

Alcohol and Other Drugs: Abuse, Addiction, and Recovery



COLUMBUS
PUBLIC HEALTH

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Alcohol and other Drug Use, Abuse And Addiction

WII-FM

- WHY SUBSTANCE ABUSE
- THEORETICAL BASES
- SIGNS & SYMPTOMS
- PERSONAL RISK
- HOW CAN I HELP

Use, Abuse, Addiction

- Substance Use
 - Nearly all of us are drug users; Caffeine, Tobacco, Alcohol
- Substance Abuse
 - Experiencing negative consequences doesn't stop use i.e. receiving DUI and continuing to drink and drive, continual fighting under influence, getting fat from the munchies 😊
- Substance Addiction
 - Compulsive using and seeking with no regard to consequences

Why Do People Use?

- To Feel Good: More powerful, relaxed, sexy, smart, etc
- To Feel Better: Social anxiety, stress, depression
- To Do Better: Perform longer/better (academically, athletically, professionally)
- Curiosity: to fit in, feel 'normal', experience what others are talking about, social/recreational

What does an alcoholic/drug addict look like?

STEREOTYPE

Drug and alcohol addiction are legitimate diseases of the brain.

What about diabetes, cancer, heart disease; these are recognized and treatable diseases.

Addiction carries social stigma and stereotypes that create obstacles in seeking treatment.



Why Should I Care?

People who struggle with alcohol and drug problems are professionals, parents, peers, teens, and neighbors. The negative consequences of their use impact the safety of our children, workplaces, and neighborhoods

Facts

- Substance abuse is a major public health problem
- The average age of first use of any drug is 11.5 years
- Persons reporting first use of alcohol before age 15 were more than 5 times as likely to report past-year alcohol dependence or abuse than persons who first used alcohol at age 21 or older.

Drugs Are...

- Legal and illegal
 - Rising trends in prescription drug abuse
- A substance that when used is responsible for affecting the way a person:
 - Thinks
 - Feels
 - Acts

What Should I Know?

- Professional responsibility & consequences
- Awareness of warning signs
- Where to go for help and how to prevent danger

Overview Psychoactive Substances

- Narcotics
- Stimulants
- Depressants
- Hallucinogens
- Inhalants
- Cannabis

Narcotics

- Lower perception of pain
- Include:
 - Opium
 - Morphine
 - Codeine
 - Oxycodone
 - Heroin

Stimulants

- Speed the action of CNS
- Include:
 - Cocaine
 - Methylphenidate
 - Amphetamines
 - Methcathinone
 - Methamphetamines
 - Ecstasy
 - Ephedrine

Nicotine

Is a specific type of stimulant

- Toxicity Includes:
 - Tolerance/dependence
 - Cardiovascular disease
 - Pulmonary disease
 - Multiple cancers
 - Teratogenicity
 - Ability to cause birth defects

Depressants

- Relax and slow CNS
- Include:
 - Alcohol
 - Chloral Hydrates
 - Barbiturates
 - GHB
 - Quaaludes
 - Rohypnol

Hallucinogens

- Affect serotonin levels
- Include:
 - LSD
 - Psilocybin (Magic Mushrooms)
 - PCP
 - Mescaline (Peyote)
 - Ketamine

Inhalants

- Chemicals taken by inhalation
- Three main categories:
 - Nitrites (butyl or amyl)
 - Anesthetics (nitrous oxide, halothane, ether)
 - Solvents, paints, sprays and fuels

