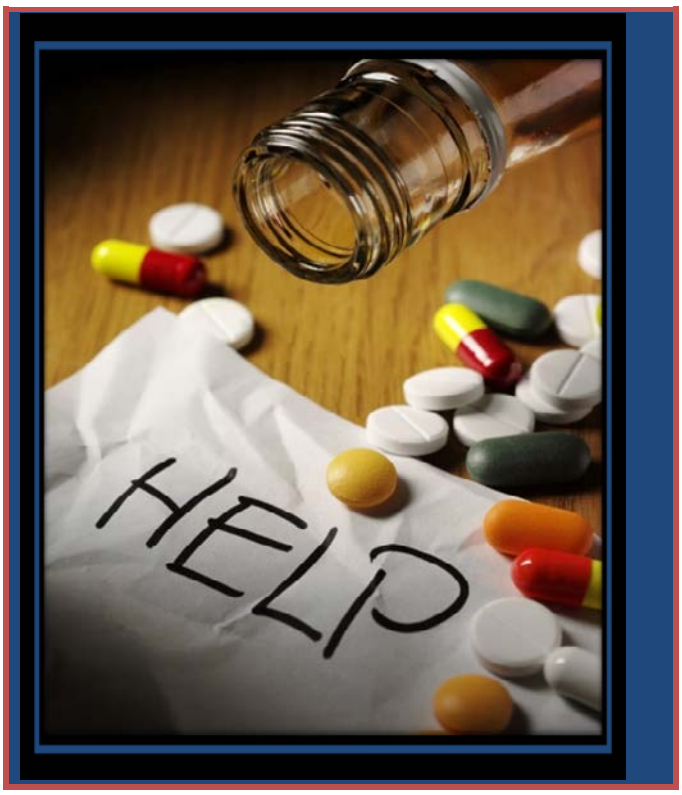
Department of
Mental Health &
Substance Abuse Services



8/15/2016

Substance Use Best Practice Tool Guide

TREATMENT RESOURCES

Division of Clinical Leadership in Collaboration with the
Division of Substance Abuse Services

Treatment Resources

Using ASAM Criteria

The American Society of Addiction Medicine (ASAM) criteria, formerly known as the ASAM patient placement criteria, have become the most comprehensive and widely used set of guidelines for placement, continued stay, and transfer/discharge of clients with addiction or co-occurring conditions. These criteria are the result of a collaboration to define one national set of criteria for providing outcome-oriented and results-based care in the treatment of addiction. Today the criteria are required in more than 30 states. State-funded substance use treatment providers in Tennessee are required to use ASAM (ASAM, n.d.).

State-funded substance use treatment providers in Tennessee are required to use ASAM (ASAM, n.d.).

ASAM criteria are an indispensable resource that professionals in addiction medicine rely on to provide a nomenclature for describing the continuum of addiction services. There criteria provide separate placement criteria for adults and adolescents to create individualized, comprehensive treatment plans. These plans are developed through a multidimensional patient assessment over five broad levels of treatment that are based on the degree of medical management provide, structure, safety and security provided, and intensity of treatment services provided (ASAM, n.d.).

The ASAM Criteria, (Third Edition), became available in 2013. Software is also available. It is recommended that the text and the software be used in tandem. The text provides background and guidance for proper use of the software. The software, then, enables comprehensive, standardized evaluation (Mee-Lee, Shulman, Fishman, Gastfriend, & Miller, 2013).

The basis of all content with the ASAM criteria is the following guiding principles:

- Clarifying 'medical necessity
- Clarifying the goals of treatment
- Clarifying the role of the physician
- Engaging with 'informed consent'
- Focusing on treatment outcomes
- Identifying adolescent specific needs
- Incorporating ASAM's definition of addiction

- Moving away from using previous 'treatment failure' as an admission prerequisite
- Moving from a limited number of discrete levels of care to a broad and flexible continuum of care
- Moving from fixed length of service to variable length of service
- Moving from one-dimensional to multidimensional assessment
- Moving from program-driven to clinically driven and outcomes-driven treatment
- Moving toward an interdisciplinary, team approach to care (Mee-Lee, Shulman, Fishman, Gastfriend, & Miller, 2013).

ASAM incorporates six unique dimensions that represent different life areas. The dimensions include: 1) acute intoxication and/or withdrawal potential; 2) biomedical conditions and complications; 3) emotional, behavioral, or cognitive conditions and complications; 4) readiness to change; 5) relapse, continued use, or continued problem potential; and 6) recovery/living environment. Together these dimensions impact any and all assessment, service planning, and level of care placement decisions (Mee-Lee et al., 2013.

