

Substance Use Disorder

A condition which causes a lack of control over drug use and its associated consequences

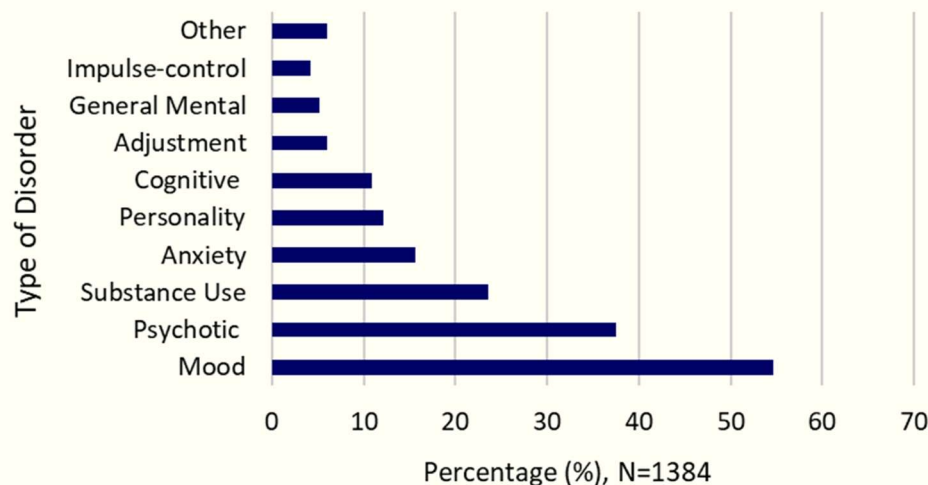


Substance use, including the intake of alcohol, cannabis, and so forth, has become increasingly popular in North America. Although substances are commonly used in recreational settings such as parties and bars, substance use can also develop into substance use disorder. Moreover, this fact sheet utilizes the RAI-Mental Health 2.0 dataset for 11 psychiatric hospitals in Canada, Ontario, to further understand the disorder.

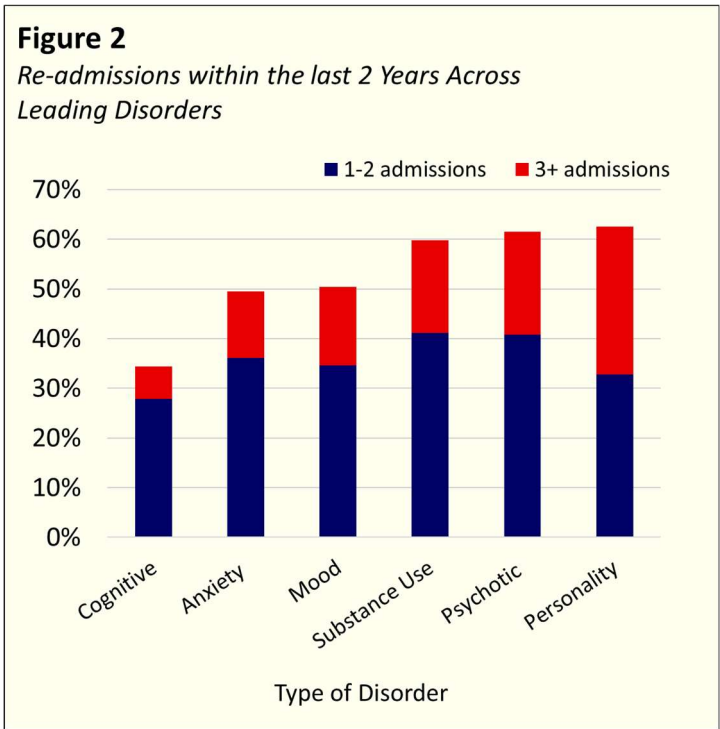
Substance use disorder is a highly prevailing condition.

According to DSM-IV diagnoses performed by a psychiatrist or physician, the top five diagnoses amongst the dataset include mood, psychotic, substance use, anxiety, and personality disorders. Therefore, substance use disorder is the third most prevalent diagnosis, where nearly one in four (23.55%) patients have been diagnosed (see figure 1).

