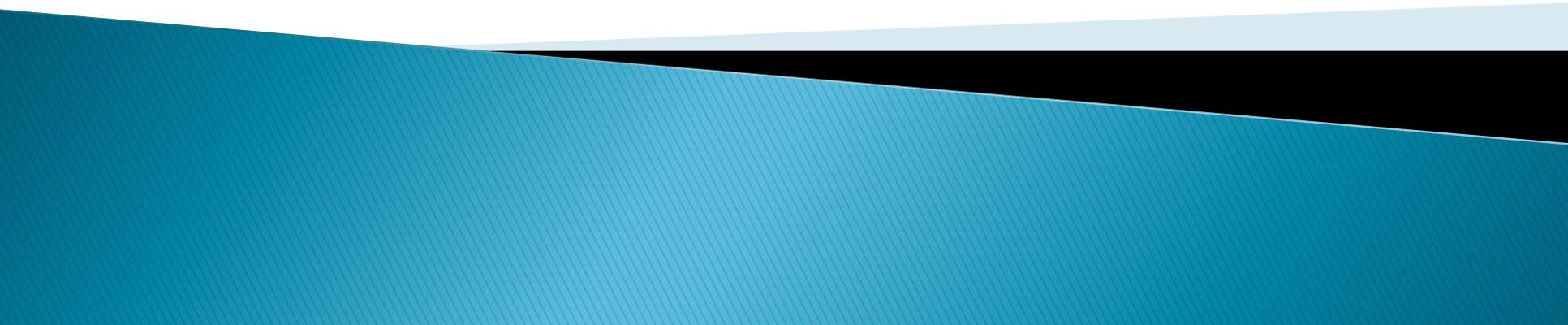


# Introduction to Working with People Who Have Substance Use Disorders



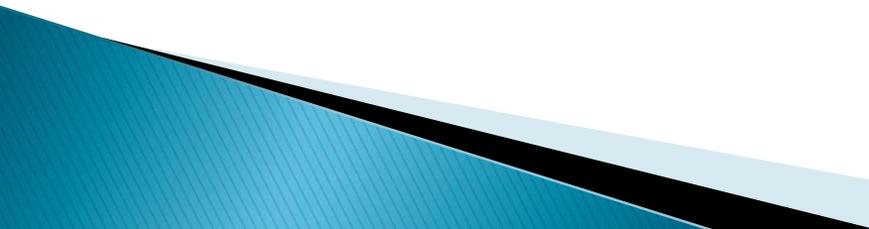
# Outline & Goals

- ▶ Engagement
  - ▶ Assessment
  - ▶ Opioid Agonist Therapy
  - ▶ Comorbid Disorders
  - ▶ Resources
- 

# Engaging Persons with Substance Use Issues



# Engagement Issues: Perceptions

- ▶ Negative stereotypes of substance users
  - ▶ Disturbing behaviors
  - ▶ Dishonesty
  - ▶ Manipulation
  - ▶ Unlike us
  - ▶ Perpetrators, not victims
- 

# The Nature of Addiction

- ▶ Evolution
  - ▶ Obsessive Preoccupation
  - ▶ Compulsion to Use
  - ▶ Loss of Self and Destruction of Life
  - ▶ Loss of Control
  - ▶ Erosion of Values and Integrity
  - ▶ Continued Use Despite Wish to Change
  - ▶ Fear
  - ▶ Stuckness
- 

# Overcoming Obstacles

- ▶ Suspend Judgment
  - ▶ Depersonalize (It's not about you)
  - ▶ Understand Behaviors and Motivations
  - ▶ Find Common Ground
  - ▶ Avoid Power Struggles
  - ▶ Find the “Real” Person
- 

