STIGMA, ADDICTIONS & RECOVERY: a Dynamic Approach

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Aim and Objectives

- To explore the process of stigmatisation and the role of stigma related to mental illness and addictions.
- To empower participants to confront and address their own values, perceptions, conscious and unconscious prejudices.
- To improve the quality of mental health provision for all stakeholders.

Structure of Presentation

- What is stigma?
- How is related to health?
- What is addiction?
- Are addictions primary or secondary?
- What is recovery?
- Dynamic vs static approach
- Concluding remarks
- Q&A

What is Stigma?

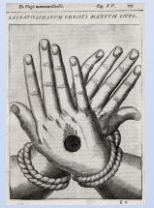
Greek word (plural is stigmata) meaning ‘mark with a pointed instrument’
Usually associated with a mark of shame / disgrace

- **HISTORY**

  Greek civilisation – slaves / criminals
  World War II – concentration camps

- **RELIGION**

  Skin eruptions of crucifixion (stigmata)



- **ZOOLOGY**

  Respiratory spiracle of insects

- **BOTANY**

  Receptacle for pollen

- **SOCIAL IDENTITY**

  Markings on face / tattoos / jewellery / mobile phones / designer labels, qualifications and titles

- **MEDICINE/PSYCHIATRY**

  Symptoms /signs, diagnoses(ICD 11/DSM 5)

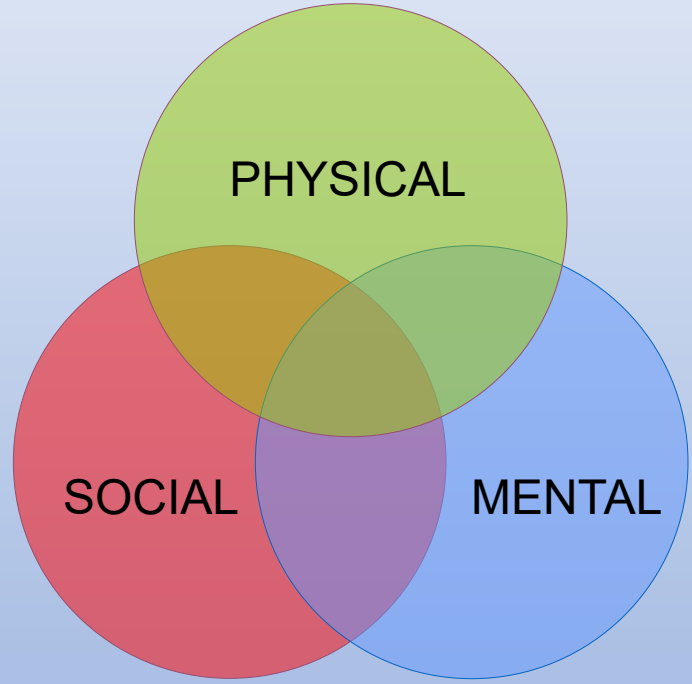
What is Health?

WHO DEFINITION OF HEALTH

Health is a state of complete **physical**, **mental** and **social** well-being, and not merely the absence of disease or infirmity.

Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

The Definition has not been amended since 1948.



Is this definition acceptable in the 21st century? Does it contribute to stigma? If so, how?

WPA Berlin 2017, I proposed replacing 'complete' with 'optimal'.

Understanding and treating addictions (dependency, withdrawal, tolerance, relapse, rapid reinstatement) must address all 3 domains

Is Psychiatry ‘Medicine’?

Yes

It deals with human ill health (illness & disease processes)

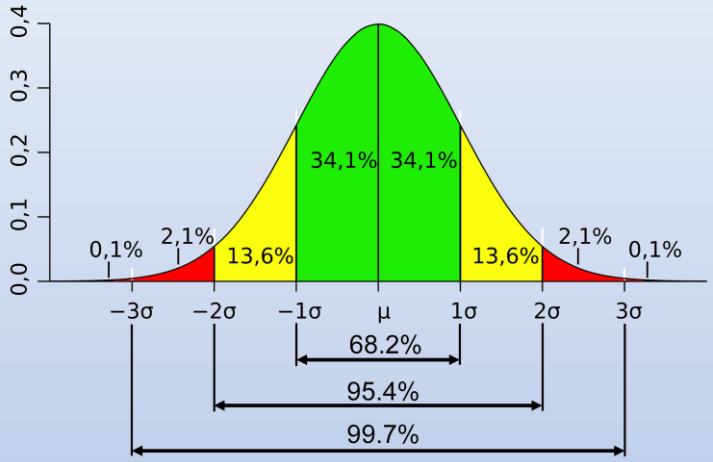
We follow an agreed protocol (history, examination, investigations, diagnosis/es, treatment [short-term, intermediate, long-term], prophylaxis/prevention/relapse

