Reflections on SUDs Preparedness

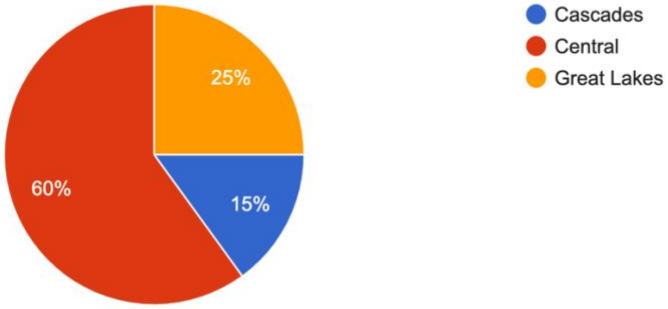
I thoroughly enjoyed and appreciated my elective course in Substance Use Disorder (SUD) Assessment and Treatment, but can confidently say I was not prepared in the slightest for tackling the unceasing addiction and overdose epidemic that has overtaken many urban and rural areas of our country. Whether it was my naivety, lack of competence, or a combination of both, the first half of my internship in an acute medical setting has been the most humbling and eye-opening experience I have had. At Cox South, my encounters with patients are far too brief to develop treatment plans and even begin substance use treatment; however, thoroughly assessing for substance use and utilizing motivational interviewing techniques to explore patient's substance use behaviors have become a daily practice of mine. I remember learning about these techniques in class and using our simulation center to gain experience implementing them into practice. I also remember feeling very confident in my ability to ask the right questions, pick up on cues, and conceptualize how an underlying SUDs impacts comorbid psychiatric presentations. What I do not remember is conducting a risk assessment for an adolescent simulation patient who intentionally overdosed by taking a handful of Tylenol. I do not remember witnessing my simulation patient seize due to alcohol withdrawals. I most certainly do not remember assessing a simulation patient with alcoholic cirrhosis and within a week, opening their chart only to receive a "Deceased Patient" alert. When I reflect back to my class, every article I read, lecture I listened to, and simulation patient I "practiced" with, I do not think anything could have prepared me for any of that.

According to the Annual Status Report on Missouri's Substance Use and Mental Health (2023), 17.5% of Missouri's population (ages 12 and older) met criteria for a SUD in 2021. This included 10.2% with an alcohol use disorder, 9.7% with a cannabis use disorder, and 2.0% with an opioid use disorder. In 2021, an estimated 46.4% of Missouri's population (ages 12 and older) drank alcohol in the month prior to completing the survey. An estimated 27.9% used tobacco, 14.3% marijuana, and 2.9% illicit drugs in the month prior to completing the survey. In 2021, among Missouri residents ages 12 and older, 18.6% used marijuana in the past year. An estimated 1.7% used cocaine and 1.2% used methamphetamines. According to recent United States Drug Enforcement Administration (DEA) data, Missouri is America's methamphetamine production capital with 27.6 meth labs per 100,000 residents (Smith et al., 2023). Furthermore, the net grams seized by law enforcement and street value has declined since 2012, resulting in methamphetamine becoming increasingly more affordable for users.

According to the Annual Status Report, 24.5% of the adult Missouri population had some degree of mental illness in 2021. Among Missouri adults, 5.1% had serious thoughts of suicide in the past year, 1.3% made a suicide plan, and 0.7% attempted suicide. In 2021, 22.4% of Missouri adolescents (ages 12-17) and 9.4% of Missouri adults suffered a major depressive episode. I do not have to continue spitting out statistics to make any of you understand the relationship between substance use and mental health. I was, however, interested to know how the rest of my fellow interns felt about their preparation in and comfortability with assessing and treating SUDs. Thank you to all who participated in my survey; below are the results.

