# Dual Disorders 101

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# What is WADD?

World Association of Dual Disorders

www.worlddualdisorders.org

# WADD
## Characterization of Dual Disorders

A term applied to people who have an addictive disorder and another co-occurring mental illness.

Related to interacting neurobiological and environmental factors involved in behaviors of substance and non-substance related disorders.

Nobody chooses to become addicted, and addiction is not a matter of weakness of will, a consequence of self-indulgent behaviour or a result of the mere pursuit of pleasure.

# WADD and alternate nomenclature

Dual Disorders

Clinical Comorbidity

Dual Diagnosis

Comorbid Disorders

# Review: What is addiction

A disorder in which normal human priorities (friends, family, job, health, safety, health) are replaced or downgraded by the insertion of a new top priority: obtaining and using drugs.

The host never makes the decision for this to be a new top priority

The disease is that this new top priority is inserted without the host's permission

# DSM-V Addiction Criteria (APA 2017)

## Taking

Taking the substance in larger amounts or for longer than you've meant to.

## Wanting

Wanting to cut down or stop using the substance but not managing to.

# DSM5 Criteria 3-9

Spending a lot of time getting, using, or recovering from use of the substance.

Cravings and urges to use the substance.

Not managing to do what you should at work, home, or school because of substance use.

Continuing to use, even when it causes problems in relationships.

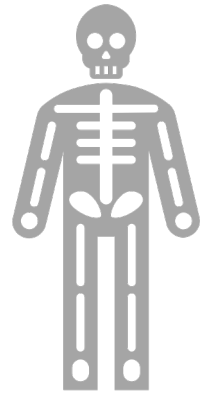
Giving up important social, occupational, or recreational activities because of substance use.

Using substances again and again, even when it puts you in danger.

Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.

# DSM-5 Addiction Criteria

Needing more of the substance to get the effect you want (tolerance).



Development of withdrawal symptoms, which can be relieved by taking more of the substance.

Which of the following has the highest mortality rate?

A. Tobacco

B. Opiates

C. Benzodiazepines

D. Methamphetamine

E. Alcohol

# Clinical Scenario 1

45 year-old employed at a home improvement store with Tobacco Use Disorder and Generalized Anxiety Disorder.

Has tried NRT (nicotine replacement therapy) Nicotine Gum, Nicotine Patch, Nicotine Lozange

Placed on Varenicline (Chantix) and able to remain abstinent

CBT initiated

# Clinical Scenario 2

34 year-old marital problems and recently unemployed due to drinking. Enters Hina Mauka

Started on Acamprosate (Campral) for PAWS (post-acute withdrawal)

Found to have had ADHD as child

Was treated with Ritalin as child but then off as teen, then started drinking

Found 12-step involvement enjoyable

# Clinical Scenario 3

56 year old with pain and OUD, prescription pain meds

Treated as outpatient successfully with Buprenorphine

Given PHQ9, score is 24 (21 is severe depression)

Started on Fluoxetine, individual psychotherapy

Able to taper off buprenorphine 6 months later

# Clinical Scenario 4

- 47 year-old with schizophrenia, recently left IHS after 3 days clean
- Relapsed on Methamphetamine
- MH-1 QMC Psych ED, very agitated and psychotic
- Admitted to Kekela
- Discharged to HONU with medications
- MH-1 QMC Psych ED, very agitated and psychotic, left HONU without things and relapsed on methamphetamine

# Dual Disorder Properties

A. Mental Health Disorder
B. Substance Use Disorder
C. Dual Disorder

C > A + B

The Dual Disorder is more than just the sum of the mental health disorder and the substance use disorder.

It is a force to be reckoned with.

# Properties of Dual Disorders

- Associated with increased emergency department visits and psychiatric hospital admissions
- higher rates of substance use disorder relapse
- increased likelihood of premature death, including suicides

# Properties of Dual Disorders

- Reciprocally interactive and cyclical
- Poor prognoses for both psychiatric disorders and substance use disorders likely unless treatment tackles each.
- increased risks of chronicity and criminality
- treatment is challenging and costly, and chances of recovery are reduced.

# Cannabis Use Disorder (CUD)

- Significant potential association with mental illness
- Odds of a psychotic disorder occurring in a daily cannabis user are 3.2 times greater than for a “never user”
- High-potency cannabis use daily found to have odds 4 times greater of psychotic disorder than a never user (see variability below).
- 5 times greater odds of psychotic disorder in London
- 9 times greater odds in Amsterdam

# CUD

More than 75% of Cannabis Use Disorder patients in treatment have a dual disorder (mostly mood and anxiety disorders)

Start using other drugs, including alcohol, tobacco, and cocaine at an earlier age than non-cannabis using substance abuse disorders.

The younger the cannabis user, the more significant the association with mental health disorders

# Which is first, chicken or egg?

Answer: both at the same time – the structure of the question precludes the correct answer

# Treatment Sequence of Dual Disorder

- Upon admission to outpatient management for SUD, psychiatric symptoms may be attributed to the SUD.
- SUD patients presenting for psychiatric care may minimize issues related to SUD and not receive proper detox or care.
- *Integrated treatment of dual disorders is more effective than sequential treatment*
- Higher functioning patients may require less integration of services

# Case Management for Complex Dual Disorder

- Dual Disorder patient are unlikely to either present to treatment on their own or to benefit on their own from either substance abuse or psychiatric treatment alone.
- Case Management changes the equation with regard to success in entering treatment as well as in treatment retention.
- Case Management is an essential element for Dual Disorder patients, providing a lifeline for continuity of care as well promoter of treatment engagement and adherence