

# Substance Abuse 101



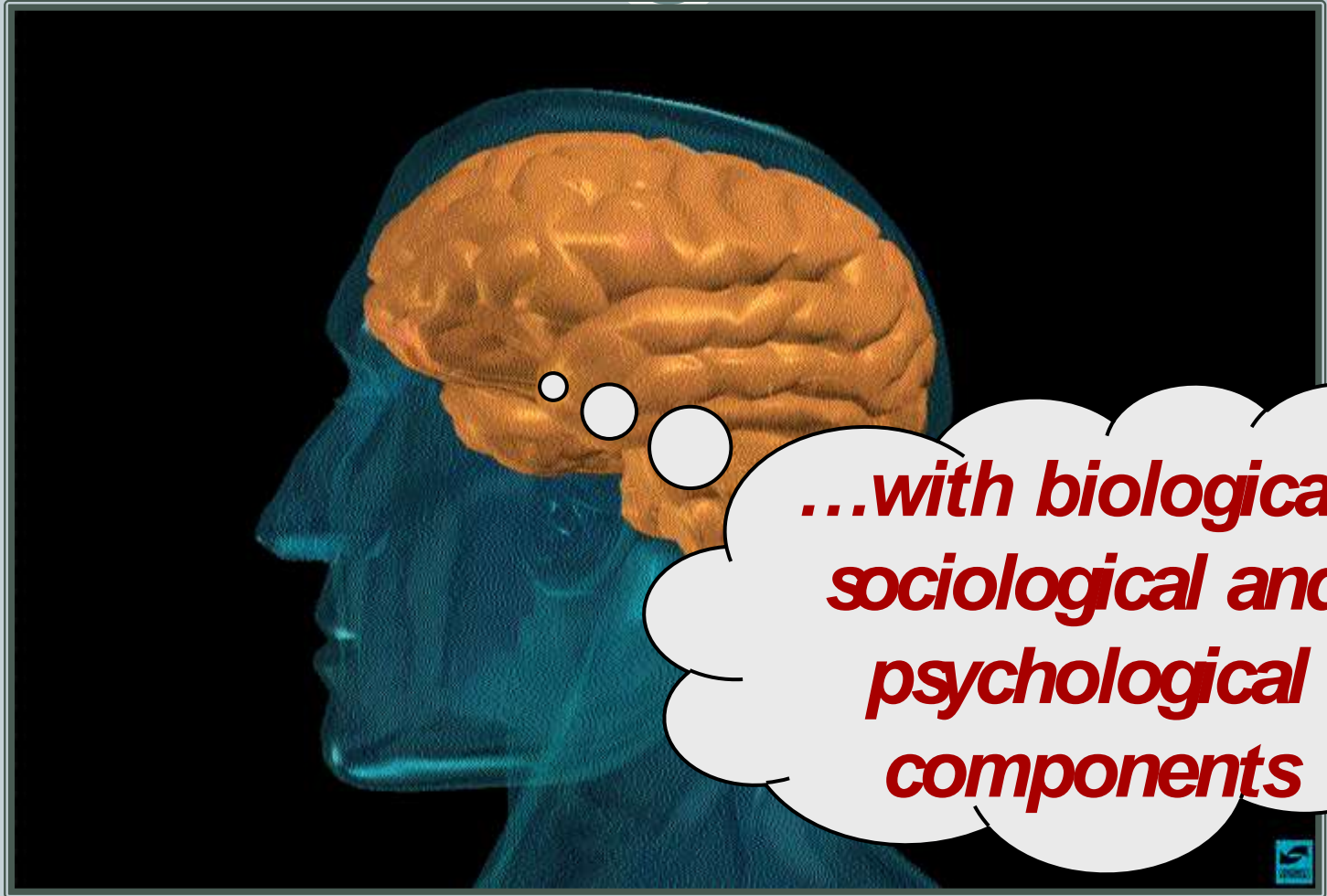
PRESENTED BY

# Definition of Addiction



- What is your definition of addiction?
- How have you been affected by addiction?

# Addiction is a Complex Illness



*...with biological,  
sociological and  
psychological  
components*

# Nature of Addiction



- Loss of control
- Harmful Consequences
- Continued Use Despite Consequences



*"That is not one of the seven habits of highly effective people."*

# Three “C’s” of Addiction



- **Control**

- Early social/recreational use
- Eventual loss of control
- Cognitive distortions (“denial”)

- **Compulsion**

- Drug-seeking activities
- Continued use despite adverse consequences

- **Chronicity**

- Natural history of multiple relapses preceding stable recovery
- Possible relapse after years of sobriety

# Substance Dependence



- Tolerance
- Withdrawal (physically dependent)
- Use larger amounts or longer than intended
- Unsuccessful efforts to stop or cut down
- Great deal of time spent obtaining, using, and recovering from the substance
- Give up other activities for the drug
- Substance use continued despite of knowledge of severe consequences

# Lets look at some definitions



- Medical Model (DSM)
- Cognitive-Behavioral Definition
- Disease Model
- .....OTHERS.....

# Cognitive Behavioral Definition



- Addictive behaviors consist of over-learned, maladaptive habit patterns usually followed by some immediate gratification
- Abstinence is therefore a new set of behaviors that one learns. Relapse then is merely an expected error or slip on the way to lasting habit change



# Disease Model



- **Addiction is a chronic progressive, primary, incurable and possibly fatal disease characterized by loss of control**
- **Chronic**-last a long time
- **Progressive**-becomes worse with time
- **Primary**-addiction is a problem in and of itself, it is not cause by peer pressure, bad days, stress, etc--- problems do not cause addiction