Cannabis

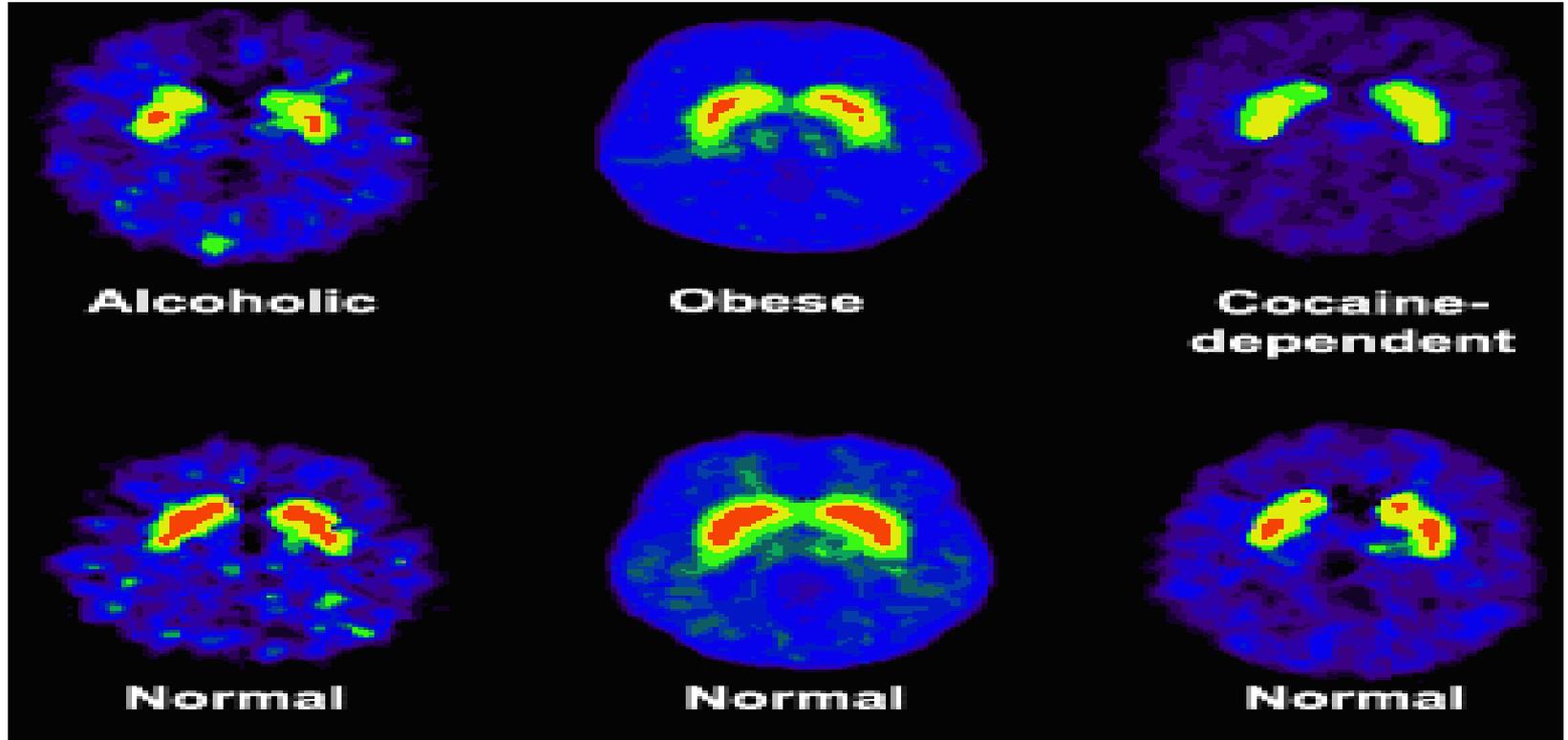
- Alters mood and perception of reality
- Includes:
 - Marijuana
 - THC
 - Marinol
 - Hash/hash oil

The Top Five Drugs Used by 12th Graders in the Past Year:

