

A Different Shade of Blue: Co-Occurring Disorders in the African American Community

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Lester E. Love, M.D.

African American Training and Technical Assistance

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Co-Occurring Disorders

INTRODUCTION

Overview

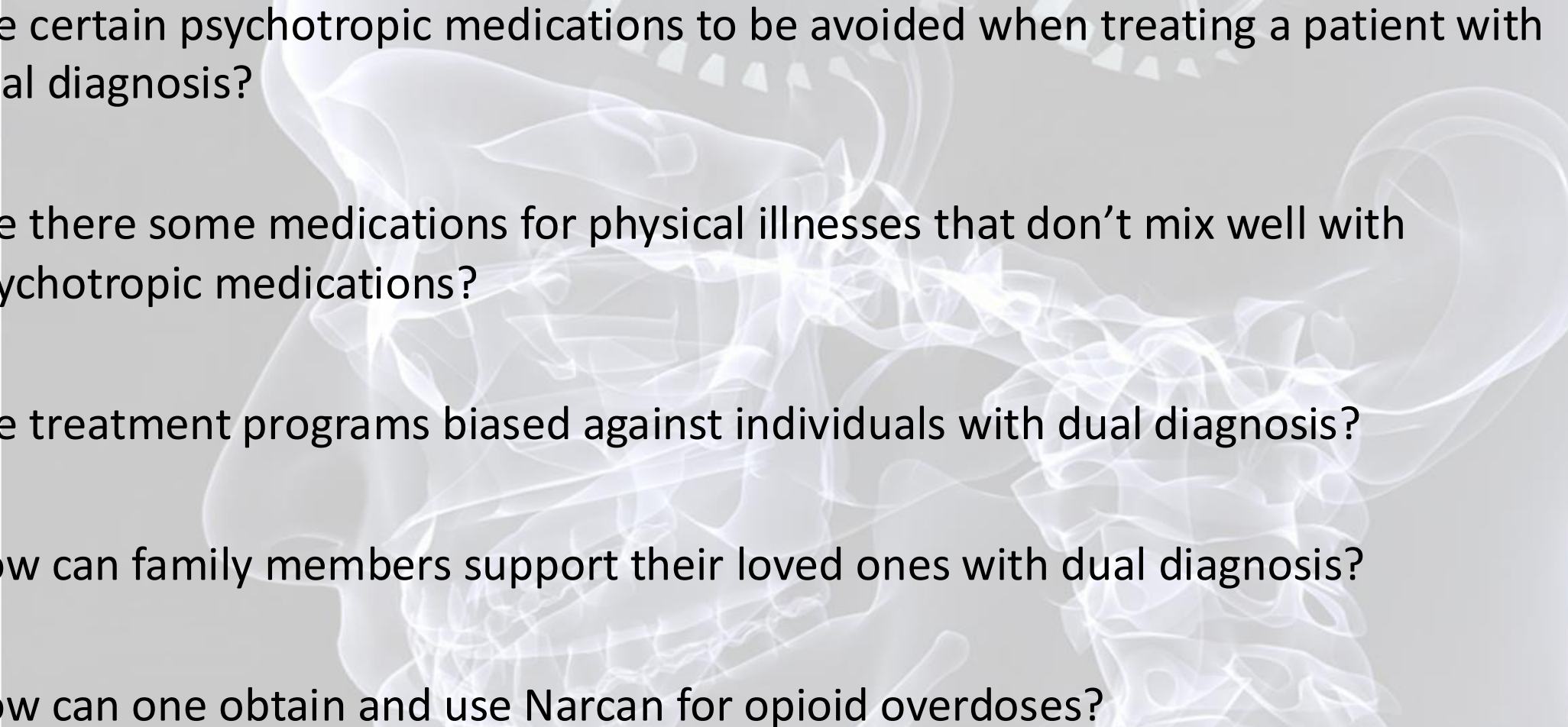
The ***SINGULAR OBJECTIVE*** of this presentation is to provide participants with the most current, evidence-based, practice-informed knowledge so that they can confidently address these ten co-occurring disorder and other related questions:



Questions

1. What is the screening and assessment process for determining that a patient has a dual diagnosis (SMI/SUD)?
2. What is SMI – Severe depression, Bipolar Disorder, Schizophrenia?
3. How are “substances” defined – OTC medications, coffee, cigarettes, cannabis, alcohol, street drugs?
4. When does substance use become substance abuse?
5. Self-medication: What percentage of African American patients are misusing alcohol/street drugs to combat their SMI condition?

