

COMORBIDITIES IN ADDICTIVE DISORDERS IN PATIENTS ADMITTED TO THE “VOLVER A VIVIR” REHABILITATION CENTER IN CIUDAD JUÁREZ, MEXICO, AND THE INFLUENCE OF ANTI-DRUG EDUCATION IN TELEMEDICINE.

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Abstract

In Juárez City, substance abuse, particularly of methamphetamine, has recently become a serious mental health problem, impacting both individuals and society. Circumstances such as poverty, which has forced mothers to work long hours in the maquiladora industry alongside their fathers, neglecting childcare, and the violence resulting from turf wars between drug cartels, along with the loss of identity caused by its border location and status as a destination for both Mexicans and foreigners, make Ciudad Juárez a city of stark contrasts. In this context, the workload of psychiatrists in this border city, as in the rest of the country, is overwhelming, both in public institutions and in private practice. It is difficult for individuals in rehabilitation centers to access psychiatric evaluations. These types of places are generally not well regulated by health institutions, due to the same saturated system; these places are run by non-professional people where human rights violations may be occurring; there are others where an empirical effort is made to provide treatment that can help people with addictive disorders.

Keywords: Drugs, Addictive Disorder, Mental Health, Education

1. Introduction

When two disorders or illnesses occur in the same person, simultaneously or sequentially, they are described as comorbid. Comorbidity also implies that the illnesses interact, affecting the course and prognosis of both, according to National Institute on Drug Abuse (NIDA), 2018.

The proposal is to use technology such as telemedicine for the assessment of patients admitted to rehabilitation centers, with the aim of bringing mental health services closer to this population. The reality is that many relapses and chronic symptoms are due to the lack of access to professional treatment with an interdisciplinary team, as well as the lack of follow-up care.

The proposal is that healthcare institutions dedicate time to the care of this vulnerable population through new technologies, without requiring them to leave their hospitals, and provide therapeutic counseling.

This research will focus on highlighting the urgency and necessity of professional treatment for these patients, given the significant consequences that cases of psychosis, depression, and other comorbidities can have on the health of this population.

The proposal offers to build a telemedicine-based care system that can provide rapid and professional care to the population in rehabilitation centers.

2. The educational

The consumption of psychoactive substances continues to be one of the most relevant challenges for health systems worldwide. The current reality requires us to rigorously analyze what underlies contemporary patterns of use, including social, technological, and economic factors that today transform the availability, potency, and forms of access to psychoactive substances. These processes, together with the circulation of synthetic opioids and high-purity stimulants, represent a growing threat to public health and to the governance of nations (Gob.mx., 2026). Psychoactive substances are natural, semi-synthetic, or synthetic compounds that, when introduced into the body through different routes of administration (oral, inhaled, smoked, injected, among others), act on the central nervous system, generating changes in the state of consciousness, mood, cognition, perception, or behavior. The consumption of alcohol, tobacco, and other psychoactive substances has negative consequences for the health and well-being of individuals, their families, and communities.

Disorders associated with substance use affect both physical and psychological domains, negatively impact social and economic conditions, and generate stigma that widens gaps in access to care.

In medicine, the term “comorbidity” refers to diseases and/or various disorders that are added to the initial illness. These “secondary” diseases may be directly due to the first or, conversely, have no apparent connection to it. In psychology, the term applies when multiple diagnoses are made for the same individual. Thus, the patient may not have just one mental illness. The complexity of these cases prevents making a simple diagnosis. Therefore, when two disorders or diseases occur in the same person, either simultaneously or sequentially, they are described as comorbid. Comorbidity also implies interactions between diseases that affect the course and prognosis of both. (Socidrogalcohol Guide, 2017).

Telemedicine use has increased for the past few years, and data security-related issues have also accompanied this. Barriers such as poor digital literacy, unaffordability, and ethical and legal issues have also affected the uptake of digital health (Sharma, et.al., 2023)

According to the World Health Organization (WHO, 2024), anxiety disorders affect approximately 3.6% of the global population, being more common in women and young people. Adolescents and young adults are particularly vulnerable due to developmental challenges and academic, social, or work-related stress.

Research has identified several factors that explain the initiation and continuation of drug use. Among these are genetic predispositions, certain personality traits such as sensation-seeking and aggressiveness, and learning disorders that increase interest in the experiences offered by drugs. The reasons for starting drug use are not always the same, and dependence varies according to the substance and the personal characteristics of the user, according to the government of Puebla, 2025.

