BC Children's Hospital | Compass Mental Health Supporting Providers

Youth Concurrent Disorders: An Overview

Dr. Erin Smith, Jennifer Toomey, RPN

Spring 2022

BC Children's Hospital
Provincial Health Services Authority

Compass Mental Health
Supporting Providers

Disclosures

None

BC Children's Hospital | Compass Mental Health Supporting Providers

Reflection

"Fear drives stigma. Growing up, I was afraid of individuals with addictions. What little I knew came through the harsh filter of the media and hushed conversations. I understood that deceitful, manipulative and unpredictable behavior was the norm in addiction – even an expectation. As a medical student I saw the physical complications of addiction, but gained little insight into the mental health implications and the emotional toll addictions exact. Patients were often reduced to their diagnosis and little compassion was included in their care."

BC Children's Hospital
Provincial Health Services Authority

Compass Mental Health
Supporting Providers

Background & Assessment

Evolving Theories

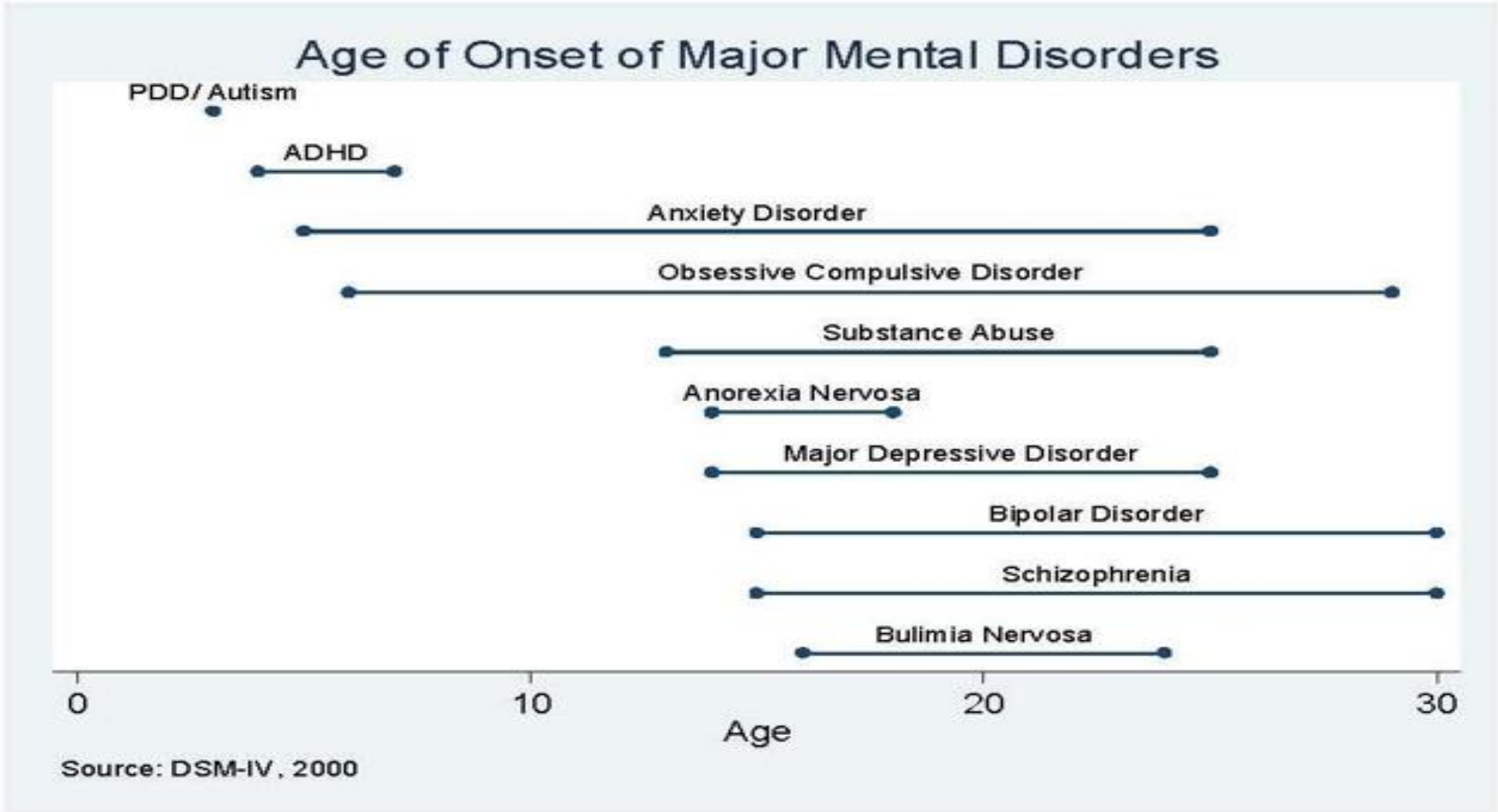
BC Children's Hospital | Compass Mental Health Supporting Providers