Questions (cont.)

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- The background of the slide features a faint, artistic illustration of a human head in profile, facing left. Inside the head, there are several interlocking gears of different sizes, suggesting a mechanical or cognitive process. Overlaid on the head are complex, glowing white lines that resemble neural pathways or a network of connections, primarily concentrated in the brain area. The overall color scheme is light gray and white, with a subtle green and blue gradient at the top of the slide.
6. Are certain psychotropic medications to be avoided when treating a patient with dual diagnosis?
 7. Are there some medications for physical illnesses that don't mix well with psychotropic medications?
 8. Are treatment programs biased against individuals with dual diagnosis?
 9. How can family members support their loved ones with dual diagnosis?
 10. How can one obtain and use Narcan for opioid overdoses?



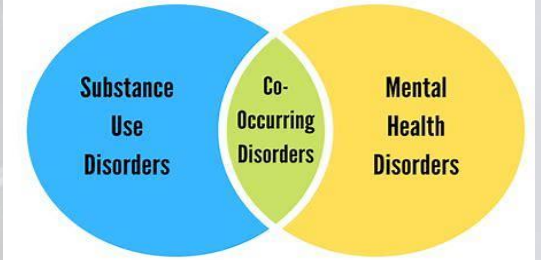
Co-Occurring Disorders

DEFINITION, DIAGNOSIS, AND SCREENING

LANGUAGE/TERMINOLOGY/DEFINITIONS

- Dual diagnosis versus Co-Occurring
- What are the ten substances of misuse
- Use, misuse, abuse
- Severity
- Remission
- SMI versus AMI

