The Hidden Challenge: Strategies to Address Substance Use Disorders in Your Practice

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The 49th Annual FMHAC Conference
San Diego, CA
March 28, 2024

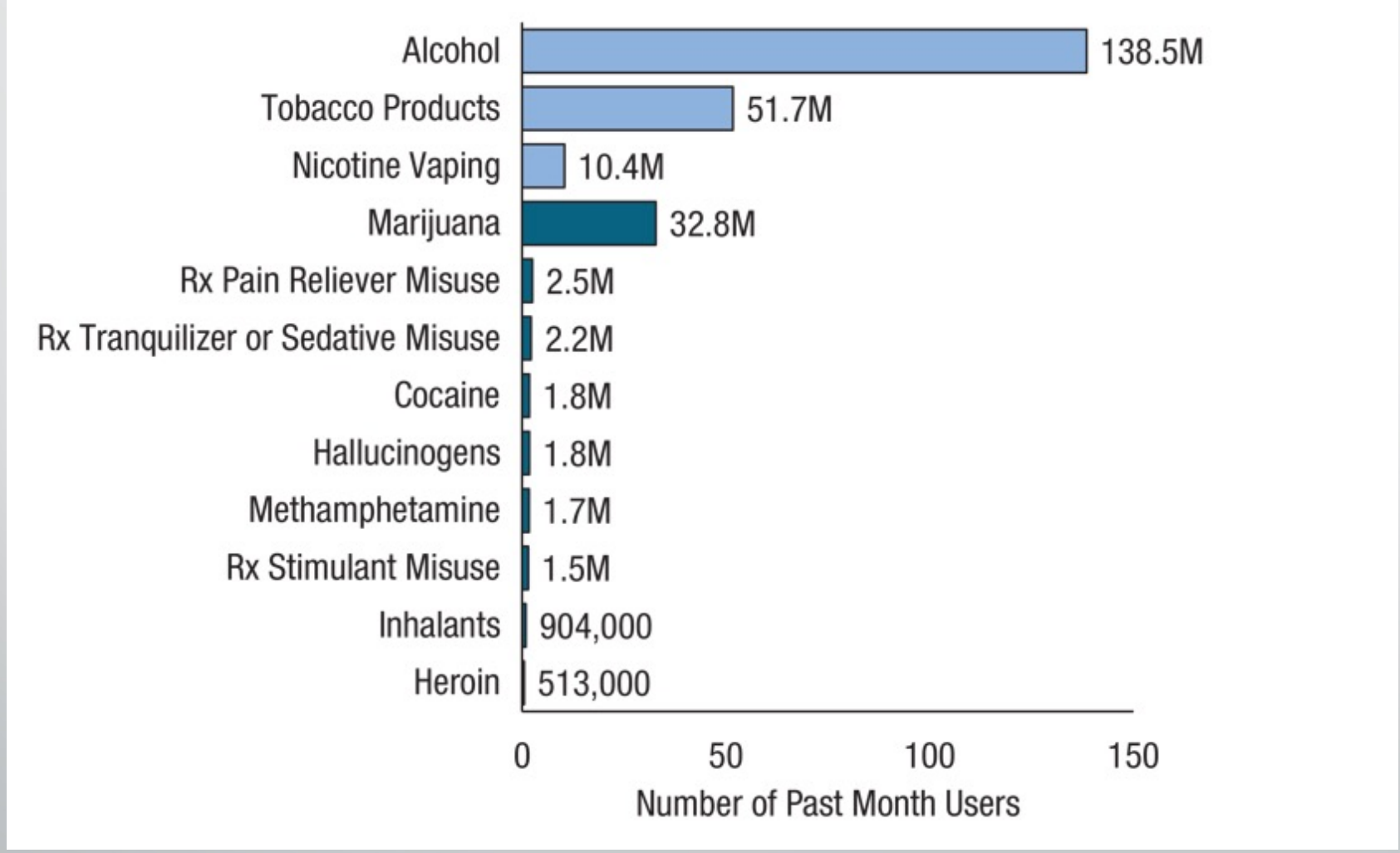
Disclosures

Neither I nor my spouse have any relevant financial relationships with commercial interests.

What will we talk about today…

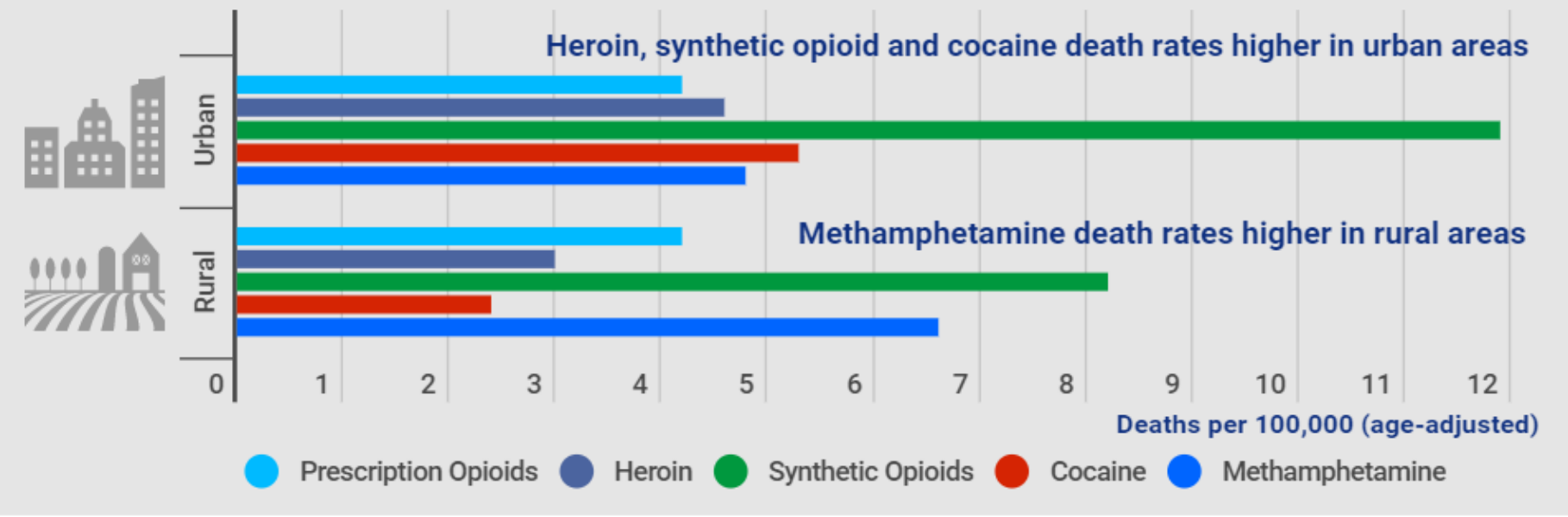
- Epidemiology of substance use
- The impact of stigma on people who use substance
- Overview of treatments that work
- Brief overview about how SUD screening/assessment tools can be incorporated in practice
- What does all of this mean?

Numbers of People Reporting Past Month Substance Use among those Aged 12 or Older: 2020



