

Substance Use Disorders 101

Maria Hu, DSW, LCSW



Opioid
Response
Network



Working with communities

- ✧ The SAMHSA-funded *Opioid Response Network (ORN)* assists states, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.
- ✧ Technical assistance is available to support the evidence-based prevention, treatment and recovery of opioid use disorders and stimulant use disorders.

Funding for this initiative was made possible (in part) by grant no. 1H79TI085588-02 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



Working with communities

- ✧ The *Opioid Response Network (ORN)* provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis and stimulant use.
- ✧ *ORN* accepts requests for education and training.
- ✧ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.



Contact the Opioid Response Network

✦ To ask questions or submit a request for technical assistance:

- Visit www.OpioidResponseNetwork.org
- Email orn@aaap.org
- Call 401-270-5900



Overall Mission

To provide training and technical assistance via local experts to enhance **prevention**, **treatment** (especially medications like buprenorphine, naltrexone and methadone) and **recovery** efforts across the country addressing state and local - specific needs.



Disclosures

AAAP is committed to presenting learners with unbiased, independent, objective, and evidence-based education in accordance with accreditation requirements and AAAP policies.

Presenter(s), planner(s), reviewer(s), and all others involved in the planning or content development of this activity were required to disclose all financial relationships within the past 24 months.

All disclosures have been reviewed and there are no relevant financial relationships with ineligible companies to disclose



Objectives

Participants will be able to:

- Differentiate substance use, misuse, and substance use disorder, including commonly encountered drugs such as fentanyl and methamphetamine.
- Identify key signs, symptoms, and withdrawal indicators of substance use through behavioral observation in correctional settings.
- Understand the various evidence-based approaches, including Motivational Interviewing, Cognitive Behavioral Therapy, and Stages of Change, to support engagement, safety, and continuity of care.



The Words We Use Matter

SAY THIS



- Substance Use Disorder
- Substance Misuse
- Substance Use
- Addiction
- Patient with a SUD

NOT THIS



- Substance Abuse
- Replacement therapy
- Alcoholic
- Drug Abuser
- Addict

The words we use can be seen as blaming and that those with SUD are at fault for their disease





**What are you
hoping to learn
today?**

Opening Reflection

- ✧ When you hear “substance use,” what words, images, or assumptions come to mind?
- ✧ Which of those came from personal experience, media, or professional training?
- ✧ What would make this session useful to you today?



Why do people use substances?

To feel good

To have novel:

Feelings

Sensations

Experiences

AND

To share

them



To feel better

To lessen:

Anxiety

Worries

Fears

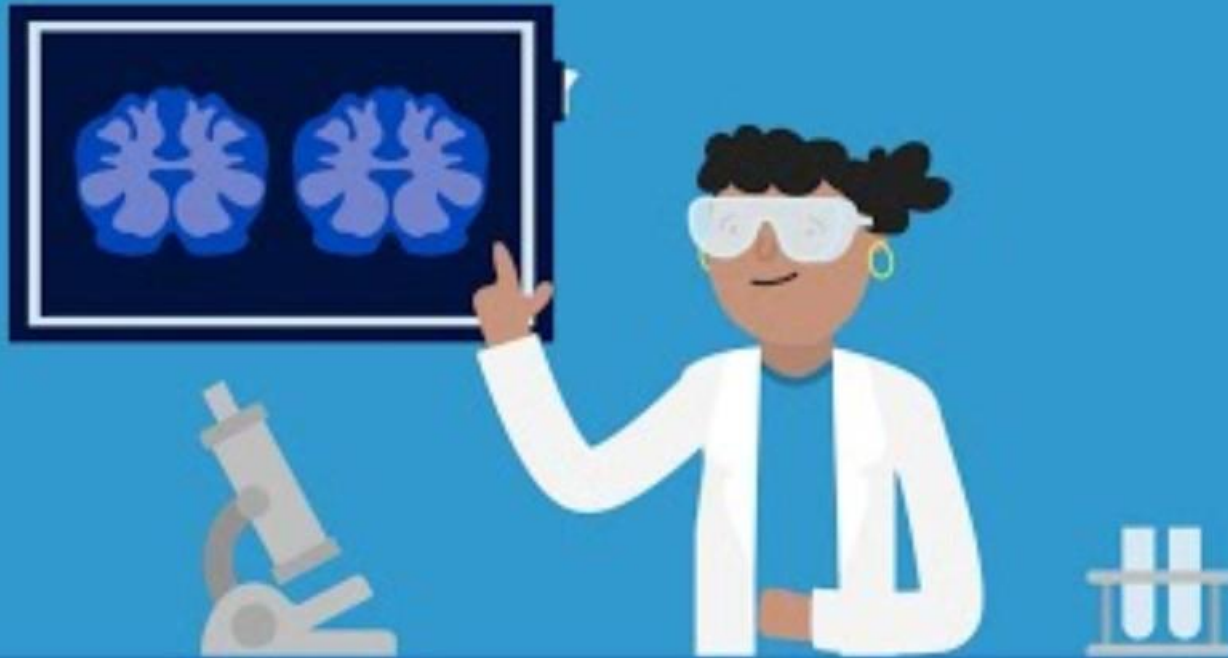
Depression

Hopelessness

s

Withdrawal





Definition of Addiction

- ✧ **Addiction is a health condition that affects the brain and behavior.**
- ✧ **It can possibly involve compulsive substance use despite harmful consequences.**
- ✧ **It involves changes in brain systems related to reward, motivation, decision-making, and self-control.**
- ✧ **It develops through complex interactions among biology, genetics, environment, and life experiences.**
- ✧ **Recovery is possible**, and effective treatment and support can help people improve their health and quality of life.



What is a substance use disorder?



What Is a Substance Use Disorder?

Substance use can range from occasional use to patterns that cause serious problems.

A substance use disorder (SUD) involves ongoing alcohol or drug use that causes problems in health, relationships, responsibilities, safety, or daily life.

SUD can range from mild to severe.

Treatment and recovery can look different from person to person.



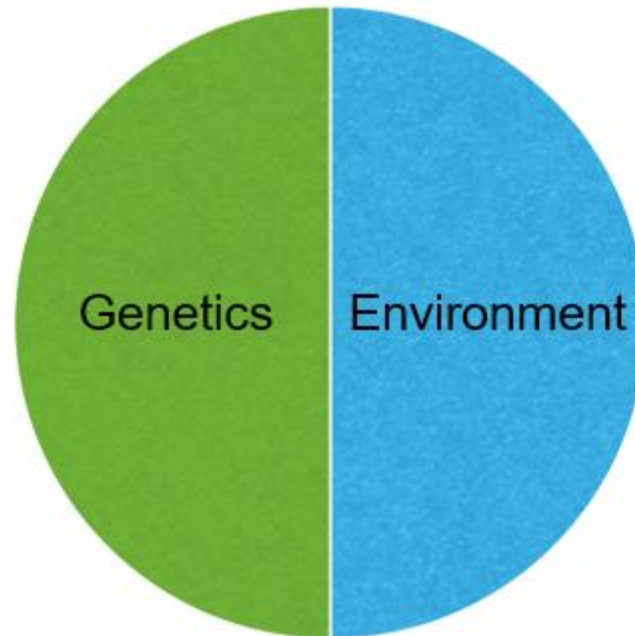
Substance use disorder

Category	Criterion
Impaired control	1. Using more of a substance or longer than intended 2. Wanting to limit or stop using but not being able to 3. Spending a lot of time using or recovering from use 4. Craving
Social impairment	5. Failure to fulfill duties in social roles 6. Continued use despite substance-related social problems 7. Giving up activities because of substance use
Risky use	8. Using in situations where use is dangerous 9. Continued use despite mental or physical problems
Pharmacologic criteria	10. Tolerance 11. Withdrawal



