

Dual Disorders: present and future

Patología Dual: presente y futuro

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Abstract

Dual Disorder—the coexistence of a substance use disorder (SUD) and another mental disorder in the same individual—represents a major clinical and social challenge. Its prevalence is high and varies depending on individual and contextual factors. Affected individuals present greater clinical severity, poorer prognosis, higher risk of social exclusion, and generate a significant burden on healthcare and judicial systems. Despite its impact, these disorders often remain underdiagnosed and undertreated, partly due to the fragmentation between mental health and addiction care networks.

Gender perspective is essential in addressing Dual Disorder. While men still show higher overall substance use rates, women tend to progress more rapidly to addiction, exhibit more affective comorbidities, and face additional barriers to treatment access—such as stigma, lack of adapted services, or fear of losing child custody. Integrating this perspective allows for the development of more equitable and effective interventions tailored to the specific needs of both women and men.

Proper care for Dual Disorder requires early detection, careful differential diagnosis, and an integrated therapeutic approach. It is crucial to overcome the current fragmented model and move towards coordinated, evidence-based care pathways. This includes training professionals in gender- and trauma-informed approaches and ensuring access to services that combine mental health care, addiction treatment, and psychosocial support.

Keywords

Dual Disorder, addictions, mental health, integrated diagnosis, gender perspective, treatment.

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Resumen

La Patología Dual —la coexistencia de un trastorno por uso de sustancias (TUS) y otro trastorno mental en una misma persona— representa un desafío clínico y social de gran magnitud. Su prevalencia es elevada y varía según factores individuales y contextuales. Las personas afectadas presentan mayor gravedad clínica, peor pronóstico, mayor riesgo de exclusión social y un coste elevado para los sistemas sanitarios y judiciales. A pesar de su impacto, estos trastornos siguen siendo con frecuencia infradiagnosticados e infratratados, en parte debido a la fragmentación entre la red de salud mental y la de adicciones.

La perspectiva de género resulta fundamental en el abordaje de la Patología Dual. Aunque los hombres siguen presentando mayores tasas de consumo, las mujeres tienden a evolucionar más rápidamente hacia la adicción, presentan más comorbilidad afectiva y afrontan barreras adicionales al acceso terapéutico, como el estigma, la falta de servicios adaptados o el temor a perder la custodia de sus hijos. Incorporar esta perspectiva permite diseñar intervenciones más equitativas y eficaces, adaptadas a las necesidades específicas de mujeres y hombres.

La atención a la Patología Dual requiere una detección precoz, un diagnóstico diferencial cuidadoso y un enfoque terapéutico integrado. Es necesario superar el modelo fragmentado actual, avanzar hacia circuitos asistenciales coordinados y basados en la evidencia, formar a profesionales en enfoques sensibles al género y al trauma, y garantizar servicios accesibles que combinen salud mental, tratamiento de adicciones y apoyo psicosocial.

Palabras clave

Patología Dual, adicciones, salud mental, diagnóstico integrado, perspectiva de género, tratamiento.

INTRODUCTION: CURRENT SITUATION OF DUAL DISORDERS

The coexistence of a substance use disorder (SUD) and another mental disorder in the same individual has been described using various terms, such as “Psychiatric Comorbidity,” “Dual Diagnosis,” “Dual Disorder” or “Co-occurring Mental Illness and Substance Use Disorder” (Szerman et al., 2022). In this document we will use the shorter and recognized expression “Dual Disorders”.

Multiple studies have shown a notable variability in the prevalence of Dual Disorders, with estimates ranging from 30% to 80%, depending on factors such as the primary substances involved (e.g., alcohol, cocaine, amphetamines, opioids, or cannabis), gender, characteristics of the population assessed (general population, people in treatment or outside the care system, experiencing homelessness, in prison settings, or with migration backgrounds), and the availability and accessibility of both substances and therapeutic resources (United Nations Office on Drugs and Crime [UNODC], 2022; Torrens et al., 2015).



