Alcohol and Substance Abuse

Medical & Psychosocial Aspects of Disability

10/26/04

Substance Abuse Statistics

- According to the 2001 National Household Survey on Drug Abuse, 15.9 million Americans were estimated to have used illicit drugs in the month prior to the survey; in addition, 109 million, 12 years of age or older, were estimated to be current users of alcohol, with 25.1 million having driven under the influence of alcohol at least once in the previous 12 months (Substance Abuse and Mental Health Services Administration, 2002).
- Drug abuse problems in the workplace are estimated to cost employers $60 billion annually in violent crimes, fire accidents, health care costs, lost productivity, and accidents on the job (Backer, 1988; Stude, 1990).
- Substance abuse also is known to significantly compromise work performance resulting in high rates of absenteeism, accidents, time off for illness, and Workers' Compensation claims (Cardoso et al., 1999).

Substance Abuse as a Disability

- 1990 Americans with Disabilities Act
  - ADA statues and guidelines recognize substance abuse as a disability
    - People with a substance abuse problem are protected at work, unless they are currently engaging in the illegal use of drugs.
    - A person with a coexisting disability can be legally discharged from a job if illegally abusing substances.

Substance Abuse as a Disability

- Diagnostic and Statistical Manual of Mental Disorders, 4th Ed.
  - Substance USE Disorders
    - Abuse: Maladaptive pattern of substance use leading to a clinically significant impairment or distress as manifested by one or more of the following in a 12 month period:
      - Recurrent substance use resulting in a failure to fulfill a major role obligation at work, school or home
      - Recurrent substance use in situations in which it is physically hazardous
      - Recurrent substance-related legal problems
      - Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance

DSM-IV – Substance Use Disorders

- **Dependence** is defined by the occurrence of withdrawal following the abrupt reduction of dosage of the drug or the administration of a drug antagoist. 3 or more of the following must occur within a 12 moth period:
  - Need for increased amounts of substance to achieve a desired effect (or markedly diminished effect with continued use of same amount)
  - Characteristic withdrawal syndrome for that substance or the same substance is taken to relieve or avoid withdrawal.
  - A substance is often taken in larger amounts for longer periods of time than was intended.
  - Persistent desire for a drug or unsuccessful efforts to cut down or control substance use.
  - A great deal of time is spent in activities to obtain a substance, use a substance or recover from its effects
  - Important social, occupational, or recreational activities are given up or reduced because of substance use
  - Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem.

Other Substance Abuse Disorders

- Substance Induced Disorders
  - E.g.: Intoxication, delirium, dementia, mood disorders, sleep disorders – all with the precondition that the disorder is a result of substance use
- Polysubstance Related Disorders
  - Refers to disorders resulting from the use of at least 3 groups of substances over a 12 month period with no single substance as predominating.

Impact of Substance Abuse and Disability

- Basic living skills
  - homelessness, lack of income, repeated legal problems
- Health
  - Poor or deteriorating health often results from years of abuse & neglect of health
- Education
  - Substance abuse can lead to significant deficits in academic development and basic learning skills
- Employment
  - Early onset and lengthy periods of substance abuse often result in difficulty in obtaining & retaining meaningful employment
- Relationships
  - Interpersonal & socialization skills may be poor because relationships were often based on the acquisition and use of drugs. The ability to communicate outside of the drug community is frequently impaired.

Continuum of Use, Abuse & Dependency

- Experimentation
- Recreational/social use
- Use
- Dependence
- Addiction

Commonly Abused Subtances

- Drugs are psychoactive chemicals that bring about changes in biological, psychological, social and/or spiritual functioning. This includes legal drugs (e.g., alcohol, over the counter meds, tobacco, caffeine) and illegal drugs such as marijuana, heroin and cocaine.
  - Stimulants: produce increased awareness, attention or excitement levels followed by depressed levels: eg: cocaine, amphetamines
  - Depressants: produce the opposite effects – decreased tension levels followed by an increase in tension: eg: alcohol, heroin, barbiturates, and pain relief meds.

