Module 2
Understanding Substance Use Disorders, Treatment and Recovery
Why People Use Alcohol and Drugs

- Behavioral Factors
- Social Factors
- Environmental Factors
- Risk Factors vs. Protective Factors
- Biological Risk and Protective Factors
- Unique Combinations
SPECTRUM OF ADDICTION

EXPERIMENT AND USE

ABUSE

DEPENDENCE
Physical and Psychological Effects of Substance Use

- Alcohol
- Methamphetamine
- Cocaine
- Hallucinogens
- Marijuana
Alcoholism and Alcohol Abuse - 1

• Key questions:

  – “How is the drinking affecting the parent’s ability to make sound judgments regarding the welfare of the child?”

  – ”What behaviors are resulting or have resulted from the parent’s alcohol use that may put the child at risk?”
Alcoholism and Alcohol Abuse - 2

• How much is too much?
  – Women: >7 drinks per week or 3 drinks at a time
  – Men: >14 drinks per week, or 4 drinks at a time

• Alcohol dependence or alcoholism symptoms:
  – Craving
  – Loss of control
  – Physical dependence
  – Tolerance
Criteria for Substance Abuse

One or more of the following (within 12-months):

– Recurrent substance use that results in a failure to fulfill work, school, or home obligations;

– Recurrent substance use that is physically hazardous;

– Recurrent substance-related legal problems;

– Continued substance use despite problems caused or exacerbated by the use of the substance.
Criteria for Substance Dependence

Three or more of the following (within 12 months):

– Tolerance
– Withdrawal
– Using more over a longer period than intended
– Persistent desire or unsuccessful efforts to cut down
– Excessive time spent obtaining, using, or recovering from effects of the substance
– Giving up or reducing time on important activities
– Continued use despite knowledge of consequences
Natural Rewards Elevate Dopamine Levels

**FOOD**

- NAc shell
- % of Basal DA Output
- Time (min)
- Empty Box Feeding

**SEX**

- DA Concentration (% Baseline)
- Copulation Frequency
- Sample Number
- Female 1 Present
- Female 2 Present
- Mounts
- Intromissions
- Ejaculations

Text:

Natural Rewards Elevate Dopamine Levels
Effects of Drugs on Dopamine Levels

**MORPHINE**

- **Dose (mg/kg):** 0.5, 1.0, 2.5, 10
- **Time After Morphine:** 0, 1, 2, 3, 4, 5 hr
- **% of Basal Release**

**NICOTINE**

- **Time After Nicotine:** 0, 1, 2, 3 hr
- **% of Basal Release**

**COCAINE**

- **Time After Cocaine:** 0, 1, 2, 3 hr
- **% of Basal Release**

**AMPHETAMINE**

- **Time After Amphetamine:** 0, 1, 2, 3, 4, 5 hr
- **% of Basal Release**

**Graphs:**

1. MORPHINE: Graph showing % of Basal Release over time for Accumbens with different doses of morphine.
2. NICOTINE: Graph showing % of Basal Release over time for Accumbens and Caudate after nicotine.
3. COCAINE: Graph showing % of Basal Release over time for Accumbens after cocaine.
4. AMPHETAMINE: Graph showing % of Basal Release over time for Accumbens after amphetamine.

**Substances:**

- DA (Dopamine), DOPAC (3,4-Dihydroxyphenylacetic acid), HVA (Homovanillic acid)
Long-Term Effects on the Brain

Your Brain After Drugs

- Normal
- Cocaine Abuser (10 days)
- Cocaine Abuser (100 days)

YELLOW and RED indicate the level of brain function
Prevalence of Substance Use Disorders by Race/Ethnicity

Those Classified at Needing Treatment for Alcohol or Drugs, by Race/Ethnicity, 2004

- White: 9.9%
- Black or African American: 9.1%
- Native American or Alaska Native: 20.4%
- Native Hawaiian or Other Pacific Islander*: 12.6%
- Asian: 5.3%
- Two or More Races: 13.1%
- Hispanic or Latino: 10.4%

* 2003 data
2004 Treatment Admissions by Race/Ethnicity

Total Admissions – 1.88 million

Percent of Treatment Admissions

- White (non-Hispanic): 63.2%
- Black (non-Hispanic): 22.9%
- Hispanic: 13.2%
- American Indian or Alaska Native: 2.3%
- Asian/Pacific Islander: 1%
- Other or Unknown: 10.6%
Adverse Consequences of Substance Use Disorders

- Physical
- Cognitive
- Psychological
- Emotional
- Social

- Spiritual
- Parenting
- Family Abuse
- Financial
- Legal
Relational World View

• Native American Teaching: Health depends on a balance of mind, body, spirit, and context.