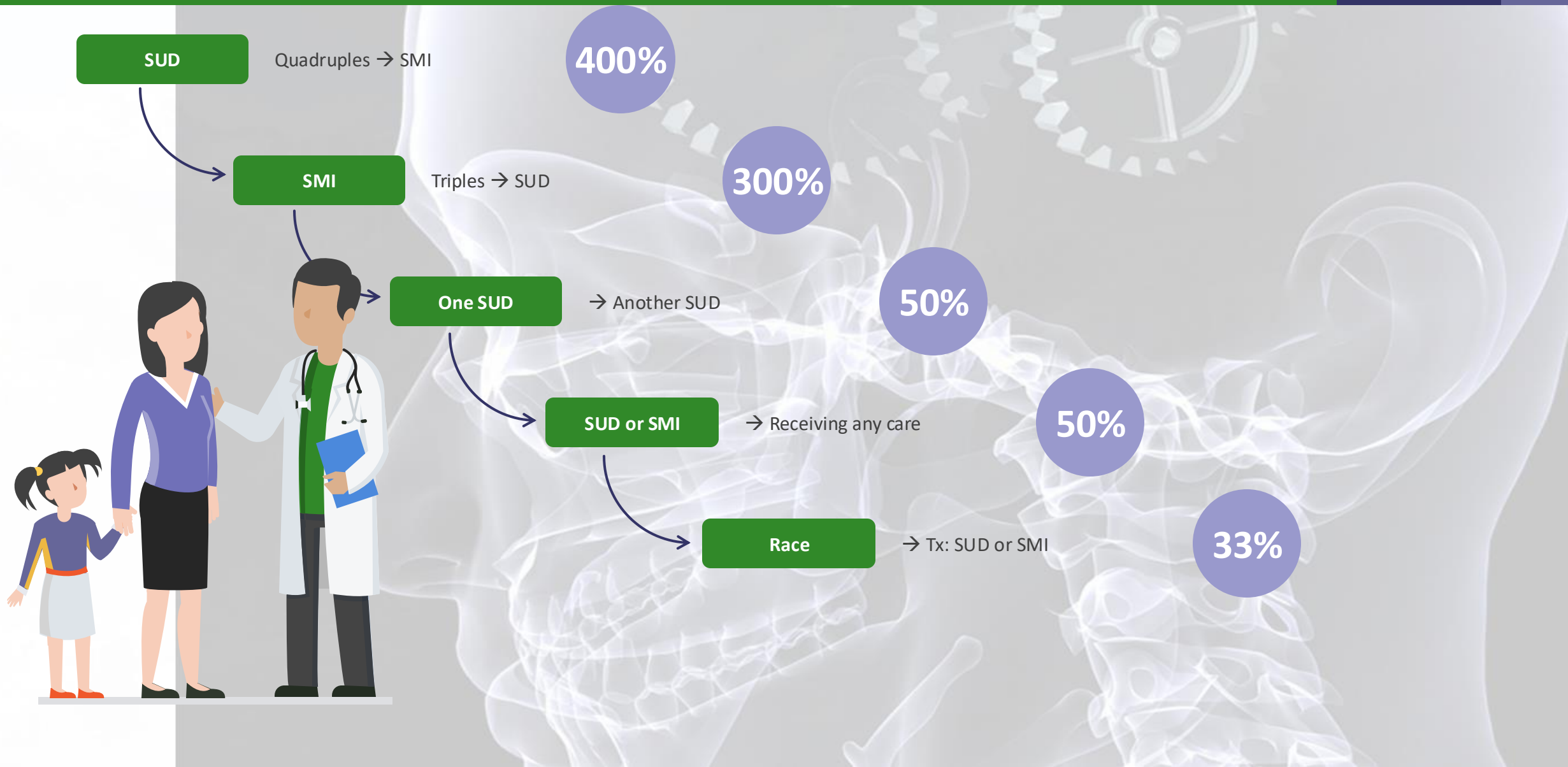
Definition of Co-Occurring Disorders



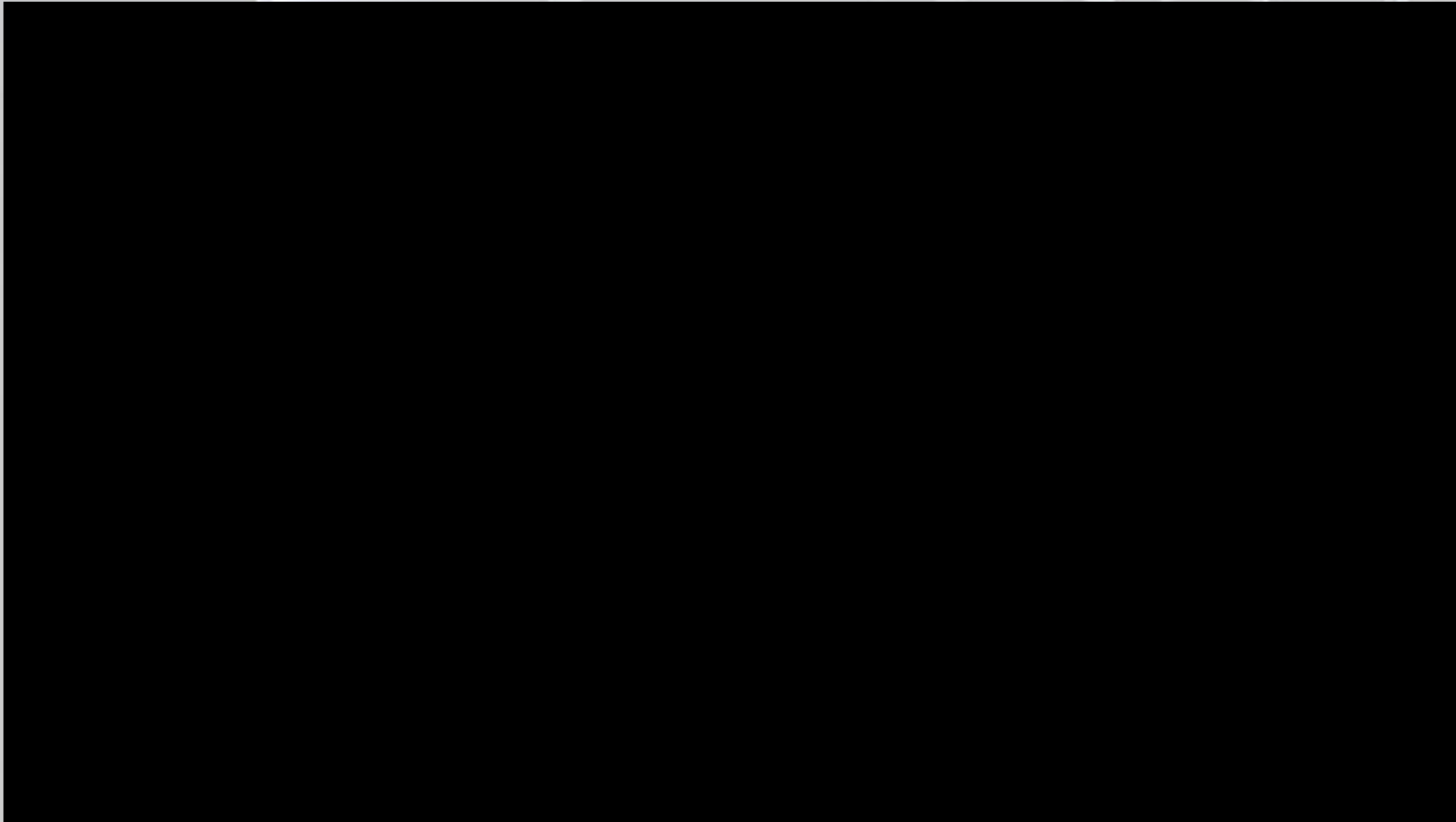
SAMHSA defines people with “co-occurring disorders” as individuals who have at least one mental disorder, as well as at least one alcohol or drug use disorder.

