

An Introduction to Substance Use Disorder

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Substance abuse is the introduction of a drug that creates an intense, unnatural and unsustainable feeling of euphoria

Intense

- Incredible state of euphoria
- Not to be confused with feeling good or feeling better
- Is an unforgettable experience
- More intense if 15 years old or younger

Unnatural

- Natural activities will not produce the same intensity as drug-induced euphoria
- Stages of brain development dictate more intense euphoric experience and an inability to see consequences or stop use

Unsustainable

- Over time, the intensity of the euphoria diminishes
- Increased amounts or stronger, more potent drugs may be used to re-experience the high
- Eventually, the euphoria is not attainable, but the brain is hard-wired to need the drug to normalize itself.
- Continued use is not the pursuit of the high but memory of the “high” lasts forever.

Myths and Facts

- Myth: people begin abusing drugs and alcohol to change how they're feeling
- Fact: people usually begin abusing drugs for the intense euphoric experience with no thought to how they're feeling prior to using or potential consequences

Myths and Facts

- Myth: people abuse drugs to escape life, to cope with problems or to self medicate
- Fact: most people begin using as teenagers or pre-teens and are using for the euphoric experience. Lack of supervision, guidance and a caring relationship with an adult may lead to a willingness to engage in high risk behaviors

Myths and Facts

- Myth: people who abuse drugs are weak-willed individuals who cannot handle the everyday stresses of life
- Fact: people who abuse substances are as capable as anyone in coping. Their drug use has rendered their coping skills ineffective. The outward appearance is that they can't handle stress and need an escape

Substance abuse is not an escape, a coping mechanism, or self medication. It begins as a very memorable, fun experience especially if the person using is 15 or younger. But it can appear to be a coping mechanism, especially if the substance abuse is chronic.

When we view or treat substance abuse as a secondary diagnosis and solely as a maladaptive coping mechanism, we reduce the potential for a positive outcome.

Symptoms of Mild-Moderate Substance Use Disorder (SUD)

- Recurrent use; failure to meet obligations
- Recurrent use in hazardous situations, i.e. DUI, unsafe sex, risk at the hands of others
- Recurrent use in spite of persistent social or personal problems caused by use

What is Severe SUD?

In severe SUD, the brain is unable to achieve or maintain homeostasis naturally and relies on the drug to achieve normalcy. Everyday occurrences, good and bad, may trigger cravings to use. Continued use becomes a factor in trying to feel “normal” and avoid withdrawal symptoms.

Symptoms of Severe SUD

- Using more than intended
- Unsuccessful attempts to quit or cut down
- Continued use in spite of awareness of a problem
- A great deal of time spent using or recovering from use
- Increased tolerance
- Withdrawal

Current Trends in Children

- First age of use = 14
- First drug used = marijuana and or alcohol
(Marijuana may be easier to access than ETOH)
- Drug culture has grown in schools since 1974.
Getting high is an accepted part of school life
whether students use or not.
- ETOH is still widely used by students.
- Opiates are being used at an alarming rate.

Risk Factors for Abuse/Dependence

- Age of first use is the most significant determining factor. Use <15 results in 40% greater risk of developing SUD. Why? Stages of brain development result in more intense euphoric experience prompting a desire to use whenever possible.
- Environment: living/socializing in a heavy drinking, drug using environment encourages using.

Risk Factors for Abuse/Dependence

- Heredity: may increase chance of abuse and dependence regardless of age of first use
- Traumatic, adverse childhood experiences may negatively affect brain development that in turn produces rewarding effects if ETOH/drugs are used. There may be trauma-related genetic changes that can be passed on.

The Brain

- The brain is directly impacted by substance use.
- May take 5 or more years of abstinence, depending on the substances used and duration of use, for the brain to return to some semblance of normal functioning
- On average, individuals attempting abstinence will relapse 6 times before long-term recovery takes hold

Sleep

- The brain is the only part of the body that needs sleep.
- SUD disrupts sleep cycles. Even though a person appears to be sound asleep, not all areas of the brain are regenerating through sleep.
- Individual feels more stress and is less capable of tolerating stress.
- Brain craves drugs to normalize.

Opiates

- State of MN is experiencing first serious heroin epidemic ever
- Profile of opiate user is changing from stereotypical back street addict to suburban, students/employed individuals
- Opiate addiction is likely related to the increase in over-prescribing of various opiate medications.

Opiates

- Unused and forgotten prescriptions are taken by teens/young adults who want to get high
- When supply runs out they find to purchase on the street may cost \$200-\$300 where heroin may only cost \$10-\$25 initially
- MN has the purest (52%) and cheapest heroin in the country
- Urban legend: if you snort and don't inject you can't get addicted

What's being done?

- MN Legislature passed law allowing first responders and citizens to administer Naloxone
- Federal and state laws now allow PAs and NPs to prescribe Suboxone
- In some states, including Minnesota, CVS is selling Naloxone OTC
- Pharmacist gives instruction on use as with a prescription
- Immunity for people who call 911 to report an overdose

Professional Awareness

- Screen for history of SUD
- Be attuned to patient discomfort and what is reasonable/unreasonable
- Develop an awareness of opiate prescriptions and personal attitudes towards them
- Consider a conservative approach to prescribing opiates
- Utilize PMPs

Primary Care and The Affordable Care Act

- Emphasizes “no wrong door” philosophy for identifying MH and SA issues and emphasizes first episode interventions
- Will require mental health and substance use screening as protocols in primary clinics and include MH/SA professionals as part of exam team
- Will require clinics to add resources to initially address and do follow-up with issues via telephone and office visits
- Clinics utilizing SBIRT-type screening tools and follow-up may reduce repeat substance abuse by 43%
- Dental clinics add SBIRT? Maintain contacts with healthcare homes or community resources for MH/SA referrals

What is integrated care?

- Forming relationships with providers of non-dental services. Sharing office space, staff or other resources
- Warm hand-offs to other care professionals
- Integrated primary care to eventually include dental?
- Dental services available in community-based programs

Alcoholics Anonymous

- Founded in 1935 in Akron, Ohio
- 12 Steps
 - Acknowledge powerlessness
 - Acknowledge and identify a higher power
 - Self awareness
 - Self acknowledgement
 - Steps to repair one's life
- Most recoveries of any program

Recommended Readings

- *The Big Book of Alcoholics Anonymous*
- *Broken*, William Moyers
- *Drinking: A Love Story*, Caroline Knapp
- *Tweak*, Nic Sheff
- *Beautiful Boy*, David Sheff

Questions?

References

- Volkow, D. Nora M.D., *The Science of Addiction*
- Minkoff, Kenneth M.D., *Changing the World: The Design and Implementation of Comprehensive Continuous Integrated Systems of Care for Individuals With Co-Occurring Disorders*
- Volkow, D. Nora, M.D., and McLellan, Thomas Ph.D., *Opioid Abuse in Chronic Pain - Misconceptions and Mitigation Strategies*

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