Identifying and Managing Problematic Substance Use in Times of Stress

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Stress & Substance Use

• Substance use disorders are biopsychosocial problems susceptible to stress
  ▪ Neural reward pathways – immediate, intense, reliable reinforcers
  ▪ Self-medication of other mental/health conditions
  ▪ Instability in financial, social, cultural, occupational, social/familial areas

• The COVID perfect storm
  ▪ Chronic stress – isolation, financial, educational, social and cultural strain
  ▪ Less opportunity for behaviors to cope with stress and compete with substances
  ▪ Previous coping skills are less effective under chronic stress
  ▪ “Why bother to try to stop now?”

• SUDs increase risk of COVID infection and death
  ▪ Opiates and alcohol (respiratory depressant; multi-systems) greatest risk for COVID
  ▪ Racial disparities for Black Americans are unfortunately found here as well
Substance use may be a problem if ...

• Tolerance, withdrawal, cravings
  ▪ Taking more to get the same effect?
  ▪ Feeling really bad the next day?
  ▪ Wanting/needng/urges to use more?

• Larger amounts over longer periods?

• Failed attempts to quit or cut back
  ▪ Take more than intended?
  ▪ Failed at “deals” with yourself?

• Spending a lot of time trying to get, take, recover from substances
  ▪ Are substances a big(ger) part of your routine?
  ▪ Are you missing work, feeling hungover more?

And use persists even with these issues:

• Relationship issues
  ▪ People around you bug you about having a problem?

• Worsening your psychological or physical health?
  ▪ Hard stop even if negatively affecting your health (mood, stress, wellbeing)?

• Persistent social issues
  ▪ Legal issues or risky behavior
    ▪ Driving while under influence?
    ▪ Going against your own ethics?
  ▪ Financial issues
    ▪ $$ spent on substance?
  ▪ Employment issues
Additional Questions to Ask

Functional Analysis

X Behavior narrow, inflexible?
- A “have to” versus a choice
- Routines surround substances

✓ Behavior broad, flexible?
- Multiple behaviors in repertoire, when and which behavior is flexibly chosen

- What is it doing for you?
  - Celebrations
  - Sleep “facilitation” (truth – it’s not good sleep)
  - Stress/mood/health/pain management
  - What does it buy you? What can you avoid by using?

- How much of your energy is about substances?
  - Snuck up on you? (like binge watching streaming shows?)
  - Taken on a life of its own?

- Where do you want your energy to go?
  - Do you need substances (or need them more) to get through the day (or night)?
  - Eating meals? Drinking water? Sleep and exercise routine?
  - What have you given up (or lost) due to substances?
Do I need to stop or just cut back?
- Try it out and see ... can you live a full life, doing the things you want, and still use? Does using still cost you things? If so, consider a trial of abstinence.

Get a professional assessment to help determine best level of care

Be aware: stopping cold turkey can be dangerous
- Seek support, talk to a doctor, tapering can be safer (ex: alcohol)
- Detox may be needed (brief, medical assistance to manage withdrawal)
- Tip: Leverage detox – get into some kind of support right after

All substances are not equal – consider the right supports
- Tobacco use disorder – nicotine patches, gum, prescription supports; ask to make it a part of your primary care provider’s support or your therapist’s goals
- [https://www.dukehealth.org/treatments/smoking-cessation](https://www.dukehealth.org/treatments/smoking-cessation)
Levels of Care

**Peer Support**
AA/NA, SMART recovery

**Traditional Outpatient**
Individual/group; weekly, routine med management

**Intensive Outpatient/Partial Hospitalization**
Group and/or individual tx multiple hours/day multiple days/week

**Residential Care**
Short term (~1 mo) therapeutic living environment, detox services may be provided

**Transitional Living**
Wrap-around services, clean & sober housing community, aim for reintegration

The more going on – multiple substances, serious consequences, more mental health issues, recent overdose or SI – a higher level of care may be needed

IOP & outpatient often take insurance
Professional Support: What to Look For

Professional counseling
- Behavioral (CBT/DBT/ACT)
- Relapse Prevention (with or without mindfulness)
- Contingency management (especially for stimulants)
- Family therapy
- 12-step facilitation in professional counseling setting

Abstinence based – try being free of substance
Harm Reduction – be as safe as you can, have limits when using
  - Public health perspective – provide clean needles, etc.
  - At individual level – don’t drive, use at night/weekends, have a rescue kit
Professional Support: What to Look For (cont’d)

Medication management/support

Ask for your medical provider’s assessment, and be informed.

