Alcohol Use Disorders and Dual Diagnosis: A Closer Look

Presented by
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Learning Objectives for Presentation

• Understand the defining features and prevalence of alcohol use disorders and dual diagnosis (both alcohol and mental health diagnoses), particularly among teens and young adults.
• Gain insight into why teens and young adults are susceptible to dual diagnosis issues.
• Understand which mental health diagnoses are most prevalent with dual diagnosis.
• Learn the most effective interventions for dual diagnosis.
Problem drinking is given the medical diagnosis of “Alcohol Use Disorder” or AUD according to current DSM V. Severe AUD is a chronic relapsing brain disease characterized by compulsive alcohol use, loss of control over alcohol intake, and a negative emotional state when not using.
DSM V vs. DSM IV

• Four years ago, American Psychiatric Association (APA) issued 5th edition of diagnostic manual for mental disorders.
• DSM V is focused on use disorders on a continuum (mild, moderate, severe) vs. abuse or dependence.
• Legal criteria (arrest, held at police station, legal problems) which was included in abuse is no longer used to evaluate use disorder.
• DSM V includes craving as a criterion for use disorder.
Mild, Moderate, Severe

In the past year, have you:

• Had times when you ended up drinking more, or longer, than you intended?
• More than once wanted to cut down or stop drinking, or tried to, but couldn't?
• A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
• Spent a lot of time drinking? Or being sick or getting over other aftereffects? (craving...this is new)
• Found that drinking—or being sick from drinking—often interfered with taking care of your home or family? Or caused job troubles? Or school problems?
• Continued to drink even though it was causing trouble with your family or friends
Mild, Moderate, Severe cont’d

- Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink?
- More than once gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area, or having unsafe sex)?
- Continued to drink even though it was making you feel depressed or anxious or adding to another health problem? Or after having had a memory blackout?
- Had to drink much more than you once did to get the effect you want? Or found that your usual number of drinks had much less effect than before?
- Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, restlessness, nausea, sweating, a racing heart, or a seizure? Or sensed things that were not there?
Types of Alcoholism (Jellinek)

Alpha alcoholism
• Earliest stage
• Use to relieve bodily or emotional pain.
• ‘Problem drinker’...creates social and personal problems.
• Can stop if they really want to
• They have not lost control...do not have disease yet

Beta alcoholism:
• Medical issues (cirrhosis, neuropathy) from alcohol without physical or psychological dependence
• Heavy drinkers, but do not have physical addiction or withdrawal...do not have disease.
Alcoholism cont’d

Gamma alcoholism:
• Acquired tolerance, physical dependence, and loss of control
• The AA alcoholic
• By Jellinek's classification has a disease

Delta alcoholism:
• Gamma alcoholism, but with inability to abstain

Epsilon alcoholism:
• Most advanced stage of the disease
• Uncontrollable craving for alcohol
Alcohol Use Disorder prevalence

Youth (ages 12–17):

• According to the 2015 National Survey on Drug Use and Health (NSDUH), an estimated 623,000 adolescents (2.5 percent of this age group) had an AUD.
  • 298,000 were males (2.3 percent of males in this age group)
  • 325,000 were females (2.7 percent of females in this age group)
Alcohol Use Disorders

Youth (ages 12–17):

• An estimated 37,000 adolescents (22,000 males and 15,000 females) received treatment for an alcohol problem in a specialized facility in 2015.
Alcohol Use Disorders

Adults (ages 18+):

• According to the 2015 NSDUH, 15.1 million adults (6.2 percent of this age group) had an AUD.
  • 9.8 million were men (8.4 percent of men in this age group)
  • 5.3 million were women (4.2 percent of women in this age group)
Alcohol Use Disorders

Adults (ages 18+):

• About 1.3 million adults received treatment for an AUD at a specialized facility in 2015 (8.3 percent of adults who needed treatment).
  • 898,000 were men (8.8 percent of men who needed treatment)
  • 417,000 were women (7.5 percent of women who needed treatment)
Dual Diagnosis

A dual diagnosis (co-occurring disorders) is the coexistence of both a mental health and a substance use disorder. People with mental health disorders are more likely than people without mental health disorders to experience an alcohol or substance use disorder.
Dual Diagnosis prevalence

- According to the 2015 NSDUH, an estimated 8.1 million (3.3% of adults) had both a mental health and substance use disorder.

- Of the 8.1 million adults with a co-occurring disorder:
  - 52% received no treatment
  - 36.7% received only mental health treatment
  - 4.4% received only substance use treatment
  - 6.8% received mental health and substance use treatment
Dual Diagnosis Young Adults

Young Adults (ages 18-25):

• Young adults have the highest rates of both mental health and substance use disorders.

• According to the 2015 NSDUH, 1 in 9 young adults has an alcohol use disorder and 1 in 5 has a mental health issue.
Why Now?

