

Substance Disorders and Mental Illness

A e-Guide for
Massachusetts Families
and Friends of adults
dealing with substance
disorders.



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National Alliance on
Mental Illness of
MetroWest

January 2015

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2015

Massachusetts Governor Deval Patrick June 14, 2014:



At least 140 people died from suspected heroin overdoses in Massachusetts in just the last several months, levels previously unseen, We have a public health emergency and it's not limited to Massachusetts.

Family Caregiver:

Loving someone with an addiction disorder has the emotional impact of having a death in the family each week. Loving someone with both an addiction disorder and mental illness is worse.

Patrick Kennedy, addressing the National Alliance On Mental Illness Annual Conference Washington D.C. September 2014:



Some time you have to love someone so much that you have to save their life.

This e-guide was developed to serve families and friends of persons dealing with both substance abuse and mental illness. The need for such an e-guide is based on feedback from hundreds of families that have attended NAMI's family education and support programs. The author is not a clinician. All of the e-guide content is based on input from family members, persons in recovery, area clinicians, and the references listed in this e-guide.

This guide is designed to be used online (connected to the internet). Each major section of the guide has live links to references and resources. It is the intent of the author to make a best effort to keep the guide material and links frequently updated.

Please send comments and suggestions to lfdeangelo@namimass.

Substance disorders affect one's entire family. Family members and friends play an invaluable role in helping individuals recover from substance disorders. This guide is intended to provide valuable information on substance disorders and resources for family members and friends of someone dealing with a substance disorder.

Alcoholism and drug dependency are not moral weaknesses or gross defects in character – long term dependence on substances (addiction) is a disease.¹

From 20 to 50% of persons suffering from an addiction disorder also have a mental illness.² These individuals are self-medicating to ease the pain of mental illness and cope with mental illness symptoms. **Recovery is best achieved by treating both the mental illness and substance disorder as primary disorders that need to be treated immediately and concurrently.**

Addiction disorders increase the risk of diseases such as hepatitis, tuberculosis and HIV/AIDS, and other sexually transmitted diseases. Persons with addiction disorders are at increased risks of serious and fatal violence to oneself and others, traffic accidents, homelessness, loss of meaningful relationships, and inability to work or attend school.

According to the U.S. Substance Abuse and Mental Health Services Administration, “...*alcohol and drug abuse are among the highest predictors of dangerousness to self and others—even without any co-occurring mental disorder... these threats must be taken seriously.*”³

¹ Substance Abuse and Mental Health Services Administration (SAMSHA), <http://store.samhsa.gov/product/What-Is-Substance-Abuse-Treatment-A-Booklet-for-Families/SMA14-4126> Page 2, 2008.

² NAMI Dual Diagnosis: Substance Abuse and Mental Health http://www.nami.org/Template.cfm?Section=By_Illness&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=54&ContentID=23049

³ Substance Abuse and Mental Health Services Administration (SAMSHA), *Substance Abuse Treatment for Persons With Co-Occurring Disorders, Quick Guide For Mental Health Professionals*, 2005, Page 13

Recovery from substance disorders is possible for everyone. Recovery is possible through self-management, psychosocial support, medical assistance, and peer support. **Abstinence is at the heart of recovery.** Effective treatment engages participants in a long term treatment process that helps them maintain abstinence.

We can organize the treatment of addiction disorders into the following phases: **Assessment, Detoxification (Detox), Rehabilitation, and Relapse prevention.** The process of reducing substance use and finally abstaining may require medical intervention (detoxification).

Detoxification is short term treatment with the goal of easing the effects of substance withdrawal and preparing the participant for long term Rehabilitation Services. Rehabilitation services are long term treatments that give the participant the tools for self-care and sobriety; address co-occurring illnesses, and social issues.

Medications and Behavioral Therapy can be used in Detoxification, Rehabilitation and Relapse prevention. Peer support and self-help strategies play an important role in treatment. Family support is extremely valuable. Family therapy facilitates family support.

Many family members report that people with addiction disorder will exhibit behaviors that are completely out of character. They will do most anything to obtain substances. It can be like living with a stranger.

- **Abstinence is the heart of recovery**
- **Treatment Phases: Assessment, Detoxification, Rehabilitation, and Relapse prevention**
- **Treatment can include medications and behavioral therapy.**
- **Peer support, family support and self-help play an important role**

What is an Addiction, Substance Abuse, or Substance Disorder?