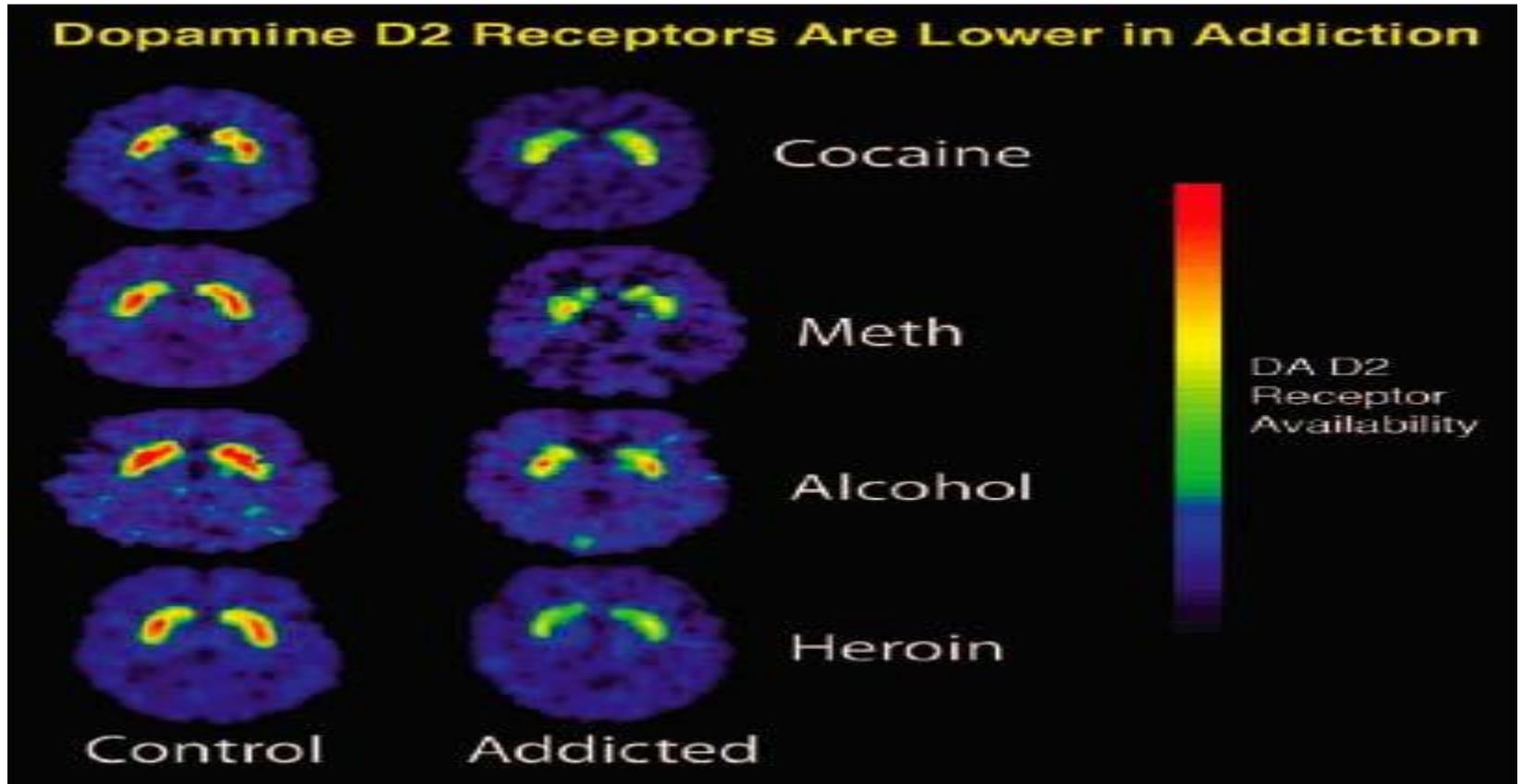
- *Alcohol (37.4%)*
- *Marijuana (35.1%)*
- *Adderall (6.8%)*
- *Synthetic Marijuana (5.8%)*
- *Vicodin(4.8%)*

(2014 University of Michigan Monitoring the Future Survey)