# Disease Model...



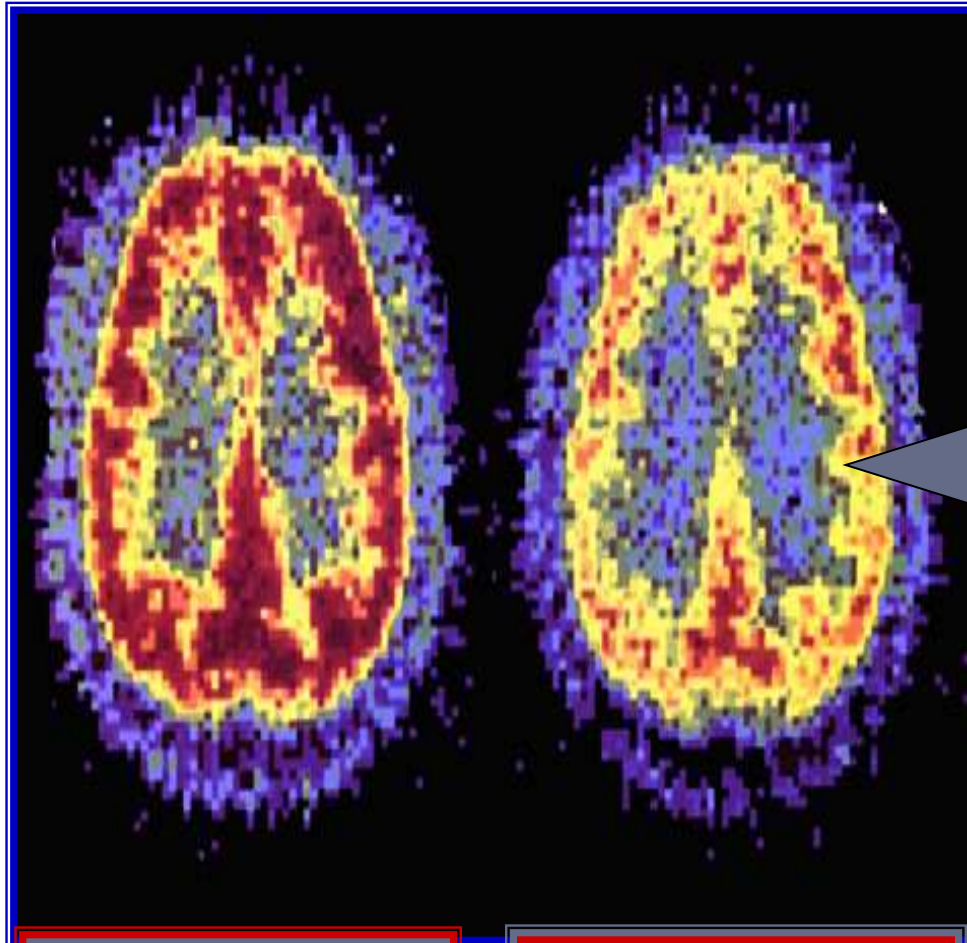
- **Incurable**-we can treat symptoms but we can't make it go away forever
- **Fatal**-people can die from misuse of drugs, withdrawal, or because of associated medical, social or psychological complications

# National Institute on Drug Abuse (NIDA) Definition



- **Addiction is defined as a chronic, relapsing, **brain disease** that is characterized by compulsive drug seeking and use despite harmful consequences**
- **Brain disease**-brain imaging studies show physical changes in various areas of the brain

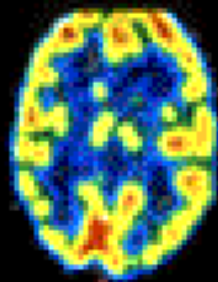
# Addiction *is* a Brain Disease



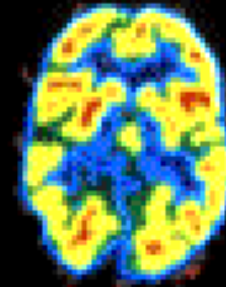
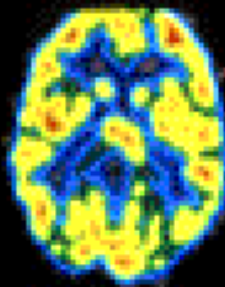
**"Healthy"  
Brain**

**"Cocaine  
Addict" Brain**

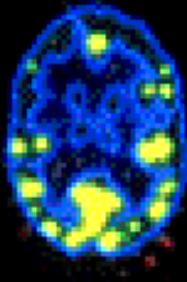
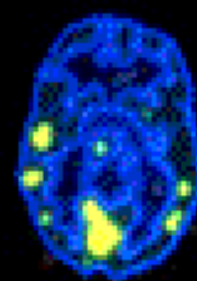
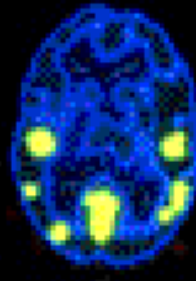
Prolonged Use  
**Changes**  
**the Brain**  
in  
Fundamental  
and Lasting  
Ways



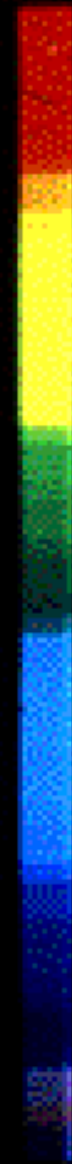
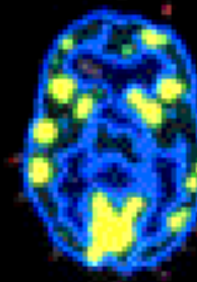
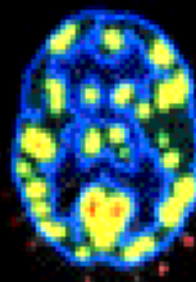
**Normal**



