

**CCDA Workshop:
Understanding & Responding to
Addiction & Mental Health
Disorders**

Kenny House, LCAS, CCS
September 12, 2013

Agenda

- Myths, Facts, Attitudes, & Trends
- Addiction, Treatment & Recovery
- Responses – Personal, Community & Professional
- Research, Approaches, & Action Steps

Exploring Substances of Abuse (SA)

**Illegal
Stimulants**

**Legal & OTC
Stimulants**

**Hallucinogens –
Classic**

**Hallucinogens –
Cannabis**

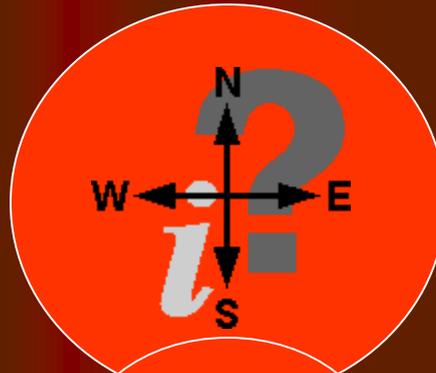
**Depressants –
Sedative Hypnotics**

**Which Way
Do I Go?**

**Depressants –
Alcohol**

**Assorted Crazy Stuff –
Designer Drugs
Inhalants
Etc.**

**Depressants –
Opiates & Opioids**



Why Do People Take Drugs in The First Place?

To feel good

To have novel:
feelings
sensations
experiences
AND
to share them



To feel better

To lessen:
anxiety
worries
fears
depression
hopelessness

Prevention...Drug Abuse is a Preventable Behavior

● Primary Goals of Prevention

- Reducing Risk Factors & Enhancing Protective Factors
- Preventing / Delaying Initial Drug Use

******Fact: For someone that has EVER smoked a cigarette or had a drink of alcohol, the risk of moving on to marijuana is 65 times greater than for those who never smoked or drank!!!******

■ Secondary Goals of Prevention

- Keeping use from continuing
- Preventing misuse from problems & dependency

******Fact: The risk of moving on to cocaine is 104 times higher for someone who smoked marijuana at least once in their lifetime than for a person who never did!!!******

Family Meals as Cure???



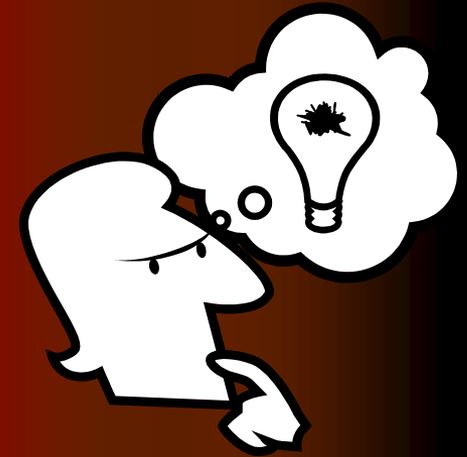
**WHAT
ARE
YOUR
ASSUMPTIONS
ABOUT
ADDICTS
?**

ASSUMPTIONS about addicts

- They don't want help.
- They enjoy doing the drug and have no desire to quit
- They are always poor
- They are unappreciative
- They don't care about their families, just themselves
- They are unloving parents
- They all steal, are immoral, have no traditional values
- I could never become an addict

Exploring Attitudes towards SA

- People who use drugs are bad people...
- People who use drugs are stupid...
- Everybody uses drugs...
- Addicts are evil...
- All drugs should be legal...
- My drugs should be legal...
- I'm not like "them" ...
- Everyone is addicted to something...
- Treatment should be provided to whoever needs it...
- Treatment on Demand! vs. Wait in Line, Dope Fiend!
- Treatment for Addiction should be handled no differently than treatment for diabetes, hypertension, or asthma...



But wait... Spirituality? Is addiction sin, or sin addiction?

- "It dawned on me with an awesome certainty that when people speak of themselves as being 'sinners in need of God's healing' they are actually talking about being in the grips of the addictive spiritual disease that the Bible portrays in connection with 'sin.' I realized that this disease can disrupt our everyday lives and relationships and never be seen to even be connected to sin. And I saw that this Sin-disease may well be the matrix for all compulsive, manipulative, and controlling behavior. In an instant of clarity I saw that what we have always called sin just might be the source, the breeding ground, of all other addictions and for the irrational destructive and addictive behaviors that are destroying our lives and institutions across the world.

My counselor told me that the best program ever devised for recovering from compulsive behaviors & addictions of any sort was the 12-step program originally devised for alcoholics but now used by those addicted to food, people-pleasing, gambling, drugs, sex, religion, and many other things & relationships. I saw that I was compulsive in several areas.

After about a year of being in recovery I started to connect the sanity and security I was experiencing with the peace and joy that were such an integral part of the experience of the early Christian church... If this was true..."

Excerpt from [Sin, Overcoming the Ultimate Deadly Addiction](#) by J. Keith Miller

The Bible & Addiction

- ¹⁴ So the trouble is not with the law, for it is spiritual and good. The trouble is with me, for I am all too human, a slave to sin. ¹⁵ I don't really understand myself, for I want to do what is right, but I don't do it. Instead, I do what I hate. ¹⁶ But if I know that what I am doing is wrong, this shows that I agree that the law is good. ¹⁷ So I am not the one doing wrong; it is sin living in me that does it.
- ¹⁸ And I know that nothing good lives in me, that is, in my sinful nature.^[d] I want to do what is right, but I can't. ¹⁹ I want to do what is good, but I don't. I don't want to do what is wrong, but I do it anyway. ²⁰ But if I do what I don't want to do, I am not really the one doing wrong; it is sin living in me that does it.
 - ²¹ I have discovered this principle of life—that when I want to do what is right, I inevitably do what is wrong. ²² I love God's law with all my heart. ²³ But there is another power^[e] within me that is at war with my mind. This power makes me a slave to the sin that is still within me. ²⁴ Oh, what a miserable person I am! Who will free me from this life that is dominated by sin and death? ²⁵ Thank God! The answer is in Jesus Christ our Lord.

Romans 7:14-25

Women have greater medical consequences than men

- ❖ Quicker onset of dependence
- ❖ Female alcoholics have death rates 50-100% higher than male alcoholics
- ❖ Greater risk for Cirrhosis, cardiomyopathy, and brain impairment
 - ❖ Develops faster despite lower levels of consumption
- ❖ Women come to treatment "sicker"

Consequences of substance use

- ❖ Co morbidity is higher in women
 - ❖ In 2002 survey: adult female user twice as likely to have a significant mental health illness than male user
 - ❖ In women depression tends to precede drug use while in men depression is secondary to SA
 - ❖ Diagnoses correlated with women substance abusers: Depression, Anxiety (include PTSD), Borderline Personality Disorder, Eating Disorder vs Male: Anti-social Personality D/O, Conduct D/O and ADHD

Women have higher rates of trauma and victimization

- ❖ 70% of female addicts have experienced abuse, usually sexual
- ❖ 73% of those seeking treatment have a history of rape or aggravated assault
- ❖ 84% of those seeking treatment have a history of violent assault
- ❖ 30-59% have PTSD while only 11% of general female population

E-Cigarettes???

Awareness and ever use of e-cigarettes among US adults increased between 2010 and 2011. Since e-cigarette use may continue to increase with time and could have either harmful or beneficial effects on public health, depending on its impact on smoking initiation and cessation, appropriate public health surveillance of the product is needed. We do not have the scientific data to determine the public health consequences of inhaling nicotine vapor, whether e-cigarette use increases or decreases use of combustible tobacco products, whether e-cigarette use encourages initiation of tobacco use, or whether e-cigarettes contribute to long-term cessation.

Major Findings:

Use:

- About six percent of all adults and about 21 percent of current adult smokers had ever used e-cigarettes in 2011 – about double the 2010 estimates.
- Ever use of e-cigarettes was significantly higher among current smokers compared with both former and never-smokers.
- During 2010–2011, ever use increased among both sexes, those aged 45–54 years, non-Hispanic Whites, those living in the South, and current and former smokers.
- Higher awareness among younger adults may be a result of e-cigarette marketing, which relies mainly on electronic and social media.

Conclusions:

These findings underscore the need for rigorous study of e-cigarettes and their impact on smoking initiation, cessation, dual tobacco product use, users' health, and smoke-free policy compliance.

- The use of e-cigarettes in public, smoking-restricted areas could undermine smoke-free policies by making enforcement more difficult and by giving the appearance that smoking is acceptable.
- The [FDA Center for Tobacco Products](#) currently regulates cigarettes, cigarette tobacco, roll-your-own tobacco, and smokeless tobacco. FDA has announced that it intends to expand its jurisdiction over additional types of tobacco products, but has not yet issued a proposed rule for public comment.

"Becoming Tobacco Free," is a six-minute video targeted towards mental health consumers and was created by New York State Office of Mental Health in partnership with Columbia's Center for Practice Innovations (CPI), NYC Health Department, and Dr. Jill Williams. The video features clips of consumers discussing their journey to becoming tobacco free, the health benefits of quitting, tools to help think through the pros and cons of quitting, what to expect when quitting, and how to get help. The **CPI** web page also includes links to helpful resources for people who want to learn more about becoming tobacco free.

