

CORE CURRICULUM ELEMENTS ON SUBSTANCE USE DISORDER FOR EARLY ACADEMIC CAREER

MEDICAL AND HEALTH PROFESSIONS EDUCATION PROGRAMS

Preface

Government estimates indicate the nation’s behavioral health workforce, including those who treat patients with substance use disorders (SUD), will continue to experience staffing shortages and that it is imperative to address future workforce needs for several behavioral health occupations (USDHHS, 2023). Enhanced training is needed across medical, nursing, and physician associate (PA) professions to detect and treat patients with SUDs.

The 2022 [National Drug Control Strategy](#) (NDCS) includes, among other efforts, one activity to expand the SUD health professions workforce through development of a core curriculum on SUD for all medical and health professions programs so that every student is educated early in their academic careers on SUD and has basic knowledge of strategies to identify, assess, intervene in, and treat addiction, as well as support recovery. This activity builds on work started in 2019 by the [American Association of Medical Colleges](#) (AAMC) and the [American Association of Colleges of Osteopathic Medicine](#) (AACOM) to support medical schools to develop core curriculum to advance educational content related to pain and addiction.

To achieve this goal, in partnership with the [Substance Abuse and Mental Health Services Administration](#) (SAMHSA), the federal agency responsible for training on SUD, and other federal partners, the [Office of National Drug Control Policy](#) (ONDCP) launched a “*Cascade Of Care*” initiative in 2023, an approach combining three [National Drug Control Strategy](#) (NDCS) workforce expansion efforts:

- Increasing SUD screening and case-finding by all health professionals;
- Increasing training on SUDs by a broader representation of all health professionals; and
- Developing core SUD curriculum elements for all health professions programs.

This report is designed to promote comprehensive education among those training in medical, physician associate, nurse practitioner, nurse, social worker, public health and counselor academic programs. Such programs are urged to:

- Provide training early in their students’ academic careers about SUD to help address stigma related to addiction;
- Educate that SUD is a treatable, chronic disorder, akin to diabetes and heart disease, and
- Increase access to SUD screening, assessments and services for the approximately 46 million Americans with SUDs, who are family, friends, and neighbors, and deserve access to care.

The launch of the *Cascade of Care* initiative resulted in the foundation of an interagency group to implement workforce expansion efforts included as part of that initiative. An outgrowth from this interagency group was a convening of experts to draft Core Curriculum elements.

SAMHSA, in collaboration with ONDCP, convened a panel of experts (list of participants included in Appendices) in August 2023, to review draft Core Curriculum elements. These elements built on previous work by SAMHSA on [Core Curriculum elements](#) developed in response to Section 1263 of the [Consolidated Appropriations Act, 2023](#) (CAA, 23), more commonly known as the [Medication Access and Training Expansion](#) (MATE Act). The overall goal was to gain concurrence on essential elements or categories of information that should be included in a SUD Core Curriculum, with a resulting deliverable that is publicly available, and through which any health profession academic program could adopt elements in full or in part to integrate into their programming.

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Background on Curricular Recommendations

On August 10 and 17, 2023, the [Substance Abuse and Mental Health Services Administration](#) (SAMHSA) and the [Office of National Drug Control Policy](#) (ONDCP) hosted two meetings with subject matter experts to gain concurrence on essential elements or categories of information that should be included in core curriculum on substance use disorder (SUD) and integrated into graduate healthcare education programs. The first meeting focused on gathering input from the experts regarding content and materials to support incorporation into current curricula. The second meeting built upon the input from the initial meeting, identifying best practices and strategies for integrating content into existing curricula as well as at an institutional level.

Subject matter experts across disciplines agreed on several common themes and topics that should be considered as the curriculum is developed and implemented. Participants considered strategies for integrating SUD curriculum into existing clinical academic content from four perspectives: didactic content as required learning, clinical rotation, case review, and their respective expertise. Panelists noted the challenge of finding room for additional curricular elements alongside existing curriculum, and the need to assure adherence to curriculum standards and licensing exams. Suggestions for addressing these challenges emerged, such as reviews of current curriculum leading to discovery of outdated content that could then be replaced with SUD content. Above all, the experts highlighted that the needs of persons with SUD should be considered the primary priority, and stressed that interprofessional efforts, rather than one discipline practicing alone, are most effective at assisting people in attaining recovery as defined by the person.

