prescription opioids before moving to heroin.

80% of people with an opioid use disorder are not receiving treatment.

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From NGA Report

PREVENTING OPIOID MISUSE AND OVERDOSE

HEALTH CARE STRATEGIES FOR PREVENTION AND EARLY IDENTIFICATION

- Develop and update guidelines for all opioid prescribers.
- Limit new opioid prescriptions for acute pain, with exceptions for certain patients.
- Adopt a comprehensive opioid management program in Medicaid and other state-run health programs.
- Remove methadone for managing pain from Medicaid preferred drug lists.
- Expand access to non-opioid therapies for pain management.
- Enhance education and training for all opioid prescribers.
- Maximize the use and effectiveness of state prescription drug monitoring programs.
- Use public health and law enforcement data to monitor trends and strengthen prevention efforts.
- Enact legislation that increases oversight of pain management clinics to reduce “pill mills.”
- Raise public awareness about the dangers of prescription opioids and heroin.

From NGA Report

RESPONDING TO OPIOID MISUSE AND OVERDOSE

HEALTH CARE STRATEGIES FOR TREATMENT AND RECOVERY

- Change payment policies to expand access to evidence-based MAT and recovery services.
- Increase access to naloxone.
- Expand and strengthen the workforce and infrastructure for providing evidence-based MAT and recovery services.
- Create new linkages to evidence-based MAT and recovery services.
- Consider authorizing and providing support to syringe service programs.
- Reduce stigma by changing the public's understanding of substance use disorder.

From NGA Report

PUBLIC SAFETY STRATEGIES FOR RESPONSE

- Empower, educate, and equip law enforcement personnel to prevent overdose deaths and facilitate access to treatment.
- Reinforce use of best practices in drug treatment courts.
- Ensure access to MAT in correctional facilities and upon reentry.
- Strengthen pre-trial drug diversion programs to offer individuals the opportunity to enter into substance use treatment.
- Ensure compliance with Good Samaritan laws.

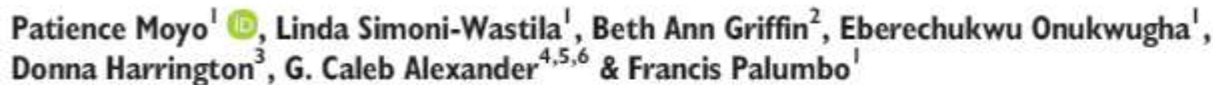
From NGA Report

Maximize the use and effectiveness of state PDMPs.

- Require providers to check the PDMP before prescribing Schedule II, III and IV controlled substances.
- Require pharmacists to report to the PDMP within 24 hours.
- Use PDMP data to provide proactive analyses and reporting to professional licensing boards and law enforcement.
- Make PDMPs easier to use by integrating PDMP data into electronic health records and health information systems and by allowing prescribers to establish delegate accounts.
- Ensure PDMP interoperability with other states.

ADDICTION
SSA SOCIETY FOR THE STUDY OF ADDICTION
RESEARCH REPORT
doi:10.1111/add.13860

Impact of prescription drug monitoring programs (PDMPs) on opioid utilization among Medicare beneficiaries in 10 US States


Patience Moyo[1], Linda Simoni-Wastila[1], Beth Ann Griffin[2], Eberechukwu Onukwugha[1], Donna Harrington[3], G. Caleb Alexander[4,5,6] & Francis Palumbo[1]

Department of Pharmaceutical Health Services Research, University of Maryland School of Pharmacy, Baltimore, MD, USA,[1] RAND Center for Causal Inference, RAND Corporation, Santa Monica, CA, USA,[2] University of Maryland School of Social Work, Baltimore, MD, USA,[3] Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA,[4] Center for Drug Safety and Effectiveness, Johns Hopkins University, Baltimore, MD, USA[5] and Division of General Internal Medicine, Department of Medicine, Johns Hopkins Medicine, Baltimore, MD, USA[6]

Total Opioid Volume:
11.1% vs 2.0% (sig)

Mean Daily MME:
9.4% vs 6.0% (ns)

Control 'Total Opioid Volume, kg'
PDMP 'Total Opioid Volume, kg'
Phase-in period
Total opioid volume (kg)
45 40 35 30 25 20 15 10 5 0
-12 -11 -10 -9 -8 -7 -6 -5 -4 -3 -2 -1 1 2 3 4 5 6 7 8 9 10 11 12
Time (months) to or from PDMP implementation

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ADDICTION

SSA SOCIETY FOR THE STUDY OF ADDICTION

RESEARCH REPORT

doi:10.1111/add.13741

Do more robust prescription drug monitoring programs reduce prescription opioid overdose?

Bryce Pardo

School of Public Policy, University of Maryland, College Park, MD, USA

Findings

PMP strength was associated negatively with OPR overdose deaths. Every 1-point increase in PMP strength was associated with a 1% [95% confidence interval (CI) = 0.2–2%] reduction in overdose deaths. When collapsed into quartiles, PMPs in the third quartile were associated with an approximately 18% (95% CI = 1.6–29%) reduction in OPR overdose death rates compared with states without a PMP. States with medical marijuana dispensaries reported a 16% (95% CI = 1–30%) reduction in OPR overdoses.

Conclusions

US states that have more robust prescription drug monitoring programs have fewer prescription opioid overdose deaths than states with weaker PMPs. States with medical marijuana dispensaries also report fewer opioid overdose deaths than states without these.

