

## SUBSTANCE ABUSE

### I. INTRODUCTION

Substance abuse is the use of alcohol, illegal drugs, prescription drugs or other substances in ways not conducive to the overall health of the individual. Delegate agency sites must offer substance abuse counseling and must provide appropriate referral as indicated.

- A. Prevalence in the United States: percent of persons with use in past month:
  - 1. Age  $\geq$ 12 with any illicit drug use: 8.7% (2009)
  - 2. Age  $\geq$ 12 with marijuana use: 6.6% (2009)
  - 3. Age  $\geq$ 12 with nonmedical use of psychotherapeutic drug: 2.8% (2009)
- B. Prevalence in Maryland: percent of persons with alcohol consumption
  - 1. Heavy drinkers: males having > 2 drinks per day and females having >1 drink per day: 4.5 % (2010)
  - 2. Binge drinkers: males having >5 drinks on one occasion, females having >4 drinks on one occasion: 14.6 % (2010)

### II. MEDICAL EVALUATION/CLIENT HISTORY

Delegate agency site personnel with appropriate training must be aware of signs and symptoms of substance abuse and community resources.

- A. Physical signs include: track marks and other evidence of intravenous drug use, alcohol in the breath, scars or injuries, hypertension, tachycardia or bradycardia; tremors; slurred speech, poor hygiene, liver renal disease, rhinorrhea, chronic cough, nervous mannerisms, pinpoint or dilated pupils, reproductive dysfunction (hypogonadism, irregular menses, miscarriage, infertility, fetal alcohol syndrome).
- B. Psychological problems include: memory loss, depression, anxiety, panic disorder, paranoia, unexplained mood swings, personality changes, intellectual ability changes, sexual promiscuity, legal problems (theft, arrest), and unreliability.

### III. CLIENT COUNSELING AND EDUCATION

During the discussion the goal is to engage the client in non-judgmental conversations (brief interventions) about their substance use and can help them decide whether they should reduce their use to improve their long-term health.

- A. CAGE: for alcohol abuse CAGE questionnaire may be utilized:
  - 1. Have you ever felt you ought to **C**ut down on your drinking?
  - 2. Have people **A**nnoyed you buy criticize the your drinking?
  - 3. Have you ever felt bad or **G**uilty about your drinking?
  - 4. Have you ever had a drink first and is the morning to steady your nerves or get rid of the hangover (**E**ye opener)

- B. SBIRT: Screening Brief Intervention and Referral to Treatment can help determine whether a client uses alcohol and/or drugs in unhealthy ways. SBIRT is a comprehensive integrated public approach to the delivery of early intervention and treatment services for clients with substance abuse disorders as well as individuals at risk for developing those disorders. The family planning encounter provides an opportunity for early intervention and provision of services before more severe consequences occur.

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SBIRT approach offers the following advantages:

1. Screening quickly assesses the severity of substance abuse into the first appropriate level of treatment. Short, well-tested questionnaire should be utilized (such as the ASSIST, the CRAFFT, the AUDIT, the DAST, etc) to identify client risks.
2. Brief Intervention focuses on increasing inside an awareness regarding substance abuse and motivational cord behavior change
3. Referral to Treatment provides those individuals as needing more expensive treatment with access to specialty care

- C. More information on substance abuse treatment, referral to treatment and/or self-assessment or screening services visit SAMHSA online to locate substance abuse facilities and treatment help <http://dasis3.samhsa.gov/Default.aspx> or call SAMHSA 24-hour toll free referral helpline at 1800662 HELP (1-800-662-4357).

Delegate agency's must have information available to address the needs of counseling adolescents if services are not available on site an appropriate referral must be made. Comprehensive research and resources on the prevention of underage drinking is available at **StopAlcoholAbuse.Gov**. <http://www.stopalcoholabuse.gov/>. Materials and resources on this site are provided by 15 federal agencies of the Interagency Coordinating Committee on Underage Drinking Prevention (ICCPUD). More information on ICCPUD is available on this site as well.

## REFERENCES

1. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use & Health. Table 61. Available from: <http://oas.samhsa.gov/nsduh.htm>.
2. CDC, Behavioral Risk Factor Surveillance System, Prevalence and Trends, Maryland 2010 Alcohol Consumption.