

## MOSBIRT Retreat

August, 1<sup>st</sup>, 2013  
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## Abuse & Addiction

- What is the first word that comes to mind when you think of MOSBIRT?
- What is the first word that comes to mind when you think of Addiction?
- Write down one common Myth about Addiction you believe is prominent in the population you serve?

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## ***Question we will examine***

What makes people vulnerable to addiction and COD?

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## Addiction = Medical Disease

- The effects of drug dependence on social systems shaped our views that the disease is primarily a social disorder, thus until recently medical approaches were lacking.
- Comparison across - diagnoses, heritability, etiology, pathophysiology and response to treatment suggest drug and alcohol dependence are more like other chronic medical illnesses.
- For some, Brief MI Interventions can have positive effects
- For others, Long-term care strategies of medication management and continued monitoring produce lasting benefits

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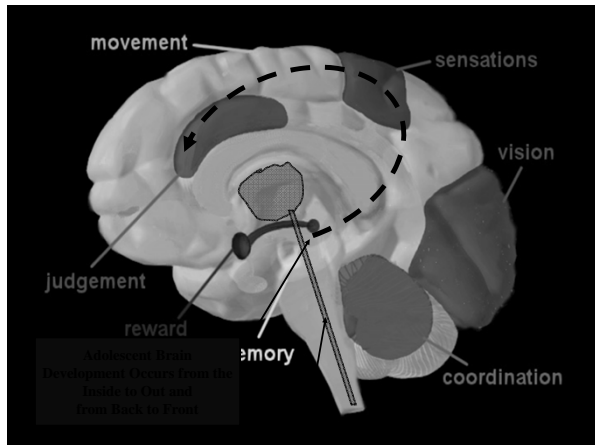
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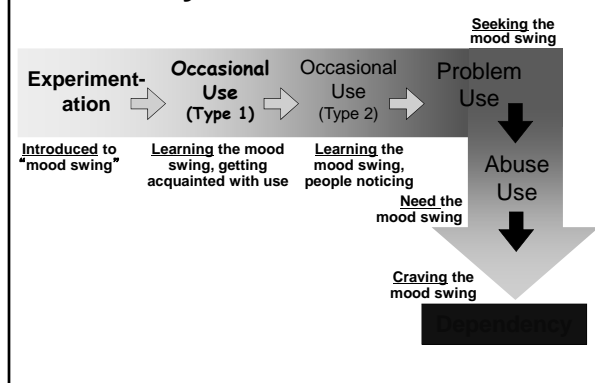
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## Pathway Toward Addiction




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## Abuse & Dependence

- Abuse = 1 of 4 criteria met in a 12 month period suggesting functional impairment in legal, work, family relations
- Dependence = 3 of 7 criteria met in a 12 month period. Continuation despite adverse consequences, substance used in larger amounts, unsuccessful attempts to control

Tolerance = need for increased amounts or diminished effect with same amount

Withdrawal = use to avoid discomfort from symptoms: shakiness, dry heaves, headaches?

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## The Power of Situational Factors

- Zimbardo
- Milgram
- Ashe
- Social Norming
- Positive Expectancies
- Perception

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## Culture of Substance Use

Developmental & Biopsychosocial  
Perspective

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## Assessment & Factors Substance Use Disorders

- Early “difficult-temperament” i.e. hard to “self soothe”.
- Trauma/Victimization History
- Learning Difficulties & Social Impairments
- Deviant Peer Groups & Delinquent Behaviors
- Prior Mental Health Problems
- Family History
- Early Age of Onset
- Relapse

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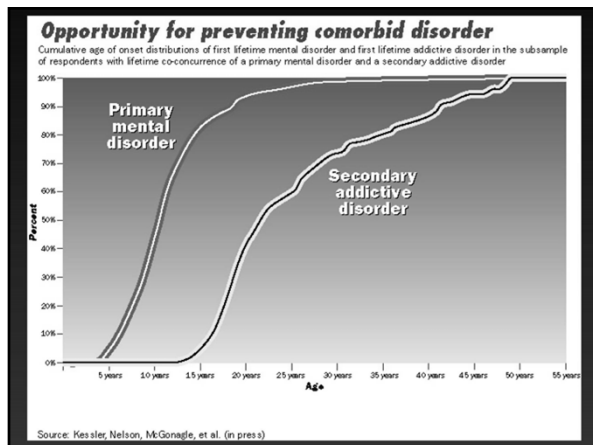
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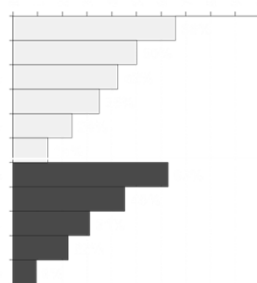
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## Co-Occurring Psychiatric Problems Ages 12- 18 years



