Chapter I: Introduction

1.1 Background of Co-Occurring Disorders (CODs)

Substance abuse is an enormous social problem in South Africa. The World Health Organisation (World Health Organisation (WHO), 2004) estimates that alcohol plays a part in 50% of murders committed annually in South Africa. Substance abuse also has a large role in play high rates of domestic violence, sexual violence, HIV/AIDS, teenage pregnancy, accidental deaths and work absenteeism (Madu & Matla, 2004; Parry & Bennetts, 1998; Pluddeman et al., 2004; WHO, 2004). Annually substance-related problems are estimated to cost society over 200 billion dollars (Sadock & Sadock, 2003). Within the population of people who are dependent on substances is a group of people who have co-occurring psychiatric disorder (COD). This group is particularly vulnerable because of the complex nature of their problems (Daley & Marlatt, 1997). The aim of this research project is to investigate the prevalence rates of the substance-related and co-occurring psychiatric disorders amongst clients seeking rehabilitation at Houghton House Addiction Recovery Centre in Johannesburg, South Africa.

According to the Center for Substance Abuse Treatment (CSAT) Treatment Improvement Protocol (TIP) Number 42 (Sacks & Ries, 2003), over the past few decades there has been a growing awareness of the link between substance abuse and co-occurring psychiatric disorders (COD). Beginning in the late 1970's practitioners became increasingly aware of the implications that CODs had for substance abuse treatment and

treatment outcomes. It is reported that compared with having a psychiatric illness alone, those with a COD are strongly associated with the homeless population, those in the criminal justice system, persons who have experienced trauma, and people who are hospitalised (Alverson, Alverson & Drake, 2000; Rounsaville, 1987, as cited in Compton et al., 2003; Sacks & Ries, 2003). This evidence makes it clear that having a COD can be more debilitating than having a single diagnosis (Brown & Bennett, 2004). As the awareness of the implications of having a COD has grown, there has been increasing research into the prevalence rates of CODs, the multiple problems they create and the impact they have on treatment and treatment outcomes. The ultimate aim of this research is to provide information that can help those involved with developing and implementing intervention strategies for people who have CODs (Sacks & Ries, 2003).

As research into this area has advanced, researchers soon discovered that previous terms such as 'dual disorder' or 'dual diagnosis' did not adequately describe the phenomenon of CODs (Sacks & Ries, 2003). Gradually the term 'dual diagnosis' has become outdated because it is confusing, as it assumes that the client has only two disorders (Sacks & Ries, 2003). The new term COD allows for the possibility that a client may have more than one substance-related disorder and more than one co-occurring psychiatric disorder, as this is commonly the case. A COD is present when a practitioner can establish at least one type of substance-related disorder and at least one type of co-occurring psychiatric disorder. These two diagnoses need to independent of one another and cannot simply be a cluster of symptoms resulting from one disorder (Sacks & Ries, 2003). However, an individual cannot be diagnosed with a COD, according to The Diagnostic and Statistical Manual of

Mental Disorders, fourth edition, text revision (DSM-IV-TR) (American Psychological Association (APA), 2000) or the 10th revision of The International Statistical Classification of Diseases and Related Health Problems (ICD-10). The term COD is used by professionals in the field to describe the phenomenon of a co-occurring psychiatric and substance-related disorder. This term it is not a formal diagnosable disorder. This may be because of the array of different disorders that could co-occur, as well as the complexity of the relationship that exists between the two disorders. With more research into CODs, it is possible that future versions of the DSM will include CODs as diagnosable disorders.

1.2 Aims

The present study was undertaken with the following aims:

1. To find the prevalence rate of people who have a COD and who seek rehabilitation at Houghton House Addiction Recovery Centre in Johannesburg, South Africa.
2. To describe the biographical details and other characteristics of the people who have a COD from this sample.
3. To find the prevalence rates of the specific substance-related disorders (abuse or dependence) and the prevalence rates of the specific co-occurring psychiatric disorders that the people with a COD presented with.

4. To find the prevalence rates of the gender of the clients who were diagnosed with specific substance-related disorders and specific co-occurring psychiatric disorders, within the group of people who had a COD.
5. To see if there is a significant relationship between any of substance-related disorder variables and any of the co-occurring psychiatric disorder variables that the clients were diagnosed with.

1.3 Rationale

Kokkevi and Stefanis (1995) point out the need to be aware of the strong relationship between substance-related and co-occurring psychiatric disorders. This awareness is in the interests of helping to improve the treatment of this population. Early detection of a COD will contribute to better management of substance abusers in treatment facilities as well as a lowering risk of relapse (Sacks & Ries, 2003).

Having a COD has a multitude of negative consequences for the affected client and the client's family system. People who have a COD have been found to have significantly poorer social functioning, have a greater need for care interventions, and have more unmet needs (even when receiving higher levels of service provision), have more complex problems, greater criminal involvement, display more risk behaviours and have a poorer quality of life than people with a single diagnosis (Strathdee et al., 2002; Weaver et al., 2002). Despite these findings, the co-occurrence of two or more disorders is often not established by mental healthcare professionals (Weaver et al., 2002). The rationale of

this research project is to fill this gap by raising awareness amongst South African mental health professionals working with this population.

There is an international need to develop a formal assessment measure, aimed at establishing the existence of a COD. The development of intervention strategies aimed at the COD client is also of great importance (Strathdee et al., 2002; Weaver et al., 2002). National research initiatives publishing substance abuse statistics, such as the South African Community Epidemiology Network of Drug Use (SACENDU) report makes no mention of CODs in their published findings, other than to say that some of their sample comes from psychiatric institutions and that there is a relationship between psychological factors and substance abuse (Pluddeman et al., 2005). This is the largest research initiative reporting on addiction-related statistics in South Africa. The fact that there is such a huge gap in their reported findings makes it clear that research in this area is required. South African prevalence rates are important to determine, in order to estimate the size of this vulnerable population. This would be the first part of the process of developing screening and treatment strategies catered for the South African COD population.

According to Moggi, Ouimette, Moos and Finney (1999) who base their argument on American statistics, there are few treatment programmes designed for the COD client's specific needs. This same argument could be used for South Africa, which has very few treatment centres specialising in treating the patient with a COD. Some of the reasons for this dearth of treatment facilities could be the underestimation of the size of this

population, the lack of awareness regarding the negative implications that arise with a COD and the lack of substance abuse treatment services for the general population (Weaver et al., 2002). This exploratory and descriptive study is necessary to illuminate characteristics of the South African COD population in the interests of developing treatment interventions to alleviate the problems faced by this group of people.