Addiction & Mental Health

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Objectives

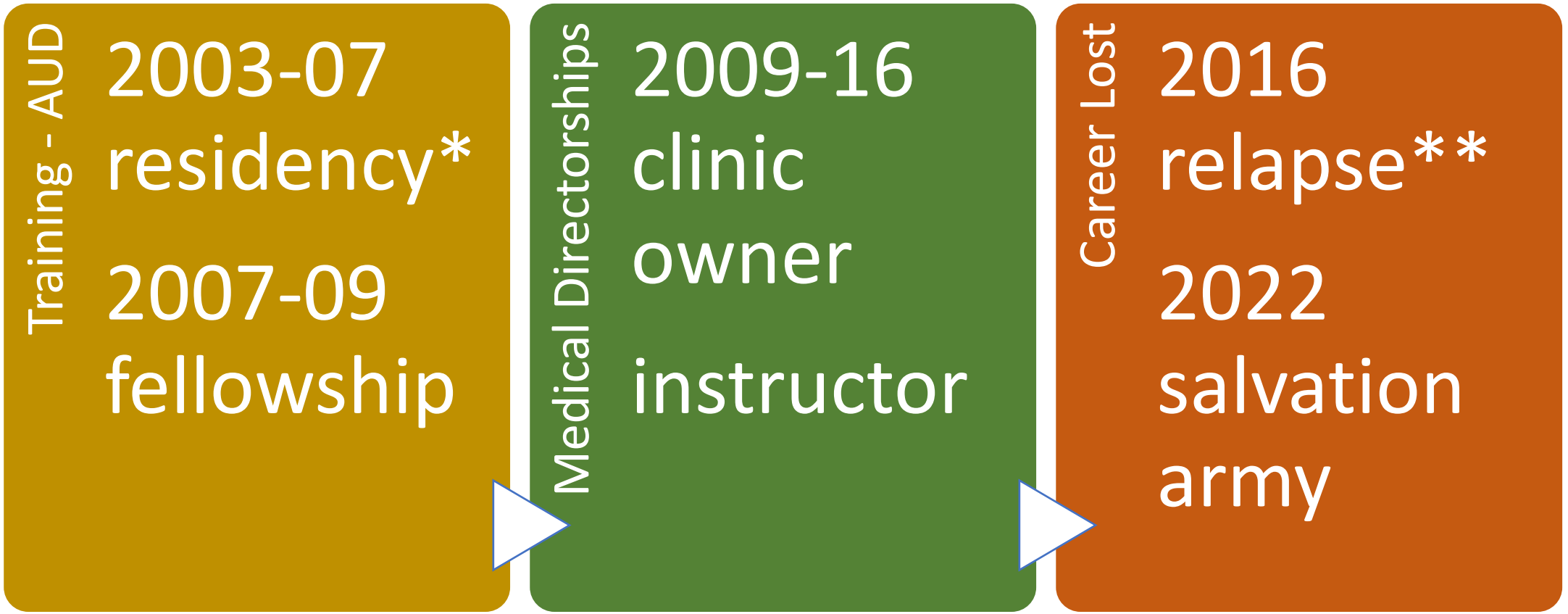
1. Understand how diagnoses are made
2. Understand the current available treatments for addiction
3. Understand the interplay and overlap of symptoms in dual diagnosis
4. Understand the importance of trauma informed and disability informed interactions
5. Understand the current changing treatment landscape for addiction and mental health

But first, a story

Here's what "appointed destiny" means to me. Six years ago, I lost the will to live. Like a good alcoholic, I decided to drink myself to death. An epic bender to end all benders. Handle after handle of Grey Goose 24/7 drinking to oblivion. Owing to my overachieving nature, I succeeded. I left the physical world behind. I found myself in a place without light. Enveloped in cold, utter darkness. Consumed by the emotions of abject terror and profound rage. Surrounded by the sound of tortured screams. Suffice it to say, I was none too pleased.

Hell is real, people. I speak from experience.

It was not the first time I heard those screams...

