

Co-occurring mental health and drug use disorders

Marta Torrens, MD, PhD

Treatment demand indicator (TDI) and treatment-related data
EMCDDA,
Lisboa, 21.09.17

Co-occurring mental health & drug use disorders



Dual diagnosis

Why ?

1. The combination of a SUD and another mental disorder may represent independent conditions:

Different symptomatic expressions of similar preexisting abnormalities (i.e. early stress life events, genetic vulnerability)

Why ?

1. The combination of a SUD and another mental disorder may represent independent conditions

2. The psychiatric disorder may be a risk factor for drug use and the development of a SUD
 - a) The SUD is developed to mitigate the problems/symptoms that appear during the psychiatric disorder (self-medication hypothesis)
 - b) Psychopathology increases risk behaviors (mania, antisocial personality)

Why ?

1. The combination of a SUD and another mental disorder may represent independent conditions
2. The psychiatric disorder may be a risk factor for drug use and the development of a SUD
3. The psychiatric disorder is produced as a consequence of intoxication with or withdrawal from a specific substance:
“substance-induced disorder”

Why ?

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2. The psychiatric disorder may be a risk factor for drug use and the development of a SUD
3. The psychiatric disorder is produced as a consequence of intoxication/withdrawal with/from a specific substance:
substance-induced disorder
4. The SUD could causes the development of a psychiatric disorder that runs with independent course

Relevance ?

- More emergency admissions
- Higher prevalence of suicide (OR=14)
- Increased rates of medical co-morbidities, self-harm behaviours, related infections (e.g. HIV, hepatitis v)
- Worse prognosis, higher relapse in drug use and psychiatric hospitalization
- Higher unemployment and homelessness rates
- Higher incident of violent or criminal behaviour

High costs for society

Increased psychopathological, medical & social severity respect to those with only SUD

Epidemiology?

Considerations related to interpreting the epidemiology of comorbid mental and substance use disorders

Topics	Aspects to consider
Substances considered	Key drug of use <ul style="list-style-type: none"> ■ Illicit drugs ■ Other substances
Studied sample	General population <ul style="list-style-type: none"> ■ Distribution by sex Drug users seeking treatment <ul style="list-style-type: none"> ■ General hospital ■ Drug use services ■ Mental health services Specific populations <ul style="list-style-type: none"> ■ Not seeking treatment ■ Homeless ■ Prisoners
Comorbidity definition	Diagnostic criteria Diagnostic instruments
Time window	Last month, last year, lifetime
Geographical area particularities	Availability and accessibility to treatment Availability of drugs (drug market)

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Epidemiology?

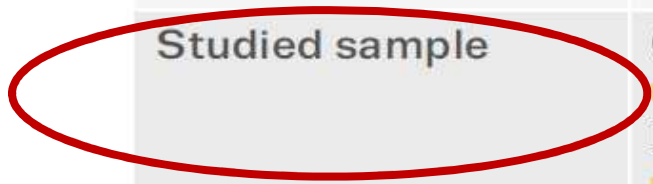
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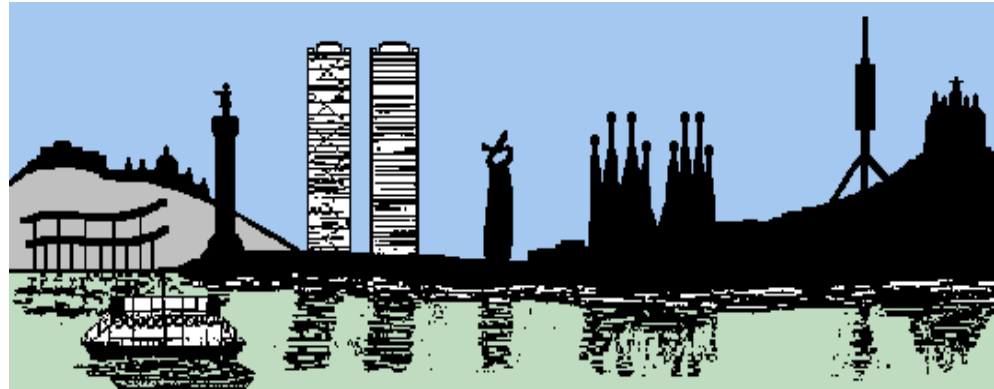
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Mental Health & SUD

