SLIDE 5.1

TITLE SLIDE

SUBSTANCE USE DISORDERS

Time: 80 minutes

Slides: 32

Purpose: This module will introduce participants to substance use disorders and their signs and symptoms and discuss effective approaches for intervening with those under the influence of substances.

Instructor:

This module should be taught by a substance use treatment expert with a law enforcement co-instructor from your community. It is also helpful to include a co-trainer with lived experience with substance use.

Learning Objectives:

Upon completing this module, participants should be able to:

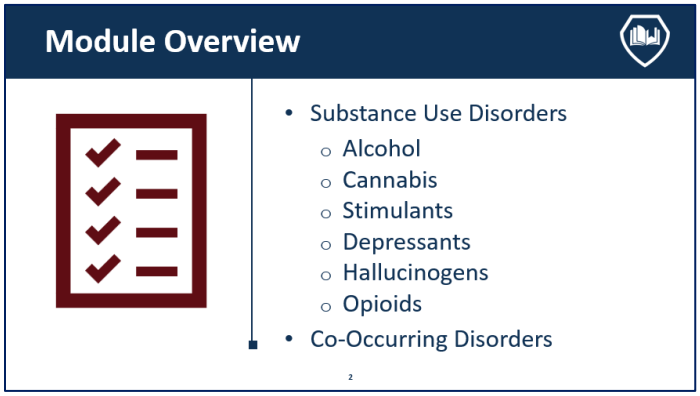
1. Define substance use disorders;
2. Describe behaviors associated with these disorders;
3. Discuss the extent that individuals with mental health conditions and developmental disabilities also have substance use disorders; and
4. Discuss effective approaches to intervening with individuals under the influence of substances.

Activities:

- Video Activity: Adults with Co-Occurring Disorders (4:14) https://www.youtube.com/watch?v=4xyaQbTeg74

Additional Materials:

- None

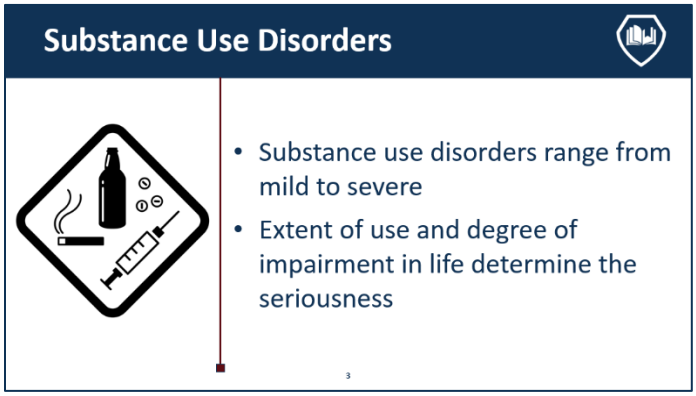


SLIDE 5.2

MODULE OVERVIEW

Trainer Note: Use this slide to briefly introduce the module and the topics that will be covered. Acknowledge that participants have likely had previous training regarding substance use disorders. This module is a review and will present additional information relating to the relationship between substance use, mental health conditions, and IDD.

Special Note to Trainer: If you have updated statistics for any of the sections in this module, please include and change slides as needed to be more current.



SLIDE 5.3
SUBSTANCE USE DISORDERS

Trainer Note: Cover the points on the slide using the information below for reference.

Content Note: A substance use disorder is a medical illness caused by the repeated use of a substance or substances. According to the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders, substance use disorders are characterized by clinically significant impairments in health, social function, and control over substance use. Substance use disorders are diagnosed by assessing cognitive, behavioral, and psychological symptoms.

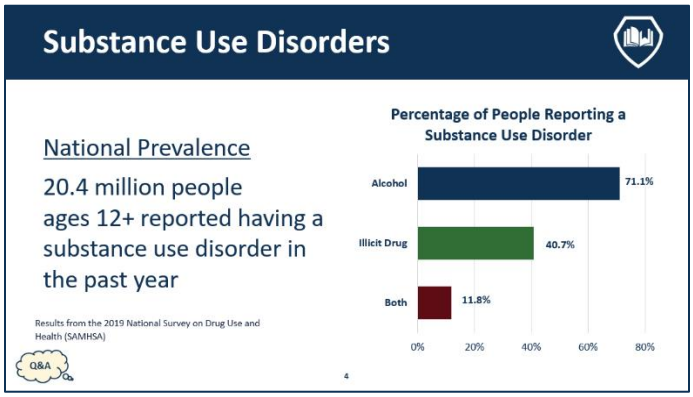
Substance use disorders range from mild to severe and from temporary to chronic. They typically develop gradually over time with the repeated use of substances, leading to changes in brain circuits governing incentive salience (the ability of substance-associated cues to trigger substance seeking), reward, stress, and executive functions such as decision-making and self-control. A substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria. Severe substance use disorders are commonly called "addictions."

Sources:

American Psychiatric Association, 2013, *Diagnostic and Statistical Manual of Mental Disorders, (DSM-5®)*, Washington, DC: American Psychiatric Publishing: 483

National Institute on Drug Abuse, 2014*, Media Guide: How to find what you need to know about drug use and addiction,* Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, retrieved from https://nida.nih.gov/sites/default/files/mediaguide_web_3_0.pdf

Substance Abuse and Mental Health Services Administration, April 27, 2022 [Last Updated], *Mental Health and Substance Use Disorders*, Rockville, MD: Substance Abuse and Mental Health Services Administration, retrieved from https://www.samhsa.gov/find-help/disorders



SLIDE 5.4 SUBSTANCE USE DISORDERS

T N

Trainer Note: Review the statistics from the 2019 National Survey on Drug Use and Health using the content note below for reference. After presenting these statistics use the **Q&A** below to prompt a discussion on participants' experiences with people living with substance use disorders.

Some participants may share stories of interactions with people they have encountered on the job. Others may volunteer personal information about their family's struggles or their own. Instructors should not explicitly encourage this sort of self-disclosure. However, if participants share personal experiences, treat this as an opportunity for learning about the class's feelings, opinions, and possible biases about individuals living with substance use disorders.

C N

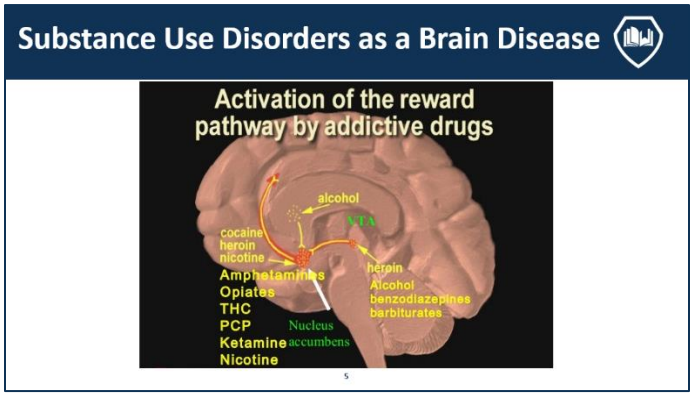
Content Note: According to the Substance Abuse and Mental Health Services Administration's 2019 National Survey on Drug Use and Health, 20.4 million people ages 12 and older reported having a substance use disorder in the past year. Among those people…

- 71.1% (14.5 million) reported having an alcohol use disorder in the last year.
- 40.7% (8.3 million) reported having an illicit drug use disorder.
- 11.8% (2.4 million) reported having both an alcohol use disorder and an illicit drug disorder.

Q&A

Ask participants about their experiences with people who are living with substance use disorders.

Source: SAMHSA, 2020, *Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health* (HHS Publication No. PEP-20-07-01-001, NSDUH Series H-55), retrieved from https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR1PDFW090120.pdf



SLIDE 5.5
SUBSTANCE USE DISORDERS AS A BRAIN DISEASE

TN

Trainer Note: Using the above illustration, note how the brain has receptors for the various drug classes. Highlight that there is scientific evidence of a genetic and neurological component to addiction. As with other chronic diseases (e.g., diabetes, hypertension, asthma), personal choices play a role. Additionally, environmental factors play a role (e.g., access to substances, observing others use substances, trauma, etc.). Use the content note below to support the discussion of this slide.