The “Perfect Storm” of challenges confront those in late adolescence and early adulthood.

**Biological Changes:**

- Puberty causes changes to the chemical balances
- Disorders which may have been dormant become more prevalent
- Increased substance usage may aggravate condition
Why Now?

The “Perfect Storm” of challenges confront those in late adolescence and early adulthood.

Social Changes:

• Peer groups fluctuate or dissipate completely
• Family tensions grow/communication dies off
• Less individual identity
Most Common Diagnosis

Young Adults (ages 18-25):
- Major Depressive Disorder
- Anxiety Disorders
- Bipolar Disorder
- Schizophrenia
Major Depressive Disorder

Characteristics:
• Very low mood, which may include a loss in activities and low energy

Substance Use:
• Alcohol, heroin, prescription sedatives

Causes:
• **Biochemical theory:** norepinephrine and serotonin imbalance
• **Social theory:** loss of loved one, early trauma create imbalance and trigger depression
Major Depressive Disorder

About 10-15% of the population has Major Depressive Disorder

Symptomology:
• Depressed mood, decreased interest or pleasure, feelings of worthlessness, hopelessness or guilt, suicidality, fatigue

Treatment:
• Medications (antidepressants, SSRI’s) ECT, electroshock therapy and individual psychotherapy strongly encouraged
Anxiety Disorders

**Characteristics:**
- Avoidance, agitation, anger, excessive worry, unusual fears

**Substance Use:**
- Marijuana, alcohol, prescription sedatives, prescription stimulants

**Causes:**
- Imbalance in the brain of serotonin and dopamine, also some significant external or social causes
Anxiety Disorders

About 10-20% of the population has an Anxiety Disorder

Symptomology:
- Excessive obsession or worrying about events that either have or are going to occur, restlessness, trouble sleeping, chronic fatigue, muscle tension

Treatment:
- Medications (SSRI’s, sedatives), coping skills training, systemic desensitization, individual therapy
Bipolar Disorder

**Characteristics:**
- Periods of high moods (known as mania) and periods of low moods (known as depressions)

**Substance Use:**
- Alcohol, cocaine, amphetamines, heroin, prescription sedatives and stimulants

**Causes:**
- Unknown, may be caused by an imbalance in norepinephrine caused by genetic factors
Bipolar Disorder

About 1% of the population has Bipolar Disorder

Symptomology:
- **Mania:** euphoria, irritability, inflated self-esteem, grandiosity, racing thoughts, distractibility
- **Depression:** depressed mood or sadness, decreased interest or pleasure, guilt, suicidality

Treatment:
- Medications (lithium, carbamazepine and valproic acid) and counseling
Schizophrenia

**Characteristics:**
- Hallucinations or delusions, hard to distinguish fantasy from reality, inability to experience pleasure

**Substance Use:**
- Heroin, cocaine, alcohol, prescription pills, hallucinogens

**Causes:**
- Imbalance in neurotransmitters, especially the chemical dopamine, likely to be caused by damage on the brain when in the womb
Schizophrenia

About 1% of the population develops Schizophrenia between the ages of 16 and 30, and it is a life long disorder

Symptomology:
- **Psychotic symptoms**: hallucinations, delusions, bizarre, disorganized, or strange behaviors,
- **Common negative symptoms**: flattened affect, apathy/low motivation, loss of pleasure

Treatment:
- Medications (antipsychotics), social skills training, coping skills
Dual Diagnosis in Adolescents
Dual Diagnosis Among Adolescents

- Mental health disorders are common among adolescent substance abusers.
- Depression and anxiety are among the most common.
- 350,000 adolescents ages 12-17 had a Substance Use Disorder and Major Depressive Episode in 2015, or 1.4% of that population (NSDUH).
- Adolescent with co-occurring disorders are much more likely to be at risk for self harm.
What are the relationships?

- Methods for the Epidemiology of Child and Adolescent Mental Disorders Study
- 401 adolescents studied
- 25 or 6.2% had a substance abuse diagnosis
- Of these, 76% had mood, anxiety or disruptive behavior disorders (compared to 24.5% without a substance abuse diagnosis)
- Kids with affective or adjustment disorders are much more likely to complete treatment than kids with disruptive disorders

What about psychiatric adolescent inpatients?

- Survey of 100 consecutively admitted teens to inpatient psych facility
- 33 disclosed substance abuse or dependence
- Those with SUD were much more likely to report history of trauma-75.8% (of those without substance abuse, only 55% reported trauma)
- Those with SUD were less likely to report past medical hospitalization or family medical problems
What about depression?

- Up to 35% of depressed adolescents develop a SUD
- This comorbidity contributes to increased risk for suicide
- These adolescents are more likely to have recent interpersonal separation and family problems

What about anxiety disorders?

