



Best Practices in Team-Based Care

Substance Use in Primary Care for NCMs: Beyond the Basics

July 18, 2023

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Case Study Presentation by: Penny Lee Palazzo, RN, Wood River Health Services

Care Transformation Collaborative of RI

Agenda

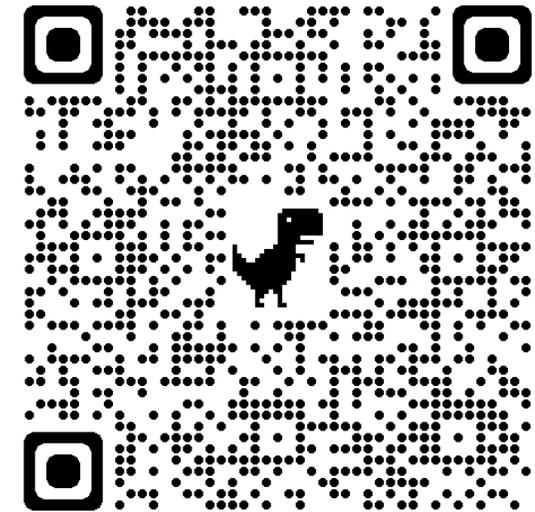
Topic <i>Presenter</i>	Time
Welcome <i>Susanne Campbell, Senior Program Administrator, CTC-RI</i>	8:00-8:05
Substance Use Beyond the Basics: <ul style="list-style-type: none"> • <i>Presenter: Nelly Burdette, PsyD</i> • <i>Case study presentation by: Penny Lee Palazzo, RN</i> 	8:05-8:55
Closing <i>Susanne Campbell, Senior Program Administrator, CTC-RI</i>	8:55-9:00

Now Open! Nurse Care Manager/Care Coordinator Standardized Core Curriculum (GLearn) Program Application

Program Overview

- Program includes:
 - Web Based interactive modules: completed over a 12-15-week period
 - Weekly NCM/CC faculty facilitated collaboration one-hour zoom meetings
 - Demonstration of skills through a Case Study Capstone Presentation
- Learners are eligible to receive CEUs
- Open to Nurse Care Managers and Care Coordinators working in RI primary care settings
- Program is provided at no cost to participants

Applications due July 24th



For more information
and application, scan
QR code or [click here](#)

Objectives

1. Alcohol Beyond the Basics

- a. National and State Benchmarks
- b. Most common medicals condition which co-occur and pathways
- c. Treatment Approaches to Comorbid Alcohol with Chronic Medical Disease
- d. Case Review

2. Opioid Beyond the Basics

- a. National and State Benchmarks
- b. Most common medicals condition which co-occur and pathways
- c. Treatment Approaches to Comorbid Opioid with Chronic Medical Disease
- d. Case Review

CTC-RI Conflict of Interest Statement

Session presenter has no financial relationships with a commercial entity producing healthcare-related products used on or by patients.

All relevant financial relationships of those on the session planning committee have been disclosed and, if necessary, mitigated.



- [Earnshaw and Chaudoir \(2009\)](#) refer to **anticipated stigma** -- expectation of future discrimination or prejudice that subsequently deters those who are discriminated against from seeking care.
- Creating a **non-stigmatizing** and **respectful** environment not only increases the likelihood of **retention in treatment** but may **encourage patients who leave treatment** to return when they are ready.
- Research shows **co-location** of **primary health care** and **substance use** treatment services **improves patients' physical and mental health** ([Madras et al., 2009](#)), as well as **decrease hospitalization rates, inpatient days, and emergency department utilization** ([Parthasarathy et al., 2003](#); [Weisner et al., 2001](#)).

PREVENT OVERDOSE RI

Harm reduction can keep us safe.



Harm reduction programs protect the life, health, and dignity of people who use drugs. Harm reduction protects our communities when we recognize drug use exists in the world and can keep our friends, families, and loved ones safe.

It can look like:



Using fentanyl test strips



Carrying naloxone (Narcan®), an overdose antidote



Using in a safe place with trained professionals to prevent overdose deaths



Using new, sterile syringes and new works

SAMHSA

Substance Abuse and Mental Health Services Administration

Harm Reduction at SAMHSA

Harm reduction is an approach that emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission, improve the physical, mental, and social wellbeing of those served, and offer low-threshold options for accessing substance use disorder treatment and other health care services.

Why are Harm Reduction Services Needed?

The U.S. is experiencing the most significant substance use and overdose epidemic it has ever faced, exacerbated by a worldwide pandemic, and driven by the proliferation of highly potent synthetic opioids containing primarily fentanyl and other analogues.