• Substance abuse causes an unbalanced life.

• Family problems escalate with the progression of the disease.
Effects of Substance Use on Parents and Families

• Different substances effect parenting differently

• Effects of Prenatal Exposure
  – Neurological and behavioral differences
  – Cognitive and communication/language difficulties
In-Home Indicators of Potential Substance Abuse - 1

• A report of substance use in the child protective services call or report

• Paraphernalia observed or reported in the home

• The smell of alcohol, marijuana, or other drugs on the parent or in the home

• A child reports use by adults in the home
In-Home Indicators of Potential Substance Abuse - 2

- Parent’s behavior suggests intoxication
- Parent exhibits signs of addiction
- Parent admits to substance use
- Parent shows or reports experiencing physical effects of addiction and/or withdrawal
Screening: The Role of Child Welfare Professionals

• Screening
  – Signs and symptoms during initial screening or assessment for child abuse and neglect

• Referral
  – Refer parent to a substance abuse treatment provider for further assessment.
  – The substance abuse treatment provider may refer parent to a treatment program
The Purpose of Screening

• Who needs to be screened?
  – Those identified as high risk or
  – Assume everyone is high risk

• Best practice: Screen Everyone

• Why? To see if assessment by a treatment provider is needed
Effective Screening Tools

- Fast, simple, easy to administer
- Can detect a problem with 3-6 key questions
- Inexpensive
- Requires little paperwork
- Designed for a broad range of individuals
Addiction Treatment

Treatment Modalities:

- Behavioral therapies and/or medications
- Case management and referral to critical services
- Mutual support (e.g., Alcoholics Anonymous and Narcotics Anonymous)

Treatment Based On:

- Severity of the Disorder
- Age
- Race
- Culture
- Sexual orientation
- Gender
- Pregnancy
- Parenting
- Housing
- Employment
- History of physical or sexual abuse and other trauma
Gender-Specific Components

• Unique Considerations for Women
  – Childhood abuse: physical, sexual, and/or emotional trauma
  – Co-occurring mental disorders, domestic violence

• Comprehensive Treatment Model for Women
  – Clinical treatment services
  – Clinical support services
  – Community support services
Culturally Relevant Treatment

• Compatible with roles, values, and beliefs
• Identify and remove barriers to treatment
• Address language needs
• Geographically accessible
• Family-focused
When Treatment Is Unavailable

• Be familiar with care and treatment options in the community.

• Provide contacts for 12-Step meetings and encourage parents to go.

• While waiting for optimal treatment:
  – Help develop safety plans.
  – Plan regular contact.
  – Suggest lower levels of care.
The Treatment Process

- Screening
- Brief Substance Abuse Assessment
- Diagnosis
- Comprehensive Assessment
- Development of Treatment Plan
Determining Treatment Placement

• Continuum of Intensity
  --from medically managed inpatient hospitalization (most intense) to outpatient sessions (least intense).

• Treatment Approaches
  --e.g., behavior modification or medication-assisted therapy.
Treatment Placement

• Matching needs with services:
  – Level 0.5—Early Intervention
  – Level I—Outpatient
  – Level II—Intensive Outpatient/Partial Hospitalization
  – Level III—Residential/Inpatient
  – Level IV—Medically Managed Intensive Inpatient

• Opioid Maintenance Therapy
Treatment Needs Change

• From more intensive to less intensive as needs are met.

• From less intensive to more intensive, based on severity of the substance use disorder.

• Financial resources and limitations
  – Can eliminate or postpone access
Addiction Treatment: American Indian Communities

- Federal trust relationship between recognized Tribes and Federal Government.

- *Substance abuse treatment*: Through Indian Health Service (IHS) network or Indian nonprofit agency under contract with IHS.

- *Child welfare services*: Under Indian Child Welfare Act (ICWA), Tribes have jurisdiction over and operate child welfare services.

- Ask about a child's ethnicity to determine if ICWA or IHS should be used.
Types of Treatment Approaches

• Any or a combination of the following, known as an "integrated" approach:
  – Pharmacotherapies
  – Psychosocial or Psychological Interventions
  – Behavioral Therapies
  – Mutual Support Groups
Medications for Opiate Addiction: Methadone Maintenance

- An effective treatment for heroin dependence.
- Does not produce behaviors associated with addiction and compulsive use.
- Can only be dispensed by federally approved Opioid Treatment Programs.
Other Medications for Opiate Addiction: LAAM and Buprenorphine

• 2000 Federal Law

Only qualified physicians who work in Opioid Treatment Programs or see patients in their private practices can prescribe and dispense LAAM and buprenorphine.