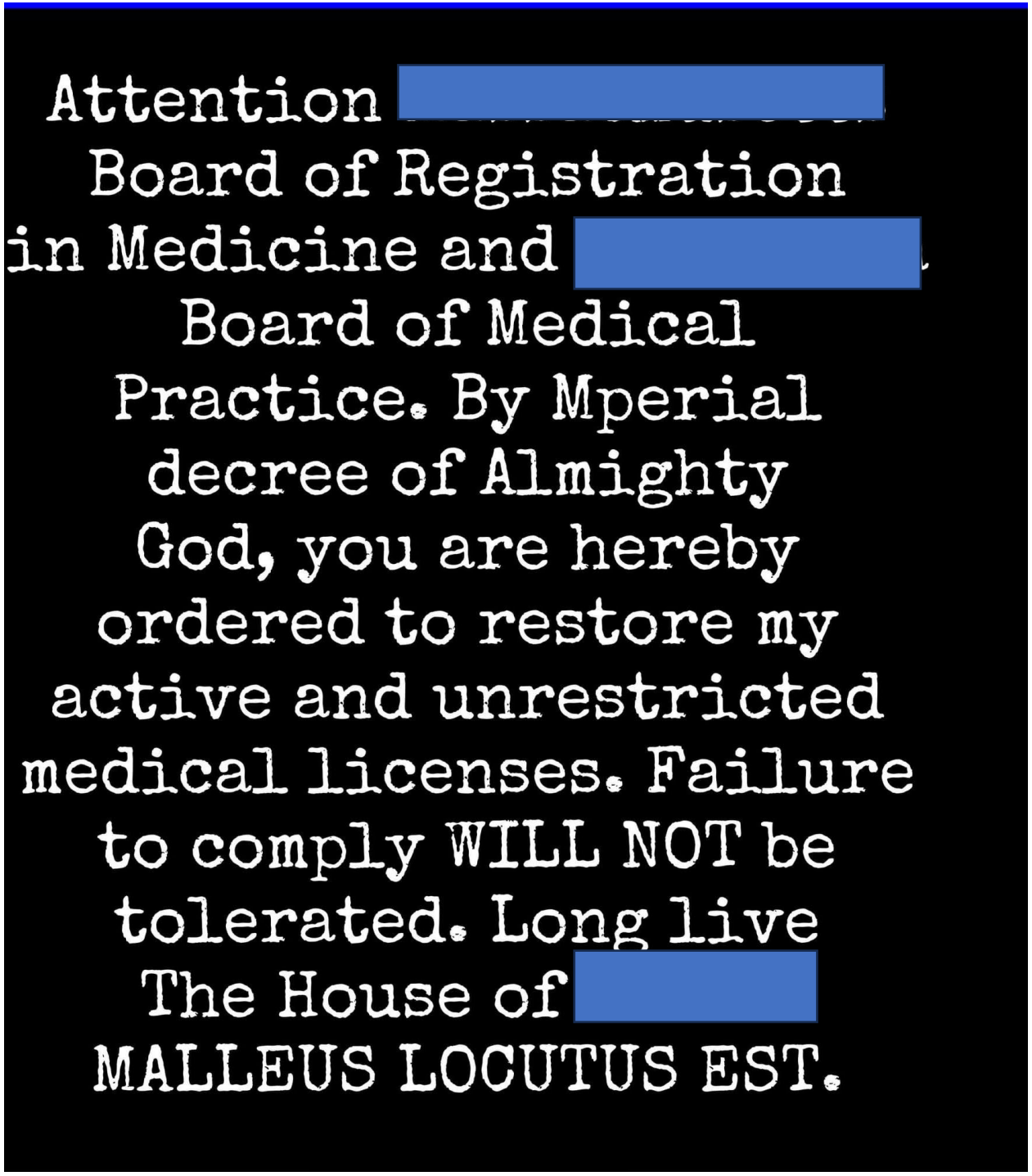

Training - AUD
2003-07
residency*
2007-09
fellowship
Medical Directorships
2009-16
clinic
owner
instructor
Career Lost
2016
relapse**
2022
salvation
army