Usually aims to eradicate the troublesome symptoms, using a prescriptive/didactic model (often mistakenly called medical model)

“HEALTH/ILL HEALTH DICHOTOMY”

A Didactic Model of Health/Ill Health
(mistakenly called Medical Model)

MEDICINE – BODY / BRAIN



Normal (health)/Abnormal (ill health)

Symptoms, signs and investigations
'Normal' range – within 95%
Accurate measurements and statistics e.g. blood sugar, blood pressure

A prescriptive model based on evidence-based (quantitative) practice
Predominantly curative, when possible, preventative

Psychological treatments such as CBT and DBT are based on evidence and manuals hence are prescriptive
Like all prescriptions, they may have side effects and contra-indications

Is Psychiatry ‘Medicine’?

No

Mind is not an organ but it is central to our very existence

It is an abstract concept because it is difficult to define

It is not totally confined to one individual

Psychiatric symptoms/syndromes may have personal meaning and/or be a ‘defensive process’ against a real, or perceived, threat hence their ambivalence

“HEALTH/ILL HEALTH AMBIVALENCE”

A Dialectical/Dynamic Model of Health/Ill Health

PSYCHIATRY – BODY / MIND

Difficulties in defining ‘normal’ and ‘abnormal’

MIND – complex and dynamic (evolving)

- More than the sum of the parts of the brain
- Thoughts / perceptions / emotions / beliefs
- Values / expectations / tolerance
- Individual / family / society
- Social norms (*mores*) / stereotypes

‘Rehabilitation’/Recovery in addictions and other long-term health conditions – medicine and psychology, sociology, anthropology, philosophy, politics, economics etc. etc.

It is inevitably a dialectical/dynamic process

Clinical Categories of Psychoactive Drugs 1

SEDATIVES

Alcohol

Benzos

Opioids

Cannabis

Hypnotics (z-drugs)

Pregabalin

STIMULANTS

Nicotine

Cafeine

Amphetamine & Methamphetamine

Cocaine/crack

Khat (Catha edulis)

Other prescription stimulants

LEGAL HIGHS (new psychoactive substances, NSP)

Have depressant, stimulant and psychedelic effects

Clinical Categories of Psychoactive Drugs 2

PSYCHODELICS

LSD (Lysergic Acid Diethylamide)

Psilocybin (Magic Mushrooms)

Ayahuasca/DMT (N,N-Dimethyltryptamine, “a spirit molecule”)

Peyote/mescaline (San Pedro cactus)

MDMA/ecstasy (3,4-methylenedioxy methamphetamine)

251-NBOME/N-BOMB

Salvia (Salvinorin A)

PCP (Phencyclidine)

Ketamine

DXM (Dextromethorphan)

BHB (Gamma-hydroxybutyric acid)

2C family (group of synthetic psychedelic drugs)

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DSM V (2013)
Substance-Related and Addictive Disorders

303.90 Alcohol dependence
304.00 Opioid dependence
304.10 Sedative, hypnotic, or anxiolytic dependence (including benzodiazepine dependence and barbiturate dependence)
304.20 Cocaine dependence
304.30 Cannabis dependence
304.40 Amphetamine dependence (or amphetamine-like)
304.50 Hallucinogen dependence
304.60 Inhalant dependence
304.80 Polysubstance dependence
304.90 Phencyclidine (or phencyclidine-like) dependence
304.90 Other (or unknown) substance dependence
305.10 Nicotine dependence

There are no poly-substance diagnoses in DSM-V; the substance(s) must be specified

ICD 11 (1)

Disorders due to substance use or addictive behaviours

International Classification of Diseases for Mortality and Morbidity Statistics, 11th Revision, v2020-09

Disorders due to substance use and addictive behaviours are mental and behavioural disorders that develop as a result of the use of predominantly psychoactive substances, including medications, or specific repetitive rewarding and reinforcing behaviours.

sections/codes in this section (6C40-6C5Z)

- Disorders due to substance use (6C40-6C4Z)
- Disorders due to addictive behaviours (6C50-6C5Z)

Disorders due to addictive behaviours

International Classification of Diseases for Mortality and Morbidity Statistics, 11th Revision, v2020-09

