



Incorporating Knowledge and Techniques of Substance Abuse into Daily Practice

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Introduction



- ▶ This presentation is about addressing the stigma that treating substance abuse is something only a select few can do
- ▶ This presentation will provide:
 - ▶ Substance abuse symptoms and client presentation
 - ▶ Tools for screening substance abuse
 - ▶ ~~Demonstration of specific strategies~~
 - ▶ *Due to the nature of this virtual presentation, not specific cases or clinical examples will be provided (this was part of the in-person version)*
- ▶ Our goal is to increase understanding of screening and intervention to ensure well-rounded care



Why the Connection Matters

- ▶ Widespread use of substances is correlated with many negative consequences, including:
 - ▶ Interpersonal difficulties
 - ▶ Interference with work or school
 - ▶ Health and legal problems
 - ▶ Even with all the evidence, substance abuse disorders still are underdiagnosed in the psychiatric population
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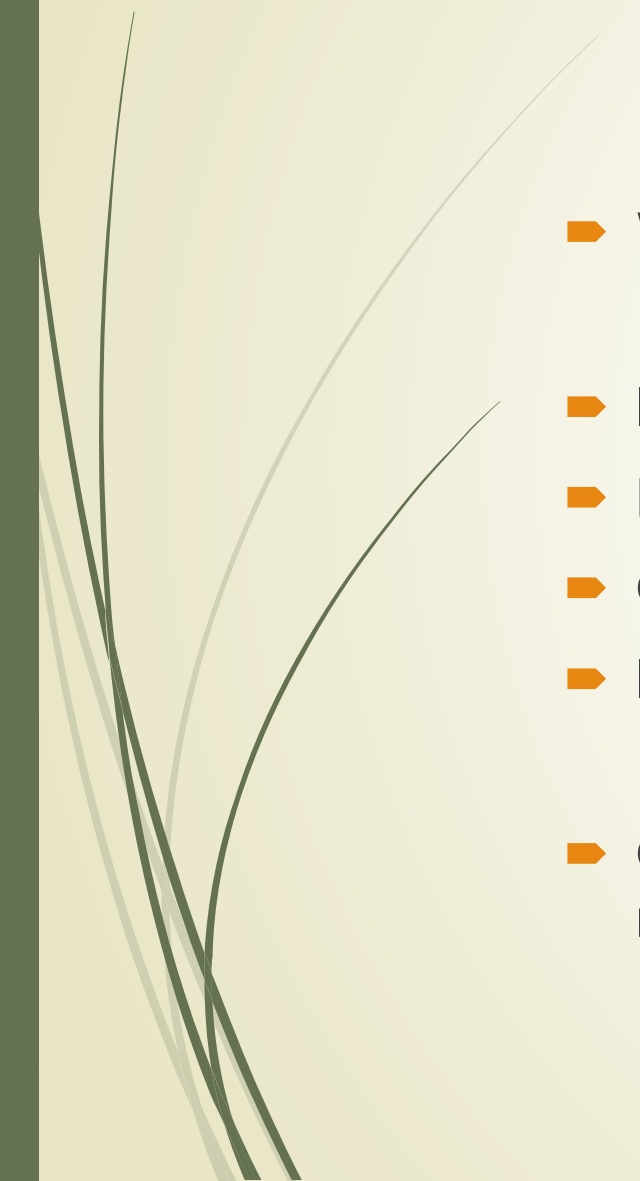
Knowing the Stats



- ▶ About **17.5 million (8%)** Americans are living with symptoms caused by a serious mental illness.
- ▶ An estimated **4 million** of those 17.5 million people were also addicted to or regularly abusing drugs or alcohol.
- ▶ Unfortunately, **more than 50%** of Americans living with a dual diagnosis did not get treatment for either disorder.
- ▶ **Only 12%** of Americans with a dual diagnosis received integrated treatment that addresses both disorders.
 - ▶ **34%** of Americans with a dual diagnosis got mental health treatment.
 - ▶ **2%** received treatment for their addiction issues.





How Substance Abuse Impacts Mental Health

- ▶ Worsens symptoms of mental illness
 - ▶ Most commonly, depression and anxiety
 - ▶ Increases burden on family members
 - ▶ Disrupts interpersonal relationships with friends and family
 - ▶ Causes financial problems
 - ▶ Increases aggression and violence
 - ▶ Particularly towards the individuals closest to them
 - ▶ Contributes to risky behaviors such as unprotected sex and sharing needles
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Mediating Factors

- ▶ **Heredity.** Genetic makeup may predispose you to both substance abuse and a mental health disorder.
 - ▶ **Brain development.** Using drugs or alcohol in the teenage years, when the brain is still developing, may increase the chances of a co-occurring disorder later.
 - ▶ **Stress or trauma.** Living through a traumatic event, such as the loss of a parent, a painful divorce, physical or sexual abuse increases chances of CD/MH.
 - ▶ **Neurological factors.** Low levels of neurotransmitters that affect your emotional stability may lead CD/MH.
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Challenges w/ Co-Occurring Disorders

- ▶ A co-occurring disorder is the term for a substance use diagnosis and an underlying mental health diagnosis
 - ▶ Challenging to know whether their MH symptoms predated their use, or became clinically significant only during active use
 - ▶ In residential treatment, we generally diagnose MH issues as Substance-Induced, Unspecified, Other Specified, or Provisional
 - ▶ This is not as viable an option for outpatient treatment
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Why is Screening so Important?

