Detection of psychoactive substance abuse in the context of mental health

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Psychoactive substance abuse (PSA) in context

- PSA is present in 25-50% of individuals suffering from mental disorders.
- PSA complicates diagnosis, evaluation, treatment and outcomes.
- Integrated treatment is a “best practice”
  - Multiple models for integrated treatment of both problems:
    - within one service
    - Under single professional leadership
    - Coordinated treatments offered by different services
PSA in the context of mental health

- Less severe patterns result in more severe consequences
- PSA can compete with psychiatric treatments for effectiveness in alleviating symptoms, in combatting dysphoria and in providing euphoria
- Abstinence outcomes may be difficult to attain in the context of severe and persistent disorders
- Harm reduction outcomes may be more relevant
- Use may be self-limiting by individual resources
First steps

- Adopt an integrated treatment approach
  - Accept treatment of multiple problems or simultaneous treatment by multiple sites as the best practice
  - Identify possible organizational, administrative and clinical management roadblocks to integrated approaches
First steps

- Create a therapeutic interpersonal climate regarding PSA
  - Expect PSA accompanying mental health disorders as “normal”
  - Provide a safe and secure environment that does not punish client candor regarding substance use
  - Avoid simplistic, inaccurate and stigmatizing labeling
  - Avoid simplistic and arbitrary PSA treatment referrals
  - Be consistent, clear and respectful of therapeutic environment
Detection

- Ask and talk about PSA
  - Consider systematic detection using instruments such as 4 item CAGE-AID
    - One positive response is worth a “conversation”
  - Share objective information about PSA in the context of mental health
    - Severity, course and outcomes
1. Do you use alcohol?
2. Have you ever experimented with drugs?

- Have you ever felt you ought to cut down on your drinking or drug use?
- Have people annoyed you by criticizing your drinking or drug use?
- Have you ever felt bad or guilty about your drinking or drug use?
- Have you ever had a drink or used drugs first thing in the morning to stead your nerves or to get rid of a hangover?
If yes,

- Encourage discussion of PSA
  - Avoid premature focus on referral, treatment, abstinence outcomes
  - Increase problem recognition
    - Encourage patient to talk about PSA, including both positive and negative aspects and consequences
    - Share credible information
    - Advise change and/or harm reduction
    - Encourage patient to talk about what he/she wants and is prepared to do
If yes,

- Remain optimistic

- Change will occur through the self-competence and behavior of client
  - Talking about change is positive
  - Attempt to make change a ‘plus’, not a ‘minus’
  - Affirm ‘baby-steps’ no matter how incremental or slow

- Expect ambivalence and setbacks

- Favor client objectives and outcomes
If yes,

- Evaluate for severity
  - Within
  - Without
- Abuse or dependence (AUDIT, MAST, DAST, CIWA)
- Consider protected PSA treatment when aggravating and/or dangerous health or environmental conditions
- Referral has risks
  - Consider integrated alternatives with patient
  - Reassure patient of continued involvement
If no,

- Continuous monitoring
- Consider reasons for potential non-candor
- Continue to development and nourish the therapeutic climate
In any case

- Acquire competence, expertise
  - Within
  - Without