

Disaster Substance Abuse Treatment: *The Myth, Method, and the Reality*

Presented by

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Director

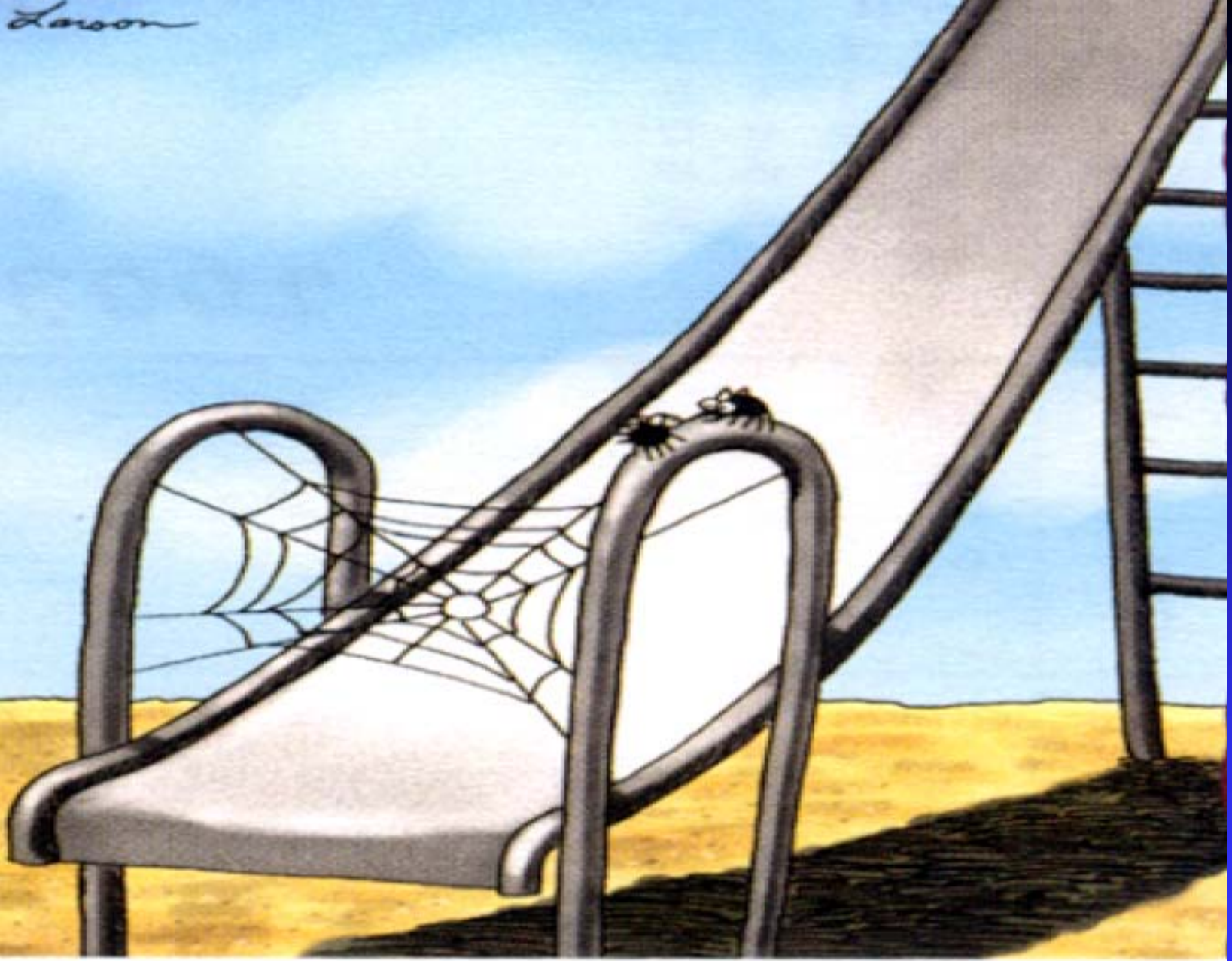
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Lawson



"If we pull this off, we'll eat like kings."