# Useful Approaches

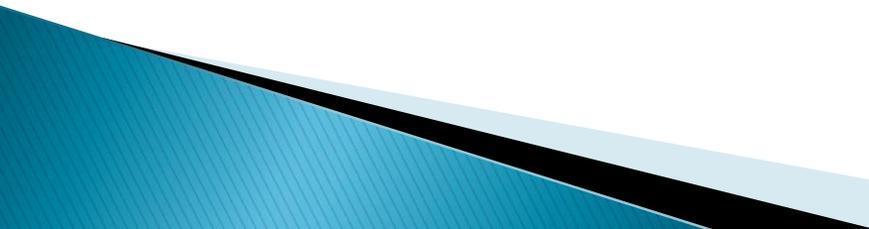
- ▶ Problem Solving
  - ▶ Work with Motivations
  - ▶ Set Limits, Establish Respective Responsibilities
  - ▶ Reduce Harm, Establish Safety
  - ▶ Connect with Significant Others
  - ▶ Communicate with Other Providers
  - ▶ Create Partnerships
- 

# Assessment

# Purpose of Assessment

- ▶ Identify Significant and Urgent Issues
  - Priority Populations
    - Pregnant Women
    - Women with Children
    - IDU
- ▶ Determine Apparent Needs
  - Physical well-being
    - Potential for withdrawal
    - Medication(s) and/or side effects of medication(s)
- ▶ Make Appropriate Referrals
- ▶ Establish Safety
- ▶ Develop Relationship (Caring Curiosity)

# Screening

- ▶ Identify Issues Requiring Immediate Attention
  - ▶ Risk of Harm to Self or Others
    - Medical Issues?
    - Injurious behavior?
    - Awareness and Judgment (Intoxication)
  - ▶ Determine Appropriate Setting for Comprehensive Evaluation
- 

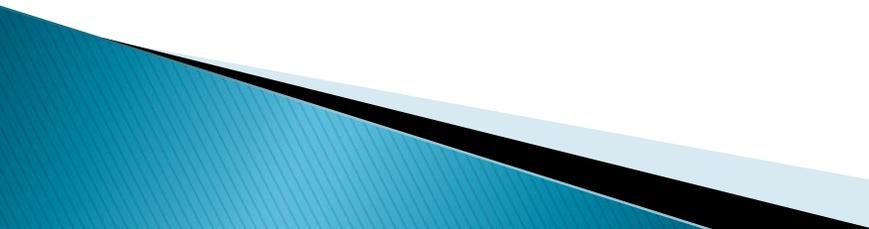
# Identify Substance Use Issues

- ▶ Type of Substance Use and Intensity
  - ▶ Intoxication
  - ▶ Withdrawal or Potential for Withdrawal
  - ▶ Behavioral Manifestations
  - ▶ Self Perception of Use and Level of Distress
  - ▶ Motivation for Change
  - ▶ Environmental Impact
  - ▶ Support Network
  - ▶ Physical Impact
  - ▶ Level of Function
- 

# Pattern of Use

- ▶ What is being used?
  - ▶ What is the route of administration?
  - ▶ How much is being use?
  - ▶ Why is it being used?
  - ▶ What effects does it have?
  - ▶ What happens when substances are not available?
  - ▶ How is it obtained? What is the cost?
  - ▶ Be curious!
- 

# Other Influences and Outcomes

- ▶ How does your living situation affect use?
  - ▶ How do the people in your life affect use?
  - ▶ Does your health affect your use?
  - ▶ How does your use affect your health?
  - ▶ How does your use affect your ability to do things, i.e. work, take care of family, other responsibilities
- 

# Opioid Agonist Therapy

- ▶ Two types of medication used for “maintenance”:
  - Methadone
  - Buprenorphine

# Methadone

- ▶ Long acting opiate displaces or blocks opiates from receptors
  - Blocks euphoric effects of opiates
  - Dependent on dosage
  - Lasts about 24 hours, daily dosing
  - Administered through clinics
  - Somewhat disruptive due to daily dosing
  - Does not block effects of other substances
  - Sometimes difficult withdrawal and discontinuation
  - Few side effects

# Buprenorphine

- ▶ Very long acting opiate/agonist/antagonist also blocks opiate receptors and displaces other opiates
  - Limited euphoric affects
  - Often administered with an antagonist to prevent misuse
  - Administered in an office setting
  - Usually daily dosing, but last up to 60 hours
  - Does not block effects of other drugs
  - Frequent side effects i.e. headaches
  - Relatively easy withdrawal.