Resources

- “decisions in recovery opioid”
- nga.org > “opioid”
- ncsl.org > “opioid”
- naco.org > “opioid”
- opioidaction.org
- samhsa.gov
- addiction.surgeongeneral.gov
- “white house opioid task force”
- https://lmciwebinars.adobeconnect.com/p8h1kdvrznrx/ (Dr Wilson Compton’s must-see lecture)

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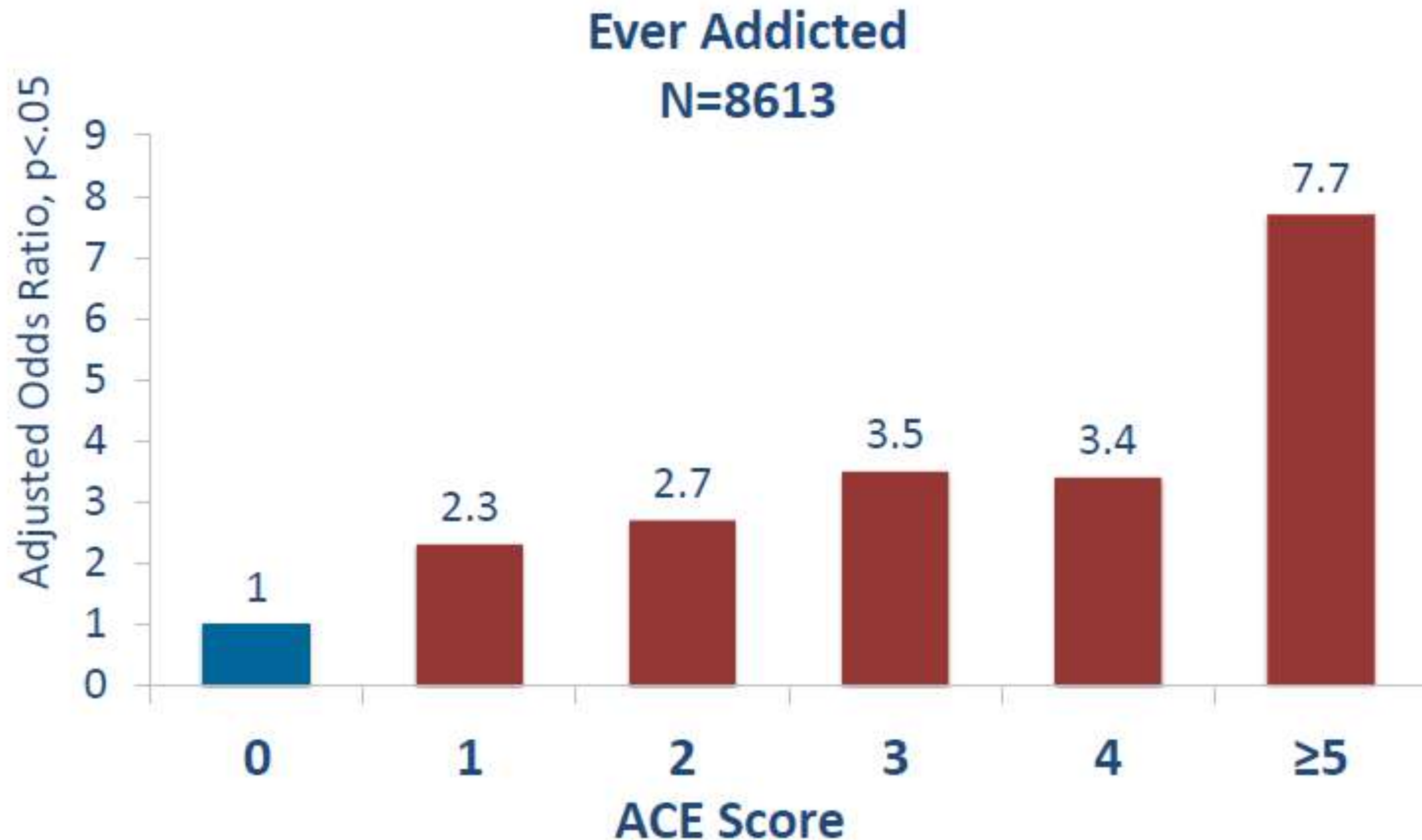
Adverse Childhood Experiences (ACE) Associated with Increased Illicit Drug Use



SR Dube, et al. PEDIATRICS 111: 564-572, 2003

Slide credit: Dr Wilson Compton

SAMHSA

Resources

A PRESCRIPTION FOR ACTION

Local Leadership in Ending the Opioid Crisis

A Joint Report From

Finding Solutions to the Prescription Opioid and Heroin Crisis: A Road Map for States

National Governors Association

Promising actions for safer opioid prescribing.

Problem: High prescribing
Solution: Safer prescribing practices

Problem: Too many prescriptions
Solution: Fewer prescriptions

Problem: Too many days
Solution: Fewer days

Problem: Too high a dose
Solution: Lower doses

opioidaction.org **nga.org** **cdc.gov**

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Featured Topic

Behavioral Health Treatments & Services Learn how health care professionals address common mental illnesses and substance use disorders and how SAMHSA helps people access treatments and services.

All Topics

- » Alcohol, Tobacco, and Other Drugs
- » Behavioral Health Treatments and Services
- » Criminal and Juvenile Justice
- » Data, Outcomes, and Quality
- » Disaster Preparedness, Response, and Recovery
- » Health Care and Health Systems Integration
- » Health Disparities
- » Health Financing
- » Health Information Technology
- » HIV, AIDS, and Viral Hepatitis
- » Homelessness and Housing
- » Laws, Regulations, and Guidelines
- » Mental and Substance Use Disorders
- » Prescription Drug Misuse and Abuse
- » Prevention of Substance Abuse and Mental Illness
- » Recovery and Recovery Support
- » School and Campus Health
- » Specific Populations
- » State and Local Government Partnerships
- » Suicide Prevention
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- » Underage Drinking
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