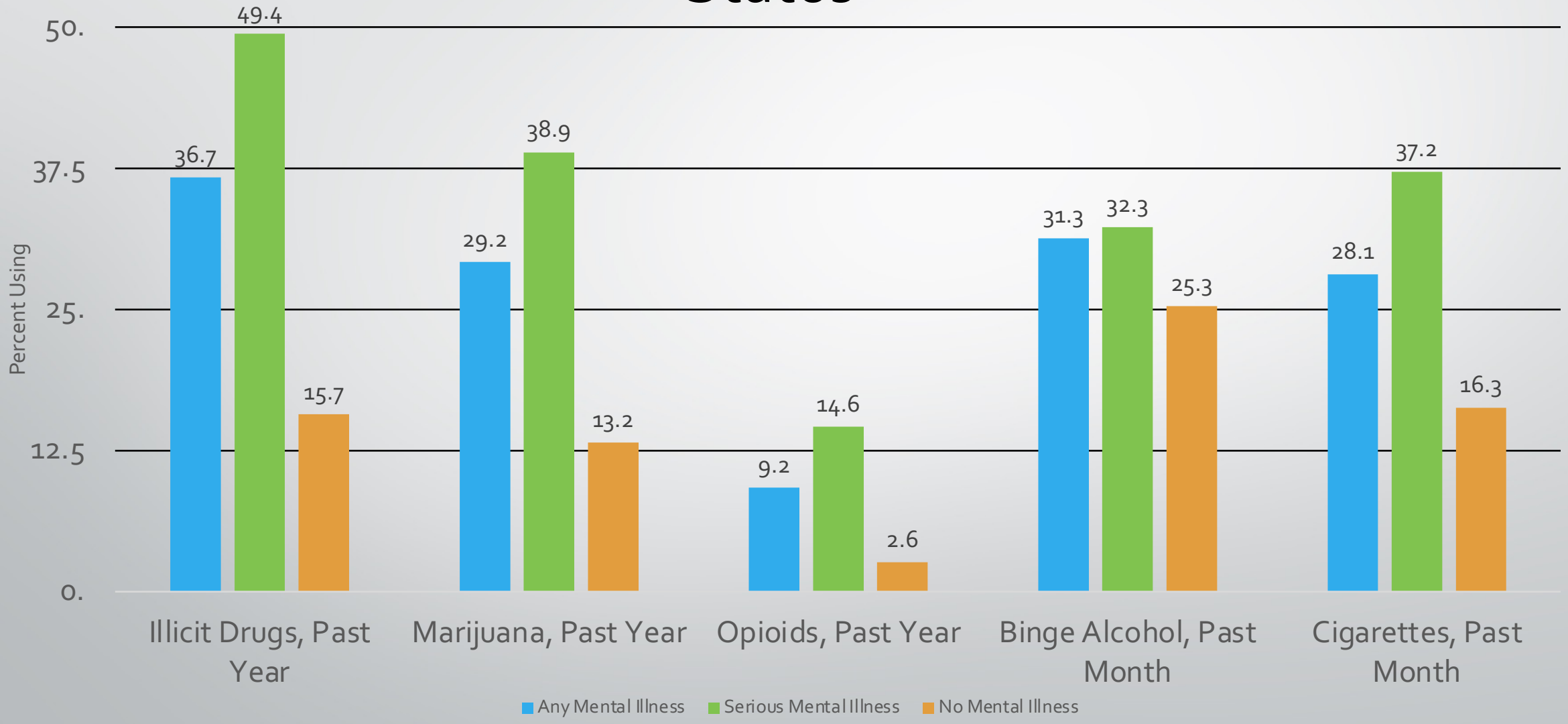
SOURCE: SAMHSA, 2021

Differential Drug-Related Death Rates in Rural vs. Urban Areas

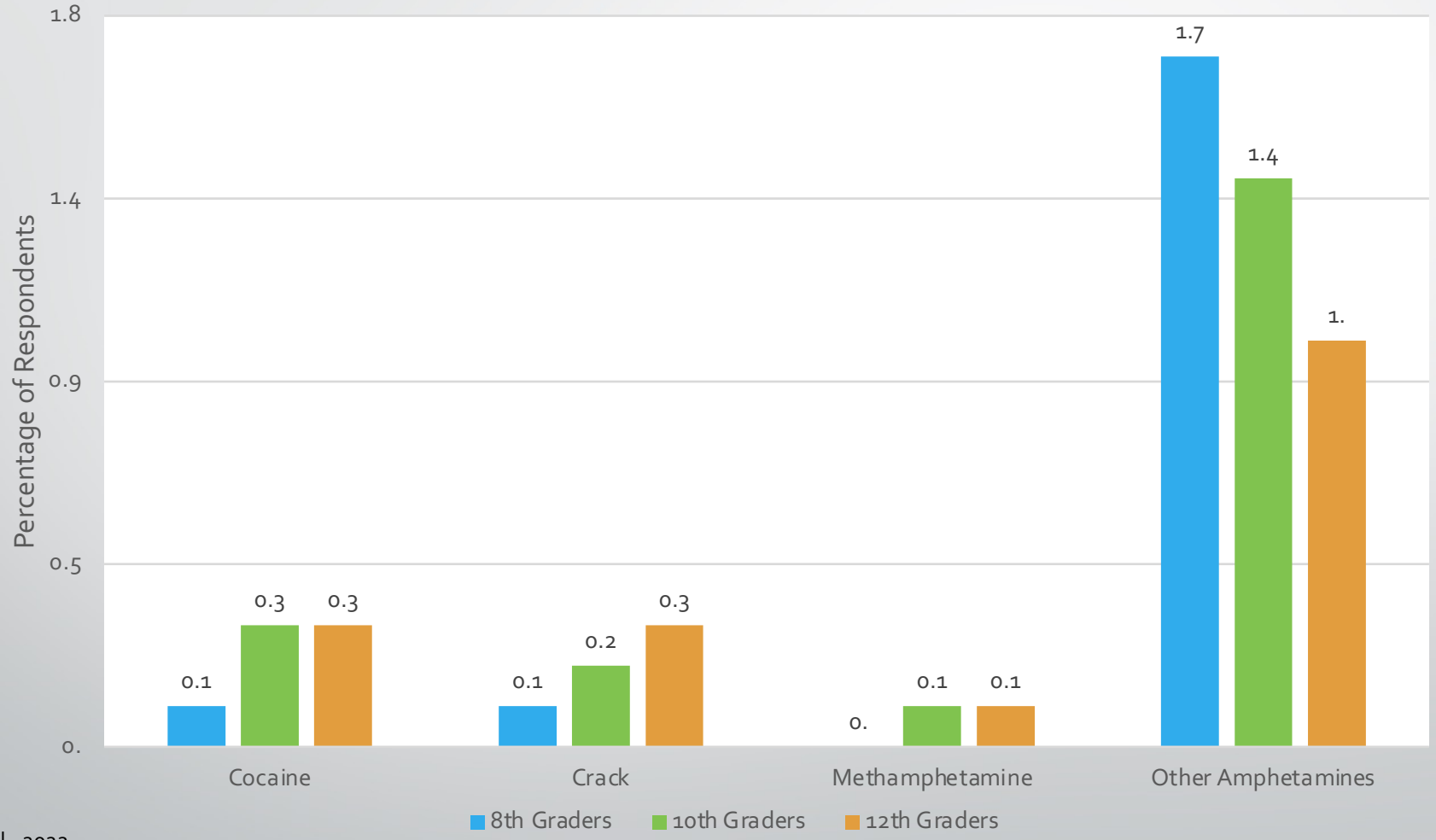


SOURCE: NIHCM Foundation, 2021

Substance Use among Adults Aged 18+ by Mental Status

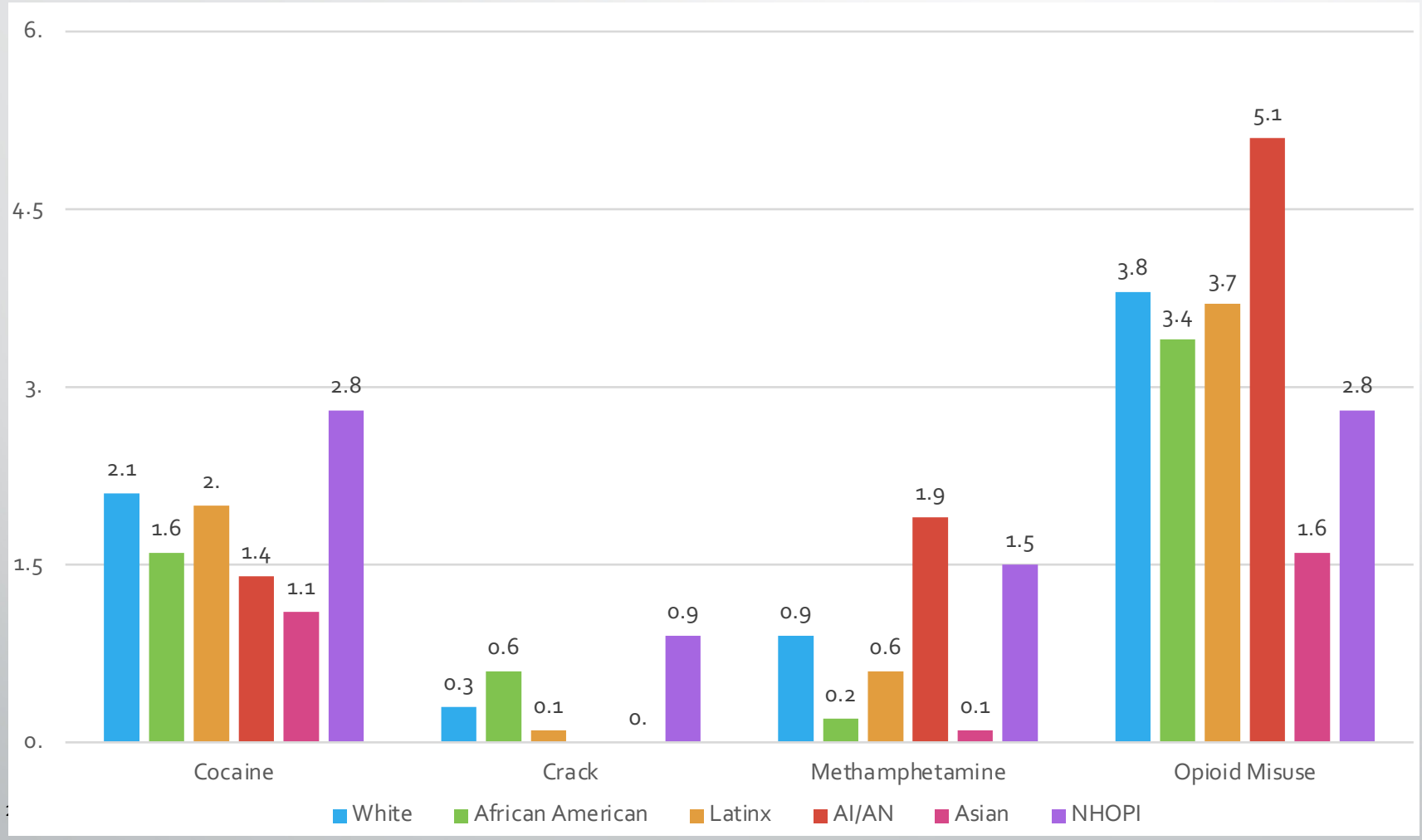


Past Month Use of Stimulants among 8th, 10th, and 12th Graders: 2021



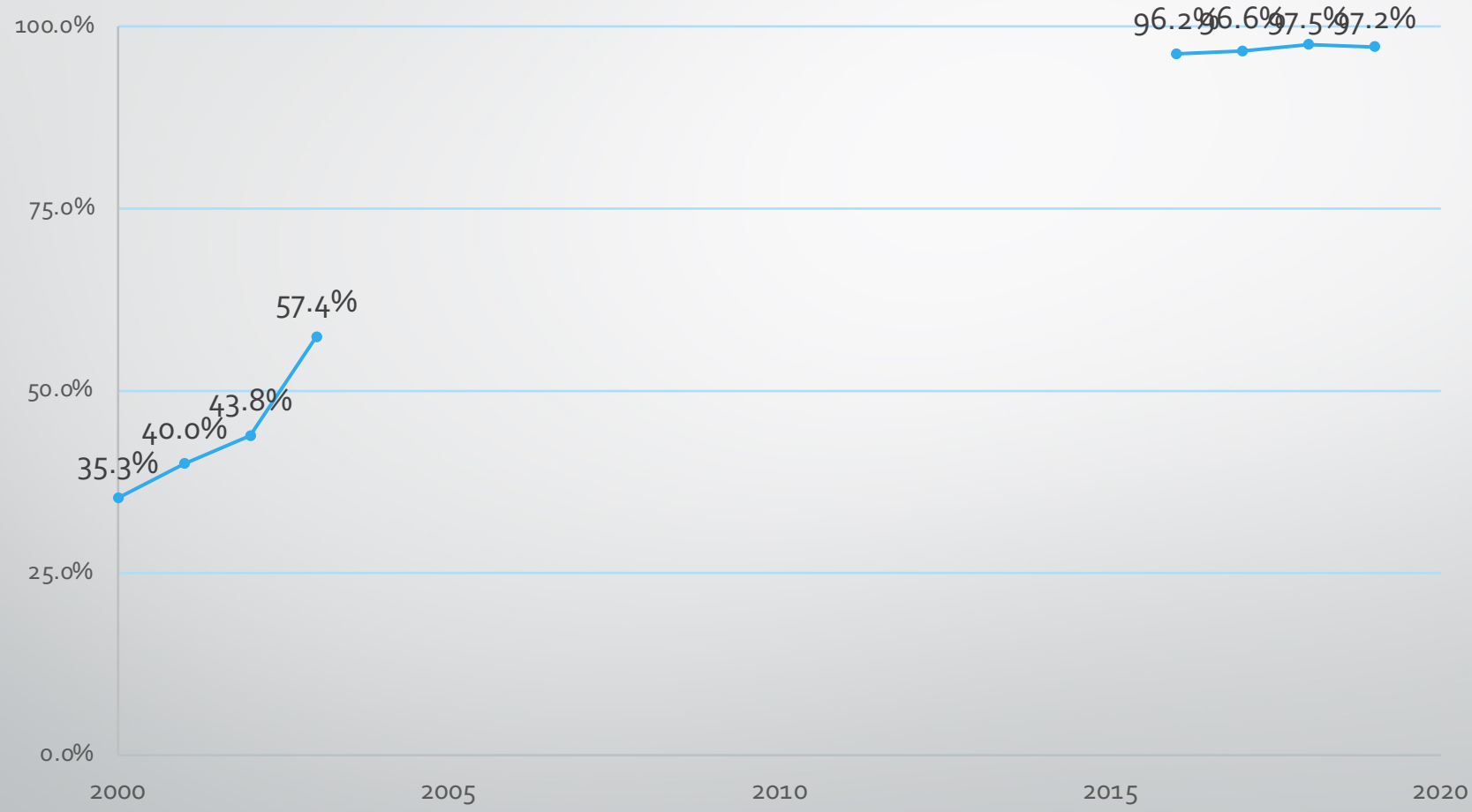
SOURCE: Johnson et al., 2022

Past Year Misuse of Opioids and Stimulants (as Percentages)? (2019)