Feel free to share the video:

<http://practiceinnovations.org/SmokingDependenceTreatment/tabid/201/Default.aspx>

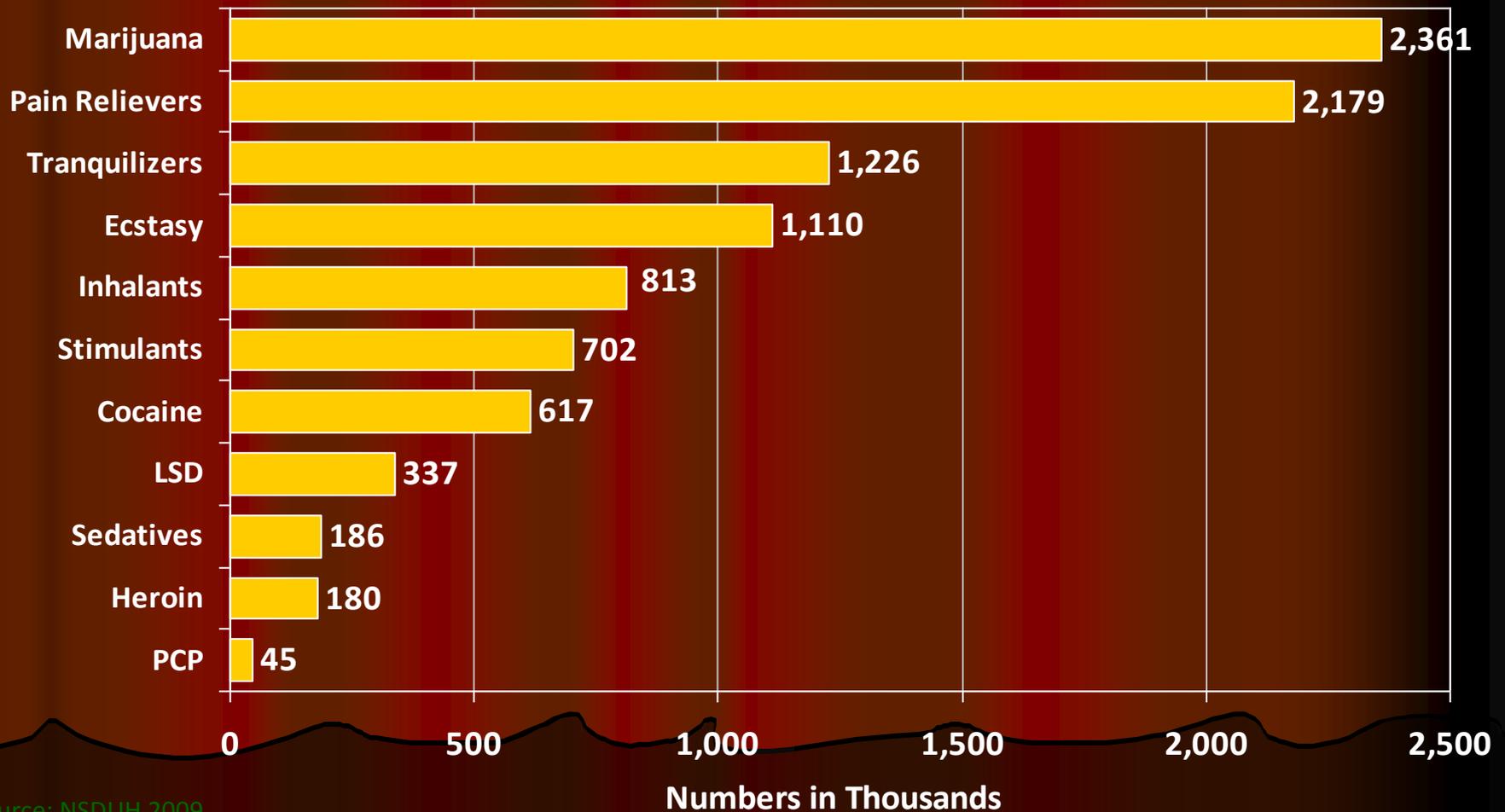
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STIGMA

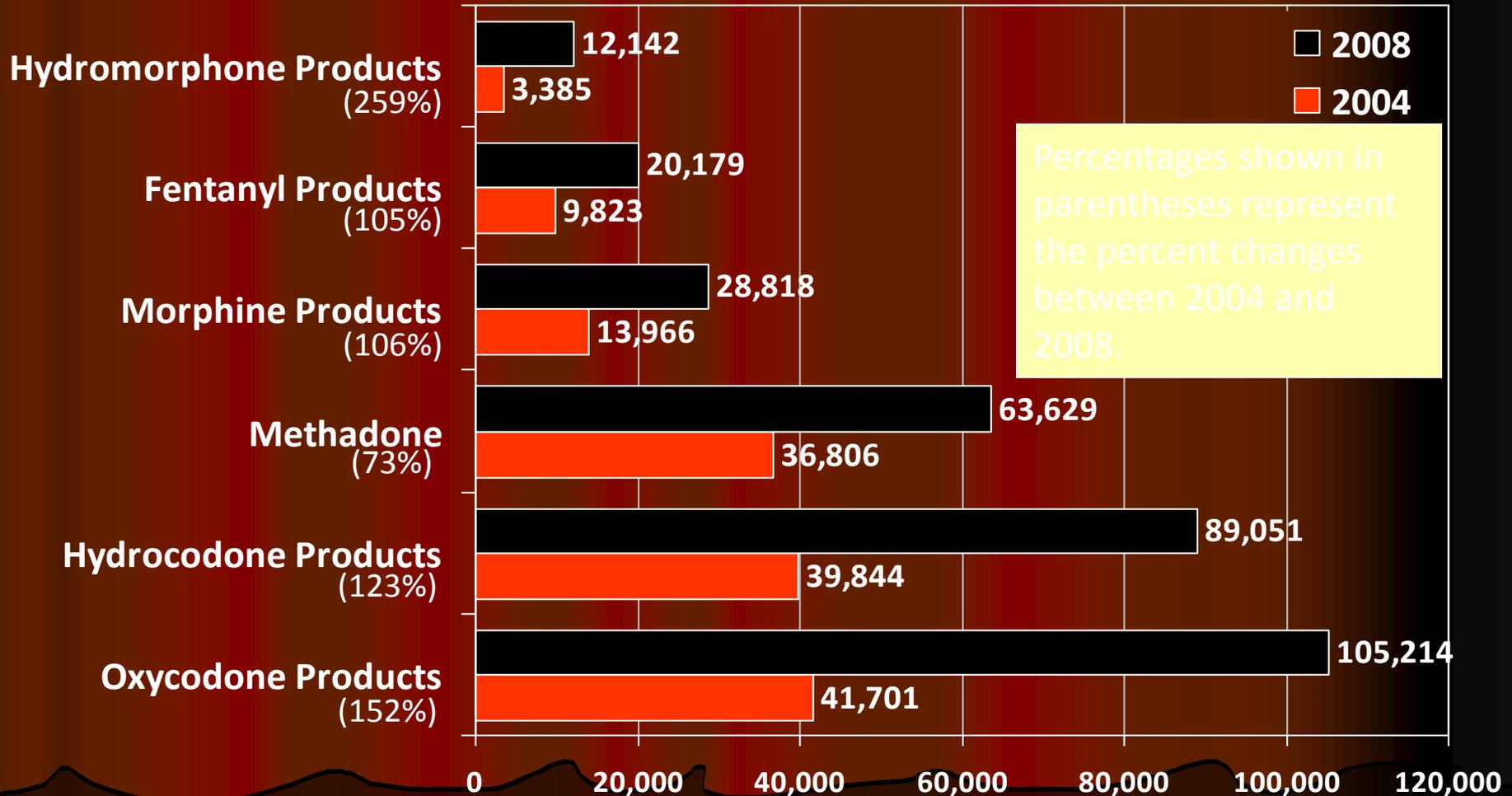


Past Year Initiates for Specific Illicit Drugs among Persons Aged 12 or older: 2009

Number of Individuals reporting first use of substance in past year



ED Visits Involving the Nonmedical Use of Selected Narcotic Pain Relievers: 2004 & 2008

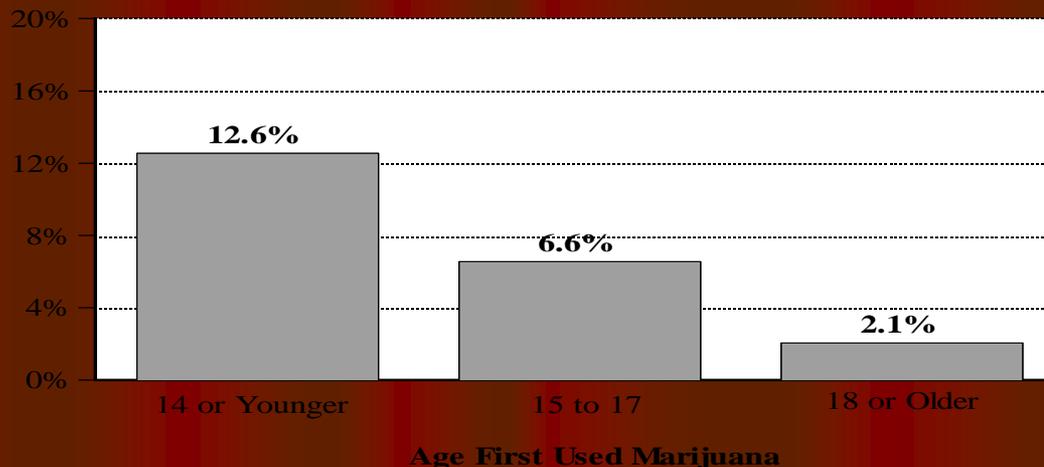


A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Early Marijuana Use Related to Later Illicit Drug Abuse and Dependence

Adults who first started using marijuana at or before the age of 14 are most likely to have abused or been dependent on illicit drugs in the past year, according to data from the National Survey on Drug Use and Health (NSDUH). Adults who first used marijuana at age 14 or younger were six times more likely to meet the criteria for past year illicit drug abuse or dependence than those who first used marijuana when they were 18 or older (12.6% vs. 2.1%) and almost twice as likely as those who started between the ages of 15 and 17 (12.6% vs. 6.6%). Similar results have been found for early alcohol use (see *CESAR FAX*, Volume 19, Issue 40) and the early non-medical use of prescription drugs (see *CESAR FAX*, Volume 17, Issue 8).