Update 2023

- Both state licenses remain indefinitely suspended
- NPI Info not updated since 2016 (first public documented action)
- Facebook:
  - closed and/or no longer searchable after 10/31/22
  - 5/22/23 – 30 posts over 2 hours, nearly all music; profile pictures changed to animals; subsequent posts themed on politics, injustice, & religion; posting in waves
  - Posts consistent for ~ month then disappeared
- LinkedIn:
  - Intake coordinator Salvation Army until Late 2022 (near the time of lecture)
  - 6 month gap
  - Became the Director of Wellness & Recovery Services at a homeless shelter late 2023

Update 2024

- Facebook:
  - Resurfaced 6/3/24 after a 13 month absence
  - Excessive posts (example given)
  - Multiple per hour for days with lapses
  - Mostly music with dedications
  - ‘works at an international humanitarian organization’
- LinkedIn: profile unsearchable



Making an Substance Diagnosis

Disorder Classification

- Use
- Intoxication
- Withdrawal (if applicable*)
- Other substance-induced
- Unspecified substance-related

- Tolerance & withdrawal remain criteria

- **No distinction between use, misuse/abuse, & dependence**

- Alcohol
- Caffeine
- Cannabis
- Hallucinogen related *
- Inhalant related *
- Opioid related
- Sedative, hypnotic or anxiolytic related
- Stimulant related
- Tobacco related
- Other or unknown substance related
- Non-substance (gambling *)

Addiction

Substance Use Disorder

- Diagnosed over a 12 month period

- Mild: 2-3 symptoms
- Moderate: 4-5 symptoms
- Severe: 6+ symptoms

- Impaired control (4)
- Social impairments (3)
- Risky use (2)
- Pharmacological criteria (2)*

General Criteria (CHEW THE COP)

- **C**ut down
- **H**ealth consequences (physical & psychological)
- **E**xcessive use
- **W**ithdrawal*
- **T**ime to obtain, use & recover
- **H**azardous use (risky use)
- **A**ctivities decreased (enjoyment)
- **T**olerance*
- **C**raving
- **O**bligations not met (work, home, school)
- **P**ersonal problems

Treatment options for SUD

Approved/Standard Treatment Options

Medication

- Tobacco:
  - Nicotine replacement
  - Varenicline (Chantix)
  - Bupropion SR (Zyban)
- Alcohol:
  - Acamprosate (Campral)
  - Disulfiram (Antabuse)
  - Naltrexone (ReVia, Vivitrol)
- Opiates:
  - Methadose (Methadone)
  - Naltrexone (ReVia, Vivitrol)
  - Buprenorphine (Suboxone, Subutex, Sublocade)

Non-medication

- 12 step programs
- Acupuncture / e-stim (cranial, ear)
- Neurofeedback
- Yoga / mindfulness / fitness
- Harm reduction access

Off-label/Under Study Treatment options

- **N- Acetylcysteine** (NAC 2-3g/d - OTC): stimulants, cocaine, alcohol, cannabis, tobacco
- **Nicotinamide adenine dinucleotide** (NAD+ hours long infusions, up to 2g): alcohol, opiates, benzodiazepines
- **Atypical antipsychotics** (Seroquel, Risperdal, Geodon, Clozapine)
- **Psychedelics** (LSD, MDMA*, Psilocybin - all S1; ketamine): dual diagnosis
- **Ozempic** reduces cravings and use (alcohol & opiates)

Psychedelics

- **MAPS**: Phase 3 MDMA for PTSD = FDA Breakthrough Therapy; NDA submitted**
- **Compass Pathways**: Phase 3 dual/tandem (single dose & repeat dose) Psilocybin for treatment resistant depression in rollout
- **MindMed**: Phase 2b LSD for GAD = FDA Breakthrough Therapy
- **Awakn Life Sciences**: Phase 3 Ketamine for AUD (UK based)
- **DOD**: Phase 2 Intranasal Ketamine for PTSD in Veterans

COLLAGE BY CATH VIRGINIA | PHOTO VIA GETTY

Drugs

I Went to Rehab for Alcoholism 18 Times. Only Psychedelics Helped

"Using [psilocybin] four to six times has managed to achieve what the other therapies didn't do in years."