# Controversies of Maintenance Therapy

- ▶ Maintenance of Addiction?
  - ▶ Pathway to Recovery?
  - ▶ Misuse and Diversion
  - ▶ Harm Reduction?
  - ▶ Public Health Impact?
  - ▶ Stigma
- 

# Co-Occurring Disorders

- ▶ Relationships between AOD use and psychiatric disorders:
  - AOD can exacerbate psychiatric symptoms
  - AOD can mimic psychiatric symptoms and disorders
  - AOD can mask psychiatric symptoms and disorders
  - AOD withdrawal can cause psychiatric symptoms and mimic psychiatric syndromes
  - Psychiatric behaviors can mimic behaviors associated with AOD problems

**“Comorbidity is an expectation, NOT an exception”**



# Prevalence of Co-Occurring Disorders

- ▶ An estimated 8.9 million people have co-occurring disorders.
- ▶ Only 7.4% receive treatment for both mental illness and substance abuse disorders.
- ▶ 55.8% received no treatment.

(SAMSHA, 2009)

# Prevalence of Co-Occurring Disorders

- 50% of the estimated 600,000 homeless present with co-occurring disorders
    - 70% of homeless clients identified substance abuse as primary reason for their homelessness (National Institutes on Alcohol Abuse and Alcoholism)
  - 700,000 of the estimated 10 million incarcerated adults have co-occurring disorders
  - More than 50% of adolescents that have a substance abuse diagnosis also have a diagnosable mental illness
  - Compared to their male counterparts, women with substance abuse disorders are more likely to have mental health disorders
- 