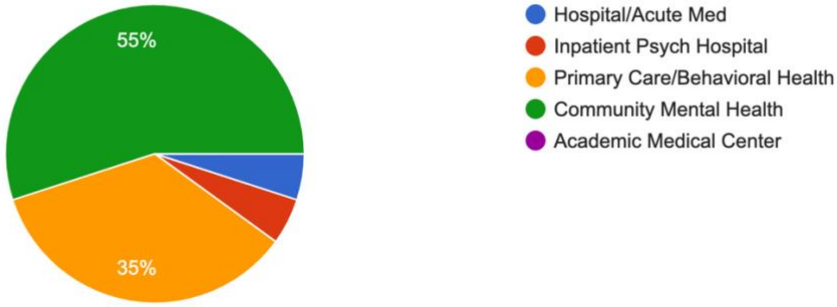
Please select your NPTC region:

20 responses



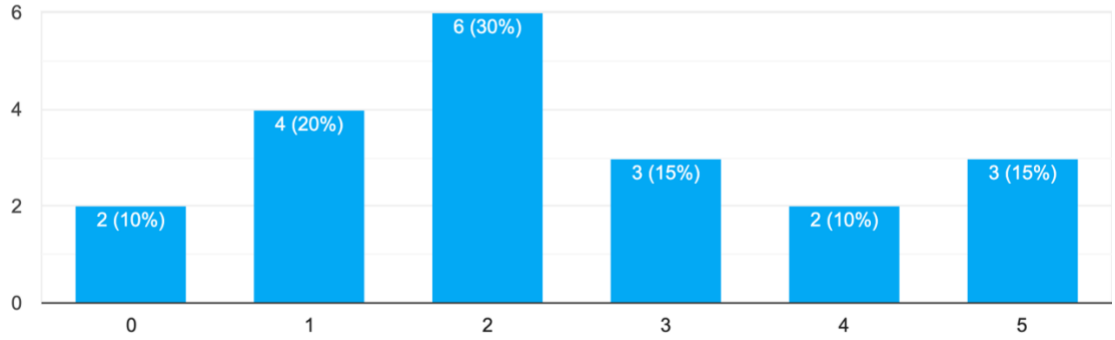
Please select your internship setting:

20 responses



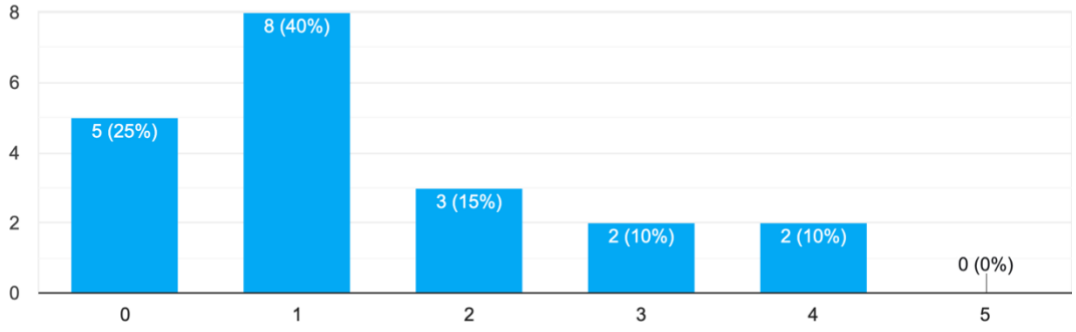
On average, how many days of the week do you see clients/patients with comorbid substance use disorders?

20 responses



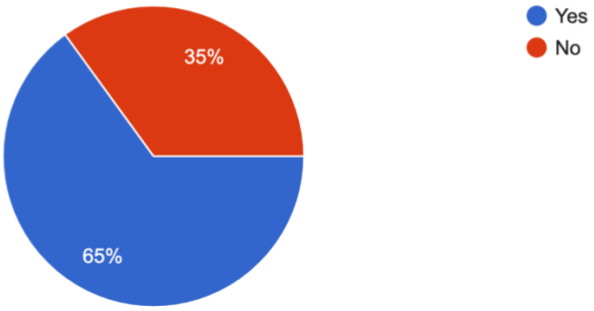
On average, how many days of the week do you receive substance use referrals?

20 responses



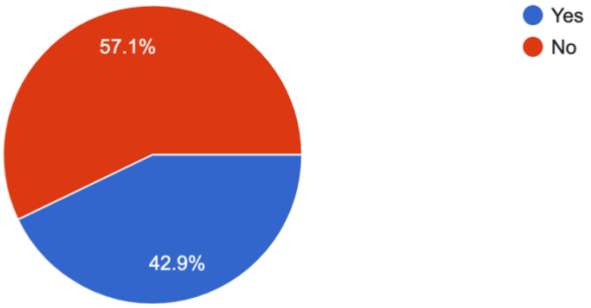
Prior to internship, did you receive formal coursework through your academic institution on substance use disorders and treatment?

