

Alcohol and Health

Alcohol and Mental Illness



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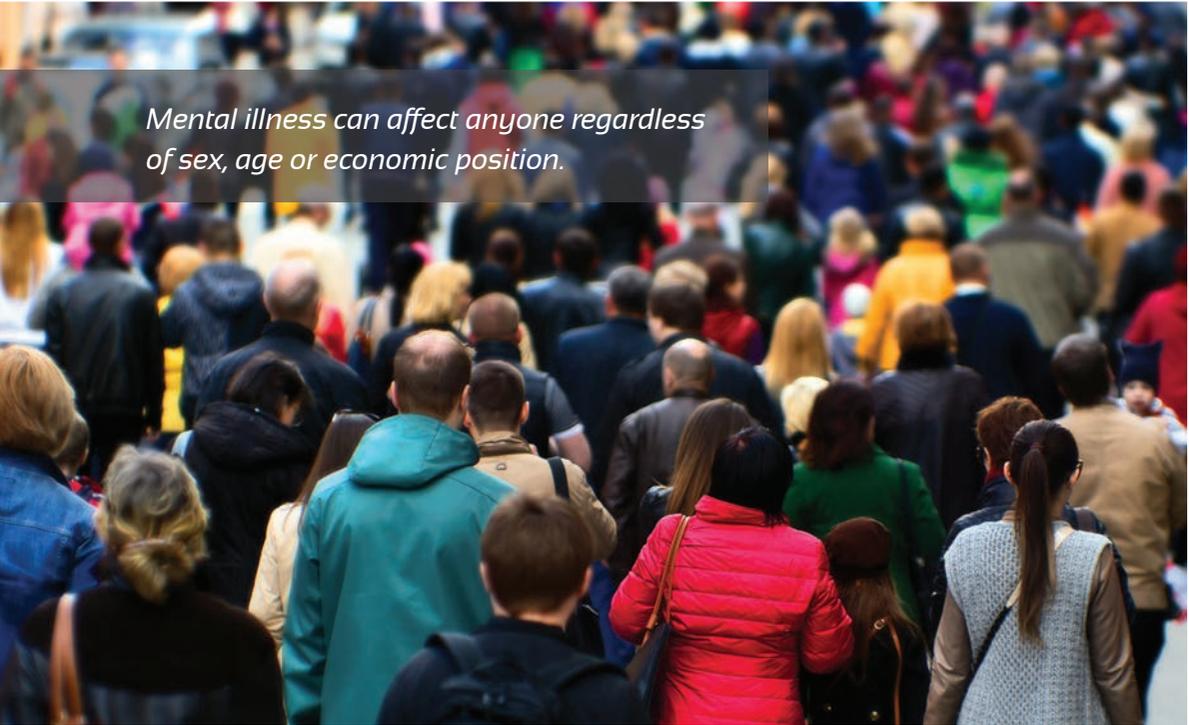
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Introduction

If you are like most people, drinking alcohol may temporarily change your mood but will not have a significant effect on your overall mental health. For people with a mental illness, however, drinking can have serious consequences. In fact, research has confirmed that there is a two-way link between mental illness and problem drinking.

This resource has been created to provide practical information that health practitioners can use to help Albertans make good decisions about alcohol use. It will address reasons for people with mental illness to be particularly careful of if drinking and explains the conditions under which drinking might even lead to mental illness.



Mental illness can affect anyone regardless of sex, age or economic position.

Mental Illness in Alberta

Mental illness can affect anyone regardless of sex, age, or economic position. Studies show that, over the course of a lifetime, about 60% of the population will experience a period of great stress or a traumatic event, such as the sudden death of a loved one, an assault, or a serious accident. For some, this trauma will cause long-term stress. It is estimated that 7% to 10% of the adult population are living with chronic stress.

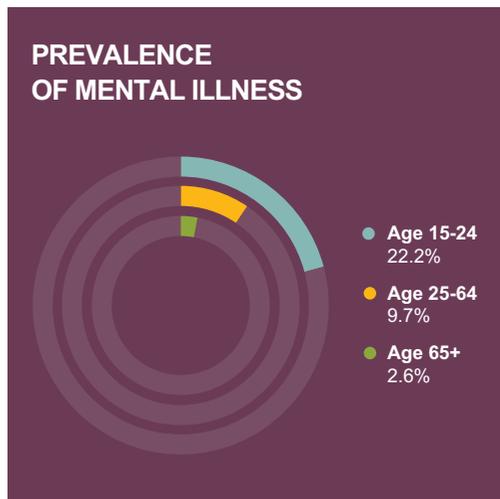
A recent Canadian health study shows that 12.0% of Albertans will have a mood disorder and 8.4% will be diagnosed with generalized anxiety disorder at some point in their lives. In 2012, 10.9% of Albertans reported having a diagnosed mental illness (including substance use disorder) in the 12 months prior to the survey.

