



FULL POTENTIAL TRAINING PROGRAM

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AODA EDUCATION – BASICS

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Goals of AODA Education Workshop



EDUCATIONAL GOALS

Understand and demonstrate knowledge of the basics for the 8 major substances:

- Alcohol
- Opioids
- Marijuana
- Stimulants
- Sedatives-Hypnotics-Anxiolytics
- Hallucinogens
- Nicotine
- Caffeine

1. SUBSTANCE AND EFFECTS
2. PHARMACOLOGY
3. HEALTH RISKS
4. DSM-V CRITERIA
5. DIAGNOSES ISSUES
6. COURSE AND DEVELOPMENT



BIG

10

1. Alcohol
2. Opioids
3. Marijuana
4. Stimulants
5. Sedatives/Hypnotics/Anxiolytics
6. Hallucinogens
7. Tobacco
8. Caffeine
9. Gambling*
10. Inhalants*

DSM-V – Substance Use Disorder Criteria

1. Substance is often taken in larger amounts and/or over a longer period than the patient intended.
2. Persistent attempts or one or more unsuccessful efforts made to cut down or control substance use.
3. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from effects
4. Craving or strong desire or urge to use the substance.
5. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued substance use despite having persistent or recurrent social or interpersonal problem caused or exacerbated by the effects of the substance.
7. Important social, occupational or recreational activities given up or reduced because of substance use.
8. Recurrent substance use in situations in which it is physically hazardous.

DSM-V – Substance Use Disorder Criteria

9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect.
 - b. Markedly diminished effect with continued use of the same amount.
11. Withdrawal, as manifested by either of the following:
 - a. The characteristic withdrawal syndrome for the substance.
 - b. The same substance is taken to relieve or avoid withdrawal symptoms.

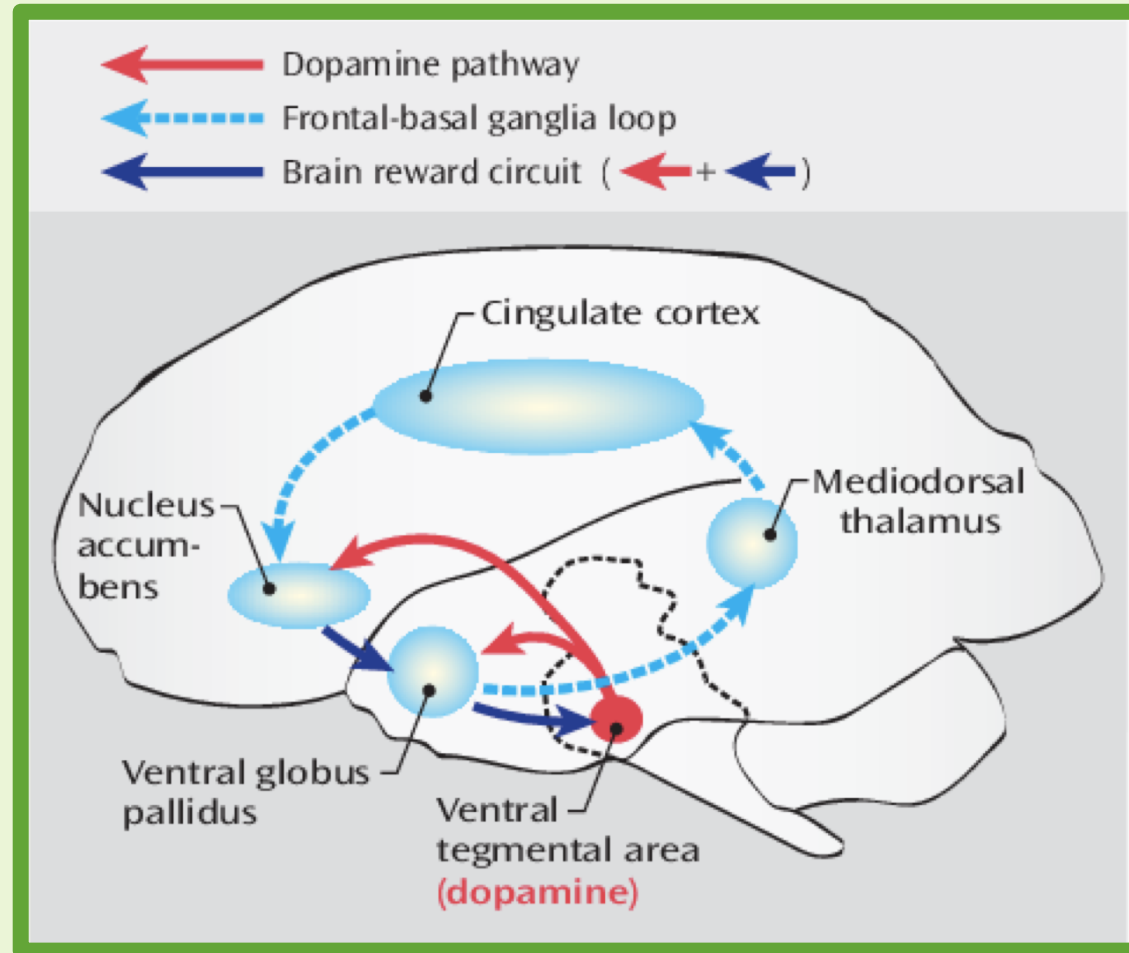
Specify Current Severity:

