

Alberta Alcohol and Drug Abuse Commission

POSITION ON ADDICTION AND MENTAL HEALTH

February 2007

POSITION

The Alberta Alcohol and Drug Abuse Commission (AADAC) recognizes that among clients with addiction problems, there is a relatively high occurrence of mental health problems. AADAC believes a collaborative approach is required to meet the needs of individuals affected by concurrent disorders. The Commission will work with clients and their families, primary health care providers, mental health professionals and other community stakeholders to ensure that a continuum of appropriate and effective services to address addiction and mental health concerns is available in Alberta.

CONTEXT

In general terms, a substance use or gambling problem that co-exists with a mental health problem is referred to as a concurrent disorder. In relation to recognized psychiatric terminology and medical diagnoses, it refers to any combination of substance abuse or dependence and mental health disorders (including pathological gambling) as identified on Axis I and II of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) of the American Psychiatric Association.¹

Population-based and clinical studies show that substance abuse often occurs in conjunction with a mental health problem. However, the exact nature of this relationship is difficult to determine. Mental health problems may promote or sustain substance abuse, or substance abuse may exacerbate a mental health problem.

Clinical experience suggests substance abuse often occurs in conjunction with mood and anxiety disorders, psychotic disorders, personality disorders, and eating disorders. Estimated lifetime prevalence of substance abuse among people with these disorders ranges from 40% to 65% or higher.

A national study from 2002 showed that 15% of persons who were alcohol dependent and 26% of those who were drug dependent experienced a major depressive episode in the previous year (compared to 5% of the general population).

There is limited research on the co-occurrence of problem gambling and mental health problems. In studies of problem gamblers seeking treatment, there appears to be a higher prevalence of depression, anxiety and bipolar disorders as well as higher levels of substance abuse. Results

¹ Health Canada (2001). *Best practices. Concurrent mental health and substance use disorders*. Ottawa, ON: Author.

from a national population survey completed in 2002 showed that 15% of problem gamblers were alcohol dependent and 24% had experienced clinical depression at some point in their lives. The literature suggests that problem gambling may also occur in conjunction with attention deficit hyperactivity disorder (ADHD) and eating disorders.

Studies show that people with mental health problems are more likely to be smokers than those without current or past mental health problems. Similarly, the prevalence smoking among addiction treatment clients is higher than in the general population.

Over the past two decades there has been a movement toward community integration for people with mental health problems, as well as a shift toward broad psychosocial treatment approaches. This perspective values the role of primary health care, medication management and symptom reduction in creating long-term positive client outcomes. It also recognizes the need for and importance of services that contribute to quality of life, including housing, employment, family support and recreation.

Specialized addiction services are a valuable component in the continuum of care required for people with mental health problems.

KEY CONSIDERATIONS

1. Prevention

Early intervention and prevention programs for addiction and mental health problems are important, particularly for children and adolescents. The onset of substance abuse and mental health problems often occurs in adolescence and young adulthood. Intervention during these periods can significantly reduce disruptions to personal and social development. Although there is limited research on preventing concurrent disorders, evidence is accumulating that the determinants of population health must be addressed (e.g., risk is increased for those with genetic vulnerability, low socio-economic status and limited family or other social supports).

Early intervention and prevention programs for concurrent disorders are difficult to implement. In part, this is because these interventions are resource-intensive and must be delivered over the long term to produce positive results (e.g., reductions in anti-social behaviour in youth).

It is incumbent on addiction and mental health practitioners to use the best prevention approaches available. Innovation is needed when there are no evidence-based prevention or early intervention programs, but innovation must be accompanied by rigorous evaluation, and wider implementation should not occur until there is a clear indication that the program provides significantly more benefit than harm.

2. Complexity of Client Problems

Both substance abuse and mental health problems have a variety of biological, psychological and social components, and the relationship between the two is complex. Substance abuse may exacerbate or alter the course of a pre-existing mental health problem and it is a common reason for relapse. Alternatively, a mental health problem may precipitate substance abuse and is a significant factor in relapse.

People with concurrent disorders tend to experience multiple medical and social problems, display more symptoms and require more intensive care. They are at higher risk of incarceration, physical or sexual abuse, and homelessness.

People with concurrent disorders are often stigmatized in a variety of ways. They may be excluded from social situations, face difficulties when seeking health services, be denied access to housing, employment and education, and in some cases be excluded from mental health programs because of their substance abuse (or vice-versa).

The amount of time a person with a concurrent disorder spends in addiction treatment varies depending on the severity of the problem and the type of services received (e.g., detox, outpatient counselling). Similarly, the duration of treatment that a person with a concurrent disorder receives within the mental health system can range from very brief crisis contact, to a few weeks or months in an acute care setting, to several years of regular contact and support.

The co-occurrence of problem gambling and mental illness is not well understood, and this relationship is further complicated by elevated rates of substance use among problem gamblers. This can present significant assessment and treatment challenges, and there is some evidence to suggest greater severity of symptoms and poorer treatment outcomes. A limited number of clinical studies indicate that mental health issues usually predate the onset of problem gambling, and that gambling is frequently used to reduce symptoms of depression and anxiety.

