

Understanding Addiction and Options for Care

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May 8, 2024



Northeast and Caribbean (HHS Region 2)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Please Introduce Yourself

Thank you for joining us today!

As we're waiting for others to log in, please open the chat and post your name, where you're located, and your role or connection to this topic (service provider, educator, etc.).

We'll get started shortly.

About NeC-MHTTC

The Northeast and Caribbean MHTTC received 5 years (2018 – 2023) of funding to:

- Enhance capacity of behavioral health workforce to deliver evidence-based and promising practices to individuals with mental illnesses.
- Address full continuum of services spanning mental illness prevention, treatment, and recovery supports.
- Train related workforces (police/first responders, primary care providers, vocational services, etc.) to provide effective services to people with mental illnesses.

Supplemental funding to:

- Support school teachers and staff to address student mental health
- Support healthcare providers in wellness and self-care activities

Recording, Chat and Slides

Please note:

We will be recording this workshop and posting it on our website along with the presentation slides and any relevant resources.

Throughout the workshop, we will be using the Zoom chat feature (located on the task bar) to respond to discussion questions. Feel free to raise your hand (using the Zoom option) if you'd like to speak.

Disclaimer

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At the time of this presentation, Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use at SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

This work is supported by grant H79SM081783 from the DHHS, SAMHSA.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

**STRENGTHS-BASED
AND HOPEFUL**

**INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES**

**HEALING-CENTERED AND
TRAUMA-RESPONSIVE**

**INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS**

**PERSON-FIRST AND
FREE OF LABELS**

**NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS**

**RESPECTFUL, CLEAR
AND UNDERSTANDABLE**

**CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS**

My Background

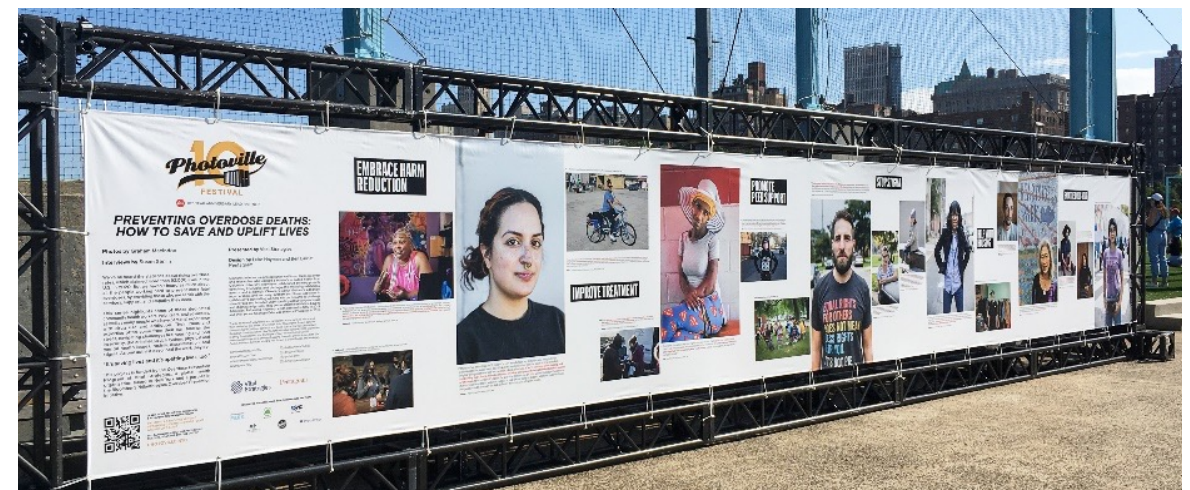
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- After a career in journalism and teaching media ethics, I returned to school to study public health in 2017.
- Since 2019, I've worked on projects to reduce overdose deaths, educate people about substance use disorders, improve access to treatment and harm reduction services, and support people in recovery. I facilitate training workshops on all of these topics, presenting a wide range of perspectives.
- Often collaborate with my husband, [Graham MacIndoe](#), a photographer who has been open about his history of addiction, incarceration, and recovery.



Today's Topics

- Substance use disorders, the treatment gap and barriers to care.
- How person-centered, trauma-informed care can help increase treatment engagement and outcomes.
- Overview of medications for opioid use disorder.
- Contingency management for stimulant use disorders.
- Resources to find treatment services and questions to consider for referrals.
- Peer support and mutual aid.

How Is a Substance Use Disorder Defined?

“Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.”

Substance Abuse and Mental Health Services Administration (SAMHSA)

<https://www.samhsa.gov/find-help/disorders>

Discussion Question

What are some of the criteria used to diagnose a substance use disorder?

Criteria Used to Diagnose a Substance Use Disorder

Loss of control

- Using a larger amount of a substance or using it more frequently than intended.
- Trying to stop or cut back and not being able to control substance use.
- Spending a lot of time obtaining or using a substance, or recovering from its effects.
- Experiencing a strong desire, or craving, to use a substance.

Interpersonal consequences

- Failing to fulfill major obligations at work, school, or home due to substance use.
- Continued use despite it causing significant social or interpersonal problems.
- Skipping social, recreational, or work activities because of substance use.

Criteria Used to Diagnose a Substance Use Disorder

Risky Use

- Recurrent use in physically unsafe situations.
- Continued use despite physical and psychological problems.

Physical Dependence

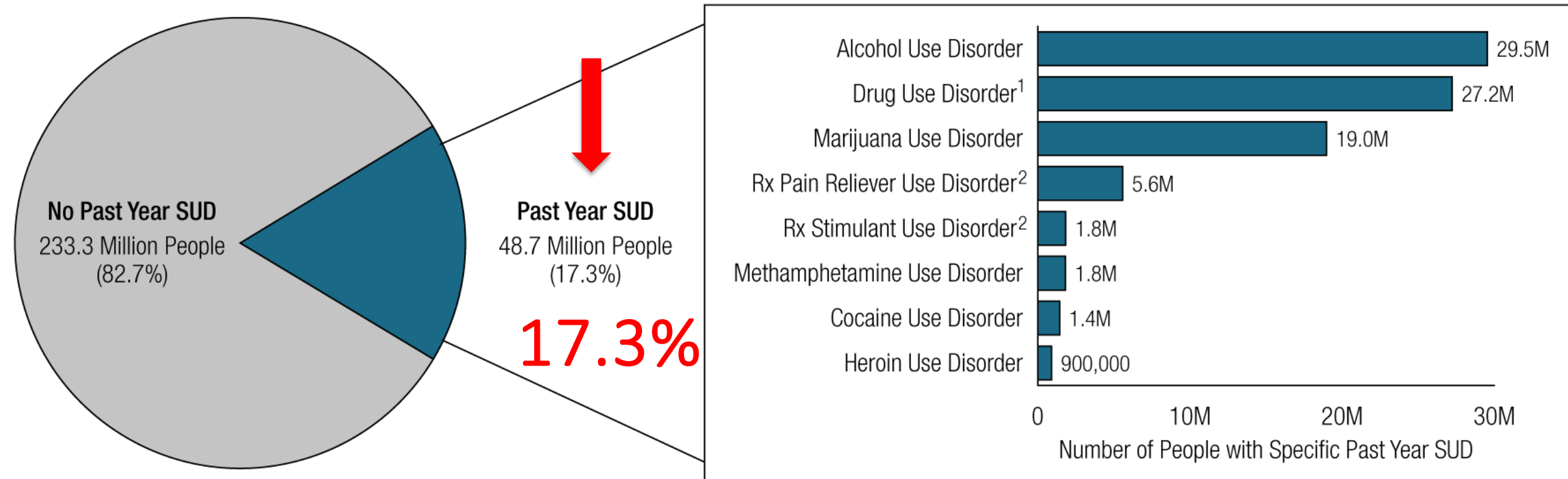
- Developing tolerance — needing more of the substance to achieve the desired effect.
- Experiencing withdrawal symptoms after quitting or reducing use (some substances).

Tolerance and withdrawal in the context of appropriate medical treatment do not count as criteria for a substance use disorder (e.g. taking opioids to manage pain with cancer).

SUDs are classified as mild (fulfilling 2-3 criteria), moderate (4-5), or severe (6 or more).

2022 National Survey on Drug Use and Health

Past Year Substance Use Disorder (SUD): Among People Aged 12 or Older



Rx = prescription.

Note: The estimated numbers of people with SUDs are not mutually exclusive because people could have use disorders for more than one substance.

¹ Includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives).

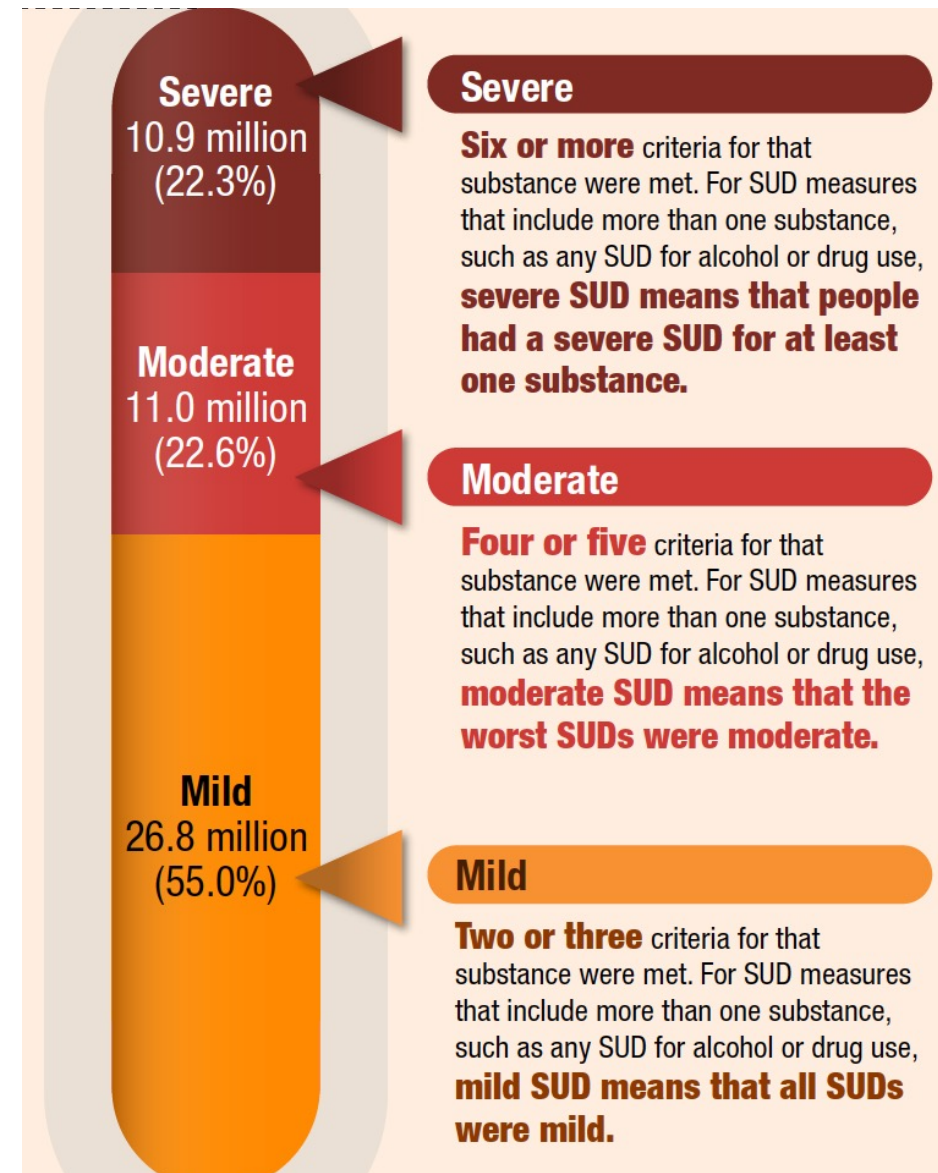
² Includes data from all past year users of the specific prescription drug.

