

Substance Use Disorders

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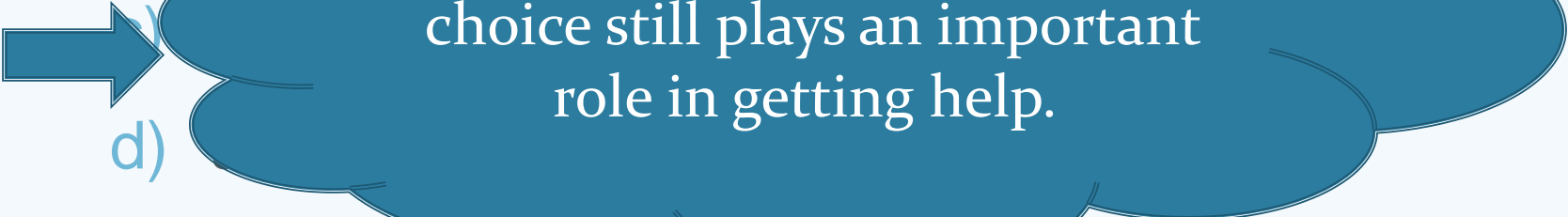
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Introduction

- Many implications for brain research & clinical psychiatry.
- Affect mental state and behavior.
- Sx similar to the psychiatric disorders.

What is addiction?

- In Aug 2011, The American Society of Addiction Medicine (ASAM) has officially recognized Addiction as mostly:
 - a) a social problem
 - b) a mental health disorder
 - c) a behavioral disorder that occurs as the result of other causes such as emotional or psychiatric problems.
 - d) a chronic brain disease
 - e) a behavioral disorder that occurs as the result of other causes such as emotional or psychiatric problems.



Addiction is not a choice, but choice still plays an important role in getting help.

Terminology

Abuse: self-administration of any substance in a culturally disapproved manner that causes adverse consequences.

Intoxication: the transient effect (physical and psychological) due to recent substance ingestion, which disappears when the substance is eliminated.

Withdrawal: a group of symptoms and signs occurring when the drug is withdrawn or reduced in amount.

Terminology (cont.)

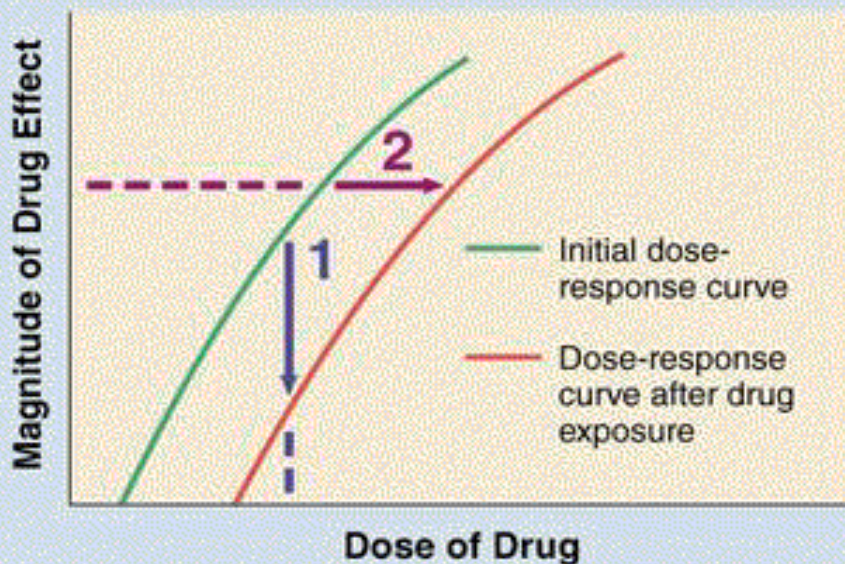
Dependence: the physiological state of neuroadaptation produced by repeated administration of a drug, necessitating continued administration to prevent appearance of withdrawal state.

Addiction: a nonscientific term that implies dependence and associated deterioration of physical mental health as well as high tendency to relapse after discontinuation.

► Drug Tolerance

Drug tolerance is a shift in the dose-response curve to the right. Therefore,

- 1** In tolerant subjects, the same dose has less effect
- 2** In tolerant subjects, a greater dose is required to produce the same effect



Complications

Psychological

Drugs

Social

Medical

Basic classification

CNS Suppressants

Alcohol – Sedatives – Inhalants – Opioids.

CNS Stimulants: Amphetamine – Cocaine

Cannabis

Assesment

- Collateral history.
- Urine screening tests.
- blood screening tests (alcohol, barbiturates).
- Pattern of Abuse:
 - What?** (type, dose, route, effect: nature and duration).
 - How?** (frequency, duration, how long, source, and situation)
 - Why?** (? psychosocial problems).
- Dependence?**
- Complications :
 - Psychosocial.....
 - Physical.....

Alcohol and Related Mental Disorders

Alcohol Kills More Than AIDS, TB or Violence-WHO report (Feb 2011)

- Alcohol causes nearly 4% of deaths worldwide, more than AIDS, tuberculosis or violence.
- Alcohol is the world's leading risk factor for death among males aged 15-59
- Alcohol is a causal factor in 60 types of diseases and injuries.