The terms Addiction, Substance Abuse, and Substance Disorders can be confusing. A person can be addicted to substances and to activities such as gambling or sex. The term “Substance Abuse” has grown in disfavor as we understand addiction to substances as a brain disorder. This guide is focused on Substance Disorders the addiction to substances.

The American Society of Addiction Medicine (ASAM) defines Addiction as:

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

The Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association, provides standard criteria for the classification of mental disorders used by mental health professions. The current version of DSM is DSM-V. DSM-V classifies Substance Disorders by substances such as alcohol use disorder, stimulant use disorder. DSM-V states that people with Substance Disorders demonstrate behaviors in four categories:

1. **Impaired Control.** They are unable to control their use of a substance or substances.’ They experience cravings so intense that almost nothing else matters except using their substance of choice.
2. **Social Impairment.** They are highly dysfunctional in work, socialization, or school.
3. **Risky Use.** They continue to use substances even when it is risky to do so such as by driving or operating heavy machinery.
4. **Tolerance and Withdrawal.** Heavy users of a substance experience an ever increasing need to use greater amounts of a substance in order to achieve the desired results. When they attempt to lower the amount of a substance they are using they experience withdrawal symptoms.

- **Addiction is a chronic disease of brain reward, motivation, memory and related circuitry.**
- **One can be addicted to substances and activities such as gambling or sex.**
- **Substance Disorder is a chronic brain disease that results from an addiction to substances.**
- **Substance Disorders can be classified by substance (e.g. alcohol use disorder, stimulant use disorder etc.)**
- **People with Substance Disorders demonstrate Impaired Control, Social Impairment, Risky Use, Tolerance and Withdrawal.**

A person with a Substance Disorder can experience substance **Intoxication, Overdose, and Withdrawal**. The symptoms of intoxication, overdose, and withdrawal vary for each substance. **Reactions to Alcohol withdrawal and Overdose can be fatal.**

Alcohol Intoxication

- Impaired judgment & cognition
- Impaired motor skills
- Slurred speech
- Talkative
- Diminished senses
- Intensified emotions
- Lowered inhibitions

Alcohol Withdrawal

- Anxiety
- Depression
- Fatigue
- Irritability
- Shaking
- Tremor
- Nausea & Vomiting
- Seizures
- Hallucinations

Alcohol Overdose

- Mental Confusion
- Stupor
- Coma
- Vomiting
- Seizures
- Irregular Heartbeat
- Hypothermia

- **Intoxication** follows the use of a psychoactive substance and may result in deficits in consciousness, cognition, perception, judgment, affect, behavior, and motor action.

- **Withdrawal** is a set of symptoms that one experiences after prolonged use of a substance is decreased or stopped.

- **Overdose** is the accidental or intentional use of a drug in an amount that is higher than is normally used.

Opiate-based drugs include: morphine, heroin, and oxycodone, and methadone. Opiate Withdrawal reactions are very uncomfortable but not life threatening. **An Opiate Overdose can be deadly.**

Opiate Intoxication

- Breathing Problems
- Sleepiness
- Small Pupils
- Depression

Opiate Withdrawal

- Anxiety & Agitation
- Dilated Pupils
- Muscle aches
- Increased tearing
- Insomnia
- Runny nose
- Abdominal cramping
- Nausea & Vomiting
- Diarrhea

Opiate Overdose

- Decreased level of consciousness
- Pinpoint pupils
- Coma
- Vomiting
- Seizures
- Muscle spasms
- Irregular Heartbeat
- Slower rate of breathing
- Hypothermia
- Choking

- Opiate-based drugs include: morphine, heroin, oxycodone, methadone
- A medication called **NARCAN** can reverse an Opiate overdose and save a life.
- If you encounter a person experiencing an Opiate Overdose call 911 and ask that the response include responders with **NARCAN**.
- If the person is not breathing start rescue breathing

Our bodies react differently to substance use. Some people can use marijuana or alcohol and exhibit no harmful effects and not develop a dependency. Others can use these substances a few times and demonstrate bizarre and unsafe behaviors and become dependent on these substances.

There are multiple reasons for dependence on substances. Some people become dependent on substances because they simply used substances for recreational or social purposes. Dependence can be a normal response to a substance. You may need coffee every morning because your body has acquired a need for caffeine after a few weeks of continued coffee consumption.

