Management of the Adolescent with Substance Use Disorders and Comorbid Psychopathology

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KEYWORDS

• Adolescents • Substance use disorders • SUD
• Psychiatric comorbidity • Dual diagnosis • Treatment

Substance use by adolescents is a critical problem in modern Western society due to the common use of psychoactive substances by youth. Understanding the consequences that result, the development of pathology related to substance use (substance use disorders; SUDs), and the persistence of such problems into adulthood is critical to delivering effective interventions. Among the issues that clinicians need to consider are risk factors for the development and the persistence of SUDs and obstacles to optimal intervention. Foremost among these issues is psychiatric comorbidity. In this article, the authors discuss the importance of comorbidity in clinical populations of adolescents with SUDs and other psychiatric disorders (including considerations to be taken in the assessment and treatment of psychiatric-SUD comorbidity), conduct a review of evidenced-based interventions and recommendations, and provide suggestions for the direction of future research.

Comorbidity refers to the coexistence of two or more diagnosable mental health disorders and in this case, two diagnosable entities in the realm of substance abuse and mental illness with each meeting *Diagnostic and Statistical Manual of Mental Disorders* (Fourth Edition, Text Revision) (DSM-IV-TR) criteria.[1] For children and adolescents, comorbidity has been used interchangeably with the term dual

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diagnosis, although in many cases there are more than two diagnoses. For a detailed review of specific disorders and program development, please refer to a recent book by Kaminer and Bukstein.[2]

THE IMPORTANCE OF COMORBIDITY

In both community surveys of adolescents with SUDs and samples of adolescents in addictions treatment, the majority have a co-occurring nonsubstance-related psychiatric disorder.[3] More than half of adolescents in addictions treatment with co-occurring mental illness have three or more co-occurring psychiatric disorders.[4] The most commonly comorbid psychiatric disorders among youth in addictions treatment include conduct problems, attention deficit/hyperactivity disorder (ADHD), mood disorders (eg, depression), and trauma-related symptoms.[5] In a study examining the prevalence of self-reported substance use and mental health problems,[6] the pattern of comorbidity from 4930 adolescents admitted to substance abuse treatment in multisite studies was about one-third of adolescents endorsing depressive symptoms in the year before entering substance abuse treatment. Approximately half of adolescents younger than 15 years of age had ADHD and half met criteria for conduct disorder (CD). The co-occurrence of manifesting both internalizing and externalizing behaviors was more than 40% of adolescents. Among substance dependent adolescents younger than 15, about 90% had at least one mental health problem in the past year, with 69.2% having at least one internalizing problem and 81.3% having at least one externalizing problem. Adolescents with substance dependence had a fivefold elevated likelihood of having an internalizing problem compared with those who were not dependent. The most prevalent comorbid disorders in adolescents younger than 15 were CD (74.2%; odds ratio [OR] = 3.4), ADHD (63.6%, OR = 3.0), depression (52.7%, OR = 5.6), anxiety (24.6%, OR = 4.6), and traumatic distress (50.6%, OR = 2.9).

Comorbid psychopathology may precede, exacerbate, or follow the onset of heavy substance use. A review of adolescent community surveys found that childhood mental illness generally predicted earlier initiation of substance use and SUD onset, particularly in relation to CD.[7] The early symptoms of most psychiatric disorders, excluding depression, generally had an onset prior to the onset of substance use; full criteria for a nonsubstance psychiatric disorder was typically met prior to SUD onset in adolescence.[8]

Among treated adolescents, comorbid psychopathology generally predicted early return to substance use, particularly conduct problems[9] and major depression.[10] Co-occurring psychopathology also generally predicted a more persistent course of substance involvement over one year of follow-up.[5] Rather than type of diagnosis, the total number of psychiatric symptoms may predict relapse risk.[11] A four-year study of treated youth found that the majority (61%) of adolescents with CD at the time of treatment met criteria for antisocial personality disorder at follow-up, and that these individuals had higher levels of drug involvement over follow-up compared with those without antisocial personality disorder.[12] In one study of adolescents in substance abuse treatment, youth without co-occurring disorders showed the best long-term outcomes and those with co-occurring externalizing disorders recovered more slowly; those with co-occurring externalizing and internalizing disorders had the worst outcomes.[13] Youth with co-occurring disorders are more likely to relapse after treatment,[5] and relapse usually occurs more quickly than for youth with SUDs only.[14]

As comorbidity has an influence on the development and persistence of SUDs and related behaviors, clinicians should recognize the importance of identifying comorbid