

Understanding People With Substance Use Disorders and Addictions

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Disclaimer: The Diverse Presentation of Addiction

There is no textbook example of someone with addiction. Causes, consequences, symptoms, experiences range tremendously from person to person.

Today, summarizing from the literature, things commonly reported in the experience of addiction. However, this will never tell anyone's exact story.



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Overview: The Experience of Addiction

In addition to the enormous society impact, addiction also is associated with a significant personal impact

This is reflected across many domains of functioning

Focus of my presentation is on Psychological health

Includes:

I. Relationship & Interpersonal Functioning

Family, other relationships

Interpersonal violence

II. Co-Occurring Psychological Conditions

Comorbidity: What is it? Why does it happen?

Other substance use problems (including smoking)

Depression

Anxiety

Trauma/Posttraumatic Stress

Suicide Risk

III. Associated Psychological Distress

Guilt & shame

Stigma

Blame

Relapse



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I. Relationships & Interpersonal Functioning



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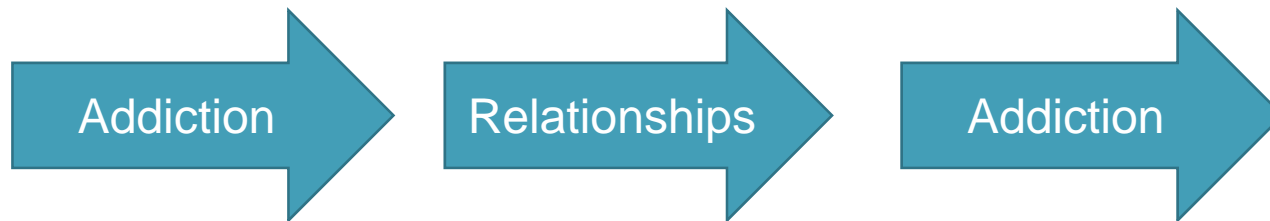
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SUD/Addiction and Relationships

“Systems models”, “interdependence theory”

Addiction does not just happen to the individual.

- Affects & is affected by a system of relationships (family, friends, co-workers, etc) in a reciprocal way.



Also, evidence of *familial adaptation* to addiction

History of derogatory terms:

“Enabling”, “Co-Dependence”

Little or no evidence to support these constructs

Better way of thinking about this: Humans innately adaptive.

Will try to respond as best they can to their environment.

This is natural, in many cases, helpful to maintain function.

-BUT can take a toll.



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Slide 5

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Larger system is often overlooked. Family members, friends underestimate how much addiction affect them.

Jen Read, 2/16/2017

SUD/Addiction and Family Relationships

Addiction can have profound, even devastating impacts on interpersonal relationships.

In general, marital/family distress not uncommon.

Some common evidence of distress*:

- Trust
- Anger
- Conflict
- Violence

Also, evidence of psychological distress among spouses of alcoholics (probably bi-directional)

Depression

Anxiety

Substance use



SUD/ Addiction and Family Relationships

Trust

- individual may not have been honest about substance use, other behaviors
- family or work responsibilities may have been unfulfilled
- sense of loss of trust

Anger

- events that occurred during substance misuse
- time/effort required for treatment

Conflict

- conflicts over use/misuse itself
- other issues that are secondary to use
(e.g., time spent together, money, household responsibilities)

Violence*



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Addiction and Family Relationships: Violence



Alcohol, other drug use consistently linked to intimate partner violence

- *Relationship with alcohol particularly well-established.*

Reasons are complex. Likely a combination of:

- *traits predispose to both violence, substance use (e.g., impulsivity)*
- *acute effects of substance*
- *chronic effects of addiction (e.g., depression, relationship strain)*
- *other contextual factors (financial strain, job stress, etc.)*



Male inpatient substance abuse TX samples: prevalence of past year male-to-female violence ranged from 58%-85%

Across studies of SUB TX-seeking women, 50%-68% perpetrated violence against a partner in the past year.

Reverse associations also shown. Being a victim of partner violence linked to higher rates of substance involvement.



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Brown et al., 1998; Chermack and Blow, 2002; Holtzworth-Munroe et al. 1997;
Quigley & Leonard, 2000; Stuart et al., 2009

Addiction and Relationships



Other relationships (outside family) also affected

Social skills – social skills deficits noted in individuals with addiction.