Individual Vulnerability to SUDs

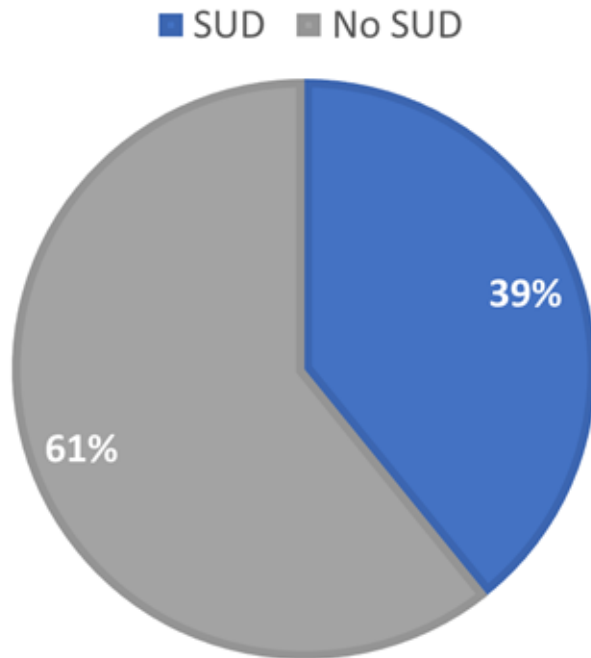
- opioid receptors
- dopaminergic tone
- other transmitters
- intracellular signals
- psychiatric disorders
- novelty seeking
- harm avoidance
- impulsivity



- parents
- siblings
- friends
- Adverse Childhood Experiences (ACEs)
- stressors
- lack of positive experiences
- illicit sources
- prescription
- family and friends



Substance Use Disorders



*DSM 5-TR criteria

Most people who use drugs DO NOT develop substance use disorders (SUD).

- Trauma
- Genetic
- Age of onset
- Untreated mental illness
- Untreated physical illness
- Chronic, non-specific pain



Substance Use Disorders (SUD) and Health

✧ SUDs negatively affect the quality of our health, educational, and social systems.

✧ Mortality

1 out of 5 deaths in the US are caused by cigarette smoking
life expectancy for smokers is at least 10 years shorter than for nonsmokers

380 deaths each day in the US due to excessive alcohol use
shortening their lives by an average of 26 years

Opioid-involved deaths rose from 49,860 in 2019 to 81,806 in 2022.
From 99-2023 approximately 806,000 people died from opioid overdose



Trauma and Substance Use

Trauma is highly associated with substance use disorders

Lifetime trauma is reported in up to 66% of treatment seeking patients.

If left untreated the SUD becomes a more difficult and persistent illness.

Treatment should include both concurrently.
Combination of psychotherapeutic and pharmacologic management is most effective.



Addiction is a brain disease, and it matters

SCIENCE • VOL. 278 • 3 OCTOBER 1997

FRONTIERS IN NEUROSCIENCE: THE SCIENCE OF SUBSTANCE ABUSE

Addiction Is a Brain Disease, and It Matters

Alan I. Leshner

Scientific advances over the past 20 years have shown that drug addiction is a chronic, relapsing disease that results from the prolonged effects of drugs on the brain. As with many other brain diseases, addiction has embedded behavioral and social-context aspects that are important parts of the disorder itself. Therefore, the most effective treatment approaches will include biological, behavioral, and social-context components. Recognizing addiction as a chronic, relapsing brain disorder characterized by compulsive drug seeking and use can impact society's overall health and social policy strategies and help diminish the health and social costs associated with drug abuse and addiction.

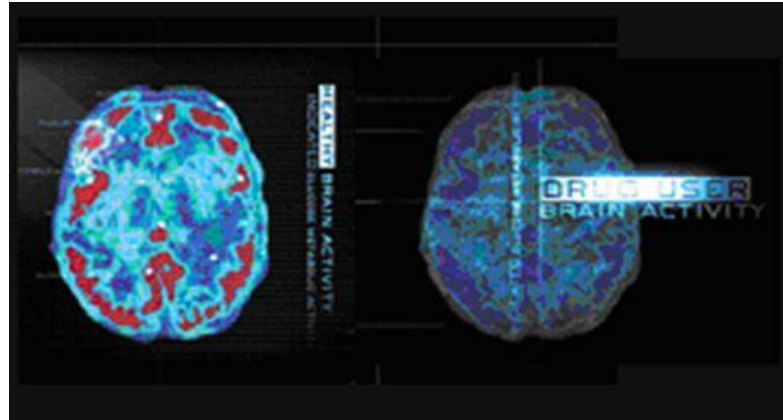
affects both the health of the individual and the health of the public. The use of drugs has well-known and severe negative consequences for health, both mental and physical. But drug abuse and addiction also have tremendous implications for the health of the public, because drug use, directly or indirectly, is now a major vector for the transmission of many serious infectious diseases—particularly acquired immunodeficiency syndrome (AIDS), hepatitis, and tu-



(Source: Leshner, 1997)

What is Addiction?

Addiction is A Brain Disease



NTDA

Characterized by:

- Compulsive Behavior
- Continued abuse of drugs despite negative consequences
- **Persistent changes in the brain's structure and function**



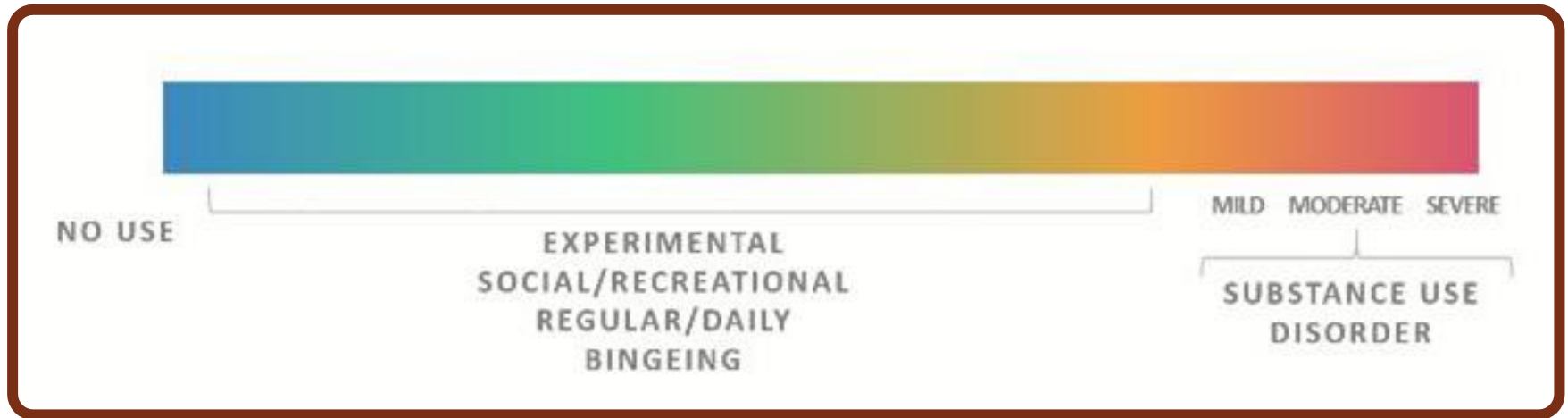
(Source: Brain Activity Imaging, 2012)

It's a disease.