Pleasure Centers Affected by Drugs



Dopamine D2 Receptors

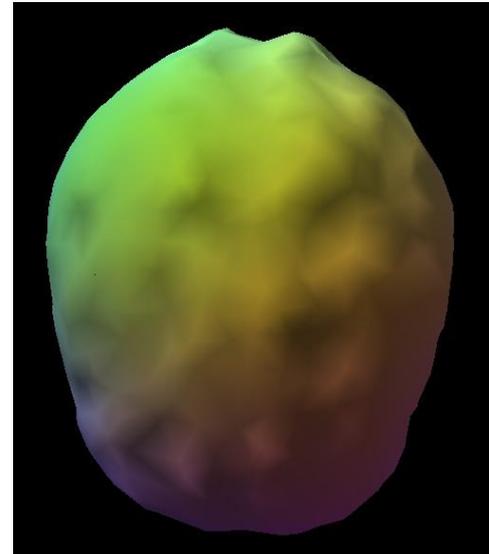


Alcohol Affects on Brain

- 38yr old, 17 year heavy
- WEEKEND drinking

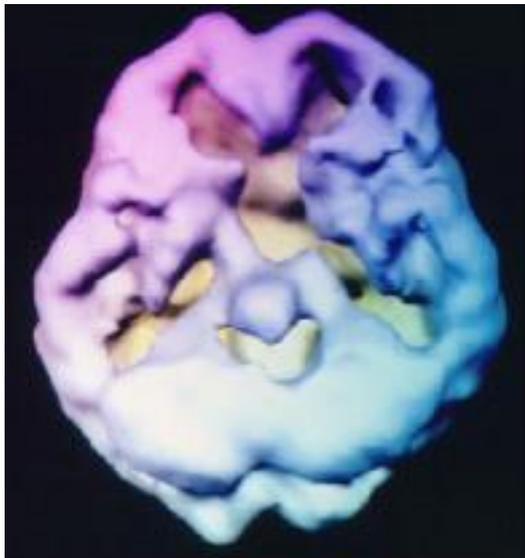


Normal Brain

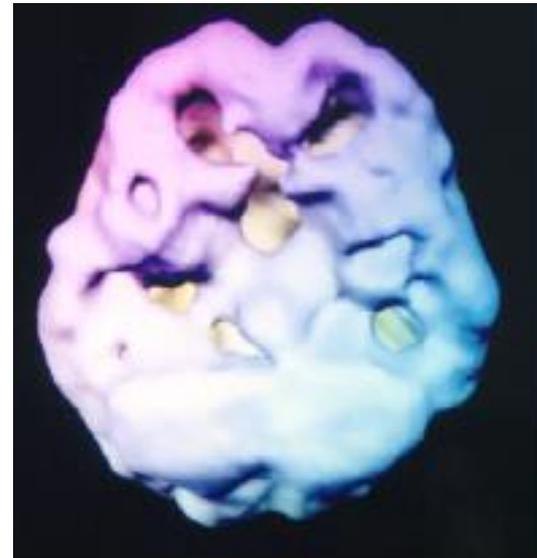


Marijuana Affects on Brain

Active and regular use



Abstained X 1 month



Hope for Healing

Alcoholic Brain



Alcoholic Brain x 1
year treatment



Hope for Healing

Brain on drugs



Brain off drugs x 1 year treatment



Alcohol and other Drug Use, Abuse And Addiction

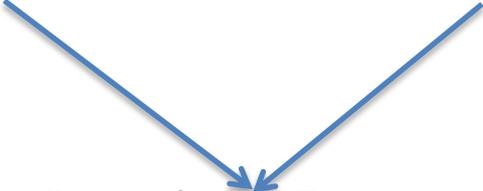
THE CONTINUUM OF USE

- Drug use can be mapped out on a continuum:
 - Experimentation and recreational use
 - Habituation and abuse
 - Dependence/addiction

Alcohol and other Drug Use, Abuse And Addiction

Psychological Influence

Social influence



Body, Brain, Biology + Quantity & Frequency Choices = Problems or not

Nature Vs. Nurture

- Biological risks
 - We are all at some level of biological risk for addiction
 - Biology is not destiny
 - Being mindful and self-aware
 - Mindful choices
 - Probability of negative consequences correlates with level and frequency of use
 - Biology + Choice (quantity/frequency of use) = problems/no problems (use/abuse/addiction)

What Am I Looking for?

