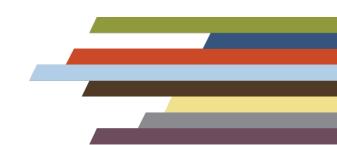


A Role for Everyone in Addressing Substance Use Disorder

Holly Ireland
ATTC Co-Project Director

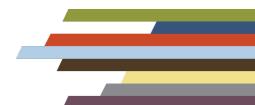




Goals for Today

- Understand the national trends in substance use disorders specifically and behavioral health in general
- Understand the prevalence in substance use disorder and behavioral health in Pennsylvania
- Identify effective strategies and opportunities for everyone in addressing substance use disorder
- Identify resources to support those strategies and opportunities





SAMHSA Strategic Plan FY2019 - FY2023 Five Priority Areas

- Combating the Opioid Crisis through the Expansion of Prevention, Treatment, and Recovery Support Services
- 2. Addressing Serious Mental Illness and Serious Emotional Disturbances
- 3. Advancing Prevention, Treatment, and Recovery Support Services for Substance Use
- 4. Improving Data Collection, Analysis, Dissemination, and Program and Policy Evaluation
- 5. Strengthening Health Practitioner Training and Education

Substance Abuse and Mental Health Services Administration

STRATEGIC PLAN FY2019 – FY2023



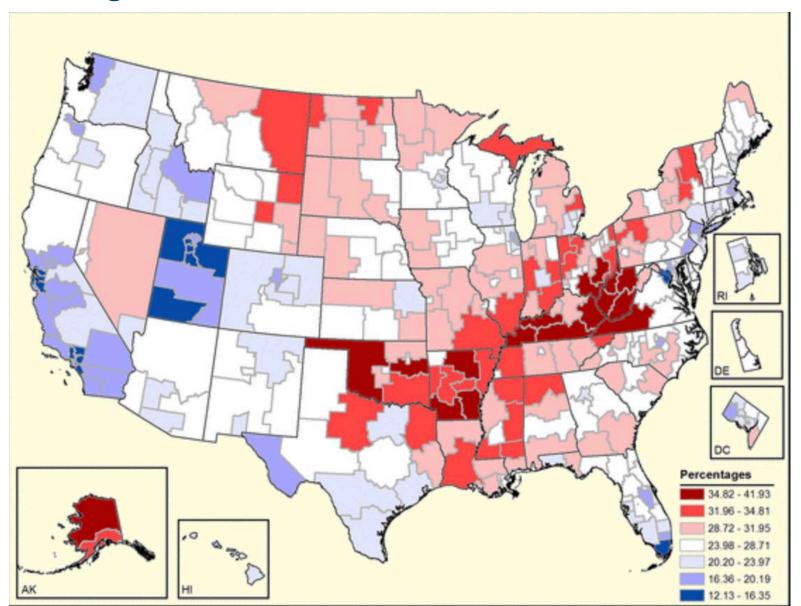




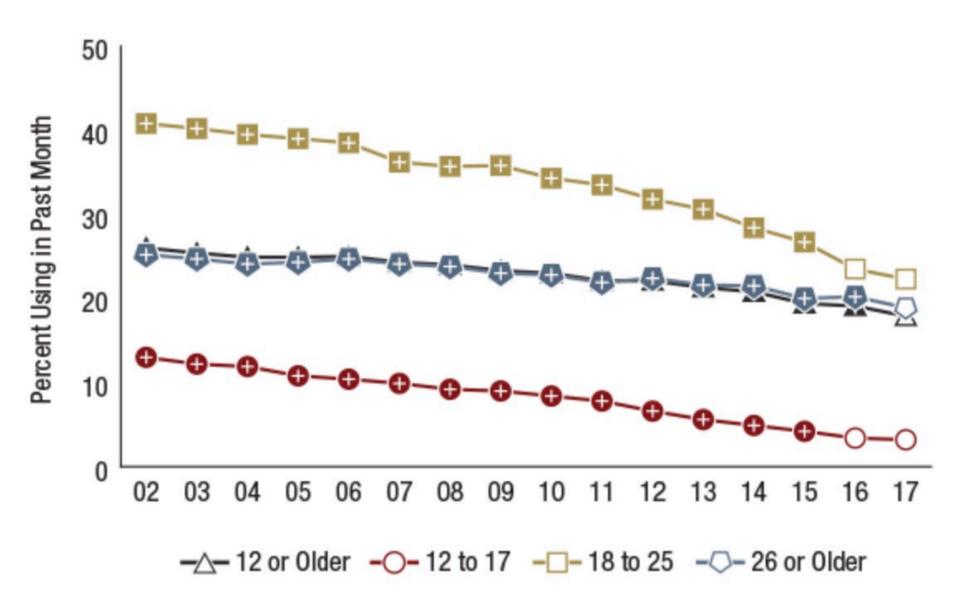


National Survey on Drug Use and Health

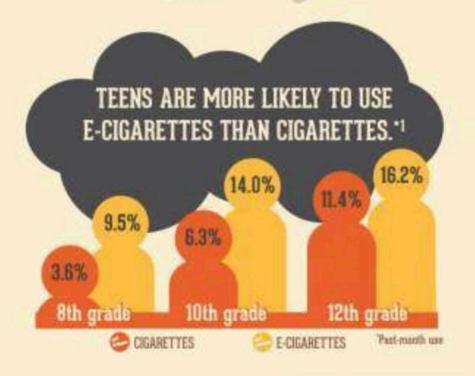
Tobacco Product Use in the Past Month among Individuals Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 2014, 2015, and 2016 NSDUHs



Past Month Cigarette Use among People Aged 12 or Older, by Age Group: Percentages, 2002-2017



