Editorial

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Dual diagnosis: a call to action

Following publication of the last issue of *Advances in Dual Diagnosis,* we have launched a call for papers on topics that are often overlooked but have considerable relevance to dual diagnosis. In this editorial, we provide an overview of each topic so that they can serve as a springboard for the future. This is all the more relevant for a journal that spans the landscape of dual diagnosis across qualitative and empirical research, systematic and general reviews, viewpoint articles, conceptual papers and case studies. All our papers are required to show originality, preferably accompanied by research, practical and social implications. This strikes at the heart of an ethos that our papers have direct relevance to policy and practice. The topics covered in the call for papers cover intellectual disability (ID), novel psychoactive substances, pharmacological approaches and the interface with primary care.

Intellectual disability

People with ID have poorer health and social outcomes than those without, mainly through a lack of research to guide prevention and treatment. Up to 5% of people with ID have dual diagnosis (van Duijvenbode *et al.*, 2015) but this group is also less likely to receive treatment of their dual diagnosis (Chapman and Wu, 2012). This may be an under-estimation as communication problems may increase the risk of poorer outcomes from pre-existing genetic disorders. This is compounded by the side effects from prescribed psychotropic medication and prescribed substances (Degenhardt, 2000). As such, dual diagnosis practitioners have a role in clinically effective service delivery (Larson *et al.*, 2017). Public attitudes to the "double whammy" of ID and dual diagnosis can also reduce the likelihood of help-seeking through stigma (Asamoah *et al.*, 2009), with subsequent under-reporting of substance use.

Forensic services represent a setting where people with ID are over-represented compared with non-forensic settings (Raina and Lunsky, 2010), with a clear association found between mild ID, offending and substance use (Glaser and Florio, 2004). There may be several factors underlying this association, including impaired judgement and risk taking from impulsivity (Taylor, 2010). Emotional lability mood swings with increased risk of self-harm are also known to be more likely in people with ID and dual diagnosis compared to those who do not use substances (To *et al.*, 2014).

Novel psychoactive substances

There has been growing use of Novel Psychoactive Substances (NPS) over the past decade from their increasing availability through rogue websites and the "deep web", with vulnerable groups such younger people and those with a history of mental disorder at particular risk. Synthetic cannabinoids, cathinones, phenethylamines and dissociative substances such as ketamine account for the majority of NPS. These substances are often used in combination with others such as alcohol, cocaine and opioids. Higher levels of NPS use are known to exist in people with personality disorder, psychotic disorders and bipolar disorder. However, many NPS are undetected during urinary drug screening. More research into dual diagnosis with NPS use is needed to fill the gap in research and practice.

Pharmacological approaches

There is little literature on pharmacological treatment of dual diagnosis, with no consistent international guidelines to inform policy and practice (Vitali *et al.*, 2018). This is particularly stark in studies on best practice and treatment outcomes for people with psychotic disorders who have co-morbid alcohol use and the treatment of opioid use disorders in those with co-morbid depression (Murthy and Chand, 2012).

Interface with primary care

In primary care settings, dual diagnosis may be overlooked and masked by physical disorders. The detection of both substance use and mental disorders can help with both referral to drug and alcohol services and provide integrated rather than parallel or sequential care. This applies to both general (Ziedonis and Brady, 1997) and older populations (Rao *et al.*, 2019).

There is much food for thought in expanding the horizon of dual diagnosis and we hope that this call to action will not only improve research and practice in under-researched areas but improve the lives of people with dual diagnosis so that they receive the assessment, treatment and interventions they deserve in both developed and developing countries.

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