- Physical Changes
- Mood Changes
- Behavioral Changes
 - Can be rapid, but most likely subtle and gradual

Physical Changes

- Change in eating/appetite
- Sudden weight loss/gain/bulking up
- Eye changes; blank stares, red/watery/puffy, pupil changes
- Hacking cough (rhinorrhea)
- Tremors of head/hands/feet
- Sleep changes; lethargy, awake/active at strange times

Physical Changes

- Face changes; puffy, gaunt, flushed, pale, sudden onset of acne/sores (especially in adult)
- Nausea, vomiting
- Cold/sweaty palms
- Needle marks on lower arms, pelvis, legs, toes

Mood Changes

- Flat Affect, hyper-verbal, hyperactive
- Changes in appearance
 - Less or over concern for appearance, perfumes, breath fresheners, long sleeve shirts/pants, decrease in hygiene
- Change in overall attitude/personality
 - Unreachable/excessive need for privacy
 - Secretive, suspicious, manipulative behavior
 - Legal troubles; car accidents, fights
 - Chronic dishonesty, stealing, unexplained need for money

Mood Changes

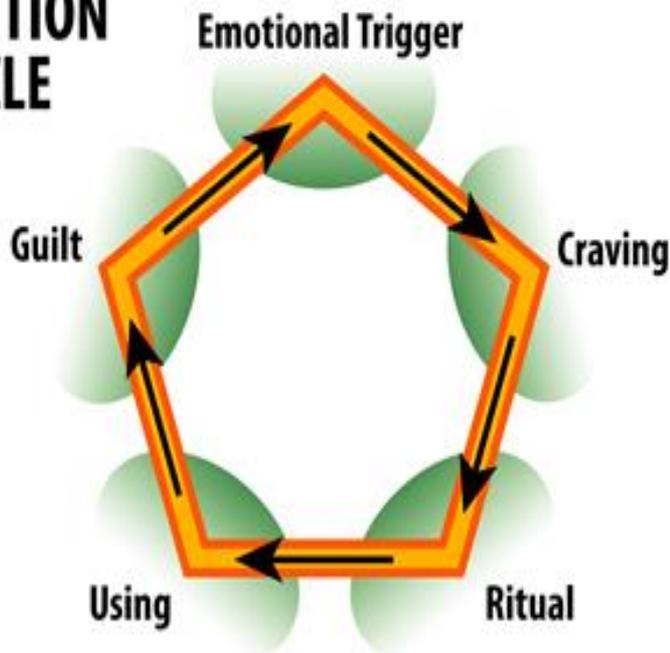
- Under or over emotional reactions, moody, irritable, nervous
- Paranoia
- Silliness/giddiness
- Flighty attention span
- Forgetfulness
- A 'screw it' attitude
- Over-sensitivity, angry outbursts/tantrums
- Entitled/resentful behavior

Behavioral Changes

- Change in
 - Friends, work relationships, intimate relationships
 - Habits at home and work
 - Activities
 - Hobbies
- Drops in performance levels at work/school
 - Calling off
 - Late
 - Failing to meet previously obtained performance goals

Do I Have Problem?

ADDICTION CYCLE



How To Tell?

- Have you ever felt you need to ‘cut down’ on your use/drinking?
- Have you been annoyed by people commenting on your use?
- Have you ever felt bad, guilty, or hid your use?
- ‘Hair of the dog’, have you had to drink in the morning to steady your nerves or rid hangover?

Denial: A Red Flag

- Person with problem
 - Denies problem exists
- Co-workers
 - May explain or excuse unacceptable behavior or performance
- Quick intervention
 - Safety of person and family
 - Safety in workplace

How Can I Help?