Source: CSAT AT 2007 dataset subset to adolescent studies (N=15,254)

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## 2010 NSDUH

- Civilian, noninstitutional population, age 12+
- 67,500 persons each
- 8.9% of population 12 and older used illicit substances in 2010
- Marijuana was the most commonly used illicit drug. In 2010,
- Between 2007 and 2010, the rate of use increased from 5.8 to 6.9 percent, and the number of users increased from 14.4 million to 17.4 million.

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## Treating Co-occurring Disorders

- Psychiatric disorders co-exist in 20 % to 30% of persons with substance use disorders
- Rates double – 40% - 60% in treatment settings.
- Depression, anxiety, PTSD, social phobia, and bipolar disorder are the most common conditions in addiction treatment settings
- All COD's complicate treatment & outcome

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## Past Month Alcohol Use 2010

- Any Use: 51% (125 million)
- Binge Use: 23% (57 million)  
5 or more in past 30 40.6% (18 to 25 yrs.)
- Heavy Use: 6.7% (17 million)  
5 x 5 or more in past 30 days 13.6% (18 to 25 yrs.)

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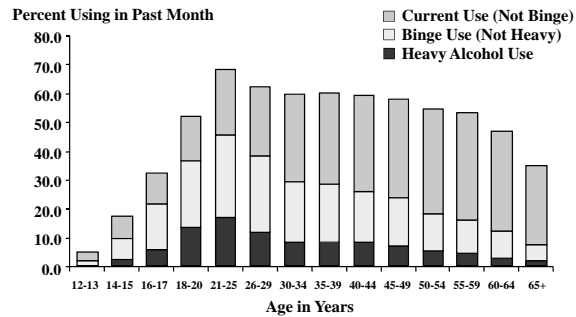
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## Current, Binge, and Heavy Alcohol Use, by Age: 2003




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## Alcohol and Age of First Use

- Person's reporting first use of alcohol before age 15 were more than 5 times as likely to report past year alcohol dependence or abuse - than persons who first used alcohol at age 21 or older (16% vs. 3%).

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## Largest Number of Recent Initiates

- Persons aged 12 or older:
- Marijuana use (2.4 million)
  - Pain Relievers -nonmedical (2.2 million)
  - Tranquilizers -nonmedical (1.2 million)
  - Ecstasy (1.1 million)
  - Inhalants (0.8 million); stimulants (0.7 million), and cocaine (0.6 million)

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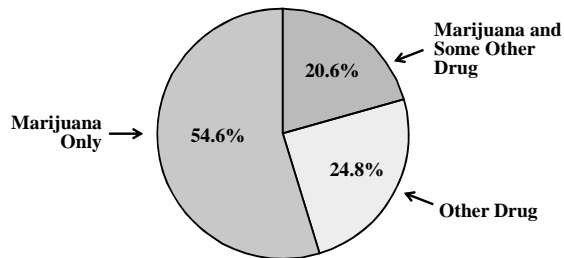
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### Types of Drugs Used by Past Month Illicit Drug Users Aged 12 or Older: 2003-06

19.5 Million Illicit Drug Users




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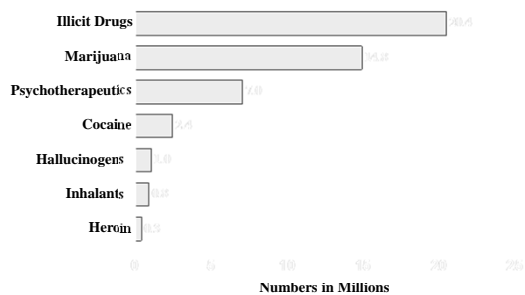
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### Past Month Use of Specific Illicit Drugs among Persons Aged 12 or Older: 2006




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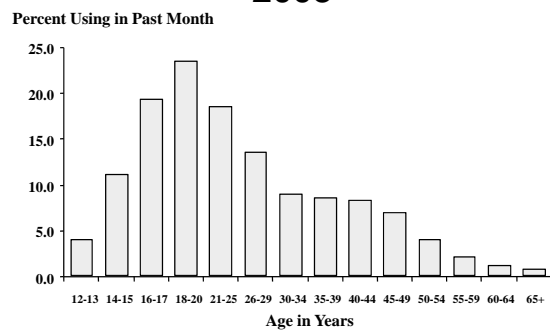
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### Illicit Drug Use, by Age: 2003