CLINICAL AND SOCIAL IMPACT

Compared with individuals with only one type of disorder (either SUD or another mental disorder), people with Dual Disorders present a poorer clinical and social prognosis. Generally, they exhibit more severe psychopathological symptoms, a higher risk of suicidal behavior, more emergency department visits and hospitalizations, as well as greater comorbidity with non-psychiatric medical conditions (e.g., HIV and HCV infections). They also have worse outcomes, with higher risks of treatment dropout and relapse in both substance use and other mental disorders. From a social perspective, this is a particularly vulnerable population, presenting more severe clinical profiles, higher rates of unemployment, poverty, homelessness, and a higher incidence of violent or criminal behavior, as well as an increased risk of social exclusion (Bahji, 2024; Torrens et al., 2015; Volkow et al., 2020; Volkow & Blanco, 2023).

Considering the high burden they place on health and judicial systems, individuals with Dual Disorders represent a significant cost to society. Nevertheless, despite the extensive knowledge available on this association, both non-substance-related mental disorders and SUDs remain frequently underdiagnosed and undertreated in these patients. This situation is partly due to difficulties in the diagnostic process and to the complexity of establishing and implementing integrated and effective therapeutic interventions (Szerman et al., 2022; UNODC, 2022; Volkow et al., 2020). These difficulties are further exacerbated by the existence, in most regions and countries, of two traditionally independent care

networks: the Mental Health Care Network and the Addictions Care Network, which hinders coordinated and continuous care for people with Dual Disorders (UNODC, 2022; Torrens et al., 2015).

IMPORTANCE OF THE GENDER PERSPECTIVE IN DUAL DISORDERS

Recent scientific evidence highlights that sex and gender not only influence the risk of developing Dual Disorders but also profoundly shape their clinical presentation, course, and response to treatment. Incorporating this perspective is essential to advancing toward more effective, equitable, and needs-based care for all individuals with these disorders (Fonseca et al., 2021; Torrens et al., 2021).

Although men continue to show higher absolute rates of substance use, the gender gap is narrowing, and women tend to progress more rapidly from episodic use to dependence—a phenomenon known as “telescoping” (Government Delegation for the National Plan on Drugs [PNSD], 2024; Towers et al., 2023; UNODC, 2025). Furthermore, a large proportion of women with SUD simultaneously present an anxiety or mood disorder, which further complicates clinical management and even access to treatment (European Monitoring Centre for Drugs and Drug Addiction [EMCDDA], 2023; Fonseca et al., 2021).

Motivations for initiating substance use differ by gender. Women are more likely to begin using substances as a coping mechanism for negative affective states such as depression and anxiety (Kuntsche & Müller, 2012), whereas men more frequently do so due to



peer influence or sensation-seeking (Haas & Peters, 2000). Greater exposure among women to adverse life events—such as trauma and intimate partner violence—has been associated with both the accelerated development of SUD and the narrowing of the gender gap in substance use prevalence (Haro et al., 2023; Wilson & Widom, 2009).

Women with Dual Disorders present a higher burden of gender-based violence and childhood trauma, increasing the risk of revictimization and complicating treatment adherence (Tirado et al., 2018). This intersection of psychosocial and clinical vulnerability results in more severe profiles characterized by heightened anxious-depressive symptoms, increased suicide risk, and more frequent use of psychotropic drugs (i.e. sedatives) for self-medication (EMCDDA, 2023).

Despite this, access to treatment remains limited: only one in 18 women with SUD receives specialized care, compared with one in seven men (UNODC, 2025). Major barriers include fear of losing custody of children, lack of services that offer childcare, and the moral stigma still associated with women's substance use—all of which significantly reduce help-seeking (Fonseca et al., 2021; Torrens et al., 2021).

In response to this reality, gender-responsive interventions are essential. Systematic reviews show that integrated, gender-sensitive programs—such as Seeking Safety, TREM, or Helping Women Recover—are more effective than standard models in reducing substance use and improving symptomatology (Johnstone et al., 2022). European guidelines also recommend incorporating screening for gender-based violence, safe housing, parenting support, and women-only therapeutic groups (EMCDDA, 2023).

