Chapter 13

Substance-related Disorders



1. What things or experiences do you use to alter your mood?







3 Types of Addictions

- Arousal
- Satiation
- Fantasy

Milkman and Sunderwirth in Craving For Ecstacy quote in Carnes, P. J. (1991). *Don't call it love: Recovery from sexual addiction.* New York: Bantam.



http://downloads.clipart.com/37701999.jpg?t=129 1495872&h=18b6ac9c4b8fd3d2c1c1f82b107b12 4a&u=cleeoriffith

Arousal Additions

- Compulsive gambling
- Stimulant drugs
- Sex
- High-risk behaviors



Milkman and Sunderwirth in Craving For Ecstacy quote in Carnes, P. J. (1991). Don't call it love: Recovery from sexual addiction. New York: Bantam

Satiation Additions

- Compulsive overeating
- Alcohol
- Depressant Drugs



Milkman and Sunderwirth in Craving For Ecstacy quote in Carnes, P. J. (1991). Don't call it love: Recovery from sexual addiction. New York: Banta

Fantasy addictions

- Psychedelics
- Marijuana
- Artistic and mystical preoccupation





Usage

- 51% of Americans have used drugs for nonmedical purposes
- Over one quarter have abused or been dependent on drugs during their lifetime.

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Key Terms

- Substance intoxication Temporary behavioral or psychological changes due to substance accumulation
- Tolerance –increase amount used to achieve the same effects
- Substance withdrawal –Physical and psychological disturbances when substance is discontinued.



Substance Use Disorders



- Substance abuse Maladaptive substance use that leads to significant impairment or distress
- Substance dependence Addiction

DSM-IV Substance Dependence

- Loss of control
- Impairment of functioning (consequences)
- Physical or emotional adaptation (compulsion)



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Neuroadaptation

Changes in brain due to chronic exposure



Monthly and Daily Use of Various Drugs



The Beauty of Drunk



2. Is alcohol abuse?

- 1. A disease
- 2. A matter of choice
- 3. Both
- Explain your reason for your choice



Medical Model

- Been most influential
- Addict:
 - victim
 - patient with a disease,
 - in need of medical or psychiatric treatment



Stanton Peele's on Disease Model

- Increases addictive behavior
- Excuses uncontrolled behaviors
- Interprets people's lack of control
- As nothing they can do

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3. Which of these is most addictive?

- Heroin
- Smoking tobacco
- Pornography
- Explain your reason for your choice







http://www.girandoilmondo.it/images-articles/ComputerAddiction.png

http://www.stop-addiction.org/images/addiction/addiction_250x251.jpg

Criteria for Impact of Psychoactive Drugs

- Route of administration
- Ability to enter brain
- Interaction with receptors in the brain
- Speed of deactivation



Children of Alcohol Dependent Parents Risk?

Four times more likely than the general population



Self-medication View

- Drugs taken to correct some biochemical problem
- Drugs may alleviate the emotional distress associated with such states



Opponent-Process Model of Addiction

- Time 1: no craving for the drug
- Time 2: exposure to the drug
- Time 3: increased craving for the drug
- Negative reinforcement: People continue to take drugs to avoid withdrawal craving



Terms

- Affective Pleasure: pleasure from drug
- Affective Tolerance: lessoning of the pleasure with repeated exposure
- Affective Withdrawal: discomfort when drug is no longer available
- Affective Contrast: Increase in unpleasant state and lessoning of pleasant effects of drug with repeated exposure



Conditioned Craving

- Classical conditioning of CS to UCR so that CS elicits a response of craving
- CS could be a bar, party, smoke, etc.
- UCS smell of chocolate
- UCR- craving
- CS party
- CR-- craving



4. How many drinks can one have per week and still be a moderate drinker?



Patterns of Use and Abuse

- Approximately 5% of Americans are considered heavy drinkers.
- One in seven has history of alcohol abuse or dependence.



Disinhibition

- Alcohol first depresses
- Inhibitory brain centers
- Impacts
 - -Sex
 - -Anger



Immediate Effects

- Sedating
- Potentially Fatal Excess
- Potentiation
- Hangover





Long-Term Effects

Tolerance Heavy drinkers tend to increase intake Increasing

likelihood of bodily damage



Long-Term Effects

- Dementia:
 - Wernicke's
 - Korsakoff's
- Cirrhosis of liver
- Zinc deficiency



- Nutritional imbalance, especially thiamin deficiency
- Risk for osteoporosis, cancers

Theories

- Biological
 - Runs in families



- Genetic markers and genetic mapping
- Psychological
 - Behavioral reinforcement & observational learning underlie expectancy model
- Sociocultural
 - Family, community, & cultural stressors
 - Children of alcoholics at greater risk

Delirium tremens (DT's)

- Physical withdrawal symptoms from alcohol
 - Nausea
 - Weakness
 - Anxiety
 - Tremors
 - Rapid heartbeat
 - Disturbed sleep
 - Hallucinations
 - Disorientation
 - Confusion
 - Agitation



