



Substance Use & Co-Occurring Disorders

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Goals and Objectives

- Understand substance use disorders as medical diagnoses
- Learn how to identify if someone is impaired
- Learn to differentiate, when possible, between substance use and mental health symptoms and the connections
- Understand how to approach someone who is impaired

Addiction

Chronic neglect of SELF
in favor of something or
someone else.

- Stephanie Covington

Addiction is...

- A brain disease
- A primary, progressive, fatal illness
- A chronic disorder requiring multiple strategies and multiple episodes of intervention

Treatment

- Works in the long run
- Is cost-effective

Addiction is not what *you think*

- Drug use and behavior are reinforcing or rewarding
- Reward pathways are permanently altered
- Engaging in compulsive behavior
 - Even when there are negative consequences
- Loss of control in limiting intake
- Craving: Conscious and unconscious
- Disease of the brain

Why do people take drugs?

- They change the brain!!!!
- For the brain effects of drug use:
 - Reinforcement (« feel good » qualities)
 - Pleasure
 - Avoid negative feelings
 - Stop withdrawal
 - Try to restore normal brain function

Why do they keep taking drugs?

- The brain changes – they have lost control over their drug use because of how the drugs have changed their brain chemistry
- They cannot feel normal without them
- Metabolic activity changes
- Receptor availability
- Compulsion to use is psychologically and physiologically driven
- Cycle of shame and guilt

Substance Use Disorders

- Substance use disorders are medical conditions.
- Involve using or taking a substance:
 - In increasing amounts
 - Going to great lengths to obtain the substance
 - Experiencing withdrawal symptoms when the substance is stopped
 - Inability to stop or reduce substance use



Substance Use Disorders

- A chronic, progressive, primary (no other root cause) disease, characterized by relapse.
- If left untreated or mistreated, it can and will result in death.
- They are defined as substance use that either interferes with a person's relationships with family and friends; their ability to fulfill work, school, or family obligations; or results in legal problems and dangerous behavior.

Intoxication

- Common symptoms may include:
 - slurred speech
 - Euphoria
 - impaired balance
 - poor coordination
 - flushed face
 - reddened eyes
 - reduced inhibition
 - erratic behavior
 - loss of muscle coordination (ataxia) in severe cases

Impairment


- Notice sudden escalations in the person's speaking voice:
 - People on drugs often misjudge how loudly or how quietly they are talking.
- They will either stand too close as well, or constantly move away, avoiding eye contact.

Impairment

- Inappropriate or misplaced laughter, uncontrollable laughter or giggles.
- Dilated eyes in a lighted room, or pinpoint pupils in the dark are indicators of drug use.
- Bloodshot eyes.
- Stumbling and dizziness, while often signs of drunkenness, may also be a sign of drug use.

Impairment

- Strong scents, often sweet smelling, on their breath or body:
 - Some drugs produce a strong scent.
 - Sometimes a drug user may put on excessive amounts of cologne or perfume to mask drug odors.
 - Other times, a person may smell bad if they have been so focused on drug use they neglected self-care.



Let's make things more complicated!

- Co-occurring disorders
- In this case refers to a concurrent substance abuse and mental health disorders
- One doesn't have to cause the other; they interact with, and complicate, each other

Co-Occurring Disorders

- A few ways to understand the extent of the problem:
 - Approx 50% of persons in psychiatric clinical settings will have a SUD
 - Among the 20.8 million adults with a substance use disorder, 42.8 percent (8.9 million adults) had a co-occurring mental illness in 2009
 - Sources: Epidemiological Catchment Area Study & National Survey on Drug Use and Health: Mental Health Findings (2009)

COD in the Justice System

- Rates of MH disorders are 4 times higher among prisoners than in the general population
- Rates of SUD are 4 to 7 times higher than in the general population
- An estimated 3-11% of individuals in correctional settings have COD
- Persons diagnosed with bipolar disorder and schizophrenia are particularly common among those in the CJ system



Diagnosis

- Can't always determine if symptoms are due to a primary mental health disorder, intoxication, withdrawal, or a substance induced disorder
- Requires further assessment

Alcohol and Mental Illness

- Alcohol is common use in all segments of the population.
- Among the seriously and persistently mentally ill (SPMI), it produces more difficulty than in the general population.
- As a general rule, the SPMI need less alcohol to reach the level of disinhibition.
- The sedating effects of alcohol may be exaggerated by prescribed medication.
- Prescribed medication also may affect the degree of alcohol tolerance as well as the withdrawal effects.

