



Duke Psychiatry & Behavioral Sciences

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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/needing/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?*

Evidence Supports Many Paths for Recovery

- 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>

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

<https://aanorthcarolina.org/>

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/>

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
 - Boredom? Anxiety? Depression? Relationship stress? Life stress?
 - 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

Resources

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