While these disorders may interact differently in any one person at least one disorder of each type can be diagnosed **independently** of the other

CO-OCCURRING DISORDERS: A DIFFERENT SHADE OF BLUE

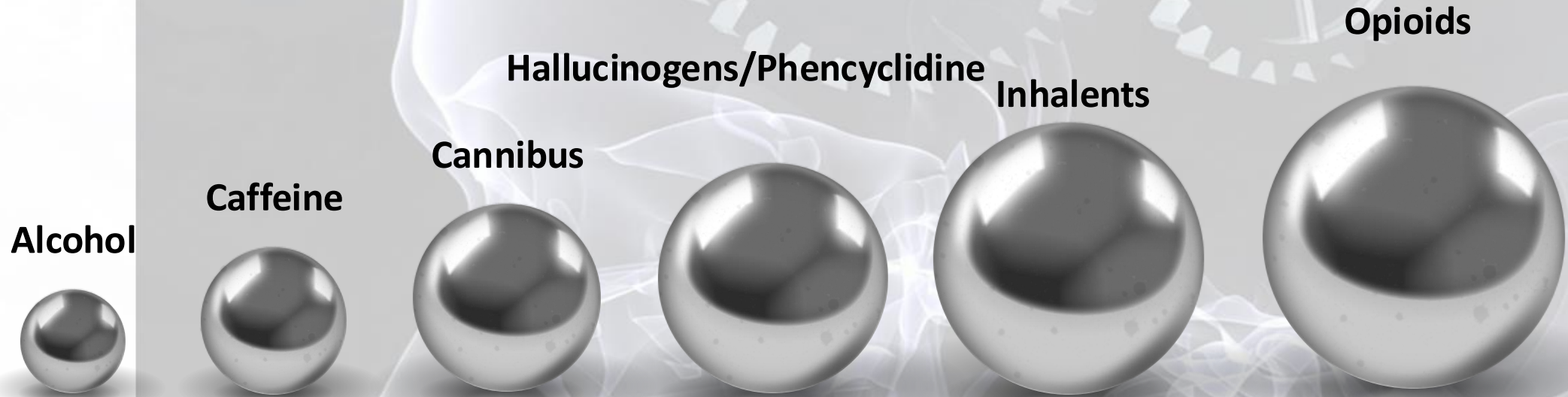


A Different Shade of Blue: Co-Occurring Disorders



Substance Classes (1)

Substance Related



Substance Classes (2)