SOURCE: SAMHSA, :

Methamphetamine Purity 2000-2003 vs. 2016-2019



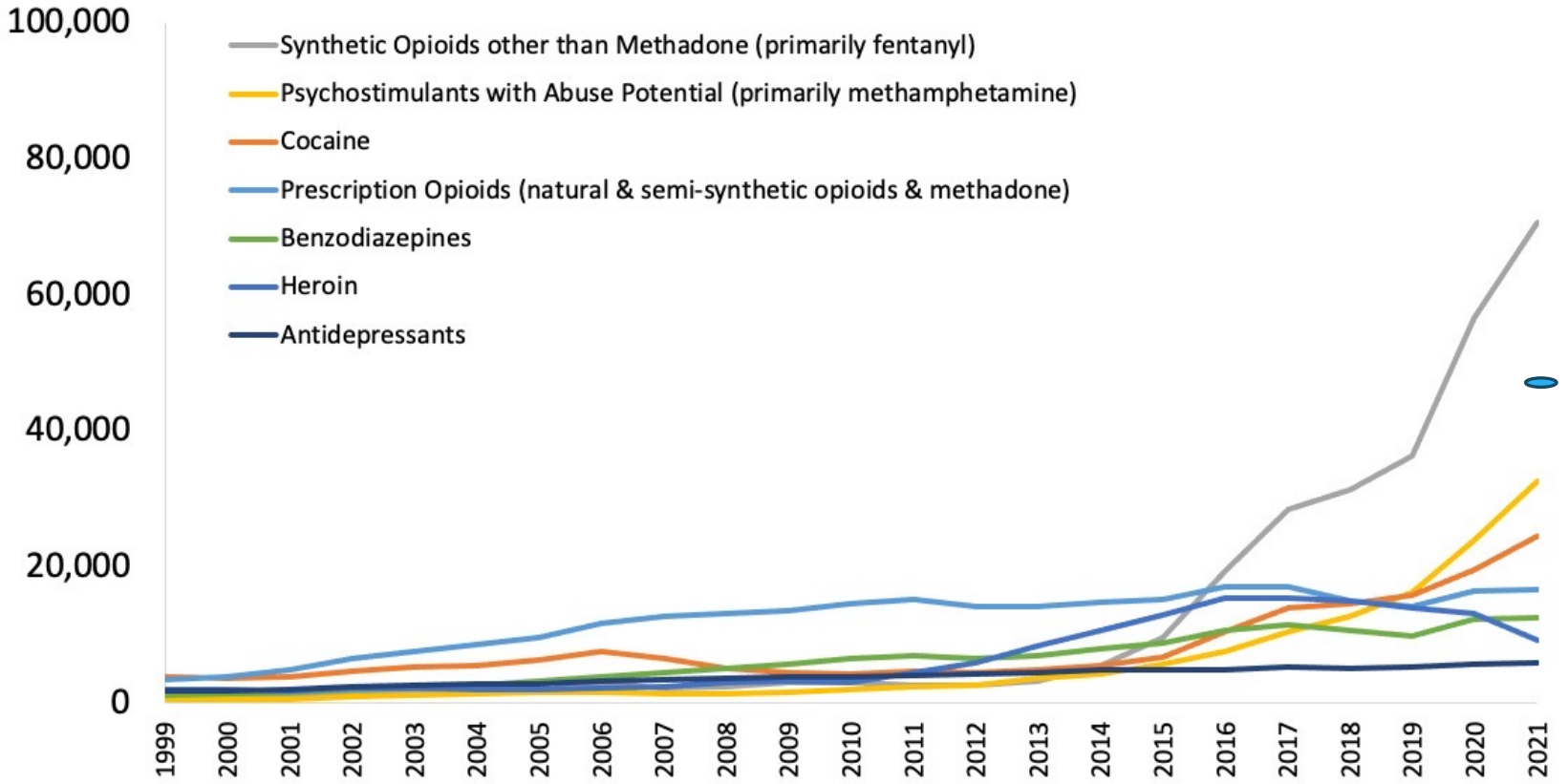
SOURCE: Drug Enforcement Administration, 2021

Potential Lethal Dose
Heroin, Fentanyl and Carfentanil

Comparing the size of lethal doses of heroin, fentanyl, and carfentanil. The vials here contain an artificial sweetener for illustration. (New Hampshire State Police Forensic Laboratory)

It’s a big problem,
but is it our job to treat it?

Drivers of Drug Poisoning Deaths Evolve from Opioids to Stimulants



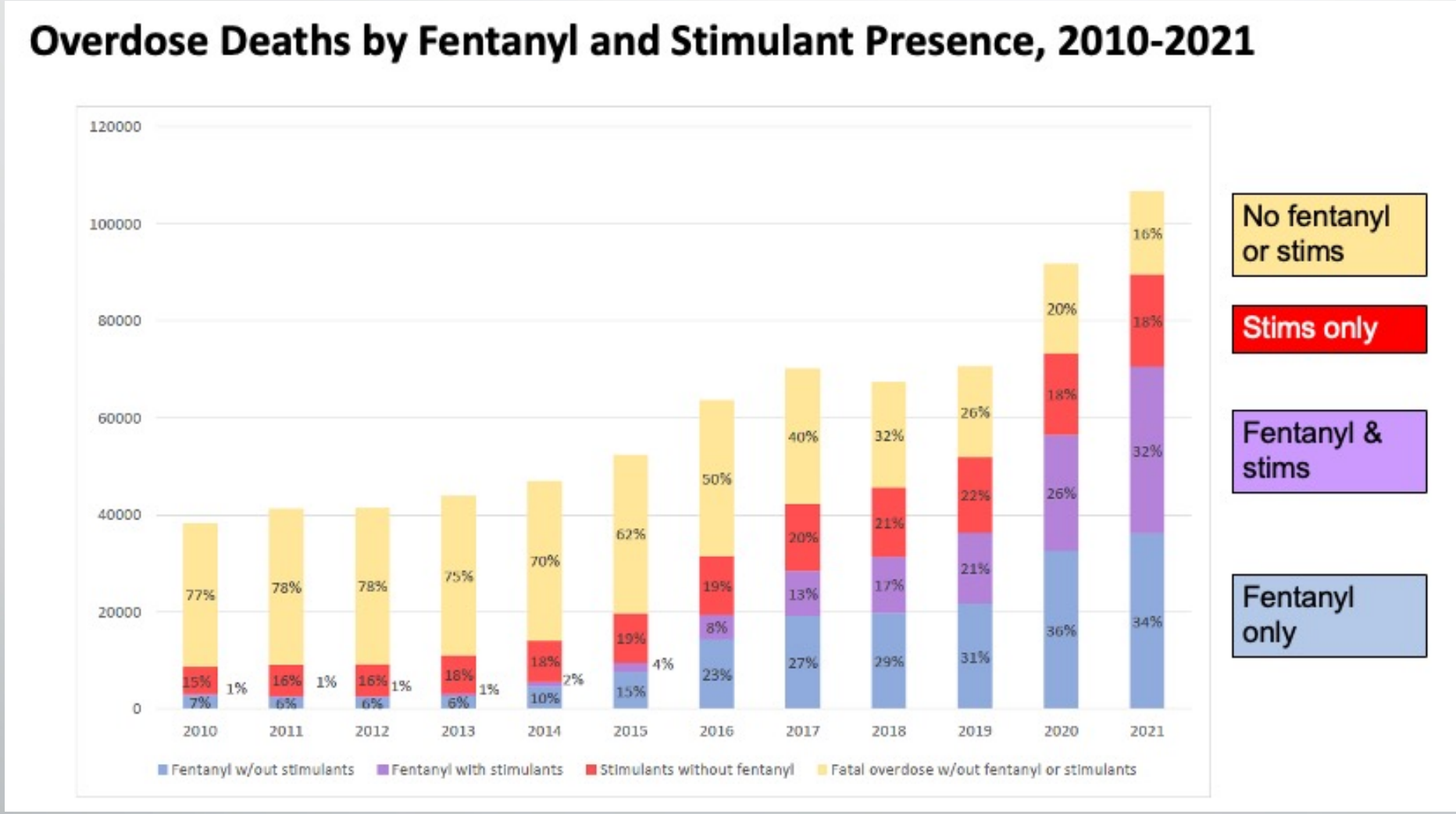
*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.