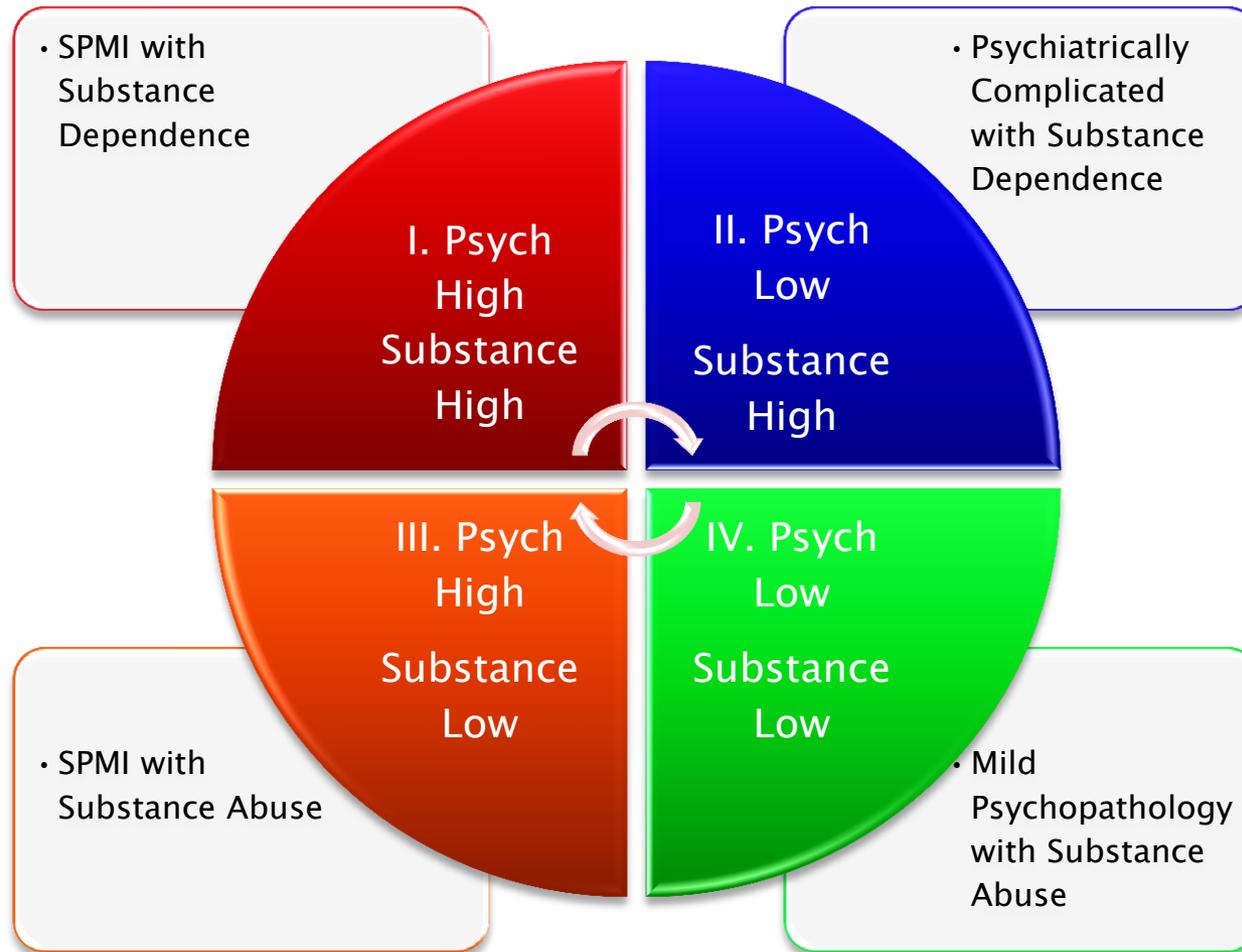
# Principles of Successful Treatment

- ▶ Importance of the therapeutic relationship
  - ▶ Coordination of care....even through multiple treatment episodes
  - ▶ Each disorder should be considered primary
  - ▶ One size does not fit all
  - ▶ Be mindful of delivering culturally–sensitive treatment
- 

# Cultural Competency

- ▶ Minorities are less likely than whites to receive treatment and are more likely to receive poor quality of care.
  - ▶ Minorities are over-represented among the Nations most vulnerable populations (people who are homeless, incarcerated, or institutionalized) with higher rates of mental disorders and more barriers to care.
- 

# Sub-Groups of People with Co-Occurring Disorders



# Conceptual Framework

- ▶ Need for integrated treatment approach
- ▶ Likely to benefit from additional support services
- ▶ Substance dependence without SPMI
- ▶ Substance-induced/exacerbated psychiatric disorders
  - Anxiety/Panic Disorder
  - Depression/Hypomania
  - Psychosis
  - Suicidality
  - PTSD
  - Personality Disorder/traits