The experts identified several key factors to affecting change in the curriculum content. This included the importance of having motivated practitioners to encourage and support the integration of SUD curricula, and who can act as peer leaders in their discipline, while also promoting the buy-in of academic leadership. This summary and the corresponding recommended outline for core SUD content are meant to support the efforts of both peer leaders and academic leadership. The summary will explain the experts' recommendations for key areas of the outline and offer suggestions for ways to incorporate the content into healthcare education programs.

Core Content Recommendations

The participants urged provision of content pertaining to SUDs beginning early and then throughout the students' educational journey, to address and minimize bias and stigma regarding use disorders. Perceptions about use of medications for the treatment of SUD is a primary barrier for people in need of treatment and in terms of practitioners' willingness to prescribe, especially for special populations such as adolescents and pregnant people. These perceptions feed into stigma, biases, stereotypes, and discrimination that discourages people from seeking or to follow through with care.

Introducing students to concepts pertaining to SUDs early in their clinical experience will empower them to see positive changes in patients and appreciate that SUD is as treatable as any other chronic disease. As an example, the Boston Medical Center provides multi-disciplinary early exposure to SUD and uses peer advocates to provide opportunities for integrating learning; this can help students experience the urgency of learning about SUD and help them recognize the impact they can have on someone's life.

General and Historical Context

The experts noted that understanding the history, policy, and regulations related to SUD and treatment constitute critical topics to provide a context for students' knowledge and practical interventions. The trainings should include an introduction to current drug use and trends. At times, patterns of tolerance and prohibitive policies have led to fragmented care and criminalization of SUD, which, in turn results in structural stigma. The panelists voiced that students should understand current SUD treatment regulations that impact clinical practice, to ensure they understand the legal and treatment implications of federal, state, and local laws related to SUD, and to help mitigate structural stigma. This might inform their own positive responses to patients with SUD. For example, policies of intolerance of substance use can cause people to avoid health care for fear of arrest or stigmatized judgement, exacerbating health disparities and risking overdose. This affects whether and how people in the criminal justice system are cared for and supported.

Another recommended topic that arose concerns the broad impact of technology on the current environment. This applies to technology of drug delivery devices, such as vaping instruments that can deliver different substances, including fentanyl. This topic also includes the use of digital technology, such as use of smartphone applications in the treatment and prevention of SUDs.

Overview of SUD

The expert panelists concurred that curriculum content should include a foundation that addresses evidence-based determinants of SUD, specific substances, legal and ethical issues and prevention. Among determinants of SUD, students be able to speak to genetic factors related to SUD, the neurobiology of substance use, misuse and use disorders, and SUD as a chronic disease. The impact of the unequal access to general health care, lack of education, stigma, and biases about SUD and long-term recovery supports arose as being critical content.

Panelists felt that the need for information about relevant legal and ethical issues was important to ensure students are familiar with the implications of care of patients with SUD, such as privacy protections specific to SUD ([42 CFR Part 2](#)) and the medical and legal complications of not providing care. Content of specific laws and regulations such as the [Controlled Substances Act, 42 CFR Part 8](#), and the [Medication Access and Training Expansion](#) (MATE Act) (as codified in the CAA, 23) should be included. The experts recommended that content should be sufficient to enable students to fully consider the nuances of issues such as use of lab testing to support clinical care versus screening for work-related issues in safety and security-sensitive positions, or issues related to conducting research with patients in treatment settings and the need for fully informed consents.

The panelists emphasized that healthcare professionals have a key role in preventing SUD in any clinical setting and stated the need for prevention to be a large part of the curriculum as well. Generally, prevention is thought of in terms of risk factors like [Adverse Childhood Experiences](#) (ACEs), which are critical, but there is also a need to talk about prevention and specific interventions that can take place in clinical settings. As noted, assessing for mental health issues is a matter of prevention as it can mitigate self-treatment of undiagnosed or untreated mental health issues. However, screening is often focused on

patients with SUD. Screening for mental health issues and conducting suicide assessments are matters of prevention.