- may have used alcohol, other drugs as a way to manage these deficits
- deficits may have evolved from years of heavy substance use



Peer affiliations - may also affect selection of peers, peer groups

- individual may have constructed most of social sphere around alcohol/other drugs.
- typical to affiliate with friends whose behaviors are similar to our own
- efforts at recovery may come with social challenges (loss of friends, sense of isolation)



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Video Example: Substance Use Disorders and Social Relationships

Joseph Tape Segment 1

Video Discussion: Substance Use Disorders and Social Relationships

Joseph Tape Segment 1

Addiction and Family Relationships

Clinical Implications: Many treatments oriented around the couple, and not just the individual with addiction.

Couples, family based treatments as effective if not more effective in treating addictive behaviors

Also improves overall partner/family functioning

Can be helpful in medication, other treatment compliance



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Section I: Interim Conclusions & Clinical Implications

Addiction does not just happen to an individual, but to a system

- Romantic and family implications
- Other interpersonal relationships
- Sometimes abuse, violence

Clinicians MUST: Assess, Educate, Plan

- Assess for broader impact on client's environment

- Educate the client

 - Normalize for client and for others

 - Consider treatments/intervention that will address the individual's context (family, relationships)

 - Don't just think of addiction isolation



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II. Co-Occurring Psychological Conditions

What is “comorbidity” and why does it happen?



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What are these co-occurrences and why do they happen?

Co-occurrence sometimes also called “dual diagnosis” or “comorbidity”

Difficult to disentangle what is a consequence (i.e., follows substance problems) versus what is co-occurring

LOTS of data show co-occurrence to be rule rather than exception.

Presentation by a client with substance use disorder along actually relatively uncommon

Data generally suggest WORSE outcomes for SUD individuals with co-occurring psychological distress than SUD alone.

Implicated in higher risk of onset of substance use disorders

More complicated course

Lower likelihood of recovery

Relapse risk



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Common Co-Occurrences

- a. Other substance use disorders (including smoking)
- b. Depression
- c. Anxiety
- d. Trauma & Post-Traumatic Stress
- e. Suicide



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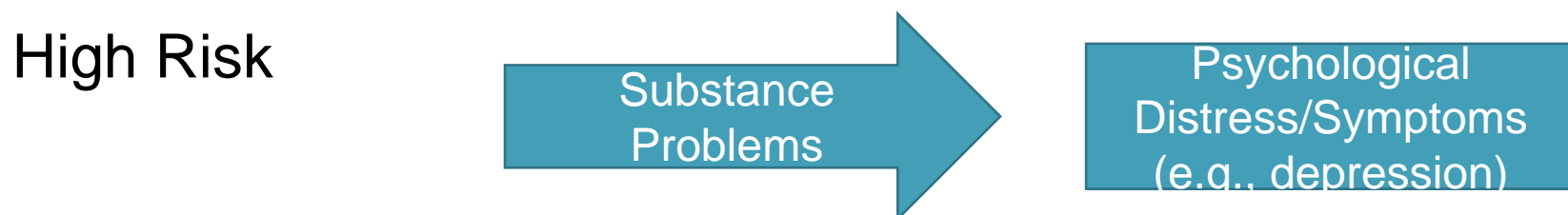
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Models of Comorbidity



Substance use occurs as an effort to cope with, manage, ameliorate psychological distress (e.g., depression, anxiety, etc.)