Fentanyl

Stimulants

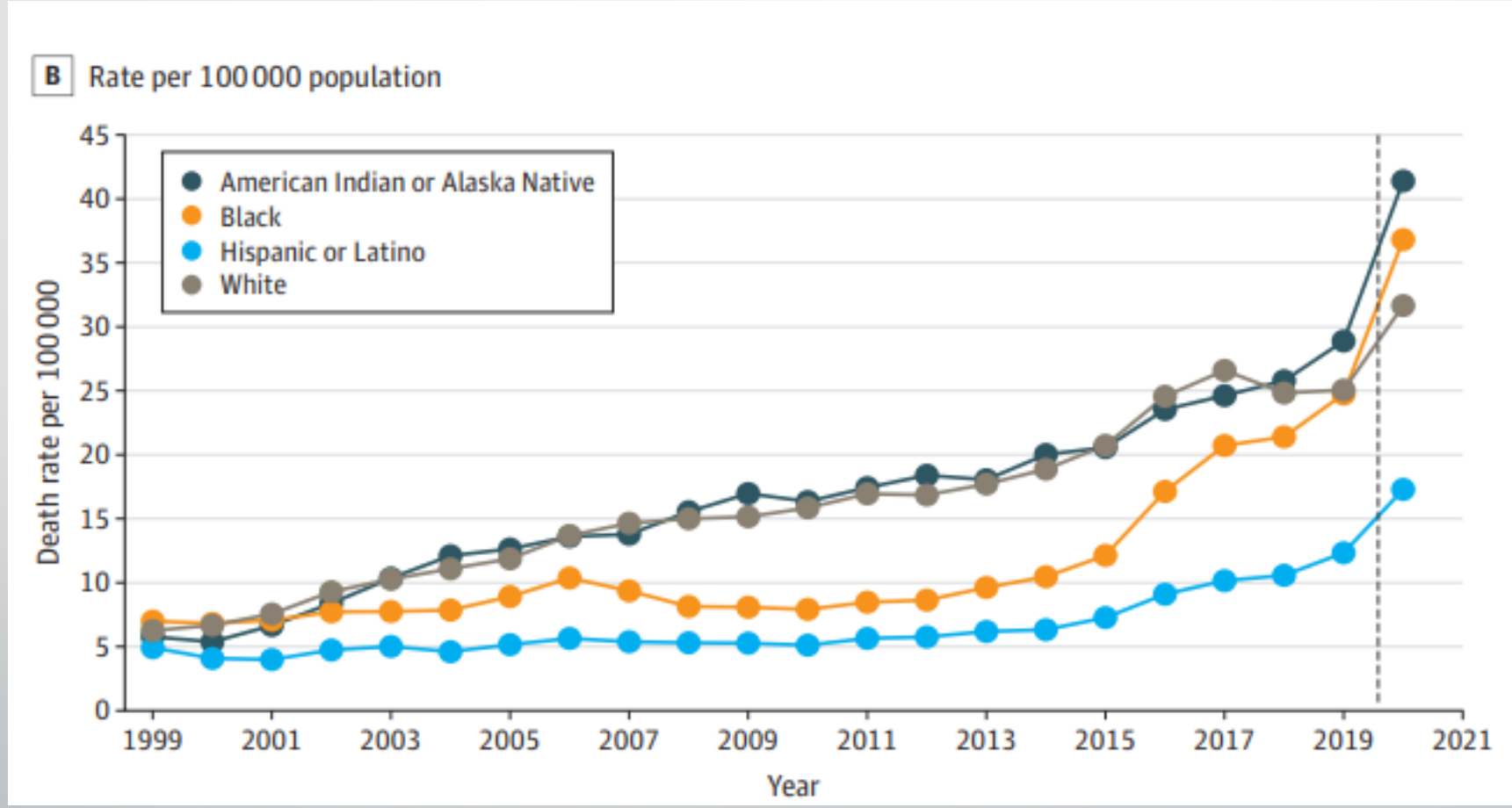
Source: CDC, 2023

Results

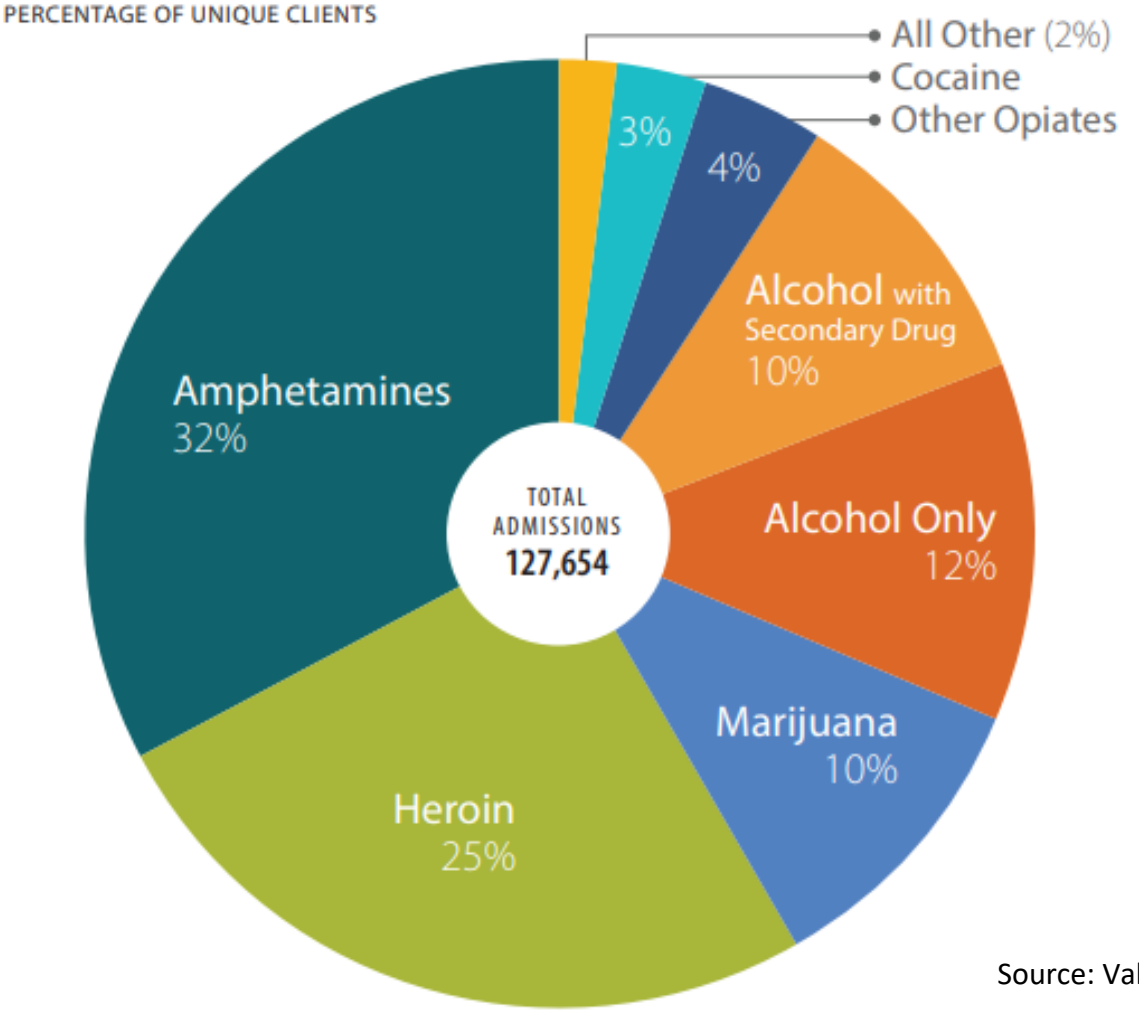


Friedman & Shover, 2022

Drug Overdose Mortality per 100,000 Population



SUD Treatment in CA State/County Contracted Programs by Primary Substance

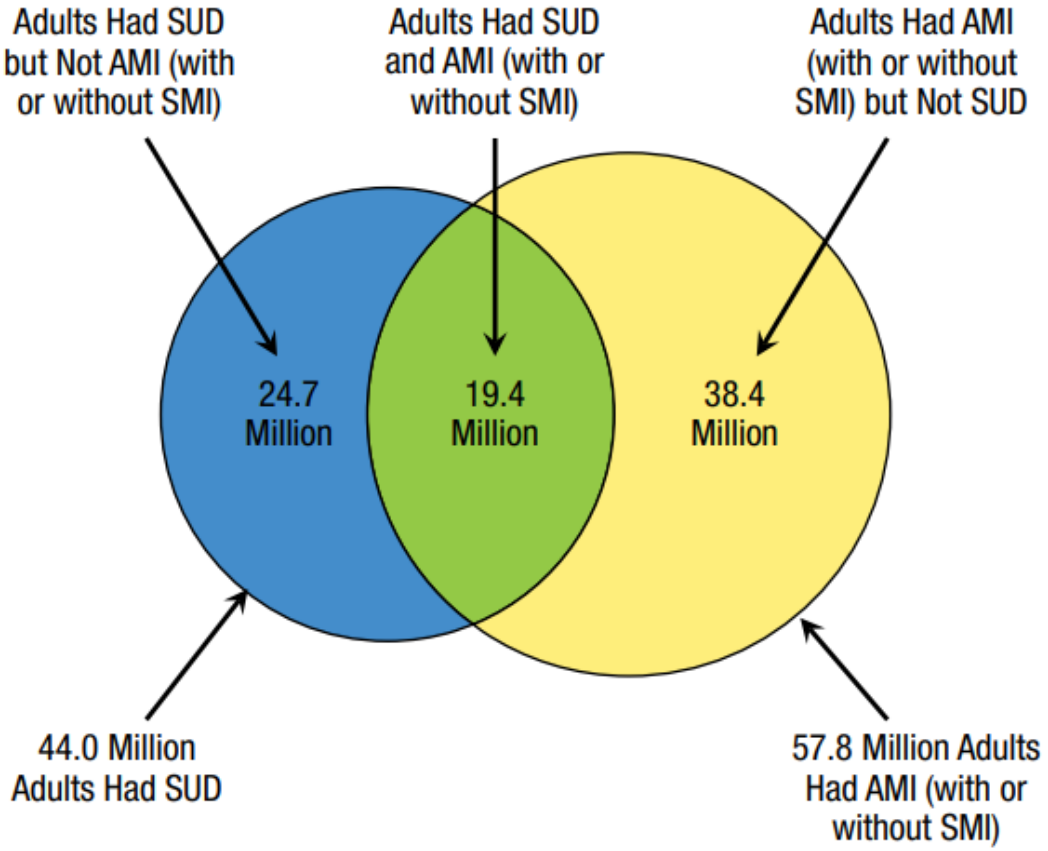


Source: Valentine & Brassil, 2022

Notes: Includes primary diagnosis of clients age 12 and older admitted to SUD programs. *Cocaine* includes both smoked and other routes. *All other* includes other stimulants, tranquilizers, sedatives, hallucinogens, PCP, inhalants, and other/unknown. While California Proposition 64 (2016) legalized recreational use of marijuana for adults over age 21 (effective January 1, 2018), marijuana is still considered an illicit substance at the federal level. Figures may not total 100% due to rounding.

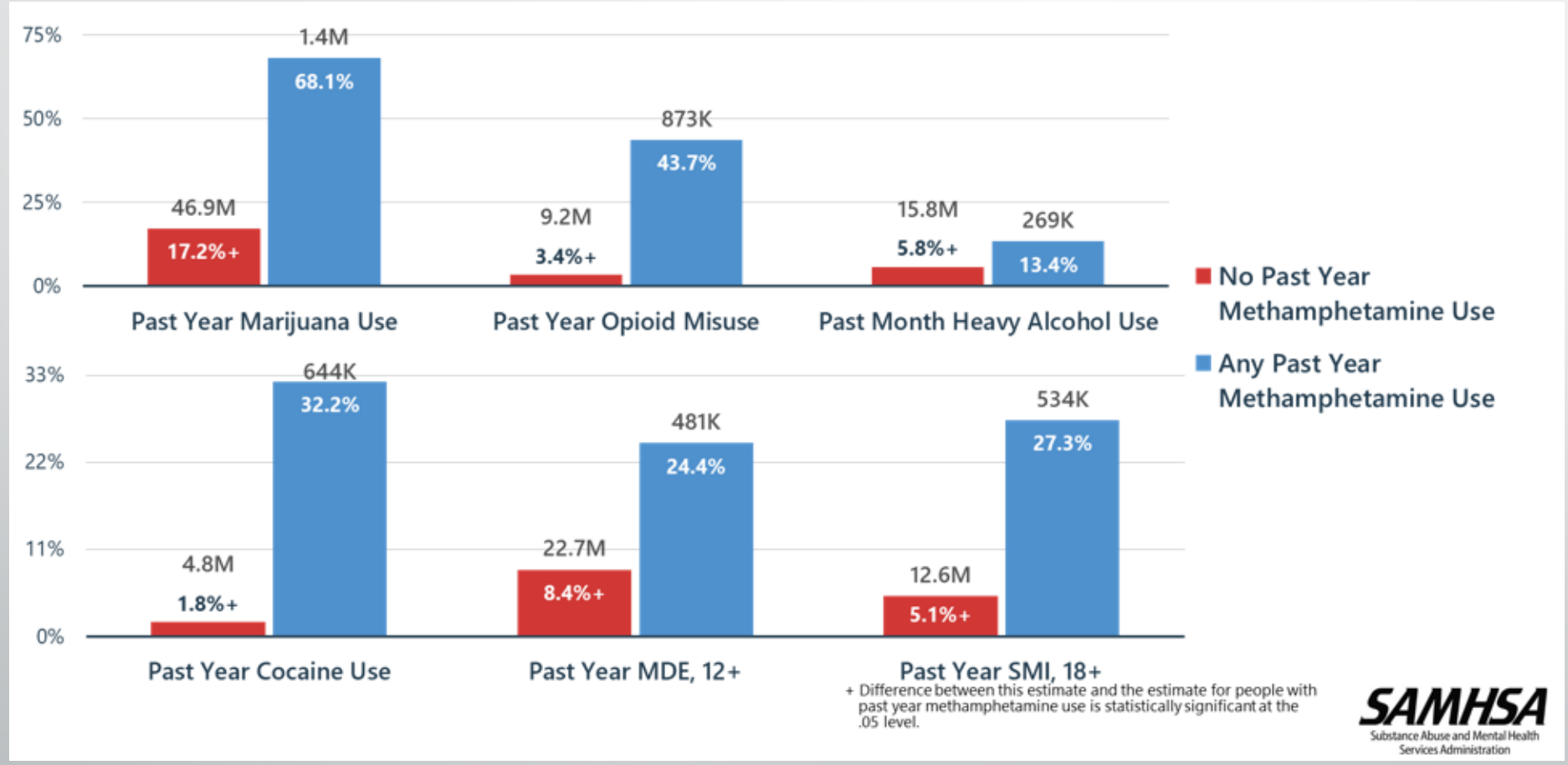
Source: "California TEDS Admissions Aged 12 Years and Older, by Primary Substance Use and Gender, Age at Admission, Race, and Ethnicity: Percent, 2019," Substance Abuse and Mental Health Services Administration, last modified July 1, 2020.

