Disclosures

- The presenter reports no conflicts of interest with this presentation.

The content of this activity may include discussion of off-label or investigative drug uses. The faculty is aware that it is their responsibility to disclose this information.

Target Audience

- The overarching goal of PCSS is to train a diverse range of healthcare professionals in the safe and effective prescribing of opioid medications for the treatment of pain, as well as the treatment of substance use disorders, particularly opioid use disorders, with medication-assisted treatments.
Educational Objectives

- At the conclusion of this activity participants should be able to:
  - Describe the most common psychiatric conditions seen in patients with opioid substance used disorders.
  - Describe treatments that are utilized to treat these conditions.
  - Discuss the challenges to treatment in this patient population.

Opioid Substance Abuse Disorder

**A Look At How Pain Was Treated In America**

In the early 1900s you could actually purchase pain products that were made with cocaine, opium and heroin.

A heroin kit that came with a syringe, two needles and its own carrying case could be purchased for a mere one dollar and fifty cents.

**A Look At How Pain Was Treated In America**

- Moms were told that if their babies were teething and in a lot of pain, they could always opt for a spoonful of opium or a heroin injection.
- During the late 1800s and early 1900s people put up with lots more pain than you can ever imagine...compared to the people of today.
- In their continuing effort to introduce new and stronger pain medications, the pharmaceutical industry began experimenting with stronger narcotic based options, and OxyContin was born.
A Look At How Pain Was Treated in America

- It wasn’t until 1995 that OxyContin was approved by the government and the next year the pain industry took on a whole new life of its own.
- Physicians and scientists agreed that there were patients with chronic pain who were suffering needlessly, and they believed that OxyContin was the answer.
- Everyone was lead to believe that it was not addictive and that any risks and side effects outweighed the gain.
- Journal articles were written, singing the praises of prescription opioids, and never once mentioned anything about addiction possibilities. Unfortunately, we now know that was not true.

US Opioid Consumption

- According to a recent report in The Guardian, “The US consumes more than 80% of the global opioid pill production even though it has less than 5% of the world’s population.”
- Over the past 20 years, one federal institution after another lined up behind the drug manufacturers’ false claims of an epidemic of untreated pain in the US.

Opioid Misuse in the United States

- Here’s what we know about opioid misuse:
  - In 2016, 11.5 million people self-reported that they had personally misused prescription opioids during the previous year.
  - The most commonly-reported reason that opioids were misused was to relieve physical pain (62.3%).
  - The misused prescription opioids were obtained:
    - From a friend or relative (53.0 %)
    - Through prescription(s) or stealing from a healthcare provider (37.5 %), typically through one doctor
    - From a drug dealer or stranger (6.0 %)
Drug Use and Mental Illness Often Co-Exist

- In some cases, mental disorders such as anxiety, depression, or schizophrenia may come before addiction.
- In other cases, drug use may trigger or worsen those mental health conditions, particularly in people with specific vulnerabilities.
- Some people with disorders like anxiety or depression may use drugs in an attempt to alleviate psychiatric symptoms, which may exacerbate their mental disorder in the long run, as well as increase the risk of developing addiction.

The Connection Between Mental Illness and Substance Abuse

- The National Bureau of Economic Research (NBER) reports that there is a “definite connection between mental illness and the use of addictive substances” and that mental health disorder patients are responsible for the consumption of:
  - 38 percent of alcohol
  - 44 percent of cocaine
  - 40 percent of cigarettes

The Connection Between Mental Illness and Substance Abuse

- Self-Medication -
  - By far the most common issue connecting mental illness and substance abuse is the intention of patients to medicate the mental health symptoms that they find disruptive or uncomfortable by using alcohol and drugs.
  - Some examples include:
    - The depressed patient who uses marijuana to numb the pain
    - The patient suffering from social anxiety who drinks to feel more comfortable in social situations
    - The patient who struggles with panic attacks and takes benzodiazepines like Xanax or Valium in order to calm the symptoms or stop the attacks before they start
    - The patient with low energy and lack of motivation who takes Adderall, cocaine or crystal meth to increase their drive to get things done
Dual Diagnosis

- 45% of people with addiction have a co-occurring disorder, according to the National Survey on Drug Use and Health.

