

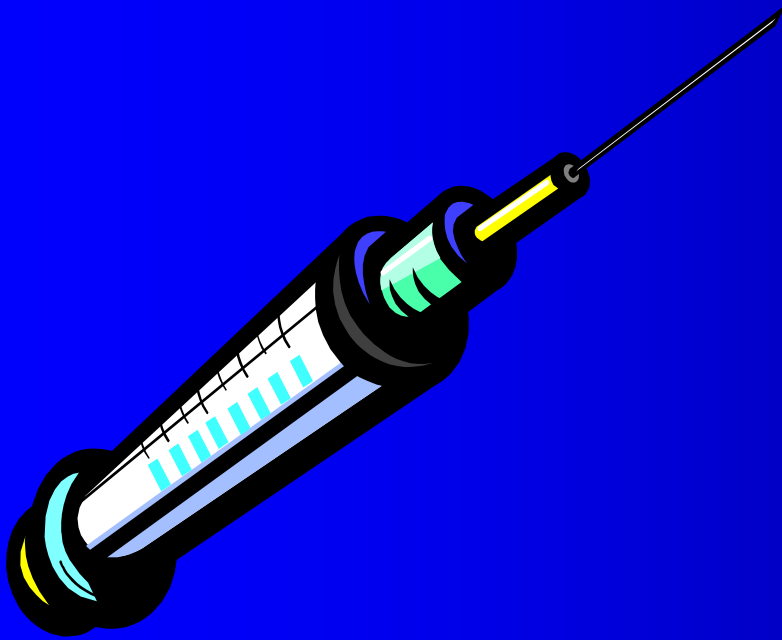
Addiction and Mental Illness: A Bad Combination!

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Addiction

(American Medical Association)



Addiction is a chronic disorder characterized by compulsive use of a substance resulting in physical, psychological or social harm to the user and continued use despite that harm

Features of Addiction

- Loss of control over use of substance
- Inability to cut down or quit
- Preoccupation with the drug
- Continued use despite harm
- Giving up important life activities due to use
- Tolerance
- Withdrawal

Mental Illness

Mental illnesses are biologically based brain disorders that can profoundly disrupt a person's thinking, feeling, moods, ability to relate to others and capacity for coping with the demands of life

--NAMI

Mental Illness and Addiction: Examples

- Mental Illnesses:

- Schizophrenia
- Bipolar Disorder
- Schizoaffective Disorder
- Major Depression
- OCD
- Panic Disorder
- Personality Disorders

- Addictions

- Alcoholism
- Cocaine Dependence
- Opioid Dependence
- Sedative Dependence
- Cannabis Dependence
- Inhalant Dependence
- ? Gambling
- ? Sex Addiction

Common Factors in Mental Illness and Addiction

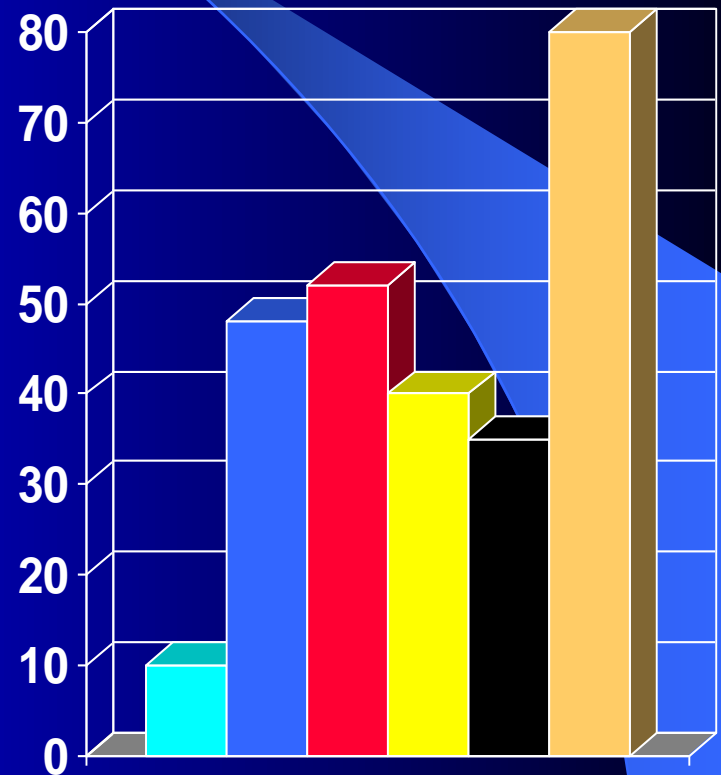
- Biological basis of the disorders
- Chronicity
- Relapse
- Denial
- Destructive capacity of disorders
- Treatability

Dual Diagnosis

Dual Diagnosis is defined as the presence of two separate disorders (usually addiction and mental illness) in the same individual. These disorders each can have a life of their own, but tend to interact in ways that lead to worse outcomes than if an individual had only one of the disorders.

