



COD Research and Resources Monthly Review

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September 2006 Special Issue of *Addiction*

In this month's COCE Review, we want to draw your attention to the forthcoming special issue of the journal *Addiction* (v. 101, s1), which has as its topic Diagnostic Issues in Substance Use Disorders: Refining the Research Agenda. The issue is edited by John B. Saunders and Mark A. Schuckit and contains papers first presented at a February 2005 meeting of the American Psychiatric Association Workgroup on substance use disorders tasked with providing revisions to the forthcoming DSM-V.

While the entire issue will be of interest to SAMHSA and COCE staff, two articles specifically focus on COD issues: Schuckit's **Comorbidity between substance use disorders and psychiatric conditions** and Nunes and Rounsaville's **Comorbidity of substance use with depression and other mental disorders: from Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV) to DSM-V**. Both of these articles are abstracted later in this issue of the COCE Review under the subheading Definitions, Terminology & Classification.

Other articles focus on (1) using statistical modeling techniques to address diagnostic-related issues; (2) the need for separate clinical and research diagnostic criteria; (3) the biological basis for repetitive substance use; (4) the problems of cross-cultural applicability in making substance use diagnoses; (5) making DSM-V cross-culturally relevant in regards to substance use disorders (SUDs); (6) the history of the development of diagnostic systems; (7) the identification of factors that need to be addressed in order to better correlate DSM and ICD diagnostic systems; (8) a review of the

literature on subtypes of SUDs; (9) the way in which subtypes of SUDs have been derived and how they relate to neurobiological processes; (10) the apparent increase in prevalence of alcohol dependence among young people in recent studies; (11) diagnostic criteria for adolescents (which does address the role of conduct disorder in regards to onset and course of SUDs); (12) the application of SUDs criteria to cannabis; (13) the pros and cons of using different diagnostic criteria for dependence across drugs, with particular attention to nicotine dependence; (14) the assessment, physiological basis, and possible genetic components of impulse control disorders; (15) the history and characteristics of pathological gambling; and (16) characteristics of data sets needed to resolve key classification issues.

The final article in the issue, entitled **The empirical basis of substance use disorders diagnosis: research recommendations for the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-V)** is authored by Schuckit and Saunders and provides a list of research questions the answers to which will help inform the reader how the DSM-V will address substance use disorders. The authors invite clinicians and researchers to submit proposals on how this list can be enhanced and request copies of posters or papers that address issues relevant to these questions.

All of the articles from this issue are available online (free-of-charge) at <http://www.blackwell-synergy.com/toc/add/101/s1>

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

Bernstein, A., Zvolensky, M. J., Sachs-Ericsson, N., Schmidt, N. B., & Bonn-Miller, M. O. (2006). Associations between age of onset and lifetime history of panic attacks and alcohol use, abuse, and dependence in a representative sample. *Comprehensive Psychiatry*, 47(5), 342-349.

Authors evaluated the connections between lifetime panic attacks and lifetime alcohol use and use disorders. They used data from the Colorado Social Health Survey, a large statewide survey that randomly sampled households and interviewed participants in their homes ($n = 4745$; 52 percent women). After controlling for co-occurring psychiatric conditions and polysubstance use, they found a significant association between a lifetime experience of panic attacks and alcohol dependence but not with alcohol use or abuse. In cases where patients had co-occurring panic attacks and alcohol use disorders, the onset of panic attacks was much more likely to precede the beginning of the individual's alcohol use problems (this was the case for 85.5 percent of people with these co-occurring disorders, compared to 13.4 percent of cases where the alcohol problems came first and 2.2 percent where the two developed at the same time).

Chisolm, D. J. & Kelleher, K. J. (2006). Admission to acute care hospitals for adolescent substance abuse: A national descriptive analysis. *Substance Abuse Treatment, Prevention, and Policy*, 1(17).

This study sought to accurately describe the nature of adolescent admissions to acute-care, inpatient substance abuse treatment programs. The authors acquired data (of over 2.5 million admissions to hospitals by youth under the age of 20) from the Agency for Healthcare Research and Quality (AHRQ) 2000 Healthcare Cost and Utilization Project Kids Inpatient Database (HCUP-KID). Of the admissions recorded in the database, 1.25 percent were for substance use—of these, 38 percent were for drug dependence, 35 percent for non-dependent use of alcohol or drugs, and almost 50 percent had a co-occurring mental disorder diagnosis. Admission rates were higher for males than females and for self-pay patients compared to others.