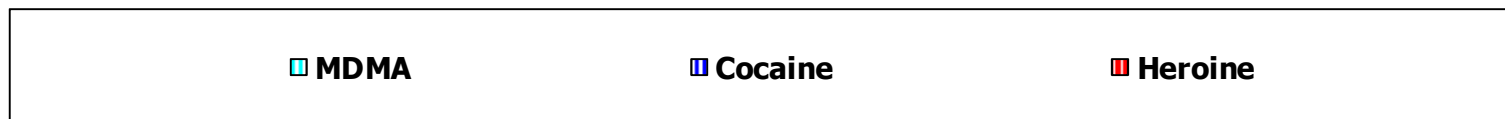
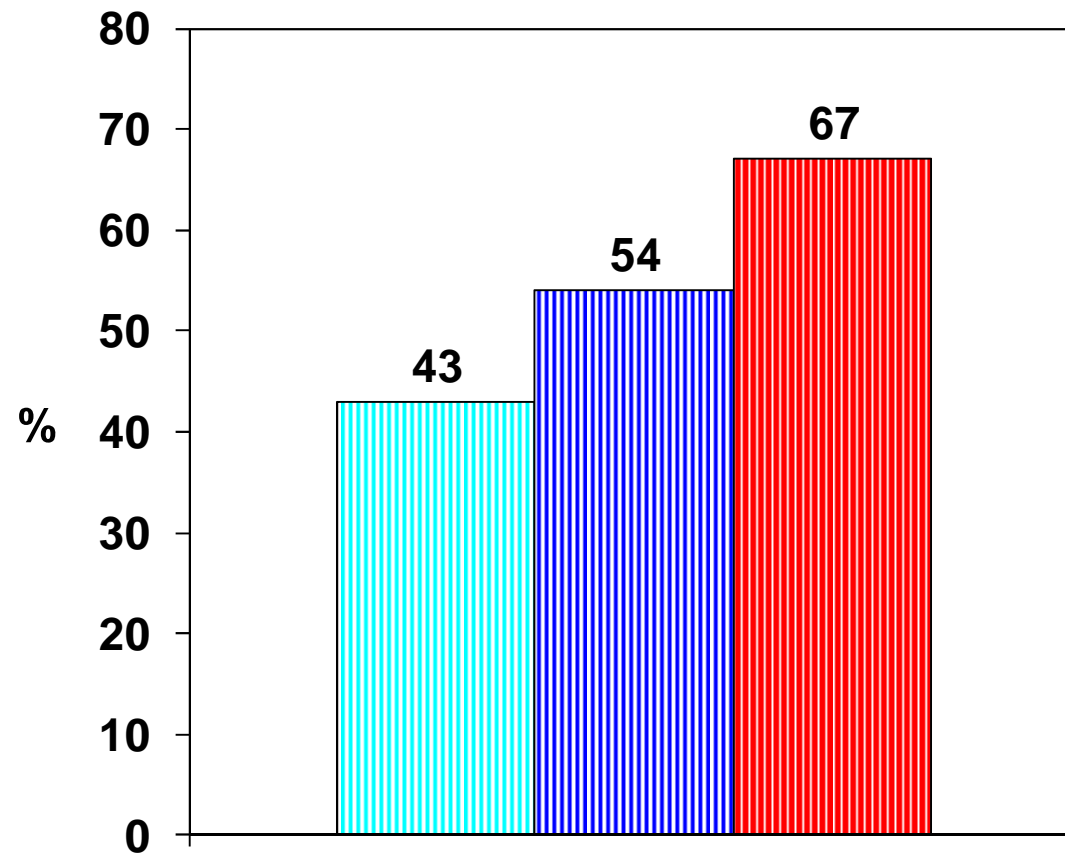


PsyCoBarcelona study

- **Population?** Substance abuse facilities
Substance users not seeking treatment (street)
- **When?** Lifetime
- **How?** DSM-IV criteria mean PRISM
- **Where?** Availability and accessibility to treatment
Availability and accessibility to licit and illicit drugs (epidemic)
Other inter-current events (i.e. , HIV, HCV)