Operationally, it is a priority to systematically include sex/gender variables and violence history in initial assessments and care registries such as the National Drug Treatment Reporting System (NDTRS; Health Research Board, 2025). Integrated services combining SUD treatment, mental health care, and social support (e.g., housing and childcare) must also be ensured—within stigma-free environments. Training professionals in gender-sensitive care, trauma-informed approaches, and inclusive language is likewise essential, in line with the EU Drugs Strategy 2021–2025.

Finally, research must be strengthened by incorporating subgroup analyses by biological sex and gender, and by conducting clinical trials that do not exclude pregnant women or individuals with polydrug use (Bahji, 2024). Integrating the gender perspective is not only a matter of equity but a key determinant of clinical effectiveness and public health. Applying this evidence will help design more accessible care pathways, reduce underdiagnosis, and improve treatment outcomes in this particularly vulnerable population.

DIAGNOSTIC CHALLENGES

Diagnosing Dual Disorders represents a significant clinical challenge. It is essential to consider that both acute and chronic effects of substance use can mimic symptoms of various mental disorders, making it difficult to distinguish between psychopathological symptoms induced by substance use or withdrawal and those characteristic of an independent psychiatric disorder. This complexity is compounded by the fact that psychiatric disorders are classified—both in the International Classification of Diseases (ICD-11) and the Diagnostic and Statistical Manual of



Mental Disorders (DSM-5-TR)—as clinical syndromes, that is, clusters of symptoms with some clinical validity, rather than clearly defined diseases with known pathophysiology and specific biomarkers. In this context, differentiating between primary psychiatric disorders, substance-induced disorders, and the expected effects of substance use or withdrawal is central to accurately diagnosing Dual Disorders (Torrens et al., 2015).

To facilitate this complex diagnostic process, several clinical instruments are available, including standardized clinical interviews that support diagnosis and screening tools designed to detect potential comorbid conditions (EM-CDDA, 2017; Torrens et al., 2015; Torrens et al., 2023). Choosing the most appropriate instrument depends on multiple factors, such as the context of application (clinical, epidemiological, or research), the specific objectives of the assessment (single or multiple diagnoses), the time available, and the training and experience of the professionals administering it.

CARE CHALLENGES, UNMET NEEDS, AND STRUCTURAL BARRIERS

The therapeutic approach to Dual Disorders—whether pharmacological, psychological, or combined—must adopt an integrated vision of both conditions from the outset to determine the best treatment option for each individual.

Historically, people with Dual Disorders have been excluded from clinical trials assessing treatment efficacy, limiting the development of evidence-based guidelines tailored to this population—an unmet need that is improving slowly.

The “wrong-door syndrome” refers to the difficulties faced by people with Dual Disorders when attempting to access appropriate treatment services (UNODC, 2021; Volkow et al., 2023). This situation arises when a patient seeks help from a health professional—whether in general medical settings or mental health—who lacks the training or resources to address both SUD and the co-occurring mental disorder simultaneously. This lack of training may lead to a phenomenon known as diagnostic overshadowing, where one disorder is overlooked or unrecognized, thus preventing comprehensive and specific intervention. As a result, these patients do not receive the treatment they need, negatively affecting their clinical course and recovery (Mueser et al., 2003; Torrens et al., 2015).

This issue is exacerbated by the existence, in most European regions and countries, of two independent care networks—the Mental Health Care Network and the Addictions Care Network—constituting one of the main structural barriers to effective treatment for Dual Disorders. The gap between both networks leads to fragmented and uncoordinated care. Consequently, many services lack the knowledge, experience, and resources needed to offer integrated care, resulting in suboptimal therapeutic outcomes for affected individuals (Mueser et al., 2003; Torrens et al., 2015).

PROPOSALS TO IMPROVE CARE IN DUAL DISORDERS

Evidence supports the need for systematic cross-screening strategies: identifying mental disorders in individuals with SUD and, reciprocally, detecting possible addictions in patients with non-addictive mental disorders.



Treatment should be delivered simultaneously and in an integrated manner, avoiding sequential models, which have been shown to be ineffective and associated with poorer outcomes (Mueser et al., 2003; Torrens et al., 2012). However, the implementation of this approach is hindered by the dual structure of care services in most countries.

