



COD Research and Resources Monthly Review

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INTRODUCING THE MONTHLY REVIEW

In order to better inform COCE staff and SAMHSA personnel who are interested in COCE's work on co-occurring disorders (COD), COCE has developed this monthly review, the purpose of which is to review important research on COD identified in the prior month and introduce new publications, initiatives, studies, and other resources relevant to the COD field. In order to produce the newsletter in a timely fashion, research is identified through abstracts rather than a review of the actual articles.

Each month, COCE will publish a newsletter (not to exceed 10 pages) that is separated into two sections: one for research and another for other resources. The research portion of the newsletter, which will be the larger of the two, will be organized by subheadings based on COCE's technical assistance categories (which, in turn, are derived from the COCE Draft Conceptual Framework) with the addition of a heading for epidemiology. Other resources will be grouped together under that single heading. On occasion, an important piece of research or new resource will warrant a longer evaluation and will be highlighted on the first page of the review.

In order to make the newsletter of reasonable length for readers, all research is reviewed to determine its applicability and level of interest for COCE staff. COCE will apply selection criteria to

published articles to determine whether or not they are important enough for inclusion. The primary inclusion criterion is relevance to the most common technical assistance (TA) categories currently being addressed by COCE. Priority will also be given to articles that are authored by well-known figures in the field of COD and/or break new ground in the field. Articles will be more likely to be excluded if

1. The research is limited in scope in some way (e.g., number of subjects, length of study, width of focus, specificity of population, methodology, etc.)
2. The research is a pilot or preliminary study (i.e., is premature or too early to promote)
3. The research is impractical for actual implementation in the field, at least at the current time (e.g., study has narrow research questions that are not tied to current treatment concerns)
4. The research simply states what has already been sufficiently said

It is possible for research that meets one or more of the exclusion criteria to be included in the monthly review if it proves exceptional in some other way (e.g., suggesting an entirely new area of research that appears promising).

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

Brems, C., Dewane, S., & Johnson, M. E. (2006). Comparing depressed psychiatric inpatients with and without coexisting substance use disorders. *Journal of Dual Diagnosis, 2(4), 71-92.*

The authors investigated differences between people diagnosed with a depressive disorder and those diagnosed with a depressive disorder co-occurring with a substance use disorder. They retrieved data from the State-funded Alaska Psychiatric Institute on patients who were admitted between January 1, 1993 and April 30, 2004, of whom 469 had a depressive disorder (with no other diagnosis besides a substance use disorder). Of those 469, 68.4 percent ($n=321$) had a co-occurring substance use disorder. They found that while the patients with COD had a more complex clinical presentation and psychosocial circumstances they also had fewer admissions, shorter lengths of stay, and fewer total days in the hospital.

Davis, L. L., Frazier, E., Husain, M. M., Warden, D., Trivedi, M., Fava, M., Cassano, P., McGrath, P. J., Balasubramani, G. K., Wisniewski, S. R., & Rush, A. J. (2006). Substance use disorder comorbidity in major depressive disorder: A confirmatory analysis of the STAR*D cohort. *American Journal on Addictions, 15(4), 278-285.*

The authors compared demographic and clinical features of patients with major depression to those of patients with major depression and a co-occurring substance use disorder. The patients with COD were more likely to be male, divorced or never married, and in a younger birth cohort. Additionally, the patients with COD had an earlier age of onset for their depression, were at greater risk for suicide, had more prior suicide attempts, presented with a greater number of depressive symptoms, were more likely to have a co-occurring anxiety disorder, and had greater overall functional impairment.

Grant, B. F., Stinson, F. S., Dawson, D. A., Chou, S. P., Ruan, W. J., & Pickering, R. P. (2006). Co-occurrence of 12-month alcohol and drug use disorders and personality disorders in the United States: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Alcohol Research & Health, 29(2), 121-130.*

The authors used data from the 2001–2002 National Epidemiologic Survey on Alcohol and Related Conditions ($N=43,093$) to make determinations about the frequency of different personality disorders co-occurring with substance use disorders in the general population. They found that 28.6 percent of individuals with a current alcohol use disorder had at least one co-occurring personality disorder, while 47.7 percent of individuals with a current drug use disorder had at least one co-occurring personality disorders; 16.4 percent of those with at least one personality disorder had a current alcohol use disorder and 6.5 percent had a current drug use disorder. The associations between personality disorders and substance use disorders were strongly positive and significant. The authors also look at the types of personality disorders most often associated with alcohol and drug use disorders and at the associations between gender and these combinations of disorders.