Substance Use Disorder	HEART DISEASE
Disrupts normal function of a body organ	Disrupts normal function of a body organ
Has serious, harmful side effects	Has serious harmful side effects
Often preventable & treatable	Often preventable & treatable
Can be long term and lead to death	Can be long term and lead to death



Continuum/Spectrum of Drug Use



None or
low risk

At risk

Mild

Moderate

Severe

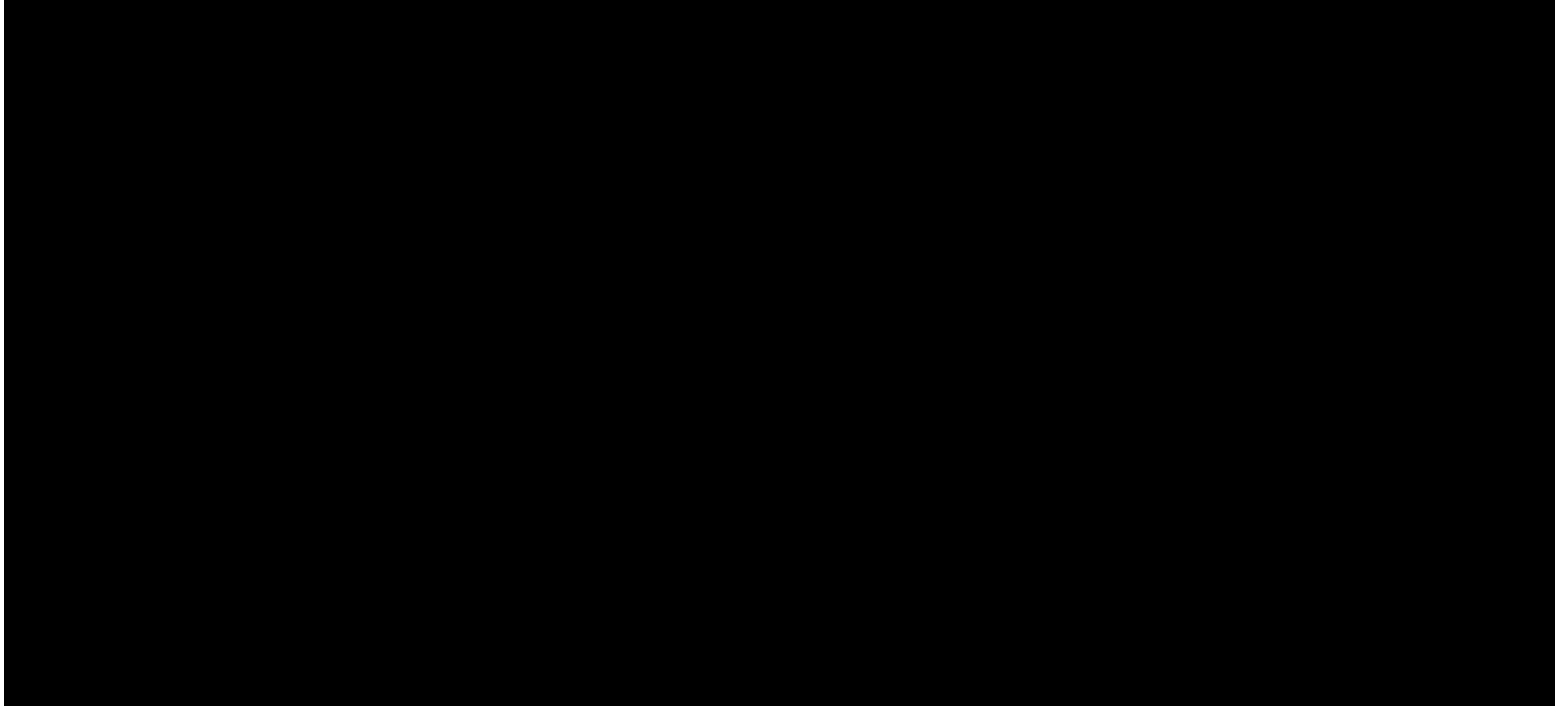
Increasing amounts, higher-
risk substances or situations

Craving, loss of control,
consequences

← tolerance and withdrawal can appear anywhere →

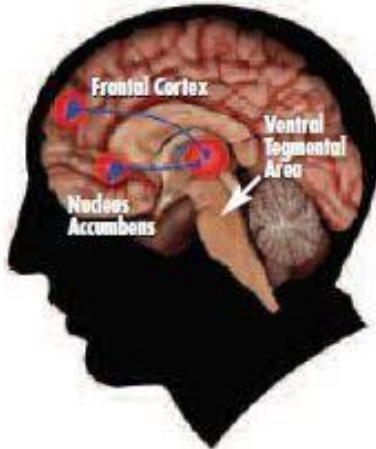


Normal Transmission of Dopamine



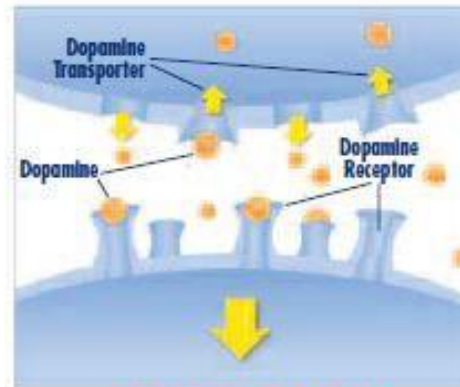
DRUGS OF ABUSE TARGET THE BRAIN'S PLEASURE CENTER

Brain reward (dopamine) pathways



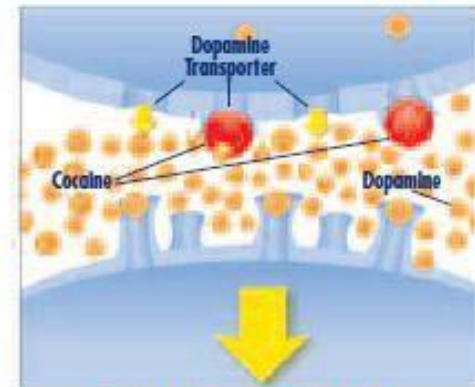
These brain circuits are important for natural rewards such as food, music, and sex.