CN

Content Note: People do not choose to have substance use disorders and they are often unable to stop on their own. Substances like cocaine, meth, or alcohol release dopamine faster than the brain ever could on its own. Dopamine is associated with compulsion, in other words, it is the "do it again" part of addiction. This is what leads someone to continue using even when they are aware of the negative consequences and their own addiction.

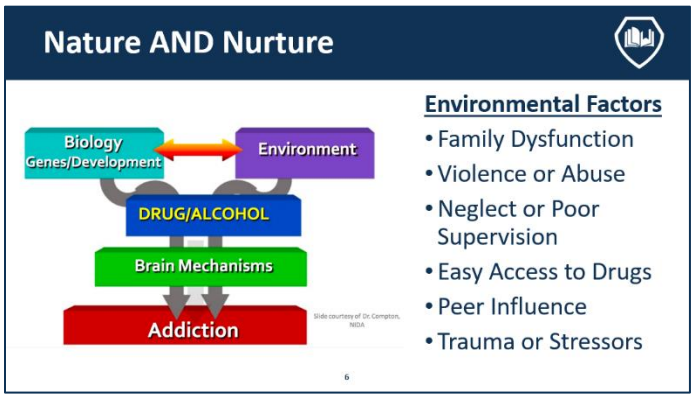
Feelings of euphoria, bliss, motivation, and concentration also are neurologically stimulated in the brain in various ways. The increased feelings of pleasure that result from these drugs make users susceptible to substance use disorders. The repeated use of a drug can make individuals dependent on it, meaning their body goes through withdrawal without it.

TN

Trainer Note: If the discussion between "addiction as a choice" and "addiction as a disease" comes up in classroom discussions, instructors should point out the difficulty we all have in changing behavior. Ask participants to identify a behavior they currently engage in that they know they probably should not (remind them to keep it legal and PG-13). Most will think about unhealthy eating, tobacco use, procrastination, and exceeding their budget. Tell them to make a commitment to stop this behavior effective today. Elicit their reactions (many will indicate they would not be successful, that it's too much

to ask, it's too hard, I like it too much, etc.). We all have behaviors that are difficult to change – but typically they serve a purpose (e.g., make the good times better or the bad times tolerable).

Source: National Institute on Drug Abuse, January 2018 [Revised], *Principles of Drug Addiction Treatment: A Research-Based Guide* (Third Edition), retrieved from https://nida.nih.gov/sites/default/files/podat-3rdEd-508.pdf



SLIDE 5.6

NATURE AND NURTURE

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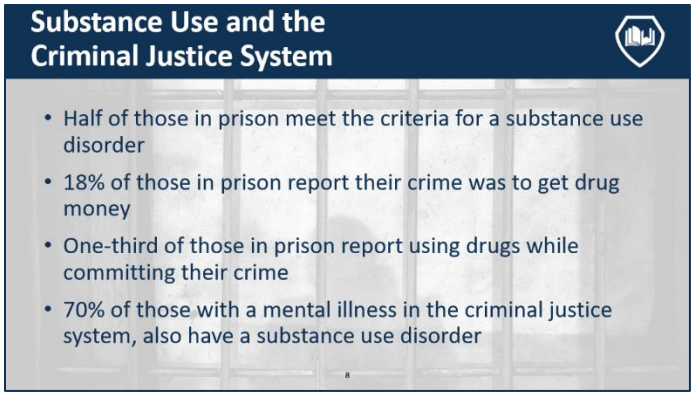
Emphasize that there is a biological and neurological component to addiction. There are also environmental factors that play a role in leading to a substance use disorder. These can include family problems, being the victim of abuse or neglect, experiencing traumatic events, losses, access to drugs, and peer influences. The debate over nature or nurture has been settled and the answer is . . . both.

SLIDE 5.7
SUBSTANCE USE DISORDERS ARE ABOUT

Trainer Note: Review the points on the slide for what constitutes a substance use disorder. Reference the material below as needed.

Content Note: Substance use disorders occur when the recurrent use of alcohol and/or drugs causes **clinically and functionally significant impairment**, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, tolerance, and withdrawal. Physiological changes with some drugs being used or misused (alcohol, opioids, benzodiazepines) can create a dependency. A substance use disorder can be compared to a medical condition. Individuals with substance use disorders require treatment, support, and services to overcome dependency.

Source: American Psychiatric Association, 2013, *Diagnostic and Statistical Manual of Mental Disorders, (DSM-5®)*, Washington, DC: American Psychiatric Publishing: 483



SLIDE 5.8
SUBSTANCE USE AND THE CRIMINAL JUSTICE SYSTEM

T N

Trainer Note: Review the information on the slide about substance use and the criminal justice system, highlighting the connection between substance use and crime. Instructors should consider sharing their experiences from the substance use treatment field.

Sources:

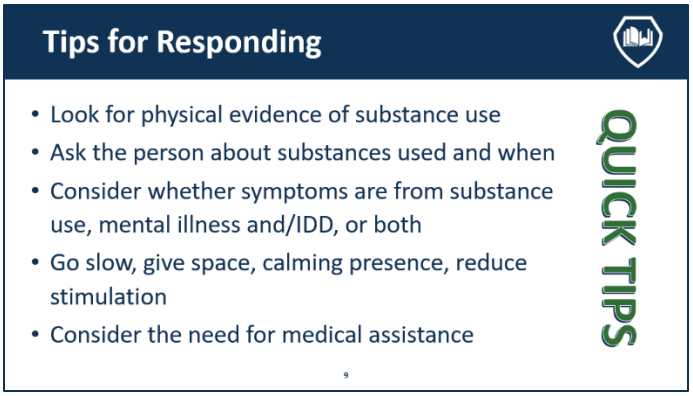
Jennifer Bronson, Jessica Stroop, Stephanie Zimmer, and Marcus Berzofsky, August 10, 2020 [Revised], *Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009,* NCJ 250546, Washington, DC: Bureau of Justice Statistics, retrieved from https://bjs.ojp.gov/content/pub/pdf/dudaspji0709.pdf

Laura M. Maruschak, and Jennifer Bronson, July 2021*, Alcohol and Drug Use and Treatment Reported by Prisoners*, NCJ 252641, Washington, DC: Bureau of Justice Statistics, retrieved from https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/adutrpspi16st.pdf

Neomi van Duijvenbode, and Joanne E. L. VanDerNagel, 2019, "A Systematic Review of Substance Use (Disorder) in Individuals with Mild to Borderline Intellectual Disability," *European Addiction Research 25*: 263-282.

Shawna L. Carroll Chapman, and Li-Tzy Wu, 2012, "Substance Abuse Among Individuals with Intellectual Disabilities," *Research in Developmental Disabilities 33*(4): 1147-1156.

Substance Abuse and Mental Health Services Administration (SAMHSA), June 2019 [Revised], *Screening and Assessment of Co-occurring Disorders in the Justice System,* HHS Publication No. PEP19-SCREEN-CODJS, Rockville, MD: Substance Abuse and Mental Health Services Administration, retrieved from https://store.samhsa.gov/sites/default/files/d7/priv/pep19-screen-codjs.pdf



SLIDE 5.9
TIPS FOR RESPONDING

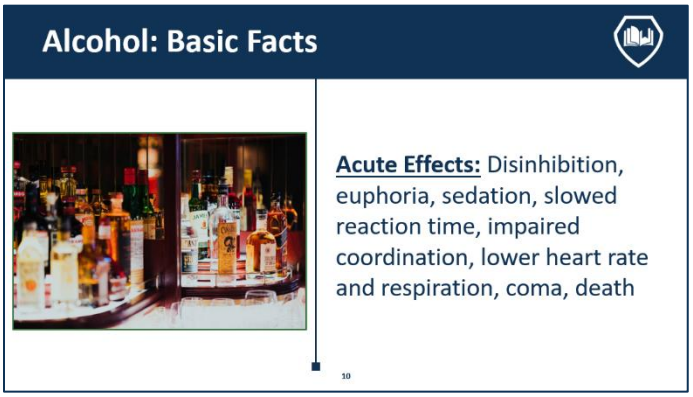
T N **Trainer Note:** Inform participants that the next set of slides (Slides 10–21) present information on various types of substances and the signs and symptoms of their use. Emphasize that, while the signs and symptoms of different substances can vary, officers' response to individuals who appear to be under the influence of substances can be more consistent. Highlight the tips for responding on the slide. Use the content note below to support this discussion.