LP By Lidia Polito

August 16, 2023, 3:45am Share Tweet Snap

Off-Duty Pilot Accused of Trying to Turn Off Engines Mid-Flight Says He Was Trying 'Wake Up' From Bad Dream Caused by Magic Mushrooms

'I thought it would stop both engines, the plane would start to head towards a crash, and I would wake up,' Joseph Emerson said

Published 11/11/23 12:00 AM ET | Updated 11/11/23 07:25 AM ET

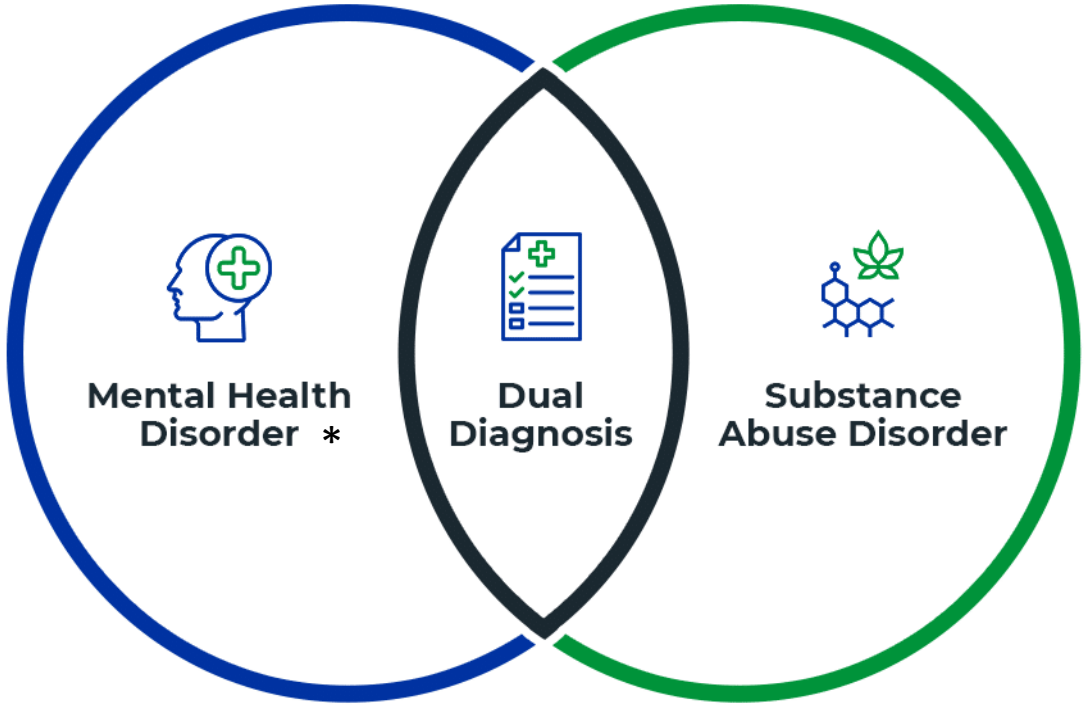
Zachary Rogers

Dual Diagnosis

SUD + MHD = Dual Diagnosis

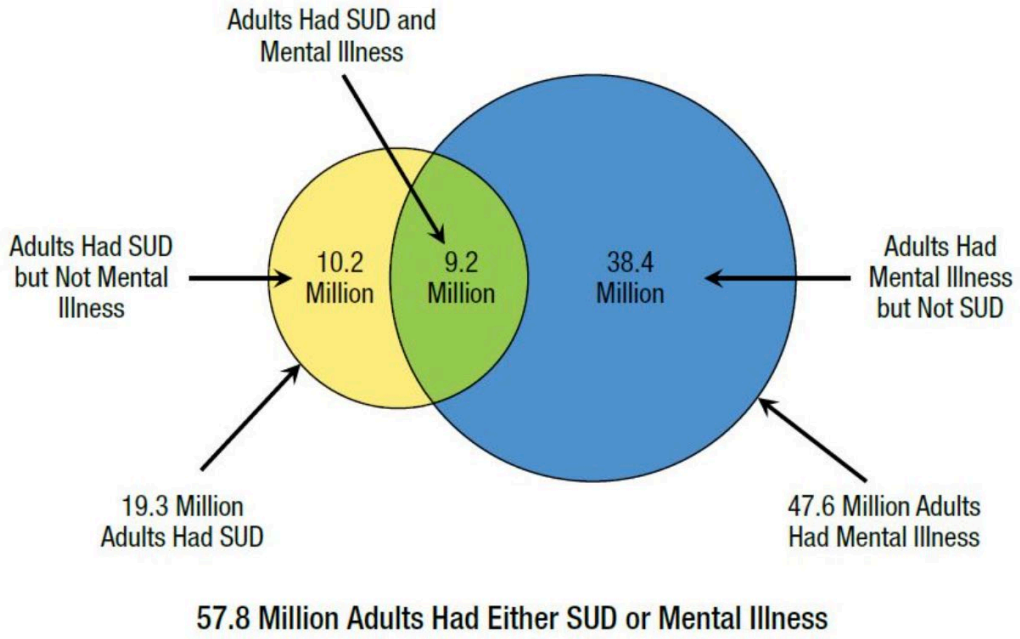
- 20% of those with severe mental illness also have a substance (ab)use problem
- 50% of those with an addiction also suffer from another (any) mental illness