Drugs of abuse increase dopamine



WHILE EATING FOOD

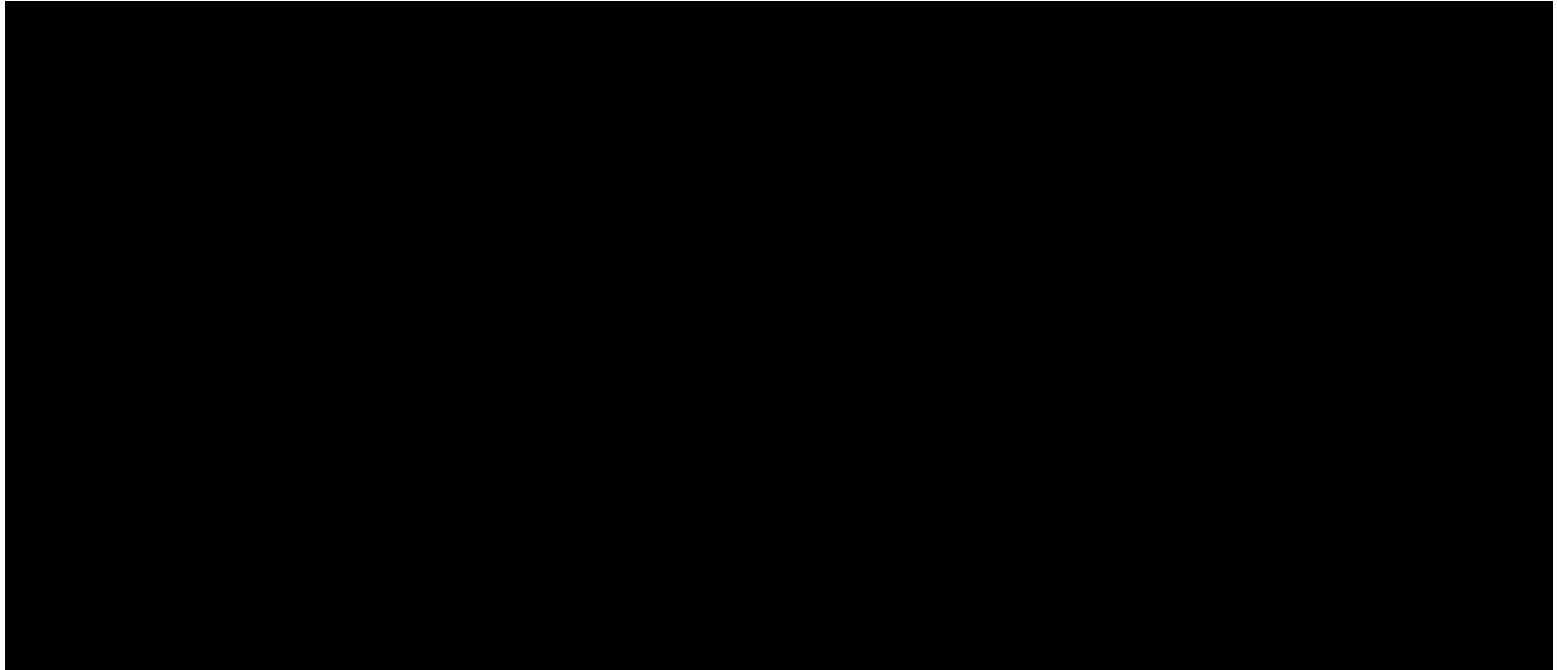
Typically, dopamine increases in response to natural rewards such as food. When cocaine is taken, dopamine increases are exaggerated, and communication is altered.



WHILE USING COCAINE



Methamphetamine and Dopamine Transmission

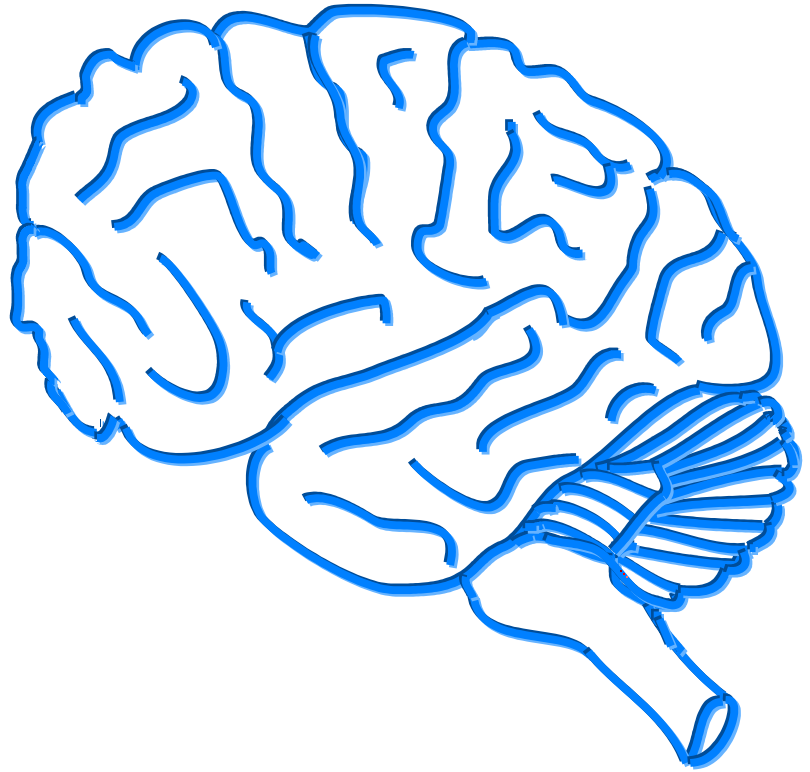


(Source: Meth Project, 2011)

In Other Words...

In other words:

A major reason
people take a
drug is they like
what it does to
their brains





Common Types of Drugs

Alcohol, Nicotine, Cannabis, Stimulants, Depressants, Synthetic

Alcohol: Basic Facts

Description: Alcohol or ethylalcohol (ethanol) is present in varying amounts in beer, wine, and liquors

