The link between mental health disorders and drug misuse

By Tonie Miller

Learning objectives

After reading this article you should be able to:

- Discuss the prevalence of mental health disorders in Australia and its association with drug misuse
- Discuss the challenges of treatment approaches for people with comorbid mental health disorders and drug misuse issues
- Discuss strategies where pharmacists could become involved in prevention of drug misuse
- Consider the role of the pharmacist in provision of coordinated collaborative primary care of people with drug misuse disorders.

Competencies addressed: 6.2.4, 6.2.5, 6.3.1, 6.3.2, 7.3.2, 7.3.3, 8.4.3

Terminology:

- Drug misuse is the non-medical use of drugs. The drugs may or may not have accepted medical value.
- Harmful drug use is a pattern of substance use that increases the risk of harmful consequences for the user.
- Comorbidity and dual diagnosis are terms which describe the existence of two concurrent health disorders in a patient, at the same time. When used in the mental health disorder/drug and alcohol treatment field, they refer to the coexistence of a mental health disorder and a substance use disorder, as is the case here.
- An illicit drug is a drug whose production, sale or possession is prohibited. Illegal drug is an alternative term.
- A licit drug is a drug whose production, sale or possession is not prohibited. Legal drug is an alternative term.
- A psychoactive substance is one which alters mental processes including mood, cognition, thinking or behaviour. Psychoactive substances and their precursors which are subject to controls on their manufacture, sale and distribution are controlled substances.

The World Health Organisation has recognised that mental health disorder prevalence will continue to increase and become one of the major health challenges facing humanity by 2020. In Australia, as in other Western countries, the age of onset of mental health issues has decreased and the overall incidence of mental health issues has increased.

The report recognises depression will be the leading cause of years lost due to disability. Females have a 50% higher risk than males. It also recognises that in both high and low income countries, the harmful use of alcohol is among the 10 leading causes of disability.

Setting the scene in Australia

Mental health disorders are becoming increasingly prominent issues in Australia. The linkage of mental health conditions with the misuse of drugs has been the continuing subject of research. The coexistence of mental health disorders and substance-use disorders is widespread. The recognition of a very strong relationship between self-reported mental health problems and drug use in the last year attests to this impact, and influences people's choice to use drugs.

Australia's two prominent legalised psychoactive drugs, nicotine and alcohol, are at the forefront in prevalence of impact in this area, due to their legality and profound cultural acceptability. The link extends also to the misuse of licit

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Estimates suggest up to 75% of people presenting with alcohol and drug problems have comorbid mental health problems. Estimates from Australian research recognises the mental health problems most likely to be linked to harmful drug use include depression (55%), anxiety (15%), mood swings (9%), social withdrawal (8%), and aggression (9%).

It is clear from these sources of information that the issue of the interplay and connectivity of these two conditions, which so frequently coexist. This may well improve our design of more effective treatment options for this comorbidity.

Mental health in Australia

In 1997, the first National Survey into Mental Disorders in the Australian Population was conducted by the Australian Bureau of Statistics on behalf of the Mental Health Branch of the Commonwealth Department of Health and Aged Care. Until this time, Australian estimates on the numbers of Australians with varying types of mental disorders was based on figures from surveys undertaken in Britain and America. The subsequent second National Survey of Mental Health and Wellbeing: Summary of Results, 2007 revealed one in five Australians aged 16 to 85 years had a mental health disorder in 2007. In any 12 month period, anxiety disorders affected 14.4% of people, affective disorders (including depression) affected 6.2% of people, and substance use disorders affected 5.1% of people. It also revealed women were more likely than men to experience mental disorders (22% versus 18%) but that men had more than twice the rate of substance use disorders (7%) compared to women (3%).

The 2007 National Survey of Mental Health and Wellbeing found:

- 45.5% of Australians aged 16 to 85 years had experienced an anxiety, affective or substance use disorder at some stage in their lifetime – approximately 7.3 million people
- This is equivalent to almost 3.2 million Australians experiencing mental disorders in the previous 12 months
- Many of these people will have experienced more than one mental disorder over the 12 month period
- Almost one million people experienced affective disorders (including depressive episodes, dysthymia – a mild form of depression, and bipolar affective disorder), over 2.3 million people experienced anxiety disorders and over 800,000 people experienced substance use disorders in the previous 12 months
- At least one third of young people have had an episode of mental health by age 25 and the majority of mental illnesses begin between the ages of 15 to 25 years.

- Approximately two thirds of people with mental illness do not receive any treatment
- Estimates suggest up to 75% of people presenting with alcohol and drug problems have comorbid mental health problems.

The process of addiction

Addiction is a major public health issue, and a chronic relapsing brain disease. It is a complex disorder with a profound impact on the addict, their family and the wider community. Psychoactive drugs change the brain's structure and the way it works. The complex neuroadaptive process through which drugs of abuse alter functions impacting on control and behaviour is the topic of much continuing research.

With the initial uptake of drug use, many people believe they can control their drug use. Although the initial decision to take drugs is voluntary, a person's ability to exert self-control can become seriously impaired. Multiple factors influence the development of addiction, dependency and also mental health conditions. These include a person's genetic susceptibility, their gender or ethnicity, their personality traits, their developmental stage and the influences from surrounding social and family environments (home, school, work and neighbourhood). Exposure to childhood physical and sexual abuse was shown likely to be at increased rates if their parents had substance abuse problems.

