

Roads2Recovery



Models Roads2Recovery


Co-Occurring Disabilities and Substance Abuse for Disability/Counseling Services



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- **Advancing Opportunities** has been providing services and supports to people with disabilities and their families for 64 years.
- The agency provides **Roads2Recovery** to help ensure people with disabilities have access to community services, especially treatment for substance abuse, if they want it.



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What is **Roads2Recovery**?


- Training that helps identify and prevent substance abuse among people with disabilities
- Awareness that increases access to substance abuse services



Roads2Recovery is funded by NJ's Division of Addiction Services




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Goals of **Roads2Recovery**

1. Understand the difference between alcohol/drug use abuse and chemical dependency.
2. Be better observers of behavior in your client/consumer group.
3. Utilize early identification-and-referral strategies.




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TOPICS

1. What is Coexisting Disabilities and Substance Abuse?
2. What treatment programs and disability service providers can do for all individuals with disabilities?
3. How to identify and use appropriate referral services for the treatment of clients with substance abuse disorders?



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What is a Co-Occurring Disability?



Co-Occurring disability refers to a person who has a **physical** or **cognitive disability** or a **mental illness in addition to substance abuse issues**.

Mental health disorders like: depression, anxiety disorders and personality disorders etc.

Physical disability: multiple sclerosis, TBI, spinal cord injury, diabetes and cerebral palsy etc.





Obvious vs. Hidden Disability

1. Identifying cognitive/hidden disabilities is the key to successful treatment
2. Understand the functional limitations as a result of the disability
3. Recognize signs and symptoms and patterns of use and abuse



Americans with Disabilities Act (ADA)



Federal legislation signed into law in 1990 to protect and uphold the rights of individuals with disabilities.





Americans with Disabilities Act

1. Protects persons who have history of alcohol, illegal or prescription drug abuse and who are in treatment or who have successfully completed treatment.
2. Will not protect a person who drinks alcoholically from an evenly applied Drug Free Workplace Act policy or practice.
3. Does not protect persons who are currently using illegal drugs.



Americans with Disabilities Act ADA

The ADA protects persons who have history of alcohol, illegal or prescription drug abuse and who are in treatment or who have successfully completed treatment.



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The removal of attitudinal and physical barriers
IS KEY to offering treatment and recovery
services to people with disabilities.

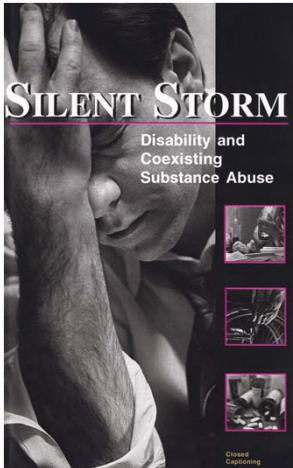


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All Disabilities. Many Services. One Agency.

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Watch Silent Storm
Video



SILENT STORM
Disability and
Coexisting
Substance Abuse

Closed
Captioning

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People with disabilities are at a higher risk for abusing alcohol and drugs than the general population, and the effects of alcohol and drugs can be worse for them.


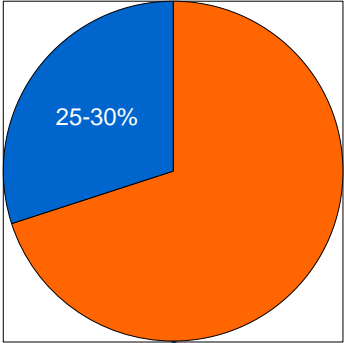
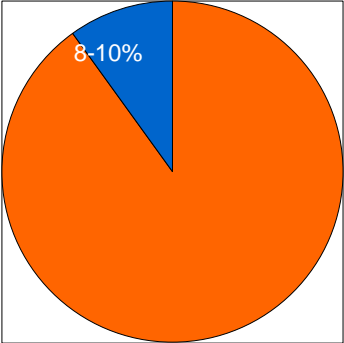