Past-Year Substance Use Disorder (SUD) and Any Mental Illness (AMI) among Adults Aged 18 or Older: 2021



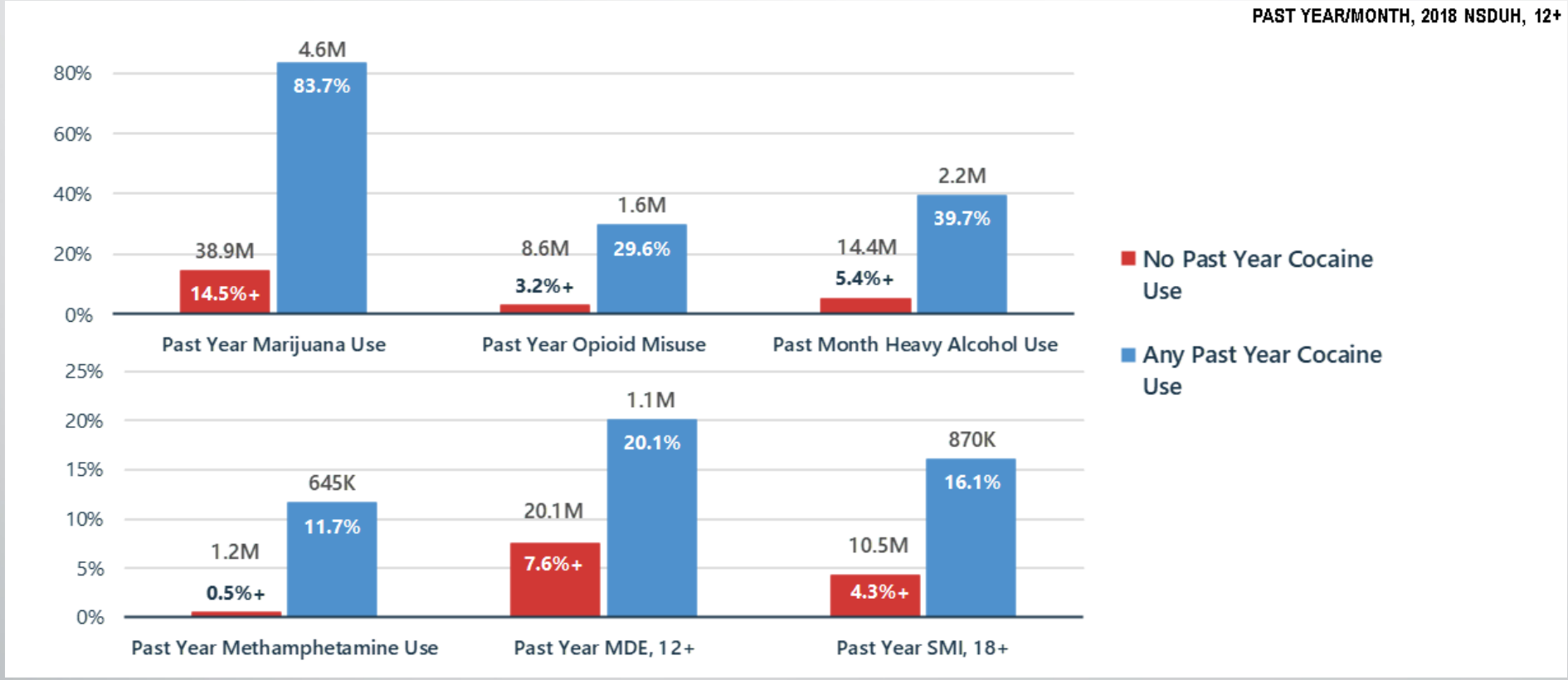
82.5 Million Adults Had Either SUD or AMI (with or without SMI)

Methamphetamine Use Related to Other Substance Use, Depression, and Serious Mental Illness, 2019



SOURCE:S McCance-Katz, 2020; SAMHSA, 2020

Cocaine Use Related to Other Substance Use, Depression, and Serious Mental Illness, 2018



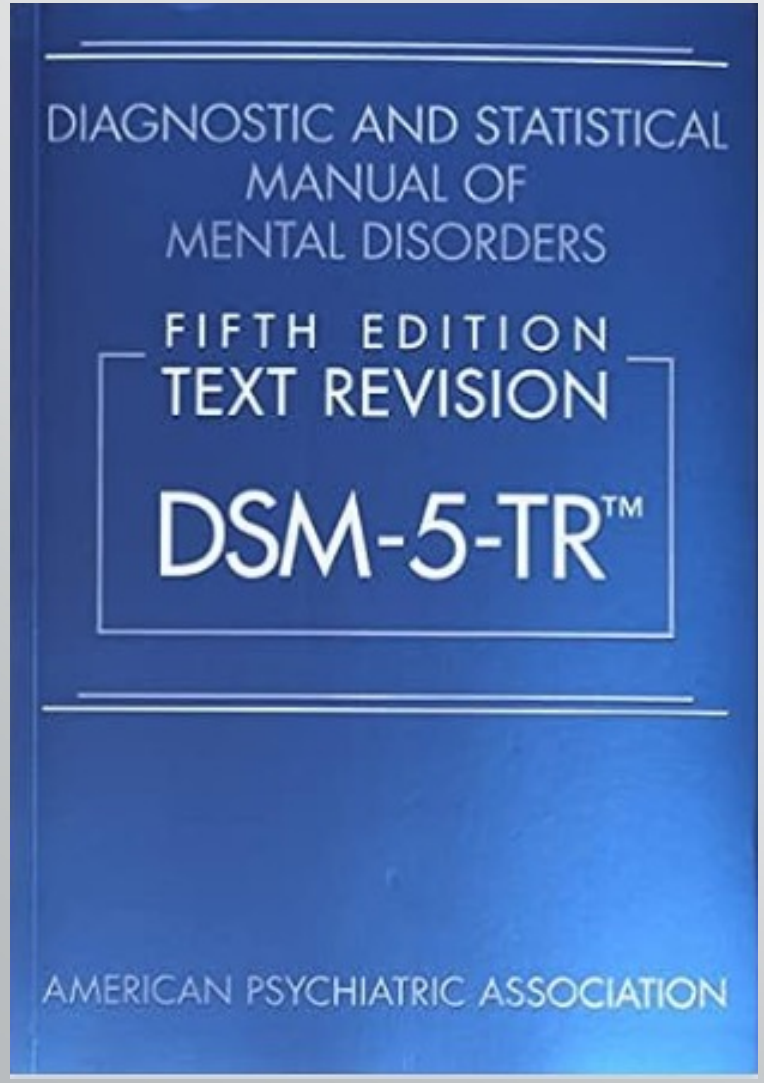
SOURCE:S McCance-Katz, 2019; SAMHSA, 2019

The Interconnectedness of disorders

- Approximately 34% of patients with a mental health diagnosis have a co-occurring SUD (SAMHSA, 2023).
- Nearly 60% of those with lifetime PTSD have had either a lifetime Alcohol Use Disorder, Drug Use Disorder, or both (Simpson et al., 2021).
- At least half of individuals with Bipolar I disorder have a co-occurring SUD (APA, 2013).
- Co-occurrence with trauma is very high (e.g., Approximately 94% of African-American women in residential SUD treatment have a history of trauma (Meshberg-Cohen et al., 2016).

The Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition DSM-5-TR

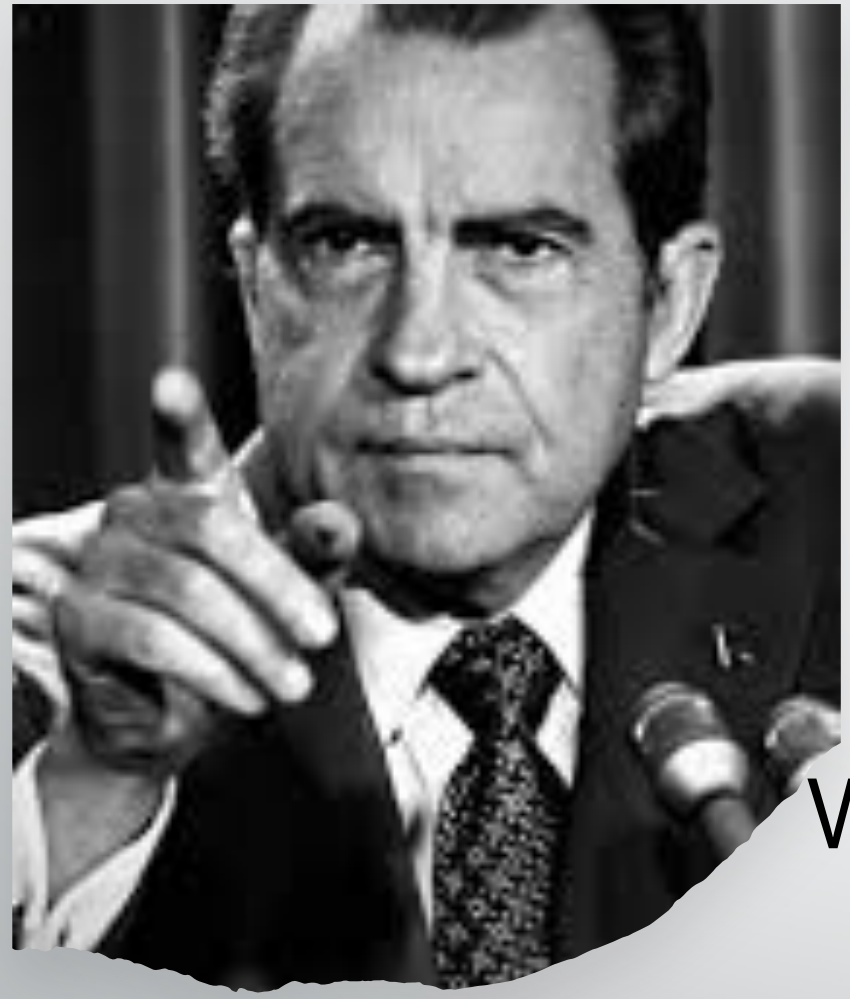
DSM-5-TR



AMERICAN PSYCHIATRIC ASSOCIATION

DSM-5 Table of Contents

The issue of stigma



50 years….