Teens—cigarettes

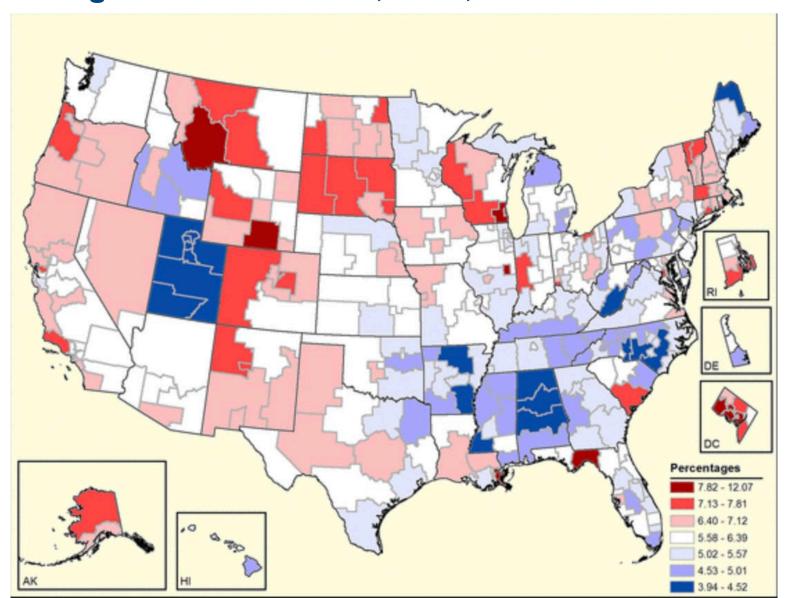




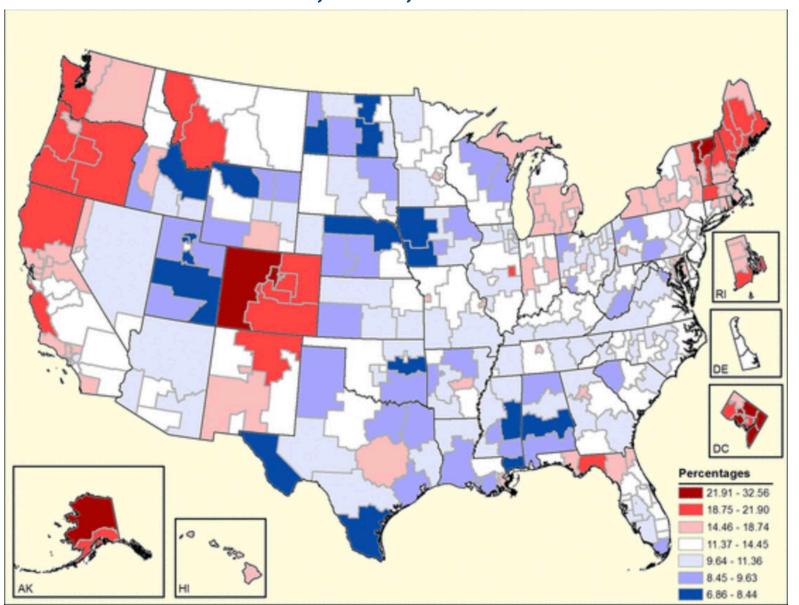


Source:
National Institute on Drug Abuse;
NIH, HHS

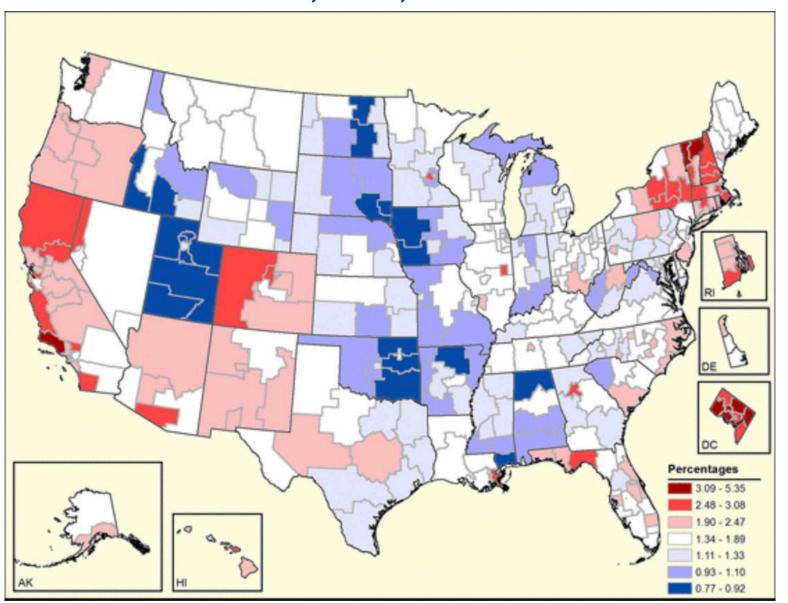
Alcohol Use Disorder in the Past Year among Individuals Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 2014, 2015, and 2016 NSDUHs