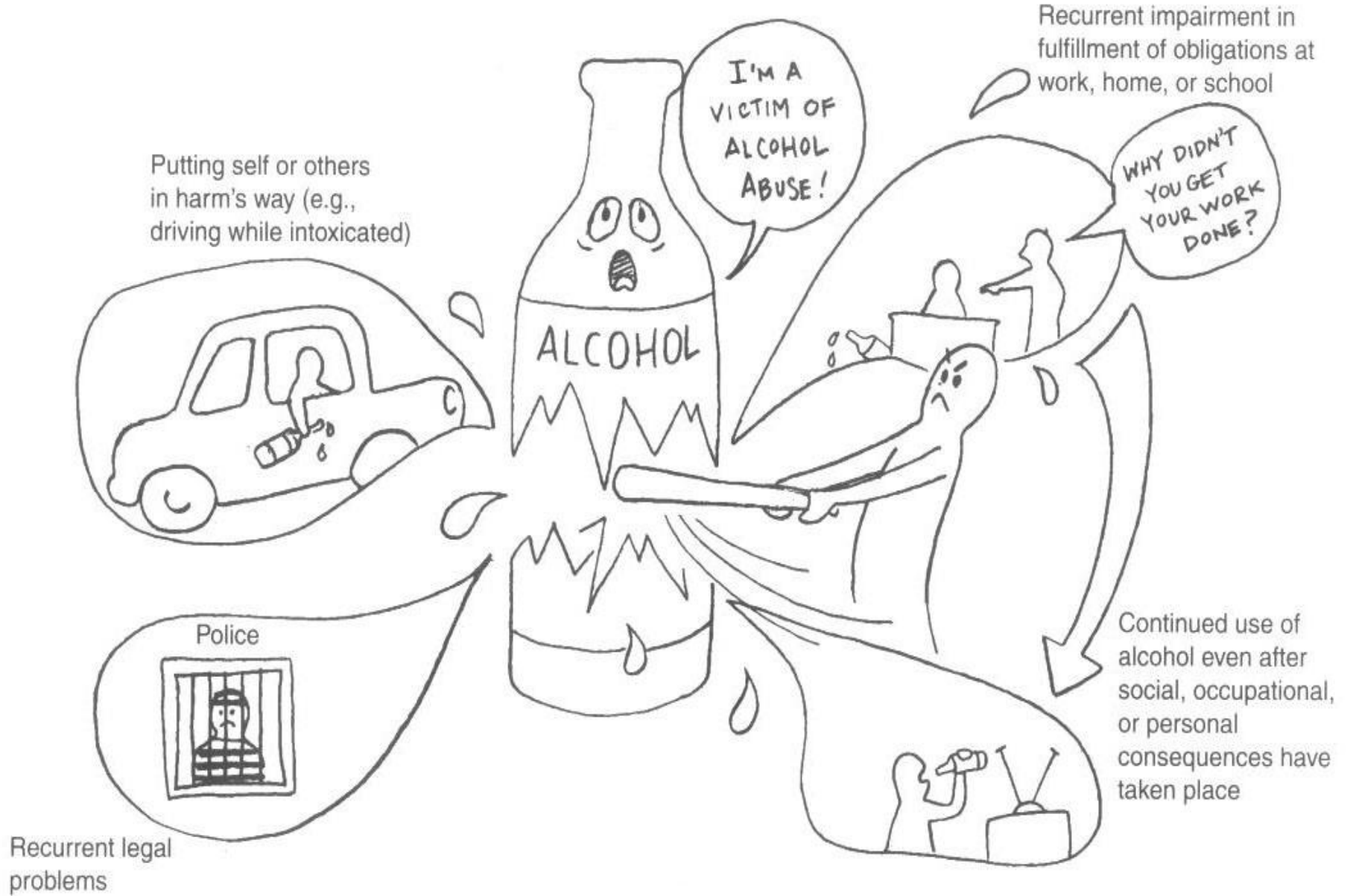
Risk factors of Alcohol abuse

- **Vulnerable personality:** impulsive, gregarious, less conforming, isolated or avoidant persons.
- **Vulnerable occupation:** senior businessmen, journalists, doctors.
- **Psychosocial stresses:** social isolation, financial, occupational or academic difficulties, and marital conflicts.
- **Emotional problems:** anxiety, chronic insomnia depression.

Alcohol abuse

- **Excessive consumption:** harmful use.
Problem drinking: drinking that has caused disability, but not dependence.
Alcohol dependence: This usually denotes alcoholism.
Alcohol-related disability: physical, mental and social.

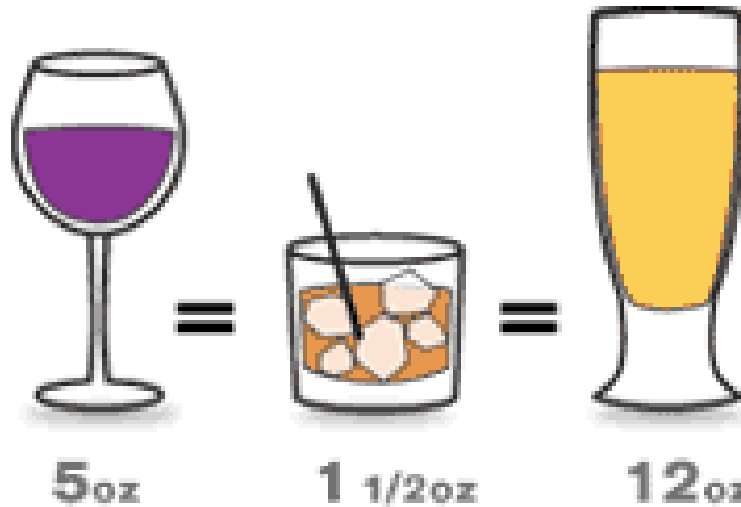
Alcohol Abuse





How much is too much?

did you know?



All the above contain the same amount of absolute alcohol!

Clinical presentation

- **Alcohol intoxication:**
 - sense of well-being, emotional lability, irritability and incoordination
→ to ataxia and slurred speech
- Heavy intoxication (bl > 300 mg/ml) → alcoholic coma & death
- Acute intoxication may mimic:
 - panic attacks
 - Depression
 - acute psychosis with delusions +/- hallucinations