Content on prevention should include review of specific interventions that address alternatives to use, the relationship between mental health and prevention of SUD and need to address unmanaged mental health issues. Panelists stressed the inclusion of an emphasis on the role of trauma-informed care as prevention and as a source of diagnostic information.

Screening and Assessment for Patients with SUD

The experts recommended [Screening, Brief Intervention, and Referral to Treatment](#) (SBIRT) as an approach to the delivery of early intervention and treatment services for persons with or at risk of developing SUD. This screening quickly assesses the severity of substance use and identifies the need for further assessment and potentially an appropriate level of treatment using evidence-based screening tools. Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change, and referral to treatment provides those identified as needing more extensive treatment with access to specialty care. SBIRT is easily used in any setting to quickly assess the severity of substance use, followed by brief intervention to motivate behavioral change and referral to treatment as needed. Lab testing for drugs and other related medical issues can be used to confirm or inform initial screening conducted.

Panelists also recommended that screening and assessment content include consideration of co-occurring issues, such as polysubstance use, medical co-morbidities and mental health disorders, especially anxiety, depression and Attention-Deficit/Hyperactivity Disorder (ADHD); these are major factors in the development of and recovery from SUD. Even in primary care, if the provider is addressing someone with SUD, they should know to look for mental health issues that are potentially very treatable and could positively affect outcomes. As noted above, the experts recommended the inclusion of content on trauma, such as assessment for [ACEs](#), and suicide risk. Experiences of trauma and SUD are directly related; conducting trauma assessments can bring to light information about substance use that might not have been otherwise shared.

Treatment of SUD

The panelists recommended robust content on the treatment of SUD. This includes content on modalities for treatment like pharmacotherapies, initiation and management of FDA-approved medications for SUDs, medication pharmacodynamics, brief interventions, crisis management, and long-term SUD care, as noted the outline attached to this summary.

Of primary concern to the panelists were:

- Treatment approaches and language
- Prevention
- Peer support and involvement of people with lived experience
- Understanding the role of recurrence

In terms of person-centered care, panelists underscored that critical content should include use of shared decision-making and treatment goals that are meaningful to the patient, along with the use of patient-

centered language and the need to approach each person respectfully. Understanding how SUD is viewed and discussed in different communities and cultures, the influence of religious practices, and how they all might influence a person's attitudes and perspectives around certain substances is important. Panelists thought that knowledge of harm reduction strategies will enhance communications, recognizing that different individuals need different approaches.

Other topics discussed included the role of case management and counseling in recovery, review of Evidence-Based Practices, such as Motivational Interviewing and Contingency Management, and the need for coordination of care and collaboration with other disciplines. Panelists strongly recommended that the role of peers in treatment and recovery be established as a section within *Treatment Approaches* to ensure due attention is given to the topic. It was thought this content should include a description of the working relationships between colleagues who became part of the SUD workforce through their academic experiences and those who entered it through personal experience. The experts also thought that it would be most helpful to engage people with lived experience to interact with students early in their education. This would help students understand that recovery paths differ, and that pharmacotherapy can help. Other recommended content includes the role of mutual help groups.

The panelists urged that students learn that SUD is a chronic disease in which recurrence may arise. Understanding that recurrence is a part of the recovery process can counter burn-out resulting from feelings of helplessness and preventing students from feeling they were not able to affect meaningful change when they observe recurrence.

Pain Management and Substance Misuse

The experts discussed the importance of the intersection of chronic pain and SUD, identifying the assessment of patients with pain and corresponding effective treatment as a core content topic. The panelists noted that the matter of pain management overlaps with many topics in the curriculum, such as prevention, legal, and ethical principles. The panelists recommended that the topic of pain management and substance misuse include a full explanation of the processes involved with initiation of pain medications, such as fully informing patients of the risks, obtaining their consent to treatment and providing training on the use of overdose reversal medications. The recommendation also arose that that students should be aware of the differences in considering prevention interventions for patients starting pain management versus patients with SUD or a history of SUD who are engaged in pain management.