- Mild** – Presence of 2 to 3 symptoms
- Moderate** – Presence of 4-5 symptoms
- Severe** – Presence of 6 or more symptoms

In early full remission: After full criteria for the substance use disorder were previously met, none of the criteria has been met for at least 3 months, but less than 12 months – with exception of craving and strong desire to use

In sustained remission: After full criteria for the substance use disorder were previously met, none of the criteria of the substance use disorder, other than craving, has been met for 12 months or longer.

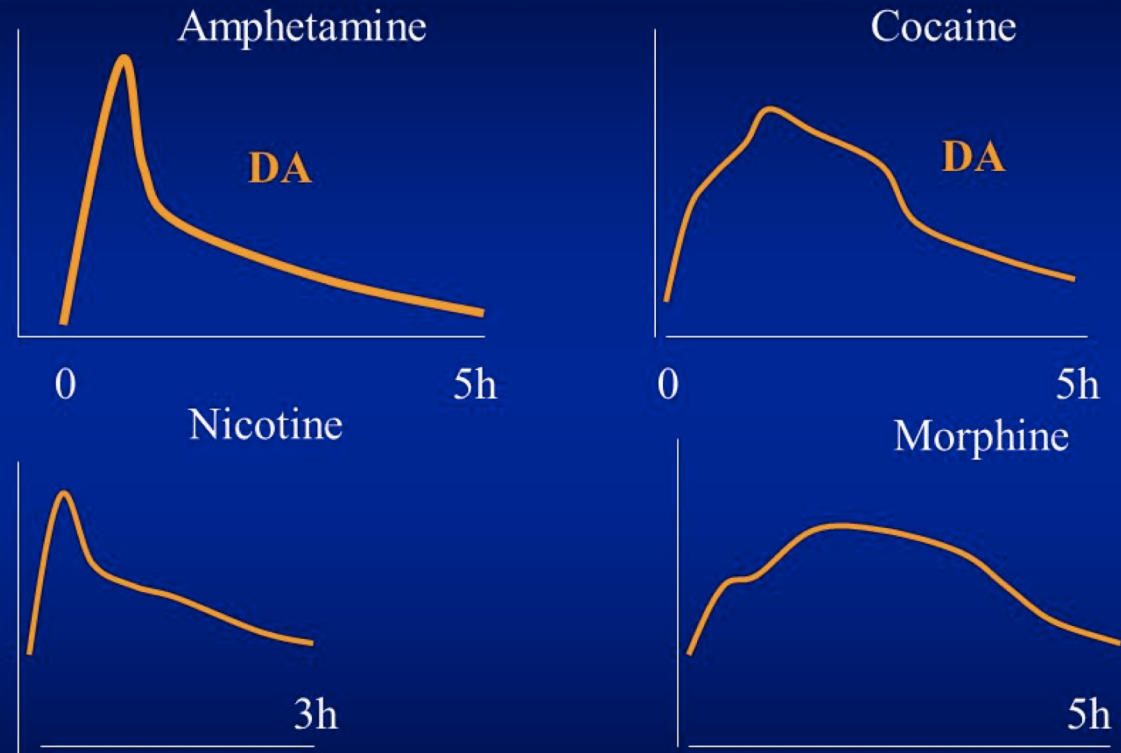
In a controlled environment: An environment where substance is restricted such as jail, prison, etc.