Prevalence

- **Studies have shown that up to 50% of people with substance disorders have a co-occurring psychiatric illness.**

- **Youth aged 15-24 have the highest rate of both**

Substance Abuse in Canada: Concurrent Disorders (https://www.ccsa.ca/sites/default/files/2019-04/ccsa-011811-2010.pdf)


Age of Onset of Major Mental Disorders
PDD/ Autism
ADHD
Anxiety Disorder
Obsessive Compulsive Disorder
Substance Abuse
Anorexia Nervosa
Major Depressive Disorder
Bipolar Disorder
Schizophrenia
Bulimia Nervosa
0
10
20
30
Age
Source: DSM-IV, 2000

BC Children's Hospital
Provincial Health Services Authority

Compass Mental Health
Supporting Providers

BC Children's Hospital | Compass Mental Health Supporting Providers

Terminology

- Substance Use Disorder (SUD)
  - Formerly dependence/abuse
  - Synonymous with "addiction"
  - " ___*(alcohol/stimulant)*___ use disorder"
- Concurrent Disorder
  - Combination of SUD and another psychiatric illness.
  - Sometimes written as "dual diagnosis" or "co-occurring disorder"

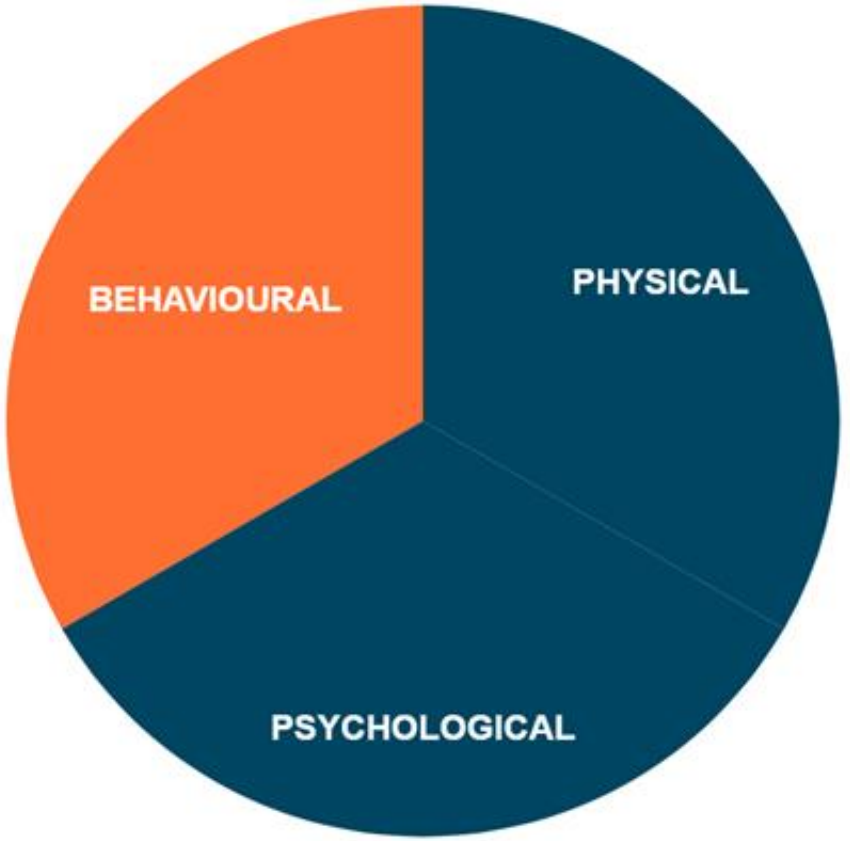
BC Children's Hospital | Compass Mental Health Supporting Providers

