



SAINT SOPHIE'S

PSYCHIATRIC CENTER



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PRESENTING TO

# Mental Health & Substance Abuse: How they Coexist

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# Objectives

- Identify and diagnose individuals with Substance Use Disorder (SUD).
- Become familiar with the risk factors and comorbidities contributing to Substance Use Disorders.
- Understand screening tools and treatment options for individuals with Substance Use Disorder.
- Recognize the relationship between mental health and Substance Use Disorder.



# Mental Health and Substance Use Disorder

“Mental health and substance use disorders affect people from all walks of life and all age groups. These illnesses are common, recurrent, and often serious, but they are treatable, and many people do recover.”

-SAMHSA, 2021



# Substance Use Disorder

- Substance use disorder (SUD) is a complex condition in which there is uncontrolled use of a substance despite harmful consequences.
- Having an intense focus on a certain substance, such as alcohol, tobacco, or illicit drugs.
- Oftentimes impairs a person's day-to-day functions.



## Differential Diagnosis

- Medication – induced toxicity
- Psychosis
- Neurological Disorder
- Trauma



# Clinical Features

- According to the DSM-5 Diagnostic Criteria includes:
  - Problematic pattern of use of an intoxicating substance, with two of the following occurring within a 12-month window:
    - Taken in large amounts or for longer times than intended
    - Persistent desire or unsuccessful efforts to cut down
    - Great deal of time spent in activities related to the substance
    - Craving, strong desire, or urge related to using the substance
    - Failure to fulfill obligations at work, school, or home



## Clinical Features continued

- Continuing substance regardless of social or interpersonal conflicts related to its use
- Giving up previous commitments due to the substance
- Substance use becomes physically hazardous
- Continuing use regardless of knowing that it is the cause of persistent or physical or psychological problems
- Tolerance, such as needing an increase of the substance or a diminished effect from use of same amount
- Experiencing withdrawal symptoms when unable to use substance





# Clinical Presentation

- Sudden change in weight
- Excessive sleep or inability to sleep
- Excessive energy
- Chronic nosebleeds
- Chronic sinusitis
- Increased periods of agitation
- Depressed mood
- Interpersonal difficulties
- Inability to perform roles at work, home, or school



# Demographics

- Males are twice as likely to have SUD than females
- Young adults (18 – 24) have high prevalence rate for all substances.
- More than 100 million Americans (>12 yo), report illicit drug use at least once in their life
- Over 100,000 deaths a year are caused by excessive alcohol consumption
- **50 – 75% of individuals with a mental health disorder struggle with addiction**

# Stages of Addiction

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Stage 1: Experimentation: Naïve users

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Stage 2: Regular Use & Abuse: No longer need, but want

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Stage 3: Tolerance: Needing large dose to feel prior high

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Stage 4: Dependence: No longer feel "normal" without it

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Stage 4: Addiction: Distressed by continued use but require it, or denial or addiction

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## **Steps out of Addiction:**

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Detox

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Treatment

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Recovery

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# Risk Factors

- Mental illness
- Family history
- Early onset
- Easy availability
- Lack of family involvement
- Peer pressure
- Childhood maltreatment or abuse
- Unemployment
- Economic status



# Comorbidities and Contributing Factors

- Mental illness
  - Anxiety and mood disorders
  - Schizophrenia
  - Bipolar Disorder
  - Major Depressive Disorder
  - Conduct Disorder
  - Post-Traumatic Stress Disorder
  - Attention Deficit Hyperactivity Disorder



# Adverse Outcomes

- Heart disease
- Lung disease
- Cancer
- Mental illness
- HIV/AIDS
- Hepatitis



## Adverse Outcomes Cont.

- Memory loss
- Seizures
- Impaired relationships
- Financial strain
- Declining performance at work
- Coma
- Death
- Suicide



# Testing or Diagnostic Markers

- Blood
- Urine
- Breath
- Saliva
- Questionnaires
  - CAGE-AID: primarily for alcohol dependence, but adapted for drugs
  - SMAST: Alcohol Use
  - CIWA-Ar: Alcohol Withdrawal
  - COWS: Opioid Withdrawal





# The CAGE Questionnaire: CAGE-AID

1. Have you felt you ought to cut down on your drinking or drug use?
2. Have people annoyed you by criticizing your drinking or drug use?
3. Have you felt bad or guilty about your drinking or drug use?
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

Score: 2/4 or greater = positive CAGE, further evaluation is indicated



# Short Michigan Alcoholism Screening Test: SMAST

## Example Questions:

1. Do you feel that you are a normal drinker? (by normal we mean do you drink less than or as much as most other people.)
2. Does your wife, husband, a parent, or other near relative ever worry or complain about your drinking
3. Do you ever feel guilty about your drinking?