Grant, B. F., Stinson, F. S., Dawson, D. A., Chou, S. P., Dufour, M. C., Compton, W., Pickering, R. P., & Kaplan, K. (2006). Prevalence and co-occurrence of substance use disorders and independent mood and anxiety disorders: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Alcohol Research & Health, 29(2), 107-120.*

Using data from the National Epidemiologic Survey on Alcohol and Related Conditions, the authors found the general population prevalences of past year independent mood and anxiety disorders to be 9.21 percent and 11.08 percent respectively, and the rate of substance use disorders was 9.35 percent. They also found that few mood or anxiety disorders could be classified as being solely substance-induced. The associations between independent mood and anxiety disorders and most substance use disorders were strongly positive and significant.

Huang, B., Dawson, D. A., Stinson, F. S., Hasin, D. S., Ruan, W. J., Saha, T. D., Smith, S. M., Goldstein, R. B., & Grant, B. F. (2006). Prevalence, correlates, and comorbidity of nonmedical prescription drug use and drug use disorders in the United States: Results of the National Epidemiologic Survey on Alcohol and Related Conditions [CME activity]. *Journal of Clinical Psychiatry*, 67(7), 1062-1073.

Data from the National Epidemiologic Survey on Alcohol and Related Conditions were used to determine the lifetime prevalences of the nonmedical use of sedatives (4.1 percent), tranquilizers (3.4 percent), opioids (4.7 percent), and amphetamines (4.7 percent). Rates for the abuse of and/or dependence on these drugs were 1.1 percent (sedatives), 1 percent (tranquilizers), 1.4 percent (opioids), and 2 percent (amphetamines). Rates of non-medical use of these drugs and drug use disorders involving them were higher among men than women, Native Americans compared to other ethnic groups, and for those residing in the West as opposed to other geographic regions. The authors conclude that evidence suggesting high levels of co-occurring illicit drug disorders and prescription drug use disorders suggest that most people who abuse or are dependent on these drugs obtain them illegally, rather than through physicians.

Office of Applied Studies (OAS), Substance Abuse and Mental Health Services Administration (2006). *Emergency department visits involving patients with co-occurring disorders* (The New DAWN Report, Issue 15). Available online at <http://dawninfo.samhsa.gov/files/TNDR05CoOccuringDisordersForWeb.pdf>

According to the Drug Abuse Warning Network (DAWN), during 2004 an estimated 192,690 patients in drug-related emergency department (ED) visits were diagnosed with co-occurring substance use and mental disorders. When ED visits involved co-occurring disorders, nearly as many patients were treated and released as were admitted to inpatient units (40.4 percent and 42.2 percent of visits, respectively). Cocaine and alcohol (in 31.8 percent and 29.3 percent of visits, respectively) were the drugs most frequently reported for ED visits with co-occurring diagnoses.

Swartz, M. S., Wagner, H. R., Swanson, J. W., Stroup, T. S., McEvoy, J. P., McGee, M., Miller, D. D., Reimherr, F., Khan, A., Canive, J. M., & Lieberman, J. A. (2006). Substance use and psychosocial functioning in schizophrenia among new enrollees in the NIMH CATIE study. *Psychiatric Services*, 57(8), 1110-1116.

The authors studied substance use by people with schizophrenia who were enrolled in the Clinical Antipsychotic Trials of Intervention Effectiveness ($N=1,460$). Thirty-seven percent had a substance use disorder (of whom 87 percent used alcohol, 44 percent used marijuana, and 36 percent used cocaine) and an additional 23 percent used substances without qualifying for a diagnosis of substance use disorder. Interestingly, those who used substances (but did not have a diagnosis of substance use disorder) had better overall psychosocial functioning than those who were abstinent. Participants who had a substance use disorder also scored higher on overall functioning than those who were abstinent but had lower scores on two of the subscales (i.e., common objects, activities). Of those with a substance use disorder, those who used cocaine had lower psychosocial functioning.