DSM-5 Substance Use Disorder

- Tolerance.
- Withdrawal.
- Unsuccessful efforts to limit use.
- Physical problems.
- Use more or longer than intended.

- Psychological consequences (eg. anxiety, depression, psychosis).
- Cravings or desire to use.

- Neglecting roles
- Social problems
- Hazardous use
- Activities given up



BC Children's Hospital | Compass Mental Health Supporting Providers

Relationships Between Disorders

1. SUDs increase the risk of psychiatric illness
2. Psychiatric illness increases the risk of SUD
3. Substance use can mask, worsen, or trigger psychiatric symptoms.
4. Psychiatric symptoms and disorders can affect onset, duration, and response to SUD treatment.

5. SUDs affect adherence and response to psychiatric treatment.
6. Psychiatric symptoms may arise as a result of intoxication or withdrawal.
7. Relapse to one disorder can affect relapse to the other disorder
8. The disorders can develop at different points in time.

BC Children's Hospital | Compass Mental Health Supporting Providers

Concurrent Disorders = Higher Rates of…

- Poor health outcomes
- Violence (including suicidality and homicidality)
- Experience discrimination and shame

BC Children's Hospital | Compass Mental Health Supporting Providers

Substance Use History

- ASK ABOUT IT in the HPI/PSYCH ROS

- Which substance(s), first use, **most recent use, amount**, frequency, pattern, route, intoxication/withdrawal.
- DSM 5 criteria (not all require direct questioning)
- Past treatment and past experiences with treatment
- Likes/concerns re: substance (or other's concerns)
- Impact on relationships
- How they're feeling about their ____ use?

BC Children's Hospital | Compass Mental Health Supporting Providers

Risk Factors for Substance Use

- Bio
  - Genetics
  - Health condition or disability
  - Underdeveloped neural-circuitry
  - Age of first use
- Psychological
  - Trauma history
- Social
  - Poverty
  - Foster Care
  - Lack of resources or supports in rural, remote, or Indigenous communities
  - Intergenerational trauma (eg. residential school)
  - Experiences of discrimination (Homophobia, racism, sexism, etc.)

BC Children's Hospital | Compass Mental Health Supporting Providers

Unique Patterns

- Regular, heavy use (binge drinking, 4-5+ drinks at a time)
- Polysubstance use is common
- Most report intoxication before trying another drug (usually in a different class).
- Increased likelihood of hiding their use*
- Less likely to feel they need help* or to seek it out on their own.

BC Children's Hospital | Compass Mental Health Supporting Providers

Protective Factors for Substance Use Disorders

- Positive peer relationships and mentorships.
- Opportunities for participation and contribution
- Social supports from positive adults
- Social, communication and problem solving skills
- Positive self-esteem
- Positive cultural identity
- Regular engagement with spiritual or cultural communities and practices
- Belief in pro-social norms and values