2022 National Survey on Drug Use and Health Substance Use Disorder Severity Levels in the Past Year

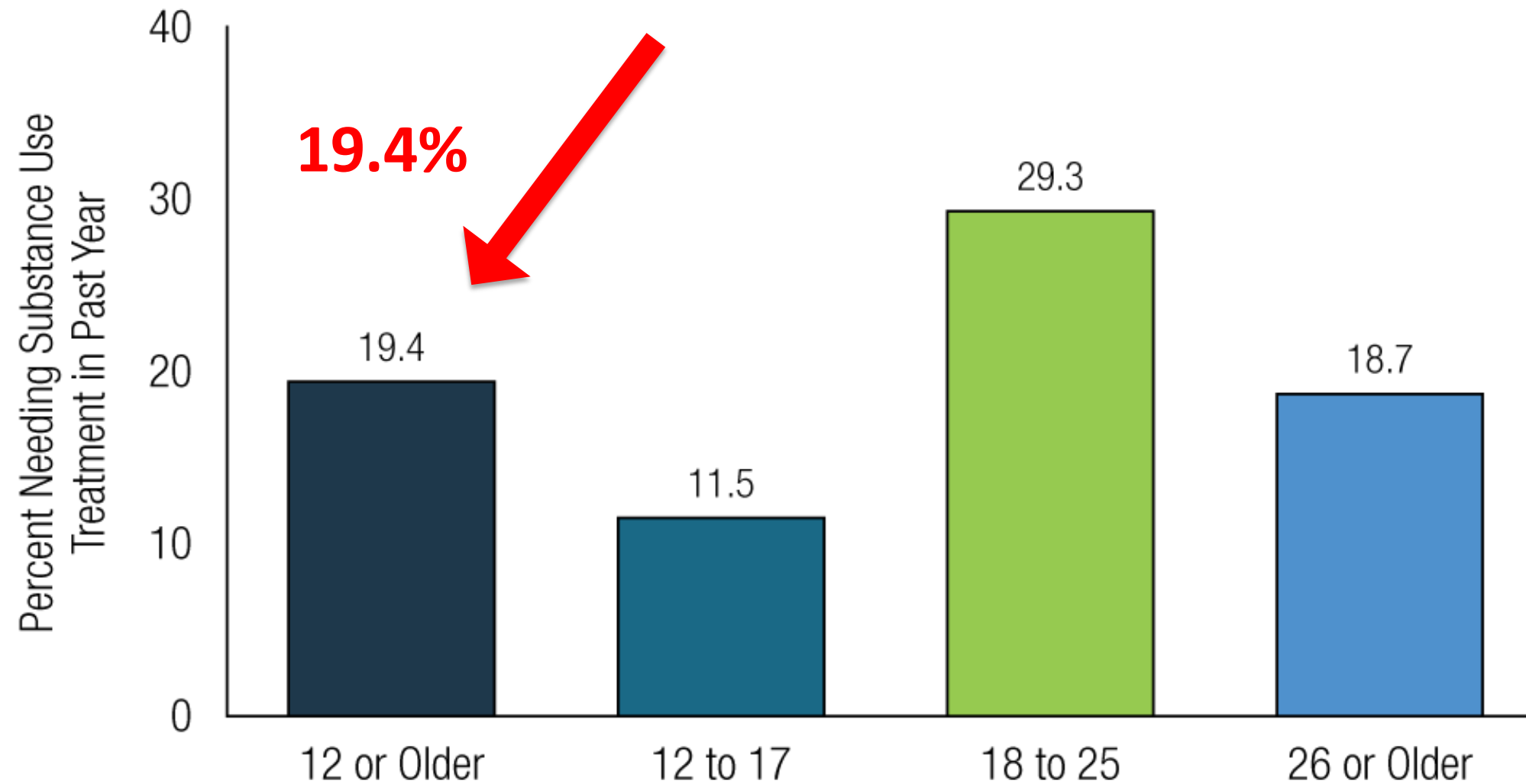
More than 1 in 6
(17.3%) people aged 12 or older
had a substance use disorder
(SUD) in the past year.

Among people who had an SUD in
the past year,

- **about 1 in 5 had a severe disorder,**
- **about 1 in 5 had a moderate disorder, and**
- **more than half had a mild disorder.**



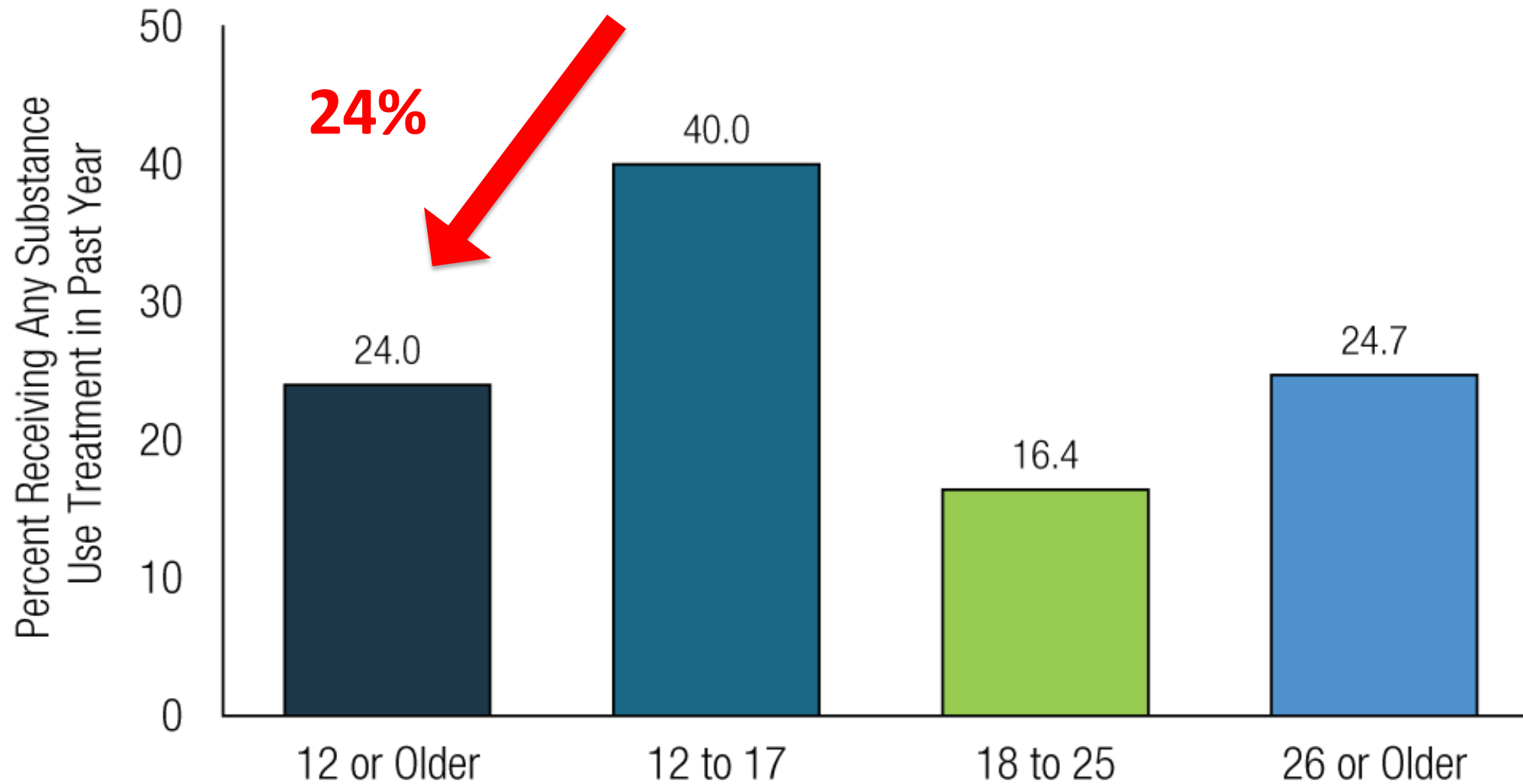
2022 National Survey on Drug Use and Health Need for Substance Use Treatment in the Past Year: Among People Aged 12 or Older



Note: Need for Substance Use Treatment is defined as having a substance use disorder in the past year or receiving substance use treatment in the past year.

2022 National Survey on Drug Use and Health

Received Substance Use Treatment in the Past Year: Among People Aged 12 or Older Who Needed Substance Use Treatment in the Past Year



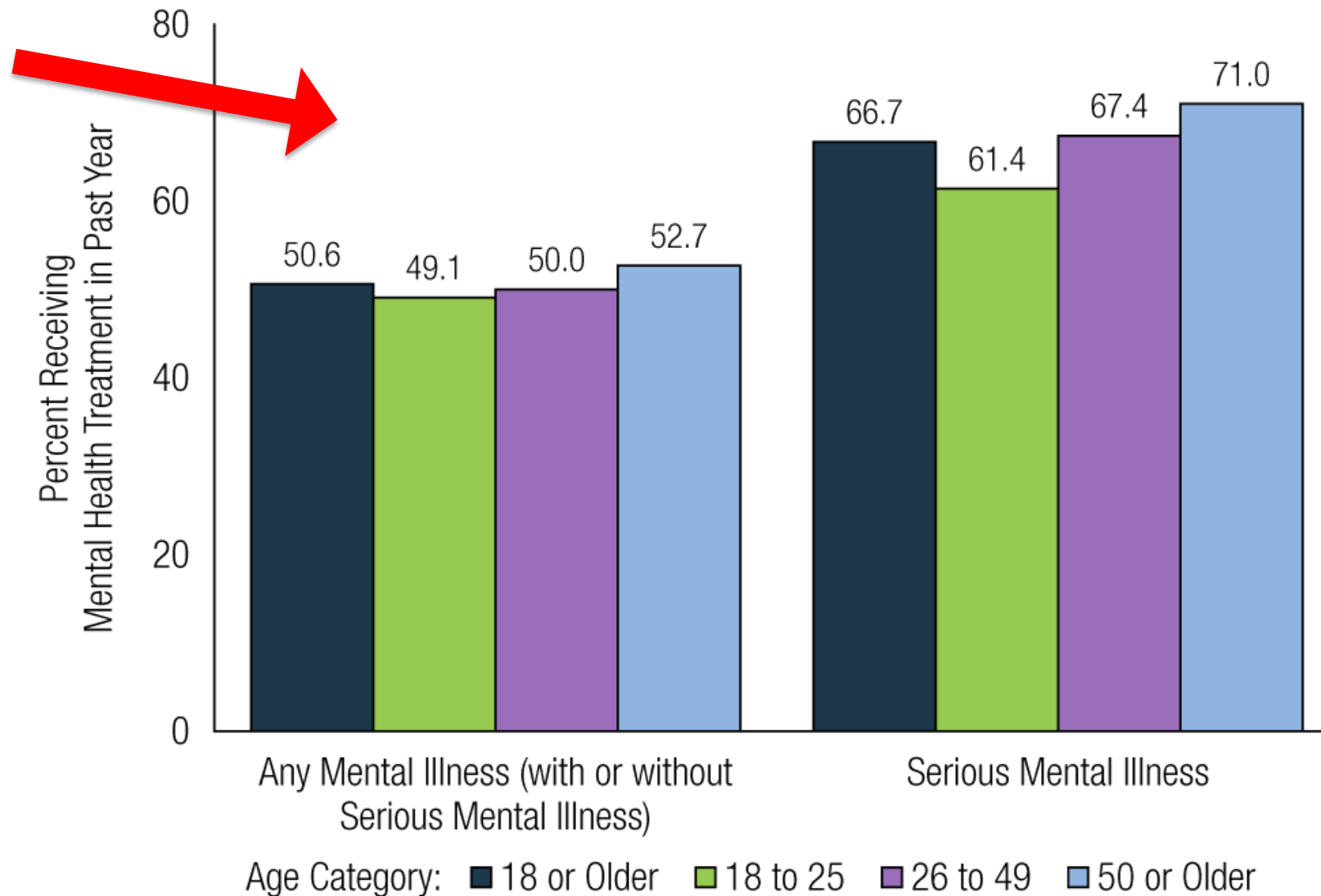
Note: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Need for Substance Use Treatment is defined as having a substance use disorder in the past year or receiving substance use treatment in the past year.

