

An introduction to helping people with drug and alcohol and mental health problems

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This introduction to helping people with drug and alcohol and mental health problems aims to provide information relevant to consumer workers and carers within the mental health sector, about drug and alcohol use by people with mental health problems to:

- Assist in their day to day work of supporting others
- Understand more about substance use by people with mental health problems
- Understand some of the things that might happen for people they are working with who have a substance use problem
- Look at their own attitudes, as attitudes play an important part in how we go about supporting others

This introduction will not equip you to be a Drug & Alcohol or Mental Health Worker!

Introduction

- We commonly promote a balanced lifestyle to increase awareness about, and possibly modify, some detrimental factors.
- Consumer workers role includes the provision of education and information on a range of health conditions and topics.
- Most of us work with or know people whose lifestyle may be compromised; eg missed annual check-ups, problematic drug and alcohol use.
- We're not immune to the influences of our lifestyle either!

Group exercise

Name LICIT drugs

Name ILLICIT drugs

Are legal drugs harmful?

EXAMPLES

LICIT

- Alcohol, nicotine, caffeine, medications (eg benzodiazepines, anti-cholinergics), steroids.

Less common

- volatile nitrites (aerosols), petrol/glue sniffing

ILLICIT

- Marijuana, heroin, amphetamines, cocaine hallucinogens (e.g. LSD), designer drugs (e.g. Ecstasy)

Less common

- ketamine, 'magic mushrooms', phenylcyclidine (PCP)

Activity

Chris is a friend or family member who has been hospitalised in the past for drug-induced psychosis. You have noticed lately that Chris's behaviour has changed – being more withdrawn than usual, alternating between being highly excitable and tired and rundown. You suspect they may be taking speed or ice again - What do you do?

- Confront Chris and tell him to stop using?
- Get angry and threaten to call the police?
- Tell him not to see his drug-using friends?
- Encourage him to see his case manager or doctor?
- Give him information regarding the effects of using?

Activity (continued)

- **What obstacles can you foresee for Chris?**
- **Will Chris be receptive to your advice?**
- **What approach would be best?**
- **How would your approach differ, depending on the person's relationship to you, their age, type of illness they have, whether they live with you...**
- **Do you think mentally ill patients who continue to misuse drugs and/or alcohol, knowing it can aggravate their symptoms, deserve to receive the same quality of care as patients who do not misuse substances?**
- **What do you think are some of the reasons for their substance use?**

Why do people with psychosis use alcohol and other drugs?

- to get 'high'
- as a social activity
- to escape
- to enhance mood
- to relax
- peer pressure
- to fit in
- to calm down
- and many others reasons.....

Problematic substance use

- People with psychosis may find that even small amounts of alcohol or other drugs can be problematic for them.
- They may not be abusing or dependent, but the alcohol and other drugs may worsen their symptoms and/or interact dangerously with their medication(s).
- This is not a DSM IV diagnosis.

How do I identify a substance use problem?

- Be alert to the possibility (recognise intoxication, post intoxication and withdrawal states)
- Ask questions about people's substance use
 - now and in the past

How is a substance use problem identified?

- Special investigations (eg drug screens, breathalyser results drink driving, legal matters, arrests) can provide information about a problem)
- Other test results e.g. HIV, Liver function, Hepatitis may point to a problem
- Screening instruments are sometimes used
- A helpful question is: “Are carers ever concerned about your drinking and/or drug use?”

Comprehensive D & A history includes....

- Type (s)
- Route
- Frequency of use
- Average daily intake
- Duration of use
- Time and amount of last dose
- Previous drug and alcohol history, including:
 - previous attempts at cessation: when / where / how / how many times
 - previous periods of abstinence / reduction: when / how / how long
 - previous withdrawal symptoms: what / when / where / treatment / how many times
- Related physical conditions / complications
- Related social conditions / complications (living environment, current legal imperatives, employment, education, finances, family, peers, significant others, violence)

Comprehensive D &A history includes....

- Related psychological conditions / complications (depression, anxiety, psychosis, trauma, abuse)
- Related risk-taking behaviour
- Patterns of use
- Reasons for use - as for general population (“high”, stress relief, social activity), “self-medicate” symptoms of mental illness, alleviate side-effects of medications.
- Readiness to change and client expectations (precontemplation, contemplation, preparation, action, maintenance)
- Treatment (eg Methadone, AA, others)

What is intoxication?

- Intoxication may be defined as the intake of a quantity of a substance which exceeds the individual's tolerance and produces behavioural or physical abnormalities.
- The alteration of physical functions due to intoxication can, in severe cases, result in death. Alteration in mental functions can also lead to serious consequences e.g. paranoia resulting in accidental injury or violent behaviour.
- It is always important to remember that intoxication can mimic or mask serious illness and injury.
- The effects of any drug will vary depending on: amount and strength
- route of administration; person's size; person's mood; whether combined with other drugs; where taken, alone or with others.
- Binge – last several days.