ASAM's treatment criteria provide separate placement criteria for adolescents and adults to create comprehensive and individualized treatment plans. Adolescent and adult treatment plans are developed through a multidimensional patient assessment over five broad levels of treatment that are based on the degree of direct medical management provided, the structure, safety and security provided and the intensity of treatment services provided. Risk ratings are provided for each assessment dimension. In the ASAM Criteria, treatment is described as a continuum marked by four broad levels of service plus an early intervention level. Arabic numbers rather than Roman numerals are used to describe all levels of service, starting with this third edition. Thus, the levels of service range from Levels 0.5 (early intervention) to Level 4 (medically managed intensive inpatient services). Decimal numbers are used to further express gradations of intensity. For example, Level 3.1 is clinically managed low-intensity residential services (Mee-Lee et al., 2013).

Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) Treatment Services

The Division of Substance Abuse Services (DSAS) in the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) contracts with more than 60 community-based agencies in the delivery of treatment services across the state. The target population includes individuals that do not have means to pay for substance use treatment. Hence, state-funded treatment services are available to persons who have no financial means of obtaining services; have no other financial means of obtaining the services available through this program; are not enrolled in TennCare; do not have any other third party health-benefits payor source; have depleted their TennCare or other third party substance use treatment benefits limit; and/or meet the 133 percent Federal poverty guidelines as set by the United States Department of Health and Human Services (TDMHSAS, n.d.).

A wide array of substance use treatment services and supports are available through DSAS.

Priority populations consist of the following: pregnant women, women with dependent children, adolescents, and persons infected or at risk of the human immunodeficiency virus (HIV). A wide array of substance use treatment services and supports are available through DSAS.

- **Outpatient**

Involves less than nine hours of service per week for adults or less than six hours per week if the participants are adolescents. May consist of recovery or motivational enhancement therapies/strategies. In-state providers of this service are listed in the document from a link at https://www.tn.gov/behavioral-health/article/adult-substance-abuse-treatment.

- **Intensive Outpatient**

At least nine hours of services per week for adults or a minimum of six hours weekly for adolescents to treat multidimensional instability. Treatment service time does not exceed 19 hours weekly. Provider of this service in the state can be accessed from a link at https://www.tn.gov/behavioral-health/article/adult-substance-abuse-treatment.

- **Partial Hospitalization**

20 or more hours of services per week but 24-hour care is not required. In-state providers of this service are listed in the Substance Abuse Treatment Provider Directory. This document can be accessed from a link at https://www.tn.gov/behavioral-health/article/adult-substance-abuse-treatment.

- **Halfway House**

Provides transitional living for persons in recovery from substances. Some people go to halfway houses from other situations such as treatment centers, prisons, or a homeless situation. Other individuals go to halfway houses to be in a sober and clean environment to begin the process of recovery. Sometimes people are court ordered to live in a halfway house (halfwayhouse.com, n.d.). Oxford Houses in the state are a form of halfway house. The Substance Abuse Treatment Provider Directory can also help individuals identify providers that operate halfway houses in the state. That directory can be found in a link at https://www.tn.gov/behavioral-health/article/adult-substance-abuse-treatment.

- **Residential**

Participants received 24-hour care at a facility with professionally trained counselors. Services are less intense but may be the very environment that will allow the person addicted to substances to have success at quitting the use of substances. Participants get to use other residents in the program to provide a sounding board. Successful residential substance abuse programs offer a diverse experience for person recovering from his or her addiction. Treatment should be individualized. The participant and his or her counselor will recognize when the individual is prepared to exit the program. In-state providers of this service can be found through a link to the Substance Abuse Treatment Provider Directory that is located at https://www.tn.gov/behavioral-health/article/adult-substance-abuse-treatment.

- **Social Detox and Medically Monitored Detox**

Adults in our state can receive non-medical or social withdrawal management. This is a service that provides residential level of care for individuals in withdrawal but who do not require medical monitoring during their withdrawal. This form of withdrawal management is only appropriate for clients who are withdrawing from substances in which there is no likelihood of a threat to physical safety during the withdrawal process.

Medically Monitored Withdrawal Management (MMWM) services are available for eligible persons. These services are delivered by medical and nursing professionals, with the provision of a 24-hour medically supervised evaluation and withdrawal management in a facility with inpatient/residential beds. At this time, there are seven providers of this service at nine different locations across the state. A list of providers can be obtained from https://www.tn.gov/assets/entities/behavioral-health/attachments/MMWM_Treatment_Providers_List.pdf.

Medically managed inpatient withdrawal management is available on a limited basis for those who need to be in a hospital during withdrawal from substance use. It is delivered by medical and nursing professionals and provides 24-hour, medically-directed observation, evaluation, monitoring, and withdrawal management in an acute care inpatient setting. Such services are currently available through the Pathways agency located in Jackson, TN.

