Substance Abuse & Mental Illness: Interface with the Justice System

CIT Training
April 2017
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Patients with dual disorders have similar clinical outcomes to patients with a single disorder.

1. True
2. False
Patients with mental illness and addiction in the criminal justice system usually under-report symptoms and rarely exaggerate symptoms.

1. True
2. False
What is a CCOE?

- Several Coordinating Centers of Excellence were established by grants from the Ohio Department of Mental Health since 2000
- Statewide resource center including education, technical assistance, consultation
- Substance Abuse and Mental Illness CCOE
- CCOE in Mental Health and Criminal Justice Jail Diversion Alternatives
What are dual disorders?

- Mental illness and substance abuse occurring together in one person
- Other terms you may see:
  - SAMI (substance abuse & mental illness)
  - MISA (mental illness & substance abuse)
  - “Co-occurring” or “co-morbid” disorders
  - “Dual Diagnosis”
Why focus on dual disorders?

- Substance use disorders are common in people with severe mental illness
- Mental illness is common in people with substance use disorders
- Dual disorders lead to worse outcomes and higher costs than single disorders
Patients with dual disorders usually recover within 12 months.

1. True
2. False
How common are these problems in Americans?

- Mental illness
  - Depression 15%
  - Anxiety Disorders 13%
  - Bipolar 1%
  - Schizophrenia 1%

- Substance use disorders
  - Alcohol 20%
    - Men 30%
    - Women 10%
  - Drugs 9%
    - Men 11%
    - Women 7%
Substance abuse is common in people with mental illness

- Over 50% of people with schizophrenia, bipolar disorder and other severe mood disorders have a substance use disorder at some time in their life.

- About one-third of people with anxiety and depressive disorders have a substance use disorder at some time in their life.
Prevalence of substance use disorders in mental illness

% of respondents with substance use disorder

- Gen pop
- Schiz
- Bipolar
- Maj dep
- OCD
- Panic
Prevalence of Co-Occurring Disorders-ECA Study

Regier et al., JAMA, 1990
Prevalence of mental illness in alcohol disorder samples

- In community, 24.4% have mental illness
- In institutions, 55% have mental illness
- In substance abuse treatment, 65% have mental illness

In community, 24.4% have mental illness.
In institutions, 55% have mental illness.
In substance abuse treatment, 65% have mental illness.
Types of Dual Disorders

- Three categories
  - Milder mood/anxiety disorder with substance use disorder
  - Personality disorder and substance use disorder
  - Severe mental illness and substance use disorder
SAMI Quadrant Concept

- Singer, Kennedy, & Kola; 1998
- Concept: SAMI clients cover a wide range, with differing characteristics and Rx needs
- Divides patients into 4 quadrants based on severity of illnesses:
  - Quadrant I  Psych LOW, Substance LOW
  - Quadrant II  Psych HIGH, Substance LOW
  - Quadrant III  Psych LOW, Substance HIGH
  - Quadrant IV  Psych HIGH, Substance HIGH
Quadrant I. Psych LOW + Substance LOW

- Wide range of psych diagnoses, similar to Quadrant III
- Substance misuse or abuse
- Wide range: SES and employment
- Usually don’t require meds
- Emphasis on social support + coping skills
- Most closely resembles the general population
Quadrant II. Psych HIGH + Substance LOW

- Psych diagnoses similar to Quadrant IV
- Substance misuse or abuse
  - Very little use → re-hospitalization
  - But, rarely addressed by MH clinicians
- Main Rx in MH system with psychotropics
- Slightly higher percentage (15%) may be employed vs. Quadrant IV
Quadrant III. Psych LOW + Substance Use HIGH

- Substance Dependence with long and chronic course
- PTSD, other anxiety disorders, eating disorders, ADHD, mild depression, etc.
- Wide range: employment and SES
- Main Rx in CD system
- Not likely to be on long-term psychotropics
Quadrant IV. Psych HIGH
+ Substance Use HIGH

- Schizophrenia, manic-depression, severe personality disorders, etc.
- Substance Dependence
- Many with CJ system involvement
- Main Rx in MH system with psychotropics
- Low SES, high risk of medical problems, homeless, women → often abuse victims
Patients in Quadrant I are the most seriously mentally ill and have the most serious addiction problems.

1. True
2. False
Course of illness

- Both substance abuse and severe mental illness are chronic, waxing and waning
- Recovery from mental illness or substance abuse occurs in stages over time
  - Precontemplation
  - Contemplation
  - Action
  - Relapse prevention

Prochaska & DeClementi 1992; Miller & Rollnick, 1991
Course of illness, cont.