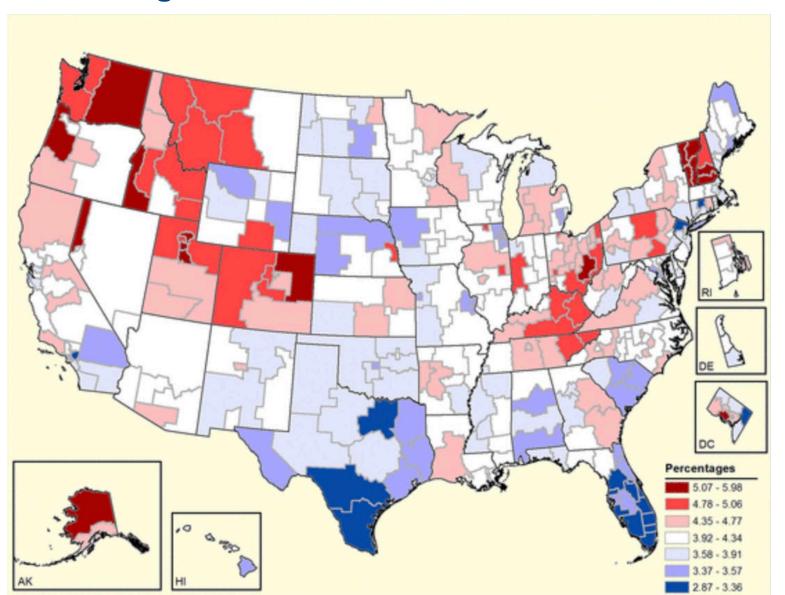
Marijuana Use in the Past Year among Individuals Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 2014, 2015, and 2016 NSDUHs



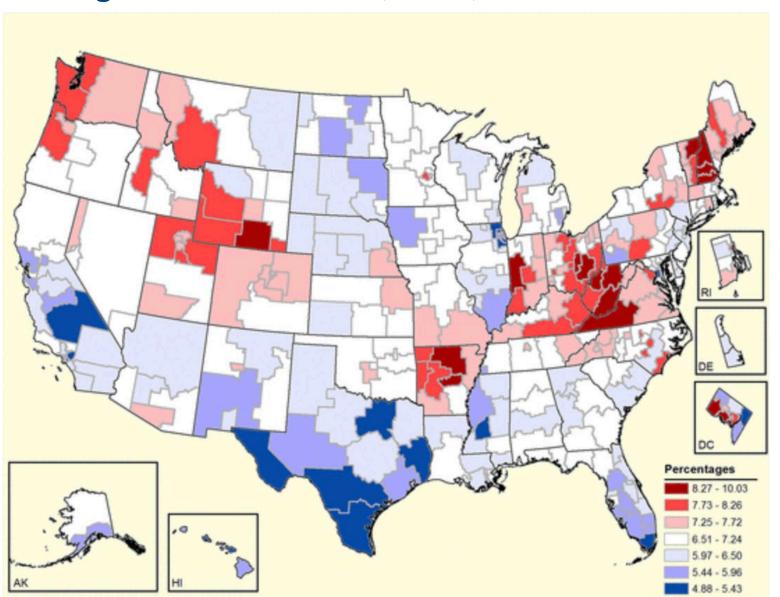
Cocaine Use in the Past Year among Individuals Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 2014, 2015, and 2016 NSDUHs