Inter-professional Education and Practice

The panelists identified that the role of interdisciplinary practice and inter-professional teams is critical to providing comprehensive care on behalf of people with SUD. Many academic programs already have some inter-professional programs integrated into their respective curricula, but when providing treatment in the context of a person's life, it is important to assure that students recognize the various roles of team members and the respective values and practice competencies each profession lends to the team. Moreover, the curriculum about inter-professional teams should include peer support specialists, recovery coaches and people with lived experience.

A literature review conducted in anticipation of these panel meetings provided an example of an interdisciplinary course offered through the Duke University School of Medicine; this is a 21-week

[Foundations of Patient Care](#) class to prepare students for the clinical learning environment (Muzyk et al., 2023). Enrolled students engaged in learning through a mixture of synchronous and asynchronous activities, including live lectures, lecture recordings, team case-based learning, interviewing of a standardized patient, and an opioid overdose simulation exercise. The design of the course involved community advocates, interdisciplinary faculty, and persons with an SUD. More information about this course is provided in the Resources section of this document.

Discipline-Specific Recommendations

Among the three professions, only the [Accreditation Review Commission on Education for the Physician Assistant](#) (ARC-PA) requires the inclusion of SUD in their curriculum. ARC-PA introduced required SUD content into their didactic curriculums starting in 2020 (ARC-PA, 2023). However, clinical curriculum requirements are still not required across the three professions.

When introducing the curriculum into academic programs, it is important to recognize that some healthcare professions do not require graduate-level training to be licensed to practice. For example, nursing programs are offered on a bachelor's or pre-graduate level. Curriculum should be appropriate for the bachelor's level, as well as graduate. There was concurrence that in all disciplines, content should be integrated as early as possible in the students' studies as it will impact stigma, biases, stereotypes, and discrimination.

Nursing/Nurse Practitioners

The experts felt that the suggested content provides a solid foundation for nursing and can normalize SUD when it is integrated into the remaining nursing curriculum. Because there are many nursing specialties, and nurses engage in a wide variety of clinical practices, nurses and Nurse Practitioners (NPs) can educate families and patients in a range of settings. Pre-licensure and advanced practice nursing curricula have three core courses focusing on health assessment, physiology/pathophysiology, and pharmacology into which SUD content can be integrated. As an example, Oklahoma State University integrated neurobiology, [SBIRT](#), and FDA-approved medications into these courses. This content is sufficient for the advanced practice nurses to self-attest to the current eight-hour requirement for DEA registration.

Physician Associates

The [Accreditation Review Commission on Education for the Physician Assistant](#) (ARC-PA, 2023) included SUDs within the standard requirements of didactic education. While the PA profession has made SUD education a requirement, the decision of how this is incorporated into the schools' curricula is at the discretion of each training program. The PA curriculum is very compact, due to common competencies that make up the foundation, and accreditation standards require SUD content. Yet, the timelines for curricular content in PA programs are all different. As a result, the experts noted that it is important to consider where in the program SUD content is integrated. The recommendation arose that the content provided for early career learning should not be too long, but it should be foundational and that the content be delivered in several modalities, including clinical settings. Experts noted that PAs are licensed

with their undergraduate degrees, but some continue their studies to a master's level, creating an opportunity to incorporate the content at both levels of education.

Pharmacists

Most students studying pharmacy have completed an undergraduate course in a health-related field or nursing. Integrating SUD content in undergraduate programs and early in the pharmacy program would inform biology studies and discussions about medications. For pharmacy students and all learners early in their studies, it is important for students to understand the neurobiology of SUD.

Social workers

Social worker education focuses on providing services in the context of the person's life, including their medical and mental health, family and social life, employment, legal involvement and spiritual well-being. Social work training includes policy, program administration, clinical intervention and research. Social workers are trained in assessment, treatment planning, and a range of approaches. SUD is required as content for accreditation purposes. Didactic content is complemented by incorporating it into field practicum experience.