Percentage of Adults (Ages 18 or Older) Who Abused or Were Dependent on Illicit Drugs in the Past Year, by Age of First Marijuana Use, 2009



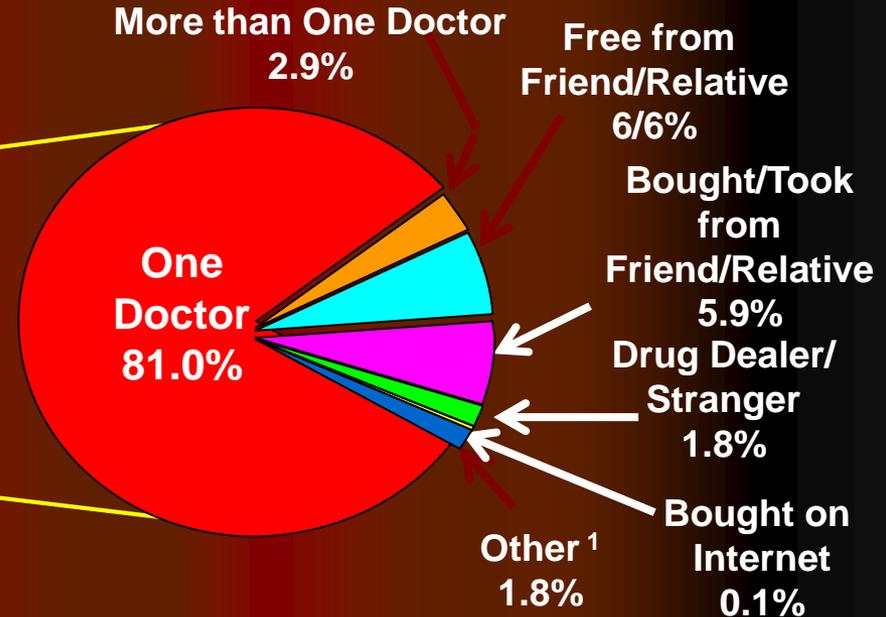
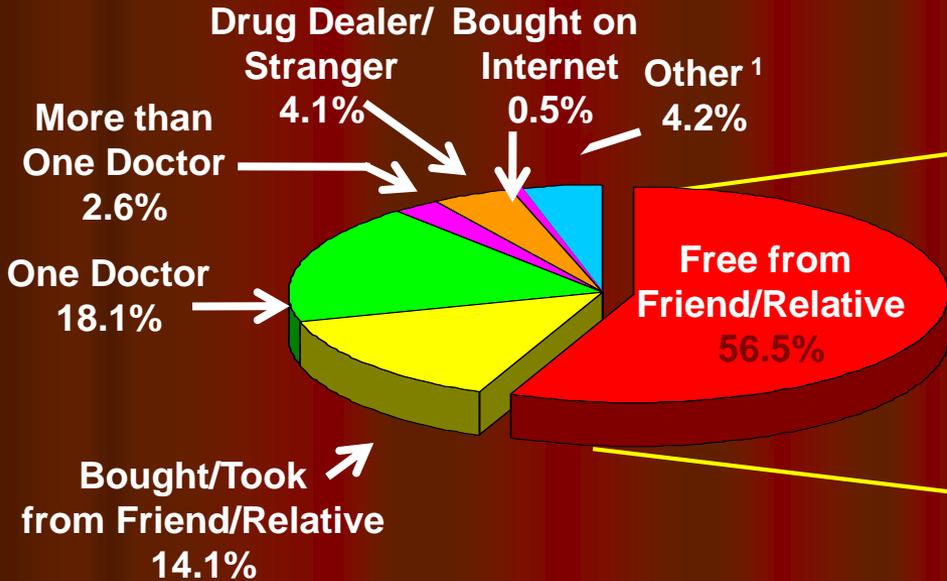
NOTE: Abuse or dependence are defined using DSM-IV criteria.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration, *Results from the 2009 National Survey on Drug Use and Health: Detailed Tables*, 2010. Available online at <http://oas.samhsa.gov/WebOnly.htm#NSDUHtabs>.

Source Where Pain Relievers Were Obtained for Most Recent Nonmedical Use among Past Year Users Aged 12 or Older: 2007

Source Where Respondent Obtained

Source Where Friend/Relative Obtained



Note: Totals may not sum to 100% because of rounding or because suppressed estimates are not shown.

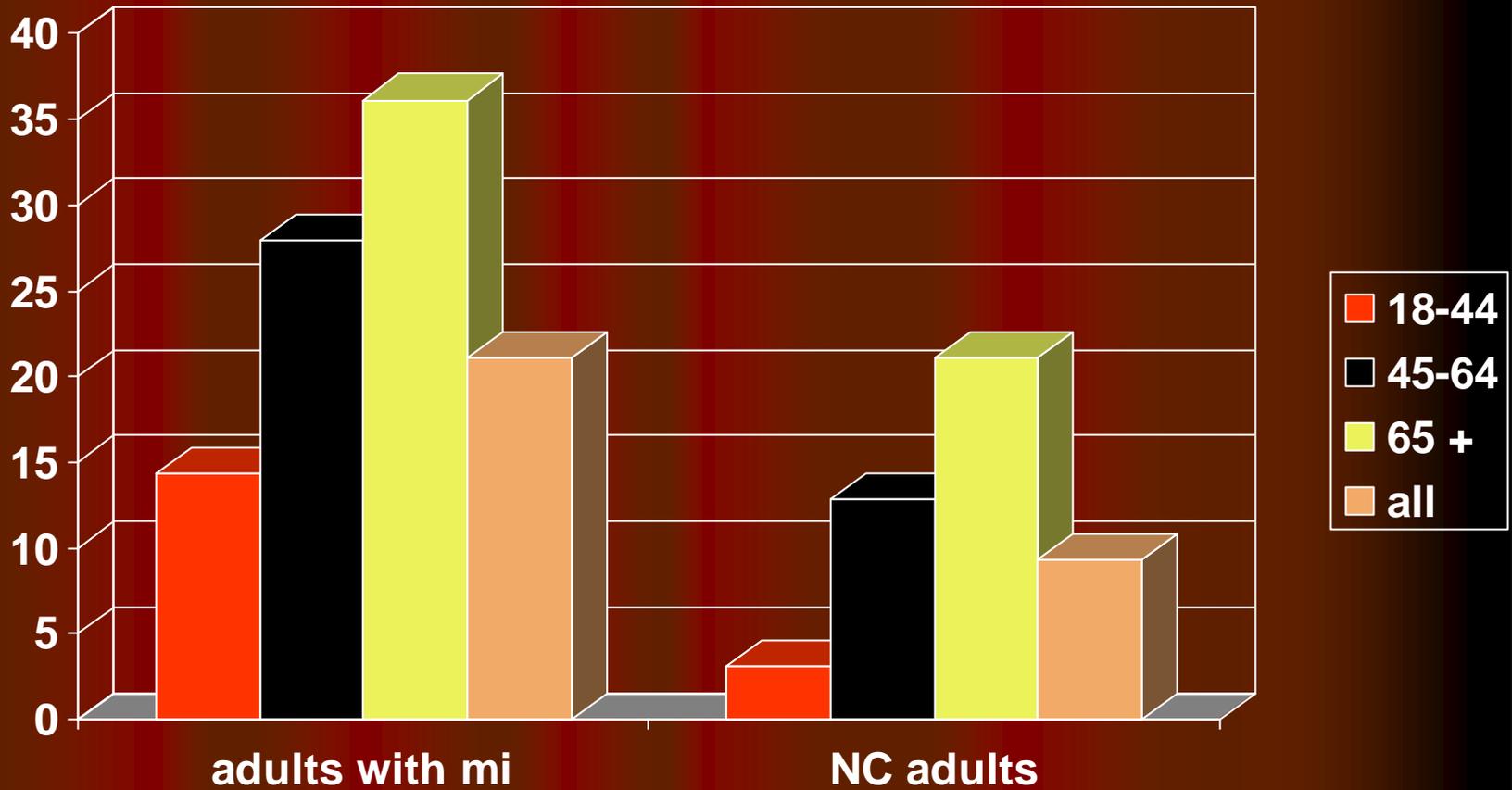
¹ The Other category includes the sources: "Wrote Fake Prescription," "Stole from Doctor's Office/Clinic/Hospital/Pharmacy," and "Some Other Way."