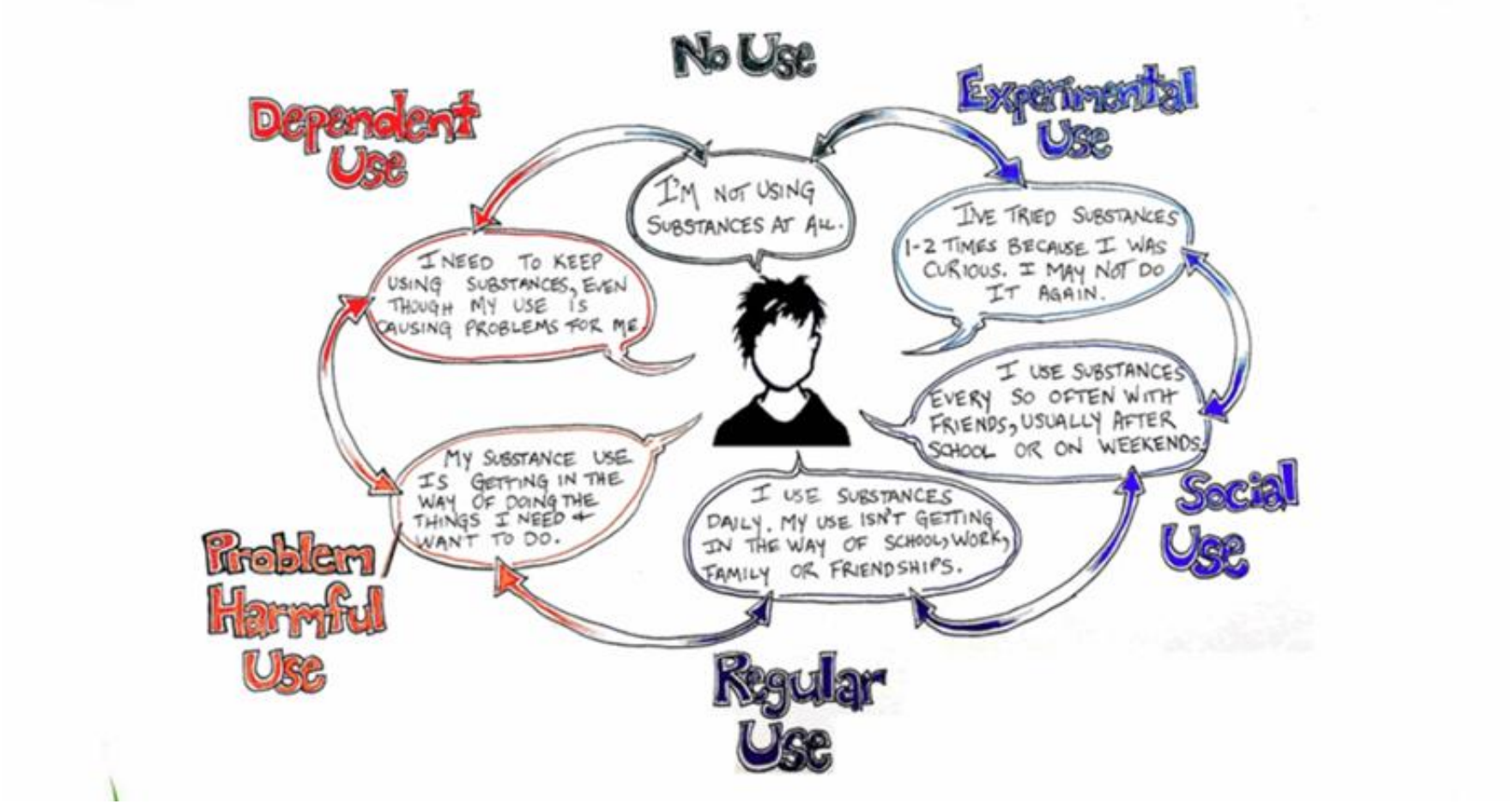
BC Children's Hospital | Compass Mental Health Supporting Providers

Reasons for using substances the last time (among youth who ever used alcohol or other drugs)