Disorders due to addictive behaviours are recognizable and clinically significant syndromes associated with distress or interference with personal functions that develop as a result of repetitive rewarding behaviours other than the use of dependence-producing substances. Disorders due to addictive behaviours include gambling disorder and gaming disorder, which may involve both online and offline behaviour.

sections/codes in this section (6C50-6C5Z)

- Gambling disorder (6C50)
- Gaming disorder (6C51)
- Other specified disorders due to addictive behaviours (6C5Y)
- Disorders due to addictive behaviours, unspecified (6C5Z)

ICD 11 (2)

Disorders due to substance use

International Classification of Diseases for Mortality and Morbidity Statistics, 11th Revision, v2020-09

Disorders due to substance use include single episodes of harmful substance use, substance use disorders (harmful substance use and substance dependence), and substance-induced disorders such as substance intoxication, substance withdrawal and substance-induced mental disorders, sexual dysfunctions and sleep-wake disorders.

code elsewhere

- Catatonia induced by substances or medications (6A41)

sections/codes in this section (6C40-6C4Z)

- Disorders due to use of alcohol (6C40)
- Disorders due to use of cannabis (6C41)
- Disorders due to use of synthetic cannabinoids (6C42)
- Disorders due to use of opioids (6C43)
- Disorders due to use of sedatives, hypnotics or anxiolytics (6C44)
- Disorders due to use of cocaine (6C45)
- Disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone (6C46)
- Disorders due to use of synthetic cathinones (6C47)
- Disorders due to use of caffeine (6C48)
- Disorders due to use of hallucinogens (6C49)
- Disorders due to use of nicotine (6C4A)
- Disorders due to use of volatile inhalants (6C4B)
- Disorders due to use of MDMA or related drugs, including MDA (6C4C)
- Disorders due to use of dissociative drugs including ketamine and phencyclidine [PCP] (6C4D)
- Disorders due to use of other specified psychoactive substances, including medications (6C4E)
- Disorders due to use of multiple specified psychoactive substances, including medications (6C4F)
- Disorders due to use of unknown or unspecified psychoactive substances (6C4G)
- Disorders due to use of non-psychoactive substances (6C4H)
- Other specified disorders due to substance use (6C4Y)
- Disorders due to substance use, unspecified (6C4Z)

Some Statistics, Anecdotal and Real*

2-3% of UK population – serious mental illness (schizophrenia, bipolar disorder)

20-25% of UK population – ‘neurotic disorders’, excluding additions

50-67% of UK patients – with alcohol and/or benzos dependency have an underlying mental illness

33-50% of patients with opiates and other class A drugs have an underlying mental illness

c219 million people globally are affected by social media addiction*

82% of Gen Z adults acknowledge dependency on social media platforms e.g. Tik Tok, Instagram*

Aetiological (Causative) Theories

- Genetic factors
  - twin studies
  - adoption studies
  - genetic markers (regulation of DA, NA and 5HT)
- Social factors
  - upbringing
  - childhood social influences
  - social drift hypothesis
  - sub-culture
- Self-medication theory
  - to reduce psychiatric symptoms (e.g. anxiety, depression, ADHD, ASD)
  - to reduce side-effects of medications

Why the High Rate of Relapse?

- Is it dual diagnosis or more than dual diagnosis?
- Limitations of the short-term, evidence-based approaches e.g. CBT
- Ambivalent relationship between subject, object and carers resulting in services being split, with duplication and ‘tick box’ practice (magic undoing/projection/OCD)
- Dynamic approaches and understanding require time and effort by all concerned, addressing personal and social contexts

For effective, long-term success, we need a dialectical/dynamic group-based approach