Withdrawal Management (Detoxification) Considerations

Withdrawal management (detoxification) becomes the first priority in treatment planning when an individual's substance use disorder (SUD) has progressed to the point that there is physical dependence. The onset of a physical withdrawal syndrome, despite being uncomfortable and in some cases extremely dangerous, provides an unparalleled opportunity to engage the individual in interventions that may lead to sustained recovery (Mee-Lee et al., 2013).

Nevertheless, when an individual stops taking the problem substance, the body will react to the "withdrawal" of the drug (SAMHSA/CSAT, 2011). It is possible to withdraw from use of some substances "cold turkey". However, stopping substance use in this manner can carry very significant risks, especially if the drug being discontinued is alcohol, a benzodiazepine, or an opiate. Quitting "cold turkey" is also not advisable if an individual has been using the substance for a long time or in large amounts (Hartney, 2014). Hence, withdrawal management is typically recommended and offered.

Distinct from substance use treatment, detoxification or detox allows for withdrawal from the problem substance with support, usually medical. It is primarily designed to handle the physical symptoms that can accompany withdrawal from substances (The Addiction Recovery Guide, 2014). The American Society of Addiction Medicine now refers to detoxification services as "withdrawal management". The body—more specifically, the various organs affected by substance use and/or abuse—detoxifies. Clinicians assist with management of the withdrawal (Mee-Lee et al., 2013).

The process of withdrawal management not only treats the acute physiological symptoms that appear when individuals stop using the substance but removes residual toxins in the body that have built up over time due to chronic use/misuse (The Addiction Recovery Guide, 2014).

The process of withdrawal management not only treats the acute physiological symptoms that appear when individuals stop using the substance but removes residual toxins in the body that have built up over time due to chronic use/misuse. It can be carried out in an inpatient or an outpatient setting. Outpatient withdrawal management is less disruptive for the individual and costs less, but gives him or her greater opportunity to be around the substance(s) of misuse/use (The Addiction Recovery Guide, 2014).

Prior to medication treatment for addiction, withdrawal management routinely occurred at the beginning of treatment. This focus still holds for programs in which complete substance abstinence is the goal and in the treatment of addictions that have no approved medications (ONDCP, 2012).

There is a continuum of five levels of withdrawal management (detoxification services) for adults in the ASAM Criteria: Levels 1-WM, 2-WM, 3.2-WM, 3.7-WM, and 4-WM. Commonly only the most intensive and expensive levels of withdrawal management are funded and delivered (Level 3.7-WM and Level 4-WM)

Withdrawal Management of Alcohol.

Not all substances will pose a physical threat to people's safety during withdrawal. However, a medically monitored detoxification approach, at minimum, is recommended for individuals that decrease or discontinue alcohol use abruptly following regular consumption. Alcohol withdrawal can result in potentially dangerous side effects such as seizures and sometimes can be fatal (Addiction.com, 2012).

Signs of alcohol withdrawal can occur as soon as two hours after the last drink, though the typical withdrawal symptoms don't tend to appear until five to ten hours following the last drink. Included among the common alcohol withdrawal symptoms are:

- Anxiety
- Elevated blood pressure
- Elevated heart rate
- Insomnia or sleep difficulties
- Irritability
- Nausea
- Nightmares or unusual dreams
- Over excitedness
- Rapid breathing
- Sweating
- Tremors or uncontrollable shaking
- Vomiting (Addiction.com, 2012).

These symptoms typically peak in severity one to two days after the last drink. Most of the common symptoms subside within three to four days, but a large percentage of alcoholics continue to crave alcohol for years following treatment (O'Brien, 2012). The most common serious side effects associated with alcohol withdrawal include:

- Seizures that could occur consecutively over the course of several hours
- Vivid, detailed hallucinations that can last up to two days

- Delirium tremens (DTs) which can cause extremely serious complications without adequate treatment. (It is the less common of the three side effects, but the most dangerous. Onset will usually start within 48 to 72 hours of the last drink consumed. They peak in severity around four or five days after the last drink. It may be necessary to hospitalize individuals who experience DTs so they can be closely and safely monitored for cardiac or respiratory complications. Death happens in five to 15 percent of persons experiencing DTs even when proper medical care is provided (Addiction.com, 2012).

Inpatient medical withdrawal management services are appropriate for alcoholics with co-occurring medical conditions or those at risk for serious complications of withdrawal. These services are highly recommended if the individual has a past history of alcohol withdrawal seizures or delirium tremens (DTs), e.g. As inpatients, these individuals are given medications to help them through their withdrawal. Benzodiazepines are typically used to reduce the risk of adverse events. Clonidine and carbamazepine have also been used during the withdrawal process (The Addiction Recovery Guide, 2014).

Sometimes it may not be necessary to treat the person through inpatient services. In fact, recent research has shown outpatient detoxification as effective as inpatient treatment and less costly for individuals with less severe alcoholism. However, this method requires daily follow-up and monitoring. Often a tranquilizer is used for the first 24 hours (The Addiction Recovery Guide, 2014).

