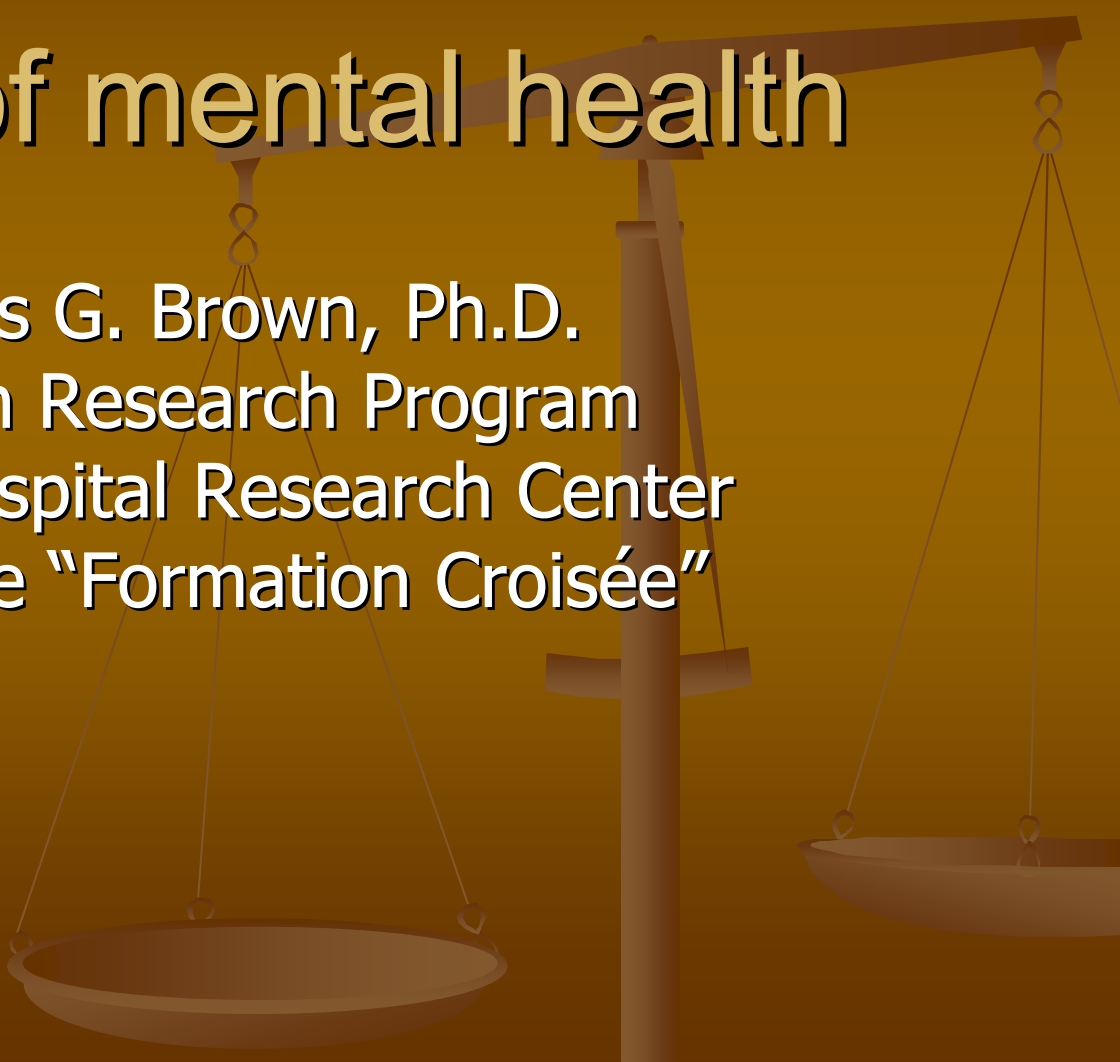


Detection of psychoactive substance abuse in the context of mental health



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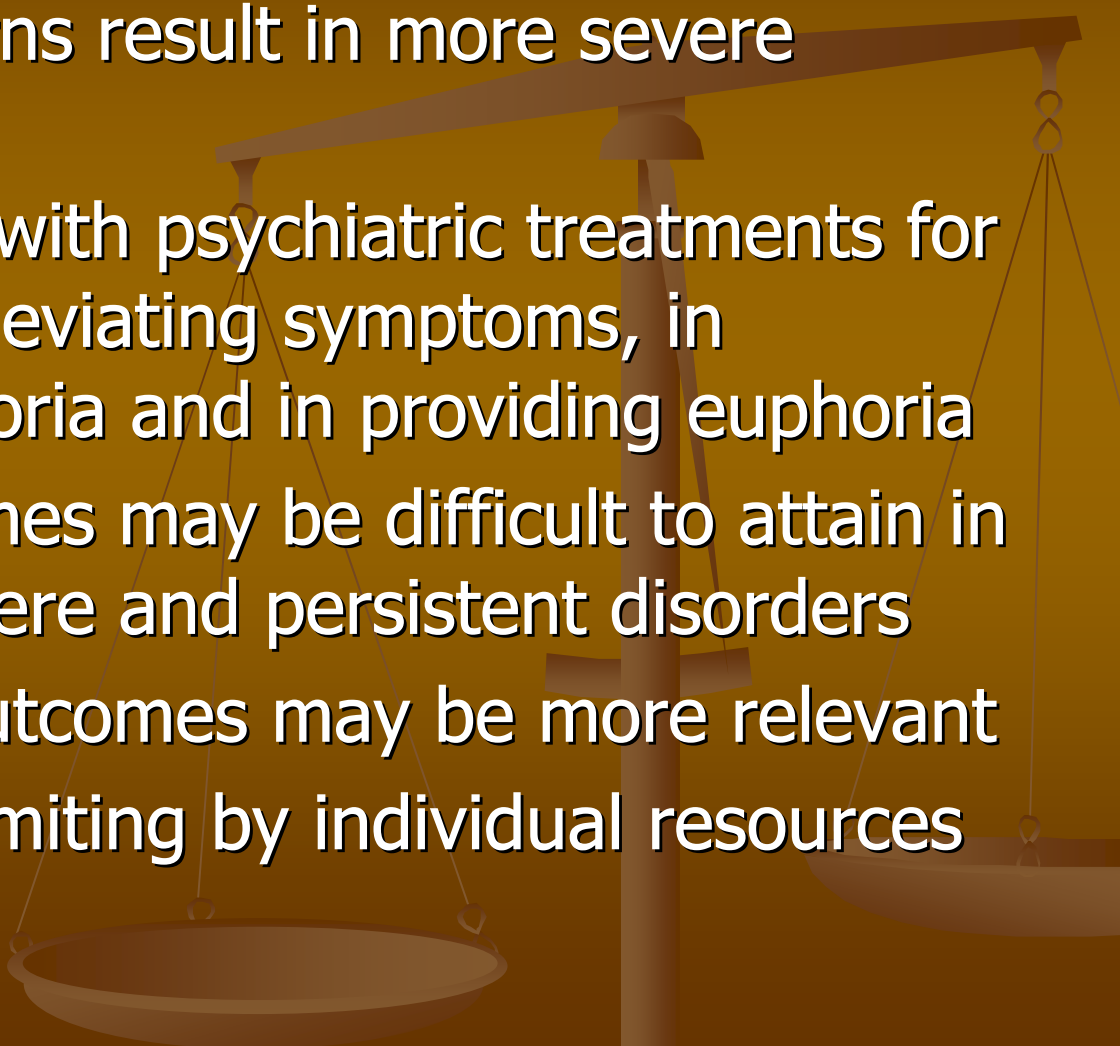
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Psychoactive substance abuse (PSA) in context

- PSA is present in 25-50% of individuals suffering from mental disorders
- PSA complicates diagnosis, evaluation, treatment and outcomes
- Integrated treatment is a “best practice”
 - Multiple models for integrated treatment of both problems
 - within one service
 - Under single professional leadership
 - Coordinated treatments offered by different services