Brain Reward Pathway

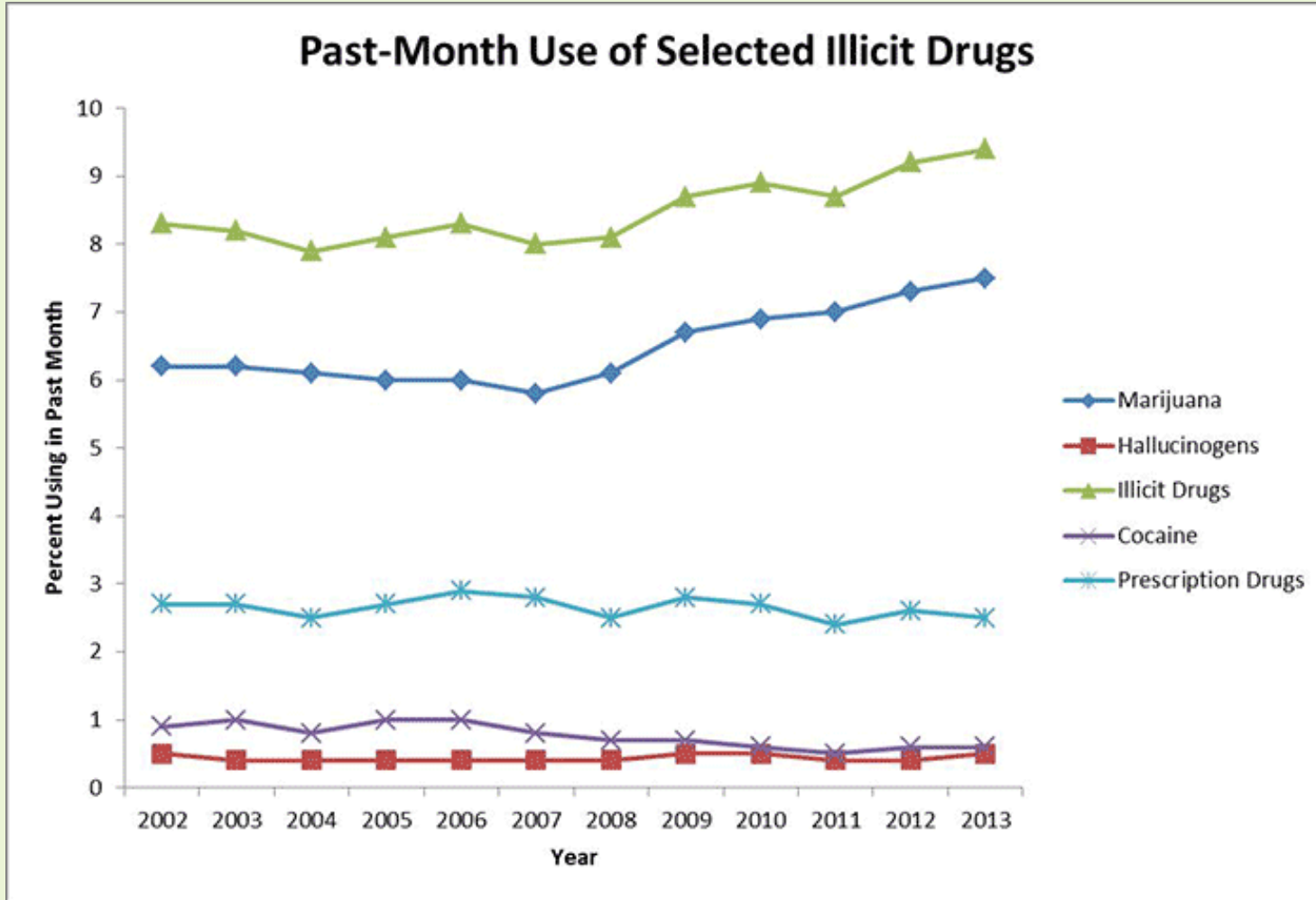
ADDICTION AND THE BRAIN

Effects of Drugs on Nucleus Accumbens Dopamine Levels



Timothy P. Condon, Ph.D. Addiction as a Brain Disease: New Implications for Research and Practice
Connecticut Statewide Addiction Medicine/Psychiatry Grand Rounds September 20, 2001