	Males	Females
I wanted to have fun	60%	69%
My friends were doing it	29%	37%
I wanted to try it/experiment	27%	29%
Because of stress	16%	25%
I felt down or sad	11%	21%
I felt like there was nothing else to do	9%	10%
To manage physical pain	5%	7%
I was pressured into doing it	3%	4%
I thought it would help me focus	3%	3%
Because of an addiction	2%	2%
I didn't mean to do it	1%	1%
To change the effects of some other drug(s)	1%	1%
Other	21%	16%

BC Children's Hospital | Compass Mental Health Supporting Providers

Continuum of Substance Use



BC Children's Hospital | Compass Mental Health Supporting Providers

Youth Concurrent Disorders

- Among the most common:
  - Traumatic stress/PTSD
  - ADHD
  - Major Depressive Disorder
  - Generalized Anxiety Disorder/Social Anxiety
  - Conduct disorder

BC Children's Hospital
Provincial Health Services Authority

Compass Mental Health
Supporting Providers

Diagnosis and Treatment Principles

BC Children's Hospital | Compass Mental Health Supporting Providers

Reflection

- The use of an illegal substance, or one that is prescribed to someone else
- The use of a substance other than as prescribed
- And tolerance and/or withdrawal during medical treatment with prescribed medications

do not necessarily indicate a substance use disorder!

BC Children's Hospital | Compass Mental Health Supporting Providers

Warning Signs

- Change in health
- Frequent trauma
- Worsening performance or absences at school or job
- Change in behaviour, social group, appearance
- Concern for medication-seeking behaviour

There should be no demand for an arbitrary period of abstinence before treatment initiation of additional mental health concerns.

BC Children's Hospital | Compass Mental Health Supporting Providers

Diagnostic Tips

- Know the DSM 5 criteria
- Know the key features of intoxication and withdrawal (helps to determine weight of reported symptoms)
- Temporal relationship between the two disorders, symptoms during periods of abstinence or reduced use.
- **Urine Drug Screen essential**

Tools are validated instruments used to assess substance use

- AUDIT – alcohol screen
- ASSIST – alcohol, smoking and substance use
- DAST – drug use
- DUST – drug use
- CAGE – cut down, annoyed, guilt, eye opener

TABLE 5 The CRAFFT questions

Two or more "Yes" answers suggest high risk of a serious substance-use problem or a substance-use disorder.

C	Have you ever ridden in a **Car** driven by someone who was high or had been using drugs or alcohol?
R	Do you ever use alcohol or drugs to **Relax**, feel better about yourself, or fit in?
A	Do you ever use drugs or alcohol when you are **Alone**?
F	Do you **Forget** things you did while using drugs or alcohol?
F	Do your family and **Friends** ever tell you that you should cut down your drinking or drug use?
T	Have you ever gotten into **Trouble** while using drugs or alcohol?

Abbreviation: CRAFFT, Car, Relax, Alone, Forget, Friends, Trouble.
Knight JR, et al.[23]

BC Children's Hospital | Compass Mental Health Supporting Providers

Treatment Principles

- Holistic Framework:
  - **Biological:** medications, nutrition and physical activity
  - **Psychological:** various psychotherapies
  - **Social:** environment, relationships, social activities and leisure interests, mutual support programs, effect of concurrent disorders on family members, and family involvement in treatment.
  - Low-barrier, safe supportive environment

BC Children's Hospital | Compass Mental Health Supporting Providers

ASAM Criteria

- Patients are evaluated along a continuum

1. Acute intoxication and/or withdrawal potential
2. Medical conditions and complications
3. Psychiatric conditions
4. Readiness to change
5. Relapse/continued use/continued problem potential
6. Recover/living environment.