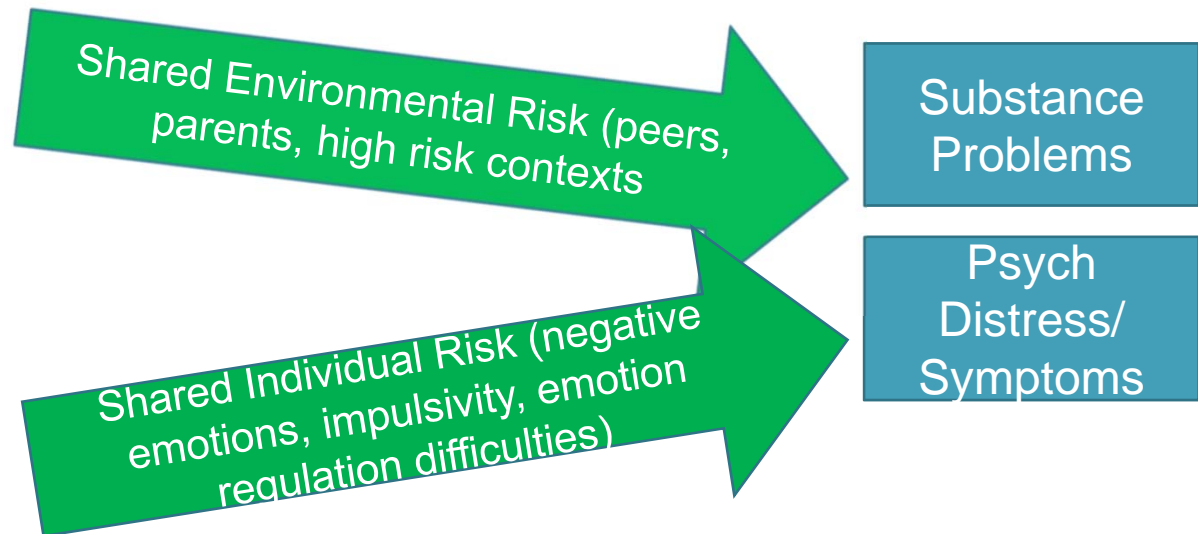
Psychological distress (e.g., depression, anxiety, etc.) occurs as a consequence (physiological or psychological) of chronic substance use and associated consequences



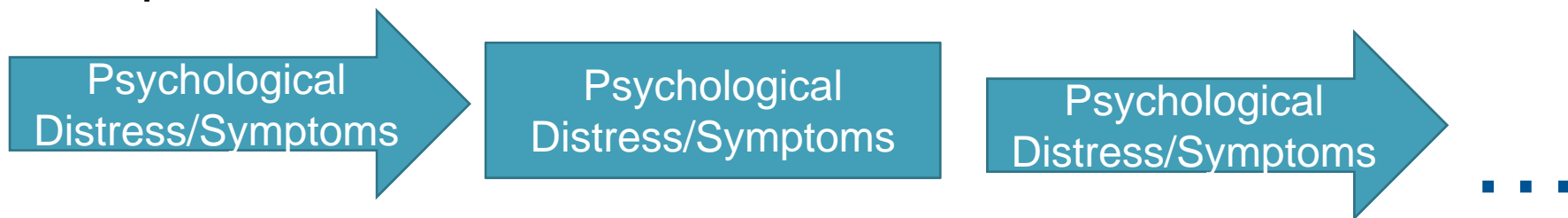
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Models of Comorbidity (continued)

Shared Vulnerability



Reciprocal associations



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Models of Comorbidity: Implications

Substance use disorders commonly co-occur with other kinds of psychological distress

Many theories have been forwarded regarding how these co-occurrences come to be, and why

- Evidence suggests that many or all may be true for different individuals, at different times.
- Models are not mutually exclusive. Co-occurrence may be attributable to several processes at a time.
- May be due to some or all of a number of processes

For clinical purposes, may be helpful to consider functional relations between SUD, other co-occurring conditions. Address these associations in treatment.

a. Substance Use Disorder Co-Occurrence (including Smoking)



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Substance Use Disorder Co-Occurrence

Most frequent comorbidity is 2+ substance use disorders co-occurring together

In general population, approximately 18% of those with alcohol use disorders also meet criteria for drug abuse or dependence

- In clinical populations, rates as high as 36%

Smoking:

The leading preventable cause of death and disability in the U.S.

Smoking rates at least 2 times higher in those with other SUDs than those without

- Higher still in SUD treatment seeking populations
- As many as 2/3 of people entering SUD treatment are also smokers

Why? Maybe a bit different than other co-occurrences

Socialization effects

Drug effects (nicotine may potentiate/enhance) the effect of other substances)

Treatment implications:

Smoking cessation (quitting) linked to better SUD outcomes



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b. Substance Use Disorders & Depression