RECENT RELEVANT STUDIES ON THE QUESTION AND/OR RELATED TO TRAUMA/CO-MORBIDITY (1 of 5)

Cardenas, J., et. al. (2003). PTSD, major depressive symptoms, and substance abuse following September 11, 2001, in a Midwestern university population. *International Journal of Emergency Mental Health*, 5(1):15-28.

- Found higher levels of PTSD and MDD for females, those with less education, those who were single or unmarried, and those who had prior history of mental health problems or psychological trauma.
- In this study, PTSD and MDD were found to be associated with higher levels of alcohol and other substance use.

RECENT RELEVANT STUDIES ON THE QUESTION AND/OR RELATED TO TRAUMA/CO-MORBIDITY (2 of 5)

Vlahov, D. et. al. (2002). Increased use of cigarettes, alcohol, and marijuana among Manhattan, New York residents after the September 11th terrorist attacks. *American Journal of Epidemiology*, 155(11):988-996.

- Found increases in cigarette smoking, alcohol consumption and reported marijuana use in lower Manhattan 5-8 weeks after the terrorist attacks of September 11, 2001 (compared with the month prior to 9/11).
- PTSD and depression were more common among those individuals who increased consumption.
- The authors hypothesized that an increase in the use of different substances was related to the presence of different pre-morbid psychiatric conditions.

RECENT RELEVANT STUDIES ON THE QUESTION AND/OR RELATED TO TRAUMA/CO-MORBIDITY (3 of 5)

Ouimette, P.C., et. al. (2000). Two-year mental health service use and course of remission in patients with substance use and post-traumatic stress disorders. *Journal of Studies on Alcohol*. 61(2):247-23.

- Found that co-occurring disorders adversely impact substance abuse patient outcomes.
- If PTSD is a significant factor, then treatment has to be focused on PTSD as well as substance abuse.

RECENT RELEVANT STUDIES ON THE QUESTION AND/OR RELATED TO TRAUMA/CO-MORBIDITY (4 of 5)

Vlahov, D. et. al. (2004). Consumption of cigarettes, alcohol, and marijuana among New York City residents six months after the September 11 terrorist attacks. *American Journal of Drug and Alcohol Abuse*, 30(2), 385-407.

- Referencing their 2002 study that showed increases in cigarette smoking, alcohol consumption and marijuana use, this study sought to investigate the persistence of these increases.
- Among the residents of lower Manhattan, the authors found that PTSD and MDD declined by more than half over the six months after September 11, 2001.
- The increases in substance abuse did not decline substantially.
- The authors suggested that the long-term increase of substance use after disaster should be a public health concern.

RECENT RELEVANT STUDIES ON THE QUESTION AND/OR RELATED TO TRAUMA/CO-MORBIDITY (5 of 5)

Zywiak, W. H, et. al. (2003). Alcohol relapses associated with September 11, 2001: A case report. *Substance Abuse*. 24(2):123-128.

- Studied the effects of trauma following September 11, 2001, on relapse rates of a group of clients following alcohol detoxification. Finding suggested that the terrorist events of 9/11 may have led to greater levels of relapse for those in alcohol recovery.

Fouquereau, E., et. al. (2003). Stress and the urge to drink. *Addictive Behaviors*, 28(4):669-685.

- Studied the hypothesized cognitive link between drinking and stress. Found that stress and drinking are fundamentally linked at a cognitive level among individuals who are alcohol dependent, but not for those who are not alcohol dependent.