Co-occurring mental health conditions and substance use disorders affect nearly 8.9 million Americans each year.
- Of those only 7.4% receive appropriate treatment, with the vast majority bounced among treatment systems with different and opposing treatment structures.
- Few drug treatment centers specialize in treating complex co-occurring disorders.

Common Psychiatric Conditions in Patients Who Abuse Opioids

- A study published in the Journal of the American Board of Family Medicine found that nearly 19 percent of Americans with a mental health illness use prescription opioids, while the same is true for only 5 percent of those without a mental health condition.
- According to the National Institute on Drug Abuse, many individuals who develop substance use disorders (SUD) are also diagnosed with mental disorders, and vice versa.

Common Psychiatric Conditions in Patients Who Abuse Opioids

- Multiple national population surveys have found that about half of those who experience a mental illness during their lives will also experience a substance use disorder and vice versa.
- It is also true that having a mental disorder in childhood or adolescence can increase the risk of later drug use and the development of a substance use disorder.
### Common Psychiatric Conditions in Patients Who Abuse Opioids

Researchers and doctors aren’t entirely sure why mental illness and drug use are so intertwined, and we can’t say that one causes the other, but some researchers suggest the following:

- Drug use may bring about symptoms of mental illness.
- Mental disorders can lead to drug use because of the need to self-medicate.
- Those with mental illness may have overlapping genetic vulnerabilities or be predisposed to addiction and mental disorders.
- Those with co-occurring diagnoses may have overlapping environmental triggers, such as physical or emotional abuse, stress or trauma.
- Drug use and mental illness develop over time and can change the way our brains function.

### Depression and Substance Use Impact Each Other

- Depression and substance use impact each other, and one condition can often make the other worse.

- Many individuals living with depression reach for opioids as a way to lift their spirits or to numb painful thoughts.

- In most cases, their opioid addiction can translate into a lost life.

### Opioid Prescriptions in the United States

- Opioid prescriptions in the United States have quadrupled from 1999 to 2015, according to the most recent data from the CDC.

- More than 183,000 people in that time period died from overdoses on those medications.

- And a new estimate suggests 500,000 people will die from them over the next decade.
Schizophrenia and Opioid Abuse

- Schizophrenia is a brain disorder that affects about one percent of all Americans—an estimated two million adults.
- People with schizophrenia may have difficulty responding to various social situations in an emotionally appropriate manner.
- Schizophrenia and addiction, or substance use disorder, often co-occur. In fact, an estimated 50 percent of individuals suffering from schizophrenia have a history of substance abuse.

Schizophrenia and Opioid Abuse

- People with schizophrenia often engage in substance abuse as a way to self-medicate or alleviate feelings of anxiety and depression.
- Schizophrenia is often mistaken for substance abuse because the disorders have similar symptoms.
- Individuals who live with schizophrenia are often reluctant to undergo treatment.

Treatment Options For Co-occurring Schizophrenia and Opiate Addiction

- Those who suffer from schizophrenia will not find lasting relief from their disorder by abusing opiates.
- The disorder must be prescribed and managed by a supervising physician.
- Close management of medicine can reduce unpleasant side effects while keeping opiates out of the picture.
- Doctors and patients can work together to find the best medication or medication combination, and the right dose.
Does opiate use lead to depression or does depression lead to opiate abuse?

- Suffering from either an opioid addiction or a depressive disorder can increase the risk of the other.

- Opioid abuse is linked to higher rates of anxiety, depression, and bipolar disorders.

- Some research suggests that opiate abuse isn’t required to influence the risk of suffering from depression. Mere use may be enough to put someone at risk of mental illness.

Does opiate use lead to depression or does depression lead to opiate abuse?