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Major Depression

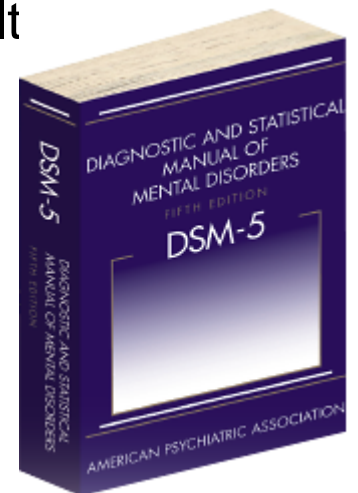


1. Depressed mood most of the day, nearly every day.
2. Markedly diminished interest or pleasure in all, or almost all activities for most of the day, nearly every day.
3. Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day.
4. Insomnia or hypersomnia nearly every day
5. Psychomotor agitation or psychomotor retardation nearly every day (observable by others), not merely subjective feelings of restlessness or being slowed down).
6. Fatigue or loss of energy nearly every day.
7. Feelings of worthlessness or excessive or inappropriate guilt
8. Diminished ability to think/concentrate.
9. Recurrent thoughts of death, suicide, or a suicide attempt or plan.



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APA, 2013



Addiction and Depression



Depression is among the most common co-occurring psychological disorders

Person with an AUD, other SUD 2-3 times more likely to experience depression than someone without these substance disorders.

More than 1/3 of individuals with and AUD also have depression.

Connection stronger for drugs other than alcohol

May particularly be a problem for females (rates of co-occurrence are higher)



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Lai et al., 2015; O'Neil et al., 2011

c. Substance Use Disorders & Anxiety



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Anxiety Disorders

Anxiety Disorders

Panic Disorder (with & without agoraphobia)

Specific Phobias – Intense fear of specific circumstances (e.g., heights, blood, spiders, etc.).

Social Phobias - An intense and persistent fear of performance, judgement in interpersonal situations.

Generalized Anxiety Disorder- Excessive and pervasive anxiety and worry across multiple domains.



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Addiction and Anxiety

Co-occurring anxiety disorders slightly less common than co-occurring depression, but still a major problem.

As with depression, co-occurrence stronger for other illicit drug use disorders than for alcohol use disorders

People with an alcohol , other drug use disorder were more than 2 times greater risk of having any anxiety disorder

More severe alcohol/other SUD severity associated with greater likelihood of anxiety disorder

Relationship between specific types of anxiety disorders differs.

More common in panic, social phobia, generalized anxiety

Less common in specific phobia

Females at greater risk?



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Back et al., 2010; Black, Chung, & Duncan, 2016; Lai et al., 2015; O'Neil et al., 2011

d. Subsyndromal Disorders & Trauma/Posttraumatic Stress



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Posttraumatic Stress Disorder

- A. Exposure to one or more of the following event(s):
- *death or threatened death*
 - *actual or threatened serious injury*
 - *actual or threatened sexual violation*
- B. Intrusion symptoms that are associated with the trauma(s)
- C. Persistent avoidance of stimuli associated with the traumatic event(s) (that began after the traumatic event(s).
- D. Negative alterations in cognitions and mood that are associated with the event(s).
- E. Alterations in arousal and reactivity
(e.g., Hypervigilance, Exaggerated startle response, etc.)



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Substance Use and Trauma/PTSD

Trauma:

Long and strong association between substance use and trauma.

Rates of trauma among individuals in treatment for alcohol or other substance use disorder range from 50-70%

Even among non-treatment seekers, rates of trauma 15-20%

Posttraumatic Stress Disorder

Alcohol use disorders in individuals w/ PTSD range from 24 - 52%

Other drug use disorders among individuals with co-occurring PTSD approximately 22.3%

- Co-occurrences especially high in military veterans with PTSD
- In contrast to other co-occurring disorders, only mixed support for stronger associations based on gender



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Baily & Stewart, 2014

Substance Use Disorders & Suicide



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Addiction & Suicide

Related to, but distinctly different from unintentional overdose

Association between substance use disorder is complex, obviously, relies on observational correlational studies. Hard to tease out cause-effect.

