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New Report from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)

The National Institute on Alcohol Abuse and Alcoholism's (NIAAA) National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) has investigated the occurrence of alcohol use disorders and co-occurring conditions in a large (N=43,093) general population sample. The most recent in a series of publications on the study came out this past month: **Hasin, D. S., Stinson, F. S., Ogburn, E., & Grant, B. F. (2007). Prevalence, correlates, disability, and comorbidity of DSM-IV alcohol abuse and dependence in the United States: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Archives of General Psychiatry*, 64 (7), 830–842.**

This article is a companion piece to one with the same title that appeared in the May issue of the *Archives of General Psychiatry* (and was abstracted in our June issue). This more recent article presents data in terms of odds ratios while the earlier one provided percentages. The odds ratio is a way of estimating the relative risk of having a particular disorder based upon membership in a particular group and/or having one or more particular characteristics. It presents information in such a way that it is easier for readers to compare risk across different populations or sociodemographic characteristics.

In order to produce more accurate estimates of co-occurring alcohol use disorders and mental disorders, the authors determined the odds ratios for a given disorder co-occurring with an alcohol use disorder after controlling for sociodemographic characteristics and for all other substance use or psychiatric disorders measured by the survey. After doing so, they found that the only significant associations (other than those with other substance-related disorders) were between alcohol dependence (lifetime or past year) and bipolar I, bipolar II, specific phobia, histrionic personality disorder, and antisocial personality disorder. All associations between alcohol abuse (lifetime or past year) and mental disorders were weak (meaning they had an odds ratio of 1.3 or less) or non-existent. In the case of schizoid personality disorder and past year alcohol abuse, there was a negative association.

There are a number of other findings from NESARC that are worth noting here because they stand out in contrast to other surveys. For example, NESARC, which oversampled for Hispanics/Latinos and made a special effort to be culturally sensitive with this group, found lower rates of alcohol abuse and dependence among Hispanics than many earlier studies have found. The odds ratios for past year and lifetime alcohol use disorders among Hispanics were 0.7 and 0.4, respectively, placing them closer to African Americans (who had odds ratios of 0.6 and 0.5 for past year and lifetime alcohol use disorders) than to whites (who provided the reference point for computing the odds ratios). As found in other surveys, Native Americans had the highest rates of alcohol use disorders (with an odds ratio of 1.4 for both past year and lifetime disorders).

Another finding worth noting is the high levels of disability (as measured with the Short Form 12, version 2 [SF-12v2]) associated with alcohol dependence. The average severity of disability for alcohol dependence, as measured with the SF-12v2, was less than that associated with drug dependence or anxiety disorders but comparable to the level of disability associated with mood or personality disorders. More severe alcohol dependence was associated with higher scores of disability severity, in line with what was seen among individuals with drug dependence or anxiety disorders.

In summary, [Bridget Grant, Ph.D., Chief of the Laboratory of Epidemiology and Biometry, Division of Intramural Clinical and Biological Research, NIAAA](#), states that: "This new analysis of NESARC data confirms high rates of psychiatric comorbidity with alcohol dependence and supports the need for comprehensive assessments and individualized treatment responses for persons presenting with alcohol use disorders."

This Review contains revisions of abstracts and is not generally the product of an original analysis of the actual articles cited. Readers interested in finding out more about COCE should visit the Web site: <http://coce.samhsa.gov/>

COD Research

Epidemiology

Biegel, D. E., Ishler, K. J., Katz-Saltzman, S., & Johnson, P. J. (2007). Predictors of burden of family caregivers of women with substance use disorders or co-occurring substance and mental disorders. *Journal of Social Work Practice in the Addictions, 7* (1-2), 25-49.

The authors studied a group of women (N=82) in substance abuse treatment to explore the effect their substance abuse or COD had on the family member who provides them with the most social support. They also looked at the ways in which having a female family member with a substance use disorder or COD creates family disruptions and causes worry and displeasure in supportive family members. The type of social support provided to the women in treatment appeared to have an impact on the type of burden felt by the supportive family member, though the existence of COD did not affect the burden felt by the family member. The level of support provided to the caregiver did affect the burden on the caregiver.