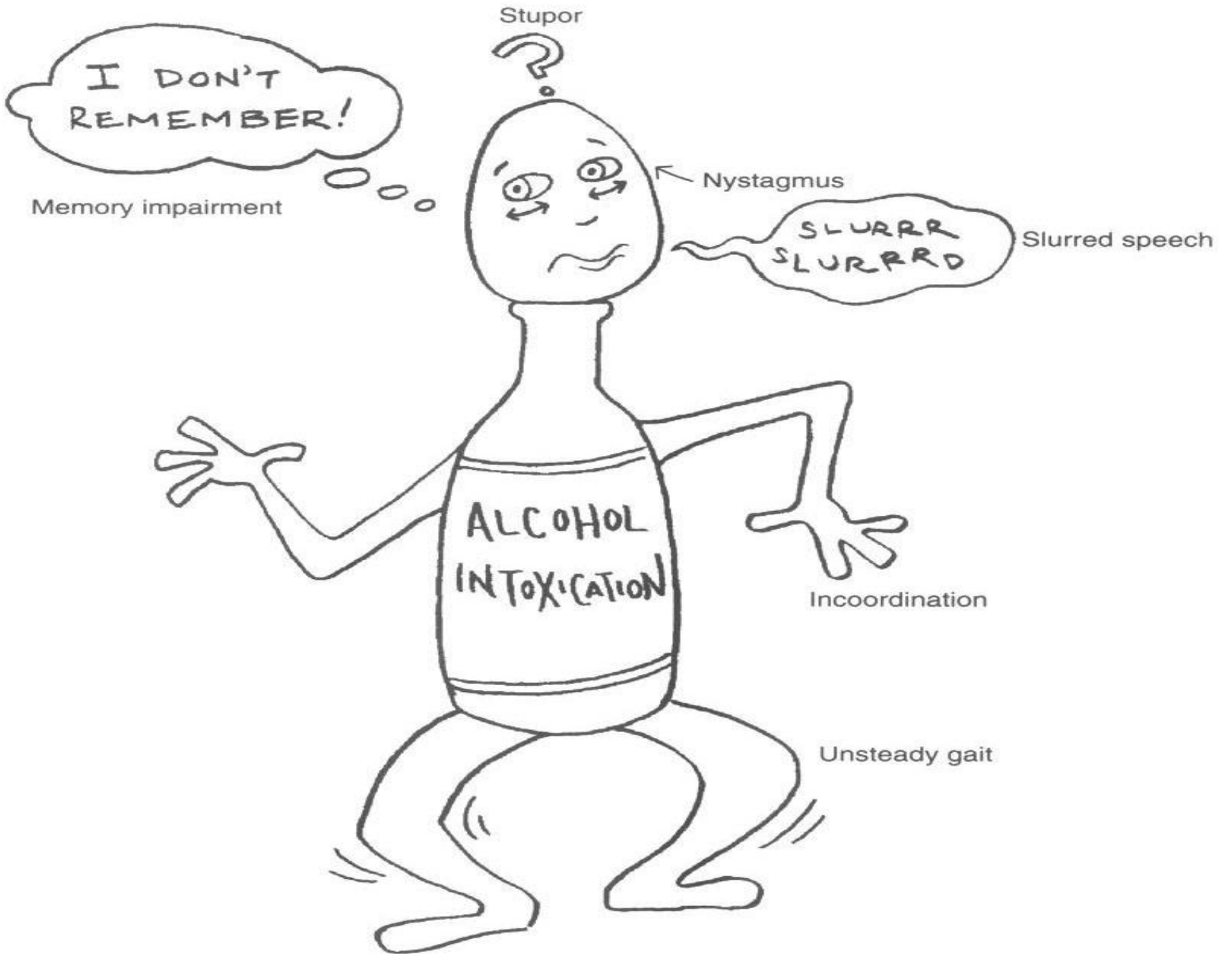
Alcohol intoxication

Ethanol plasma concentrations Vs. CNS effects

Ethanol plasma concentration (mg/dL)	Impairment
	Feeling of relaxation, euphoria
20-30	Slowed thinking
30-80	Motor incoordination
80-200	Cognition, judgement, lability
200-300	Slurring, ataxia, nystagmus, blackouts
>300	Vital signs, coma, possible death due to the respiratory failure

Clinical presentation (cont)

- **Alcohol withdrawal:**
 - Sx may begin after 6 hours of cessation peak by 48 hours
 - Sx subside over the course of 5-7 days
- epileptic generalized tonic clonic seizures may develop within 12-24 hours after cessation of alcohol intake
- Delirium tremens may develop after about 48 hours



Alcohol dependence

- 15-20 years before evident
- dependence is most common in those aged 40 – 55 years.
- Alcoholics who continue drinking have a shortened life-span of 15 years why?



Complications of chronic alcohol abuse

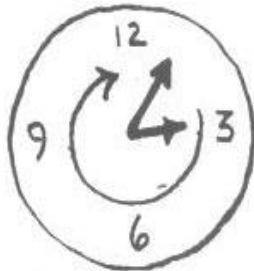
Medical	Psychiatric	Social
Neurological Cerebral degeneration Seizures Peripheral neuropathy Optic nerve atrophy Alimentary Tumors (esophagus, liver) Gastritis, peptic ulcer Pancreatitis Hepatitis, liver cirrhosis Cardiomyopathy Anemia Gynaecomastia	Amnestic disorder Delirium Dementia Psychosis Depression Reduced sexual desire Insomnia Personality deterioration Increased risk of suicide Morbid jealousy	Social isolation Job loss Marital conflicts Family problems Legal troubles Social stigma

Alcohol Dependence

Repeated failures to stop



Needs to take substance to avoid withdrawal symptoms



Large amount of time devoted to substance

Decreased involvement in social or recreational activities



Need for increased amounts



Screening – CAGE questionnaire

- Have you ever:
 1. Wanted to **cut** down on your drinking?
 2. Felt **annoyed** by criticism of your drinking
 3. Felt **guilty** about drinking?
 4. Take a drink as an “**eye-opener**” to prevent the shakes?

Laboratory Tests

- Identify acute and/or heavy drinking (≥ 5 drinks/day):
 - Blood Alcohol Levels (BAL).
 - Gamma-glutamyltransferase (GGTP > 35 IU/L)
 - Erythrocyte mean corpuscular volume (MCV $>91.5 \mu^3$)
 - High AST/ALT

Treatment

- **Treating Alcohol Intoxicated Patient:**

Conscious : supportive, antipsychotic if agitated. **Unconscious:** ABC

- **Treating Alcohol Withdrawal:**

Supportive, thiamine & long acting BDZ ± anticonvulsants for seizure.

- **Maintaining Abstinence:**

- **Disulfiram** – blockade of aldehydedehydrogenase → cummulation of acetaldehyde - nausea, flushing, tachycardia, hyperventilation, panic...
- **Naloxone** – reduces alcohol-induced reward.
- **Acamprosate** – anti-craving effects .

- **Psychological:** Individual, group Rx, relapse prevention.

Delirium Tremens (DTs)

Severe form of alcohol withdrawal after 2-3 days:

- gradual onset of delirium and gross tremors

Other features:

- autonomic disturbance
- dehydration and electrolyte disturbance
- insomnia
- Peaks on 3rd or 4th day
- Lasts 3-5 days
- Worse at night and followed by a period of prolonged deep sleep after which the pt has amnesia

- **Complications include:**

1. Violent behavior
2. Seizures (chest infection & aspiration)
3. Coma
4. Death (mortality rate: 5-15%)

Causes:

1. Volume depletion
2. Cardiac arrhythmias
3. Electrolyte imbalance
4. Infections

Treatment

1. DT is a serious MEDICAL emergency → detection and treatment – ICU or medical ward
2. Avoid antipsychotics
3. Guard against seizures
4. Rehydration
5. Thiamine (B1)
6. Adjust surroundings



Sedatives, Hypnotics, and Anxiolytics

- Similar clinical manifestations and withdrawal to alcohol.
- Risk of cross-tolerance and cross-dependence?
- Withdrawal depends on substance
- BDZ have a large margin of safety & less addiction potentials.
- **Flumazenil** is a BDZ receptor antagonists used in BDZ overdose.

OPIOIDS



- 1. Opium**
- 2. Heroin**
- 3. Morphine**
- 4. Codeine**
- 5. Pethidine**
- 6. Methadone**

- naturally occurring (e.g. opium, codeine), synthetic or semi-synthetic
- medical use - pethidine or substance of abuse - heroin
- The medical use - powerful analgesic effect
- Abused for - euphoric effect

Opiod intoxication

Presentation	Treatment
Euphoria	ICU:
Relaxation	Monitoring
Anelgesia	Naloxone
Disturbed consciousness	Open airway – oxygen – IV fluids
Small pupil (initially)	
Bradycardia	
Reduced appetite	
Constipation	
Respiratory depression	

Potency?!



