Theories of Concurrent Disorders

1	2	3	4
Self-medication	**Supersensitivity**	**Trigger mental illness**	**Compensation**
• People use substances to relieve or reduce pre-existing symptoms of mental illness	• Genetics, early environmental events, and stress trigger the mental health issue	• Substance abuse triggers mental illness in persons vulnerable to it	• Both issues feed on each other – abuse triggers mental illness and then people use more substances to help cope

Latest Research

Depression and other Mood Disorders

- Approximately 30% of persons fulfilling the criteria of major depression will deny being depressed (Klein et al., 1980)
- Substance Use Disorders (SUD) were 5-times more common among the spouses of SUD husbands (10.2 versus 2.0%). **(Cornelius, et al., 2008).**
- SUD/ depressive disorder and SUD/ anxiety disorder were both 7-times more common among the spouses of SUD husbands than non-SUD husbands. **(Cornelius, et al., 2008).**
- Those youth who experienced a past year Major Depressive Episode (MDE) were 2-times more likely to have initiated alcohol use in the past year (29.2 versus 14.5%) and 2.5-times more likely to have initiated use of an illicit drug (16.1 versus 6.9 %) (NSDUH Report May 03, 2007).
- Working Canadians with depression reported an average of 32-days in 12-months when they were unable to perform their job properly. Their home and social life were even more seriously affected. (Patten, 2008).
- 1-million Canadians experience a MDE annually. (Patten, 2008).
- Risk factors for MDE (Patten, 2008) include:
  - Women (5.9 versus 3.7% for men)
  - 15 to 45 years of age
  - Divorced or widowed
  - Lowest income
  - Back-pain (6-times more likely)
- Canadians who experienced a MDE were 3-times more likely to be diagnosed with heart disease. (Patten, 2008).
- A diagnosis of a current major depressive episode increases the risk of progression from mild cognitive impairment (MCI) to Alzheimer disease (AD) fourfold. (Rosenberg et al., 2010).

Attention Deficit Disorders

- ADHD prevalence in SUD was 3-times more than in non SUD (40 versus 14.6%). **(Arias et al, 2008).**
- ADHD is associated with an earlier age of first substance use, greater abuse and psychiatric diagnoses, and a greater likelihood of attempted suicide. **(Arias et al, 2008).**
- Adults with a history of ADHD have double the risk of developing a SUD as adults without ADHD **(Biederman et al., 1998).**
- With proper treatment, as many as 8 in 10 people suffering from a mental illness can return to normal, productive lives, and almost everyone receives some benefit from treatment.

Meta-Analysis of Correlation to Marijuana Use and Mental Illness

1. One 16-year study **(Bovasso, 2001)** showed that individuals who were not depressed and then used marijuana were 4-times more likely to be depressed at follow-up.

2. Changes investigated over a 14-year period **(Brook, 2002)** found that marijuana use was a predictor of later major depressive disorder.

3. A 21-year study **(Fergusson, 2002)** found that marijuana use was associated with depression, suicidal thoughts, and suicide attempts.

4. A 2007 study of 3239 Australian young adults found a relationship between early initiation and symptoms of anxiety and depression regardless of family history of mental illness **(Hayatbakhsh, 2007).**

5. Moore (2007) published studies in the *Lancet, July 2007* revealing that marijuana use increases the risk of developing schizophrenia by 40 percent. Brain scan techniques revealed the same brain abnormalities in frequent adolescent cannabis users as those with diagnosed schizophrenia.

6. Marijuana's impact on the sleep cycle can produce both acute and chronic effects on a person's functioning **(Norton, 2008)** resulting in decreased or eliminated altogether R.E.M. sleep. R.E.M. sleep is needed to relax the postural muscles of the body, initiate the task of repairing tissues and cells, and allow short-term memory to become long-term memory.

7. Average THC concentrations in marijuana **(NIDA, 2008)** have increased from 4.0% in 1983 to 9.6%. Concentrations as high as 37.2% have recently been found. This increased concentration increases the risk of toxicity and subsequent brain-damage.

8. Murat Yücel at the University of Melbourne, Australia, and colleagues scanned the brains of 15 heavy users, who had smoked at least five joints daily for more than 10 years. The volume of their hippocampus, involved in memory and regulating emotion, was on average 12 per cent smaller than non-users, while the amygdala, involved in feeling fear and aggression, was 7.1 per cent smaller **(Archives of General Psychiatry, vol 65, p 694).**

9. Cannabis users score poorly on memory tests and are more likely to suffer from social withdrawal or paranoia. *New Scientist, 2008.*

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