20 responses



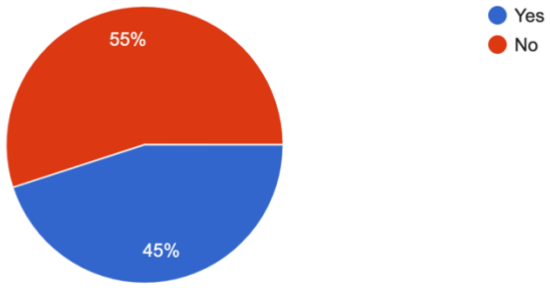
If you answered "Yes" to the above question, was this coursework required by your academic institution? If you answered "No," please skip.

14 responses



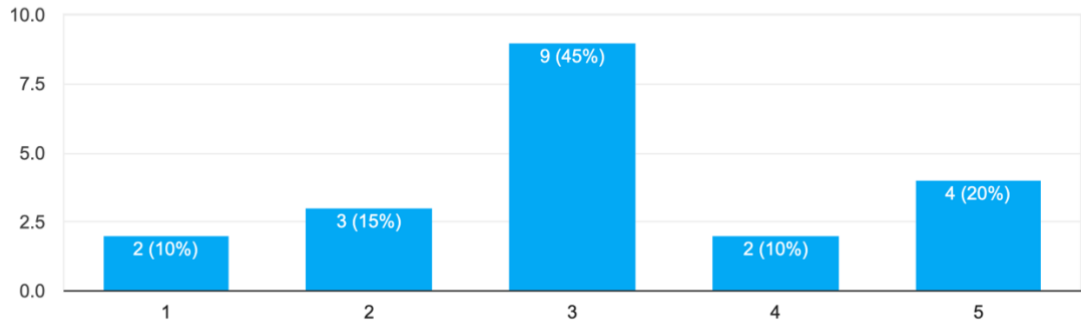
Prior to internship, did you receive formal clinical training through practicum experiences in substance use disorders and treatment?

20 responses



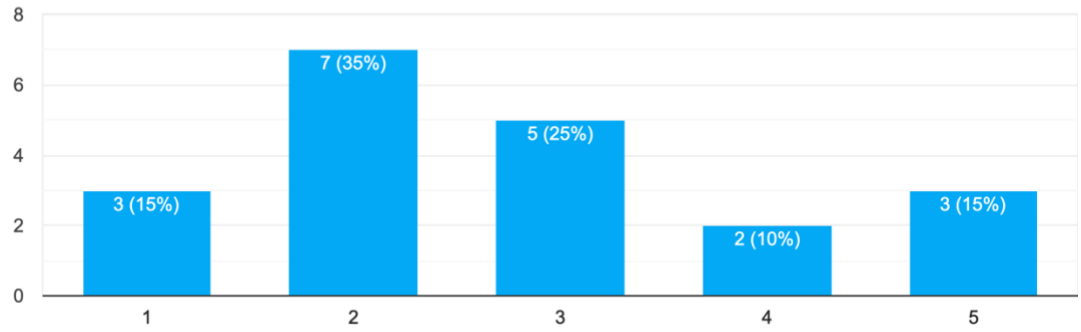
Please rate your comfortability with assessing for substance use disorders in your respective setting.

20 responses



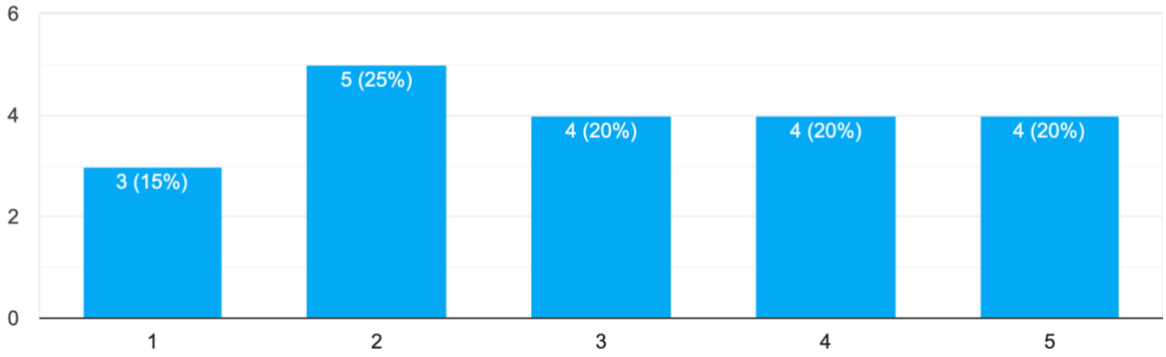
Please rate your comfortability with treating substance use disorders in your respective setting.