People with SMI and the General Population: A Comparison on Health Indicators

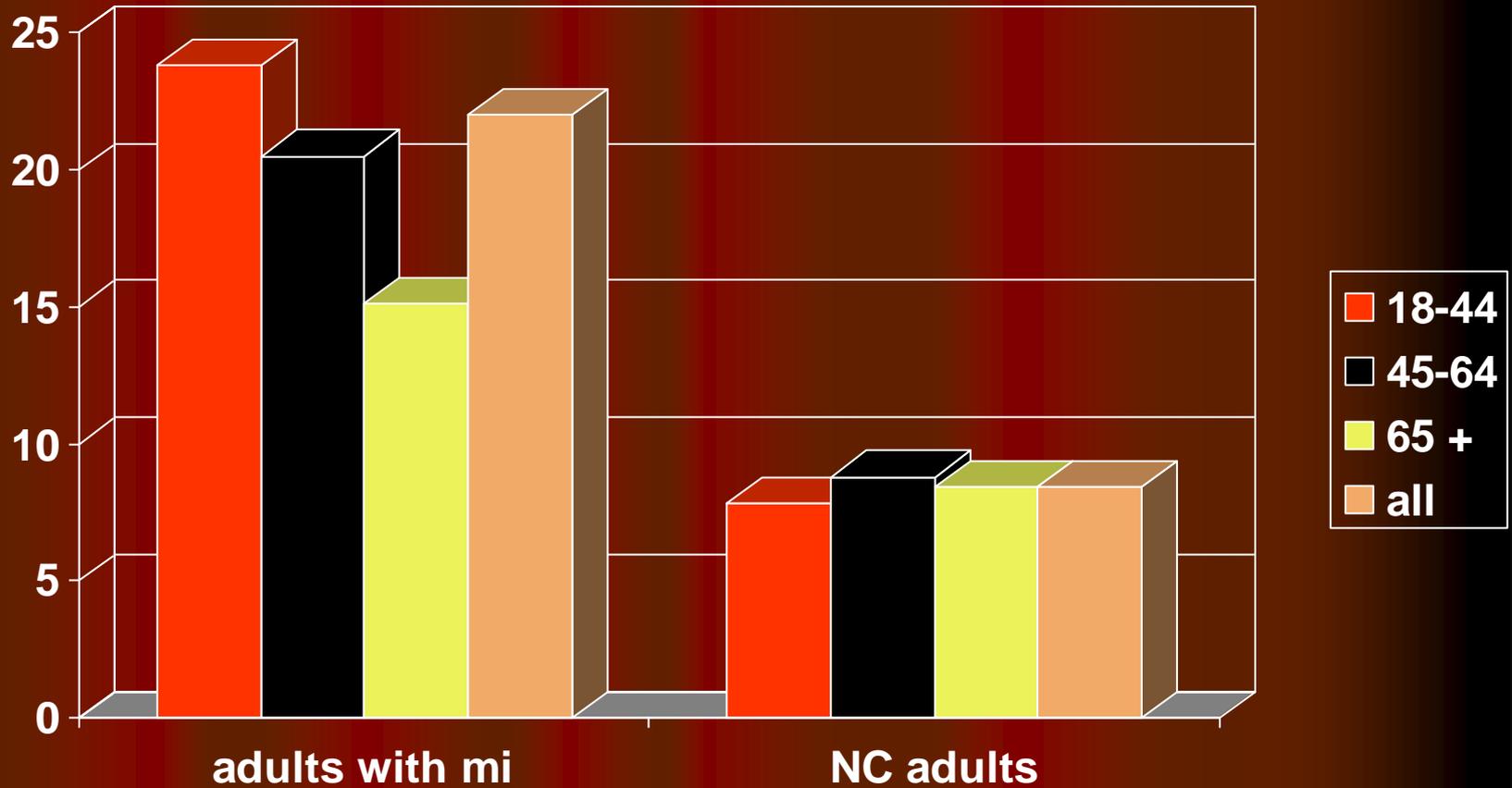
Data Sources:

- The Mental Health Statistics Improvement Program (MHSIP) Perception of Care Survey for people with mental illness
- The NC Behavioral Risk Factors and Surveillance System for the general population of North Carolina adults

