

Substance Abuse and Co-Occurring Disorders: Assessment & Treatment Issues



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Topics



- **Effects on parenting and children**
- **Assessing for substance abuse & co-occurring disorders during investigations**
- **Most common co-occurring disorders**
- **Treatment options**



**EFFECTS ON
CHILDREN AND
PARENTING**

Substance Use in Abuse and Neglect Cases



- **70-90% of child maltreatment involves some form of substance use**
- **Associated with reoccurrences of abuse/neglect**
- **Any history of substance abuse within a person's lifetime is associated with increased risk of abuse/neglect**
- **Substance abuse is associated with up to 2/3 of child maltreatment fatalities**

Impairments due to Parental Substance Abuse



- Physical and mental impairments
- Reduced ability to respond to child's needs
- Impairs parent-child attachment
- Poor supervision
- Lack of basic necessities due to use of financial resources on drugs
- Increased risk for DV
- Increased risk to engage in physical abuse

Parental Substance Abuse: Effects on Children



- **Poorer cognitive, social, and emotional development**
- **Depression, Anxiety, Trauma-Related Disorders**
- **Truancy**
- **Poor academic achievement**
- **Behavioral problems**
- **School suspensions**
- **Dropping out of school**
- **Increased risk for sexual and physical abuse**
- **Substance abuse**
- **Personality Disorders**
- **Adult criminality**

Mental Health: Effects on Parenting



- **Depressive and Anxiety Disorders**
 - Lack physical energy
 - Apathy
 - Low frustration tolerance
- **Bipolar Disorder**
 - Impulsive/dangerous behaviors
 - Erratic parenting
- **Psychotic Disorder**
 - Reality distortions
- **Personality Disorders**
 - **Antisocial**
 - ✦ Absent or inconsistent contact
 - ✦ Lack of concern for child's safety and welfare
 - ✦ Violence
 - **Borderline**
 - ✦ Unstable housing
 - ✦ Unstable relationships
 - ✦ Inconsistent parenting
 - ✦ Exposure to domestic violence

Investigating Allegations of Substance Abuse



Keep in Mind



- Substance users do not appear intoxicated 24/7
- Substance users typically deny using
- Skilled at hiding their usage
- Capable of manipulating medical professionals
- Children have often been told not to disclose or that CPS are the “bad guys”
- Just because they are prescribed a medication doesn't mean they aren't abusing it or that it isn't impairing their parenting

Is there something going on?



- **Interviews**
 - Child, Parent(s), Neighbors, School Personnel
 - ✦ Recommend interviewing child before parent and **OUTSIDE** home if possible
- **Home visits**
 - Unannounced
 - Walk through home
- **Obtaining Records**
 - Medical records
 - Criminal history
 - CPS history

Signs of Intoxication/Withdrawal



- **Intoxication**

- Slurred speech
- Unsteady gait
- Pupil dilation or constriction
- Rapid speech
- High motor activity
- Euphoria
- Lethargy
- Slowed thought process

- **Withdrawal**

- Varies depending upon substance
- Hand tremors, sweating, insomnia, nausea, fatigue, agitation
- Opioids - often resemble flu-like symptoms

Warning Flags



- Expenses do not match income or unable to account for income
- Pill counts off
- Multiple providers prescribing controlled substances
- Multiple ER visits in absence of chronic medical condition often with vague complaints of pain
- Attempts to delay
- Uncooperative

Assessing for Co-Occurring Disorders



Relevance of Co-Occurring Disorders



- Substance use may be directly related to mental health issues (e.g., self-medicating)
- They exacerbate one another
- Intoxication/withdrawal symptoms can mimic mental disorders
- Substance use can trigger a mental episode (e.g., Substance Induced Psychosis or Mood Disorder)
- Poor identification results in incomplete/inadequate treatment
- Higher rates of relapse

Common Co-Occurring Disorders



- **Trauma Disorders**

- Posttraumatic Stress Disorder

- ✦ 1/3 of PTSD patients have at least one substance disorder

- History of trauma found in approximately 80% of users

- Opioid abuse particularly prevalent

- **Anxiety Disorders**

- Generalized Anxiety, Panic Disorder, Obsessive-Compulsive Disorder

- Alcohol, marijuana, and other depressants (e.g., anxiolytics, opioids) most common