According to Silva P. et al. (2021), the inclusion of severe mental disorders (SMD) due to substance use (SU) occurs in 27 million people (5.6%) worldwide, among those aged 15–64, and has generated 450,000 deaths according to the World Health Organization (WHO).

The consumption of psychoactive substances is a phenomenon that has gained relevance in recent decades due to its impact on the quality of life of patients and their families, as well as the economic and social costs it causes to the population. According to scientific literature, young people and young adults are the most affected by drug use, as it has been identified that current generations are more exposed to them (Marín Navarrete et al., 2013). In recent years, various studies have been conducted to examine comorbidity in special populations, including homeless individuals, inmates, adolescents, women, patients with severe mental illness, and those in residential and outpatient treatment units. Among them, it has been found that the disorders most commonly comorbid with substance use disorders are mood disorders, anxiety disorders, psychotic disorders, and antisocial personality disorder, which is why this study is intended to be carried out.

People addicted to drugs often have one or more drug-related health problems, which may include lung or heart disease, stroke, cancer, or mental health issues. CT scans, chest X-rays, and blood tests can detect the harmful effects of long-term drug use throughout the body.

For example, it is now well known that tobacco smoke can cause various types of cancer, methamphetamine can lead to severe dental problems (known as meth mouth), and opioids can cause overdose and death. Additionally, some drugs, such as inhalants, can damage or destroy nerve cells in the brain or the peripheral nervous system (the nervous system outside the brain and spinal cord), according to the National Institute on Drug Abuse (2020).

In the study by Juan José Mancheño-Barba, Sara Navas-León, María Luisa Gutiérrez-López, Ana de la Rosa-Cáceres, Patricia Cáceres-Pachón, and Óscar Martín Lozano (2019), published in the journal *Anales de Psicología**, the clinical profiles of patients with dual pathology attending different care services are analyzed, specifically addiction treatment centers, mental health centers, and coordinated services. The authors identified significant differences in clinical characteristics and types of disorders depending on the type of institution patients access. For example, in addiction centers, substance use disorders such as cocaine and heroin predominate, while in mental health services, psychotic disorders and cannabis use are more frequently observed. These findings show that dual pathology presents heterogeneous profiles and that specialized care must consider these differences to improve detection, comprehensive treatment, and coordination between mental health and addiction systems.

In 2025, Marín-Navarrete discusses the following: “in this sense, the problem appears to be of greater magnitude when we review the documented evidence of the comorbidity existing between SUD and other psychiatric disorders, defined as the coexistence or concomitance of two or more psychiatric disorders throughout a person’s life; a condition that establishes a clinical relationship of greater impact than if they were expressed in isolation.”

Mental illnesses have become very frequent reasons for consultation in our setting, due to the increase in psychoactive substance use, as these worsen the psychological and emotional state of those who consume them (García, 2011).

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

According to Marín-Navarrete et al. (2013), the comorbidity of substance use disorders with other mental disorders shows a significant prevalence; it has been reported that this is higher in psychiatric treatment centers (20–50%) and in addiction settings (50–75%) compared to the general population. A common mutual-help modality for addiction care in Mexico is Residential Centers and Recovery Houses for addictions, also known as “anexos.”

In the Official Gazette of the Federation, in its Institutional Program 2025–2030 of Centros de Integración Juvenil, A.C. (2025), the following has been published: This Institutional Program 2025–2030 contains the necessary actions to contribute to mental health care, reduce the consumption of psychoactive substances, discourage use among minors, guarantee access to treatment, and promote psychosocial rehabilitation of individuals with substance use problems, as well as contribute to population well-being and rebuild social bonds toward peace, as established in the National Strategy for Peacebuilding and Against Addictions, the Classroom Strategy, the campaign “Stay Away from Drugs. Fentanyl Kills You,” and the National Suicide Prevention Campaign “Color Your Life,” within the framework of the National Development Plan 2025–2030 and the Health Sector Program 2025–2030. It is worth mentioning that it emphasizes the training of the health sector to counteract the situation in rehabilitation centers, focusing on improving care for institutionalized patients.

The document by Juan José Fernández Miranda, Julio Fontoba Díaz, Silvia Díaz Fernández, and Francisco Pascual Pastor (2020) is a national study conducted in Spain that analyzes the prevalence and treatment of dual pathology, that is, the coexistence between substance use disorders and other mental disorders. The study was carried out through a survey directed at professionals and health services to determine how frequently this comorbidity appears and how it is being treated in healthcare systems.