C N **Content Note:** When a person is under the influence of drugs or has neurological damage due to chronic use of substances, the brain is unable to fully function. In many cases, the ability to problem-solve, think through the consequence of actions, negotiate, or think abstractly are impaired. As such, the individual is more likely to operate out of the more primitive parts of the brain and act out of the "fight or flight" or survival mode. In these instances, addressing someone with logic, reasoning, threats, or commands may be counterproductive. While each drug classification affects individuals a bit differently, the general rule is that de-escalation skills and strategies are necessary to gain compliance and maintain or achieve calm.

When responding to someone who may be under the influence of alcohol or other substances, the officer should maintain a safe distance. Strategies to de-escalate the situation should be used, including using a calm tone, making direct statements, asking direct questions, practicing and expressing empathy, setting limits, and reassuring the individual that you are there to help. Establishing rapport with the individual can also help officers gather information to facilitate a resolution to the situation.

Officers should ask questions: When was the last time they drank or used? What are they experiencing physically or mentally? What substances have they used recently? What health concerns do they have? What medications do they take? etc.

Awareness of what emergency shelters, detoxification centers, or crisis stabilization options are available that will accept unscheduled admissions of individuals who are currently intoxicated can be helpful. In the event the individual is able to go to their home, the officer should provide a list of services for a referral.



SLIDE 5.10
ALCOHOL: BASIC FACTS

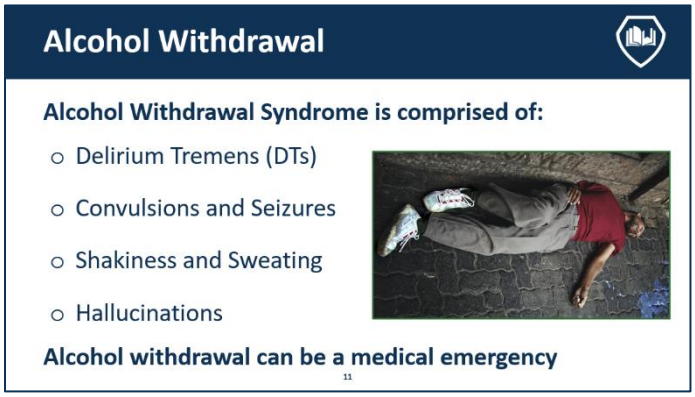
TN

Trainer Note: Read and discuss the acute effects of alcohol presented on the slide. Use the content note below to discuss what participants may observe when encountering someone under the influence of alcohol.

CN

Content Note: When encountering someone who has been drinking or using benzodiazepines (e.g., Valium or Xanax) or other sedatives, their responses will be slow and cognitive function less sharp. Individuals under the influence of alcohol will respond on a more emotional level and be more susceptible to negative emotional states. In some cases, the person may be confused, disoriented, or combative.

Officers may also encounter individuals who are experiencing withdrawal symptoms. Generally, the withdrawal of a drug is the opposite of the symptoms when under the influence of the drug. In most cases, this is experienced as unpleasant.



SLIDE 5.11
ALCOHOL WITHDRAWL

Trainer Note: Reference the content below to support the discussion of the points on the slide. Emphasize that, when responding to someone who appears to be under the influence of alcohol, it is important to ask questions about alcohol use (including prolonged use) to determine the need for medical attention.

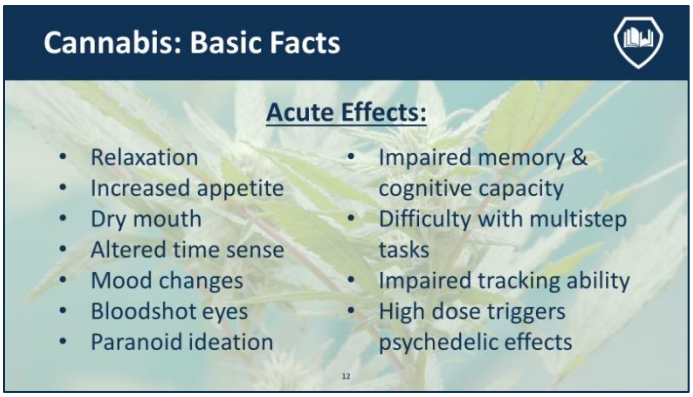
Content Note: People who drink every day may not experience withdrawal symptoms, or they just keep drinking to avoid withdrawal symptoms.

Delirium tremens (or "the DTs") is a rare medical emergency associated with untreated alcohol withdrawal. It occurs 3–14 days after drinking is stopped. Symptoms of delirium tremens include agitation, restlessness, gross tremor, disorientation, fluid and electrolyte imbalance, sweating and high fevers, visual hallucinations, and paranoia. **DTs appears in less than 5% of patients but can lead to death.** Some of the symptoms associated with DTs can mimic mental health conditions (e.g., hallucinations, confusion, and agitation). **Emphasize that DTs are a medical emergency. Officers should respond accordingly.**

Convulsions and Seizures are most common 12–48 hours after drinking is stopped. These indicate serious withdrawal.

When responding to someone who appears to be under the influence of alcohol, several key questions can be asked to determine possible alcohol withdrawal requiring medical attention. For example: How much do you drink daily? How long have you been drinking?

Source: Mark A. Schuckit, 2014, "Recognition and Management of Withdrawal Delirium (Delirium Tremens)," *The New England Journal of Medicine 371*: 2109-2113.



SLIDE 5.12
CANNABIS: BASIC FACTS

TN

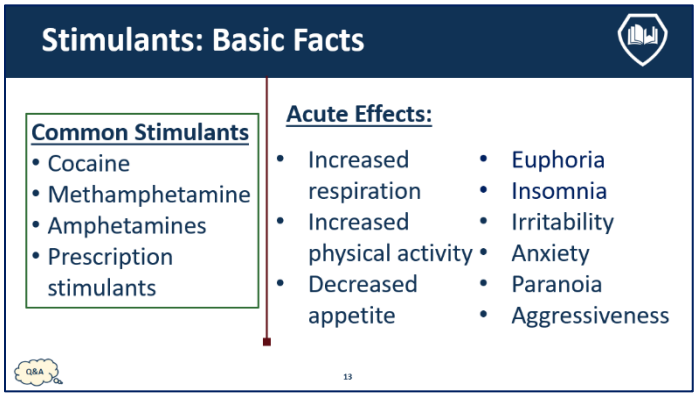
Trainer Note: Briefly review the acute effects of cannabis on the slide referencing the material below as needed.

CN

Content Note: Marijuana's immediate effects include distorted perception, difficulty with thinking and problem-solving, and loss of motor coordination. The hippocampus is also impacted by marijuana use, resulting in difficulty with memory and connecting or linking concepts. Long-term use of the drug can contribute to respiratory infection, impaired memory, and exposure to cancer-causing compounds. Heavy marijuana use in youth has also been linked to an increased risk of developing mental health conditions and poor cognitive functioning.

Additionally, symptoms of cannabis use disorder include disruptions in functioning, the development of tolerance, cravings for cannabis, and the development of withdrawal symptoms, such as the inability to sleep, decreased appetite, grouchiness, anxiety, craving, restlessness, nervousness, anger, or depression within a week of ceasing heavy use.