Dual Diagnosis: How Common?

- General Population:
10% - 15%
- Persons with mental illness:
 - Schizophrenia 48%
 - Bipolar Disorder 52%
 - Major Depression 40%
 - Anxiety Disorders 35%
 - Antisocial Personality Disorder 80%



Dual Diagnosis: Why Does It Happen?

- Mental illness may lead to substance use
 - Self-medicating symptoms
 - Self-medicating side effects
- Substance use can cause symptoms of mental illness
 - Intoxication can cause mental illness symptoms
 - Use can unmask an underlying mental illness
 - ? Can substance use cause mental illness itself

Dual Diagnosis: Why Does It Happen?

- The symptoms of mental illness could make substance use more likely:
 - Manic patients are impulsive
 - People with Antisocial Personality Disorder have no regard for the rules of society
- Being given an addictive drug to treat a psychiatric condition can trigger an addiction
- There may be a common inherited risk
- In any individual several of these reasons, none of these reasons, or different reasons could apply

Interaction Between Addiction and Mental Illness

- Regardless of the reason for dual diagnoses, it is very clear that the presence of one disorder modifies the course of the other, and always in a negative way. **BOTH** disorders are in need of treatment in order to have the best outcomes.

Outcomes in Dual Diagnosis

- 60% higher costs than single diagnosis
 - Most cost increase is due to higher utilization of acute inpatient services
- Unknown costs for other medical illnesses
- Increased risk of HIV infection
- Increased risk of neurological illness
- Increased mortality rates
- Increased risk of violence

Mortality Rates

(Felker, 1996)

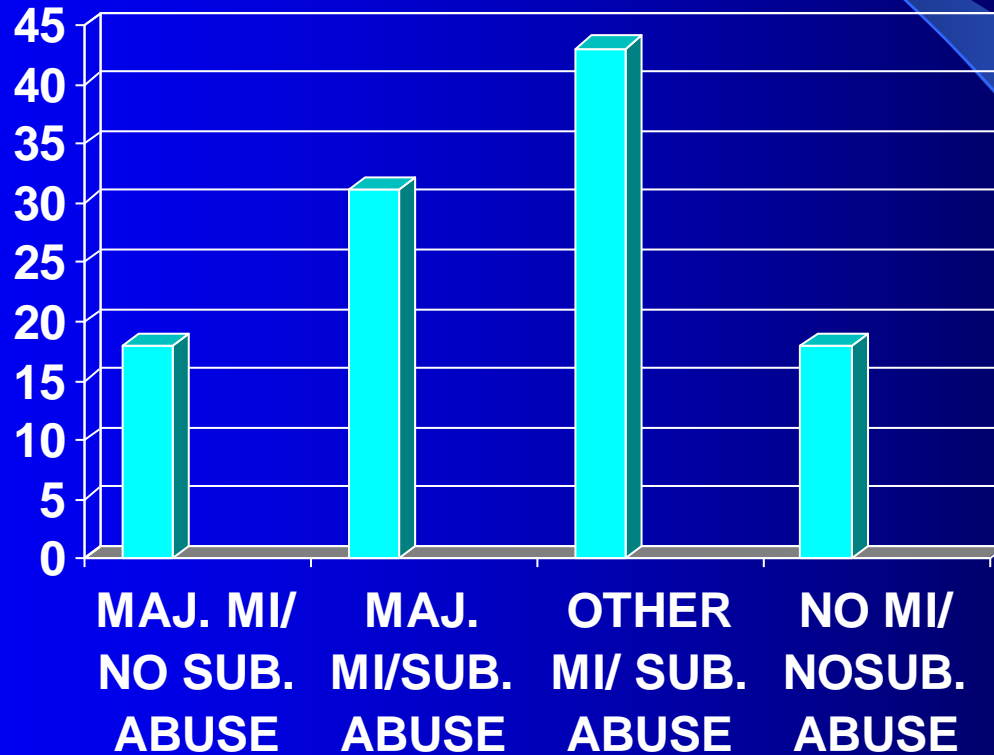
- 1.33 times more likely to die from natural causes
- 3.5 times more likely to die due to “unnatural” causes
 - Accidents 2x’s more likely
 - Homicide 5x’s more likely
 - Suicide 15x’s more likely
- Much of the increased mortality can be attributed to substance abuse