Substance Abuse and other Disabilities

- Alcohol and Marijuana Use in a Community-Based Sample of Persons with SCI (Young, Rintala, Rossi, Hart, & Fuhrer, 1995)
  - Alcohol use = 59%
    - No relationship to impairment, disability, handicap, medical complications, health ratings, health maintenance behaviors, pain, depression, life satisfaction, perceived stress, or social support
    - Men more likely to drink
  - History of alcohol abuse = 21%
    - No significant gender difference
    - Alcohol abusers were more likely to rate overall health as worse, say they didn't get enough rest, more depressed and more stressed
    - Not related to impairment, disability, handicap, medical complications
  - Marijuana use = 16%
    - No gender difference
    - Those who used marijuana were younger and younger at injury and had lower educational level
    - Users more depressed and stressed

Substance Abuse and other Disabilities

- Heinemann (1986) cited studies reporting intoxication at the time of spinal cord injury to be as high as 68% and suggested that impaired judgment because of substance abuse is related to an increase in risk-taking behavior and injury.
- Alcohol and other drug use are also a major contributing factor to traumatic brain injuries, with an incidence of intoxication at injury of approximately 50% (Heinemann, 1993).
- Bogner et al (2001) found that approximately 80% of persons with TBIs from violence-related causes had a history of substance abuse. Substance abuse was considered to be a strong predictor of long-term rehabilitation outcomes including satisfaction with life and productivity.

Substance Abuse and other Disabilities

- Alcohol and drug abuse also limit rehabilitation outcomes by contributing to functional limitations (Greer, 1986; Greer, Roberts, May, & Jenkins, 1988; NIDRR, 1990).
- Indirect and direct self-destructive behaviors associated with alcohol and drug abuse, such as refusal of essential treatment and other forms of self-neglect, may continue after the onset of disability and adversely affect the potential for rehabilitation (Ingraham et al., 1992).

Substance Abuse and other Disabilities

- Early identification of persons with disabilities who abuse or are addicted to substances should minimize the incidence of secondary complications of disabilities, decrease the cost of rehabilitation, and improve rehabilitation outcomes.
- Heinemann (1986) indicated that rehabilitation health professionals including psychologists lack sophistication concerning the dual problems of substance abuse and disability. He argued that rehabilitation and health care professionals must be trained to recognize substance abuse problems and to intervene in a timely and effective manner.

Defense mechanisms

- Denial
  - I can stop using anytime I want
- Projection
  - The boss is on my back all the time. I think I'm doing a great job. I just have a drink to calm my nerves. She's making me sick!
- Displacement
  - My counselor makes me angry. She just doesn't get it that I'm trying. She's on my back. She just wants to have a good client who does what she wants.

Theoretical Models of Substance Abuse

- Moral model
  - People who use substances and alcohol are weak – places blame on the individual for the abuse and suggests that the person makes a conscious choice not to abuse substances
- Spiritual model
  - People who use substance and alcohol have lost touch with a higher power and as a result have lost his or her way – return to a spiritual source will result in changing one's abusive ways.
- Disease model
  - Substance abuse is illness – places importance on biological factors.

Theoretical Models of Substance Abuse

- Psychological Model
  - Similar to disease model – focuses on maladaptation/poor adustment at the emotional &/or cognitive level – substance abuse is seen as a compulsion
- Social Model
  - Based on the recognition of impact of negative life experiences eg: societal attitudes, family relationships, finances, work pressures etc – maladaptive patterns of coping are possible causative agents for substance abuse
- Bio-psycho-social model
  - Sees substance abuse in a broad manner including biological, psychological and social factors. The Bio-psycho-social-spiritual model adds the spiritual component. These are holistic models that place emphasis on all areas essential to personal well-being and integration.