Physicians

The panelists recommended that all medical students understand the basic concepts of SUD as outlined. In addition to these, recommendations arose to include management of alcohol withdrawal and pharmacotherapeutic treatment for tobacco or nicotine use disorder for smoking cessation treatment in the curriculum, as they are in the PA standards.

Currently, there are no required curriculum standards within medical schools for SUD/addiction (Ayu et al., 2017; Servis et al., 2021; Welsh et al., 2020). The [Liaison Committee on Medical Education](#) (LCME), which accredits all U.S. allopathic medical schools, currently only requires that each school include "behavioral subjects" in its medical curricula, but there is no specific mention of requirements for SUD training (Ram & Chisolm, 2016). Key words in SUD training such as "addiction," "substance," and "drug," are absent from the 2023-2024 LCME standards (Liaison Committee on Medical Education, 2022). The [Commission on Osteopathic College Accreditation Administration](#) (COCA) standards now mirror many aspects of the LCME (Ahmed et al., 2023).

To increase medical school graduates' competence in SUDs and addiction, several states have enacted state legislation and established work groups to ensure medical student trainees receive SUD education. For example, the six medical schools of the University of California (UC) System appointed an opioid crisis workgroup to develop educational strategies and competencies for adoption across all UC medical schools that address pain, SUDs, and public health issues stemming from the opioid crisis (Servis et al., 2021).

Models of Integration of Content into Curriculum

Recent literature on integration of SUD content to training programs suggests that availability of educational resources on addiction, such as faculty development workshops, individual mentorship, and

availability of didactic curricula, are necessary facilitators (Schwartz et al., 2018). Infusing SUD curricula into existing course topics, content, case studies, vignettes, and simulations (Poon et al., 2016; Ram & Chisolm, 2016) is recommended as a means of mitigating limited time allotted in programs (Lembke & Humphreys, 2018).

Modular Format

The panelists recommended use of a modular format for didactic content as these enable educators in different programs to take all or some components and integrate them into their classes to create programs of varying lengths for several disciplines. Modules allow faculty to incorporate the core information into multiple classes to reach a larger number of students. Digital content that could be downloaded by educators would be helpful, especially if it contained a preamble or other explanation of how to use the curriculum. Having an annotated curriculum, guide, or other tools to complement the elements of the curriculum for faculty use will encourage wide use of the curriculum.

Use of Simulations, Case Examples and Presentations by People with Lived Experience

The experts have found use of simulations and incorporation of case examples in other academic coursework to be helpful to reinforce learning. Including people in recovery in simulations and clinical rotations can provide firsthand knowledge to students that SUD is treatable, and people can recover; this approach also helps correct biases and stigma. Similarly, arranging visits to programs and clinics that dispense methadone or buprenorphine for opioid use disorder (OUD) provides an opportunity for students to see the positive impact medications for opioid use disorder (MOUD) has on patients, such as the [University of Pennsylvania's MOUD shadowing program](#), which conveys hope and confirms treatment works.

Service and Experiential Learning

Integrating theory into practice is a well-recognized teaching and learning technique. The sustained success of integrating SUD into the social work curriculum was thought to be due to application of the content in field experience. This model can be adapted to other healthcare disciplines. As an example, nursing students at the University of Missouri Kansas City visit SUD treatment facilities. [Service-learning programs](#) provide an excellent way to get volunteer/clinical experience for students.

In some schools, opportunities for service learning in the first two years of medical curriculum engaged students in low-income clinics, elder care clinics, provided mentorship with high school students and enabled access to individuals in homeless shelters. In psychiatric rotations of some 3rd year medical students, students spend a day at a recovery house and attend a group meeting, and then reflect on the experience. Other experiential learning can occur through rotating in a Community Health Center or through an opioid treatment program (OTP) or other addiction treatment center. Naloxone trainings proved to be an excellent educational opportunity in which early learners became excited to learn more about SUD and related clinical skills; the University of Pennsylvania hosted trainings at first year student orientation that was led by peers and substance use navigators and gave [students hands-on experience with naloxone](#) and dispensed naloxone to them.