- A study at St. Louis University found that 10% of over 100,000 patients prescribed opiates developed depression after using the medication, as prescribed, for more than a month. None had a prior diagnosis of depression.

- In one study, persons on chronic opiate therapy with moderate and severe depression were found to be two to three times more likely to misuse their opioid medication.

- Depression is widely under-diagnosed and untreated, and the shortage of mental-health providers is especially acute in rural areas where the opioid epidemic has hit hardest.

Does opiate use lead to depression or does depression lead to opiate abuse?

- Previous studies suggest that adults with mental health disorders (ie, mood and anxiety disorders) are more likely to be prescribed opioids and remain taking them long-term.

- People with depression misuse painkillers at twice the rate of non-depressed individuals.

- People with depression do not follow a typical pattern of opioid misuse, where dosages are self-increased as pain goes up. Pain seems to have no bearing on misuse.
Treatment Options for Co-occurring Depression and Substance Abuse

- The treatment of depressive disorders with co-occurring addiction can be challenging.
- Depressive symptoms such as low motivation, low self-worth, and a flat emotional affect may imitate the effects of chemical intoxication or withdrawal.
- Although major depressive disorder is one of the most serious, debilitating types of mental illness, it is also very treatable with the right combination of therapeutic strategies.
- To maximize the outcomes of treatment, clients should have a range of resources available that address their psychological, medical, and psychosocial needs.

Bipolar Disorder and Substance Abuse

- According to statistics presented by the American Journal of Managed Care:
  - About 56 percent of individuals with bipolar who participated in a national study had experienced drug or alcohol addiction during their lifetime.
  - Approximately 46 percent of that group had abused alcohol or were addicted to alcohol.
  - About 41 percent had abused drugs or were addicted to drugs.
  - Alcohol is the most commonly abused substance among bipolar individuals.

Bipolar Disorder and Substance Abuse

- How Are Bipolar and Addiction Related?
  - There is no easy explanation for the high rate of substance abuse and chemical dependence among bipolar individuals.
  - One reason for this phenomenon is that a large percentage of individuals attempt to self-medicate with drugs and alcohol in an effort to numb the painful symptoms of their bipolar disorder.
Bipolar Disorder and Substance Abuse

- Symptoms of bipolar disorder such as anxiety, pain, depression and sleeplessness are so alarming, that many individuals will turn to drugs and alcohol as a means for offsetting the discomfort.
- Drinking and using drugs may trigger depressed or manic moods in someone with bipolar disorder.
- Clinical researchers believe that brain chemistry may influence both bipolar disorder and substance abuse.

Treatment Options for Bipolar Disorder and Substance Abuse

- In the past, bipolar disorder and chemical dependence were addressed as separate conditions and treated at separate facilities.
- People who were diagnosed with bipolar disorder were referred to mental health treatment centers or psychiatric hospitals, while those who were actively abusing drugs and alcohol were sent to rehab.
- Today, addiction professionals recognize the importance of treating bipolar disorder and substance abuse at the same time through a process called "integrated treatment."

Treatment Options for Bipolar Disorder and Substance Abuse

- Features of an integrated program for bipolar disorder and addiction include:
  - Centralized care provided in a single rehabilitation facility
  - A collaborative treatment team that includes psychologists, addiction counselors, and other professionals trained in Dual Diagnosis care
  - Individual psychotherapy that focuses on managing your emotions and minimizing the risk of substance abuse
  - Psychiatric medication to help you handle the ups and downs of bipolar disorder
  - Peer group support from others who are battling addiction and a mood disorder
PTSD and Substance Abuse Disorder

- What Is Post-Traumatic Stress Disorder?
- PTSD is a condition in which an individual experiences tremendous stress or anxiety after witnessing or being engaged in a traumatic event.
- Any physical or psychological trauma that leaves the individual feeling powerless and out of control may lead to PTSD.
- Symptoms of PTSD include nightmares, flashbacks, avoidance of things related to the event, severe anxiety, sleeplessness, aggressive behavior and angry outbursts.