In Alberta, major depression and generalized anxiety disorder, are diagnosed more frequently among women (13.5% and 10.9% respectively) than among men (7.4% and 6.0% respectively). Bipolar disorder is more commonly diagnosed in men than in women (3.8% versus 1.9%). In 2012, the prevalence of mental illness was higher among young people aged 15 to 24 (22.2%) than among adults aged 25 to 64 (9.7%) and seniors 65 and older (2.6%).

In Alberta in 2012, about 51,000 people reported living with schizophrenia. That is 1.7% of the population. Schizophrenia typically manifests between the late teens and mid-thirties.

The number of people with mental illness is undoubtedly greater than the research indicates, as studies rarely cover all mental illnesses and they are often underreported.

The use of mind-altering, or psychoactive, medications is widespread in Canada. According to the 2013 Canadian Tobacco, Alcohol and Drugs Survey, 22.4% of Canadians aged 15 and older reported using psychoactive medication in the 12 months prior to the survey. Of that group, 1.2%¹ indicated that they had used them to get high.



¹Moderate sampling variability, interpret with caution.

The reported use of psychoactive drugs was higher in females (25.5%) than males (19.3%). Approximately 9% of Canadians indicated that they had used sedatives or tranquillizers in the previous year.

Stigma

The experience of stigma is common both for people with substance use problems and for those with mental illness. Negative attitudes towards substance use and mental illness result in discriminatory behaviour and often discourage people from seeking help. Help, however, is available in Alberta 24 hours a day, 7 days a week via the Alberta Health Services' Addiction and Mental Health Helplines.

Addiction Helpline: 1-866-332-2322

Mental Health Helpline: 1-877-303-2642

Most Common Mental Illnesses

Anxiety disorders

These are characterized by fear, worry and stress. Irrational and excessive manifestations of anxiety cause distress and interfere with normal daily life. The main anxiety disorders are specific phobia, social phobia, panic disorder, generalized anxiety disorder, post-traumatic stress disorder and obsessive-compulsive disorder.

Mood disorders

These are characterized by abnormal changes in mood, emotional state, or affect. These disorders influence a person's thinking, behaviour and functioning. A common mood disorder is major depressive disorder, characterized by deep sadness and a significant loss of energy. Another mood disorder is bipolar disorder, which manifests as alternating states of euphoria and depression ("highs" and "lows").

Personality disorders

There are a number of personality disorders, and their impact on interpersonal relationships varies from slight to severe. Personality disorders affect the way people do things (their habits and behaviour), which can often be very different from the social norm. Ultimately, they lead to distress or impaired functioning. People with personality disorders may have difficulty getting along with others and can be irritable, demanding, hostile or fearful.

Psychotic disorders

These disorders can cause a significant distortion of reality where some people are unable to tell the difference between what is real and what is not. Schizophrenia is the most common psychotic disorder.

Mental Illness and Alcohol

Among people with mental illness, those who are traumatized, anxious, or have a mood or psychotic disorder are the most likely to be problem drinkers. Numerous studies confirm the frequent association between mental illness and problem drinking.

Fifteen to 20 per cent of people with mental illness have substance use problems. Of those diagnosed with generalized anxiety, 50% have substance use problems. Studies done in the United States and United Kingdom show that people with mental illness are almost twice as likely to have a problem with alcohol dependence.

One Canadian health study showed that people who had major depression in the previous 12 months were more likely to have used alcohol harmfully (12.3%) than the rest of the population (7.0%). The same people were also more likely than others to have a problem with alcohol dependence (5.8% vs. 2.6%).

Panic disorder is the anxiety disorder most closely linked to alcohol dependence. Problem drinking is particularly common among people who have impulse-control disorders or are thrill seekers. People with schizophrenia are three times more likely than others to have a drinking problem. However, their problem is more likely to be excessive drinking than dependence.



Mental Illness and Problem Drinking

There is no one reason why people with mental illness are more prone than others to problem drinking or dependence on alcohol. Each person is unique, the result of a complex interaction between genetic and biological factors, personality and social environment.

Nonetheless, a variety of theories have been advanced to explain the strong relationship between mental illness and problem drinking.

1. Predisposition

One theory concerns the particular personality traits, heredity, social factors and other characteristics of people with mental illness, which may predispose them to problem drinking or dependence on alcohol.

Some experts even suggest that the neurological basis of mental illness may be very similar to that of alcohol dependence. For example, the malfunctioning of certain brain circuits associated with learning—specifically the one connecting the amygdala, hippocampus and cingulate cortex—might be a factor in both mood disorders and drinking problems.

