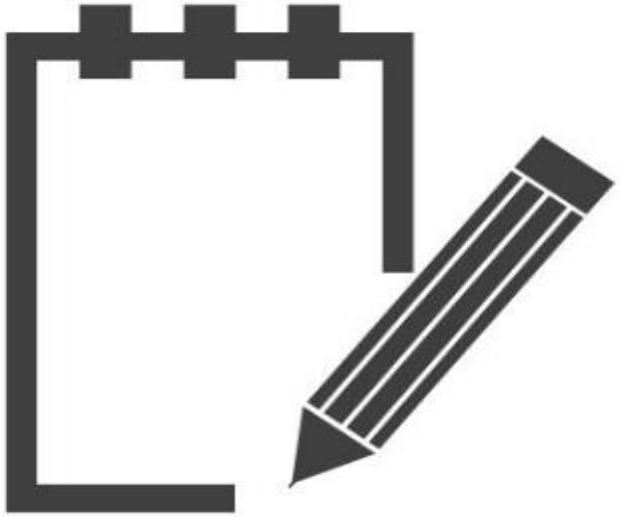
Substance-Related and Addictive Disorders

Law Enforcement and Community: Crisis Intervention Team Training

Module Overview



Substance-Related and Addictive Disorders

- Alcohol Addiction
- Cannabis
- Stimulants
- Hallucinogens
- Opioids

Substance-Related and Addictive Disorders

- A substance use disorder is measured on a continuum from mild to severe
- Substance use disorders occur when the recurrent use of alcohol and/or drugs causes significant impairment

Substance-Related and Addictive Disorders

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Addiction as a Brain Disease

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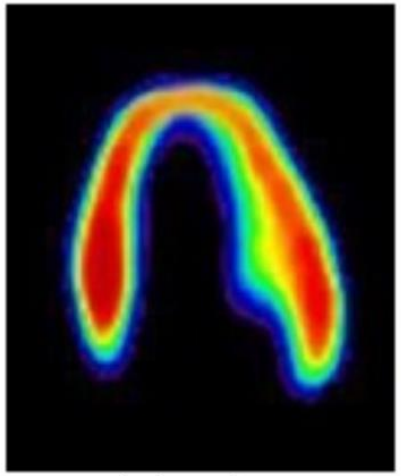
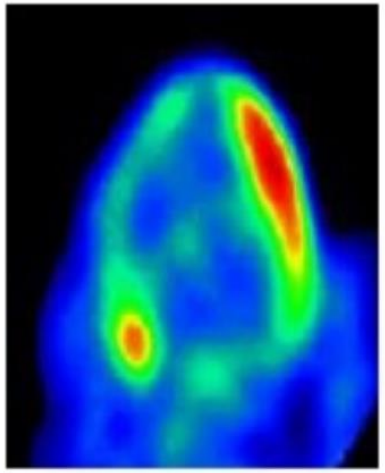
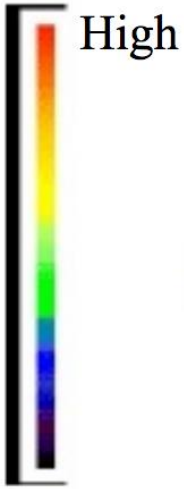
Decreased Heart Metabolism in Coronary Artery Disease