Dynamic Perspectives in Addiction

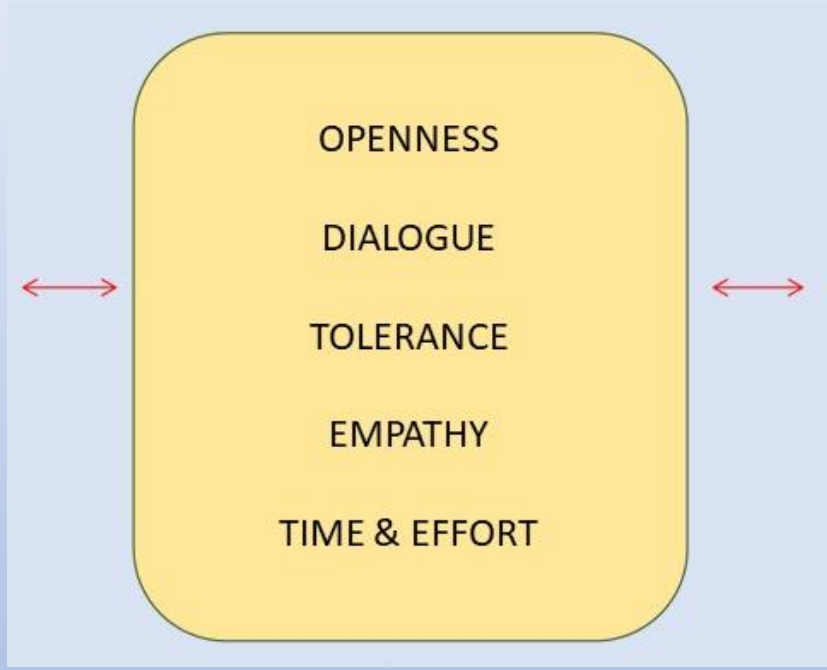
Every form of addiction is bad, no matter whether the narcotic be alcohol or morphine or idealism.
Carl G. Jung

Clinical Implications

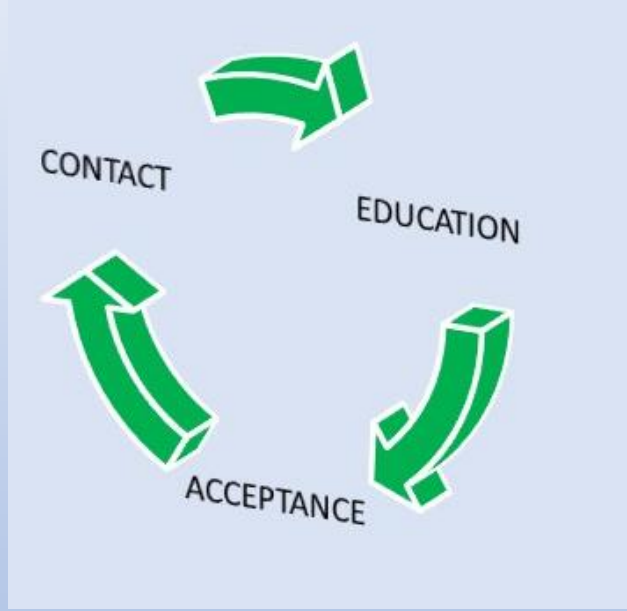
- Psycho-active substances causing, precipitating and causing relapses of psychiatric disorders
- Psycho-active substances association with poor compliance with prophylactic treatments, leading to high rates of re-admission and poor prognosis
- Psycho-active substances association with recidivism
- Intoxication/withdrawal masquerading as a mental illness, resulting in misdiagnosis and mistreatment (over-diagnosis of schizophrenia), and stigmatisation
- Chronic disabling psychiatric conditions overlooked because of focus only on misuse of substance also contributing to stigma
- Dual diagnosis or duel diagnosis? Whose patient anyway? Splitting of services and working in silos, contributing to dysfunctional approach, duplication and waste of resources

Destigmatisation and Recovery

Cycle of stigmatisation/ addictions



Mindfulness



Cycle of destigmatisation/ Recovery/remission

Personal change leading to social change and recovery

Adapted from Position Statement on Stigma, www.careif.org

In Conclusion

Dual diagnosis is not simply a statistical phenomenon of co-occurrence but it is an interactive phenomenon that is putting mentally ill people at high risk for substance misuse and substance misuses at high risk for the development of mental illness.

The concept of dual diagnosis arises from the theoretical segregation of mental disorders and substance misuse within commonly used classification systems such as DSM and ICD.

The existing conceptual duality makes little sense clinically.

Many dual diagnosis patients suffer from multiple problems/disorders, so, in reality, dual diagnosis could be construed as a misleading and over-simplistic concept.

… Further radical changes in funding, training and support mechanisms are necessary to transform the current status of dual diagnosis care and to ensure that these patients have fair access to appropriate treatment.

Thoughts to Take Away

Addiction is chronic suicide.
Karl Menninger (1938) Man against himself

Addiction: the only prison where the locks are on the inside
Inpatient Treatment Clinics

As human beings, our greatness lies not so much in being able to remake the world – that is the myth of the atomic age – as in being able to remake ourselves.
Mohandas Gandhi

For a successful technology, reality must take precedence over public relations, for Nature cannot be fooled
Feynman, R. P. (1987) Appendix to Rogers Commission Report on the Space Shuttle Challenger Accident

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