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
Let's 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.
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

Prolonged Use Changes the Brain in Fundamental and Lasting Ways

“Healthy” Brain

“Cocaine Addict” Brain
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

- Release
- Recycle
- Activate
Brain Reward Pathways

- Prefrontal cortex
- Nucleus accumbens
- VTA
Activation of Reward

Activation of the reward pathway by addictive drugs

- alcohol
- cocaine
- heroin
- nicotine
- heroin
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

- Recovery Management Checkups
- Outcome Monitoring Only

Percentage Rehospitalized to Treatment

- Substance Use Disorder Only
- Substance Use and Internalizing Disorders
- Substance Use, and Internalizing and Externalizing Disorders

* Mood, Anxiety, and Trauma Disorders.
** Attention, Hyperactivity, Impulse, Conduct, and Gambling 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 thereof
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, Odansetron
- **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)
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
Drug treatment is disease prevention

HIV and/or hepatitis infection in injecting drug users
How Long Should Treatment Last?

- Depends on patient problems/needs
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)
“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
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
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
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
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*

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

Related Issues:
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):

Class of Drug: Opiates

Heroin

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):

- 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
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