



Reasons for substance use among people with mental disorders

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ABSTRACT

Background: Comorbidity of mental disorders and substance use continues to be a major problem. To inform the development of more effective interventions for these co-existing disorders, this paper aimed to determine if there are clear variations in the reasons for tobacco, alcohol or cannabis use across people with different mental disorders.

Methods: Data from five randomized controlled trials on co-existing disorders that measured reasons for tobacco, alcohol or cannabis use using the Drug Use Motives Questionnaire, Reasons for Smoking Questionnaire or via free response are reported and combined. Two studies involved participants with depression, two involved participants with a psychotic disorder and one involved participants with a range of mental disorders. A series of logistic regressions were conducted to examine differences in reasons for tobacco, alcohol or cannabis use and to compare these reasons between people with psychotic disorders or depression.

Results: Participants had a mean age of 38 (SD = 12) and just over half (60%) were male. Forty-six percent of participants had a psychotic disorder and 54% experienced depression. Data from 976 participants across the five studies were included in the analyses. Tobacco and alcohol were primarily used to cope, while cannabis was primarily used for pleasure. People with psychotic disorders were more likely than people with depression to use tobacco for coping, pleasure and illness motives. People with depression, in contrast, were more likely to use alcohol for these reasons and social reasons.

Conclusions: It may be important to tailor interventions for co-existing mental disorders and substance use by substance type and type of mental disorder. For example, interventions might be improved by including alternative coping strategies to tobacco and/or alcohol use, by addressing the social role of alcohol and by helping people with mental disorders using cannabis to gain pleasure from their lives in other ways.

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1. Introduction

Substance use is a major health problem among people with mental disorders (Baker et al., 2010; Degenhardt & Hall, 2001; Healey, Peters, Kinderman, McCracken, & Morriss, 2008; Ziedonis & Nickou, 2001). Approximately 50% of people with a mental disorder meet criteria for a lifetime substance use disorder. This is a concern as substance use has been consistently associated with adverse outcomes for this population. Tobacco, alcohol and cannabis use have each been linked to reduced medication effectiveness and exacerbation of psychiatric symptoms, especially positive psychotic symptoms (Ziedonis & Nickou, 2001). Substance use is also associated with increased rates of suicide, suicide attempts and poor medication

compliance among people with mental disorders (Carey, Carey, & Meisler, 1991; Healey et al., 2008; Ziedonis & Nickou, 2001). These negative consequences extend to the wider community, as people with co-existing mental and substance use disorders tend to have greater use of costly services such as psychiatric hospitalization and emergency medical care (Dickey & Azeni, 1996; Mangrum, Spence, & Lopez, 2006; Ziedonis & Nickou, 2001).

Given the high prevalence, adverse consequences and high treatment costs associated with co-existing mental disorders and substance use, it is important that effective evidence based intervention and preventative strategies are employed. Integrated treatment approaches, which combine mental health and substance use interventions into one clinical program, have been found to be more effective than interventions addressing substance use and mental health separately (Drake, Mercer-McFadden, Mueser, McHugo, & Bond, 1998; Drake, Mueser, Brunnette, & McHugo, 2004; Drake, O'Neal, & Wallach, 2008; Mangrum et al., 2006). However, there is still considerable

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