Had Serious Thoughts of Suicide in the Past Year among Adults Aged 18 or Older, by Substate Region: Percentages, Annual Averages Based on 2014, 2015, and 2016 NSDUHs

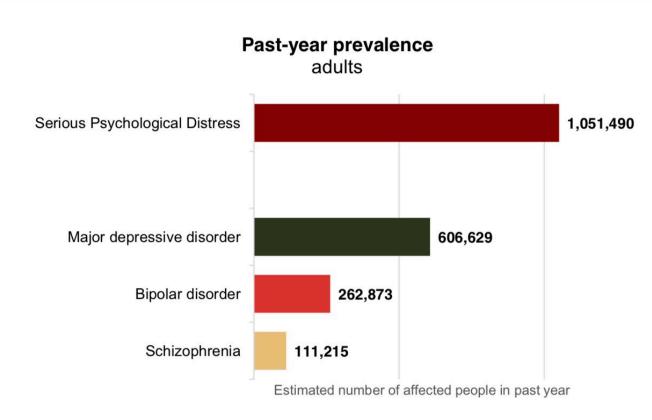


Major Depressive Episode in the Past Year among Adults Aged 18 or Older, by Substate Region: Percentages, Annual Averages Based on 2014, 2015, and 2016 NSDUHs



Estimated number of people living with mental illness

PENNSYLVANIA 2015



We estimate that more than one million adults in Pennsylvania experienced Serious Psychological Distress in the past 12 months.

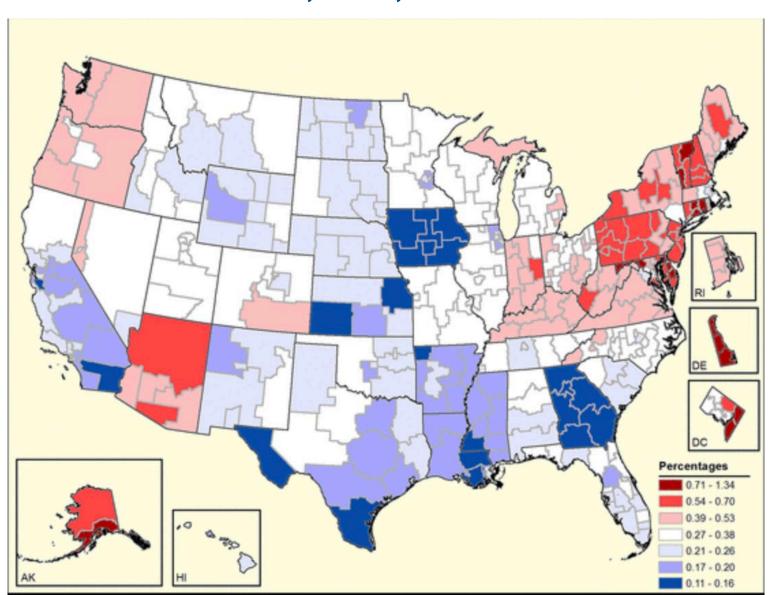
Note that a patient can receive multiple diagnoses of a serious mental illness due to a high degree of overlap between the mental health conditions.

Source: National Institutes of Mental Health, National Survey on Drug Use and Health (NSDUH) 2015, and NSDUH-MHSS 2008-2012.

Estimate of # of people affected using total state population of 10,110,483 adults (18 years and over), Census Bureau data (2015)



Heroin Use in the Past Year among Individuals Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 2014, 2015, and 2016 NSDUHs

