

Substance Use &  
Harm Reduction  
(from the  
prescriber  
perspective)

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# Substance Use Disorders:

## Urine Toxicology

- -In office quick test
- -Lab for confirmation of positive results

## Medication Assisted Treatment (MAT)

- -Alcohol
- -Nicotine
- -Opioids

# Client X:

- ▶ Diagnosis-
  - Schizoaffective Disorder with symptoms of paranoid thoughts, auditory hallucinations, anxiety & mood fluctuations
  - Opioid Dependence
  - Benzodiazepine Dependence
  - Stimulant Dependence
- ▶ Behaviors:
  - frequent visits to various hospitals and local urgent care centers requesting benzodiazepines and stimulants

# Interventions for Client X:

- ▶ Engagement: meeting with LIP every 1-2 weeks, encourage attendance to group and individual counseling
- ▶ Prescription Monitoring Program (PMP)
- ▶ Changed from Suboxone to Sublocade (long acting injectable)
- ▶ Petitioned for Conservator of Person for life safety issues (i.e. signing releases of information for authorization to communicate with various agencies)
- ▶ Contacting Urgent Care Centers & Emergency Rooms to put special care plans in place should he present there.

# Treatment Options at WCMHN- Danbury

## Co-occurring disorders group

- Precontemplation
- Active
- Relapse Prevention

## Referrals:

- 12-Step Programs
- CT Community for Addiction Recovery (CCAR) Program for additional recovery support

## If higher level of care is needed:

- Dual Diagnosis Intensive Outpatient Program
- Inpatient Substance Abuse Treatment (Voluntary or Involuntary)

# Client Y:

## Diagnosis-

- Intermittent Explosive Disorder - physical and verbal aggression; low frustration tolerance, poor self-care
- mild intellectual disabilities
- Alcohol Dependence
- Cocaine abuse

## Behaviors:

- Drinking alcohol daily
- collect cans in the community and use money from returns to purchase alcohol
- legal issues
- near homelessness
- frequent ER visits (transported by local police due to disruptive behaviors in the community while intoxicated)

# Interventions for Client Y:

- ▶ MAT: Naltrexone
- ▶ Coordination with hospital ER and conservator for involuntary admission to Connecticut Valley Hospital on 5-day detoxification commitment
- ▶ Transferred to Greater Bridgeport Community Mental Health Center for stabilization of mental health
- ▶ Returned to Connecticut Valley Hospital for substance abuse treatment
- ▶ Upon discharge, admitted to residential program in the community
- ▶ Currently living in supervised apartment setting and on wait lists for independent apartment
- ▶ Attending 12 step meetings 1-2 times daily and remains sober since 2018
- ▶ Attending CoD groups and provide support to other individuals struggling with sobriety