Source: National Institute on Drug Abuse, December 2019, *Cannabis (Marijuana) DrugFacts,* Bethesda, MD: National Institute on Drug Abuse, retrieved from https://www.drugabuse.gov/publications/drugfacts/marijuana



SLIDE 5.13 STIMULANTS: BASIC FACTS

Trainer Note: Present the acute effects of stimulants. Use the content notes below to support this discussion. **The bullets in the second column of "acute effects" are relevant to law enforcement responses because the effects of stimulants may mimic the signs/symptoms of mental health conditions**. Officers should understand these effects to help guide them in how best to respond. Remind officers to look for environmental indicators of drug use. Also, emphasize the need for possible medical attention.

Q&A

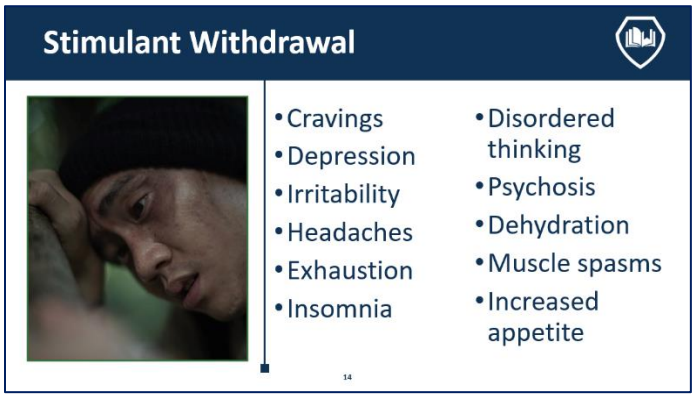
After reviewing the acute effects of stimulants on the slide, **ask officers what specific mental health conditions someone under the influence of stimulants might appear like**. (Manic phase of bipolar disorder, anxiety disorder, and depending on the extent of paranoia, possibly schizophrenia). Make note that almost all of these effects can mimic mental health conditions.

Content Note: Symptoms of stimulant use disorders include craving for stimulants, failure to control use when attempted, continued use despite interference with major obligations or social functioning, use of larger amounts over time, development of tolerance, spending a great deal of time to obtain and use stimulants, and withdrawal symptoms that occur after stopping or reducing use, including fatigue, vivid and unpleasant dreams, sleep problems, increased appetite, or irregular problems in controlling movement.

The physical effects of *cocaine* use include constricted blood vessels, dilated pupils, and increased temperature, heart rate, and blood pressure. Hypothermia, tremors, and convulsions are possible additional effects. The duration of cocaine's immediate euphoric effects, which include hyper-stimulation, reduced fatigue, and mental alertness, depends on the route of administration. The faster the absorption, the more intense the high is. On the other hand, the faster the absorption, the shorter the duration of action. The high from snorting can last 15 to

30 minutes, while that from smoking may last 5-10 minutes. Increased use can reduce the period a user feels high and increases the risk of substance use disorders.

Effects on the central nervous system (CNS) of *methamphetamine* include increased wakefulness, increased physical activity, decreased appetite, increased respiration, hyperthermia, and euphoria. Other CNS effects include irritability, insomnia, confusion, tremors, convulsions, anxiety, paranoia, and aggressiveness. Hyperthermia and convulsions can result in death.



SLIDE 5.14
STIMULANT WITHDRAWL

T N

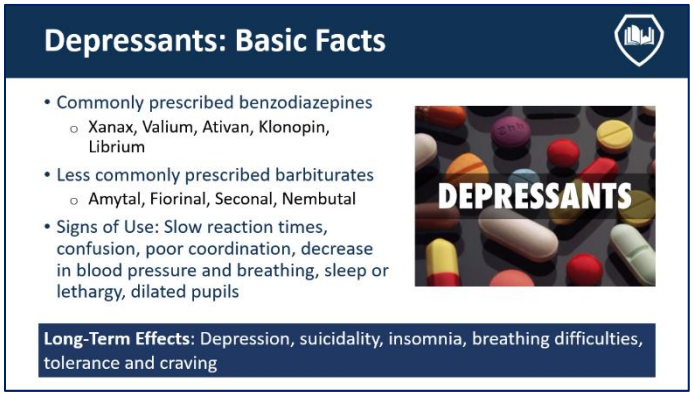
Trainer Note: Review stimulant withdrawal by highlighting each symptom on the slide. **Point out that stimulant withdrawal may mimic mental health conditions or symptoms of mental health conditions, particularly depression, irritability, anxiety, or disorganized thinking.** When officers understand the symptoms of withdrawal, it can guide the questions they ask as well as help get the person to the appropriate services instead of the criminal justice system. Emphasize the need for possible medical attention. Reference the below material as needed.

C N

Content Note: Withdrawal stage features include physical detoxification, cravings, depression, low energy, irritability, memory problems, disordered thinking, insomnia, and exhaustion.

Emphasize that people suffering from severe withdrawal should be viewed as having an acute psychiatric condition. Their brains are not functioning well due to neurochemical imbalances. The condition may have dangerous consequences, such as suicide. Other problems include:

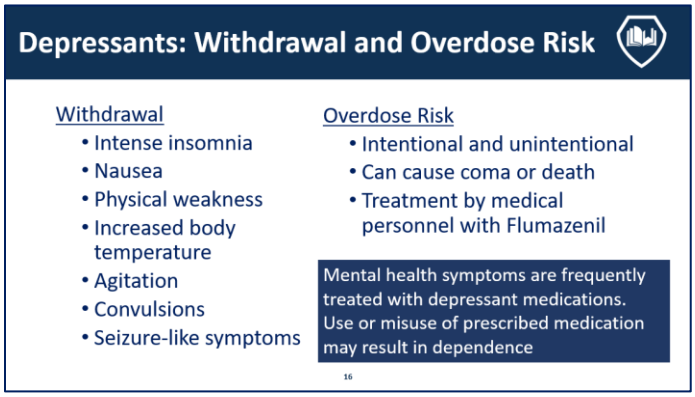
1. Medical problems, such as seizures, infections, cardiovascular problems, weight loss, and vitamin deficiencies.
2. Alcohol withdrawal: Alcohol is frequently used with other drugs. When the drug of choice is one other than alcohol, and the person stops drinking, they may go into alcohol withdrawal if they have unknowingly become physiologically dependent.
3. Depression: Difficulty concentrating, excessive sleep, and fatigue
4. Severe cravings: Exposure to objects, people, places, or situations, which have been associated with drug and alcohol use, can trigger cravings. Also, cravings can occur without external triggers.



SLIDE 5.15 DEPRESSANTS: BASIC FACTS

TN

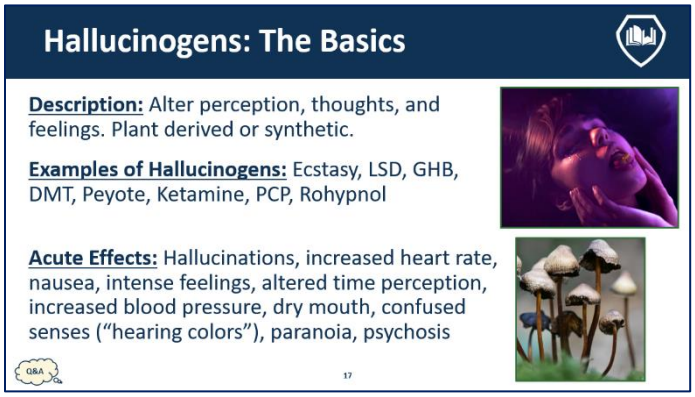
Trainer Note: Cover the points presented on the slide. Highlight that many mental health conditions are treated with depressant medications. These medications pose a risk for dependence and are also a common method of intentional drug overdose.



SLIDE 5.16 DEPRESSANTS: WITHDRAWAL AND OVERDOSE RISK

TN

Trainer Note: Cover the points presented on the symptoms of withdrawal and overdose risk related to depressants.



SLIDE 5.17 HALLUCINOGENS: THE BASICS

TN

Trainer Note: Review the basics of hallucinogens to include types and acute effects, using the content notes below to support this discussion. Emphasize that someone under the influence of hallucinogens may have psychotic symptoms due to the substance. Use the **Q&A** to prompt a discussion on other types of hallucinogens and their effects.

