Substance Use Disorders
Presented by: UIC CON

Agenda
- Introduction
- Assessment
- Management

Objectives
1. Understand difference between substance use, abuse and dependence
2. Learn the potential physiological and emotional effects of substance use
3. Understand the signs and symptoms of substance use
4. Understand the signs and symptoms of overdose
5. Gain awareness of ongoing assessment needs related to substance use
6. Learn about various treatment modalities
What are Substance Use Disorders?

- Recurrent use of alcohol and/or drugs
- Causes clinical and functional impairments
- Includes health problems, disability, and failure to meet major responsibilities at work, school, or home

Diagnostic Criteria Includes:

- Impaired control
- Social impairment
- Risky use
- Pharmacological criteria

Changing Diagnostic Criteria

<table>
<thead>
<tr>
<th>DSM IV TR</th>
<th>DSM V</th>
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<tbody>
<tr>
<td>Substance Use</td>
<td>Substance Use Disorders</td>
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<tr>
<td>Substance Abuse</td>
<td>Mild</td>
</tr>
<tr>
<td>Substance Dependent</td>
<td>Moderate</td>
</tr>
<tr>
<td>Only one symptom requirement</td>
<td>Severe</td>
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<tr>
<td></td>
<td>At least 2 of 11 symptom requirements</td>
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Types of Substance Use Disorders

- Alcohol Use Disorder (AUD)
- Tobacco Use Disorder (TUD)
- Cannabis use Disorder (CUD)
- Stimulant Use Disorder (SUD)
- Hallucinogen Use Disorder (HUD)
- Opioid Use Disorder (OUD)

Substance Use Facts

- 2.5 million older adults have an alcohol or drug problem.
- 6-11% of elderly hospital admissions are a result of alcohol or drug problems — 14% of elderly emergency room admissions, and 20% of elderly psychiatric hospital admissions.
- Widowers over the age of 75 have the highest rate of alcoholism in the U.S.
- Nearly 50% of nursing home residents have alcohol related problems.
- Older adults are hospitalized as often for alcohol related problems as for heart attacks.
- Nearly 17 million prescriptions for tranquilizers are prescribed for older adults each year. Benzodiazepines, a type of tranquilizing drug, are the most commonly misused and abused prescription medications.

(National Institute on Alcohol Abuse and Alcoholism)

(National Counsel on Alcohol and Drug Dependence)
Prescription Misuse

- Definition: When prescription drugs that are not medically necessary are taken intentionally.
- Prescription drug abuse is present in 12% to 15% of elderly individuals who seek medical attention.
- Experts estimate that the issue is under-diagnosed in seniors; although 60% of substance abuse is recognized in patients younger than 60, only 37% is recognized in patients over the age of 60.
- Abuse or misuse of prescription drugs is second only to alcohol abuse in the over 65 demographic.

Commonly Mis-Used Prescriptions

- Opiates include:
  - Morphine (Kadian®, Avinza®)
  - Codeine (Tylenol® #2, 3, 4)
  - Oxycodone (OxyContin®, Percodan®, Percocet®)
  - Hydrocodone (Lortab®, Lorcet®, Vicodin®)
  - Propoxyphene (Darvon®)
  - Fentanyl (Duragesic®)
  - Hydromorphone (Dilaudid®)

- Stimulants include:
  - Amphetamine (Adderall®)
  - Dextroamphetamine (Adderall XR®, Dexedrine®)
  - Methylphenidate (Ritalin® and Concerta®)

- CNS depressants include:
  - Barbiturates
    - Mephobarbital (Mebaral®)
    - Pentobarbital sodium (Nembutal®)
    - Butalbital (Fioricet®)
  - Benzodiazepines
    - Diazepam (Valium®)
    - Chlordiazepoxide (Librium®)
    - Alprazolam (Xanax®)
    - Triazolam (Halcion®)
    - Estazolam (ProSom®)

Growing Numbers

[Graph showing increasing trend in illicit drug use among adults aged 50 to 64]
Case Study: Mary Weather

- 33-year-old AA female
- Single, never-married
- Education: Partial College
- Past employment: intermittent temp jobs, secretarial
- Criminal History: DUI in 2006
- She was transferred to NF following psychiatric hospitalization 6 years ago
- Current medication: Albuterol (nebulizer), Singular, Lamictal, Seroquel, Prazosin, Prozac, Norco, Tylenol, docusate sodium

Case Study: Mary Weather (cont.)