Alcoholism Subtypes

- **Young Adult :** 31.5 % of U.S. alcoholics. low rates of co-occurring substance abuse and other mental disorders, a low rate of family alcoholism, and who rarely seek any kind of help for their drinking.
- Young Antisocial : 21% of U.S. alcoholics. Tend to be in their mid-twenties, early onset of regular drinking, and alcohol problems. 50+ from families with alcoholism, ~50% have a psychiatric diagnosis of Antisocial Personality Disorder. Many have major depression, bipolar disorder, and anxiety problems. More than 75+% smoked cigarettes and marijuana, and many also had cocaine and opiate addictions. >1/3 seek help
- **Functional :** 19.5 % of U.S. alcoholics. Typically middle-aged, well-educated, with stable jobs and families. About one-third have a multigenerational family history of alcoholism, about one-quarter had major depressive illness sometime: in their lives, and nearly 50 % were smokers.
- Intermediate Familial 19 % of U.S. alcoholics. Middle-aged, with about 50 % from families with multigenerational alcoholism. Almost half have had clinical depression, and 20 % have had bipolar disorder. Most of these individuals smoked cigarettes, and nearly one in five had problems with cocaine and marijuana use. Only 25 % ever sought treatment for their problem drinking.
- **Chronic Severe:** 9 % of U.S. alcoholics. Comprised mostly of middle-aged individuals who had early onset of drinking and alcohol problems, with high rates of Antisocial Personality Disorder and criminality. Almost 80 % come from families with multigenerational alcoholism. They have the highest rates of other psychiatric disorders including depression, bipolar disorder, and anxiety disorders as well as high rates of smoking, and marijuana, cocaine, and opiate dependence. Two-thirds of these alcoholics seek help for their drinking problems, making them the most prevalent type of alcoholic in treatment.

Treatment

- Biological
 - Medications to control withdrawal symptoms
 - Medications as aversive agents
- Psychological
 - Aversive conditioning (shock)
 - Cue exposure method
 - Relapse prevention therapy
- Alcoholics anonymous
 - 12-step program; alcoholism as a disease
 - Spiritually based, social support



Treatment

- Cue exposure method:
 - A priming dose is given
 - Initiates craving
 - Practice refusing further alcoho
- Relapse prevention therapy:
 - Not view lapses
 - As signs of certain failure



Disulfiram (Antabuse)

- Drug
- Inhibits the enzyme that aids the metabolism of alcohol.
- Drinking alcohol
- Causes nausea




Naltrexone

- Opiate antagonist
- Blocks or reduces opioid transmission in the brain.
- ReVia



Campral

- Acamprosate
- Equated to anti-depressants
- Anti-relapse medication
- May modify GABA



- May reduce pleasurable effects of alcohol ingestion
- Used only by people who have stopped drinking
- http://www.doctordeluca.com/Documents/Acampro sateSummary.htm

Prognosis

- No treatment is:
 - more effective than another
 - or than no treatment



Factors That Predict Recovery

- Strongly aversive drinking experience
- Substitute dependency
- New social support
- Joining an inspirational group



5. Is the choice to not consume alcohol similar to the choice to say not eat meat?

How is it the same and how is it different



Alcohol and Grades

ALCOHOL & ACADEMIC PERFORMANCE

This table below describes the relationship between the average number of drinks consumed per week and grade point average.

3.6 Drinks 5.5 Drinks

*Sponsored by FAU Center for Alcohol & Other Drug Prevention

7.6 Drinks 10.6 Drinks

Fetal Alcohol Syndrome

- Growth retardation below the 10th percentile
- Neurological abnormalities
- Developmental delays
- Behavioral dysfunction
- Intellectual impairment
- Skull or brain malformations
- Characteristic face
 - Short eye openings
 - Thin upper lip
 - Elongated, flattened midface and groove in the middle of the upper lip

•Fetal Alcohol Study Group of the Research Society on Alcoholism in 1980 (4), and modifications were proposed in 1989 by Sokol and Clarren (5).



Drinks Equal

As a guide, these drinks have the <u>same</u> alcohol content:













1 mug ci1 can of1 glass ofheenbeentable winesherry(330mls)(150mls)(150mls)

i shot of whisky (45mls)

Alcohol Content

5%

10%

20%

40%

Types of drink Approximate alcohol content

Beer Table wine Sherry/Port Spirits (eg. Gin/Whisky/Brandy)

Impact of Alcohol

ALCOHOL CONCENTRATION CHART

BODY WEIGHT IN POUNDS BOAT									
DRINKS*	100	120	140	160	180	200	220	240	OPERATION '
1	.04	.03	.03	.02	.02	.02	.02	.02	1.1.1.1.1.1.1
2	.08	.06	.05	.05	.04	.04	.03	.03	CAREFUL
3	.11	.09	.08	.07	.06	.06	.05	.05	
4	.15	.12	.11	.09	.08	.08	.07	.06	OPERATION IMPAIRED
5	.19	.16	.13	.12	.11	.09	.09	.08	INFANCE
6	.23	.19	.16	.14	.13	.11	.10	.09	
7	.26	.22	.19	.16	.15	.13	.12	.11	وتريد المور
8	.30	.25	.21	.19	.17	.15	.14	.13	DONOT
9	.34	.28	.24	.21	.19	.17	.15	.14	OPERATE
10	.38	.31	.27	.23	.21	.19	.17	.16	
*Subtract .015% for each hour of drinking. (Eglass wine = 1 bottle of beer = 1 highballi									

Blood Test



Is the use of drugs ever appropriate?