According to Cioti, et.al. (2019) Telemedicine ensures remote medical services through technologies that facilitate the interaction between a health professional and patients and offers the possibility of a interdisciplinary consultation between specialists, in order to obtain a diagnosis and treatment plan. It involves secure transmission of medical data and information, through text, sound, images or other forms needed for the prevention, diagnosis, treatment and follow-up of patients. With the help of telemedicine, people from rural areas, with difficult access to primary care, and those with reduced mobility can benefit from healthcare services.

Regarding tele-education, in 2023 the project “Primary Care and Psychiatry Model (MAP/PSI) at a distance, focused on early diagnosis and timely treatment of depressive disorders in young people aged 15 to 25 from indigenous communities in San Luis Potosí, Mexico” (Government of Mexico, 2023–2024) was developed. This is just one example showing that the problem exists and that there is a possibility of reaching more communities and rehabilitation centers through this method. The onset of drug use and the development of drug use disorders is associated with a complex pattern of vulnerabilities and biopsychosocial risk and protective factors (UNODC, 2015, 2018, 2021).

Telemedicine and Telehealth activities evolve alongside technological development; health institutions in various countries incorporate regulations so that these activities are carried out with quality and within appropriate frameworks. In addition, various care modalities and new activities supported by digital technologies have been developed, along with changes in behavior to offer medical and health services, both by healthcare professionals and by users who receive these services, according to the Ministry of Health (2025).

Telemedicine is the delivery of healthcare services remotely through information and communication technology (ICT) devices, according to Osongo & Kagotho (2024)

The 2020-2025 Global Strategy delivered by the World Health Organization (WHO) acknowledges that “digital transformation of health care can be disruptive; however, technologies [...] have proven potential to enhance health outcomes by improving medical diagnosis, data-based treatment decisions, digital therapeutics, clinical trials, self management of care and personcentred care”

For example, maintaining telemedicine in Asia would need supporting finance, legislation, and equity-focused tactics to guarantee incorporation into universal health care and coherence with more general digital health objectives (Havelikar, U, et.al., 2025)

3. Method

Exploratory research is conducted since, according to Hernández Sampieri (2010), "Exploratory studies are those that aim to give us a general, approximate view of a specific reality. This type of research is especially conducted when the chosen topic has been little explored and recognized, and even more so when it is difficult to formulate precise or general hypotheses about it."

Este será un estudio de tipo cuantitativo en donde por medio de una entrevista se aplicará la escala M.I.N.I. Con la finalidad de detectar la comorbilidad del trastorno adictivo en personas ingresada en el centro de rehabilitación "Volver a vivir A.C."

It will take a quantitative approach since the instrument will be developed in survey format, validated, analyzed, and reliable statistical studies will be produced.

The sample is comprised of 50 users who will participate in the study, both in emerging and early adulthood. This will be a quantitative study, with a proportion formula that has a 5% error and a 1.96 confidence level.

4. Findings

The sample consisted of 31 male participants who responded to the Mental Disorders Screening Scale administered through a digital platform. Regarding age, participants were mainly concentrated in the young adult range, with approximate ages between 17 and 40 years, with a higher frequency observed around 23 to 28 years. This suggests that the evaluated group predominantly belongs to a transitional stage between youth and early adulthood, a period that various studies have identified as critical for the initial onset of different mental disorders.

Regarding place of origin, most participants indicated that they were from Ciudad Juárez, accounting for nearly the entire sample, which suggests that the results primarily reflect the reality of the urban population in this region.

In terms of educational level, a predominance of participants with upper secondary education (high school) was observed, representing more than half of the sample. To a lesser extent, participants with secondary education and undergraduate or engineering degrees were identified, suggesting that the evaluated population generally has a medium level of education.

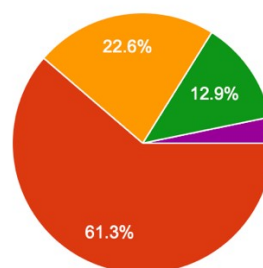
In relation to religion, a strong presence of Catholic affiliation was identified, while a smaller proportion reported having no religion or identifying as non-believers. On the other hand, the analysis of the variable "having children" showed that most participants do not have children, which is consistent with the predominant age of the sample.

These sociodemographic characteristics allow the mental health results to be contextualized within a relatively young, moderately educated, and predominantly urban group.

Below are the most important results on graphs of the studied sample according to their relevance.

Level of education

31 responses

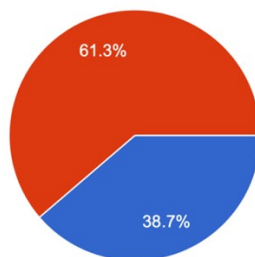


The majority of the sample only has a middle school level of education, while the minimum education is Bachelor Degree.

