Disease Model of Addiction, High Risk Behaviors, Odds and Ends

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I have references, but not APA formatted, etc. Send me an email or give me a call and I’ll help you out.

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Not acting as a representative of LRADAC, nor am I being compensated in any way other than being provided with the opportunity to talk at you.
Each year:

- 1825 college students between the ages of 18 and 24 die from alcohol-related unintentional injuries, including motor vehicle crashes.

- 599,000 college students between the ages of 18 and 24 are unintentionally injured under the influence of alcohol.

- Each year, 696,000 students between the ages of 18 and 24 are assaulted by another student who has been drinking.

- Each year, 97,000 students between the ages of 18 and 24 are victims of alcohol-related sexual assault or date rape.
Why are we talking about this?
Why focus on alcohol?

- Accessible
- Most commonly abused
- Lots of easy to find statistics
- Also is associated with the use of other drugs
  - 33.7% of heavy drinkers were current illicit drug users
  - Of persons who were current alcohol users but not binge or heavy drinkers, only 7.3% were current illicit drug users
Addiction as a disease

Definition
- Stress induced genetically mediated primary, chronic, and relapsing brain disease of reward, memory, motivation, and related circuitry that alters motivational hierarchies such that addictive behaviors supplant healthy, self-care behaviors.

Good news?
- Most of the people I talk to are not addicted to substance use

Bad news?
- Addiction starts somewhere
Problematic Substance Use and Mental Health

- From the Treatment Episode Data Set (TEDS) Report 10/9/2014
  - 1/3 of substance abuse treatment admissions had a psychiatric problem
    - Alcohol 56.7%
    - Marijuana 39.4%
    - Opiates 37.9%
- When we do an assessment, this information is collected and shared with the feds, so some degree of self-report, depending on the counselor to obtain and indicate this information, etc.
Problematic Substance Use and Mental Health

- So we know that there is some degree of co-occurrence between the two, why?
  - Self-medication
    - Some individuals are not receiving treatment or are being “incompletely treated”
  - AOD can worsen an underlying mental illness
  - AOD can possibly trigger the onset of symptoms for the first time

- Implications?
  - People actively engaged in use are less likely to comply with treatment plans, less likely to remain med compliant, etc.
Problematic Substance Use and Mental Health

- Implications
  - More likely to attempt suicide and more likely to die from that attempt
    - For ages 18-24, unintentional injury is the number 1 leading cause of death, number 2 is suicide
      - As an aside, for ages 10-14, suicide was number 3
Statistics on Substance use

Go Google it*

- Look for the National Survey on Drug Use and Health
- They just released the numbers for the survey completed in 2014

Gist:

- Lots of young adults (enrolled full time in college) are currently drinking, of the young adults that are heavy drinkers, 1/3 of them are also current illicit drug users
- More likely to be a current drinker if you graduated college (36.5% adults with less than a high school education vs. 69.2% of college graduates)

*Not affiliated with Google, use whatever search engine you like
How do we fix it?

- I don’t know
- Some recent(ish) info from NIH (summary of a summary)
  - 3-in-1 approach
    - Target individual students, student body as a whole, and the greater college community
  - Skills based interventions, motivational interviewing
    - Teach students the risks, show students how to monitor, set limits, reduce risky behavior, how to handle high risk situations
How do we fix it?

- More recent(ish) info from NIH (summary of a summary)
  - Specifically target students most in need
    - These are least likely to participate
    - Deliver the interventions in settings where students are experiencing problems
    - Partner with someone (like me, law enforcement, etc.) in order to reach students that you may not encounter through student conduct, student health, etc.
How do we fix it?

- **Other ideas (that you may or may not be doing)**
  - Make screening for problematic substance using behaviors a routine event at university health centers
  - Training in motivational interviewing for individuals that may encounter these students
  - Provide individualized and personal feedback when utilizing any web-based interventions
  - I also like small groups, harder for people to hide behind the masses
  - **Social Norms**
    - Most effective when paired with other prevention efforts
Questions?