Understanding dual diagnosis
I was pushed around like a tennis ball… The alcohol treatment centre staff said I had a mental illness and the mental health worker said I had a drink problem. Neither of them did much to help.’

‘Dual diagnosis’ is used in the health services to describe people with mental health problems, who also misuse drugs or alcohol. This booklet is for anyone who wants to know more about this.

What is dual diagnosis?

The term was first used in the USA, in the 1980s, to refer to people diagnosed with psychotic illnesses, who also used illicit drugs or alcohol. (If someone is diagnosed as psychotic, it means they have beliefs or experiences that are not shared by others.) Today, some mental health professionals have a broader understanding, and may use the term to include, for instance, someone who is depressed and drinking heavily, or using stimulant drugs (such as amphetamine or cocaine) in order to feel more socially confident.

Health professionals sometimes disagree about when to apply the term. Some believe that any substance use by people with mental health problems is likely to lead to increased symptoms, and is therefore problematic. Others accept that drinking and drug use is more common amongst people with mental illness than it used to be, and are more flexible about it.

There is currently no standardised treatment for dual diagnosis, largely because it ranges across such a large number of problems and involves both substance misuse services and mental health services. Researchers are looking at what the best clinical practices might be. It’s currently thought that, in the first instance, mental health services are better equipped than drug services to help people, because of their sphere of expertise.
People with this combination of problems often have a lot of additional difficulties, which aren’t solely medical, psychological or psychiatric. They are more likely to come into contact with mental health services, in crisis, with problems relating to social, legal, housing, welfare and ‘lifestyle’ matters. Medically orientated services can’t always help with ‘multi-problems’ like these, which often reflect the social stigma that people with dual diagnosis face. They are not only drug users, but also mentally ill; two of the most stigmatised groups in society.

In a move away from medical definitions, the term 'complex needs' is often used when people have these complicated social and lifestyle problems. To tackle these complex needs, successfully, often requires a more holistic, joined up approach, from several different directions at once. (See p. 10 for more information.)

**How common is it?**

Dual diagnosis is a common problem for both mental health services and drug and alcohol treatment services. It’s suggested that 30 to 50 per cent of people with mental health problems also have current drug or alcohol issues. One UK study of people with mental health problems, in a secure psychiatric unit, found a dual diagnosis rate of over 50 per cent, and another found the same was true among inpatients in acute psychiatric wards in London. These are backed up by similar findings in a very large study in the USA.

It’s possible that as many as a half to two-thirds of people who come into contact with drug or alcohol treatment services may also have some kind of mental health problem, although they will not necessarily have contact with mental health services.
What are the symptoms?

It can be very difficult to separate out the symptoms into those caused by a mental health problem and those relating directly to drinking or illicit drug use. There are many reasons why individuals start and continue to use alcohol or illicit drugs. Each person will have their own reasons, and their background, age, class and ethnicity will influence this.

The drugs can be split into three groups:
- those that can directly cause mental health problems
- those that can aggravate or exacerbate mental health problems
- those that people use to relieve mental health problems.

Drugs that can directly cause mental health problems
Stimulant drugs, such as amphetamine (speed) and cocaine (charlie or crack), are most commonly associated with causing psychotic illness, if they are used for a long time. They can cause hallucinations, paranoia, restlessness, agitation and very distressing, unpleasant thoughts.

Some mental health workers believe that too much or very changeable levels of the brain chemical dopamine plays a role in causing the symptoms linked to schizophrenia. Amphetamines increase the dopamine levels, and research has demonstrated, beyond doubt, that taking amphetamines produces these symptoms in some people. A drug-induced psychosis usually responds very quickly once the drug is stopped, if this is followed up by appropriate treatment. It’s possible that drug use could trigger a longer-lasting mental illness, such as schizophrenia, if a person is vulnerable to the illness. In this case, treatment may take longer to work, and it’s important to persist with it.
There is a long-standing debate, and very little agreement, about the relationship between mental ill health and smoking cannabis (pot, dope, hash or marijuana), and about whether cannabis causes it. There is evidence that psychotic episodes can be related to heavy use, but there’s no convincing proof that cannabis, by itself, can cause a long-term mental illness, despite press reports to the contrary. This isn’t to say cannabis can’t be harmful. Heavy and frequent use can cause dependence, and some individuals tend to become lethargic and unmotivated.

Alcohol can also cause the symptoms of psychosis, particularly hallucinations and paranoia. It’s also linked to low moods and physical problems with withdrawing.

