

# Opioid Comorbidity: Best Practice Behavioral Health Approaches for American Indians and Alaska Natives



One Sky Center



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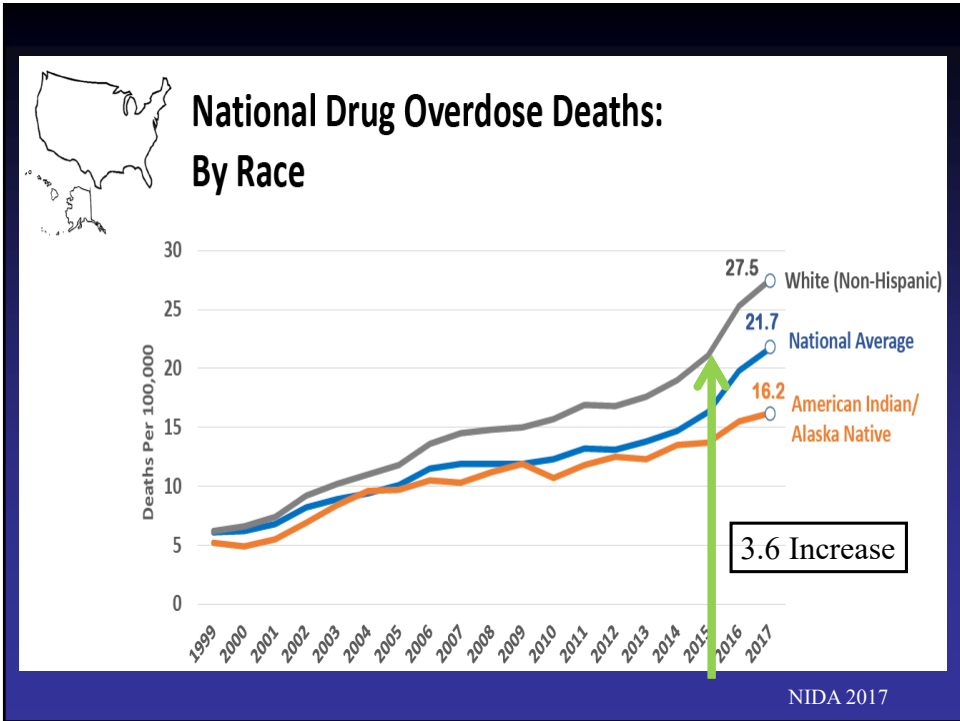
Tribal Opioid Response Grantee Technical Assistance Meeting  
Mystic Lake Hotel and Casino, Owatonna Room  
Wednesday, April 10th, 2019

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## Today's Goals

- Overview of comorbidity issues
- AI/AN comorbidity
- Comorbidity best practices
- Integrated treatment
- Solutions

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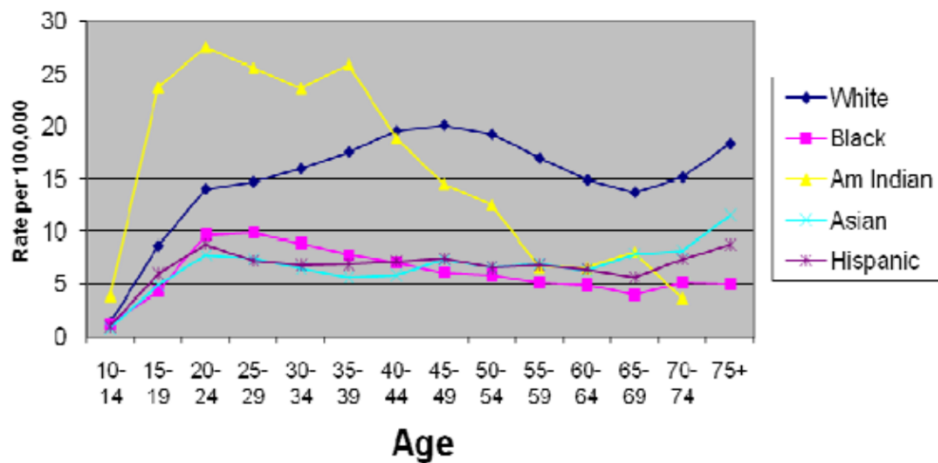