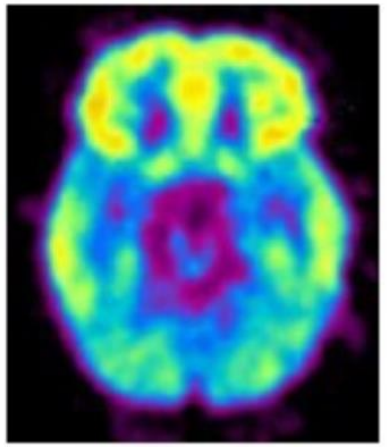
Healthy heart



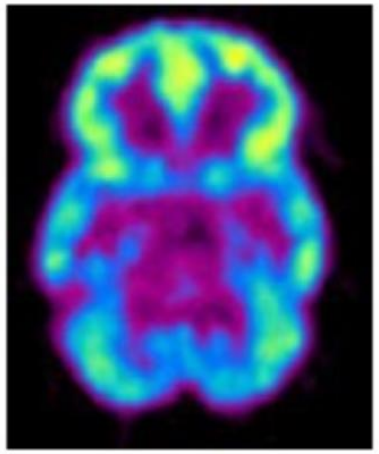
Diseased Heart



Decreased Brain Metabolism in Addiction



Healthy Brain



Diseased Brain

Addiction in America

(14) Addiction In America - The Shocking Statistics - YouTube

Drug Use and the Criminal Justice System

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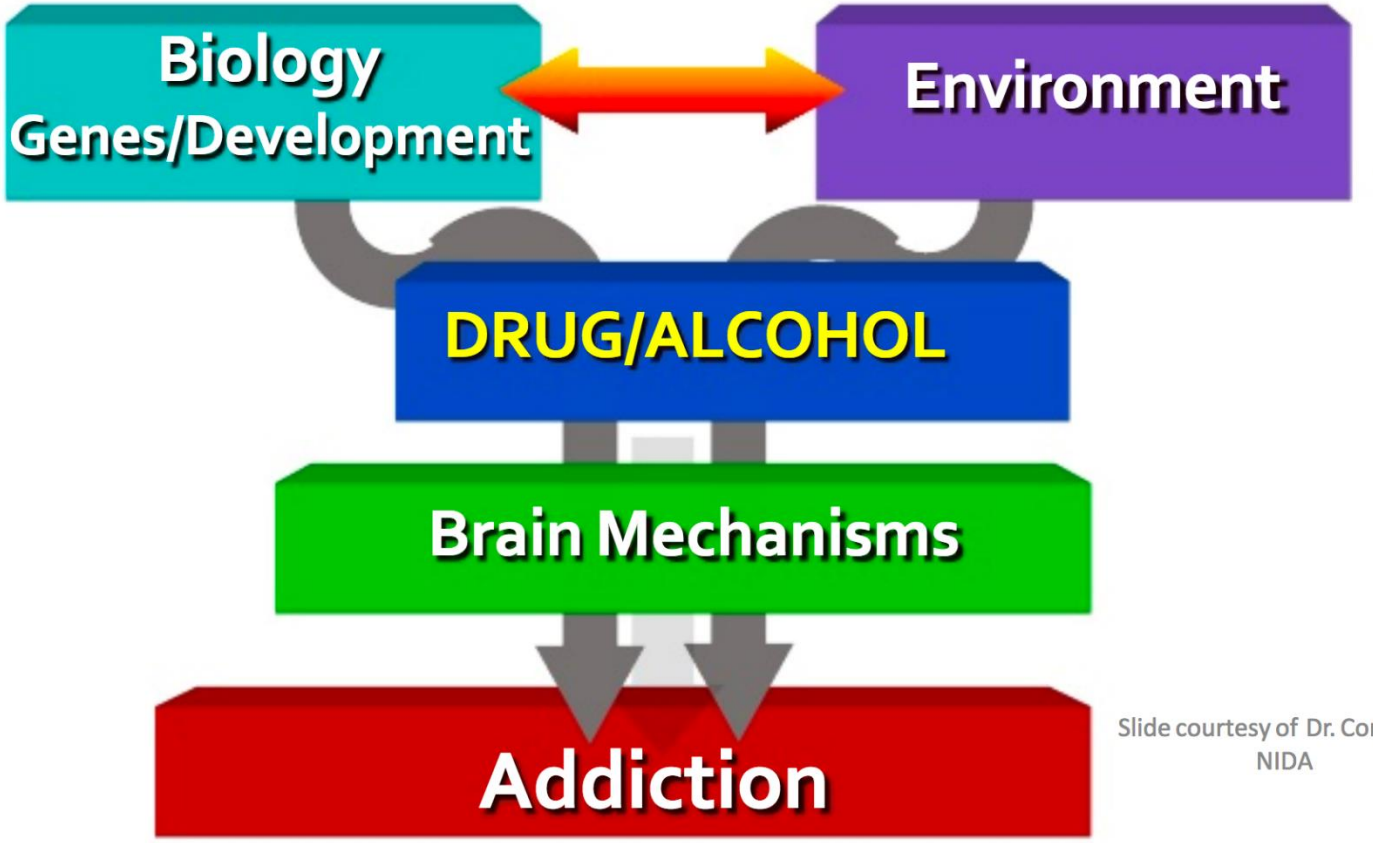
- About half of the people in state prisons and federal prisons meet the criteria for substance use disorder (SUD)
- About 18% of people in prisons reported committing their crimes to obtain money for drugs
- 1/3 of people in state prisons reported using drugs at the time of their crime
- Of those with a mental illness in the criminal justice system, over 70% also have a co-occurring substance use disorder