20-60% of all individuals who commit suicide have substance use disorder diagnosis

Particularly alcohol use disorders

Rates of alcohol use prior to suicide are high

Suicide rates among those with alcohol use disorder range from 8-20%

Substance use (not just diagnosis) diagnosis predicts both planned and unplanned suicide attempts

Also predicts suicidal ideation

Co-Occurrence: Suicide risk may be even greater among individuals with co-occurring addiction and other mental health disorder/distress



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Nock et al., 2010; Yuodelis-Flores & Ries, 2015

Video Examination Substance Use Disorders and Depression/Suicide

Joseph A. Maser, MD, PhD, FAHA, FAPA
September 12, 2012



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Video Discussion Substance Use Disorders and Depression/Suicide

Joseph A. B. ... nt 12



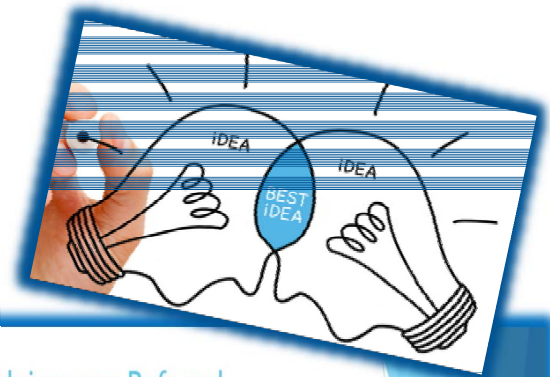
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Part II. Interim Conclusions & Clinical Implications

Co-occurrence is common

Most common are depression, anxiety, trauma/posttraumatic stress

Suicidal ideation, attempts not uncommon – Don't be afraid to ASK!



Assess, Educate, Plan

-Assess for co-occurring conditions, suicidal thoughts, plans

-Educate the client

Normalize, discuss what to expect, treatment considerations

Consider concurrent treatment/intervention

Offering Advice or a Referral

- ▶ Two Experts in the Room
- ▶ Using your expertise and offering information and advice
- ▶ ELICIT - PROVIDE - ELICIT
- ▶ Ask permission to share information and expertise (Elicit)
- ▶ Provide information in objective, compelling manner (Provide)
- ▶ Elicit client thoughts and reactions
- ▶ Use these reactions to move to negotiating a plan
 - ▶ Plans can include consider feedback, monitor impact of substances, cut down/harm reduction, change risky use, stop behavior more completely

DiClementi, 2017



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III. Association between Psychological Distress



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Guilt & Shame

No evidence that addiction or substance use causes “personality change”
HOWEVER, can be associated with a number of negative outcomes that may seem as if the individual is a different person.

Events can cause both guilt, shame.

The antidote to guilt and shame are forgiveness.

- Figured in the 12 steps of Alcoholics Anonymous, Narcotics Anonymous.
- Helps to address guilt and shame Also recognizing that in contrast to shame, guilt can have some motivating aspects (associated with self-change action in some studies;
- Important also to talk about forgiveness



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Tangney & Dearing, 2005; Dearing et al., 2013; McGaffin et al., 2013; Webb et al., 2006

Stigma

Stigma: “a mark of disgrace associated with a particular circumstance, quality, or person.”

Persistent negative attitudes among Americans toward persons with mental illness

* addiction in particular.

Views of the addicted individual as dangerous, irresponsible, degenerate, of defective character