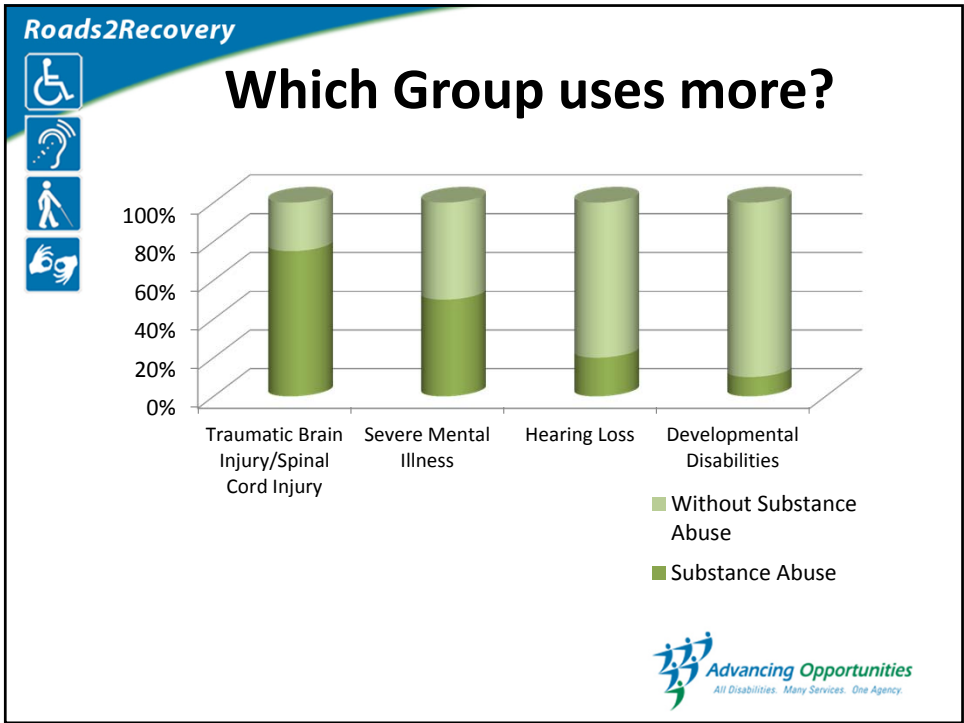
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Abuse of Drugs and Alcohol

Percentage of General Population who have Substance Abuse Issues	Percentage of Persons with Disabilities who have Substance Abuse Issues
8-10%	25-30%

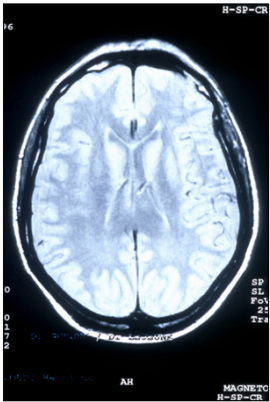





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Why is TBI so High?



It's estimated that between 50 and 75% of people with a traumatic brain injury also have substance abuse issues.




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Over half the incidents that cause Traumatic Brain and Spinal Cord Injuries follow alcohol or drug use.

Over 60% of people with these types of injuries report a history of alcohol abuse prior to being injured.



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Risk Factors for Substance Abuse Among People with Disabilities

1. Difficulty managing stress of disability
2. Fewer opportunities for recreation/ social interaction
3. They may use alcohol or drugs to try and fit in/peer pressure to conform
4. Enabling by friends or family
5. Easy access-Prescription medication use
6. Chronic Pain
7. Excess free time, loss of job/isolation/depression
8. Lack of access to prevention resources




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Understanding Patterns of Use and Abuse