Substance-Related and Addictive Disorders

- Alcohol Use Disorder
- Tobacco Use Disorder
- Cannabis Use Disorder
- Stimulant Use Disorder
- Hallucinogen Use Disorder
- Opioid Use Disorder

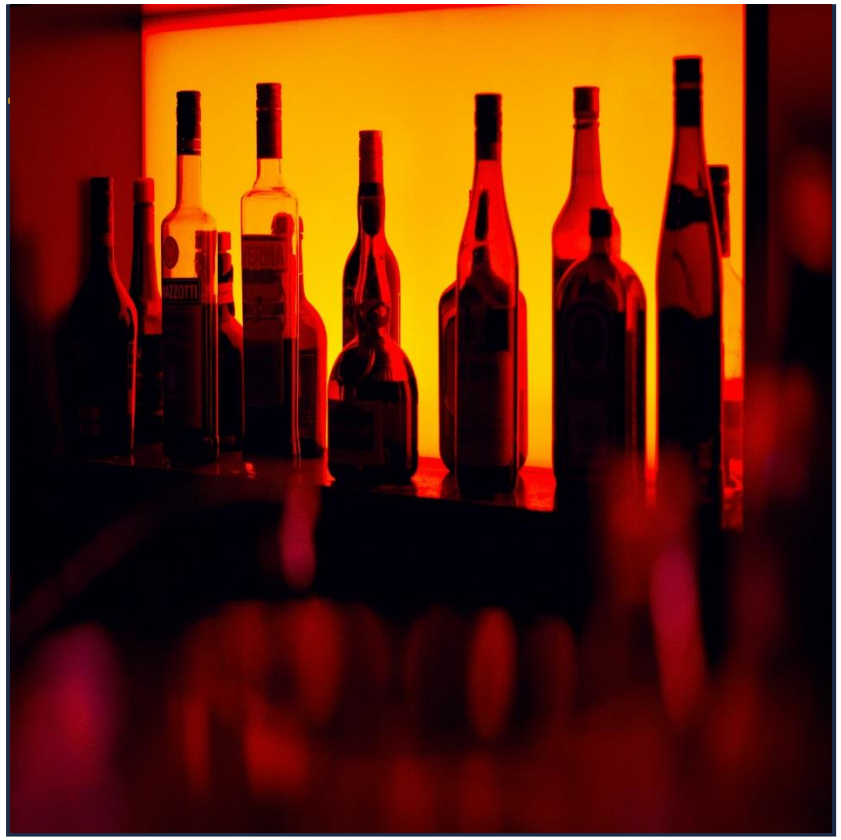


Slide courtesy of Dr. Compton, NIDA

Substance Use Disorders are About:

- Impaired Control
- Social Impairment
- Risky Use
- Physiological changes

Alcohol: Basic Facts



<u>Acute Effects:</u> Disinhibition, euphoria, sedation, lower heart rate and respiration, slowed reaction time, impaired coordination, coma, death

Alcohol Withdrawal

Alcohol Withdrawal Syndrome is comprised of:

- **Delirium Tremens (DTs)**
- **Convulsions and Seizures**

Alcohol withdrawal is a medical emergency

Cannabis: Basic Facts

Acute Effects:

- Relaxation
- Increased appetite
- Dry mouth
- Altered time sense
- Mood changes
- Bloodshot eyes
- Impaired memory & cognitive capacity
- Difficulty with multistep tasks
- Impaired tracking ability
- Paranoid ideation
- High dose triggers psychedelic effects