Withdrawal Management of Cocaine.

There is no known pharmacologic therapy for cocaine addiction. However, several substances have been used in the withdrawal management of cocaine. Antidepressants may be used to reduce the anxiety and/or depression associated with non-use. Benzodiazepines and tranquilizers have been used to reverse the anxiety often associated with cocaine withdrawal. It is possible that amantadine, a drug used in the treatment of Parkinson's, may be effective for persons exhibiting severe cocaine withdrawal symptoms. Cravings have also diminished with this medication. Bromocriptine decreases cravings during detoxification and mood disturbance. The beta-blocker Propranolol may be useful for severe cocaine withdrawal symptoms. However, its use is not risk free for persons who have taken cocaine. The drug can be linked to decreased blood flow to the heart, as well as other changes that may predispose individuals to arrhythmia, and a severe elevation of blood pressure that can lead to stroke. Delayed toxic effects are also possible. Careful monitoring and caution are required if Propranolol administered (The Addiction Recovery Guide, 2014).

Withdrawal Management of Opioids.

Withdrawal from opioids can be intensely uncomfortable but is not life threatening. The chronicity and severity of the symptoms, though, raise the probability of relapse if withdrawal is not handled properly (Mee-Lee et al., 2013).

Rapid Detox.

Individuals undergoing rapid detoxification are put to sleep with general anesthesia. Opiate blockers are given intravenously to stop the action of narcotics and opiate drugs. Injections of other medications such as muscle relaxants maybe given to further reduce the symptoms of withdrawal. This method results in physical detoxification within four to eight hours. However, this form of withdrawal management should take place in the intensive care unit of a hospital. Discharge typically occurs within 48 hours after recovery from the anesthesia and assessment of the individual's physical status (The Addiction Recovery Guide, 2014).

Stepped Rapid Detox.

Individuals are given small doses of Naloxone subcutaneously as well as naltrexone orally every hour or so, along with reduced withdrawal management medications, as needed. This method allows the opiates to be removed from the body more slowly than through the intravenous route. As a result, detoxification and stabilization on Naltrexone Maintenance Therapy can occur in two to four small manageable bites (The Addiction Recovery Guide, 2014).

Ultra Rapid Detox.

This method requires that the individual undergo general anesthesia, after which he or she is given Naltrexone. The blocking mechanism of Naltrexone speeds up the withdrawal process and pushes individuals into 100 percent detoxification within five to 30 minutes. There is substantial pain involved in this method, but the anesthesia helps make it tolerable. Besides being costly, this method too has significant medical risk (The Addiction Recovery Guide, 2014).

Outpatient Detoxification.

Ambulatory detoxification is an outpatient model that is considered appropriate only when a positive and helpful social support network is available to the participant. Outpatient detoxification services should be designed to treat the individual's level of clinical severity, achieve comfortable and safe withdrawal substance use/misuse, and effectively facilitate the person's transition into treatment and recovery (SAMHSA/CSAT, 2006).

Treatment Resources

Alcoholics Resource Center.

This is an online recovery resource devoted to supporting individuals who have issues with alcohol. The site is not affiliated with Alcoholics Anonymous World Services, Inc., but was designed to provide social networking and information in support of fellow AA members. The site is available at http://www.alcoholicsanonymous.com/aa-tennessee-tn.html. Persons seeking help can speak with an alcohol addiction counselor by calling 1-800-895-1695.

REDLINE Services.

Call 1-800-889-9789 for
REDLINE services.

REDLINE is Tennessee's toll-free referral and information line to assist persons with an addiction in locating help 24 hours a day – seven days a week. The service provides accurate, current alcohol, drug, and other addiction referrals and information to all residents of Tennessee at their request. Referrals are also available for co-occurring disorders.

Persons calling **REDLINE** for help typically receive a minimum of three (3) referral sources whenever possible. **REDLINE** staff only provide information to connect the caller with a person who provides diagnosis, assessment, or prognosis of the physical or mental health of the substance abuser/user. Staff do not provide counseling or therapy services.

The **REDLINE** service is funded by TDMHSAS and coordinated by TAADAS. Referrals can be made to any program/provider that has submitted an application to be included in the **REDLINE** referral database (TAADAS, n.d.).

Technical Assistance Publications (TAPs).

Technical Assistance Publications (TAPs) are compilations from various Federal, state, programmatic, and clinical resources that provide practical information and guidance related to the delivery of treatment services to persons with substance abuse and mental health needs. All resources may be obtained from the store of the Substance Abuse and Mental Health Services Administration (SAMHSA) at http://store.samhsa.gov/product. TAPs can also be obtained at the TAADAS Clearinghouse (www.TAADAS.org).