Use
Abuse
Dependence



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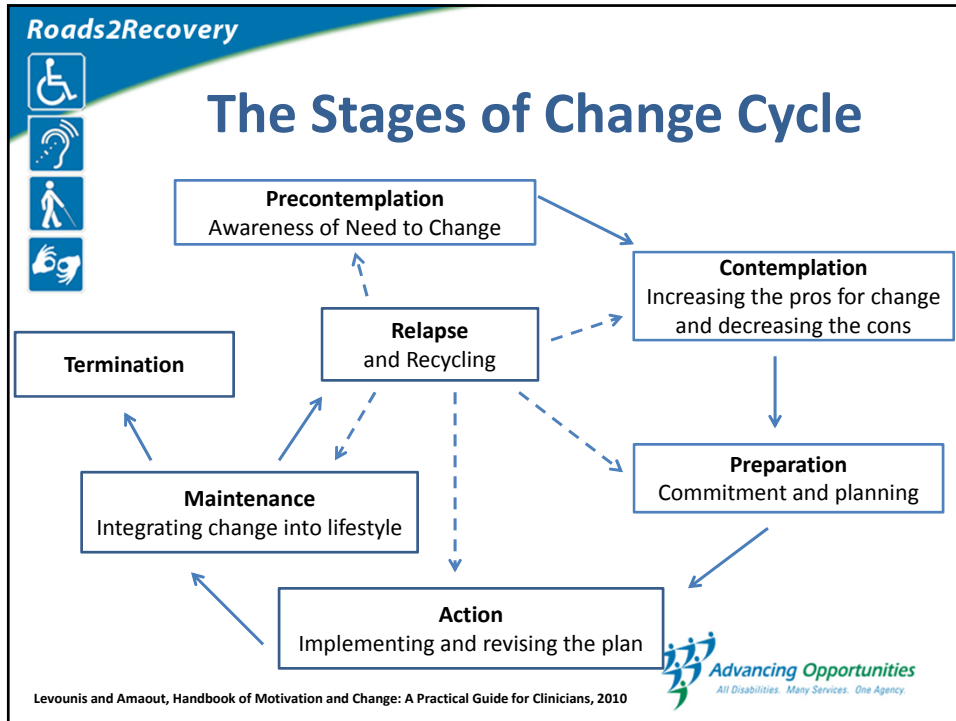
The Stages of Change

1. Precontemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance
6. Relapse

Prochaska and DiClementi, *The Theoretical Approach: Crossing Traditional Boundaries of Therapy*, 1984



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SUBSTANCE ABUSE KEY TERMS


- Use
- Abuse
- Addiction
- Stimulants
- Depressants
- Polysubstances
- Detoxification
- Methadone Maintenance
- Out-Patient
- Chemical Dependency (CD, Minnesota Model, 28-day, Hazeldon type)

PATTERNS OF USE

- DRUGS OF ABUSE
- MODELS
- TREATMENT


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Alcohol and other Drug Dependence

means that a person reaches a point at which he or she will continue to make painful or injurious decisions to abuse alcohol and other drugs in spite of recurring problems.



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Some of the common symptoms of dependency for persons with disabilities are:

1. drinking in combination with medication use
2. excessive time spent in using or finding legal and illegal ways to acquire alcohol and other drugs
3. heavy and inappropriate use of medications



continued

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Additional common symptoms of dependency for persons with disabilities are:

- **frequent intoxication (sometimes without others realizing this)**
- **continued use of drugs despite adverse consequences.**




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Abuse Means:

Consuming alcohol or other drugs to the extent that problems result from that use. These may include:

1. Impaired work or school performance
2. Deteriorating personal relationships
3. Separation from family
4. Financial problems.
5. The amount one consumes is not as important in defining "abuse" as are the consequences experienced because of that consumption.




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Onset of Co-Existing Disability and Relationship to Substance Abuse

- **Birth/Congenital Disabilities**
Risk exists – may use to deal with isolation or to fit in with others. Self-soothing behavior May lead to Substance Abuse (SA)
- **Childhood**
Disabilities may be diagnosed or overlooked. SA may be used to cope with difference, low academic achievement or low self-esteem. Peer-Pressure!