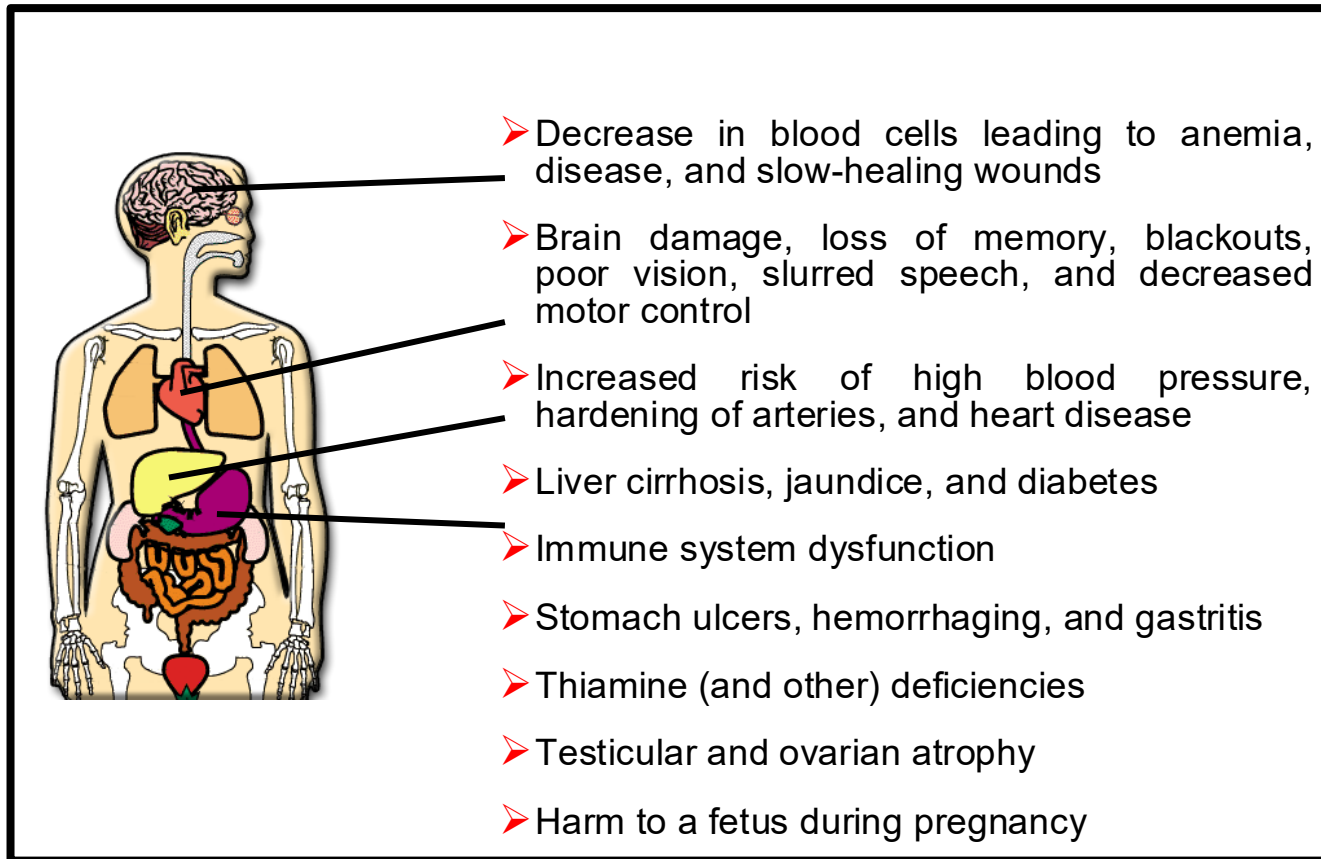
Route of administration: Oral

Acute Effects: Sedation, euphoria, lower heart rate and respiration, slowed reaction time, impaired coordination, coma, death

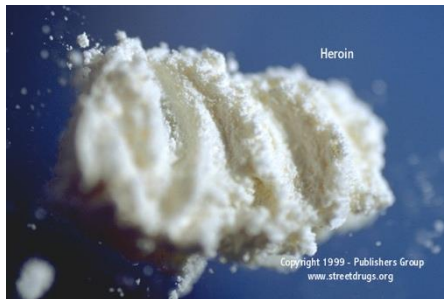
Withdrawal Symptoms: Tremors, chills, Cramps, Hallucinations, Convulsions, Delirium tremens, Death



Long-term effects of alcohol use



Opioids



What are Opioids?

Opiate: derivative of opium poppy

- Morphine
- Codeine

Opioid: any compound that binds to opioid receptors

- Semisynthetic (including heroin)
- Synthetic
- Oral, transdermal and intravenous formulations

Semi-synthetic:

- Oxycodone (Percocet, Oxycontin)
- Hydrocodone (Vicoden, Norco)
- Hydromorphone (Dilaudid)
- Oxymorphone (Opana)

Synthetic:

- Meperidine (Demerol)
- Methadone
- Fentanyl
- Buprenorphine (Subutex/Suboxone)



Route of administration: Intravenous, smoked, intranasal, oral, and intrarectal

(Source: Drug Enforcement Administration [DEA], 2024)

Effects of Opioids

- ✧ Euphoria
- ✧ Pain relief
- ✧ Suppresses cough reflex
- ✧ Histamine release
- ✧ Warm flushing of the skin
- ✧ Dry mouth
- ✧ Sense of well-being
- ✧ Sedation
- ✧ Pupil constriction
- ✧ Slurred speech
- ✧ Impaired attention/memory
- ✧ Constipation, urinary retention
- ✧ Nausea
- ✧ Confusion, delirium
- ✧ Seizures
- ✧ Slowed heart rate
- ✧ Respiratory depression



Opioids: Long-term Effects

- ✧ Addiction
- ✧ Infectious diseases, for example, HIV/AIDS and hepatitis B and C
- ✧ Collapsed veins
- ✧ Bacterial infections
- ✧ Abscesses
- ✧ Infection of heart lining and valves
- ✧ Arthritis and other rheumatologic problems



Stimulants



(Source: Drug Enforcement Administration [DEA], 2024)

Stimulants

- Examples of stimulants include amphetamines, methamphetamine, cocaine, crack-cocaine
- Methamphetamine in crystalized form (crystal meth) is highly toxic and dangerous (acetone, pseudoephedrine)
- Amphetamines are typically found as a prescription, such as Adderall or Ritalin. These are becoming more highly regulated. They are the second or third highest

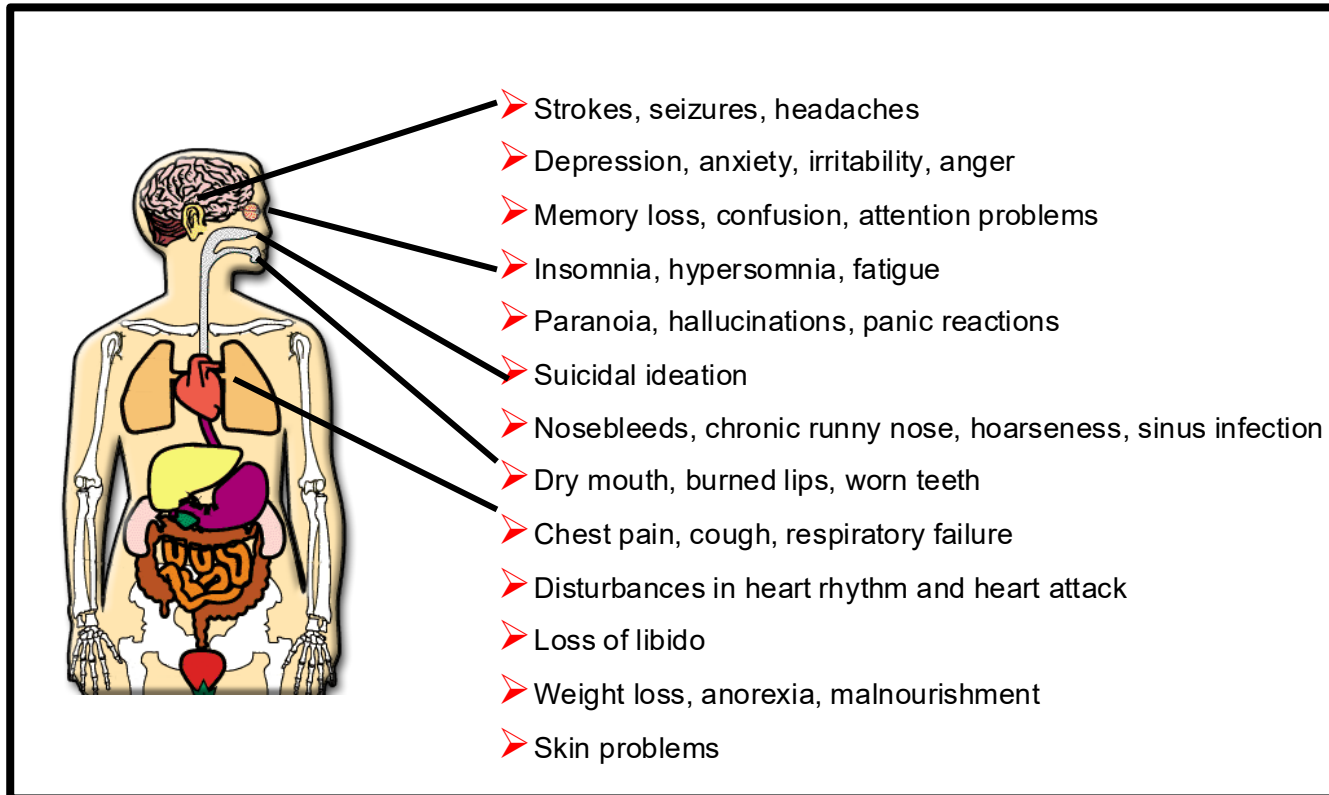


Short-term Effects of Methamphetamines

- ✧ Psychotic symptoms more likely than cocaine
- ✧ Increase attention and decrease fatigue
- ✧ Decreased appetite
- ✧ Euphoria/Pleasure/Rush/Joy
- ✧ Irritability/Aggression
- ✧ Feeling of power/Sexy
- ✧ Confusion
- ✧ Anxiety