- SUD is twice as prevalent in those with existing MHD (self medication)
- Prolonged substance use increases risk for mental illness



https://qtreatment.com/blog/dual-diagnosis-substance-abuse-and-mental-health/
https://NAMI.org

Overlapping Symptoms



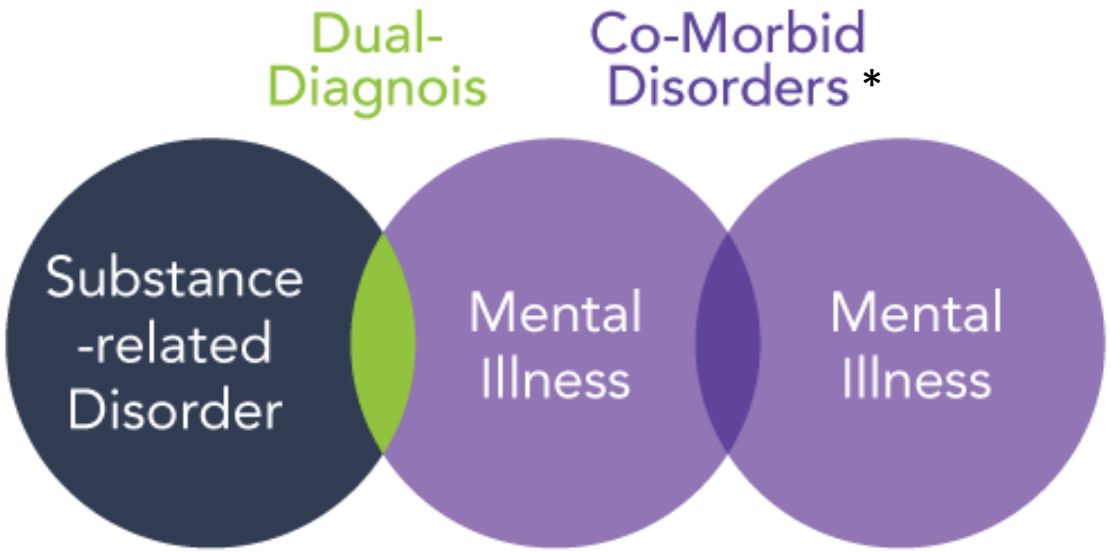
Source: *SAMHSA, 2019, Fig. 53*

https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR1PDFW090120.pdf

- Paranoia
- Depression*
- Feelings of isolation
- Suicidal ideation
- Schizophrenia-like symptoms of hallucinations and delusions
- Mania-like symptoms of irritability and reckless behavior
- Symptoms of anxiety*

Common Comorbidities & Misdiagnosis

- **PTSD**
- **Generalized anxiety disorder***
- Major depressive disorder*
- Bipolar Disorder*
- Eating disorders
- Personality disorders (BPD, conduct disorder)*
- Schizophrenia
- ADHD



FHEHealth

https://fherehab.com/dual-diagnosis-program/

Pop Psychology/ Armchair Diagnoses

The truth is, most of the time, people don't meet the criteria of the DSM (Diagnostic and Statistical Manual of Mental Disorders) even when the manual has been accused of over-pathologizing (**King et al, 2020**); many times, our behavior is just reflecting emotional difficulties and not full-blown mental disorders

https://themighty.com/topic/personality-disorders/self-diagnosis-pop-psychology-danger/

https://ifunny.co/picture/pop-psychology-is-not-psychology-seerut-k-chawla-i-seerutkchawla-tbe1R28ZA?s=cl

Trauma & Disability Informed Care

PTSD/BPD as Trauma Response

Mad in America
SCIENCE, PSYCHIATRY AND SOCIAL JUSTICE

Borderline Personality Disorder "No Longer Has a Place in Clinical Practice"

Researchers from the UK and New Zealand argue that Borderline Personality Disorder should be abandoned as a diagnostic category.