- ▶ Most people do not receive treatment
 - ▶ About ½ with severe mental illness do
 - ▶ About 1/3 with less severe mental illness do
 - ▶ 11-25% of substance users seek treatment
- ▶ Dual Diagnoses?
 - ▶ 47% receive one of the other
 - ▶ Only 8.5% of dually-diagnosed individuals received care for both




Questions to Consider

- ▶ Can get caught up wondering which came first: MH issues or substance use?
 - ▶ Are they under-reporting? Over-reporting?
 - ▶ Can they be considered an accurate historian?
 - ▶ How should we treat mental health issues differently if co-occurring vs. substance induced?
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Stigma and Client Presentation

- ▶ The patient who seeks medication for MH symptoms that are caused primarily by use
 - ▶ The patient who falsifies MH symptoms to seeks medications that can be abused
 - ▶ The patient whose MH symptoms are misdiagnosed and exacerbated by treatment
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Mental Illness due to Substance Abuse

- ▶ Mental health symptoms that are primarily due to chemical dependency can be impacted by:
 - ▶ Intoxication
 - ▶ Withdrawal
 - ▶ Post-acute withdrawal (PAWS)
 - ▶ The use cycle
 - ▶ Long-term addiction
 - ▶ Psychosocial stressors as a result of use
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Drug-Seeking Behaviors



- ▶ May falsify physical/mental health issues to seek medications
- ▶ Common medications: opiates, benzodiazepines, other sedatives/tranquilizers, or stimulant medications
- ▶ Signs of drug-seeking:
 - ▶ Has a specific drug in mind
 - ▶ “Ativan worked for me before”
 - ▶ “Nothing has been as effective as Oxycodone”
 - ▶ Defensive or insistent when you explore non-pharmacological interventions
 - ▶ Presents “textbook” lists of symptoms



Complications of Mental Illness

- ▶ Common mental health issues such as depression, anxiety, or attention-related issues are often “the tip of the iceberg”
- ▶ Providing medication without understanding the larger issue can significantly exacerbate the problem

Analogy: someone comes to see a doctor with headaches. The doctor suggests over-the-counter medication to treat it. It turns out the patient actually had a brain tumor. The presenting issue was one symptom of a much larger issue.



Considerations for Dual Diagnoses

Separated by specific mental health concern




Anxiety Disorders

- ▶ Often related to social functioning or lack of coping skills
 - ▶ Substance use is a common coping mechanism
 - ▶ Is not the most healthy option for coping but does often provide relief of symptoms
- ▶ Most medication options for anxiety tend to be contraindicated
 - ▶ Such as opiates or benzodiazepines



Depressive Disorders

- ▶ Often short-term adjustment related mood issues turn into more significant problems with frequent substance use
 - ▶ Suicidality is a particularly relevant concern with substance use, whether the mood symptoms are substance-induced or co-occurring
 - ▶ Substances often either:
 - ▶ Lower inhibitions
 - ▶ Increase impulsive, reckless, or risky behavior
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Bipolar and Related Disorders

- ▶ Commonly misdiagnosed in substance using populations
 - ▶ The back-and-forth of intoxication/withdrawal and associated mood lability can easily appear to be bipolar disorder
- ▶ Conversely, individuals with Bipolar Disorder often self-medicate
- ▶ Common use patterns include polysubstance patterns of use, stimulants, bath salts, etc.




Neurodevelopmental Disorders

- ▶ Psychostimulants have become somewhat of a designer drug
 - ▶ Increasing in popularity among high performers
- ▶ Many other mental health conditions also cause issues with attention and concentration... withdrawal and PAWS also cause similar issues




Trauma- and Stressor-Related Disorders

- ▶ Lifestyles associated with substance use may place individuals in situations where traumas are more likely to occur
 - ▶ Many individuals abuse drugs or alcohol to “manage” symptoms associated with trauma
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Sleep-Wake Disorders

- ▶ Many individuals have used substances to assist in sleep for a long time and struggle without medications
 - ▶ Sleep deprivation is also a common side effect of withdrawal
 - ▶ Awakenings after each REM cycle are very common in addiction
 - ▶ Many sleep medications are contraindicated for this population
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Feeding and Eating Disorders

- ▶ Strong relationship between gastric bypass and alcoholism
 - ▶ Caloric intake from alcohol often leads to eating/weight-related issues
 - ▶ Stimulants are often abused for weight loss
 - ▶ Cross-addictions between eating disorders and substance use disorders are very common
 - ▶ Often times, one emerges when the other is being addressed
 - ▶ Usually related to lack of coping skills
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Somatic Symptom and Related Disorders

- ▶ Individuals with substance abuse issues tend to experience the physical symptoms of mental health disorders
 - ▶ Disconnected from the emotional aspects
 - ▶ May experience depression as only physical symptoms
 - ▶ Individuals reporting excessive physical complaints may be med seeking, but may also have a somatic symptom disorder
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Screening for Substance Abuse

Some formal screening tools currently in use



AC-COD Screener

- ▶ Integrated screen to help identify people with a possible co-occurring disorder
- ▶ Consists of 17 common behavioral health questions used in the fields of:
 - ▶ Mental health
 - ▶ Addiction
 - ▶ Domestic violence
 - ▶ Trauma
- ▶ Designed to be easy to use and easy to interpret

AC-COD Questions

AC-COD SCREEN

“I’m glad you called; let’s see how I can help. In your own words, what is going on, OR can you tell me a little about why you called (today)?”

