Substance use disorders and comorbidity within mental disorders. Descriptive analysis of an Addiction Treatment Unit of València

Trastorno por uso de sustancias y comorbilidad con otro trastorno mental. Análisis descriptivo de una Unidad de Conductas Adictivas de València

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Received: 04/09/2025 · Accepted: 10/12/2025

Cómo citar este artículo/citation: Borràs Llopis, N., Llorens Aleixandre, N., Borràs Ferrís, J., Sánchez Mañez, A., & Dorado García, M. (2025). Substance use disorders and comorbidity within mental disorders. Descriptive analysis of an Addiction Treatment Unit of València. *Revista Española de Drogodependencias*, *50*(4), 68-84. https://doi.org/10.54108/10124

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Abstract

This study aims to describe the characteristics of patients admitted to an addiction treatment unit, with particular attention to patients with comorbidity within mental disorder (dual pathology). A observational and retrospective study was conducted in the Addiction Treatment Unit of Paterna-La Coma (València), analyzing data from 2.086 patients admitted between 2012 and 2023. A total of 78.3% of patients were men, with a mean age of 20 years in young patients and 40 years in adults. 35.2% of patients reported prior treatment. 36.7% had an alcohol use disorder, followed by cocaine (27.2%), cannabis (20.3%), and heroin (12.8%). The remaining 42.5% met criteria for polydrug use. Furthermore, 58.9% of patients have comorbidity with another mental disorder and/or personality disorder, and of these, 11.0% have two concomitant mental illnesses associated with substance use disorder. Women present a higher percentage of mental disorders. These findings reinforce the need to address substance use disorder as a chronic process, underscoring the importance of early intervention and long-term treatment to improve mental health outcomes and reduce comorbidity.

Keywords

Substance use disorder, dual pathology, adherence.

Resumen

El presente estudio tiene como objetivo describir las características de las personas con adicción admitidas en una Unidad de Conductas Adictivas (UCA), con especial atención a los pacientes con comorbilidad con otro trastorno mental (patología dual). Se llevó a cabo un estudio observacional y retrospectivo en la UCA de Paterna-La Coma (València), analizando datos de 2.086 pacientes admitidos entre 2012 y 2023. El 78,3% de las personas en tratamiento fueron hombres, con una media de edad de 20 años en jóvenes y 40 años en adultos. El 35,2% de las y los pacientes refieren un tratamiento previo. El 36,7% presenta un trastorno por uso de alcohol, seguido de cocaína (27,2%), cannabis (20,3%) y heroína (12,8%). El 42,5% presenta criterios de policonsumo. Además, el 58,9% de las personas en tratamiento tiene comorbilidad con otro trastorno mental y/o trastorno de personalidad y de éstos, el 11,0% presenta dos enfermedades mentales de manera concomitante asociadas al trastorno por uso de sustancias. Son las mujeres las que presentan un mayor porcentaje de trastornos mentales. Estos hallazgos refuerzan la necesidad de abordar el trastorno por uso de sustancias como un proceso crónico, subrayando la importancia de la intervención precoz y del tratamiento a largo plazo para mejorar los resultados en salud mental y reducir la comorbilidad.

Palabras clave

Trastorno por uso de sustancias, patología dual, adherencia.

INTRODUCTION

Substance Use Disorder (SUD) is a chronic disease characterized by the compulsive and uncontrollable seeking and use of a drug despite the associated adverse consequences (Khan, 2022). Repeated use of such substances can cause changes in the brain that challenge self-control and interfere with the ability to resist the intense desire to consume the substance (San Juan-Sanz, 2019).

According to data from the 2024 Survey on Alcohol and Drugs in Spain (EDADES), the most commonly used substances among the Spanish population are legal ones (alcohol and tobacco), followed by cannabis and cocaine. To understand the social and health consequences of such use, indicators from the Spanish Observatory on Drugs and Addictions, such as treatment admissions and drug-related emergencies, provide accurate insight into the sociodemographic and consumption characteristics of patients with a possible SUD. This information that is crucial for improving therapeutic processes in addiction treatment centers.

