

Dual diagnosis: a European perspective

Patología dual: una perspectiva europea

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The combination of harmful psychoactive substance use with other serious health problems is a key issue in national and international drug policies. For a long time attention has focused almost exclusively on infectious diseases, especially human immunodeficiency virus (HIV) infection and hepatitis C. One of the topics currently generating a great deal of interest and concern in the field of addiction is the detection and treatment of comorbidity between mental disorders in general and disorders related to psychoactive substance use. This combination, also called dual diagnosis, has become increasingly important in recent years as epidemiological and clinical studies have emerged revealing the high prevalence of such comorbidity, as well as the severity in both clinical and social terms associated with it, its poor prognosis and the high healthcare costs it generates (Lieb, 2015; Torrens, Gilchrist & Domingo-Salvany, 2011; Whiteford et al, 2013.).

Experience shows that users of substances of abuse with psychiatric comorbidity are admitted to emergency services more frequently, have higher rates of psychiatric hospitalizations and a greater prevalence of suicide than those without comorbid mental disorders. They also exhibit more risky behaviors that generate more medical problems (e.g., infections caused by HIV, HCV, etc.) and social problems (e.g., higher rates of unemployment, homelessness, etc.) and more violent or criminal behaviors. Moreover, clinical

practice has shown that comorbid conditions are mutually interactive and cyclical, with a poor prognosis for both if not treated jointly (San et al., 2016). People who consume substances and have psychiatric comorbidity thus have an increased risk of chronicity, their treatment is more problematic and costly, and the chances of recovery are smaller. So, if we take into account the costs of caring for such dual patients to both health and legal systems, we can say that they represent a high economic cost for society and lead to great challenges not only for health professionals but also for health authorities and the legal field. Given this evidence, the European Monitoring Centre for Drugs (EMCDDA) decided to get involved by studying the issue and commissioned a publication for the 'Insights' series. The result is an insight into the state of affairs regarding the comorbidity of mental disorders among users of illicit drugs within the European Union (EU) (EMCDDA, 2015) (<http://www.emcdda.europa.eu/publications/insights/comorbidity-substance-use-mental-disorders-europe>). This publication also led to a brief report in the 'Perspectives on Drugs' (PODs) section (<http://www.emcdda.europa.eu/topics/pods/comorbidity-substance-use-mental-disorders-europe>).

To prepare the Insight report, the authors reviewed the definitions and concepts of comorbidity between substance use and mental disorders, and the instruments available to detect and assess the presence of psychiatric comorbidity in

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these people. They therefore carried out a review of epidemiological data and treatment approaches, mainly in terms of services, within the EU context. To this end, a comprehensive literature search was conducted on Medline, using the keywords 'comorbidity', 'dual diagnosis', 'treatment', 'epidemiology', 'health services' and 'diagnosis', combined in such a way as to cover the greatest possible range of published information, a review of the European guidelines published on the subject, a comprehensive review of the latest national reports from 2006 to 2013 (Réseau Européen d'Information sur les et les Drogues Toxicomanies-Reitox) available with information on this topic, and finally a number of key informants from different European countries were contacted in order to complete the full picture of the situation and the treatment of comorbidity between substance use and mental disorders in the European context. The information on the implementation of dual diagnosis services was reviewed by each country.

An initial conclusion, one which was to be expected, was that the epidemiological data available in the EU are very heterogeneous. Most studies were focused on a particular mental disorder (e.g., major depression, schizophrenia, first psychotic episode, bipolar disorder, attention deficit hyperactivity disorder, PTSD, etc.) or on the consumption of a specific psychoactive substance (e.g. opioids, stimulants, cannabis, etc.). Furthermore, the care environment in which studies of comorbidity were carried out are varied (primary care centers, treatment centers for use of specific drugs, emergency departments of general hospitals, psychiatric departments, prisons, the homeless, etc.). Likewise, the instruments and diagnostic criteria used to determine the presence of both the various mental disorders in general and the various substances, including the different consumption patterns (recreational, abuse, dependence), are diverse and often make any possible comparisons difficult to draw.

Finally, another key factor to be taken into account for a better understanding of the heterogeneity of the results concerning the prevalence of psychiatric comorbidity among consumers of psychoactive substances across Europe are the differences in the illegal markets among the different EU countries (e.g., amphetamines and heroin in northern European countries, cocaine in southern Europe). Despite the great heterogeneity of the available data, it is clear from the data that the prevalence of other mental disorders among substance users is higher than in the non-drug-using population.

