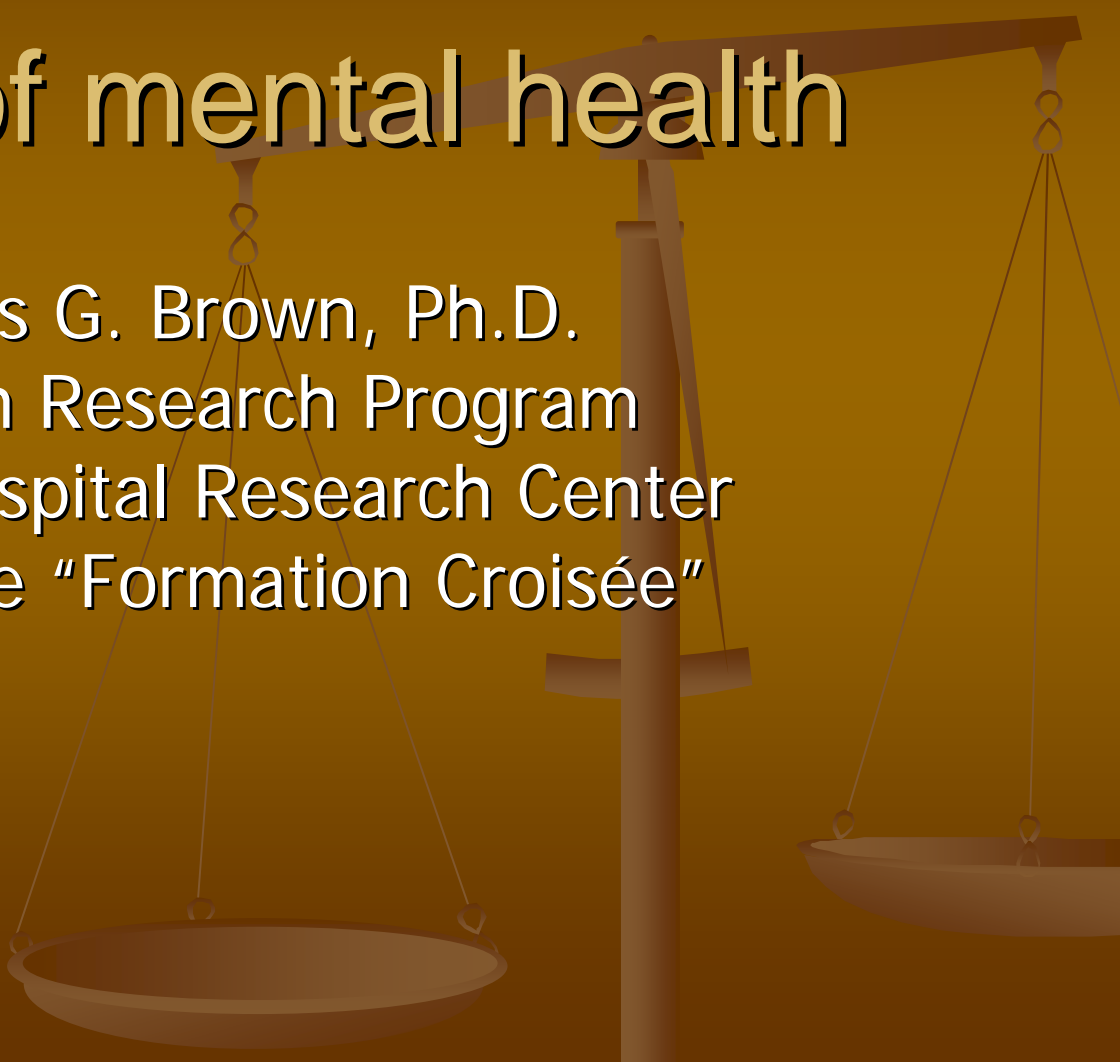


# Detection of psychoactive substance abuse in the context of mental health



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