

# Facts about Alcohol and Drug Use in Persons Diagnosed with a Psychiatric Disorder

## Introduction

Using substances such as alcohol, marijuana, and cocaine is common, both in the general population and among persons with a serious psychiatric disorder. These and other substances can have a variety of effects. This educational handout reviews the different types of substances commonly used by people and their effects. The interactions between substance use and mental illness are discussed, as well as strategies for dealing with problems related to substance abuse.

## Different Types of Substances

In addition to alcohol, there are many different types of substances that people use to change their mood or alter their thinking. The following table summarizes different categories of substances and provides examples of specific substances in each type. This table also gives examples of slang words for each substance, how each substance is taken ("route of administration"), and the effects of the substance

## Effects of Different Psychoactive Substances

Substance Type	Specific Substance	Slang	How It's Taken	Effects
<b>Alcohol</b>	Beer, wine, "hard liquor" (e.g. vodka, scotch, whiskey, gin, rum, tequila)	Booze (hard liquor), brew	Oral (drinking)	Relaxation, sedation, slowed reaction time, impaired judgment, loss of inhibition
<b>Cannabis</b>	Marijuana, hashish	Pot, reefer, weed, joint, (marijuana cigarette), dope, grass, buds, fatty	Smoking (most common), ingestion (eating)	Relaxation, mild euphoria, altered sensory experiences,

				fatigue, anxiety, panic, increased appetite, paranoia
<b>Stimulants</b>	Cocaine, amphetamines (and related compounds)	Cocaine: coke, crack, rock; Amphetamines: crank, speed, crystal meth	Cocaine: intranasal (snorting), smoking (crack), injection; Amphetamines: oral (eating pills), intranasal, injection	Increased alertness and energy, decreased appetite, positive feelings, anxiety, tension, feeling jittery, heart racing, paranoia
<b>Sedatives</b>	Anxiolytic (anxiety lowering) medications (e.g. Xanax, Klonopin, Ativan, Valium), barbituates	Downers (barbiturates)	Oral	Sleepiness, relaxation, loss of motor coordination, loss of inhibition, dulled sensory experiences
<b>Hallucinogens</b>	LSD, PCP, peyote, mescaline, MDMA	LSD: acid, window pane; PCP: angel dust; MDMA: ecstasy	LSD: oral PCP: oral, smoking	Enhanced or altered perceptions, hallucinations, disorientation, psychosis
<b>Narcotics</b>	Heroin, morphine, opium, codeine	Smack, horse, H	Heroin: injection, intranasal; Morphine, codeine, and related substances: oral	Euphoria, pain relief, sedation, slow reaction time, impaired judgment
<b>Inhalants</b>	Glue, aerosols, nitrous oxide (laughing gas), freon		Inhalation (includes sniffing)	Altered perceptions, disorientation

<b>Over-the-counter medications</b>	Antihistamines and related compounds (e.g., benadryl, other cold tablets)		Oral	Sedation
<b>Tobacco</b>	Cigarettes, pipe tobacco, chewing tobacco	Snuff, cigs, butts	Smoking, sublingual, under-the-tongue	Alertness, relaxation
<b>Caffeine</b>	Coffee, tea, chocolate		Oral	Increased alertness, anxiety
<b>Anti-parkinsonian agents</b>	Cogentin, Artane, Symmetrel		Oral	Confusion, mild euphoria

### **Reasons for Using Substances**

People who use substances describe a variety of different reasons for their use. Some people use substances primarily for social reasons; it is something that is done with friends, to relax around others, or because people feel they 'fit in' more with others if they use alcohol or drugs. Sometimes people report that they use substances to enhance their coping; they may describe substances as helping them manage unpleasant feelings, such as anxiety or depression, sleeping problems, or other symptoms. Another common reason given by people for using substances is that it is a form of recreation; it is something to do when they are bored or just want to feel good, even if it is for only a short period of time.

There are many other reasons people give for using substances, and each person is unique. For some people, substance use simply becomes a habit that is difficult to break, because it is so familiar. Cravings for alcohol or drugs can also play a role in continuing the substance use. Although people give different reasons for using substances, the reasons are not always strictly accurate. For example, many people say that they drink alcohol because they feel depressed, yet research has shown that alcohol actually worsens depression rather than improving it. Exploring their reasons for using substances can help individuals determine alternative ways of getting their needs met.

## **Interactions between Substance Use and Mental Illness**

Substances such as alcohol, marijuana, and cocaine can have a wide range of effects on people. These and other substances often have even more potent effects on persons with a mental illness. In order to understand the interactions between substance use and mental illness, it is helpful to review the stress-vulnerability model of psychiatric disorders.

The stress-vulnerability model of psychiatric illnesses assumes that these disorders are caused by biological factors determined very early in life. Although this biological vulnerability must exist for the psychiatric illness to develop, the severity of the illness is influenced by current environmental, psychological, and biological factors as well. One factor that can worsen the severity of the disorder is stress in the environment. However, if a person has good coping skills, he or she will be less vulnerable to the negative effects of stress.