Source: Di Chiara and Imperato



Drug Trends in United States

ALCOHOL

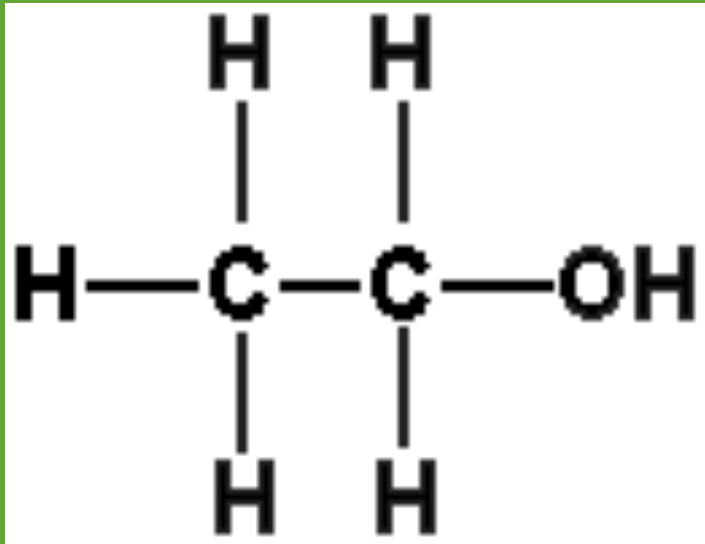


SUPER 6 -ALCOHOL TOPICS



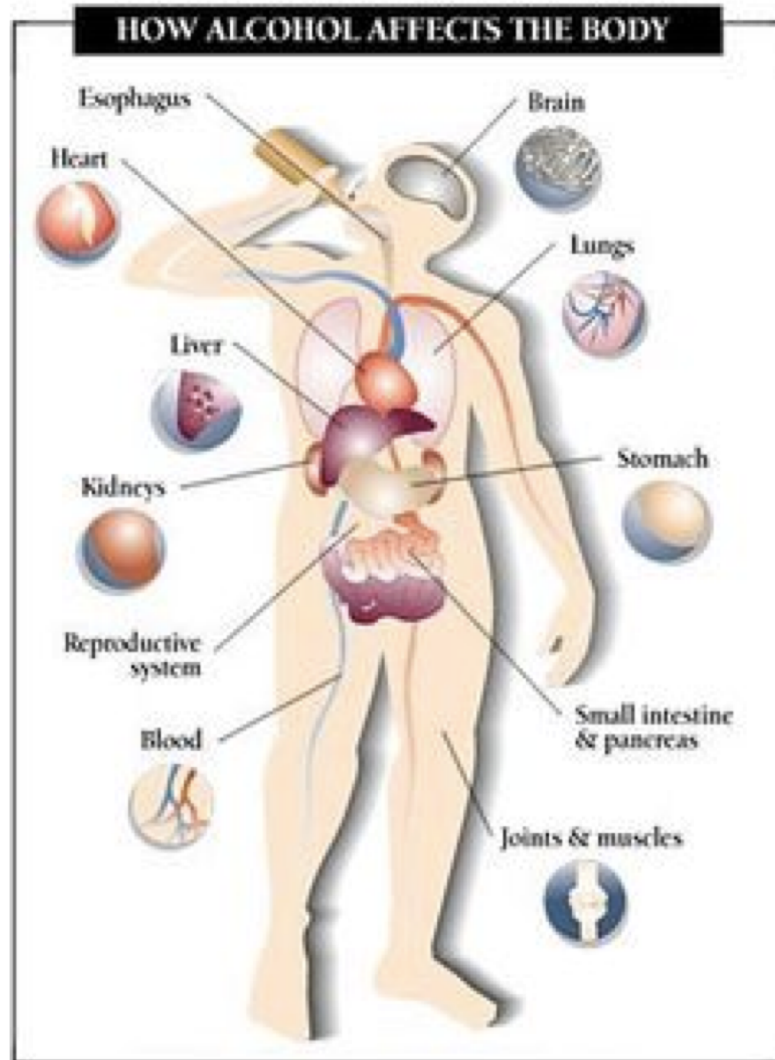
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ALCOHOL PHARMACOLOGY