Many people who use analgesic drugs, such as opium or heroin, describe themselves as being depressed. It’s not clear whether the drug itself causes the depression. It could relate more to the difficulties in their daily lives that many drug-users face. These problems may be to do with lack of money, work and housing, or to contact with the police or the judicial systems.

**Drugs that can aggravate mental health problems**

Cannabis, LSD, stimulants and ecstasy (MDMA) can all amplify a person’s mood when they take it. If they are already feeling low, paranoid or anxious, the drugs may make this worse, although this will depend on their environment and the quantity involved. But it’s also true that these drugs can lift someone’s mood. On balance, however, someone who has a mental health problem and who misuses drugs or alcohol may well worsen the symptoms of their illness.

Opiates (including opium, heroin, methadone, dihydrocodeine and buprenorphine) belong to the only family of drugs that appears always to have a calming (anxiolytic) effect. However, the user is likely to become ‘tolerant’ of the drug, which means they need to take more of it to achieve the same effect.
Drugs that people use to relieve mental health problems
Some people suggest that there are certain combinations of drugs or alcohol that may relieve mental health problems. This self-medication may be for symptoms of distress, or may sometimes help relieve the unpleasant effects of prescribed medication. Mental health services do not support self-medication, and most agree that illicit drugs or alcohol generally cause or worsen mental health problems.

Schizophrenia and misdiagnosis
Research has confirmed that drug or alcohol use can lead to people being mistakenly diagnosed with schizophrenia. Recent reports also suggest that Black people are more likely to receive an inappropriate diagnosis of schizophrenia in these circumstances.

Do psychiatric drugs and illicit drugs affect each other?
When two or more drugs are taken at the same time, they may interact with one another; one drug changing the effect of the other. One of them may become toxic, or its effects may be lost or increased. A person’s age, weight, genetic make-up, general health and liver or kidney function will make a difference to the way the drugs impact, but it is now possible to predict what the interactions are likely to be. (For more information, see Further reading, on p. 14.)

‘Street drugs’ are drugs that are illegal or not taken under medical instruction. Some of them are pharmaceuticals (legally produced medicines) available on prescription (for example, diazepam). Others are produced illegally (street heroin or ecstasy, for example). Taking street drugs is always potentially dangerous. It’s especially risky if the person is on another prescription medicine, or if they already have health problems. It may interfere with treatment or make the illness worse. The following is a very brief overview of some of the possible interactions. (Most hospitals have pharmacists who can provide more information.)
Downers
Downers include opiates, such as heroin, methadone, dihydrocodeine and buprenorphine, and benzodiazepines (BDZs), such as diazepam, temazepam and nitrazepam. These are available on prescription, but may also be obtained illicitly. Cannabis and alcohol are also downers.

The drugs are sedatives, which slow down the working of the central nervous system. They are sought-after as a means of escape, and users describe having fuzzy feelings and a sense of euphoria. The drugs can affect breathing and make people feel drowsy. People may become dependent on them, to some degree, and develop side effects if they stop taking them. In certain combinations, downers may increase the effects of prescribed sedatives, making people even drowsier. In severe cases, users may become confused and shaky, and their breathing may be adversely affected.

Other psychiatric drugs that can cause sedation include antipsychotics, such as chlorpromazine, haloperidol, clozapine and risperidone, and sedating antidepressants, such as amitriptyline, dothiepin and trazodone. As a general rule, the higher the dose, the greater the sedation.

In one study, some people on prescribed methadone were given the antidepressant fluvoxamine, and showed raised levels of methadone in their bloodstream afterwards. It may therefore be especially dangerous to take these two drugs in combination, without medical supervision.

Uppers
Uppers include amphetamines, cocaine and ecstasy (MDMA). These drugs speed up the central nervous system, stimulating the mind and body. Users seek feelings of wellbeing, increased confidence, energy, stamina and alertness.
The drugs can cause psychological dependence. There have been reports of amphetamines causing psychosis after prolonged use, and even after a single dose. This may be more likely to happen to people who are prone to mental health problems. People sometimes become depressed after coming down. This makes the drugs especially risky for anyone who has once been diagnosed with a depressive or psychotic illness.