IMPLICATIONS OF THESE STUDIES

Substance abuse and dependence after a disaster is **much more complex** than initially thought. We can see from the research that:

- Disaster-related stress and trauma increase the likelihood of substance use disorders.
- Prior history of substance abuse or dependence increases likelihood of substance related problems after a disaster.
- Co-occurring psychiatric disorders increase the likelihood.
- Increases in the rate of substance use disorders appear to endure after decreases in the rate of trauma-precipitated co-occurring mental disorders

Core Components of Posttraumatic Stress Disorder (PTSD), according to the DSM IV, are:

- **Exposure to a traumatic event**
- **Persistent re-experiencing of the traumatic event**
- **Avoidance of stimuli associated with the trauma**
- **Emotional numbing**
- **Persistent symptoms of increased arousal**

PTSD and ALCOHOL USE

- PTSD increases the likelihood of an individual developing a substance use disorder. Any co-morbid mental disorder seems to increase the likelihood of substance abuse or dependence (especially among women).
- PTSD in the presence of substance use disorder can have serious consequences for the trauma survivor and his/her family.
- In studies, between 10%-33% of survivors of disaster who have persistent pain or health problems, report problematic alcohol use.
- Alcohol seems to be the drug-of-choice for individuals diagnosed with substance use disorder and co-morbid PTSD.
- Alcohol use decreases the effectiveness of trauma treatments.
- Individuals w/ PTSD and alcohol disorders have two problems that must be addressed.

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Psychological First Aid (PFA)

- Meant for individuals experiencing acute stress reactions or who appear to be at risk for not being able to regain sufficient functional equilibrium on their own.
- Considered “safe” because it does not focus on emotional processing or detailed trauma narratives

The primary goals include:

- ◆ Providing a sense of support
- ◆ Establishing safety and security
- ◆ Reducing stress-related reactions
- ◆ Connecting to resources

Patricia Watson, Ph.D. (2004)
National Center for Post Traumatic Stress Disorder (NCPTSD)

Basics of Psychological First Aid

- **What:** establishing safety and security, connecting to restorative resources, and reducing stress-related reactions
- **For Whom:** individuals experiencing acute stress reactions or who appear to be at risk for significant impairment in functioning
- **By Whom:** mental health professionals and others who provide crisis assistance after catastrophic events
- **When:** immediate and early phase post-event, in as little as 30 minutes and extended as needed
- **How:** reduce the initial distress caused by traumatic events and foster adaptive short and long-term coping
- **Where:** in a broad range of emergency settings, in either single or multiple sessions, adapted for use in group settings

Ruzek,, Young, Steinberg & Layne (2004)
National Center for Post Traumatic Stress Disorder (NCPTSD)

Summary: Psychological First Aid Goals

To assist survivors in:

- Meeting immediate needs for ongoing physical safety and physical well-being
- Caring for physical needs
- Shielding themselves from unnecessary exposure to distressing reminders of what happened
- Recognizing and managing human-caused disaster reactions
- Decision-making under post-trauma/disaster circumstances
- Obtaining appropriate information and services they need to contend with current or anticipated short-term adversities
- Making use of available appropriate services through effective referral

Ruzek, Young, Steinberg & Layne (2004)

National Center for Post Traumatic Stress Disorder (NCPTSD)

Reactions and Psychological First Aid for Adults

Response to Trauma	First Aid
1) High Anxiety/arousal	1) Consider teaching breathing and/or relaxation skills
2) Ongoing triggering by stimuli/reminders	2) Teach coping with trauma and loss reminders
3) Cognitive distortions or disruptive negative beliefs	3) Assist in recognizing and challenging negative self-talk
4) Low social support or negative social reactions	4) Problem-solve improving social support
5) Extreme social isolation or withdrawal	5) Discuss importance and ways of increasing positive social contact
6) Self-medication of reactions	6) Provide alcohol/drug/medication intervention
7) Anger Problems	7) Teach anger management skills

Ruzek, Young, Steinberg & Layne (2004)

National Center for Post Traumatic Stress Disorder (NCPTSD)
2005 Disaster Behavioral Health Conference



Do one brave thing today... then run like hell!