- Commonly coexist with SUD
- Anxiety symptoms usually precede the onset of substance abuse by about 2 years
- One survey of psych inpatients showed 44% had both anxiety and SUD
- These adolescents may “self-medicate” and substance use may unmask or worsen anxiety symptoms

Don’t forget Bipolar

- Substantially increased risk for SUD
- Risk factors include early onset of BPD, male sex, family history of SUD, presence of mixed state
- Treatment helps - double blind treatment trial assigned to lithium, active medication, or placebo showed that those on lithium had fewer positive drug screens and higher GAFS
ADHD

- Frequently associated with substance abuse
- Does the disorder or its treatment (stimulants) contribute to this higher incidence?
- Substance abuse more likely predicted by presence of conduct disorder or BPD in ADHD patients than ADHD alone
- Untreated or undertreated ADHD patients more likely to abuse substances
Effective Interventions for Dual Diagnosis
12-Step Facilitation (TSF)

- Clinical interventions designed to link people with AA (introducing concepts, bridge groups, providing meetings, linking with potential sponsors)
- Preparing clients for the culture and philosophy of AA
- Has made it easier to study AA’s efficacy
- Higher rates of abstinence vs. clients that were not linked to AA
Cognitive Behavioral Therapy (CBT)

• Very helpful for mood and anxiety disorders
• Involves adjusting preconceived notions of themselves and the world (cognitive distortions) to lead to more positive behaviors
• Also helpful for treating alcohol use disorders
• First identify thoughts, feelings, and situations that creates urges to use (functional analysis)
• Skill training is then focused on developing ways to manage these triggers without use
Dialectical Behavioral Therapy (DBT)

• Based on CBT but also incorporates Eastern principles of mindfulness and dialectics
• Opposites can co-exist (acceptance of oneself and the desire to change)
• Effective at improving emotional dysregulation that comes with borderline personality disorder, depression, and anxiety
• Also effective at treating the emotional dysregulation that can trigger alcohol use
Motivational Interviewing/Motivation Enhancement Therapy

• Express empathy
• Develop discrepancy
• Avoid arguments
• Roll with resistance
• Support self-efficacy
Decisional balance

• Looking at benefits/cost
• What is good/not so good about change
• Value of elements shift over time
• Elements may link together, and a shift in one leads to changes in other (cascade)
Traps

- Question/answer
- Confrontation/denial
- Expert
- Labeling
- Premature focus
- Blame
Medications

In General:

• Medication can be extremely helpful in treating the symptoms
• Medication alone, however, is not as effective as when it is combined with therapy
• Anti-depressants vs. benzodiazepines
• Naltrexone
• Acamprosate
• Antabuse
Services offered:
• Free confidential drug and alcohol evaluations
• Assistance to families who need help finding resources
• Prevention resources and presentations for parents and students
• Substance abuse awareness training and education for professionals, community organizations and parents
• Urine drug screens offered at an additional cost

Rosecrance Oak Park
120 South Marion St.
Oak Park, IL 60302
*in collaboration with Thrive Counseling Center
Services offered:

- Free confidential drug and alcohol evaluations
- Early intervention services
- Adolescent Intensive Outpatient Program (IOP)
- Young Adult Intensive Outpatient Program (IOP) for 18-29 year olds
- Assistance to families who need help finding resources
- Prevention resources and presentations for parents and students
- Substance abuse awareness training and education for professionals, community organizations and parents
- Urine drug screens offered at an additional cost

Rosecrance La Grange
47 6th Ave., Suite L
La Grange, IL 60525
Services offered:
• Individual and family counseling
• Intensive outpatient substance abuse treatment (IOP) for adults
• Day treatment substance abuse services for adults
• Short and long-term recovery housing for adults

Launch to Life Program for young adults:
- Weekly in-house peer groups
- 12 Step support and participation
- Academic coaching
- Career counseling
- Community service opportunities
- Planned sober recreation activities
- Length of stay ranges from three to 18 months, or more

Rosecrance Lakeview
3701 N. Ashland Ave.
Chicago, IL 60613
Services offered:

- Free confidential drug and alcohol evaluations
- Partial hospitalization
- Residential substance abuse treatment
  - Gender specific counseling
  - Experiential therapies including art, music, recreation, and horticulture
  - Family education and support
  - Transition planning
  - Alumni program
- Recovery homes for teens also offered in Rockford.
Services offered:

- Free confidential drug and alcohol evaluations
- Outpatient programs
- Medically monitored detoxification
- Partial hospitalization
- Residential treatment
  - Co-occurring treatment
  - Gender-specific programming
  - Young men’s program
  - Veteran’s program
  - Florian program for first responders
  - Experiential therapies including art, music and fitness
  - Transition planning
  - Continuing care and alumni programs
For information or referral to Rosecrance services contact:

815.391.1000

rosecrance.org