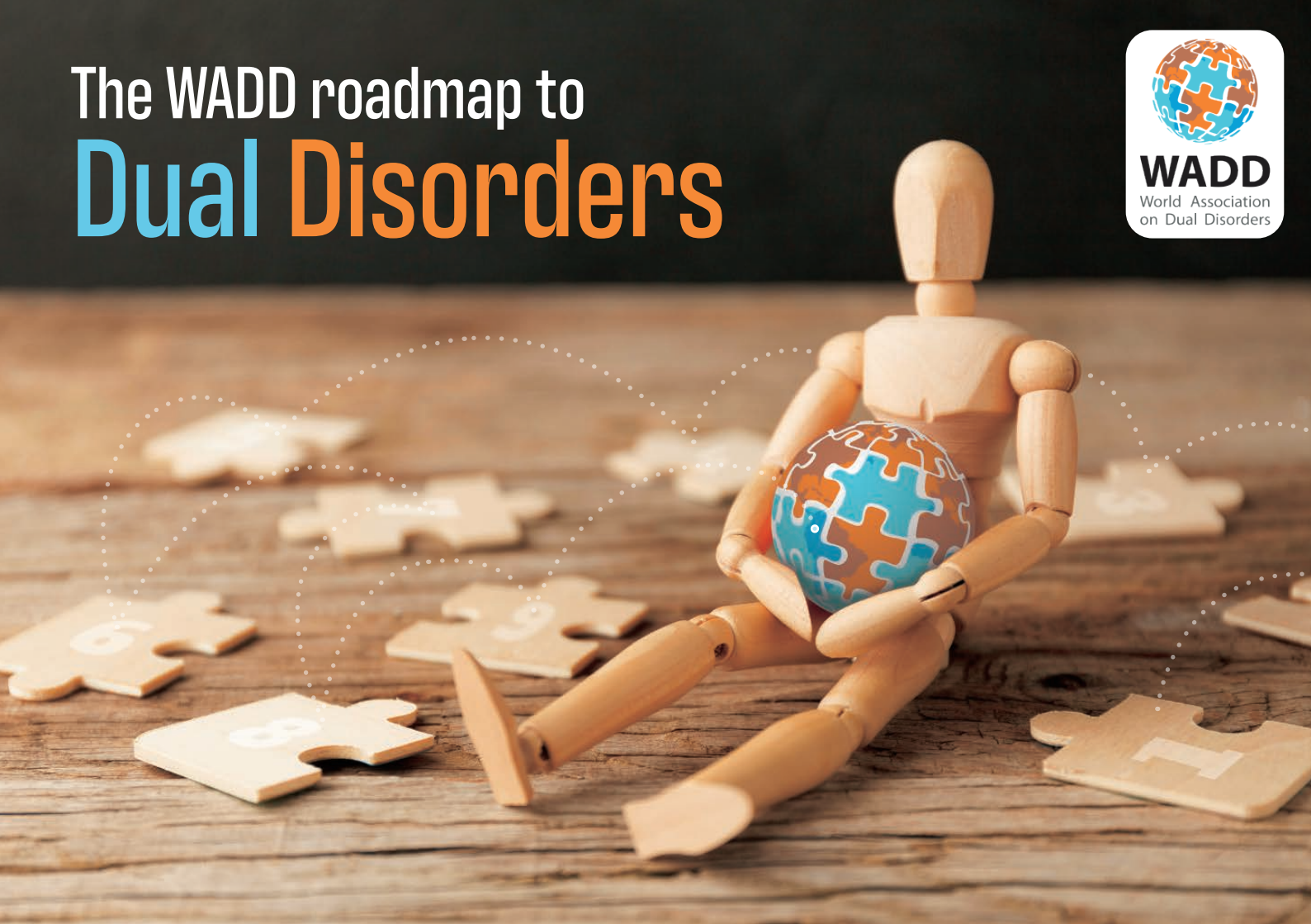
The WADD roadmap to Dual Disorders

WADD
World Association on Dual Disorders



Multiple epidemiological and clinical studies have established that **Dual Disorders (DDs)** are an expectation rather than an exception.

WADD's goal is to explore issues at the intersection of substance use disorders (SUD) and other Mental Disorders, to enable a translational psychiatry that bridges neuroscience research and clinical practice.

1. We have to consider substance-related and other addictive disorders as mental disorders. Like any other mental illness, they are not problems of will power, character failure, or self-indulgence.

2. Addictive disorders, like other mental disorders, are brain diseases, and this in turn has given rise to what is known as the "*brain disease model of addiction*".

3. The most severe clinical characteristics of addiction will develop in only approximately 10% of people exposed to psychoactive substances and addictive behaviors. Therefore, substance use, or gambling is not enough to develop an addictive disorder. Individual vulnerability is an important and necessary mediator of the emergence of SUD and other mental disorders.

4. Neuroscience has shown that addictive disorders (like other mental disorders) often display sets of interconnected and/or overlapping brain processes, rather than being disorders primarily defined by a single behavior or symptom, such as uncontrollable excessive psychoactive substance use.

5. Over 75% of patients with severe mental disorders also present addictive disorders. Addictive disorders invariably appear with other symptoms, personality traits or mental disorders, a clinical transdiagnostic condition called Dual Disorders.

This "*roadmap*" is a work in progress, including statements and recommendations about where **WADD** might invest its intellectual capital to position psychiatrists and other mental health professionals for the future.

6 Dual Disorders is the term used in the mental health field to refer to those patients who are diagnosed with at least one addictive disorder and at least one other mental disorder. They can occur simultaneously or, even more importantly, sequentially throughout their lifespan.

7 Despite the overwhelming existence of neuroscientific and epidemiological evidence, it is estimated that less than 10% of people with DDs receive adequate (based on scientific evidence) and integrated care.

8 Lack of attention is driven in part by lack of training of clinicians on how to diagnose and treat Dual Disorders, as well as by the structural differentiation and lack of coordination, in many countries, between programs to treat substance use disorders and those to treat other mental illnesses.

9 Research reveals the importance of thinking about Dual Disorders together and we must advance in the adoption of integrated care models for Dual Disorders.

10 These recommendations should help to end the criminalization of and discrimination against patients with Dual Disorders and their care givers.

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