Drug users at street

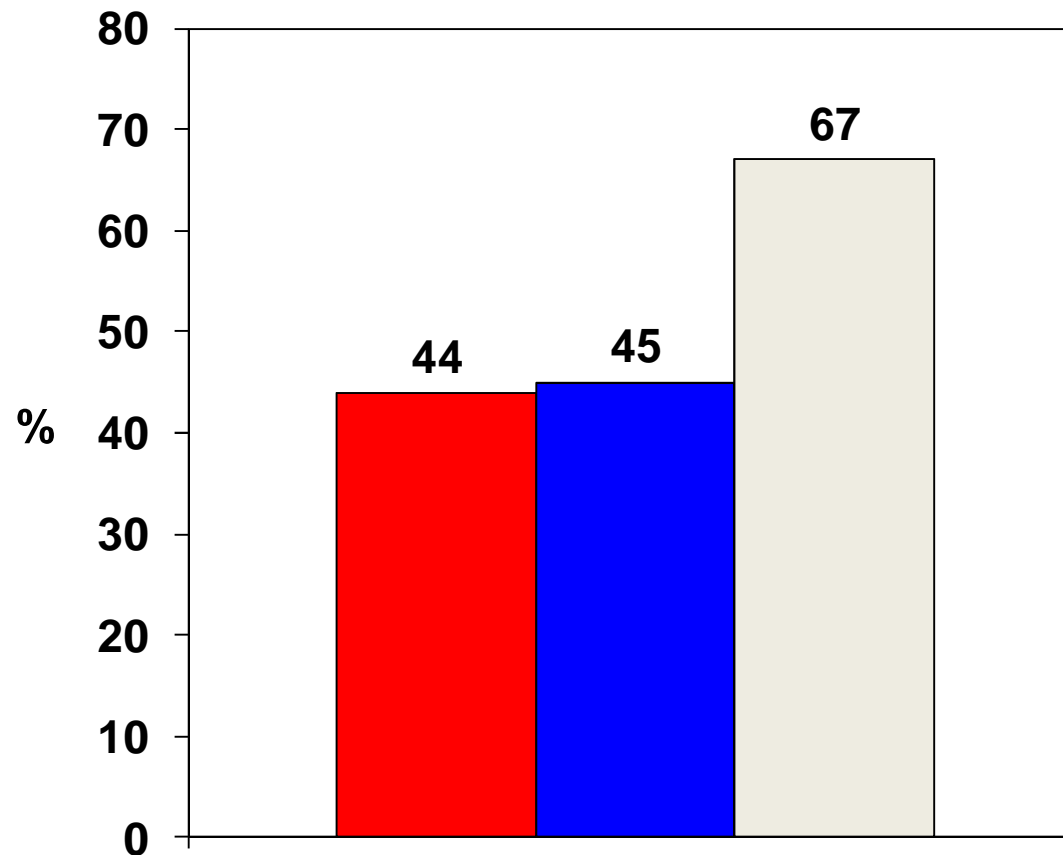


Rodriguez-Llera et al, 2006; Herrero et al, 2008; Martin-Santos et al, 2010



Estudio PsyCoBarcelona

Drug users seeking drug treatment



■ Heroin-Seeking Treatment

■ Cocaine-Seeking Treatment

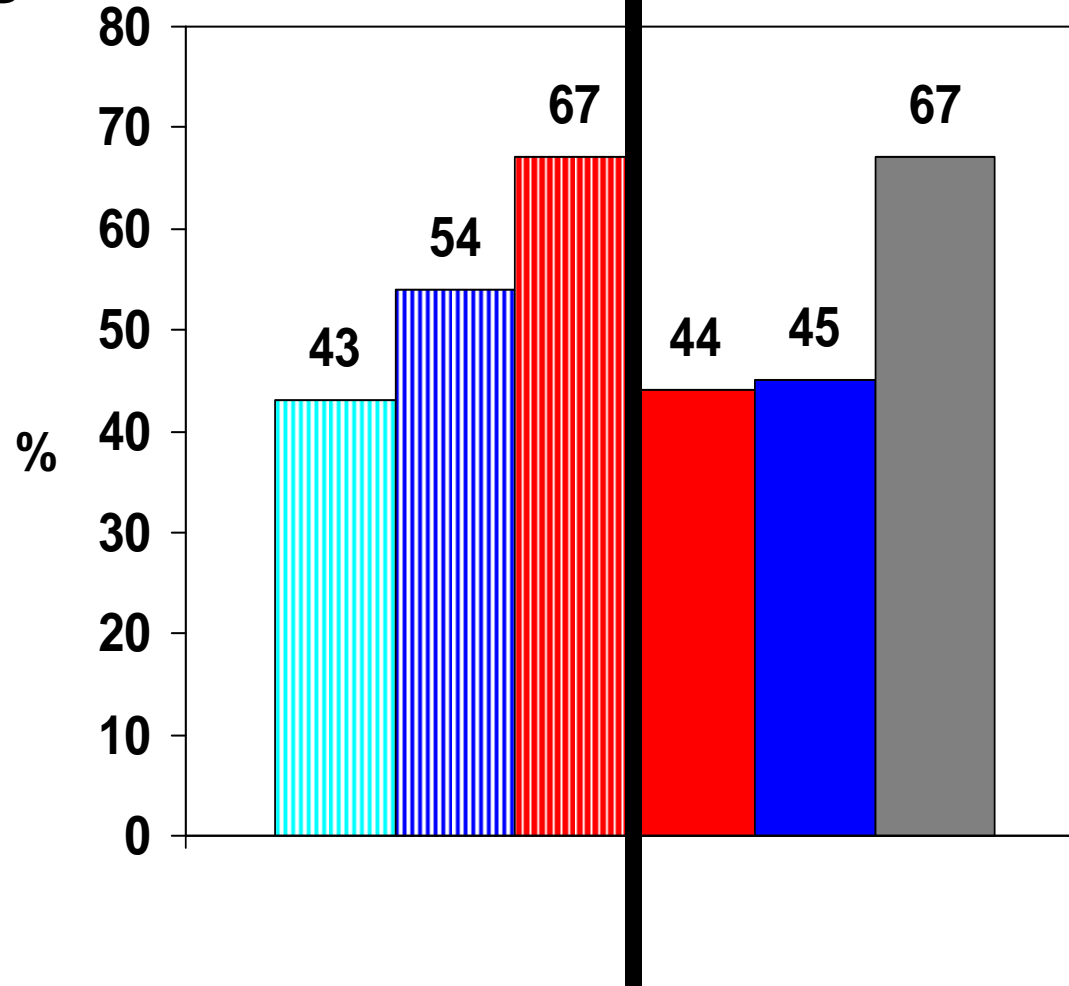
□ Inpatient Detoxification

Astals et al, 2008; Martinez-Riera et al, 2010; Nocon et al 2007.