 Research Report

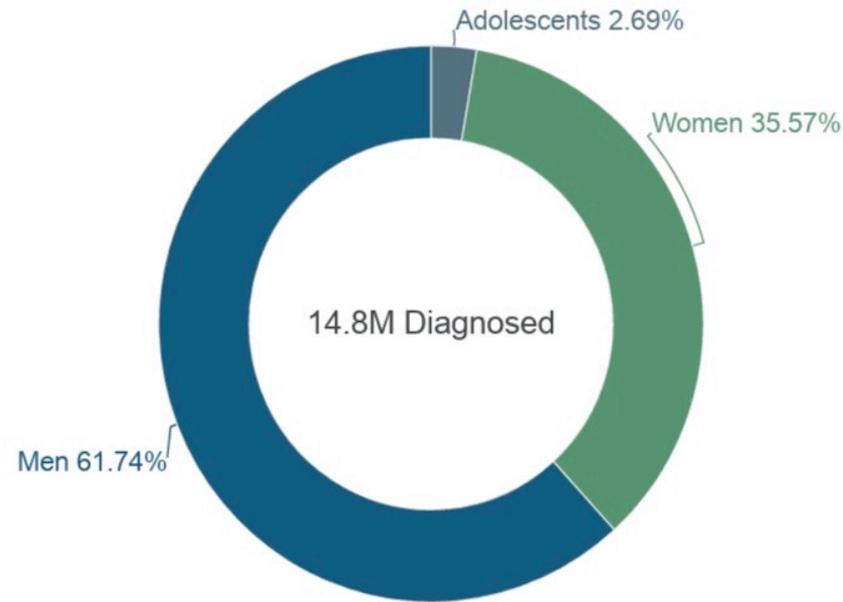
Common Comorbidities with Substance Use Disorders Research Report

Part 2: Co-occurring Substance Use Disorder and Physical Comorbidities



- People with substance use disorders also often experience comorbid chronic physical health conditions, including **chronic pain**,⁹⁹ **cancer**, and **heart disease**.¹⁰⁰
- The use of various substances—including **alcohol**, **heroin**, prescription stimulants, methamphetamine, and cocaine—is **independently** associated with **increased risk** for **cardiovascular** and **heart** disease.¹⁰⁰
- People with substance use disorders are **less likely** to **adhere** with their treatment plans or to take **medication regularly**,^{107,108} which worsens the course of their illnesses.
- Substance use can **diminish** the **effectiveness** of **medications** for physical conditions.^{100,109}

Alcohol



141K

140,557 Americans die from the effects of alcohol in an average year.

10%

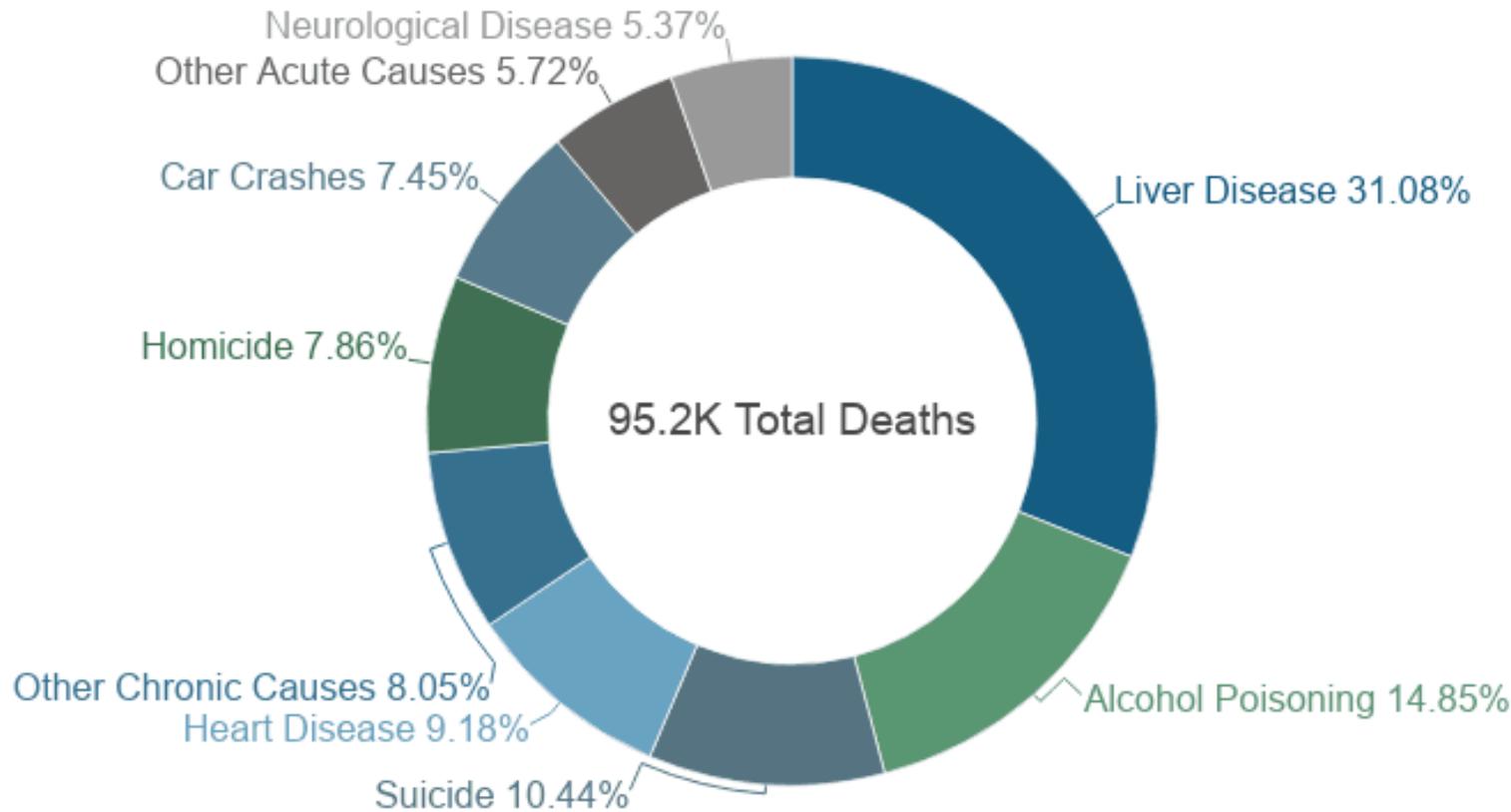
1-in-10 Americans over the age of 12 have Alcohol Use Disorder.