Opioid withdrawal

Presentation	Treatment
<ol style="list-style-type: none">1. Lacrimation, rhinorrhea & yawning2. Dysphoric mood3. Insomnia4. Muscle and joint aches5. Cold and hot flushes6. Nausea, vomiting and diarrhea7. Fever, sweating, piloerection	<p>Short-term: Painkillers, sedatives, observation Clonidine</p> <p>Long-term Harm reduction strategies Methadone Buprenorphine/Naloxone</p>

Intense craving begins 6 hours after the last dose and peaks after 36-48 hours

Untreated withdrawal result in no serious medical sequence - but they cause great distress

Tolerance can develop very rapidly (esp. in IV use) leading to increasing dosage - then it diminishes very rapidly

Complications of injecting



- Bacterial, local and systemic
- Blood-borne viruses
- Vascular damage

- In this case:
 - Track marks
 - Early cellulitis
 - Multiple injections over a short period suggests cocaine use

- Adeeb is a 16 year old boy who lives with his divorced mother. He presented with slurred speech, facial rashes, incoordination and nausea.

Inhalants

- Volatile organic substances –acetone, benzene, etc.
- Brain depressants
- Adolescents – experimentations
- Intoxication – similar to other brain suppressants
- Complications:
 - Physical: multiple organ damages

- Rakan is a 20-year old male brought to the ER by police who arrested him because of reckless driving (drifting with high speed) and violent behavior. He looked over-suspicious, agitated, and over-talkative.

Psychostimulants

Commonly used Stimulants

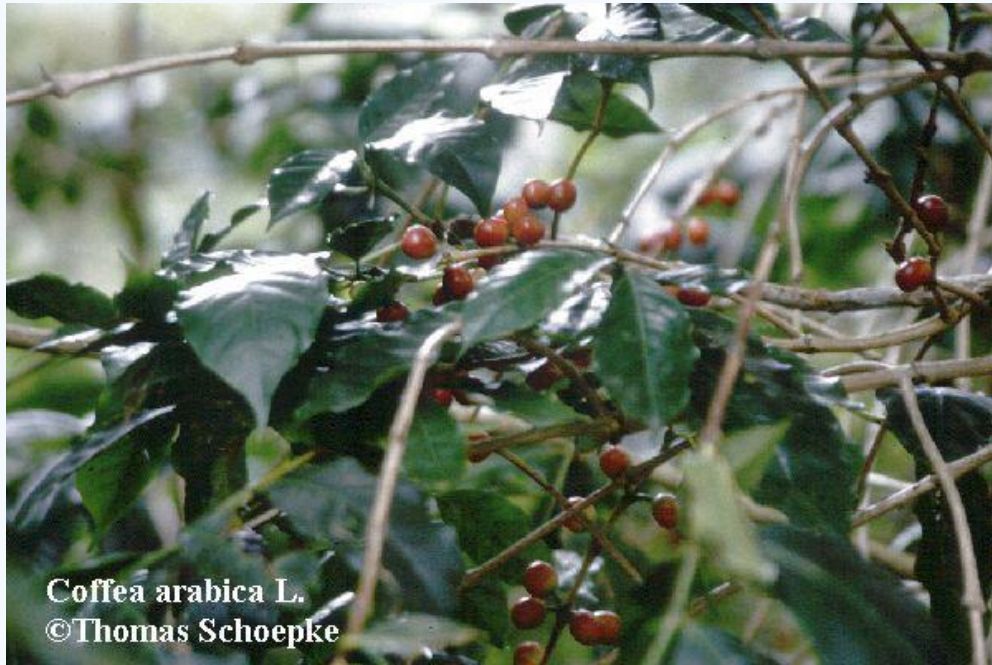
- Nicotine
- Caffeine
- Cocaine – Freebase/crack
- Amphetamine/Methamphetamine
- Methylenedioxymethamphetamine (MDMA)
- Appetite suppressants
 - (e.g. phentermine and diethylpropion)

Psychological FX of non dependent use

- Recurrent intoxication
- Some users may self-medicate with antidepressants and/or benzodiazepines
- After-effects: termed 'crash' or 'come down'
 - Dysphoria
 - Depressed mood
 - Anxiety
 - Reduced appetite
 - Restlessness

Clinical effects of stimulants

Psychological	Physical
<p>Enhanced cognitive function</p> <p>Elevated mood</p> <p>Over activity</p> <p>Increased confidence, self-esteem and sociability</p> <p>Overtalkativeness</p> <p>Insomnia</p> <p>In high doses/prolonged use:</p> <p>Restlessness, irritability</p> <p>Paranoid psychosis, hallucinations (visual)</p> <p>Aggressiveness, hostility</p>	<p>Reduced sense of fatigue</p> <p>Reduced appetite (anorexia)</p> <p>Dilated pupils</p> <p>Tremors</p> <p>In high doses/prolonged use:</p> <p>Nausea, vomiting, hyperthermia, cardiac arrhythmias, severe hypertension, CVA, seizures</p> <p>Dizziness, respiratory distress,</p>



Coffea arabica L.
©Thomas Schoepke



Cocoa Fruit (leaves not from cocoa) - Hilo Hawaii
photo by Erowid, © 2001 erowid.org






Erythroxylum coca
Erythroxylaceae
George K. Linney

**TIRED,
THEN
DRINK
Coca-Cola**

IT RELIEVES EXHAUSTION
When the BRAIN is tanning under full pressure send down to the FOUNTAIN for a glass of
Coca-Cola

you will be surprised how quickly it will ease the Tired Brain—soothe the Rattled Nerves—and restore Wasted Energy to both Mind and Body.
It enables the entire system to readily cope with the strains of any excessive demands made upon it.