Bonn-Miller, M. O., Zvolensky, M. J., Marshall, E. C., & Bernstein, A. (2007). Incremental validity of anxiety sensitivity in relation to marijuana withdrawal symptoms. *Addictive Behaviors, 32* (9), 1843-1851.

The authors of this study looked at 84 young adults who smoked marijuana in order to explore the connection between the severity of withdrawal from marijuana and anxiety sensitivity. The intensity of withdrawal symptoms reported by participants seemed to have a large impact on their anxiety sensitivity.

Cuijpers, P., Smit, F., ten Have, M., & de Graaf, R. (2007). Smoking is associated with first-ever incidence of mental disorders: A prospective population-based study. *Addiction, 102* (8), 1303-1309.

The authors looked at whether or not first occurrences of mental disorders were influenced by smoking in a sample of 7,076 Dutch adults. Subjects were re-interviewed 1 year and 3 years after their initial assessment. The authors used DSM-III-R criteria to determine the existence of mental disorders, and a history of smoking was established through self-report. They concluded that smoking was associated with an increased risk for developing a mental disorder. Smoking was associated with both prevalence and first instance of a mental disorder.

Fu, Q., Heath, A. C., Bucholz, K. K., Lyons, M. J., Tsuang, M. T., True, W. R., & Eisen, S. A. (2007). Common genetic risk of major depression and nicotine dependence: The contribution of antisocial traits in a United States veteran male twin cohort. *Twin Research and Human Genetics, 10* (3), 470-478.

In this study, the authors attempt to determine the influence of environmental and genetic factors related to antisocial traits on the co-occurrence of depression and nicotine dependence by interviewing 3,360 sets of twins. The authors found that environmental factors did not affect the comorbidity of the two disorders. The authors believe their research suggests that the co-occurrence of mental disorders and nicotine dependence is related to mutual genetic risk factors and that those genetic factors may also influence disorders such as conduct disorders and antisocial personality disorder.

Henwood, B. & Padgett, D. K. (2007). Reevaluating the self-medication hypothesis among the dually diagnosed. *American Journal on Addictions, 16* (3), 160-165.

The authors tested the applicability of the self-medication hypothesis for substance abuse on patients with COD. They looked at the self-reported reasons for substance use of 33 people with COD and found that the way in which one defines self-medication impacts its prevalence as a reason for substance abuse. When self-medication referred only to dealing with mental disorders, fewer people reported it as a reason for their use of substances. However, when the term also accounts for distressing emotions, more subjects listed it as a motivating factor.

Hussey, D. L., Drinkard, A. M., & Flannery, D. J. (2007). Comorbid substance use and mental disorders among offending youth. *Journal of Social Work Practice in the Addictions*, 7 (1-2), 117-138.

The authors investigated COD among a sample of juvenile offenders who were receiving federally funded treatment services. They found that approximately 65 percent of their sample had COD. Females were at greater risk for COD and for almost every mental disorder.

Kim, J. H., Kim, D., Park, S.-H., Lee, H. B., & Chung, E. K. (2007). Novelty-seeking among schizophrenia patients with comorbid alcohol abuse. *Journal of Nervous & Mental Disease*, 195 (7), 622-624.

This study found that people with co-occurring schizophrenia and alcohol abuse scored higher on sensation seeking ratings than those who were schizophrenic but did not abuse alcohol.

Mitchell, J. D., Brown, E. S., & Rush, A. J. (2007). Comorbid disorders in patients with bipolar disorder and concomitant substance dependence. *Journal of Affective Disorders*, 102 (1), 281-287.

The authors examine similarities between the co-occurring substance abuse and mental health disorders of bipolar patients who are also dependent on substances. People with bipolar disorder and alcohol dependence were more likely to also suffer from current depressed moods and anxiety disorders than were people who had bipolar disorder and cocaine dependence. At the same time, people who were bipolar and cocaine dependent were more likely to have antisocial personality disorder and posttraumatic stress disorder. The authors concluded that cocaine and alcohol dependence resulted in different types of mental disorders in patients with bipolar disorder.

