Co-Occurring Mental Health and Substance Abuse Disorders

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Co-Morbidity of Schizophrenia and Substance Abuse

Continuum of Substance Abuse

What counts as addiction or abuse?

Smoking and Mental Illness

2009 National Survey on Drug Use and Health: Mental Health Findings: SAMHSA
Always Consider Withdrawal Symptoms

"Harlow, perhaps you should go back to SMOKING!"

Integrated Treatment

Mental health and substance abuse treatment are evaluated and addressed
- Same team
- Same location
- Same time

Evidence Based Principles

• Keeping people in treatment improves outcomes
• Addicts/alcoholics are a heterogeneous population, not a particular personality type.
• Addiction behaves like other chronic disorders
• Problem-service matching strategies improve outcomes.
  (Other matching strategies disappointing.)

Impact of Substance Abuse on Mental Illness

Schizophrenia
Depression
Bipolar/mood instability
Anxiety Disorders
PTDS
Borderline disorder
Sociopathy
Psychosomatic disorder

Alcohol
Marijuana
Cocaine
Caffeine
Methamphetamine/amphetamines
Tobacco
Hallucinogens
Opiates

Dual diagnosis, or secondary to substance abuse

- Not always clear
- History:
  - What started first
  - What symptoms were present before substance use started
- Family History
- Symptoms during periods of abstinence
- But it may not always matter!

Four Quadrant Model

Substance Abuse Often Starts as a Solution to a Problem

What was the problem?

How well did the drug or alcohol help?

What problems did it cause?

How well is it helping now?

What would have to happen to stop using?

• Can Help with Anxiety

• Increases Paranoia

• Can Cause Problems with Motivation

• Can cause Problems with Clear Thinking

• Can Make Psychotic Sx Worse

Evidence Based Practices (in Substance Abuse Treatment)

1. Motivational enhancement

2. Contingency management to impact target behaviors

3. Cognitive–behavioral therapy to address maladaptive thinking and behavior

4. Relapse prevention

5. Repetition and skills-building to address deficits in functioning

6. Facilitate client participation in mutual self-help group

Matching Treatment and Readiness

Pre-contemplation: Increase awareness and raise doubt

Contemplation: Tip the balance

Preparation: Negotiate a plan

Action: Assist behavior change through small steps

Maintenance: Prevent relapse and help lifestyle change

Todd C. Campbell 2003
Self-help programs

- AA and similar 12 step-programs
- Rational recovery
- NA
- Sober Recovery
- Double trouble
- Al-Anon
- NAMI

Role of Medication:

- The use of psychotropic medication with someone who abuses drugs and alcohol
- The use of medication in the treatment of substance abuse/dependence

Ideological issues

- We tell people not to use chemicals to solve problems, and then we prescribe chemicals to solve problems
- Information helps
- Not all psychiatric medication is the same
- Outcome is better if appropriate medication is used

Should people take their medications if they are going to drink?

"Don’t drink while you are taking medication"

= "Stop your medication if you drink"

For MOST medication, MOST people should continue taking it, even if they are using drugs or alcohol

Medication Classes

- Antipsychotics
- Antidepressants
- Mood stabilizers
- Antianxiety medications/hypnotics
- Stimulants

Medication used in the treatment of Substance Abuse

The power of the pill
### Drug Detection in Urine

<table>
<thead>
<tr>
<th>Substance</th>
<th>Detection Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamine or methamphetamine</td>
<td>2 to 4 days</td>
</tr>
<tr>
<td>Barbiturates (short-acting)</td>
<td>2 to 4 days</td>
</tr>
<tr>
<td>Barbiturates (long-acting)</td>
<td>Up to 30 days</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>Up to 30 days</td>
</tr>
<tr>
<td>Cocaine (benzoyleucgonine-cocaine metabolite)</td>
<td>1 to 3 days</td>
</tr>
<tr>
<td>Heroin or morphine</td>
<td>1 to 3 days</td>
</tr>
<tr>
<td>Marijuana (occasional use)</td>
<td>1 to 3 days</td>
</tr>
<tr>
<td>Marijuana (chronic use)</td>
<td>Up to 30 days</td>
</tr>
<tr>
<td>Methadone</td>
<td>2 to 4 days</td>
</tr>
<tr>
<td>Phencyclidine (occasional use)</td>
<td>2 to 7 days</td>
</tr>
<tr>
<td>Phencyclidine (chronic use)</td>
<td>Up to 30 days</td>
</tr>
</tbody>
</table>

### Risk assessment: suicide

- Have you thought about being dead?
- Have you thought about killing yourself?
- How would you do it?
- What preparations or plans have you ever made?
- Did you ever "try out" any part of it?
- Have you ever tried to kill yourself in the past?
- What keeps you from killing yourself?