CN

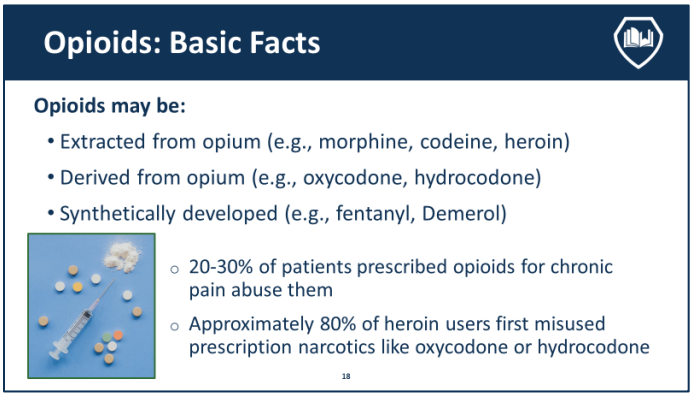
Content Note: Hallucinogens are a diverse group of drugs that alter perception, thoughts, and feelings. They cause hallucinations or sensations and images that seem real, though they are not. They experience sensory overload and confusion. Withdrawal is characterized by depression and demotivation. Hallucinogens can be found in some plants and mushrooms (or their extracts) or can be man-made. People have used hallucinogens for centuries, mostly for religious rituals. The effects of hallucinogens can begin within 20 to 90 minutes and can last as long as 6 to 12 hours. People who use hallucinogens refer to the experiences brought on by these drugs as "trips," calling the unpleasant experiences "bad trips."

Symptoms of hallucinogen use disorder include craving for hallucinogens, failure to control use when attempted, continued use despite interference with major obligations or social functioning, use of larger amounts over time, use in risky situations like driving, development of tolerance, and spending a great deal of time to obtain and use hallucinogens.

Emphasize the importance of asking questions about the use of hallucinogens. Officers should look for environmental indicators of drug use.

Q&A

Ask participants if they are aware of other hallucinogens not mentioned. Ask to describe their effects.



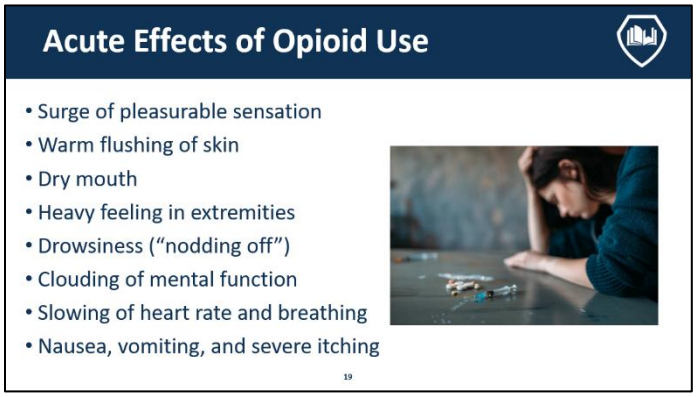
SLIDE 5.18
OPIOIDS: BASIC FACTS

Trainer Note: Briefly review the basic facts of opioids on the slide. Use the content note below to support this discussion. Highlight that opioid use disorders most likely start with a prescription.

Opioids are (1) Pain relievers that affect the nerve cells in the brain and throughout the body and (2) Prescribed by a doctor for short-term use but can be misused, leading to chemical and physical dependence.

Symptoms of opioid use disorders include a strong desire for opioids, inability to control or reduce use, continued use despite interference with major obligations or social functioning, use of larger amounts over time, development of tolerance, spending a great deal of time to obtain and use opioids, and withdrawal symptoms that occur after stopping or reducing use, such as negative mood, nausea or vomiting, muscle aches, diarrhea, fever, and insomnia.

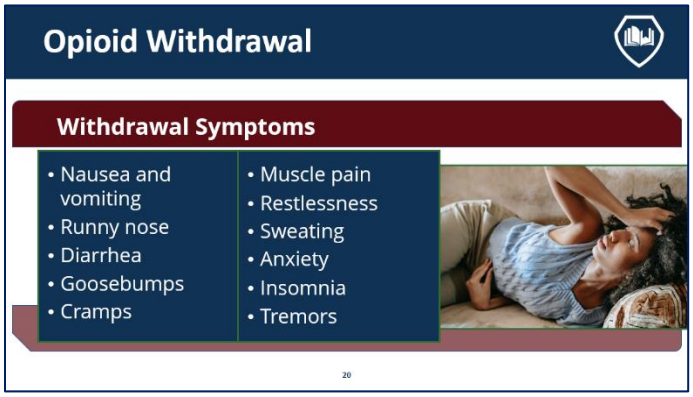
Source: National Institute of Drug Abuse, January 2018, *Prescription Opioids and Heroin*, Bethesda, MD: National Institute of Drug Abuse, retrieved from https://www.drugabuse.gov/publications/research-reports/relationship-between-prescription-drug-abuse-heroin-use/introduction



SLIDE 5.19
ACUTE EFFECTS OF OPIOID USE

TN

Trainer Note: Briefly review the acute effects of opioid use on the slide. Remind officers to look for environmental indicators of drug use. Also, emphasize the need for possible medical attention. Instructors should share experiences from their work in substance use treatment when appropriate.



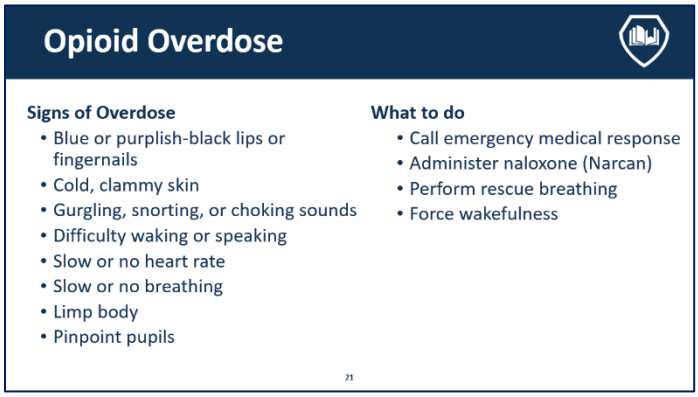
SLIDE 5.20
OPIOID WITHDRAWAL

TN

Trainer Note: Review the withdrawal symptoms on the slide. Again, emphasize the possible need for medical attention.

CN

Content Note: Like other substances, withdrawal symptoms associated with opioids will vary depending on the duration and amount of use. These symptoms can mimic a cold or flu. Medical attention should be sought if these withdrawal symptoms are present. When responding to someone who appears to be experiencing withdrawal, officers should ask questions about what the person may have taken, the last time they used, and how much.



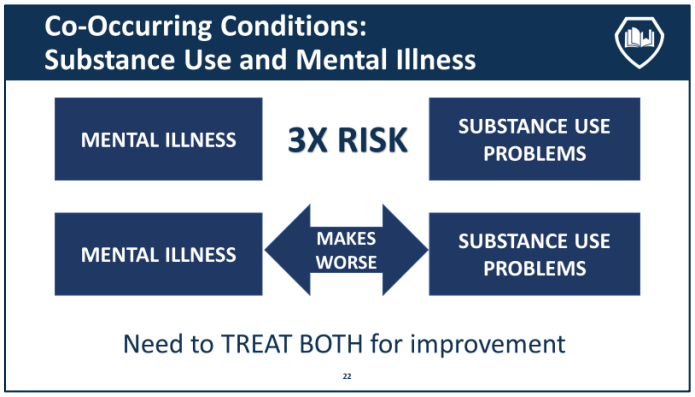
SLIDE 5.21
OPIOID OVERDOSE

Trainer Note: Review the signs of opioid overdose and what to do in instances of suspected overdoes. Use the content note below to support this discussion.

Content Note: Many law enforcement agencies train their officers in the administration of Narcan. Narcan is the brand name for naloxone, and it works by replacing the opioid out of the receptors, diminishing the effects. The use of Narcan results in bringing the person back to consciousness, causing them to wake up slowly. In very rare cases the person can be violent and strike up when awoken.