Cannabis and Mental Illness

- The principal active ingredient in marijuana is (THC) is considered to be a mild hallucinogen.
- It can foster psychological dependence easily.
- Even in people with no mental illness, THC can evoke feelings of paranoia, isolation, and delusion.
- Because marijuana is illicit, there is no standard dosage or quality. Street marijuana also can contain additives that are harmful in themselves.

Stimulants and Mental Illness

- Stimulants produce temporary arousal of the nervous system. Some stimulants also tend to produce a feeling of euphoria.
- At higher doses, hyper-arousal takes place including:
 - Hyper-awareness
 - Hyper-vigilance
 - Hyper-sexuality
- At very high doses, the individual is subject to confusion, disorientation, and cardiac arrhythmia.
- Episodes of mania or psychosis can be precipitated by stimulants, and depression often follows episodes of stimulant intoxication.

Stimulants and Mental Illness

- Stimulant abuse exacerbates any existing mental illness. The results easily can be disastrous, even in modest use patterns.
- Stimulant abusers typical also abuse sedating drugs to moderate stimulant effects, as well as drugs of opportunity. This increases the risk of polysubstance dependence.
- Detoxification can take weeks. Some stimulants can produce permanent ablation of critical nervous transmission areas of the brain. Substances such as methamphetamine can produce a mental sensation often called “fuzz” that can last for years. May lead to prolonged paranoia/suspiciousness.
- Effective treatment usually involves cognitive behavioral methods

Narcotics and Mental Illness

- These substances produce responses that are analogous to natural endorphins. In modest doses, they can alleviate pain, but because they also evoke strong feelings of pleasure, they quickly and easily can become objects of abuse and addiction.
- Users appear calm, even stuporous to the observer. As the substance begins to wear off, the individual become anxious, agitated, depressed, and may begin to go into withdrawal.
- Withdrawal symptoms can be overwhelmingly taxing. These include dysphoria, aches (including bone aches), cramps, diarrhea, hyperactivity, restless or kicking legs, and other similar events.

New synthetic drugs and Mental Illness

- Spice: Initial indications are that this drug can lead to serious and potentially long-term mental disorders. Patients in a small military study who used spice experienced anxiety, depression, paranoia and hallucinations including seeing “ghosts” and hearing imaginary voices.
- Bath salts (stimulant): Some of the symptoms are agitation, paranoia, hallucinations, chest pain, suicidality. High blood pressure, increased pulse, psychosis, danger of ongoing suicidality in these patients, even after the stimulatory effects of the drugs have worn off.

Approaching

- Similar de-escalation techniques but you may need to have different expectations
- People who are intoxicated or high, or experiencing mental health issues, are not likely to be rational and may behave in unexpected ways

Goals

- Have an interaction with intoxicated/high person that is safe for the suspect and officer
- Triage person to detox if appropriate (for alcohol, benzodiazepines, opiates)
- Support treatment aims

De-escalation

- Assess/analyze the situation before intervening
- Disengage if the behavior escalates beyond your comfort zone.
- Project calmness; move/speak slowly, quietly, confidently
- Permit verbal venting
- Listen empathetically/attentively

De-escalation

- Focus attention
- Consciously decide your response
- Maintain relaxed/attentive posture
- Explain limits and rules in an authoritative, firm, but respectful tone. Give choices, where possible, in which both alternatives are safe ones (e.g. intoxicated woman at DACCO)

De-escalation

- Do not try to argue or convince.
- List consequences of inappropriate behavior without threats or anger.
- Represent external controls as institutional rather than personal.
- Trust your instincts.