According to the 2024 report from the Spanish Observatory on Drugs and Addictions, *"Alcohol, Tobacco, and Illegal Drugs in Spain"*, in 2022 there were more than 45,000 treatment admissions for SUD (excluding alcohol and tobacco). Over time, the number of treatment admissions excluding alcohol has remained stable, ranging between 45,000 and 52,000 per year. When alcohol is included, annual admissions exceed 70,000.

The diversity of factors involved in the onset and development of SUD supports its consideration as a multifactorial and complex condition. Consequently, it should be approached like any other chronic disease—identified early and treated appropriately to prevent future consequences (Fuster, 2024). In general, the more risk factors present, the higher the likelihood that substance use will ultimately progress to addiction. The process from initial use to substance use disorder thus depends on the interaction of many variables, including the characteristics of the substance itself as well as individual and environmental circumstances (Khan, 2022).

A key issue in the development and maintenance of SUD is that it involves reward-seeking behavior, in which pleasant sensations are produced and unpleasant ones are reduced as a consequence of substance use (Keegan, 2012). A recent 2024 review by Lin in the *Journal of Substance Use & Addiction Treatment* highlighted the role of social networks across the different stages of the addictive process—particularly how negative social influences, such as family members and peers who use drugs, are associated with an increased likelihood of initiation and greater severity of substance use, especially among adolescents. Conversely, a supportive family environment and positive social connections can protect against initiation and escalation, as well as facilitate treatment access and adherence.

Early life experiences and environmental factors also play a vital role among young people; lack of family structure and parental supervision increases the likelihood of substance use initiation (Atherton, 2016). The school environment also exerts significant influence, school segreagation and racial discrimination increase the risk of initiation or worsening of substance use, as does the broader neighborhood context (Dudovitz, 2021).

The concept of SUD has been reconceptualized as a chronic disease, which makes it challenging to determine treatment effectiveness. What is clear, however, is that it is a persistent disorder for the vast majority of patients. Relapse rates one year after initiating treatment range from 40% to 60% (Schellekens, 2015), a and after five years, 50% still meet diagnostic criteria for SUD underscoring that recovery is a long-term process (White, 2013). These data have contributed to a paradigm shift, adopting the concept of chronicity to better describe the persistence of the disorder over time (American Society of Addiction Medicine, 2011).

The efficacy of long-term treatment models has not been extensively studied, but available research suggest they offer improvements compared to short-term treatments in terms of reduced substance use, enhanced employability, lower criminal activity (Gossop, 1999), decreased readmission rates (Moos, 1995), and reduced relapse rates (Brecht, 2014).

SUD is strongly associated with psychiatric comorbidity. When any mental disorder coexists with a substance use disorder, this is referred to as dual pathology (Weaver, 2003). The mechanisms underlying this comorbidity are complex, involving overlapping neurobiological, genetic, and environmental factors contributing to the pathogenesis of both disorders (Volkow, 2007). Such comorbidity is associated with increased healthcare utilization, greater functional disability, and poorer outcomes (Burns, 2002; Weaver, 2003; O'Brien, 2004).

Although comorbidity with another psychiatric disorder is known to be highly prevalent, the exact figure remains uncertain, , as existing studies report varying estimates. A recent 2024 study by Fernández, J.J. et al. analyzing the national prevalence of dual pathology found that 66.9% of patients in mental health follow-up also had a diagnosis of SUD (44.1% when tobacco was excluded). However, Spain lacks a unified registry quantifying how many individuals have this dual diagnosis. Moreover, treatment may take place in different care settings—specific addiction units or mental health units, resulting in considerable variability.

Given the health and social impact of SUD and its frequent association with other mental disorders it is essential to conduct a detailed analysis of the characteristics of patients entering treatment. Understanding the prevalence of psychiatric comorbidity and its relationship with with substance use profile may contribute to the development of more effective therapeutic strategies.

The overall aim of this study is to describe the sociodemographic characteristics of individuals admitted for treatment in an addictive behaviors unit over a 12-year period, and to determine the prevalence and distribution of dual pathology by analyzing its main characteristics and associations, with the goal of providing useful information to improve the care process.