Sometimes varies with different drugs (some more “acceptable” than others

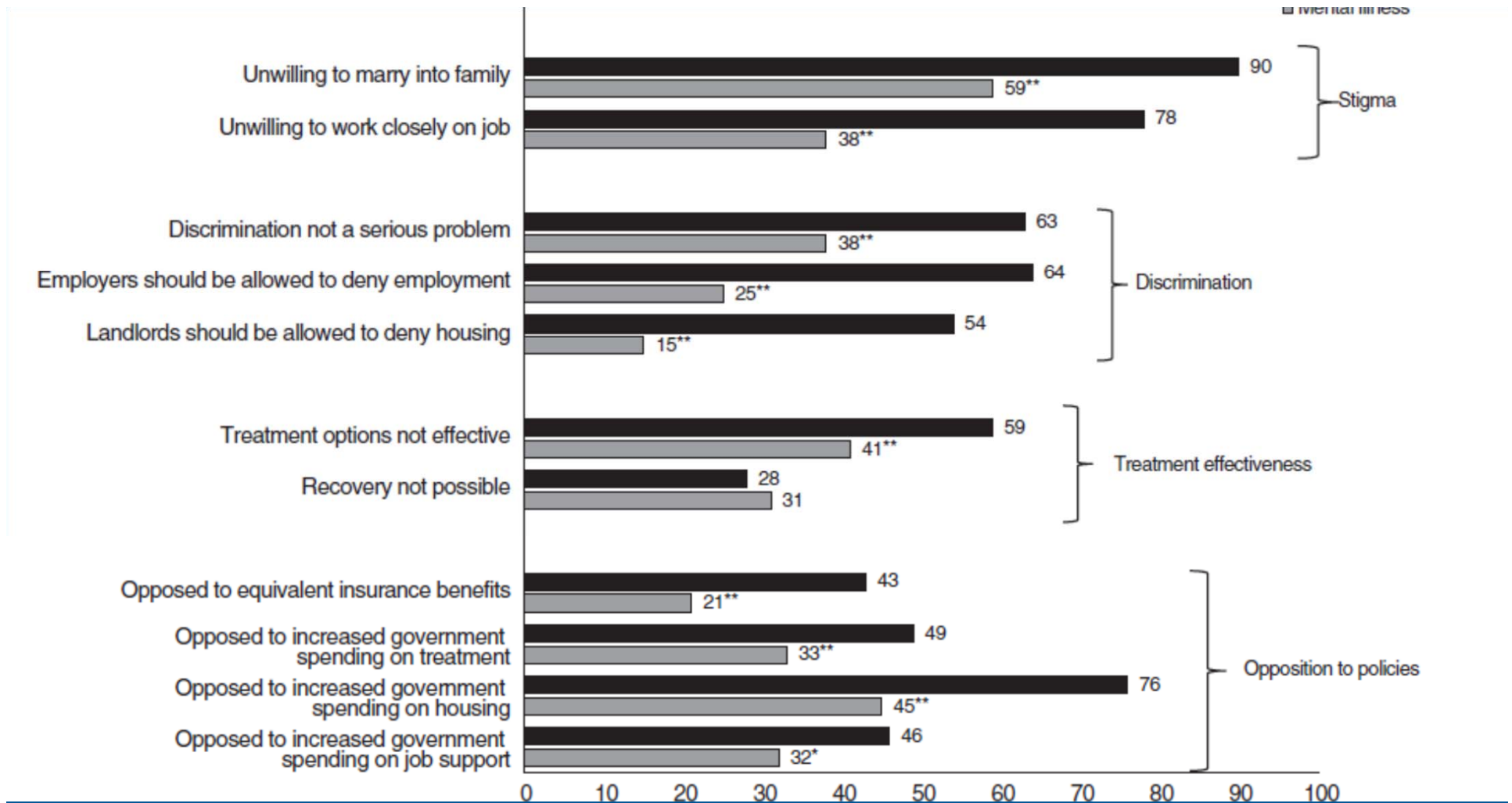
Less socially acceptable drugs associated with higher levels of stigma Individuals struggling with addiction sometimes (e.g., “alcoholic” or “addict”)

- Can be associated with negative stereotypes
- Also can be confining. Thought to define the person



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Palamar et al., 2012



Public attitudes about persons with drug addiction (N= 347) and mental illness (N=362).

From Barry et al., 2014



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Stigma



Can affect:

How individuals with addiction are treated by others

Negative attitudes toward individuals with addiction relatively common

Even found among treatment providers

Implications for treatment-seeking

Fear of stigma among most common barriers to treatment seeking (Sharing/communicating with others)

Employment or social consequences

Discrimination (e.g., job, housing, financial)

Social isolation

Also can affect how individuals with addiction may view or treat themselves.

Internalized “self-stigma” can lead to low self-esteem, can also lead to shame

Ultimately may be associated with worse substance outcomes

Also may pose a barrier to the individual seeing her/himself as having an addiction.



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Cunningham et al., 1993; deSilviera et al. 2016 Sobell et al., 1992

TABLE 2. A putative matrix describing the stigma of addiction and corresponding attitudes

Social cognitive structures	Public	Self	Label avoidance
Stereotypes and Prejudice	"People with addictions are: dangerous, immoral, to blame for their disorder, criminal."	"I am dangerous, immoral, to blame. Leading to lowered self-esteem and self-efficacy."	"I perceive the public disrespects and discriminates against people with substance use disorders."
Discrimination	"Therefore, employers will not hire them, landlords will not rent to them, primary care providers offer a worse standard of care."	"Why try: someone like me is not worthy or unable to work, live independently, have good health."	"I do not want this. I will avoid the label by not seeking out treatment."
Affirming attitudes			
Recovery		Self-determination	

Examples of Self, Other Stigmas

From Corrigan et al., 2017



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Stigma – Special Considerations

May be particularly salient for women

Child-bearing, child care – judgements about women who drink during pregnancy, drink while taking care of children.