By **Micah Ingle, PhD** - June 9, 2023

9171 8

https://neurodivergentinsights.com/blog/dsm-5-criteria-for-borderline-personality-disorder

"Twenty years ago, George Vaillant, in a paper titled 'The Beginning of Wisdom is Never Calling a Patient a Borderline,' noted that the diagnosis of borderline often reflects the clinician's emotional state rather than careful assessment," the authors write. "This was not an isolated opinion, but we argue that little has changed, and borderline, in the context of personality, has now become a detrimental term hindering progress in research and treatment."

"The triad of unstable mood, erratic relationships, and disturbed behaviour may be readily identifiable but that does not make it a personality disorder; chronic sleep disturbance creates the same symptoms.

A constant and undisputed diagnostic aspect of true personality disturbance is the presence of traits, characteristics reflecting individual function, which are generally stable over time and, when disturbance becomes disorder, are maladaptive. The widely gyrating features of emotional instability do not belong in this paradigm."

"A lot of the classic BPD symptoms actually make a lot of sense when you see them through an autistic lens," Dr. Megan Neff, a psychologist who also was diagnosed with autism in her 30s, told Insider. For example, both BPD and autism symptoms include emotional dysregulation and mood swings.

Trauma/Disability Informed Care

- 70% of US adults have experienced a traumatic event
- 26% of the US population is considered disabled **
  - Physical disabilities
  - Intellectual and developmental disabilities

- Traumatic events: abuse, neglect, exploitation…not being listening to, lack of control (including medical care, the workplace, & others)

- Trauma informed care: not about controlling or fixing the behavior; it is awareness & understanding of behavior as programmed (brains & bodies) due to experiences