**Cocaine Abuser (10 DA)**

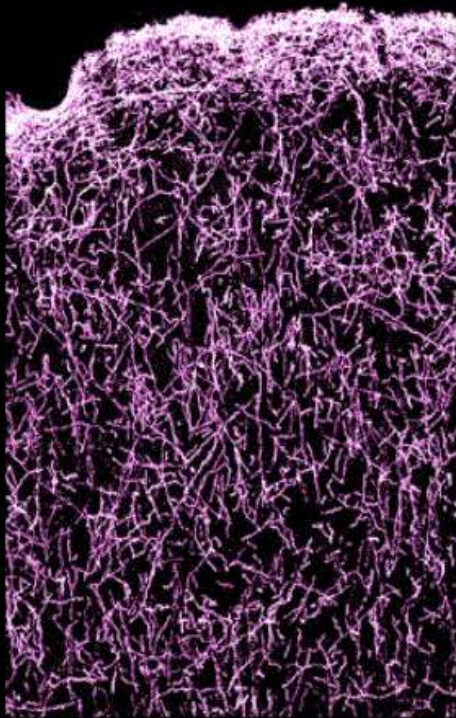


**Cocaine Abuser (100 DA)**

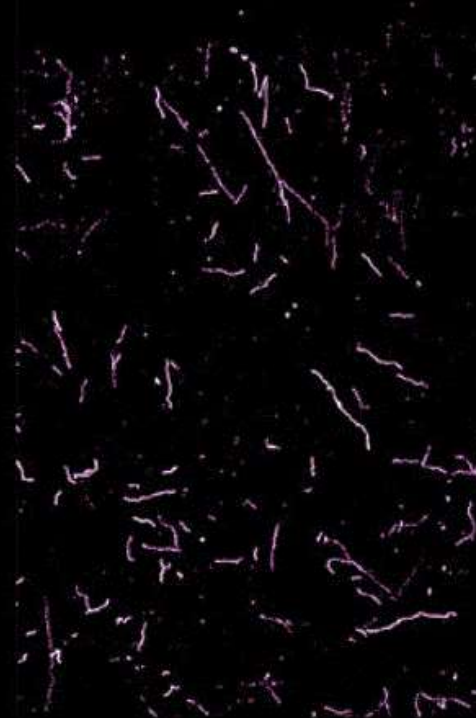


# Serotonin Present in Cerebral Cortex Neurons

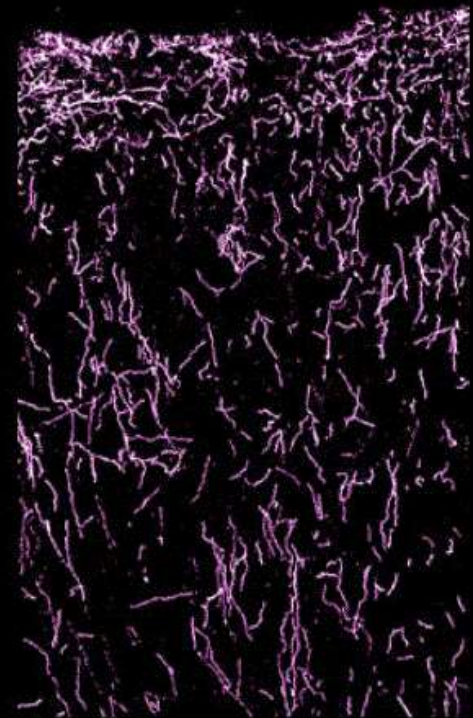
Normal



2 weeks after Ecstasy



7 years after Ecstasy



# How Drugs Work

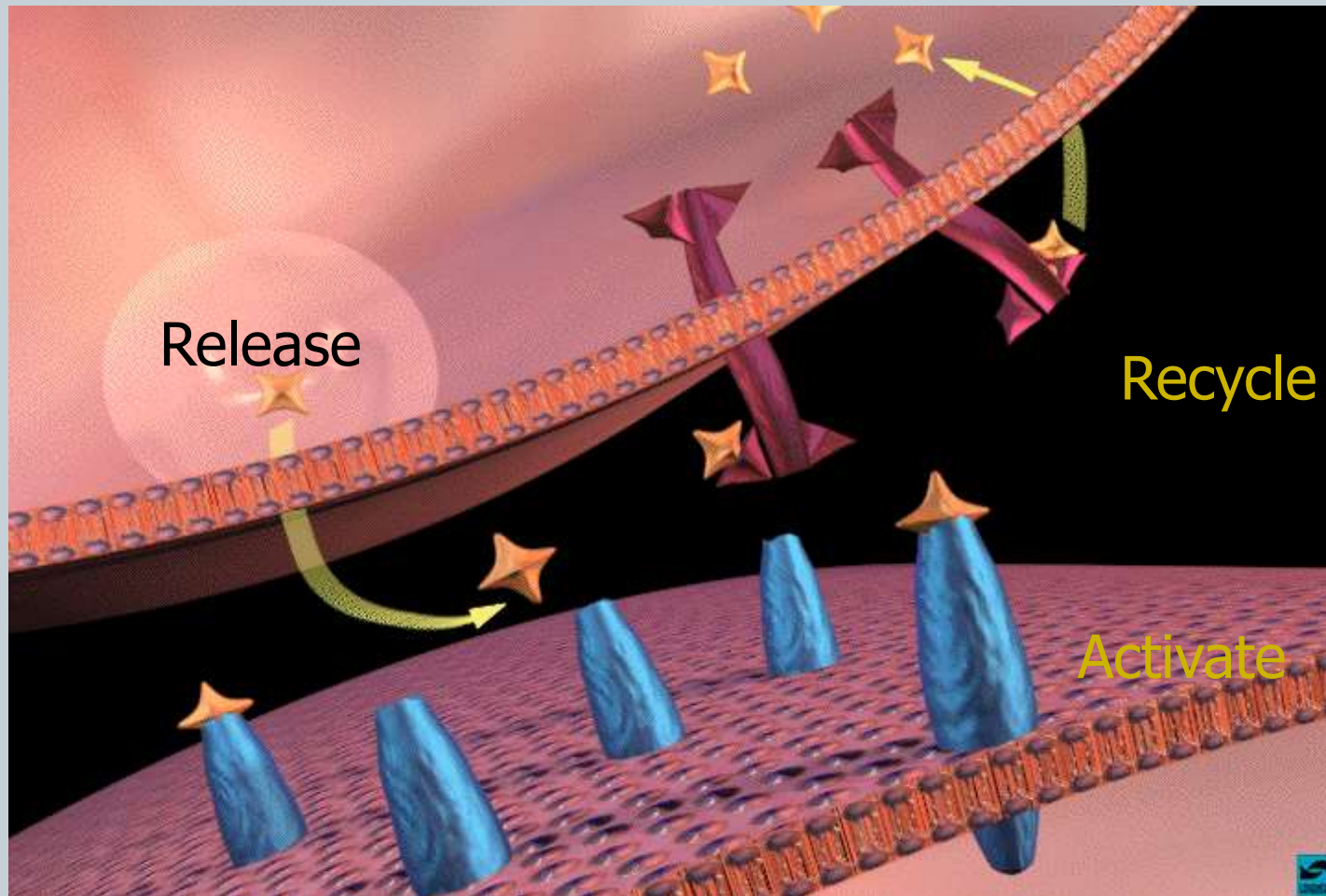


- **Interact with neurochemistry**

⇒ **Results:**

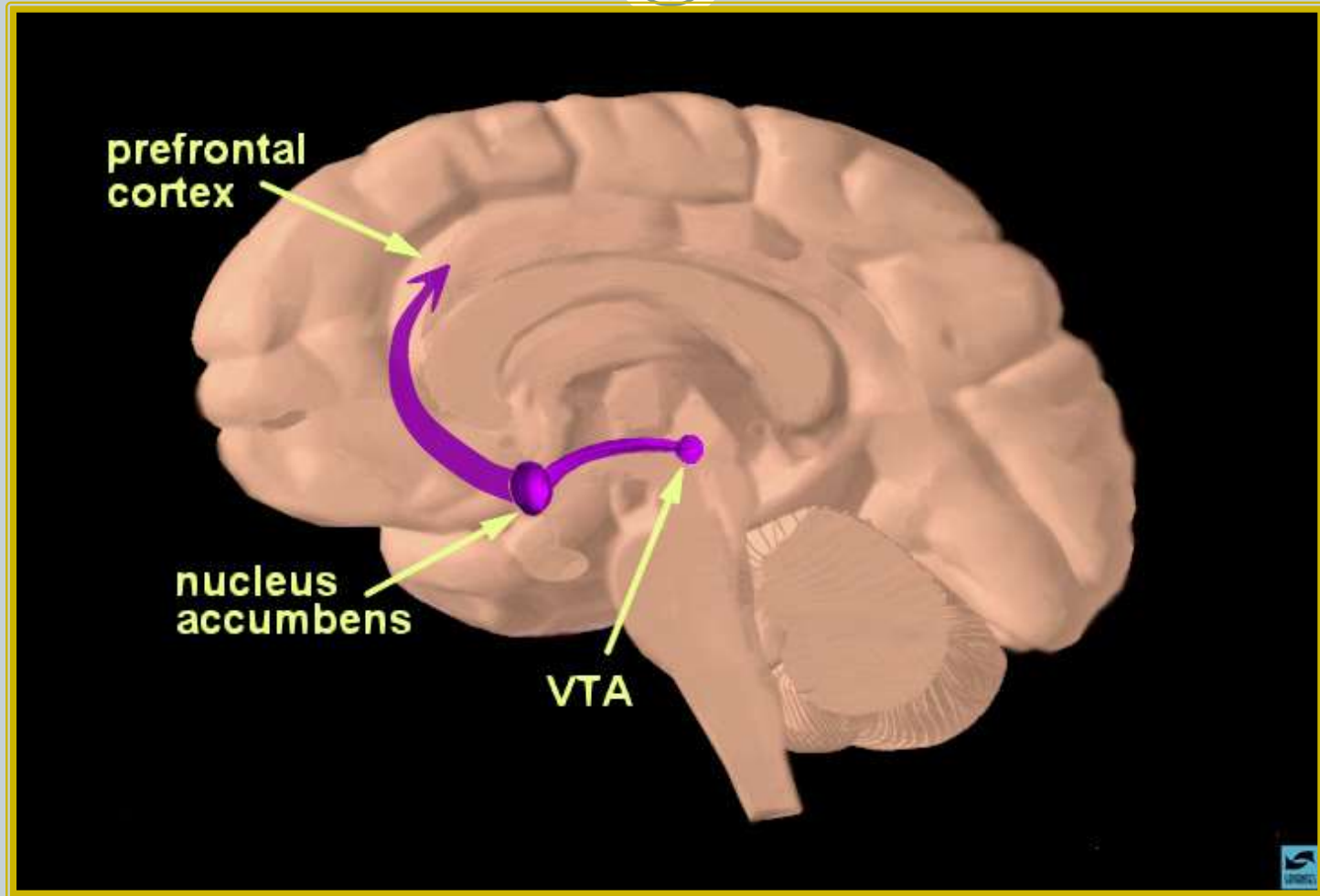
- **Feel Good – Euphoria/reward**
- **Feel Better – Reduce negative feelings**

# Dopamine Spells REWARD





# Brain Reward Pathways



# Activation of Reward



## Activation of the reward pathway by addictive drugs





- All drugs of abuse directly or indirectly target the brain's reward system by flooding the circuit with dopamine
- Dopamine is neurotransmitter present in regions of the brain that regulate movement, emotion, cognition, motivation and feelings of pleasure
- Drugs release more dopamine than eating or sex

# Moral Theory of Addiction



- Cause of addiction is a moral defect or defect in will power
- Those who are addicted are merely using irresponsibly-They just need to stop
- Therefore addicts are weak!

# Addiction Risk Factors



- Genetics
- Young Age of Onset
- Childhood Trauma (violent, sexual)
- Learning Disorders (ADD/ADHD)
- Mental Illness
  - Depression
  - Bipolar Disorder
  - Psychosis

