



# SUBSTANCE ABUSE IN CANADA: CONCURRENT DISORDERS

HIGHLIGHTS | APRIL 2010

*Substance Abuse in Canada* is a biennial publication launched by the Canadian Centre on Substance Abuse in 2005. Its purpose is to draw attention to key contemporary substance abuse issues in this country and highlight areas for action in both policy and practice. This document highlights findings from the most recent Substance Abuse in Canada report focusing on Concurrent Disorders. Substance use disorders together with the following mental health issues are examined: Stress and Trauma, Anxiety Disorders, Impulsivity, Mood Disorders, and Psychosis.

## What are Concurrent Disorders?

The term *concurrent disorders* is used to describe the situation where a person has both a mental health and substance use problem. Concurrent disorders are a major health issue in Canada.

## How many people suffer from Concurrent Disorders?

More than 50% of those seeking help for an addiction also have a mental illness, and 15 to 20% of those seeking help from mental health services are also living with an addiction.

## Why are Concurrent Disorders important?

People suffering from both mental health and substance use problems represent some of the most complex and difficult to treat cases, with frequent relapses and recurring crises tending to be the norm. It is not surprising, then, that they consume a significant amount of health care resources—and as a result, a larger proportion of the costs of care.

The unique challenges of this vulnerable population cannot be overlooked. Through their limited ability to cope with everyday challenges and the stigma attached to their conditions and overall health—many may have HIV or Hep C—these individuals experience higher unemployment, relationship difficulties, social anxiety and at the extreme can become homeless, socially marginalized or criminally involved.

## What is the situation now?

Canada's mental health and addiction systems are largely independent and compartmentalized. As a result, the focus of treatment for people with concurrent disorders tends to be on one component of their concurrent disorder, but not the other.

Seeking a more effective treatment approach to improve overall client outcomes, *Concurrent Disorders* assesses the unique features of these co-occurring disorders and highlights how often addictions and mental health issues are interconnected—and therefore require special coordinated or integrated intervention approaches.

## Where do we go from here?

### Treatment and Care

- A unified national approach for the treatment and care of those suffering from concurrent disorders is urgently needed and should include integrated clinical practice guidelines.

### Education and Training

- A common educational platform with new specialized training programs—shared by health professionals from different sectors—needs to be created.

### Research

- The addictions and mental health communities must come together to effectively seize the resources and momentum necessary to address gaps in research and research funding for concurrent disorders.

### The System

- Currently, separate national treatment strategies exist in the addictions and mental health fields that highlight system needs and priorities. Integrating these national treatment strategies will go a long way toward developing a unified and coordinated system for addressing concurrent disorders.

### Developmental Considerations

- Due to the developmentally sensitive nature of many concurrent disorders and the fact that onset of substance use is common during adolescence, a focus on youth and early detection is needed.

### Early Detection

- There is a need to ensure that we have practices in place to identify individual and group risk factors early, and to intervene with integrated care programs aimed at preventing concurrent disorders or reducing the severity and progression of the symptoms and harms.

To effectively address the challenges faced by those suffering from concurrent disorders, **a national framework** for understanding the interplay between substance use disorders and mental health disorders is needed, together with **greater communication** and **coordination** and in some cases **integrated** treatment.



## Stress, Trauma and Substance Use Disorders

### Key Findings:

- The link between stressful or traumatic events and substance use problems is real—and is evidenced by research.
- Exposure to traumatic events can increase alcohol and drug use, which can lead to new traumatic experiences that in turn can lead to further substance use, perpetuating the stress-substance use cycle.

### Stress Reactions and Impact

- The human stress response comprises a wide range of behavioural and biological changes to help us meet the demands placed on us—but these changes can lead to unhealthy or negative outcomes in some people.
- Stressful experiences lead to a number of changes in brain chemicals, many of which have been implicated in psychological disorders—including substance use and dependence.
- The impact of a stressful or traumatic event is influenced by many factors, including the attributes of the stress itself, previous stressful experiences (including those encountered early in life), individual differences, and variables such as gender, age, and genetics.

### Stress and Social Support

- The importance of social support resources in successfully dealing with stressful events or situations is widely recognized. However, what matters most is the quality of this support.

### Stress and Prevention of Substance Use Disorders

- Preventative interventions or treatment strategies that teach effective stress appraisal and coping methods may have a significant impact on substance use disorders.

## Anxiety Disorders and Substance Use Disorders

**Definition:** Anxiety Disorders are a group of mental health conditions that involve fear, worry or dread as well as unpleasant sensations such as sweating or muscle tension. Those affected will often avoid the situations that cause the anxiety, and the symptoms are severe enough to interfere with a person's life.

### Key Findings:

- The risk of having a problem with drugs or alcohol is two to five times greater in people with anxiety disorders.
- Anxiety disorders are more strongly associated with *substance dependence*—a more severe problem—than *substance abuse*.
- Anxiety disorders are more strongly associated with drug problems than alcohol problems.
  - Panic disorder is the anxiety disorder most closely associated with alcohol dependence;
  - Generalized anxiety disorder is the one most closely associated with dependence on drugs other than alcohol.

### Anxiety Disorders followed by Substance Use Disorders

- In at least 75% of people with both an anxiety disorder and substance dependence, the anxiety disorder developed first.
- Anxiety disorders resulting from substance use appear to be relatively rare.