Figure 1
Distribution of Disorders Across Dataset



Additionally, the disorder is prevailing due to a high proportion of re-admission or relapses associated with substance misuse. Figure 2 demonstrates that substance use disorder had the third most re-admissions amongst the leading disorders and almost matched psychotic re-admissions in terms of the percent of 1 to 2, 3 or more, and overall re-admissions. In total, 60% of individuals with substance use disorder experienced at least one re-admission within the last two years.



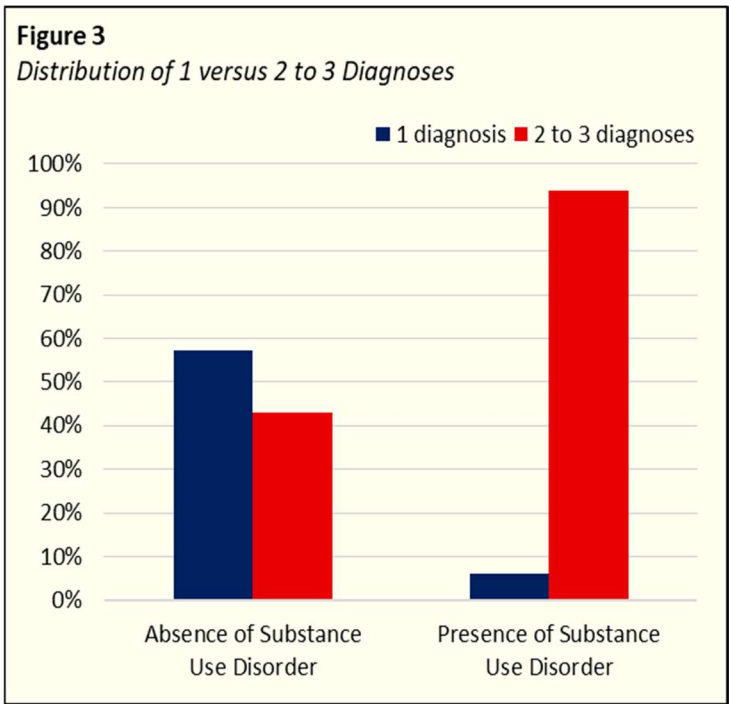
WHO CAN I CONTACT?

Individuals recovering from substance use disorder may often find themselves challenged with withdrawal symptoms and social pressures. To prevent relapse, please feel welcome to utilize substance use chat services in Canada along with other resources provided at:



<https://www.canada.ca/en/health-canada/services/substance-use/get-help-problematic-substance-use.html>

or scan →



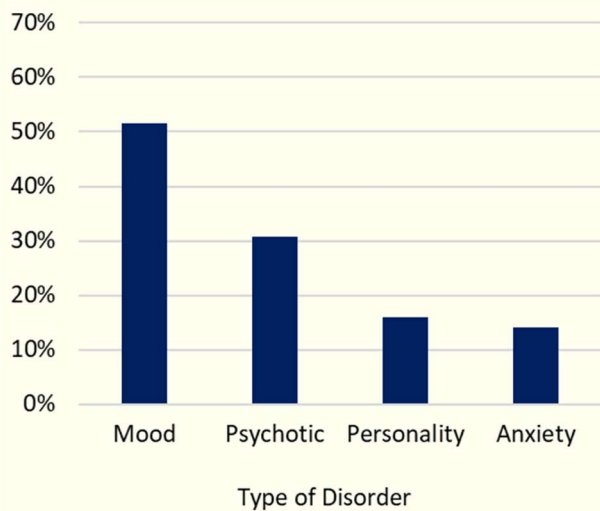
Substance use disorder is almost always co-occurring.

Referring to figure 3, more than 99% of patients, with or without a substance use disorder, had one to three diagnoses. When examining those without substance use disorder, 57% had 1 diagnosis recorded, and 43% had 2 or 3 diagnoses. There is a significant increase from 43% to over 90% of individuals diagnosed with 1 to 2 conditions when substance use disorder is present. Furthermore, only 20 individuals in the dataset had substance use disorder alone.