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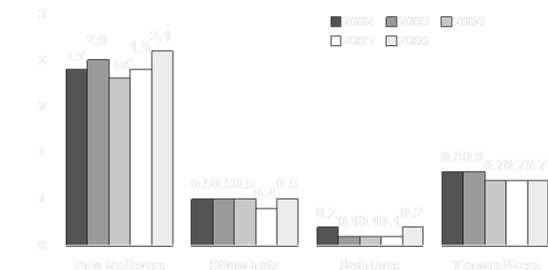
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## Past Month Nonmedical Use of Prescription Drugs (Psychotherapeutics) among Persons 12+:2002-2006

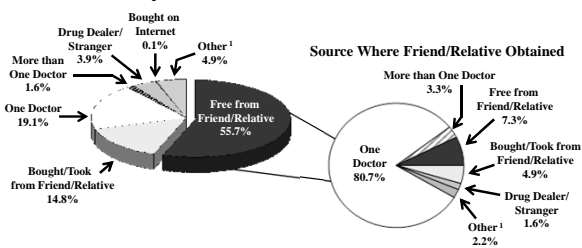
Percent Using in Past Month



\* Difference between this estimate and the 2006 estimate is statistically significant at the .05 level.

## Source Where Pain Relievers Were Obtained for Most Recent Nonmedical Use among Past Year Users Aged 12 or Older: 2006

Source Where Respondent Obtained



Note: Totals may not sum to 100% because of rounding or because suppressed estimates are not shown.

<sup>1</sup> The Other category includes the sources: "Wrote Fake Prescription," "Stole from Doctor's Office/Clinic/Hospital/Pharmacy," and "Some Other Way."

## Treatment

- How Is It Defined ?
- How Many Receive Tx ?
- Where People Receive It
- What Good Treatment Includes



### ASAM Levels of Care

- Early Intervention
- Intervention
- Outpatient
- Intensive Outpatient
- Residential
- Detoxification

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### Patient Referral Dimensions

- Intoxification/Withdrawal,
- Biomedical Conditions/Complications,
- Behavioral/Cognitive/Emotional (Co-morbidity)
- Relapse/Continued Use Potential
- Readiness to Change
- Recovery Environment

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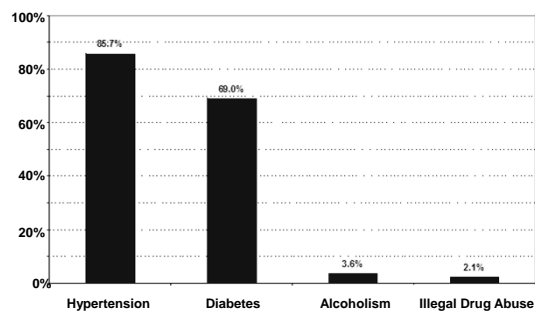
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### Physicians' Opinions Concerning Effectiveness of Treatment



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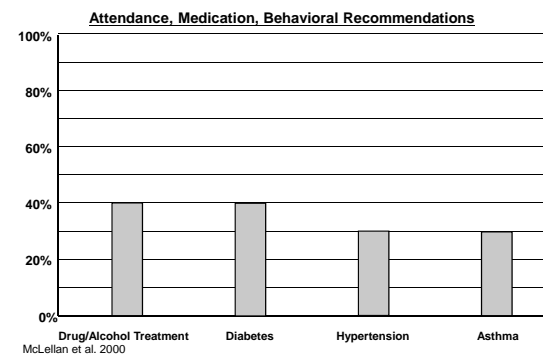
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## Patient Compliance with Recommended Treatment Regimens




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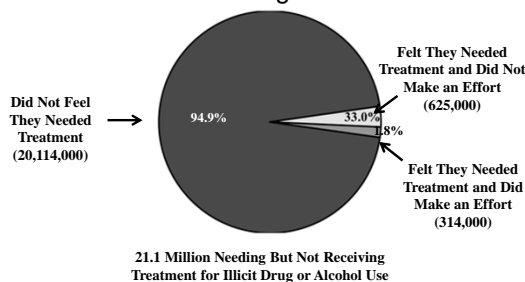
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Fig 7.7 Past Year Perceived Need for and Effort Made to Receive Treatment among Persons Aged 12+ Needing But Not Receiving Specialty Treatment for Illicit Drug or Alcohol Use: 2009




