Welcome to our program about psychosocial and rural issues that relate to using SBIRT.
Goals for today...

- Identify the relationship between substance use and traumatic life experiences
- Discuss risks for substance use in the LGBTQ community
- Describe common challenges associated with substance use in rural areas
- Discuss importance of collaborative care models to treat co-existing conditions, particularly in rural settings

As outlined on the slide, we have four main goals for today.
This is a list of the traumatic life experiences we’ll address in today’s program.

Let’s start by talking about psychological trauma and how it relates to substance use.
There are many negative life experiences that can cause psychological trauma. Here we see a partial list, a few of which we’ll cover in more detail. In general, psychological trauma is associated with a higher risk of substance use.

Reference:
Psychological Trauma and Drug Addiction (http://www.dualdiagnosis.org/psychological-trauma-drug-addiction/)
With psychological trauma, people often turn to alcohol or drugs in order to cope.

Reference:
Psychological Trauma and Drug Addiction (http://www.dualdiagnosis.org/psychological-trauma-drug-addiction/)
The risk of substance use among individuals who have experienced psychological trauma means that primary care providers need to pay special attention to both identifying use AND trauma, and then making sure the person gets treatment for BOTH.

Reference:
Psychological Trauma and Drug Addiction (http://www.dualdiagnosis.org/psychological-trauma-drug-addiction/)
While substance use does not cause domestic violence, there is a statistical correlation. Studies have found that there is frequent high incidence of substance use by perpetrators during domestic abuse. Department of Justice findings show that over 60% of domestic violence offenders have substance use problems, with 36% of victims having the same problem. Their studies report that anywhere from 24% to 92% of assailants in domestic violence use alcohol and/or drugs.

References:
The Dangers of Domestic Violence and Substance Abuse (https://www.futuresofpalmbeach.com/womens-health/domestic-violence/)


Individuals with alcohol use disorder, commonly called alcoholics, are more likely to commit domestic violence – even when sober – and are also more likely to be violent. Alcohol may reduce inhibitions, leading to abuse, but may also be used as a justification or an excuse for the violence.

As the slide notes, victims of domestic violence may turn to drugs and alcohol to cope with abuse.

References:
The Dangers of Domestic Violence and Substance Abuse (https://www.futuresofpalmbeach.com/womens-health/domestic-violence/)


Substance use is associated with child abuse that, in turn, has long-term consequences for the child. According to a Harvard University study, child abuse-related brain changes are linked to depression, drug addiction, schizophrenia, and other mental health problems.

Substance use has been identified as the most frequently-cited risk factor associated with elder abuse and neglect, and is a factor in all types of abuse. Individuals who have substance use problems may view older adults as easy targets for financial exploitation. Patterns observed in domestic violence are also common in elder mistreatment. Alcohol may rationalize abuse, or be a misguided coping mechanism. Alcohol may be used to make victims easier to exploit, more compliant or easier to care for, and some victims may use alcohol as a coping mechanism to relieve anxiety and fear.

References:


Elder Abuse and Substance Abuse (http://www.preventelderabuse.org/elderabuse/issues/substance.html)
Bullying is another common cause of psychological trauma that has a correlation with substance use. An Ohio State University study found that adolescents who bully others were more likely to engage in substance use. This study found the reverse was also true: teens who used substances were more likely to bully others.

References:
Study Finds Link Between School Bullies and Substance Use
(http://www.drugfree.org/news-service/study-finds-link-between-school-bullies-and-substance-use/)

School Bullies More Likely to Be Substance Users, Study Finds
(http://researchnews.osu.edu/archive/bullyuse.htm)

Bullying Statistics (http://www.pacer.org/bullying/resources/stats.asp)
While the researchers didn’t find as strong of a link between victims of bullying and substance use, they did learn that bullying was more common among middle school students than those in high school, and substance use was more prevalent among high school students. Also, their findings showed that bullies and bully-victims — those that bully others and are also bullied — had much higher than expected levels of substance use. The thought is that intervention with bullies while they’re in middle school may be able to stop them from experimenting with substance use later in life.

References:
Study Finds Link Between School Bullies and Substance Use
(http://www.drugfree.org/news-service/study-finds-link-between-school-bullies-and-substance-use/)

School Bullies More Likely to Be Substance Users, Study Finds
(http://researchnews.osu.edu/archive/bullyuse.htm)

Bullying Statistics (http://www.pacer.org/bullying/resources/stats.asp)
Pain and substance use often co-occur. Sometimes the overuse of pain medications can lead to addiction. Causes for this include misunderstanding how the opioids are supposed to be used, wanting to avoid withdrawal symptoms, and desiring the euphoria induced by the drugs.