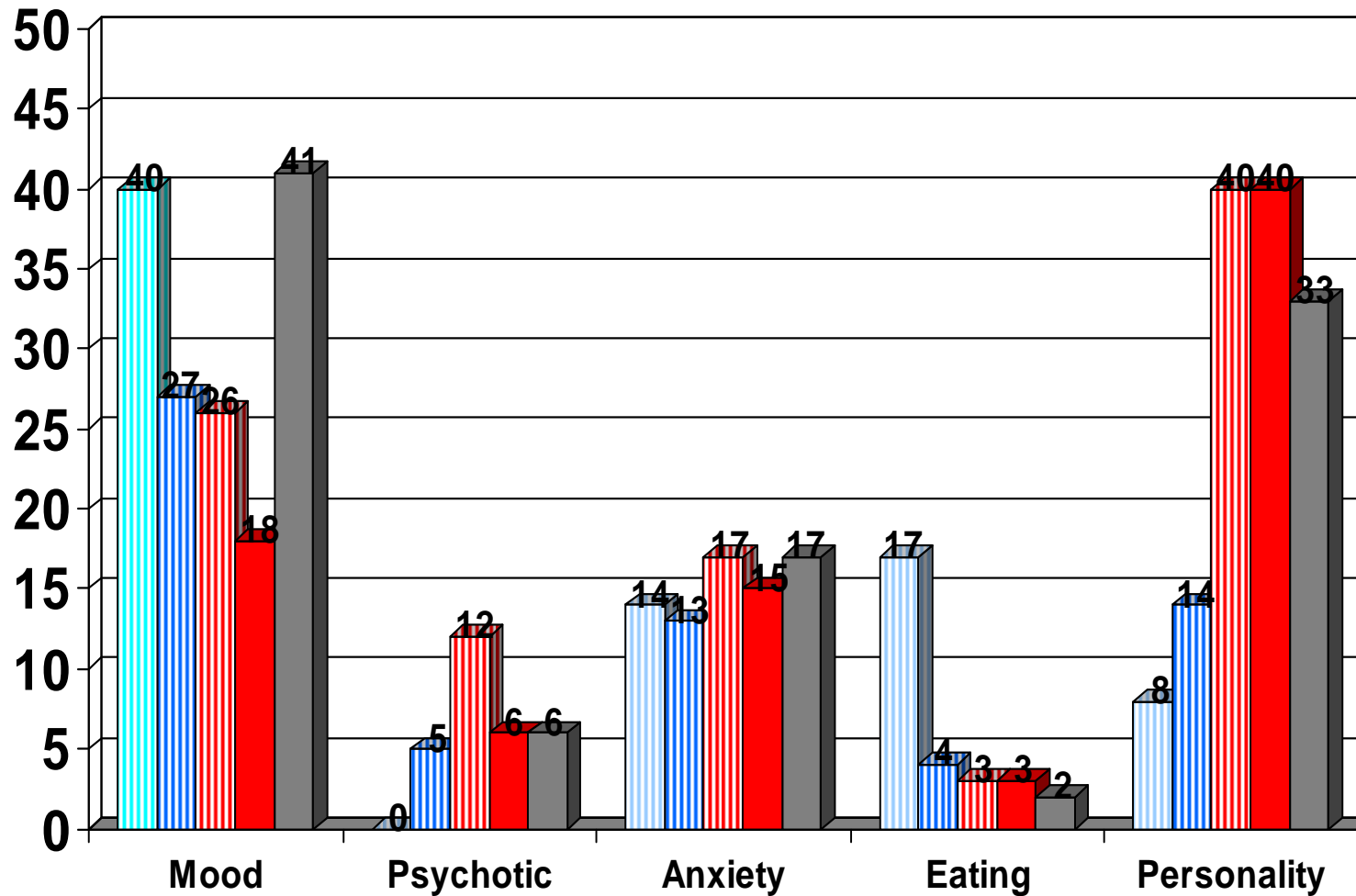
Drug users at street

Drug users seeking treatment





Estudio PsyCoBarcelona



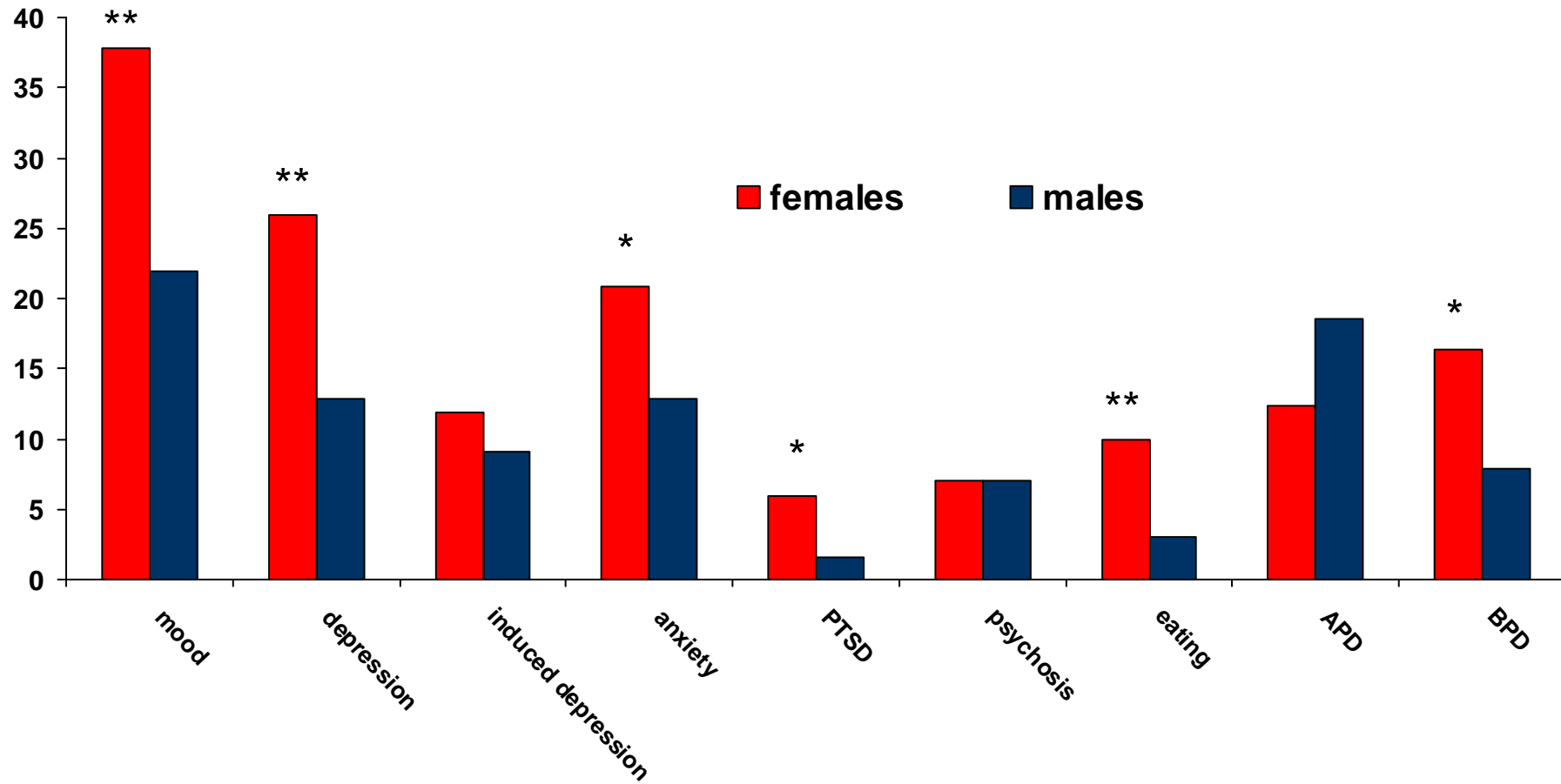