60%

Over half of Americans increased their alcohol consumption during COVID-19 lockdowns.

Alcohol

Causes of Alcohol-Related Deaths



- Research has shown that people who **misuse alcohol** have a greater risk of **liver disease**,⁴³ **heart disease**, **depression**, **stroke**, and **stomach bleeding**, as well as **cancers of the oral cavity**, **esophagus**, **larynx**, **pharynx**,^{44,45} **liver**, **colon**, and **rectum**.⁴⁶
- These individuals may also have problems **managing conditions such as diabetes**, **high blood pressure**, **pain**, and **sleep disorders**.
- They may increase their likelihood of **unsafe sexual behavior**.

Alcohol

Substance Use, Misuse, and Use Disorders

Alcohol Use Disorder

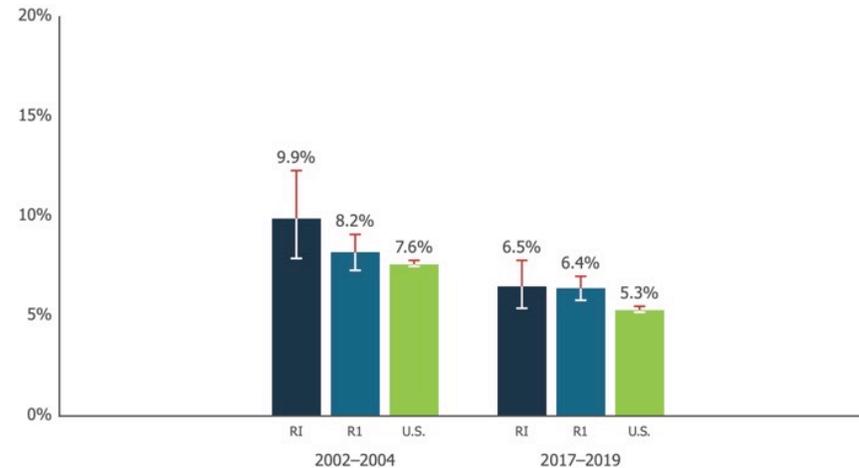


Changes in Past-Year Alcohol Use Disorder among People Aged 12 or Older in Rhode Island, Region 1, and the United States (Annual Averages, 2002–2004 and 2017–2019)¹



Among people aged 12 or older in Rhode Island, the annual average percentage of alcohol use disorder in the past year decreased between 2002–2004 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year alcohol use disorder in Rhode Island was **6.5%** (or **59,000**), similar to both the regional average (**6.4%**) and the national average (**5.3%**).



Error bars indicate 95% confidence interval of the estimate.
 RI = Rhode Island; R1 = Region 1 (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2004 and 2017–2019.

25

Diagnosing Alcohol Use Disorder

Alcohol use disorder can be **mild, moderate or severe**, based on the number of symptoms you experience. Signs and symptoms may include:

- Being **unable to limit** the amount of alcohol you drink
- **Wanting to cut down** on how much you drink or making **unsuccessful** attempts to do so
- Spending **a lot of time** drinking, getting alcohol or recovering from alcohol use
- Feeling a **strong craving** or urge to drink alcohol
- **Failing to fulfill major obligations** at work, school or home due to repeated alcohol use
- **Continuing to drink alcohol even though** you know it's causing physical, social, work or relationship problems
- **Giving up or reducing social and work** activities and hobbies to use alcohol
- Using alcohol in situations where it's **not safe**, such as when driving or swimming
- Developing a **tolerance** to alcohol so you need more to feel its effect or you have a reduced effect from the same amount
- Experiencing **withdrawal symptoms** — such as nausea, sweating and shaking — when you don't drink, or drinking to avoid these symptoms

Alcohol Treatment

- Most patients with alcohol use disorders (AUDs) **never** receive alcohol treatment, and experts have recommended management of AUDs in primary care.
- The **Choosing Healthier Drinking Options In primary CarE (CHOICE)** trial was a randomized controlled effectiveness trial of a novel intervention for **primary care** patients at **high risk** for AUDs.

Addiction Science
& Clinical Practice

BMC

[Addict Sci Clin Pract.](#) 2017; 12: 15.