20 responses



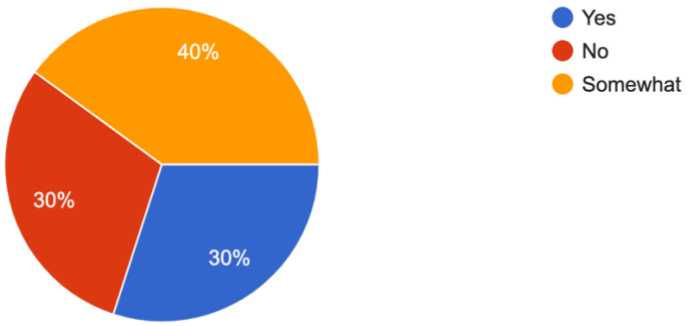
Please rate your comfortability with conceptualizing psychiatric disorders with comorbid substance use disorders.

20 responses



Do you feel your academic institution and clinical training experiences have prepared you well for assessing and treating substance use disorders independently post-graduation?

20 responses



What, if anything, do you think your academic institution or clinical training experiences could have provided or done differently to improve your comfortability or preparedness to work with substance use disorders?

- Offered more formal elective courses in substance use.
- More didactics on substance use.
- Having specific questions or pathways of how to treat, what do to, screeners, things to talk about/ask about, etc. would be helpful information.
- More specific academia related to treatment. I learned most of my knowledge through practicum experience at a treatment center.
- More information on medical concerns w/different SUDs around med interactions, health risks, and detox process/risks.
- More emphasis on the treatment, we got a lot on conceptualization and diagnosis.

To sum the data up, the average number of days per week that interns see clients or patients with comorbid SUDs varies; however, interns typically are not receiving substance use referrals on a daily basis. The majority of intern respondents did receive formal coursework through their academic institutions on SUDs and treatment and to my surprise, only 42.9% of respondents were required to do so. Nearly half of the respondents received formal clinical training in SUDs and treatment through practicum experiences prior to internship. Regarding comfortability, interns rated their comfortability with assessing and treating SUDs variably. Nearly half of the respondents rated their comfortability assessing for SUDs as "somewhat comfortable" and nearly one-third of respondents rated their comfortability treating SUDs somewhere between " not at all comfortable" and "somewhat comfortable." Out of the 20 respondents, only four and three felt "extremely comfortable" assessing and treating SUDs, respectively. Similarly, comfortability with conceptualizing psychiatric with co-occurring SUDs was varied. The question I was *most* intrigued by was the very last: did interns feel their academic institution and clinical training prepared them well for assessing and treating SUDs independently post-graduation? Only one-third of respondents felt prepared. This was both validating and disheartening to see, considering SUDs are everywhere in every setting.

I asked interns what, if anything, could have improved their comfortability or preparedness to work with SUDs. A common theme was offering more formal elective or required courses in SUDs assessment and treatment through academic institutions. Shockingly, not every state requires coursework in SUDs for licensure; however, interns expressed an interest in more specific academia related to medical concerns with SUDs, medication interactions, health risks, detox processes and risks, and treatments. Another significant theme was an emphasis on treatment in clinical training or didactics, as opposed to diagnostic clarification or conceptualization. Lastly, interns felt that having knowledge about specific questions to ask and appropriate screeners would be helpful in improving their comfortability and preparedness.

References

Study ranks Missouri #1 in Meth Manufacturing. (2019, February 13). Columbia Daily Tribune. https://www.columbiatribune.com/story/news/2019/02/13/study-ranks-missouri-1-in/984882007/

Smith, R., Rothermich, R., Schanzle, J. C., Viswanathan, L., Huhn, V., Bock, N., & Jones, J. (2023). *Status report on Missouri's Substance Use & Mental Health*. Missouri Department of Mental Health. https://dmh.mo.gov/alcohol-drug/reports/status