MATERIALS AND METHODS

Design and Sample

An observational, descriptive, and retrospective study was conducted using clinical data recorded in an Addictive Behaviors Unit (UCA) within to the public addiction network of the Valencian healthcare system. The

UCA is an outpatient, interdisciplinary service that provides specialized care to individuals with SUD and other addictive behaviors. The sample consisted of patients admitted to the Paterna–La Coma UCA (Valencia) between 2012 and 2023. An internal database was used, which includes information collected during the first consultation, such as admission date, age, sex, municipality of residence, primary and secondary substances, and psychiatric comorbidity, with all records anonymized upon entry.

The study was exempt from formal ethical review as it involved a retrospective analysis of anonymized data without direct patient intervention, ensuring confidentiality at all times.

The final sample consisted of 2,086 patients. All cases presenting a primary diagnosis of SUD, according to DSM-5 criteria, regardless of the type of substance, and with an active medical record during the study period were included.

Data Analysis

A univariate descriptive analysis was conducted for all variables, followed by bivariate and inferential analyses using tests of independence (Chi-square) and analysis of variance (ANOVA) with a significance level set at 5%. Data were processed using using the Python programming language.

RESULTS

Sociodemographic Characterization

A total of 2,086 records were obtained between January 2012 and April 2023. Of which 78% were men and 22% were women (table 1). In 2012, both new treatment admissions and patients who, although not newly admitted that year, were receiving opioid substitution therapy (OST) and participating in group treatments. In subsequent years, only new treatment admissions were considered.

Table 1. Distribution of the sample by sex, population and population rate

		% of total	Population size	Rate/1000
Sex	Male	78,3%		
	Female	21,7%		
Location	Paterna	55,4%	73.488	15,7
	Pobla de Vallbona	11,7%	26.435	9,3
	L'Eliana	9,3%	19.054	10,1
	Benaguasil	7,1%	11.877	12,5
	Vilamarxant	5,8%	10.772	11,2
	Others	10,7%		

Distribution of the simple according to the substance of use

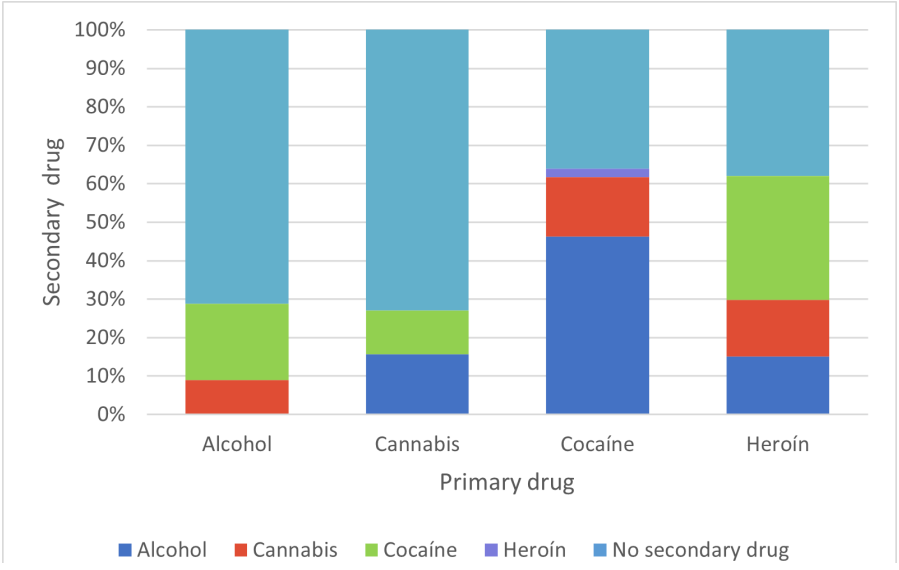
Alcohol was the substance that generated the highest number of treatment admissions; 36.7% of patients were admitted to treatment for this substance. It was followed by cocaine, which accounted for 27.2% of admissions. Cannabis ranked third, with 20.3% of admissions, and heroin was the primary substance in 12.8% of admissions. The remaining admissions (3%) were attributable to psychostimulants, hypnotics/sedatives, prescription opioids, gambling disorder, or hallucinogens.