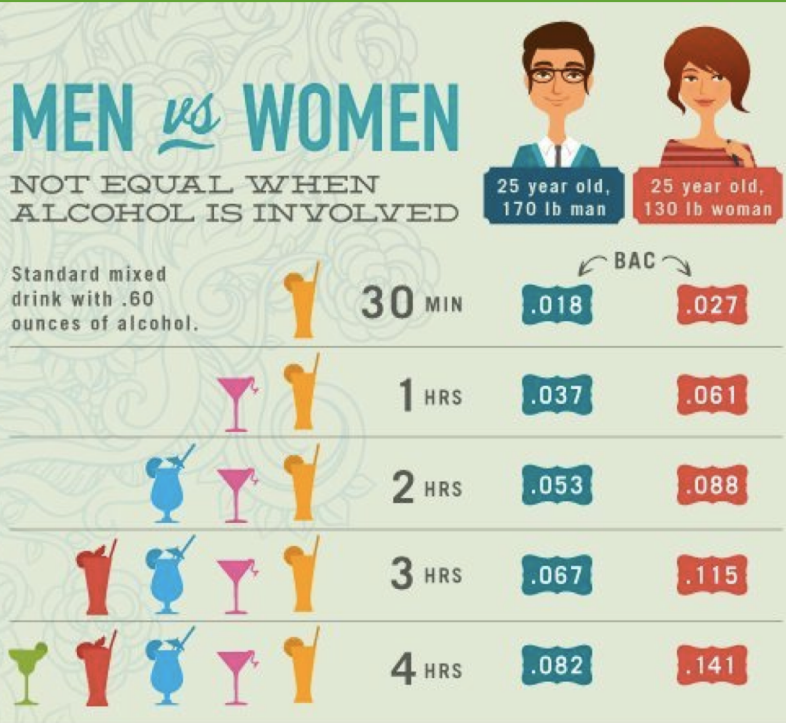
ALCOHOL BASICS

- ALCOHOL IMPACTS THE BODY WITHIN THE HOUR
- TYPES OF ALCOHOL: BEER, WINE AND SPIRITS
- ALCOHOL PROCESSED IN LIVER AT .5 OUNCES PER HOUR
- STANDARD DRINK = .6 OUNCES ETHYL ALCOHOL
- BLOOD ALCOHOL CONCENTRATION LEVELS



ALCOHOL PATHWAY IN THE BODY

STANDARD DRINKS/ BLOOD ALCOHOL CONCENTRATION (BAC)



FOUNDATION FOR
ADVANCING ALCOHOL
RESPONSIBILITY.ORG

This illustration is not intended to be used as a scientific BAC measurement, and should not take the place of your own responsible decisions about drinking alcohol, or about whether and when it will be safe for you to drive.

BAC'S ABOVE .20 INCREASE THE CHANCES OF AN ALCOHOL RELATED BLACKOUT

INCREASED TOLERANCE TO ALCOHOL LEADS TO INCREASED BAC LEVELS WHICH IN TURN INCREASES THE CHANCES FOR ALCOHOL RELATED

CASCADING EFFECT ON LIVER FUNCTIONING – CIRROHOSIS OF THE LIVER CAN CAUSE AN ALCOHOLIC TO HAVE A DECREASED TOLERANCE FOR ALCOHOL

ALCOHOL USE IMPAIRS JUDGEMENT AND LOWERS INHIBITIONS

ALCOHOL PREVELENCE IN THE UNITED STATES



Alcohol

Drinking by underage persons (ages 12 to 20) has declined. Current alcohol use by this age group declined from 28.8 to 22.7 percent between 2002 and 2013, while binge drinking declined from 19.3 to 14.2 percent and the rate of heavy drinking went from 6.2 to 3.7 percent.[†]

Binge and heavy drinking are more widespread among men than women. In 2013, 30.2 percent of men and 16.0 percent of women 12 and older reported binge drinking in the past month. And 9.5 percent of men and 3.3 percent of women reported heavy alcohol use.

Driving under the influence of alcohol has also declined slightly. In 2013, an estimated 28.7 million people, or 10.9 percent of persons aged 12 or older, had driven under the influence of alcohol at least once in the past year, down from 14.2 percent in 2002. Although this decline is encouraging, any driving under the influence remains a cause for concern.

DSM-V – Alcohol Use Disorder Criteria

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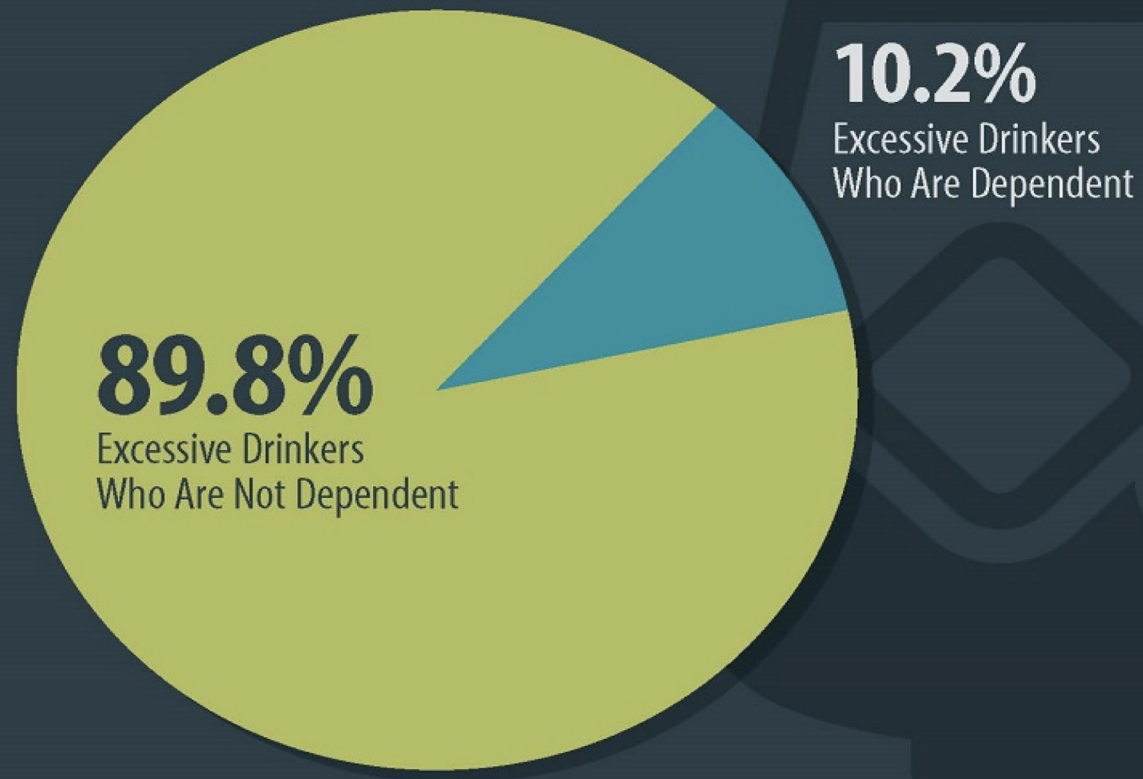
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In a controlled environment: An environment where substance is restricted such as jail, prison, etc.