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Adolescence and Early Adulthood

Most traumatic brain injuries occur during this period, often as a result of risk-taking behavior (Dopamine). Onset of mental illness frequently occurs at this age. SA may be used to self-medicate or may prevent the individual from seeking help.





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Adulthood

Many progressive illnesses become disabling. A person may not have a support system in place to cope. SA and the misuse of prescription medication may be used to cope with the psychological and/or physical pain of the disability.





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Old Age/Military

SA may be used to cope with pain, disability, loss or grief associated with aging. Alcohol & Meds are often chosen. Seniors and Vets may not get help because of double stigmatization.





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Warning Signs of Addiction

1. Frequent absences OR regularly coming to work/counseling late
2. Reduced productivity OR lack of motivation
3. Increased accidents, injuries OR legal troubles
4. Complaints from customers about missed meetings OR poor work quality
5. Unexplained financial problems
6. Increased conflict w. family or co-workers
7. Rapid aging/sudden weight, sleep, mood, appetite changes




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The Chronic Nature of Substance Abuse

1. Disability does not end with the cessation of use
2. After-treatment, individuals are “in recovery” not “cured”
3. Harm reduction / risk management as treatment components
5. Multiple treatment experiences are often necessary



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Substance Abuse and Coexisting Disability have Simultaneous Beginning

CONTRIBUTING FACTORS


- Consequences of one disability exacerbate symptoms of the other.
- Loss of control in one area leads to self-medication, harmful behavior resulting in increased symptoms.
- Misdiagnosis leaves issues not addressed, treatment unavailable.

EXAMPLES

- Person with disability abusing substances has concurrent evidence of symptoms.
- His/her substance abuse behavior may be mistaken for a disability and dismissed
- Over medicating results in depression, anxiety. Symptoms become the new primary disability.





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Barriers to Treatment

- Physical/Architectural
- Attitudinal
- Sensory
- Cognitive/Hidden Disabilities




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The removal of attitudinal and physical barriers **IS KEY** to offering treatment and recovery services to people with disabilities.




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Attitudinal Barriers

1. 'Serving people with disabilities requires extreme measures'
2. ' People with cognitive disabilities aren't capable of learning how to stay sober.'
3. 'People with disabilities deserve pity and therefore should be allowed to indulge in substance use'

-Kindness Factor-



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Remove Attitudinal Barriers

1. Consider that people with a SA issue and co-occurring disability may need individual accommodations or modifications-S.A. agency
2. Rules and treatment should be tailored specifically to match the individual needs of each person
3. Coordinate with an DAS accredited agency providing case management services for people with disabilities




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Cognitive Barriers

1. Limitations in understanding of basic concepts of treatment
2. Development disabilities – no/little abstract thoughts skills
3. Learning disabilities – trouble processing and using abstract information; limited vocabulary




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Treatment Challenges for People with TBI

1. Brain injuries can affect a person's learning style.
2. Memory problems may be misinterpreted as resistance to treatment
3. Damage to the frontal lobe affects executive thinking skills.




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What Can You Do to Remove Cognitive Barriers?

Be patient! Be prepared to adapt basic treatment modalities for people with learning disabilities or limited reading and writing skills:

- Flash cards
- Comic books or illustrated materials
- DVD/IPAD/Assisted Learning devices




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Additional Treatment Challenges for People with TBI

1. They may not perceive environmental cues.
2. It is easy to interpret their behavior as being intentionally disruptive.
3. Alcohol and drug consumption hamper the rehabilitation process.