Regarding the municipality of origin of individuals admitted to treatment, statistically significant differences were observed ($p < 0.001$). A higher proportion of cocaine-related admissions was recorded among patients from Benaguasil, alcohol-related admissions were more prevalent among those from Vilamarxant, and heroin-related admissions were more frequent among patients from Paterna.

Overall, 57.5% of patients reported consuming only the primary substance that led to treatment admission, whereas 42.5% reported using one or more additional substances in the 30 days prior to treatment initiation.

Differences were observed in the use of secondary substances according to the primary substance of admission. Nearly 73% of those admitted for cannabis use consumed only that substance, a proportion similar to that of patients admitted for alcohol use (71.2%), who also primarily consumed the main substance that motivated their treatment admission. In contrast, patients admitted for cocaine or heroin use were more likely to report use of additional substances within the 30 days prior to admission (Figure 1).

Figure 1. Distribution of secondary substances used in the last 30 days according to the primary drug of admission to treatment (%)



Data indicate that among individuals admitted for cocaine use, the most frequently reported secondary substance was alcohol (46.3% of patients with cocaine use disorder reported alcohol consumption). Among those admitted for heroin use, the most commonly used secondary substance was cocaine (32.2% of patients with heroin use disorder reported cocaine use). For alcohol use disorder, 19.8% of patients reported using cocaine and 9% cannabis, while among patients with cannabis use disorder, 15.7% reported alcohol and 11.3% cocaine as secondary substances.

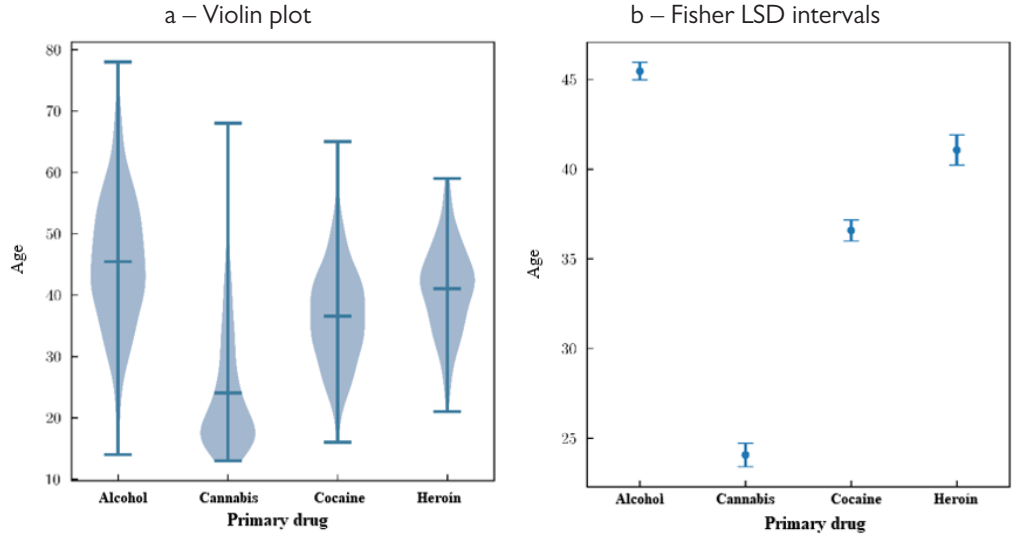
Sociodemographic characteristics by substance

Statistically significant differences ($p<0.001$) were observed in the mean ages of those admitted to treatment according to the primary substance leading to admission. The youngest patients were those admitted for cannabis use, with a mean age of 24.1 years, followed by those admitted for cocaine (36.6 years) and heroin (41.1 years), reaching a mean age of 45.5 years among those admitted for alcohol use (Figure 2a). Fisher LSD[1] intervals confirmed that these differences were also statistically significant between each pair of groups for all combinations (for example, Alcohol–Cannabis, Alcohol–Cocaine, Cocaine–Heroin, etc.) (Figure 2b).