BC Children's Hospital | Compass Mental Health Supporting Providers

Role of Medication

- Treat comorbidities - depression, anxiety, ADHD, etc.
- Directly target the substance use disorder with medication assisted treatment (MAT)
- Symptom relief during detox
- Ongoing monitoring, limited number of refills, daily witnessed dosing could be considered
  - (ex: if past history of abusing prescription stimulants)

BC Children's Hospital | Compass Mental Health Supporting Providers

Common scenarios

1. Depression or anxiety: consider counseling for mild-moderate symptoms and consider addition of SSRIs for moderate-severe symptoms (eg. Sertraline 25mg, titrate over 4 weeks to 100mg or Fluoxetine 10mg titrate over 4 weeks to 30-40mg)

2. ADHD: refer to CADDRA guidelines. Biphentin is a common first line choice for children under 12 and the other long acting stimulants (Vyvanse, Concerta etc)are common in teens

BC Children's Hospital | Compass Mental Health Supporting Providers

Common Scenarios, continued

1. Medication assisted treatment can be considered in teens with alcohol use disorder (AUD) or opioid use disorder (OUD) (eg. Suboxone for OUD or naltrexone for AUD)
2. Symptomatic relief can be achieved during detoxification/withdrawal management from many illicit substances
3. 24/7 Addiction Medicine Clinician Support Line:

   778-945-7619.

BC Children's Hospital
Provincial Health Services Authority

Compass Mental Health
Supporting Providers

DRUG COCKTAILS.ca

Facts about mixing medicine, booze and street drugs

HIDE THIS SITE

SEARCH

Search for a MEDICATION by generic or brand name ...

I have read and agree to the Terms and Conditions

Youth_2021The Drug Cocktails website – "Facts for Youth about mixing Medicine, Booze and Street Drugs" (the "Site") has been developed as a resource for youth and staff within Children's & Women's Health Centre of British Columbia Branch (C&W) for Provincial Health Services Authority and its branch agencies (PHSA)(C&W and PHSA together the "Societies"). There are support systems at the Societies which may not exist in other clinical settings and therefore adoption or use of this manual is not the responsibility of the Societies.

Like 1.5K Tweet

Search | Substance Info | Help | Contact | Privacy Policy | Credits | For Pros

Funding provided by BC Mental Health & Addiction Services

In partnership with Provincial Health Services Authority, Children's Hospital, Youth Health Foundation, uOttawa, CHEO