**AT ALL FOUNTAINS
ALSO IN BOTTLES 5c.**

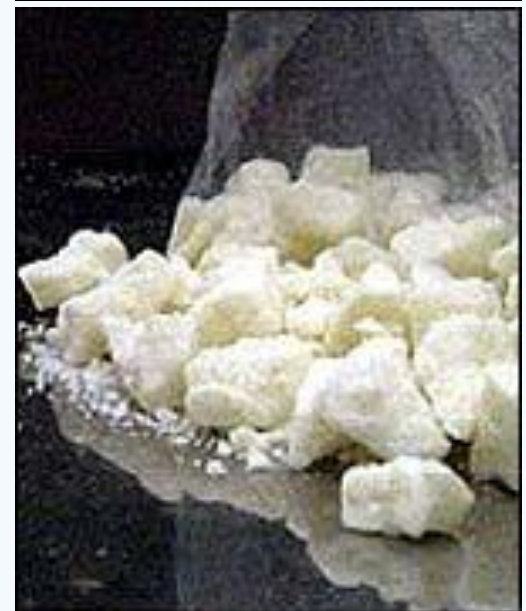
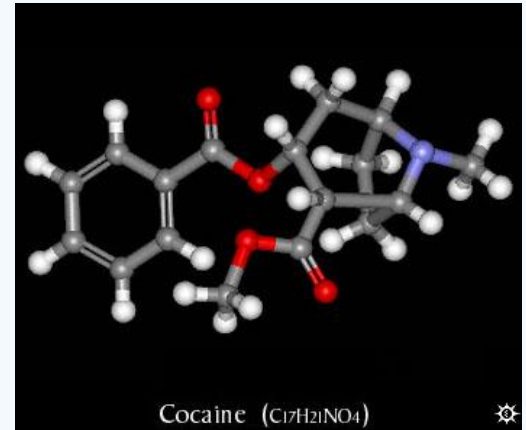


**COCAINE
TOOTHACHE DROPS**
Instantaneous Cure!
PRICE 15 CENTS.
Prepared by the
LLOYD MANUFACTURING CO.
115 HUGHSON AVE., ALBANY, N. Y.
For sale by all Druggists.
(Registered March 1885.)

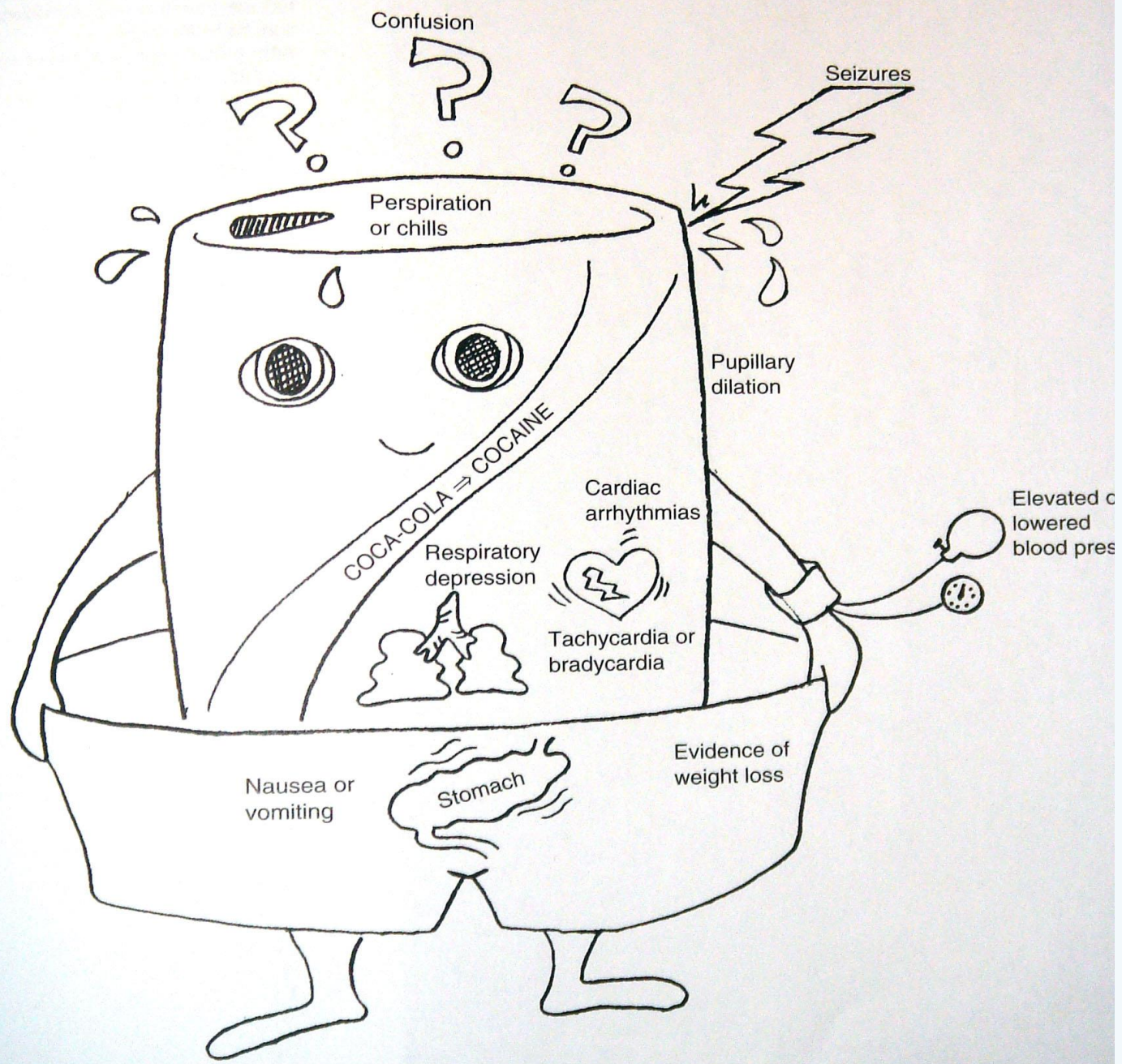
1885 Advertisement for Cocaine Toothache Drops

Cocaine

- Forms of cocaine:
 - Free base
 - Crack
- Routes of use:
 - Intranasal
 - Intravenous/SC