By sex, the data show a higher proportion of treatment admissions for alcohol and cannabis among women, and a higher proportion of treatment admissions for cocaine and heroin among men, with no statistically significant differences observed.

1 Fisher's LSD intervals are used to create confidence intervals for all pairwise differences between the mean ages of the different drugs.

Figure 2. Distribution of the sample by type of drug and age



Evolution of substance use

Over time, alcohol has been the legal substance associated with the highest number of treatment admissions throughout the historical series.

Among illegal substances, cocaine and cannabis have generated a similar number of treatment admissions since 2014 with the series showing a slight downward trend for both. Heroin, in contrast, has remained stable at fewer than 25 admissions per year since 2013.

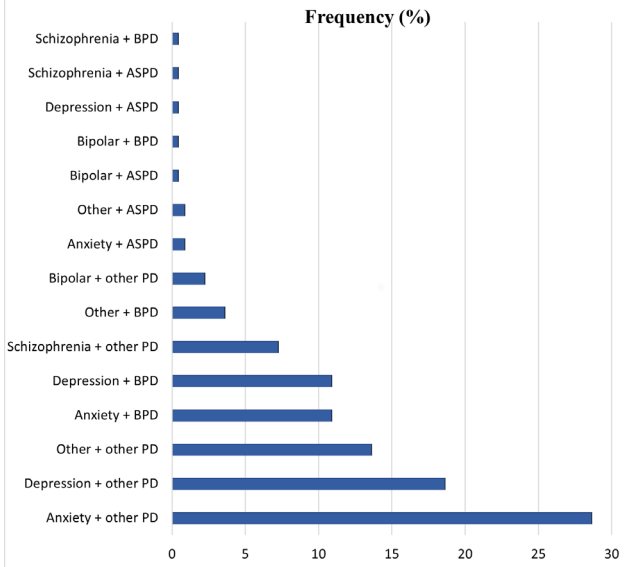
Comorbidity with another mental disorder

In the sample, the comorbidity of substance use disorder (SUD) together with another mental disorder is analyzed. A total of 58.9% of the patients present a mental disorder associated with addiction, and 11% of these patients are diagnosed with two mental disorders in addition to SUD. In contrast, 41.1% of the individuals admitted for SUD treatment did not present any other mental disorder.

Among individuals admitted to treatment,15.5% presented an anxiety disorder, 14.6% a depressive disorder, 3.1% schizophrenia, 1.0% bipolar disorder, 4.3% borderline personality disorder (BPD), 0.8% antisocial personality disorder (ASPD), 10.9% another personality disorder (different from BPD and ASPD), and 17.6% another mental disorder not classified above (eating disorder, post-traumatic stress disorder, ADHD, autism spectrum disorder, etc.).

Among patients who presented comorbidity, 47.2% had two concomitant psychiatric conditions: anxiety-depression disorder and a personality disorder other than BPD or ASPD; 21.8% also presented BPD, and 1.4% presented antisocial personality disorder (Figure 3) (Table 2).

Figure 3. Distribution of patients who present comorbidity with two concurrent mental disorders (a personality disorder and another mental disorder) according to DSM-5 criteria (percentage)



Note: PD = Personality Disorder; BPD = Borderline Personality Disorder; ASPD = Antisocial Personality Disorder.