Published online 2017 May 17. doi: [10.1186/s13722-017-0080-2](https://doi.org/10.1186/s13722-017-0080-2)

PMCID: PMC5436432

PMID: [28514963](https://pubmed.ncbi.nlm.nih.gov/28514963/)

Patient-centered primary care for adults at high risk for AUDs: the Choosing Healthier Drinking Options In primary CarE (CHOICE) trial

Alcohol Treatment: CHOICE in Primary Care

- CHOICE model of care is a **year-long** intervention offered by **nurses** and based on
 - (1) the **Chronic Care Model**,
 - (2) principles of **patient-centered** care ^[11], and
 - (3) promising approaches to addressing AUDs in primary care ^[12–23].
- The first nurse and nurse practitioner were initially given articles and protocols to read ^[14, 21, 33, 36, 43, 65, 102–108], then received **16 h of training**, which included **motivational interviewing (MI)** skills focused on **engagement**, ways to increase the **importance** patients placed on **changing their drinking** and building **patient self-efficacy**, as well as **2 h of training addressed medications and laboratory monitoring** ^[21, 65].
- CHOICE nurses, nurse practitioner, and interdisciplinary CHOICE team—including 2 psychologists, 2 addiction psychiatrists, and 2 primary care internists—**met weekly**, were a **critical** part of the intervention, lasted an **hour**, and were held **in person/virtually**

RESULTS: Reduced heavy drinking and drinking below recommended limits without symptoms

Alcohol Treatment

- A health care provider usually can conduct brief intervention incorporating components of CHOICE during a **standard 5- to 10-minute** office visit.
- Studies suggest that **three to four visits**, or a **combination of clinic visits and followup telephone consultations**, can increase the **effectiveness of the brief intervention** (Wallace et al. 1988; Kristenson et al. 1983; Anderson and Scott 1992; Fleming et al. 1997).
- **Intervention workbooks** that guide the health care provider through brief intervention and “**drinking diary cards**” that help patient **track** his/her **alcohol consumption** can be useful tools for focusing the provider-patient discussion and for **facilitating behavior change** (Fleming et al. 1997).²

Alcohol Treatment

- Food and Drug Administration (FDA) has approved **four** medications for the treatment of alcohol dependence:
 - disulfiram (**Antabuse**[®]),
 - oral naltrexone, extended-release naltrexone (**Vivitrol**[®]),
 - and acamprosate (**Campral**[®]).
- **Topiramate**, a medication used to treat **epilepsy and migraine**, has demonstrated evidence in two clinical trials of alcohol dependence, and a number of other promising medications are being studied.

Alcohol Resources

Rhode Island Alcoholics Anonymous 24/7 (401)438-8860

WELCOME TO A.A. IN RHODE ISLAND IS AA FOR YOU? **MEETINGS** RHODE ISLAND CENTRAL SERVICE CONTRIBUTIONS WHO REPRESENTS YOUR GROUP? ▾

For patients:

- **Alcoholics Anonymous**

- National: <https://www.aa.org/>
- Rhode Island: <https://rhodeisland-aa.org/>

Meetings

Search ▾ Anywhere ▾ Any Day ▾ Any Time ▾ Any Type ▾

For NCMs:

- **The Substance Use and Mental Health Leadership Council of Rhode Island**
 - <https://www.sumhlc.org/>
- **National Institute on Alcohol Abuse and Alcoholism**
 - <https://www.niaaa.nih.gov/health-professionals-communities>





Opioid Use Disorder and Overdose

Opioid overdose is the leading cause of accidental death in Rhode Island.

