

Contact: Pam McKeown  
ODMHSAS Public Information  
(405) 522-5102

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**OKLAHOMA MOVING AHEAD IN THE TREATMENT OF CO-OCCURRING  
SUBSTANCE ABUSE/MENTAL HEALTH DISORDERS**

Nearly half of all people with a substance abuse problem also have a history of at least one mental disorder, meaning that effective treatment of both conditions can present a challenge to professionals, said Jackie Jordan, co-occurring treatment program coordinator at the Oklahoma Department of Mental Health and Substance Abuse Services.

“ODMHSAS, however, is moving ahead in this area and is committed to meeting the needs of the people we serve by providing effective treatment services to individuals with co-occurring disorders,” she said. “A co-occurring disorder is defined as the existence of at least one mental disorder as well as an alcohol or other drug use disorder.”

On Oct. 1, ODMHSAS is slated to open a 24-bed co-occurring disorders treatment unit at its Tulsa Center for Behavioral Health. On July 1, Jim Taliaferro Community Mental Health Center in Lawton, also a state-operated facility, opened an outpatient unit to help people with both substance abuse and mental health issues, Jordan said.

To bring attention to the issue of co-occurring disorders, National Alcohol and Drug Addiction Recovery Month, observed in September, is promoting a theme this year of “Join the Voices for Recovery: Celebrating Health.” The theme underscores the need to treat the “whole person,” and spreads the message of hope in treatment and recovery.

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“The issue of treating two disorders at one time has come to the forefront because federal agencies such as the Substance Abuse and Mental Health Services Administration (SAMHSA) are recognizing that many of our clients have poor outcomes because they’re only being treated in one ‘system,’ such as at a substance abuse treatment facility or a mental health facility,” Jordan said. “In the past, people with a co-occurring illness would have the burden of having to negotiate two separate systems: the substance abuse treatment system and the mental health treatment system. With this national treatment plan initiative, it’s a win-win situation for the patient. Nationally, from 7 to 10 million people have a co-occurring disorder, so integrating treatment will help a lot of people.”

As scientific research suggests, illness and disease often have a mind-body connection.

“We, as human beings, are comprised of mind, body and spirit,” Jordan said. “All of us have six major ‘life powers’ – spiritual, mental, emotional, physical, social and volition (free will). However, once a person gets into a ‘relationship’ with a mood-altering chemical, it impacts the brain and affects a person’s ability to make healthy choices. That is one reason why recovering from substance abuse addiction is so hard, because the brain is involved. When a person also suffers from bipolar disorder or schizophrenia or major depression, that makes successful recovery even more difficult. People with co-occurring disorders must be treated in an integrated way.”

Jordan said people in substance abuse recovery who also suffer from a mental health condition should follow a doctor’s orders to treat their mental health condition, in

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addition to abstaining from drugs and alcohol.

“Some people in recovery will say they won’t even take an aspirin, because they equate that with a ‘mind-altering’ chemical,” Jordan said. “However, there’s a difference between mind-altering or mood-altering drugs, and addictive drugs. Anti-depressants are mood-altering, but that doesn’t mean they’re addictive. An addictive drug would be something like valium or codeine or hydrocodone. Physicians know the difference. If you’ve been diagnosed with depression or bipolar disorder, and you’re also in recovery, make sure your doctor knows this so he or she can prescribe an effective, non-addictive medicine. The reality is that many people, if they get sober and also suffer from untreated depression, won’t stay sober for long.

“Untreated depression is one of the reasons people kill themselves,” she added. “If sobriety doesn’t feel better than addiction, why would people want to stay sober? A lack of information and awareness keeps many people in recovery from getting the help they need. If a person is new in recovery, and experiences anxiety or depression for more than two weeks, it’s OK to see a doctor and get help for this co-occurring disorder. It will make the quality of your sobriety even better.”

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