Table 2. Co-occurrence of a personality disorder and another mental disorder alongside an addiction

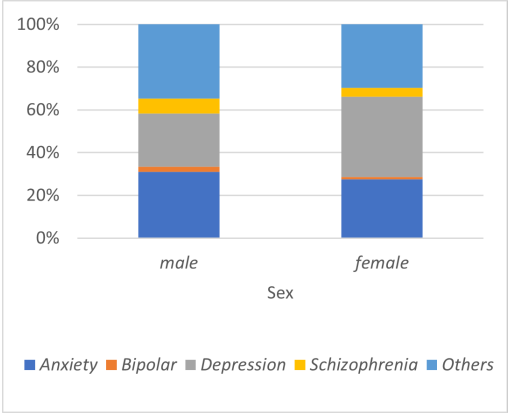
	BPD	SAD	Other PD
Anxiety Disorder	10.9	0.9	28.6
Depressive Disorder	10.9	0.5	18.6
Bipolar Disorder	0.5	0.5	2.3
Schizophrenia	0.5	0.5	7.3
Others	3.6	0.9	13.6

Considering the characteristics of patients with comorbidity with another mental disorder, disorder, women showed an overall higher percentage of mental disorders compared to men, with the differences being statistically significant ($p < 0.001$). A higher prevalence of Borderline Personality Disorder was observed among women, whereas men showed a higher prevalence of antisocial personality disorder (Figure 4).

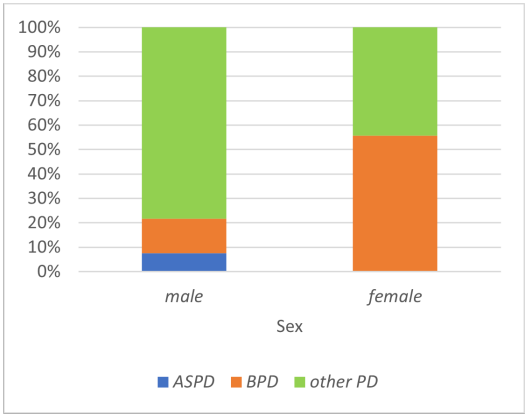
When analyzing the type of drug consumed and its comorbidity with another mental disorder, it is notable that patients with heroin use disorder show a higher percentage of schizophrenia and personality disorders (particularly antisocial personality disorder and other personality disorders distinct from BPD and AVPD). Patients with cocaine use disorder show a higher percentage of anxiety disorder and borderline personality

Figure 4. Distribution of the sample according to comorbidity with another mental disorder by sex (%)

a – Comorbidity with another mental disorder excluding personality disorders, according to DSM-5 criteria



b – Comorbidity with personality disorders



disorder. Patients with alcohol use disorder show a higher percentage of depressive disorder, while—with the available data—no significant association was observed with cannabis use (Figure 5).

Adherence to follow-up and treatment at the Unit

Overall, 35.2% of the sample had received previous treatment the same substance, with statistically significant differences observed ($p<0.001$) depending on the substance leading to admission, with patients admitted for heroin showing the highest percentage of prior treatment episodes. No sex differences were observed for this variable ($p=0.29$).

The data indicate that patients with previous treatment exhibit higher prevalences of comorbidity with another mental disorder, with these differences being statistically significant ($p<0.001$). The presence of a personality disorder, whether alone or in combination with another mental disorder, represents a risk factor for therapeutic adherence (Figure 6).

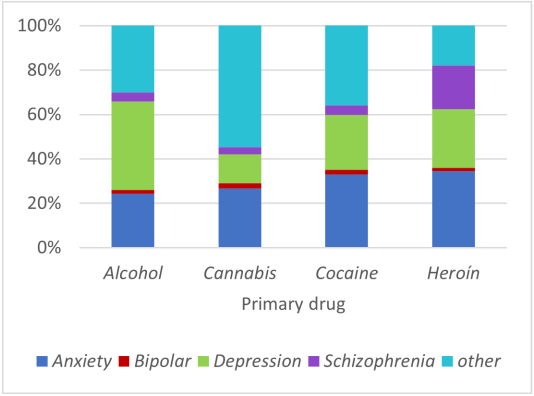
DISCUSSION

The present study provides a detailed analysis of the sociodemographic, clinical, and substance use profiles of a sample of patients treated at the Addictive Behaviors Unit (UCA) of Paterna–La Coma between 2012 and 2023. The findings confirm the association between certain demographic variables, primarily age and sex, and substance use disorders (SUD), consistent with previous studies conducted in Spanish treatment settings (González-Saiz et al., 2014; OEDA, 2024).