The risk of acquiring a substance disorder and dependency is biological, cultural, and societal. Half of the time a consuming individual will develop an addiction because of genetic factors. Biology and environmental factors interact and determine the extent that a person's genes will exert their effect. Culture and social interactions can facilitate substance use. **Exposure to traumatic events, especially during childhood, has been linked to substance disorders.**⁴

Many people with mental illness also have a substance disorder. People with mental illness acquire an addiction for the same reason as people with no mental illness. And many persons with mental illness are self-medicating to mediate the symptoms of their mental illness. **Over 50% of persons with serious and persistence mental illness are abusing substances.**

- There are multiple reasons for dependence of substances.
- The Risk of acquiring a substance disorder is biological, cultural, and societal.
- Half of the time an individual will develop an addiction because of genetic factors.
- Early childhood exposure to traumatic events may increase the risk
- Many people with mental illness have a co-occurring substance disorder

⁴ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3051362/>

The Principles

Abstinence is at the heart of recovery. Effective treatment engages participants in a long term treatment process that helps them maintain abstinence. We can organize the treatment of substance disorders into the following phases: Assessment, Detoxification, Rehabilitation, and Relapse prevention.

Treatment is not simple. Substance Disorders are chronic, multidimensional illnesses. People cannot be cured in a few days. Many patients require long-term and repeated episodes of care. Treatment should attend to the multiple needs of individuals. One cannot fight a chronic disease such as substance disorder and be homeless. Many rehabilitation experts advocate for “Housing First” instead of outdated housing program regulations that require sobriety first. Substance use takes its toll on a user’s general health and overall health must be taken into consideration in a Substance Disorder treatment program.

Principles of Effective Treatment⁵

Principle	Comments
Treatment is long term	At least 3 months. Extends to years.
Expect Relapses	60% - Rates are similar to other chronic diseases.
Treatment should be evidenced-based	Evidence-based practices are treatments based on scientific evidence of effectiveness.
Assessment should screen for infectious diseases	HIV/AIDS, hepatitis B&C, tuberculosis, and others.
Behavioral psychotherapies are at the heart of the treatment	Cognitive–behavioral therapy, family therapy, motivational interviewing, and motivational incentives.
Medications play an important role	Opioids: Methadone, buprenorphine, naltrexone. Alcohol: naltrexone acamprosate, disulfiram
Medical Detoxification is necessary with some substances	Alcohol, Opioids, Benzodiazepines

⁵ <http://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction>

<http://www.abct.org/Help/?m=mFindHelp&fa=WhatIsEBPpublic>

Assessment includes Screening, Physical Examination, and Drug Testing. The screening includes the administration of standardized written questionnaires and histories, and the administration of standard oral questionnaires.

Screening should look for consumption patterns, psycho/social dysfunction, family history of mental illness, and history of early childhood trauma. An assessment should include a physical examination that looks for co-occurring disorders, signs of addiction, and symptoms of intoxication, withdrawal or overdose. Clinicians should look for the appearances associated with substance disorders such as rapid or sudden weight loss, unusual cuts and/or bruises, unexplained or unusual sores, and needle marks.

When the screening and physical examination indicates drug testing may be ordered. Testing involves urine tests for drug use such as marijuana, cocaine, amphetamines, PCP, and opiates.

<http://store.samhsa.gov/shin/content//SMA12-3581/SMA12-3581.pdf>

Medications help in suppressing withdrawal symptoms, reestablish normal brain function, prevent relapse and diminish cravings. The type of medication selected varies with the substance used. Many people with severe addictions are poly-drug users and will require treatment specifically for each drug used.

Substance	Medication	Purpose	Comments
Opioids	Methadone	Suppresses withdrawal symptoms & relieves cravings	
Opioids	buprenorphine		
Opioids	Naltrexone	Blocks the effects	Used only after detox
Alcohol	Naltrexone	Block the effects	Used only after detox
Alcohol	Acamprosate	Suppresses withdrawal symptoms	
Alcohol	Disulfiram	Produces unpleasant reaction to alcohol use	

Many substance disorder rehabilitation programs utilize some form of **Behavioral Therapy**. Behavioral treatments, a form of psychotherapy, motivate patients to participate in treatment programs, change attitudes toward drug use, increase coping skills, and encourage abstinence and a healthy life style.

Behavioral therapy mediates the symptoms of mental illness and decreases self-medication. Behavioral therapy can be delivered in an outpatient or residential setting and can be individual or group therapy.

An evidenced based form of behavioral therapy is **Cognitive-Behavioral Therapy (CBT)**. CBT stresses the important role of thinking in how we feel and what we do. An individual's perceptions are often dysfunctional and distorted when stressed. CBT is based on the cognitive theory of mental illness. This cognitive theory describes how an individual's perception and thoughts about situations influences their emotional, behavioral and physiological reactions.