Uppers can be potentially fatal if they are taken with monoamine oxidase inhibiting antidepressants (MAOIs), such as phenelzine, isocarboxazid or tranylcypromine. The signs include high blood pressure, chest pain, neck stiffness, rigid muscles, flushing, vomiting and severe headache. It’s possible that the antidepressant moclobemide could also interact with uppers. If chlorpromazine is taken together with amphetamines, the effects of one or both can be reduced. There are isolated reports of lithium and carbamazepine reducing the effects of cocaine, and of lithium opposing the effects of amphetamines.

Hallucinogens
LSD, magic mushrooms, mescaline, ketamine and phencyclidine cause changes in perceptions, which may include visual illusions, distorted sensory experiences, or ‘out-of-body’ experiences. The effects vary from person to person and depend also on their mood and surroundings. ‘Bad trips’, can lead to panic attacks, acute depression and psychosis. It’s thought that people who already tend towards these problems are more likely to experience them when they take hallucinogens.

There are very few known cases of hallucinogens interacting with psychiatric drugs. However, ketamine and phencyclidine are anaesthetics, which have sedative properties. Ketamine reduces respiration rates at very high doses, and this effect will increase if it’s taken with other sedatives.
What about withdrawal?

The effects of withdrawing from many illicit drugs can produce, or mimic, symptoms of mental ill health. This is one of the reasons why it’s important to assess someone’s drug and alcohol intake when they first have contact with mental health services.

Alcohol withdrawal can cause anxiety, insomnia, hallucinations (commonly visual), and clouded thinking. Coming off stimulants often results in confusion, irritability and low mood. It sometimes makes people feel suicidal, and may even provoke an attempt.

Withdrawing from opiates can cause unpleasant physical effects. People may feel very low, apathetic, irritable, and isolated. Opiates can sometimes mask intense emotions, which may emerge once people stop taking them. (For more information about the psychological effects of illicit drugs, see Understanding the psychological effects of street drugs, listed under Further reading.)

What help is available?

There’s been much debate in both mental health and drug treatment services about how best to help people with mental health problems, who use illicit drugs and alcohol. They have, traditionally, been regarded as difficult to treat, unresponsive and chaotic, and many workers feel less than confident about caring for such clients. The usual treatment strategies for drug and psychiatric problems are not always effective for patients with dual diagnosis, for a variety of reasons.

Substance misuse services and mental health services have very different philosophies and therapies, and these are reflected in their approach both to the problems they deal with and to training. Staff may have little experience of each other’s fields.
For example, a psychiatric service worker may have little sympathy with or understanding of the drug culture and drug-users’ experience. This can reinforce existing stereotypes and a negative view of drug users. Standard psychiatric practice often requires drug users with mental health problems to stop using drugs altogether, in order to ‘recover’. People who work in the drug treatment field, on the other hand, often have personal experience of drug use. This knowledge and their ability to identify with patients can be extremely important in the treatment process. But they often have limited expertise or experience in recognising and working with drug users who have mental health problems.

Quite often, drug users who have mental health problems are excluded from mental health care. This is because staff in psychiatric units assume that the main problem is the addiction. It can mean the person receives no help, while drug services and mental health services argue about which is the primary problem, and who should therefore have responsibility for the patient. The reality is that it's not essential to establish, at the start, which problem is primary, as long as the person receives the necessary help. This situation is beginning to change, and mental health services have started to accept that they are often the first and most appropriate port of call for people with this combination of problems.

In the USA, there has been some progress in linking mental healthcare and drug services. But even this is limited, because only the psychotic illnesses (such as schizophrenia) fall into the category of mental health problems. Dual diagnosis is still a relatively new idea in the UK. Providing an effective service for people in this position needs coordination, partnership and shared care arrangements between all the different agencies involved. These should encompass drug and mental health services, and also housing agencies, criminal justice systems, welfare departments, social services, leisure facilities and community care.
Housing
One of the biggest problems for people with a dual diagnosis is finding somewhere to live. Many housing agencies and supported housing trusts will not accept drug users. More recently, however, a number of housing associations and trusts are starting to open suitable supported schemes. (See Useful organisations, on p. 12.)

Other needs
People also need assistance with welfare and benefits. They may need legal advice and general health care. It’s important to put these in order of priority. There’s little benefit in dealing with psychological issues until basic human needs have been met and the person is in a safe environment.

Treatment approaches
On the positive side, there are a number of treatment approaches that have benefited people with a dual diagnosis. There is a form of cognitive behaviour therapy called motivational interviewing, which has been used successfully. It can help those with drug problems to make changes to their drug-using patterns, and create new social networks in which drug use is controlled. Counselling, in its various forms, can also help people with a dual diagnosis. It provides a safe environment in which both drug use and mental health problems can be explored. (For more information about these talking treatments, see Useful organisations, on p. 12, and Further reading, on p. 14.)