Couwenbergh, C., van den Brink, W., Zwart, K., Vreugdenhil, C., van Wijngaarden-Cremers, P., & van der Gaag, R. J. (2006). Comorbid psychopathology in adolescents and young adults treated for substance use disorders. *European Child & Adolescent Psychiatry*, 15(6), 319-328.

The authors reviewed literature on co-occurring mental disorders among adolescents and young adults being treated for substance use disorders. In the studies they reviewed, the prevalence of COD was between 61 and 88 percent. Externalizing disorders were the most consistently linked to substance use disorders in this population. Girls had significantly higher rates than boys of co-occurring internalizing disorders.

Dubertret, C., Bidard, I., Adès, J., & Gorwood, P. (2006). Lifetime positive symptoms in patients with schizophrenia and cannabis abuse are partially explained by co-morbid addiction. *Schizophrenia Research*, 86(1-3), 284-290.

The authors investigated the long-term effects of cannabis abuse on schizophrenia. They compared a group of patients with schizophrenia who abused cannabis ($n = 66$) to a group who did not ($n = 139$). The incidence of other substance abuse among those who abused cannabis was five times greater than among those who did not abuse cannabis. Among the subset of patients who abused marijuana but no other drugs, they found less avolition and fewer apathy symptoms than were found among patients who did not abuse marijuana, but when patients who abused other substances were included these differences were not seen. There was also a strong association between the abuse of cannabis and fewer negative schizophrenia symptoms, but that association also disappeared after controlling for other substance abuse.

Goldstein, B. I. & Levitt, A. J. (2006). Is current alcohol consumption associated with increased lifetime prevalence of major depression and suicidality? Results from a pilot community survey. *Comprehensive Psychiatry*, 47(5), 330-333.

The authors looked at a group of 496 Canadian adults (201 men, 295 women) who completed a telephone survey that used validated diagnostic interviews for depression and alcohol use to determine how alcohol consumption related to major depressive disorder (MDD). Among those who had MDD, the level of drinking (minimal, moderate, or heavy) was unrelated to measures of disability, use of healthcares, or life satisfaction. Among women, the prevalence of MDD increased as the level of drinking increased, and among women with MDD the prevalence of suicidality increased with the level of drinking.

Hides, L., Dawe, S., Kavanagh, D. J., & Young, R. M. (2006). Psychotic symptom and cannabis relapse in recent-onset psychosis: Prospective study. *The British Journal of Psychiatry*, 189(2), 137-143.

The authors investigated the relationship between cannabis use and psychotic symptoms in 84 participants who had recent-onset psychosis (81 of which were followed weekly for 6 months). After controlling for adherence to medication regimen, other substance use, and duration of untreated psychosis, more frequent cannabis use did predict psychotic relapse. Also, a greater degree of psychotic symptoms predicted relapse to cannabis use. Medication adherence reduced the risk of relapse to cannabis use.

Lapham, S. C., Baca, J. C., McMillan, G. P., & Lapidus, J. (2006). Psychiatric disorders in a sample of repeat impaired-driving offenders. *Journal of Studies on Alcohol*, 67(5), 707-713.

The authors interviewed a sample (385 men, 74 women) of driving under the influence (DUI) repeat offenders in Oregon to determine the 12-month prevalence of psychiatric disorders. Over half (53.9 percent) were alcohol dependent, and 65 percent of men and 79.7 percent of women had at least one mental disorder co-occurring with alcohol abuse or dependence.

Martins, S. S., Mazzotti, G., & Chilcoat, H. D. (2006). Recent-onset ecstasy use: Association with deviant behaviors and psychiatric comorbidity. *Experimental and Clinical Psychopharmacology*, 14(3), 275-286.

The authors used data from the 2001 National Survey on Drug Use and Health to evaluate the relation of ecstasy use to other drug use, psychiatric symptoms, and deviant behavior. They found that recent onset of ecstasy use was significantly correlated with past year deviant behavior among adolescents and young adults (ages 18–34). The associations were strongest with nonviolent types of deviant behavior such as theft and dealing drugs and were similar in strength to the associations found between deviant behavior and the recent onset of cocaine and marijuana use. Among adults, individuals with past year psychiatric symptoms (relating to depression or panic) were twice as likely to have recent onset of ecstasy use compared to those without such symptoms.