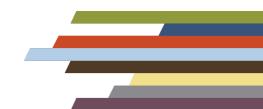


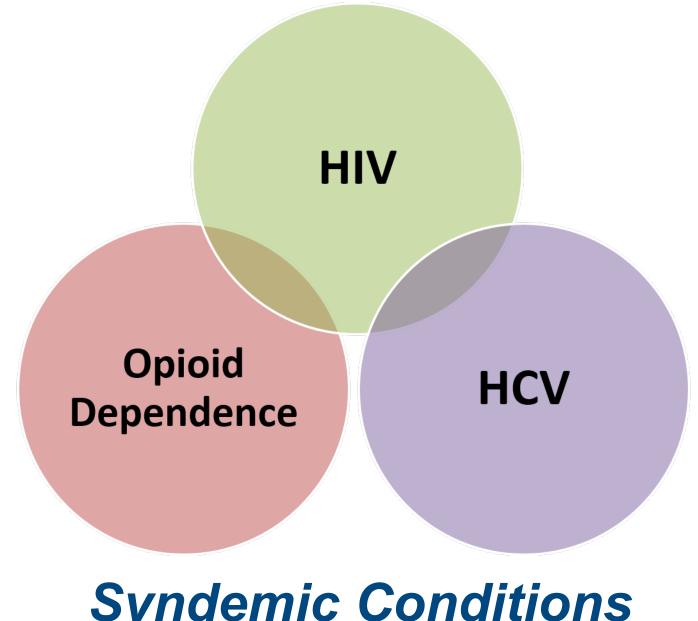
Vulnerable Counties and Jurisdictions Experiencing or At-Risk of Outbreaks County-level Vulnerability to Rapid Dissemination of HIV/HCV Infection Among Persons who Inject Drugs (September, 2015) and Jurisdictions Determined to be Experiencing or At-risk of Significant Increases in Hepatitis Infection or an HIV Outbreak Due to Injection Drug Use Following CDC Consultation (July, 2018) WA ME MT ND MN OR ID NH SD NY W MI MA WY RI IA PA CT NE NV IN OH DE L UT WV CA co MD VA KS MO DC NC TN OK AZ AR SC NM Legend Top 220 AL GA MS Vulnerable Counties in 26 States TX LA Jurisdictions determined to FL be experiencing or at-risk of outbreaks AK (States/Territories: 34, Select Counties: 7, Select Cities: 2) DATA SOURCES: ESRI, EUROPA, CDC Consultations on Determinations of Need Requests, www.odc.gov/hiv/risk/ssps-jurisdictions.html Van Handel MM, Rose CE, Hallisey EJ, et al. County-Level Vulnerability Assessment for Rapid Dissemination of HiV or HCV Infections Among Persons Who Inject Drugs, United States. J Acquir Immune Defic Syndr. 2016 Nov 1;73(3): 323-331. PR G R A S

Health Impact

- Opioid related hospital admissions increased by 58% over the past decade
- Hospitalizations for serious infections quadrupled in the last 10 years at an added cost of \$15 billion to the health care system
- HCV infections tripled between 2010 and 2015
- HIV infections among PWID increase by 4% between 2014 and 2015







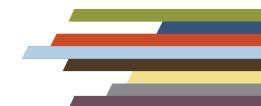
Syndemic Conditions

Significant Impact

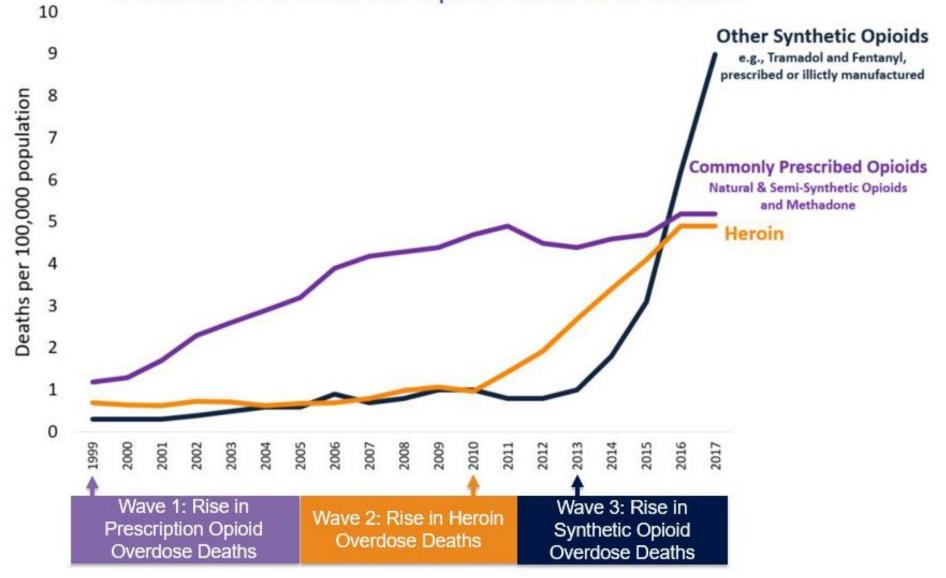
The U.S. has a serious substance misuse problem and is facing an unprecedented opioid epidemic.