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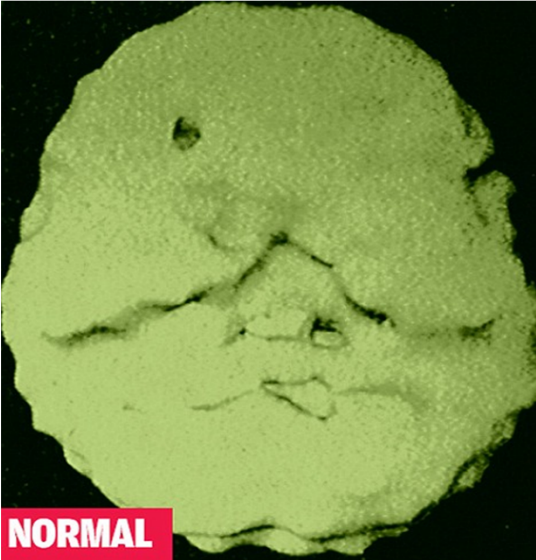



Treatment Implications


1. Providers should examine their programs and eliminate barriers
2. Screen for disabilities or SA
3. Coordinate with an agency providing case management services for people with disabilities and substance abuse disorder



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NORMAL



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 1/11/2010-Gov. Corzine signed a law which bans use of 'e-cigarettes' in public & workplaces and bans the sale of these devices to persons 18 years and younger



BREATHE EASY
Indoor Public Places and Workplaces
 are
100% SMOKE-FREE
(includes e-cigarettes)





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'E-Cigarettes'

- 1. Cartridges filled with nicotine, flavor & chemicals
- 2. Heats these ingredients into a vapor
- 3. Vapor is highly addictive
- 4. Vapor has no tar but has other toxic ingredients like diethylene glycol (used in anti-freeze) & several carcinogens ex. nitrosamines




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ALCOHOL




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Factors that influence how the brain is affected by alcohol consumption

- 1. How much and how often one drinks
- 2. Start age and how long one has imbibed
- 3. Age, level of Ed., gender, genetics, fam. History of alcoholism
- 4. Whether one is at risk of FASD
- 5. One's general health status



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Risks of Alcoholism

- 1. Binge drinking-5 or more in 2 hours for men & 4 or more drinks in 2 hours for women- can lead to blackouts, memory impairments, risky behavior even death
- 2. Brain damage to cerebellum(movement/coordination and frontal lobes (learning/memory)
- 3. Heart/Liver/Brain/Nerve Damage &
- Cancer



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Progression of Alcohol Abuse



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Progressive Alcohol Abuse



DRINKING
TIME MACHINE

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FASD

Fetal Alcohol Spectrum disorders are 100% preventable.

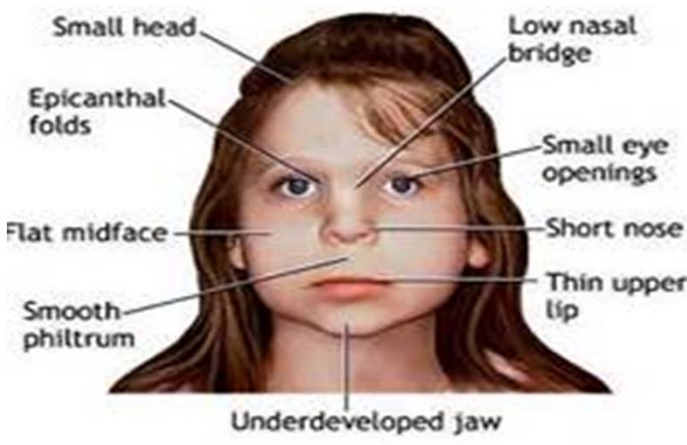
Consume no alcohol while pregnant.



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Fetal Alcohol Syndrome



Small head

Low nasal bridge

Epicanthal folds

Small eye openings

Flat midface

Short nose

Smooth philtrum

Thin upper lip

Underdeveloped jaw

tunities
One Agency

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40,000 babies are born with symptoms of prenatal alcohol exposure per year.



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FASD

Studies indicate that FASD may affect one out of one hundred babies in North America, making alcohol the leading cause of brain damage to babies during pregnancy.





