SMIAdviser
A Clinical Support System for Serious Mental Illness

An APA and SAMHSA Initiative

AMERICAN PSYCHIATRIC ASSOCIATION

SAMHSA
Substance Abuse and Mental Health Services Administration

# THE BASICS ON SUBSTANCE USE AND SERIOUS MENTAL ILLNESS

# ALCOHOL

## PART 1: BASIC FACTS

**Description:** Alcoholic beverages include beer, wine, and liquor.

**Prevalence:** Alcohol use is common in the general population and is one of the most common substances used among people with serious mental illness (SMI).[1] One striking finding regarding prevalence is the high comorbidity of alcohol use disorders in people with bipolar disorder. In one study, nearly 60% of people with bipolar disorder had a lifetime substance use disorder SUD, usually alcohol use disorder (AUD).[2] Substance use can be exacerbated during either manic or depressed cycles, but more commonly during mania or hypomania.

**Reasons for use:** Many people with SMI report that when using alcohol, they are less anxious, less depressed, less angry, less impulsive, and less bothered by hallucinations or psychotic symptoms. Sometimes people report that the hallucinations are suppressed by alcohol. More commonly, people report that the hallucinations are still present, but are simply less distressing.[2]

**Problems related to use in people with SMI:**

- **Effect on the brain:** Alcohol can affect several parts of the brain causing contraction in the brain tissues, destruction of brain cells, depression of the central nervous system, and suppression of excitatory nerve pathway activities. Additionally, neuro-cognitive deficits, neuronal injury, and neurodegeneration are likely to occur in those with excessive drinking over prolonged periods of time.[3]
- **Effects on symptoms:** Alcohol use can cause higher rates of aggression, suicide, relapse, and detention for illegal acts. During episodes of intoxication, individuals may experience disinhibition, which may lead to a cycle of early symptom relief or euphoria, followed by intensification of unpleasant emotions. For some individuals using alcohol, disinhibition while intoxicated can lead to aggressive or inappropriate behaviors. Individuals with SMI may be more at risk for disinhibition.
- **Effects on medications:** Although everyone is advised not to use alcohol when taking psychotropic medications, there is little evidence of dangerous interactions when combining alcohol with usual doses of psychotropic medications. But such combinations can be additive in creating impairment while driving. Another important caveat is the combination of sedatives such as benzodiazepines, with alcohol, which can be fatal. Using alcohol in more than small amounts on an occasional basis (more often than 1-2 drinks per week, as a guideline) is likely to diminish (though not eliminate) the effectiveness of medications. Because of alcohol's destabilizing potential, it is even more important for individuals using alcohol to stay on their medications consistently while using.
- **Effects on substance use disorders (SUD):** Alcohol is an addictive substance. People with SMI are more vulnerable in general to developing SUD, including alcohol use disorder.. Alcohol use can also trigger use of other more addictive substances, particularly for those who already have SUD. Conversely, many people (with SMI and SUD) will report that using alcohol helps them avoid more addictive substances such as opioids and methamphetamine. This is a short-term strategy that does not mitigate the longer-term harms of continuing use, including the continuing risk of progressing to more severe substance use disorders.

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# PART 2: SCREENING AND INTERVENTION

For individuals with SMI, it is important to not only identify whether the person is using substances, but also to describe the pattern of substance use, whether the substance use is causing harm, and the degree to which the individual is in control of the substance use. Some individuals will have patterns of harmful use that are "in control" and do not meet criteria for the diagnosis of SUD. For individuals with a chronic psychiatric disability, any persistent substance use is likely to be harmful, even if there is no obvious intoxication or lack of control, as the substance use can interfere with the person's fragile brain equilibrium. Other individuals may have patterns of "out of control" substance use that are consistent with moderate to severe SUD. These require different levels of intervention. **Once substance use is identified, the assessment should inquire –for each type of substance - about the pattern of use: experiences and perceptions of harm because of that use pattern and the degree to which the individual experiences control – or lack of control – over that use.**

## Brief Guide to Screening:

A. **Screening requires practice.** Developing a "welcoming" style to facilitate screening takes practice. It is a common concern that the person you are interviewing will not want to talk about their substance use, and that they might not tell the truth. In fact, most people who use substances talk about their substance use all the time; they just don't think it's a good idea to talk to you! How can you convey to the person you are screening that you would be a good person with whom to talk to about their substance use? The key is in the concept of welcoming. If you are genuinely open when the person shares their substance use with you (rather than disapproving or disappointed) they will be much less likely to conceal information. But it takes practice to do that, and to balance the fact that you don't recommend that they use substances with welcoming the opportunity to discuss their substance use openly. Remember that you can't help them make better choices if they don't discuss their choices at all.

B. **Screening works best when it is integrated into the person's story.** Pulling out a "screening tool" and asking questions one after the other often feels less personal and reinforces the person's natural inclination to say "no" to all the questions, just to get the painful process over with. Using a tool is helpful for the interviewer to remember things to ask about, (and not to forget what to ask), but the art of doing this is to work the questions into the flow of the story so that the person can progressively feel more comfortable sharing (and that areas where the person is uncomfortable sharing can be more clearly identified). Some clients may feel more comfortable answering questions on a screening form, rather than face to face, but many will not.