2022 National Survey on Drug Use and Health

Mental Health Treatment Received in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness or Serious Mental Illness in the Past Year

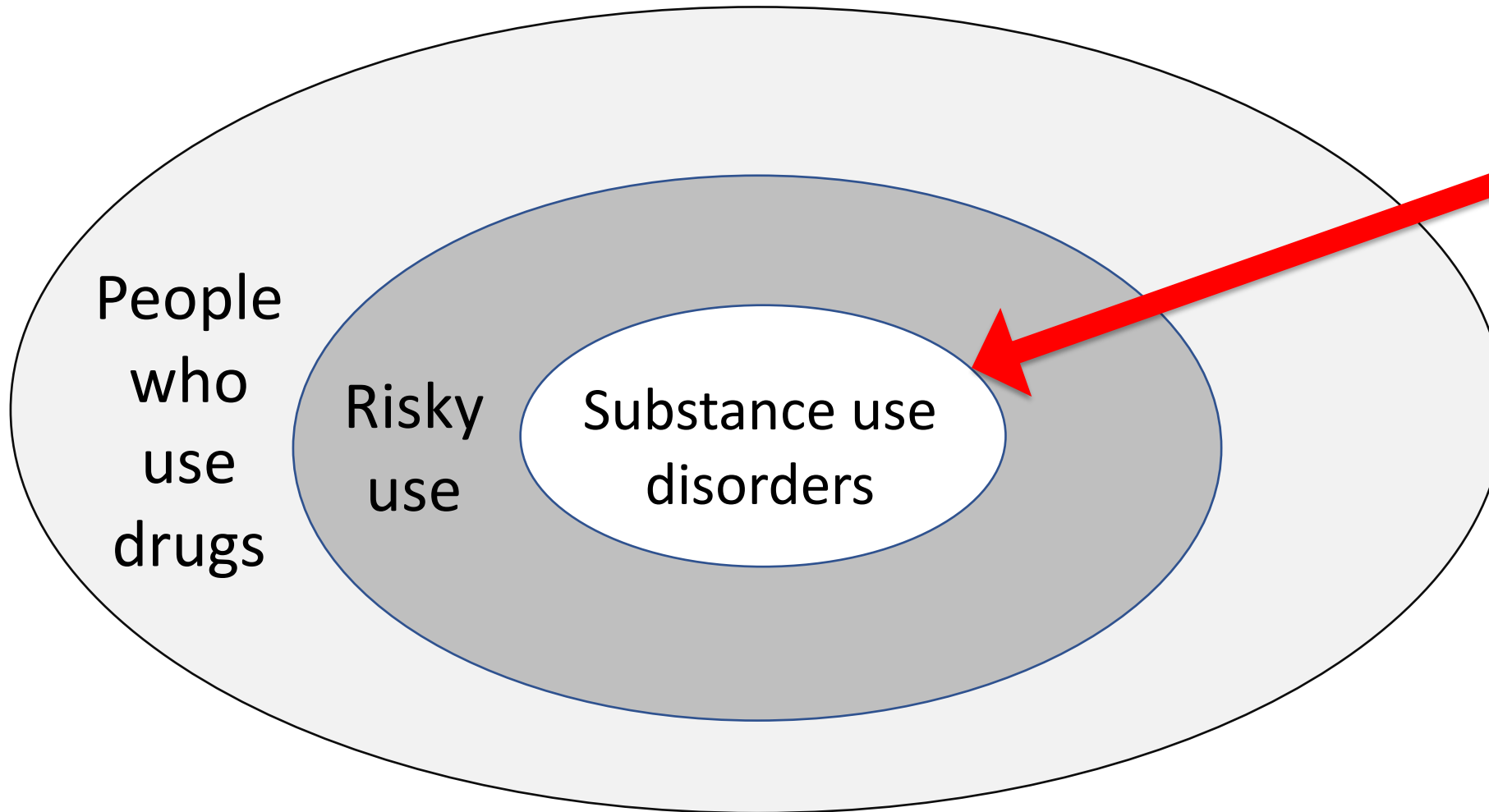
50+%



Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Types of Substance Use

25% of U.S. population age 12 or older



17% of U.S. population age 12 or older (includes alcohol).

SUDs can be mild, moderate, or severe.

Severe SUDs are often described as addiction.

Data from 2022 National Survey on Drug Use and Health

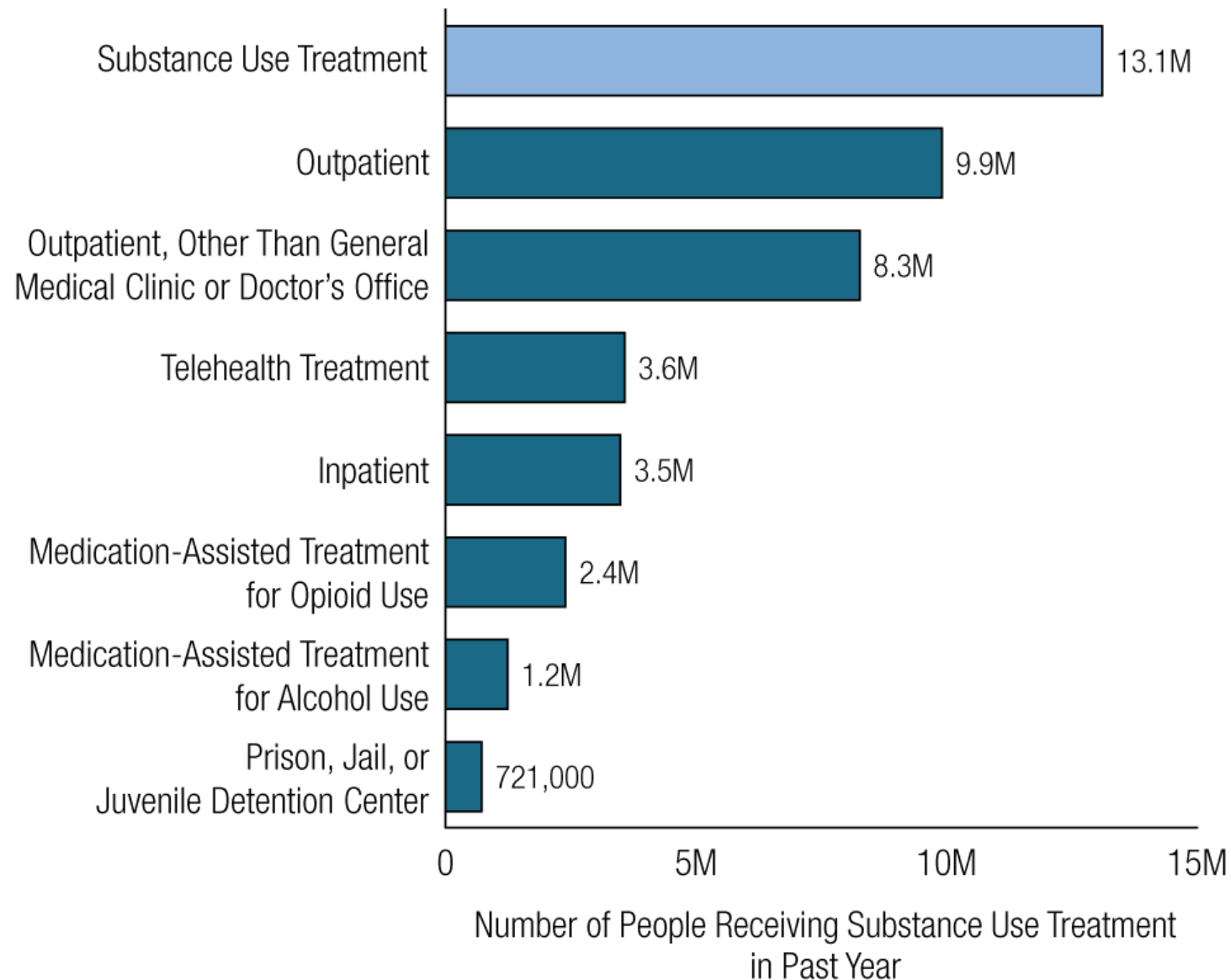
- Who might benefit from harm reduction education and services?
- Who might benefit from treatment?

The Treatment Gap

- National surveys typically report that **10% of people with substance use disorders receive treatment**, though this percentage has been higher recently. Closer to half of people with mental illness receive mental health services.
- **Removing barriers to treatment** by offering treatment on demand and helping navigate insurance coverage, transportation, and other hurdles can help improve access.
- Many people need other **support beyond treatment** in order to recover from a substance use disorder or mental illness.
- Some people with drug and alcohol problems achieve long-term stable **recovery without formal treatment**.
- It's important to **offer services even if people aren't ready for or interested in treatment**.

2022 National Survey on Drug Use and Health Types and Locations of Substance Use Treatment in the Past Year: Among People Aged 12 or Older

In general, data collection has focused more on where treatment is received than what services are offered.