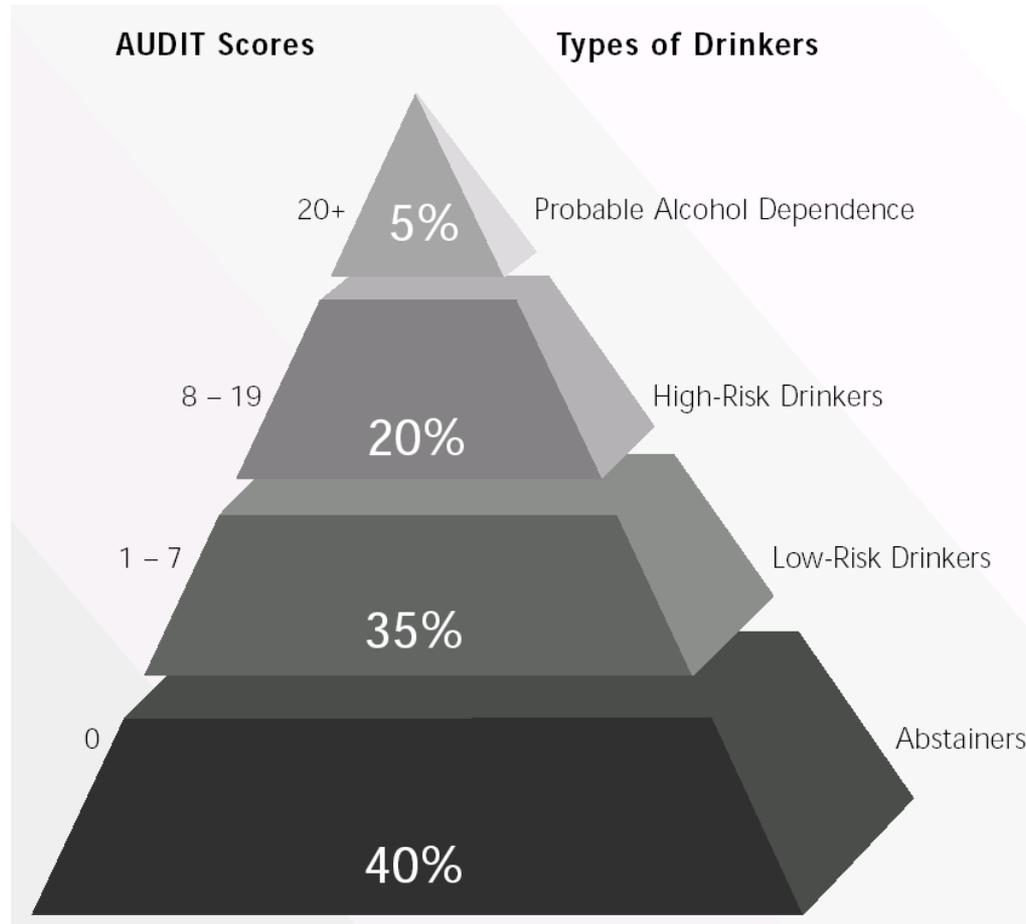
- Be familiar with signs and symptoms
- Promote prevention and responsible use
- Make literature available and seen
- Know local treatment resources
- Be open and approachable
- Be a role model
 - Use responsibly
 - Seek treatment

Can I Be Cured?

- Addiction and Alcoholism are treatable diseases
 - Addict has to invest and participate in recovery
 - Detoxification
 - Medications
 - Individual/group/family counseling
 - Motivation enhancement therapy
 - Cognitive-behavioral therapy (changing how I think, will change how I react/feel)
 - 12 Step facilitation therapy

Relapse

- Normal and predictable part of recovery process
- Can occur at any point in recovery
- Does not indicate the end of recovery
- Relapse does not have to be a return to use of drug of choice



OPIATE ADDICTION:

We All Know the Stats...

- Unintentional drug overdoses causes 1,914 deaths in Ohio in 2012
 - 66.5% of these deaths were related to opiates (prescription drugs or heroin)
- Opiate addiction does not discriminate
 - All communities, all demographics

Reference - Ohio MHAS -2015

OPIATE ADDICTION:

We All Know the Stats...

- Drug overdoses have increased in Ohio by **372 percent** from 1999 to 2010.
- Opioids, prescribed for the treatment of pain, are the main contributor to the increase in overdose fatalities.
- Prescription opioids such as (OxyContin®) and hydrocodone (Vicodin®) are involved in more overdose deaths than heroin and cocaine combined.
- Drug overdose fatalities cost Ohioans **\$4.9 million each year** in direct medical costs.

Rethinking the Role of Prevention

- At what age are the messages regarding opiate use most effective?
- What supports do have in place in our community for families?
- What is or is there a role for Naloxone (Narcan)
- Is there a need for harm reduction strategies and what is the prevention role if there is one?