# Addiction Mortality 2016

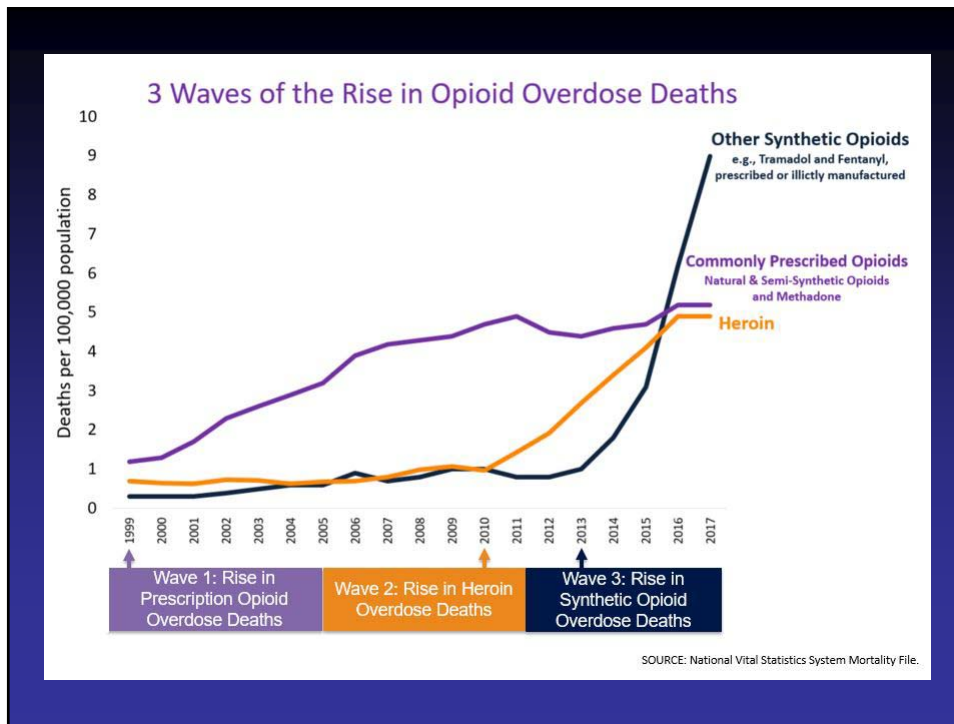
	Drug	Alcohol
<b>Total</b>	<b>20.8</b>	<b>9.5</b>
<b>American Indian</b>	<b>26.3</b>	<b>46.4</b>
<b>White</b>	<b>26.6</b>	<b>10.0</b>
<b>Black</b>	<b>18.2</b>	<b>6.8</b>
<b>Hispanic</b>	<b>3.3</b>	<b>2.0</b>

CDC 2017

## Suicide Rates by Race/Ethnicity and Age, 2002 - 2006



CDC 2009

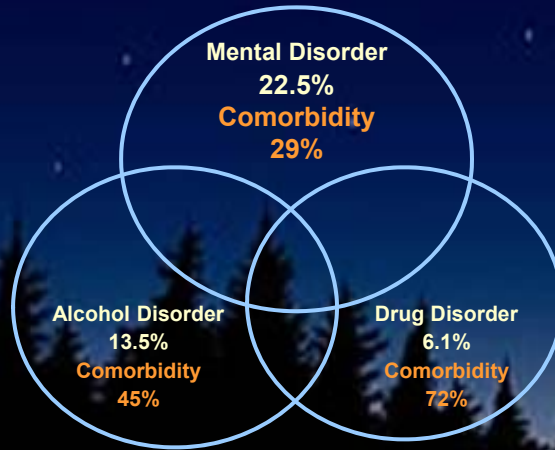


## Comorbidity Defined

“Comorbidity describes two or more disorders or illnesses occurring in the same person. They can occur at the same time or one after the other. Comorbidity also implies interactions between the illnesses that can worsen the course of both.”