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Diagnostic Resources in your packet




I'm Arriving Soon ... Join My Mission To Help Prevent Fetal Alcohol Syndrome

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NJ has the cheapest purist Heroin at \$5 a bag/Compare with \$28 per Opioid Pill on the street. NJ Turnpike is chief causeway for Heroin sales



A map of the Northeast United States, including parts of New York, Pennsylvania, New Jersey, and Maryland. New Jersey is highlighted in green. Major cities like New York, Philadelphia, and Baltimore are labeled. The Atlantic Ocean is to the east.

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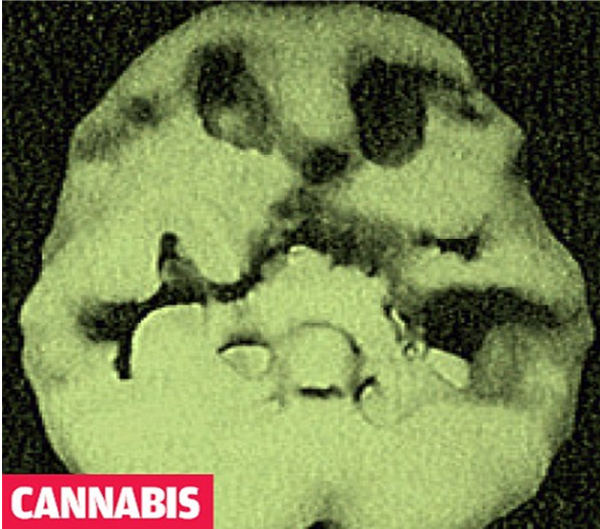

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Marijuana and Hashish-have been proven to be addictive!




A close-up photograph of a man's face in profile, lighting a cigarette with a lighter. The cigarette is lit and held in his mouth.


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CANNABIS




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Points for Parents & Teens about Pot

- 1. The endocannabinoid system is important for maintaining brain health & proper development, & THC interferes with its proper functioning
- 2. Repeated exposure to marijuana during teen years, a time of critical brain development, may have lasting effects on cognitive function-mood/memory and IQ-(6 pts.)





More points....

3. Today's THC in Pot is more potent than 30 years ago (4% then vs. 9%-14%now)! Med. Pot has 34% THC!
4. Synthetic pot is 10X more potent causing heart attacks/seizures
5. Pot use increases risk for car crashes, stunted growth, testicular/lung cancer, respiratory problems
6. Risk of mental illness is 2-5X greater in those starting before age 12 & using till early 20's! IQ loss



Prescription Drug Abuse can be lethal!



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PREVENTION
80% of child overdose cases are from children accessing medication on their own.

PROTECTION
70% of teens who have abused Rx Drugs took them from friends or family.

PRIVACY
40% of home visitors will inspect the contents of your medicine cabinet.

Learn More



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Cocaine-still very popular!



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Meth: smoked, snorted, injected



The image shows two men in a grimy, trash-filled setting. The man on the left is lighting a cigarette, while the man on the right is snorting from a small white container. The ground is covered in discarded cigarette packs and other debris.

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Meth



10 Years of Meth Use

The image displays a sequence of ten photographs of a woman, arranged in two rows of five. The top row shows her in her late 20s or early 30s, appearing healthy and attractive. The bottom row shows her in her late 30s or early 40s, exhibiting significant physical deterioration, including weight loss, sunken eyes, and a generally gaunt appearance. A large red curved arrow on the right side points from the top row down to the bottom row, indicating the passage of time.

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Before & After Meth Abuse



2005 2008



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The Roads2Recovery program

Only you know what is going on in your life. Please share with a trusted person to get help and treatment. Find a support group.



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What P. with Disabilities say they can do instead of taking drugs and alcohol

- 1. Play with my children/Family
- 2. Exercise/Sports/Gym/Walk
- 3. Shopping
- 4. Old time Radio shows/x'mas music
- 5. Reading/Singing/TV/Drumming
- 6. Crafts/Church
- 7. Funny movies/Laughter!



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Thank you for your participation in the R to R presentation

Questions?
Evaluations

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