Long-term effects of stimulants



Cannabinoids



Cannabis: Basic facts

- ✧ Effects begin almost immediately when smoked
- ✧ Effects of smoked cannabis can last from 1 to 3 hours
- ✧ If consumed in foods or beverages, the effects appear later—usually in 30 minutes to 1 hour—but can last up to 4 hours
- ✧ Stays in system from a few days to much longer



Acute Effects

- Relaxation
- Increased appetite
- Dry mouth
- Altered time sense
- Mood changes
- Bloodshot eyes
- Impaired memory
- Reduced nausea
- Increased blood pressure
- Reduced cognitive capacity
- Paranoid ideation

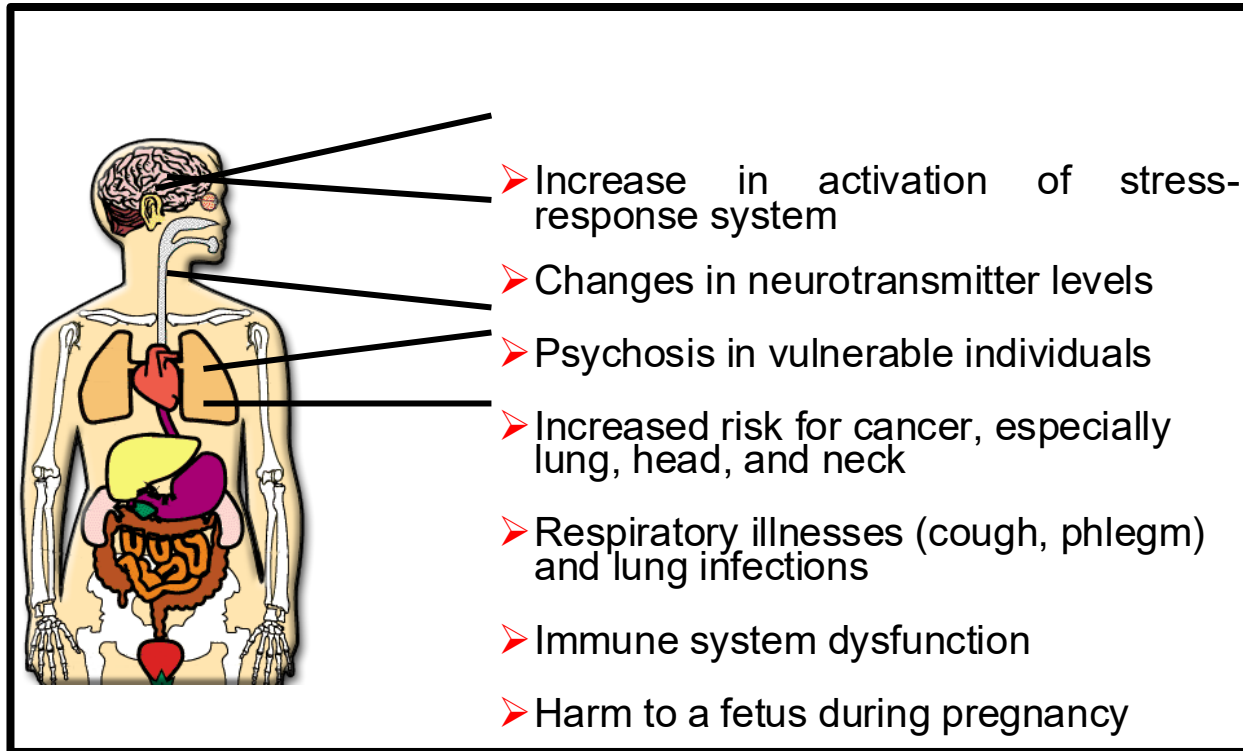


Withdrawal Symptoms:

- Insomnia
- Restlessness
- Loss of appetite
- Irritability
- Sweating
- Tremors
- Nausea
- Diarrhea



Long-term effects of cannabis use





Treatment Options

What is Treatment?

Treatment may include medications, counseling, behavioral therapies, peer/recovery support, or a combination.

Care may happen in outpatient, intensive outpatient, residential, or other settings depending on the person's needs.

Family involvement can be helpful when appropriate and wanted.

Practical supports such as housing, transportation, health care, and employment services can also support recovery.

A treatment plan may change over time as needs change.



What is Treatment?

Treatment Options:

- ✧ Detox/Withdrawal Management
- ✧ Mutual Aid groups: Alcoholics Anonymous, Narcotics anonymous, SMART recovery, etc.
- ✧ Residential, PHP, IOP
- ✧ Office-based Behavioral Health
- ✧ Opioid Treatment Program (OTP): Methadone
- ✧ Office –based Addiction Treatment: Buprenorphine, NTX



Stages of Change

Precontemplation: defensive, blaming, disagreeable, inattentive, discounting, negative, ignore, possibly just agree to put counselor on their side

Contemplation: vacillation, unsure, agree and do opposite, lack of follow through, tiny baby steps

Preparation: a few extra steps, less ambivalence and vacillation, some follow through, can see the positive

Action: (a couple of months in) consistency, takes suggestions, longer periods of sustained sobriety, can see positives

Maintenance: (6 months or longer) longer period of continuous sobriety, will see benefits (outweighing the use), is able to work on their other areas and needs more effectively



Behavioral Health Interventions

- ✧ Additional therapeutic modalities with evidence for the treatment of SUD include:
 - Twelve Step Facilitation
 - Cognitive behavioral therapy (CBT)
 - Motivational interviewing (MI)
 - Community Reinforcement Approach (CRA)
 - Exercise-supported recovery

(Source: AshaRani et al., 2020; Carroll & Kiluk, 2017; Marrero-Cristobal et al., 2022; Substance Abuse and Mental Health Services Administration, 2021)