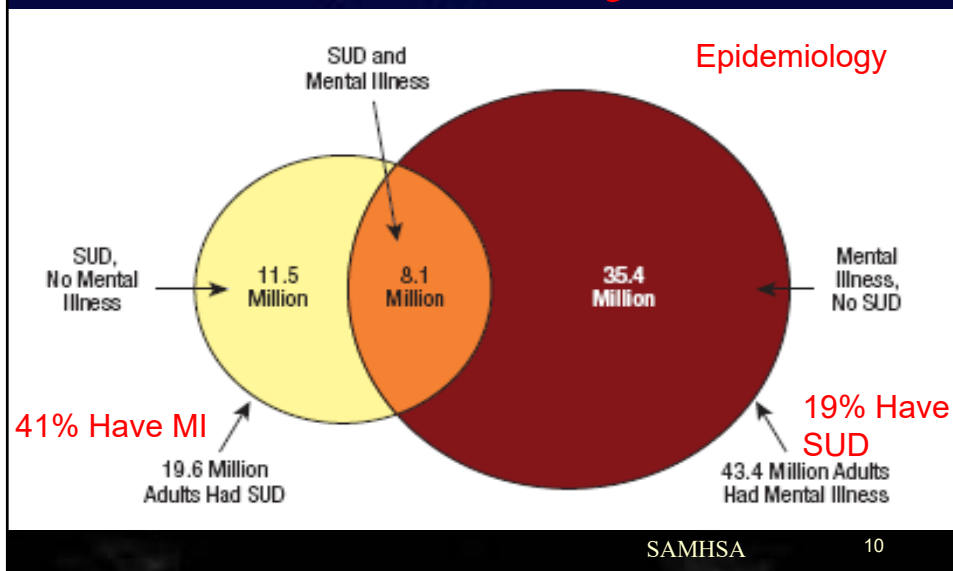
- NIDA. (2018, August 1). Comorbidity: Substance Use Disorders and Other Mental Illnesses. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/comorbidity-substance-use-disorders-other-mental-illnesses> on 2019, March 18

# Lifetime History



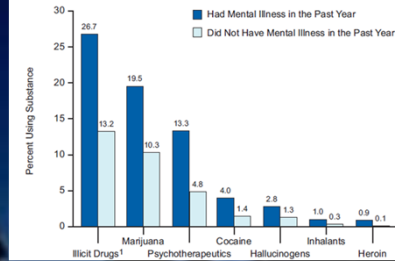
Regier, 1990

# Past Year Substance Use Disorder and Mental Illness 18y/o (2015)



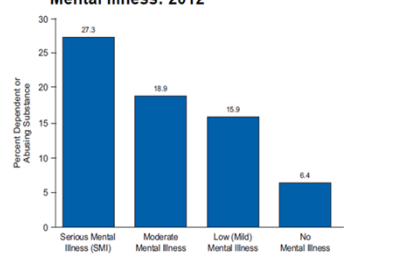
# Epidemiology of Comorbidity

Figure 5.1 Past Year Substance Use among Adults Aged 18 or Older, by Any Mental Illness: 2012



Any MI ^ Drug Use

Figure 5.4 Past Year Substance Dependence or Abuse among Adults Aged 18 or Older, by Level of Mental Illness: 2012