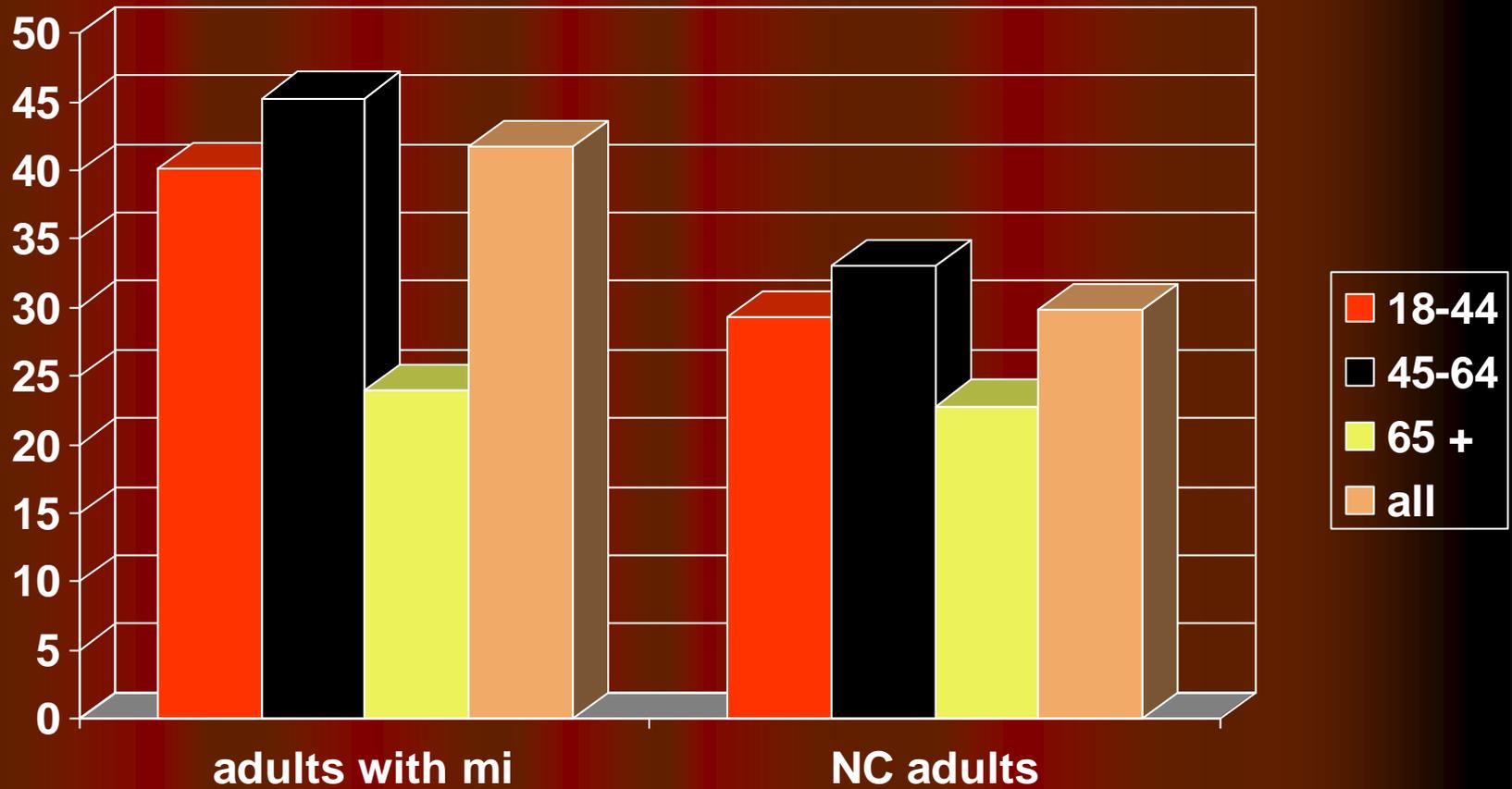
Diabetes



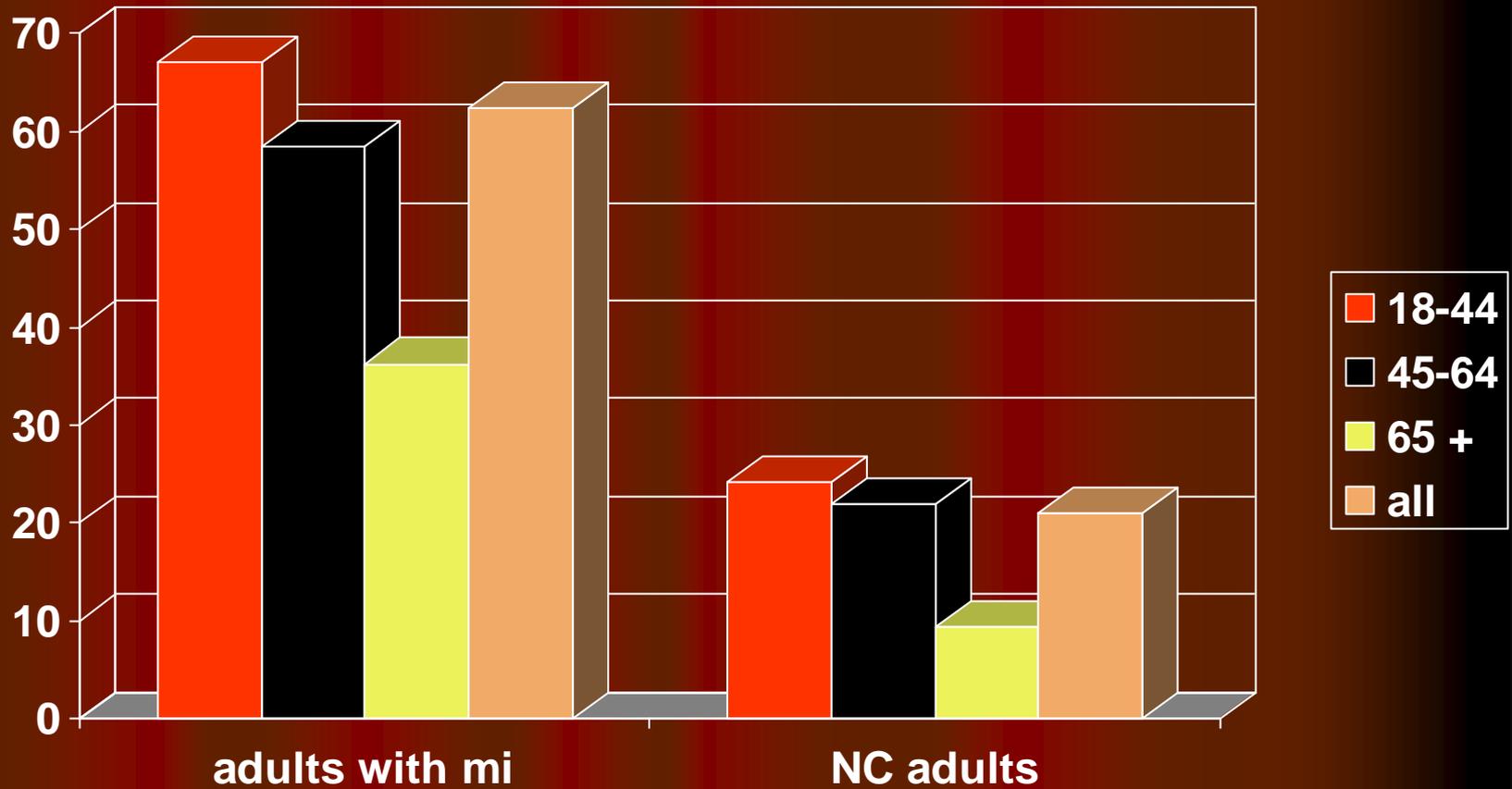
Asthma



Obesity



Smoking



Impact of Co-morbidity

People with serious mental illnesses die 25 years earlier than the general population

- 87% due to medical illness especially:
Infectious, pulmonary, cardiovascular diseases, and diabetes.

Guiding Principles

- ***Overall health is essential to mental health.***
- ***Recovery includes wellness***
- ***Integrated Healthcare in the Mental Health System for People with Serious Mental Illnesses***

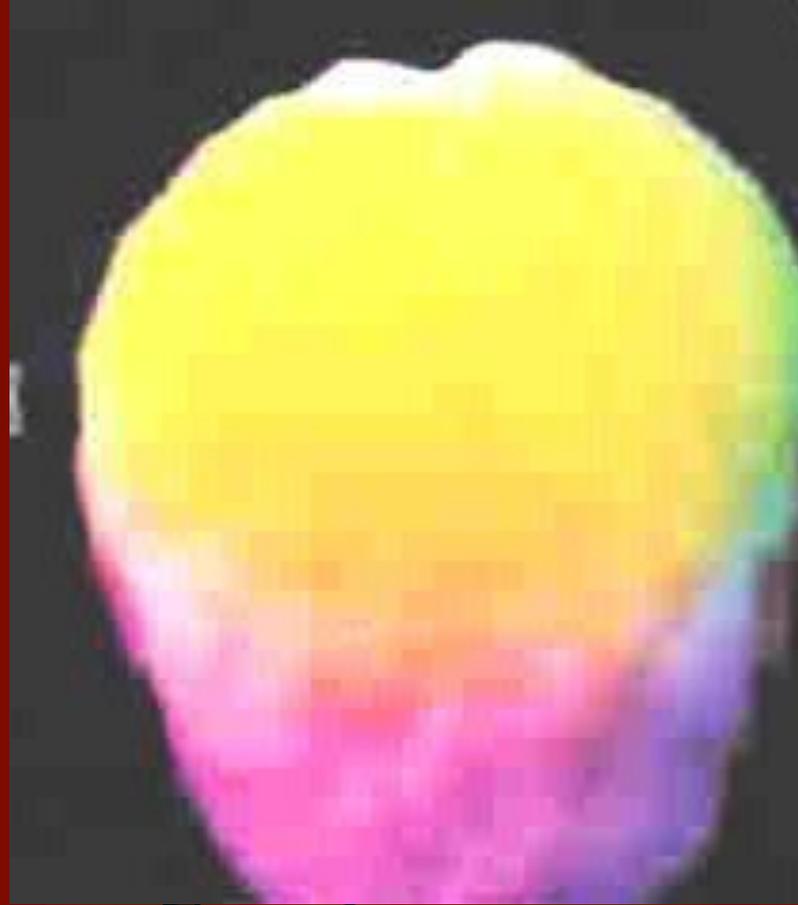
Substance Use

- Higher rates of injury, pain syndromes (low back pain and headache), hypertension, Hepatitis C, and lung disease
- Subpopulations – Higher rates of pneumonia, CAD, and CHF

