Understanding Substance-Related Disorders

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Clinical Trainer
Georgia Families 360°℠
Learning Objectives

At the end of this training, you should be able to:

• Discuss the different classes of drugs and alcohol
• Recognize signs and symptoms of substance use
• Define common risk factors of substance use disorders
• Describe the different substance-related disorders
• Identify treatment and community support options
What are Substance Use Disorders?

**Substance use disorder**: is a group of cognitive, behavioral and psychological symptoms indicating continued substance use.

The National Center on Addiction and Substance Abuse
http://www.centeronaddiction.org/addiction
Substance Use and Life Impact

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

Substance Use Classes

- Alcohol
- Caffeine
- Cannabis
- Hallucinogens
- Inhalants
- Opioids
- Sedatives, hypnotic or anxiolytic
- Stimulants
- Tobacco
- Other

How Common are Substance Use Disorders?

One in seven individuals, 12 years and older, has a substance problem.

The National Center on Addiction and Substance Abuse
http://www.centeronaddiction.org/addiction
Youth Prevalence Rates — Illicit Drugs

Data from 2014

National Institute on Drug Abuse
https://www.drugabuse.gov/publications/drugfacts/nationwide-trends
Youth Prevalence Rates – Nonillicit Substances

Data from 2014

The National Institute on Alcohol Abuse and Alcoholism

National Institute on Drug Abuse
https://www.drugabuse.gov/drugs-abuse/tobacco-nicotine
Adult Prevalence Rates — Nonillicit Substances

Data from 2014

The National Institute on Alcohol Abuse and Alcoholism

National Institute on Drug Abuse
https://www.drugabuse.gov/drugs-abuse/tobacco-nicotine
Understanding Substance Use

Individuals experiment with substances for many different reasons....

- Curiosity
- Fun
- Peers
- Emotions
Risk Factors

- Family
- Drug of choice
- Environment
- Other mental health issues

Mayo Clinic Diseases and Conditions: Drug addiction
# Signs of Substance Use

**General signs**

<table>
<thead>
<tr>
<th>Sudden change in behavior</th>
<th>Mood swings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawal from family</td>
<td>Poor grades</td>
</tr>
<tr>
<td>Personal grooming issues</td>
<td>Changes in dress</td>
</tr>
<tr>
<td>Changes in appetite or weight loss</td>
<td>Loss of interest in hobbies, sports and activities</td>
</tr>
<tr>
<td>Changes in sleeping patterns</td>
<td>Red or glassy eyes</td>
</tr>
<tr>
<td>Runny nose</td>
<td>Hoarseness, wheezing or persistent cough</td>
</tr>
<tr>
<td>Increased risk taking</td>
<td>Secrecy</td>
</tr>
</tbody>
</table>

National Council on Alcoholism and Drug Dependence, Inc.
## Signs of substance use (cont.)

<table>
<thead>
<tr>
<th>Substance</th>
<th>Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes</td>
<td>Smell on breath and clothing, in possession of a lighter, cigarette butts outside a bedroom window or in other odd places around the home</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Alcoholic beverages missing from home storage cabinet, hangover symptoms (if recently used)</td>
</tr>
<tr>
<td>Cannabis</td>
<td>Sweet smell on clothing, bloodshot eyes (if recently used), frequent use of eye drops to reduce redness, in possession of drug paraphernalia, increased fatigue, change in eating and sleeping patterns</td>
</tr>
<tr>
<td>Inhalants</td>
<td>Chemical breath, red eyes, stains on clothing or face (if recently used), soaked rags or empty aerosol containers</td>
</tr>
<tr>
<td>Club drugs</td>
<td>Skin rash similar to acne, possession of small bottles with liquid or powder</td>
</tr>
</tbody>
</table>
## Signs of Substance Use (cont.)

<table>
<thead>
<tr>
<th>Substance</th>
<th>Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stimulants</strong></td>
<td>Persistent runny nose and nosebleeds, injection marks on arms or other body parts, long periods of time without sleep and possession of drug paraphernalia (such as syringes, spoons with smoke stains, small pieces of glass and razor blades)</td>
</tr>
<tr>
<td><strong>LSD/other hallucinogens</strong></td>
<td>Trance-like appearance with dilated pupils (if recently used), small squares of blotter paper (sometimes stamped with cartoon characters)</td>
</tr>
<tr>
<td><strong>Heroin</strong></td>
<td>Very small pupils, a drowsy or relaxed look (if recently used), possession of injecting supplies (may consist of a spoon or bottle cap, syringe, tourniquet, cotton and matches)</td>
</tr>
<tr>
<td><strong>Steroids</strong></td>
<td>Unpleasant breath odor, mood changes (including increased aggression), changes in physical appearance (more than expected growth or development), possession of medicines or syringes</td>
</tr>
</tbody>
</table>