As in the studies conducted in the US or Australia, the most common psychiatric comorbidity among substance users in the EU was major depression, with a prevalence ranging from 12% to 80%. Studies of this comorbidity also showed the lowest success rate in treatments and its association with a higher suicide rate (both attempted and completed) compared with patients affected by just a single disorder. Among individuals with a substance use disorder,

major depression was more common in women than in men, and it was also found that women with substance use disorder were twice as likely to suffer major depression compared to women in the general European population, making this group of women an especially vulnerable population and a particularly sensitive target for treatment policies. Studies have also been conducted on comorbidity in anxiety disorders. In particular, links have been found between panic disorder and PTSD on the one hand and substance use on the other, with a prevalence of up to 35%.

Substance use comorbidity is more common in people with psychosis, including schizophrenia and bipolar disorder than in the general population. Among people with psychosis, those who are also substance abusers are at increased risk of relapse and hospitalization and higher mortality. In part, this is because the substances used can exacerbate psychosis or interfere with pharmacological or psychological treatments. Comorbidity between schizophrenia and substance use disorders is common, with rates of between 30% and 66%. Substances of use and abuse common among psychotic patients, besides tobacco, are alcohol and cannabis, and more recently cocaine. The relationship between schizophrenia and cannabis use among young people has been an area of particular interest, given the high prevalence of cannabis consumption among young people in the EU. The comorbidity rate of substance use and bipolar disorder ranges from 40% to 60%. During the manic phase of bipolar disorder, patients often consume large amounts of alcohol or other substances, particularly stimulants and cannabis. During the depression phase, substance use may also increase, and the data indicate that alcohol can exacerbate depression, and consumption of stimulants and cannabis may precipitate a manic episode or an episode of mixed symptoms. In any case, the presence of a substance use disorder indicates poorer social adjustment and poorer treatment outcomes in bipolar patients. Substance use is also often associated with personality disorders, especially antisocial and borderline disorder. Individuals with a personality disorder and a substance use disorder are more likely to indulge in risky behaviors that predispose them to both infections from blood-borne viruses (HCV, HIV) and medical and social complications (e.g., illegal behavior). Although these patients may have difficulties in remaining in treatment programs and in complying with treatment plans, treatment for substance use in people with personality disorders is linked to a reduction in substance use and also in criminal behavior. In recent years, there has been growing interest in comorbidity between attention deficit disorder and hyperactivity disorder (ADHD) and substance use. A recent study conducted in six European countries revealed that the prevalence of ADHD in substance users seeking treatment ranges from 5% to 33%.

Despite the importance of providing effective treatments for comorbid mental disorders among patients with substance use disorder, patients often have difficulty not only in identifying but also in accessing and coordinating mental health services and addiction services. Thus, with reference to where these dual patients are treated, an overview of the current situation in different European countries shows that treatment of mental disorders and substance use disorders is provided in different services, which in most cases correspond to different healthcare networks, and this hinders access to treatment for such individuals. Most EU countries have one healthcare network for mental health and another healthcare network treating substance use disorders, with a deficit in each of experts in treating both types of pathologies, with notable differences in therapeutic approach, as well as regulations and different funding sources.

Finally, based on their findings, the authors present a series of recommendations for the future, summarized below:

- Systematic screening and treatment of comorbid mental disorders in patients with substance use disorders is necessary.
- The use of validated instruments for both screening and diagnosis of psychiatric comorbidity in substances users is recommended.
- A therapeutic approach to dual pathology, either pharmacological, psychological or both, must take into account all disorders simultaneously and from the first point of contact in order to select the best option for each individual.
- A study is recommended which, across the whole EU, using it same methodology in all countries, allows for a better understanding of the prevalence and characteristics of psychiatric comorbidity in people consuming psychoactive substances.
- In order to improve expertise and therapeutic approaches, the report recommends that specific indicators of psychiatric comorbidity in patients with substance use disorder should be introduced into the treatment demand indicators of the European Monitoring Centre for Drugs.
- Studies should be conducted to improve therapeutic strategies based on the evidence in these dual patients.

Thus, given the high prevalence, clinical severity and social seriousness of the issue, the detection and appropriate treatment of mental disorders and comorbid substance use is one of the biggest challenges healthcare managers, professionals and doctors working in the field of addiction to psychoactive substances must tackle in the coming years.

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