Preventing Opiate Abuse

- **What is Naloxone?**
- Naloxone (also known as Narcan) is a medication that can reverse an overdose that is caused by an opioid drug.
 - A generic, low-cost, non-narcotic (i.e. non-habit forming) medication that blocks the brain cell receptors activated by opioids like oxycodone (e.g. OxyContin®), hydrocodone (Vicodin®) and heroin.
 - Blocks the effects of opioids on the brain and restores breathing within two to eight minutes.
 - Has been used safely by emergency medical professionals for more than 40 years
 - Only one function: to reverse the effects of opioids on the brain and respiratory system in order to prevent death.
 - Has no potential for abuse.
 - If given to a person who is not experiencing an opioid overdose, it is harmless.
 - If naloxone is administered to a person who is dependent on opioids, it will produce withdrawal symptoms.
 - Does not reverse overdoses that are caused by non-opioid drugs, such as cocaine, benzodiazepines (e.g. Xanax, Klonopin and Valium), methamphetamines, or alcohol.

Rethinking the Role of Prevention

- **Naloxone Distribution Programs**
- In response to the growing overdose fatalities attributed to opioids, several states and localities have implemented Naloxone Distribution Programs (NDPs).
 - NDPs provide overdose training and take-home doses of Naloxone, to be administered nasally or by muscular injection, to those who are deemed high-risk for an overdose.
 - Since 1996, more than 53,000 individuals have been trained by NDPs resulting in more than 10,000 overdose reversals using Naloxone.
 - Currently more than 194 sites where naloxone is being distributed in 15 states.
 - Under current Ohio law, **Naloxone can be legally prescribed/dispensed to a person at-risk for an overdose** and can be administered to an individual who possesses a valid prescription (similar to that of an epi-pen).

Rethinking the Role of Prevention

- **What is Project DAWN?**
- The Ohio Department of Health, Violence and Injury Prevention Program allocated seed money to initiate Project DAWN (Deaths Avoided with Naloxone), Ohio's first Overdose Reversal Project.
 - Project DAWN is housed at the Portsmouth City Health Department and serves all of Scioto County.
 - Is a community-based drug overdose prevention and education project. Project DAWN participants receive training on:
 - Recognizing the signs and symptoms of overdose
 - Distinguishing between different types of overdose
 - Performing rescue breathing
 - Calling emergency medical services
 - Administering intranasal Naloxone
 - Discussion of substance abuse treatment options (where appropriate)

WHAT TO DO - INDIVIDUAL

- Talk early and often with your child
- Get involved
- Be a good role model
- Monitor Your Child's Activities
- Set Boundaries
- Have clear rules about alcohol and other drug use
(Specific, Consistent, Reasonable)

WHAT TO DO - FAMILY

- Create an environment that discourages underage drinking, drug use
- Have consistent messages that communicate growing up safe and healthy
- Know your children's friends & parents and talk
- Communicate early and often your family values, history and beliefs around alcohol

WHAT TO DO - COMMUNITY

- Get Involved
- Monitor
- Be Aware
- Develop capacity and leadership
- It's a Marathon not a sprint

How To Help, When Help Is Unwanted

- Addiction is strong
- Recovery cannot be forced
- Focus on your behavior, safety, and boundaries
- Don't deny/prevent negative consequences
- Don't bargain/enable
- Don't jeopardize the safety of others for the addict
- Be ready to help
- Take care of yourself

Resources

- KNOW! Drug Free Action Alliance
<https://www.drugfreeactionalliance.org/know>
- Start Talking! Ohio Department of Mental Health and Addiction Services
<http://starttalking.ohio.gov/>
- getsmartaboutdrugs.gov
- teens.drugabuse.gov
- familycheckupguide.gov
- whitehouse.gov/ondcp
- Atipartnerships.org

Resources

- Alcohol, Drug and Mental Health Board of Franklin County for mental health and substance abuse provider information. www.adamhfranklin.org
- National Institute On Alcohol Abuse And Alcoholism (NIAAA) for research and education on alcohol use and abuse www.niaaa.nih.gov
- Substance Abuse And Mental Health Services Administration (SAMHSA) for national trends, evidence-based approaches to care, funding www.samhsa.gov
- National Institute On Drug Abuse (NIDA) for research on the health aspects of drug abuse and addiction www.nida.nih.gov

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