Medical observation following an administration of Narcan is important. There are cases when the naloxone leaves the opioid receptors there may still be opioids in the system that can reoccupy the receptors leading to sedation and the need for a second dose of Narcan.

There is no harm to the person if Narcan is administered, even when the person is not experiencing an opioid overdose. However, using Narcan can save a person's life.



SLIDE 5.22 CO-OCCURRING CONDITIONS: SUBSTANCE USE AND MENTAL HEALTH CONDITIONS

TN

Trainer Note: Use the content notes below to present the information on this slide. Instructors should share their experiences working in the substance use treatment field when appropriate.

CN

Content Note: When a person has a substance use disorder and a diagnosed mental illness, they are referred to as co-occurring conditions. Having a mental illness, like a psychiatric disorder, is found to triple an individual's risk of experiencing problems with drugs or alcohol. There is a cause-and-effect relationship between substance use and mental illness. For example, alcohol and drug use can lead to depression, anxiety, and psychosis. In turn, depression, anxiety, and psychosis can contribute to alcohol and drug use. To help a person with co-occurring conditions, BOTH mental illness and substance use must be treated.

Of people with serious mental illness in the criminal justice system, estimates suggest between 60–87% also have a co-occurring substance use disorder. When officers encounter individuals who appear to have a mental health condition, it is often likely that they have a co-occurring substance use disorder. Depending on the situation, the use of substances could be contributing to the situation.

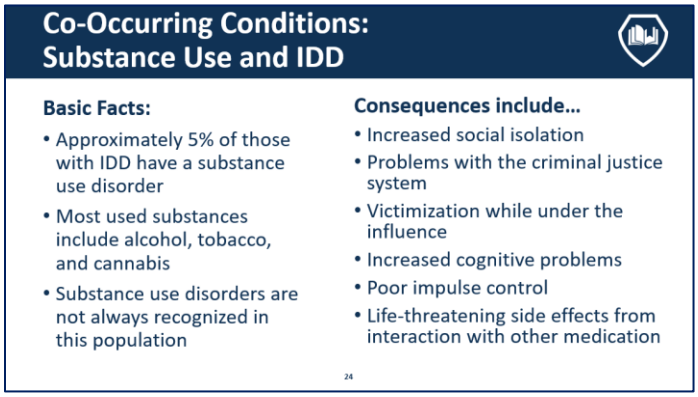
Source: Substance Abuse and Mental Health Services Administration (SAMHSA), June 2019 [Revised], *Screening and Assessment of Co-occurring Disorders in the Justice System,* HHS Publication No. PEP19-SCREEN-CODJS, Rockville, MD: Substance Abuse and Mental Health Services Administration, retrieved from https://store.samhsa.gov/sites/default/files/d7/priv/pep19-screen-codjs.pdf

SLIDE 5.23
WHY DO PEOPLE LIVING WITH MENTAL ILLNESS USE SUBSTANCES

Trainer Note: This is an animated slide. Only the title will come up when first presented. Use the **Q&A** below to prompt a discussion on why participants think people living with mental illnesses might use substances. After several responses, click to bring up the information on the slide. Reinforce answers given by participants and discuss those on the slide not mentioned. Instructors should share their relevant experiences working in the substance use treatment field.

Q&A

Ask participants why they think people with mental health conditions/IDD use and/or misuse substances.



SLIDE 5.24 CO-OCCURRING CONDITIONS: SUBSTANCE USE AND IDD

Trainer Note: Review the points on the slide. Use the content note below to support this discussion.

Content Note: Adults with IDD are generally *less likely* to use substances than adults without IDD. Overall, many people with IDD live with families or other caregivers who monitor their behavior in some way. As a result, the presence of a caregiver can limit their opportunities to use substances. Though, there can still be opportunities for people with IDD to use alcohol and illicit drugs.

While the prevalence of substance use in this population is low, the risk of having a substance use disorder among individuals with IDD who do use substances is high, particularly when compared to those individuals without IDD who use substances. It's unclear exactly how common the problem is, but studies estimate between 1–6% of people with intellectual disabilities have a substance use disorder. These disorders can range from episodic use of drugs and alcohol to dependence and addiction. The most common drugs of use are alcohol, tobacco, and marijuana.

The problem of substance use in the IDD population is not widely recognized and people with IDD generally do not receive as much prevention education on substance use as people without IDD. People with IDD are less likely to receive treatment for substance use disorders than people without IDD and are less likely to stay in treatment. Substance use treatment, resources, and services often do not meet the needs of people with IDD.

Sources:

J. Salavert, A. Clarabuch, M. J. Fernández-Gómez, V. Barrau, M. P. Giráldez, and J. Borrás, 2018, "Substance Use Disorders in Patients with Intellectual Disability Admitted to Psychiatric Hospitalisation, *Journal of Intellectual Disability Research 62*(11): 923-930.

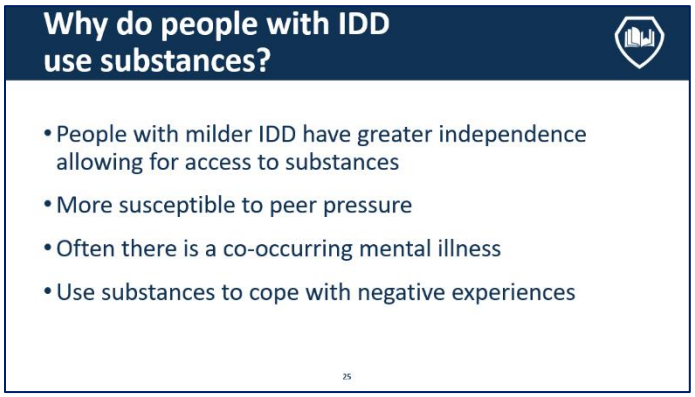
Maria Quintero, July/August 2011, "Substance Abuse in People with Intellectual Disabilities," *Social Work Today 11*:4, 26, retrieved from https://www.socialworktoday.com/archive/071211p26.shtml

Neomi van Duijvenbode, and Joanne E. L. VanDerNagel, 2019, "A Systematic Review of Substance Use (Disorder) in Individuals with Mild to Borderline Intellectual Disability," *European Addiction Research 25*: 263-282.

Shawna L. Carroll Chapman, and Li-Tzy Wu, 2012, "Substance Abuse Among Individuals with Intellectual Disabilities," *Research in Developmental Disabilities 33*(4): 1147-1156.

Substance Abuse and Mental Health Services Association (SAMHSA), 2012, *TIP 29: Substance Use Disorder Treatment for People with Physical and Cognitive Disabilities,* Rockville, MD: Substance Abuse and Mental Health Services Administration, retrieved from https://store.samhsa.gov/product/TIP-29-Substance-Use-Disorder-Treatment-for-People-With-Physical-and-Cognitive-Disabilities/SMA12-4078

The Recovery Village, November 4, 2020 [Updated], Substance Use & Intellectual Disabilities, retrieved from https://www.therecoveryvillage.com/drug-addiction/related-topics/substance-use-intellectual-disabilities/



SLIDE 5.25
WHY DO PEOPLE WITH IDD USE SUBSTANCES

TN

Trainer Note: Discuss the points on the slide with the class participants using the content information below.

CN

Content Note: Deinstitutionalization and community integration have improved the lives of people with IDD in many ways. However, deinstitutionalization might also have made people with IDD more vulnerable to problems like substance use and substance use disorders.

People with IDD with lower support needs tend to have a higher risk of having a substance use disorder than people with IDD with higher support needs. In part, this higher risk may be due to a greater level of independence for people with IDD who have lower support needs and are more likely to be able to access drugs and alcohol. They may also experience prejudice and social pressures from their interactions in their community.