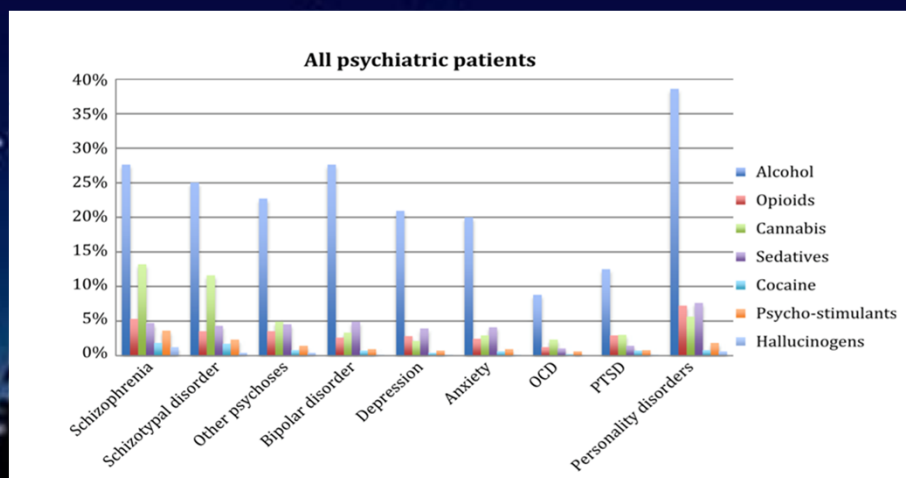


More serious MI ^ Drug Use

(Hedden et al, NSDUH, 2012: 1-178)

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# Epidemiology of Comorbidity



multisysgdom.dk/wp-content/uploads/2017/03/Social-disparities

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## Risk Factors For Comorbidity

- **Early occurrence** of SU and/or MD
- **Genetic Factors:** Family history of concurrent disorders
- **Psychosocial experiences and environmental influences**
  - Unemployment, poverty or unstable income
  - Lack of social network
  - Stress related to work or school
  - Past or ongoing abuse or trauma
  - Females with higher rates of physical, emotional and sexual abuse

NIH, Comorbidity: Addiction and Other Mental Illnesses, 2010

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## Prevalence and Pattern

- 7-10 million Americans affected
- Antisocial personality disorder, bipolar disorder, schizophrenia most likely to coexist with substance use disorder
- high prevalence of trauma histories and related symptoms
- more likely to have cardiovascular disease, cirrhosis, or cancer

NIH, Comorbidity: Addiction and Other Mental Illnesses, 2010

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## Prevalence and Pattern in Youth

- Among adolescents entering substance abuse treatment, 62% of males and 83% of females had at least one emotional/behavioral disorder
- Almost 90% of those with a lifetime co-occurring disorder had at least one mental health disorder prior to the onset of a substance abuse disorder
- Mental disorder likely to occur in early adolescence, followed by the substance abuse disorder 5-10 years later

NIH, Comorbidity: Addiction and Other Mental Illnesses, 2010

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## Multiple Diagnoses Increase

- Treatment seeking
- Use of services
- Likelihood of no services
- Treatment costs
- Poor outcome
- Suicide risk

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## Four Specific Comorbidities



## Affective Disorders and SUD

- 56% of people with Bipolar Disorder
- 20% of youth with depression have history of substance abuse
- 15 – 75% of patients in substance abuse treatment have affective disorder
- Use of TCAs and SSRIs show hope for treating affective disorder and reducing alcohol and drug intake

## Schizophrenia and SUD

- 47% have substance use disorders
- Alcohol use may decrease negative symptoms (depression, apathy, anhedonia, passivity and withdrawal)
- May also decrease positive symptoms of hallucinations and paranoia
- Schizophrenics often use and abuse stimulants
- Drug-induced psychosis marked by prominent hallucinations or delusions

[nimh.nih.gov/health/topics/substance-use-and-mental-health](http://nimh.nih.gov/health/topics/substance-use-and-mental-health)

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## Anxiety Disorders and SUD