Beer Goggles









Difficult things to say when Drunk

- Indubitably
- Innovative
- Preliminary
- Proliferation
- Cinnamon





Very Difficult things to say when Drunk

- Specificity
- British Constitution
- Passive-aggressive disorder
- Loquacious
- Transubstantiate



Impossible Things to Say when Drunk

- Sorry, you are not really my type
- Nope, no more booze for me
- Thanks, but I don't want to have sex
- Good evening officer, isn't it lovely out tonight
- Oh, I just couldn't. No one wants to hear me sing
- Sorry I'm being such a jackass





Beer and Football

Many Sports Fans Exit Stadium Drunk
Study Shows 8% of Fans Have Blood Alcohol
Levels That Are Over the Legal Limit





Other Substances

Smoking

- Chief single most avoidable cause of death in our society
 - 350,000 related deaths



- Compared with 100,000 alcohol related deaths
- Compared with 35,000 Aids related deaths
- Contributes to 30% of all cancer deaths
- Contributes to 30% of all cardiac vascular deaths

 If you consume caffeine 200mg at 10 in the morning, about how much will be in your system at 10PM

- None
- 10 mg
- 25 mg
- 50 mg
- 100 mg



Caffeine Half-life

- Between 3-7 hours
- Assuming 4 hours then

10:00AM	200 mg
2:00 PM	100 mg
6:00 PM	50 mg
10:00PM	25 mg



Stimulants

- Amphetamines
- Cocaine
- Caffeine



Effects

- Amphetamines
 - Euphoria
 - Increased confidence
 - Talkativeness
 - Energy
 - Addictive
- Cocaine
 - Intense
 - brief stimulating effects
- Caffeine

HANSANO

UNSERE

Daltbare Vollmilch



- Marijuana
- THC
- Hashish
- Effects:
 - Altered perception
 - Altered bodily sensations
 - Intoxication
 - Dependence



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Cannabis may increase risk of Psychotic Illness Later in Life by 40%



 Moore, T. H., Zammit, S., Lingford-Hughes, A., & Barnes, T. R. (2007). Cannabis use and risk of psychotic or affective mental health outcomes: a systematic review. *The Lancet*, *370*(9584), 319-328.

 Cannabis use and risk of psychotic or affective mental health outcomes: a systematic review Theresa HM Moore, TH Stanley Zammit, Anne Lingford-Hughes, Thomas RE Barnes, Peter B Jones, Margaret Burke, Glyn Lewis The Lancet - Vol. 370, Issue 9584, 28 July 2007, Pages 319-328

Marijuana Component Opens the Door for Virus That Causes Kaposi's Sarcoma

- <u>http://cancerres.aacrjournals.org/cgi/</u> <u>content/abstract/67/15/7230?maxtos</u> <u>how=&HITS=10&hits=10&RESULTFOR</u> <u>MAT=&fulltext=marijuana&searchid=1</u> <u>&F</u>
- IRSTINDEX=0&volume=67&issue=15& resourcetype=HWCIT
- Cancer Research 67, 7230-7237, August 1, 2007: Cannabinoid Modulation of Kaposi's Sarcoma– Associated Herpesvirus Infection and Transformation
- Xuefeng Zhang¹, Jian Feng Wang¹, George Kunos³ and Jerome E. Groopman^{1,2}



Hallucinogens

• LSD

Psilocybin





Effects

 Hallucinogens - PCP, LSD - abnormal perceptual experiences (hallucinations, illusions)



- Natural:
 - Opium
 - Morphine
 - Heroin
- Synthetic:
 - Methadone
 - Codeine
- Effects
 - physical rush
 - intense bodily sensations
 - life-threatening withdrawal symptoms



Sedatives, Hypnotics, and Anxiolytics

- Sedatives calming effects on the central nervous system
- Hypnotics induce sleep
- Anxiolytics are antianxiety medications



Treatment

- Biological
 - Substances to block or reduce craving
- Behavioral
 - Contingency management
- Cognitive
 - Help modify thoughts, expectancies, behaviors concerning drugs



Final Exam

Monday 8:00 AM Decker 45
Christian Value System

• Using a Christian value system, explain the rationale for--if and when the use of drugs is appropriate.

2.5 to 3 million addicts and only 1.7 in treatment??

- Government--tax based money
- Foundations and churches—contribution based money