Vlahov, D., Galea, S., Ahern, J., Rudenstine, S., Resnick, H., Kilpatrick, D., & Crum, R. M. (2006). Alcohol drinking problems among New York City residents after the September 11 terrorist attacks. *Substance Use & Misuse*, 41(9), 1295-1311.

The authors conducted a random digit phone survey of 1,570 adult residents of New York City to determine what, if any, increase occurred in alcohol-related problems following the September 11 terrorist attacks. They found that 3.7 percent of respondents had alcohol problems in the 6 months prior to September 11 and that 4.2 percent had such problems in the 6 months following September 11; 2.2 percent of those who had no drinking problems prior to September 11 developed a problem in the months following the attack. Respondents who reported a drinking problem were also more likely to report symptoms of posttraumatic stress disorder (17.4 percent compared to 0.4 percent of those without drinking problems and 1.4 percent of nondrinkers).

Vlahov, D., Galea, S., Ahern, J., Resnick, H., Boscarino, J. A., Gold, J., Bucuvalas, M., & Kilpatrick, D. (2004). Consumption of cigarettes, alcohol, and marijuana among New York City residents six months after the September 11 terrorist attacks. *American Journal of Drug & Alcohol Abuse*, 30(2), 385-407.

The authors used a random digit phone survey of New York City residents ($N=1,570$) to evaluate increases in alcohol, cigarette, and marijuana consumption after the September 11 terrorist attacks. They found that 2.7 percent reported an increase in marijuana use, 9.9 percent reported an increase in smoking, and 17.5 percent reported an increase in alcohol

consumption in the 6 months following September 11 compared to the month prior to the attack. Respondents who increased their cigarette smoking were more likely than those who did not to also report symptoms of posttraumatic stress disorder (PTSD) (4.3 percent compared to 1.2 percent). Depression was more common among respondents who increased cigarette use, alcohol use, or marijuana use than those who did not report an increase in such use.

Services & Service Systems

Screening & Assessment

Gallagher, S. M., Penn, P. E., Brooks, A. J., & Feldman, J. (2006). Comparing the CAAPE, a new assessment tool for co-occurring disorders, with the SCID. *Psychiatric Rehabilitation Journal*, 30(1), 63-65.

The authors evaluated a new instrument, the Comprehensive Addictions and Psychological Evaluation (CAAPE), for assessing COD. They compared it to the Structured Clinical Interview for DSM-IV (SCID). The CAAPE can be administered in less time than the SCID and served well to evaluate substance use disorders and screen for other psychiatric disorders.

Kline, J. S. & Mehler, K. A. (2006). Diagnostic inaccuracy and substance abusing patients with comorbid mental disorders: A brief report. *Journal of Dual Diagnosis*, 2(3), 107-114.

The authors compared a group of Veteran inpatients with COD to a group who were matched except for the presence of substance abuse. Diagnoses were made using a structured diagnostic interview and medical records were reviewed and medical records were reviewed to determine prior diagnosis. The authors identified misdiagnoses by comparing the prior clinical diagnosis with the diagnoses made using the structured diagnostic interview. Clinicians appeared to under-diagnose substance-induced mental disorders, alcohol abuse, and cocaine abuse.

Services Integration

Mark, T. L., Song, X., Vandivort, R., Duffy, S., Butler, J., Coffey, R., & Schabert, V. F. (2006). Characterizing substance abuse programs that treat adolescents. *Journal of Substance Abuse Treatment*, 31(1), 59-65.

The authors used a list of nine key elements for effective substance abuse treatment of adolescents (as identified by a recent expert panel) to evaluate substance abuse treatment programs that reported treating at least 10 adolescents on a given day (using data from SAMHSA's 2003 National Survey of Substance Abuse Treatment Services). They found that the areas in which these programs were most lacking were the inclusion of mental health and medical issues in their assessments and providing services keyed to the developmental and cultural needs of their adolescent clients.