Consistent with national data (OEDA, 2024), more than three-quarters of the sample were men. Alcohol was the primary legal substance leading to treatment

Figure 5. Distribution of the sample according to comorbidity with another mental disorder and type of drug

a – Comorbidity with another mental disorder excluding personality disorders, according to DSM-5 criteria



b – Comorbidity with personality disorders

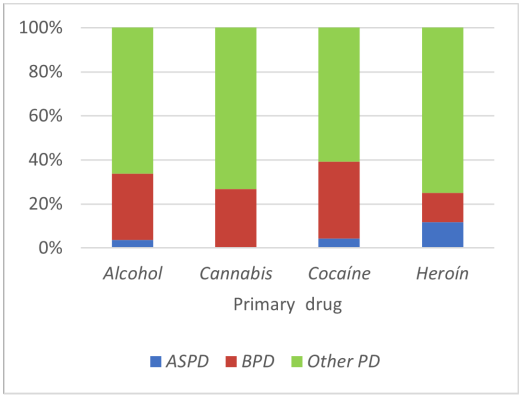
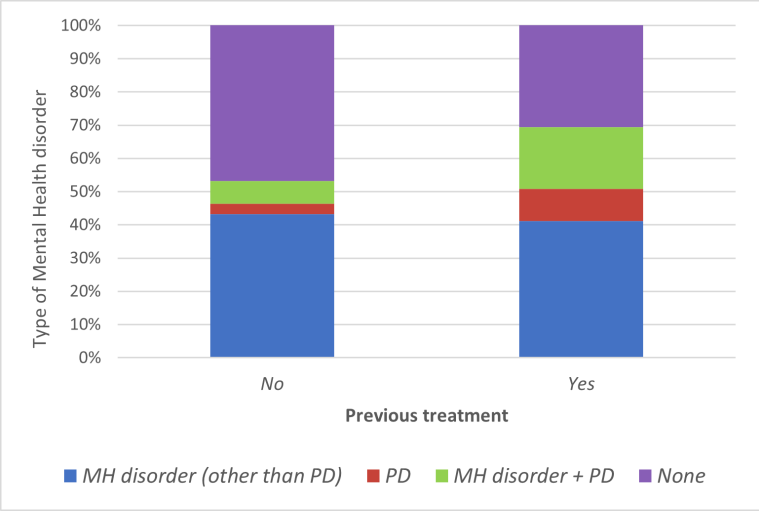


Figure 6. Distribution of the sample according to adherence to the addictive behaviors unit and comorbidity with another mental disorder



admissions, followed by cocaine and cannabis. These substances correspond to those most commonly used according to the 2022 EDADES Survey, which identifies alcohol as the most widely used legal substance and cannabis and cocaine as the most prevalent illegal substances in Spain (Report on Alcohol, Tobacco and Illegal Drugs in Spain, 2024).

The phenomenon of polysubstance use is of particular clinical relevance, as it is associated with greater severity and difficulties in treatment adherence. In line with other studies, nearly 50% of patients with cocaine use disorder reported alcohol as a secondary drug, while among patients using heroin, almost one-third also used cocaine. These findings underscore the need for integrated therapeutic programs that consider common substance combinations (Díaz-Morán & Fernández-Teruel, 2013).

Regarding age, patients with cannabis use disorder showed a significantly lower mean age, consistent with OEDA (2024), which reports the highest cannabis use among those aged 15 to 24. This age group is characterized by increased vulnerability to social and environmental risk factors, such as peer pressure and family disruption, as indicated by recent studies on social determinants of problematic use (Lin et al., 2024; Volkow et al., 2023). Additionally, relevant differences were observed between municipalities in terms of the predominant type of substance, providing valuable information for designing prevention strategies tailored to local contexts.

In terms of temporal trends, a progressive decrease in treatment demands for heroin use was observed, consistent with national data (OEDA, 2024). Meanwhile, cases related to cocaine and cannabis remained

relatively stable until 2019, followed by a marked decline in 2020, likely linked to the COVID-19 pandemic, a phenomenon also reported in other regions of the country.