Promoting Institutional-level Integration of SUD Curriculum

Encourage students to take the lead

Students as stakeholders in SUD curriculum can provide the impetus to change. For example, students in the medical, nursing, and pharmacy schools at University of California (UCSF) started the [Harm Reduction Interest Group](#). This group conducts a lot of work in the community for which they requested electives credits and further clinical learning opportunities.

Ensure There Are Well-trained Faculty and Mentors

Because SUD content has not been taught across healthcare disciplines, panelists highlighted the need for faculty who are well-versed in, and comfortable teaching SUD. They recommended that programs develop materials for faculty development purposes. Where faculty with experience are not available, additional tools, guides and resources are particularly important. One such example is the [SBIRT](#) curriculum developed and published to help both medical and family medical residency faculty teach residents how to identify, approach, and respond to patients using drugs. As an example, Boston University has a very effective curriculum for developing medical faculty, the Chief Resident Immersion Training. And as a resource, SAMHSA's [Addiction Technology Transfer Center Network](#) (ATTCs) continue to help faculty develop SUD expertise, and many of the tools have been expanded beyond the addiction workforce to anyone who could treat people with, or at risk for, SUD.

Studies assessing the feasibility of integrating OUD content into graduate nursing curricula point to the importance of faculty and stakeholder buy-in to successful curricular modifications (Kameg et al., 2018). Faculty members who identify as champions of OUD training and who enthusiastically engage in the curriculum are more likely to elicit positive student responses with high participation levels (Kameg et al., 2018; Kameg et al., 2021).

Engaging Boards to Develop Competencies and Standards

The participants encouraged collaborative engagements to explore the development of a core curriculum and standards and competencies for the professions and recommended that any effort toward standardizing competencies should be approached as a community, whether a community board or advisory board of a college or even a board of regents at a university or an accreditation board. One example of successful public/private partnerships in establishing competencies offered was AAMC and the [Accreditation Council for Graduate Medical Education](#) (ACGME). The collaborative work of AAMC and AACOM, in partnership with, ACGME resulted in development of a shared set of foundational competencies for undergraduate medical education.

Although there are no SUD requirements in graduate level nursing education, there are existing SUD-related competencies that align with national nursing specialty certifications. Increased endorsement and implementation of these competencies during graduate nursing education programs could be used to guide future development of SUD content and immersion into training curricula (Tierney et al., 2020).

Healthcare programs may want to encourage their state to promote SUD content in programs. As an example, most California-licensed physicians and surgeons must complete a [one-time CME course](#) in pain management and the treatment of terminally ill and dying patients. (Radiologists and pathologists are exempt.) This course must also include the subject of the risks of addiction associated with the use of Schedule II drugs.

Summary

Incorporating SUD content into education programs, providing readily accessible training guides and resources, and increasing interprofessional collaboration across disciplines to create service-learning opportunities offer pathways for expanding the emerging workforce capable of providing SUD diagnoses and treatment services. Continued and expanded availability of educational opportunities in and beyond the classroom offer trainees greater opportunities to broaden their knowledge and expertise in SUD treatment. Some factors that facilitate SUD content integration include students' interest in learning how to treat SUDs, faculty development workshops, and OUD and faculty and stakeholder advocacy inclusion of SUD content in curriculum standards and SUD treatment competencies.

Recommended Core Curriculum Topics for Substance Use Disorder in Early Academic Career Healthcare Education Programs

I. General and Historical Context

- A. Introduction to drug use and trends over time**
- B. History of Drug Control Policies in the U.S.**
- C. Impact of diagnosis (criminalization of a medical diagnosis)**
- D. Impact of structural stigma**

II. Overview of SUD

A. Determinants of SUD

- 1. Genetic factors
- 2. Neurobiology of substance use, misuse, and addiction as a chronic disease
- 3. Impact of the unequal access to any health care, lack of education, stigma, and biases on SUD and recovery

B. Substances of Concern

- 1. Opioids
- 2. Stimulants
- 3. Depressants
- 4. Alcohol
- 5. Tobacco
- 6. Cannabis
- 7. Emerging Substances (e.g., xylazine, nitazene)