## SMAST Cont.

- 12 questions total
- Questions referring to the past 12 months
- Yes or No answers
- Scoring:
  - 0-2:
    - No problems reported
    - None further action at this time.
  - 3
    - Borderline alcohol problem reported
    - Further investigation is required.
  - 4 or more
    - Potential Alcohol Abuse
    - A full assessment reported is required.



# Clinical Institute Withdrawal Assessment for Alcohol: CIWA-Ar

## Ten-part assessment:

- Nausea/Vomiting
- Tremor
- Paroxysmal sweats
- Anxiety
- Agitation
- Tactile disturbances
- Auditory hallucinations
- Visual disturbances
- Headache/fullness in head
- Orientation



## CIWA-Ar Cont.

- Scoring
  - Less than 8 = minimal to mild withdrawal
  - 8 – 15 = moderate withdrawal
  - Greater than 15 = severe withdrawal
- Usually performed within 6 – 24 hours after last drink
- Withdrawal may last up to 1 week



# Clinical Opioid Withdrawal Scale: COWS

Based off multiple assessment pieces:

- Resting pulse
- Sweating
- Restlessness
- Pupil size
- Bone or joint aches
- Running nose or tearing
- GI upset
- Tremor
- Yawning
- Anxiety or Irritability
- Gooseflesh skin



## COWS cont.

- Scoring indicative of severity:
  - 5-12 = mild
  - 13-24 = moderate
  - 25-36 = moderately severe
  - More than 36 = severe withdrawal



## Substances Most often Abused

- Alcohol
- Tobacco
- Opioids
- Stimulants
- Marijuana
- Hallucinogens
- Prescriptions drugs



**Substance****Drug Users****All Adults**

Marijuana

46%

9%

Prescription stimulants

46%

9%

Opioids

36%

7%

Methamphetamines

36%

7%

Prescription pain medication

31%

6%

Heroin

15%

3%

Cocaine

10%

2%

Prescription sedatives

5%

1%



A close-up photograph of several pills and capsules of various colors (blue, white, yellow, green, red, orange, pink) scattered on a white surface. Some capsules have markings like 'GS JVI' and 'MR SG'.

## Medications Contributing to Addiction

- Opioids
  - Morphine, Codeine, Methadone, Hydrocodone, Fentanyl
- Depressants
  - Valium, Xanax, Ambien
- Stimulants
  - Amphetamines (Adderall), Methylphenidate (Ritalin)



## Statistics Cont.

- 11.7% of Americans 12 and over use illegal drugs.
- SUD affect over 20 million Americans aged 12 and over.
- In 2017, 8.5 million American adults suffered from both a mental health disorder and a substance use disorder
- Over 70,000 drug overdose deaths occur in the US annually.



## Statistics Cont.

- The number of overdose deaths increases at an annual rate of 4.0%.
- In 2018, 3.7% or 9.2 million of all adults aged 18 and older in the US had both an acute mental illness (AMI) and at least one SUD in the past year.
- Among adults with AMI and SUD, around 51.4% received either mental health care or specialty substance abuse treatment.



# Treatment options

- Pharmacological
- Non-pharmacological



# Medication-Assisted Treatment (MAT)

- Medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to treatment
- Medications used in MAT are approved by the FDA and MAT programs are clinically driven and tailored to meet each patient’s needs
- The ultimate goal of MAT is full recovery, including the ability to live a self-directed life. This treatment approach has been shown to:
  - Improve patient survival
  - Increase retention in treatment
  - Decrease illicit opiate use and other criminal activity among people with substance use disorders
  - Increase patients’ ability to gain and maintain employment
  - Improve birth outcomes among women who have substance use disorders and are pregnant