Risk of Violence in Individuals with Substance Abuse and Mental Illness (Steadman, 1998)

- Non-substance abusing discharged mental patients have **NO** increased risk of violence compared to people with no mental illness AND no substance abuse
- Substance abuse increases the risk of violence in patients and non-patients
- Substance abuse is three times more common in patients
- Violence is most common in the first 20 weeks after discharge, and is more likely to be directed at family or friends

Rates of Violence

(Steadman, 1998)



Traditional Treatment Approaches

- Sequential
 - Psychiatric treatment followed by substance abuse treatment (or vice versa)
- Parallel
 - Simultaneous provision of psychiatric and substance abuse treatment, but by different providers

Traditional Treatment Approaches

- Problems
 - Separate systems and regulatory bodies
 - Differing training in treatment providers
 - Different treatment philosophies
 - “Individual responsibility”
 - Medication use
 - Abstinence
 - Poor outcomes

Treatment Outcomes in Dually Diagnosed Individuals

(Ries, 1994; Moos, 1996; Dixon, 1998)

- Many can achieve stable remission
- Remission is associated with:
 - Reduced psychiatric symptoms
 - Decreased utilization of resources
 - Improved vocational functioning
 - Improved community adjustment
 - Fewer arrests

Integrated Treatment

Focuses on similarities between severe mental illness and substance use disorders to achieve the best outcome for the patient and for society.

Basic Principles of IT

- Not highly confrontational
- Meet the person where they are
- Assertive outreach
- Treatments (medication and therapies) are tailored to individual level of insight and motivation
- Treatment is long-term and low intensity



Basic Principles of IT

Stages of Treatment

- **ENGAGEMENT**
 - I don't have any problems
- **PERSUASION**
 - I might have a problem
- **ACTIVE TREATMENT**
 - I do have problems, and I need to do something about it
- **RELAPSE PREVENTION**
 - I've had problems, and I need to be sure they don't come back

ENGAGEMENT

- Is unaware there is any problem related to their using
- If confronted will become more resistive and defensive
- Many patients requiring police intervention will be in this stage



Engage by working together



- Meet basic needs
- Develop trust
- Don't argue
- Roll with resistance
- Try to project some hope
- Be patient!

Psychiatric Symptoms: Drug-induced or Not?

- Often, it is impossible to tell acutely
- Even if there IS evidence of recent drug use, that doesn't mean that the person's symptoms are due to it!
- Even if there is NO evidence of recent drug use, that doesn't mean the symptoms AREN'T due to it!
- Factors to consider: past history (if known), recent course, physical symptoms, person's appearance, etc.

Dual Diagnosis & Specific Drugs

- Alcohol and sedatives
- Stimulants
- Marijuana
- Opioids
- Hallucinogens
- Inhalants
- PCP
- Club drugs
- Anabolic steroids

Sedatives: Examples

- Alcohol
- Valium
- Librium
- Tranxene
- Xanax
- Ativan
- Klonopin
- Phenobarbital
- Seconal
- Tuinal
- Pentobarbital
- Equanil
- Chloral Hydrate
- Quaaludes
- Rohypnol
- Ambien/Sonata

Sedatives

- Make depression worse in the long run (might feel better briefly while intoxicated, though)
- Cause anxiety, including panic attacks in withdrawal
- Withdrawal is potentially life-threatening due to seizures, hypertension, metabolic imbalances
- Can have hallucinations in even simple withdrawal
- Almost always see hallucinations in Delirium Tremens (DTs). Also, disorientation, thinking problems, rapid pulse, etc.
- People can die from DTs.

