



## NEWS RELEASE from the EU drugs agency in Lisbon

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### MOST DRUG USERS SUFFER FROM MENTAL HEALTH PROBLEMS

#### Up to 90% of drug users suffer from personality disorders

(12.1.2005 LISBON) Between 50% and 90% of drug users are reported to suffer from personality disorders and around one-fifth (15–20%) from more serious psychotic complaints. Yet mental disorders related to addiction are far less recognised than other factors associated with drug use, such as infectious diseases and social problems. These issues are highlighted by the **EU drugs agency (EMCDDA)** in the latest edition in its *Drugs in focus* series out today entitled 'Co-morbidity – drug use and mental disorders' <sup>(1)</sup>.

The release of the briefing coincides with the opening in **Helsinki** today of a major **World Health Organisation** European Ministerial Conference on Mental Health: *Facing the challenges, building solutions*. The **EMCDDA** and the **WHO** have been collaborating over the last year to raise awareness of the hidden problem of co-morbidity in Europe.

Recent studies have revealed suicide attempts in around 50% of co-morbid patients. But both drug treatment services and psychiatric teams regularly fail to spot patients with co-morbidity. One explanation is that the condition is notoriously difficult to diagnose. Drug addiction and disruptive behaviour often mask genuine personality disorders and psychiatric syndromes are often mistaken for substance-induced states.

A further obstacle is lack of training, says the **EMCDDA**. Psychiatric and drug treatment professionals, while highly specialised in their own field (medicine, psychology, social work, etc.), are generally ill-equipped to cope with co-morbidity and the totality of clients' problems. As a result, patients are often shuttled between psychiatric and drug services ('revolving door' patients), which disrupts their treatment and increases drop-out rates.

Troublesome and aggressive patients are difficult to manage and can provoke frustration and high turnover rates among treatment staff. An integration of services and professions, case supervision and practical training, says the briefing, might be 'the most powerful antidote' to staff burnout.

**EMCDDA Chairman Marcel Reimen** says: 'Cooperation and coordination between services at all points in the treatment chain is essential for the successful treatment of co-morbidity and for ensuring a continuum of care and aftercare. Treatment is effective if highly structured, integrating multi-professional teams, and customised via individual case-management. This is both time-consuming and demanding on human and organisational resources but in the end is cost-effective'.

Psychiatric disorders are generally chronic conditions that require long-term treatment, concludes the briefing. 'Aftercare and social reintegration efforts are important in order to avoid relapse and renewed need for cost-intensive care'.

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Co-morbidity is defined by the WHO as the 'co-occurrence in the same individual of a psychoactive use disorder and another psychiatric disorder'. For more details on the WHO Conference see: <http://www.euro.who.int/mentalhealth2005>

*Drugs in focus* No 14 'Co-morbidity – drug use and mental disorders'. Available in 21 languages from:  
<http://www.emcdda.eu.int>

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