- Without treatment, people with *milder* disorders
  - Recover
  - Get worse
- Without treatment, people with *more severe* disorders
  - Get worse
Dual disorders lead to worse outcomes than single disorders

- Relapse of mental illness
- Treatment problems and hospitalization
- Violence, victimization, and suicidal behavior
- Homelessness and Incarceration
- Medical problems, HIV & Hepatitis risk behaviors and infection
- Family problems
- Increase service use and cost
SURVIVAL CURVES OF TIME UNTIL PSYCHOTIC RELAPSE BY NO ABUSE AND ABUSE OF CANNABIS

Medical Complications of Co-Occurring Substance Use: HIV and Hepatitis B and C

Persons with Substance Use Disorders had
2.95 (1.25-6.86) increased chance of having HIV
1.74 (1.20-2.51) increased chance of having HBV
2.42 (1.62-3.63) chance of having HCV

Rosenberg et al., A Jl Public Health, 2001
Monthly Income and Expenditures for Illegal Drugs and Alcohol Among 105 Schizophrenic Patients

- Monthly income $650
- Disability income $645
- Expenditures for illegal drugs $250
- Expenditures for alcohol $10

- Median values
Costs of Treatment: The Massachusetts Medicaid Experience

- Dickey and Azeni, Am J Public Health, ’96
- People with dual disorders are more costly to treat
  - Treated for Substance Use: $ 22,917
    N=1,493
  - Not treated for Substance Use: $ 20,049
    N=4,394
  - No Substance Use: $ 13,930
    N=10,509
Criminal Justice Interface

- Mercer-McFadden et al. 1998
- Among those with severe mental illness, substance abuse increases:
  - Suicidality
  - Assaultiveness
  - Rates of arrest & Legal difficulties
  - Psych symptoms and hospitalization
Criminal Justice Interface (cont.)

- 51% of federal inmates and 47% of probationers report using alcohol/drugs at the time of their offense. SAMHSA, 2001
- Up to 22% of jail inmates are reported to have serious mental illness. Torrey et al, 1992
- 29% of arrests of persons with severe mental illnesses are due to drug and alcohol-related offenses. Torrey et al, 1992
Agenda for Collaboration

- Between MH agencies & CJ system
- Includes:
  - Prearraignment consultation & diversion
  - Rapid MH agency referral
  - No-decline multiagency referral agreements
  - 24-hour MH consultation service
Agenda for Collaboration (cont.)

- Between-system liaison teams
- In-jail MH and dual disorders services
- Prerelease assessment and discharge planning
- Postrelease MH services for clients of probation and parole
- Special programs for offenders with dual disorders
- Cross-training & education between MH & CJ personnel
- Specialization of CJ personnel
Substance Use Disorders: Definitions from the DSM-IV

- “Maladaptive patterns of use”
- Substance Abuse

- At least 1 out of 4 in last 12 months:
  - Recurrent failure to fulfill roles
  - Recurrent use in hazardous situations
  - Recurrent substance-related legal probs
  - Recurrent social/interpersonal probs.
Substance Use Disorders: Definitions from the DSM-IV (cont)

- Substance Dependence
  - At least 3 out of 7 in last 12 months:
    - Tolerance
    - Withdrawal
    - Unsuccessful cutting down
    - More taken/longer time than intended
    - Much time spent getting/using/recovering
    - Giving up important activities
    - Use despite physical/psychological consequences related to using
DSM-5 Substance Use Disorder: 11 Criteria

- Taking the substance in larger amounts or for longer than you intended
- Persistent desire or unsuccessful efforts to cut down or control use
- Great deal of time spent obtaining, using, or recovering from effects of the substance
- Craving, or a strong desire or urge to use the substance
- Recurrent use resulting in a failure to fulfill major role obligations at work, school, or home
- Continued used despite persistent social or interpersonal problems caused or exacerbated by use
- Giving up or reducing important social, occupational or recreational activities because of substance use
- Recurrent use in situations in which it is physically hazardous
- Use despite knowledge of persistent/recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance
- Tolerance* (see next slide)
  - Need for increased amounts
  - Diminished effects with same amounts
- Withdrawal* (see next slide)
  - Characteristic withdrawal syndrome
  - Drug taken to avoid withdrawal
*NOTE:

- Tolerance and withdrawal criterion are **not considered to be met** for those taking the following substances solely under appropriate medical supervision:
  - Opioids
  - Stimulants
  - Sedative-hypnotics
Removal of one of the DSM-IV abuse criteria (legal consequences), and addition of a new criterion for SUD diagnosis (craving or strong desire or urge to use the substance)

- Rationales: The legal criterion had poor clinical utility and its relevance to patients varied based on local laws and enforcement of those laws. Addition of craving as a symptom is highly validated, based on clinical trials and brain imaging data, and may hold potential as a future biomarker for the diagnosis of SUD.
Substance Use Disorder (cont’d)

- Rationale continued: Further, studies from clinical and general populations indicate DSM-IV substance abuse and dependence criteria represent a singular phenomenon but encompassing different levels of severity.

- **Mild SUD** (2-3/11 criteria) will be coded with the DSM-IV substance abuse code to reflect the intent but not reality of considering substance abuse less severe than substance dependence.