TAP 19: Relapse Prevention with Chemically Dependent Criminal Offenders, Counselor's Manual

- ✓ This TAP is intended to be used by paraprofessional counselors who work with criminal inmates and offenders that are addicted to substances. It is designed to help these counselors teach their service recipients how they can stay clean and sober. *NOTE*: This publication is provided for historical reference only. It is possible the content may be out of date (i.e., 1996 publication date).

TAP 21: *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice*

- ✓ This TAP is not a curriculum that must be followed in a specific sequence. Rather it identifies knowledge, skills, and attitudes that could serve as outcomes toward which curricula might aim. Included is a set of outcome guidelines that may be used to meet varying needs. Educators and curriculum developers can build courses, curricula, and training packages oriented toward these outcomes. Counseling practitioners can assess their own progress toward achieving the competencies. Supervisory and administrative personnel can use the materials to identify in-service training and continuing education needs within their agencies.

TAP 26: Identifying Substance Abuse among TANF-Eligible Families

- ✓ This TAP was designed to help substance abuse treatment providers, welfare administrators, and related agencies identify and address substance abuse in individuals eligible to receive Temporary Aid to Needy Family (TANF). Included in the document are recommendations about instruments and other identifiers, organizational culture, and outreach/marketing.

TAP 30: *Buprenorphine: A Guide for Nurses*

- ✓ This TAP provides general information about buprenorphine products, Suboxone® and Subutex® for the pharmacological treatment of opioid addiction to nurses (including Registered Nurses, Licensed Practical Nurses, and Nurse Practitioners). It can serve as a resource to help nurses who work with community physicians to improve treatment outcomes for people receiving office-based treatment for opioid addiction.

TAP 31: *Implementing Change in Substance Abuse Treatment Programs*

- ✓ This TAP offers expert guidance to therapists, managers, and others who work in treatment facilities with strategies for including and using evidence-based practices (EBPs) in ways that accommodate an organization's specific goals, needs, and culture. The document discusses the rewards of integrating EBPs and encourages a facility's entire staff to join in the change process so that everyone involved can be re-energized

TAP 32: *Clinical Drug Testing in Primary Care*

- ✓ This TAP is designed for clinical practitioners who provide primary care in office settings and/or community health centers. Practitioners of focus include physicians, physician assistants, and nurse practitioners. The purpose of the document is to provide information practitioners need when deciding if drug testing will be introduced in their

practice, along with providing guidance on how to implement the drug testing. This TAP is not designed to address drug testing for legal purposes or law enforcement. Neither does it incorporate testing for the use of anabolic steroids or other performance-enhancing substances. The document does describe some ways in which drug testing can contribute to the assessment, diagnosis, and treatment of patients seen in primary care, the management of treatment for chronic pain, and the identification and treatment of substance use disorders (SUDs).

TAP 33: ***Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment***

✓ This TAP describes core components of screening, brief intervention, and referral to treatment (SBIRT) programs for individuals with or at risk for substance use disorders. Also covered is the implementation of SBIRT services. TAP 33 provides general managerial and administrative information for SBIRT services, including effectiveness, implementation models, barriers and challenges to implementation, sustainability, and cost.

Tennessee Association for Alcohol, Drug, and Other Addiction Services (TAADAS).

The Tennessee Association for Alcohol, Drug, and Other Addiction Services (TAADAS), more commonly referenced as TAADAS, is a statewide, service recipient-oriented association that represents thousands of individuals in recovery, as well as family members, providers, and healthcare professionals. Its mission is to educate, support and engage our members and public, influence policy and advocate for prevention, treatment and recovery services". Additionally, TAADAS has a statewide training program that offers training on various topics related to substance abuse such as alcohol and drug use/abuse, prevention, treatment, recovery support services, co-occurring disorders, mental health and wellness, and other topics of relevance (TAADAS, n.d.).

Moreover, TAADAS has a large supply of publications that can be obtained or checked out free of charge to members or non-members who are Tennessee residents through its statewide clearinghouse. Some of the most frequently checked-out materials include:

Tips for Teens: The Truth about…

1. Tobacco
2. Marijuana
3. Alcohol
4. Methamphetamine
5. Cocaine
6. Club Drugs
7. Inhalants
8. Hallucinogens
9. HIV/AIDS
10. Heroin
11. Steroids

- ✓ A series of brochures that provides facts and dispels myths about substance use. Information is included on long- and short-term effects, physical and psychological risks, and legal implications.

Keeping Your Teens Drug-Free: A Family Guide

- ✓ A booklet of ideas and examples of the skills busy parents/caregivers can use to keep their adolescents away from marijuana and other illegal substances.

A Parent's Guide on Teenagers & Drinking

- ✓ Young people want to be adults which makes convincing your child that alcohol is not an option an incredibly tough job.

Ask. Listen. Learn. - How to Talk to Your Adolescent about Alcohol

- ✓ A brochure designed for parents that explains why it's important to talk about alcohol as well as when and how to discuss it.

