

Substance Use, Part I

Overview

The Integrative Health approach can be built around the Circle of Health, which emphasizes the importance of personalized, values-based care that draws in mindful awareness and eight areas of self-care: Physical Activity, Surroundings, Personal Development, Nutrition, Recharge, Family, Friends and Coworkers, Spirit & Soul, and Mind and Emotions. Conventional therapies, prevention, complementary and integrative health (CIH) approaches, and community also have important roles. The narrative below describes how Integrative Health can support people with various substance use disorders.

Depending on individual needs, an Integrative Health approach to substance use disorders may vary greatly from person to person. A person's health plan may incorporate a variety of self-care, conventional care, and complementary health approaches, as described below. Mind-body approaches (including an array of specific psychotherapies developed for substance use disorders), medical therapies, spirituality, nutrition, and an array of other approaches may be helpful.

Meet the Patient

David is a 30-year-old man who went to see his primary care provider because his life is “falling apart.” He shared that he “just can't seem to get his act together,” and as a result, his relationships with his wife and 8-year-old daughter have been strained. He disclosed he is not satisfied with his job and longs for the sense of purpose and feeling of camaraderie he had back in college, when he had “more freedom.” He stated he has been having difficulty getting into a routine of regular physical activities and wishes he had buddies to work out with. He shared that he has only been able to get 6 hours of sleep on a good night, sometimes waking up a few times per night, and sometimes going for a hike at night in the woods to clear his mind. He feels stressed all the time. He is looking for help with sleep and stress coping, and for relief from the nightmares he has been having for the past year about casualties that had occurred during his last deployment.

As part of his exam, a brief substance use screening revealed unhealthy substance use, including, on average, 4-6 drinks per day and recent occasional use of illicitly-obtained opioid pain medications. He also smokes two packs of cigarettes per day. Upon further exploration, David reported he is using alcohol and opioids to help cope with the difficulties of his transition to civilian life, sleep problems, and nightmares that seem to be more frequent lately.

Personal Health Inventory

On his Personal Health Inventory (PHI), David rates himself a 2 out of 5 for his overall physical well-being and a 1 out of 5 for overall mental and emotional well-being, where 5 indicates the optimal well-being. When asked what matters most to him and why he wants to be healthy, David responds:

"I want to feel like I am serving the common good and accomplishing things in my work. Being part of a supportive community at work and at home is important to me. I like to have fun."

For more information, check out [David's PHI](#).

Introduction

Lifetime prevalence of a substance use disorder (SUD) has been estimated at 52.5% among Veterans, with alcohol/drug and tobacco use disorders affecting 38.7% and 35.2% of veterans, respectively.¹ Past-year SUD prevalence in Veterans has been estimated to impact 5.7% of women and 7.4% of men overall; the 18-25 age group overall has the highest prevalence, with males highest of all (14.7% of women and 30.1% of men).² Past-month heavy episodic drinking, daily cigarette use, illicit drug use, and prescription drug use in Veterans age 18-25, is also extremely high and of concern with 42.9%, 26.3%, 28.7%, 14.1% of women and 55.9%, 33.4%, 38.0%, 18.3%, of men, respectively (across all age groups: 19.0%, 21.0%, 10.5%, 5.0% of women, respectively; and 23.9%, 16.4%, 8.4%, 3.0% of men).²

Substance use is a complex health condition negatively impacting many areas of the individual's life. Harms associated with substance use can span the physical, mental, emotional, spiritual, and interpersonal domains of well-being and affect relationships, work performance, financial status, and housing status.

Combat exposure, PTSD, and sexual trauma, and adverse childhood experiences, and family history are some of the many risk factors for addiction and mental health problems.³⁻⁵ In addition, mental health conditions and SUDs frequently co-occur, and their presence increases the risk of suicide.⁶ Regarding PTSD alone, approximately one-third to one-half of patients in the general population seeking treatment for SUDs also meet criteria for PTSD, with some studies reporting even higher prevalence of this co-occurrence.⁷

Since substances can be used to self-medicate symptoms of physical (e.g., chronic pain) or mental health (e.g., PTSD, depression, anxiety) conditions, or for stress coping, it is crucial to identify co-occurring physical or mental health conditions when assessing individuals for SUDs and other addictions. Identification and concurrent treatment of co-occurring physical and mental health conditions using evidence-based psychological treatments and/or pharmacotherapy, are critical to ensure treatment of both conditions and increase the likelihood of a successful recovery.⁸

It is common for people to use substances to self-medicate symptoms of pain, stress, anxiety, depression, PTSD, or other mental health problems. The hallmark feature of addiction is "loss of control" over the substance of use, leading to continued use despite the development of significant adverse consequences. A person's life revolves around using the substance or securing the next "fix," in spite of these negative consequences related to substance use, which are often destructive to personal and professional life. When treating substance use, it is crucial to address all areas of life that have been affected by it and to provide the patient with therapeutic tools and interventions supporting recovery from both the substance itself and the indirect effects of substance use (e.g., strained relationships), in addition to healing co-occurring problems, such as mental health or physical health conditions (e.g., chronic pain) that may have

contributed to the development and maintenance of substance use. Healthy recovery usually involves abstaining from the use of addictive substances, engaging in professional treatment, and building a substance-free, supportive social support network.

When addressing SUDs, it is important to

1. Screen for it, so that you know it is there in the first place.
2. Seek out root causes. What are the underlying reasons for the SUD?
3. Be aware of comorbidities. These can include mental and physical health conditions, stress, and pain, among many others.