### Care and Treatment

- In people with both an anxiety disorder and a substance use disorder, treating one without also addressing the other leads to poorer short-term outcomes and a high risk for relapse.
- Anxiety and substance use disorders that occur together need to be addressed at the same time to improve treatment outcomes—preferably through integrated treatment.



## Impulsivity and Substance Use Disorders

**Definition:** Impulsivity is the tendency to act without planning, forethought or restraint.

### Key Findings:

- Problems with impulse control are the single strongest predictor of future substance abuse.

### Impulsive Behaviour and Substance Abuse

- Impulsive behaviour is a core problem in several personality and major psychiatric disorders that put those affected at higher risk for a substance use disorder.
- Alcohol abuse seems to be particularly common in “high-sensation seeking” people.
- The influence of factors such as age and drug use can affect the systems in the brain that regulate impulsive behaviours.
- Evidence suggests that inherited genetic susceptibilities to impulsivity are aggravated by prenatal exposure to drugs (including nicotine and alcohol), childhood traumas, and the influence of parents and peers.

### ADHD and Substance Abuse

- Individuals with ADHD—an impulsivity-related disorder—are at elevated risk for substance abuse and addiction. This may be particularly true for those who do not receive early treatment.

### Prevention and Treatment

- A combination of prevention, early identification and treatment strategies can diminish the most damaging effects of impulsivity and its consequences—including the risk for substance use and addiction.

## Mood Disorders and Substance Use Disorders

**Definition:** Mood Disorders are the single largest group of mental health conditions characterized by unusual changes in mood. The four most common mood disorders are Major Depressive Disorder, Bipolar Disorder, Dysthymia, and Cyclothymia.

### Key Findings:

- People with mood disorders are more likely to use substances—and people using substances are also more likely to suffer from mood disorders.
- Substance use is highest in those with Bipolar Disorder.
- In general, *substance dependence* has been shown to be linked with mood disorders to a greater degree than either *substance abuse* or *substance use*.

### The Clinical Picture

- Having both a substance use disorder and a mood disorder affects the clinical course of both disorders (treatment engagement, thoughts of suicide, homelessness, increased risk of victimization) and their clinical outcomes (life expectancy, suicide, treatment outcome).

### Why Mood and Substance Use Disorders Occur Together

- Substance use and mood disorders may occur together because of an *overlapping predisposition* (a common vulnerability or susceptibility because of genetic and/or environmental factors) or perhaps because one disorder causes the other (referred to as *disorder-inducing disorder*).

### Care and Treatment

- To improve care and treatment for people with concurrent substance use and mood disorders, changes to the current treatment system are required, including:
  - Improved detection and diagnosis of concurrent disorders;
  - Increased awareness and acceptance of the need to treat both disorders at the same time;
  - Increased focus on the development of treatments for concurrent disorders; and
  - Increased availability of treatment options for these patients.



# Psychosis and Substance Use Disorders

**Definition:** Psychosis or Psychotic Disorders are a set of severe mental disorders in which those affected lose touch with reality so that they are unable to function normally in society. These disorders are often characterized by hallucinations and delusions. The most common form of psychosis is schizophrenia.

## Key Findings:

- The rates of substance use disorders in people with psychotic disorders are much higher than those in the general population in Canada.
- People with schizophrenia are almost five times more likely to have substance use disorders than people without mental disorders (three times higher for alcohol and six times higher for other illicit drugs).

## The Impact of Substance Abuse on Psychotic Disorders

- Substance abuse can hasten the onset of psychotic disorders, worsen both the symptoms and the course of illness, and lead to higher rates of psychiatric hospitalization and increased health care costs.
- Substance misuse makes diagnosing a psychotic disorder more difficult. For example, studies have shown that over 50% of adolescent patients seen in psychiatric clinics use substances.
- Evidence suggests that the risk of schizophrenia or psychosis is higher in those who use drugs than those who don't because of genes or brain abnormalities that are shared by the two disorders.

## Tobacco, Cannabis and Alcohol

- Tobacco is the most-used substance by people with a psychotic disorder, followed by cannabis. The prevalence of cigarette smoking is two to three times higher in patients with schizophrenia (58–88%), compared to that in the general population.
- Studies have found that the risk of schizophrenia in heavy cannabis users is six times higher than in non-users, even when taking into account things such as other psychiatric illnesses and social background.
- If alcohol is involved, patients with psychotic disorders more typically have a diagnosis of alcohol abuse rather than dependence, and tend to engage in “binge” drinking instead of heavy daily alcohol use.

## Care and Treatment

- Ideally, both pharmacological and behavioural treatments should be combined for the treatment of co-occurring substance use and psychotic disorders.

## More Information:

This *Highlights* document is based on a detailed report entitled: *Substance Abuse in Canada: Concurrent Disorders* published by CCSA. The full report is available on the CCSA website at [www.ccsa.ca](http://www.ccsa.ca) under the Knowledge Centre, Our Publications tab. Print copies of this *Highlights* document and the detailed report are available upon request via [info@ccsa.ca](mailto:info@ccsa.ca).

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## About CCSA

With a legislated mandate to reduce alcohol- and other drug-related harms, the Canadian Centre on Substance Abuse provides leadership on national priorities, fosters knowledge-translation within the field, and creates sustainable partnerships that maximize collective efforts. CCSA receives funding support from Health Canada. The views expressed by CCSA do not necessarily reflect the views of Health Canada.



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