In some instances, drug intervention can be of assistance. For example, methadone could be prescribed as a substitute for those with opiate dependency. However, this should always be done alongside other forms of treatment not involving medication. For the time being, there is still nothing to suggest one form of treatment is more effective than another, although research is still going on.
References

Mix 'n' match J. Scott Openmind 93, 16
‘Overdiagnosis of schizophrenia: the role of alcohol and drug misuse’ I. S. Cohen The Lancet 346, 1541-2
‘Alcohol and mental health misdiagnosis’ Diverse Minds 2, Mind 1998

Useful organisations

Mind
Mind is the leading mental health organisation in England and Wales, providing a unique range of services through its local associations, to enable people with experience of mental distress to have a better quality of life. For more information about any mental health issues, including details of your nearest local Mind association, contact the Mind website: www.mind.org.uk or MindinfoLine on 0845 766 0163.

Adfam National
Waterbridge House, 32–36 Loman Street, London SE1 0EH
tel. 020 7928 8898, web: www.adfam.org.uk
For relatives, families and friends of those with drug problems

British Association for Behavioural and Cognitive Psychotherapies (BABCP)
The Globe Centre, PO Box 9, Accrington BB5 0XB
tel. 01254 875 277, web: www.babcp.com
Can provide details of accredited therapists

British Association for Counselling and Psychotherapy (BACP)
BACP House, 35–37 Albert Street, Rugby CV21 2SG
tel. 0870 443 5252, web: www.bacp.co.uk
See website or send A5 SAE for details of local practitioners
DrugScope
32–36 Loman Street, London SE1 OEE
tel. 020 7928 1211, web: www.drugscope.org.uk
Publishes a wide range of material

Lifeline
101–103 Oldham Street, Manchester M4 1LW
tel. 0161 839 2054, web: www.lifeline.org.uk
Advice for drug users and their families and friends

Talk to Frank
Freepost PO Box 4000, Glasgow G3 8XX
freephone: 0800 776 600, web: talktofrank.com
National drugs helpline

Phoenix House
3rd Floor, Asra House, 1 Long Lane, London SE1 4PG
tel. 020 7234 9740, web: www.phoenixhouse.org.uk
Treatment services for drug and alcohol users across the UK

Release
388 Old Street, London EC1V 9LT
tel. 020 7729 9904, web: www.release.org.uk
For drug users, families, friends and professionals

Shelter
88 Old Street, London EC1V 9HU
helpline: 0808 800 4444, web: www.shelter.org.uk
National campaign for homeless people

Turning Point
New Loom House, 101 Backchurch Lane, London E1 1LU
tel. 020 7702 2300, web: www.turning-point.co.uk
Social care in the areas of drug and alcohol misuse
Further reading

- Forbidden drugs P. Robson (Oxford University Press 1999) £17.99
- How to help someone who is suicidal (Mind 2004) £1
- Making sense of antidepressants (Mind 2004) £3.50
- Making sense of antipsychotics (major tranquillisers) (Mind 2003) £3.50
- Making sense of cognitive behaviour therapy (CBT) (Mind 2004) £3.50
- Making sense of lithium (Mind 2004) £3.50
- Making sense of minor tranquillisers (Mind 2003) £3.50
- Mental health, race and culture ed. S. Fernando (2nd ed.) (Palgrave 2002) £18.99
- The Mind guide to advocacy (Mind 2004) £1
- Mind rights guide 1: civil admission to hospital (Mind 2004) £1
- Mind rights guide 2: mental health and the police (Mind 2004) £1
- Mind rights guide 3: consent to medical treatment (Mind 2004) £1
- Mind rights guide 4: discharge from hospital (Mind 2003) £1
- Mind rights guide 5: mental health and the courts (Mind 2004) £1
- Understanding borderline personality disorder (Mind 2004) £1
- Understanding dissociative disorders (Mind 2003) £1
- Understanding mental illness (Mind 2004) £1
- Understanding paranoia (Mind 2004) £1
- Understanding personality disorders (Mind 2004) £1
- Understanding psychotic episodes (Mind 2004) £1
- Understanding the psychological effects of street drugs (Mind 2003) £1
- Understanding schizoaffective disorder (Mind 2003) £1
- Understanding schizophrenia (Mind 2002) £1
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