# Medications for Opioid Use Disorder

- Opioid Use Disorder
- Buprenorphine
  - Suboxone, Subutex
- Methadone
- Naltrexone
  - Vivitrol



# Buprenorphine

- Opioid partial agonist
- Suboxone, Subutex
- Produces effects such as euphoria or respiratory depression at low to moderate doses
- Sublingual tablet or injection
- Diminish the effects of physical dependency to opioids, such as withdrawal symptoms and cravings
- Increase safety in cases of overdose
- Lower the potential for misuse
- An OUD patient must abstain from using opioids for at least 12 to 24 hours and be in the early stages of opioid withdrawal





## X Waiver

- “X waiver” refers to the Drug Addiction Treatment Act waiver that authorized the outpatient use of buprenorphine for the treatment of opioid use disorder.
- In order to write prescriptions for buprenorphine, clinicians must have an X Waiver.
- The X waiver encourages an 8-hour or 24-hour training prior to applying for the waiver
- Previously required
- Must have DEA registration to prescribe



# Methadone

- long-acting opioid agonist
- reduces opioid craving and withdrawal and blunts or blocks the effects of opioids
- Methadone is a medication approved by FDA to treat OUD, as well as for pain management
- Available in liquid, powder, or diskettes



# Naltrexone

- Opioid antagonist
- Vivitrol, ReVia
- Blocks effects of opioid medications
- Utilized to help patient wean off their addiction
- Also used to treat alcoholism by reducing urge to drink



# Medications for Alcohol Use Disorder

- Naltrexone
  - Vivitrol
- Acamprosate
  - Campral
- Disulfiram
  - Antabuse



# Medication for Amphetamine Use Disorder

- Modafinil
  - Provigil
- Dextroamphetamine
  - Dexedrine, Zenzedi
- Methylphenidate
  - Concerta, Ritalin, Methylin
- Risperidone
  - Risperdal
- Naltrexone
  - Vivitrol



# Therapy

- Therapy
  - Cognitive Behavioral Therapy (CBT)
  - Motivational Enhancement Therapy (MET)
  - Behavior Therapy
  - Psychotherapy
  - Individual, Group, Family
  - Inpatient, Outpatient
- Support groups
  - Mutual Support
  - 12-Step Program
  - Online



## Self-Help Groups

- Alcoholics Anonymous – AA
- Narcotics Anonymous – NA
- Cocaine Anonymous - CA



# Non-Pharmacologic Treatment

- Seeking out new hobbies
- Exercise
- Volunteering
- Meditation





# Goals of therapy and treatment

Long-Term Goal:

- Sobriety

Short-Term Goals:

- Find a sponsor or recovery group
- Restore positive relationships
- Commit to bettering oneself everyday
- Find a healthy hobby