9 out of 10 excessive drinkers are **not** alcohol dependent.



CS252939-A

PREVENTING CHRONIC DISEASE
PUBLIC HEALTH RESEARCH, PRACTICE, AND POLICY

www.cdc.gov/pcd/issues/2014/14_0329.htm

www.cdc.gov/alcohol

KEY DIAGNOSTIC FEATURES OF ALCOHOL



- **ALCOHOL USE DISORDER** IS DEFINED BY A CLUSTER OF BEHAVIORAL AND PHYSICAL SYMPTOMS, WHICH INCLUDED WITHDRAWAL, TOLERANCE AND CRAVING)DSM-V, 2015)
- **ALCOHOL WITHDRAWAL** TYPICALLY SETS IN 4-12 HOURS AFTER DRINKING; SOME INDIVIDUALS WILL AVOID WITHDRAWAL BY DRINKING
- **CRAVINGS** FOR ALCOHOL CAN OCCUR AND MIGHT BE SET OFF BY PEOPLE, PLACES AND THINGS CONNECTED WITH THERE DRINKIING
- **ALCOHOL WITH BEGIN TO CONSUME ONE'S LIFE** WITH INCREASED PREOCCUPTION AND ACTIVITIES AROUND DRINKING DESPITE JOBS, LEGAL STAUS, HEALTH AND RELATIONSHIPS; IT IS A CHRONIC RELAPSING DISEASE
- **EARLY – MIDDLE – LATE CHRONIC DRINKER CHARACTERISTICS**

