

Practical Q and A: Taking on Sacred Cows



What's the difference between abuse and dependence?

- ▶ It doesn't matter. The diagnoses don't work well as they are currently constructed.
- ▶ Add 7 dependence and 4 abuse criteria together to make a substance use disorder diagnosis with 11 criteria
- ▶ Total number of positive criteria is a reasonably good indicator of severity (mild, moderate, severe)

What is "dual disorder"?

- ▶ Term describes a fragmented treatment system where MSUDs are treated separately
- ▶ Actually should be "dual system disorder"
- ▶ Most people with severe relapsing SUD have co-existing personality disorders and/or mental illness
- ▶ Multiple mental, addictive and physical disorders cluster in individuals

How should dual disorders be treated?

- ▶ Severe and persistent mental illness (SPMI): integrate SU treatment into community support program
- ▶ Depression: if possible, establish abstinence first and wait 2 weeks before treating

What are the most common mental illness/substance use combinations?

- ▶ "Behavioral undercontrol"
 - Adults
 - ▶ Antisocial, borderline, mixed PD
 - ▶ ADHD
 - Children/adolescents
 - ▶ Oppositional defiant disorder
 - ▶ Conduct disorder
 - ▶ ADHD

What are the most common mental illness/substance use combinations?

- ▶ Anxiety and mood disorders
 - Bipolar disorder, major depression, dysthymia
 - PTSD
 - Social anxiety disorder (school phobia)
- ▶ Eating disorders
 - Bulimia
 - Binge eating disorder

What are the most common mental illness/substance use combinations?

- ▶ Psychotic disorders
 - Bipolar disorder
 - Psychotic depression
 - Schizophrenia
 - Schizo-affective disorder
 - Delusional disorder

What are the significant MIs caused by substance use?

- ▶ Amphetamine psychosis
- ▶ Delirium ("DTs")
- ▶ Secondary depression
- ▶ Secondary anxiety
- ▶ Sleep disorders
- ▶ Amnesia and dementia

Myths

- ▶ Inpatient (residential) treatment is more effective than outpatient treatment
- ▶ Treatment is necessary for recovery
- ▶ Most people who recover do so through treatment or AA/NA
- ▶ Addiction is almost always a chronic progressive disorder

Myths

- ▶ Medication-assisted treatment of addiction is a crutch
- ▶ Most relapses occur because people really don't want to be sober
- ▶ **Anyone** can recover if they truly want to
- ▶ Prescribing pain killers or sleeping pills to alcoholics should be avoided

What are the most effective medication treatments for SUDs?

- ▶ Opioid agonist therapy for opioid addiction (methadone, buprenorphine/naloxone)
- ▶ Naltrexone for alcohol dependence (and opioid dependence if monitored)
- ▶ Varenicline, bupropion, NRT for smoking
- ▶ No medications available for cocaine, methamphetamine, marijuana

What are the most effective behavioral treatments for SUDs?

- ▶ Good therapy is better than bad
 - Engaging, client-centered, flexible
 - Skillful management of relationship and application of techniques
 - No specific actions of motivational interviewing, CBT, 12-step facilitation therapy
- ▶ Good patients do well

What are the most effective behavioral treatments for SUDs?

- ▶ People who stay engaged longer do better (directionality not determined)
- ▶ Contingency management
- ▶ Long-term monitoring with skillful use of contingency management
- ▶ Social network supportive of abstinence

Does treatment in jail or prison work?

- ▶ Possibly if combined with intensive transition support and case management in community
- ▶ Alone probably not
- ▶ Difficult to conduct research in CJS
- ▶ CJS may cause relapse by requiring d/c of opioid agonist therapy

Is residential (inpatient) treatment more effective than outpatient?

- ▶ No
- ▶ Some people require sober housing to participate in treatment, or to avoid relapse
- ▶ Social network and contingencies may be more important than therapy

Is treatment or AA necessary for recovery?

- ▶ No, most people with substance use disorders recover without either one. For that matter, one has to change to seek treatment and little is known about that process
- ▶ Common pathways: "maturing out," coercion, new love relationship, religious involvement

What is the role of the CJS in facilitating recovery?

- ▶ Probably more important than what happens in treatment programs
- ▶ This suggests the focus should be on substance use outcomes, rather than "completion of treatment," a process variable

Does anybody ever actually recover?

- ▶ Yes
- ▶ A large majority of people eventually recovers (varies by substance)
 - Best: alcohol, marijuana
 - Worst: heroin (except opioid agonist therapy)

How should sanctions be used?

- ▶ Clearly defined contract laying out behaviors and associated contingencies
- ▶ Response to rewards better than punishments
- ▶ Consistent and predictable application
- ▶ Consequence (reward/not) applied as soon as possible to contingent event
- ▶ Size of consequence less important than consistency (within limits)

Do psychiatrists treat addictions?

- ▶ No (but they should)
- ▶ SUDs often ignored/missed



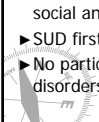
How do you know how serious someone's substance use is?

- ▶ Severity of dependence:
 - DSM-IV criteria count
 - AUDIT
 - TCU Drug Screen II
- ▶ Consequences may be severe even when no SUD is present, and vice-versa



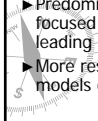
Which comes first, mental illness or substance use?

- ▶ Yes
- ▶ MI first: conduct disorder, bipolar disorder, social anxiety dis.
- ▶ SUD first: depression, other anxiety dis.
- ▶ No particular order, or together: psychotic disorders, cognitive disorders



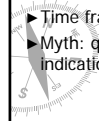
If addiction is a chronic disease, why are most treatment programs only a few weeks long?

- ▶ Good question!
- ▶ Rooted in historical development of treatment in US
- ▶ Predominant model of treatment still focused on a spiritual transformation leading to permanent abstinence
- ▶ More research needed on chronic disease models of treatment and management



How effective is urine drug testing?

- ▶ Very
- ▶ Experienced counselors miss 50% of use episodes if not conducting testing (for cocaine, cannabis, amphetamine use)
- ▶ Time frame varies
- ▶ Myth: quantitative urine toxicology gives an indication of degree of use or dependence



What about EtG, SCRAM, and interlock devices?

- ▶ EtG and similar tests:
 - Insufficient evidence
 - Likely to generate many false positives
- ▶ SCRAM: No published studies, so impossible to know whether accurate or not
- ▶ Interlock devices: good evidence for effectiveness at decreasing drunk driving



What is the goal of treatment?

- ▶ It depends..... (upon..)
 - Type of SUD
 - Severity
 - Past treatment history
 - Patient goals (motivation)
 - Availability of treatment modalities (unfortunately)



What is the goal of treatment?

- ▶ For non-dependent but at-risk use, or mild dependence:
 - Low risk use or
 - Abstinence
- ▶ For moderate-severe dependence:
 - Recovery is always the goal
 - For most that means abstinence
 - Don't always reach full recovery, but can get significant improvement