Substance use disorder most commonly occurs with the leading diagnoses that were previously discussed. This is a critical concern because concurrent disorders can exacerbate the symptoms associated with one or both disorders. They may also require more intensive treatment due to this twofold setback. As shown in figure 4, over half of the individuals with substance use disorder have also been diagnosed with a mood disorder, and a third have been diagnosed with a psychotic disorder.

Figure 4

Leading Disorders Co-occurring with Substance Use



"I DON'T KNOW HOW TO SUPPORT MY FAMILY MEMBER WITH A CONCURRENT DISORDER"

Family dynamics play a crucial role in the prevention and recovery of concurrent disorders. For example, if your family can recognize the personal triggers of a member's substance use, they can take measures to avoid provoking such triggers. For more information on concurrent disorders, types of treatment, and how family can intervene, you can extend on this informative guide provided by the Centre of Addiction and Mental Health (CAMH):

<https://www.camh.ca/-/media/files/guides-and-publications/concurrent-disorders-guide-en.pdf>

or scan →



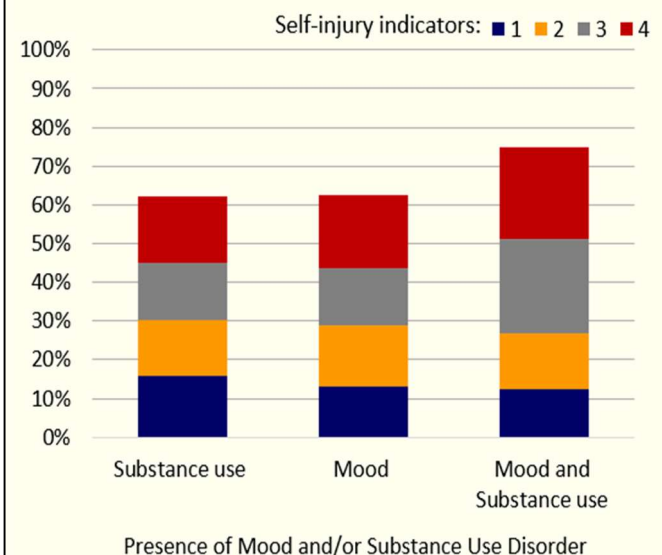
Figure 5 exemplifies how a concurrent disorder can exacerbate mental health problems. Self-injury indicators across three subgroups revealed a higher proportion of those with more self-injury indicators when both mood and substance use disorder are present.

Figure 5's self-injury indicators:

- history of self-injury attempt
- history of intent to commit suicide
- contemplating self-injury within the last 30 days
- family, peer, or staff concern for patient and self-injury

Figure 5

Self-injury Indicators Across Disorders



When substance use disorder exists in absence of a mood disorder, the proportion of individuals with 1, 2, 3, or 4 self-injury indicators is similar to those with a mood disorder in absence of substance use disorder. However, when combining these disorders in the third category, there is a significant increase in the proportion of those with 3 or 4 self-injury indicators.

Younger age groups are at high risk.

This informative sheet has shown substance use disorder to be problematic due to issues related to relapse and occurrence with another disorder. What is even more alarming pertains to who is typically affected.

Figure 6 displays the distribution of the top 3 disorders across varying age groups. Individuals below age 15 were excluded from analysis due to a small subset of 4 individuals included in this age group. Evidently, over 40% of individuals in each age group are affected by mood disorder. Moreover, the proportion of those with psychotic and substance use disorders have a clear decline with older age.