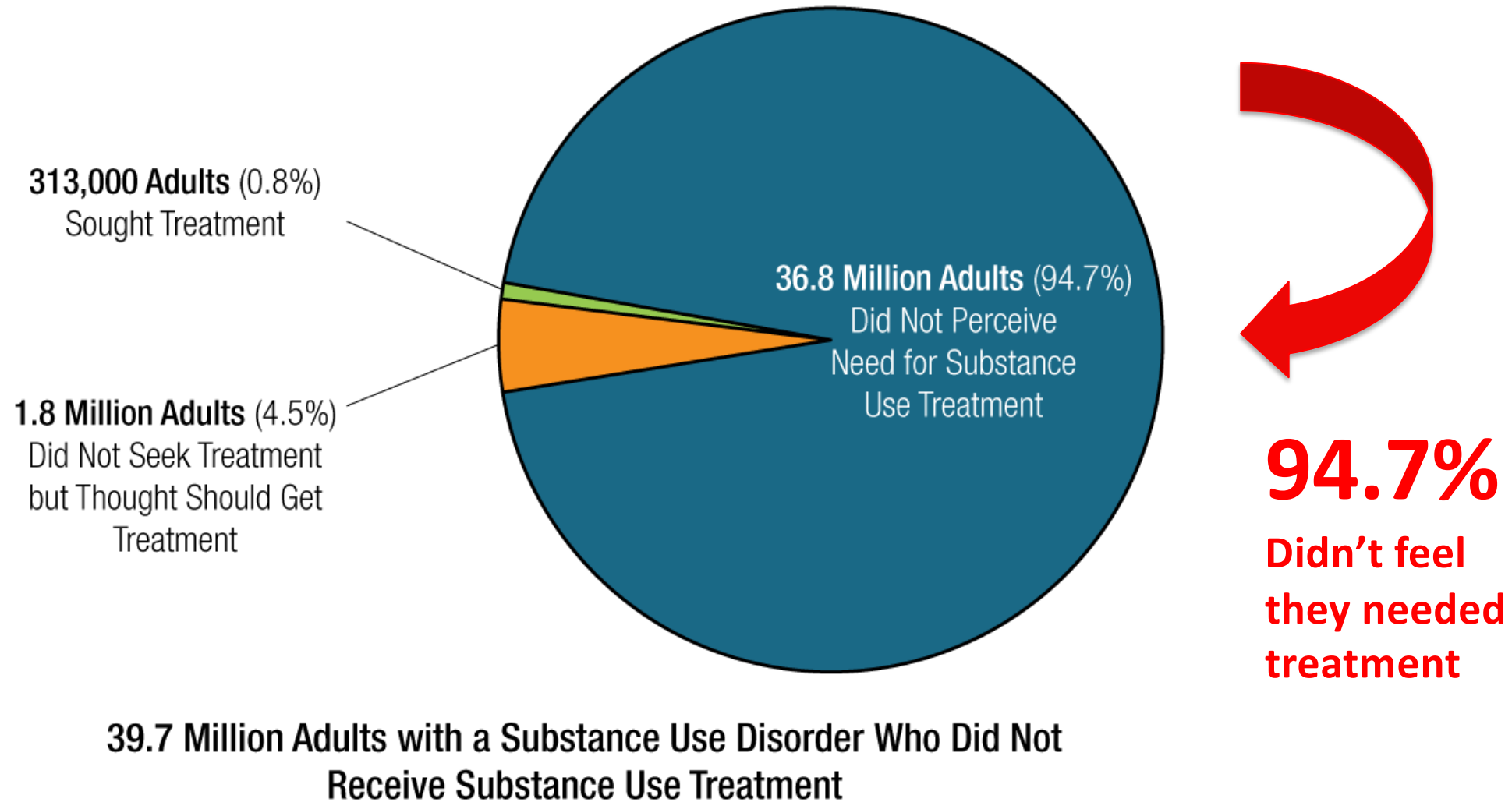


Note: Types and locations where people received substance use treatment are not mutually exclusive because respondents could report that they received treatment in more than one setting in the past year.

People who received outpatient substance use treatment other than in a general medical clinic or doctor's office also are included in the estimate for outpatient substance use treatment.

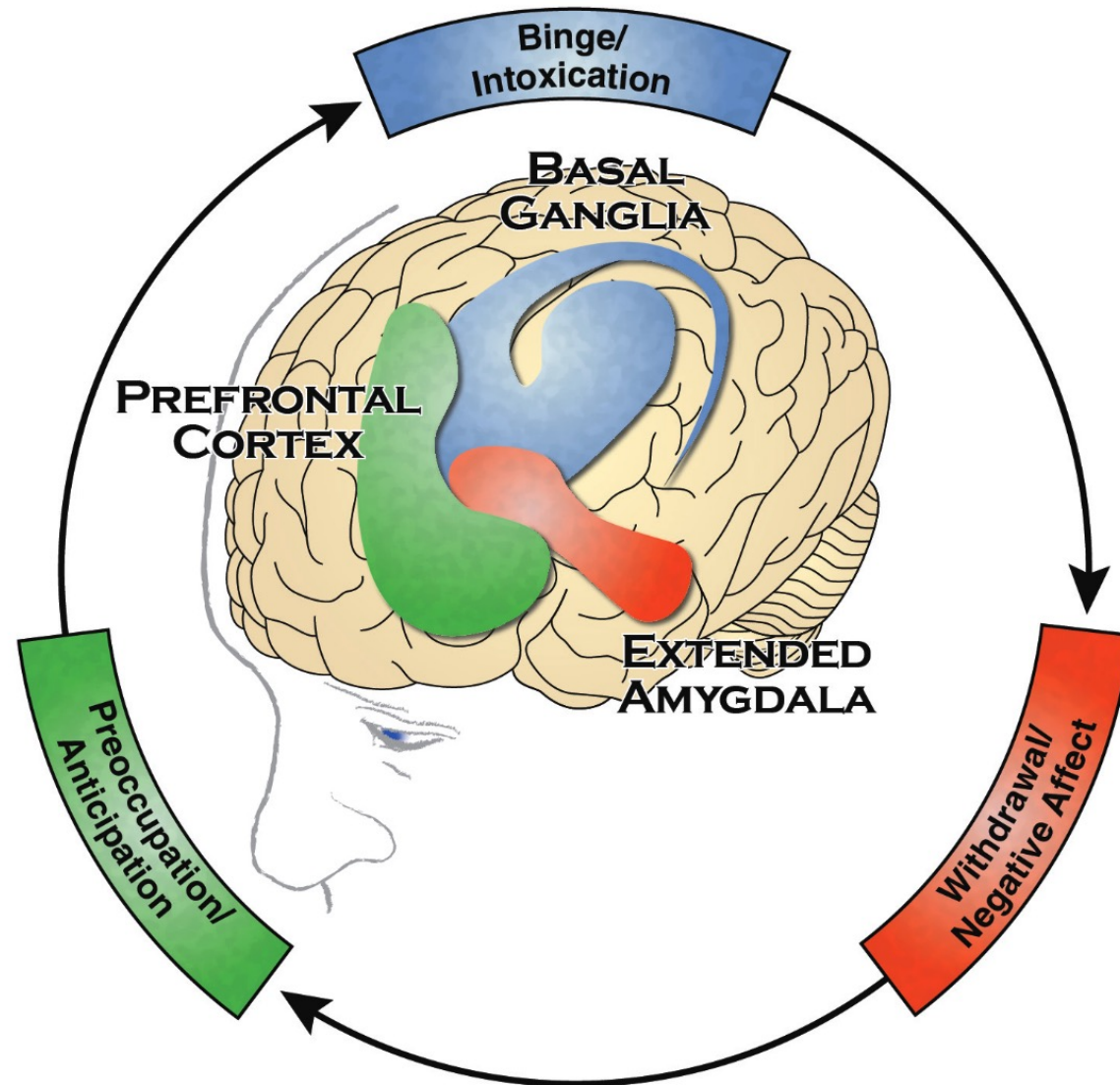
2022 National Survey on Drug Use and Health

Perceptions of Need for Substance Use Treatment: Among Adults Aged 18 or Older with a Past Year Substance Use Disorder Who Did Not Receive Substance Use Treatment in the Past Year



Note: Adults with unknown information for perceptions of need for substance use treatment were excluded.

Figure 2.3: The Three Stages of the Addiction Cycle and the Brain Regions Associated with Them



Scientific evidence shows that disruptions in three areas of the brain influence the onset, development, and persistence of substance use disorders: **the basal ganglia, the extended amygdala, and the prefrontal cortex**. These disruptions:

- (1) enable certain cues to trigger substance seeking;
- (2) reduce the sensitivity of brain systems involved in the experience of pleasure or reward, and heighten activation of brain stress systems; and
- (3) reduce functioning of brain executive control systems, which are involved in the ability to make decisions and regulate one's actions, emotions, and impulses.**

Facing Addiction in America: The Surgeon General's Spotlight on Opioids (2018)

<https://addiction.surgeongeneral.gov/sites/default/files/chapter-2-neurobiology.pdf>

Parity Laws and Treatment Coverage

Protections in federal law, known as “parity,” aim to ensure that most health insurance plans cover mental health and substance use disorders no less generously than coverage for other health conditions. Yet many people still encounter barriers to getting treatment covered, such as denials, limits on treatment length, prior authorization, or proof of medical necessity requirements.

These guides explain parity laws and offer help navigating insurance coverage challenges.

SAMHSA: Understanding Parity: A Guide to Resources for Families and Caregivers.

<https://www.dol.gov/sites/dolgov/files/ebsa/laws-and-regulations/laws/mental-health-parity/understanding-parity-a-guide-to-resources-for-families-and-caregivers.pdf>

<https://store.samhsa.gov/sites/default/files/pep21-05-00-003.pdf> [2-page consumer guide]

Centers for Medicare & Medicaid Services: The Mental Health Parity and Addiction Equity Act (MHPAEA)

<https://www.cms.gov/marketplace/private-health-insurance/mental-health-parity-addiction-equity>

Partnership to End Addiction:

<https://drugfree.org/article/what-is-the-mental-health-parity-and-addiction-equity-act/>

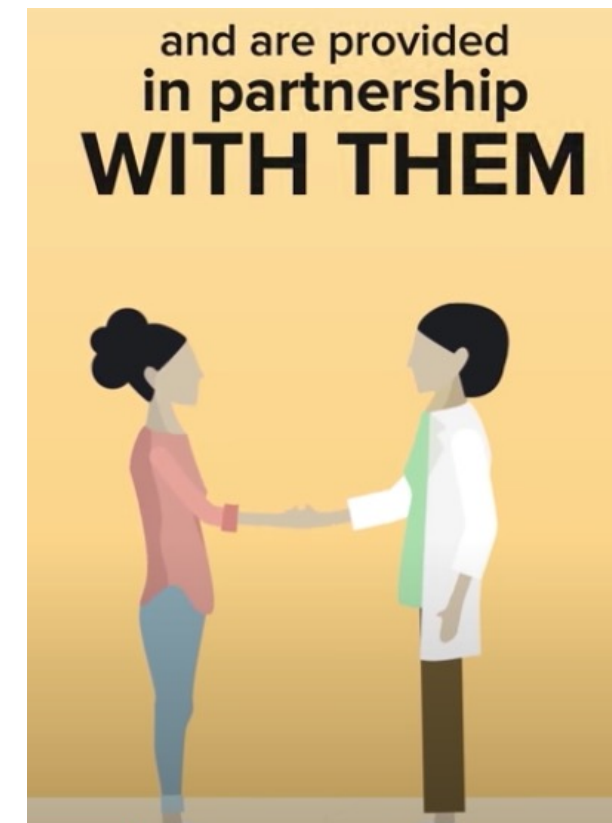
Discussion Question

What are some concerns or hesitations you've heard about treatment for substance use disorders?

Concerns Cited About Treatment

- Treatment “**doesn’t work.**” It’s difficult to evaluate success.
- **Programs can be too punitive**, e.g., discharging people for minor infractions or a single positive drug test.
- **It’s not always available when someone is ready.**
- Access to treatment is based on **income and insurance coverage.**
- **Reservations about offering medications** for opioid use disorder have contributed to restrictions limiting access to these treatments.
- **Programs can be too focused on abstinence** as a universal goal.
- **Services don’t meet individual needs**, especially for certain populations.

What Is Person-Centered Care?



rather than simply given
TO THEM

Principles of Person-Centered Care

- Respects participants' own treatment and life goals.
- Recognizes that treatment is an individual process that may vary among participants.
- Understands that “any positive change” is a step toward greater well-being and health.
- Offers services without judgment; avoids punitive policies.
- Emphasizes starting and continuing treatment, despite any setbacks.
- Prioritizes culturally sensitive care, with respect for participants' diverse identities and backgrounds.