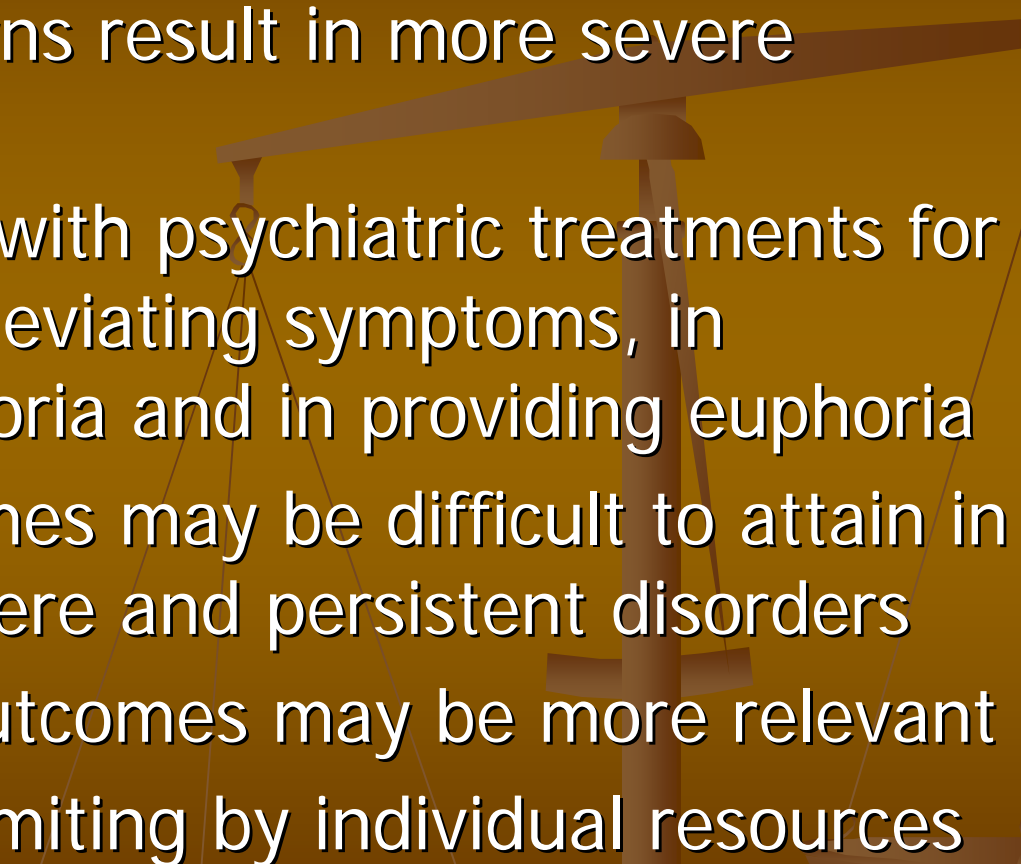
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# Psychoactive substance abuse (PSA) in context