CBT has proved valuable in improving both positive and negative symptoms of psychotic disorders. Individuals can learn to correct their thinking so that it more closely resembles reality and thereby modify their emotional, behavioral and physiological response

Note: When family members communicate with an ill family member exhibiting psychotic thinking it is best to acknowledge the ill family member's reality, not to deny their reality, and focus on their feelings however distorted their thinking. Leave the therapy to the therapist.

CBT describes a family of therapies with similar characteristics. These different approaches to CBT include Rational Emotive Behavior Therapy, Rational Behavior Therapy, Rational Living Therapy, Cognitive Therapy and Dialectic Behavior Therapy.

<http://www.psychiatrictimes.com/schizophrenia/abcs-cognitive-behavioral-therapy-schizophrenia;>

<http://www.beckinstitute.org/beck-cbt/>

<http://www.nacbt.org/whatiscbt.htm>

- Most cognitive-behavioral therapies share the following characteristics:
- Brief and Time limited (months instead of years).
- A relationship between clinician and client is important but not the focus.
- CBT is a collaborative effort between therapist and client.
- CBT is based on a stoic philosophy. A gentle questioning technique to help clients evaluate their automatic thoughts and improve their response.
- CBT is an educational process.

MassHealth regulation 130CMR 418 specifies an Adult Substance Abuse Continuum of Care provided by public and private treatment programs reimbursable under MassHealth.

Adults Continuum Of Care

Provided by Association For Behavioral Healthcare, Vicker V. DiGravio III President.

Service	Description	Payment
Acute Treatment Services/Detoxification (ATS/Detox)	Community-based medically monitored detoxification (detox) services. This program provides 24-hour nursing care under the consultation of a medical director, to monitor an individual's safe withdrawal from alcohol and other drugs, and alleviates symptoms.	Very few Commercial Insurance plans, All MassHealth payers, Bureau of Substance Abuse Services for uninsured individuals
Enhanced/Acute Treatment Services/Enhanced Detoxification (E-ATS)	E-ATS programs were developed by the Massachusetts Behavioral Health Partnership in response to the need of many clients who have co-occurring mental health and substance use disorders, but who do not meet the criteria for an inpatient psychiatric admission or traditional ATS programs.	As this level of care is not a standard MassHealth benefit, rates and availability are inconsistent. <i>Paid for by MassHealth Managed Care Entities Only</i>
Clinical Stabilization Services (Rehab. Post Detox Step-Down)	CSS programs provide clinical stabilization services post-detoxification for clients leaving ATS programs or for stabilization services to clients needing acute treatment but not meeting medical necessity criteria for ATS services.	<i>Very few Commercial Insurance plans, All MassHealth payers, Bureau of Substance Abuse Services for uninsured individuals</i>
Transitional Support Services (TSS)	Transitional Support Services are short-term, residential support services for clients who need a safe and structured environment and case management to support their recovery process post ATS and CSS services. These programs are designed to bridge the gap between acute treatment (detox) and [longer term Rehab] residential rehabilitation.	<i>Paid for By: Bureau of Substance Abuse Services</i>
Residential Recovery Homes	Recovery Homes provide a structured, alcohol & drug free environment for individuals recovering from addiction. These programs emphasize recovery and treatment within a structured, therapeutic setting. Residents are encouraged to integrate with the community and to access community	<i>Paid for By: Bureau of Substance Abuse Services</i>

	resources, including self-help groups and employment	
Outpatient Counseling	Outpatient Counseling provides treatment for adults and adolescents, their families, and/or their significant others who are affected by the use of alcohol or other drugs. Clients are assisted in gaining and maintaining skills for a substance-free lifestyle. Services include assessment and treatment planning, individual, group, and family counseling.	<i>Paid for By:</i> Commercial Insurance, All MassHealth payers, Bureau of Substance Abuse Services for uninsured individuals
Medication Assisted Opioid Treatment (Methadone)	Opioid Treatment provides medically monitored treatment services for clients who are addicted to opiate drugs such as heroin or pain medications. Services combine medical and pharmacological interventions (such as methadone or buprenorphine) with professional outpatient counseling, education, and vocational services. Services are offered on both a short- and long-term basis.	<i>Paid for By:</i> Very few Commercial Insurance plans, All MassHealth payers, Bureau of Substance Abuse Services for uninsured individuals
Community Support Programs (CSPs)	Community Support Programs provide an array of services delivered by a community-based, mobile, multidisciplinary team of paraprofessionals. These programs provide essential services to individuals with a long-standing history of a psychiatric or substance abuse disorder and to their families, or to members who are at varying degrees of increased medical risk, or to children/adolescents who have behavioral health issues challenging their optimal level of functioning in the home/community setting.	<i>Paid for By:</i> MassHealth Managed Care Entities Only

In this discussion we use the term family caregivers (caregivers) as parents, siblings, partners, relatives, or friends caring for someone with a mental illness or substance disorder.