PSA in the context of mental health

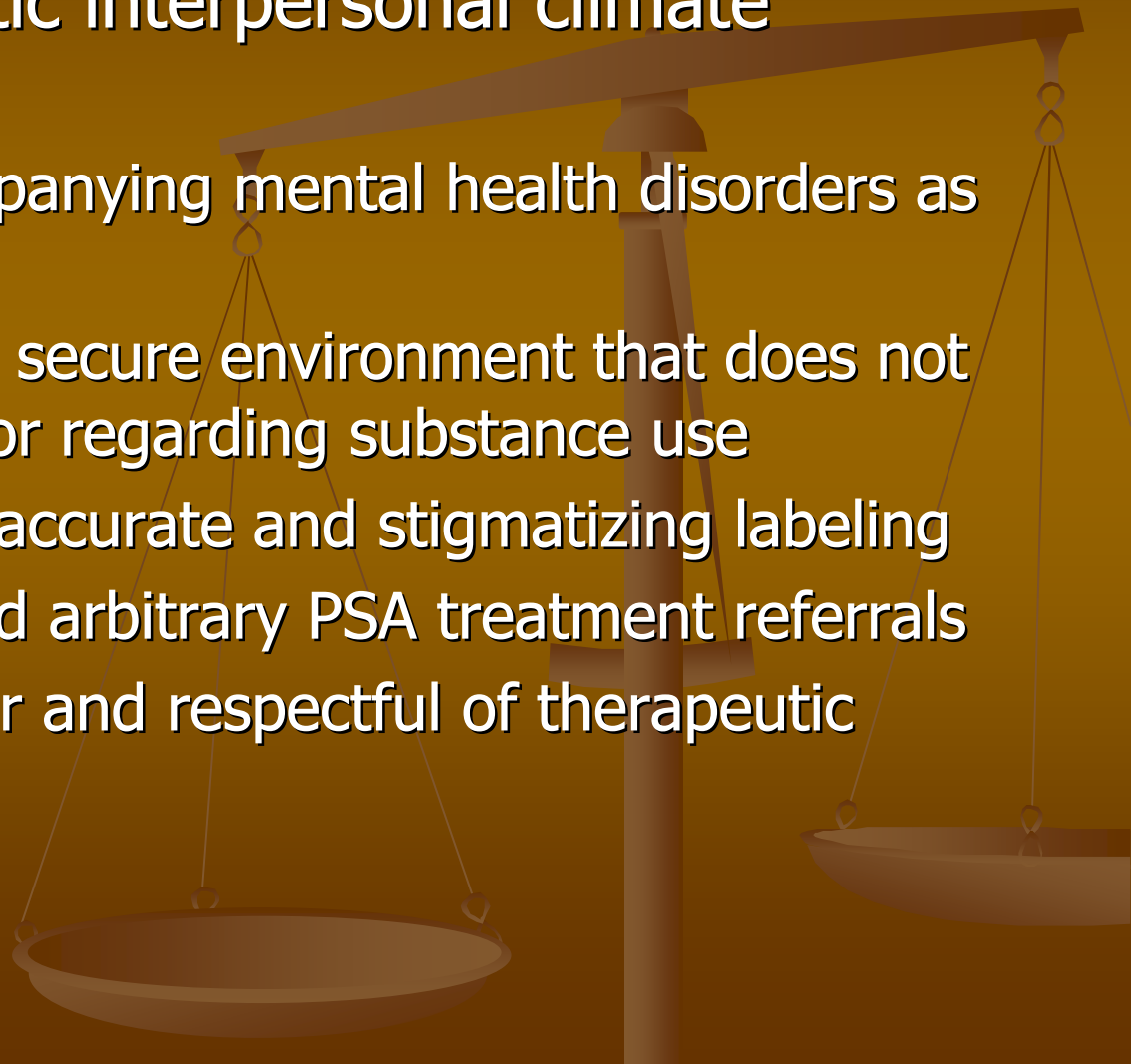
- Less severe patterns result in more severe consequences
 - PSA can compete with psychiatric treatments for effectiveness in alleviating symptoms, in combatting dysphoria and in providing euphoria
 - Abstinence outcomes may be difficult to attain in the context of severe and persistent disorders
 - Harm reduction outcomes may be more relevant
 - Use may be self-limiting by individual resources
- 

First steps

- Adopt an integrated treatment approach
 - Accept treatment of multiple problems or simultaneous treatment by multiple sites as the best practice
 - Identify possible organizational, administrative and clinical management roadblocks to integrated approaches
- 

First steps

- Create a therapeutic interpersonal climate regarding PSA
 - Expect PSA accompanying mental health disorders as “normal”
 - Provide a safe and secure environment that does not punish client candor regarding substance use
 - Avoid simplistic, inaccurate and stigmatizing labeling
 - Avoid simplistic and arbitrary PSA treatment referrals
 - Be consistent, clear and respectful of therapeutic environment