“In order to find the best services for you, I’d like to ask you a few short yes or no questions to see if there is anything we may have missed. There are no, right or wrong answers and these questions may or may not apply to your situation. Is this okay with you?”

Mental Health

Within the last 90 days (3 months) have you had a significant period in which you have you:

1. Experienced serious depression (felt sadness, hopelessness, loss of interest, change of appetite or sleep pattern, difficulty going about your daily activities)?
2. Experienced hallucinations (heard or seen things others don’t hear or see)?
3. Experienced thoughts of harming yourself?
4. Attempted suicide?
5. Been prescribed medication for any psychological or emotional problem?

Domestic Violence

1. Have you ever been afraid of your partner and/or a family member?
2. Have you ever been hit, slapped, kicked, emotionally or sexually hurt, or threatened by someone?
3. If you answered yes to questions 1 or 2, is the person who hurt or threatened you still a part of your life?
4. Have you ever used gestures, threats, and/or thrown or broken objects as a means to intimidate your partner or a family member?
5. Have you ever pushed, restrained, hit, slapped or used any other physical means to harm your partner or a family member?



CAGE Screener

- ▶ Validated screening technique
- ▶ Used to detect alcoholism across the lifetime
 - ▶ Can be focused on past or present use
 - ▶ Can be used for adults or adolescents (over 16)
- ▶ If client answers “yes” to more than two or more questions, it is an indication of problematic drinking
- ▶ The “Eye Opener” question
 - ▶ Has been used with drug use, although this has not been validated
 - ▶ Some clinicians use this question alone to diagnose alcoholism



CAGE Questions

Instructions: Place an X on the line indicating the right answer.

- | | Yes | No |
|---|-------|-------|
| 1. Have you ever felt you should cut down on your drinking ? | _____ | _____ |
| 2. Have people annoyed you by criticizing your drinking? | _____ | _____ |
| 3. Have you ever felt bad or guilty about your drinking? | _____ | _____ |
| 4. Have you had an eye-opener first thing in the morning to steady your nerves or get rid of a hangover? | _____ | _____ |



Alcohol Use Disorder Identification Test

- ▶ Created to assess for excessive drinking and appropriate level of intervention
- ▶ Brief, rapid, flexible
 - ▶ Designed for international use
- ▶ Can be given orally or written self-report
- ▶ Developed for primary care providers
- ▶ Focuses on recent alcohol use
- ▶ Scores of 8 indicate harmful/hazardous drinking, possible dependence
 - ▶ Higher scores reflects client's level of risk

AUDIT Questions

Instructions: For each question, place a checkmark on the line next to the best answer.

- How often do you have a drink containing alcohol?
Never
Monthly or less
Two to four times a month
Two to three times a week
Four or more times a week
- How many drinks containing alcohol do you have on a typical day when you are drinking?
1 or 2
3 or 4
5 or 6
7 to 9
10 or more
- How often do you have six or more drinks on one occasion?
Never
Less than monthly
Monthly
Weekly
Daily or almost daily
- How often during the last year have you found that you were not able to stop drinking once you had started?
Never
Less than monthly
Monthly
Weekly
Daily or almost daily
- How often during the last year have you failed to do what was normally expected from you because of drinking?
Never
Less than monthly
Monthly
Weekly
Daily or almost daily
- How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
Never
Less than monthly
Monthly
Weekly
Daily or almost daily
- How often during the last year have you had a feeling of guilt or remorse after drinking?
Never
Less than monthly
Monthly
Weekly
Daily or almost daily
- How often during the last year have you been unable to remember what happened the night before because you had been drinking?
Never
Less than monthly
Monthly
Weekly
Daily or almost daily
- Have you or someone else been injured as a result of your drinking?
No
Yes, but not in the last year
Yes, during the last year
- Has a relative or friend, or a doctor or other health worker been concerned about your drinking, or suggested you cut down?
No
Yes, but not in the last year
Yes, during the last year



Final Thoughts



- ▶ Some clients may seek medications for abuse
 - ▶ BUT many others have good intentions but are seeking medications for issues which result from:
 - ▶ Substance use
 - ▶ Symptoms of bigger issues
 - ▶ Normal emotional experiences in life that they've numbed
- ▶ Medications are very powerful interventions
 - ▶ Can be detrimental to recovery from CD and/or MH issues
- ▶ Work closely with other mental health professionals and substance abuse counselors to ensure optimal care