

THE GRIP OF ADDICTION

Many addicts also have to struggle with mental disorders

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It has become the classic American story of recovery.

A man or woman with a long-time addiction to alcohol, cocaine or some other drug goes to rehab to detox.

Resistant at first, the person works the 12 steps through a sup-

port group and makes amends for damage caused by his or her addiction. Yet, the addict stays clean and sober and finds a life richer in serenity than in the drama of the past. Such stories — published as books by the dozens each year — are at once harrowing and uplifting.

But post-recovery life is often far more complicated, often by the coex-

istence of an addiction and a mental illness, known as dual diagnosis or co-occurring disorder.

And it's dual diagnosis, addiction experts say, that explains some of the high incidence of relapse.

Opiate addiction is considered to have the highest relapse rate, with about an 85 percent likelihood after one year.

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About this series

Throughout September, Ideastream, in collaboration with The Plain Dealer and NetWellness, is focusing multiple media coverage on the mysterious and often misunderstood world of addiction on WCPN FM/90.3 and WVIZ Channel 25 and at health.ideastream.org.

ADDICTION

FROM A1

Many addicts have to struggle with mental disorders too

Alcohol relapse rates range from 30 to 70 percent, with the lower end more likely if a person has been in treatment.

"We have had to ask ourselves, if we remove the substance and get the addict through detox, and give them time and the structure and support of a group, why wouldn't they all do well?" says Jane Eigner Mintz, a board-registered addiction interventionist and professional counselor in Beachwood who specializes in dual diagnosis.

"Some addicts do and they stay sober, but most don't — they relapse. So we had to wonder why.

"What we learned in the past few decades is that there are always some other feeders to the addiction, maybe anxiety, depression, trauma, among others. If we are going to be successful in getting people to sustain their sobriety, they have to be treated for this, too."

The concept of dual diagnosis first gained attention in the 1980s, through the research of Dr. Robert Drake, a professor of psychiatry at Dartmouth Medical School in New Hampshire. Gradually, since then, it has become part of the treatment of addiction, at some, but not most, treatment centers or programs. But dual diagnosis is not as familiar to patients or their families as it should be, say experts, nor is it accepted the way addiction itself is — and often it's families or caregivers who have to push for properly trained therapists and proper treatments.

Part of the issue is that most often, it's not until a person gets clean and sober, and stays that way, that the underlying condition can be uncovered.

"When someone is in an active addiction, you can't do an assessment, because everything will be skewed," says Eigner Mintz. "But five to 10 days later, depending on how acute the detox is, you can start working on a real history — which in addiction means looking for trauma, grief and loss."

So the addict has at least two issues to deal with: the addiction (staying clean or sober), and the additional disorder, hence the use of "dual."

The second condition might be anxiety, depression, bipolar disorder I or II, post-traumatic stress disorder, a personality disorder or other psychological problem.

In fact, many addiction experts suspect that in many cases drinking or drug use begins as a way for a person to self-medicate. Alcohol or benzodiazepenes might be used to calm anxiety or to soothe the mind-racing that comes with obsessive-compulsive tendencies. Or a person might turn to uppers, such as cocaine or amphetamines, to counteract the lows of depression.

The substance that addicts choose keeps them from feeling awful or maybe makes them feel great, for a while — until the post-high crash, or depressing hangover, ensues and the cycle begins again.

Experts in addiction, psychology and mental illness offer a wide range of estimates on the percentage of addicts with an underlying condition that isn't revealed until they stop using their drug of choice.

Some say it's as low as 20 percent, including Drew Palmiter, a specialist in treatment and recovery with the Ohio Department of Alcohol and Drug Addiction Services.

Some studies indicate a level closer to 50 percent, and some addiction specialists, like Eigner Mintz, say it's probably far more than that — maybe nearly all addicts.

Looking at it from another perspective, a 2011 study by the Substance Abuse and Mental Health Services Administration showed that 20 to 25 percent of people diagnosed with mental illness also have a substance abuse disorder.

For those treated in regional or state psychiatric hospitals, the percentage rises to 50 percent. In schizophrenic patients, the numbers are higher — about two-thirds also are substance abusers.

Battling heroin and depression

Jim, 62, a retiree in Cleveland

Where to go for help

Cuyahoga County's Alcohol, Drug and Mental Health Services: adamhscc.org or 216-436-2000.

Jane Mintz: janemintz.com or e-mail jane.mintz@me.com or call 216-407-4500.

ONLINE RESOURCES: National Community Anti-Drug Coalitions of America: cadca.org

National Institute of Drug Abuse: nida.nih.gov

Substance Abuse and Mental Health Services Administration: samhsa.gov/rxsafety

Drug Free America: drugfree.org

Recovery Resources: recres.org or 216-431-4131.

— Ellen Jan Kleinerman

A brief glossary

Addiction: A persistent and compulsive dependence on a behavior or substance. It also refers to mood-altering behaviors or activities. Addictions can be to a substance, such as alcohol or drugs, or to a process, such as gambling, spending, shopping, eating or sexual activity.