# Parallels Between Mental Health Disorders and Substance Abuse



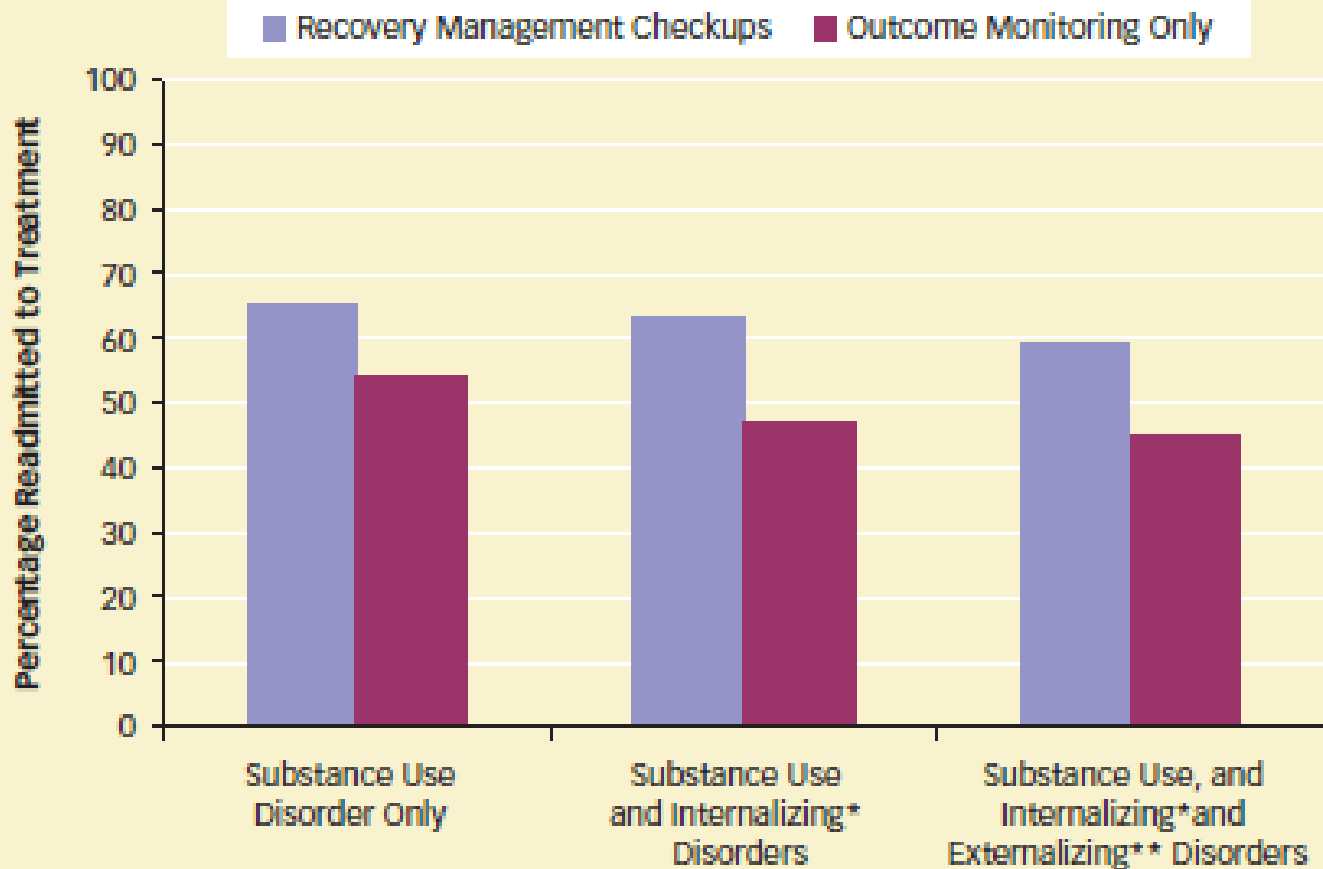
- Both are bio-psychosocial illnesses
- Both create shame and guilt
- Both are stigmatized by society
- Both are primary
- Both are progressive
- Both are chronic
- Both are no fault illnesses
- People can and do recover from both

# Who has Co-occurring mental health and substance use disorders? Dual Diagnosis?



- Over 50% of people with schizophrenia, bipolar disorder and other severe mood disorders have a substance use disorder at some time in their life.
- About one third of people with anxiety and depressive disorders have a substance use disorder at some time in their life.

# Dual-Diagnosis



\* Mood, Anxiety, and Trauma Disorders.

\*\* Attention, Hyperactivity, Impulse, Conduct, and Gambling Disorders.



# Substance Use and Mental Health Disorders



- Managing mental illness is difficult if the client is:
  - USING SUBSTANCES
  - ABUSING SUBSTANCES
  - DEPENDENT ON SUBSTANCES

And vice versa

# What you should know about SA and Mental Health Disorders



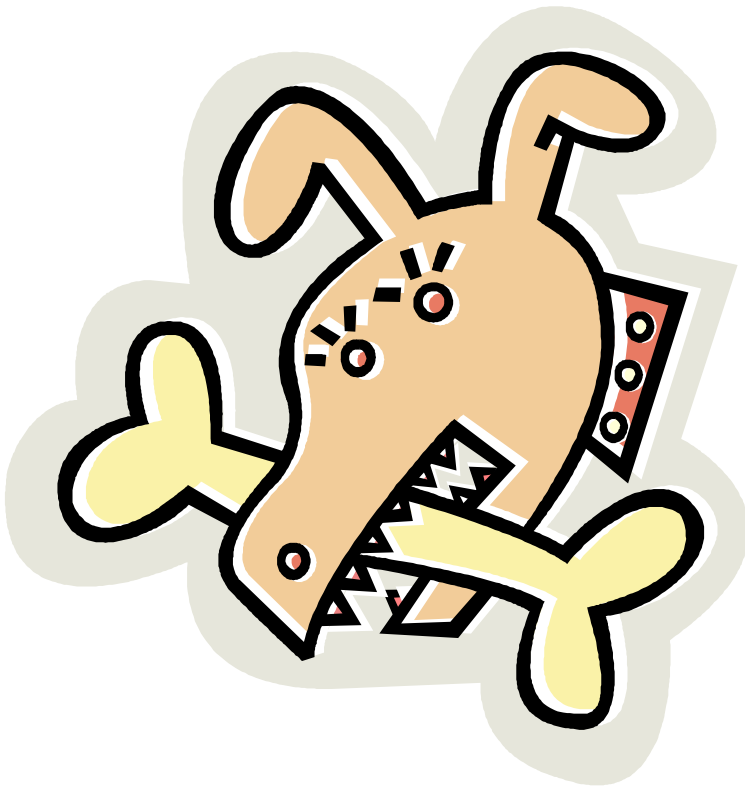
- Evidence of increasing alcohol and drug use.
- No clear pattern of a certain substance of abuse but what is available.
- What may look like resistance or denial may be negative symptoms
- Multiple contacts help to assess the substance use with SMI clients.

# What you should know about SA and Mental Health Disorders/Cont..



- Clients with SMI and SA have a higher risk of being victimized, self-destructive and violent behavior.
- Both Psychotic and Substance Use Disorders with multiple relapses and remissions support a need for long-term treatment.

# Addiction = Dog with a Bone



- It never wants to let go.
- It bugs you until it gets what you want.
- It never forgets when/where it is used to getting its bone.
- It thinks it's going to get a bone anytime I do anything that reminds it of the bone.