C. Prevention

- 1. Discussing prevention in clinical settings
- 2. Specific interventions
- 3. Mental health and preventing substance use; mitigating unmanaged mental health

D. Legal and ethical issues involved in the care of patients with SUD

- 1. Professional responsibilities of caring for patients with SUD
 - a. Complications of not addressing SUD (“Do no harm”), including medical/legal complications of not providing care
 - b. Responsibilities for advising patients about marketing of unapproved medications and interventions
- 2. Recognizing and addressing discrimination and prejudicial treatment and stigma and bias in the community and in the healthcare professions
- 3. Lab testing for work-related issues (safety-sensitive and security-sensitive positions); balancing caring for persons and environmental safety and occupational issues
- 4. The role of research in treatment settings
- 5. [42 CFR Part 2, Controlled Substances Act](#) (CSA), and the [Medication Access and Training Expansion](#) (MATE Act) (as codified in the [Consolidated Appropriations Act, 2023](#))

III. Screening and Assessment for Patients with SUD

A. Screening (“SBIRT”)

B. Assessing for trauma and social determinants of health

1. Trauma assessments should be included as well as references to Adverse Childhood Experiences (ACEs)
2. Include suicide risk assessment

C. Diagnosis and Assessment

1. Lab testing (drugs and other related-medical issues)
2. Consideration of co-occurring issues
 - a. polysubstance use
 - b. medical
 - c. mental health disorders (e.g., anxiety, depression, ADHD)
3. SUD and related medical co-morbidities
4. Special Populations

IV. Treatment of SUD

A. Modalities for treatment

B. Pharmacotherapies for SUD: The initiation and management of FDA-approved medications for SUDs, including the impact of unique, individual physiology and metabolism on medication pharmacodynamics, including technological delivery systems (such as electrified patches and vaping)

1. Alcohol Use Disorder
2. Opioid Use Disorder
3. Tobacco Use Disorder

C. Integrating pharmacotherapy into care

1. Effective Treatment Planning – and use of person-centered, collaborative approaches and decision making, using techniques such as motivational interviewing, conflict resolution, and redirection to address anchoring
2. Managing other substances
3. Managing associated medical conditions
4. Patient and family education on safety and overdose prevention (diversion control; safe storage; use of naloxone)
5. Toxicology Testing in MOUD/initial and ongoing assessment
6. Diversion management

D. Treatment Approaches

1. Person-centered care
 - a. Shared decision-making; treatment goals tailored to the patient
 - b. Use of patient-centered language and cultural humility
 - c. How SUD is viewed and discussed in different communities and cultures, such as understanding religious practices and how they might influence the attitudes and perspectives about certain substances

Appendices

Federal Participants

Twyla Adams, MHS	Senior Public Health Advisor, Office of the Director (OD), Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA)
Robert Baillieu, MD, MPH, FAFFP	Physician and Senior Advisor, OD, CSAT, SAMHSA
Esther “Esty” Callens	Public Health Advisor, Provider Support Branch (PSB), Division of Pharmacologic Therapies (DPT), CSAT, SAMHSA
Christine A. Cichetti	Supervisory Public Health Advisor, Office of the Assistant Secretary, National Mental Health and Substance Use Policy Laboratory, Policy Analysis, Development and Implementation Team, SAMHSA
Neeraj Gandotra, MD	Chief Medical Officer, SAMHSA
Belinda Greenfield	Public Health Analyst, DPT, CSAT, SAMHSA
CDR Teresa Grund, RPh, NCPS, BCPS, BCPP	Behavioral Health Clinical Pharmacist, Red Lake Indian Health Services Hospital
Capt. Ted Hall, PharmD	Advanced Practice Pharmacist II, U.S. Public Health Services, Indian Health Services, Ho-Chunk Nation Health Department
Patti Juliana, PhD, LCSW	Director, DPT, CSAT, SAMHSA
Fola Kayode	Public Health Advisor, DPT, CSAT, SAMHSA
Sylvia Las, MPH	Public Health Analyst, PSB, DPT, CSAT, SAMHSA
Joseph Liberto, MD	National Mental Health Director, Substance Use Disorders Office of Mental Health and Suicide Prevention, Veterans Administration
Michele LaTour Monroe	Branch Chief, PSB, DPT, CSAT, SAMHSA
Yngvild Olsen, MD, MPH	Director, CSAT, SAMHSA
Karran Phillips, MD, MSc	Deputy Director, CSAT, SAMHSA
LaVencia Sugars, MPH	Public Health Advisor, DPT, CSAT, SAMHSA
June S. Sivilli, MA	Senior Public Health Advisor, Office of Public Health, Office of National Drug Control Policy, Executive Office of the President
Marta Sokolowska, PhD	Deputy Center Director for Substance Use and Behavioral Health, Center for Drug Evaluation and Research, Food and Drug Administration
Patricia Sullivan DNP, APRN, FNP-BC	Advanced Practice Nurse Consultant, Division of Nursing Services, Indian Health Service