Cannabis Withdrawal

Withdrawal Symptoms

- Grouchiness
- Sleeplessness
- Decreased appetite
- Anxiety
- Cravings

Stimulants: Basic Facts

Common Stimulants

- Cocaine
- Methamphetamine
- Amphetamines
- Prescription stimulants

Acute Effects

- Increased respiration
- Increased physical activity
- Decreased appetite
- Euphoria
- Insomnia
- Irritability
- Anxiety
- Paranoia
- Aggressiveness

Stimulant Withdrawal

- Physical detoxification
- Cravings
- Depression
- Low energy
- Irritability

- Exhaustion
- Insomnia
- Disordered thinking
- Memory problems

Hallucinogens: The Basics

Description: Drugs that alter perception, thoughts, and feelings. Some are synthetic, while others are plant-derived.

Examples of Hallucinogens: Ecstasy, LSD, GHB, DMT, Peyote, ketamine, PCP, Rohypnol

Acute Effects: These include hallucinations, increased heart rate, nausea, intense feelings, altered time perception, increased blood pressure, dry mouth, confused senses ("hearing colors"), paranoia, and psychosis, among others.

Excited Delirium

A state of *extreme* mental and physiological excitement characterized by:

- extreme agitation
- hyperthermia
- hostility
- exceptional strength
- endurance without fatigue

This is a **medical emergency;** EMS should be dispatched along with law enforcement.

Excited Delirium

- Most often caused by the use of synthetic drugs (K2, Bath Salts), PCP, and other designer drugs.
- Traditional pain compliance techniques and authoritative commands are often ineffective.
  - Minimize patrol lights to decrease stimulation
  - Keep at a safe distance until it is necessary to take subject into custody

This is a **medical emergency;** EMS should be dispatched along with law enforcement.

Opioids: Basic Facts

- Opioids may be extracted from opium (e.g., morphine, codeine, heroin), derived from opium (e.g., oxycodone, hydrocodone), or synthetically developed (e.g., fentany)
- Between 20-30% of patients prescribed opioids for chronic pain end up misusing them

- Opioids are extremely powerful and run a high risk of overdose and death, particularly opioids like fentanyl
  - Approximately 80% of heroin users first misused prescription narcotics like oxycodone or hydrocodone

Acute Effects of Opioid Use

- Surge of pleasurable sensation = “rush”
- Warm flushing of skin
- Dry mouth
- Heavy feeling in extremities
- Drowsiness
- Clouding of mental function
- Slowing of heart rate and breathing
- Nausea, vomiting, and severe itching

Opioid Withdrawal

Withdrawal Symptoms

- Nausea and vomiting
- Diarrhea
- Muscle Pain
- Restlessness or sweating
- Anxiety
- Insomnia
- Tremors

Substance Use and Mental Illness

- Referred to as Co-Occurring Disorders
- Having a psychiatric disorder TRIPLES the risk of drug or alcohol problems
- There is cause and effect between substance use and psychiatric disorders
- To help a person with co-occurring disorders, both the mental illness and substance use disorder must be treated

Why People with Mental Illness Use Substances

- Self-medication
- Easier to get drugs/alcohol than prescription medications
- Costs of medications, no insurance
- Medications can take time to work
- Poor judgment
- High need for excitement, thrills, risks
- Social influences

Challenges in Dealing with Co-Occurring Disorders

- Differentiating between mental illness and the effects of drugs/alcohol

  (psychosis vs. hallucinogen)
- Which condition is more critical and where should the person receive help?
- High rate of relapse, both of mental health problems and substance problems
- High rate of crisis behaviors: suicide, self-injury, overdose (high use of the system)
- High rate of arrests

Video: Adults and Co-occurring Disorders

Treatment

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Treatment for Substance Use Disorders	
• Individual and group counseling • Inpatient and residential treatment • Intensive outpatient treatment • Partial hospital programs • Case or care management	• Medication • Recovery support services • 12-Step fellowship programs • Peer supports

Tips for Responding

- Look for environmental indicators of substance use
- Ask questions about what the person has been using and when last used
- Remember that the effects and withdrawal from substances may mimic mental illness
- But, also be aware the person may also be experiencing a mental illness along with addiction
- Go slow, give space, calming presence, reduce stimulation
- Consider need for medical assistance

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Module Wrap-Up

Questions?