Short- and Long-Term Impact of Substance Use

Physical/medical

Social/community

Substance use

Psychological

National Institute on Drug Abuse

National Center of Substance Abuse and Child Welfare
The Adverse Childhood Experiences (ACE) study analyzed the long-term effects of childhood and adolescent traumatic experiences on adult health risks, mental health, health care costs and life expectancy.

Exposure to:
the nine ACEs

Increases the risk for a wide range of health and social problems

Screenings and Assessments

Screening
• Early identification of substance use
• Initiation of appropriate intervention services

Assessment
• Confirms the problem
• Identifies the nature of the problem
• Suggests treatment options
### Screening and Assessment Tools

<table>
<thead>
<tr>
<th>CAGE–AID questionnaire</th>
<th>The Alcohol Use Disorders Identification Test (AUDIT)</th>
<th>Alcohol Screening and Brief Intervention for Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Drug Abuse/Dependence Screener</td>
<td>Addiction Severity Index (ASI)</td>
<td>Two-Item Conjoint Screen (TICS)</td>
</tr>
<tr>
<td>Structured Clinical Interview for DSM-V Disorders (SCIDD)</td>
<td>The Drug Abuse Screening Test (DAST)</td>
<td>Substance Abuse Subtle Screening Inventory (SASSI)</td>
</tr>
</tbody>
</table>

**Note:** These are examples only. Amerigroup Community Care does not endorse, require or prefer any of the above tests.
Screenings and Assessments

A substance use assessment should include the following:

• Physical examination by the PCP
• History: birth, developmental, family and trauma
• Presenting symptoms
The DSM-5 divided substance related disorder into two groups:

- **Substance use disorders**
  - Previously split into abuse or dependence

- **Substance-induced disorders**
  - This category includes intoxication, withdrawal and other substance/medication-induced mental disorders

DSM-5 and Diagnostic Criteria

Diagnostic criteria for all substance use disorders

**Criterion A:** A problematic pattern of substance use leading to clinically significant impairment of distress, as manifested by at least two of the following occurring within a 12-month period:

1. Substance is taken in larger amounts or for longer time than intended
2. Persistent desire or unsuccessful attempts to decrease or control use
3. A great deal of time spent obtaining, using or recovering from use
4. Craving, strong desire or urge to use substance

DSM-5 and Diagnostic Criteria (cont.)

5. Failure to fulfill major roles at work, school or home
6. Persistent social or interpersonal problems caused by use
7. Important social, occupational and recreational activities are given up or reduced
8. Substance use in physically-hazardous situations
9. Use is continued despite physical or psychological problems
10. Tolerance
11. Withdrawal

Specify — mild, moderate or severe

# Substance-Induced Disorders

<table>
<thead>
<tr>
<th>Intoxication</th>
<th>Withdrawal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety disorder</td>
<td>Sleep disorder</td>
</tr>
<tr>
<td>Psychotic disorder</td>
<td>Delirium</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>Neurocognitive</td>
</tr>
<tr>
<td>Depressive disorder</td>
<td>Sexual dysfunction</td>
</tr>
</tbody>
</table>

Substance-Induced Disorders — DSM-5 Diagnostic Criteria

Substance intoxication:

**Criterion A:** Recent ingestion of the substance

**Criterion B:** Clinically-significant problematic behavior or psychological changes that developed during or shortly after use

**Criterion C:** One or more shortly after use: slurred speech, incoordination, unsteady gait, nystagmus, impairment in attention or memory; or stupor or coma

**Criterion D:** Not due to another medical condition or another mental disorder

Substance-Induced Disorders —
DSM-5 Diagnostic Criteria (cont.)

Substance withdrawal

**Criterion A:** A stop or reduction in substance use that was heavy and prolonged

**Criterion B:** Two or more symptoms, developing within several hours to a few days after stopping or a reduction in use: autonomic hyperactivity, increased hand tremor, insomnia, nausea or vomiting, hallucinations or illusions, psychomotor agitation, anxiety, generalized tonic-clonic seizures

**Criterion C:** Signs or symptoms cause clinically-significant distress or impairment

Substance-Induced Disorders — Common Characteristics

• The disorder represents a clinically significant-symptomatic presentation of a relevant mental disorder

• Evidence from history, physical examination or laboratory findings indicating: the disorder started during or within one month of substance intoxication, withdrawal or taking medication, and the substance is capable of producing the disorder
Substance-Induced Disorders — Common Characteristics (cont.)