PTSD and Substance Abuse Disorder

- The symptoms of PTSD can be divided into three general categories:
  - Re-experiencing the traumatic incident
  - Avoiding experiences that evoke memories of the incident
  - Symptoms of hyperarousal, such as irritability, anger or extreme anxiety

PTSD and Substance Abuse Disorder

- People who experience these symptoms for at least one month may be diagnosed with PTSD.
- Alcoholism and drug abuse fall into the category of avoidance symptoms, as the individual may use these chemicals to avoid memories or to numb fear.
- Under the influence of alcohol, someone with PTSD is more likely to engage in risk-taking behavior, such as driving under the influence, or to engage in an altercation with someone else.
Treatment Options for PTSD and Substance Abuse Disorder

- Recovering from a Dual Diagnosis of PTSD and an addictive disorder demands intensive support from psychiatric professionals, family members and peers.
- People who are battling PTSD and a substance use disorder may be reluctant to seek treatment.
- Many of those who experience PTSD live with intense guilt and shame caused by the traumatic event.
- Their addictive behavior may add to their guilt, making it even harder to reach out to others.

Treatment Options for PTSD and Substance Abuse Disorder

- An integrated treatment plan for PTSD and substance abuse should include:
  - Individual psychotherapy to teach the client how to handle the triggers that lead to substance abuse
  - Counseling sessions with other clients who also suffer from PTSD and an addictive disorder
  - Couples therapy or family counseling to strengthen relationships and educate family members about the disorder
  - Membership in a 12-step group to strengthen the client’s support network
  - Medication therapy with anti-addiction drugs or psychotherapeutic medications (antidepressants or anti-anxiety medications)

Best Treatment Approach for Dual Diagnosis

- What types of treatments work for an individual with a Dual Diagnosis?
- The answer to this incredibly important question depends upon the needs of the individual. Treating an individual as a person, and not a collection of symptoms or disorders, is one of the guiding principles of drug addiction and Dual Diagnosis treatment.
- The National Institute on Drug Abuse has established that the most effective treatment programs will have the ability to tailor a treatment plan to each person’s individual needs.
Best Treatment Approach for Dual Diagnosis

- One study published by the U.S. National Library of Medicine found that the treatments used for mental illness as a singular diagnosis are also effective for those who suffer from a Dual Diagnosis.

- On that same note, the treatments used to help those individuals who suffer from substance abuse are also effective for the treatment of substance abuse when there is another illness present.

Resources for Clients Who Suffer From Dual Diagnosis

- Detoxification. The first major hurdle that people with dual diagnosis will have to pass is detoxification. Inpatient detoxification is generally more effective than outpatient for initial sobriety and safety.

- Inpatient Rehabilitation. A person experiencing a mental illness and dangerous/dangerous patterns of substance use may benefit from an inpatient rehabilitation center where they can receive medical and mental health care 24/7.

- Psychotherapy is usually a large part of an effective dual diagnosis treatment plan.

- Medications are useful for treating mental illnesses

- Self-Help and Support Groups. Dealing with a dual diagnosis can feel challenging and isolating. Support groups allow members to share frustrations, celebrate successes, find referrals for specialists, find the best community resources and swap recovery tips.

References

- Medline Plus
  https://medlineplus.gov/dualdiagnosis.html

- U.S. National Library of Medicine
  https://www.nlm.nih.gov/

- Substance Abuse and Mental Health Services Administration (SAMHSA)
  https://www.samhsa.gov/find-help/disorders

- National Alliance on Mental Illness
  https://www.nami.org/#
References

Example:

Note: Please use the NIDA format for citations and alphabetize references.

PCSS Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid addiction.
- PCSS Mentors are a national network of providers with expertise in addictions, pain, evidence-based treatment including medication-assisted treatment.
- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

For more information visit: https://pcssNOW.org/mentoring/

PCSS Discussion Forum

Have a clinical question?

http://pcss.invisionzone.com/register
PCSS is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

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