TYPES OF ALCOHOL RELATED USE DISORDERS



1. ALCOHOL USE DISORDER

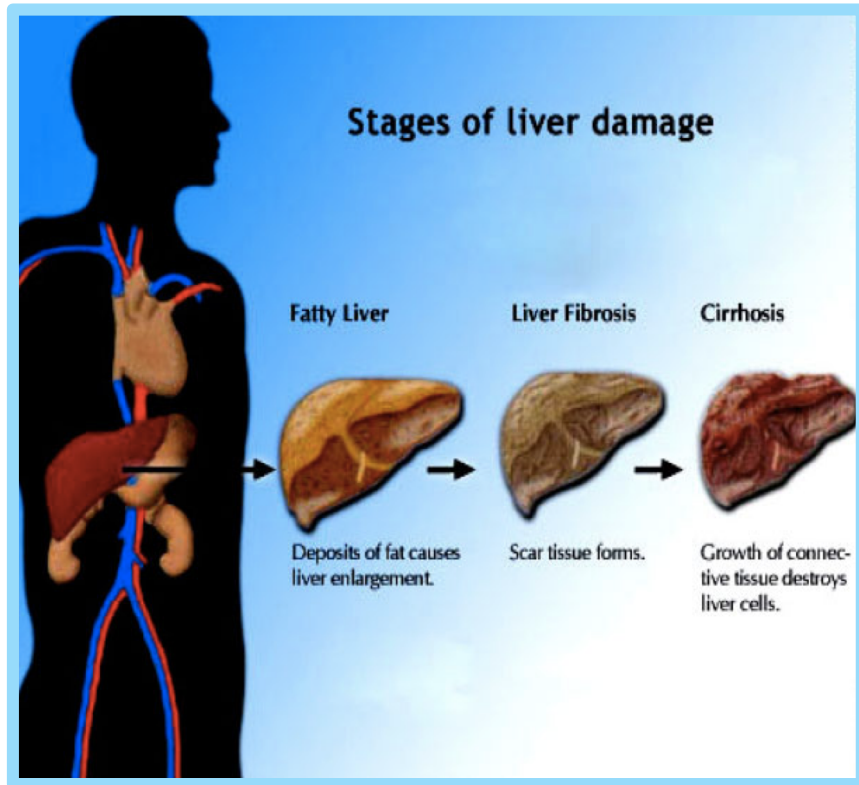
- MILD
- MODERATE
- SEVERE

2. ALCOHOL USE DISORDER – UNSPECIFIED

3. ALCOHOL INTOXIFICATION

4. ALCOHOL WITHDRAWAL

HEALTH RELATED PROBLEMS WITH ALCOHOL



LIVER CIRROHOSIS & PANCREATITIS
FOUND IN 15% OF HEAVY USERS

GASTROINTENSITNAL HEALTH ISSUES
SUCH AS GASTRITIS AND ULCERS IN
STOMACH

INCREASED RATE OF CANCERS IN
ESOPHAGUS, STOMACH AND OTHER
PARTS OF GASTROINTENSTINAL TRACT

COURSE OF THE DISEASE OF ALCOHOL



ALCOHOL USE DISORDER

- STARTS TYPICALLY IN EARLY TEENS /20'S – 30'S
- SEVERAL RISK FACTORS PLAY A ROLE (GENETICS, ENVIRONMENT, EARLY INITIATION, PSYCHIATRIC ISSUES, PEER GROUP)
- PEOPLE WHO PROGRESS INTO SEVERE ALCOHOLISM WILL OFTEN HAVE START AND STOP PERIODS
- ONLY 10% OF PEOPLE WITH ALCOHOL/DRUG USE DISORDERS WILL EVER REACH AODA TX DOORS

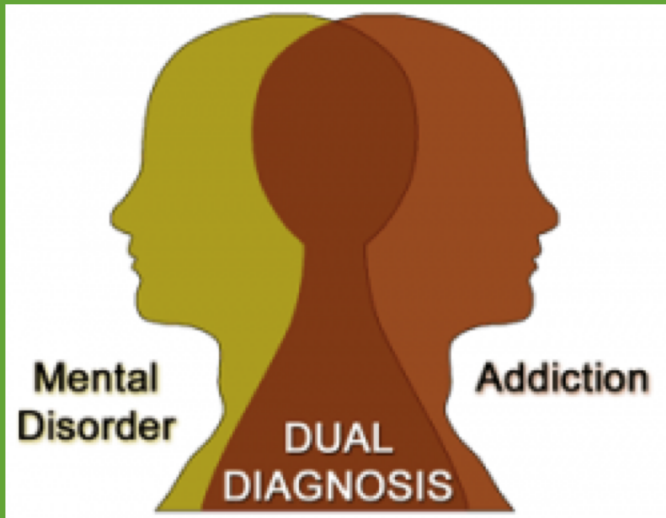
COURSE OF DISEASE OF ALCOHOL



ALCOHOL USE DISORDER - COURSE

- MAJOR LIFE AREAS ARE IMPAIRED
- MORE LIKELY TO DRIVE INTOXICATED
- ASSOCIATED WITH SIGNIFICANT INCREASE IN RISK OF ACCIDENTS, VIOLENCE AND SUICIDE
- ALCOHOL ACCOUNTS FOR A HIGH PERCENTAGE OF DRIVING FATALITIES
- ALCOHOL USE DISORDER CAN INCREASE CHANCES SOMEONE WITH DEPRESSION WILL FOLLOW THROUGH WITH SUICIDE

ALCOHOL AND MENTAL HEALTH



PEOPLE CAN USE ALCOHOL TO SELF MEDICATE FOR A VARIETY OF MENTAL HEALTH DISORDERS

- ANXIETY
- DEPRESSION
- BIPOLAR
- OBSESSIVE COMPULSIVE DISORDER
- ANTISOCIAL PERSONALITY DISORDER
- VICTIMS OF ABUSE/NEGLECT
- ADHD

Diagnostic and Statistical Manual of Mental Disorders: *DSM-5. 5th ed.*,
American Psychiatric Association, 2013



RISK FACTORS

ENVIRONMENT

GENETICS

ENVIRONMENTAL RISK FACTORS INCLUDE ATTITUDES TOWARD ALCOHOL, UPBRINGING IN THE FAMILY, CULTURAL ISSUES AND AVAILABILITY OF ALCOHOL (DSM-V, 2013)

GENETIC RISK FACTORS ARE BETWEEN 40% AND 60% IF YOU HAVE A BIOLOGICAL MOTHER AND FATHER WHO STRUGGLED WITH ALCOHOL OR DRUG ADDICTION; THIS RATE ALSO FACTORS IN IF YOU HAVE A BLOOD RELATIVE THAT HAD A SUD. (SAMSHA, 2017)