Identification of Substance Abuse

- Warning signs/symptoms
  - Biological - loss of weight, liver disease, GI conditions, loss of tooth enamel.
  - Psychological - increase in anger, irritability, lethargy, confusion
  - Social – socializing with drug users, isolated from non-using friends, lack of family relationships, loss of job, arrests
  - Spiritual – loss of values, denial of morality
  - Medical detection – urinalysis can detect presence of certain drug-related electrolytes and metabolites in the urine. Breathalyzer, hair samples

Identification of Substance Abuse

- Screening through written materials
  - CAGE: acronym for four questions asked by the counselor to the individual – only used for ETOH screening)
  - MAST – Michigan Alcoholism Screening Test – only used for ETOH screening.
  - SASSI-2
  - SARDI Symptoms Checklist
- Self-Reporting

CAGE

- C- have you ever felt you ought to CUT down your drinking?
- A- have people ANNOYED you by criticizing your drinking?
- G- have you ever felt GUILTY about your drinking?
- E- have you ever had a drink first thing in the morning (EYE OPENER) to steady you nerves or get rid of a hangover.

Brief MAST Questions

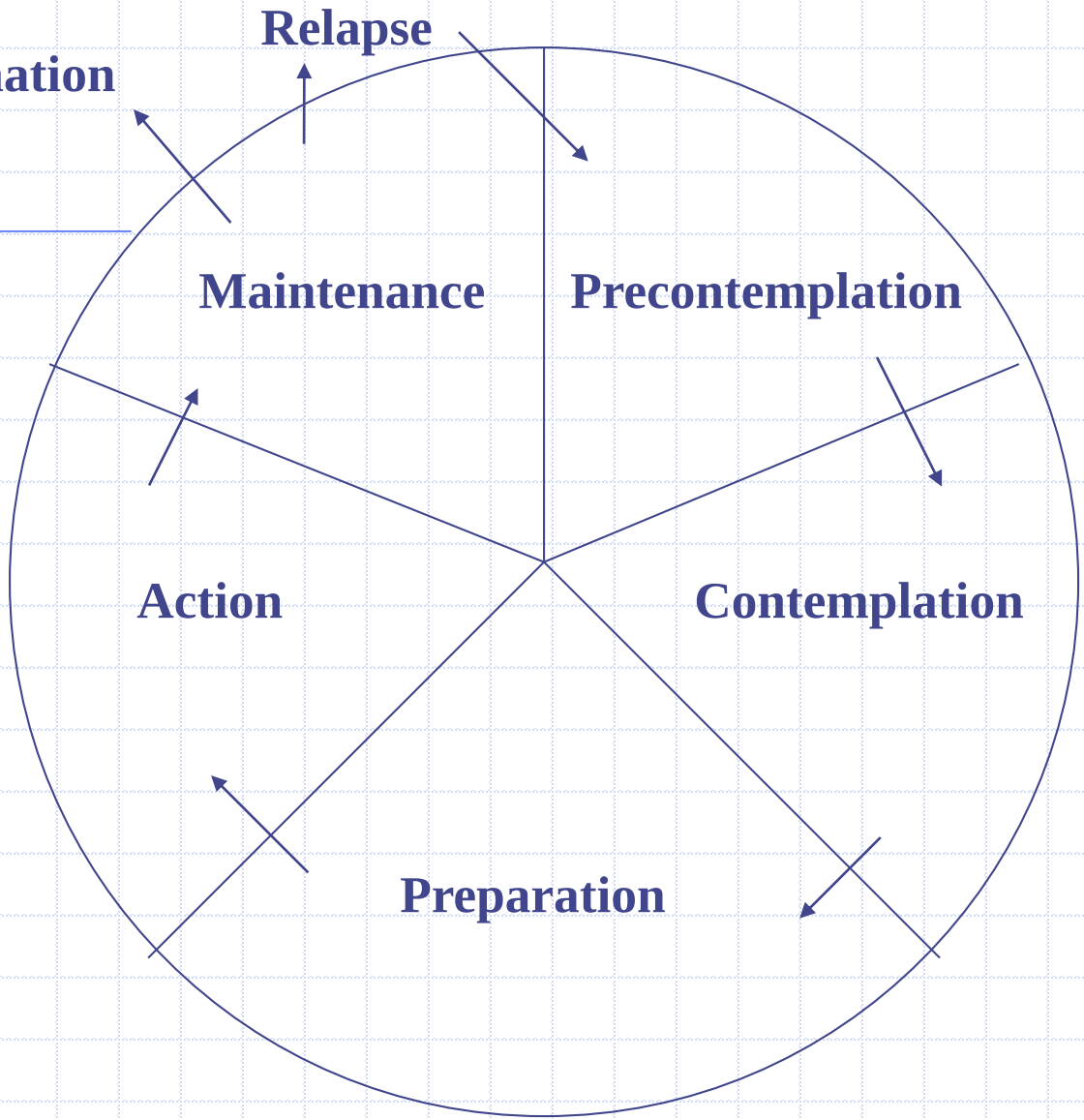
- Do you feel you are a normal drinker
- Do friends or relatives think you are a normal drinker
- Have you ever attended a meeting of AA?
- Have you ever lost friends or girlfriends/boyfriends because of drinking?
- Have you ever gotten into trouble at work because of drinking?
- Have you ever neglected your obligations, your family, or your work for 2 or more days in a row because you were drinking?
- Have you ever had delirium tremens (DTs) severe shaking, heard voices, or seen things that weren't there after heavy drinking?
- Have you ever gone to anyone for help about your drinking?
- Have you ever been hospitalized because of drinking?
- Have you ever been arrested for driving drunk?