Support Services

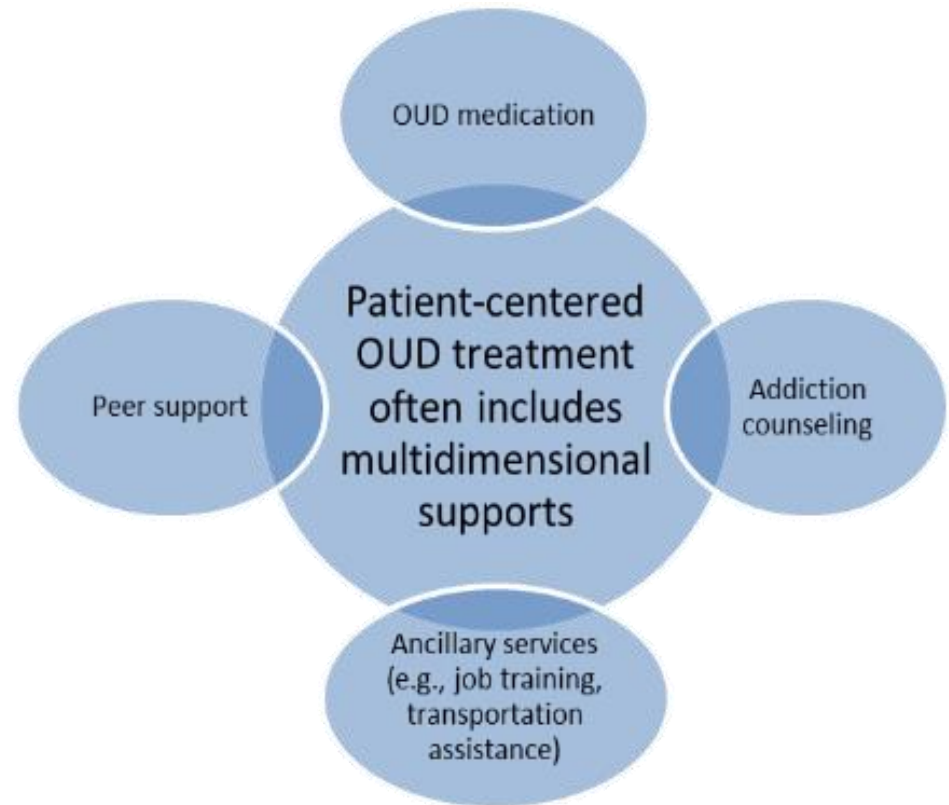
Support services might include:

Addiction counseling

Peer support (including mutual-help groups)

Ancillary services:

- Job training
- Housing
- Food access
- Transportation
- Legal assistance





THE SU IMPACT ON FAMILIES

Themes in Families with SU:



Blame

Shame

Conflict

Violence

Abuse

Emotional

Chaos/Dysregulation

Loss

Grief

Ineffective Communication

Social Isolation

Secrecy

Lander, L. Howsare, J. &
Byrne, M. (2013). The impact
of substance use disorders
on families and children:
From theory to practice.
Social Work in Public Health,
28, 194-205.



Impact on Families

- ✧ Caregivers may experience worry, fear, anger, grief, shame, exhaustion, or uncertainty.
- ✧ Family roles and routines may change.
- ✧ Trust and communication can become strained.
- ✧ Caregivers may feel responsible for fixing the problem or keeping everyone safe.
- ✧ Support and recovery resources can benefit the whole family not only the person with SUD.



When someone is not ready to change

Avoid arguing, lecturing, threatening, or trying to “win.”

Ask what they like and dislike about their current use.

Explore what matters to them and whether use fits with those priorities.

Support smaller risk-reduction steps when abstinence is not the person’s current goal.

Keep the door open: “I’m here if you want to talk about this again.”



How We Talk Matters

When talking with someone about substance use:

Helpful approaches

- Express concern without judgment
- Listen and ask open-ended questions
- Show patience and compassion
- Help connect the person with treatment/resources
- Notice and reinforce positive steps
- Keep communication open

Remember

- You cannot control another person's recovery
- Support does not require ignoring unsafe behavior
- Caregivers can set limits and protect their own well-being
- It is okay to seek support for yourself



From Reacting to Responding

Reacting

- Lecturing
- Arguing
- Assuming

Responding

- Listening
- Asking
- Expressing concern
- Being Curious
- Noticing Strengths

Responding doesn't mean agreeing with substance use. It means creating connection.



Supporting Someone You Care About

Caregivers can support change without having to control another person's recovery.

What can help

- Express concern without judgment
- Listen more than you lecture
- Ask what kind of help would be useful
- Encourage treatment and recovery supports
- Notice and reinforce positive steps

And remember

- Set clear, healthy boundaries
- Have a plan for emergencies
- Avoid arguing when emotions are high
- Get support for yourself, too
- You can support someone without making every decision for them

Helpful question: “How can I support you right now?”



Motivational interviewing: Conversation style to move toward change



A simple conversation framework: OARS

Open questions: “What have you noticed about your use lately?”

Affirmations: recognize effort, honesty, values, and strengths.

Reflections: “Part of you wants the relief, and part of you is worried about the consequences.”

Summaries: gather the person’s own reasons, concerns, and next steps.



Tips

Stop and listen

Be present

Be empathetic
and emotionally
responsive

Ask questions
and paraphrase

Help identify
emotional
responses

Ask how to help
and offer
support

Empower to
make change

When needed,
be authoritative
and set clear
expectations

Learn and adapt



Case Discussion

Jordan has recently become more isolated, has missed several commitments, and says drinking is the only thing that helps them sleep. A family member notices Jordan is drinking earlier in the day and seems shaky in the mornings.

What changes have you noticed that might concern you?

How could you start a conversation with Jordan without judging or blaming?

What might you say using one of the communication tools we just practiced?

What kind of support might Jordan need?

What could you do to take care of yourself while supporting Jordan?



Five Things to Remember

1. SUD is treatable, and recovery is possible.
2. Substance use often serves a short-term function, understanding that function can help us respond differently.
3. Supportive, nonjudgmental conversations can help keep connection open.
4. Caregivers can support recovery while also setting boundaries and protecting their own well-being.
5. In an opioid overdose, naloxone and a rapid emergency response can save a life.



- ✧ What is 1 thing you learned today?
- ✧ What is 1 thing you can do differently?



Questions?



- ✧ Thank you for your time!
- ✧ I'm happy to connect after today's presentation to answer further questions



RESOURCES

Providers Clinical Support System

<https://pcssnow.org>

Substance Abuse and Mental Health Services Administration (SAMHSA)

Medications for Substance Use Disorders

<https://www.samhsa.gov/medications-substance-use-disorders>

AHRQ/The Academy Integrating Behavioral Health & Primary Care

Medication Assisted Treatment for OUD Playbook

<https://integrationacademy.ahrq.gov/products/playbooks/opioid-use-disorder>

American Academy of Addiction Psychiatry

<https://www.aaap.org>

American Society of Addiction Medicine

<https://www.asam.org>

American Osteopathic Academy of Addiction Medicine

<https://www.aoaam.org/>



ORN Evaluation Survey Link

Please scan the below QR code or use the link below to access a very brief survey.

English

<https://lanitek.com/P?s=455816>



Español

[https://lanitek.com/P?s=593794
&lng=Spanish](https://lanitek.com/P?s=593794&lng=Spanish)



The survey will ask about your satisfaction with the training program you just completed as well as some basic demographic information. Your responses will help the Opioid Response Network improve the services they provide.



Thank you in advance for completing this survey!

REFERENCES

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.; DSM-5-TR). American Psychiatric Publishing.

American Society of Addiction Medicine. (2026, June). *Understanding addiction*.