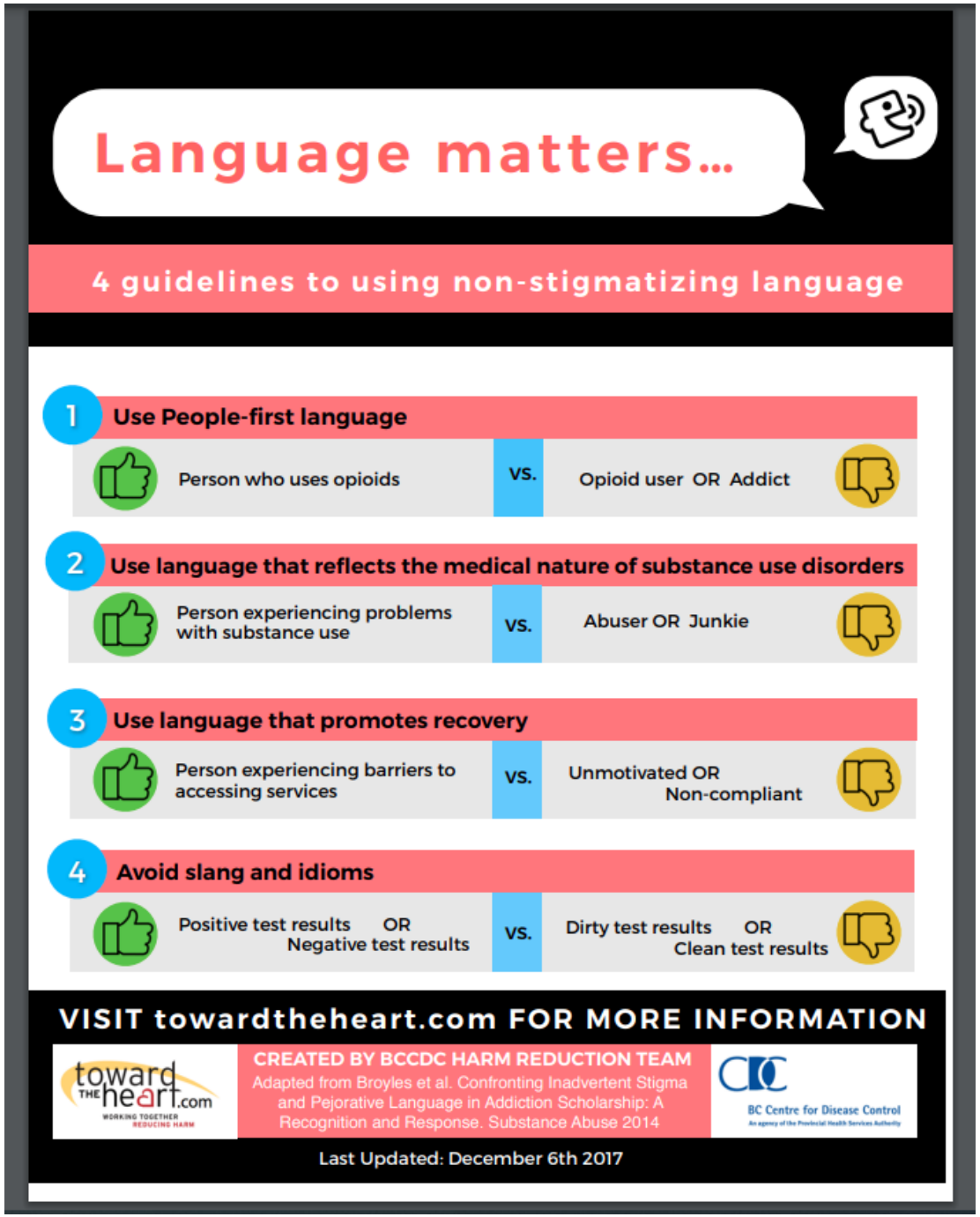
BC Children's Hospital
Provincial Health Services Authority

Compass Mental Health
Supporting Providers

Additional Considerations

BC Children's Hospital
Provincial Health Services Authority

Compass Mental Health
Supporting Providers



BC Children's Hospital | Compass Mental Health Supporting Providers

Language Matters: Creating a Safer Space with less Stigma

https://www.youtube.com/watch?v=xFARMIgGAtU

BC Children's Hospital | Compass Mental Health Supporting Providers

What is Motivational Interviewing?

- Collaborative, goal-oriented style of communication with particular attention to the language of change.
- Designed to strengthen personal motivation for and commitment to a specific goal.
- Eliciting and exploring the person's own reason for change
- Atmosphere of acceptance and compassion

Miller, W. R., and Rollnick, S. Motivational interviewing: Helping people change, 3rd ed. New York, NY, Guildford Press. 2013.

BC Children's Hospital | Compass Mental Health Supporting Providers

Summary

- Statistics, terminology, key concepts around diagnosing and treating youth concurrent disorders
- Pearls!
- Reminder of the importance of involving family and a family-systems approach to your care.

BC Children's Hospital | Compass Mental Health Supporting Providers

"Addiction is a very treatable disorder, but you have to understand it from the inside out."

Dr. Dennis Daley

"Recovery is more than stopping a drug. It's about making changes, and changes take time."

BC Children's Hospital | Compass Mental Health Supporting Providers

Thank you! Questions?

Join us for part 2 of this series: Navigating Resources Tuesday April 26th 2022

Visit the Compass Concurrent Disorders / Substance Use Toolkit:
https://compassbc.ca/toolkits

Addiction Medicine Clinician Support Line 778-945-7619