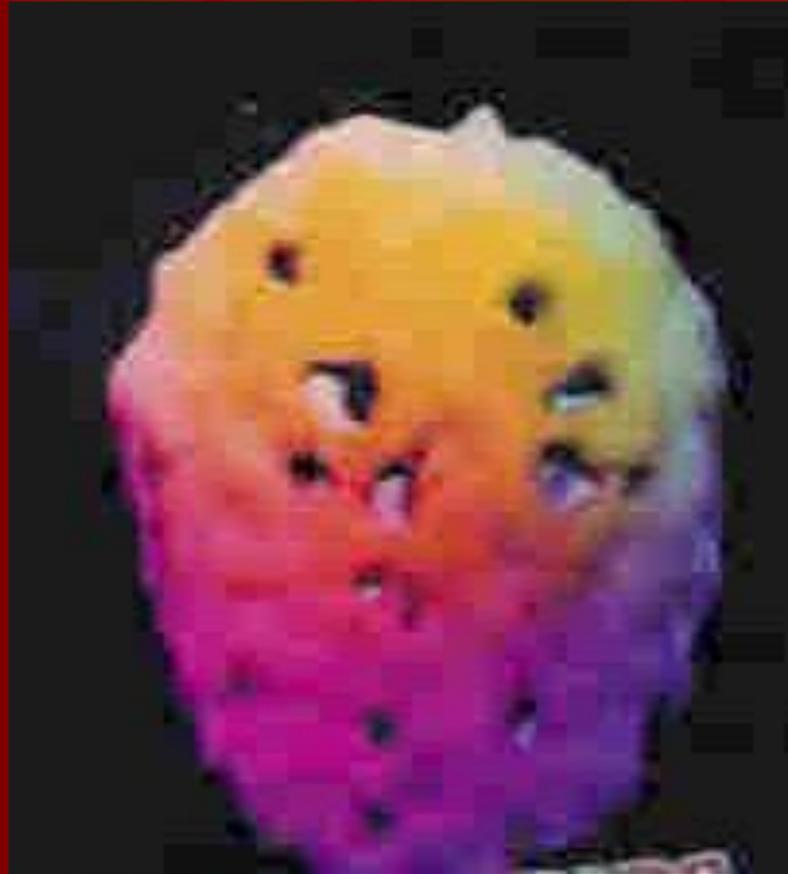
SPEC Scan of the Brain

Comparing the Effects of Long
Term Substance Abuse

Spec Scan of a Normal Brain



Brain After 2 Yrs of Cocaine Use



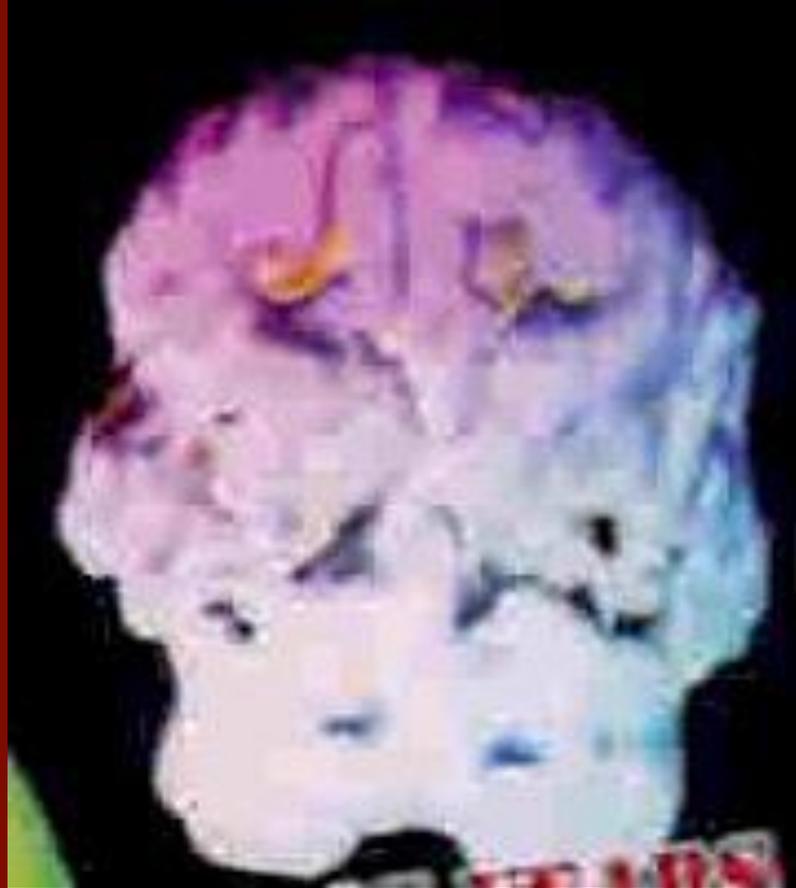
Brain After 20 Yrs of Heroin Use

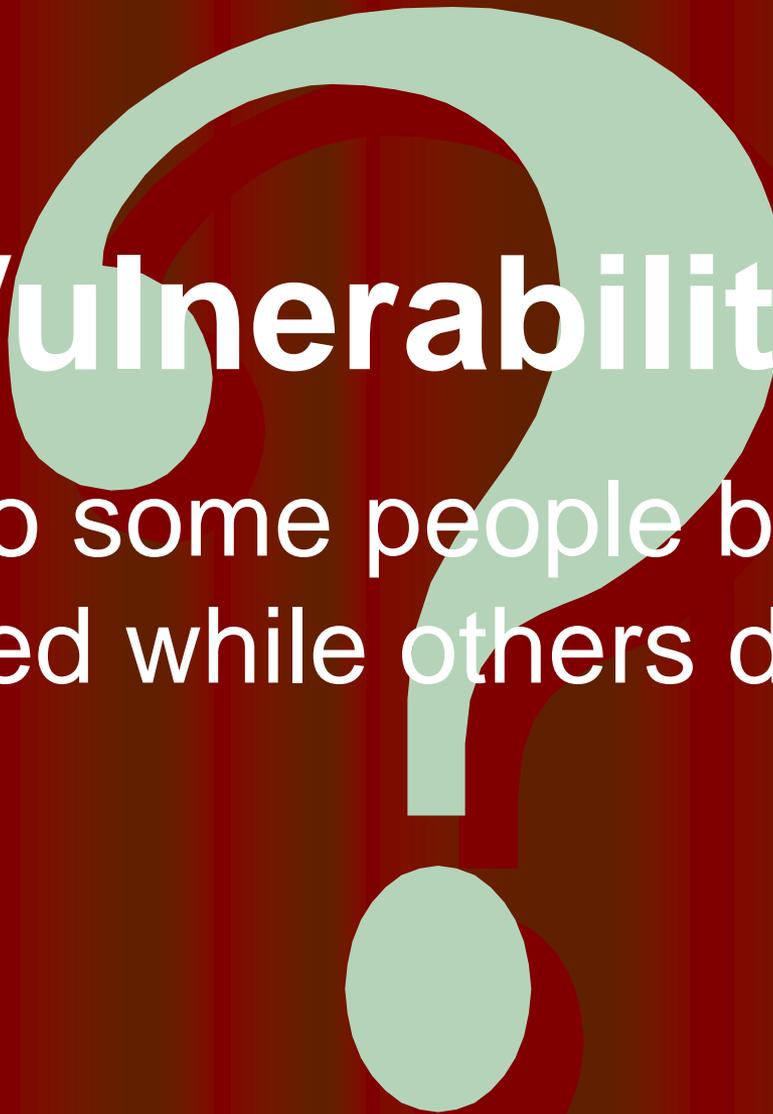


Brain After 25 Yrs of Alcohol Use



Brain After 12 Yrs of Marijuana





Vulnerability

Why do some people become addicted while others do not?

Party Animals

- **Animals can be bred to prefer alcohol over water**



Drug addiction is a chronic illness with relapse rates similar to those of hypertension, diabetes, and asthma

Abuse vs. Addiction

- Abuse

- Pattern of poor decisions related to use
- Repeated consequences or problems as result
- Misuse or overuse patterns

- Dependence

- Loss of Control
- Withdrawal Syndrome
- Tolerance
- Failed attempts to stop use

Addiction is:

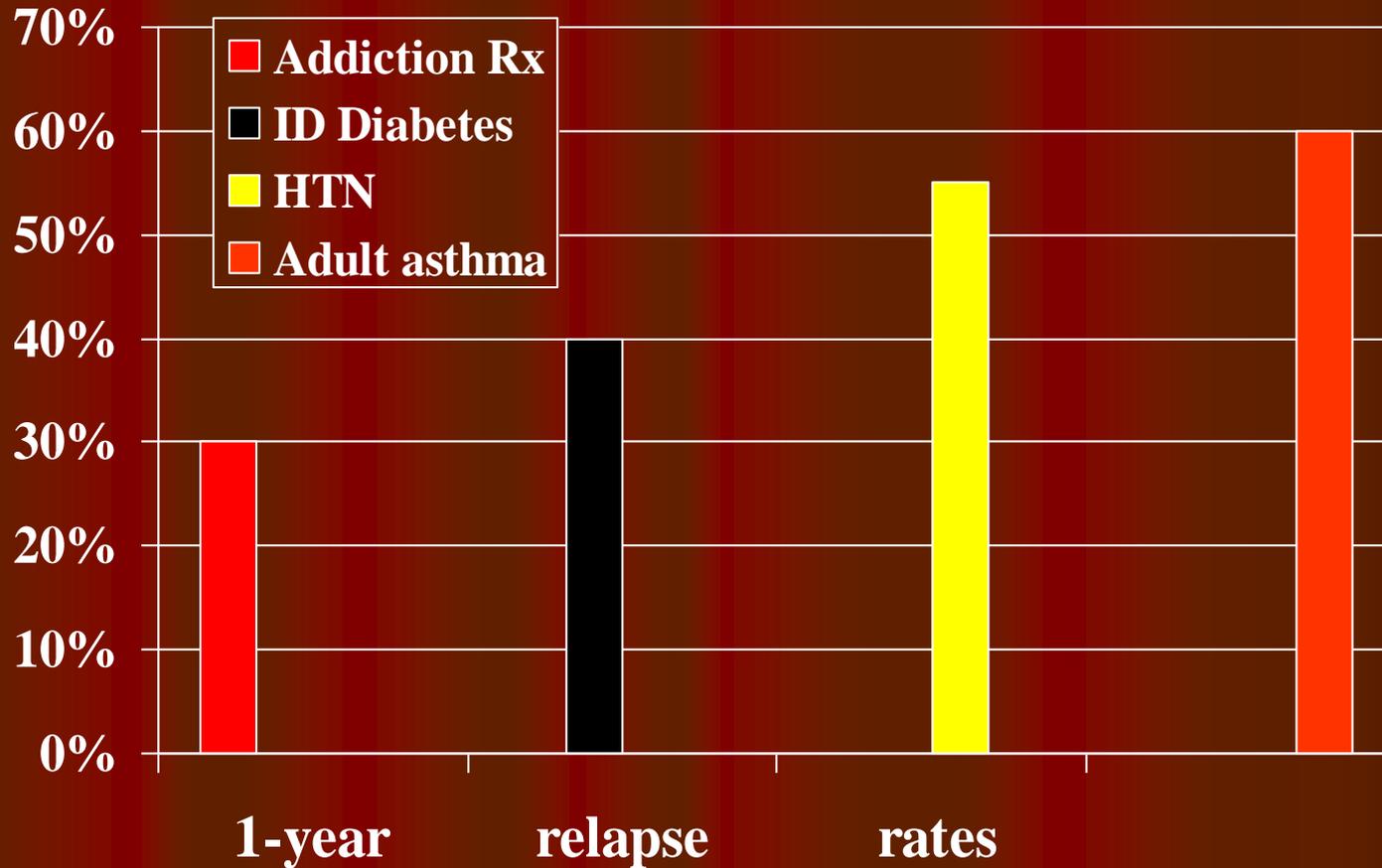
- **a chronic brain disease caused by complex, long-term, changes in the structure and functioning of the brain.**
- expressed as compulsive behavior
- expressed within a social context
- prone to relapse
- Treatable

Addiction is Similar to Other Chronic Illnesses Because:

- Recovery from it--protracted abstinence and restored functioning--is often a long-term process requiring repeated treatments
- Relapses to drug abuse can occur during or after successful treatment episodes
- Participation in self-help support programs during and following treatment can be helpful in sustaining long-term recovery