Crack cocaine





Desoxyn (Methamphetamine) Tablets
Anonymous Photographer, © 2002 Erowid.org



Methamphetamine Crystals
Photo by Erowid, © 2001 Erowid.org



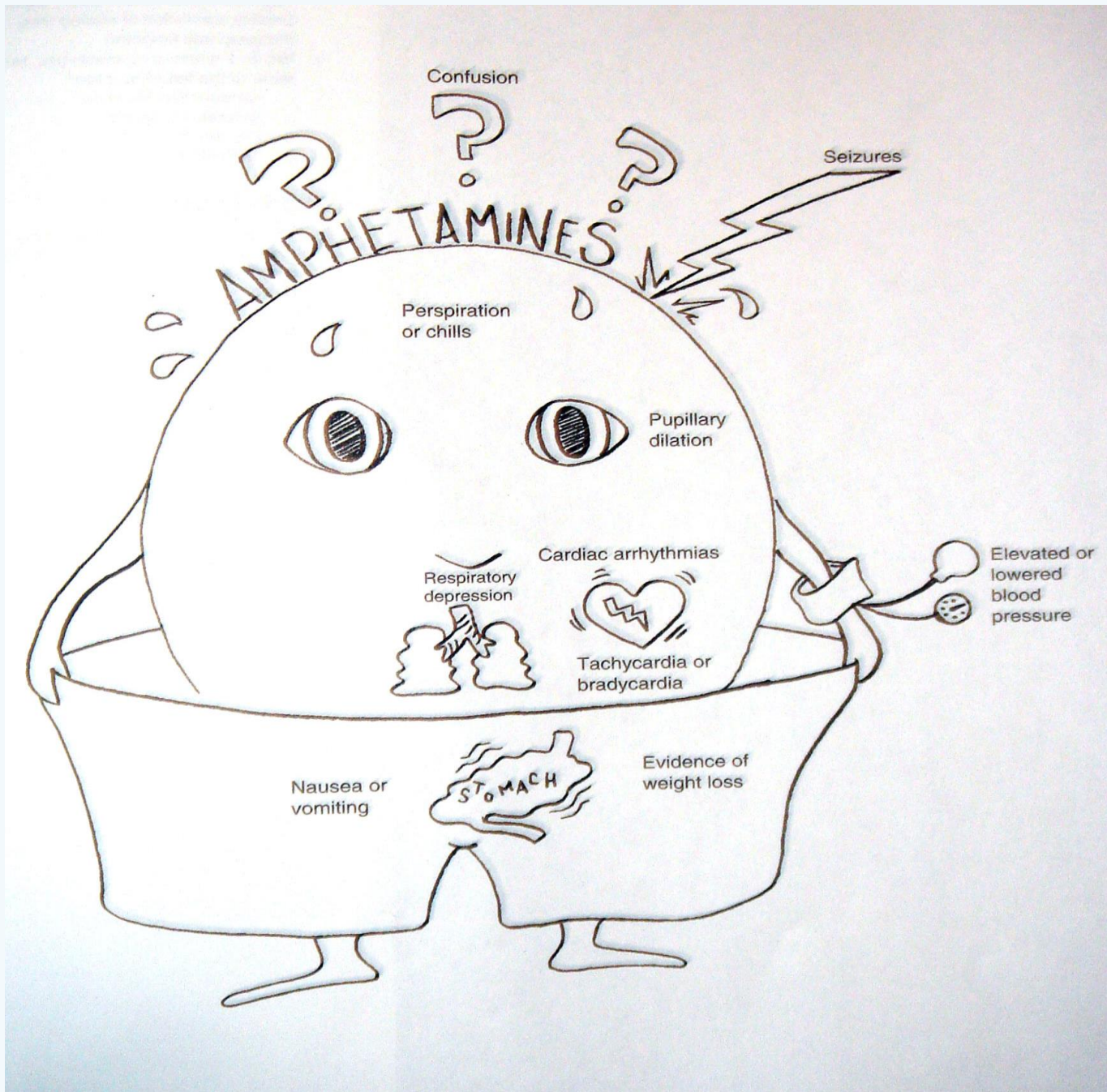
Captagon (Fenethylline)

Clandestinely produced in Southeastern Europe



Trafficked through Turkey to the Arabian Peninsula





Treatment

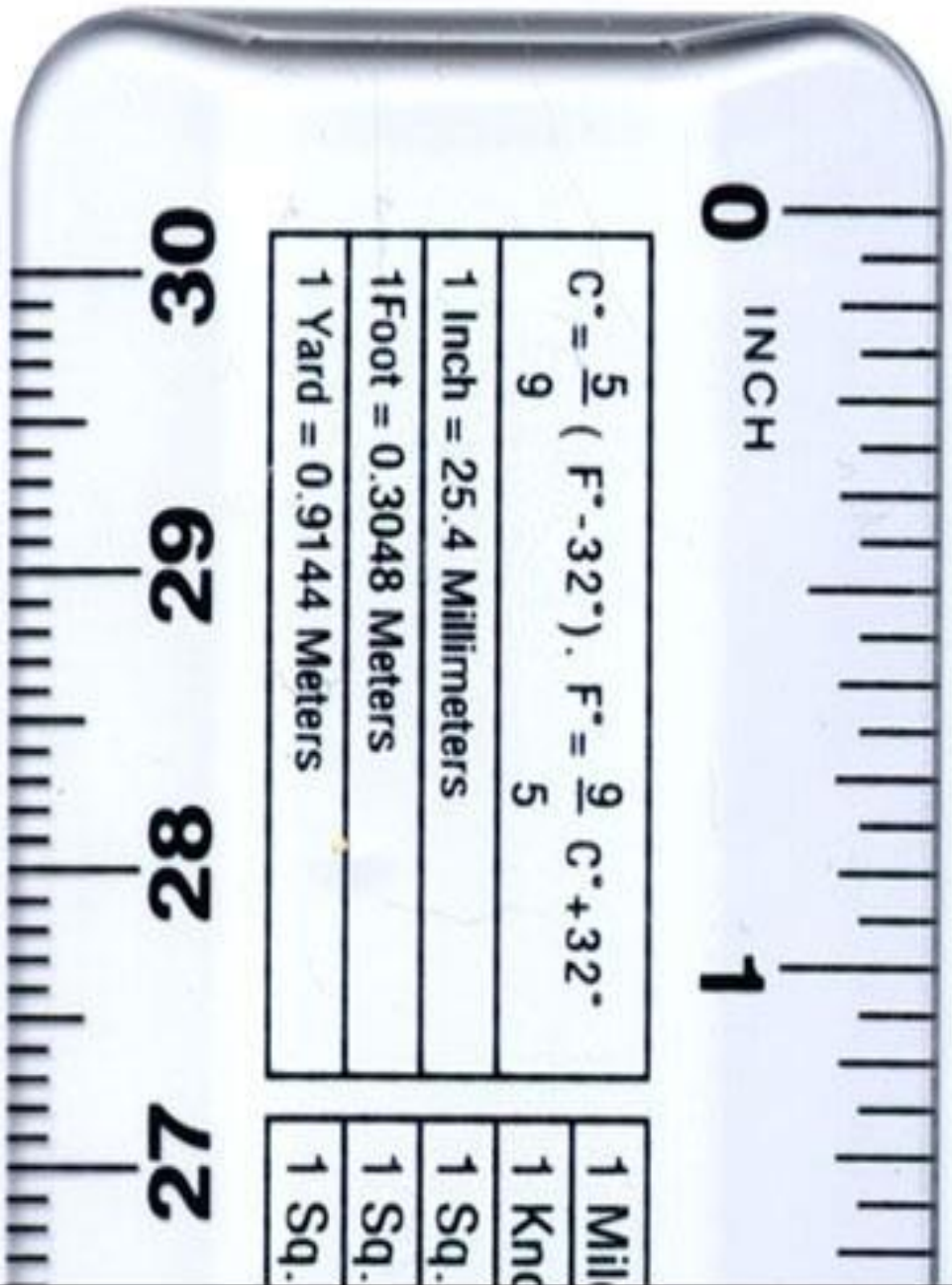
- Symptomatic use of antipsychotic
- Antidepressant sometimes useful
- Psychotherapy (individual, family & group)