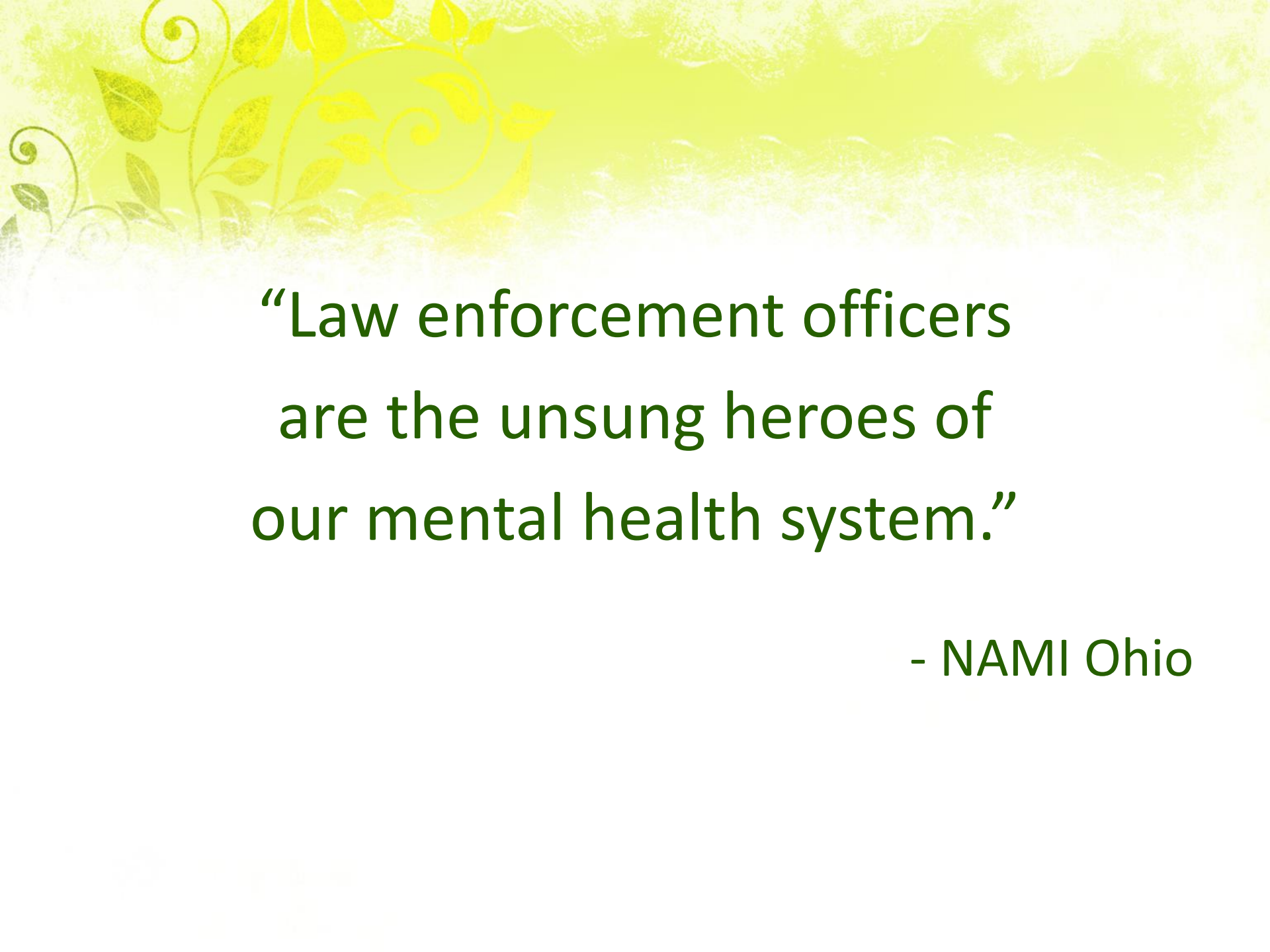
There is nothing magical about talking someone down. You are simply transferring your own sense of calm and respectful, clear limit setting to the agitated person.

Resources

- Tour facilities
- Fortunate that we have the array of services we do in Hillsborough Cty and near by
- DACCO, ACTS, Tampa Crossroads, Phoenix House
- Large urban area so we have 12 step meetings every day

Take home points

- Assume that the person you are dealing with is actively intoxicated, high, and/or experiencing mental health symptoms.
- Respond as such to maintain your safety and assist the suspect.
- Remember that you are dealing with a disease (or two!) such a diabetes or cancer and not with someone choosing this lifestyle.



“Law enforcement officers
are the unsung heroes of
our mental health system.”

- NAMI Ohio

Questions?

- Comments?
- Other things you would like to review?

Thank you for everything you do!!!!

KEY

- SUD: Substance Use Disorders
- MH: Mental health
- COD: Co-occurring disorders