Trauma-Informed Care

Trauma is used to describe experiences or situations that are emotionally painful and distressing, and that overwhelm someone's ability to cope.

Trauma-Informed Care is characterized by understanding, recognizing, and responding to the effects of all types of trauma.

It emphasizes **physical, psychological** and **emotional** safety for both survivors and providers, and helps survivors rebuild a sense of control and empowerment.

Types of Trauma

- Sexual, emotional, or physical abuse.
- Witnessing death or violence toward someone else.
- Incarceration (especially solitary confinement).
- Not having basic needs met; living in poverty.
- Experiencing racism, misogyny, homophobia, transphobia, or other types of discrimination.
- Negative experiences with systems and service providers.

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are stressful or traumatic events that occur between the ages of 0 and 17. ACEs can undermine a child's sense of safety, stability, and bonding, and can have effects that persist for years.

45% of children experience at least one ACE.

Females and racial/ethnic minorities are at greater risk for experiencing 4 or more ACEs.

Potential Effects of Trauma or ACEs

- Anxiety, including panic attacks
- Emotional withdrawal
- Insomnia
- Depression
- Suspicion of other people and institutions
- Feeling unsafe or threatened
- Anger (which may surface with providers)
- Substance use
- Suicide

Trauma-Informed Care Techniques

- Emphasize emotional and physical safety.
- Allow participants to disclose past trauma if or when they're ready. Assume anyone may have experienced trauma.
- Avoid blaming someone for their situation.
- Protect confidentiality.
- Focus on participant strengths.
- Emphasize collaboration and choice.
- Acknowledge you may not understand someone's experience of trauma.
- Avoid referrals or actions that may re-traumatize someone.

SAMHSA's Guiding Principles to a Trauma-Informed Approach:

https://www.cdc.gov/orr/infographics/00_docs/TRAINING_EMERGENCY_RESPONDERS_FINAL_2022.pdf

Goals of Care for People With Substance Use Disorders

Substance-Related

- Reduce, change, or stop substance use.
- **Reduce harms** associated with substance use.
- **Provide evidence-based treatment options.**

Overall Health

- **Prevent overdose deaths** and deaths from other causes.
- Prevent and treat HIV, hepatitis C, and other health conditions.
- Address mental health challenges.

Functioning

- Help person meet their own goals.
- Improve social support.
- **Connect to other services** (legal, housing, employment, etc.).
- **Support recovery.**

Discussion Question

What would you include on a menu of treatment services for people with substance use challenges?

The Treatment Menu: What's Offered...Or Missing?

Counseling & Mental Health Care

Group therapy
Individual therapy
Family therapy
Case management
Peer support
Mutual aid

Medications & Medical Care

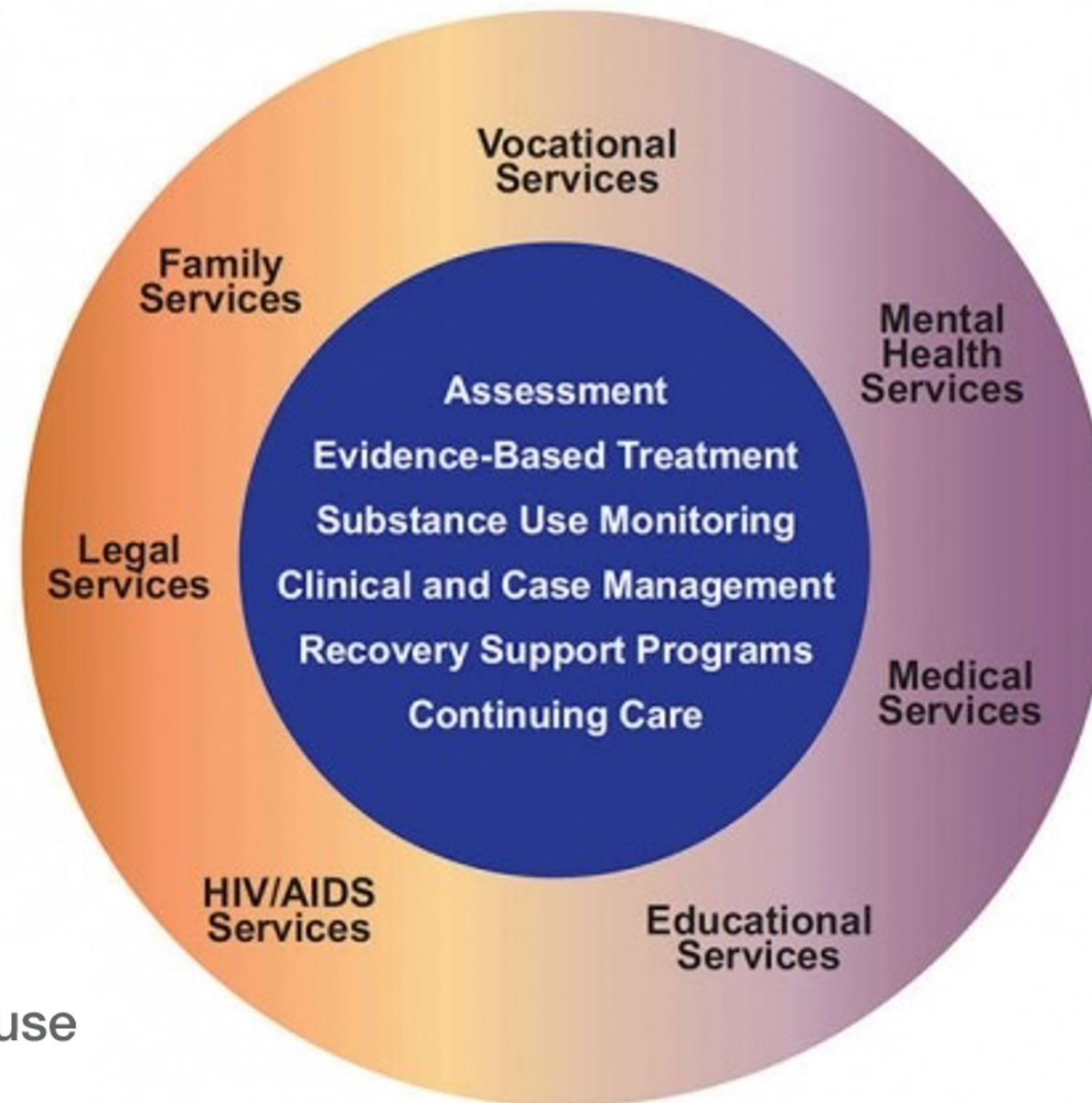
Detox/withdrawal services
Methadone
Buprenorphine (Suboxone)
Naltrexone (Vivitrol)
Naloxone
Psychiatric medications
HIV/Hep C testing/treatment
Wound care
Other medical/dental care

Wraparound Services

Legal aid
Housing help
Employment assistance
Educational programs
Benefits navigation
Aftercare/recovery support

Elements of Treatment

“The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.”



What Is Detoxification?

Detoxification or “detox” refers to a medically supervised taper from substances such as alcohol, benzodiazepines, or opioids.

- Often provided in an in-patient setting.
- May include medical and psychiatric assessments.
- Sometimes medications are offered to help with symptom relief.
- Provides monitoring during withdrawal.

Cautions About Detox

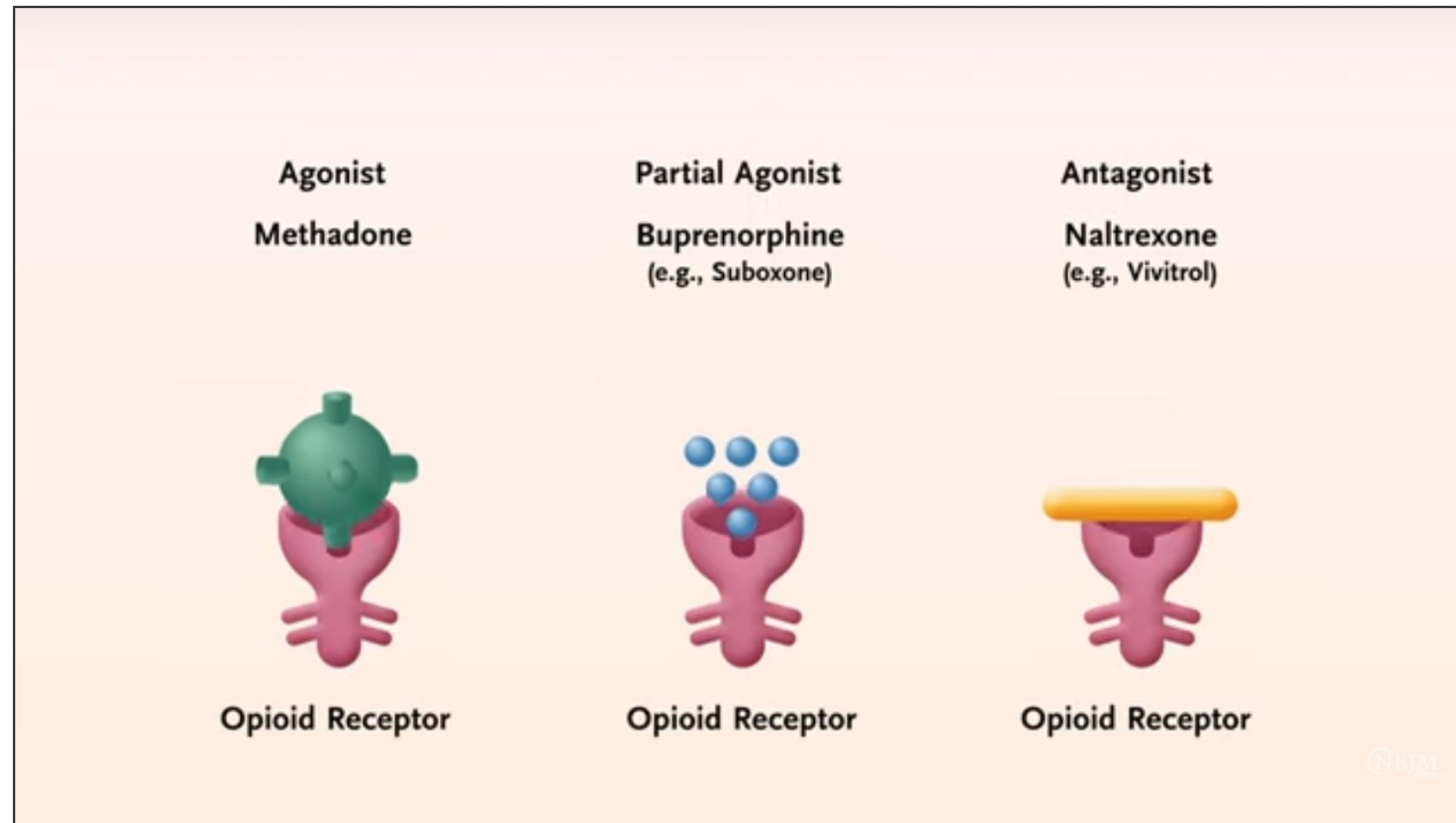
- High rates of return to substance use post-detox.
- Increased risk of overdose after detox due to lowered tolerance. Any detox should include overdose prevention and naloxone training.
- Ideally, detox should be followed by a longer care plan. It is not considered treatment.

Poll Question

How familiar are you with how medications for opioid use disorder work (e.g., methadone or buprenorphine)?