Substance Related

10 Classes of Substances

Alcohol

Caffeine

Cannabis

**Hallucinogens/
Phencyclidine**

Inhalants

Opioids

**Sedatives, Hypnotics, or
Anxiolytics**

Stimulants

Tobacco

**Other
(or Unknown)**

Substance Class Inclusions

Other (or Unknown)

(including anabolic steroids)

Sedatives, Hypnotics, and Anxiolytics

(including muscle relaxers, barbiturates, sleeping pills, benzodiazepines)

Hallucinogens

(including Phencyclidine, Lysergic acid diethylamide, Ecstasy, mushrooms, club, rave drugs)

Stimulants

(including cocaine, crack, amphetamines, methamphetamine)

Opioids

(including opiates, heroin, morphine, methadone, narcotics)

Cannibis

(including marijuana, hashish, wax)



SUBSTANCE USE DISORDERS: SCREENING ONE QUESTION

How many times in the past year have you had five
(four for women) or more drinks in a day?

SUBSTANCE USE DISORDERS: SCREENING

TWO QUESTIONS

- 1) In the last year, have you ever drunk or used drugs more than you meant to?
- 2) Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?

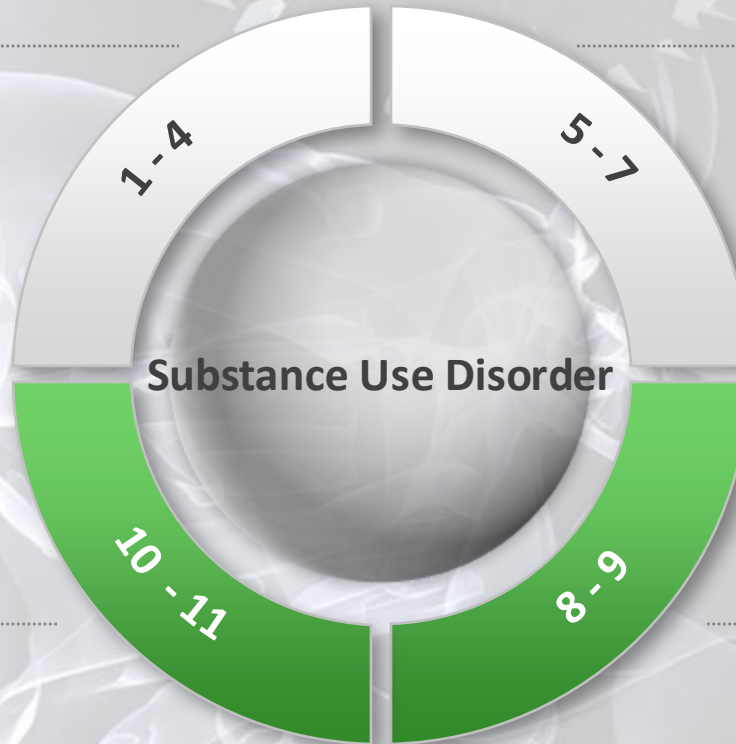
SUBSTANCE USE DISORDERS: DIAGNOSIS

Impaired Control

- 1) Substance is often taken in larger amounts or over a longer period of time than was intended.
- 2) Persistent desire or unsuccessful efforts to cut down or control substance use.
- 3) Great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.
- 4) Craving or strong desire to use the substance.