- 27% have a substance use disorder
- Anxiety disorders may be treated with TCAs, SSRIs and Benzodiazepines (with caution)
- Generalized anxiety disorder: Buspirone shown to treat anxiety and reduce alcohol consumption
- Social anxiety is a big risk factor for alcohol and drug use
- With PTSD, people will often use drugs or alcohol to sleep and stop recurrent nightmares, or to reduce anxiety

[nimh.nih.gov/health/topics/substance-use-and-mental-health](http://nimh.nih.gov/health/topics/substance-use-and-mental-health)

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## Disruptive Disorders and SUD

- 23% of people with Attention Deficit/ Hyperactivity Disorder have a substance use disorder
- Combination of ADHD and Conduct Disorder place a child at greater risk of substance abuse than either one alone
  - The greater the number of CD symptoms, the more severe the substance abuse is likely to be
  - When CD precedes substance abuse, youth are at highest risk for ongoing delinquency and drug use in adulthood
- Stimulants are a primary treatment choice but risk of abuse is high

[nimh.nih.gov/health/topics/substance-use-and-mental-health](http://nimh.nih.gov/health/topics/substance-use-and-mental-health)

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## Comorbidity among AI/AN



## Native Health Morbidity: Disparity

- |                    |   |
|--------------------|---|
| 1. Alcoholism 6X   | 1. Same disorders as general population |
| 2. Tuberculosis 6X | 2. Greater prevalence                   |
| 3. Diabetes 3.5 X  | 3. Greater severity                     |
| 4. Accidents 3X    | 4. Much less access to Tx               |
| 5. Poverty 3x      | 5. Cultural relevance more challenging  |
| 6. Depression 3x   | 6. Social context disintegrated         |
| 7. Suicide 2x      |   |
| 8. Violence?       |   |

Surgeon General Report

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## Mortality Rates: Disparity

	AI/AN	ALL	Ratio
• <b>ALL CAUSES</b>	<b>953.7</b>	<b>776.5</b>	<b>1.2</b>
• Alcohol induced	45.0	6.9	6.5
• Diabetes	65.6	23.3	2.8
• Homicide (assault)	11.0	6.0	1.8
• Infant Deaths	7.3	6.7	1.1
• Maternal Deaths	20.2	13.3	1.5
• Pneumonia/Influenza	24.3	17.8	1.4
• Suicide	19.0	10.9	1.7
• Uninten. Injuries*	94.8	39.8	2.4

IHS Service Area 2005-2007 and U.S. All Races 2006

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## Trends among AI/AN Youth

- AI/AN youth are more likely to:
  - Use tobacco, inhalants, alcohol, and marijuana daily
  - Consume alcohol in a binge-drinking style
  - Engage in high risk behaviors and experience harmful consequences
- AI/AN youth tend to initiate substance use at a younger age
- Higher rates of polysubstance use
- Substance use doesn't follow the "Gateway" model
- Have the highest rates of emotional/behavioral problems and suicide

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## Alcohol and Other Drug Use

- May cause or mimic psychiatric symptoms
- May initiate or exacerbate a psychiatric disorder
- Can mask psychiatric symptoms
- May last for days to weeks
- Drug-induced psychiatric symptoms may clear spontaneously

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## When it Comes to Service Planning Guidelines

Comorbidity is an expectation, not an exception.

Remember, This is Chronic Illness.

# Why Is Treatment So Difficult?

## Psychiatric Disorders

- Health problems
- Family/intimacy problems
- Isolation
- Financial problems
- Employment problems
- School problems
- High risk driving/other accidents
- Multiple admissions
- Chronic/relapsing
- Increased suicide
- Has many patterns
- Lack of progress=failure
- Changing diagnostic criteria