A noteworthy finding of this study is the high prevalence of dual pathology, affecting nearly 59% of patients, with 11% presenting two or more additional psychiatric diagnoses. These figures are consistent with recent national studies (Fernández et al., 2024) and with international reviews reporting comorbidity rates between 50% and 75%, depending on the type of service and diagnostic method used (Weaver et al., 2003; Arias et al., 2013).

As reported in previous studies (Lai et al., 2015; Smith, 2020), the disorders most frequently associated with SUD were anxiety disorders, followed by depressive and personality disorders, particularly borderline personality disorder (Torrens et al., 2023). Furthermore, a higher percentage of women presented associated mental disorder, especially depression, anxiety, and borderline personality disorder. This trend, already documented in the literature (Burns & Teesson, 2002; Szerman et al., 2012; Farré et al., 2017; García-Marchena et al., 2017), reinforces the need for gender-sensitive interventions in both diagnosis and therapeutic treatment.

From a clinical perspective, the association between heroin use and the presence of schizophrenia or antisocial personality disorder is particularly relevant, as is the relationship between cocaine use and anxiety–depressive symptoms or borderline traits. These specific substance–disorder associations should inform the development of tailored treatment programs, a recommendation already supported by international organizations (UNODC, 2023; NIDA, 2020).

The literature is heterogeneous regarding the substance most frequently associated with dual pathology. While some studies identify alcohol (Arias et al., 2013), others report cannabis (Gual, 2007; Weaver et al., 2003) or cocaine (Regier et al., 1990) as the most common. In our study, heroin use was more frequently associated with schizophrenia and personality disorders, whereas cocaine use was associated with anxiety–depressive disorders and personality disorders. Alcohol showed a predominant association with depressive disorder, while no clear association with a specific disorder was observed for cannabis.

Personality disorders are particularly notable due to their strong association with SUD, as reflected in large-scale studies such as the NESARC study (Grant et al., 2004). In Spanish literature, predominant associations have been described with heroin (Fernández-Miranda et al., 2019), cocaine and cannabis (Pedrero Pérez, 2018), or multiple substances (Arias et al., 2013). Our findings are consistent with these observations, demonstrating, showing a strong relationship between personality disorders and heroin and cocaine use.

Finally, it has been observed that patients with a history of prior treatment and/or prolonged interruptions in follow-up present significantly higher rates of dual pathology. The coexistence of personality disorders with other psychiatric diagnoses is associated with a poorer prognosis and an increased risk of treatment dropout, consistent with the findings reported in recent studies (Torrens, 2017; Pedrero Pérez, 2018; Tschorn et al., 2023)

The results of this study indicate that the profile of patients treated at the UCA of

Paterna–La Coma reflects national trends in substance use, with one clinically meaningful distinction: the high prevalence of dual pathology and the strong association between certain substances and specific psychiatric disorders. This finding underscores that approaches to addiction cannot be uniform; rather, they require differentiated treatment models that are sensitive to gender and local context, integrating both substance use interventions and the treatment of comorbid mental disorders. In this regard, the development of more flexible, multidisciplinary, and polysubstance-use–oriented treatment services not only constitutes a clinical necessity but also represents a public health priority to improve adherence, reduce relapse, and optimize outcomes for patients with SUD.

Among the main limitations of this study, it is important to note, first, its retrospective and observational design based on clinical records, which prevents the establishment of causal relationships and may be influenced by the quality and completeness of the available data. Additionally, the absence in some cases of standardized diagnostic instruments and the potential variability in clinical practice across professionals may have affected the consistency of SUD and dual pathology diagnoses. The representativeness of the sample constitutes another limitation, as the results derive from a single care facility and are not directly generalizable to the broader population. Moreover, the trends observed from 2020 onward may have been influenced by external factors related to the COVID-19 pandemic. Finally, the lack of longitudinal follow-up restricts the analysis to baseline profiles, without assessing clinical evolution or treatment adherence and effectiveness outcomes.

Conflict of interest

The authors declare no conflict of interest.

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