A. Major depressive episode

In the past two weeks, have you felt depressed or down for most of the day, nearly every day?

31 responses

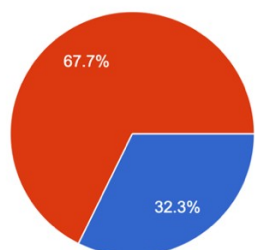


The majority of the sample response is NO with 61.3%

B. Dysthymic disorder

B1. In the last 2 years, have you felt sad, discouraged, or depressed most of the time?

31 responses

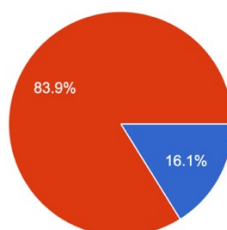


The majority of the sample response is NO with 67.7%

C. Risk of suicide

C1. During this last month, have you thought it would be better to be dead, or have you wished you were dead?

31 responses

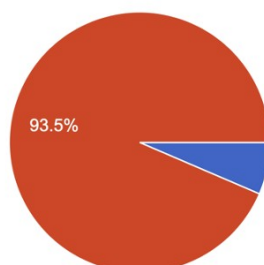


The majority of the sample response is NO with 83.9%

D. Hypomanic Episode

D1. Have you ever had a period of time when you felt elated, euphoric, or so full of energy, or self-confident?

31 responses

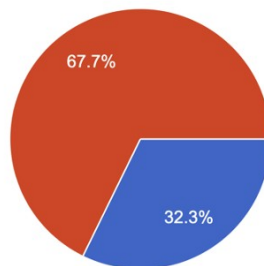


The majority of the sample response is NO with 93.5%

E. Panic Disorder

E1. Have you ever had a crisis or attack in which you suddenly felt anxious, scared, uncomfortable, or restless, even in situations where most people wouldn't feel that way?

31 responses

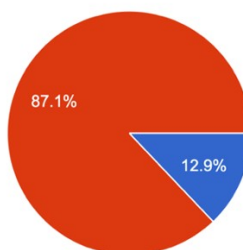


The majority of the sample response is NO with 67.7%

F. Agoraphobia

F1. Have you felt particularly uncomfortable or anxious in places or situations where you might have a seizure or attack, or seizure symptoms, such as at home, while traveling by bus, train, or car?

31 responses

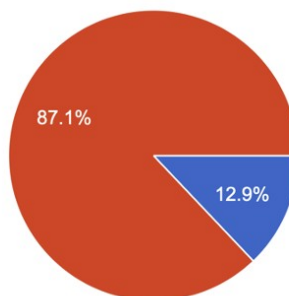


The majority of the sample response is NO with 87.1%

G. Social phobia (Social anxiety disorder)

G1. In the past month, have you felt afraid or ashamed of being watched, of being the center of attention, or feared humiliation?

31 responses

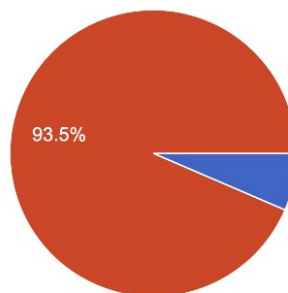


The majority of the sample response is NO with 87.1%

H. Obsessive-Compulsive Disorder

H1. In the past month, have you been experiencing recurring unwanted, unpleasant, or inappropriate thoughts, urges, or images?

31 responses

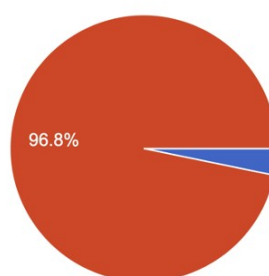


The majority of the sample response is NO with 93.5%

I. Post-traumatic stress disorder

I1. Have you lived through or witnessed an extremely traumatic event in which other people died and/or you died?

31 responses

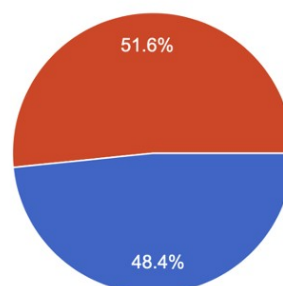


The majority of the sample response is NO with 96.8%

J. Alcohol abuse and dependence

J1. In the last 12 months, have you consumed 2 or more alcoholic drinks within a 3-hour period on three or more occasions?