- 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
- 

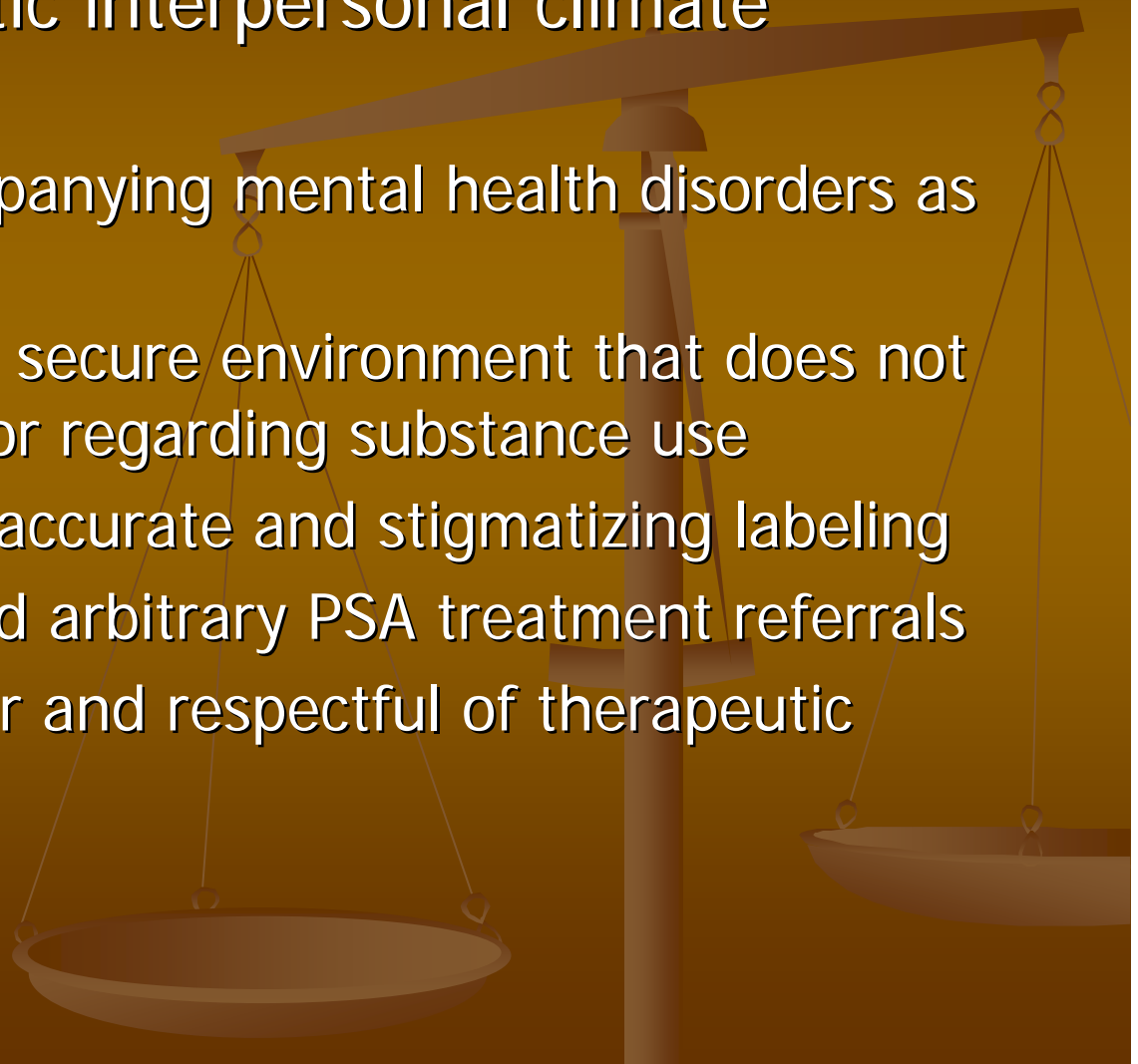
# First steps

- 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