Trying to care for someone you love with a mental illness and or substance disorder may be your life's greatest challenge. These illnesses can destroy families and relationships and leave everyone involved disabled in some fashion. This situation can be especially painful for parents of someone with a mental illness or substance disorder. Parents see their life's mission is to serve their children. The dedicated caregiver gets on a roller coaster of ups and downs tied to their ill family member's situation. The roller coaster ride can be endless and the caregiver has no control over his/her life or the life of the person they are trying to care for. Trapped on the roller coaster, the family caregiver cannot help their ill family member, abandons their own life and the lives other family members, partners, and friends.

Letting go is a process as Beverly Conyers, in her book, *Addict in the Family*, of detaching with love. Letting go is a way to get off the roller coaster, regain one's life and become a more effective caregiver. Letting Go Means;

- Learning to set limits. Family caregivers deserve a life, deserve to be safe, deserve a life without verbal or physical abuse and deserve a life of financial security. When you abandon these rights you change as a person. You lose your effectiveness as a caregiver. You change your relationship with all others around you. You are trapped on a roller coaster with your ill family member going nowhere.
- Love with detachment. To love with detachments is to avoid getting drawn into endless, fruitless communications circles which leave all parties angry, frustrated and detached. Cautiously allow your ill family member room to do the things they can do for themselves. To understand you are not responsible to find a "cure" or miracle treatment but to find professionals and others to help your ill family member. Love with detachment is not "Tough Love." Tough Love may work with substance disorders at times but can be dangerous when a person has a brain disorder.
- Take care of yourself:
 - Keep yourself and loved ones safe. This could involve using the courts to force your loved one into treatment (See Section 12 and Section 35), a family intervention, reporting a family member to the Registry of Motor Vehicles or the police.
 - Educate yourself
 - Reset your expectations. We all have wonderful dreams for our family members, partners and friends. Your family member can recover. However, recovery may not meet your past expectations for them.
 - Find Joy in your life. Joy is what keeps you well, sustains you, and makes you a more effective caregiver.
 - Take time for yourself and other family members.
 - Never give up hope . Recovery is real.
 - Create a team of helping professionals and resource finders. The burden of treatment should be with the most qualified professionals you can find, executing evidenced based treatments.

Family and friends play very important role in helping persons with substance disorders get into treatment, stay in treatment and maintain sobriety. Often, family members and friends serve as unofficial case managers and source resources for their ill family member.

Area	Link	Phone Number	Comment
Treatment Locators	www.findtreatment.samhsa.gov	1 800 662 HELP	The Substance Abuse and Mental Health Services Administration (SAMHSA). Shows location of residential, outpatient, and hospital inpatient treatment
	www.helpline-online.com Bureau of Substance Abuse Services (BSAS)	1 800 327 5050	The Massachusetts Substance Abuse Information and Education Helpline.
	http://db.state.ma.us/dph/bsas/search.asp		This Directory is of MA Bureau of Substance Services funded and licensed programs. The list is intended for providers.
	https://service.hhs.state.ma.us/elicensing-pubweb/prog/main.htm?initialLetter=M&cityId=170		This is another view of the BSAS Directory.
Crisis Services	For Mental Health and Substance Disorders	877 382 1609	Mass Emergency Services Programs
	Also serves Veterans Crisis Line	1 800 273 TALK	The National Suicide Prevention Lifeline.

Family Support	www.namimassachusetts.org www.namimetrowest.org		NAMI Massachusetts; NAMI MetroWest
	www.learn2cope.org	508 738 5148	Learn to Cope
	http://www.ma-al-anon-alateen.org/contact.html	508 366 0556	Al-Anon
Recovery Support	http://www.aaboston.org/	617 426 9444	AA Central Service Committee of Eastern MA
	http://www.nerna.org/		New England Region of Narcotics Anonymous
	http://www.na.org/	818 773 9999 X771	Narcotics Anonymous
	http://www.caofma.org/	617 539 6090	Cocaine Anonymous of MA
Physician Locator	Aaap.org aacap.org		The American Academy of Addiction Psychiatry and the American Academy of Child and Adolescent Psychiatry