31 responses

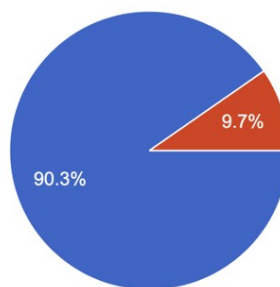


The majority of the sample response is NO with 51.6%

K. Disorders associated with the use of non-alcoholic psychoactive substances.

K1. In the last 12 months, have you taken any illicit substance, on more than one occasion, to feel better or to change your mood?

31 responses

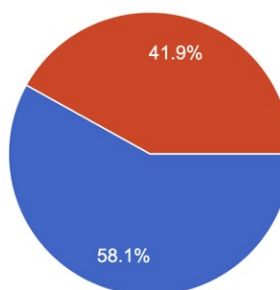


The majority of the sample response is YES with 90.3%

5. Psychotic disorders

L1. Have you ever had the impression that someone was spying on you, conspiring against you, or trying to harm you?

31 responses



The majority of the sample response is YES with 58.1%

6. Discussion

Results of Mental Disorders Screening

The applied instrument assessed the presence of symptoms associated with various mental disorders, including major depressive episode, dysthymic disorder, suicide risk, hypomanic episode, panic disorder, agoraphobia, social phobia, obsessive-compulsive disorder, post-traumatic stress disorder, alcohol abuse and dependence, use of non-alcoholic psychoactive substances, and psychotic disorders.

The results show the presence of various psychological symptoms within the evaluated population, which is consistent with what has been reported in epidemiological studies on mental health in young populations.

Mood Disorders

Regarding depressive disorders, participants were identified who reported symptoms compatible with major depressive episode and dysthymic disorder. This finding is relevant, as mood disorders are considered among the most frequent psychiatric conditions worldwide. The presence of these symptoms in young populations may be related to factors such as academic stress, socioeconomic difficulties, or interpersonal conflicts.

Likewise, the instrument included a section to assess suicide risk, identifying responses that suggest the presence of indicators of emotional vulnerability in some participants. Although this is only a screening and not a clinical diagnosis, these results highlight the importance of implementing early detection strategies and psychological support.

Anxiety Disorders

The results also show the presence of symptoms associated with anxiety disorders, particularly panic disorder, agoraphobia, and social phobia. These disorders often occur in early stages of life and can significantly affect social and academic functioning.

Social phobia or social anxiety disorder stands out as one of the most common problems in young populations, due to social pressure and constant exposure to evaluative or interpersonal interaction contexts.

On the other hand, obsessive-compulsive disorder was also considered in the screening scale, identifying some indications of intrusive thoughts or repetitive behaviors in a portion of the participants.

Trauma-Related Disorders

The instrument also assessed symptoms related to post-traumatic stress disorder (PTSD). The presence of indicators of post-traumatic stress may be associated with adverse experiences or previous traumatic events. Considering the social context of many border cities, exposure to situations of violence or stressful events could influence these results.

Alcohol and Substance Use

In the section on alcohol abuse and dependence, the results indicate that some participants reported behaviors related to problematic consumption. This finding aligns with epidemiological data indicating that alcohol is one of the most commonly used substances among young people.

Likewise, disorders associated with the use of non-alcoholic psychoactive substances were assessed, identifying some indicators of consumption or risk. Substance use may be related to factors such as social pressure, stress, or inadequate coping strategies.

Psychotic Disorders

Finally, the screening included the detection of possible psychotic symptoms, such as unusual perceptions or delusional-type thoughts. Although the results in this section were less frequent compared to other disorders, their inclusion is relevant due to the importance of early detection of psychotic symptoms.

7. Conclusions

In general terms, the results suggest that a proportion of the evaluated population presents psychological symptoms that could be associated with different mental disorders, particularly mood and anxiety disorders.

The higher presence of depressive and anxious symptoms is consistent with the scientific literature, which indicates that these disorders constitute the most prevalent mental health problems among adolescents and young adults. Additionally, factors such as academic stress, job uncertainty, and social demands may contribute to the development of these conditions.

On the other hand, the identification of indicators related to suicide risk and substance use highlights the need to strengthen prevention and mental health promotion strategies. Early detection programs, as well as access to psychological services, can significantly help reduce the impact of these problems.

Likewise, it is important to note that the results obtained correspond to a screening instrument, and therefore do not allow for the establishment of definitive clinical diagnoses. However, they do provide a useful approximation for identifying possible risk areas and the need for more in-depth psychological evaluation.

Finally, the findings highlight the importance of continuing to conduct studies in young populations, especially in urban contexts, with the aim of better understanding the factors associated with mental health and designing appropriate preventive interventions, as well as the key role of education regarding addictions in both the studied and general population.

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