Hallucinogens

- These are group of substances that induce hallucination and produce loss of contact with reality
- Natural and synthetic substances that are also called *psychedelics* or *psychotomimetics*
- Natural e.g. psilocybin (magic mushroom) or synthetic like lysergic acid diethylamide (LSD)
- No medical use and high abuse potential

Clinical effects

Psychological	Physical
<p>Marked perceptual distortion (changing shapes and colors)</p> <p>Hallucination (visual and tactile)</p> <p>False sense of achievement and strength</p> <p>Euphoria, anxiety, panic</p> <p>Paranoid ideation</p> <p>Homicide and suicide tendencies</p> <p>Flashbacks</p> <p>Delirium</p>	<p>Tachycardia</p> <p>Hypertension</p> <p>Cerebellar signs</p> <p>Wide pupils</p> <p>Hyperemic conjunctiva</p> <p>Blurred vision</p> <p>Hyperthermia</p>



Paper Blotter

Microdots

Gel tabs

Erowid, 1999

3 Forms of LSD

Anonymous Photographer, © 1999 Erowid.org



Effects of LSD

Effects of drug come on in about 30 min

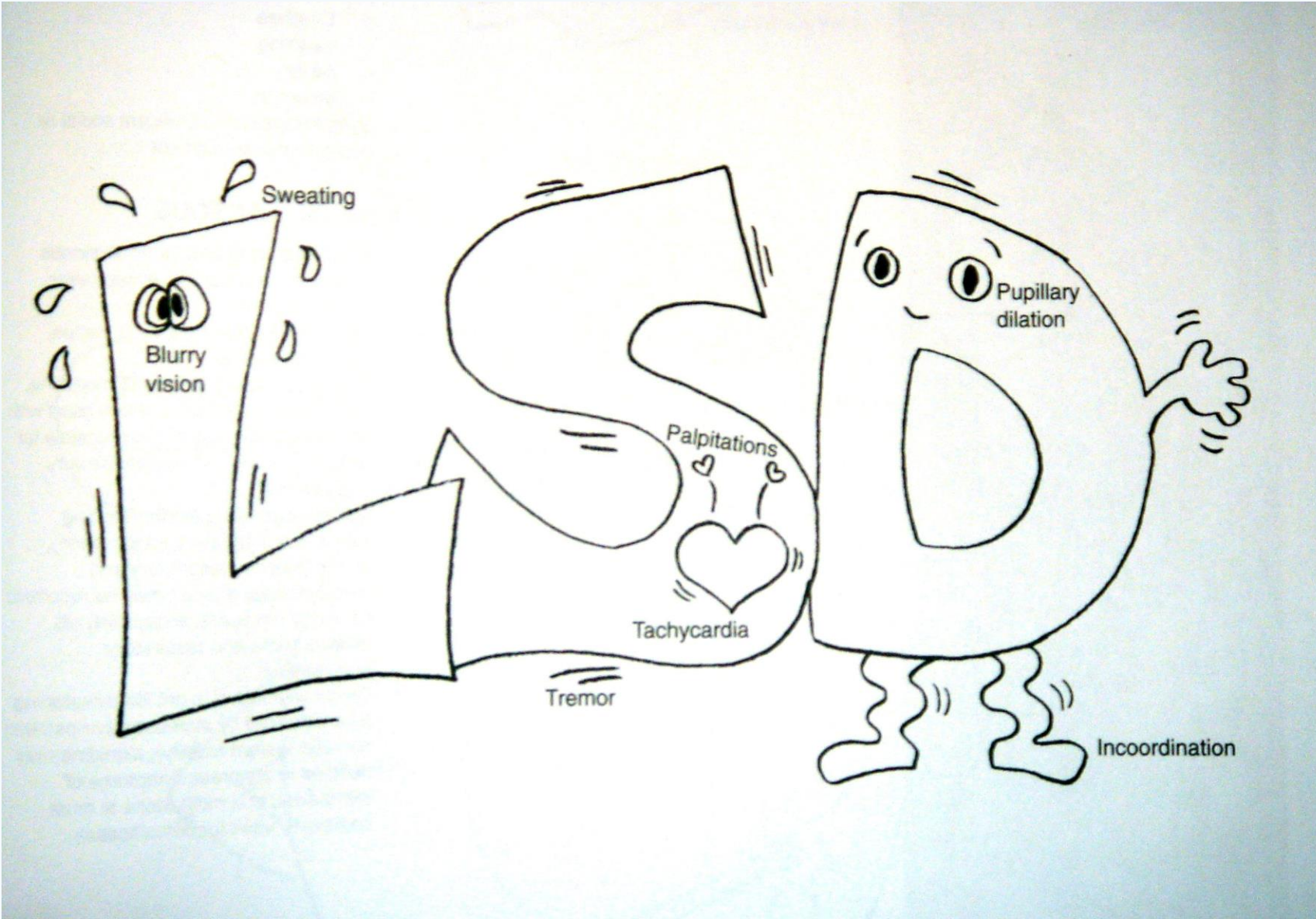
- first signs are autonomic activation
- followed by overt behavioral signs - loosening of emotional inhibitions
 - giddiness, laughter for no reason
 - mood euphoric and expansive, but labile mood swings notable
- abnormal color sensations, luminescence
- colors reported as more brilliant

Effects of LSD

- space and time disorders
- added depth with loss of perspective - up/down altered
- close in space influenced more than distant
- general slowing of time reported

Tolerance/Dependence

- Not significant producers of tolerance or dependence
- No withdrawal either
- Problems related to the things people do while under the influence
 - Accidents
 - Suicide
 - Aggression/violence
 - Toxic reactions



New Psychoactive Substances (NPS)

- Variable quantity and potency (up to 10,000 x morphine)
- Synthetic Cathinones
- Synthetic Cannabisis
- Synthetic Benzodiazepines



- Bandar is a 32-year old male brought to outpatient clinic by his wife because of recurrent periods of being over-suspicious, euphoric, and talkative. He admitted abusing cannabis in the weekends.