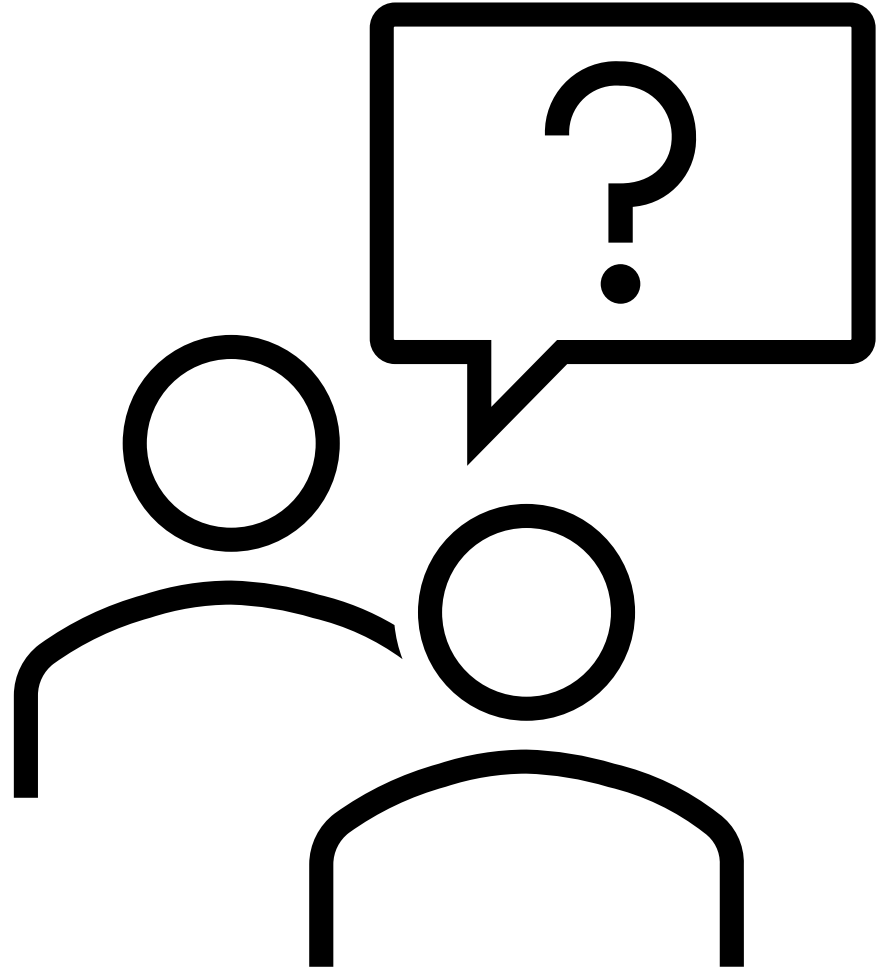
## Considerations

- Tailor needs to the individual
- Be supportive and compassionate
- Focus on building trust
- Set boundaries
- *Do not criticize or shame*
- *Do not expect immediate results*



**18.5 million Americans  
suffer from both a mental  
health disorder and a  
substance use disorder**

-SAMHSA, 2018





# References

- Anderson, A. (2017). *Alcohol withdrawal syndrome & CIWA assessment*. Retrieved from <https://silo.tips/download/alcohol-withdrawal-syndrome-ciwa-assessment>
- Colon-Rivera, H. & Balasanova, A. (2020). *What is substance use disorder?* Retrieved from <https://www.psychiatry.org/patients-families/addiction/what-is-addiction>
- Miller, L., Sharp, A., & Thomas, S. (2021). *Substance abuse treatment & types of addiction therapy*. Retrieved from <https://americanaddictioncenters.org/therapy-treatment>
- Mosel, S., Sharp, A., Thomas, S. (2021) *Medication assisted treatment (MAT): What drugs are used in rehab?* Retrieved from <https://americanaddictioncenters.org/addiction-medications>
- National Center for Drug Abuse Statistics (NCDAS). (2019). *Drug abuse statistics*. Retrieved from <https://drugabusestatistics.org/>
- Rhoads, J. & Murphy, P, (2015). *Clinical consult to psychiatric nursing for advanced practice*. Spring Publishing Company.
- Robinson, L., Smith, M., & Segal, S. (2021). *Dual diagnose: Substance abuse and mental health*. Retrieved from <https://www.helpguide.org/articles/addictions/substance-abuse-and-mental-health.htm>
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2018). *Key substance use and mental health indicators in the United States: Results from the 2018 national survey on drug use and health*. Retrieved from <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). *Mental health and substance use disorders*. Retrieved from <https://www.samhsa.gov/find-help/disorders>
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2021). *Medication-assisted treatment (MAT)*. Retrieved from <https://www.samhsa.gov/medication-assisted-treatment>
- 7 Summit Pathways. (2020). *How to help someone dealing with addiction*. Retrieved from <https://7summitpathways.com/blog/help-someone-with-addiction/>
- The National Institute of Mental Health Information Resource Center (NIMH). (2021). *Substance use and co-occurring mental disorders*. Retrieved from <https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health>
- The National Institute of Mental Health Information Resource Center (NIMH). (2019). *Treatment approaches to drug addiction: DrugFacts*. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction>
- The National Institute of Mental Health Information Resource Center (NIMH). (2020). *Common comorbidities with substance use disorders research report*. Retrieved from <https://www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-1-connection-between-substance-use-disorders-mental-illness>
- Wesson, D. R., & Ling, W. (2003). *The Clinical Opiate Withdrawal Scale (COWS)*. *J Psychoactive Drugs*, 35(2), 253–9.
- Yerby, N. & Hampton, D. (2021). *Statistics on addiction in American*. Retrieved from <https://www.addictioncenter.com/addiction/addiction-statistics/>