Given the rising prevalence of Dual Disorders related to behavioral addictions—such as gambling disorder—there is an urgent need to adapt care systems to these emerging needs (Szerman et al., 2020). In this context, the following lines of action are proposed:

- Joint and specialized training for professionals from both care networks.
- Systematic screening in both care circuits and in primary care.
- Training and awareness-raising on sex/gender-sensitive care.
- Integrated treatment based on available evidence.
- Reduction of professional's stigma, particularly in the mental health field.
- Promotion of coordination through shared tools (e.g., new information and communication technologies, specialized support programs).
- Reorganization of therapeutic care to address both disorders simultaneously.

CONCLUSION: FUTURE PERSPECTIVES

Dual Disorders are highly prevalent and have a profound impact on the clinical and social health of affected individuals. Effective man-

agement requires early detection, accurate diagnosis, and integrated treatment. It is therefore essential for policymakers and professionals in mental health and addictions to move toward a coordinated, non-exclusive, sex/gender-sensitive, evidence-based care model centered on the complex needs of this population.

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REFERENCES

- Bahji, A. (2024). Navigating the complex intersection of substance use and psychiatric disorders: A comprehensive review. *Journal of Clinical Medicine*, 13(4), 999. <https://doi.org/10.3390/jcm13040999>
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). (2017). *Health and social responses to drug problems: A European guide*. Publications Office of the European Union. <https://doi.org/10.2810/244934>
- European Monitoring Centre for Drugs and Drug Addiction (2023). *Women and drugs: Health and social responses*. https://www.euda.europa.eu/publications/mini-guides/women-and-drugs-health-and-social-responses_en
- Fonseca, F., Robles-Martínez, M., Tirado-Muñoz, J., Alías-Ferri, M., Mestre-Pintó, J.-I., Coratu, A. M., & Torrens, M. (2021). A gender perspective of addictive disorders. *Current Addiction Reports*, 8(1), 1–11. <https://doi.org/10.1007/s40429-021-00357-9>



- Haas, A. L., & Peters, R. H. (2000). Development of substance abuse problems among drug-involved offenders: Evidence for the telescoping effect. *Journal of Substance Abuse, 12*(3), 241–253. [https://doi.org/10.1016/S0899-3289\(00\)00053-5](https://doi.org/10.1016/S0899-3289(00)00053-5)
- Haro, B., Fernández-Montalvo, J., Arteaga, A., & López-Goñi, J. J. (2023). Gender differences in patients with substance use disorder and physical/sexual abuse: A preliminary study. *Clínica & Salud, 34*(3), 123–130. <https://doi.org/10.5093/clysa2023a12>
- Health Research Board. (2025). National Drug Treatment Reporting System (NDTRS) data [Ireland]. <https://www.drugsandalcohol.ie/29240/>
- Johnstone, S., Dela Cruz, G. A., Kalb, N., Tyagi, S. V., Potenza, M. N., George, T. P., & Castle, D. J. (2023). A systematic review of gender-responsive and integrated substance use disorder treatment programs for women with co-occurring disorders. *American Journal of Drug and Alcohol Abuse, 49*(1), 21–42. <https://doi.org/10.1080/00952990.2022.2130348>
- Kuntsche, E., & Müller, S. (2012). Why do young people start drinking? Motives for first-time alcohol consumption and links to risky drinking in early adolescence. *European Addiction Research, 18*, 34–39. <https://doi.org/10.1159/000333036>
- Delegación del Gobierno para el Plan Nacional sobre Drogas. (2024). Encuesta sobre alcohol & drogas en España (EDADES), 1995-2024: Informe 2024. Ministerio de Sanidad. https://pnsd.sanidad.gob.es/profesionales/sistemasInformacion/sistemaInformacion/pdf/2024_Informe_EDADES.pdf
- Mueser, K. T., Noordsy, D. L., Drake, R. E., & Fox, L. (2003). *Integrated treatment for dual disorders: A guide to effective practice*. The Guilford Press.
- Szerman, N., Ferre, F., Basurte-Villamor, I., Vega, P., Mesias, B., Marín-Navarrete, R., & Arango, C. (2020). Gambling dual disorder: A dual disorder and clinical neuroscience perspective. *Frontiers in Psychiatry, 11*, 589155. <https://doi.org/10.3389/fpsy.2020.589155>
- Szerman, N., Torrens, M., Maldonado, R., Balhara, Y. P. S., Salom, C., Maremmani, I., Sher, L., Didia-Attas, J., Chen, J., & Baler, R. (2022). Addictive and other mental disorders: A call for a standardized definition of dual disorders. *Translational Psychiatry, 12*(1), 446. <https://doi.org/10.1038/s41398-022-02212-5>
- Tirado-Muñoz, J., Gilchrist, G., Fischer, G., Taylor, A., Moskalewicz, J., Giammarchi, C., Köchl, B., Munro, A., Dąbrowska, K., Shaw, A., Di Furia, L., Leeb, I., Hopf, C., & Torrens, M. (2018). Psychiatric comorbidity and intimate partner violence among women who inject drugs in Europe: A cross-sectional study. *Archives of Women's Mental Health, 21*(3), 259–269. <https://doi.org/10.1007/s00737-017-0800-3>
- Torrens, M., Rossi, P. C., Martínez-Riera, R., Martínez-Sanvisens, D., & Bulbena, A. (2012). Psychiatric co-morbidity and substance use disorders: Treatment in parallel systems or in one integrated system?. *Substance Use & Misuse, 47*(8–