A Parent's Guide to Preventing Inhalant Abuse

- ✓ A brochure designed to educate parents about inhalant use and inhalant resources.

Harmful Interactions: Mixing Alcohol with Medicines

- ✓ A brochure covering the dangers of mixing alcohol & prescription drugs.

Make a Difference: Talk to Your Child about Alcohol

- ✓ A booklet with information to help parents discuss alcohol issues with young people ages 10-14.

Beyond Hangovers

- ✓ Most Americans recognize that drinking too much can lead to accidents and dependence. The publication gets to the rest of the story, addressing that fact that alcohol abuse can damage organs, weaken the immune system, and contribute to cancers.

Violence Is Not the Answer...You Are

- ✓ This brochure for the National Campaign against Youth Violence. Included are violence prevention techniques for adults and communities as well as a list of resources.

Anabolic Steroids: Hidden Dangers

- ✓ Steroid users are vulnerable to physical and psychological side effects, many of which are irreversible in women. The publication addresses short-term adverse physical effects of anabolic steroid abuse and points out that long-term adverse physical effects have not been studied, and as such, are not known.

A Family History of Alcoholism - Are You at Risk?

- ✓ If you are among the millions of people in this country who have a parent, grandparent, or other close relative with alcoholism, you may have wondered what your family's history of alcoholism means for you. Are problems with alcohol a part of your future? Is your risk for

becoming an alcoholic greater than for people who do not have a family history of alcoholism? If so, what can you do to lower your risk?

Alcohol and Drug Addiction Happens in the Best of Families

- ✓ Describes how alcohol and drug addiction affect the whole family. Explains how substance abuse treatment works, how family interventions can be a first step to recovery, and how to help children in families affected by alcohol abuse and drug abuse.

Ask. Listen. Learn- You Are What You Drink

- ✓ This brochure encourages young people to ask their parents and other responsible adults about the dangers of using alcohol.

Drugs, Alcohol and HIV/AIDS: A Consumer Guide

- ✓ Drug Abuse behavior plays the single largest role in the spread of HIV infection in the United States today. This pamphlet answers questions and offers resource and contact information.

It's Not Your Fault

- ✓ A brochure intended for teens with alcoholic or drug-dependent parents or caregivers. It aims to reassure them that a parent's alcohol or drug abuse isn't their fault, gives them facts about substance abuse and addiction, and provides advice and resources to help them cope.

Drugs, Brains, and Behavior - The Science of Addiction

- ✓ Provides scientific information about the disease of drug addiction, including the many harmful consequences of drug abuse and the basic approaches that have been developed to prevent and treat the disease

I Quit! What to Do When You're Sick of Smoking, Chewing, or Dipping

- ✓ For young people, this text takes an age-appropriate approach to advising youth on successful methods of tobacco cessation.

Click It or Ticket - Booze It & Lose It

- ✓ Covers the consequences if you make the decision to drink and drive. On the back of the card: Consequences of drinking and driving or not wearing your seat belt in Tennessee by GHSO.

Synthetic Hallucinogenic Stimulant Marketed as "Bath Salts" - Fact Sheet

- ✓ A fact sheet that explains about bath salts.

Caffeine and Energy Boosting Drugs: Energy Drinks - Fact Sheet

- ✓ A fact sheet that explains about energy drinks, what they are and the effects that they have on the body. Explains the danger of mixing energy drinks with alcohol.

Family Guide to Systems of Care for Children with Mental Health Needs (Bilingual)

- ✓ A bilingual family guide intended to inform caregivers and families about how to seek help for children with mental health problems. Information is provided on what caregivers and families need to know, ask, expect, and do to get the most out of their experience with systems of care.

Underage Drinking: Myths vs Facts

- ✓ Outlines common myths teens and pre-teens may hold about alcohol use. Corrects misconceptions with facts about the prevalence of alcohol use among youth and the effects of alcohol on the body and brain of a teen or pre-teen. Provides a resource guide.

For more information about publication checkout, call 615-780-5901 or go to http://taadas.org and click on the link to Free Publications.

Tennessee Association of Mental Health Organizations (TAMHO), Addictions Committee.

The Addictions Committee of the Tennessee Association of Mental Health Organizations (TAMHO) functions as an advocate for a comprehensive behavioral health system in the state. It collaborates with policymakers and provides learning opportunities for addictions, co-occurring, and prevention service professionals employed by TAMHO member agencies. This Committee plans and directs activities aimed at ensuring that TAMHO members are appropriately informed regarding relevant national and state policies. Moreover, the Committee presents recommendations to TAMHO's Executive Committee and Board of Directors on positions that impact the addictions service system, as well as individuals served by the system (personal communication, July 2014.

Tennessee Co-Occurring Disorders Collaborative (TNCODC).