Ecstasy Cocaine Heroin Heroin seeking treatment Inpatient Detox



Addiction & Gender: Mental disorders



Estudio PsyCoBarcelona

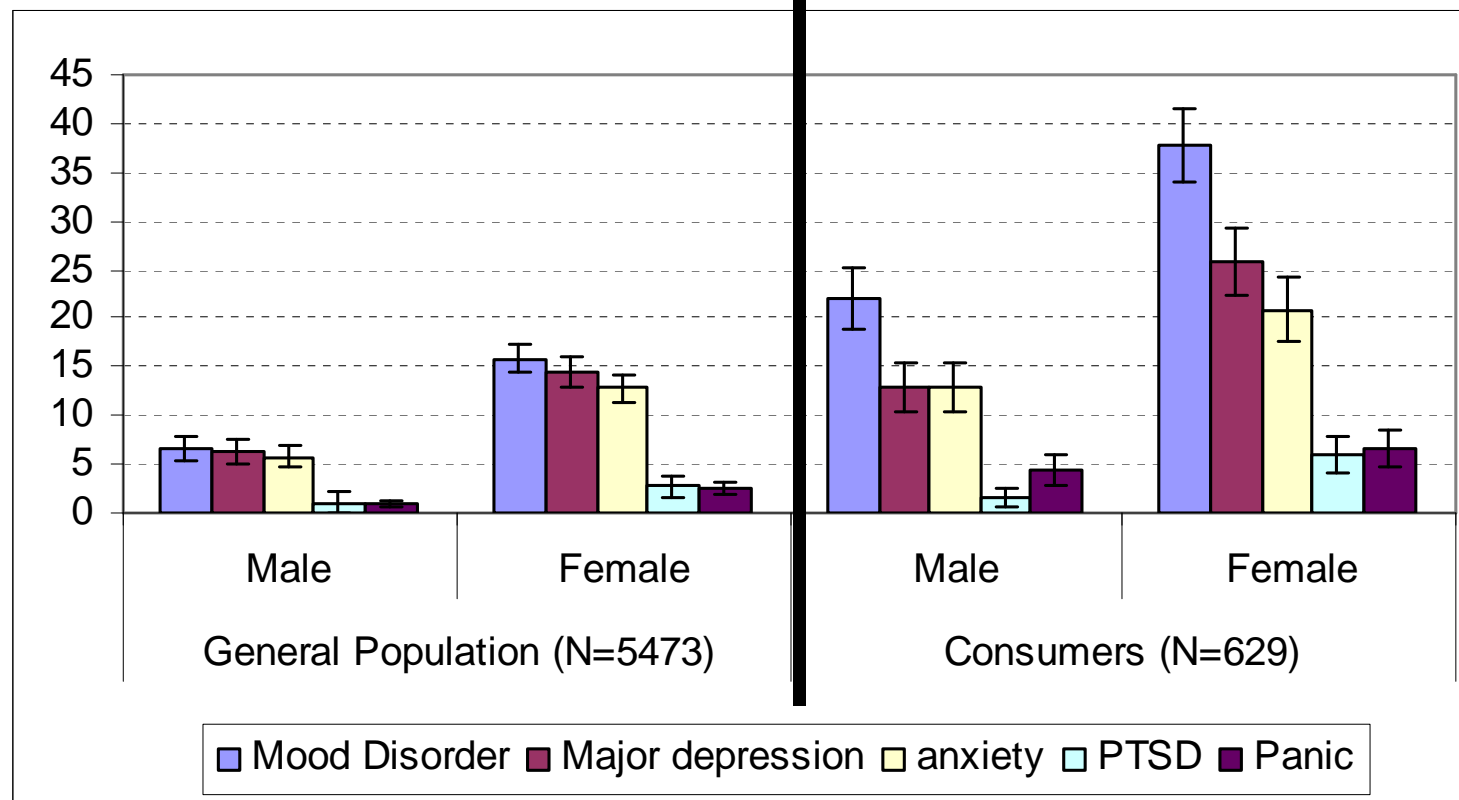


Gilchrist, Torrens & Domingo (in press)