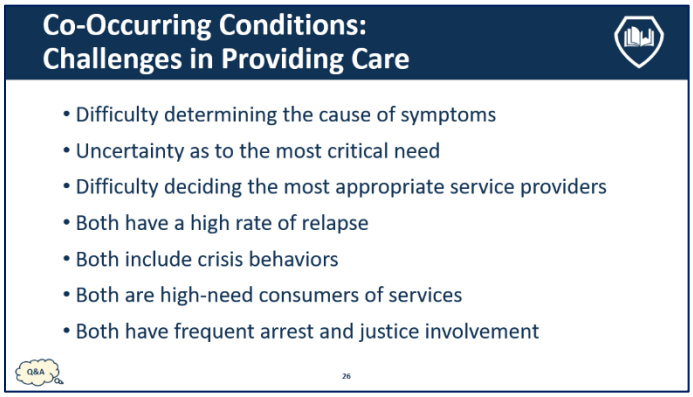
Being a young male, having lower socioeconomic status, experiencing homelessness, and having a mental health condition are also risk factors. It is quite common for people with intellectual disabilities and substance use disorders to also have a co-occurring mental health condition. Other factors, such as a family history of abuse, can increase the risk of drug or alcohol use. People with IDD who use substances and have a substance use disorder may be doing so to cope or deal with negative life experiences such as past or current trauma, social isolation, and stigma.

Sources:

Maria Quintero, July/August 2011, "Substance Abuse in People with Intellectual Disabilities," *Social Work Today 11*:4, 26, retrieved from https://www.socialworktoday.com/archive/071211p26.shtml

Neomi van Duijvenbode, and Joanne E. L. VanDerNagel, 2019, "A Systematic Review of Substance Use (Disorder) in Individuals with Mild to Borderline Intellectual Disability," *European Addiction Research 25*: 263-282.

The Recovery Village, May 31, 2022 [Updated], Substance Use & Intellectual Disabilities, retrieved from https://www.therecoveryvillage.com/drug-addiction/related-topics/substance-use-intellectual-disabilities/



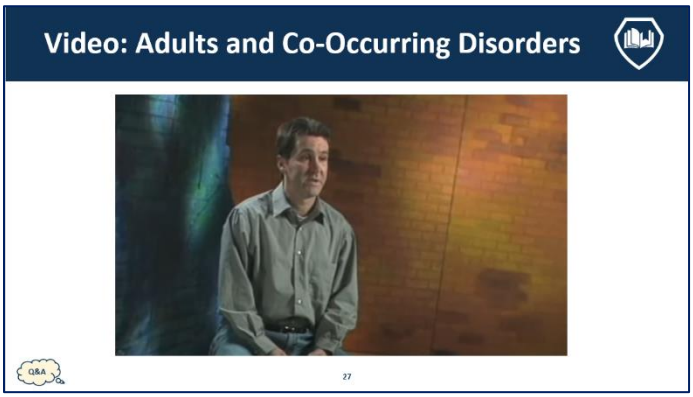
SLIDE 5.26 CO-OCCURRING CONDITIONS: CHALLENGES IN PROVIDING CARE

T N

Trainer Note: Review the challenges for law enforcement officers when responding to individuals experiencing a crisis who shows signs of a mental illness, IDD, and substance use. Emphasize the importance of asking relevant questions to assist with their assessment of the situation. Use the Q&A below to prompt a discussion on participants experiences with responding to individuals with co-occurring conditions.

Q&A

Ask participants if they have responded to individuals with co-occurring conditions and how they approached the situation. Ask what the diversion options in your community are.



SLIDE 5.27
VIDEO: ADULTS AND CO-OCCURRING DISORDERS

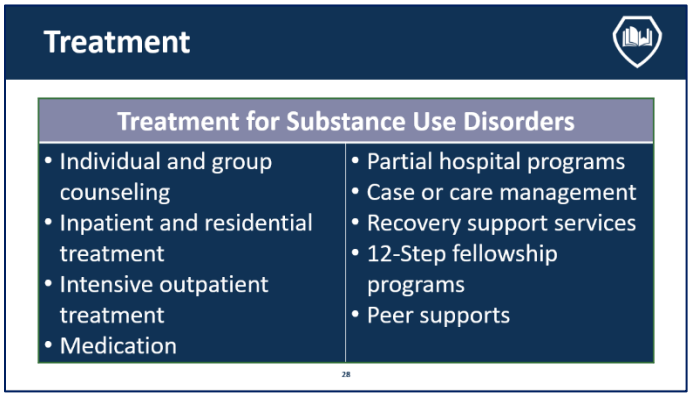
Trainer Note: Introduce the video "Adults and Co-Occurring Disorders." Use the **Q&A** to prompt a discussion on the content of the video.

Video Activity: "Adults and Co-occurring Disorders" (4:14)
https://www.youtube.com/watch?v=4xyaQbTeg74&ab_channel=reelizations

This video provides insight into the experiences of people living with co-occurring disorders and highlights the variation in these experiences across different people.

Content Warning: This video contains discussion of suicide and self-harm.

Ask participants for thoughts and reactions to the video. *Use the video as a summation and tie it to the next slide for the importance of treatment for substance use disorders.*



SLIDE 5.28
TREATMENT

TN

Trainer Note: Review the points on the slide, using the content note below to support this discussion. Emphasize the importance of helping those who may be using substances to access services rather than the criminal justice system, when possible. Being patient and asking relevant questions can help officers when making decisions on what services may be most helpful.

CN

Content Note: There are several effective methods of treatment to help people living with substance use disorders. Many substance use programs also address co-occurring mental illness and IDD. Similarly, many mental health service providers also address substance use. These programs may not be as accessible to individuals with IDD, however, without appropriate modifications.

The last two programs on the slide – 12-step fellowship programs and peer supports – are designed to support other treatment efforts. There is mixed evidence that individuals experience a higher rate of successful sobriety when working with someone who has lived experience with a substance use disorder. It is unknown if peer support is an effective standalone option for individuals with substance use disorders due to a lack of rigorous research and difficulty in separating out accompanying formalized interventions. There is clear evidence that positive support of some kind does increase the success rates of treatment, regardless of the source of that support.

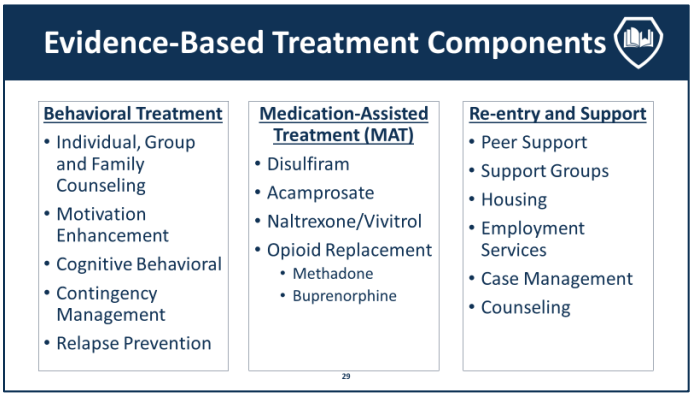
Sources:

Katherine Tracy, and Samantha P. Wallace, 2016, "Benefits of Peer Support Groups in the Treatment of Addiction," *Substance Abuse and Rehabilitation 7*: 143–154.

Keith Humphreys, Nicolas B. Barreto, Sheila M. Alessi, Kathleen M. Carroll, Paul Crits-Cristoph, Dennis M. Donnovan, John F. Kelly, Richard S. Schottenfeld, Christine Timko, and Todd

H. Wagner, “Impact of 12 Step Mutual Help Groups on Drug Use Disorder Patients Across Six Clinical Trials,” *Drug and Alcohol Dependence 215*: 1–7.

National Institute on Drug Abuse, n.d., *Addiction Science*, Bethesda, MD: National Institute on Drug Abuse, retrieved from https://www.drugabuse.gov/drug-topics/addiction-science



SLIDE 5.29 EVIDENCE-BASED TREATMENT COMPONENTS

TN

Trainer Note: Building on the content on the previous slide, briefly acknowledge that there are several evidence-based treatment options that have been found effective in helping individuals with substance use disorders. These range across behavioral, medication-assisted, and support services. Use the content note below, as needed, to support this discussion. Highlight that substance use treatment is most effective when the whole person is considered, not just their substance use. Providing counseling, reentry services, and support – in addition to other forms of treatment – is key.