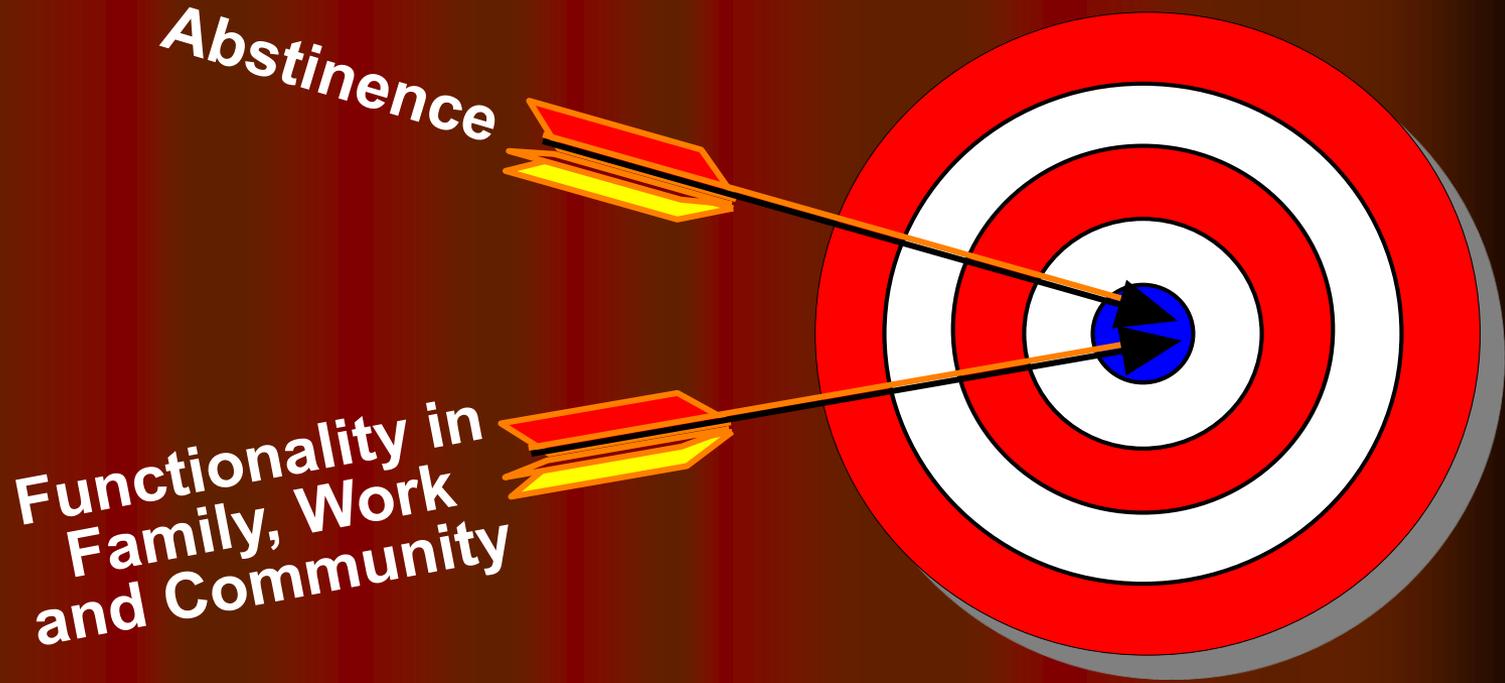
Therefore...

'Relapse' in selected disorders (O'Brien & McClellan (1996))

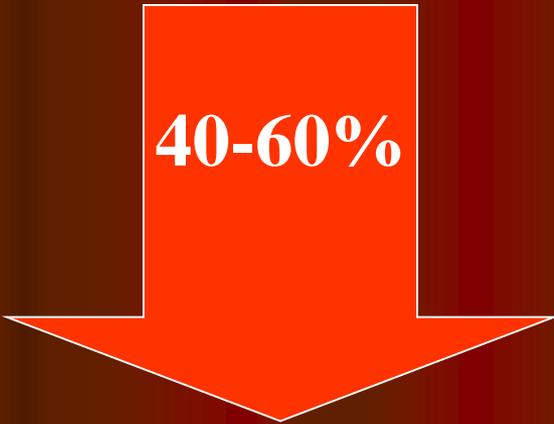


In Treating Addiction...

**We Need to Keep Our Eye on
the Real Target**

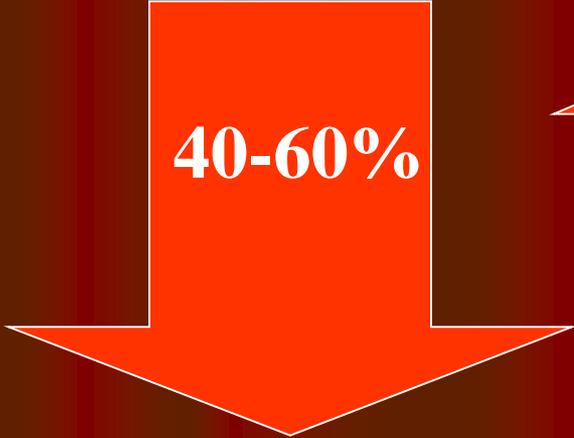


Effectiveness of Treatment



40-60%

Drug Use



40-60%

Crime



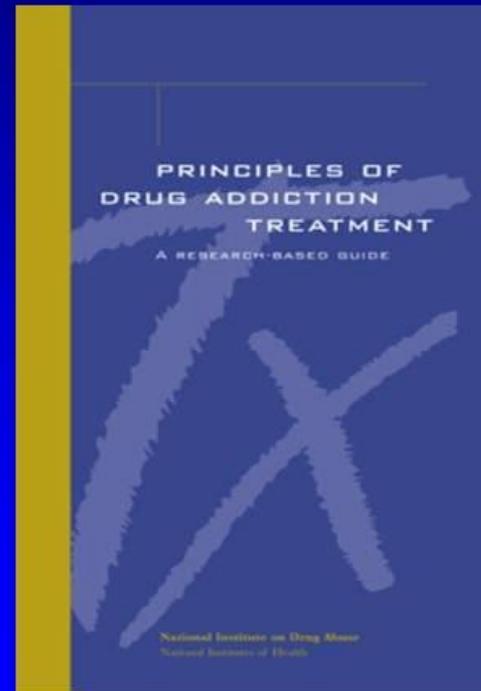
40%

Employment

Treatment Can Work

NIDA's Principles of Treatment

- No single treatment is appropriate for all individuals.
- Treatment needs to be readily available.
- Treatment must attend to multiple needs of the individual, not just drug use.
- Multiple courses of treatment may be required for success.
- Remaining in treatment for an adequate period of time is critical for treatment effectiveness.



*"We did what we knew,
and when we knew
better, we did better."*

Maya Angelou

Medication Assisted Treatment (MAT)

- The use of medications...
 - *in combination with counseling and behavioral therapies...
 - *providing a whole-patient approach to the treatment of substance use disorders...
 - *as part of a comprehensive treatment plan...
 - *with the ultimate goal being recovery and the return to full social functioning.

Effective, Evidence-Based Practices

- As part of a comprehensive treatment plan, MAT (Medication Assisted Treatment) has been shown to:
 - Improve survival
 - Increase retention in treatment
 - Decrease illicit opiate use
 - Decrease hepatitis and HIV seroconversion
 - Decrease criminal activities
 - Increase employment
 - Improve birth outcomes with perinatal addicts
 - May eliminate withdrawal symptoms and/or decreasing craving for drugs or alcohol.

● Source: SAMHSA, Division of Pharmacologic Therapies

Medication Options

Medications for Treatment of Alcohol Dependence

- Naltrexone (ReVia®), Vivitrol®)
- Acamprosate Calcium (Campral®)
- Disulfiram (Antabuse®)

Medications for Treatment of Opioid Dependence

- Methadone
- Buprenorphine (Suboxone ®, Subutex ®)
- Naltrexone

Estimated Numbers of Patients & Providers involved with MAT in N.C.

- Methadone
 - Approximately 42 Opioid Treatment Programs in N.C., representing about 400 treatment professionals.
 - Approximately 10,000 patients
- Buprenorphine
 - 140 Physicians and 48 Treatment Programs in N.C.
 - Physicians may prescribe for up to 100 patients (after the first year)
- Vivitrol (naltrexone injection)
 - 20-30 active prescribing physicians/programs.
 - One inpatient provider has given over 1,000 injections of Vivitrol since April 2006 (FDA approval date)
- Other medications (oral Naltrexone, Campral, Antabuse)

Effectiveness

- Methadone
 - After 90 days, about 90% of clients on methadone were abstinent from opioids and about 50% were abstinent from all drugs. (NCTOPPS, October 2008)
 - At 18 months or longer, 89% of clients on methadone were abstinent from opioids; 60% were abstinent from all drugs (NCTOPPS, October 2008)
 - 80% of patients maintained on methadone will eliminate or reduce crime while in treatment
 - For every \$1 spent on methadone, \$4 is saved in health and social costs.
- Buprenorphine (Suboxone)
 - Easier than methadone to get stabilized on and to detox from; eliminates the possibility of overdose.
 - At only 4 weeks, 17.8% of patients who received Suboxone plus weekly counseling were abstinent from opioids vs. 5.8% of patients who did not receive medication. This effect was higher at higher doses.
- Vivitrol
 - 25% reduction in the number of heavy drinking days
 - 40% of patients who received a combination of Vivitrol and psychosocial support were more likely to maintain complete abstinence (compared with placebo)
- Campral
 - After 6 months, 36% of patients were still abstinent from alcohol, vs. 23% on placebo.

Basic facts about HIV/AIDS **and HIV/HCV Co-infection**

- **Persons with HIV, especially injection drug users, may also be infected with the Hepatitis C virus (HCV)**
- **HCV infection is more serious in persons with HIV**
- **Many persons with HCV don't have any symptoms**
- **HCV infection can be treated**
- **Injection drugs is one of the main ways people become infected with HIV**
- **It is also the main way of becoming infected with the Hepatitis C virus**
- **In fact, 50%-90% of HIV-infected drug users are also infected with Hepatitis C**

Treatment vs. Recovery

- Treatment is what we do...
- **Treatment is a system of behavioral therapies and/or pharmacotherapy delivered to assist (over time) individuals in their recovery ...**
- Recovery is what you do ...
- **Recovery is the process that an individual and/or family goes through in pursuing healthier living and freedom from addictive, destructive patterns of thinking and acting...**

Recovery Oriented Systems of Care

Key Components

- Contact made with potential clients
- Client “Drives the Bus”
- Client Participation in Education / Vocational Training / Work
- Transportation to and from Treatment / Education / Vocational Training / Work
- Progress / Outcomes
- Check-ups
- Linkages with Community Services
- Contingency Management / Incentives
- Peer Supports
- Check-Ins

Outpatient SA Treatment

- Clinical Assessment & Therapy for Adults & Adolescents
- Medication Assisted Treatments (Methadone & Buprenorphine)
- Substance Abuse Intensive Outpatient Program (SAIOP)
- HIV & Early Intervention Services (Regional)
- Housing Linkage Services (HARRTS - Regional/State & HUD Horizons Housing)
- DWI & Other Specialty Services
- Research & Clinical Trials

Outpatient MH Treatment

- Clinical Assessment & Therapy for Adults, Adolescents, & Children
- Psychiatric Services
- Intensive In-Home Services
- Clinica Latina – Spanish-Speaking Services
- DJJ Youth Services

*****Primary Care Services*****

(New Hanover, Pender & Brunswick)

Prevention Services

- Center for Prevention Resources (CPR) (Regional)
- Team Readiness – National Guard
- Model Prevention & School-based Programs
- Outdoor Adventure / Adventure Learning
- Juvenile Detention Center Services
- Drug-Free Communities... Public Policy, Advocacy & Coalition Initiatives

Call us!