- She has the support of her friends in the NF including her fiancé, her former roommate, and church
- She is engaged with church and the CMHC drop-in center
- She completed Gateway last month and attends groups at the NF
- She wants to continue attending groups and the drop-in center after transition
- Reports 5 years of sobriety from alcohol. Consumed daily before NF admit
- Past tobacco use
- Chronic pain (back injury)

Case Study: Lotto Leaves

- 56-year-old Caucasian male
- Married but estranged from his wife
- Income: SSDI
- Education: 10th grade
- Past employment: "odd jobs"
- Current medication: Dorzolamide/Timolol, potassium chloride, ferrous sulfate, Calcium with vitamin D, Lisinopril/hydrochlorothiazide, Zinc oxide, ranitidine, Humalog, Lantus, Metformin, Lexapro, Trazodone, Latuda
Case Study: Lotto Leaves (cont.)

- Lotto has no social support outside of his healthcare team
- He has not seen his wife or son in 20 years
- He has no community engagement and states dialysis is "enough" social activity
- Difficulty controlling diabetes with past complications
- Minimal urine output, dialysis 3x/week
- Has prosthetic leg
- Current tobacco use
- History of alcohol and polysubstance misuse
- Denies current use and unable to report date of last use

Things to Consider

- What stands out to you as important information from the two case studies?
- What strengths does each member have?
- What challenges does each member potentially have?
- What potential risk factors are present?
- What additional assessment information do you want?
- What ongoing assessment is necessary for each of these members?

Quote

A common Alcoholics Anonymous (AA) saying is "There is no problem that alcohol [or other substances] cannot make worse."
### Substance Use and the Body

<table>
<thead>
<tr>
<th>Substance</th>
<th>Physical Effect</th>
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</thead>
<tbody>
<tr>
<td><strong>Alcohol</strong></td>
<td>• Loss of appetite&lt;br&gt;• Vitamin deficiencies&lt;br&gt;• Gastrointestinal issues&lt;br&gt;• Skin problems&lt;br&gt;• Sexual impotence&lt;br&gt;• Heart and central nervous system damage&lt;br&gt;• Memory loss</td>
</tr>
<tr>
<td><strong>Methamphetamine</strong></td>
<td>• Irreversible damage to blood vessels in the brain&lt;br&gt;• Strokes&lt;br&gt;• Hepatitis or AIDS through shared needles&lt;br&gt;• Hypothermia&lt;br&gt;• Decreased appetite; extreme anorexia&lt;br&gt;• Respiratory problems&lt;br&gt;• Convulsions&lt;br&gt;• Cardiovascular problems</td>
</tr>
<tr>
<td><strong>Cocaine</strong></td>
<td>• Increases in blood pressure, heart rate, breathing rate, and body temperature&lt;br&gt;• Heart attacks&lt;br&gt;• Strokes&lt;br&gt;• Respiratory failure&lt;br&gt;• Hepatitis or AIDS through shared needles&lt;br&gt;• Brain seizures&lt;br&gt;• Reduction of ability to resist and combat infection</td>
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### Substance Use and the Body (cont.)

