



# 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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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?