# Common Characteristics of Persons with an addiction



- **Unemployment**
- **Multiple criminal justice contacts**
- **Difficulty coping with stress or anger**
- **Highly influenced by social peer group**
- **Difficulty handling high-risk relapse situations**

# Common Characteristics...



- **Emotional and psychological immaturity**
- **Difficulty relating to family**
- **Difficulty sustaining long-term relationship**
- **Educational and vocational deficits**

# Cognitive Deficits



- **Memory problems – short-term loss**
- **Impaired abstraction**
- **Perseveration using failed problem-solving strategies**
- **Loss of impulse control**
- **Similar performance to those with brain damage**

# Substance Abuse Treatment



**WHAT IT IS AND HOW IT  
WORKS**



# Case Management Functions



- Assessment
- Planning
- Linkage
- Monitoring
- Advocacy

# Case Management Principles



- Offers the client a single point of contact with the health and social services systems
  - Case managers have an obligation to their clients and to the members of the system to familiarize themselves with protocols and operating procedures to”
    - ✦ Mobilize needed resources,
    - ✦ Negotiate formal systems
    - ✦ To barter among service providers
    - ✦ And know informal networks-self help, neighbors, etc

# Case Management Principles



- Case management is client-driven and driven by client need
  - Case manager uses her expertise to identify options for the client but the client right of choice is emphasized
  - Case manager helps identify issues and anticipates helping the client obtain resources
    - ✦ Providing the least restrictive level of care necessary

# Case Management Principles



- Case Management involves advocacy to promote the clients best interests (especially when services may be contradictory)
  - By educating many systems, agencies, families, legal systems, etc about SA and the needs of SA clients
  - Negotiating an agency rule in order to gain access or continued involvement on behalf of a client
  - Helping with sanctions to encourage client compliance and motivation

# Case Management Principles



- **Case Management is community based**
  - Helping the client negotiate within the community
    - ✦ Taking the bus, waiting in lines , etc (with the client)
  - Community outreach efforts
  - Ensuring transitions are smooth and obstacles are removed for admissions or reentry (coordination of release date so there is no gap in service) , etc

# Case Management Principles



- Case management begins where the client is
  - Responding to tangible needs such as food, shelter, clothing, etc
  - Teaching clients day –to-day skills to live successfully

# Case Management Principles



- **Case Management is anticipatory**
  - Understanding addiction and recovery in order to foresee a problem, understand options, and help the client to manage it

# Case Management Principles



- Case Management must be flexible
  - Working with SA clients, one must be adaptable to a wide variety of factors.
    - ✦ Issues with the person,
    - ✦ The system,
    - ✦ Resources or the lack there of



# Matching Treatment to Individual's Needs



- No one, single treatment is appropriate for all individuals
- Effective treatment attends to multiple needs of the individual, not just his/her drug use
- Treatment must address physical, intellectual, social, vocational, environmental, emotional, financial and spiritual problems

# Case management Principles



- Case Management must be culturally sensitive:  
Accommodating for diversity, race, gender, ethnicity, disability, sexual orientation and life stages (age)
- Being Culturally sensitive means
  - Valuing diversity
  - Making a cultural self assessment
  - Understanding dynamics of cultural interaction
  - Incorporating cultural knowledge
  - Adapting practices to the diversity present in a given setting

# Case Management Practice



- **Case Managers need to:**
  - Understand a variety of models of addiction
  - Recognize importance of family, social networks and community systems
  - Understand variety of insurance, payment and health maintenance benefit options
  - Understand diverse cultures
  - Understand the value of an interdisciplinary approach

# Components of treatment



- Assessment
- Enhancing motivation
- Determining level of care
- Treatment planning
- Service provision
- Progress monitoring and reassessment\*\*
- Follow-up
- Discharge

# Determining level of care



- SA Professional may use ASAM criteria or other tool
- Based on assessment of
  - Medical problems
  - Level of severity of the disorder
    - ✦ Degree of compulsive use
    - ✦ Length of time person has had the illness
    - ✦ Level of use, route of administration
    - ✦ Ability to maintain abstinence on own or with support
  - Co-occurring mental illness
  - History of treatment attempts

# Treatment for Substance Use Disorders/ Continuum of Care



- Detox
- Inpatient
- Residential
- Transitional (Long term Residential)/Half-way Houses
- IOP/Day and Evening
- Outpatient
- Aftercare and relapse prevention
- (Case management)

Treatment Resources/

<http://dbhdid.ky.gov/ProviderDirectory/ProviderDirectory.aspx>

# Non-medical Detoxification



- For less dangerous withdrawal
- “social setting detox”, safe place to withdraw away from temptation to use
- Vital signs monitored
- May get some comfort from over-the-counter drugs
- Counselors may provide motivational enhancement, education, linkage with 12-step meetings, discharge planning, referrals to ongoing treatment
- May be located within a residential program
- Many will not take pregnant women

# Medical Detoxification



Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.

- High post-detoxification relapse rates
- **Not a cure!**
- A preparatory intervention for further care



# Inpatient treatment



- For patients with co-occurring physical condition and/or mental illness
- Some take Medicaid, some insurance, some self-pay
- Length of stay depends on medical necessity
- Medical model: Care provided by doctors, nurses, social workers
- Education and therapy groups similar to residential treatment

# Residential Programs



- Residential services includes adult, adolescent, gender specific. Some programs publicly funded.
- Length of stay may be set or based on the individual needs of the client
- Care provided by substance abuse professionals, some nurses
- Programs are highly structured, including drug and alcohol education, family education, group therapy, family education, individual counseling, 12-step work, contact with 12-step meetings and discharge planning
- Psychiatric interventions if needed
- Aftercare meetings

# Medication Assisted Treatment



Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.

- **Alcohol:** Naltrexone, Disulfiram, Acamprosate, Ondansetron
- **Opiates:** Naltrexone, Methadone, Buprenorphine
- **Nicotine:** Nicotine replacement (gum, patches, spray), bupropion
- **Stimulants:** [None to date: Research is being conducted but nothing is approved by the FDA]

# Aftercare



- Need to stay connected or reconnect with treatment experience, whether it's residential, partial, transitional.
- Relapse prevention/ identifying triggers to use substances, coping strategies and re-enforce efforts to stay clean and sober
- Engagement and involvement with 12-step community, recovering and/or non-addicted individuals, faith-based communities and/or other alternative forms of support

# OXFORD HOUSE PROGRAM



- A democratically run, self-supporting, safe, and drug free living environment for recovering addicts
  - Sharing recovery helps to assure a safe living environment
- Can be started by obtaining a Group Home Loan-the funds help pay the first and last month's rent, deposits for utilities, and items to furnish the home-the members then have two years to repay the loan
  - Must maintain a job, attend weekly support meetings, pay their own portions of expenses,
- 6 in KY