Figure 6

Distribution of Leading Disorders Across Age Groups

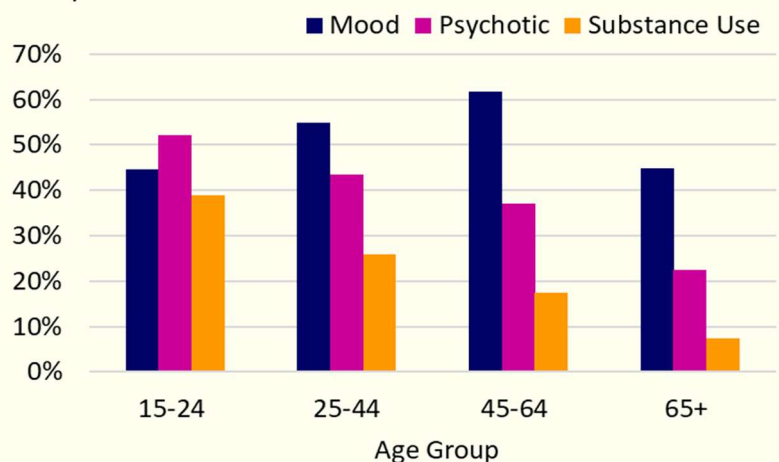
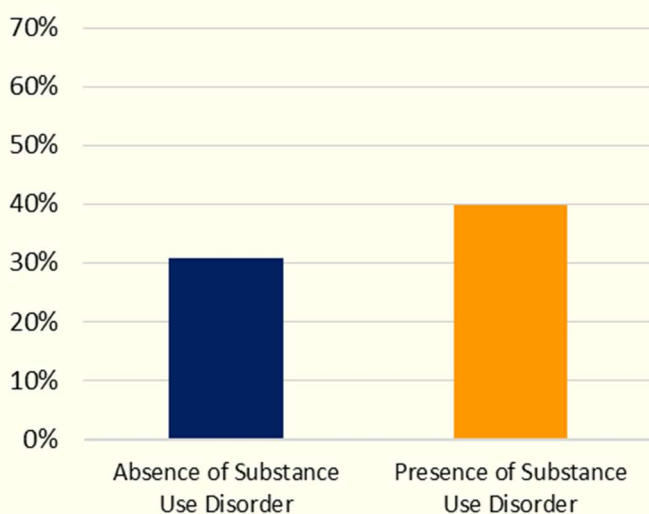


Figure 7

Age of First Hospitalization Below 25 Amongst Aged 30+



Some persons may believe figure 6 reflects modern day society (ex. legalization of cannabis) or substance use trends amongst younger generations. However, figure 7 depicts that, of those aged 30 and above from the dataset, 40% of individuals with substance use disorder were diagnosed before age 25. On the other hand, those who have not been diagnosed with the disorder have a significantly less proportion of individuals who were first hospitalized before age 25.

DOES SUBSTANCE USE CAUSE MENTAL ILLNESS, OR VICE VERSA?

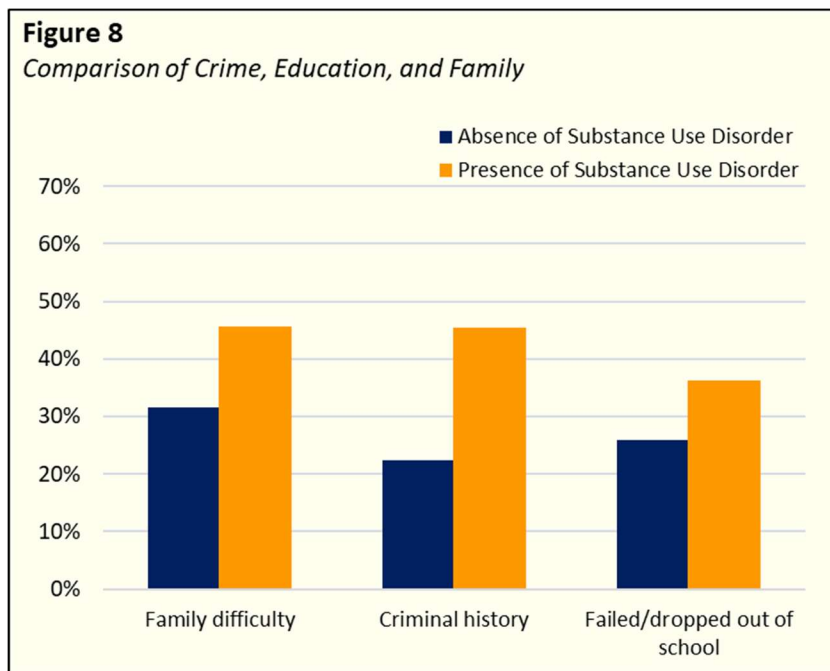
Considering that substance use disorder often co-occurs with a mental health disorder, some may question: are individuals first hospitalized due to substance misuse or another disorder? Unfortunately, there is no straightforward answer. Substance use disorder can promote the development of another disorder and vice versa. For more information, you may read this brochure published by the Canadian Mental Health Association (cmha).



