



Co-Occurring Disorders:

*Understanding ADHD and SUD with
Special Populations*

Presented by: Samson Teklemariam, LPC, CPTM

Regional Vice President, Southeast – NAADAC, the Association for Addiction Professionals
Vice President, Clinical Services – Behavioral Health Group (BHG Recovery)

Learning Objectives

1. Describe the clinical relationship between ADHD and substance use disorders across the lifespan
2. Apply integrated screening, assessment, and treatment strategies for individuals with co-occurring ADHD and SUD, including women and youth in recovery
3. Identify evidence-based approaches for improving engagement, addressing stigma, and improve treatment planning

Polling Questions <show of hands>

True/False: Many women with ADHD are first diagnosed *after* they begin recovery from substance use.

- A. True
- B. False

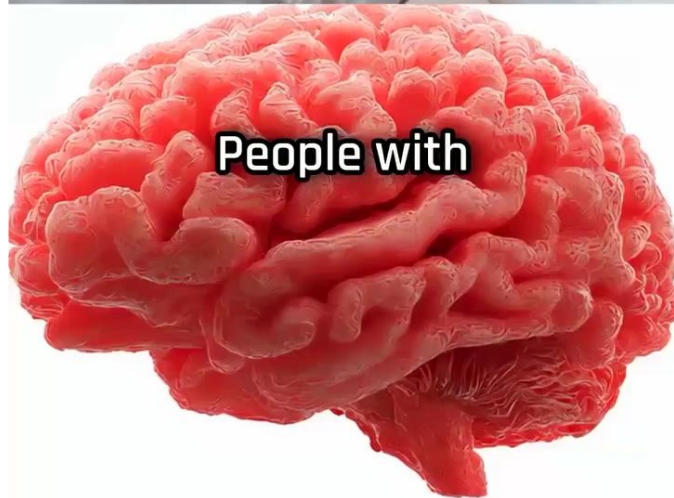
True/False: Youth with untreated ADHD are more likely to start using substances at an earlier age than their peers.

- A. True
- B. False

True/False: It's best to delay ADHD screening until a person is fully abstinent from all substances.

- A. True
- B. False





Seeing ADHD with New Eyes

Large Group Discussion:

1. What stood out to you most from the video – something that maybe challenged, surprised, or affirmed what you've believed about ADHD?
2. How might these findings – the brain differences, the role of curiosity, or the delays in diagnosis – change the way we see ADHD?

Orban, S. A., Blessing, J. S., Sandone, M. K., Conness, B., & Santer, J. (2025). Why Are Individuals With ADHD More Prone to Boredom? Examining Attention Control and Working Memory as Mediators of Boredom in Young Adults With ADHD Traits. *Journal of Attention Disorders*, 10870547251356723.

4 Shou, Q., Yamashita, M., et. al. (2025). Brain structure characteristics in children with attention-deficit/hyperactivity disorder elucidated using traveling-subject harmonization. *Molecular Psychiatry*, 1-7.

Science & Tech by Hashem Al-Ghaili (2025, November 4). People with ADHD really do have different brains, and now scientists can finally prove it.. Facebook. <https://www.facebook.com/watch/?v=689227854227113>

DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS

FIFTH EDITION
TEXT REVISION

DSM-5-TR™

AMERICAN PSYCHIATRIC ASSOCIATION

12-6-6 (5)

Table 1

DSM-5-TR criteria for attention-deficit/hyperactivity disorder

A. A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterized by (1) and/or (2):

1. Inattention: ≥6 symptoms persisting ≥6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities (Note: For those age ≥17, ≥5 symptoms are required)	a. Careless mistakes b. Difficulty sustaining attention c. Does not listen when spoken to directly d. Does not follow through on instructions e. Difficulty organizing tasks f. Avoids tasks with sustained mental effort g. Loses things h. Easily distracted i. Forgetful
2. Hyperactivity and impulsivity: ≥6 symptoms persisting ≥6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities (Note: For those age ≥17, ≥5 symptoms are required)	a. Fidgets b. Leaves seat c. Inappropriate running or restlessness d. Unable to engage in leisure quietly e. Uncomfortable being still f. Talks excessively g. Completes others' sentences h. Difficulty waiting turn i. Interrupts others

B. Several inattentive or hyperactive-impulsive symptoms were present prior to age 12

C. Several inattentive or hyperactive-impulsive symptoms are present in ≥2 settings

D. There is clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning

E. The symptoms do not occur exclusively during the course of a psychotic disorder and are not better explained by another mental disorder

Source: American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed, text revision. American Psychiatric Association; 2022:68-69.

Language to Keep in Mind for Patients and Loved Ones

ADHD Working Definition

ADHD is a **neurodevelopmental condition** that affects how a person focuses, organizes, and manages impulses or activity levels. It shows up as **ongoing patterns** of inattention, hyperactivity, or impulsivity that **interfere with daily life** — things like work, school, or relationships. And for most people, it's **not something they 'grow out of.'** It's something that can look different across their lifespan.