Biological factors that can have an effect on the severity of the psychiatric disorder include medications and substances. Prescribed medications reduce some of the chemical imbalances in the brain believed to cause mental illnesses, lowering the severity of symptoms. On the other hand, even small amounts of substances such as alcohol, marijuana, or cocaine can worsen the psychiatric illness. These substances can have a negative effect on mental illness in two ways. First, alcohol and other substances can trigger the brain chemicals responsible for the illness, leading to more severe symptoms. Second, these substances can make prescribed medications less effective in controlling the psychiatric disorder. Thus, persons with a mental illness are highly sensitive to the effects of psychoactive substances.

## **Consequences of Substance Use in Mental Illness**

Substance use can cause a variety of different negative effects in persons with a mental illness. Some of the most common consequences experienced by persons with a mental illness include:

**Symptom relapses and rehospitalizations.** Very low amounts of alcohol and drugs can trigger relapses and rehospitalizations in persons with a serious psychiatric illness.

**Depression and increased risk of suicide.** People often use substances when they feel depressed. Although they often feel some

momentary relief, their substance use tends to worsen the longer-term severity of their depression.

**Family conflict.** Conflict with family members is very common. Arguments may occur over substance use itself, or the consequences of substance use, such as not fulfilling a social role (worker, student, household chores), aggression, money problems, and worsening the psychiatric illness.

**Housing instability and homelessness.** Substance use can interfere with the ability to maintain stable housing, either independently or with family members.

**Anger and violence problems.** Substance use can have disinhibiting effects, increasing problems with verbal or physical aggression.

**Money difficulties.** The amount of money spent on substances can be a problem, leading to difficulty meeting other needs and financial obligations.

**Legal problems.** Use of illegal substances, such as marijuana or cocaine, can lead to legal problems if the person is caught with possession of the substance. Use of alcohol and other substances can contribute to disorganized or aggressive behavior, resulting in legal consequences (such as being arrested for drunk and disorderly conduct).

**Substance-Use Disorders.** A person who experiences negative consequences due to substance-use has a *substance use disorder*. Individuals whose substance use results in problems in the areas described above have a diagnosis of substance abuse.

For some individuals, in addition to experiencing these negative consequences, other problems may develop from substance use. *Psychological dependence* describes when the person gives up important activities in order to use a substance, often uses more of the substance than intended, or repeatedly tries to cut down on substance use but is unsuccessful. *Physical dependence* describes when a person develops tolerance to the effects of the substance, requiring greater amounts of it to achieve desired effects, or experiences withdrawal symptoms (such as stomach pain, sweats, tremor) when less of the substance is used. If a person experiences the symptoms of either

psychological or physical dependence, he or she has a substance-use disorder.

## **Treatment of Substance-Use Disorders**

A number of different strategies are available to help individuals recover from a substance use disorder.

**Family problem solving.** Family support and problem solving can help individuals decrease (and stop) their substance use by working on problems such as finding alternative social outlets to substance-use situations, developing different leisure and recreational activities, and brainstorming effective coping strategies for dealing with persistent symptoms.

**Group treatment.** Some clients with substance-use problems find group interventions helpful. Some group treatments are focused on social-skills training, both for dealing with substance use situations and other social situations. Other group approaches are based on exploring the effects of substances on individual lives, and sharing different strategies for reducing substance-use or maintaining abstinence.

**Individual counseling.** Cognitive-behavioral counseling focused on substance-use problems can be helpful. This counseling can work on addressing motivation to reduce substance abuse, ways of dealing with “high risk” situations for using substances, and relapse prevention.

**Self-help groups.** Self-help groups such as Alcoholics Anonymous and Narcotic Anonymous can provide social support for individuals who understand the effects of substances on their lives and endorse abstinence from alcohol and drugs as an important personal goal.

**Medication.** Certain medications have been developed to decrease substance abuse (mainly alcohol abuse), such as disulfiram (Antabuse) or naltrexone (Revia).

## **Summary:**

1. Many persons, with and without psychiatric illnesses, use substances to manage their moods or alter their thinking.
2. Persons with serious psychiatric illnesses are particularly susceptible to negative effects from substances, because they may increase the brain chemicals that cause symptoms while reducing the benefits of medication.
3. Substance abuse in individuals with serious psychiatric illnesses has many bad effects, including increasing the risk of symptoms, depression, family conflict, homelessness, and violence.
4. People with serious psychiatric illnesses can reduce or eliminate substance use, but this usually takes longer than in with persons who do not have co-occurring serious psychiatric illness.
5. Integrated intervention from the same treatment team appears most effective.

**Consult a mental health professional (such as a psychiatrist, psychologist, social worker, or psychiatric nurse) about any questions you have concerning this handout.**