

# Co-Occurring Conditions: Substance Abuse Combined with Severe, Persistent Mental Illness

*Summarized by Thomas T. Thomas*

Many of our relatives carry a dual diagnosis of severe, persistent mental illness plus abuse of a substance such as alcohol or street drugs—sometimes viewed as a self-medication process. The addiction issues bring other considerations and questions to any mental health treatment. This is such a familiar pattern that a whole treatment modality has sprung up about it, and one of the most respected local agencies in this regard is [Bonita House, Inc.](#) Our July speaker, **Floyd Brown, MD**, has been its medical director and psychiatrist for many years.

Dr. Brown studied medicine at Northwestern University in Chicago and was already interested in mental health. He did his internship and residency working with people in methadone treatment, and was still interested in substance abuse when he worked in community mental health in San Francisco and Alameda County, before becoming Bonita House's medical director.

Bonita House was started in 1971 by two nurses from Herrick Hospital in Berkeley who developed a nontraditional model of clinical staff and consumers living alongside each other. In 1991, the organization changed its dedication to people living with substance abuse and severe and persistent mental illnesses such as thought and mood disorders that impacted their lives. At that time, it was becoming clear around the country that many people—perhaps as many as 80%—with severe mental illness also abused drugs and alcohol.

Dr. Brown was consulting with Bonita House in 1991, and he helped hire and train staff for the transition. The organization now follows the Integrated Dual Disorder Treatment (IDDT) modality, which is an evidenced-based practice developed by Dr. Robert Drake at Dartmouth and has better outcomes with these consumers than other programs.

Bonita House offers a variety of programs:

- **Residential Treatment** with 24-hour services for 15 residents at a time, with stays of up to a year.
- **Supported Independent Living (SIL)** with case management services and housing available at various sites in Berkeley and Oakland.
- **Homeless Outreach and Stabilization Team (HOST)**, accommodating up to 90 people in Alameda County. This is an Assertive Community Treatment



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program offering low client/staff ratios and 24/7 services. It is a housing first program, and clients are not required to be clean and sober to obtain housing.

- **Creative Wellness Center** in South Berkeley, which offers services two days a week on the clubhouse model with a half-day art program.

Admission criteria for Bonita House include being age 18 or older, a resident of Alameda County, having a dual diagnosis of psychiatric disorder with chemical dependency, a history of psychiatric hospitalizations, and the ability to pay program fees.

At this point Dr. Brown accepted questions from the audience.

**Q. Would you discuss the difference between abstinence and harm reduction?**

This is a big controversy in the field. Abstinence is not using the drug at all, where harm reduction is for people not ready to stop. Reducing harm might mean offering drug users needle exchange to avoid illnesses. Harm reduction can be an end point or a way station, but Bonita House does not accept it as an end point. “In my personal opinion,” he said, “for people living with mental illness, any significant use is probably harmful, even with cannabis.”

Bonita House is abstinence based, but not so strict as “You use, you’re out.” They recognize that relapse is a part of recovery—but they also recognize the difference between a slip and binge using, which has a different pattern of motivation. But a severe episode of violence, or failure to pay fees for three months or more, can result in ejection.

**Q. Isn’t some cannabis medically useful?**

Tetrahydrocannabinol (THC) is the main psychoactive component. Cannabidiol (CBD) is another plant extract which may have some therapeutic uses. However, research suggests that marijuana relates to early-onset schizophrenia, but whether the relationship is cause-and-effect or a correlation with other factors has not yet been answered. Still, the drug definitely affects the brains of adolescents.

**Q. My son is off his medication and has had a psychotic episode. If he remains off medication, will further episodes reduce his level of function?**

That’s a very good question. Schizophrenia has different courses for different people. Some have one episode and then never have another. Others have repeated episodes with gradual loss of cognitive function in a downward course. Some people resume function with treatment, but most never return to pre-morbid levels.

However, a study in Vermont found a group in the local state hospital who had been correctly diagnosed on entry, were no longer taking medication, and no longer met the criteria for schizophrenia.

Brown’s experience is that the risk of a downward course is greater with repeated episodes. Psychotic episodes release the excitatory brain chemical glutamate at sometimes toxic levels, with loss of gray matter and lowered cognitive function. But some people with other symptoms, like hearing voices, can live without a loss of function.

It’s becoming clear that “schizophrenia” is a diagnosis that covers many similar illnesses. Now researchers are trying to identify the biological causes,

although as many as 100 different genetic locations have been linked to the disease. Many pharmaceutical companies are backing away from this complex area of research and remain content to produce “me too” drugs that only treat symptoms.

**Q. What about using computer games to increase brain function, as in the recent UC San Francisco research?**

Anything that stimulates cognition, such as social interaction and learning new skills, can improve your cognitive function.

**Q. Doesn't brain plasticity allow function to come back?**

In some cases the brain is self-repairing, with neighboring cells taking over functions of a cell that has died. But with a massive die off, as in stroke or Alzheimer's disease, these repairs won't help much with function. Alzheimer's medications can slow but not reverse the progression. Antipsychotic medications won't reverse the effects but can help stabilize them. However, antidepressants working on unipolar depression can trigger entropic factors that may recover some ground. Researchers all over the world are now working on these issues.

**Q. What is the difference between IDDT and the 12-step programs such as Alcoholics Anonymous or Narcotics Anonymous?**

Twelve-step programs are not designed for people with severe, persistent mental illness. Some of the attendees are not comfortable with consumers, and some consumers are not comfortable about sharing their life stories. But several organizations in Berkeley and Oakland admit dual diagnosis consumers. There are even some Dual Recovery Anonymous, or “Double Trouble,” groups.

Bonita House often uses 12-step principles and encourages attendance at 12-step meetings, but they are not required. Consumers can interact with each other, and they may discover and share programs where they feel comfortable.

**Q. Please compare the effects of alcohol and narcotics abuse on severe mental illness.**

Alcohol has a different mechanism and pathway in the brain. It is toxic to the brain, liver, and heart, and can cause persistent dementia. Alcohol is a central nervous system depressant, as are opiates, while cocaine and methamphetamine are classed as stimulants. These substances all have physiological differences, but the result is the same: they target the brain's pleasure center, creating addiction.

Alcohol may have a cultural history, but it is not a benign substance. If someone had just discovered it in the lab and applied for approval with the FDA, they would rule alcohol far too dangerous to allow.

**Q. Can you give some dos and don'ts for family members?**

People living with severe mental illness respond negatively to high levels of stress, so you have to interact gently with them. But you also have to set limits and boundaries and be consistent: your house, your rules. Sometimes the system doesn't do a good job, so you have to be your loved one's best advocate. At the same time, you can do too much for the person; some things they have to do themselves. If the loved one is an adult, treat him or her with respect. And finally, take care of yourself and your energy so that you have something left over to give your loved one.