Stewart, S. A., Grant, V. V., Ouimette, P., & Brown, P. J. (2006). Are gender differences in post-traumatic stress disorder rates attenuated in substance use disorder patients? *Canadian Psychology*, 47(2), 110-124.

The authors reviewed the literature on post-traumatic stress disorder (PTSD) in men and women with substance use disorders (SUD) to determine whether the greater of levels of PTSD found in women over men in other populations were consistent with the levels found in men and women with co-occurring SUD. The majority of the 15 studies they reviewed found no gender difference in PTSD rates among this population. The authors consider factors (e.g., the lifestyle associated with substance abuse, a history of trauma among men may lead to SUD) that could explain these findings.

Talamo, A., Centorrino, F., Tondo, L., Dimitri, A., Hennen, J., & Baldessarini, R. J. (2006). Comorbid substance-use in schizophrenia: Relation to positive and negative symptoms. *Schizophrenia Research*, 86(1-3), 251-255.

The authors performed a meta-analysis on existing literature to determine whether people with schizophrenia and a co-occurring substance use disorder (SUD) had more positive and fewer negative symptoms than people with schizophrenia and no co-occurring SUD. They looked at nine different studies that included a total 725 subjects and found that patients with COD had higher levels of positive symptoms and lower levels of negative symptoms compared to schizophrenia patients without co-occurring SUD.

Turner, R. J., Lloyd, D. A., & Taylor, J. (2006). Physical disability and mental health: An epidemiology of psychiatric and substance disorders. *Rehabilitation Psychology, 51*(3), 214-223.

The authors used community screening to locate a racially/ethnically diverse sample of individuals ($N = 1,986$, with 25 percent each of African Americans, non-Hispanic Whites, Cuban Americans, and other Hispanics). They found a significant relationship between physical disability and a lifetime occurrence of substance use and other psychiatric disorders, as well as with past-year diagnosis of a psychiatric disorder. The elevated level of risk was higher for men than women, for the young vs. the old, and for Hispanics vs. African Americans and non-Hispanic Whites.

Zvolensky, M. J., Bernstein, A., Sachs-Ericsson, N., Schmidt, N. B., Buckner, J. D., & Bonn-Miller, M. O. (2006). Lifetime associations between cannabis, use, abuse, and dependence and panic attacks in a representative sample. *Journal of Psychiatric Research, 40*(6), 477-486.

Data from the Colorado Social Health Survey (CSHS) were evaluated to examine the relationship between cannabis abuse and panic attacks. The analysis controlled for alcohol abuse, polysubstance use, and demographic variables. A history of cannabis dependence (but not use or abuse) was associated with an increased risk of panic attacks. In addition, the onset of panic attacks occurred at a significantly younger age ($M = 19.0$) among those reporting lifetime cannabis use when compared with those reporting no cannabis use ($M = 27.6$).

Services & Service Systems

Definitions, Terminology & Classification

Nunes, E. V., & Rounsaville, B. J. (2006). Comorbidity of substance use with depression and other mental disorders: from *Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV)* to *DSM-V. Addiction, 101*(s1), 89-96.

The authors use consensus conference findings and literature on diagnosis and treatment of COD in order to propose some revisions to the diagnosis of COD for the forthcoming DSM-V. The authors note that researchers and clinicians have different priorities in regard to diagnostic classifications. In spite of some criticism that has been leveled at the current categories, they also determine that the DSM-V should retain the categories of primary (independent) and substance-induced disorders.

Schuckit, M. A. (2006). Comorbidity between substance use disorders and psychiatric conditions. *Addiction, 101*(s1), 76-88.

The author reviews literature to evaluate whether substance-induced mental disorders really exist and the implications of such a diagnosis. He finds that research results are in part dependent on the researchers' definitions, the methods of using diagnostic criteria, the type of diagnostic interview used, and other research concerns. He concludes that research, for the most part, supports the existence of substance-induced mental disorders, especially stimulant- or cannabis-induced psychoses, substance-induced mood disorders, and substance-induced anxiety disorders. He also notes that the research suggests that substance-induced disorders are common enough to significantly increase rates of COD found in various studies.

Screening & Assessment

Deas, D. (2006). Adolescent substance abuse and psychiatric comorbidities. *Journal of Clinical Psychiatry, 67*(s7), 18-23.