<https://cmha.ca/wp-content/uploads/2018/12/ConcurrentMentalIllnessandSubstanceUseProblems-NTNL-brochure-2017-PRINT.pdf>

Recognizing addictive behaviours early is critical.

Primary prevention of substance misuse is the key to reducing the prevalence of substance use disorder. Once substance use interferes with one's life, numerous factors can have lifelong implications for younger age groups. To name a few, figure 8 reflects notable differences between those with and without substance use disorder regarding family hardships, criminal history, and education.



WHERE TO ACCESS SUPPORT FOR YOUTH

Fortunately, services targeted toward youth affected by a mental health disorder, including substance use disorder, can be found in many communities. For example, if you are living in the city of Toronto, **Turning Point Youth Services** (<https://turningpoint.ca/programs/>) offer various programs such as Youth Justice programs which helps prevent youth involvement with the law.

SMOKING CESSATION

Patently, many of those not diagnosed with a substance use disorder have addictive behaviours (see figure 9). 1 in 10 without a substance use diagnosis and previous admission for addiction, demonstrated some addictive behaviour within the last 3 months. Although cannabis is a popular drug, when considered, only a 2-4% increase is observed amongst both groups. However, when daily smokers are considered in addictive behaviours, the proportion of people with addictive behaviours rises to 89 percent for those with substance use admission or disorder and 40 percent for those without. Nevertheless, you or a loved one can plan to quite smoking today through Smokers' Helpline, found by the Canadian Cancer Society at:

1-877-513-5333 or www.smokershelpline.ca



Figure 9

Comparison of Addictive Behaviours

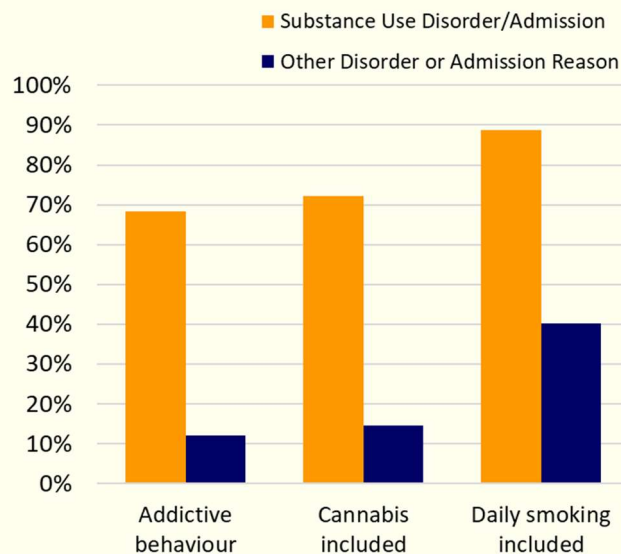


Figure 9's classification for addictive behaviour:

- 5+ alcoholic drinks within last 2 weeks
- Withdrawal symptoms within last 3 days
- Negative relationship with drinking/drugs (ex. urge to use substance after waking up) within last 3 months
- Substance use within last month: inhalants, hallucinogens, cocaine, stimulants, opiates, cannabis**, daily smoking**

To conclude this informative sheet, it is important to show that those affected by substance use disorder are not significantly less compliant with treatment. Figure 10 demonstrates that both groups have 80-85% of individuals which mostly adhere to treatment and only 15-20% that have ever refused a treatment. To summarize, substance use disorder is a common and persistent condition that can have a long-term impact on one's life. The importance of primary prevention cannot be overstated. If you suspect yourself or a loved one is misusing substances, you should seek help from the resources that have been mentioned or external sources.

Figure 10

Comparison of Compliance with Treatment