Sbrana, A., Bizzarri, J. V., Rucci, P., Gonnelli, C., Massei, J. G., Ravani, L., Endicott, J., Maser, J. D., & Cassano, G. B. (2007). Family history of psychiatric disorders and alcohol and substance misuse in patients with bipolar I disorder, substance use disorder, or both. *American Journal on Addictions*, 16 (3), 227-231.

The authors compiled data regarding family histories of patients with substance abuse disorders and of patients with bipolar disorder, some of whom had COD. They concluded that the two disorders do not have the same family-related risk factors. They found that patients with co-occurring bipolar and substance use disorders were more likely to have first-degree relatives with psychiatric disorders (64 percent), whereas only 20 percent of those with only substance abuse disorders had first-degree relatives with psychiatric disorders.

Swahn, M. H. & Bossarte, R. M. (2007). Gender, early alcohol use, and suicide ideation and attempts: Findings from the 2005 Youth Risk Behavior Survey. *Journal of Adolescent Health Care*, 41 (2), 175-181.

The authors used data from the 2005 Youth Risk Behavior Survey for a national sample of students in grades 9 to 12 (N=13,639) to determine associations between suicidality and alcohol use in this population. They controlled for a variety of factors including demographic characteristics, other substance use, prior experiences of or participation in violent acts, and feelings of sadness. The authors found that 25.4 percent reported drinking before the age of 13, and that alcohol use prior to age 13 was significantly associated with higher rates of suicidal ideation and suicide attempts than found in the rest of the sample.

Tracy, E. M. & Johnson, P. J. (2007). Personal social networks of women with co-occurring substance use and mental disorders. *Journal of Social Work Practice in the Addictions*, 7 (1-2), 69-90.

The authors looked at COD and social networks in a sample of 136 women who had substance use disorders. In general, subjects had small personal networks and did not receive social support from relatives. Those with COD reported having less concrete, emotional, and recovery-oriented support from their social network than did those who had substance use disorders alone.

Vega, W. A., Chen, K. W., & Williams, J. (2007). Smoking, drugs, and other behavioral health problems among multiethnic adolescents in the NHSDA. *Addictive Behaviors*, 32 (9), 1949-1956.

The authors used data from the SAMHSA's 2000 National Household Survey on Drug Abuse (NHSDA), now known as the National Survey on Drug Use and Health (NSDUH), to estimate the prevalence of smoking and its association with

DSM-IV psychiatric disorders among three racial/ethnic groups of adolescents (whites, African Americans, and Hispanics). They found that white and Hispanic adolescents who were born in the United States were more likely to smoke and more likely to be tobacco dependent than were others in the study. Individuals who had smoked at some point during their lives did have a significantly higher chance of having an anxiety, affective, substance use, or behavior disorder. Earlier onset of smoking (prior to age 12) was associated with earlier illicit drug use in comparison to later onset of smoking.

Wobrock, T., Sittinger, H., Behrendt, B., DGCÖAmelio, R., Falkai, P., & Caspari, D. (2007). Comorbid substance abuse and neurocognitive function in recent-onset schizophrenia. *European Archives of Psychiatry and Clinical Neuroscience*, 257 (4), 203-210.

The authors studied 68 consecutive hospital admissions of adults diagnosed with schizophrenia or schizoaffective disorder. All patients received a standardized psychological evaluation and 44 received an additional, more comprehensive neuropsychological evaluation. Approximately 36 percent of patients reported some substance abuse. Those who reported substance abuse tended to be younger, predominantly male, and had lower socioeconomic status in comparison to others. The only significant psychopathological differences between the two groups were that those who abused substances had lower levels of attentional impairment and that those who did not abuse substances scored somewhat better on a few neurocognitive tasks.

Services & Service Systems

Prevention

Monuteaux, M. C., Spencer, T. J., Faraone, S. V., Wilson, A. M., & Biederman, J. (2007). A randomized, placebo-controlled clinical trial of bupropion for the prevention of smoking in children and adolescents with attention-deficit/hyperactivity disorder. *Journal of Clinical Psychiatry*, 68 (7), 1094-1101.