- The disorder is not better explained by an independent mental disorder (disorder preceded substance use, persisted after stopping use or a time following withdrawal and intoxication)
- The disorder does not occur exclusively during the course of delirium
- This disorder causes clinically-significant distress or impairment in social, occupational or other important areas of functioning

## Substance Use and Comorbid Disorders

<table>
<thead>
<tr>
<th>Substance class</th>
<th>Possible comorbid disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>Bipolar disorders, schizophrenia, antisocial personality disorder, several anxiety and depressive disorders</td>
</tr>
<tr>
<td>Cannabis</td>
<td>Depression, anxiety disorders and conduct disorder</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>Anxiety, depressive, bipolar disorder, antisocial behavior, panic disorder, alcohol use disorder</td>
</tr>
<tr>
<td>Inhalant</td>
<td>Other substance use disorders, conduct disorder (youth), antisocial personality disorder (adult)</td>
</tr>
</tbody>
</table>

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<tr>
<th>Substance class</th>
<th>Possible comorbid disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioid</td>
<td>Viral (HIV, hepatitis C), bacterial infections, substance use disorders, at risk of developing depression, insomnia, conduct disorder</td>
</tr>
<tr>
<td>Sedative, hypnotic or anxiolytic</td>
<td>Substance use disorders, antisocial personality disorder, depressive, bipolar and anxiety disorder</td>
</tr>
<tr>
<td>Stimulant</td>
<td>Substance use disorder, insomnia, post-traumatic stress disorder, ADHD, antisocial personality disorder. Cocaine users — alcohol, amphetamine — cannabis</td>
</tr>
<tr>
<td>Tobacco</td>
<td>Cardiovascular illnesses, chronic obstructive pulmonary disease, cancers, substance use, depressive, bipolar, anxiety personality disorders and ADHD</td>
</tr>
</tbody>
</table>
Treatment

Treatment falls into the following categories:

• Behavioral approaches
• Family-based approaches
• Addiction medications
Behavioral Approaches

- Cognitive behavioral therapy
- Contingency management
- Community reinforcement approach (CRA)
- Motivational enhancement therapy
- 12-Step facilitation therapy

Family-Based Approaches

- Brief strategic family therapy
- Family behavior therapy
- Functional family therapy
- Multidimensional family therapy
- Multisystemic therapy

Addiction Medications

<table>
<thead>
<tr>
<th>Medications for alcohol use</th>
<th>Medications for opioid use</th>
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<tbody>
<tr>
<td>Naltrexone</td>
<td>Methadone</td>
</tr>
<tr>
<td>Antabuse</td>
<td>Buprenorphine</td>
</tr>
<tr>
<td>Campral</td>
<td>Naltrexone</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Medications for tobacco use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bupropion</td>
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<tr>
<td>Chantix</td>
</tr>
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</table>

Nicotine replacement therapy


Relapse Prevention

Assertive continuing care

Recovery support services

Peer recovery support services

Mutual help groups

Community Supports and Services for Family and Friends

Counseling (low or no cost)
Georgia Community Mental Health Service Boards: 404-657-2136
Emory University Outpatient Psychotherapy Training Program: 404-727-0399
Emory University Psychological Center: 404-727-7451
Georgia State University Psychology Clinic: 404-413-6229
Mercer Family Therapy Center: 678-547-6789

Support group
Al-Anon: www.al-anon.org
Alateen: www.al-anon.alateen.org
American Self-Help Group Clearinghouse: www.mentalhelp.net/selfhelp
Georgia Families 360°℠ Care Coordination Team

• Every child in the Georgia Families 360°℠ program is assigned to a regional care coordination team with a specified care coordinator.

• Care coordinators are the primary partner for identifying and referring services that a child may need. They assist with identifying treatment gaps, work with treatment teams to fill the gaps and assist with the holistic treatment of the child.
Care Coordinator Role

- Discuss health issues
- Review services and effectiveness
- Act as a liaison
- Care coordination
Care Coordination Team

For questions or for assistance, you can contact us 24 hours a day, 7 days a week through the intake line at 1-855-661-2021.
Questions?