Pharmacological Criteria

- 10) Tolerance
- 11) Withdrawal



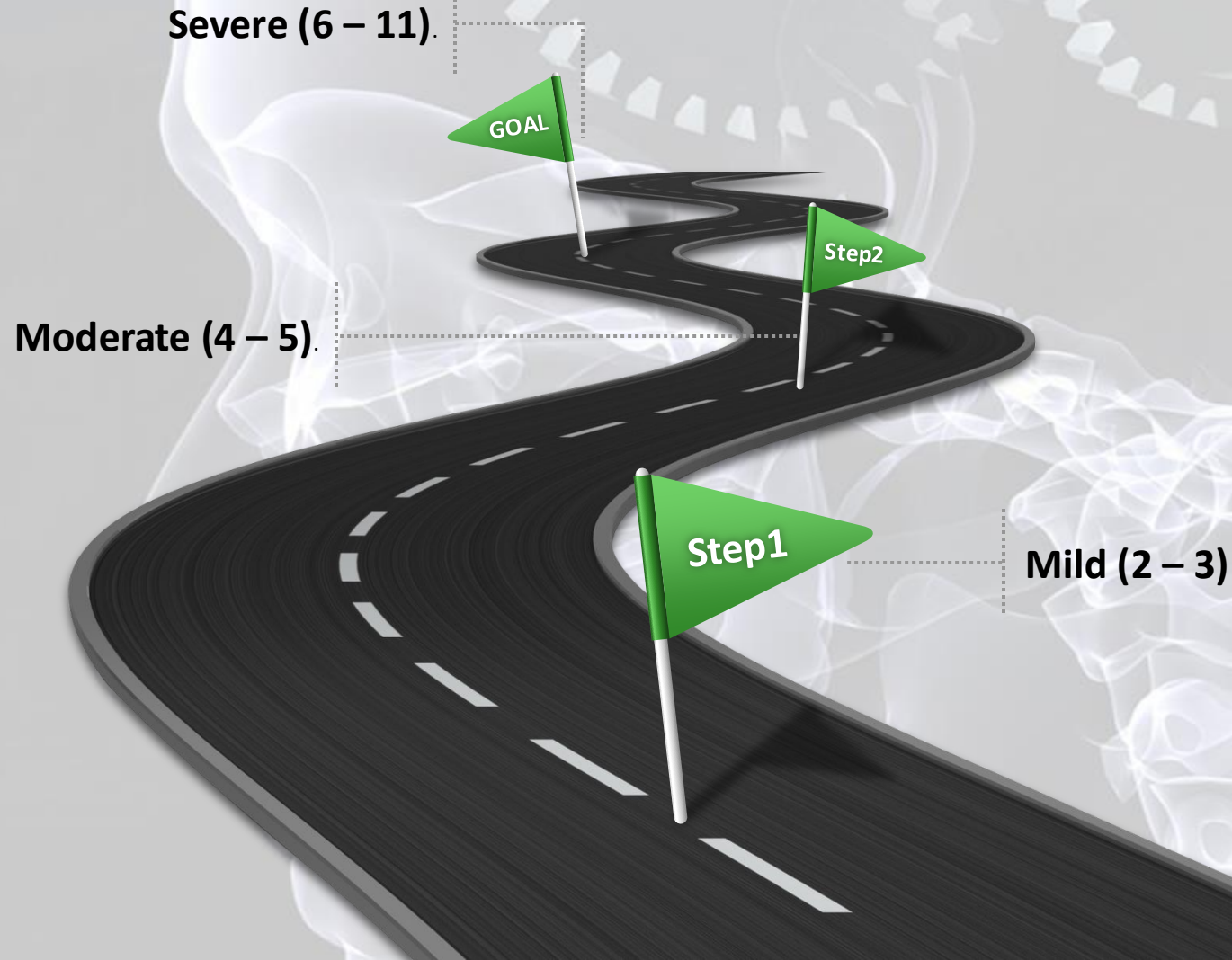
Social Impairment

- 5) Recurrent use resulting in failure to fulfill major role obligations at work, school, home.
- 6) Continued substance use despite having persistent or recurrent social or interpersonal problems.
- 7) Important social, occupational, or recreational activities are given up or reduced because of substance use.

Risky Use

- 8) Recurrent substance use in situations in which it is physically hazardous.
- 9) Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

Severity & Course Specifiers (1)



Severity & Course Specifiers (2)



SMI (Serious Mental Illness) vs AMI (Any Mental Illness)