Relationship break-up, loss of work and other negative events can also influence development of mental health problems and substance use. It is estimated that genetic factors account for between 40 and 60% of a person's vulnerability to addiction, including environmental effects on gene expression and function. People with mental health disorders are at greater risk of harmful drug use development.
than are members of the general population. The link between illicit drug use and mental health problems is strong and credible. Unfortunately, many adolescents considering trying drugs with their peers are unaware of their potential mental health status and associated related risk.

There is confirmed recognition of the profound impact of unstable family relationships, exposure to physical, emotional and/or sexual abuse in early life or adolescence, and the increased likelihood of development of mental health and drug use issues. The enormity of the vulnerability of young people, due to drug use and mental health issues through the risk-taking neurodevelopmental years of adolescence and young adulthood, should never be overlooked or underestimated.

Australian research reveals that impacts of drug use are perceived by research subjects to occur in two levels. People who choose to use psychoactive drugs are usually aware of drug effects and also acknowledge long-term drug effects are possible. Most people surveyed in the research process felt that the short-term problems experienced after taking drugs were acceptable and manageable, much like a hangover from alcohol. These effects were expected and considered a relatively accepted. However, they did not expect long-term problems to develop as a result of their drug use.

Treatment and prevention approaches

The field of treatment and prevention provides pharmacists with many opportunities to play a valuable and constructive role in the collaborative health care of people affected with this comorbidity.

The principal of harm minimisation underlies treatment approaches. Aspects of this approach include demand reduction (including prevention and treatment approaches) and harm reduction (including provision of clean injecting equipment, accurate safety information and education material). Community pharmacists play active roles in this process by provision of injecting equipment and participation in pharmacotherapy substitution programs, available in all states and territories, as well as by provision of accurate relevant information.

Effective communication of the real risks of mental health problems is likely to be a strong deterrent to illicit drug use by young people. A comprehensive School Drug Education Strategy is in place nationally and this is complemented at State level by State and non-government services providing treatment, educational and harm-reduction services operating in all Australian States and Territories. Pharmacists can become involved in the provision of accurate information and advice to individuals and families where drug use and mental health issues exist. A pharmacist's active and applied awareness of local treatment service availability for referral purposes is another means of offering assistance.

Treatment of this comorbidity is complex, with high rates between alcohol and other drug use and mental health disorders, and low rates of people seeking assistance in Australia. People will often consult a doctor when their symptoms are severe, chronic or disabling, but, as symptoms usually appear gradually, people often do not recognise their need for assistance and timely treatment.

Because mental health disorders, general illness and substance use are closely interrelated, successful treatment outcomes should address all three interrelated areas concurrently. Well-planned, integrated, multidisciplinary collaborative care has been shown to be effective. Estimates reveal that up to 60% of alcohol or other substance misuse could be prevented by earlier recognition and treatment of mental health problems.

Addiction treatment includes management of withdrawal symptoms, abstinence promotion strategies and addressing craving as a therapeutic problem. In some cases (e.g., cocaine addiction), there are no medications specifically registered as treatment options.

Brief interventions (brief cognitive behavioural therapy of four to six sessions) can assist in moderating substance use in young people with psychosis, and this approach has also been shown to be effective in other drug misuse...
Pharmacists can utilise a variety of measures and skills to become active participants in assisting people with mental health and harmful drug use disorders, with licit and illicit drugs. This includes monitoring prescriptions for concurrent dependence-producing and potentially interacting drugs, and assisting treating GPs with delivery of monitored interval supply of prescribed medications which may be problematic, e.g., benzodiazepines. Information provision on all prescribed treatments remains vital for patients, to ensure their comprehension of their need for the medication and its role in their treatment, and to maximise adherence to the prescribed medication regime.

In summary, pharmacists can provide a broad range of approaches to assist pharmacy patients dealing with this comorbidity. This can include needle and syringe provision, pharmacotherapy substitution programs, provision of referral to local mental and counseling services in their area and referral to specialist mental health/alcohol and drug services as available. Pharmacy attitudes which are non-judgmental, respectful of patients, and strengthen motivation to undertake lifestyle changes to improve health and seek assistance provide valuable support for people confronting the chronic relapsing condition which is drug misuse and mental health disorder comorbidity.

Useful support can be provided by provision of access to accurate, current information and services, and simple information on lifestyle measures including improvement in physical activity levels and diet, with referral to further community assistance available in these areas. Improved staff training and up-skilling on smoking reduction and cessation, and a working knowledge of current recommended alcohol guidelines are also useful skills which have application for pharmacists interested in closer involvement in this field where integrated multi-disciplinary care has been shown to be effective.

References

21. Hickie IB, et al. The services provided by community pharmacists to prevent, minimise and manage drug misuse: an international perspective. In: Drug misuse and community assistance available in these areas. Improved staff training and up-skilling on smoking reduction and cessation, and a working knowledge of current recommended alcohol guidelines are also useful skills which have application for pharmacists interested in closer involvement in this field where integrated multi-disciplinary care has been shown to be effective.

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