

What is dual diagnosis?

Dual diagnosis is a term used to describe people with mental illness who also have problems with drugs and/or alcohol. The relationship between the two is complex, and the treatment of people with co-occurring substance abuse (or dependence) and mental illness is more complicated than the treatment of either condition alone. This is unfortunately a common situation—many people with mental illness have ongoing substance abuse problems, and many people who abuse drugs and alcohol also experience mental illness.

Certain groups of people with mental illness (e.g., males, individuals of lower socioeconomic status, military veterans and people with more general medical illnesses) are at increased risk of abusing drugs and alcohol. Recent scientific studies have suggested that nearly one-third of people with all mental illnesses and approximately one-half of people with severe mental illnesses (including bipolar disorder and schizophrenia) also experience substance abuse. Conversely, more than one-third of all alcohol abusers and more than one-half of all drug abusers are also battling mental illness.

What is the relationship between substance use and mental illness?

The relationship between mental illness and substance abuse/dependency is complex. Drugs and alcohol can be a form of *self-medication* for people with mental illness experiencing conditions such as anxiety or depression. Unfortunately, while drugs and alcohol may feel good in the moment, abuse of these substances does not treat the underlying condition and, almost without exception, makes it worse. Drugs and alcohol can worsen underlying mental illnesses during both acute intoxication and during withdrawal from a substance. Additionally, drugs and alcohol can cause a person without mental illness to experience the onset of symptoms for the first time.

Abuse of drugs and alcohol always results in a worse prognosis for a person with mental illness. Active users are less likely to follow through with their treatment plans. They are more likely to experience severe medical complications and early death. People with dual diagnosis are also at increased risk of impulsive and violent acts. Those who abuse drugs and alcohol are more likely to both attempt suicide and to die from their suicide attempts.

Individuals with dual diagnosis are less likely to achieve lasting sobriety. They may be more likely to experience severe complications of their substance abuse, to end up in legal trouble from their substance use and to become physically dependent on their substance of choice.

What treatments are available for individuals with dual diagnosis?

Treatment of individuals with dual diagnosis is also complicated. Of primary importance is addressing any life-threatening complications of intoxication. The following situations would require immediate care in a hospital: severe cases of alcohol intoxication; heart problems or stroke caused by use of amphetamines, crack, cocaine and other drugs; overdose on benzodiazapines (e.g., diazepam [valium], clonazepam [klonopin]), opiates (e.g., oxycodone, oxycontin) and other “downers.” Untreated, any of these conditions can lead to death.

Drug and alcohol withdrawal can also lead to medical emergencies requiring immediate treatment. Alcohol withdrawal can result in heart problems (e.g., arrhythmias), seizures or *delirium tremens* (an acute delirious state), all which can be potentially fatal. Benzodiazapine withdrawal can result in tremors (“shakes”), seizures and potentially death. Opiate withdrawal is not thought to be life-threatening in most cases but can be a very traumatic and painful experience.

Many people seek assistance in going through the process of stopping their drug and alcohol abuse. This may include inpatient detoxification involving admission to a hospital—either a general hospital or a detoxification facility—and treatment with the appropriate medications to avoid serious complications of acute drug and alcohol withdrawal.

Multiple scientific studies have shown that psychiatric treatments are more effective in people who are not actively abusing drugs and alcohol. Many options exist for people who are newly sober or who are trying to avoid relapse on drugs and alcohol. These can include inpatient rehabilitation centers or supportive housing. Some people find therapy to be a helpful part of maintaining their sobriety. This can include individual therapy (e.g., cognitive behavioral therapy) as well as self-help groups such as Alcoholics Anonymous, Narcotics Anonymous or Smart Recovery.

Certain medications to help maintain sobriety have been safely tested in multiple studies. For alcoholism, available medications include disulfiram (*Antabuse*), acamprosate (*Campral*) and naltrexone (*Revia*). For opiate abuse, available medications include naltrexone (*Revia*, *Vivitrol*), methadone and buprenorphine (*Subutex*, *Suboxone*). Given how complicated these choices may be, it is necessary for any individual with dual diagnosis and their loved ones to discuss medication management strategies with their doctors.

Families, friends and others can be most helpful in providing empathic and non-judgmental support of their loved one. This can be critically important as a significant majority of people will relapse into drug and alcohol abuse at some point in their lives, even if they are eventually able to achieve long-lasting sobriety. With this support, the proper medical treatment and effective psychosocial treatments, many people with dual diagnosis will be able to actively participate in their journey to recovery.

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