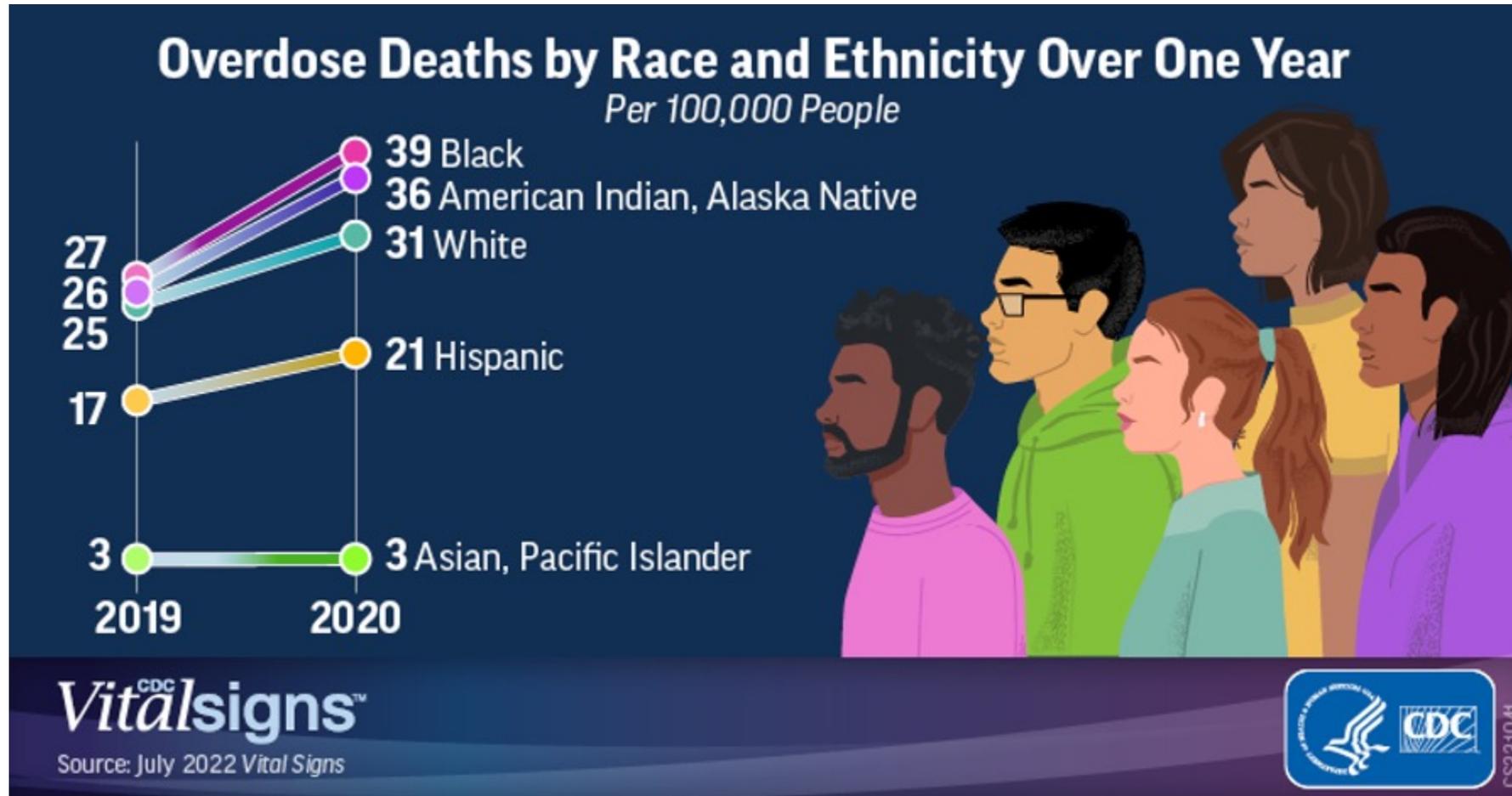
What are opioids?

Prescription opioids (such as OxyContin, Percocet, Opana, and Vicodin) can be used safely to treat pain when they're taken the way a doctor tells you to take them. For some people, opioids can be addictive and can cause serious health problems – even an overdose or death.

Street opioids (like heroin) are more dangerous than prescription opioids because they can have harmful drugs or chemicals mixed into them. There is no way to know what has been mixed in them. This means that you might be at risk of an overdose. Street opioids can also have different strengths depending on who or where you buy them from. Sometimes, street opioids are made into fake prescription pills. **If you use street opioids, there are some steps you can take to prevent overdose.**

Fentanyl

A deadly opioid called fentanyl is being added to drugs like heroin and cocaine. There is no way to tell if it has been mixed into your drugs. Fentanyl overdoses happen quickly so have someone ready to call 911. **Here is where you can learn how to stay safe with fentanyl.**



To read the full report, visit <https://www.cdc.gov/vitalsigns/overdose-death-disparities/>.

Overdose Trends and Tools

Two factors have radically altered the landscape for people who use drugs—one for better, one for worse.

Fentanyl is responsible for more overdoses than any other opioid.

It's important to know what fentanyl is and how you can reduce risks of an overdose.

UNDERSTAND THE BASICS



THE WHITE HOUSE

[Learn more White House Fact Sheet 2022 Overdose Epidemic/](#)

Nearly 110,000 people have died due to drug overdose in the last year. That's about one death every 5 minutes.

Harm Reduction offers evidence-based strategies that reduce the risk of dying from an overdose. We aim to support people who use drugs, and the people who love people who use drugs, with information to mitigate the risk of an overdose and to stop an overdose while it's happening.

Opioids

- 2.7 million people in U.S. are living with opioid use disorder (OUD).
- Opioid use disorder (OUD) occurs when opioid use causes **significant impairment** and **distress** and **unsuccessful efforts to cut down** or **control** use or use resulting in a failure to fulfill obligations at **work**, **school**, or **home**, among other criteria.
- **Overdoses are a leading injury-related cause of death in the United States and appear to have accelerated during the COVID-19 pandemic.**
- OUD is a *medical condition that can affect anyone* – regardless of race, gender, income level, or social class.

 Research Report

Common Comorbidities with Substance Use Disorders Research Report

Part 2: Co-occurring Substance Use Disorder and Physical Comorbidities



- Chronic pain is a physical problem that has a complex relationship with substance use disorders, particularly opioid misuse and addiction.⁹⁹
- An estimated 10 percent of chronic pain patients misuse prescription opioids.⁹⁹
- Chronic pain and associated emotional distress are thought to dysregulate the brain's stress and reward circuitry, increasing the risk for opioid use disorder.⁹⁹

Opioid Treatment

- Majority of **medication treatment for opioid** use disorder (OUD) is provided in **primary care** settings.
- MAT involves the use of **opioid agonists** or **antagonists** in the treatment of OUD.
- Two medications are currently used in the United States in office-based settings for treating OUD: **buprenorphine** (with or without naloxone) and **naltrexone** (as daily oral or extended-release formulations).
- Most promising models of care are those that emphasize the **integration** of management of **OUD** with **primary** care and other **medical** and **psychological** needs.
- The **chronic disease management** paradigm is particularly suitable for populations with OUD who also have other conditions that require ongoing care, such as HIV or HCV infection. [129](#)