Andersson, H. W., Mosti, M. P., & Nordfjærn, T. (2023). Inpatients in substance use treatment with co-occurring psychiatric disorders: A prospective cohort study of characteristics and relapse predictors. *BMC Psychiatry*, 23, 152. <https://doi.org/10.1186/s12888-023-04632-z>

AshaRani, P. V., Hombali, A., Seow, E., Ong, W. J., Tan, J. H., & Subramaniam, M. (2020). Non-pharmacological interventions for methamphetamine use disorder: A systematic review. *Drug and Alcohol Dependence*, 212, 108060. <https://doi.org/10.1016/j.drugalcdep.2020.108060>

Back, S. E., Jarnecke, A. M., Norman, S. B., Zaur, A. J., & Hien, D. A. (2024). State of the science: Treatment of comorbid posttraumatic stress disorder and substance use disorders. *Journal of Traumatic Stress*, 37, 803–813. <https://doi.org/10.1002/jts.23049>

Brain activity imaging: Healthy brain vs. drug user brain. (2012). [Illustration]. OIDA Image Collection.

Bureau of Justice Statistics. (2021). *Indicators of mental health problems reported by prisoners and jail inmates*. U.S. Department of Justice. <https://bjs.ojp.gov>

Centers for Disease Control and Prevention. (2024, February 15). Cannabis and poisoning.

Centers for Disease Control and Prevention. (2024, February 15). Cannabis and brain health.

Carroll, K. M., & Kiluk, B. D. (2017). Cognitive behavioral interventions for alcohol and drug use disorders: Through the stage model and back again. *Psychology of Addictive Behaviors*, 31(8), 847–861.

Centers for Disease Control and Prevention. (2024). *Understanding the opioid overdose epidemic*. <https://www.cdc.gov/overdose-prevention/about/understanding-the-opioid-overdose-epidemic.html>

Dalbir, N., Wright, E. M., & Steiner, B. (2024). Mental illness, substance use, and co-occurring disorders among jail inmates: Prevalence, recidivism, and gender differences. *Corrections*, 9(2), 264–286. <https://doi.org/10.1080/23774657.2022.2090028>

Drug Enforcement Administration. (2024). *Drugs of abuse: A DEA resource guide* (2024 ed.). U.S. Department of Justice.

Edinoff, A. N., Kaufman, S. E., Green, K. M., Provenzano, D. A., Lawson, J., Cornett, E. M., Murnane, K. S.,

Kaye, A. M., & Kaye, A. D. (2022). Methamphetamine use: A narrative review of adverse effects and related toxicities. *Health Psychology Research*, 10(3), 38161. <https://doi.org/10.52965/001c.38161>

Fazel, S., Hayes, A. J., Bartellas, K., Clerici, M., & Trestman, R. (2016). Mental health of prisoners: Prevalence, adverse outcomes, and interventions. *The Lancet Psychiatry*, 3(9), 871–881. [https://doi.org/10.1016/S2215-0366\(16\)30142-0](https://doi.org/10.1016/S2215-0366(16)30142-0)



REFERENCES

Leshner, A. I. (1997). Addiction is a brain disease, and it matters. *Science*, 278(5335), 45–47.

Marrero-Cristobal, A., Garcia-Rodriguez, O., Marrero-Rodriguez, T., & Marrero-Rodriguez, S. (2022). Psychosocial effects of COVID-19 in the population: A review of studies published during the first year of COVID-19. *Psychiatry Research*, 311, 114482.

National Center for Health Statistics. (2023). *National Vital Statistics System mortality data*. Centers for Disease Control and Prevention.

Meth Project. (2011, November 7). *Brain and behavior* [Video]. YouTube. <https://www.youtube.com/watch?v=T-duk-PilXo>

Miller, W. R., & Rollnick, S. (2023). *Motivational interviewing: Helping people change and grow* (4th ed.). The Guilford Press.

National Institute on Alcohol Abuse and Alcoholism. (2026, March). *Alcohol and the human body*. National Institutes of Health.

National Institute on Drug Abuse. (2020, July 6). *Drugs and the brain*. National Institutes of Health, U.S. Department of Health and Human Services. <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drugs-brain>

National Institute on Drug Abuse. (2023). *Drugs, brains, and behavior: The science of addiction*. National Institutes of Health. <https://nida.nih.gov>

National Institute on Drug Abuse. (n.d.). *Words matter—Terms to use and avoid when talking about addiction*. National Institutes of Health.

SAMHSA. *Helping Families Cope with Mental Health and Substance Use Disorders*. <https://www.samhsa.gov/mental-health/children-and-families/coping-resources>

Substance Abuse and Mental Health Services Administration. (2019). Enhancing motivation for change in substance use disorder treatment (Treatment Improvement Protocol [TIP] Series 35; HHS Publication No. PEP19-02-01-003). U.S. Department of Health and Human Services.

Substance Abuse and Mental Health Services Administration. (2019). *Use of medication-assisted treatment for opioid use disorder in criminal justice settings* (PEP19-MATUSECJS).

Substance Abuse and Mental Health Services Administration. (2021). *Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health* (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Center for Behavioral Health Statistics and Quality.

Substance Abuse and Mental Health Services Administration. (2023). *2022 National Survey on Drug Use and Health: Detailed tables*. <https://www.samhsa.gov>

Substance Abuse and Mental Health Services Administration. (2025). *Key substance use and mental health indicators in the United States: Results from the 2024 National Survey on Drug Use and Health* (HHS Publication No. PEP25-07-007, NSDUH Series H-60). Center for Behavioral Health Statistics and Quality. <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases>

Substance Abuse and Mental Health Services Administration. (2025). *Co-occurring disorders and other health conditions*. U.S. Department of Health and Human Services.

Substance Abuse and Mental Health Services Administration. (2025). *Treatment options for substance use disorder*. U.S. Department of Health and Human Services. <https://www.samhsa.gov/substance-use/treatment/options>



REFERENCES

- Substance Abuse and Mental Health Services Administration. (2023). *2022 National Survey on Drug Use and Health: Detailed tables*. <https://www.samhsa.gov>
- Substance Abuse and Mental Health Services Administration. (2023, April 24). How to talk to someone about help for mental health and substance use. U.S. Department of Health and Human Services.
- Substance Abuse and Mental Health Services Administration. (2025). *Key substance use and mental health indicators in the United States: Results from the 2024 National Survey on Drug Use and Health* (HHS Publication No. PEP25-07-007, NSDUH Series H-60). Center for Behavioral Health Statistics and Quality. <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases>
- Substance Abuse and Mental Health Services Administration. (2025). Co-occurring disorders and other health conditions. U.S. Department of Health and Human Services.
- Substance Abuse and Mental Health Services Administration. (n.d.). What is substance use disorder? U.S. Department of Health and Human Services.
- SAMHSA. (2026). Navigating Mental Health and Substance Use Care: An Introductory Guide for Families (PEP25-08-008). <https://library.samhsa.gov/product/navigating-mental-health-substance-use-care/pep25-08-008>
- UCLA Integrated Substance Abuse Programs, & Eyes of the World Media Group. (2009). Meth Inside Out: Brain & behavior—Pleasure [Video]. https://www.youtube.com/watch?v=MGEJ_GQVOqg
- U.S. Food and Drug Administration. (2023). *Medication-assisted treatment for opioid use disorder*. <https://www.fda.gov>
- Volkow, N. D., et al. (2023). Substance use disorders: A comprehensive update of classification, epidemiology, neurobiology, clinical aspects, treatment and prevention. *World Psychiatry*, 22(2). <https://pmc.ncbi.nlm.nih.gov/articles/PMC10168177/>

