

Substance Use and Co-Occurring Mental Health Disorders



Martha Kral, CRNA, BSN
Member of the AANA Peer
Assistance Advisors Committee

By Martha Kral, CRNA, BSN
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The disease of addiction can affect all ages, races, and socioeconomic classes. It seems that almost everyone knows someone who has a substance abuse disorder, a mental health disorder, or both. It is often difficult to recognize the signs and symptoms of these diseases, but this and other valuable information is available at www.AANAPeerAssistance.com. Risk and vulnerability to substance abuse disorders is multifactorial, with genetic, neurobiological, and environmental factors placing some at higher risk. These same factors and vulnerabilities can also lead to mental health problems.¹

The 2013 Substance Abuse and Mental Health Services Administration (SAMSHA) reports that nearly one in 12 adults in the United States had a substance use disorder (SUD) in the past year.² SUD and other

mental health disorders often occur together. The term co-occurring disorder (COD) describes individuals with one or more disorders that are related to the use of alcohol and/or other drugs of abuse, as well as one or more mental disorders. A 1990 survey of over 20,000 U.S. adults found that over half (53 percent) of those with a drug use disorder also had a co-occurring mental health disorder. Both SUD and COD are chronic disorders characterized by periods of remission and relapse.³

Both substance abuse disorders and co-occurring disorders affect all types of people, even the best and the brightest, and they can hijack the brain. For many individuals the stigma and shame prevent them from getting treatment. Certified Registered Nurse Anesthetists (CRNAs) are not immune to the phenomenon of SUD, however, they have the added fear of losing their license and identity as a nurse

anesthetist. It is reported that the incidence of SUD in CRNAs ranges from 10 percent to 15 percent, which is similar to the general population.⁴ One significant difference between the general population and anesthesia professionals is the easy access and exposure to many substances with high abuse potential.

The term SUD is often used interchangeably with addiction and chemical dependency. The National Council on State Boards of Nursing (NCSBN) adopted the term SUD to refer to a full range of use of unhealthy or toxic substances, from abuse to dependency to addiction to alcohol or drugs. Addiction occurs when the activity continues despite negative consequences. A substance use disorder is a progressive, chronic disease that, when left untreated, can be fatal.⁵ It is often difficult to differentiate between SUD and mental health disorders because certain drugs can cause a person to experience symptoms similar to those of a mental health disorder. SAMHSA (2013) states that a co-occurring disorder exists when at least one disorder of each type can be established independently of the other. A COD

is not simply a cluster of symptoms resulting from a single disorder.⁶ Mental health disorders may lead to drug or alcohol abuse as people try to soothe themselves by misusing drugs or alcohol. SUD and COD share similar underlying causes, such as changes in brain chemistry,

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genetics, and early exposure to stress and trauma. SUD occurs more frequently in the general population with certain mental conditions, notably depression, anxiety disorder, schizophrenia, and personality disorders.⁷

What Can We Do?

CRNAs have a stressful work environment. Providing anesthesia care for over 100 years, CRNAs are recognized as a cadre of affable professionals who administer high-quality anesthesia care. CRNAs do it all! We provide high-quality care to patients and their families and collaborate with the surgeons and anesthesiologists while never missing a beat. CRNAs are their patients' greatest advocates, providing patient support with a big smile. However, it can be difficult to maintain a

positive demeanor with the sometimes tense atmosphere and the increased production pressure in the OR.

So what can CRNAs do to help one another and ourselves? We can observe others for signs of SUD and COD and acknowledge it. We can pay attention to our own physical and mental health and learn health coping mechanisms. We can acknowledge that anesthesia professionals are at high risk for developing these diseases due to the easy access and nature of anesthesia care. We can make managers, coworkers, and family aware of our problems. To identify the signs and behaviors of an impaired colleague, visit www.AANA.com/SignsandBehaviors or www.AANA.com/GettingHelp.

Remember that a wide variety of help is available. SUDs and CODs can be treated and managed so that individuals can improve their overall health and wellness. Treatment for SUDs and CODs may include rehabilitation, medications, support groups, and talk therapy. There are support groups and 12-step programs specifically designed for people with both SUD and COD. Among the best known are Double Trouble in Recovery (DTR), Dual Diagnosis Anonymous, and Dual Recovery Anonymous. Many Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings have become more accepting of people with co-occurring disorders because they realize that those in recovery should find a group where they feel comfortable. All 12-step programs are made up of many different types of people with many different types of personalities. It is important to remember that if one is not a good fit, choose another group where you feel comfortable.⁸

Finally there are many available health and wellness resources for CRNAs and student registered nurse anesthetists on the AANA website.

- AANA
 - AANA Peer Assistance Helpline (800) 654-5167
 - www.AANAPeerAssistance.com
 - www.AANA.com/GettingHelp
 - www.AANA.com/SignsandBehaviors
 - www.AANAWellness.com
 - www.AANA.com/WorkplaceWellness
 - www.AANA.com/AdverseEvents
- National Council on State Boards of Nursing (NCSBN) www.NCSBN.org
- Substance Abuse and Mental Health Services Administration (SAMHSA) www.samhsa.gov
- SAMHSA several publications specifically on co-occurring disorders at: <http://store.samhsa.gov/list/series?name=Co-Occurring-Center-for-Excellence-COCE-Overview-Papers>

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