The author notes that current DSM-IV-TR criteria for substance use disorders are problematic with respect to adolescents. Adolescents exhibit high rates of substance use, especially alcohol consumption, and may be developing a dependence, yet diagnostic criteria leave them as "diagnostic orphans." Because they meet only 1 or 2 of the criteria for dependence, at-risk adolescents do not receive an alcohol use disorder diagnosis. This issue is especially critical as adolescents with

alcohol use disorders also tend to report a history of trauma and physical/sexual abuse, and experience higher rates of co-occurring psychiatric disorders that often predate the substance abuse.

Services Integration

Brunette, M. F., & Mueser, K. T. (2006). Psychosocial interventions for the long-term management of patients with severe mental illness and co-occurring substance use disorder. *Journal of Clinical Psychiatry*, 67(s7), 10-17.

Integrated treatment has been shown to be more effective in patients experiencing co-occurring substance use disorders and severe mental illness than either treatment in sequence or in parallel. The authors discuss strategies to engage these patients in treatment, as well as interventions needed at particular stages of change, and emphasize that a long-term perspective is needed. The different psychosocial strategies used at each stage of change and stage of treatment are outlined.

Sterling, S., & Weisner, C. (2005). Chemical dependency and psychiatric services for adolescents in private managed care: Implications for outcomes. *Alcoholism: Clinical & Experimental Research*, 29(5), 801-809.

The authors analyzed data from 419 adolescents admitted to one of four substance abuse treatment programs and found that 55 percent had at least one co-occurring psychiatric disorder (including depression, anxiety, attention deficit disorder, eating disorders, and conduct disorders). Subjects receiving substance abuse treatment at a clinic where psychiatric services were co-located, and those receiving psychiatric services within six months of intake were significantly more likely to be abstinent at follow-up and also significantly less likely to return to substance abuse treatment.

Treatment Planning & Services

Vornik, L. A., & Brown, E. S. (2006). Management of comorbid bipolar disorder and substance abuse. *Journal of Clinical Psychiatry*, 67(s7), 24-30.

This review summarizes the pharmacologic treatment options available for patients with co-occurring bipolar and substance use disorders, including carbamazepine, lithium, and valproate. Open-label studies and psychotherapeutic approaches are also discussed. Besides outlining treatment options, the authors review why people with bipolar disorder may abuse substances, and they present an overview of the impact of alcohol and other substance abuse on the course of bipolar disorder.

Yoon, S.-J., Pae, C.-U., Kim, D.-J., Namkoong, K., Lee, E., Oh, D.-Y., Lee, Y.-S., Shin, D.-H., Jeong, Y.-C., Kim, J.-H., Choi, S.-B., Hwang, I.-B., Shin, Y.-C., Cho, S.-N., Lee, H. K., & Lee, C. T. (2006). Mirtazapine for patients with alcohol dependence and comorbid depressive disorders: A multicentre, open label study. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, 30(7), 1196-1201.

The effectiveness of and tolerance to mirtazapine in patients with alcohol dependence and co-occurring depression was analyzed. At week 8, scores on the Visual Analog Scale for Craving (VAS) had decreased by 53.2 percent. In addition, nearly three-fourths of patients had experienced a 50 percent or greater reduction in scores on the 17-item Hamilton Depression Rating Scale and the Hamilton Anxiety Rating Scale. Ten percent or more had experienced an adverse event associated with mirtazapine.

Other COD Resources

Taking action to build a stronger addictions workforce: An update of accomplishments.

A new publication on workforce development for substance abuse treatment has been released by Northeast Addiction Technology Transfer Center (NeATTC), Pennsylvania Bureau of Drug and Alcohol Programs, New Jersey Department of Human Services Division of Addiction Services, and New York State Office of Alcoholism and Substance Abuse Services: Langer, D. (2006). *Workforce summit II: Taking action to build a stronger addictions workforce: an update of accomplishments*. Pittsburgh, PA: Northeast Addiction Technology Transfer Center.

On October 19, 2005, the NeATTC held its second Workforce Summit where leaders from each State in that ATTC region met to discuss workforce development programs and potential problems with workforce development in coming years. Out of that meeting came this document, which is intended to summarize the ideas discussed at that Summit. *Taking action to build a stronger addictions workforce* describes the strategies used by the NeATTC, and the States of New York, New Jersey, and Pennsylvania to improve the treatment workforce. It also discusses outcomes from ongoing initiatives to improve the substance abuse treatment workforce in those States and the next steps States are considering to address this issue. These strategies may be helpful to other States that are looking to improve their own substance abuse treatment workforce.

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It is available online at <http://www.ireta.org/store/files/iretaWFM062706.pdf>