Field Expert Participants

Jim Anderson, PA	President of American Academy of Physician Assistants, Society of Physician Associates in Addiction Medicine; Commissioner, Washington State Medical Commission
Richard Bottner, PA	Colorado Hospital Association
Natasha Bray, DO	Dean, Oklahoma State University College of Osteopathic Medicine, Cherokee Nation, Tahlequah, Oklahoma
Keme Carter, MD	Pritzker School of Medicine
Anthony Dekker, DO	Chief Medical Officer, Developmental Disabilities, State of Arizona

Deborah Finell, PhD, CARN-AP	Johns Hopkins School of Nursing; President, Association for Multidisciplinary Education and Research in Substance Use and Addiction, Inc.
Megan Fujita, MSW, PhD, Holly Hagle, PhD Lisa Howley	Director of Accreditation, Council on Social Work Education University Missouri, Kansas City, School of Nursing and Health Studies Senior Director, Medical Education, American Association of Medical Colleges
Alicia Kowalchuck, DO Frances Levin, MD	Baylor College of Medicine, School of Social Work Professor of Psychiatry, Columbia University/New York State Psychiatric Institute
Paula Lum, MD	University of California, San Francisco; American College of Academic Addiction Medicine; Association for Multidisciplinary Education and Research in Substance Use and Addiction, Inc.
Jean-Marie Perrone, MD Robert Sterling, PhD	Perelman School of Medicine, University of Pennsylvania Associate Professor, Division of Substance Abuse Programs, Thomas Jefferson University
Stephen Taylor, MD Luis R. Torres-Hostos, PhD	President, American Society of Addiction Medicine Founding Dean and Professor, School of Social Work, University of Texas Rio Grande Valley
H.F. Ofahengau Vakalahi, PhD Jenifer Van Deusen, MEd	President and CEO, Council on Social Work Education Consultant for SAMHSA's Core Curriculum Project; Coalition on Physician Education

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Educational Accrediting Bodies

Medicine (including Doctor of Medicine and Doctor of Osteopathic Medicine)

- Liaison Committee on Medical Education (LCME)
- Accreditation Council for Continuing Medical Education (ACCME)
- American Medical Association (AMA)
- American Osteopathic Conjoint Examination Committee on Addiction Medicine (AOCECAM)
- Accreditation Council for Graduate Medical Education (ACGME)
- Commission on Osteopathic College Accreditation (COCA)
- Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA)
- National Board of Osteopathic Medical Examiners (NBOME)

Nursing (including undergraduate and graduate degrees in nursing)

- Accreditation Commission for Education in Nursing (ACEN)
- Commission on Collegiate Nursing Education (CCNE)
- Consortium for Advanced Practice Providers
- National League for Nursing, Commission for Nurse Education Accreditation (NLC CNEA)
- American Association of Colleges of Nursing (AACN)

Physician Associates

- Accreditation Review Commission on Education for the Physician Assistant (ARC-PA)
- National Commission on Certification of Physician Assistants (NCCPA)
- American Academy of Physician Associates (AAPA)