Most Americans know someone with a substance use disorder, and many know someone who has lost or nearly lost a family member or friend to addiction.





3 Waves of the Rise in Opioid Overdose Deaths



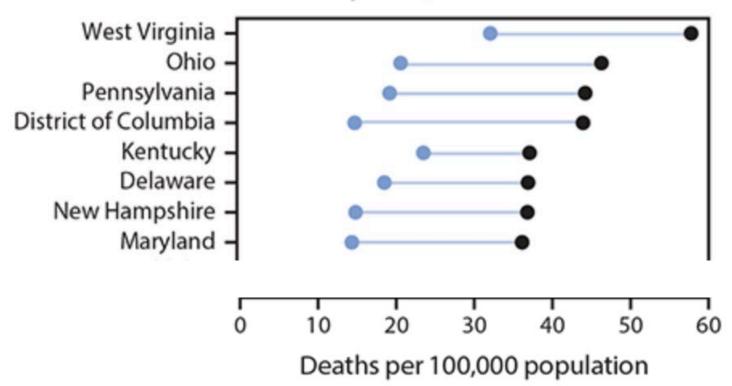
2017 Overdose Deaths cont...

- Highest heroin involved OD deaths per 100,000:
 D.C. (18.0), West Virginia (14.9) and Connecticut (12.4)
- Virginia had the largest relative increase in heroin involved overdoses: 21.8%
- The overdose epidemic continues to worsen and evolve with the involvement of many types of drugs including and increases in:
 - Cocaine
 - Methamphetamines





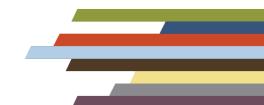
Age-adjusted rate of drug overdose deaths by state, 2013 and 2017



Compounding Factors

- Changing drug supply
 - -Synthetic opioids/IMF
- Changing economics
 - Drugs are relatively cheap
- Prescribing patterns
 - Overprescribing
- Underutilization of treatment
 - -80% are not accessing

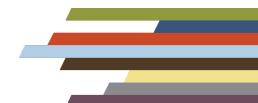




In Summary

- From 1999-2017, more than 700,000 people have died from a drug overdose
- 68% of the 70,200 deaths in 2017 involved an opioid 6 times higher than in 1999
- On average, 130 Americans die every day from an opioid overdose
- One death every 12.5 minutes





