

The Complex Relationship Between Substance Use Disorders and Mental Health Conditions

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Alcohol is sometimes referred to as a “social lubricant” because it can reduce inhibitions and lower anxiety for some individuals in social situations. People who smoke or use other nicotine products often perceive that these products help them **focus or lower stress**. These are just a few of the many ways people commonly use substances to address **known—or unknown—psychological** needs.



Substance use disorders and mental health conditions

About **58 percent** of Americans over the age of 12 have used tobacco/nicotine products, alcohol, or illicit drugs in the past 30 days, but far fewer have a **substance use disorder**. In 2024, only about 13.8 percent of people who **reported using illicit drugs** in the past year had a **drug use disorder**, and only about 11.3 percent of **people who used alcohol** in the past year had **alcohol use disorder**.

More than **one in five** adults live with at least one mental health condition, and these individuals are more likely to have substance use disorders than the general population. It is **estimated** that **25 to 50 percent** of those with mental health conditions also have a substance use disorder (i.e., co-occurring conditions). In total, about **2 percent** of American adults (about 5.5 million people) fall into this category.

More than
1 in 5
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live with at least one mental health condition and are more likely to have an SUD



In total, about
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5.5 MILLION
AMERICANS

Exploring why conditions co-occur

There are many theories as to why substance use disorders and mental health conditions frequently co-occur. One **hypothesis** is shared **genetic predisposition**. In other words, genes that increase the likelihood of developing mental health conditions also increase the risk of developing a substance use disorder. Another **theory** is that similar **brain regions and neurotransmitters** (e.g., dopamine) are responsible for **both conditions**. Still others suggest that **stress, trauma, and environmental risk factors** can contribute to the development of both conditions.

The **self-medication hypothesis** is perhaps one of the most intuitive. **This theory suggests** that people with mental health conditions are prone to developing substance use disorders because they use substances to alleviate their **psychological suffering**. The hypothesis theorizes that substance use begins as a self-regulation or coping mechanism for mental health symptoms, and **repeated use** eventually leads to **psychological and physical dependence**.

Co-occurring conditions complicate treatment

Managing either a substance use disorder or a mental health condition can be challenging, but managing them together presents unique difficulties. Each condition can **exacerbate** the other, even if one did not directly **cause** the other, which can **complicate diagnosis and treatment**.



Providers may fail to diagnose substance use disorders if they attribute symptoms to a mental health condition or vice versa.

For example, when substance use is seen as a **symptom** of a mental health condition, some providers **believe** the substance use will self-regulate or disappear once the mental health issue is addressed. This can delay the diagnosis of—or willingness to treat—the substance use disorder. It can also be difficult to **disentangle symptoms** of intoxication from those of certain psychological conditions. Consequently, providers may fail to diagnose substance use disorders if they attribute symptoms to a mental health condition or vice versa.

Despite **evidence** supporting **concurrent treatment** over **sequential** treatment, people with co-occurring mental health and substance use disorders rarely receive treatment that addresses both. The Substance Abuse and Mental Health Services Administration reported in 2020 that just **7.8 percent** of those with co-occurring conditions received such treatment. Even those who do receive care for both conditions may still find it difficult to find **integrated treatment** and struggle with the complexities of **coordinating care** among multiple providers.



7.8 PERCENT OF AMERICANS
with co-occurring mental health and substance use disorders receive treatment that addresses both.

Conclusion

About **5.5 million** Americans live with co-occurring mental health and substance use disorders, yet fewer than **8 percent** receive treatment that addresses both conditions. Many factors contribute to this treatment gap, including diagnostic challenges and clinical misperceptions. Closing the treatment gap will require systemic changes that address each barrier to accessing care. If we commit to improving access to concurrent treatment and **integrated care**, we will ensure the best outcomes for individuals with co-occurring conditions.

CLOSE THE GAP

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