SUBSTANCE USE: WHERE DO WE BEGIN?

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WHAT’S GOING ON IN MICHIGAN

2015 total admissions 55,180
- Alcohol 19,441 (Alcohol only 11,188)
- Marijuana 5,957
- Heroin 16,634 (26.7% were 25-29 years old)
- Cocaine 3,672 (Smoked Cocaine 2,843)
- Methamphetamine/Amphetamine 936
- Non-heroin Opiates/Synthetics 7,626

2015 Type of Service
- OP 23,711
- IOP 2,890
- Detox: Res 7,624 Ambulatory 146
- Residential: Short term 6,786 Long term 3,572
- MAT: OP 6,028 Detox 3,656 Res 767
MAPS (Michigan Automated Prescription System)

- research\DrugUtilizationReport2016-Updated.xlsx
- Example: HYDROCODONE BITARTRATE-ACETAMINOPHE 325MG-7.5MG Scripts: 1,369,817 Units: 99,932,337
- Example: HYDROCODONE BITARTRATE-ACETAMINOPHE 325MG-10MG Scripts: 1,776,420 Units: 172,643,756
What is substance use?

What terms should we use?

- Substance Use
- Substance Misuse
- Substance Use Disorders
  - Mild
  - Moderate
  - Severe
RISK FACTORS

- History of use
- Medication seeking
- History of trauma
- Physical ailments that are related to addiction/use
- Mental health issues
- Friend/Family substance use
- Substance availability

- Cultural attitude towards use
- Perceived risk from using substances
- Lack of support
- Religious/Spiritual Beliefs or Lack of Beliefs
- Aggressive behavior in childhood
- Lack of parental supervision
- Poor social skills
- Community Poverty
CONSEQUENCES OF UNRESOLVED TRAUMA

Death

Early Death

Disease, Disability, & Social Problems

Adoption of Health-Risk Behaviors

Social, Emotional, & Cognitive Impairment

Disrupted Neurodevelopment

Adverse Childhood Experiences

Conception
WORD ON THE STREET IS...

- **Activity**
  - With those around you answer as many of the questions as you can on the “Name That Street Drug” sheet
  - Return to the larger group and review the answers
# ASAM (American Society of Addiction Medicine) PPC-3 (Patient Placement Criteria)

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<thead>
<tr>
<th>Dimensions</th>
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<th>1 mild or minor</th>
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<td>3. Emotional/Behavioral or Cognitive Conditions and Complications</td>
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<td>5. Relapse, continued Use or Continued Problem Potential</td>
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REFERRAL - COMMUNITY LEVELS OF CARE

- Outpatient
- Intensive Outpatient
- Community Case Management
- Residential
  - Short-Term
  - Long-Term
- Withdrawal Management
  - Ambulatory/Outpatient
  - Sub-Acute
  - Acute
ENGAGING INDIVIDUALS

- Learn the “stages of change” and basics to motivational interviewing.
- Learn how both stages of change and motivational interviewing assist in engagement and relationship development.
Transtheoretical Model: “Stages of Change”
Change comes from the individual
Pick interventions related to the individuals’ readiness for change
Resistance is natural and based on changes being forced on the individual
We all experience the stages of change
Allow the individual to make their own decisions
MOTIVATIONAL INTERVIEWING

- How do you motivate someone?
- What does “motivational interviewing” mean to you?
- Definition: “Our best current definition is this: Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Compared with nondirective counselling, it is more focused and goal-directed. The examination and resolution of ambivalence is its central purpose, and the counselor is intentionally directive in pursuing this goal.” Rollnick S., & Miller, W.R. (1995).
PRINCIPLES & SKILLS

- Express Empathy
- Develop Discrepancy
- Roll with Resistance
- Support Self-efficacy

- Open-ended Questions
- Affirmations
- Reflective Listening
- Summaries
Things to Remember

- Everyone needs the freedom to make their own decisions
- Meet the individual where they are at
- Everyone goes through stages when making changes
- By allowing the individual to make their own choices and discover their own path, our job becomes less stressful
QUESTIONS/COMMENTS