CN

Content Note:

Behavioral Health Treatment

Includes a range of options from outpatient weekly sessions, intensive outpatient programs (10 hours of services per week), to residential programs. Includes individual, group, and family counseling. Cognitive behavioral treatment has consistently demonstrated significant outcomes in reducing substance use. Contingency management and relapse prevention treatment models are also important.

Programs in most communities accept insurance, Medicaid, or offer a sliding scale. There are criteria that the program will apply to determine the intensity of the program that is designed to best meet the needs of the individual. The first step is to schedule an assessment.

Motivation is often a barrier to treatment and is best addressed by helping the person explore the negative consequences of continued substance use and the positives of making a change. A harsh, punishment-oriented, get-tough approach is rarely effective. However, court action or arrest can be a positive inducement for treatment. Treatment has been shown to be equally effective when the individual is coerced into going compared to those who voluntarily seek treatment. This is likely due to the external pressure to keep going even when the person does

not want to go. Other barriers include cost, transportation, literacy, cultural inclusion, and childcare responsibilities.

Medication-Assisted Treatment

Alcohol Specific

- Disulfiram (Antabuse) make the individual ill if alcohol is ingested.
- Acamprosate – reduces craving
- Naltrexone/Vivitrol – reduces craving

Medication-Assisted Opioid Treatment

- Naltrexone (oral) and Vivitrol (injection) – Not an opioid, blocks the receptors and prevent the euphoria if the opioid is used. Reduces craving and serves as a deterrent. Using the injectable form increases treatment compliance (monitoring and easier than taking daily dose). Covered by Medicaid and some criminal justice agencies. Must be detoxed from opioids. Also used with alcohol use disorder.

Opioid Replacement Therapy

Opioid Replacement is not switching one drug for another, it is allowing the person to have the ability to break out of the cycle of using and live a normal life.

- Methadone – Opioid that binds to receptors eliminating withdrawal and craving, without providing euphoria. Allows the person to function in daily responsibilities. Slight risk of overdose and diversion, sale on streets. More evidence to support the long-term maintenance model but could be decreased over time if desired. Requires daily administration from a federally licensed opioid treatment program (OTP).
- Buprenorphine (Suboxone, Subutex) – Opioid that partially fills the opioid receptors and prevents craving and withdrawal. Stronger bond to the receptors than methadone and Suboxone includes naloxone to help reduce abuse potential.

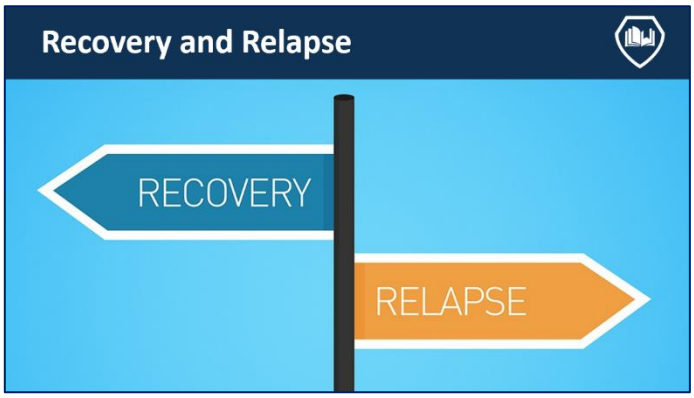
Re-entry and Support

Substance use treatment is most effective when the whole person is considered. Providing counseling, reentry services, and support is key.

Sources:

National Institute on Drug Abuse. (2018). Principles of drug addiction treatment: A research-based guide (Third Edition). Retrieved from https://nida.nih.gov/download/675/principles-drug-addiction-treatment-research-based-guide-third-edition.pdf?v=74dad603627bab89b93193918330c223

Substance Abuse and Mental Health Services Administration. (2022). Medication-assisted treatment (MAT). Retrieved from https://www.samhsa.gov/medication-assisted-treatment



SLIDE 5.30
RECOVERY AND RELAPSE

TN

Trainer Note: Provide the definitions of recovery and relapse using the content information below. Note that recovery is possible, particularly with the use of the evidence-based treatment and services and supports discussed previously.

Officers may be frustrated by seeing or responding to the same person multiple times due to their substance use. Emphasize that the path to recovery is usually not a direct one and that relapse is common and regarded as likely to occur. It can happen at any stage of recovery. Highlight that law enforcement contacts can be the first step for people to get connected to services and start on the path to recovery.

CN

Content Note: Recovery is defined as "a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Even individuals with severe and chronic substance use disorders can, with help, overcome their substance use disorders and regain health and social function. This is called remission. When those positive changes and values become part of a voluntarily adopted lifestyle, it is called 'being in recovery.' Although abstinence from all substance use is a cardinal feature of a recovery lifestyle, it is not the only healthy, prosocial feature."

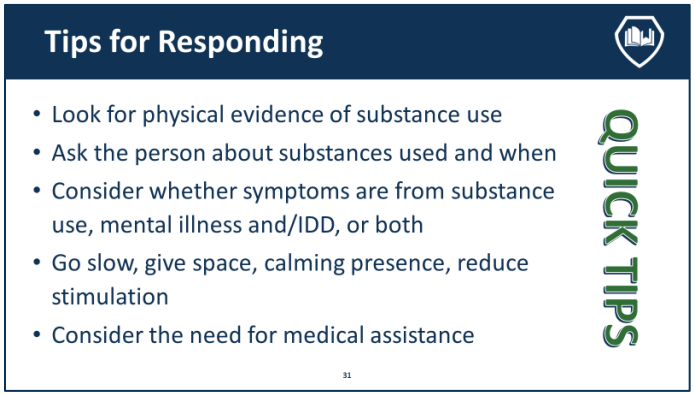
Relapse is defined as "the return to alcohol or drug use after a significant period of abstinence. Remission is a medical term meaning that major disease symptoms are eliminated or diminished below a predetermined, harmful level."

While relapse is a normal part of recovery, for some drugs, it can be very dangerous—even deadly. If a person uses as much of the drug as they did before quitting, they can easily overdose because their bodies are no longer adapted to their previous level of drug exposure. This is particularly true for those with an opioid use disorder.

Sources:

Bureau of Justice Assistance, August 2021, *Style Guide for Using the Sequential Intercept Model: Behavioral Health and Intellectual and Developmental Disability Considerations*, p. 14.

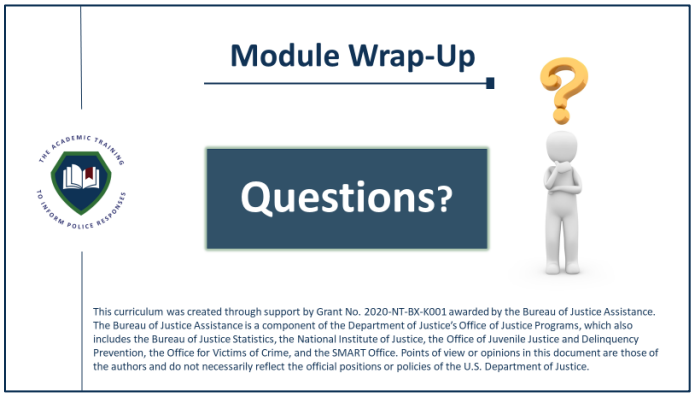
National Institute of Drug Abuse (NIDA), July 10, 2020, *Drugs, Brain, and Behavior: The Science of Addiction, Treatment and Recovery,* Bethesda, MD: National Institute of Drug Abuse, retrieved from https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery



SLIDE 5.31
TIPS FOR RESPONDING

TN

Trainer Note: To conclude the module, reiterate the tips for responding to individuals who appear to be under the influence of substances. Emphasize the importance of time and space, asking questions, and consideration of the need for medical assistance in these situations.



SLIDE 5.32
MODULE WRAP-UP

Trainer Note: Use this as an opportunity for participants to ask questions before moving on.

This curriculum was created through support by Grant No. 2020-NT-BX-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the authors and do not necessarily reflect the official positions or policies of the U.S. Department of Justice.