I. Psych High/Substance High

II. Psych Low/Substance High

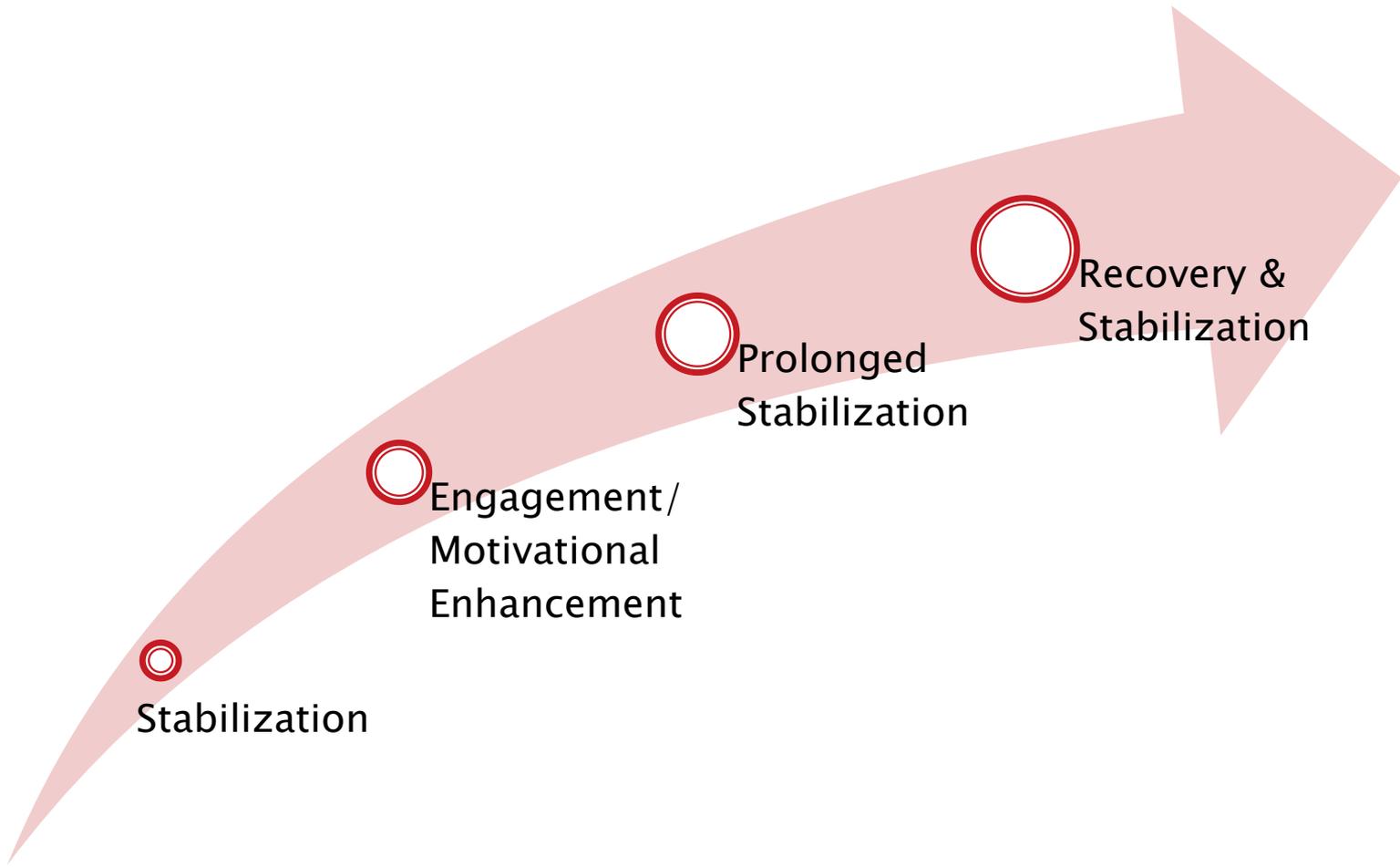
# Cont'd

- ▶ Presents with SPMI (e.g. schizophrenia, Major Affective Disorders with Psychosis, PTSD) complicated by Substance abuse
- ▶ Presents with combinations of psychiatric symptoms (e.g. anxiety, depression) and patterns of substance misuse and abuse

III. Psych High/Substance Low

IV. Psych Low/Substance Low

# Process of Recovery



# Take Home Message for Co-Occurring Disorders

- ▶ Identify the issues
  - ▶ Help people to talk about their experience
  - ▶ Help them to identify the impact that substance use has on their lives
  - ▶ Help them to determine what they would like from their lives (motivations)
  - ▶ Help them identify what they would like to change and how they can begin that process
  - ▶ Refer them to additional sources of help.
- 

# Resources