The Tennessee Co-Occurring Disorders Collaborative (TNCODC) was founded in the fall of 2011. It emerged from a vision to bring about education and awareness of the impact of co-occurring disorders. This vision was identified by NAMI Tennessee and shared with the Tennessee Association of Mental Health Organizations (TAMHO) who wholeheartedly agreed. Thus, the two organizations jointly resolved to move forward with outreach and education to bring awareness to the impact of co-occurring disorders, not only on individuals but also on families and various aspects of the communities.

In 2012, the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) joined NAMI Tennessee and TAMHO with the provision of grant funding to aid in moving the project forward. Soon afterwards, eight more organizations jointly resolved with the mission of the Collaborative thus strengthening the voice of TNCODC.
The Tennessee Co-Occurring Disorders Collaborative is dedicated to creating a common understanding of the impact and treatment of co-occurring disorders in our communities and to share knowledge about the conditions and available resources, reduce stigma, and accurately direct people to timely and effective prevention, treatment, and support.

The TNCODC Steering Committee serves as the primary statewide structure to oversee and coordinate planning, development, and implementation of all phases of the Collaborative's activities and initiatives. The committee aims to ensure accountability, consistency, and sustainability of co-occurring disorder strategies and provide strategic and operational recommendations through the committee and subcommittee structure.

Treatment Finder.

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides a link to treatment services for persons in need of behavioral health services including substance abuse. The link is located at https://findtreatment.samhsa.gov/. Enter your address, city, or zip code into the text box on the Web page and an array of services are displayed. The service link is an online source of information for anyone seeking treatment facilities in the United States or its territories for substance or mental health problems.

Treatment Improvement Protocols (TIPs).

Treatment Improvement Protocols (TIPs) are best-practice guidelines for the treatment of substance use disorders. They were developed by the Center for Substance Abuse Treatment (CSAT), a part of the Substance Abuse and Mental Health Services Administration (SAMHSA). TIPs bring together national leaders/experts in an effort to improve substance use disorder (SUD) treatment in our country. CSAT continues to draw on the experiences and knowledge of research, clinical, and administrative experts in the production of TIPs that are distributed to individuals and facilities across the country. The audience continues to expand beyond public and private treatment facilities and include practitioners in mental health, criminal justice, primary care, social services, and other health care settings.

Dissemination of a TIP is the last step in a process that begins with the recommendation of an alcohol or other drug abuse problem area for consideration by a panel of experts. Included on this panel might be clinicians, program managers, and researchers, along with professionals in related fields such as criminal justice or social services. Recommendations from this Federal panel are then communicated to members of a second group that makes more recommendations, defines protocols and arrives at agreement on protocols. Representatives on this group might include alcohol and other drug treatment programs, community health centers, counseling programs, hospitals, child welfare agencies, criminal justice, and private practitioners. A Chair approves the final document for publication. The result is a TIP that reflects the actual state of the art of alcohol and other drug abuse treatment used in private and public programs recognized for their provision of innovative and high quality alcohol and other drug abuse treatment. All resources may be obtained from the SAMHSA store at http://store.samhsa.gov/product or through the TAADAS Clearinghouse (www.TAADAS.org).

TIP 33: ***Treatment for Stimulant Use Disorders***

- ✓ This TIP delineates treatment recommendations and suggestions that are empirically supported as well as those that are currently based on consensus opinion. The purpose of TIP 33 is to advance the understanding of treating the substance use disorders associated with the abuse of methamphetamine and cocaine. Substances included in the category of "stimulants" include the derivatives of the coca plant (cocaine hydrochloride and its freebase form, "crack") and the synthetically produced amphetamines, with a primary emphasis on illegally produced methamphetamine and its smokable form, "ice".

TIP 35: ***Enhancing Motivation for Change in Substance Abuse Treatment***

- ✓ This TIP is based on the fundamental rethinking of the concept of motivation, where it is dynamic rather than static. In this TIP, motivation is redefined as intentional, purposeful, and positive, directed toward the best interests of the self. It is viewed as related to the probability that an individual will enter into, continue, and adhere to a specific change strategy. The TIP shows how substance use treatment staff can affect change by developing a therapeutic relationship that builds on and respects a patient's/client's autonomy while making the treatment clinician a partner in the change process. Treatment staff are encouraged to acknowledge the power of motivation in determining whether an individual's substance use will change and adopt motivation-enhancing techniques to increase participation in treatment.

TIP 40: ***Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction***

- ✓ This TIP provides consensus as well as evidence-based guidance on the use of buprenorphine in the treatment of opioid addiction. It addresses a variety of topics on the subject, including physiology and pharmacology of opioids, opioid addiction and treatment with buprenorphine; screening and assessment of opioid addiction problems; detailed protocols for opioid addiction treatment with buprenorphine; management of special populations; and policies and procedures related to office-based opioid addiction treatment under the paradigm established by the Drug Addiction Treatment Act of 2000.