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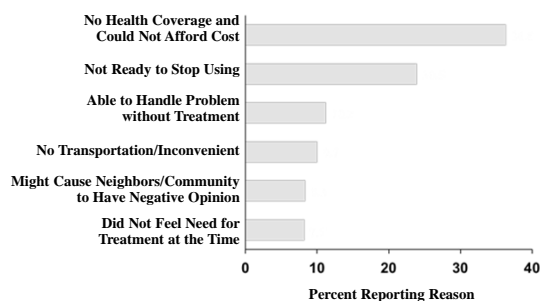
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Fig 7.8 Reasons for Not Receiving Substance Use Treatment For Those Who Needed and Tried (2006 & 2009)




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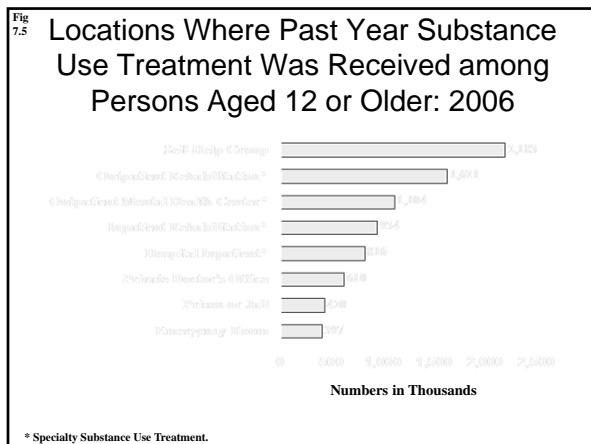
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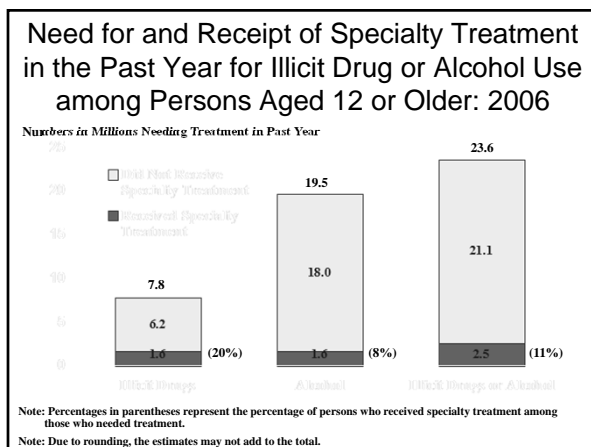
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**NIDA-Principles of Treatment**

- Drug Addiction is a Brain Disease that Affects Behavior
- Recovery from Drug Addiction Requires Effective Treatment, Followed By Management of the Problem Over Time
- Treatment Must Last Long Enough to Produce Stable Behavioral Changes
- Assessment is the First Step
- Tailoring Services to Fit the Individual is an Important Part of Effective Treatment
- Drug Use During Treatment Should Be Carefully Monitored

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## Benefits of Treatment

- Saves Money for Society
- Treatment Rates Similar or Better than other Chronic Medical Disorders
- Increases Quality of Life
- Brief Interventions Can Help Many People
- Longer Interventions are Necessary for Some
- Continuing Care Improves Outcomes

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## Chronic Relapsing Disorder

- *Substance Use Careers Last for Decades*
- *Median Duration of 27 years from First Use to 1+ years Abstinence*
- *On Average Recovery Takes Decades and Multiple Episodes of Treatment*
- *Median Duration of 9 years and 3 to 4 Episodes of Care*
- *It takes a Year of Abstinence before less than 50% relapse*
- *Even after 3-7 years of abstinence about 14% relapse*

Dennis, M.L., Scott, C.K., Funk, R., & Foss, M.A. (2005). The duration and correlates of addiction and treatment careers. *Journal of Substance Abuse Treatment*, 28, S51-S62.

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## Recovery Essentials

- Compulsory Supervision
- Replacement Activities
- Alternate Love Relationships
- Seeking the Spiritual

G. Valliant, Presentation 2001

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## **In Summary**

### Addiction

- Common
- Involves Predisposing Factors
- Adolescent Development Critical Factor
- Chronic Relapsing Brain Disorder
- Comprehensive Effective Structured Treatment (MET-CBT- Medication-Recovery Management) and Ongoing Monitoring Help
- Only a Few in Need Receive Comprehensive Care

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