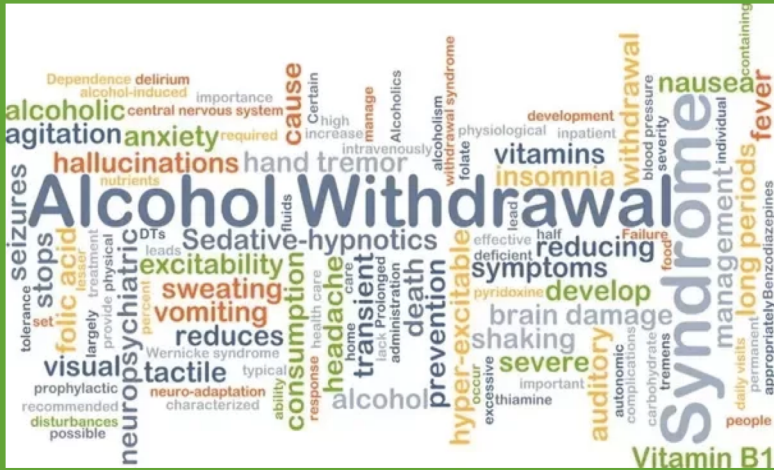
IMPULSIVITY PROBLEMS IS OFTEN TIMES ASSOCIATED WITH EARLIER ONSET OF AN ALCOHOL USE DISORDER (DSM-V, 2013)

ALCOHOL INTOXIFICATION



COMMON SYMPTOMS:

- SLURRED SPEECH
 - INCOORDINATION
 - UNSTEADY GAIT
 - NYSTAGMUS
 - IMPAIRMENT IN ATTENTION OR MEMORY
 - STUPOR OR COMA
-
- MAIN ISSUE IS DRINKING TOO MUCH THAT YOU EITHER SUFFOCATE ON YOUR OWN VOMIT OR DRINK SO MUCH YOU GET ALCHOL POISONING AND YOUR RESPIRATION STOPS DUE TO ALCOHOL BEING A DEPRESSANT
-
- BAC BETWEEN .40 TO .50 CONSIDERED TO BE POTENTIALLY FATAL



- USE A CLINICAL INSTITUTE WITHDRAWAL ASSESSMENT (CIWA) TO TEST FOR ALCOHOL WITHDRAWAL AND ASSESS SEVERITY OF WITHDRAWAL
- ALSO, CONSIDER OTHER MEDICAL CONDITIONS

ALCOHOL WITHDRAWAL SYMPTOMS

1. SWEATY / PULSE GREATER THEN 100 BPM
2. INCREASED HAND TREMOR
3. INSOMNIA
4. NAUSEA AND VOMMITTING
5. TRANSIENT VISUAL, TACTILE, OR AUDITORY HALLUCINATIONS
6. PSYCHOMOTOR AGITATION
7. ANXIETY
8. SEIZURES

CULTURE RELATED ISSUES WITH ALCOHOL USE DISORDERS



- ☐ 80% of adults 18 and older have consumed alcohol
- ☐ Males have a higher rate of drinking and related disorders than females
- ☐ Females typically weight less and have more fat stores in their body biologically, they will have higher BAC levels as males when consuming the same amount, time frame and time frame.
- ☐ Alcohol use disorder runs in families, with 40%-60% of the variance of risk explained by genetic influences.
- ☐ A survey of death certificates over a four-year period showed that deaths among Native Americans due to alcohol are about four times as common as in the general US population (NIH, 2017)

ALCOHOL INDUCED MEDICAL DISORDERS



- Alcohol-induced mental disorder must develop in the context of severe intoxication and/or withdrawal from a substance capable of developing a mental disorder
- There must be evidence that the disorder being observed is not likely to be better explained by another non-alcohol-induced mental disorder
- It is important to look at if the mental health disorder was present before the intoxication/withdrawal episode or substance use
- Features of for instance a psychotic or depressive episode can be induced by alcohol withdrawal/intoxication
- The lifetime risk for Major Depressive Disorders in individuals with alcohol use disorder is approximately 40%, but only one-third to one-half of these represent independent major depressive episodes observed outside alcohol intoxication.

DIFFERENTIAL DIAGNOSES



Two Keys

1. Other Medical Conditions – Hypoglycemia and Diabetic Ketoacidosis can mimic alcohol withdrawal symptoms - this is why it is crucial to get a good medical history
2. Sedative, hypnotic, or anxiolytic withdrawal can produce a syndrome similar to alcohol withdrawal

References

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