“I didn't feel like a number”: The impact of nurse care managers on the provision of buprenorphine treatment in primary care settings

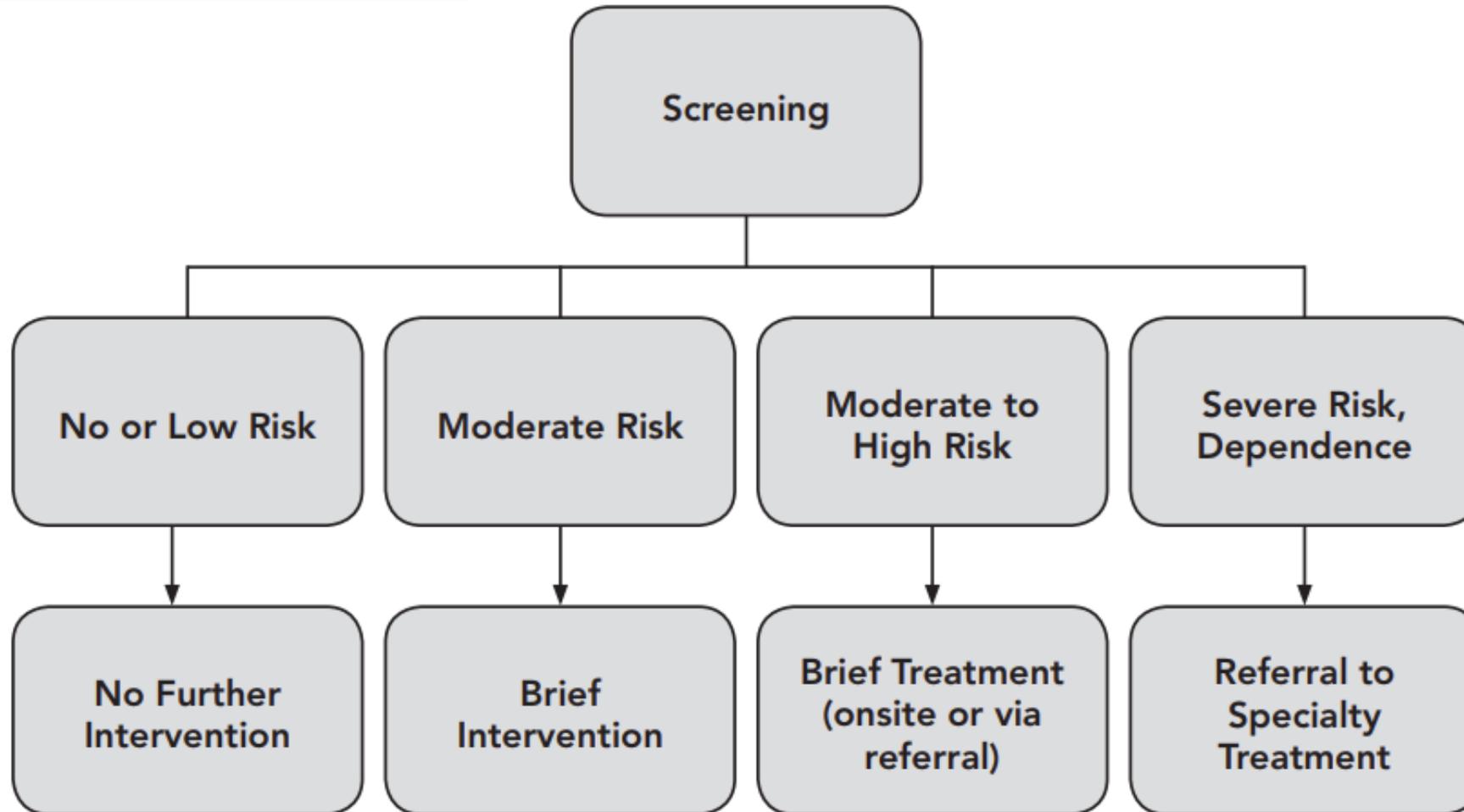
[Nisha Beharie](#)  , [Marissa Kaplan-Dobbs](#) , [Adelya Urmancu](#)
[Alex Harocopos](#) 

- Nurse care managers (NCM) were crucial to buprenorphine treatment in primary care.
- NCMs showed care and concern for patients receiving buprenorphine treatment.
- NCMs provided critical clinical and logistical support to patients.
- Stigma related to buprenorphine among some patients led to early drop-out.
- The support of an NCM could increase patient retention in buprenorphine treatment.

Secret Sauce: Team Based Care + SBIRT

- Findings suggest that by providing **emotional, clinical, and logistical** support, as well as **intensive engagement** (e.g., frequent phone calls), the care that NCMs provide could **encourage retention** of patients in buprenorphine treatment.
- **Screening, Brief Intervention, and Referral to Treatment (SBIRT)** is an **evidence-based** approach and framework to **identify** and **deliver** early **intervention** and **treatment** to people with substance use disorders, like opioid use disorder (OUD)
 - **Screening:** quickly assess severity of substance use and identify appropriate level of treatment.
 - **Brief intervention:** focus on increasing insight and awareness regarding substance use and motivation toward behavioral change.
 - **Referral to treatment:** provide those identified as needing more extensive treatment with access to specialty care.

