Integration of substance use services

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Drake et al*: Schizophrenia Bulletin;* 24, 4:589-608,1998.

Reviewed 36 studies of coordinated delivery of substance use treatment and mental health treatment, mental illnesses were severe and persistent.

In mental health clients, people with substance use disorders have challenges with frequent hospital stays, staying housed and sheltered, HIV prevention, suicidality.

Features associated with effectiveness were: assertive outreach, case management, longitudinal care, staged motivational approach to substance use.

Abstinence requirements in this population effectively deny care.

Addiction treatment medications

Opioid detox/ maintenance medications: methadone, buprenorphine

Alcohol Detoxification medications: lorazepam, chlordiazepoxide, gabapentin

Alcohol craving medications: topiramate, naltrexone, acamprosate, varenicline, gabapentin

Nicotine use medications: nicotine replacement, varenicline, wellbutrin

Blockers and deterrents: naltrexone for opioids, disulfiram for alcohol

Integration of addiction medication:

Alcohol craving medications used in mental health

Buprenorphine used in mental health and primary care, starts in hospital, ED, Jail

Methadone in hospital, jail, primary care

Alcohol outpatient detox

Alcohol detox in diversion from ED: residential, sobering beds

Wellness model: continue stable patients on long-term medication in primary care medical home.

Support for integration challenges: San Francisco examples.

Behavioral Health Homes: PC and SUD placed in MH clinic, with care coordinator

Central induction/stabilization for buprenorphine.

Behavioral health pharmacists providing nicotine cessation services in mental health.

MAT in primary care: counselors placed in PC clinics.

Behavioral Health Homes/whole person

Nurse practitioner from primary care clinic, placed in mental health clinic as part of the BHH. Clients enroll in the primary care clinic, and PC billing and supervision is done at the PC clinic.

Mental health clinic hires substance use psychosocial providers to provide services to BHH clients with co-occurring disorder. Goal is to help stabilize the mental health symptoms by addressing the substance use disorder.

Buprenorphine induction clinic (OBIC)

Clients with opioid use disorder are referred or self-referred, evaluated and stabilized on MAT. Buprenorphine observed doses and pharmacy services provided by on-site behavioral health pharmacy.

Medical, mental health, and substance use assessments provided by psychiatric NPs, counseling by social workers certified in drug counseling, overseen by addiction medicine physician.

Nicotine/smoking cessation in mental health

Mental health clinical pharmacists, certified by the American Lung Association, run smoking cessation groups in mental health clinics that include medications such as nicotine replacement patches (maintenance available), Wellbutrin, varenicline.

Methadone maintenance in primary care

Satellites of an opioid treatment program located within primary care clinics. Patient's main physician orders the methadone, counseling provided by drug counselors on site, urine testing collected on site. Observed methadone dosing at public health pharmacies.

Summary:

Persons with substance use disorders show up in mental health clinics and primary care clinics, may be under-aware of their illness.

Long-term view of engagement in care is important.

Addiction treatment medications provide safer detoxification, and can help control craving and withdrawal.

Potential to affect serious sequelae of co-occurring conditions, such as frequent hospital stays, violence, and suicide.