1971-2021

War on Drugs

Public Enemy No. 1

Top public health problem

Addiction may be the most stigmatized condition in the US and around the world: Cross-cultural views on stigma

Across 14 countries and 18 of the most stigmatized conditions…

Illicit drug addiction ranked 1st

Alcohol addiction ranked 4th

Stigma, social inequality and alcohol and drug use

ROBIN ROOM

Centre for Social Research on Alcohol and Drugs, Stockholm University, Stockholm, Sweden

- **Sample:** Informants from 14 countries
- **Design:** Cross-sectional survey
- **Outcome:** Reaction to people with different health conditions

Room, R., Rehm, J., Trotter, R. T. II, Paglia, A., & Üstün, T. B. (2001). Cross-cultural views on stigma valuation parity and societal attitudes towards disability. In T. B. Üstün, S. Chatterji, J. E. Bickenbach, R. T. Trotter II, R. Room, & J. Rehm (Eds.), *Disability and culture: Universalism and diversity* (pp. 247–291). Seattle, WA: Hofgrebe & Huber.

What is stigma?

Originally from a Greek work meaning tattoo or brand. First English use in 16th century.

It was a mark made on the skin by pricking or branding, as punishment for a criminal

"It was viewed as a sign that criminals were unsafe, unclean, and unwanted"

Studies have shown that…

SUD is more stigmatized compared to other psychiatric disorders

Compared to other psychiatric disorders, people with SUD are perceived as more to blame for their disorder

Describing SUD as treatable helps

Patients themselves who hold more stigmatizing beliefs about SUD less likely to seek treatment; discontinue sooner

Physicians/clinicians shown to hold stigmatizing biases against those with SUD; view SUD patients as unmotivated, manipulative, dishonest; SUD-specific education/training helps

Kelly, J. F., & Westerhoff, C. M. (2010). Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. *International Journal of Drug Policy, 21*(3), 202–207. doi:10.1016/j.drugpo.2009.10.010

Does stigma harm patients?

Soc Sci Med. Author manuscript; available in PMC 2015 Feb 1.
Published in final edited form as:
Soc Sci Med. 2014 Feb; 103: 33–41.
Published online 2013 Jun 18.
doi: 10.1016/j.socscimed.2013.06.005

PMCID: PMC3818511
NIHMSID: NIHMS495159
PMID: 23830012

Structural Stigma and All-Cause Mortality in Sexual Minority Populations

Mark L. Hatzenbuehler,[1] Anna Bellatorre,[2] Yeonjin Lee,[3] Brian Finch,[4] Peter Muennig,[5] and Kevin Fiscella[6]

Does stigma harm patients?

One more stigma definition

Structural stigma = "societal-level conditions, cultural norms, and institutional practices that constrain the opportunities, resources, and wellbeing for stigmatized populations"

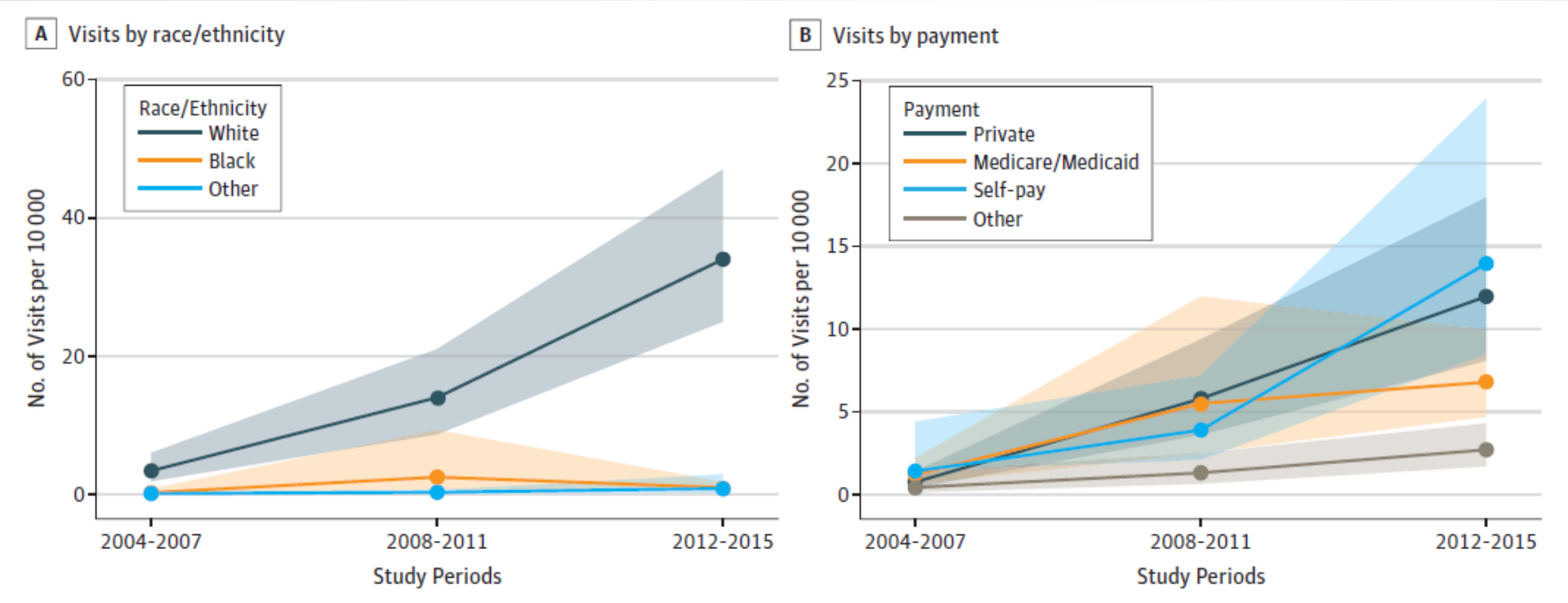
Does stigma harm patients?

"These results indicate that sexual minorities living in communities with higher levels of structural stigma die sooner than sexual minorities living in low-stigma communities, and that these effects are independent of established risk factors for mortality"

Being a sexual minority in a community with high structural stigma vs community with low structural stigma = reduced lifespan by 12 years (all causes)

Hatzenbuehler ML et al. Structural stigma and all-cause mortality in sexual minority populations. Soc Sci Med. 2014

Buprenorphine by Race and Payment Method



Lagisetty, P.A., et al. (2019). JAMA

How do patients respond to stigma?

- Secrecy (concealing the stigmatized condition)
- Educating others about the condition
- Challenging others about stigmatizing attitudes
- Avoiding healthcare

Why choose secrecy?

This leads to a vicious cycle related to stigma

Get diagnosed with a stigmatizing condition

Feel stigma (it's not pleasant)

Hide your condition

Have your healthcare provider find out you hid a stigmatized condition

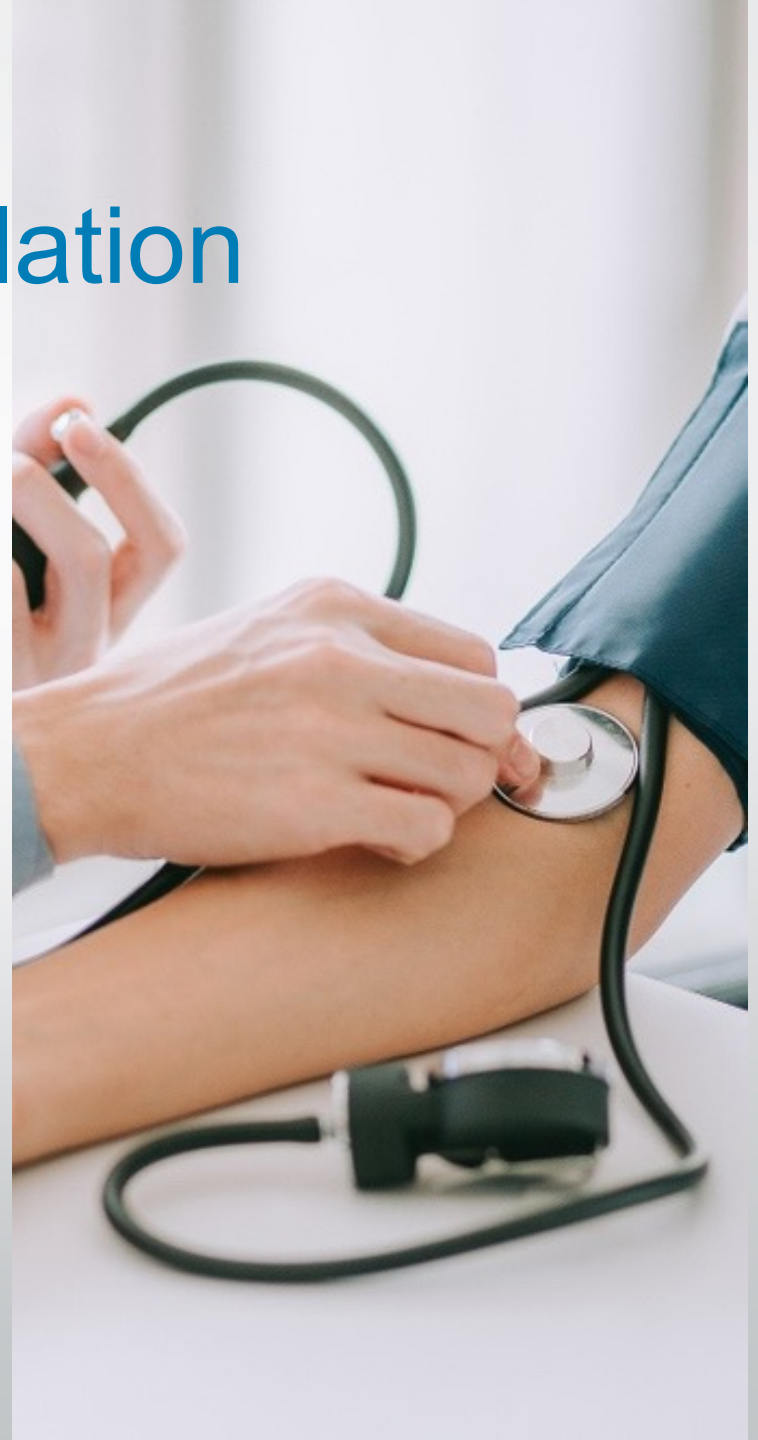
Feel stigma even more since you now both have a stigmatizing condition AND tried to hide it (it's still not pleasant)

Repeat

Stigma hurts the population

Rates of treatment for chronic diseases in the U.S.:

- Hypertension 77%
- Diabetes 73%
- Major Depression 71%
- Addiction to illicit drugs or alcohol: 18%



Crowley RA et al. Health and public policy to facilitate effective prevention and treatment of substance use disorders involving illicit and prescription drugs: An American College of Physicians Paper. Ann Intern Med. 2017

So what are the best practices in treating a person who uses substances?