3. Screening and Assessment

The use of alcohol or other drugs (legal or illegal) may combine with any mental disorder to produce a wide range of symptoms and functioning difficulties. The degree and severity of this interaction will vary over time and differ from person to person.

Research shows that effective treatment for people with concurrent disorders begins with accurate screening and comprehensive assessment. All individuals seeking help for mental health problems should be screened for substance use and gambling problems using a standardized instrument. Similarly, all individuals seeking help for substance use and gambling problems should be screened for mental health problems using a standardized instrument. Screening should be done in the context of a co-ordinated system of care, with clearly defined case-management protocols.

Assessment is the starting point for identifying client needs and developing an individualized treatment and support plan. Comprehensive assessment by an addiction counsellor for substance use and gambling problems will include a personal history, behavioural component, determination of client level of psychosocial functioning, and evaluation of motivation for change. There are a number of standardized instruments commonly used in addiction research and clinical practice to assess alcohol, other drug and gambling problems, although there is no one instrument that is consistently used.

To establish a psychiatric diagnosis, a comprehensive assessment by a physician or mental health professional is required. Assessment for mental health disorders based on the DSM-IV-TR is widely accepted in both medical research and clinical practice. The reasons for this are that DSM-IV-TR has standard diagnostic criteria based on observable symptoms, and appropriate treatment and support in the mental health field, including drug therapies, requires accurate assessment and diagnosis.

To effectively communicate about concurrent disorders, addiction professionals should be familiar with the diagnostic criteria and treatments used for mental health problems, and mental health professionals should be familiar with the screening and assessment tools and the therapeutic approaches used in addiction treatment.

4. Co-ordinated System of Care

Concurrent disorders are best treated in a comprehensive rather than a condition-specific manner. Treatment and support for people with concurrent disorders requires a focus on the unique needs of the individual client and ongoing collaboration in the delivery of services across systems of care. Whether addiction and mental health problems are treated simultaneously or treated sequentially, co-ordination is needed to develop effective treatment plans that involve multiple service providers.

Many professionals are involved in the treatment and support of people with addiction and mental health problems. They include addiction counsellors, physicians, psychiatrists, psychologists, nurses, social workers, educators, the judiciary, law enforcement personnel, etc. Primary health care is often the first point of contact for people with concurrent disorders. Increased awareness, opportunities for training and professional development, and a collaborative team approach can ensure clients presenting in primary health care settings are screened and receive appropriate referrals to addiction and mental health services. Improved linkages can also facilitate client access to medical services for physical health concerns and medication management, as well as access to other services such as housing, employment and family supports.

It is well recognized that treatment and support for people with concurrent disorders is often provided outside the formal medical, mental health or addiction treatment systems. Self-help groups such as Alcoholics Anonymous (AA), peer support and client advocacy groups, clergy and family members all have important knowledge and experience to contribute, and they form an integral part of the care provided to people with addiction and mental health problems.

A broad bio-psychosocial approach is necessary for effective treatment and longer term care of people with concurrent disorders. Research shows that client outcomes are enhanced when treatment for concurrent disorders includes a range of interventions. Cultural and gender relevance and sensitivity must also be considered in treatment planning and coordination of case management. Health Canada suggests best practices in service delivery can be supported by system level actions that ensure:

- involvement by clients and their families in planning services and supports
- timely access to basic information and referral to addiction and/or mental health treatment services
- formal inter-agency agreements, joint planning in co-ordinating services at the local level, and adoption of clinical consultation and collaborative case management models
- policy and funding that supports comprehensive community-based care

5. Medications

There are a large number of prescribed drugs used to treat mental health problems. Drugs like antidepressants and anti-psychotics have little or no abuse liability, and medically supervised treatment with these medications is appropriate (see AADAC Policy on Addiction and Medications). People who have a mental health problem may require long-term treatment with therapeutic drugs and ongoing physician monitoring of medications is required.

Pharmacotherapy (e.g., naltrexone, methadone) may also be used to manage withdrawal or relapse to alcohol and other drug use. It is important that addiction and mental health treatment providers work closely to manage drug therapy, and that client medication use is monitored for non-compliance and side effects. Therapeutic drug interactions are a concern, as is the combined use of prescribed medication with alcohol or illicit drugs.

Many of the therapeutic drugs used to treat mental health or addiction problems are not appropriate for children or adolescents.

6. Research

There is a growing base of evidence to support a co-ordinated system of service delivery for people with concurrent disorders. There are also gaps in the research and in the transfer of knowledge to practice. For example, Health Canada suggests more research is needed to determine:

- effectiveness and cost-effectiveness of various interventions at both the program and system level
- co-occurrence of substance abuse and (1) sexual disorders, (2) attention deficit hyperactivity disorder (ADHD) and (3) problem gambling
- treatment and support services needed for people with dependencies on specific substances (e.g., cocaine)
- treatment and support services needed for population sub-groups including Aboriginal

people, women and youth

Other areas of research inquiry include development and evaluation of focused prevention programs for youth and adults, as well as continued efforts to determine the neuro-chemical components of addiction and the efficacy of therapeutic drugs in treating substance use and problem gambling.

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