The authors evaluated bupropion as a medication to prevent smoking in a group of 57 non-smoking youth (age 9 to 18) with attention-deficit/hyperactivity disorder (AD/HD). Participants were randomly assigned to receive either bupropion (n=28) or a placebo (n=29). All participants were also receiving psychostimulant medication for AD/HD at the start of the study. While there were no significant differences in rates of smoking between the group receiving bupropion and those receiving a placebo, the authors did determine through post hoc analysis that receiving psychostimulant medication was associated with reductions in smoking.

Screening & Assessment

Hill, K. P. & Chang, G. (2007). Brief screening instruments for risky drinking in the outpatient psychiatry clinic. *American Journal on Addictions*, 16 (3), 222-226.

The authors evaluated the performance of two brief screening instruments, the T-ACE (Tolerance, Annoyed, Cut down, Eye-opener) and the Alcohol Use Disorders Identification Test (AUDIT), comparing findings from these instruments to those of clinician interviews and structured clinical interviews. Using the interview as a standard, they found that the T-ACE identified risky drinking with a sensitivity of 0.88 and a specificity of 0.59, and that the AUDIT identified it with a sensitivity of 0.63 and a specificity of 0.85. The authors concluded that the use of such brief screening tools can improve the identification of risky drinking in a psychiatric clinic.

Kinnaman, J. E. S., Bellack, A. S., Brown, C. H., & Yang, Y. (2007). Assessment of motivation to change substance use in dually-diagnosed schizophrenia patients. *Addictive Behaviors*, 32 (9), 1798-1813.

The authors investigated the reliability of two methods for determining motivation to change substance abuse behavior among individuals with schizophrenia and either active or remitted co-occurring cocaine dependence. The instruments used were the University of Rhode Island Change Assessment-Maryland (URICA-M), a questionnaire, and a cartoon instrument. Instruments were given at baseline and 6 months later. The authors found that the cartoon readiness to change

measure gave scores that were related to use of treatment and decreased use of substances, but that URICA-M scores were not as accurate.

Levin, F. R. (2007). *Diagnosing ADHD in adults with substance use disorder: DSM-IV criteria and differential diagnosis* [CME activity, Web video]. Memphis, TN: Physicians Postgraduate Press. Available online at <http://www.medfair.com/content/cme/lectures/eview/ADHD-SUD/levin.htm>

This online video instructs clinicians on diagnosing AD/HD in adults who have co-occurring substance use disorders. It reviews the prevalence of substance use disorders among adults with AD/HD and discusses factors that can complicate diagnosis.

Mills, K., Teesson, M., Darke, S., & Ross, J. (2007). Reliability of self-reported trauma exposure among people with heroin dependence: A longitudinal investigation. *Journal of Traumatic Stress, 20* (3), 313-323.

The authors sought to determine the reliability of self-reported trauma histories in a group of 309 individuals who were heroin dependent. They interviewed subjects at baseline and 2 years later to determine the consistency of reports. The correlation between the number of events recalled at the baseline and 2-years assessments was 0.72. Eighty-seven percent of the subjects were inconsistent in the reporting of at least one event. A lifetime diagnosis of posttraumatic stress disorder or antisocial personality disorder affected the recall.

Tourniera, M., Molimarda, M., Titiera, K., Cougnarda, A., Bégau, B., Gbikpi-Benissanb, G., & Verdoux, H. (2007). Accuracy of information on substance use recorded in medical charts of patients with intentional drug overdose. *Psychiatry Research, 152* (1), 73-79.

The authors sought to assess the accuracy of information regarding substance use as recorded in the medical charts of individuals admitted to intentional drug overdose (N=1,190) in comparison to data from toxicological screenings. Information on substance use was recorded on 24.4 percent of medical charts. The medical records enabled readers to make correct classifications in 80 percent of cases, but in comparison to toxicological tests medical records allowed for correct identification in only half the subjects who were currently using substances.