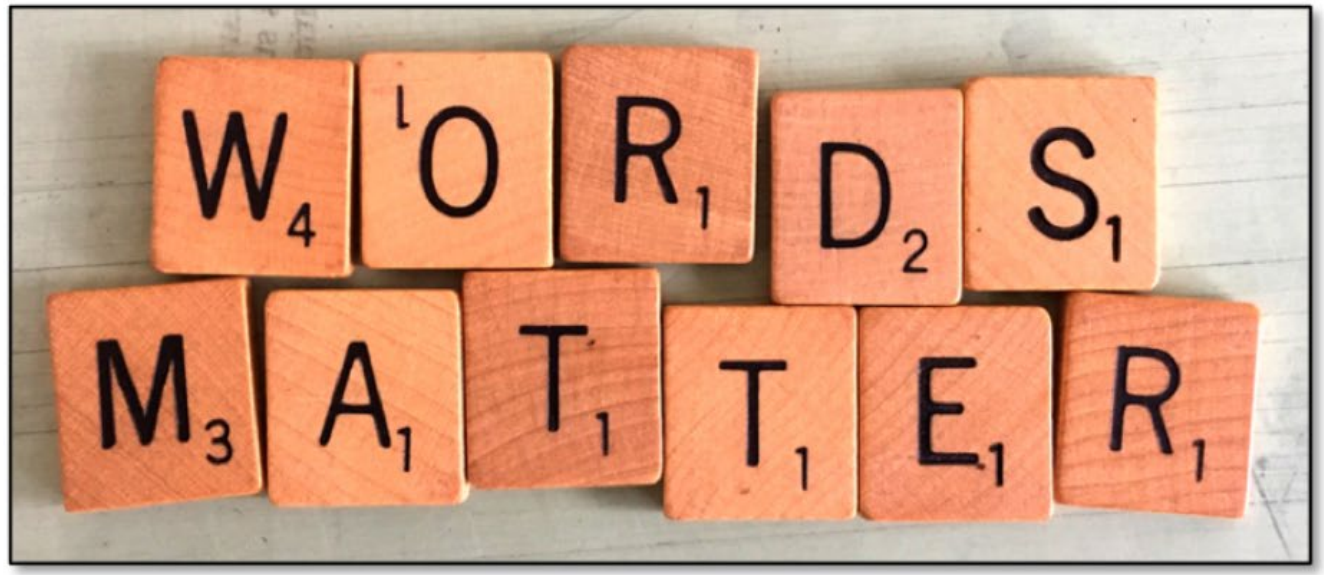
Trauma Responses

A behavior indicates an unmet need and perhaps an ineffective coping mechanism.

All patients should be treated with trauma-informed/disability-informed care, dignity, & respect – meet them where they are, not where you want them to be. **They are doing their imperfect best to respond to intense emotional pain & distress with limited tools.**

<u>Trauma responses look like poor behavior and/or humor.</u>

I heard a therapist say, “Your feelings are always valid, your behavior is not.” She explained by saying feel what you feel BUT you need to be accountable for what you do as a result of those feelings.