Due to the complex nature of SUDs and their effect on many if not all areas of a patient's life, it is essential for the clinician to perform a comprehensive bio-psycho-social assessment of patients with SUDs.⁹ Clinicians must fully understand not only the substance use itself, but also the interaction of substance use with the patient's life. This understanding is necessary in order to adequately tend to the patient's needs and tailor any interventions or referrals to that specific patient. Recovery is a lifelong process involving changes across multiple domains of a person's daily life, including physical, behavioral, inter- and intra-personal, psychological, and social spheres; therefore, it is vital to assess all life domains from the first patient contact. A comprehensive bio-psycho-social assessment is also critical for identifying and addressing potential barriers to healthy recovery and issues that can increase risk of relapse and affect progress and engagement during treatment.⁹ Such issues may include relationship difficulties in family, work, or social settings, lack of engagement with or access to a supportive environment, underemployment, and unresolved or pending legal or disciplinary issues.⁹

With the prevalence and scope of problems related to SUDs, it is essential to identify both those who have and those who are at risk for developing SUDs. In an outpatient national sample of 63,397 veterans, for example, of those that screened positive for unhealthy alcohol use, 25% of women and 28% of men had a current alcohol or substance use disorder diagnosis.¹⁰ Evidence provides a strong support for screening and brief intervention (SBI) as a tool to address unhealthy alcohol and tobacco use—both recommended services by the U.S. Preventive Services Task Force (USPSTF) for routine implementation in primary care settings.¹¹⁻¹³ Routine screening of adults for unhealthy alcohol and tobacco use, followed when needed by brief counseling (often based on motivational interviewing principles), have been shown to reduce tobacco and alcohol use, respectively, and related harms in primary care and mental health settings.^{13,14} The SBI approach may be particularly relevant to rural communities where access to specialty care can be problematic.

For alcohol, the evidence for efficacy is strongest for brief (10-15 minutes) multi-contact interventions for nondependent drinkers. In some facilities, clinical practice guidelines require that all patients in primary care (medical and mental health care settings) be screened for unhealthy alcohol use during all new patient encounters and at least annually, and those with a "positive screen" receive brief intervention and a referral to specialty treatment, if needed¹⁵ the USPSTF recommends regular screening and brief intervention for tobacco use.¹³ Although research on the efficacy of SBI for drug use and misuse has been less robust, the U.S. Preventive Services Task Force (USPSTF) added in 2019 the recommendation to routinely screen for drug misuse in adults, including pregnant women.¹⁶ In addition, although the 2013



USPSTF recommendations limited screening for hepatitis C virus (HCV) infection to people with an increased risk for it, such as individuals who use drugs, the updated 2019 USPSTF statement recommends universal screening for HCV infection in adults ages 18-79.¹⁷ American Academy of Pediatrics recommends routine implementation of SBI focused on substance use in adolescents.¹⁸

The SBI approach often incorporates motivational interviewing techniques and follows the 5 As (Ask, Advise, Assess, Assist, Arrange) or the FRAMES (Feedback, Responsibility, Advice, Menu of Strategies, Empathy, Self-Efficacy)¹⁹ The National Institute of Drug Abuse (NIDA) Resource Guide provides comprehensive guidelines outlining a step-by-step approach to the screening for substance misuse and brief intervention delivery in primary care settings.²⁰ The evidence-based initial screen for SUDs can be as short as a set of three single questions about heavy drinking, tobacco use, or prescription or illicit drug misuse. Negative answers to these questions constitute a “negative screen” and complete the SBI process. Positive responses to one or more questions trigger a more in-depth assessment and lead to tailored brief advice or intervention, as appropriate. Although the NIDA’s guide primarily focuses on drug SBI, it outlines the initial screening questions for all substances (alcohol, tobacco, and drugs), providing links to alcohol- or tobacco-specific SBI guidelines, which can be accessed online, at point-of-care. Please refer to the “Resources” sections for links to these guidelines.

Unfortunately, certain barriers contribute to reduced help-seeking by many people (stigma, discomfort with “asking for help,” negative beliefs about mental health care) and active duty members (“zero tolerance” policies on drug misuse, barriers to care due to deployment, the sharing of previously protected medical records between the VA and DoD). Although many individuals (roughly one-third) can recover from SUDs on their own without formal treatment, evidence shows that treatment for SUDs is effective, with treatment duration possibly playing a substantial role in relapse prevention.^{21,22} Active participation in mutual self-help groups (e.g., Alcoholics Anonymous, Narcotics Anonymous) can also increase likelihood for a successful, long-term recovery.^{22,23}

Treatment that integrates addiction-related care with primary and mental health care, and coordination of employment, housing, and other needed social services, is a priority. High-quality holistic, integrated care should provide services for SUDs as well as problems in multiple domains of health and life that can be affected by SUDs: mental health; employment and housing; physical health; nutrition and exercise; rest and self-care; coping and communication skills; self-awareness, connection with others and self; growth and goal-setting; and general recovery and re-engagement in life without the use of substances.

While people are in treatment, it is important for clinicians to closely monitor their progress, especially early in recovery when the risk of relapse is highest.⁹ The clinician and the patient should collaborate together in developing treatment plans and goals for recovery.⁹ Treatment plans should be tailored to the patient’s individual needs and preferences and take into consideration availability of different treatment modalities (e.g., residential versus outpatient). Smooth and gradual transitions between levels of care as indicated can additionally facilitate recovery.



Author(s)

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