- **Moderate** (4-5/11 criteria) and **severe** (6+/11 criteria) SUD will be coded with DSM-IV substance dependence codes.

Substance Overview: Alcohol

- Intox: relaxation, euphoria, drowsiness, disinhibition, poor motor control, toxic to all body systems (brain, liver, heart, nerves)
- Withdrawal: may be life-threatening; some require medical monitoring to prevent seizures and “delirium tremens”
- Dual Dx: worsens depression, increases anxiety, poor sleep/appetite, disinhibition (more suicide attempts and behavior problems)
Substance Overview: Cannibis

- **Intox:** relaxation/happiness vs. paranoia, poor attention, concentration, memory, decreased motor performance
- **Withdrawal:** insomnia, anxiety, irritability; remains in the brain for weeks after use
- **Dual Dx:** tends to increase paranoia and hallucinations in psychotic disorders, use in depression/PTSD to “self-medicate”
Substance Overview: Stimulants

- **Intox:** hypervigilance, hypersexuality, agitation, insomnia, disorientation, seizure, stroke, heart attack, sudden death
- **Withdrawal:** depression, intense craving, fatigue, low energy, loss of interest
- **Dual Dx:** tends to worsen or cause paranoia and hallucinations, depression, and mania; insomnia, increased criminal behavior due to high addiction potential
Substance Overview: Opioids

- **Intox:** sleepiness, constricted pupils, distraction, lack of pain sensation, suppresses breathing (Overdoses common and lethal)

- **Withdrawal:** very uncomfortable but usually not life-threatening; anxiety, insomnia, cramping, diarrhea, sweating, runny eyes and nose, muscle aches

- **Dual Dx:** worsens depression and anxiety, antisocial PD is common, increased criminal behavior
Patients in opiate withdrawal have a high risk of complications and death

1. True
2. False
Screening for Dual Disorders

- Signs and symptoms
- History of violence & criminal history
- Mental health history
- Substance use history
- Interactions between the dual disorders
- Suicide screening
Barriers to Accurate Screening

- Knowledge limitations and time constraints
- Complicated symptom interactions
- Clients’ cognitive impairment due to both disorders
- Especially in the CJ system:
  - Under-reporting of symptoms
  - Exaggerating or faking symptoms
Both agencies are needed!

- Criminal justice sanctions without treatment for dual disorders → “revolving door”
- Treatment for dual disorders is sometimes most effective when CJ sanctions are included
- SHARED GOALS:
  - Divert clients from inappropriate incarceration
  - Treat jailed offenders for dual disorders
  - Ensure safety & protection of clients and the larger community
Recovery is possible!

- Dual disorders are treatable
- Many people attain stable remission of substance use disorders over time
- Recovery encompasses other areas of adjustment
  - Health, work, housing, relationships

Mead et al. 2000
Traditional treatment

- Treat each disorder separately
  - May be parallel or sequential
- Separate treatment is NOT effective
Integrated dual disorders treatment: What is it?

- The Dartmouth Model
- Treatment of substance use disorder and mental illness together
  - Same team
  - Same location
  - Same time
  - Other characteristics to be described later
Why integrated treatment of dual disorders?

- More effective than separate treatment
- 10 studies show integrated treatment is more effective than traditional separate treatment (Drake, Mercer-McFadden, Mueser, McHugo, and Bond, 1998)
IDDT improves abstinence outcomes

Abstinence after Integrated Dual Disorder Treatment
Abstinence leads to improvements in other outcomes

- Reduce institutionalization
- Reduce symptoms, suicide
- Reduce violence, victimization, legal problems
- Better physical health
- Improve function, work
- Improve relationships and family
Stable remission improves other aspects of life

- **Objective measures:** Living situation, victimization
- **Subjective measures:** Overall satisfaction with life, housing, family, health
1. Percentage of persons hospitalized during each six months declined significantly for all clients.

2. It declined much more for those in recovery.
NH Dual Diagnosis Study (1989-1994)

Arrests and Incarcerations decline as persons treated for dual disorders recover from substance abuse.
How do people obtain remission from dual disorders?

- Stable housing
- Sober support network/family
- Regular meaningful activity
- Trusting clinical relationship

• Alverson et al, Comm MH J, 2000
Treatment Factors For Recovery

- Integration of mental health and substance abuse treatment
- Stage-wise interventions
- Assertive outreach
- Motivational counseling
- Substance abuse counseling
Treatment Factors For Recovery (cont.)

- Social support interventions
- Rehabilitation of skills
- Long term perspective
- Cultural Sensitivity and competence
- Program fidelity
Acknowledgements

- Many slides were adapted from a May 2002 presentation by Mary F. Brunette, MD from Dartmouth, New Hampshire

- GAINS Center “Screening and Assessment of Co-Occurring Disorders in the Justice System” April 1997, RH Peters & MG Bartoi

  (see [www.gainsctr.com](http://www.gainsctr.com))

- Special thanks to CIT Program for this cross-training opportunity!