- 1) Very familiar
- 2) Somewhat familiar
- 3) Not too familiar

Medications for Opioid Use Disorder (MOUD)



New England Journal of Medicine: Effective Treatments for Opioid Use Disorder

<https://www.nejm.org/doi/full/10.1056/NEJMp2310172?query=TOC>

Methadone

- Methadone is a medication that prevents withdrawal from opioids and relieves cravings. It is highly regulated by federal and state governments.
- Only available in opioid treatment program (OTP) settings, which can limit accessibility in rural areas.
- Initially must be taken at a clinic every day; take home doses are usually allowed over time.
- Patients may be offered other services, such as counseling.
- Suddenly stopping methadone precipitates withdrawal; tapering can take months.



Buprenorphine

- Buprenorphine is a medication that treats addiction to opioids like prescription painkillers and heroin, by stopping withdrawal symptoms and reducing cravings.
- It is offered in different formulations including a tablet, sublingual film, or injection.
- Brand names include Suboxone, Sublocade, Brixadi, and other variations.
- Available in various treatment settings, including primary care.
- Combining buprenorphine with other opioids, alcohol, or benzodiazepines increases the risk of overdose, but it has a lower overdose risk compared to methadone.



Naltrexone

- Naltrexone, also known as a Vivitrol®, is typically given as a long-acting intramuscular injection every 28 days (or less). There is also an oral (tablet) version.
- It is not an opioid so it can be an option if someone prefers to avoid opioids like methadone or buprenorphine.
- Naltrexone blocks the effect of opioids.
- It can also be used to treat alcohol use disorder.
- Someone must not use any opioids for 7 days prior to starting naltrexone.
- There is an increased risk of overdose when naltrexone wears off or is stopped.



Discussion Question

What questions or comments do you have about medications for opioid use disorder?

Countering Myths About Medications for OUD

- Treating a person with medication for OUD is not “substituting one addiction for another.”
- Taking medication for OUD does not mean that someone has “less willpower” or is less able to function.
- It’s not a “sign of weakness or failure” if someone chooses to continue medication long-term, so they shouldn’t be pressured to quit or taper.
- Taking medication for OUD does not mean someone is “not in recovery.”

Managing Expectations with Medications for OUD

Benefits

- Improves control of cycle of craving/withdrawal.
- Decreases overdose and all-cause mortality.
- Reduces illicit drug use and injection drug use.
- Stabilizes emotions and behaviors, enhancing ability to engage with psychosocial and medical services.
- Helps individuals regain ability to participate in communities, families, and workplaces.

Limitations

- Buprenorphine and methadone address opioid use (including heroin and fentanyl) but not other substances like cocaine, methamphetamines, or alcohol.
- Medications target substance use, but many people need wraparound services and support to help address other challenges.
- Use of medications tends to decrease over time. Researchers are working to find out why and address any hurdles.

Increasing Access to Medications for Opioid Use Disorder

- In 2023, the federal government made it easier for more healthcare providers to prescribe buprenorphine, by dropping a requirement that providers first apply for a waiver to do so. This has expanded access to buprenorphine.
- It can still be challenging to find a provider who can prescribe buprenorphine or dispense methadone, especially in rural communities.
- Research has found urban residents are more likely than rural residents to receive MOUD in outpatient and inpatient settings. Rural residents are more likely to receive buprenorphine than methadone.
- Mobile units and telehealth can help people connect to providers. Allowing nurse practitioners and physician assistants to prescribe buprenorphine has also increased access.

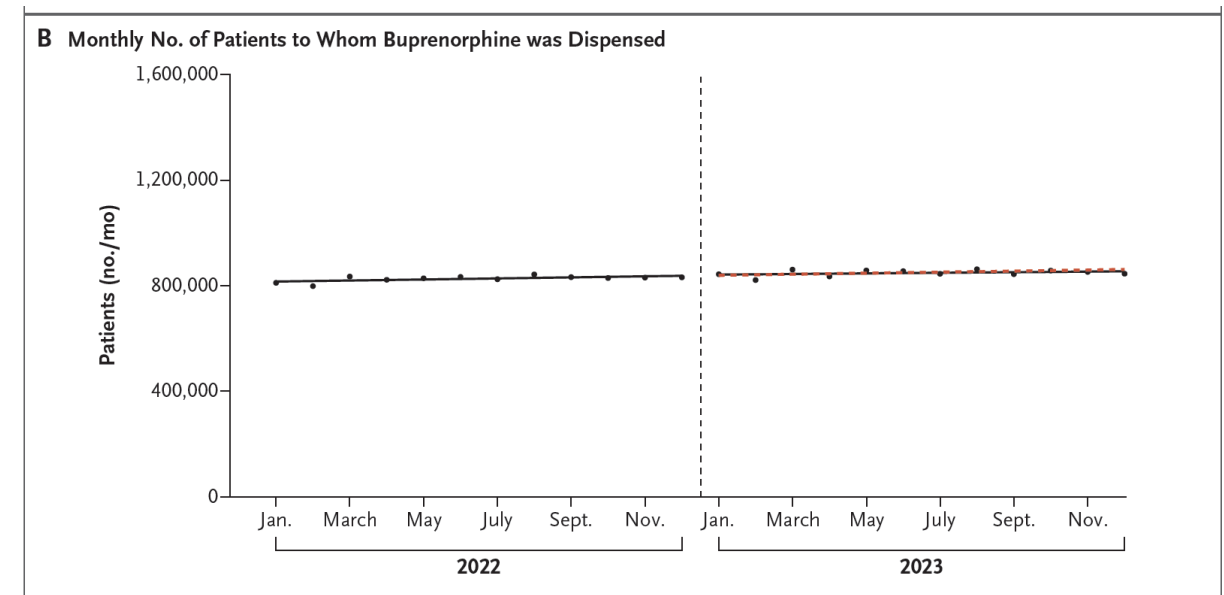
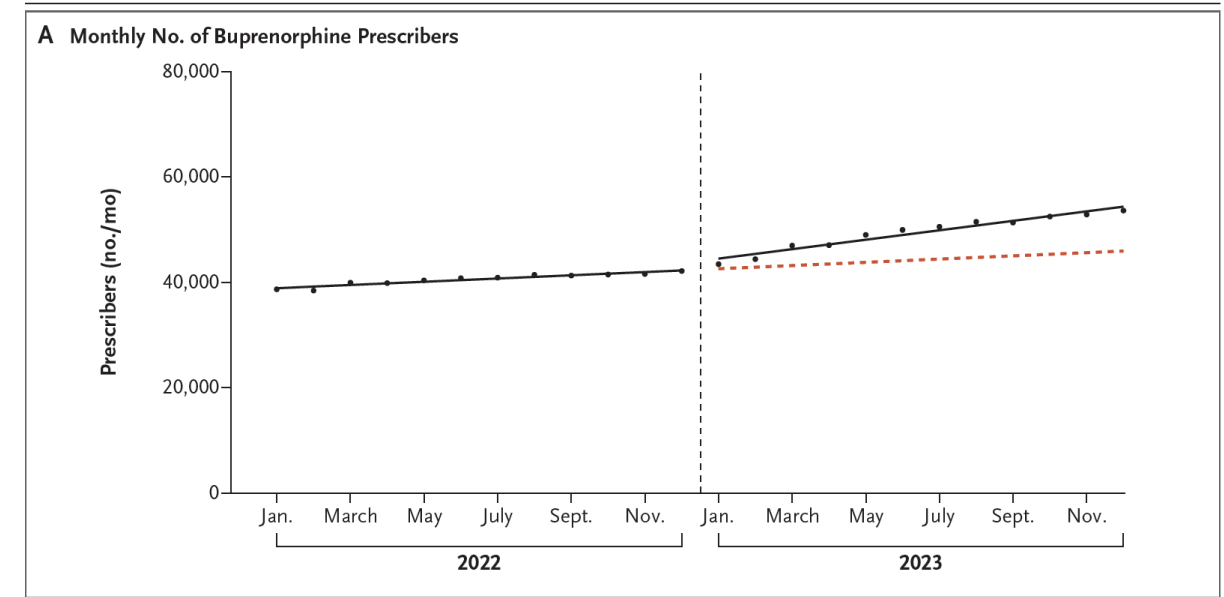
SAMHSA's Buprenorphine Practitioner Locator provides:

- A list of practitioners that can treat OUD with buprenorphine that is searchable by city, state, or ZIP code.
- Location, address, and contact information are listed for each provider.

<https://www.samhsa.gov/medication-assisted-treatment/find-treatment/treatment-practitioner-locator>

Impact of Eliminating the Buprenorphine Waiver Requirement

- After elimination of the waiver requirement in Jan. 2023, the **number of buprenorphine prescribers** increased 27% to **53,635** prescribers in Dec. 2023.
- The number of patients who initiated buprenorphine treatment increased modestly, and the total **number of patients using buprenorphine** increased 2.5% to **831,656**.
- “These findings suggest that the policy may have reduced barriers to prescribing but was insufficient to meaningfully increase buprenorphine use through the end of 2023.”



Poll Question

How familiar are you with contingency management as a treatment for stimulant use disorder?

- 1) Very familiar
- 2) Somewhat familiar
- 3) Not too familiar

Treatment for Stimulant Use Disorders

Contingency Management (CM) is a type of therapy that offers rewards to participants who meet a treatment goal, using positive reinforcement to motivate behavior change.

- When used as a treatment for stimulant use disorders, **participants are tested for drugs on a regular basis and are immediately rewarded with a small incentive** like a gift card or prize if they test negative for stimulants like cocaine or methamphetamine.
 - The reward increases over time for continued negative drug tests, so an initial \$10 reward may increase by \$1.50 per week.
- **A drug test indicating stimulant use does not result in punishment**—it means the reward is not offered. Then it resets to the initial value at the next negative drug test, returning to the higher rate after continued negative tests.
- Research has found CM is the most effective way to help people stop using stimulant drugs. **Abstinence from all substances is usually not required** so the drug tests just check for stimulant use.