Perceptions & social expectations of the acceptability of women drinking, and “what kind” of women drink may impact both drinking and women’s experience of it.

Women with SUDs less likely to enter treatment than men

- Tend to experience more medical, psychiatric, negative social consequences than men with SUDs

Also ethnic minorities

Extent to which addiction may overlap with cultural or ethnic stereotypes

Various “wars” on drugs have coincided with immigration trends in U.S.

Anti-drug messages become conflated with antagonism toward ethnic groups



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Blame

Addiction has a long history of assigning blame

- Early conceptualizations of addiction suggested this to be character "sociopathic personality disturbance"
- Historically, punishments for inebriated behavior
- Sympathy, compassion for addicted individual thought to absolve her/him of responsibility



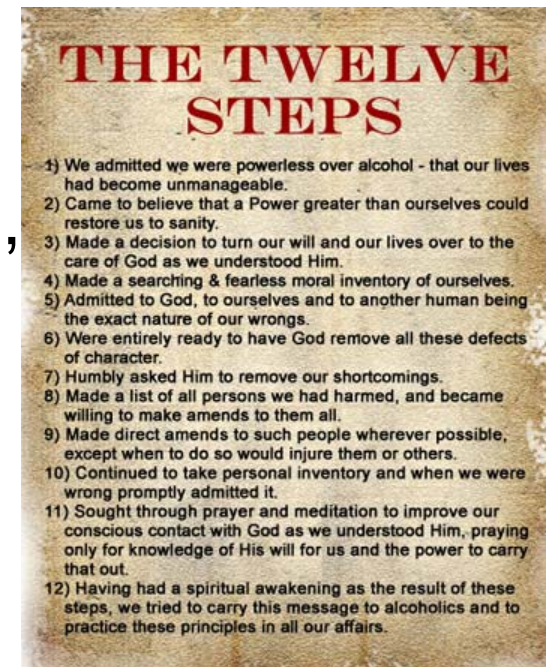
For family, friends, behavior can feel like a personal attack(related to family dynamics)

Relevance to questions about self-control,

Loss of control over use a hallmark feature of addiction

Theme of control vs responsibility.

e.g. Step 1 of Alcoholics Anonymous



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Relapse

Video Example: Substance Use Relapse

Joseph Tape Segment 8

Video Discussion Substance Use and Relapse Aspirations and Realities

Joseph A. Grunbaum, MD, PhD
August 8



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Relapse

“Relapse” can be defined in many, many different ways.

- Any use at all?

- Problem use?

- Meet diagnostic criteria?

- Return back to previous levels of involvement?

May best be considered in the broader context of client’s case and current needs

However defined, relapse is COMMON in substance use disorders

- Rates between ½ and 2/3

- Doesn’t necessarily mean that the person will never get sober

Relapse & Co-Occurrence

Some evidence that co-occurring conditions may be risk factor for relapse

Thus, it is important to monitor these conditions during recovery stage.



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[Bradizza et al., 2006](#); [Connors et al., 1996](#); [McGovern et al., 2005](#); [Maisto al., 2016](#)

Part III: Interim Conclusions & Summary of Clinical Implications

In addition to complex symptoms, consequences that accompany addiction:

A number of other experiences as well:

- Guilt
- Shame
- Stigma
- Blame

It is important for clinicians to ask about these issues, normalize, talk about. Work with client to identify ways to manage these, just as managing other symptoms.

Also, recognize that relapse is common.

Work with client, family, friends to know this, not interpret as sign of failure

Make it OK to talk about it.

Prepare for potential indications of relapse, consider steps to manage



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Final Conclusions

Person with an addiction is just that.

- Different pathways to addiction (Sher talk), unique co-occurrences, experiences.

Addiction occurs in the context of a social network.

- Includes family, friends, others

In addition to battling the addiction itself, also may be battling *guilt, shame, recrimination* from themselves & others.

- May affect treatment seeking, course

All of this must be considered when working with a client with an addiction.

Also should be considered at the societal level.

Love and compassion are necessities, not luxuries. Without them humanity cannot survive.

Dalai Lama

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Thank you!

Questions?



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