Detection

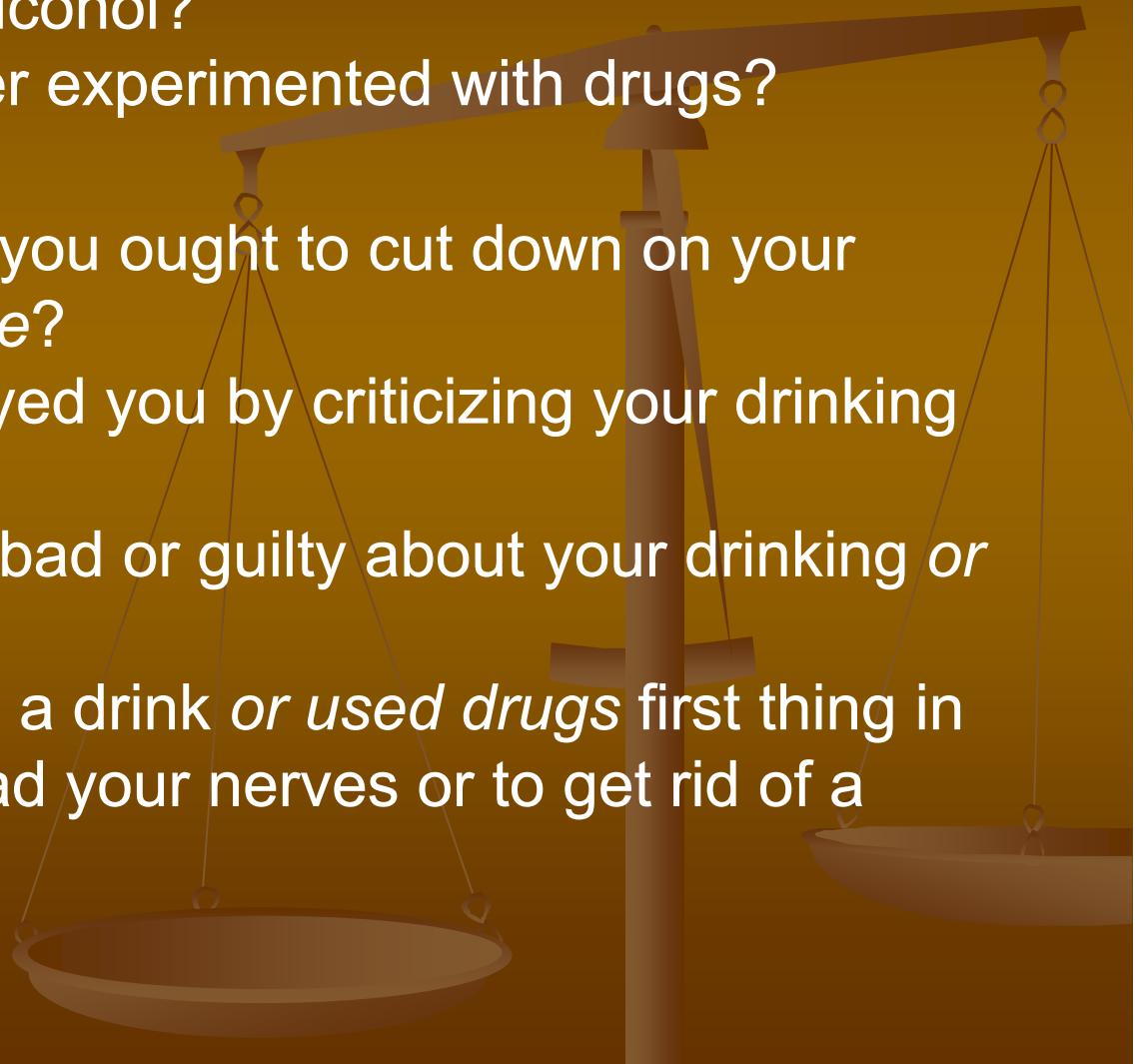


- Ask and talk about PSA
 - Consider systematic detection using instruments such as 4 item CAGE-AID
 - One positive response is worth a “conversation”
 - Share objective information about PSA in the context of mental health
 - Severity, course and outcomes

Detection

1. Do you use alcohol?
2. Have you ever experimented with drugs?

- Have you ever felt you ought to cut down on your drinking *or drug use*?
- Have people annoyed you by criticizing your drinking *or drug use*?
- Have you ever felt bad or guilty about your drinking *or drug use*?
- Have you ever had a drink *or used drugs* first thing in the morning to steady your nerves or to get rid of a hangover?