Treatment Planning & Services

Agosti, V. & Levin, F. R. (2006). One-year follow-up study of suicide attempters treated for drug dependence. *American Journal on Addictions*, 15(4), 293-296.

The authors used data from the Drug Abuse Treatment Outcome Survey regarding suicide attempters ($n=416$) to determine how suicide attempts related to recovery from substance dependence. They found that the chances of recovery from substance dependence did not differ significantly between those who did and did not attempt suicide.

D'Agostino, C. S., Barry, K. L., Blow, F. C., & Podgorski, C. (2006). Community interventions for older adults with comorbid substance abuse: The Geriatric Addictions Program (GAP). *Journal of Dual Diagnosis*, 2(3), 31-46.

The authors evaluated the use of the Geriatric Addictions Program for older adults. The first 120 clients who entered the program were randomly assigned to either a traditional referral that used a linkage model or a multi-dimensional approach to referral that used motivational counseling, a geriatric care assessment, and linkages to geriatric services and substance abuse treatment services. Clients who received the multi-dimensional approach had greater links of linkage to both outpatient and inpatient treatment programs than clients who received the standard approach to referral.

Galanter, M. (2006). Spirituality and addiction: A research and clinical perspective. *American Journal on Addictions, 15*(4), 286-292.

The author examines the relations of spirituality to substance use disorders and recovery from them. He touches upon spiritual programs such as Alcoholics Anonymous, the use of meditation, and spirituality in the treatment of people with COD.

Kruszynski, R. & Boyle, P. E. (2006). Implementation of the Integrated Dual Disorders Treatment model: Stage-wise strategies for service providers. *Journal of Dual Diagnosis, 2*(3), 153-162.

The authors discuss the State of Ohio's Integrated Dual Disorders Treatment (IDDT) model. They note that the model has been shown to be effective in clinical trials but that more information is needed on the factors that influence successful implementation of the model. The authors then review what has been learned to date about implementing IDDT in community settings.

Maremmi, I., Perugi, G., Pacini, M., & Akiskal, H. S. (2006). Toward a unitary perspective on the bipolar spectrum and substance abuse: Opiate addiction as a paradigm. *Journal of Affective Disorders, 93*(1), 1-12.

The authors discuss links between bipolar spectrum disorders and substance use disorders, noting that in their experience people with bipolar spectrum disorders often develop abuse or dependence after exposure to addictive substances. They also note that the current diagnostic system may lead some clinicians to miss the subclinical expressions of bipolar spectrum disorders and not realize the contribution of those disorders to the development of substance use disorders. They also comment on the effect agonist treatment has on individuals with co-occurring opioid dependence and bipolar spectrum disorders and state that opioid agonists in combination with mood stabilizers can produce results that are difficult to obtain with only one of those two medications.

Ralevski, E., Limoncelli, D., Petrakis, I., Balachandra, K., & Gueorguieva, R. (2006). Effects of naltrexone on cognition in a treatment study of patients with schizophrenia and comorbid alcohol dependence. *Journal of Dual Diagnosis, 2*(4), 53-69.

The authors evaluated the effects of naltrexone on cognitive functioning in a group of individuals with co-occurring schizophrenia and alcohol dependence ($N=30$). Participants were randomized to receive either naltrexone or a placebo for 12 to 24 weeks (with participants deciding whether to continue after the initial 12 week period). The study showed that naltrexone had no measurable effect on cognitive functioning for these patients and also that there was no relationship between a decrease in alcohol use and cognitive functioning for them. They also note that naltrexone is safe for use with people who have co-occurring schizophrenia and alcohol dependence.

Trafton, J. A., Minkel, J., & Humphreys, K. (2006). Opioid substitution treatment reduces substance use equivalently in patients with and without posttraumatic stress disorder. *Journal of Studies on Alcohol, 67*(2), 228-235.

