



Co-occurring Disorders

What Are Co-occurring Disorders?

People are diagnosed with co-occurring disorders when they have both a substance use disorder and a psychiatric disorder.

Substance use disorders are also known as

- alcohol abuse or alcohol dependence (alcoholism; alcohol addiction)
- drug abuse or drug dependence (drug addiction)

Alcohol or drug *abuse* occurs when substance use persistently interferes with functioning at work, at school, and in social relationships. It also occurs when substance use creates or worsens a medical condition, or when substance use occurs in dangerous situations.

Alcohol or drug *dependence* is a more severe condition than alcohol or drug abuse. In addition to facing more negative consequences, people with dependence have also failed to abstain from or control their use of substances. In some cases, physiological dependence may also exist, which is indicated by tolerance (needing more of a substance to get the same effect) and withdrawal (experiencing symptoms such as tremors or nausea when substance use is stopped).

People are diagnosed with a psychiatric disorder when they have problems with feelings, thinking, functioning, or relationships that are not due to drug or alcohol use and are not the result of a medical illness.

Some common psychiatric disorders are

- anxiety disorders such as generalized anxiety disorder, social anxiety disorder, and panic disorder; also post-traumatic stress disorder and obsessive-compulsive disorder
- mood disorders such as major depression, persistent depressive disorder, and bipolar disorder
- thought disorders such as schizophrenia or schizoaffective disorder

When people are diagnosed as having co-occurring disorders, it means that they have both disorders at the same time, or at least have had both during the past year. However, substance use and psychiatric disorders often recur. Therefore, most experts consider anyone who has had a substance use and psychiatric disorder in his or her lifetime to have co-occurring disorders.

What Co-occurring Disorders Are Not

The phrase “co-occurring disorders” does not apply to people who have a substance use disorder and some mood or relationship problems. It also does not apply to people who have a psychiatric disorder and some problems related to substance use.

Of the people with a substance use disorder, about 60 to 70 percent have or had a psychiatric disorder. Of the people with a psychiatric disorder, 25 to 50 percent have or had a substance use disorder. Thus, co-occurring disorders are common, but not everyone with a substance use or psychiatric disorder has one. People with substance use disorders may have emotional problems such as depression, anxiety, or post-traumatic symptoms, but these are normal responses to life events. People with psychiatric disorders may drink alcohol or use drugs. But if their use is not problematic, they do not have co-occurring disorders.

What Are Common Problems Related to Co-occurring Disorders?

Co-occurring disorders can cause a wide variety of problems, depending on the specific substance use and psychiatric disorders people have.

Common problems relating to co-occurring disorders include

- use of alcohol or other drugs to reduce the difficulty or pain associated with psychiatric problems, which may work in the short term but usually backfires in the long run
- a psychiatric disorder that is worsening because of alcohol or drug use
- a substance use disorder that is worsening because of psychiatric problems
- difficulty getting treatment for both disorders, or difficulty benefiting from treatment
- difficulty finding supportive people who understand both disorders

What Is the Cause of Co-occurring Disorders?

There appear to be common genetic risk factors for substance use and certain psychiatric disorders, but genes alone cannot explain all cases of co-occurring disorders. Other factors include family, environment, and life stress, including traumatic life events, poverty, and early loss of significant others. In fact, these stressful experiences may trigger genetic factors that contribute to co-occurring disorders.

It is not known why people become addicted to a certain substance and not another. Some research indicates that access and exposure to substances may be the most important

reason. That is, the substances people have access to determine the type of substance use disorder.

People with a psychiatric disorder may be more biologically sensitive to the effects of substances. They may also use substances to cope with symptoms or facilitate social connections. In general, people who have a psychiatric disorder are at much greater risk of also having a substance use disorder. People who have a substance use disorder are at much greater risk of developing a psychiatric disorder. People who developed a substance use disorder when they were relatively young may not have developed good coping skills and ways of dealing with life. This may have left them vulnerable to developing a psychiatric disorder.

How Does the Use of Alcohol and Other Drugs Affect a Co-occurring Psychiatric Disorder?

People with a psychiatric disorder often use substances to feel better. People who are anxious may want something to make them feel calm; people who are depressed may want something to make them feel more animated; people who are fearful of others may want something to make them feel more relaxed and less inhibited; and people who are in psychological pain may want something to make them feel numb. Using alcohol or other drugs often develops into a substance use disorder. It not only fails to repair the psychiatric disorder but also prevents people from developing effective coping skills, having satisfying relationships, and feeling comfortable with themselves. In short, drug and alcohol use makes psychiatric disorders worse.

How Does a Psychiatric Disorder Affect Addiction Treatment and Recovery?

Having a psychiatric disorder can make people more sensitive to the effects of substance use, and the consequences from excessive episodes of use or chronic long-term use can happen more rapidly. With the best of intentions, people with a psychiatric disorder may try to stop using substances. However, sometimes when the substance use stops, the symptoms of the psychiatric disorder return or worsen. These people may wonder why they should bother trying to get clean and sober. If they manage to get into treatment, they might find that they are judged and even criticized for their psychiatric symptoms. A few treatment professionals may even hint that if only patients were more honest and tried hard, their psychiatric symptoms would disappear with good recovery work. In short, psychiatric problems make substance use disorders worse.

Treatment for Co-occurring Disorders

Effective treatment for co-occurring disorders has been developed only recently. In the past, many people with co-occurring disorders received inadequate care. Treatment professionals failed to understand that treating one disorder would not cause the other disorder to automatically improve. Both disorders need to be treated at the same time, which is called integrated treatment.

Integrated treatment can stabilize the symptoms of co-occurring disorders and provide the foundation for lasting recovery from substance use and psychiatric disorders. Integrated treatment involves a combination of the following:

- accurate detection and diagnosis of both disorders
- education about substance use and psychiatric disorders, their interaction, and the options for treatment
- exploration of the individual's motivation and commitment to address his or her substance use and psychiatric problems
- therapies, including cognitive-behavioral therapy (CBT), that teach new skills and provide new insights
- appropriate use of medication
- involvement of significant others in treatment, including opportunities for education and skill development
- ongoing and frequent recovery checkups, which monitor for the return of psychiatric symptoms and substance use

People with co-occurring disorders can benefit from attending peer support groups. They can also benefit from connecting with others who have co-occurring disorders and are in recovery.

Resources

National Institute of Mental Health. "Health and outreach." Available at www.nimh.nih.gov/health/index.shtml.

National Institute on Alcohol Abuse and Alcoholism. "Special Populations and Co-occurring Disorders." Available at www.niaaa.nih.gov/alcohol-health/special-populations-co-occurring-disorders.

National Institute on Drug Abuse. "Drugs of abuse information." Available at www.nida.nih.gov/drugpages.html.