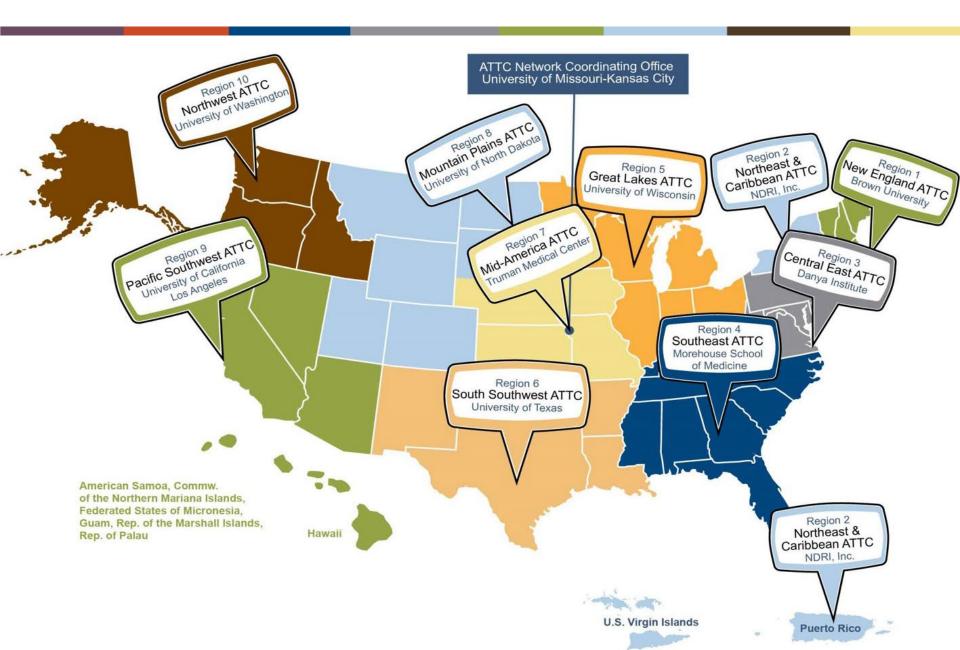
Substance Use Is

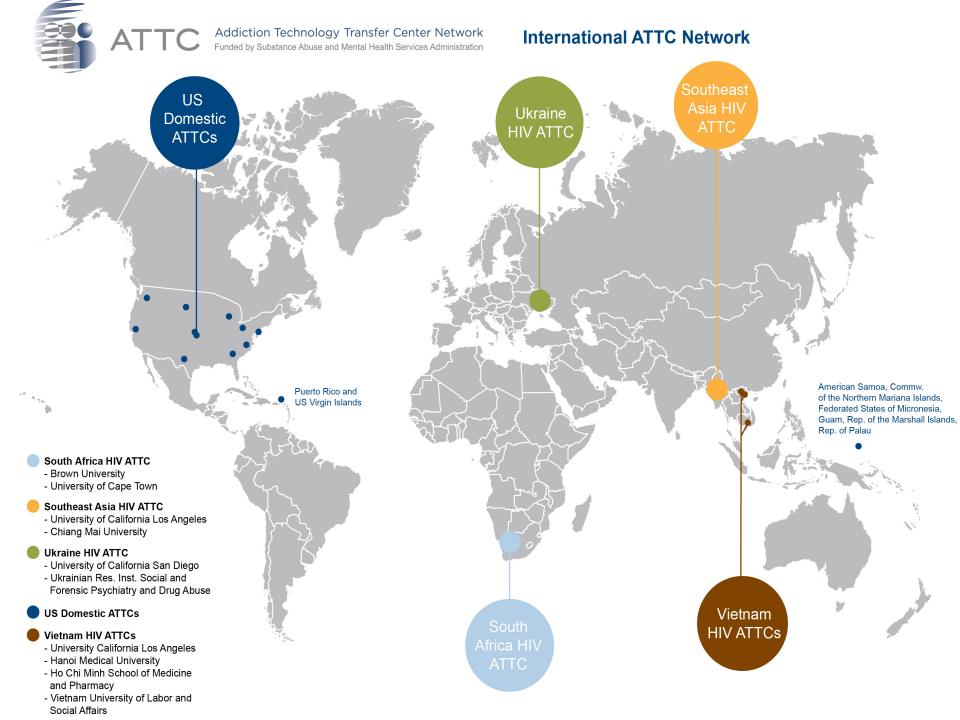


A Public Health Problem



ATTC Network









Technology Transfer Centers

Technology Transfer Centers
Funded by Substance Abuse and Mental Health Services Administration



Central East (HHS Region 3)

Addiction Technology Transfer Center Network Funded by Substance Abuse and Mental Health Services Administration



Central East (HHS Region 3)

Mental Health Technology Transfer Center Network Funded by Substance Abuse and Mental Health Services Administration



Central East (HHS Region 3)

Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

TTCs

Funded by SAMHSA

- Accelerate the adoption and implementation of evidence-based and promising addiction treatment and recovery-oriented practices and services;
- Heighten the awareness, knowledge, and skills of the workforce that addresses the needs of people and substance use and/or other behavioral health disorders;
- Foster regional and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community.
- Ensure the availability and delivery of publicly available, free of charge, training and technical assistance to the behavioral and mental health field



Each TTC National Network includes 13 centers



Network Coordinating Office

National American Indian and Alaska Native Center

National Hispanic and Latino Center

10 Regional Centers (aligned with HHS regions)

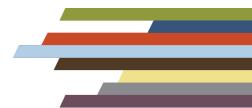
Central East Region

HHS REGION 3

Delaware
District of Columbia
Maryland
Pennsylvania
Virginia
West Virginia

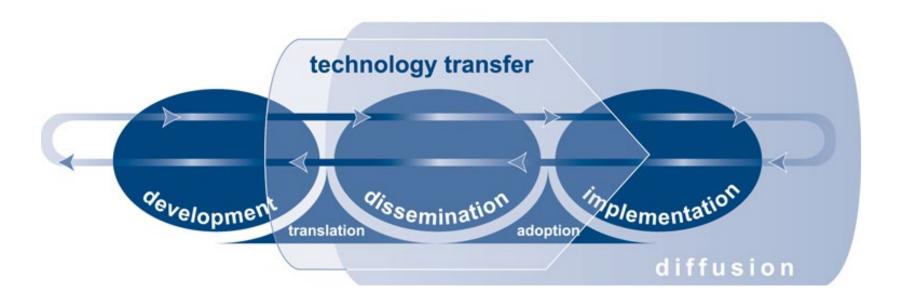






Technology Transfer

Technology transfer is accelerating the adoption and implementation of evidence-based practices through training and technical assistance.