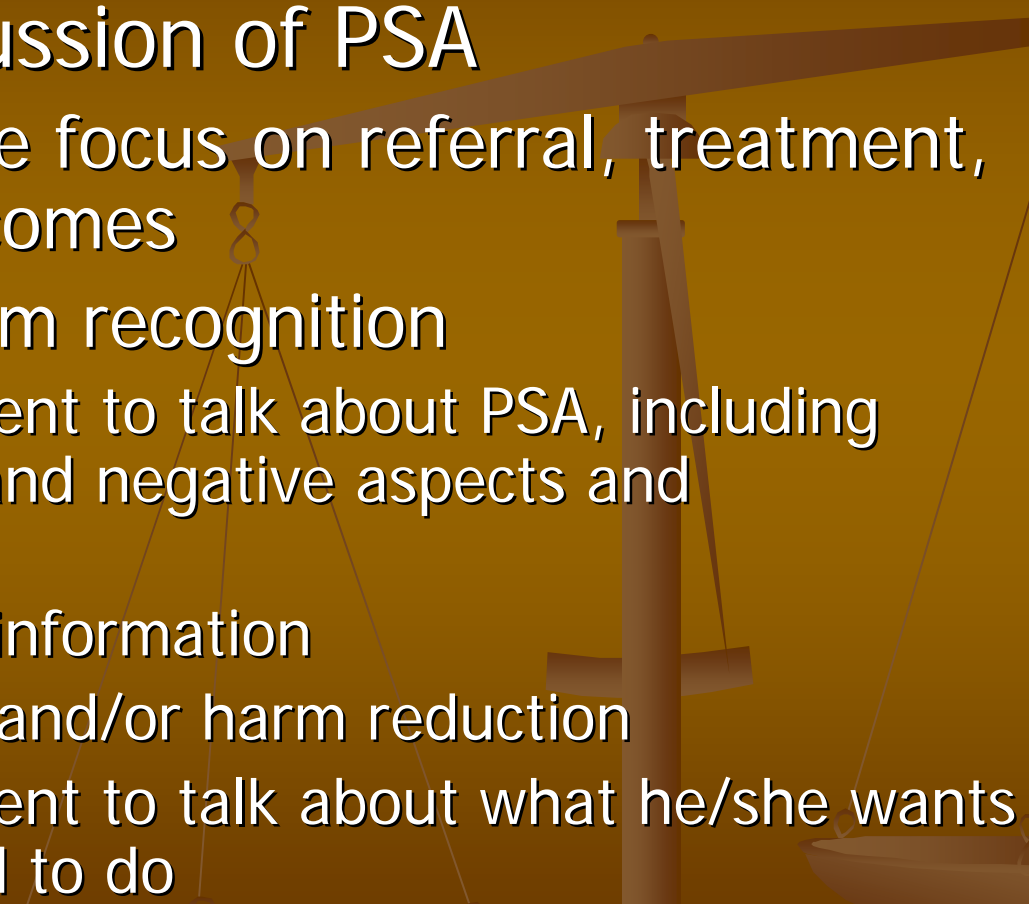
# Detection



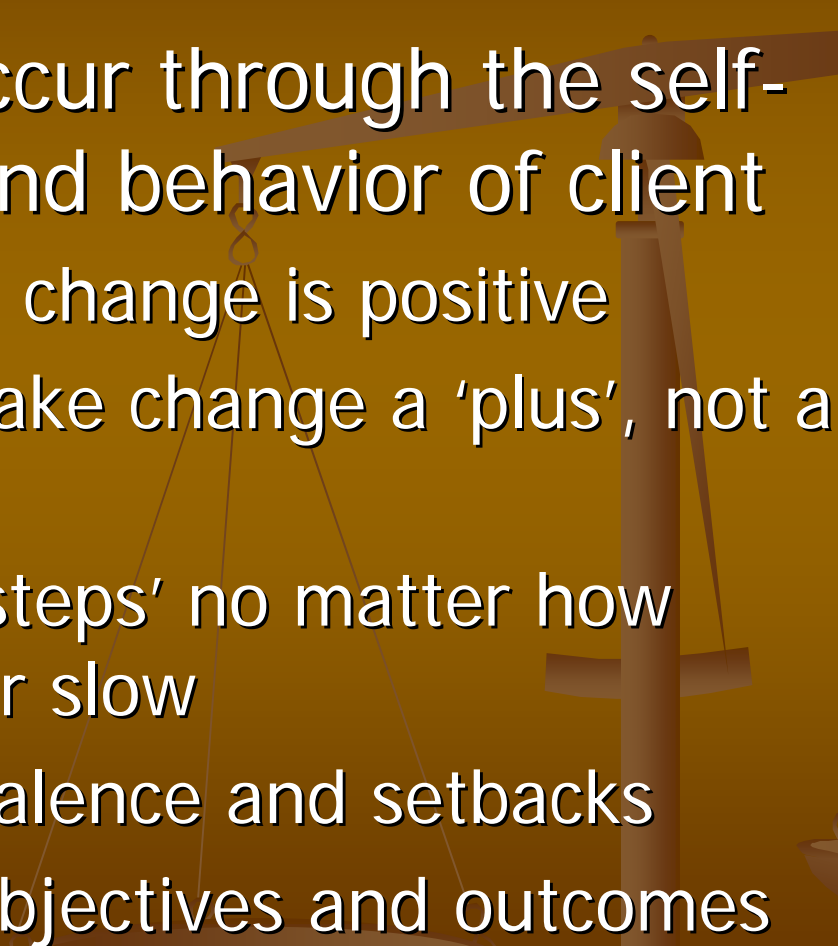
1. Do you use alcohol?
2. Have you ever experimented with drugs?