Upadhyaya, H. P. (2007). *Managing ADHD in the presence of substance use disorder* [CME activity-Web video]. Memphis, TN: Physicians Postgraduate Press. Available online at http://www.medfair.com/content/cme/lectures/eview/ADHD-SUD/upadhyaya_transcript/index.htm#masthead

This online slide presentation informs clinicians about managing AD/HD in clients who have co-occurring substance use disorders. The author discusses issues such as the prevalence of substance use disorders in people with AD/HD, the abuse liability of AD/HD medications, medications that can improve both disorders, and recommended practices for treating this population.

Treatment Planning & Services

Bonin, J. P., Fournier, L., & Blais, R. (2007). Predictors of mental health service utilization by people using resources for homeless people in Canada. *Psychiatric Services, 58* (7), 936-941.

The authors evaluated factors connected with the use of mental health services by homeless/impooverished Canadians, using a sample of 439 individuals who had affective or psychotic disorders. They found that sociodemographic factors, illness characteristics, and social networks could all be used to predict use of mental health services, but that illness history could not be so used. Factors that were significantly related to increased use of mental health services were being female, being younger, never having been homeless, having an antisocial personality disorder in the prior year, having past or current alcohol use disorders, having been hospitalized in the previous year, and having a larger social network.

Evins, A. E., Cather, C., Culhane, M. A., Birnbaum, A., Horowitz, J., Hsieh, E., Freudenreich, O., Henderson, D. C., Schoenfeld, D. A., Rigotti, N. A., & Goff, D. C. (2007). A 12-week double-blind, placebo-controlled study of bupropion SR added to high-dose dual nicotine replacement therapy for smoking cessation or reduction in schizophrenia. *Journal of Clinical Psychopharmacology, 27* (4), 380-386.

The authors evaluated the potential benefit of adding bupropion SR to a smoking reduction/cessation program involving high dose nicotine replacement therapy and weekly cognitive-behavioral therapy groups in a group of adults with schizophrenia (N=51). Individuals who received bupropion SR, in comparison to the control group, showed greater reductions in smoking at weeks 12 and 24 of the study, but they also had significantly higher rates of relapse when tapering off nicotine replacement and at the 12-month followup.

Kampman, K. M., Pettinati, H. M., Lynch, K. G., Whittingham, T., Macfadden, W., Dackis, C., Tirado, C., Oslin, D. W., Sparkman, T., & O'Brien, C. P. (2007). A double-blind, placebo-controlled pilot trial of quetiapine for the treatment of type A and type B alcoholism. *Journal of Clinical Psychopharmacology*, 27 (4), 344-351.

The authors investigated the use of an atypical antipsychotic medication to treat alcohol dependence. They tested the use of quetiapine in a double-blind, placebo controlled study with 61 men and women with alcohol dependence who had already undergone detoxification. Of the 47 subjects who completed the trial, nine individuals treated with quetiapine maintained complete abstinence compared to two individuals who received the placebo. There were no differences in treatment dropout between the groups. Quetiapine appeared specifically effective with clients who were Type B alcoholics (i.e., ones whose problem drinking began at an early age had more severe alcohol dependence, higher rates of psychopathology, and generally more resistance to treatment), for whom its use was also associated with significantly fewer days of drinking, fewer days of heavy drinking, and lower levels of self-reported craving. Quetiapine had no apparent effect on Type A alcoholics.

Kavanagh, D. J. & Mueser, K. T. (2007). Current evidence on integrated treatment for serious mental disorder and substance misuse. *Journal of the Norwegian Psychological Association (Tidsskrift for Norsk Psykologforening)*, 44 (5), 618-637. Available online at http://www.psykologtidsskriftet.no/index.php?seks_id=20774&a=Kapittel

The authors review current research on the use of integrated treatment for COD. They note that while randomized trials typically demonstrate the superior effectiveness of integrated versus non-integrated treatment for this population, studies are rarely consistent in terms of population, time period studied, etc. They also suggest some ways integrated treatment (and the research on it) can be improved.