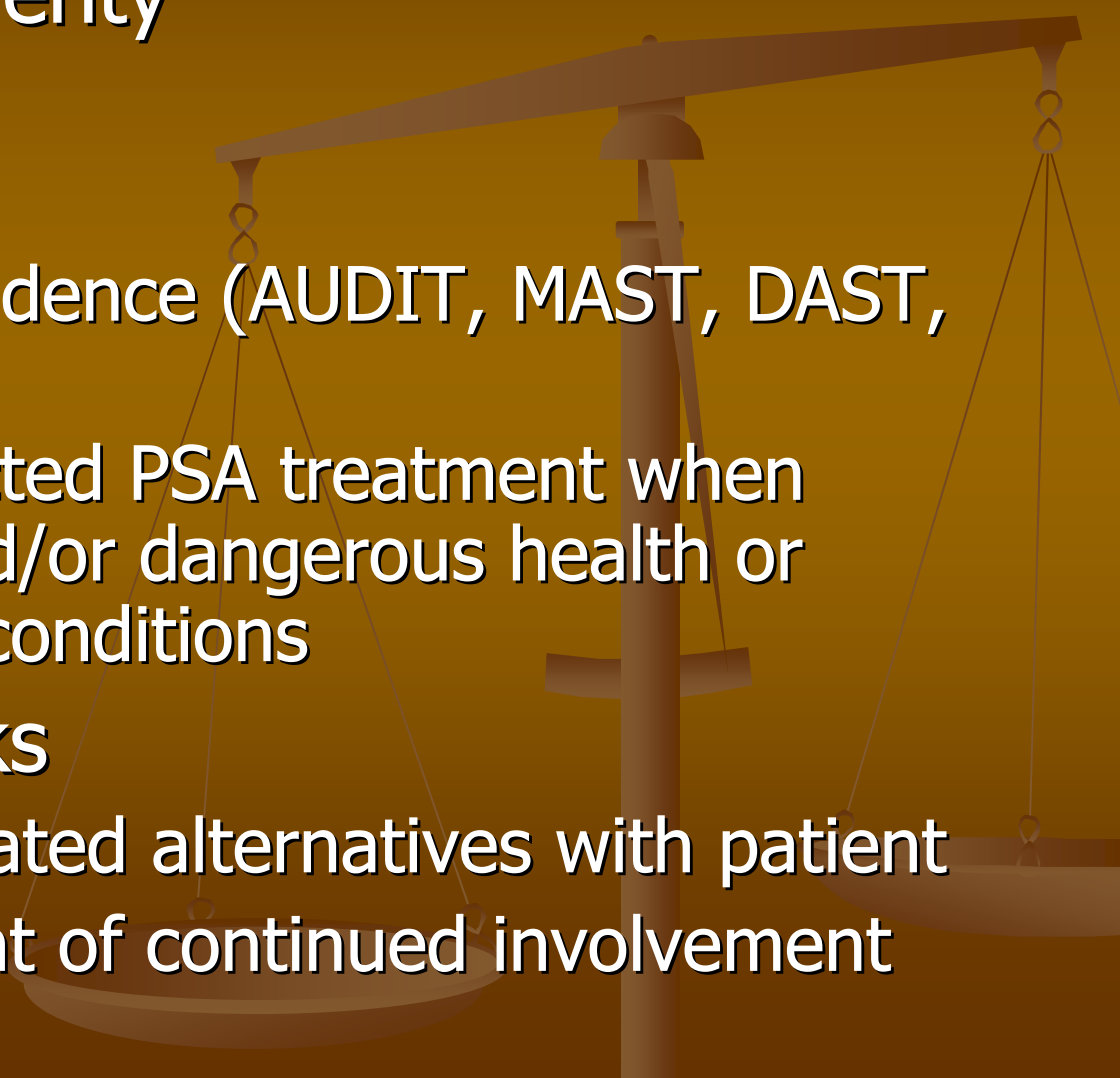
If yes,

- Encourage discussion of PSA
 - Avoid premature focus on referral, treatment, abstinence outcomes
 - Increase problem recognition
 - Encourage patient to talk about PSA, including **both** positive and negative aspects and consequences
 - Share credible information
 - Advise change and/or harm reduction
 - Encourage patient to talk about what he/she wants and is prepared to do
- 