Exhibit 2-2. SBIRT Process



HealthCare Management Presentation

Presented By: Penny Lee Palazzo
Date: 07/18/2023



1

Patient Presentation- 50 yr old sigle white, divorced male. Father of 1 teenage son

2

Past Medical History – SUD, Adult ADHD and GAD

3

Matters for Consideration-Identified Concerns- continuous use of unprescribed stimulant use, possible diversion of Suboxone

4

Immediate Patient Plan of Care –evaluation by psychiatry for adult ADHD and treatment

5

Long Term Patient Plan of Care- continued SUD treatment/opioid and stimulant use abstinence, switch to injectable form of buprenorphine

Age: 50 year old

Gender: Male

Support System: no support system in place. Refuses BH and/or group services within and outside of WR

Socioeconomic status: Works full time doing outside work. Lives with mother

Lifestyle: divorced, has teenage child that lives with ex spouse. Lives with mother and is mother's caretaker.

Chronic Conditions: opioid and stimulant use disorder, adult ADHD, GAD

Current Medications: Suboxone 24mg daily, Atomoxetine 40Mg daily

Patient Understanding of Disease Process: full understanding of disease process; being followed by psych APRN for adult ADHD and primary care for SUD. Continues to decline BH services.

Barriers to Care: Declines BH support services, caring for elderly mom. Possible diversion of Suboxone to purchase unprescribed amphetamines.

Gaps in Care: Pt misses' appointments and then will call and r/s the day of missed appt. Pt continues with non prescribed amphetamine use, even though has been prescribed Atomoxetine.. Denies use of amphetamines even though urine toxicology shows continued usage.

Medical Neighborhood Needs (who would you collaborate with regarding patient care needs): Behavioral health services, community resources to assist in setting up in home services to assist in ADLs for elderly mother and to allow pt to be able to attend BH/group services either within WR or on outside for social and SUD support.

Long-term patient care plan

- Continue to educate pt on unprescribed amphetamine use while taking Suboxone.
- Educate the risks of purchasing amphetamines off the street as they can be manufactured.
- Educate on the importance of behavioral health services to help with substance abuse and help remain in remission.
- Community resource services that are available to help assist in taking care of elderly parent so pt able to work and attend medical/BH services.
- Importance of social support especially during treatment of SUD.
- Continue to encourage pt to attend appointments and discuss alternative medications for Adults ADHD vs amphetamine use that carry addiction and health risks.
- Monitor for diversion of Suboxone and continue to encourage switching to Sublocade injection monthly vs having to take Suboxone daily

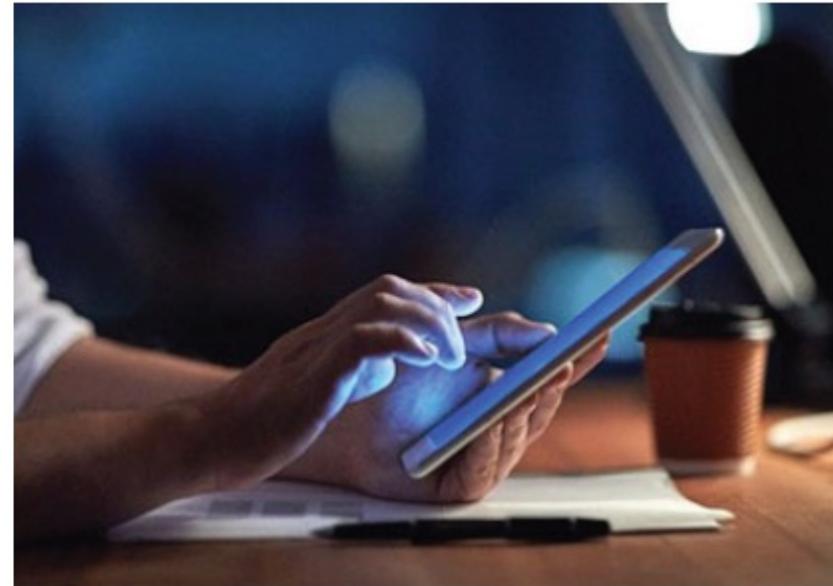
Opioid Resources

SAMHSA's National Helpline

SAMHSA's National Helpline is a free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders.

[Also visit the online treatment locator.](#)

Call: 1-800-662-HELP (4357)



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

Opioid Resources RIDOH

- **Call Rhode Island's Buprenorphine 24/7 Hotline, 401-606-5456**, to talk with a healthcare provider, get a health evaluation, and make a plan for Medication Assisted Treatment ([MAT](#)).
- **Visit the [BH Link Walk-In Triage Center](#)** located at 975 Waterman Ave., East Providence to connect with a licensed counselor for a mental health or substance use crisis.
- **Safe Stations are fire stations that offer access to treatment and recovery support services** 24 hours a day, seven days a week. Stop by any fire station in [East Providence](#), [Newport](#), [Pawtucket](#), [Providence](#), [Smithfield](#), or [Woonsocket](#) to get connected to help. [Bristol's Police Department](#) is also a Safe Station.
- **Visit Prevent Overdose RI's [Get Help](#) webpage** to find local treatment and recovery support services, including statewide locations for the [Rhode Island Centers of Excellence](#).
- **Connect with a certified peer recovery support specialist** from a local recovery organization. Peer recovery support specialists are people who are in recovery from substance use or mental health conditions. Their life experiences allow them to provide recovery support to individuals who can benefit from their experiences. **View a list of recovery organizations [here](#).**

Want to learn more and get free CME?