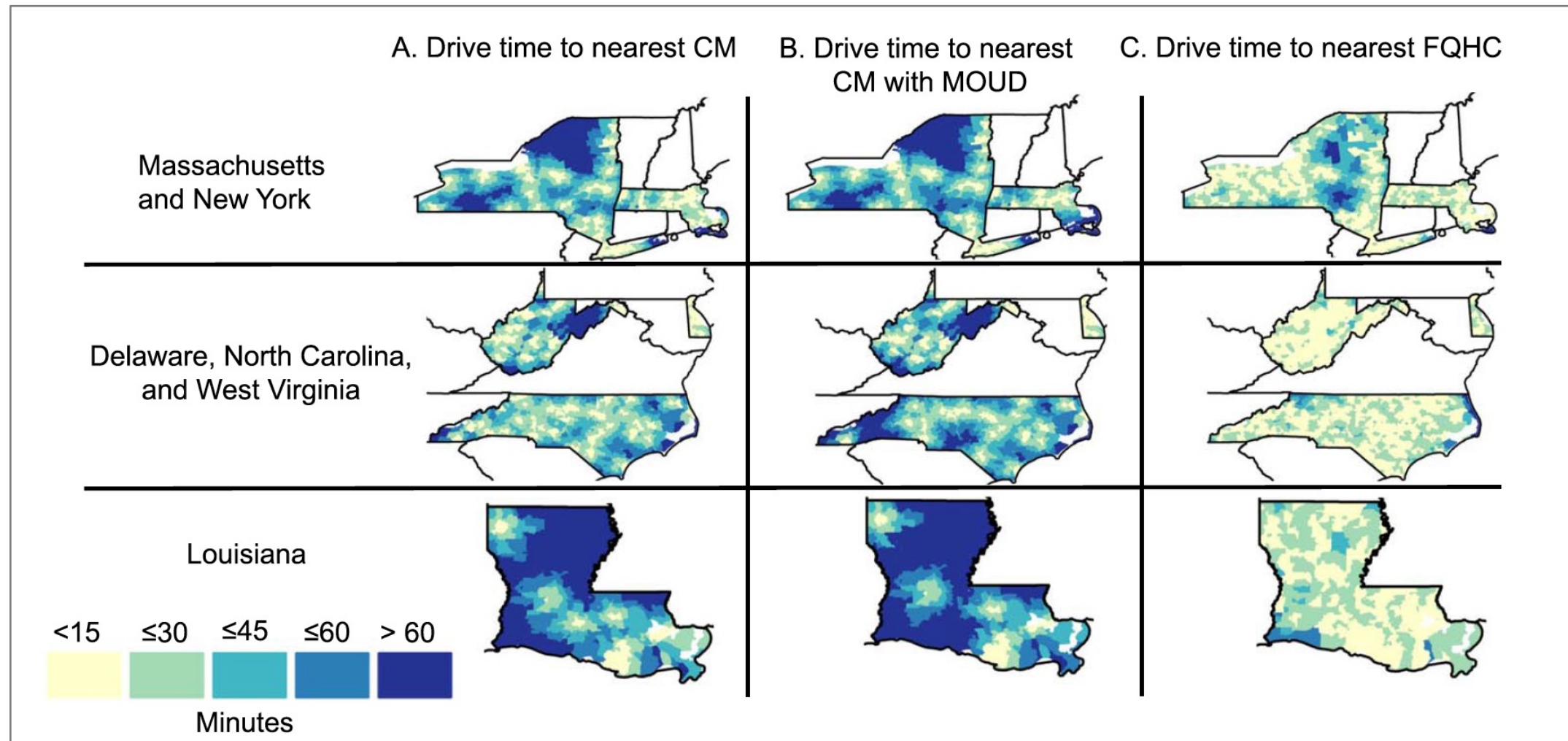
Why Use Rewards Instead of Punishment?

- Most people respond better to positive reinforcement instead of punishment. The reward does not have to be large to incentivize behavior change.
- Punishment does not teach a new behavior; it focuses on what *not* to do.
- Punishment has negative side effects, like reduced self-esteem.
- Positive reinforcement teaches new behaviors in a way that builds self-esteem and self-efficacy.
- It contributes to a positive therapeutic relationship, motivating people to continue with treatment.

Where to learn more about contingency management:

<https://attcnetwork.org/centers/attc-network-coordinating-office/introducing-new-national-core-curriculum-stimulants-and>
<https://psattcelearn.org/courses/recovery-incentives-californias-contingency-management-program-contingency-management-overview-training/>

Availability of Contingency Management Treatment



Joudrey et al. (2023) Drive time to the nearest contingency management provider, contingency management provider with medications for opioid use disorder, and FQHC within 6 states in 2020.

<https://pubmed.ncbi.nlm.nih.gov/37788621/>

Where to Learn More About Contingency Management

Opinion | She was paid to stay off drugs. Here's why this approach could help others.



By [Emefa Addo Agawu](#)

Fellow, Post Opinions

March 31, 2022 at 9:15 a.m. EDT

Washington Post: <https://wapo.st/3JHH3P5>

Training Resources:

https://attcnetwork.org/products_and_resources/contingency-management-an-evidence-based-behavioral-intervention-for-treating-stimulant-use-disorders-webinar-recording/

<https://psattcelearn.org/courses/recovery-incentives-californias-contingency-management-program-contingency-management-overview-training/>

Contingency Management for the Treatment of Substance Use Disorders: Enhancing Access, Quality, and Program Integrity for an Evidence-Based Intervention

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

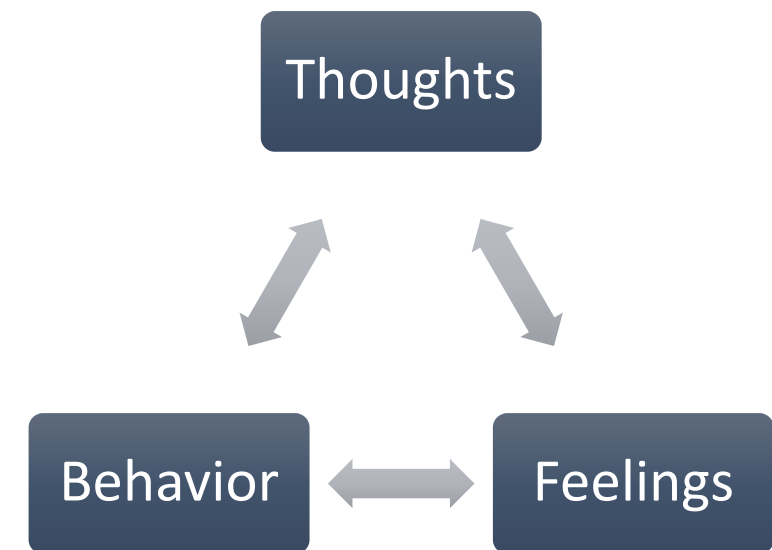
<https://aspe.hhs.gov/sites/default/files/documents/72bda5309911c29cd1ba3202c9ee0e03/contingency-management-sub-treatment.pdf>

Cognitive Behavioral Therapy

Cognitive behavioral therapy (CBT) is based on the idea that the way someone thinks and feels affects the way they behave. The goal of treatment is to help people identify, challenge, and change unhelpful thought patterns in order to change their responses to difficult situations.

CBT can help people with substance use disorders by addressing some of the reasons they drink or use drugs, like anxiety, anger, stress, relationship problems, or other challenges that negatively affect mental health and quality of life.

CBT often targets irrational thought patterns that can negatively affect behavior, such as all-or-nothing thinking (seeing everything in black-and-white terms and ignoring nuance), catastrophizing (assuming the worst will happen), and personalization (believing that you're responsible for things that happens around you, overlooking other factors).



<https://www.psychologytoday.com/us/therapy-types/cognitive-behavioral-therapy>

<https://www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioral>

How Thoughts, Feelings, and Behavior Interact

Harmful thoughts or behavioral habits can make people feel bad about themselves. For example: You see somebody you know on the street and say hello, but they do not say hello back. Your own reaction to that very much depends on how you assess the situation:

Reaction	Harmful	Neutral
Thoughts	“He ignored me – he doesn’t like me anymore.”	“He didn't notice me – maybe he doesn’t feel well. I should give him a call and find out how he is doing.”
Feelings	Someone who thinks like this feels down, sad and rejected.	These thought patterns do not cause any negative feelings.
Behavior	The consequence of this thought is to avoid this person in the future, although the assumption could be completely false.	This thought is a prompt to get back in touch with the person to find out if everything is all right.

Questions to Consider for Treatment Referrals

- Does the program fit the person's needs and goals?
- How soon can treatment start?
- What insurance is accepted? What are the costs?
- What are the hours and flexibility of the program (outpatient services)?
- What medications are available to treat opioid use disorder or alcohol use disorder?
- What mental health services are available? Is there individual or group counseling?
- What other health care services are available?

Is help offered for...

- Childcare
- Transportation
- Benefits and medical coverage
- Specific populations (LGBTQ+, veterans, pregnant clients, etc.)
- Ongoing care or aftercare
- Housing
- Employment
- Education or training
- Legal services

Discussion Question

What experiences have you had connecting clients or participants with substance use treatment services? What has been helpful or challenging?

National Resources for Substance Use & Mental Health Care

Need mental health supports?

Visit findsupport.gov.

Need treatment options for substance use or mental health disorders?

Call 800-662-HELP (4357) or visit findtreatment.gov.

Are you struggling or in crisis?

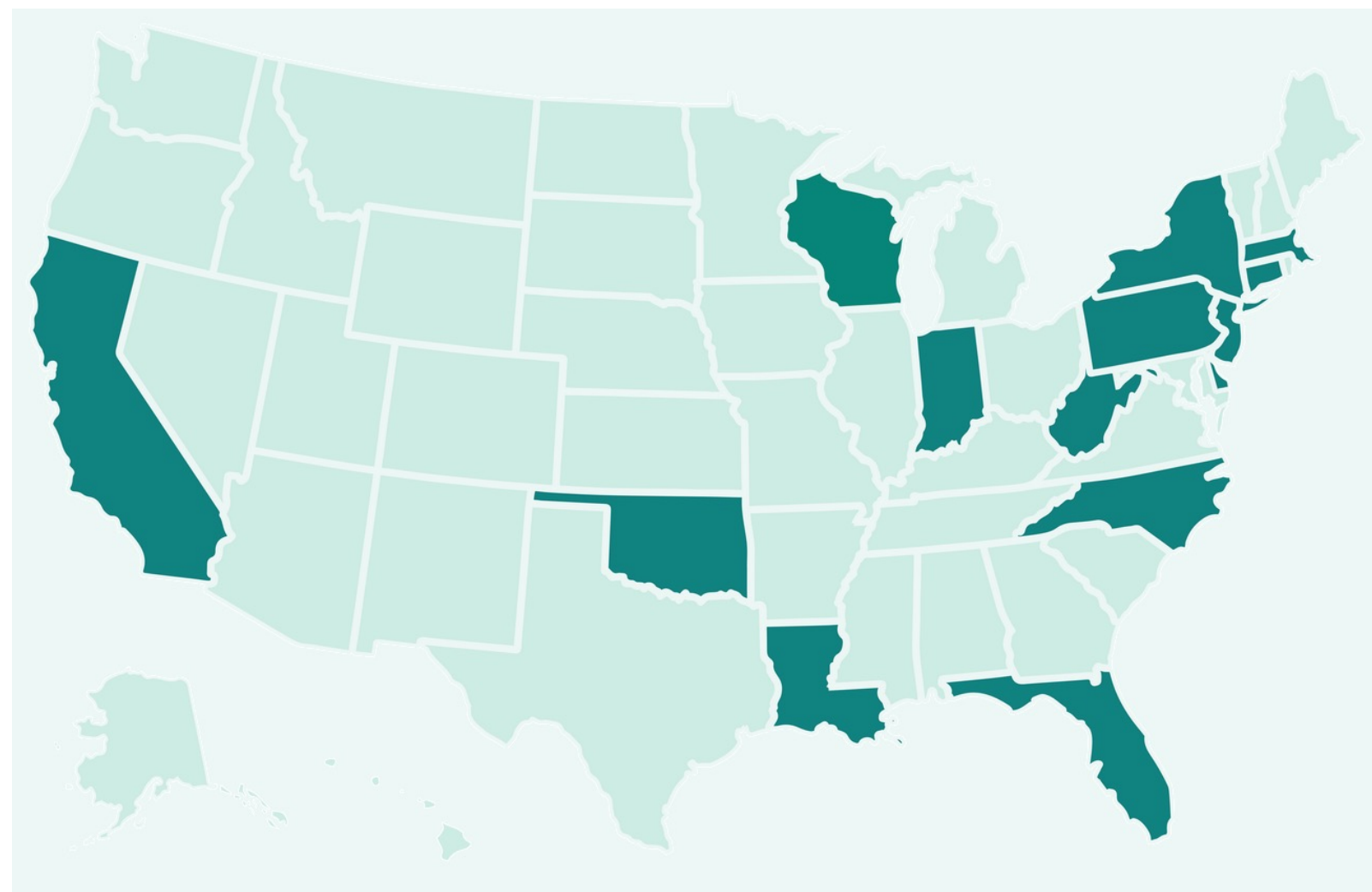
Call or text 988 or visit 988lifeline.org.