** $p < 0.001$; * $p < 0.05$



Lifetime prevalence of psychiatric disorders in general population and SUD by gender (%)



Epidemiology?

- **15%-80%** of substance abusers have psychiatric disorders
- The most prevalent psychiatric diagnoses are:
 - Depression
 - Anxiety disorders (Panic disorder, Post-traumatic stress disorder)
 - Antisocial Personality disorder
- Independent mood and anxiety disorders are more frequent than induced
- Gender differences: **female more mental disorders than male**

Challenges ?

- There is a need of diagnosis psychiatric comorbidity among SUD
- There is a need of treatment of both conditions: SUD and psychiatric disease with more efficacy

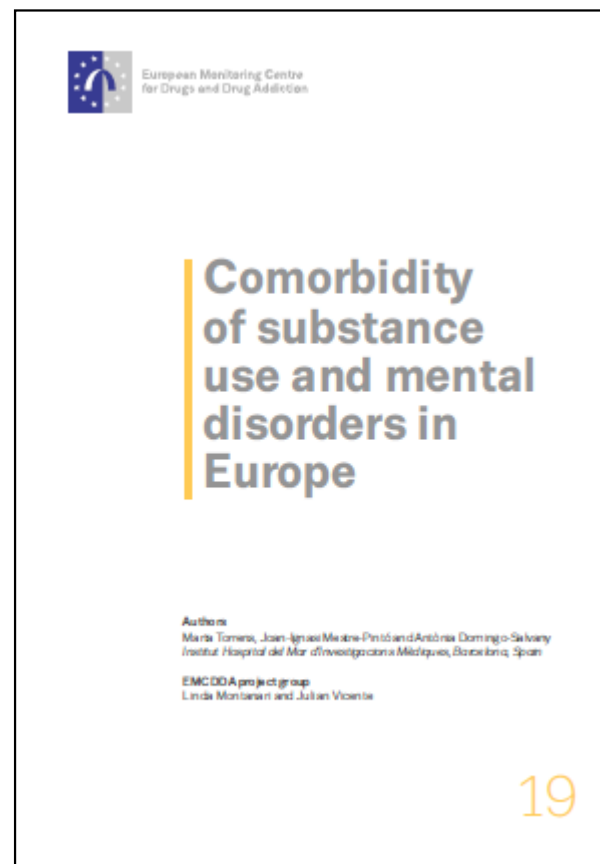
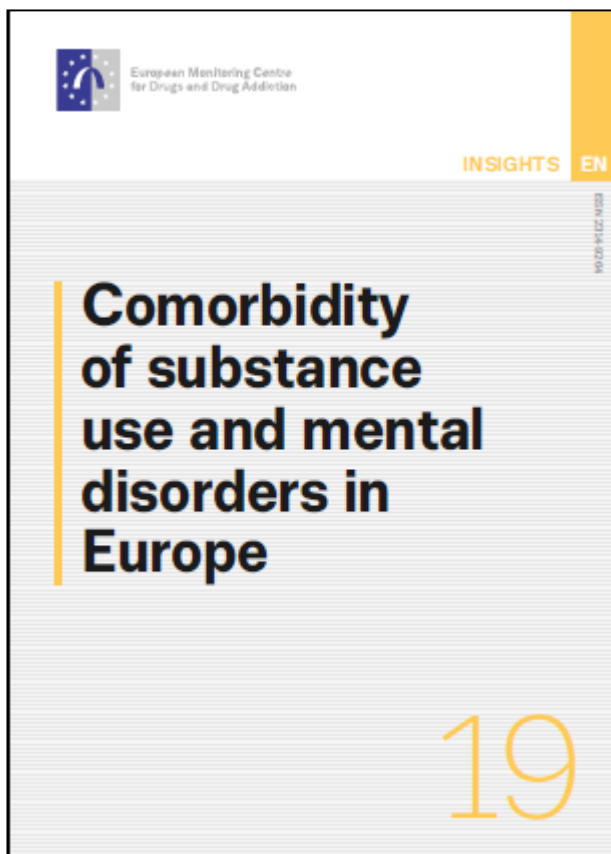
- In the United States, only 44 % of patients diagnosed with dual diagnosis receive treatment for either disorder, and a mere 7 % receive treatment for both disorders. (SAMHSA, 2011)

Conclusions

- Psychiatric comorbidity in substance users is frequent (15-80%). Seeking treatment: 35-65%
- These patients show high clinical (suicide, unintentioned overdoses, HIV, VHC) and social (marginality, violent behaviour) severity
- They have a worse prognosis: more risk of relapse in drug use and psychiatric disorder if both conditions are not treated at same time