Evidence-Based Addiction Medicine Curriculum for Residents and Faculty

NEW, FREE STFM MEMBER BENEFIT

STFM's Addiction Collaborative has developed a new, national addiction curriculum – for residents and faculty – using evidence-based teaching principles. The curriculum includes 12 addiction medicine modules with interactive content, handouts, videos, supplemental resources, and assessments. Most modules are estimated to ~1- 1.5 hours to complete. Module topics include:

- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Addiction as a Chronic Disease
- Taking a Substance Use Disorder (SUD) History
- Safe Prescribing of Opiates
- Urine Drug Screening
- Tobacco Use Disorder
- Opioid Use Disorder (OUD)
- Inpatient Management of OUD
- OUD and Pregnancy
- Alcohol Use Disorder (AUD)
- Inpatient Management of AUD
- Health Equity and Vulnerable Populations

To access the modules, you'll need to create a free student account with Canvas. The code for enrolling in the free curriculum is **B43CN8**.

Watch this [tutorial](#) to learn more about enrolling.

[ACCESS THE FREE CURRICULUM](#)



How to Access the Modules

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Next Steps for SUD in Primary Care



Evaluation & CME Credits

Please complete a session evaluation! Claim CME credit here:

<https://www.surveymonkey.com/r/Team-Based-Care-CME-evaluation>



Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.

Topics to look forward to

- **August 15**: *STI Screening Best Practices and Updated Guidelines, Erica Hardy, MD, MMSc and Philip Chan, MD, MS*

Mark your calendars: **3rd Tuesday of the month at 8AM**

THANK YOU

Nelly Burdette, PsyD
nellyburdette@gmail.com

 www.ctc-ri.org

 [ctc-ri](https://www.linkedin.com/company/ctc-ri)



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Beharie et al. (2022)	https://www.sciencedirect.com/science/article/pii/S0740547221003597 “I didn't feel like a number”: The impact of nurse care managers on the provision of buprenorphine treatment in primary care settings, Journal of Substance Abuse Treatment, Volume 132, 2022, 108633, ISSN 0740-5472, https://doi.org/10.1016/j.jsat.2021.108633 .
BH Link Triage Center	https://urldefense.proofpoint.com/v2/url?u=https-3A__health.us2.list-2Dmanage.com_track_click-3Fu-3DDece9b1661b3bf3b864a6894d1-26id-3D4821b54e58-26e-3Dad86c50cfc&d
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Cannabis Clinicians	http://cannabisclinicians.org/
Cannabis Nurses	http://cannabisnurses.org/
CDC- Marijuana	https://www.cdc.gov/marijuana/index.htm
CDC- Marijuana Health Effects	https://www.cdc.gov/marijuana/health-effects/addiction.html
CDC- Overdose Deaths	https://www.cdc.gov/vitalsigns/overdose-death-disparities/
Chandra et al. (2019)	https://www.cdc.gov/marijuana/health-effects/addiction.html
Chou, Korthuis, Weimer et al.	https://www.ncbi.nlm.nih.gov/books/NBK402343/

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CME - Alcohol Use Disorder (AUD)	https://courses.cpe.asu.edu/browse/college-health-solutions/courses/cme-am8
CME - Equity	https://courses.cpe.asu.edu/browse/college-health-solutions/courses/cme-am2
CME - Inpatient Management of AUD	https://courses.cpe.asu.edu/browse/college-health-solutions/courses/cme-am9
CME - Inpatient Management of OUD	https://courses.cpe.asu.edu/browse/college-health-solutions/courses/cme-am7
CME - Opioid Use Disorder (OUD)	https://courses.cpe.asu.edu/browse/college-health-solutions/courses/cme-am1
CME - Opioid Use Disorder (OUD) Pregnancy	https://courses.cpe.asu.edu/browse/college-health-solutions/courses/cme-am11
CME - Safe Prescribing of Opioids	https://courses.cpe.asu.edu/browse/college-health-solutions/courses/cme-am5
CME - Screening, Brief Intervention, and referral to treatment – SBIRT	https://courses.cpe.asu.edu/browse/college-health-solutions/courses/cme-am12
CME - Taking a Substance Use Disorder (SUD) History	https://courses.cpe.asu.edu/browse/college-health-solutions/courses/cme-am4
CME - Tobacco Use Disorder	https://courses.cpe.asu.edu/browse/college-health-solutions/courses/cme-am6
CME - Urine Drug Screening	https://courses.cpe.asu.edu/browse/college-health-solutions/courses/cme-am3
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Healer	http://healer.com/

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Meditech	https://public.3.basecamp.com/p/YKcoHvtXRDyJHQikD6CuK9Fa
NCDAS	https://drugabusestatistics.org/alcohol-abuse-statistics/
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