Prevention (910) 202-0840

Treatment

New Hanover (910) 343-0145

Pender (910) 259-0668

Brunswick (910) 754-4515



“I’m really worried about my patients,
they’re getting better.”

**We Need to Treat the
Whole Person!**



In Social Context

A Cost/Benefit Analysis ...

- *Addiction is both preventable and treatable ... untreated addiction costs \$1,000 for every man, woman, and child ...*
- *For every \$1.00 spent on Prevention and Treatment, anywhere from \$7.00 to \$18.00 in medical, legal, and other social costs can be saved ...*
- *Research shows conclusively that successful prevention and treatment not only reduces substance abuse and addiction, but also leads to reductions in traffic fatalities, crime, unwanted pregnancy, child abuse, HIV, cancer, and heart disease.*
- *Less than 50% of those who need treatment receive it, BUT only 20% of adolescents who need treatment receive it!!!*

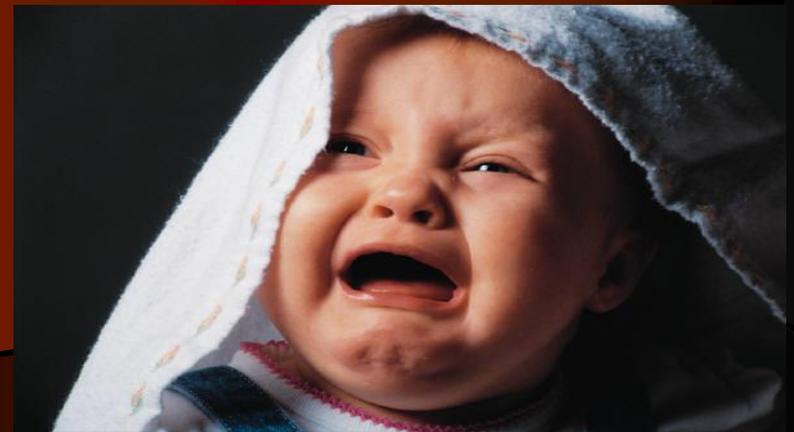
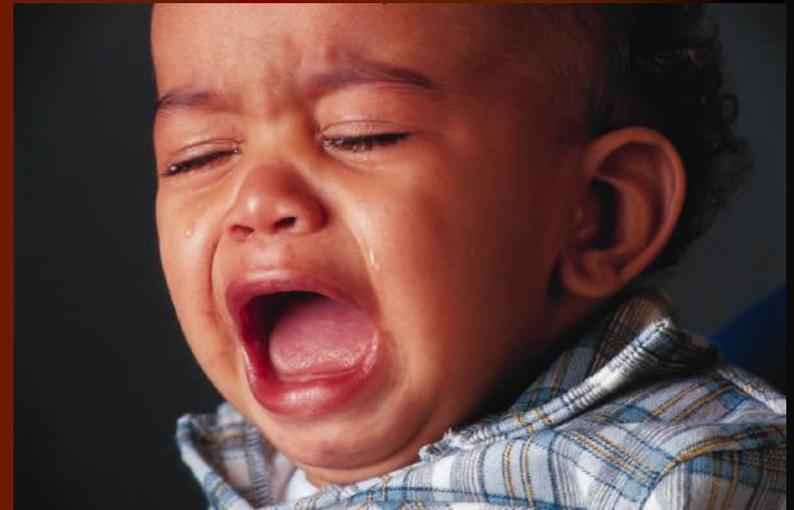
Effective Treatment Strategies

- Cognitive Behavioral Therapy (CBT)
- Motivational Enhancement Therapy (MET)
- Intensive Outpatient Program (SAIOP)
- 12 Step Facilitation Therapy
- Home-based Family Therapies
- Dialectical Behavioral Therapy
- Seven Challenges (for Adolescents)
- Case Management
- Community Team Approaches to Care
- Residential Tx & Therapeutic Communities

The Field of Substance Abuse is CHANGING...

**“The only
people really
motivated for
change are
really wet
babies.”**

B.F. Skinner



**Co-Occurrence of Serious
Mental Illness with
Substance
Dependence/Abuse**

The Most Common MH Disorders Among Substance Abuse Populations...

- Mood ... *e.g., Depression, Bi-Polar, etc.*
- Anxiety ... *e.g., Panic, Phobia, OCD, PTSD, etc.*
- Personality ... *e.g., Antisocial, Borderline, Paranoid, etc.*
- Psychotic Disorders ... *e.g., Schizophrenia*
- Other Compulsions ... *e.g., Gambling, Overeating, Sex, etc.*

Abuse & Co-Occurring Disorders

NEDS, National Treatment Improvement Evaluation Study

- **74% of clients were victimized prior to treatment**
- **65% committed violent acts**
- **72% of men and 50% of women committed acts of violence**
- **74% of men and 73% of women were victimized prior to treatment**
- **54% indicated being both perpetrator and victim**
- **20% were only victims**
- **11% were perpetrators only**
- **59% of males, 42% of females were both**
- **15% of males, 31% of females were victims only**

Women have greater medical consequences than men

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CAGE simple assessment tool

C ... Have you felt you ought to **CUT** down...?

A ... Have people **ANNOYED** you by ...?

G ... Have you felt bad or **GUILTY** about...?

E ... Have you ever had an **EYE-OPENER**...?

***Other tools include AUDIT, S-BIRT,
SASSI, ASI, SALCE, etc., etc...***

Hot off the Press - Tobacco!

- <http://www.thetruth.com/>
- <http://www.legacyforhealth.org/what-we-do/national-education-campaigns/keeping-young-people-from-using-tobacco>

A smoking-cessation medication may be a viable option for the treatment of alcohol dependence, according to a study by scientists at the National Institutes of Health. The study found that **varenicline (marketed under the name Chantix), approved in 2006 to help people stop smoking, significantly reduced alcohol consumption and craving among people who are alcohol-dependent.** The findings were published online in the Journal of Addiction Medicine.

“This is an encouraging development in our effort to expand and improve treatment options for people with alcohol dependence,” says Kenneth R. Warren, Ph.D., acting director of the National Institute on Alcohol Abuse and Alcoholism (NIAAA), part of NIH. “Current medications for alcohol dependence are effective for some, but not all, patients. New medications are needed to provide effective therapy to a broader spectrum of alcohol dependent individuals.”

Alcohol dependence is a chronic disease that includes symptoms such as craving, loss of control over drinking, withdrawal symptoms after stopping drinking, and tolerance, the need to drink greater amounts of alcohol to feel the same effect.

“Drinking and smoking often co-occur, and given their genetic and neurochemical similarities, it is perhaps unsurprising that a smoking cessation treatment might serve to treat alcohol problems,” notes lead author Raye Z. Litten, Ph.D., associate director of the NIAAA Division of Treatment and Recovery Research. “Our study is the first multi-site clinical trial to test the effectiveness and safety of varenicline in a population of smokers and nonsmokers with alcohol dependence,” said Dr. Litten.

This past May 18th the American Legacy Foundation sponsored a Congressional Briefing on research concerning tobacco cessation for women with a severe mental illness. These are some highlights from that research and the subject area in general:

- **Men are more likely to continue to smoke because they are addicted to nicotine. But women smoke for social relationship reasons. Women are more vulnerable to social cues, and less responsive to tobacco replacement products including the nicotine patch.** In working with women, it is important to take into account any close relationships, and to actively identify and substitute non-smoking social activities to fill the gap.

- **Although both men and women develop illnesses from smoking, women who smoke get sicker, sooner.**

- There is no question that those with a severe mental illness who smoke have higher morbidity, earlier death, and lower success rates in tobacco cessation than the general population. But it is interesting to note that the milder the mental health symptoms, the less likely the individual is to quit.

- **People with a mental illness are more likely to link cigarettes to reduced stress and to use tobacco as a form of self-medication.** Withdrawal from tobacco creates stress, and the individual experiences relief from that stress when they smoke. The brain quickly learns to associate smoking with stress reduction regardless of the cause of stress, so bringing this to the individual's awareness and teaching other methods of stress reduction is important to success, especially for women.

- **Only 40% of BH providers offer medication and cessation counseling.** In fact, smoking itself is linked to the culture of behavioral health, both for the people who are served and the people who deliver services. When the counselor is using tobacco products, it is very hard to provide counseling on the subject with credibility. The message there is that when tobacco cessation initiatives include staff, they are more likely to succeed.