Conclusions

- Policy makers must guarantee services that:
 - Provide diagnosis and treatment of other psychiatric comorbidity among substance abusers seeking treatment
 - Facilitate the access to appropriate treatment of substance abusers with other psychiatric comorbidity (in both mental health and drug abuse networks)



<http://www.emcdda.europa.eu/publications/insights/comorbidity-substance-use-mental-disorders-europe>

Drug use services

Epidemiology

Authors/ source	Country	Sample size	Assessment tools	Reference population/ site/characteristics	Type of disorder	Prevalence, %
EMCDDA, 2007	Italy	N/A	N/A	Drug users (opioids and polydrug) in treatment (mean age: 36 years; mainly males)	Affective psychoses Neurotic-somatic disturbances Schizophrenic psychoses Other disturbances Paranoid state Overall	18 10 7 7 1 22
Riglietta et al., 2006	Italy (Bergamo)	197	SCL-90-R Current	Opiate dependent	Obsessive compulsive disorder Depressive illness	73 67
Di Furia et al., 2006	Italy (Padua)	61	EUROPASI and CIDI-C 1 month	Polydrug users	Anxiety Somatoform Mood disorders	34.4 11.5 4.9
EMCDDA, 2009	Latvia	N/A	N/A	Drug users in treatment	Organic mental disorders Behavioural and emotional disorders Neurotic/stress-related disorders	25 21 17
EMCDDA, 2009	Luxembourg	N/A	N/A	Drug users in treatment	Anxiety, depression, neurosis/ psychosis, borderline behaviour. Had previous contacts with psychiatric services	83
EMCDDA, 2007	Netherlands	202	MINI	Opioid users in methadone treatment	Major depression Generalised anxiety disorders Psychotic disorder Current psychotic disorder	34 3 39 9
EMCDDA, 2005	Portugal	N/A	N/A	Long-term addicts undergoing treatment	Depression	53
EMCDDA, 2009	Romania	N/A	N/A	Drug users in treatment	Behavioural and emotional disorder	14
Enatescu and Dehelean, 2006	Romania	304	Lifetime (case records)	Drug- and alcohol- dependent	Cumulative Schizophrenia Mixed anxiety and depression Personality disorder	75 12 12 30
EMCDDA, 2007	Spain	N/A	N/A	Drug users in treatment	Personality disorders Antisocial disorder and borderline disorder Paranoid disorder	12 3

Drug use services

Epidemiology

Authors/ source	Country	Sample size	Assessment tools	Reference population/ site/characteristics	Type of disorder	Prevalence, %
Langås et al., 2012b	Norway	61	PRISM SCID-II	Substance use disorder (specialised treatment)	AUD DUD and: depressive social phobia post-traumatic stress disorder	71 31 18
De Wilde et al., 2007	Netherlands Belgium	150	EuropASI SCID-III-R or SCID-IV depending the country/ language	Therapeutic communities from nine countries (Sweden, Norway, Belgium, France, Germany, Scotland, Greece, Italy and Spain)	Any mood disorder Any anxiety disorder	Male: 90.9 Female: 89.7 Male: 76.7 Female: 76.9
Shahriyarmolki and Meynen, 2014	United Kingdom	225	Cross-sectional survey with a new screening instrument	Addiction centres (71 % males)	DD	70
Szerman et al., 2011	Spain	400	Clinical histories	Community mental health and substance misuse services	DD in substance misuse services (N = 261) DD in mental health services (N = 139)	36.78 28.78
EMCDDA, 2008–2012	Czech Republic	92	N/A	Therapeutic communities (pervitin and/or opioids)	Personality disorders Depressive or anxiety disorder Psychotic disorder (includes induced)	38 25 16

Special populations: Prison

Epidemiology

Special population studies: prison populations

Authors	Country	Sample size	Assessment tools	Reference population/site/ characteristics	Type of disorder	Prevalence, %
EMCDDA, 2009–2010	Estonia	870 (2009) 877 (2010)	N/A	Prisoners	Drug use-related mental or behavioural disorders	Both 24.5
EMCDDA, 2010	France	N/A	N/A	Inmates	Mood disorder Anxiety disorder	20 20
Lukasiewicz et al., 2009	France	998	MINI-5 plus TCI plus senior interview	Prisoners	If SUD, DD comorbidity If Axis-I psychiatric disorder, SUD	80 33
Einarsson et al., 2009	Iceland	90	MINI and SAPAS (personality); childhood ADHD symptoms; with the Wender-Utah rating scale and current ADHD with DSM-IV	Male prisoners (incoming)	ADHD and psychiatric conditions	50
Piselli et al., 2009	Italy	302 Perugia 2005–2006	Semi-structured interview	Male prisoners (incoming)	Psychiatric disorder, including SUD Comorbidity	54.3 20.9
Casares-López et al., 2011	Spain	152	ASI MINI-6	SUD prison inmates	Dual diagnosis Antisocial personality disorder Depression Anxiety	85 65.5 35.9 25.5
Sørland and Kjelsberg, 2009	Norway	40	K-SADS	Teenaged boys remanded to prison	Mental disorder SUD	90 75
Colins et al., 2011	Belgium	232	DISC	Detained adolescents		Recidivism greater if SUD
Palijan et al., 2009	Croatia	Review		Violent offenders	Comorbidity	50–80
van Horn et al., 2012	Netherlands	148		Violence offenders	Violence and DD Axis-I or Axis-II comorbidity 50 violent offenders with DD	34
Elonheimo et	Finland	2 712 males	National registers	Young male offenders	SUD and/or psychiatric	59 if > 5 crimes