TIP 42: ***Substance Abuse Treatment for Persons with Co-Occurring Disorders***

- ✓ This TIP is a revision of TIP 9, *Assessment and Treatment of Patients with Coexisting Mental Illness and Alcohol and Other Drug Abuse.* It contains information about new developments in the rapidly growing field of co-occurring substance use and mental disorders while also capturing the state of the art in the treatment of people with these disorders. TIP 42 focuses on what the clinician needs to know and provides that information in an accessible manner. It synthesizes knowledge and grounds it in the practical realities of real situations and clinical cases so its reader will gain increased knowledge, resourcefulness and encouragement in working with individuals with co-occurring disorders.

TIP 43: ***Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs***

- ✓ This TIP incorporates the multitude of changes in medication-assisted treatment for opioid addiction (MAT) that have taken place over the most active decade of change since the inception of this treatment modality more than 40 years ago. It describes the nature and dimensions of opioid use disorders and their treatment in the United States, including principles underlying MAT and historical and regulatory developments.

TIP 44: ***Substance Abuse Treatment for Adults in the Criminal Justice System***

- ✓ This TIP was developed to provide best practice guidelines and recommendations to administrators and counselors based on the research literature and experience of seasoned treatment professionals. It covers all phases through which a person progresses in the criminal justice system as well as the full range of criminal justice settings. Both clinical and programmatic areas of treatment are addressed.

TIP 45: ***Detoxification and Substance Abuse Treatment***

- ✓ This TIP is a revision of TIP 19, *Detoxification from Alcohol and Other Drugs*. It provides the clinical, evidence-based guidelines, tools, and resources necessary to help substance abuse clinicians and counselors treat persons who are dependent on substances of abuse.

TIP 49: ***Incorporating Alcohol Pharmacotherapies into Medical Practice***

- ✓ Similar to many of the other TIPs, this one is both a revision and expansion of TIP 28, Naltrexone and Alcoholism. In addition, it includes a discussion of other FDA-approved medications for the treatment of alcohol use disorders (AUDs). Besides providing an overview of using medications in the treatment of AUDs, the TIP presents detailed information about each medication. The final chapter discusses factors for consideration in using medications to treat service recipients with AUDs. Handy, helpful resources for practitioners are contained in the appendices.

TIP 51: ***Substance Abuse Treatment: Addressing the Specific Needs of Women***

- ✓ This TIP was designed to focus on the important differences between men and women with regard to the physical effects of substance use and the specific issues related to substance use disorders. These recognitions further serve to reinforce that gender matters in treatment. Addressing women's specific needs from the outset improves treatment engagement, retention, and outcomes. Moreover, the TIP endorses the biopsychosociocultural framework based on clinical practice and research centered on women. The knowledge and models presented in the TIP are grounded in women's experiences, built on women's strengths, and based on the best promising or research-supported practices. Its primary goal is to assist substance abuse treatment providers in offering up-to-date, effective treatment to adult women with substance use disorders (SUDs).

TIP 58: ***Addressing Fetal Alcohol Spectrum Disorders***

- ✓ This TIP was designed to help the clinician offer hope to persons with FASD when they present in their setting. It asks the clinician to consider FASD as a significant co-occurring life issue that should be recognized and incorporated into treatment planning. The TIP is further designed to help the clinician see pregnant women that drink alcohol through a lens of "need" rather than "judgment". It guides the clinician in working with clients that seem to want to do well in treatment but can't seem to follow directions or appear to not "get it" or appear resistant because they do not keep appointments, e.g.., in a different light. The clinician may need to reframe his or her thinking about the client's motives because an FASD could be involved.

Smartphone App for Persons Recovering from Heroin Addiction.

The Ohio State University Wexner Medical Center has developed an app for Android smartphones to help heroin addicts with recovery. The app allows for ongoing, streamlined communication and resources at the touch of a button, providing 24/7 mobile counseling and social support to recovering heroin addicts. Persons recovering from heroin addiction can load up to 10 names of family, friends, counselors and other trusted supporters to their recovery circle screen. This group of supporters can receive instant texts during trigger times when temptation occurs and the likelihood of relapse is high. Texts can also be provided simply when an individual needs words of encouragement. There is a panic button that can be used to send a message immediately to the entire support circle that says: "I need help and I need it now." Other app features include monitoring mood, stress level, and desire to use heroin; tracking accumulated days of sobriety and coins collected as awards for sobriety milestones; and motivational stories and testimonials from individuals in recovery to assist with staying clean and resisting the urge to use. The app can be downloaded for free from the Google Play Store (OSU Wexner Medical Center, n.d.). The app is titled *Squirrel Recovery; Addiction* from the Ohio State Innovation Foundation. Search for the app using the keywords "heroin addiction recovery".

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