# Moving from one level of care to another



- Re-occurrence of symptoms is common – don't be surprised or disappointed! Just be supportive.
- Higher severity may require long-term treatment and life-long follow-up
- One person may move from one level of care to another, depending on need and response to treatment
- Client may need extra support during transition between levels of care

# Drug Courts



- Diversion from jail/prison
- Non-violent drug-related offenses
- Case management and support (leverage) for abstinence from drugs/alcohol
- Some provide counseling, most make referrals

# Barriers to Treatment and Recovery



- Continuum of care may be fragmented, making transition from one level of care to another difficult.
- Responsibility for navigating the complex system of care often falls on the client
- “Helping” may be viewed as “enabling” to some substance abuse professionals
- Program lengths of stay may interfere with employment, housing and other environmental and psychosocial factors



# Barriers to Treatment and Recovery



- Abstinence requirements may interfere with getting into or staying in treatment
- Work requirements
- Lack of case management services
- Co-occurring Mental Illness
- Treatment refused due to opiate replacement therapy
- Gender and family issues
- General lack of services

# Other Models of Services



## **RECOVERY MODELS AND FAITH BASED INITIATIVES**

# Recovery Kentucky



- The Healing Place in Louisville and the Hope Center in Lexington
- “In January of 2005, Governor Ernie Fletcher unveiled **Recovery Kentucky**, an initiative to help Kentuckians recover from substance abuse, which often leads to chronic homelessness. The initiative will create at least ten housing recovery centers across the state” ([www.kyhousing.org](http://www.kyhousing.org))

# Recovery Kentucky



- Must meet definition of “homeless”
- 1/3 will be referred from corrections
- Peer support and peer staff
- Recovery Dynamics (12 Step Based)
- System of consequences and strong confrontation
- Daily living skills training; job responsibilities (on site) and voc rehab; medical services

# Recovery Kentucky



- Different from other homeless shelters ( you get to stay during the day)
- Provide non medical detox for a large number of individuals
- Not for everyone, confrontational style may be too intense for persons with severe mental illness, PTSD, etc.
- Restriction on psychiatric medication and opiate replacement therapy

# Faith Based Programs



- May be faith based and licensed treatment providers (check on our website)
- May be faith based and unlicensed but with rigorous standards
- May not have rigorous standards or other forms of accountability

# Faith Based Programs



- **Variety of programs:**
  - Residential
  - Transitional or half-way houses
  - Support services (food, clothing, etc.)
  - Faith based self-help groups
  - Recovery oriented church services
  - Mentoring programs

# Self Help



- Complements and extends treatment efforts
- Most commonly used models include 12-Step (AA, NA) and Smart Recovery
- Most treatment programs encourage self-help participation during/after treatment



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# 12-Step Groups

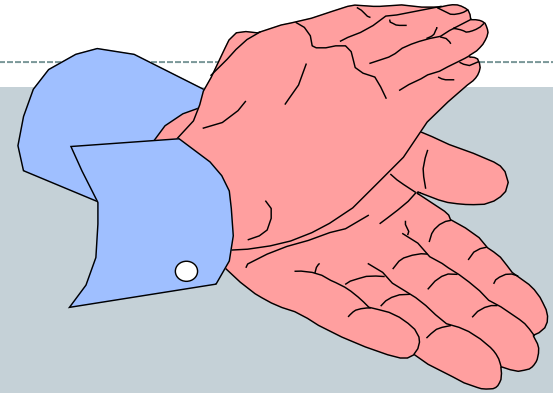


- **Myths**

- Only AA can treat alcoholics
- Only a recovering individual can treat an addict
- 12-step groups are intolerant of prescription medication
- Groups are more effective than individuals because of confrontation



# 12-Step Groups



- **Facts**

- Available 7 days/week, 24 hrs/day
- Work well with professionals
- Primary modality is fellowship (identification)
- Safety and acceptance predominate over confrontation
- Offer a safe environment to develop intimacy

Things to know



**TREATMENT  
INFORMATION**

# Public Health



- Drug treatment is disease prevention
- HIV and/or hepatitis infection in injecting drug users

# How Long Should Treatment Last ?



- Depends on patient problems/needs

# Coercion



Treatment does not need to be voluntary to be effective.

- **Court-Ordered Probation**
- Family Pressure
- Employer Sanctions
- Medical Consequences

# What Is Casey's Law?



An involuntary treatment act in Kentucky for those who suffer from the disease of addiction.



## What does this law provide?



This act provides a means of intervening with someone who is unable to recognize his or her need for treatment due to their impairment.

## What is this law for?


This law allows parents, relatives and/or friends to petition the court for treatment on behalf of the person who is substance abuse impaired.

# What's the first step?



- The first step is to obtain the petition:
  - From the local District Court Clerk's Office
  - Or on our website : [www.caseyslaw.org](http://www.caseyslaw.org)

ADC-100A Dis. Code: PIRAD  
Rev. 7-08  
Page 1 of 2  
Commonwealth of Kentucky  
Court of Justice  
www.kycourts.net  
KRS 222

  
Voluntarily Petition  
For Involuntary Treatment  
(Adults/Drug Abuse)

Case No. \_\_\_\_\_  
Court \_\_\_\_\_ District \_\_\_\_\_  
County \_\_\_\_\_

IN THE INTEREST OF:  
RESPONDENT \_\_\_\_\_  
RESPONDENT'S RESIDENCE ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
General Location (if different) \_\_\_\_\_

1. PETITIONER \_\_\_\_\_  
(Petitioner's Name-Please print)  
\_\_\_\_\_  
\_\_\_\_\_  
(Petitioner's Address-Please print)  
states that he/she is:  
 Spouse;  Relative;  Friend; or  Guardian, of the above-named Respondent.

