Alcohol Use Disorders and Dual Diagnosis: A Closer Look

Presented by
Matthew Quinn, LCPC, CADC
Community Relations Coordinator
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
Alcohol Use Disorders

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 SU, 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