• Risks to children
Goals of Treatment

• Improve biopsychosocial functioning;

• Reduce substance use and increase sobriety;

• Prevent or reduce frequency and severity of relapse.
Treatment Effectiveness: National Treatment Improvement Evaluation Study (NTIES)

• Results:
  – Reduced alcohol and other drug use.
  – Lasting benefits

After 1 year of treatment:
  • Increases in employment and income,
  • Improvements in mental and physical health,
  • Decreases in criminal activity, homelessness, and behaviors that put them at risk for HIV infection
Treatment Effectiveness: National Institute on Drug Abuse (NIDA)

- Minimum for effective outcome:
  - 90 days of residential or outpatient treatment
  - 12 months

- People may need more than one treatment episode to achieve success:
  - Possible cumulative effect
  - Importance of engagement, retention, length of stay
Helping Parents Access Treatment

- SAMHSA Substance Abuse Treatment Facilitator Locator
  - www.findtreatment.samhsa.gov/facilitylocatordoc.htm
  - Select "Detailed Search" or "List Search"
  - Check "sliding fee scale" and "other assistance"
  - Call facilities to determine policies

- Contact State Substance Abuse Agency
  - Most agencies have Websites with contact information

- Call a CSAT/SAMHSA Referral Helpline:
  - 1-800-662-HELP
  - 1-800-662-9832 (Spanish language)
  - 1-800-228-0427 (TDD)
Identifying Treatment in Your Community

- Document information about each treatment provider
- Ask the key questions to consider in securing appropriate treatment programs
- Use this information as a ready reference to help you recommend appropriate treatment placements
Services That Parents in Treatment Need

- Access to physical necessities;
- Medical care;
- Substance abuse prevention counseling;
- Parenting and child development training;
- Child care;
- Training in childcare techniques;
- Social services, social support, psychological assessment, and mental health care;
- Family therapy and health education;
- Family planning services;
Services Parents in Treatment Need (Cont.)

- Life skills training;

- Language and literacy training;

- Planned, continuing care after program completion;

- Support in sustaining visitation with children;

- Case Management
Contact with Children

• Parents in treatment may—or may not—see their children.

• Visitation is important to children and parents.

• Interventions to treat substance abuse, child neglect, and maltreatment are more effective if family centered.

• Prepare children for visits with a parent in in-patient treatment.
Developmental Model of Recovery: Six Stages

• Transition
• Stabilization
• Early Recovery

• Middle Recovery
• Late Recovery
• Maintenance
Monitoring Treatment and Assessing Progress

• Key factors in monitoring treatment progress:
  – Participation in treatment
  – Knowledge gained about substance abuse
  – Participation in support systems
  – Child welfare services plan compliance
  – Visitation with children (when appropriate)
  – Parental skills/parental functioning
  – Interpersonal relationships
  – Abstinence from substances
Drug Testing

• Biological specimens: urine, hair, sweat, blood

• Limitations
  – Only detect recent use
  – Cannot measure frequency, patterns of use, or the route of administration

• Recommendations
  – Use as an adjunct to treatment
  – Agree on the type, frequency and duration of drug testing
Discharge from Treatment - 1

- Progress on treatment goals

- Sobriety & evidence that parent can live a sober life

- Stabilization/resolution of medical or mental health problems

- Demonstration of appropriate parenting skills
Discharge from Treatment - 2

- Parent demonstrates responsibility for self and children;

- Promotion through treatment phases to a specified level;

- Evidence of a well-developed support system:
  - Employment or enrollment in a program for adult education, literacy, or vocational training;
Discharge from Treatment - 3

• Legitimate and sufficient income source;

• Safe, affordable housing;

• A self-developed exit plan

• Evidence that the parent is linked with, or can find, needed family services
Continuing Care or Aftercare: Strategies To Support Recovery

- Alumni group meetings at the treatment facility
- Home visits from counselors
- Case management
- Parenting education and support services
- Employment services
- Safe and sober housing resources
- Legal aid clinics or services
Continuing Care or Aftercare: Strategies To Support Recovery - 2

- Mental health services;
- Medical and healthcare referrals;
- Dental health care;
- Income supports;
- Self-help groups; and
- Individual and family counseling.
Post-Treatment Expectations

• Recovery as “one day at a time” for the rest of a person's life

• Lapse vs. Relapse

• Ongoing support:
  – Economic, vocational, housing, parenting, medical, and social supports
  – Re-engagement in the recovery process, should relapse occur
  – Culture and recovery