C. **Screening for alcohol use should be routine in all services delivering care to those with SMI.** Alcohol screening is always embedded in a broader approach to substance use screening. See reference NIDA-Modified ASSIST or various screening tools and processes that include screening for alcohol.

## Brief Guide to Intervention:

How you talk to people with SMI who indicate they are using alcohol is always based in a framework of welcoming, empathic, hopeful partnership, and should be matched to the individual's stage of change for alcohol use as well as their personal goals for a happy, meaningful life (recovery goals).[4]

For instance, if an individual is in the precontemplation stage about alcohol use, the focus is on helping them move into the contemplation stage, that is to develop enough trust to engage in discussions about their alcohol use, so they can work in partnership with the team over time (often months) to make better decisions. The most important thing you can do is to maintain a welcoming strength-based relationship, which increases their ability to eventually discuss their alcohol use more freely. If the person is in the contemplation stage (or beyond this stage), then it is helpful to provide a recommendation of abstinence from alcohol (without struggling with the person), and while indicating that the most important goal is to help the person make the best decisions for themselves, maintain the option of making progress in tiny steps (as opposed to abstinence being the only goal) and providing awareness of treatment options including how the mental health team can provide support for making even small steps toward change. The more information the person has about how the team can help support efforts to change, the more prepared they can be when they are ready to make a change to their substance use. More information is available here about Stages of Change and matching interventions with each stage.

**Here are some tips that might be helpful in dialogue with an individual contemplating discontinuing the use of substances. You might try beginning the conversation with:**

*I find that a lot of people in your situation find using alcohol is helpful for them. Please let me know what you find helpful, and how alcohol currently works for you and fits into your life. Is there anything that you don't like or find unhelpful about drinking?*

Or…

*The goal is to help YOU decide the right amount of alcohol use (and other substance use) for you in order to achieve your personal goals for recovery/for a happy, hopeful, meaningful life. How do you figure out the right amount of alcohol for you to use?*

Or…

*In the long run even small amounts of alcohol lead your brain to have more trouble healing…and since you only get one brain, I would advise you to take the best care of your brain that you can. How do YOU decide the right amount of alcohol for you to have a happy life?*

**Maybe the individual says:** *I "should" be able to use alcohol because it's legal, it's not that harmful, all my friends use it.*

**You could say:** *No one is saying you "can't" use alcohol…what I'm saying is that you have to decide what the right amount of alcohol is for YOU, given your goals and your mental health diagnosis. It is not "fair" that your friends can use more safely than you, but the truth is that you have a serious mental illness and a vulnerable brain, and they may not. So, it is a tough decision, and I will work with you to figure it out.*

**Maybe the individual says:** *But alcohol is the "only" thing that helps me get relief (in whatever way).*
*You could say: You are right that using alcohol is helpful in the short run. That's why so many people like it. The challenge for your decision making is that it may make things worse in the long run. Each time you use alcohol to cope with anxiety, in the long run it affects your brain to make your underlying anxiety worse. So, it's a tough decision as to what's best for you over time, and I will work with you to help figure it out.*

**Maybe the individual says:** *I'm not sure what I can do about my drinking. I've heard it all before in previous SUD treatment. I'm discouraged.*

**You could say:** *Even though you still do not have all the tools and supports you'll need to maintain your sobriety; you've had 21 amazing days without the use of substances. You can start today, using the strengths you already have, plus, we can talk about the following options to add to your toolbox.*

## PART 3: TREATMENT OPTIONS

Treatment options can be included as an educational piece for a person in contemplation, as a way of helping that person understand how many options are available. This is also important when a person is in preparation for change. Note that for many individuals, the smaller and easier the first step, the easier it is to get started down the path to reducing or eliminating alcohol use.

**Medication** can be used to treat mental health symptoms and/or withdrawal symptoms decreasing the need for substances and risk for relapse. Choice of medication is based on efficacy, tolerability, patient preference, and other patient specific factors.

- Campral® (acamprosate) - approved for the maintenance of abstinence from alcohol in patients with alcohol dependence who are abstinent at treatment initiation.
- Antabuse® (disulfiriam) - approved as an aid in the management of selected patients who use alcohol chronically who want to remain in a state of enforced sobriety.
- Revia® (naltrexone) - approved in the treatment of alcohol dependence.

**Behavioral Therapies** are a form of psychosocial interventions that assist an individual with building self-management skills for managing triggers, cravings, and risky situations, as well as skills for creating a support system (professionals, family/friends, peers) and using that support system by regularly asking for help.

**Recovery Support Programs** are peer led programs that provide extra support to individuals who are ready for change and looking to practice abstinence from the use of substances. These programs are typically delivered through community and faith-based groups by way of mutual support meetings.

**SUD Treatment Groups or Programs** are professional supervised programs within outpatient, inpatient, and residential settings. These could be referred to individuals that may benefit from professional stage-matched group interventions.

**Comprehensive Integrated Care** is often indicated since individuals with SMI and comorbid substance use often have poorer medical outcomes and require care coordination for management of mental health, substance use and medical illnesses. Treatment plans should be individualized to each individual's unique needs and may include medication, counseling or therapies, mutual support groups, and additional psychosocial interventions.


**References**

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Funding for SMI Adviser was made possible by Grant No. SM080818 from SAMHSA of the U.S. Department of Health and Human Services (HHS). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, SAMHSA/HHS or the U.S. Government.