Stimulants: Examples

- Cocaine
- Amphetamine
- Methamphetamine
- Ritalin (Methylphenidate)
- Ephedrine
- Adipex
- Khat

Stimulants

- Intoxication
 - Mania- can mimic or trigger
 - Paranoia
 - Hallucinations, including tactile (“coke bugs”)
 - Anxiety, panic
 - Agitation, violence
 - Acute medical problems: seizure, cardiac arrhythmias, stroke
- Withdrawal: not medically life-threatening, but can lead to depression of suicidal proportions

Marijuana

- Intoxication:
 - Anxiety and panic reactions
 - Paranoia, hallucinations
 - Can trigger underlying psychosis or make psychotic symptoms worse
 - Heavy marijuana smokers have increased rate of schizophrenia
 - Acute medical problems: not much
- Withdrawal: Some agitation, headache, insomnia
 - Not a serious medical problem

Opioids: Examples

- Morphine
- Heroin
- Demerol
- Codeine
- Methadone
- Darvon
- Percocett/Percodan
- Vicodin
- Dilaudid
- Oxycontin
- Lomotil
- Paregoric
- Various cough preparations

Opioids

- Intoxication:
 - Sometimes depression can be seen
 - Occasionally may see psychosis
 - Can be life threatening due to risk of respiratory depression
 - See constricted pupils and shallow respiration
- Withdrawal
 - Very uncomfortable, rarely life threatening
 - See anxiety, apprehension, depression and characteristic physical symptoms

Hallucinogens: Examples

- LSD
- Psilocybin
- Mescaline
- STP
- Nutmeg
 - (yes, the same one you put in your eggnog)
- Morning glory seed

Hallucinogens

- Intoxication: Euphoria, anxiety, panic reactions
- Derealization, depersonalization, paranoia
- Unpredictable behavior
- Perceptual abnormalities
 - Visual
 - Auditory
 - Tactile
 - Often are bizarre and not typical of mental illness
- Flashbacks can occur
- Contaminants are a problem
- Withdrawal is usually not an issue

Inhalants: Examples

- Various volatile substances
 - Aerosols
 - Gasoline
 - Airplane glue
 - Paint thinners
 - “White-out”

Inhalants

- Associated with multiple medical problems and irreversible brain damage
- Intoxication:
 - Confusion, belligerence, assaultiveness, hallucinations
 - Often are disoriented, have double vision, staggering gait
 - Can sometimes smell it on their breath

Phencyclidine (PCP)

- Developed as a general anesthetic
- Intoxication:
 - Unpredictable, impulsive
 - Belligerent, Assaultive
 - Disordered thought form, paranoia, hallucinations
 - Depersonalization, loss of reality testing
 - “Superhuman strength”
 - Psychosis can last for weeks
 - Can exacerbate schizophrenia
- Overdose can be lethal: coma, seizures, respiratory depression

Club Drugs: Examples

- Ecstasy
- GHB
- Ketamine
- Rohypnol

Ecstasy

- Has characteristics of both a stimulant and a hallucinogen
- Intoxication
 - Effects last 3-6 hours
 - Causes stimulation, increased alertness, paranoia, hallucinations, panic reactions
 - Effects can be fatal: fever, cardiovascular collapse, kidney failure, low sodium
 - Medical problems more likely if used with Viagra

GHB

(Gamma-hydroxybutyrate)

- Intoxication:
 - Sedation, drowsiness, confusion
 - Nausea and vomiting
 - Loss of consciousness
 - Respiratory suppression and death
 - “Date rape” drug

Other Club Drugs

- Ketamine
 - Ketamine is closely related to PCP, and its effects are virtually the same
- Rohypnol
 - Rohypnol is a benzodiazepine, like diazepam (Valium) and its effects are virtually the same

Anabolic Steroids

- Street names: “roids,” “juice”
- Schedule III controlled drug
- Characteristic users:
 - Body builders
 - Athletes
 - Up to 3% of high school males, 1% of females

Anabolic Steroids

- Can meet criteria for addiction
- High rate of personality disorders
- Tend to be used in elaborate way with cycled use:
 - “Stacking”
 - “Pyramiding”
- Use of dietary supplements is common
- Other drugs frequently used in combination:
HGH, GHB, Ephedrine, Diuretics, HCG

Anabolic Steroids

- Effects:
 - Intoxication:
 - “Roid rage,”
 - Mania
 - Psychosis
 - Anxiety, hyperactivity
 - Withdrawal:
 - Depression

Dealing with the Person with Dual Diagnosis

- It is difficult to know whether the symptoms a person is experiencing is due to mental illness, substance use, or an interaction between the two
- Some of the ways to tell:
 - Past history, if you know it
 - Recent history, if you can find out
 - Evidence of drug use (paraphernalia, track marks, burned lips, etc.)
 - Appearance/clothing
 - Any physical problems (shallow breathing, pinpoint pupils, staggering, slurred speech, etc.)