## Addiction Disorders

- Health problems
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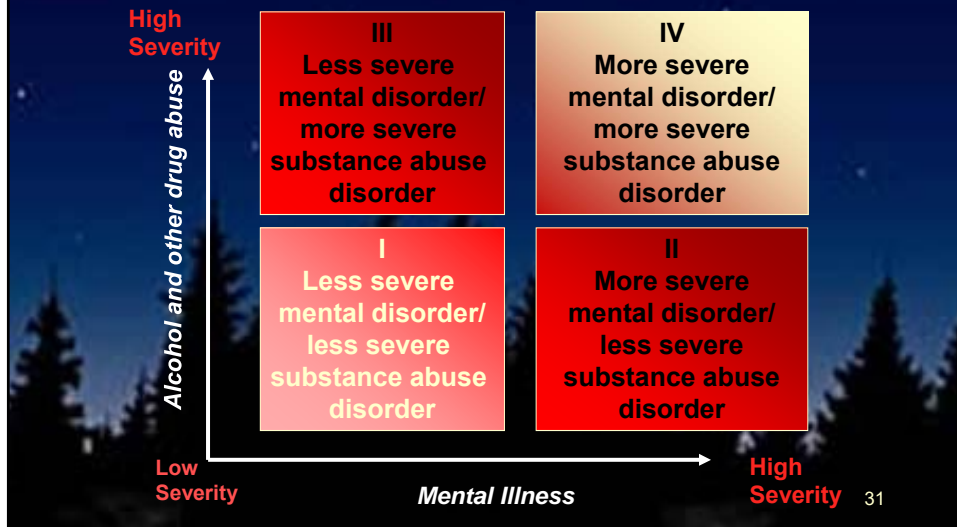
# Best Practices

“Examples and cases that illustrate the use of community knowledge and science in developing cost effective and sustainable survival strategies to overcome a chronic illness.”

- WHO

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## Co-occurring Disorders by Severity: The Four Quadrant Framework

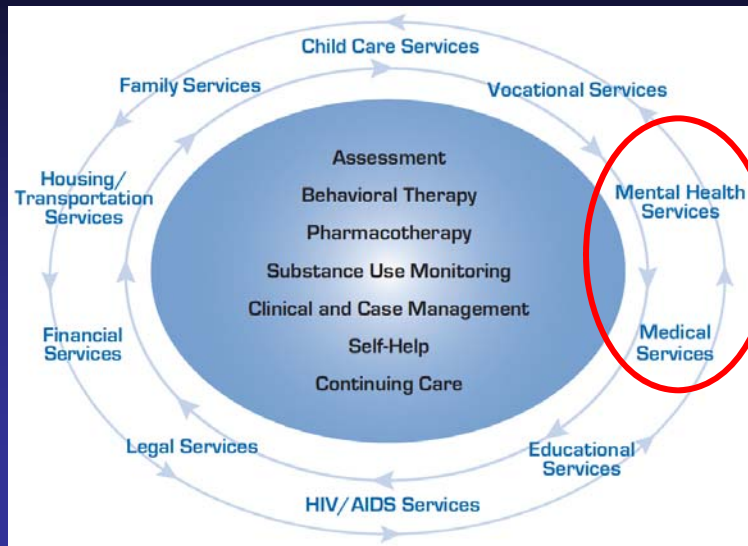


## Treatment Models

- Sequential treatment: First one provider, then the other
- Parallel treatment: Two separate providers at the same time
- **Integrated treatment: Both services provided by same clinician or group of clinicians**



# Components of a Comprehensive Treatment System for Comorbid Situations



# Unified Services Plan

## Case management should address:

- Mental health
- Education/vocation
- Leisure/social
- Parenting/family
- Housing
- Financial
- Daily living skills
- Physical health
- Legal issues



# Integrated Treatment

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- Improved quality of life



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# The Social Determinants of Health



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WHO Commission on Social Determinants of Health | August 28 2008

## Components of Integrated Treatment Approach

- Staged interventions – School based
  - Assertive outreach – Home visit
  - Motivational interventions
  - Counseling
  - Social support interventions
  - Long-term perspective
  - Comprehensiveness
  - Cultural sensitivity
  - Competence
- (Drake et al, *Psychiatric Services*, 2001: 469-476)