**Opiate replacement – critical to Opiate Use Disorder recovery**

- Suboxone/buprenorphine – most readily available
  - Often first line for stabilization, may step down later or stay on
- Methadone maintenance programs

Other abstinence support medications can be very helpful

- Naltrexone – often reduces cravings (for alcohol, cocaine)
- Antabuse – aversion therapy for alcohol
- Nicotine supports – such as Chantix, Bupropion
Peer support can be a powerful element in a recovery plan.

12-Step Programs
Alcoholics Anonymous, Narcotics Anonymous, Al-Anon for families

- Popular, easy to access (daily)
- Sober support community
- Evidence shows they can work well
  Kelly, Humphries & Ferri, 2020
- Often a sober/clean sponsor

SMART Recovery
Self Management And Recovery Training

- Group meetings – support community
- Teaches cognitive behavioral recovery strategies in peer environment
- No formal sponsor process

https://trianglesmartrecovery.org/

https://aanorthcarolina.org/

Peer support has gone virtual!
Principles of Recovery across Programs

• Stimulus control
  ▪ Don’t have it around, don’t be around it
  ▪ At least in the beginning

• Identify the function(s) of use for you – your triggers – and plan for them
  ▪ Consider mental health support

• Build alternative behaviors to compete with substance use
  ▪ No one thing may compete; need lots of things to compete with substances

• Assume relapse will happen
  ▪ Prepare for and learn from it

• Find sober/clean social support
  ▪ Online is better than nothing

• Focus on today, just this moment
  ▪ Whether through mindfulness or just “a day at a time”

• Manage expectations
  ▪ What was avoided is felt; messes to clean up
  ▪ Brain reward pathways need time
  ▪ May gain weight, or crave sugar

• Identify your values (especially now)
  ▪ What can you do that is important/meaningful to you today?
  ▪ Build small, consistent patterns of valued actions
  ▪ Get creative, stay focused on what you can build not just what is missing
Supports for Families

• **Shame/blame doesn’t work – Do set clear boundaries and expectations**
  - Not helpful to blame the person using, not helpful to blame others for use
  - Can help to align together to manage the substance problem

• **Give more attention to the behaviors you want to see**
  - Engage more with the person when they are clean/sober
  - Walk away from/end conversations if the person is intoxicated

• **Watch out for enabling use**
  - Let the person suffer the natural consequences (to degree is physically safe)

• **Be prepared**
  - Naloxone rescue kits for those with access to opiates
  - Phone numbers to call for assessment/professional opinion

• **Get support and take care of you – friends, family/individual counseling, Al-Anon**
Recovery Tips

• Many paths to recovery, often **multiple paths foster success**

• Whichever path(s) you choose, research is clear – **engagement** is key

• **Recovery is a process and it is not linear**
  ▪ Relapse is not failure
  ▪ Learn, engage additional supports
  ▪ Bring your shame with you to the next meeting/appointment

• Be **persistent**
  ▪ Find the right fit, fit may change over time
  ▪ Try, try again
CRISIS:
• Durham County: 9-1-1 ask for Crisis Intervention Team for MH & SUD emergencies (de-escalation trained)
  https://durhamnc.gov/3698/Crisis-Intervention-Team-CIT

DUKE TREATMENT:
• Adult psychiatry scheduling – 684-0100
• Adolescents/young adults – https://ipmh.duke.edu/content/cast
• Smoking Cessation – https://www.dukehealth.org/treatments/smoking-cessation
• Duke employees: Personal Assistance Program – https://pas.duke.edu/concerns/addictions

OTHER INTERCONNECTED SYSTEMS TO SUPPORT SUD CARE:
Alliance Behavioral Health, UNC, Wake Med, TROSA, Carolina Outreach

NARCAN/NALOXONE:
North Carolina resource for harm reduction and opiate reversal drug
https://naloxonesaves.org/
List of pharmacies with naloxone (>40 in Durham alone)

OTHER SUPPORT RESOURCES:
• Local NAMI chapter – National Alliance for Mental Illness – https://naminc.org/
  Great support for families
• Substance Abuse and Mental Health Services Administration – https://www.samhsa.gov/
  Great resource for learning about SUD and MH treatment resources, impact of COVID
• National Institute on Alcohol Abuse & Alcoholism (NIAAA) – https://www.rethinkingdrinking.niaaa.nih.gov
  Great resource for learning about drinking, health costs, alcohol cost calculator, etc.
• Smokefree.gov – https://smokefree.gov/tools-tips
  Tips for quitting smoking
• Blog by Nora Volkow, Director of National Institute on Drug Abuse (NIDA) –
  https://www.drugabuse.gov/about-nida/noras-blog
  Very accessible COVID reflections and directions