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Co-Occurring Disorders

THE ROLE OF RACE, RACISM, GENDER

Race, Racism, SUD, and COD



Buprenorphine vs. Methadone



Duration of Treatment



Prescribed vs. Non-Prescribed



Overdose Follow Up



Cannabis Consequences



Completion & Discharge



Tobacco Use Disorder Treatment



Lung Cancer Screening



Death Rates



Co-Occurring Disorders

TREATMENT



Treatment

Pharmacological Treatment

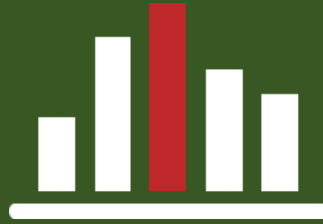


<https://ncapda.org/naloxone-overdose-rescue-training/>

NARCAN



New
Language
for MAT



12
POINTS

↑
32%
INCREASE

Medications for Addiction Treatment

26
March



5
SOLUTIONS

18
OPTIONS





EFFECTIVENESS FOR ADDICTION TREATMENT



← 12
POINTS



↑ RETENTION IN
TREATMENT

02



↓ CRIMINAL SYSTEM
CONTACT & ILLICIT
SUBSTANCE USE

03



IMPROVE PATIENT
SURVIVAL

01



↓ HIV, HEPATITIS B,
OR C RISKS

07



↑ GAINING &
MAINTAINING
EMPLOYMENT

04



06



IMPROVED SOCIAL
FUNCTIONING



05★

IMPROVE BIRTH
OUTCOMES

MEDICATION CONTRAINDICATIONS/CAUTIONS

Psychotropics and Co-Occurring Disorders

1. Opioids
2. Stimulants
3. Benzodiazepines

“Physical Health” Meds and Psychotropics

1. Opioids (pain) and Anxiolytics and Sedative/Hypnotics
2. NSAIDS (pain) or Diuretics (HTN) and Li
3. Warfarin (blood thinner) and Antidepressants (SSRI, SNRI)