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## Effective Interventions for Adults

- Cognitive/Behavioral Approaches
- Motivational Interventions
- Psychopharmacological Interventions
- Modified Therapeutic Communities
- Assertive Community Treatment
- Vocational Services
- Dual Recovery/Self-Help Programs
- Consumer Involvement
- Therapeutic Relationships

(Drake et al, *Psychiatric Services*, 2001: 469-476)

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## *Effective Interventions for Youth*

- Family Therapy
- Multisystemic Therapy
- Case Management
- Therapeutic Communities
- Circles of Care

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## *NIDA Recommended Approaches*

- Contingency Management
- Relapse Prevention Therapy
- Community Reinforcement Approach
- Motivational Enhancement Therapy

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## Behavioral Health Programs Should .... Reduce Risk Factors

- ineffective parenting
- chaotic home environment
- lack of mutual attachments/nurturing
- inappropriate behavior in the classroom
- failure in school performance
- poor social coping skills
- affiliations with deviant peers
- perceptions of approval of drug-using behaviors in the school, peer, and community environments

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## Behavioral Health Programs Should .... Enhance Protective Factors

- strong family bonds
- parental monitoring
- parental involvement
- success in school performance
- prosocial institutions (e.g. such as family, school, religious, and tribal organizations)
- conventional norms about drug use

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# Barriers to Integrated Treatment for Opioid Comorbidity



## Disconnect Between Systems

- Professionals are undertrained in one of two domains
- Patients are underdiagnosed
- Patients are undertreated
- Neither integrates well with medical and social service

## Difficulties of Integrated Approach

- Separate funding streams and coverage gaps
- Agency turf issues
- Different treatment philosophies
- Different training philosophies
- Lack of resources
- Poor cross training
- Consumer and family barriers

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## What are some promising strategies?

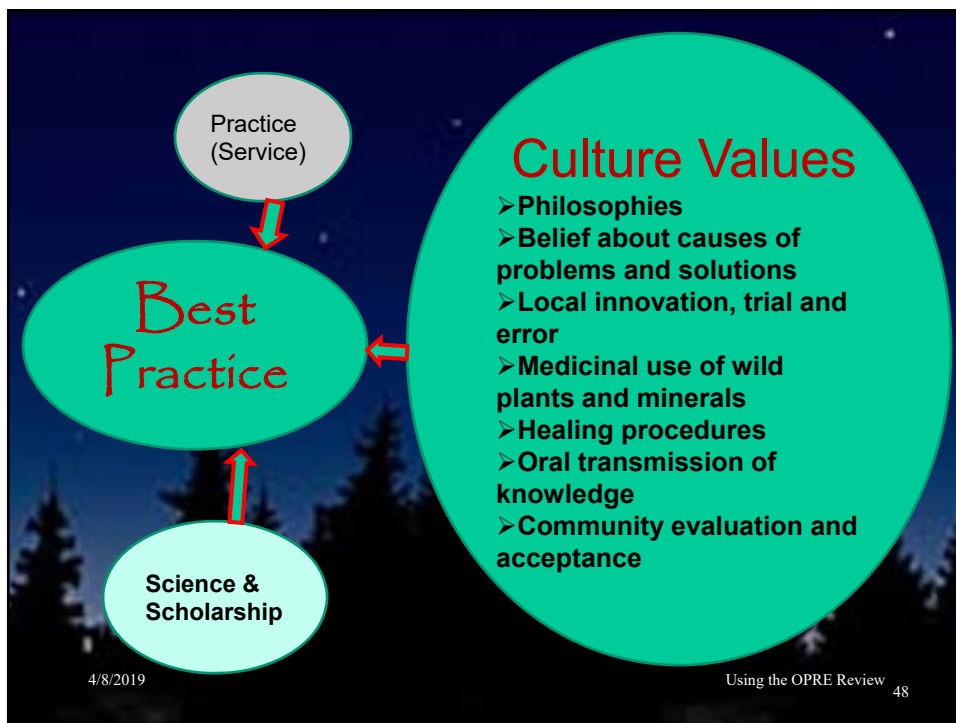


# World Conference on Science

Recommended that scientific and indigenous knowledge be integrated in interdisciplinary projects dealing with culture, environment and chronic illness.