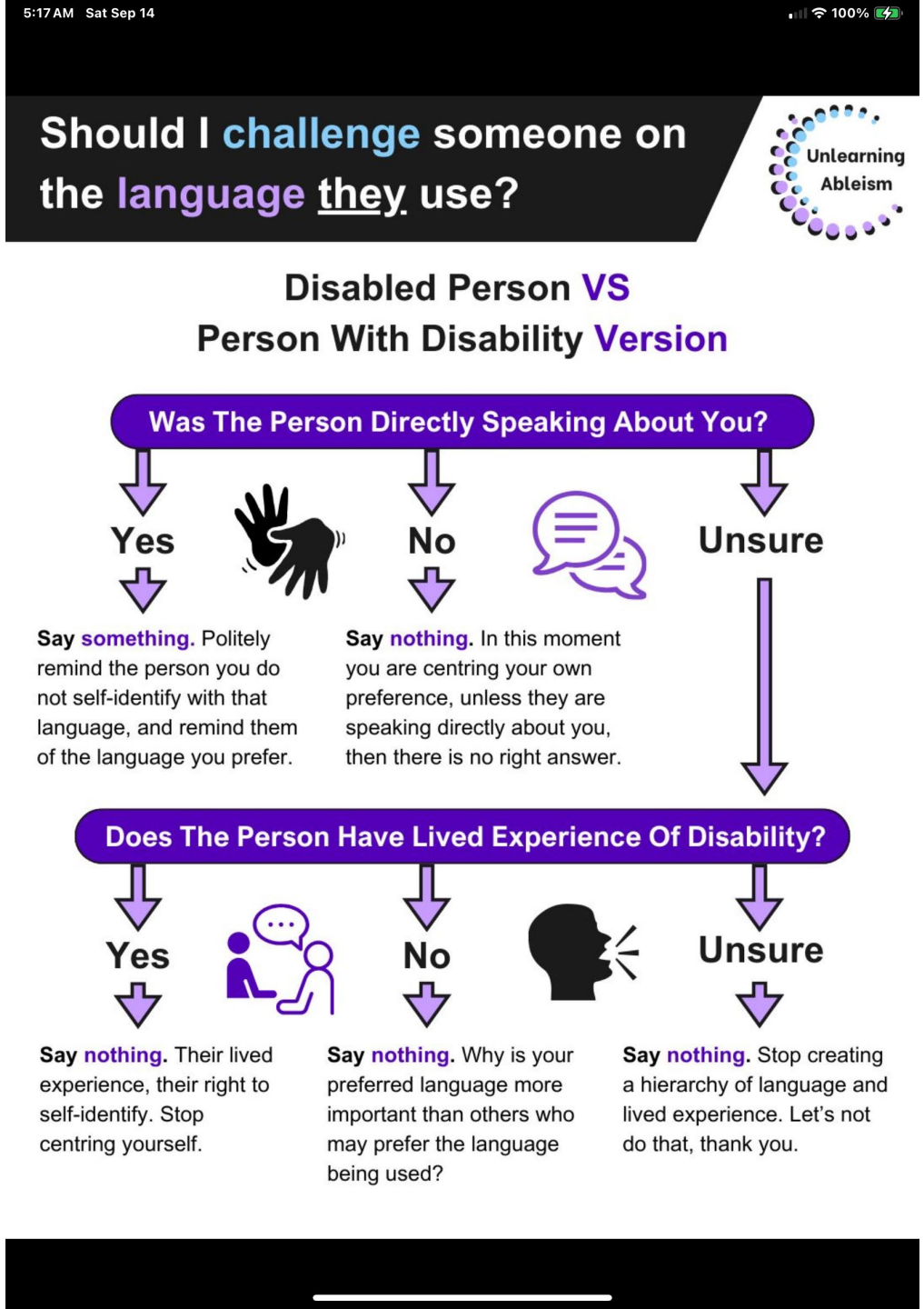


Words Matter ... Actions Matter More

Tom O'Shea, CMC
Helping organizations and leaders build agility as a...

October 29, 2019

Unlearning Ableism Linked in Post 9/14/24



Identity first: disabled person

Person first: person with a disability

Applies to:
- Disabilities
- Gender & gender identity
- Sexual orientation
- Addiction
- Personality

“Difficult”

There is no such thing as a ‘difficult’ patient – our words matter.

There are patients who are scared, untrusting, questioning, angry, frustrated, overwhelmed, & demanding

There are patients that have been gaslit, unbelieved, mistreated, assaulted, traumatized, & blown off; there are patients in pain – emotionally, physically, & situationally

There are difficult diagnoses, difficult conversations, difficult situations, difficult behaviors, but not difficult patients

”Noncompliant”

There is no such thing as a non-compliant patient.

There are patients that don’t understand information that has been given to them, are financially constrained, are limited by social determinants of health and resources or make a decision that suits them. Patients have the right to refuse care.

Fails to acknowledge the mistrust, disruption, inaccessibility, and marginalization that perpetuates a persons need to deviate from a healthcare plan. **It is disparaging, offensive, infantilizing, and disenfranchising**.

“Denied” and “Refused”

No – they did not deny, refuse, fail to comply – these are authoritative statements designed to show wrong doing by the patient.

The patient decided and/or chose – they get to do that. It is an ethics principle called the right to self determine.

Patients make a choice and/or a decision. They get to refuse care. They get to ask questions until they can make a decision they can sleep with. It may not be what you would choose or do and that is OK.

“Addict” and “Junkie”

These are both negative and demeaning. They are also both slang with varying degrees of acceptability. It can be seen as **victimizing, isolating, and reinforces stigma.**

The same for: alcoholic, abuser, druggie, crackhead, doper, drunk, etc.

Person with substance use/abuse or a person with addiction (use disorder) or a person in recovery

”Dirty Urine” and “Dirty Drop”

Dirty has a negative connotation. In medicine we would say contaminated or unclean and state exactly what was not normal.

In this context – a urine screen is either negative or non-negative.

A prescription for a non-negative sample result (from an MRO standpoint) for the substance in question = a negative screen.

Magic Questions

Magic Question #1:

What do I need to know about you as a person to take the best care of you possible?

Magic question #2:

Is there anything that I haven't asked about that you feel is important for me to know?

Magic Question #3

What is the most important issue to address today and what is your goal regarding that issue?

Based upon your role:

What are your magic questions going to be?

What's Happening Now - Regulations

- Update to ASAM Criteria (spectrum of care)
- Update to 42 CFR part 8 (OTP)
- Pending updates to telehealth regulation for CS (outpatient)
- Pending state update on in-person requirement for CS (outpatient)
- Marijuana Rescheduling: employment, safety sensitive positionns

What's Happening now - Substances

- Opioid contamination: fentanyl, xylazine
- Limited heroin
- Limited cocaine - replaced with Adderall – Cerebral & Done
- Nil Tianeptine (ZaZa – illegal in GA)

- Increased use of alcohol (COVID)
- Increased use of Marijuana in all forms & age groups + Delta 8, 10, 11

- Marijuana – telehealth cards; GA hemp flower restriction, no Delta 9 foods (gummies, drinks, and tinctures); no CBD < age 21

Clarifications, Questions, & Discussion