<table>
<thead>
<tr>
<th>Substance</th>
<th>Physical Effect</th>
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<tbody>
<tr>
<td><strong>Hallucinogens</strong></td>
<td>• Increased heart rate and blood pressure&lt;br&gt;• Tremors&lt;br&gt;• Lack of muscular coordination&lt;br&gt;• Sparse, mangled, and incoherent speech&lt;br&gt;• Increased awareness of touch and pain that can result in self-inflicted injuries&lt;br&gt;• Sleeplessness&lt;br&gt;• Convulsions&lt;br&gt;• Coma&lt;br&gt;• Heart and lung failure</td>
</tr>
<tr>
<td><strong>Marijuana</strong></td>
<td>• Enhanced cancer risk&lt;br&gt;• Decreased testosterone (men)&lt;br&gt;• Lower sperm counts (men)&lt;br&gt;• Risk of infertility&lt;br&gt;• Diminished or extinguished sexual pleasure</td>
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### Substance Use and the Mind

<table>
<thead>
<tr>
<th>Substance</th>
<th>Psychological Effect</th>
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</thead>
<tbody>
<tr>
<td><strong>Alcohol</strong></td>
<td>• Distorted vision, hearing, and coordination&lt;br&gt;• Impaired judgment&lt;br&gt;• Altered perceptions and emotions</td>
</tr>
<tr>
<td><strong>Methamphetamine</strong></td>
<td>• Euphoria&lt;br&gt;• Increased wakefulness; insomnia&lt;br&gt;• Irritability&lt;br&gt;• Confusion&lt;br&gt;• Anxiety&lt;br&gt;• Paranoia&lt;br&gt;• Violent behavior</td>
</tr>
<tr>
<td><strong>Cocaine</strong></td>
<td>• Hallucinations and “coke bugs”—sensation of insects crawling over the skin&lt;br&gt;• Loss of interest in friends, family, sports, hobbies, and other activities&lt;br&gt;• Confusion&lt;br&gt;• Anxiety and/or depression&lt;br&gt;• Loss of interest in food or sex&lt;br&gt;• “Cocaine psychosis”—losing touch with reality&lt;br&gt;• Violent, erratic, or paranoid behavior</td>
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</table>
Substance Use and the Mind (cont.)

<table>
<thead>
<tr>
<th>Substance</th>
<th>Psychological Effect</th>
</tr>
</thead>
</table>
| Hallucinogens | • Sense of distance and estrangement  
                  • Depression, anxiety, and paranoia  
                  • Violent behavior  
                  • Confusion, suspicion, and loss of control  
                  • Behavior similar to schizophrenic psychosis  
                  • Catatonic syndrome whereby the user becomes mute, lethargic, disoriented, and makes meaningless repetitive movements  
                  • Everyone reacts differently to hallucinogens—there’s no way to predict if someone can avoid a “bad trip.” |
| Marijuana     | • Difficulty keeping track of time  
                  • Impaired or reduced short-term memory  
                  • Impaired social inhibitions  
                  • Reduced ability to perform tasks requiring concentration and coordination, such as driving a car  
                  • Sleepiness |

Risk Factors in Older Adults

- Prior personal or family history of substance abuse
- Loss of housing or sense of independence
- New onset medical problem
- Grief related to loss of loved one
- Recent retirement
- Social isolation
- Mental Health Issues – Especially depression (David Meshorer, Ph.D. Psychological Health Psychological Health Roanoke)

Drug Interactions

Insulin 826
Haldol 1072
Lithium 1153
Prozac 1034
Lisinopril 665
Norco 774
Seroquel 1095

This does not include interactions with alcohol or illicit drugs
Major Complications

- DEATH
- Heart Disease
- Stroke
- Cancer
- HIV/AIDS
- Hepatitis B and C
- Lung Disease
- Mental Disorders
- GI disorders

CAGE Assessment

- C – Have you ever felt you should CUT DOWN on your drinking?
- A – Have people ANNOYED you by criticizing your drinking?
- G – Have you ever felt bad or GUILTY about your drinking?
- E – EYE OPENER: Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

The CAGE assessment can identify alcohol problems over the lifetime. Two positive responses are considered a positive test and indicates further assessment in needed.