If yes,

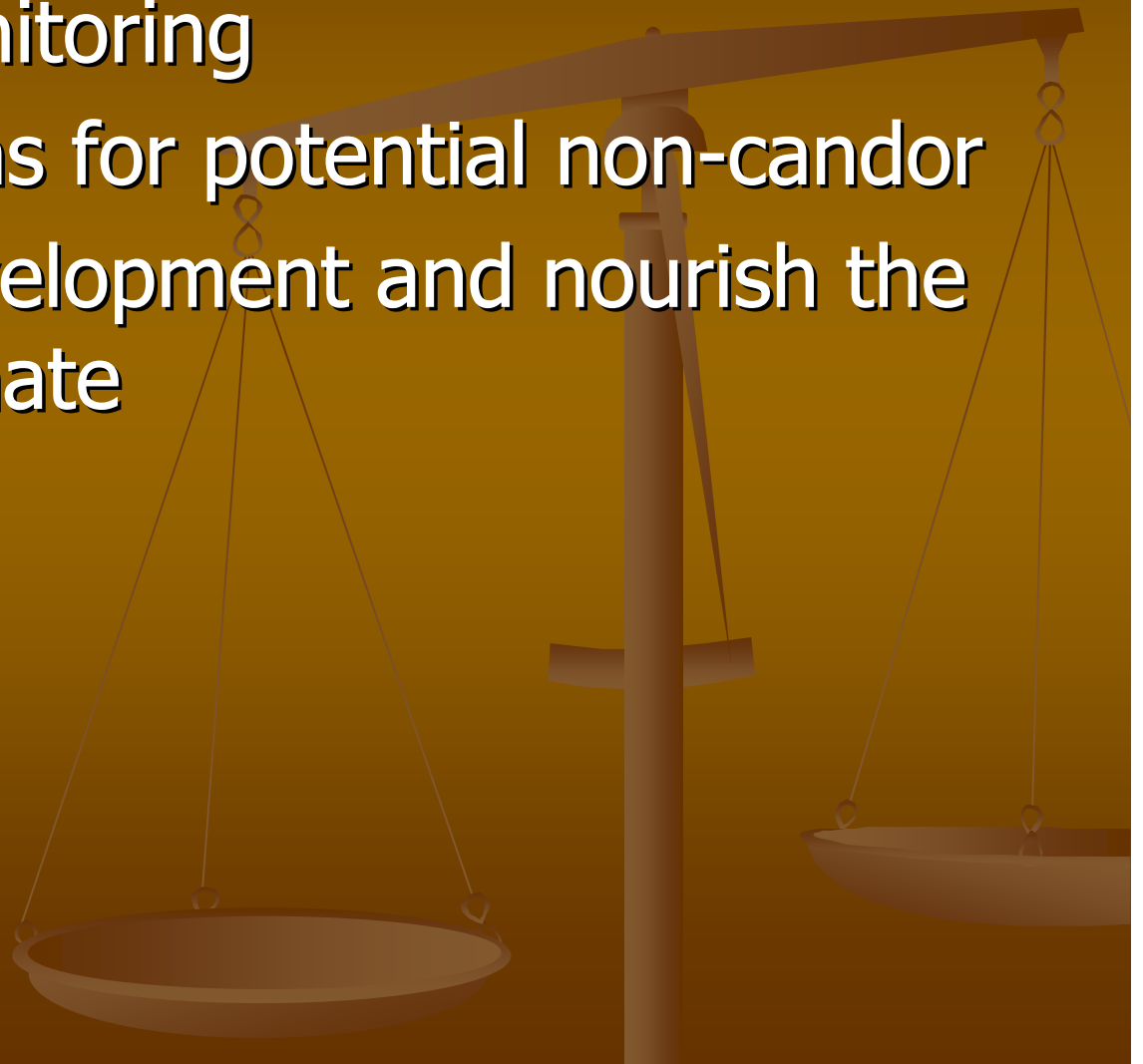
- Remain optimistic
 - Change will occur through the self-competence and behavior of client
 - Talking about change is positive
 - Attempt to make change a 'plus', not a 'minus'
 - Affirm 'baby-steps' no matter how incremental or slow
 - Expect ambivalence and setbacks
 - Favor client objectives and outcomes

If yes,

- Evaluate for severity
 - Within
 - Without
 - Abuse or dependence (AUDIT, MAST, DAST, CIWA)
 - Consider protected PSA treatment when aggravating and/or dangerous health or environmental conditions
 - Referral has risks
 - Consider integrated alternatives with patient
 - Reassure patient of continued involvement
- 

If no,

- Continuous monitoring
- Consider reasons for potential non-candor
- Continue to development and nourish the therapeutic climate



In any case

- Acquire competence, expertise
 - Within
 - Without