- 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 steady your nerves or to get rid of a hangover?

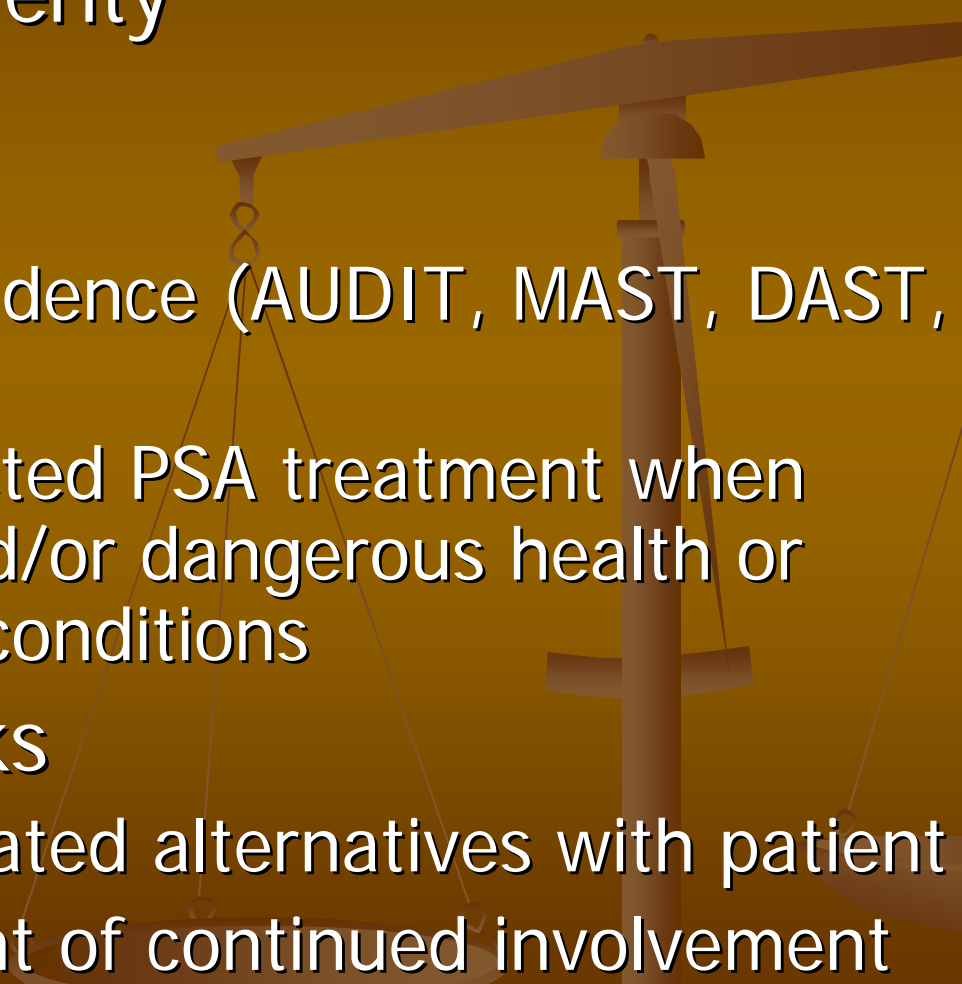
# If yes,

- 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,

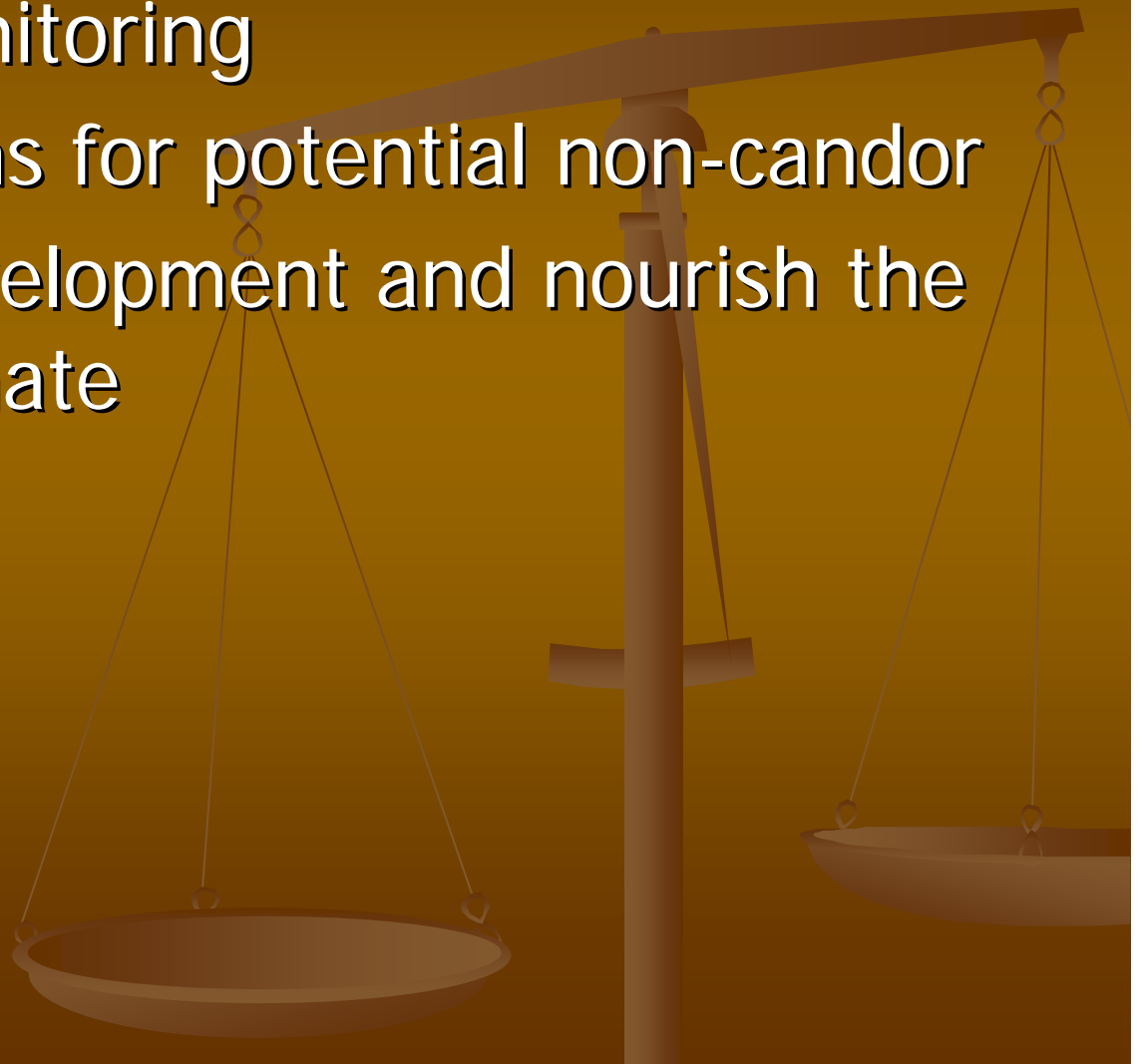
- Remain optimistic
    - Change will occur through the self-competence and behavior of client
      - Talking about change is positive
      - Attempt to make change a 'plus', not a 'minus'
      - Affirm 'baby-steps' no matter how incremental or slow
      - Expect ambivalence and setbacks
      -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