Stages of Change

[Diagram showing the stages of change process]

(YOUCAN Stages of Change)
Substance Use Management

Successful treatment has several steps:

- Detoxification (the process by which the body rids itself of a drug)
- Behavioral counseling
- Medication (for opioid, tobacco, or alcohol addiction)
- Evaluation and treatment for co-occurring mental health issues such as depression and anxiety
- Long-term follow-up to prevent relapse

Management Factors

Detox Counseling Medication Evaluate for MH

Care Planning and Relapse Prevention

Different Types of Treatment

12 Step In-Patient Self-help
Group Therapy Individual Therapy Dual Diagnosis
Medications Abstinence Moderation
Medication:

<table>
<thead>
<tr>
<th>Substance</th>
<th>Treatment Agent</th>
<th>Effects</th>
</tr>
</thead>
</table>
| Opioids   | Methadone (Dolophine®, Methadose®), buprenorphine (Suboxone®, Subutex®, Probuphine®), and naltrexone (Vivitrol®) |  • Suppress withdrawal symptoms  
• Relieve cravings  
• Reduce drug-seeking and criminal behavior  
• Help become more open to behavioral treatments |
| Alcohol   | Naltrexone, Acamprosate (Campral®), Disulfiram (Antabuse®) |  • Reduces relapse to heavy drinking  
• Reduces long-lasting symptoms of withdrawal, such as insomnia, anxiety, restlessness, and dysphoria  
• Creates undesired side-effects if drinking occurs as negative feedback for drinking |
Self-Management

- What formal resources are in place?
- What family / social supports are in place?
- How motivated is the member?
- What triggers does member have?
- What additional supports would help the member be successful?

Self-Management

Formal Resources

Family / Social Supports

Motivation

Triggers

Lifestyle Choices and Habits

- Sleep
- Exercise
- Hygiene
Red Flags of Substance Misuse

<table>
<thead>
<tr>
<th>Change in appetite</th>
<th>Changes in hygiene/appearance</th>
<th>Lethargic or &quot;spaced-out&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pupils bigger or smaller than normal</td>
<td>Change in sleep patterns</td>
<td>Significant financial changes</td>
</tr>
<tr>
<td>Change in personality</td>
<td>Loss of interest</td>
<td>Lack of motivation</td>
</tr>
</tbody>
</table>

Red Flags of Overdose

<table>
<thead>
<tr>
<th>Slow/stopped breathing</th>
<th>Vomiting or gurgling noises</th>
<th>Fingernails / lips are blue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will not wake up</td>
<td>Cannot speak</td>
<td>Slow/stopped heart rate</td>
</tr>
<tr>
<td>Limp body</td>
<td>Extremely Pale</td>
<td>Cool / clammy to touch</td>
</tr>
</tbody>
</table>

What Do I Do?

1. If there is imminent danger (the person is not responding, having difficulty talking or breathing, not thinking clearly, etc.), stay with the member and call emergency services.

2. If the person has an ongoing problem that is not resolving or getting worse, assist the member in seeking more help
   A. Use your team
   B. Call providers to communicate symptoms
   C. Assist in getting further evaluation
   D. Follow-up
Common Barriers

- Education level
- Income
- Access to providers
- Motivation
- Health literacy
- Functional status
- Social support
- Co-morbid conditions
- Others?

Assessment Before Transition

- What is the member’s past experience with substance use?
- What is current frequency and quantity of use?
- If member reports sobriety, how long have they been sober and how was sobriety achieved?
- Are there co-occurring mental health conditions present?
- What support systems does the member have in place?
- What is the member’s motivation to obtain / maintain health?

Assessment After Transition

- Assess the member for changes in appearance, hygiene, alertness, and/or personality.
- Check prescription medications to determine any misuse.
- Look in the bathroom, refrigerator, and cabinets for hidden signs of substance use.
- Be aware of unknown individuals and their impact on the member’s substance use.
- Check on the member’s finances. Have they changed? Do they have all the possessions they had at the last visit? Are they meeting their basic needs?
Resources:

- Substance Abuse and Mental Health Service Administration: [www.samhsa.gov](http://www.samhsa.gov)
- National Institute on Alcohol Abuse and Alcoholism: [www.niaaa.nih.gov](http://www.niaaa.nih.gov)
- National Counsel on Alcohol & Drug Dependence: [www.ncadd.org](http://www.ncadd.org)

References


References

Discussion

Conclusion

This presentation was developed by UIC CON for IDoA and DMH.