What is Atlas?

Atlas is a resource to help people find addiction treatment that will meet their needs. As Atlas grows, our goal is to provide support across all 50 states.

www.treatmentatlas.org



Atlas is currently available in California, Connecticut, Delaware, Florida, Indiana, Louisiana, Massachusetts, New Jersey, New York, North Carolina, Oklahoma, Pennsylvania, West Virginia, and Wisconsin with plans for continued expansion to additional states.

Location

Substances

- Alcohol
- Heroin/Fentanyl
- Pain Meds (e.g., Oxy)
- Cocaine
- Meth

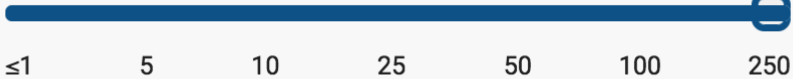
Show more +

Treatment Services

Not sure what kind of services you need?

- Detox
Supervised withdrawal from drugs or alcohol
- Hospital Inpatient
24-hour medical care at a hospital
- Residential Treatment
Stay at a facility while getting care
- Intensive Outpatient (IOP)
9+ hours of care a week at a clinic or hospital
- Opioid Treatment Program (OTP)
Certified to offer medication for opioid addiction
- Outpatient Treatment
1 to 8 hours of care a week at a clinic
- Telehealth
Remote care (as opposed to in-person care)

Distance up to 250 miles



Special Programs

Group-focused programs offered at the facility.

- Living with HIV/AIDS
- Survivors of sexual abuse
- Survivors of domestic violence
- Referred from/involved in judicial system
- Veterans
- LGBTQ+
- Pregnant / Postpartum

Features

- Allows smoking/tobacco products
- Physical accessibility/Handicap accessible

Support Services

- Childcare
- Help with food
- Transportation
- Multilingual staff

Payment Options

Medications for Alcohol Use Disorder (AUD)

- Offers medications for Alcohol Use Disorder
 - Acamprosate
 - Naltrexone
 - Disulfiram

Medications for Opioid Use Disorder (OUD)

- Offers medications for Opioid Use Disorder
 - Methadone
 - Buprenorphine
 - Naltrexone

Mental and Physical Health Care

- Primary care
- Mental health care

Other languages spoken

New Jersey Resources

- **ReachNJ:** a 24-hour-a-day, 7 day-a-week hotline where people who have drug or alcohol problems and/or their friends and family can get assistance and support from New Jersey-based, trained counselors. 1-844-732-2465

<https://www.nj.gov/humanservices/reachnj/>

- **Mental Health Association in NJ Peer Recovery WarmLine:** a peer-run service providing telephone support to people with mental health challenges. 1-877-292-5588

<https://www.mhanj.org/people-in-recovery-warmline/>

- **NJ Suicide Prevention Hopeline:** Provides support, assessment and, if needed, intervention to New Jersey residents in emotional distress and crisis. 1-855-654-6735

<https://njhopeline.com/>



New York Resources

- **NY Office of Addiction Services and Supports (OASAS):** Offers tools to find prevention, harm reduction, naloxone, treatment, and recovery services. Operates 24/7 and also offers crisis support. Call 1-877-846-7369 or text HOPENY (467369).

<https://oasas.ny.gov>

<https://findaddictiontreatment.ny.gov/>

- **New York State's CHAMP Ombudsman Program:** Helps patients and providers address insurance issues related to accessing substance use and mental health services. 1-888-614-5400

<https://oasas.ny.gov/system/files/documents/2019/07/CHAMP-Brochure.pdf>



NEW YORK STATE | Office of Addiction Services and Supports

Addiction Services for Prevention, Treatment, Recovery
www.oasas.ny.gov

1-877-846-7369

Text: HOPENY (467369)



NEW YORK STATE | Community Access to Addiction and Mental Health Project

1-888-614-5400

Call the CHAMP Helpline Monday-Friday, 9:00 AM to 4:00 PM

Peer Support Services

Peer support encompasses a range of activities and interactions between people who share similar experiences of being diagnosed with mental health conditions, substance use disorders, or both.

This mutuality promotes connection and inspires hope.

By sharing their own lived experience and practical guidance, peer support workers help people to develop their own goals, create strategies for self-empowerment, and take concrete steps towards building fulfilling, self-determined lives.

“Because of peer support I am alive!”

—Melodie

“When I saw that other people recovered, it gave me hope that I could too.”

—Corinna

“Peer support allowed me to feel ‘normal.’”

—Jean

https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peer-support-2017.pdf

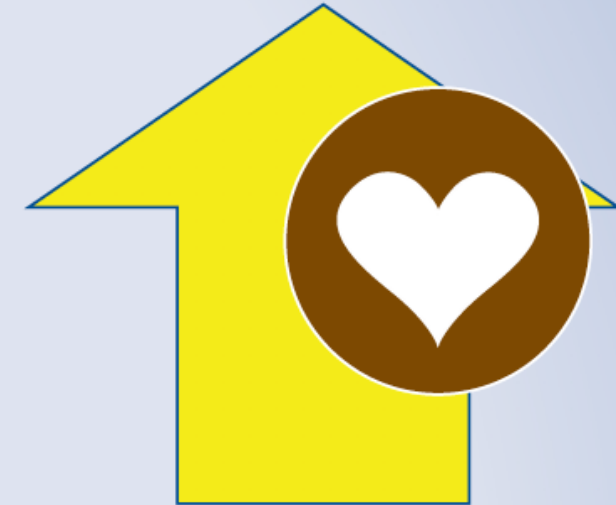
Benefits of Peer Support



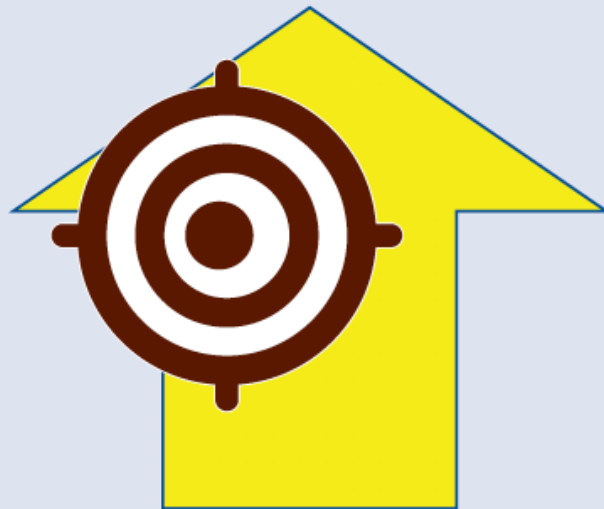
Increased sense of hope and inspiration



Increased sense of control and ability to bring about changes in their lives



Increased empathy and acceptance (camaraderie)



Increased sense that treatment is responsive and inclusive of needs



Increased social support and social functioning



Decreased substance use and depression

Typical Peer Support Tasks

- Conduct overdose prevention trainings with participants and their families, including naloxone distribution.
- Help motivate people with substance use disorders to enter treatment and engage with care. Address ambivalence about change.
- Assist with referrals for treatment, rehabilitation, housing and supportive services.
- Work with treatment team to facilitate engagement with services. Follow up to determine whether services were provided and used.



PEER RECOVERY
CENTER OF EXCELLENCE

A Recovery Community Organization (RCO) is a nonprofit led by people with direct lived experience with substance use challenges and recovery.

RCOs promote public education, peer-based and other recovery support services, and advocate for fair and equitable laws and policies for people in recovery. RCOs also provide peer recovery support training.

State Directory of RCOs:

<https://peerrecoverynow.org/resource-library/rco-directory/>

Mutual Aid and Recovery Support



Guide to Recovery Groups

People seeking or in long-term recovery, along with their families and loved ones, have a growing number of mutual aid groups to choose to participate in. Some of these groups are online and others hold in-person meetings in communities across the U.S.

Faces & Voices of Recovery honors all pathways of recovery, listing more than **50 different groups**.

<https://facesandvoicesofrecovery.org/engage/recovery-groups/>



3 TYPES OF MUTUAL-HELP ORGANIZATIONS:

1. **TWELVE-STEP**, like *Alcoholics Anonymous (AA)* and *Narcotics Anonymous (NA)*
2. **SECULAR (NON-TWELVE-STEP)**, which are growing but smaller entities, such as *SMART Recovery*, *Women for Sobriety*, and *LifeRing*
3. **RELIGIOUS**, such as *Celebrate Recovery*

<https://www.recoveryanswers.org/resource/peer-based-recovery-support/>

Common Features of Mutual Aid Groups

Features of Mutual Aid Groups

- Members share a problem or status
- Self-directed leadership
- Valuation of experiential knowledge
- Norm of reciprocal helping
- Lack of fees
- Voluntary association
- Inclusion of some personal-change goals

Humphreys (2004)

https://assets.cambridge.org/97805217/92776/frontmatter/9780521792776_frontmatter.pdf

Components of Addiction Mutual Help Groups

- Bonding and support
- Goal direction
- Structure to follow
- Following a sober lifestyle
- Available role models
- Expectations of positive and negative consequences
- Involvement in protective activities
- Effective rewards
- Identifying high-risk situations
- Building self-confidence
- Developing coping skills
- Giving back
- Presence of like-minded individuals
- Developing self-awareness reflection skills

Rettie et al. (2021)

<https://doi.org/10.1080/10826084.2021.1899228>

Navigating Referrals to Recovery Groups

Adapting Motivational Interviewing Techniques to Conversations About Peer Support or Mutual Aid

- Ask about their experiences with mutual aid or peer support.
- Ask if they're interested in learning about directories that list groups and meeting options; share resources.
- Discuss whether their goals (abstinence, moderation, harm reduction, etc.) are compatible with a particular group.
- Explore hesitations about participating in groups (privacy, gender, race/ethnicity, religion/spirituality, etc.).
- Support the choice not to attend any group.

Questions to Consider

- Who do you feel comfortable talking to about your drug or alcohol use?
- When is the last time you told someone about your current substance use, history, or goals?
- How do you learn coping skills?
- What role models or examples of success have you seen up close?

Thank you!
Any Questions?

Training Evaluation and Feedback

The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

Feedback about this training also assists us in developing future trainings that are relevant to your professional needs.

Please take a moment to complete a brief survey about today's training. Thank you!



Survey Opportunity

We're conducting a survey to increase understanding of the experience, knowledge, attitudes, and **perceived needs of mental health providers in delivering services and supports to individuals who are blind or visually impaired.**

Participation is anonymous!

Participation in the study involves the completion of a short 15-minute survey and qualifies you for a **chance (via raffle) to win a \$25.00 Amazon gift card** (not paid for with grant funds).



Connect With Us

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Email: northeastcaribbean@mhttcnetwork.org

Website:

<https://mhttcnetwork.org/centers/northeast-caribbean-mhttc/home>

Like and follow us on social media!

Facebook: Northeast & Caribbean MHTTC

Twitter: @necmhttc

LinkedIn: @Northeast and Caribbean MHTTC



Northeast and Caribbean (HHS Region 2)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

SAMHSA
Substance Abuse and Mental Health
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