The rate of occurrences of opioid addiction is uncertain. To date, no studies have examined this issue prospectively, and most pain studies exclude individuals with addictive disorders. However, one study reports that 47% of people treated for opioid addiction first took drugs as part of pain treatment.

Limited evidence also suggests that individuals who have difficulty obtaining prescribed opioids may transition to heroin, which is cheaper and – in some communities – easier to get than prescription opioids.

References:
Challenges in Using Opioids to Treat Pain in Persons with Substance Use Disorders (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2797112/)


Excessive and/or persistent levels of stress may also contribute to substance use as a coping method. Feeling overwhelmed or defeated, and unable to cope using usual methods, may lead to substance use.

On the “flip” side, stressful situations and problems may also be the trigger for relapse among substance users. Therefore, it’s important for healthcare providers to be alert to their patients’ situations and intervene – either by providing effective support or referring to treatment, if necessary.

References:

The Insidious Connection Between Substance Abuse and Stress (https://www.elementsbehavioralhealth.com/addiction/the-insidious-connection-between-substance-abuse-and-stress/)
LGBTQ Issues

Substance use in lesbian, gay, bisexual, transgender, and queer populations
• Estimated to be between 20% to 30%
• General population is about 9%
• Struggling with gender identity disorder increases risk of developing a substance use problem
• Heterosexism can contribute to substance use

LGBTQ people, when compared with the general population, have higher risks when it comes to substance use. Studies indicate that they are more likely to use alcohol and drugs, have higher rates of substance use, are less likely to abstain from substance use, and are more likely to continue heavy drinking into later life.

The connection between gender identity and addiction stems from the confusion the individual experiences. They’re unable to express themselves in a healthy manner, either because they’re afraid or because they don’t have the words needed.

Heterosexism – which resembles racism or sexism – can affect LGBTQ people by causing internalized homophobia, shame, and a negative self-concept. These feelings are often dealt with through the use of mind-altering substances.

References:

Gender Identity Disorder and Addiction (http://lgbtdrugrehab.com/addictions/gender-identity-disorder-and-addiction/)

A Provider’s Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals (https://store.samhsa.gov/shin/content/SMA12-4104/SMA12-4104.pdf)
## LGBTQ Issues

**Substance use may be due to →**

- High levels of stress from social prejudice and discriminatory laws in area of daily life
- A lack of competency in the health care system, which discourages gay and transgender people from seeking treatment
- Targeted marketing efforts that increase easy access to alcohol and tobacco products through exploitation of the connection to safe spaces for socializing

The three factors for using substances, shown here, are the main ones cited by gay and transgender people.

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References:
Gender Identity Disorder and Addiction (http://lgbtdrugrehab.com/addictions/gender-identity-disorder-and-addiction/)


A Provider’s Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals (https://store.samhsa.gov/shin/content/SMA12-4104/SMA12-4104.pdf)
Another important topic, particularly for University of Iowa students, is the unique problems and issues faced by healthcare providers in rural settings.

The National Rural Health Association identifies a variety of obstacles to health care in rural settings. Let’s think about a few of these before talking about implications for substance use identification and treatment.

Reference:
Clearly, healthcare workforce shortages in rural areas are an important consideration. Shortages of both generalist and specialist physicians are common. A lot less is known about contributions of nursing practitioners and physician assistants. Morgan and colleagues report that 60% of 40 state workforce assessments between 2002 and 2008 did not include either nurse practitioners or physician assistants in their provider counts, workforce projections, or recommendations. However, the National Rural Health Association and Rural Health Research Center both underscore the important contributions of nurse practitioners and physician assistants in rural areas.

References:


Problems related to income, unemployment, lack of health insurance, and poverty are more prevalent in rural areas. Sparsely populated rural settings involve greater distances to reach health services, and the vast majority lack bandwidth to support accessing information easily using the Internet.
A wide variety of health inequalities exist between residents who live in rural areas compared to those in urban areas – from injury risks to a long list of medical problems and, certainly, the areas of substance use AND mental health problems.
As we think more specifically about substance use in rural areas, the same basic list of problems for rural Americans also contributes to substance use.

We highly recommend reading the brief publication, Substance Abuse in Rural Areas, that we have used to inform this presentation!