Type of T/TA Offered

- Skill-based training: In-person and Virtual
- Targeted and intensive technical assistance
- Learning collaboratives
- On-line courses, toolkits, virtual meetings, and technology driven models





Central East Focus Areas



Central East (HHS Region 3)



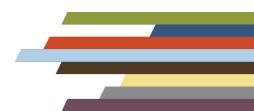


- **Opioid Crisis**
- Evidence-based Practices (EBPs)
 - Motivational Interviewing
 - SBIRT
 - Clinical Supervision
 - Medication Assisted Treatment (MAT)
- Peer Workforce
- **Tobacco Cessation:** Vaping

- Suicide Prevention
- Evidenced-based Practices in prevention treatment and recovery support
- Cultural and linguistic competencies
- Smoking Cessation
- Systems Integrations (internal and external)
- Evidenced-based Schoolbased Mental Health services

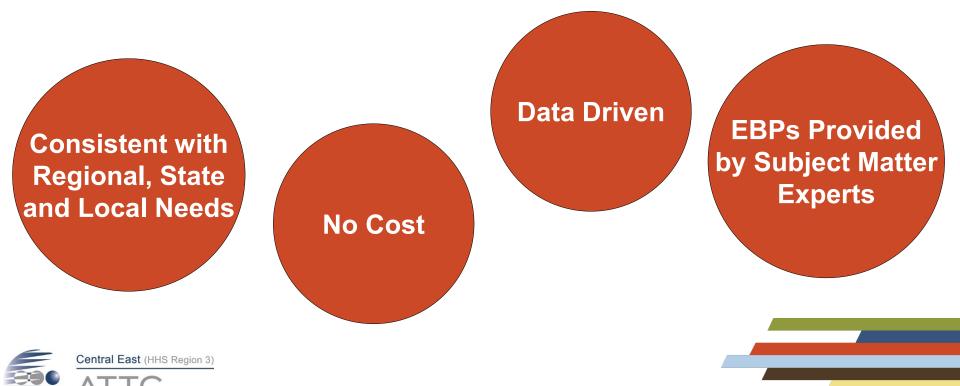
- Engaging and Collaborating with Primary Care Providers for Substance Use Prevention
- Suicide Prevention
- Evidenced-based Practices in prevention treatment





Central East TTC Eligibility

Behavioral health and primary care providers, consumers, families, state and local mental health systems and other stakeholders.



The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS. Words have power. PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.

Cultural Competence

A set of practice skills, congruent behaviors, attitudes, and policies that come together in a system, or among professionals to work effectively in cross cultural situations.

STRIVING FOR HEALTH EQUITY





Trauma-Informed Care

A Trauma-Informed Approach, often referred to as trauma-informed care (TIC), is a promising model for organizational change in health, behavioral health, and other settings that promotes resilience in staff and patients.

SAMHSA's 6 Key Principles

SAFETY

Prevents violence across the lifespan and creates safe physical environments.

TRUSTWORTHINESS

Fosters positive relationships among residents, City Hall, police, schools and others.

EMPOWERMENT

Ensures opportunities for growth are available for all.

COLLABORATION

Promotes involvement of residents and partnership among agencies.

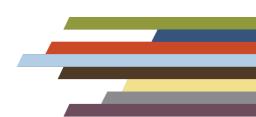
PEER SUPPORT

Engages residents to work together on issues of common concern.

HISTORY, GENDER, CULTURE

Values and supports history, culture and diversity.





Opioid Response Network



About Us

Assistance

Lessons Learned

FAQ

SEND A REQUEST





Resources

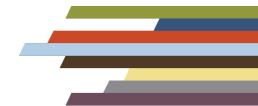
To view other resources discussed in this training presentation:

QR code



Url: https://goo.gl/XJLVo8





Contact Us



Renata J. Henry, Director rhenry@danyainstitute.org info@danyainstitute.org (240) 645-1145



Central East (HHS Region 3)

ATTC

Addiction Technology Transfer Center Network Funded by Substance Abuse and Mental Health Services Administration

Holly Ireland, ATTC Project Director hireland@danyainstitute.org



Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Oscar Morgan, MHTTC Project Director omorgan@danyainstitute.org



Central East (HHS Region 3)

PTTC

Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Deborah Nixon-Hughes, PTTC Project Director dhughes@danyainstitute.org