2. PETITIONER (either states that the name, address, and residence of persons related to the Respondent are: (if unknown, so state)  
Parents or guardian: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Near relative: \_\_\_\_\_  
Other: \_\_\_\_\_

3. PETITIONER believes that the Respondent is a person suffering from alcohol and other drug abuse because: (state facts to support belief)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# “Costly” or “Cost-Effective”



- **Expensive Incarceration:** Treatment is less expensive than not treating or incarceration (2006 estimates from National Institute of Drug Abuse state \$7 saved to every \$1 spent on treatment)
- **Health Offset:**
- **Reduced interpersonal conflicts**
- **Improved workplace productivity**
- **Fewer drug-related accidents**



## **Cost-Effectiveness of Drug Treatment**

- **Treatment is less expensive than not treating or incarceration (1 yr methadone maintenance = \$4,700 vs. \$18,400 for imprisonment)**
- **Every \$1 invested in treatment yields up to \$7 in reduced crime-related costs**
- **Savings can exceed costs by 12:1 when health care costs are included**
- **Reduced interpersonal conflicts**
- **Improved workplace productivity**
- **Fewer drug-related accidents**

# Compounding Issues in Recovery

- Socio-economic
- Single parent
- Ethnic
- Matriarch/  
Patriarch
- Gender
- Religion
- Treatment
- Co-dependency
- Employment
- Domestic violence
- Living situation
- Extended family

# Treatment Effectiveness



- Drug dependent people who participate in drug treatment can:
  - Decrease drug use
  - Decrease criminal activity
  - Increase employment
  - Improve their social and intrapersonal functioning
  - Improve their physical health

# But...For How Long?



- **One Year After Treatment**
  - Drug selling fell by nearly 80%
  - Illegal activity decreased by 60%
  - Arrests down by more than 60%
  - Trading sex for money or drugs down by nearly 60%
  - Illicit drug use decreased by 50%
  - Homelessness dropped by 43% and receipt of welfare by 11%
  - Employment increased by 20%

# Facts of Addiction Treatment



- Addiction is a brain disease
- Chronic, progressive disorders require multiple strategies and multiple episodes of intervention
- Treatment works in the long run
- Treatment is cost-effective



# Commonly Abused Drugs:



**Alcohol**



*Class of Drug:*  
**Sedatives-Hypnotics**

## Related Issues:

- ✓ Detoxification
- ✓ Fetal Alcohol Syndrome (FAS)
- ✓ Loss of Judgment
- ✓ Suicide/Homicide
- ✓ DWI/DUI Concerns
- ✓ Poly-drug Use
- ✓ Legality Issues

# ALCOHOL



- Withdrawal from large amounts can cause mild to life threatening symptoms from days to weeks and requires medical attention
- Medical effects: cirrhosis of the liver, dementia, neuropathy, high blood pressure, heart disease and cancer
- Fetal alcohol syndrome

# ALCOHOL/Long term effects on MI



- Depression or anxious mood, especially during withdrawal
- Decreased appetite, poor sleep, body aches, suicide attempts
- Functional problems with relationships, work, money, housing and legal

# Commonly Abused Drugs (continued):

**Marijuana**

*Class of Drug:*  
**Hallucinogens**

## Related Issues:

- ✓ A-motivational
- ✓ Arrested Development
- ✓ Memory/Learning Problems
- ✓ Long Detection Time
- ✓ Legalization
- ✓ Medical Use Issues
- ✓ Health Issues

# Cannabis



- Absorbed from blood into fat cells and slowly released back to blood over days to weeks
- Impact on brain is therefore long-lasting
- Cannabis withdrawal may be difficult to identify; symptoms include insomnia, anxiety, craving and irritability

# Cannabis/Effects on Physical & Mental Health



- Long term effects of health are lung disease, cancer, heart problems, hormone and immune function
- Effects mood, relaxation to paranoia
- Effects cognition, poor attention, concentration and memory
- Effects motor ability, decreased performance
- Effects function, decline in interest and motivation

# Commonly Abused Drugs (continued):

## Cocaine/Crack

*Class of Drug:*  
**Stimulants**

### Related Issues:

- ✓ High-relapse Potential
- ✓ High Reward
- ✓ Euphoria – Agitation - Paranoia – “Crash” – Sleeping – Craving
- ✓ Obsessive Rituals
- ✓ Risk of Permanent Paranoia
- ✓ No Medications Currently Available

# Stimulants



- Cocaine
- Amphetamines
- Methylphenidate
- Dexedrine
- Ephedrine
- Methamphetamine



# Stimulants/Short & Long term



- Short term effects make mental health symptoms worse or precipitate mental illness symptoms.
- Rapid onset and loss of action leads to high addiction potential in users
- Long term effects are physical health including intravenous use and drug-related unprotected sex/STDs
- Mental Illness/worse course
- Function/criminal behavior to obtain expensive substances

# Commonly Abused Drugs (continued):

## Methamphetamines

*Class of Drug:*  
**Stimulants**

### Related Issues:

- ✓ High Energy Level
- ✓ Repetitive Behavior Patterns
- ✓ Incoherent Thoughts and Confusion
- ✓ Auditory Hallucinations and Paranoia
- ✓ Binge Behavior
- ✓ Long-acting (up to 12 hours)

# Commonly Abused Drugs (continued):

**Heroin**

*Class of Drug:*  
**Opiates**

## Related Issues:

- ✓ Detoxification
- ✓ Medications Available
- ✓ Euphoria
- ✓ Craving
- ✓ Intense Withdrawal
- ✓ Physical Pain

# Opioids & Pain Killers



- Physical Dependence
- Apathy, Depression, Psychosis & Anxiety
- Impaired judgment
- Social dysfunction and criminal behavior
- One of the biggest drug problems in Kentucky.

# Commonly Abused Drugs (continued):

**“New Drugs”**

**Club Drugs**  
**Prescription Drugs**




- ✓ Popular with Youth and Young Adults
- ✓ Significant Health Risks: Neuron Destruction with Ecstasy
- ✓ Users Believe They Know How to Reduce the Risks – WRONG!
- ✓ Availability Increasing

# Caffeine



- Caffeine Intoxication
- Medicine doesn't work as well
- Causes anxiety and panic attacks
- Causes poor sleep/disrupting mental health management

# Take Home Message



## **Facts of Chemical Dependence & Treatment**

**CHEMICAL DEPENDENCE IS A BRAIN DISEASE  
THAT HAS  
BIOLOGICAL, PSYCHOLOGICAL & SOCIAL  
COMPONENTS**

*Chronic, "cancerous" disorders require  
multiple strategies and multiple episodes of intervention*

**TREATMENT WORKS IN THE LONG RUN**

**TREATMENT IS COST-EFFECTIVE**