



USE, MISUSE & ABUSE Substance Use and Claims Management

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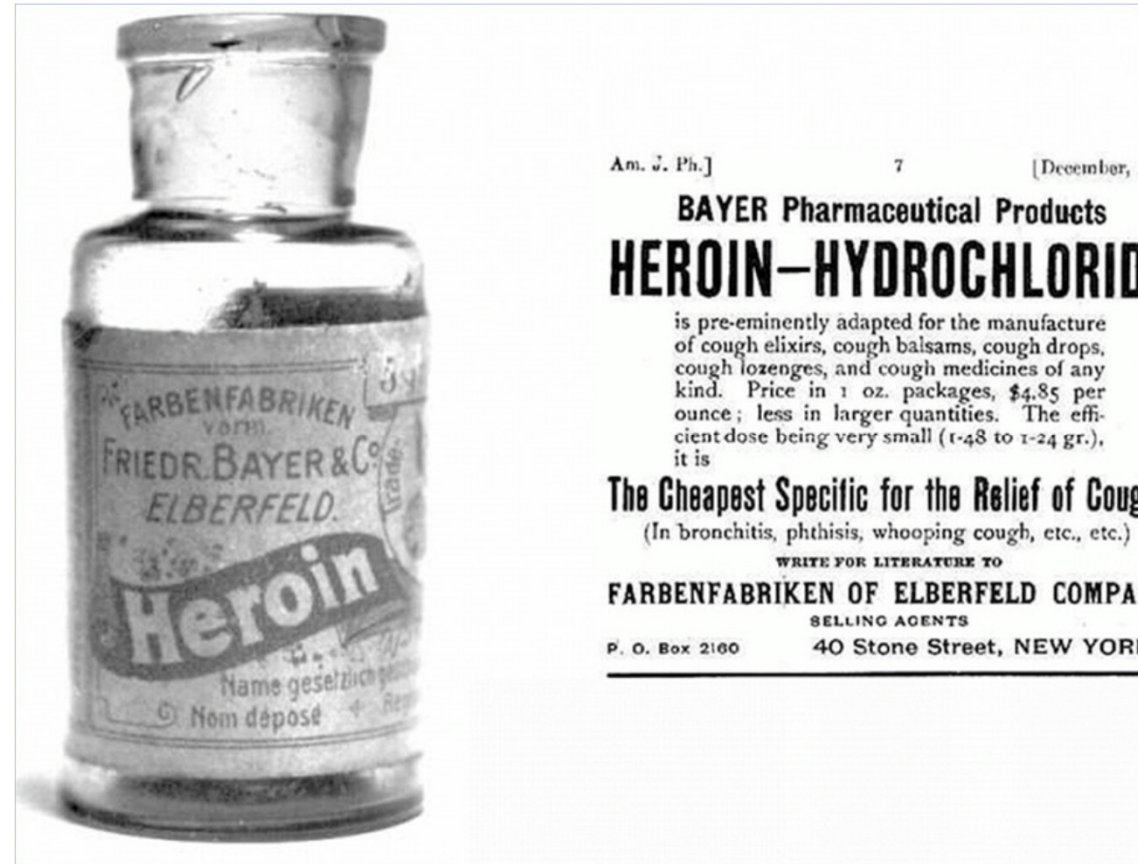
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MISuse v. ABuse

Definition revolves around the motivations

- **Misuse** is the use of a substance outside of legal or medical guidelines
 - Mum's Endone for your fractured rib
 - Double the recommended dose of your Panadol



MISuse v. ABuse

Definition revolves around the motivations



- Abuse is the use of a substance for effects beyond the therapeutic aim
 - Euphoriant

American Society of Addiction Medicine : Addiction is

A primary, chronic disease of brain reward, motivation, memory and related circuitry.

- Altered / abnormal activity in reward pathways will impact on motivational pathways to alter priorities towards the addiction
- Adverse impact on impulse control, judgment, pursuit of reward
- Memory of prior exposure link to external cues

DSM 5:

Substance Related and Addictive Disorders

- Alcohol
- Caffeine
- Cannabis
- Hallucinogens
- Inhalants
- Opioids
- Sedatives, hypnotics, anxiolytics
- Stimulants
- Tobacco
- Others

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Common co-morbidities

- Crime
- Gambling Addiction
- Organ damage
- Other substances
- Psychiatric illness
- Trauma
- Unemployment

DSM 5:

Substance Related and Addictive Disorders

- Substance intoxicated delirium
- Substance/medication induced anxiety disorder
- Substance/medication induced bipolar and related disorder
- Substance/medication induced depressive disorder
- Substance/medication induced neurocognitive disorder
- Substance/medication induced obsessive compulsive and related disorder
- Substance/medication induced psychotic disorder
- Substance/medication induced sexual dysfunction
- Substance/medication induced sleep disorder

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Factors

- Genes account for about half the likelihood of developing addiction
- Environmental factors
- Formative experiences including parenting
- Resilience
- Culture

“Other factors that can contribute to the appearance of addiction....”

- A. underlying biological deficit
- C. Cognitive distortions ... self-deceit
- E. ..stressors which overwhelm coping abilities
- H. comorbid psychiatric illness

Addiction

- Inability to **A**bstain
- Impaired **B**ehavioural control
- **C**raving
- **D**iminished recognition of significant problem/s
- Dysfunctional **E**motional response
- Power of external cues to trigger craving
- Persists despite accumulation of adversity

Behavioural issues

- Excess engagement at increasing levels and frequency
- Time lost during use or recovery after use
- Time lost in pursuit of DOC
- Narrowing of behavioural repertoire
- Lack of ability / desire to take ameliorative action

Cognitive issues

- Preoccupation with DOC
- Altered evaluation of impact of use
- Deflected attribution of impacts of addiction

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Emotional changes

- Increased anxiety, dysphoria & angst
- Increased sensitivity to stress
- Increased difficulty in identifying and processing feeling

**Medical reports should ALWAYS mention
substance use status!**

DSM 5

- Substance taken in larger amounts, or over a longer period than was intended
- Persistent desire or unsuccessful attempts to reduce/cease
- XS time spent in procurement, use and recovery
- Craving / strong desire to use
- Use causes failure to fulfill major obligations

DSM 5

- Continued use despite adverse consequences
- Reduction / abandonment of important functions
- Recurrent use in physically hazardous situations
- Use continues despite awareness of serious health consequences already in play
- Tolerance
- Withdrawal



Medical Marijuana



Discussion points...

- IME and TDR's should ALWAYS assess / address substance use issues
- Drug testing (and CDT – Carbohydrate Deficient Transferrin)
- Providing financial support to an addict is “enabling” the addiction

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