- 9), 1005–1014. <https://doi.org/10.3109/10826084.2012.663296>
- Torrens, M., Mestre-Pintó, J.-I., & Domingo-Salvany, A. (2015). *Comorbidity of substance use and mental disorders in Europe (EMCDDA Insights 19)*. Publications Office of the European Union. <https://doi.org/10.2810/532790>
- Torrens, M., Orengo, T., Rodríguez de Fonseca, F., Almodóvar, I., Baquero, A., & Benito, A. (2021). Gender perspective in dual diagnosis. *Brain Sciences*, 11(8), 1101. <https://doi.org/10.3390/brainsci11081101>
- Torrens, M., Mestre-Pintó, J. I., & Fonseca, F. (2023). Patología dual. En M. I. Colado, M. Farré, J. C. Leza, & I. Lizasoain (Coords.), *Drogodependencias* (4.ª ed., pp. 349–356). Editorial Médica Panamericana.
- Towers, E. B., Williams, I. L., Qillawala, E. I., Rissman, E. F., & Lynch, W. J. (2023). Sex/Gender differences in the time-course for the development of substance use disorder: A focus on the telescoping effect. *Pharmacological Reviews*, 75(2), 217–249. <https://doi.org/10.1124/pharmrev.121.000361>
- United Nations Office on Drugs and Crime (2020). *International standards for the treatment of drug use disorders: Revised edition incorporating results of field-testing*. <https://www.who.int/publications/i/item/international-standards-for-the-treatment-of-drug-use-disorders>
- United Nations Office on Drugs and Crime (2022). *Comorbidities in drug use disorders – No wrong door*. <https://www.unodc.org/unodc/drug-prevention-and-treatment/publications/data/2022/march/comorbidities-in-drug-use-disorders-no-wrong-door.html>
- United Nations Office on Drugs and Crime. (2024). World drug report 2025. United Nations. <https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2025.html>
- Volkow, N. D., Torrens, M., Poznyak, V., Sáenz, E., Busse, A., Kashino, W., Krupchanka, D., Kestel, D., Campello, G., & Gerra, G. (2020). Managing dual disorders: A statement by the Informal Scientific Network, UN Commission on Narcotic Drugs. *World Psychiatry*, 19(3), 396–397. <https://doi.org/10.1002/wps.20796>
- Volkow, N. D., & Blanco, C. (2023). Substance use disorders: A comprehensive update of classification, epidemiology, neurobiology, clinical aspects, treatment and prevention. *World Psychiatry*, 22(2), 203–229. <https://doi.org/10.1002/wps.21073>
- Wilson, H. W., & Widom, C. S. (2009). A prospective examination of the path from child abuse and neglect to illicit drug use in middle adulthood: The potential mediating role of four risk factors. *Journal of Youth and Adolescence*, 38(3), 340–354. <https://doi.org/10.1007/s10964-008-9331-6>