Common Co-Occurring Disorders



- **Mood Disorders**
 - Major Depression/Bipolar Disorder
 - ✦ Marijuana, alcohol, and cocaine most common
- **Psychotic Disorders**
 - Schizophrenia
 - ✦ Alcohol most common
- **Personality Disorders**
 - Borderline and Antisocial
 - ✦ Often use multiple substances

Assessing for Mental Health Issues



- **Mental health and Substance disorders can have similar/overlapping symptoms**
 - e.g., Mania and Stimulants
- **Observable Mood/Affect**
 - Depressed, anxious, euphoric, irritable, angry, paranoid
 - Dramatic changes across interactions
- **Ask about:**
 - Prior mental health treatment
 - ✦ Therapy, medications, hospitalizations, mental hygiene petitions
 - Trauma history
 - Domestic violence – DVPs (as either petitioner or respondent)

TREATMENT



Treatment Options



- **Outpatient Services**
 - **Low Intensity**
 - ✦ Limited number of services
 - ✦ Infrequent appointments
 - **High Intensity**
 - ✦ More services (e.g., individual, group, and family therapy)
 - ✦ Frequent appointments typically several times per week or daily
 - ✦ More intense monitoring (e.g., frequent drug screens)
- **Outpatient Benefits:**
 - Reduced cost
 - Remain employed/social support
 - Learn skills while in the environment

Treatment Options



- **Inpatient Services**
 - Detox
 - ✦ Very short in duration
 - Short-term
 - ✦ 28 days
 - Long-term residential
 - ✦ 6 months or longer
 - ✦ Large array of services, gradual reintegration into community/step-down services, incorporation of family
- **Inpatient Benefits:**
 - Focus on recovery w/o environmental distractions or triggers
 - No access to drugs
 - More services
 - Longer time to learn recovery skills

Abstinence vs. Maintenance Treatment



- **Abstinence goal is completely drug free**
- **Maintenance goal is harm reduction and improving functioning**
 - **Methadone - full opioid agonist**
 - ✦ Full substitute for opioids with effects similar to heroin
 - **Buprenorphine - partial opioid agonist**
 - ✦ Some of the same effects as opioid but has ceiling effect
 - ✦ Subutex - Buprenorphine only
 - ✦ Suboxone - Buprenorphine + Naloxone (antagonist to reduce misuse b/c should precipitate withdrawal if injected)
 - **Naltrexone – opioid antagonist**
 - ✦ Vivitrol - Blocks effects of opioids, no euphoria

Abstinence vs. Maintenance Treatment



- **Abstinence Programs**
 - Less attractive to patients
 - Lower retention rates
 - Low sustained abstinence
- **Agonists (Methadone) and partial agonists (Subutex/Suboxone)**
 - Reduce illicit drug use, involvement in crime, and death
 - High relapse rates upon cessation
 - Problems with diversion and misuse
- **Antagonists - (Vivitrol injection)**
 - Low retention rates
 - Most effective in highly motivated individuals
 - Not abusable

Diversion and Misuse



- **Subutex - most easily abused and diverted**
 - 2007 – Study from France - up to 20% of prescriptions were misused/diverted
 - 2007 - Finland, 3/4 of untreated drug addicts abused
- **Suboxone - limited studies to measure abuse/diversion**
 - 2007 - Finland – 2/3 had injected and of those 2/3 repeated injections
 - Sometimes used as substitute to avoid withdrawals while still abusing opioids

Diversion/Misuse



- **Drug Forum Conversation:**
- **Djesus:** “How long after a dose of Suboxone would using heroin be effective and safe. Swim is on Suboxone and wants to know how long after he stops taking Suboxone would he effectively be able to use heroin?”
- **Cz-one:** “Oh, right, I’d say about 24 hours, but if you’ve been on them for a while to be safe I’d say 36 hours, so it’s completely out of your system.”
- **Halfnelson:** “My girl can get high after only about 2-3 hours after her Suboxone. No shit. I’ve seen her do it several times.”

Selecting the Best Treatment



- **Keep in Mind**
 - Detox alone - 65-80% relapse within one month
 - Longer engagement in treatment = better outcomes
 - Greater number of services tend to have better outcomes
- **Consider:**
 - Facility's ability to treat dual diagnosis
 - If person was drug-free what issues would still remain
 - Do services match other needs of client
 - Severity of drug use and risk of complications from withdrawals (Alcohol and Benzo's can be fatal)
 - Severity of mental health issues
 - Client's current environment - odds of succeeding in environment
 - Past treatment

Questions?



THANK YOU

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