

Addressing the Needs of the Troubled in Uncertain Times

We live in troubled times, a period of global uncertainty. We live in a nation transformed. While as a nation we are resilient and optimistic, it is understandable that many Americans feel anxious and unsure about a world that is increasingly unpredictable.

Our nation has a long history that tells us that, in times of stress and anxiety, drug and alcohol abuse may increase—often dramatically. Nowhere is this more true than among men, women, and youth who are addicted to drugs and/or alcohol and who also have a co-occurring mental disorder. In such cases, trauma can trigger an increase in substance abuse and stress-related episodes of a psychiatric problem. It is no small problem. Today, millions of people are in need of treatment for both conditions, but too few receive it.

Unfortunately, as a nation we are ill-equipped to meet the needs of men and women with co-occurring substance abuse and mental disorders. In fact, we are unprepared to provide treatment for most people with substance abuse disorders. In 2001, 76 percent of people in need of treatment for a problem with illicit drugs did not seek or receive treatment. The problem is magnified among those with co-occurring disorders. Too often they are undiagnosed, misdiagnosed, or, like the homeless population, slip through the cracks entirely. Half the people living in our streets have co-occurring mental and substance abuse disorders. Their symptoms are often active and untreated, making it extremely difficult for them to meet their basic needs for food, shelter, and safety.

Because failure to diagnose substance abuse disorders is commonplace, it should come as no surprise that physicians might fail to detect it in a person presenting symptoms of a mental disorder. The problem of failure to diagnose substance abuse was vividly illustrated by a study of primary care physicians and patients with substance abuse. The study showed that 45 percent of patients said their primary care physician was unaware of their substance abuse. Studies show that physicians miss or misdiagnose substance abuse for a variety of reasons, ranging from lack of adequate training in medical school, to skepticism about treatment effectiveness, to discomfort about discussing substance abuse with patients.

Even among those with co-occurring disorders who are properly diagnosed, treatment is often fragmented. In many locations there are two separate systems of treatment, one for those with substance abuse disorders and a different system for those with mental disorders. Yet, good medicine—and common sense—tell us that treatment is most effective when the needs of the whole person are addressed. The substance abuser whose mental disorder is untreated is at high risk for continued problems associated with both conditions. Similarly, a man or woman who is treated for a mental disorder, but whose drinking or drug use is unchecked, is unlikely to make much progress in his or her recovery. In fact, failure to treat both disorders may result in an exacerbation of health problems.

The U.S. Substance Abuse and Mental Health Services Administration's **Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders** underscores this point: "If one of the co-occurring disorders goes untreated, both usually get worse and additional complications arise. The combination of disorders can result in poor response to traditional treatments, and increases the risk for other serious medical problems." Therefore, the mental health, substance abuse, and physical health systems need to communicate with each other and work together for the good of the individual who has co-occurring disorders.

September marks the 14th annual observance of **National Alcohol and Drug Addiction Recovery Month (Recovery Month)**. The theme for 2003 is "**Join the Voices for Recovery: Celebrating Health.**" It is a fitting time to dedicate ourselves to encouraging alcohol and drug addiction treatment for all those in need, including the millions of Americans who have co-occurring disorders. And make no mistake: treatment is effective, and recovery is possible. A study reported in the *Journal of the American Medical Association* compared treatment for drug dependence, including alcohol, with type 2 diabetes mellitus, hypertension, and asthma. The study concluded that medical adherence and relapse rates are similar across these illnesses. Drug dependence generally has been treated as if it were an acute illness. Review results suggest that long-term care strategies of medication management and continued monitoring produce lasting benefits. Drug dependence should be insured, treated, and evaluated just like other chronic illnesses.

Whether you are involved with the health care system or are simply a person who is concerned about this issue, we ask you to **Join the Voices for Recovery**. This is one problem we can do something about. By supporting treatment for those in need, we can help men, women, and youth in our own communities to find their way to recovery—and join the millions of others in recovery who are leading full, rich, productive, and rewarding lives.