Anti stigma tips

- Reassure patients that they are not going to be judged
- Reassure patients that you are just trying to help them
- If you’re honest in those statements, you’ll be amazed how much patients open up to you

Diagnosis

It’s challenging with overlapping disorders

Diagnostic Challenges

- Are symptoms substance-induced or part of an underlying MH disorder?
  - If symptoms go away after period of sustained abstinence, they were likely substance-induced
  - If they persist, it is likely they have an underlying MH disorder
- Vital to get accurate history

Diagnostic Challenges

- There is limited research data on how much time must pass to consider a symptoms as having been substance-induced. For instance:
  - Cocaine-induced hallucinations or depression may linger even after abstinence has been established
  - Alcohol-induced depression may last 6 months or longer if someone has been drinking heavily for many years
  - Meth-induced psychosis or depression may last for several months or longer

Diagnostic Challenges

- Recommendation:
  - At intake/program admission, treat the presenting symptoms
  - May not know etiology yet
  - Example: rx meds to reduce cravings and treat hallucinations or depression symptoms
  - Discuss diagnostic challenge with tx team
  - Explain the diagnostic challenge to the client/patient and enlist their help

Diagnostic Challenges

- As client proceeds in treatment, the etiology of their symptoms should become clearer
- The longer they are abstinent or using minimally and symptoms persist, the more likely that they have a non-substance induced MH disorder
- There will be diagnostic uncertainties, so be prepared to revise your diagnoses and treatment plans over time
  - How is your tolerance of ambiguity?

Evidence-Based Treatment Practices

You likely already know what to do

Symptom
Depressed Mood
Anhedonia (lack of pleasure)
Hypersomnia
Insomnia
Significant weight loss
Significant weight gain

Symptom
Psychomotor Agitation
Psychomotor Retardation
Fatigue/loss of energy
Worthlessness or excessive guilt
Impaired focus, concentration, and/or memory

Symptom	Intoxication	Withdrawal
Depressed Mood	Opioids, alcohol, benzos	Stimulants, hallucinogens, cannabis, caffeine, tobacco
Anhedonia (lack of pleasure)	N/A	Feature of withdrawal from numerous substances; powerful relapse trigger
Hypersomnia	Opioids, alcohol, benzos	Stimulants, caffeine
Insomnia	Stimulants, caffeine	Opioids, alcohol, cannabis, tobacco
Significant weight loss	Stimulants (long-term)	Opioids/benzos (nausea/vomiting), cannabis
Significant weight gain	Cannabis (increased appetite)	Stimulants

Symptom	Intoxication	Withdrawal
Psychomotor Agitation	Alcohol, caffeine, stimulants	Cannabis, benzos, stimulants
Psychomotor Retardation	Inhalants, Opioids	Stimulants
Fatigue/loss of energy	Alcohol, opioids, cannabis	Caffeine, stimulants
Worthlessness or excessive guilt	Not in diagnostic criteria	Not in diagnostic criteria but frequent in withdrawal from numerous substances
Impaired focus, concentration, and/or memory	Alcohol, cannabis, opioids, benzos	Caffeine, stimulants in individuals with ADHD

TIP 48 Figure 1.3

Depressive Symptoms Typically Caused by Substances of Abuse

	Associated Depressive Symptoms		
	Intoxication	Withdrawal	Chronic Use
Alcohol		Depressed mood, anxiety, poor appetite, poor concentration, insomnia, restlessness, paranoia and psychosis	Depressed mood and other depressive symptoms
Opioids	Low energy, low appetite, poor concentration	Depressed mood, fatigue, low appetite, irritability, anxiety, insomnia, poor con centration	Depressed mood and other depressive symptoms
Cocaine / stimulants	Anxiety, low appetite, insomnia, paranoia and psychosis	Depressed mood, increased sleep, increased appetite, anhedonia, loss of interest, poor concentration, suicidal thoughts	Depressed mood and other depressive symptoms
Cannabis	Anxiety, apathy, increased appetite	Anxiety, irritability	Low motivation, apathy
Sedative-hypnotics	Fatigue, increased sleep, apathy	Anxiety, low mood, restlessness, paranoia and psychosis	Depressed mood, poor memory

The Evidence Based Practices

Good across the spectrum of mental health disorders

SAMHSA's Guiding Principles of Recovery

SOURCE: US DHHS, SAMHSA, 2012

Evidence-Based Behavioral Treatments for SUD

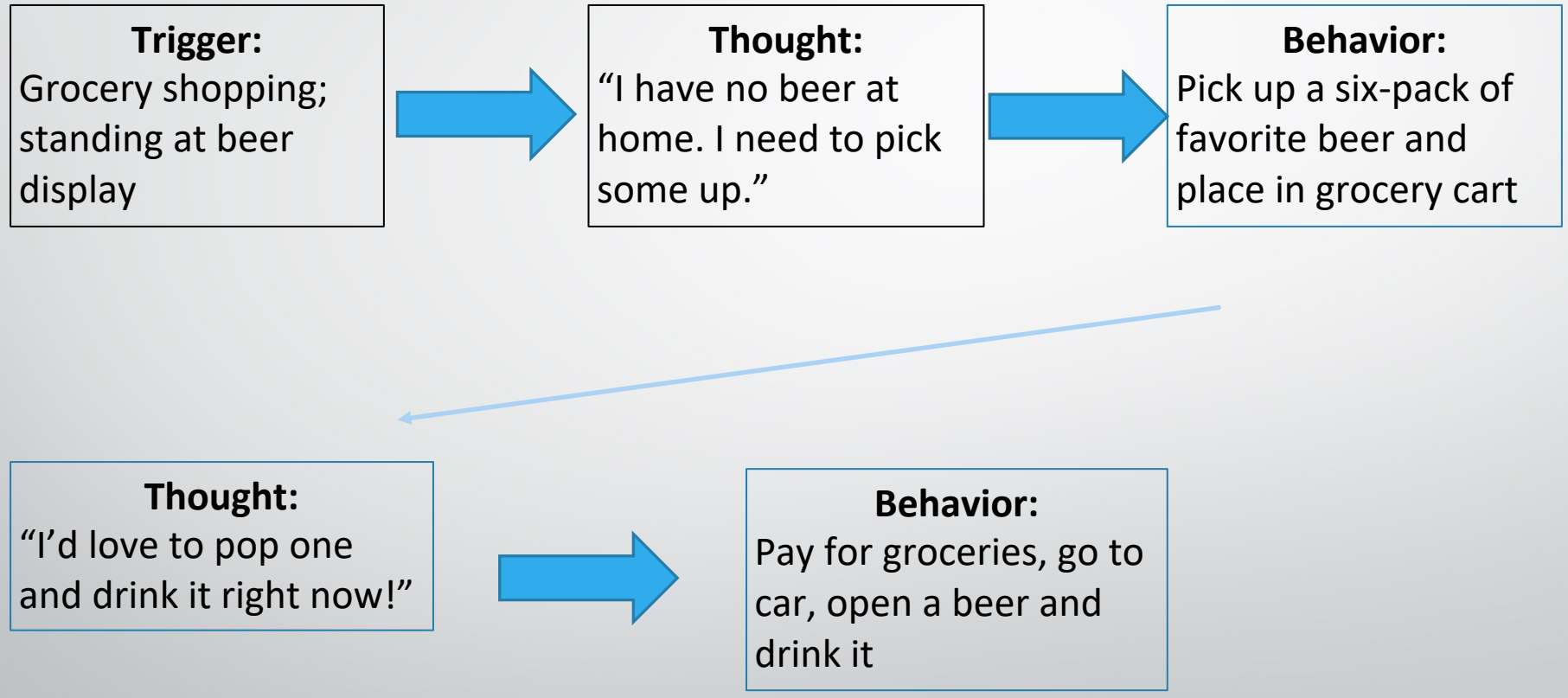
- Cognitive Behavioral Therapy/Relapse Prevention
- Motivational Interviewing
- Matrix Model
- Exercise
- Mindfulness
- Contingency Management*
- Community Reinforcement Approach

Treatment Goals

"We strongly discourage debating with patients regarding abstinence versus control of addictive behaviors. Instead we suggest therapists encourage patients to set their own goals in a deliberate, intentional manner, and then review these goals over the course of therapy. We also emphasize that failing to meet goals (e.g., experiencing relapses) provides opportunities for patients to learn about themselves." "…we encourage collaborative goal setting that goes beyond addictive behaviors to include all changes that improve the quality of patients' lives."

Source: Liese & Beck, 2022

Functional Analysis Example



Source: Liese & Beck, 2022

Case Conceptualization

- Each patient's case conceptualization is the foundation for their individualized treatment plan
- Ten essential elements:
  1. Primary problems: SUDs, mental and physical health conditions
  2. Social/environmental context: current living situation, close relationships, sociocultural factors, minority status, economic circumstances, any legal or safety concerns
  3. Distal antecedents: neurobiological, genetic, psychosocial, environmental influences

Source: Liese & Beck, 2022

Essential Elements of Case Conceptualization

4. Proximal antecedents: current internal and external cues, triggers, high-risk situations, circumstances, & relationships
5. Cognitive processes: relevant schemas, beliefs, thoughts, cognitive distortions
6. Affective processes: predominant emotions, feelings, moods, physiological sensations
7. Behavioral patterns: adaptive vs. maladaptive behaviors, coping skills vs. compensatory strategies
8. Readiness to change and associated goals: stages from precontemplation to maintenance for all problem areas; short-term and long-term goals for all problems

Source: Liese & Beck, 2022

Essential Elements of Case Conceptualization (2)

9. Integration of the data: salient processes, significant patterns, causal relationships between context, thoughts, beliefs, schemas, emotions, and behaviors
10. Implications for treatment: identification of the most appropriate cognitive and behavioral strategies and techniques, based on the data collected

Source: Liese & Beck, 2022

Factor in cognitive impairments

Good across the spectrum of mental health disorders

Cognitive Impairment

- Common cognitive impairments in COD clients:
  - Attention & concentration
  - Short-term memory
  - Cognitive flexibility
  - Ability to organize information
  - Abstract reasoning
- Compensatory strategies:
  - Repetition
  - Use concrete examples
  - Use handouts, other visual aids
  - Take breaks during sessions

Strategies for Cognitive Impairment

- *Reducing* substance use may be more acceptable than total abstinence
  - Any reduction in use is progress
  - Affirm early successes to enhance self-efficacy
- When beginning tx & during early recovery, clients often feel worse before they feel better
  - Educate client to anticipate changes in mood, symptoms, lifestyle, and peer relations

(Carey et al., 1996)

Disordered Thinking

- May include:
  - Circumstantial/tangential thinking
  - Thought blocking, thought insertion
  - Paranoia
  - Grandiosity
- Compensatory strategies:
  - Keep session structured
  - Don’t delve too deeply into intense emotional issues or delusional belief systems
  - Be careful with challenging delusional beliefs

Strategies for Cognitive Impairments

MODIFY TREATMENT PROTOCOLS

- Decrease length of sessions (attention, memory)
- Take structured breaks (attention, focus, memory)

- Increase session frequency (practice)
- Repeat presentations of therapeutic information (detox, 2 weeks, 4 weeks, 1 month, 3 months, etc.)
- Multi-modal presentations—audio, visual, experiential, verbal, hot/cold situations, etc.