CANNABIS



Background

- Cannabis - Marijuana, Hashish, Hash oil, Hemp
- Delta-9-tetrahydrocannabinol (THC)
- Many other components



Cannabis Plant

Marijuana vs Hash



Marijuana



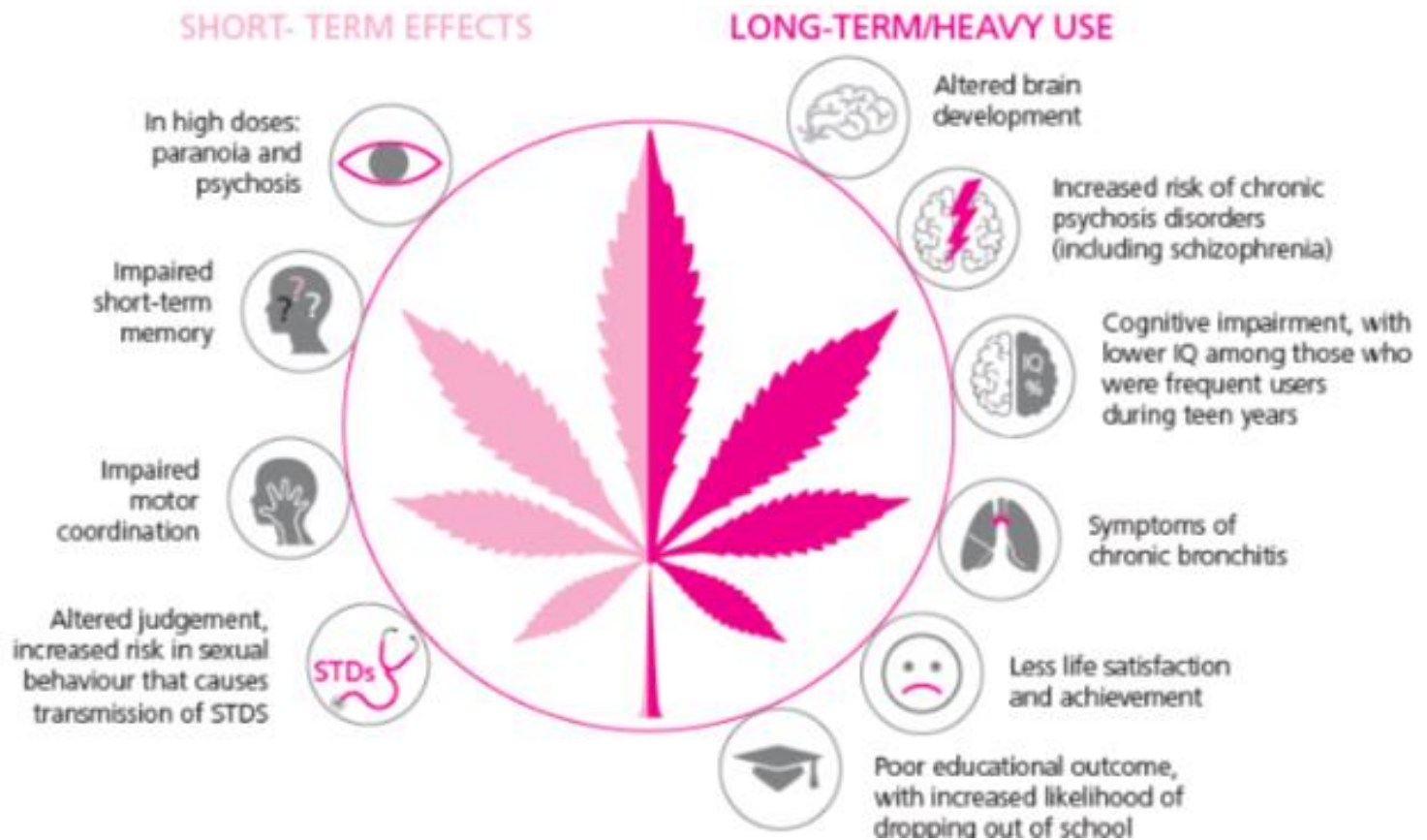
Hashish

Statistics

According to MOH - AIAmal Complexes

1438			
~115,000	Amph + Cannabis	Cannabis	Amphetamines
Riyadh	34	74	455
Jeddah	325	288	460
Eastern Prov	367	214	288
Northern Borders	16	135	108
Others	1015	942	1561
Total	1757	1653	2872

Summary of Effects



Marijuana Intoxication

- Subjective quickening of associations and euphoria
- Relaxation, decreased motor activity, sense of calm
- Intense influx of sensory information
- Diminished sensory gating, users avoid strong stimuli, synesthesia (Iverson 2008)
- Followed by a coming-down phase - cravings to sweet and salty foods - social withdrawn (Iverson 2008)

Outcomes

- **About 10% of all users will become dependent**
- **About 40% of heavy users will become dependent**
- **On average - using for 10 years and tried to quit 6 times**
- **Great comorbidity - especially with adolescents**
- **With increased comorbidity - worse prognosis**

Screening: 'Four Cs' Test

- 1. Compulsion:** intensity over thoughts, feelings and judgement
- 2. Control:** controlling chemical use after starting
- 3. Cutting down:** effects of reducing
- 4. Consequences:** denial or acceptance of damage

Treatment

- Same principles of abuse-abstinence and support
- Education is cornerstone for both abstinence & support.
- Support through individual, family, and group psychotherapies.
- Antipsychotic medication
- Anti-anxiety/antidepressant drug may be useful

- A 41-year-old businessman came to the emergency department complaining of insomnia for 3 days after he ran short of his sleeping pills. He was asking for a specific drug manufactured by ROCHE Company. He knows that each tablet is 2 mg. He said he uses 5 tablets each night to sleep. The most likely problem of this patient is:
 - Heroin abuse.
 - Benzodiazepines abuse.
 - Methadone abuse.
 - Abuse of painkillers.

- A 33-year-old single man was caught by police officers and put in prison because he was driving his car recklessly with high speed at 3am in the highway. Next day he started to show excessive lacrimation, runny nose, repeated vomiting, and abdominal cramps. However, his consciousness was intact. The most likely problem of this patient is:
 - Cannabis abuse.
 - Methadone intoxication.
 - Abuse of naloxone.
 - Opioid withdrawal.

- A 32-year-old man became increasingly irritable, insomniac, hypervigilant for the past 4 weeks with unpredictable mood and accusing his wife with extramarital sexual relationships. The most likely diagnosis is:
 - Heroin abuse.
 - Generalized anxiety disorder.
 - Amphetamine abuse.
 - Paranoid Schizophrenia.

- A 43-year-old man has episodic behavioral disturbances including; euphoria, talkativeness, and disinhibition.

His eyes look red most of the time. The most likely diagnosis is:

- Alcohol abuse.
- Cannabis abuse.
- Amphetamine abuse.
- Cocaine abuse.

- A 16-year-old boy presented with slurred speech, incoordination and nausea. Physical examination revealed facial rashes around his mouth and nose. When asked about substance abuse his reply was affirmative. The most likely substance is:
 - Cannabis.
 - Alcohol.
 - Volatile substance.
 - Morphine.