The authors studied the effects of posttraumatic stress disorder (PTSD) on long-term treatment outcomes among individuals receiving opioid substitution therapy ($N=255$). Participants were enrolled in one of eight Veterans Health Administration clinics and interviewed on entry, at 6 months, and 1 year after entry. Participants' medical records were also reviewed. This review of medical records showed that 28 percent ($n=71$) of patients were diagnosed with PTSD. While participants who had PTSD had longer histories of substance use prior to intake, they had reductions in substance use comparable to those without PTSD. Participants with PTSD did receive higher levels of medication, attended more treatment sessions for their substance abuse, and were more likely to stay in treatment. Participants with PTSD had more severe psychiatric symptoms at intake and those improved substantially with substance abuse treatment.

Wyman, K. & Castle, D. (2006). Anxiety and substance use disorder comorbidity: Prevalence, explanatory models and treatment implications. *Journal of Dual Diagnosis, 2*(4), 93-119.

The authors review the literature on co-occurring anxiety and substance use disorders and suggest some treatment planning approaches for clients who have these co-occurring disorders.

Other COD Resources

Implementing IDDT: A step-by-step guide to stages of organizational change

A new publication on implementing Integrated Dual Disorder Treatment (IDDT) is available from the Ohio Substance Abuse and Mental Illness Coordinating Center of Excellence (SAMI CCOE): Kruszynski, R., Kubek, P. M., & Boyle, P. E. (2006). *Implementing IDDT: A step-by-step guide to stages of organizational change*. Cleveland, OH: Ohio SAMI CCOE, Case Western Reserve University.

This unique 40-page booklet is based on published research and the practice experiences of the Ohio SAMI CCOE's consultants and trainers. It is a practical guide for implementing and sustaining the IDDT model. The booklet includes information on the five stages of change/implementation, practical action steps for each stage, and a list of sources and resources. This publication is designed for those who are interested in improving the outcomes of services for people with co-occurring mental and substance use disorders, including the following:

- Administrators in service organizations
- Policy makers (e.g., national, State, regional, and county government; charitable foundations)
- Service providers
- Community stakeholders
- Advocates (e.g., advocacy organizations, consumers, family members)
- Consultants/providers of technical assistance for organizational change, systems change, and clinical change

The introduction to this booklet can be read online at

www.ohiosamiccoe.case.edu/library/media/ImplementingIDDTsample.pdf

The entire publication can be ordered from the Ohio SAMI CCOE using this online order form at

www.ohiosamiccoe.case.edu/library/media/ImplementingIDDTorderform.pdf or by calling their office at 216-398-3933.

Short term strategies to improve re-entry of jail populations: Expanding and implementing the APIC model

A paper entitled *Short term strategies to improve re-entry of jail populations: Expanding and implementing the APIC model* by COCE staff member Dr. Fred Osher was recently posted on the Urban Institute's Web site.

The paper is available online at http://www.urban.org/reentryroundtable/osher_paper.pdf and was originally presented at the Institute's Jail Reentry Roundtable on June 27 in Washington, DC.

Almost all jail inmates will leave correctional settings and return to the community. Inadequate transition planning puts jail inmates, who entered the jail in a state of crisis, back on the streets in the middle of the same crisis. The outcomes of inadequate transition planning include the compromise of public safety, increased disability secondary to health and behavioral health symptoms, hospitalization, suicide, homelessness, new criminal offenses, and re-arrest. With the majority of inmates being released within a very short period of time, often without notice, jails present unique challenges to transition planning. While there are currently no outcomes studies to guide evidence-based jail transition planning practices, there is enough guidance from the multi-site studies of the organization of jail health programs to create a best practice model. This manuscript presents one such model that was derived from efforts to address offenders with mental illnesses, but has applicability to the general inmate population. The APIC model—Assess, Plan, Identify, and Coordinate—describes elements of re-entry associated with successful integration back into the community. Experience with this model will be reviewed. The focus of this monograph will be on the process of transition planning rather than specific measurement and assessment tools, with the principle aim to improve linkage of inmates released from custody to the community-based services that can support their community tenure.