Treatment

- Medical detox
- Methadone Maintenance
- Drug-free Outpatient Treatment
- Chemical Dependency (28 days – Minnesota Model – Hazeldon type)
- Therapeutic Communities
- Self-help groups

Stages of Change: A model for understanding addictive behavior change

- 5 Stages:
  - Precontemplation
    - Unawareness or denial of the problem
  - Contemplation
    - Considering change
  - Preparation
    - Increasing commitment and taking initial steps
  - Action
    - The actual changing of behaviors
  - Maintenance
    - Sustaining new behaviors



Prochaska and DiClemente's Wheel of Change

10 Common Types of Change Processes

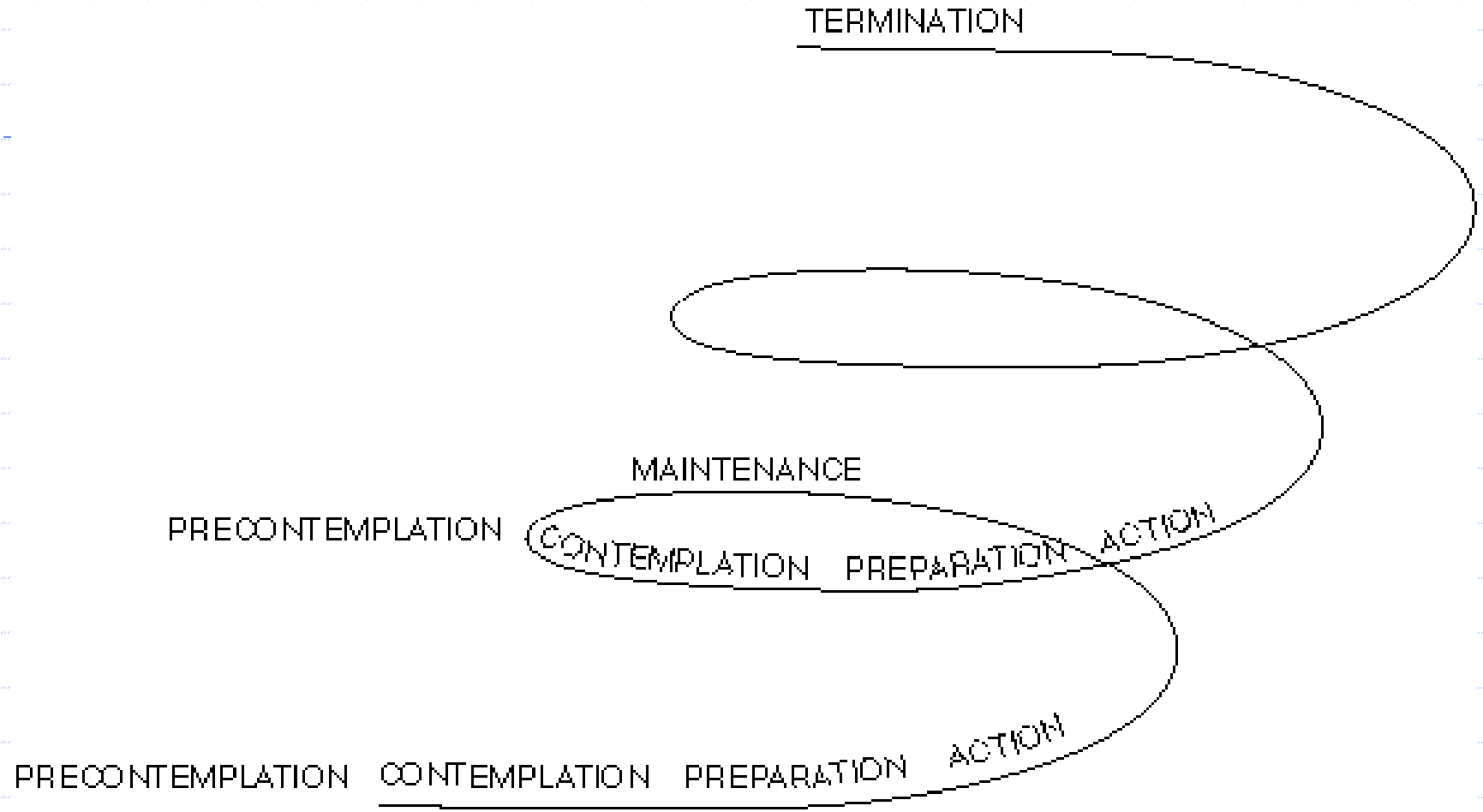
- These are coping methods or strategies utilized by people when trying to implement change
- Each change process is a category of coping activities which entails numerous techniques or interventions

Processes of Change

- Cognitive-Affective
  - Consciousness raising
  - Self-evaluation
  - Dramatic relief
  - Environmental re-evaluation
  - Social liberation
- Behavioral
  - Counter-conditioning
  - Stimulus control
  - Reinforcement management
  - Helping relationships
  - Self liberation

Stages of Change Model

- Clients can be categorized into different stages based on their readiness or motivation to change
  - Interventions should be tailored accordingly
- Not a linear process
  - People can cycle through certain stages before they master the behaviors they want to change



Spiral of change

From Prochaska, DiClemente & Norcross, 1992, p. 1104

Predictors of Change

- Self-efficacy
  - Confidence in the ability to perform certain tasks
  - Usually lowest during precontemplation stage and highest during maintenance
- Decisional balance
  - Evaluation of pros and cons pertaining to the performance of specific tasks

SOC Interventions

- Interventions should be designed to build self-efficacy and positive decisional balance through specific coping strategies & skills training for movement through specific stages of change
- SOC has been applied to many types of behavior changes:
  - Smoking and other addictive behaviors
  - Weight control
  - Risky health behaviors
  - Understanding change in general psychotherapy, counseling and case management

Substance Abuse as a Disability recap

- Chronicity
- Deficits in Basic Functioning
- Denial
- Effects all elements of life
- Exists on a continuum
- Impacts self-esteem, self-concept and self-image
- Needs an individualized rehabilitation program
- Exacerbation and Remission
- Person-specific