Post - intoxication

- Post-intoxication refers to the state that follows *after* intoxication - the 'hangover' state.
- Some people may attempt to relieve the symptoms of post-intoxication by becoming intoxicated with the substance again. This is especially true when a person is dependent on the particular substance.
- Post-intoxicated states can be difficult to recognise.
- Always consider the possibility when assessing someone exhibiting uncharacteristic behaviour and who reports no drug use for several hours

What is withdrawal?

- Withdrawal syndromes occur after sudden cessation or large reduction of prolonged high drug or alcohol intake.
- Withdrawal starts to emerge once the duration of the half-life has elapsed. Thus, the shorter the half-life of a particular drug, the quicker the onset of withdrawal.
- Severe withdrawal states can have serious consequences.
- Early recognition and correct management of the early stages of withdrawal is crucial in preventing the progression into a severe, and potentially life-threatening, stage.

Risky behaviour

- Intoxication with drugs causes loss of inhibitions, poor concentration and impaired judgement.
- Poor concentration and impaired judgement can also be due to some withdrawal states.
- Any person experiencing the effects of intoxication or withdrawal may engage in risky behaviour.
- They are therefore vulnerable to violence and may be at risk of contracting transmissible diseases through unsafe sex and sharing of needles.
- INTOXICATION = AT RISK
- WITHDRAWAL = AT RISK

Managing overdose and withdrawal

Overdose can be:

- accidental
 - with experimentation of a new drug or by a novice user
 - in an experienced user if content and strength of drug varies e.g. heroin
- intentional
 - suicides, homicides and child abuse
 - many intentional ingestions involve more than one drug

Remember

- Many people use on occasion more than one drug at a time
- The effect of combining drugs is always unpredictable
- Maintain a high index of suspicion at all times

So what can we do?

- Substance use is a public health problem (e.g. cigarette smoking).
- Drug and alcohol treatment seeks to engage a person's own motivation and their perceived problems. (It asks: What constitutes a problem and for whom?)
- Overall, drug and alcohol services aim to reduce substance-related harm to self and community.
- Interventions are tailored to a person's cognitive ability, stage of change of problem (their motivation/readiness for change) and have realistic aims and expectations.
- In offering drug and alcohol treatments we need to recognise the importance of our own attitudes when delivering treatment.

Attitudes!

What is acceptable and unacceptable substance use?

Scenario 1; A group of middle aged, professional people are out for dinner to celebrate a work-related success. Every one is drinking. One man has a history of depression and knows alcohol can contribute to a relapse, but wants to 'let loose' with his work mates.

- Is the advised drinking level of 4 drinks a day for him (2 for women) applicable to him, or should he take less or abstain completely?
- Is it ok for him to go over 4 drinks on occasions such as this and not use at other times?
- Does it change if he has a history of alcohol abuse?

Attitudes!

What is acceptable and unacceptable substance use?

Scenario 2; An 18 year old girl is at a party with her school friends to celebrate finishing her HSC exams. A friend passes her a joint and, having a family history of schizophrenia, she knows she should say no. But how – no-one knows of her family history and wouldn't understand anyway.

- Is a couple of puffs OK?
- Will that lead to more regular use?
- Should she just say no and explain her family history (she feels embarrassed about it)?
- How else can she say no?
- Does the scenario change if the joint contained ice?
- How is this scenario different to scenario 1?

Harm reduction / minimisation

- For each individual the risks associated with their psychotic illness, their substance use and the interaction between the two disorders need to be identified.
- Strategies to minimise those risks are important aspects of the individual service plan.
- Programmes that employ a tolerant, non-confrontational approach and are not solely abstinence-focused, seem best suited to clients with psychosis and substance use. BUT remember: some clients may prefer an abstinence-based focus or their goals may change during treatment - individualise!

Resources

- DRUG-ARM Drug Awareness, Rehabilitation & Management.
FREE ph 1300 656 800. NSW ph (02) 9755 0596 Email: adminnsw@drugarm.com.au
- GP, Local Health Services
- Lifeline 131 114.
- Family Drug Support Help line 1300 368 186 <http://www.fds.org.au/>
- Druginfo Clearinghouse <http://www.druginfo.adf.org.au>
- National Drug and Alcohol Research Centre (NDARC) <http://ndarc.med.unsw.edu.au>
- Alcohol & Drug & Information Service (24hr) Sydney 9361 8000 Country 1800 422 599 (toll free)
- MindBodyLife website -
<http://www.mindbodylife.com.au/HealthyLifestyle/AvoidingDrugs.cfm>

Resources

- Australian Drug Foundation <http://www.adf.org.au>
- Australian Drug Information Network <http://www.adin.com.au>
- Dual Diagnosis Australia & New Zealand
<http://www.dualdiagnosis.org.au/home/>
- Dual Diagnosis Website (US) <http://users.erols.com/ksciacca/>