UNESCO- 1999

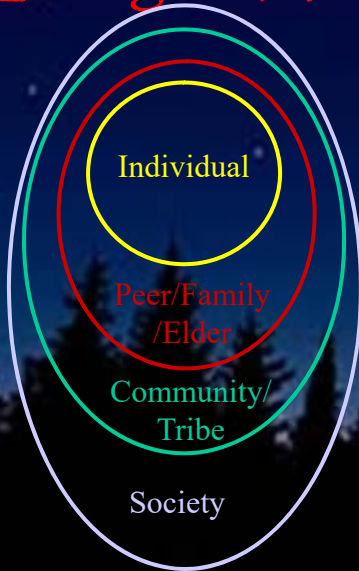
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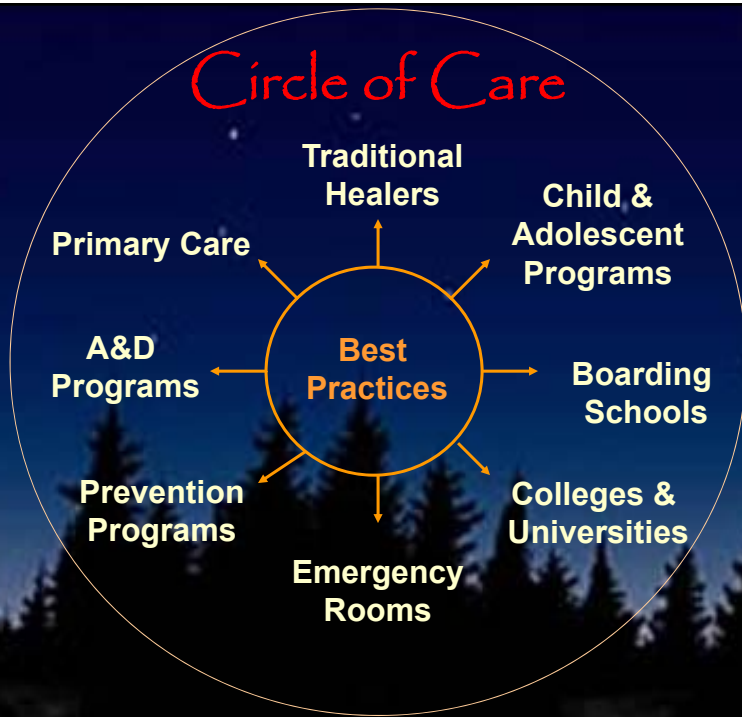
# Community Social Network – Ecological Model

Medical Care  
Mental Health  
Addictions Tx  
Social Services



Schools  
Churches  
Recreation  
Housing  
Justice/Law  
Tribal Council  
Administration  
H. Resources  
Public Safety

# Circle of Care



## Resources

- SAMHSA Co-occurring Disorders
  - [http://alt.samhsa.gov/Matrix/matrix\\_cooc.asp](http://alt.samhsa.gov/Matrix/matrix_cooc.asp)
- National Institute of Alcohol Abuse and Alcoholism
  - <http://www.niaaa.nih.gov>
- National Institute of Drug Abuse
  - <http://www.nida.nih.gov>
- National Institute of Mental Health
  - <http://www.nimh.nih.gov>
- Treatment Improvement Protocol (TIP) Series
  - (800) 729-6686
- Monitoring the Future Study
  - <http://www.monitoringthefuture.org>

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Or visit our website:  
[www.oneskycenter.org](http://www.oneskycenter.org)



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**Thank you!**