Special populations: Homeless

Epidemiology

Special populations studies: homeless populations

Authors	Country	Sample size	Assessment tools	Reference population/site/characteristics	Type of disorder	Prevalence, %
Aichhorn et al., 2008	Austria	40	SCID-I	Homeless youth	Psychiatric disorders Substance abuse/dependence Mood Anxiety Eating disorders History of self-harm At least one suicide attempt reported	80 65 42.5 17.5 17.5 57.5 25
Combaluzier et al., 2009	France	212	DSM-IV	Homeless with substance use disorder	Personality	95
Beijer et al., 2007	Stockholm	46 (2001)		Homeless with mental health problems	Mental health problems in combination with misuse of alcohol or illicit drugs	74

Conclusions

- Available data on comorbid mental disorders in EU are very heterogeneous.
- The prevalence rates depend on many factors: type of drug; samples (general, clinical or special populations); settings, and drug use patterns in different EU countries.
- Despite the relevance of providing effective treatments for patients with comorbid substance use and mental disorders, there is still a lack of consensus regarding the most appropriate setting

Conclusions

- “Dual disorders” patients often have difficulties in accessing to required services of mental health and substance abuse.
- The main barriers for the treatment of comorbid substance use and mental disorders are:
 - the separation of mental health and drug use treatment networks in most European countries
 - treatment services may lack sufficient combined expertise to treat both types of disorders
 - treatment approaches
 - regulations
 - financial resources

Recommendations

- The systematic detection and treatment of comorbid mental disorders in subjects with substance use disorders
- The use of validated instruments to assess the comorbidity
- The therapeutic approach to tackle dual diagnosis, simultaneously and from the first point of contact
- A more in-depth review of service organisation in European countries.

Proposal

- Pilot study
- To detect psychiatric comorbidity in substance users
- How?
 - Validated screening instrument (i.e. DDSI)
- Where?
 - In outpatient substance use treatment centers

Thanks for your attention !

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Open discussion !!!

How to diagnosis?

Diagnostic interviews

Name	Criteria	Administration	Interviewer's experience	Population/use	Administration time
DIS (Helzer, 1981)	DSM-IV	Structured	Training	Drug users and general population/clinical studies Epidemiological studies	1–2 hours
SCAN (Janca et al., 1994)	ICD-10 DSM-IV	Semi-structured	Training and clinical experience	General population/clinical studies	1–3 hours
DIGS (Nurnberger et al., 1994)	ICD-10 DSM-IV	Semi-structured	Training and clinical experience	Drug users/clinical studies	2–3 hours
MINI (Lecrubier et al., 1997)	ICD-10 DSM-IV	Structured	Training	Drug users and general population/epidemiological and clinical studies	20–30 minutes
CIDI (WHO, 1998)	ICD-10 DSM-IV	Structured	Training	Drug users and general population/epidemiological and clinical studies	1–3 hours
SCID-IV (First et al., 1997)	DSM-IV	Semi-structured	Training and clinical experience	Drug users and general population/clinical studies	1–2 hours
PRISM-IV (Hasin et al., 2001)	DSM-IV	Semi-structured	Training and clinical experience	Drug users/clinical studies	1–3 hours
AUDADIS (Grant et al., 2001)	DSM-IV	Structured	Training	Drug users/epidemiological studies	1–2 hours
SSADDA (Pierucci-Lagha et al., 2005)	DSM-IV	Semi-structured	Training and clinical experience	Drug users/clinical studies	1–3 hours

How to diagnosis?

Screening interviews

Name	Disorders assessed	Criteria	Administration	Population	Administration Time (minutes)
GHQ-28 (Goldberg, 1978)	Four aspects of distress	Not disorder-specific	Self-administered	General and drug users	15
SCL-90 (Derogatis et al. 1973)	Primary symptoms (10 dimensions)	Not disorder-specific	Self-administered	General and drug users	15–20
SDDS-PC (Broadhead et al., 1995)	Five disorders	DSM	Self-administered and trained professional	General	35
PHQ (Spitzer et al., 1999)	Eight disorders	DSM	Self-administered	General	15–20
PDSQ (Zimmerman and Mattia, 2001)	Thirteen disorders	DSM	Self-administered	General and drug users	15
MHSF-III (Carroll and McGinley, 2001)	General symptoms	Not disorder-specific	Trained lay interviewer	Drug users	15
MMS (OASAS, 2005)	General symptoms	Not disorder-specific	Trained lay interviewer	Drug users	15
CODSI-MD (Sacks et al., 2007)	General symptoms	Not disorder-specific	Trained lay interviewer	Drug users	<5
CODSI-SMD (Sacks et al., 2007)	General symptoms	Not disorder-specific	Trained lay interviewer	Drug users	<5
MATE (Schippers et al., 2010)	Substance use disorder and general symptoms	DSM-SUD	Trained lay interviewer	Drug users	40–80
DDSI (Mestre-Pintó et al., 2014)	Eleven disorders	DSM	Trained lay interviewer	Drug users	20