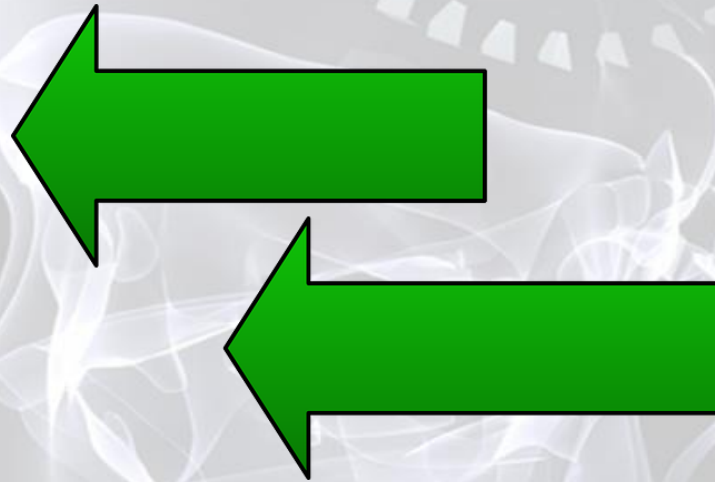
Treatment

Non-Pharmacological Treatment

Co-Occurring Disorder Treatment Models



Sequential



Parallel



Integrated

Examples of Evidence-Based Practices



Integrated Treatment for Co-Occurring Disorders

Supported Employment

Assertive Community Treatment

Family Involvement and Psychoeducation ☒

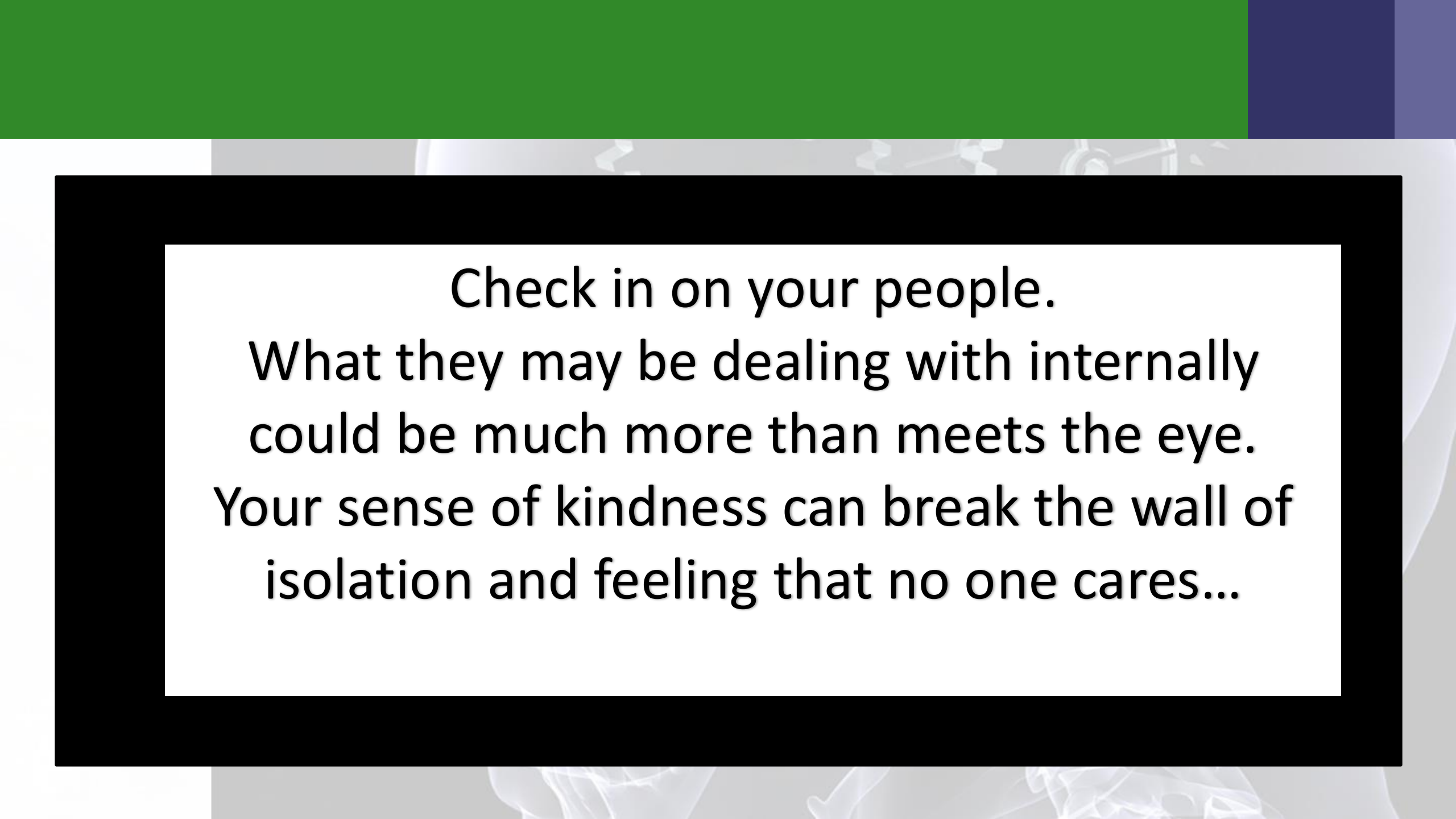
DETACHMENT IN AL-ANON

- Quite simply, detachment refers to the process of separating ourselves emotionally and spiritually from someone or something.
- Detachment enables us to let go of our obsession with others' behavior in order to lead happier and more manageable lives. Despite disliking a person's behavior, we can still love them.
- Detaching from someone or something is neither kind nor unkind. Detaching from a situation or an individual does not imply judgment or condemnation. Separating oneself from the damaging effects of another's substance abuse does not automatically require physical separation. When we detach ourselves from our situations, we can view them objectively and realistically.
- Substance use disorders are a family disease. Most people are unable to cope with the consequences of someone else's substance misuse on their own without

DETACHMENT IN AL-ANON

In Al-Anon We Learn ...

- Nothing we say or do can cause or prevent someone else from misusing substances. A person's illness or recovery is not our responsibility.
- Not to suffer because of the actions or reactions of other people.
- Not to allow ourselves to be used or abused by others in the interest of another's recovery.
- Not to do for others what they can do for themselves
- Not to manipulate situations so others will eat, go to bed, get up, pay bills, not drink, or behave as we see fit.
- Not to cover up for another's mistakes or misdeeds.
- Not to create a crisis.
- Not to prevent a crisis if it is in the natural course of events.



Check in on your people.
What they may be dealing with internally
could be much more than meets the eye.
Your sense of kindness can break the wall of
isolation and feeling that no one cares...



Co-Occurring Disorders

IN SUMMARY

QUESTIONS?

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