Other research has shown a relationship between psychotic disorders and drinking problems, based on common genes or brain abnormalities. More specifically, psychotic disorders and alcohol dependence may both arise from changes to the brain caused by glutamate. In fact, disruptions in the functioning of the brain's dopaminergic systems appear to make people with schizophrenia more sensitive to alcohol.

According to the World Health Organization and Health Canada, this shared neurobiological basis means that the same treatment and prevention strategies could be used both to improve mental health and to reduce alcohol dependence. A combined therapeutic approach would treat the mental illness and the drinking problem at the same time.

In addition to genetic predispositions, a number of environmental factors might also explain the strong relationship between mental illness and problem drinking.

The secondary consequences of stress related to serious family problems during childhood, poor parental supervision or child abuse at a very young age could increase the risk not only of addiction problems, but also of mood, anxiety and personality disorders, particularly impulse-control disorders.

Furthermore, people with drinking problems and those with mental illness often live in the same kind of social environment. Starting in adolescence, both are very often marginalized.

2. Sensitivity

Another theory holds that people with mental illness are more sensitive than others to the harmful effects of psychoactive substances. Thus, all other things being equal, the same amount of alcohol will have a stronger effect on a person with a mental illness.

3. Self-Medication

The third main theory that seeks to explain the link between mental illness and alcohol dependence follows from the observation that people with mental illness sometimes drink alcohol for its soothing effects, in an attempt to feel better. This practice is known as self-medication.

The self-medication theory suggests that people in distress take psychoactive substances to escape their illness, or at the very least to ease the symptoms. In other words, they do not self-medicate to cure a mental illness, but to combat the suffering, sadness, anger or agitation it causes. While self-medication is common among people with all kinds of mental illness, it is particularly prevalent among those with bipolar disorder during the manic phase, as well as among those with an anxiety disorder.

Between 25% and 35% of people with generalized anxiety say that they use substances (drink alcohol or take other drugs) to ease their anxiety. Research has shown that, in the general population, 18.3% of people with generalized anxiety, 16.9% of those with social phobia and 15.0% of those with a specific phobia drink to calm their anxiety symptoms.

SELF-MEDICATION

Between **25% and 35%** of people with generalized anxiety say that they use substances (drink alcohol or take other drugs) to ease their anxiety.



People with generalized anxiety disorder self-medicate more than those with a phobia because generalized anxiety comes from internal stimuli. This means the frequency with which they experience those anxiety-provoking stimuli is very high; as such avoiding the stimuli can be more difficult.

Self-medication with alcohol provides immediate gratification that, in turn, leads to more drinking. However, it is counterproductive. A small amount of alcohol may bring short-term stress relief, but alcohol does not treat any of the causes of the stress. Over the long term, people who self-medicate need

Alcohol can actually alter the chemistry and physiology of the brain, specifically by artificially stimulating the production of dopamine. As the brain adapts to deal with the sudden release of dopamine, two things occur: a reduction in the number of dopamine receptors and a reduction in the natural production of dopamine. In other words, the brain loses its natural capacity to control stress, mood and anxiety.

increasingly larger amounts of alcohol to obtain the required level of dopamine to feel the psychological benefits. This can create a habit, which could lead to increased drinking that could turn into dependence. A person with a mental illness who becomes dependent on alcohol is then caught in a vicious cycle in which each problem sustains and even aggravates the other. Physicians and other health professionals should talk to people with anxiety disorders and remind them that while alcohol may relieve their symptoms temporarily, drinking increases the risk of making the problem worse or even developing other mental illnesses. What's more, drinking can increase their risk of suicide.

4. Making Things Worse

Generally speaking, within any given population, there are people who have symptoms of anxiety, depression or psychosis who will not necessarily develop an anxiety, mood or psychotic disorder. Sometimes, they have close relatives with these disorders. Such people, although not certain to develop a mental illness, are predisposed to them.

Anyone who feels particularly anxious or depressed and is experiencing other symptoms, such as difficulty concentrating, reduced focus, sleep disturbances or a need to withdraw socially, should err on the side of caution and avoid alcohol completely. Alcohol can make people who are genetically predisposed to mental illness even more vulnerable.

When people experiencing the warning signs of mental illness take psychoactive substances such as alcohol, they are at greater risk of developing a mental illness. In fact, alcohol can alter a number of neurotransmitters, including glutamate, which is involved in schizophrenia.

Also, a genetic predisposition to certain personality disorders (such as impulse-control disorders or attention deficit disorder—with or without hyperactivity) may be exacerbated by prenatal exposure to alcohol. Thus, while mental illness can lead to problem drinking in some people, the opposite may also occur: problem drinking can contribute to the development of mental illness.