Owens, P., Myers, M., Elixhauser, A., & Brach, C. (2007). *Care of adults with mental health and substance abuse disorders in U.S. community hospitals, 2004*. Rockville, MD: Agency for Healthcare Research and Quality. Available online at <http://www.ahrq.gov/data/hcup/factbk10/factbk10.pdf>

This publication examines hospital care for adults age 18 and older with mental health and/or substance abuse problems who were treated for those conditions in community (as opposed to specialty) hospitals. Information on patient characteristics, length of stay for various conditions, and costs is presented as well as detailed statistics on stays related to dual diagnosis, suicide, and maternity care.

Savage, A., Quiros, L., Dodd, S. J., & Bonavota, D. (2007). Building trauma informed practice: Appreciating the impact of trauma in the lives of women with substance abuse and mental health problems. *Journal of Social Work Practice in the Addictions*, 7 (1-2), 91-116.

The authors investigated the lifetime interpersonal abuse histories of 1,955 women with COD. They found these women had experienced very high rates of intimate and other interpersonal abuse. While the severity of the trauma experienced was significantly related to trauma-related distress, it only had a small effect on psychological distress and severity of substance use disorders.

Simpson, T. L., Kaysen, D., Bowen, S., MacPherson, L. M., Chawla, N., Blume, A., Marlatt, G. A., & Larimer, M. (2007). PTSD symptoms, substance use, and vipassana meditation among incarcerated individuals. *Journal of Traumatic Stress*, 20 (3), 239-249.

The authors evaluated the potential effects of a Vipassana meditation course on PTSD symptom severity among a group of incarcerated individuals who volunteered for the program, comparing it to a "treatment as usual" control group. Previous research showed that the Vipassana meditation course was associated with decreased levels of substance use.

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While this study did not find any reductions in PTSD symptoms, it confirmed that the meditation course was associated with significant reductions in substance use.

Straussner, S. L. A. & Nemenzik, J. M. (2007). Co-occurring substance use and personality disorders: Current thinking on etiology, diagnosis, and treatment. *Journal of Social Work Practice in the Addictions*, 7 (1-2), 5-23.

The authors review current research on co-occurring substance use and personality disorders, discussing demographics, diagnostic criteria, effects, and treatment approaches.

Swanson, J., Van Dorn, R. A., & Swartz, M. S. (2007). Effectiveness of atypical antipsychotics for substance use in schizophrenia patients. *Schizophrenia Research*, 94 (1), 114-118.

The authors studied the effects of different types of antipsychotic medication on substance use among patients with schizophrenia. Patients (N=362) received either an atypical antipsychotic, a typical antipsychotic, or no medication. Subjects receiving atypical antipsychotic medications who were compliant with their medication regimen for 90 days or more during one 6 month evaluation period were significantly less likely to use substances in the next 6 month period in comparison to subjects in either of the other two groups.

Wieder, B. L., Boyle, P. E., & Hrouda, D. R. (2007). Able, willing, and ready: Practitioner selection as a core component of integrated dual disorders treatment implementation. *Journal of Social Work Practice in the Addictions*, 7 (1-2), 139-165.

The authors review the literature on practitioner selection as an essential part of implementing evidence-based practices for clients with COD. In addition, they present a single State's findings from a national demonstration project on implementing evidence-based practices in a mental health service system.

Systems Integration and Development

Davidson, L., Tondora, J., O'Connell, M. J., Kirk, T., Rockholz, P., & Evans, A. C. (2007). Creating a recovery-oriented system of behavioral health care: Moving from concept to reality. *Psychiatric Rehabilitation Journal*, 31 (1), 23-31.

The authors describe the process of reorienting the behavioral healthcare system in Connecticut to one that has the promotion of recovery as its primary goal. They discuss the basic steps of the process, the difficulties encountered, and the successes achieved.

Gagne, C., White, W., & Anthony, W. A. (2007). Recovery: A common vision for the fields of mental health and addictions. *Psychiatric Rehabilitation Journal*, 31 (1), 32-37.

The authors discuss the new movement toward recovery-oriented services in both the substance abuse treatment and mental health fields. They focus particularly on how this common goal of recovery may effect the treatment of COD by improving understanding between the two fields.