Mental illness: Any of various psychiatric conditions, characterized by the impairment of a person's normal cognitive, emotional or behavioral functioning, and caused by physiological or psychosocial factors. Also referred to as mental disease or mental disorder.

Dual diagnosis or co-occurring disorder: The simultaneous presence of two mental health-related conditions. In the field of addiction, the reference is usually to substance abuse and another mental condition, such as depression, anxiety, bipolar disorder or post-traumatic stress syndrome, among others.

— Evelyn Theiss

who spoke on the condition that his last name not be used, had what he calls a 30-year on-and-off heroin addiction. He's been clean since 2003.

One of the reasons his recovery stuck this time, he says, was that in 2003, he was diagnosed with depression. He's been treated for it since, through talk therapy and antidepressant medication, and has been doing so well that he's been able to cut his medication dosage in half. He goes to six 12-step meetings a week.

"I was feeling so weak and tired — I didn't want to use [heroin] — but something wasn't normal, wasn't right. I didn't want to keep feeling how I was feeling," he says. "I heard a lead at a meeting where a person said, 'If you need outside help, you need to get it,' and I finally realized I did."

Jim says he has a sponsor in AA, which is his group of choice, "but now I also feel like I have a professional sponsor, my therapist, who specializes in recovery,

and she's helped me with my thinking."

Looking back at his life, Jim says he's certain he had depression before he ever started using drugs. "I don't remember a time, even as a boy, when I didn't have this problem," he said. "I excelled in sports and academically, but there was always something there."

He describes his life as a teen: "When people were around, I was a chameleon. But when I was alone I looked at myself and wondered, 'Why do I feel this way?'"

"My family doesn't like the word 'recovery.' They say I'm healed. But I know I'm in recovery, always will be," Jim says.

Addiction, mental illness have common factors

Palmiter has been working in the field of alcohol and drug treatment since the 1980s.

"We have always had people, who had both addiction and

mental health disorders, but we used to treat one after the other," he says. "You'd go to one place for mental health treatments and another for addiction." Of course, that was for the lucky people who got into treatment.

The most recent figures from the Substance Abuse and Mental Health Services Administration show that while 20.4 million people have substance abuse disorders, and 36.7 million have been diagnosed with a mental illness, the area where those groups overlap — people who have both — numbers more than 9.2 million.

That doesn't mean such dual conditions don't affect far more people who have not been diagnosed or who are still heavy into their addiction.

Addiction and mental illness have always had several common factors, says Dr. Mark Hurst, who is both an addiction psychiatrist and the medical director of the Ohio Department of Mental Health:

- They include:
- That there is a biological basis for the disorders.
- That they are chronic.
- That there is a high likelihood of relapse.
- That the patient is in denial.
- That the disorders have a destructive capacity.
- That they are treatable.

"These disorders — addiction and mental illness — each can have a life of their own, but they tend to interact in ways that lead to worse outcomes than if an individual had only one of the disorders," Hurst said.

It's often hard to know which came first when it comes to dual diagnosis — the addiction or the mental illness. Among other scenarios that Hurst and experts cite are that substance abuse can actually cause symptoms of mental illness, or it can mask an underlying mental illness.

Sometimes, there is an inherited risk, a genetic connection, that predisposes someone to both mental illness and addiction.

Or maybe, Hurst says, it's all of the above, or none of the above, and there's a different, as yet undiscovered reason why someone has both an addiction and a mental condition.

"Regardless of the reason, the presence of one disorder affects

the other, and always in a negative way," Hurst says. "Both need to be treated to have the best outcome."

If they aren't, according to one study, the outcome might be dire.

A patient with a dual diagnosis that isn't treated is twice as likely as most people to be killed in an accident, five times more likely to be killed in a homicide and 15 times more likely to commit suicide.

The problem, and paradox, for some is that after getting clean, they are fearful of taking medication of any kind — even if they have something as serious as bipolar disorder or severe depression or a psychiatric illness that could be treated with medication — thinking it might lead to another addiction.

Detecting a disorder both science and art

But there is hope. After all, less than 30 years ago, the treatment community didn't know about dual diagnosis, or the importance of treating both aspects of it at once — the addiction and the underlying disorder, says Dr. Christina Delgado-Reyes, a psychiatrist and chief clinical officer at the Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County.

"There's no blood test or MRI to diagnose whether someone with an addiction also has a mood or personality disorder," says Delgado-Reyes. "There's a checklist, and there's self-reporting by the client, but a clinician has to use his or her own judgment, and that is an art as well as a science."

"I call it being a detective, but it can be difficult, because lying is a symptom of addiction — it's a disease of deception."

And then too, she adds, "Ultimately, treatment comes down to the patient's motivation to change and the relationship between clinician and patient."

But the first step, she says, is making more people — whether clinicians, addicts, or family members — aware that there is such a thing as dual diagnosis and that getting off drugs or alcohol might actually be only the first step in a long, but worthwhile, journey.

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