Problem Drinking and Alcohol Dependence

Physical dependence can develop after a person repeatedly, over time, drinks alcohol to excess. The nervous system adapts to the chronic presence of a depressant. Signs of dependence include tolerance and withdrawal.

Most people who drink large amounts of alcohol regularly develop tolerance, which means that they must drink more to get the same effect.

Withdrawal symptoms manifest when the drinker stops drinking. They are the physical feelings people have while their bodies get used to the absence of alcohol.

Psychological dependence is not as well defined. A psychologically dependent person may experience uncomfortable feelings, such as anxiety and even panic when alcohol is not available.

Problem drinkers are people who keep using alcohol even though they know it is doing them harm. Some may be dependent drinkers, while others are not dependent but are suffering negative consequences from their drinking. For example, they may be damaging their health, get into trouble with the law or on the job, or lose relationships as a result of their drinking.

For more information on problem drinking, search “Drinking and Your Health” at MyHealth.Alberta.ca.



Adverse Effects

Alcohol and Sleep

People's emotional stability depends significantly on the quality and quantity of sleep they get. Sleep allows both the body and the mind to regenerate and recharge. People who are tired find it more difficult to deal with life's demands; that, in turn, can lead to a build-up of stress.

Some people have difficulty falling asleep when they are stressed. They may turn to alcohol, thinking it will alleviate the problem. Alcohol can, of course, make a person drowsy. But it can also cause insomnia and frequent sleep interruptions, thus aggravating the original problem.

Alcohol affects the sleep cycle. People may feel tired and unwell the day after drinking even if they have slept enough. Because alcohol disrupts sleep, which is essential to mental health, anyone with a mental illness should consider avoiding drinking or keeping their drinking to a minimum.

For more information on this topic, please refer to the resource in this series titled *Alcohol and Sleep*.



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Alcohol and Medications

Many prescription drugs intended to help alleviate the symptoms of a mental illness interact with alcohol. For example, combining alcohol with antidepressants can

- increase anxiety or depression
- exacerbate side effects of the medication
- impair one's ability to think clearly
- decrease alertness and cause drowsiness

People taking medication for a mental illness should talk to their doctor or pharmacist about possible interactions with alcohol.

Alcohol and Suicide

The link between mental illness and suicide is well documented. Mood disorders and alcohol dependence are the mental illnesses most closely associated with suicide risk. Researchers estimate the risk of suicide to be 7% for those with alcohol dependence and 6% for those with mood disorders.

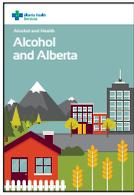
There is a high correlation between alcohol dependence and suicide. There are several possible reasons for this. Many people who drink excessively have a co-existing mood disorder, which increases the risk of suicide. Drinking also increases impulsivity, and the decision to die by suicide is sometimes made on impulse. Excessive and dependent drinking put a strain on relationships with friends, family and colleagues, and the resulting conflicts and loneliness increase the risk of suicide.

Conclusion

For people with mental illness, drinking can have serious consequences; those living with mental illness must be particularly careful if they choose to drink alcohol. This resource is intended to provide health practitioners with information to talk about mental illness and alcohol use in relevant, practical ways with Albertans.

Alberta Health Services offers a wide range of services for individuals looking for help for someone they care about, or for themselves. The Mental Health Helpline is free, confidential and available 24 hours a day. Please call 1-877-303-2642.

Alberta Health Services' (AHS) Alcohol and Health series



Alcohol and Alberta



Alcohol and Sleep



Alcohol and Adolescents



Low-Risk Drinking



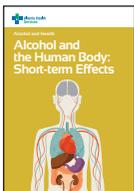
Alcohol Combinations



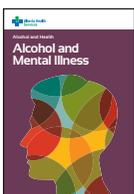
Talk to Your Children About Alcohol



Alcohol Hangover



Alcohol and the Human Body: Short-Term Effects



Alcohol and Mental Illness



Alcohol and Seniors

More information means informed decisions

Well-informed people will be more conscious of the harmful effects of excessive drinking, and will be aware that if they choose to drink alcohol, drinking in moderation is a healthier choice.

For copies:

AHS staff and allied health professionals can download digital copies from under the "Resources" tab at: www.albertahealthservices.ca/amhresources. Allied health professionals should contact their local Addiction and Mental Health office to access hard copies.

Thank you

AHS would like to thank our allied health professionals at Éduc'alcool for their contribution to this series.

Alberta Health Services offers a wide range of addiction and mental health services.

For individuals looking for help for someone they care about, or for themselves the Addiction Helpline and the Mental Health Helpline are available.

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