Bates, et al., 2013; Huckans, et al., 2013

Grohman, K. & Fals-Stewart, W., 2003, 2012; Medalia, A. & Revheim, N., 2003; & Aharonovich, E., et al., 2003, 2005, 2011

Strategies for Cognitive Impairments

- Use memory aids— calendars, planners, phone apps, diagrams
- Teach stress management, breathing, relaxation, and mindfulness meditation skills
- Provide immediate feedback and corrective experiences
- Repeat instructions, put things in writing, provide short/direct instructions

The importance of Medicines in SUD Treatment

Know what they are so you can refer for care and support ongoing compliance

Medication Assisted Treatment

Medications for Alcohol Addiction

- Disulfram
- Acamprosate
- Naltrexone/Extended-Release Naltrexone

Medications for Opioid Addiction

- Naltrexone/Extended-Release Naltrexone
- Methadone
- Buprenorphine

Medications for Overdose Reversal

- Naloxone

Difference between drugs and medications?

Substances that make people feel good but can also cause problems and make it more difficult to manage mental illness.

Medications are some of the most powerful tools available for reducing symptoms and preventing relapses.

Why is this distinction important?

Purpose of Medication for OUD

- Control symptoms of opioid withdrawal
- Restore emotional and decision-making capacities
- Suppress opioid cravings
- Block the reinforcing effects of ongoing opioid use
- Promote and facilitate engagement in recovery-oriented activities
- Couple with behavioral interventions
  - Enhance the salience of natural, healthy rewards
  - Reduce stress reactivity and negative emotional state
  - Improve self-regulation
  - Increase avoidance of relapse triggers

Volkow, et al, NEJM. 2016
ASAM National Practice Guideline, June 1, 2015.

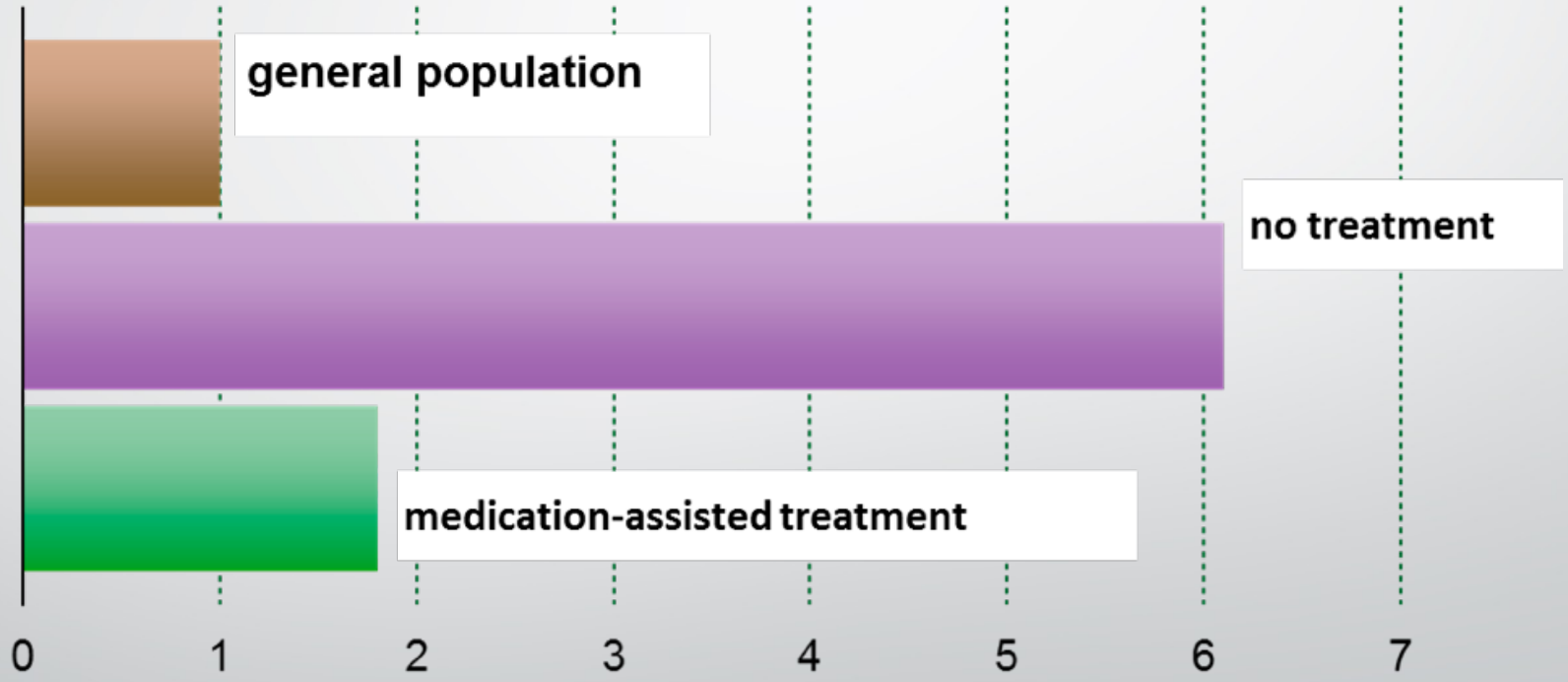
Goals of Medication for OUD

- Reduce mortality. (Save lives!)
- Reduce associated morbidity
  - Transmission of blood-borne viruses
  - Infectious complications from IV drug use
- Reduce opioid use
- Reduce substance-related crime
- Increase retention in treatment
- Improve general health and well-being

Volkow, N, Chang, L, et al.(2001) *Loss of dopamine transporters in methamphetamine abusers recovers with protracted abstinence. J Neurosci* 21:9414-8

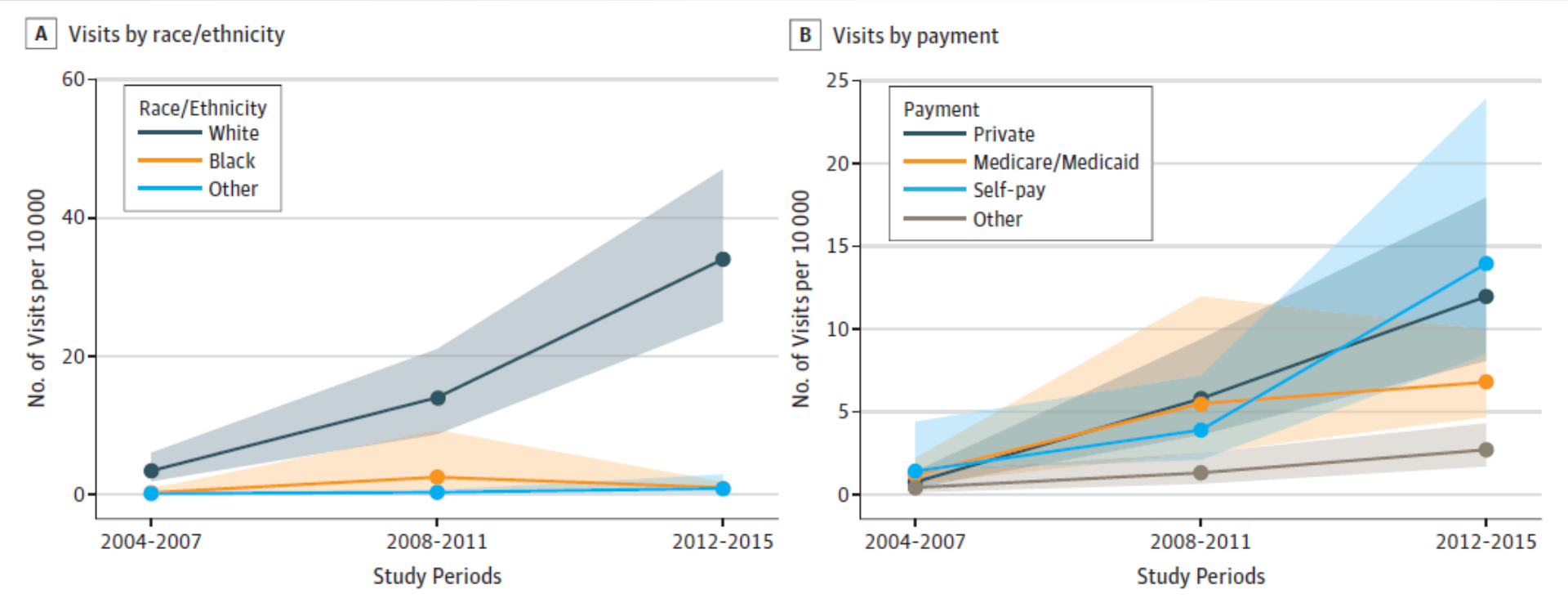
Benefits of MAT: Decreased Mortality

Death rates:



Dupouy et al., 2017
Evans et al., 2015
Sordo et al., 2017

Buprenorphine by Race and Payment Method



Lagisetty, P.A., et al. (2019). JAMA

Summary and Wrap up

You can do this

Strategies for Working With COD

1. Provide motivational enhancement consistent with the client's readiness change.
2. Use cognitive–behavioral therapeutic techniques.
3. Use repetition and skills-building to address deficits in functioning.
4. Facilitate client participation in mutual self-help groups.
5. Design contingency management techniques to address specific target behaviors.

Summary

- Stigma against people who use substance is profound
  - Lack of professional training
  - Few professional resources
  - Recommendations for referral out rather than treatment within
- Psychologists already have the skills to treat the disorder (at least in part)
  - It is a mental disorder
  - Skills that work for symptoms in one disorder can be directly applied to SUD
  - Meeting the client where they are leads to setting attainable goals.
- Treating people who use substance saves lives
  - Retention in MH and SUD care
  - Reduction in suicidal ideation and attempts
  - Reduced risk of drug poinsoning

Welcome to the Pacific Southwest Addiction Technology Transfer Center

Online Learning Center

We are constantly adding new courses and content.
Check back frequently for new courses & opportunities.

Full course catalog available at:
https://docs.google.com/document/d/1or78aNpgPzIdc2TGM5bH29ODaA8xtAPHsK8vDuticLQ/edit?usp=sharing

https://events.zoom.us/ev/AlX5raOw8ILi5mGm2V_5LcLCviqjJIlNmehHjVpvHy9Q09Hgbw7K~AggLXsr32QYFjq8BlYLZ5I06Dg

Discussion

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