Dealing with the Person with Dual Diagnosis

- Consider that substances may play a role in their symptoms, and that some substances can put them at serious medical risk
- Deal with safety and medical concerns first
 - Remember that active substance abuse is a significant risk factor for violence and suicide-protect the patient and yourself
 - If there are medical concerns, the patient should go to an Emergency Department first, not to a mental health facility

Dealing with the Person with Dual Diagnosis

- Treat the patient in a calm and respectful manner
- Don't argue, especially if they are intoxicated.
- Feel free to make a comment that you feel they have a drug/drinking/psychiatric problem, but don't try to convince them
- A hopeful comment can be very helpful: "You're in a big mess right now, but I think that your life can get better"

Dual Diagnosis Treatment: The Role of Coercion

- Bad life events are sometimes very important in a person beginning to deal with a problem. No one quits drinking or using drugs because their using career is going so well. Consequences, like an arrest, job loss, divorce, etc. can influence people to get treatment.
- Mandated treatment can be helpful, both for mental health and addiction, even in people who aren't interested to start
- Mandated treatment gives providers another tool to work with

Dual Diagnosis

The Bottom Line

- Persons with dual diagnoses CAN get better and DO get better. There is reason to be hopeful. Even people with the most severe forms of mental illness and addiction can improve
- Treatment takes a long time. A few weeks of inpatient treatment can help, but longer term outpatient treatment is really the key to success. People are likely to struggle with treatment, with relapses and recurrences until it “sticks”

Dual Diagnosis

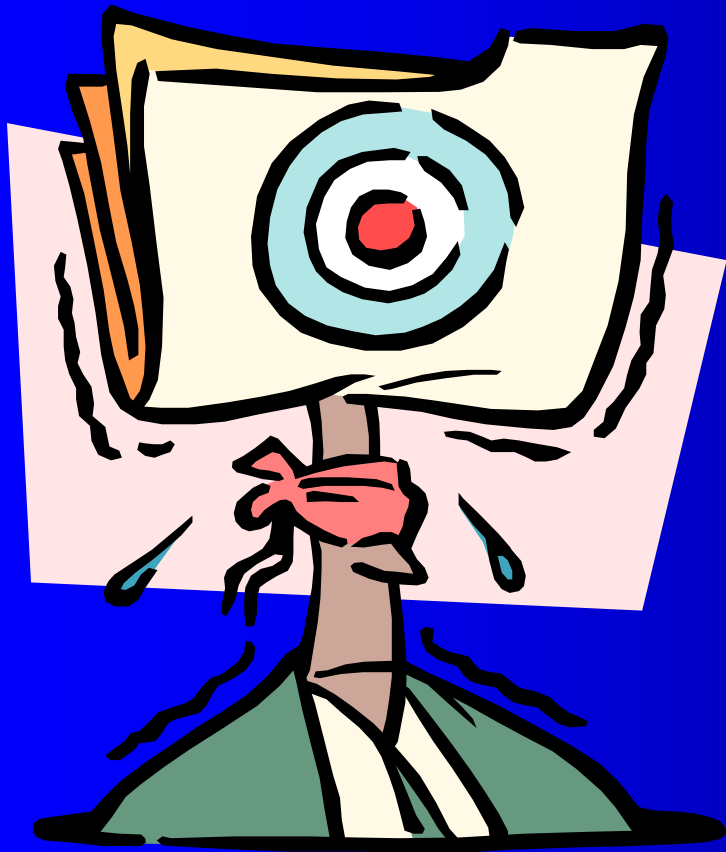
The Bottom Line

- Everyone who comes in contact with the person with dual diagnosis can have a role in this recovery. Sometimes people share that a brief comment from a single person made a difference in their lives

Community Dual Diagnosis Services

- Treatment Teams
 - Southeast MHC
 - North Central MHC
- Residential Treatment
 - Fowler House
 - House of Hope
- Intensive Outpatient Treatment
 - “Soaring Sober”
- Inpatient
 - Twin Valley Behavioral Healthcare

Dual Diagnosis



Any Questions?

Fire away!