Reference:
As outlined on the slide, alcohol is the most widely-used substance in rural settings, followed in frequency by the other drugs listed. And while we may think about heroin use as a “big city problem,” a 2014 report in the *Journal of the American Medical Association Psychiatry* notes that an increasing percentage of heroin users come to treatment from communities outside large urban areas.

References:

When we consider common substance use-related problems, many of the same issues are observed in both rural and urban settings. At the same time, there are a number of special considerations, particularly related to youth and older adults.

The number of older adults in rural areas, combined with potential for isolation and other issues described in the SBIRT training module, make them an important focus in assessment and treatment.
Of equal or more importance, statistics about underage drinking in rural areas are particularly alarming. Both binge drinking and drinking and driving are more common among rural youth. As noted on the slide, the combination of rural values about alcohol use in general, along with greater access and availability, are believed to be contributing factors.
We also know that access to services for substance use treatment is considerably less accessible to rural residents. Traditional diagnostic and treatment services are less available, and auxiliary services like detoxification, day treatment programs for substance use, and specialized opioid treatment are rare in rural settings. Those programs are nearly exclusively located in urban settings – which means long distances to travel.
Rural Challenges: Substance Use

**Distance to travel impedes use**
- Fewer facilities, more geographically dispersed
- Greater distance to substance use treatment programs often results in lower completion of treatment
- Lack of public transportation systems impedes access, particularly for those whose driver’s license is revoked

**“Default” service system is not well-prepared**
- First responders/ER staff have limited experience treating overdose
- Law enforcement is spread over large geographic areas

The distance to travel to services is an issue, one that is associated with lower rates of completing substance use treatment. Many clients can’t afford to travel due to time or cost, have lost their driver’s license, and/or simply give up.

The distance issues mean that local services that ARE available – like first responders, ER staff in critical access hospitals, and law enforcement officers – are often the “default” substance treatment system, and they aren’t well prepared for the challenges.
Another, and critically important, consideration is privacy and confidentiality issues in small rural communities where “everyone knows everybody.” On the one hand, that familiarity can be comforting at times. On the other hand, it can interfere with seeking help and treatment for fear of gossip, labeling, and reprisal based on stigma and misbeliefs about substance use.

Providers in rural settings routinely face challenges related to all sorts of health-related problems, and issues with substance use are on the same “continuum” of maintaining confidentiality and overcoming barriers!
When we think about alternatives and options to overcome barriers, education and collaboration are at the top of the list!

Many healthcare providers are also “citizens” who can take active roles in community education, outreach, and service to break down barriers and increase knowledge.
There are some great resources available online. For example, the Rural Mental Health and Substance Abuse Toolkit offers a variety of training modules and hands-on resources to improve mental health and substance use approaches in rural areas.
Rural Challenges: Best Solutions

Steps to discourage YOUTH from using alcohol

• Parental influence is a protective factor
• Encourage programs to help parents, schools, churches, other organizations
  ✓ Family-centered prevention programs
  ✓ Evidence-based interventions for schools
  ✓ Events and programs sponsored by rural church and faith-based organizations

See ➔ [http://www.drugabuse.gov/parents-educators](http://www.drugabuse.gov/parents-educators) and [http://www.udetc.org](http://www.udetc.org)

There are also a variety of excellent youth-specific resources available online. Community members often view healthcare providers as experts and may turn to you for advice and assistance. Being knowledgeable about evidence-based approaches is important – both in your clinical practice and as a community member.
Collaborative care is an important evidence-based practice that assures treatment of both mental health AND substance use issues in rural communities. Collaborative care is also known as “integrated” care and involves having specialty services co-located with primary care services. The strongest models involve collaboration between primary care and substance and/or mental health specialists. However, co-location, or just having services in the same building, can greatly facilitate treatment delivery.
There's considerable evidence for the effectiveness of collaborative care. In fact, collaborative care is considered “best practice” for treating late-life depression, a problem that has been difficult to address using traditional methods.
There is considerable information available online through the SAMHSA website about collaborative and integrated care models. In short, help is available to develop a model in your rural community and practice!
And importantly, the online SAMHSA programs really do work to tailor solutions to the individualized needs and resources of communities and clinicians.
In summary, there are lots of things to keep in mind as you implement SBIRT in clinical practice.

Today we talked about some special psychosocial issues and challenges in rural areas, but also keep in mind factors related to age, mental health challenges, and health-related issues. Universal screening is critical to identifying substance use— but other behaviors may also “signal” the need to explore use.

As you use brief interventions to explore risky behaviors, think broadly about the range of factors that may come into play.

Thank you for your attention.