Drug Abuse and Mental Health Issues in Young People

Almost 90% of the youth treated at Hazelden have co-occurring disorders, or addiction and at least one mental health issue. Five key considerations related to the prevalence, diagnosis, and treatment of co-occurring disorders in young people are discussed below.

1. What is a co-occurring disorder?

Co-occurring disorders, also known as “dual diagnosis” or “comorbid conditions,” refers to the coexistence of a substance use disorder—alcohol or other drug abuse or dependence—and a mental health disorder. Mental health disorders that commonly occur with addiction include mood disorders, such as depression or bipolar disorder; eating disorders; and anxiety disorders, including post-traumatic stress disorder (PTSD) and obsessive-compulsive disorder.

2. Are youth with addiction at greater risk of co-occurring mental health disorders?

As reported in Hazelden’s Research Update on “Addiction and Mental Illness,” the prevalence of substance use disorders in the general population is about 16%, while almost twice as many (29%) people with mental health disorders have a substance use disorder. Additionally, the publication provides the following facts and figures on the prevalence of co-occurring disorders:

- Depression. Depression is often found at high levels among alcoholics and addicts seeking substance dependency treatment. As many as 80% of alcoholics experience depressive symptoms at some time in their lives, and 30% meet diagnostic criteria for major depression.

- PTSD. There is also a strong correlation between substance use disorders and PTSD, with as many as one-third of patients meeting criteria for PTSD when they enter treatment for their alcohol/drug problems.

- Anxiety disorders. Rates of other anxiety disorders, such as agoraphobia, panic disorder, social phobias, and general anxiety disorder, are high in treatment populations, ranging from 10 to 60%.

- Eating disorders. Most studies find that 15%–32% of women with alcohol/drug disorders meet diagnostic criteria for an eating disorder at some time in their lives.

- ADHD. A strong correlation exists between attention-deficit hyperactivity disorder and alcohol/drug disorders.
3. Why do these disorders occur together so frequently?

Research shows that many of the risk factors in young people that lead to addiction also serve as risk factors for mental health problems. That is, many of the underlying vulnerabilities for both mental health and addiction problems are shared. This is no different than saying that an obese person is not only at risk for developing heart disease but diabetes and a host of other disease states. The most effective treatments don’t just address symptoms. They get to the core causes and ongoing risks for continued illness.

4. Why is it difficult to diagnose co-occurring disorders?

Psychiatry is a complex field with regard to diagnostic assessment. Blood tests and lab procedures don’t provide conclusive diagnoses for psychiatric illness. Conducting a comprehensive evaluation is of paramount importance because effective treatment of co-occurring disorders is diagnosis driven. For young people, the assessment should be conducted by a multidisciplinary team of addiction specialists, psychologists, and medical doctors. The assessment is based on the young person’s specific addiction issues, mental health, gender, physical health, home environment, level of behavioral and social development, and environmental issues.

5. What type of treatment is recommended for co-occurring disorders?

People at high risk for substance use disorders often have risk factors and liabilities long before they drink or use. Research also clearly demonstrates that the risk factors for mental health and addiction problems have more in common than not.

Most treatment centers treat the end symptoms of addiction (such as drug use) and mental health (such as depression) as two separate problems. A more effective model incorporates holistic and developmental treatment approaches to address the underlying risk factors for both conditions. At Hazelden, we follow a distinct process that examines the young person’s developmental issues in the context of their family, friends, traumas, problem behaviors, self-esteem, and genetic factors. Developmental healing and growth help the young person better regulate feelings, reduce risky behavior, choose better friends, use socially appropriate behavior, and become more resilient. These changes in turn make the person more able to learn and practice healthy behaviors and abstain from use and abuse of alcohol and other drugs. In the end, the aim is to alter the developmental trajectory of a young person and his or her immediate world. That is what recovery is about.