Top 5 Most Common Myths about ADHD

1. *ADHD (or ADD) is not a real disorder*

- ✓ Over 16,000 clinical and scientific publications have been published on ADHD since as early as 1775 to the present day, (Barkley, 2015).
- ✓ Brain scan differences show:
 - ❑ Cortical thinning in the frontal regions
 - ❑ Reduced volume in the inferior frontal gyrus
 - ❑ Reduced gray matter in the parietal, temporal, and occipital cortices (Matthews, et al. 2014)



Photo by [National Cancer Institute](#) on [Unsplash](#)

Top 5 Most Common Myths about ADHD

2. *ADHD can only be diagnosed in childhood*

- ✓ The DSM-5-TR classifies ADHD as a neurodevelopmental disorder
 - Although neurodevelopmental disorders emerge in childhood, some may not be diagnosed until adulthood
- ✓ Studies over the last 20 years have consistently shown that ADHD persists from childhood to adolescence in 50 – 80% of cases, and into adulthood in 35-65% of cases (Owens et al., 2015).



Photo by [PNW-Production](#) on [Pexels](#)

More than 15 million U.S. adults have ADHD*

About 1 in 2 have used telehealth for ADHD care

Ensuring access to high quality telehealth can help people with ADHD get effective care

*Data from the National Center for Health Statistics Rapid Surveys System, Oct-Nov 2023



bit.ly/mm7340a1

OCTOBER 10, 2024

MMWR

- ✓ Estimated 6.0% of adults in the U.S. had a current ADHD diagnosis in the previous year
 - ☐ Equivalent to **1 in 16**
 - ☐ **15.5 million** U.S. Adults
- ✓ More than ½ of adults with ADHD (55.9%) received their diagnosis during adulthood
 - ☐ More than 1/3 (36.5%) were not receiving any treatment for ADHD



Photo by [Thirdman](#) on [Pexels](#)

Top 5 Most Common Myths about ADHD

3. *ADHD can only be diagnosed during abstinence from substances*

- ✓ Diagnosis during active SUD can be difficult due to common symptoms of agitation, impulsive behaviors, concentration difficulties and restlessness
- ✓ Patients presenting at SUD intake were screened using ASRS v1.1 then given diagnostic interview for ADHD
 - ❑ Retested later, on average 78 days later
 - ❑ **95.8% still met criteria for ADHD**
 - ❑ 50% Reduction in substance use
- ✓ Hence, diagnosis during acute SUD is possible and may avoid poor outcomes that result from ADHD treatment delay



Between 2007 and 2017, researchers saw a threefold increase in people with both opioid use disorder (OUD) and ADHD. OUDs and ADHD share common symptoms, making diagnosis difficult.

“Differentiating ADHD from substance use disorders may be problematic if the first presentation of ADHD symptoms follows the onset of abuse or frequent use. Clear evidence of ADHD before substance misuse from informants or previous records may be essential for differential diagnosis.”

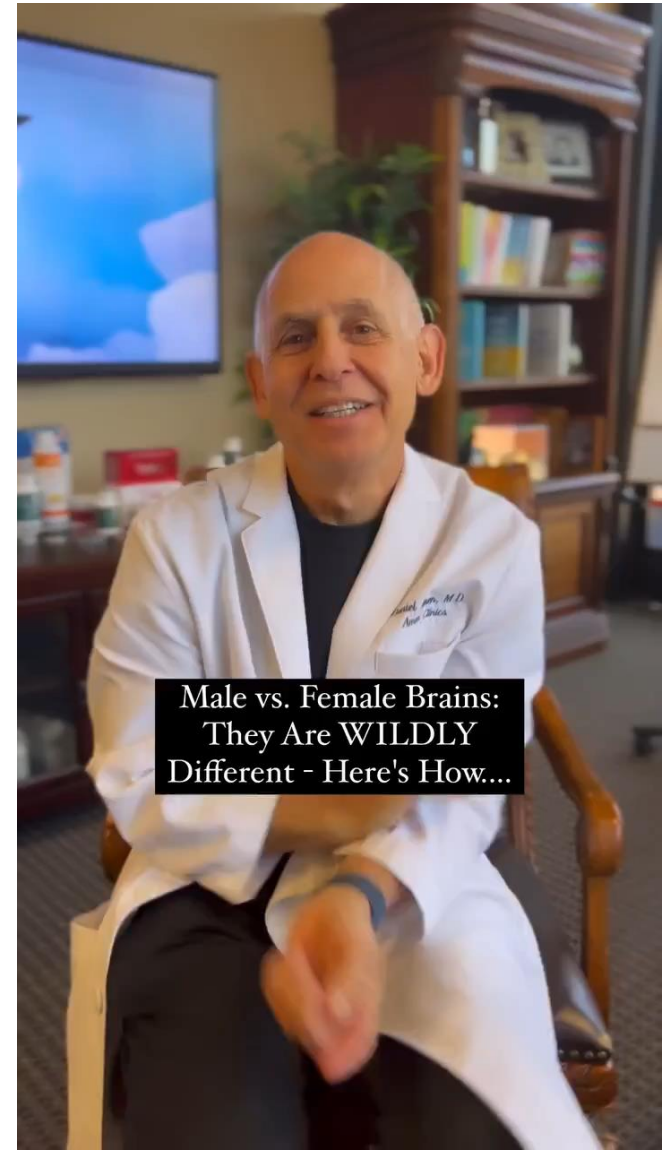
- DSM-5-TR





13

ADHD_love_Rich & Rox - Managing ADHD with love & compassion (2025, October 2). ADHD logic.. Facebook. <https://www.facebook.com/watch/?v=1463629468266630>



Doc_amen (2023, April 10). Male vs. Female brains. Instagram. <https://www.instagram.com/reel/Cq4BbgNA12G/>

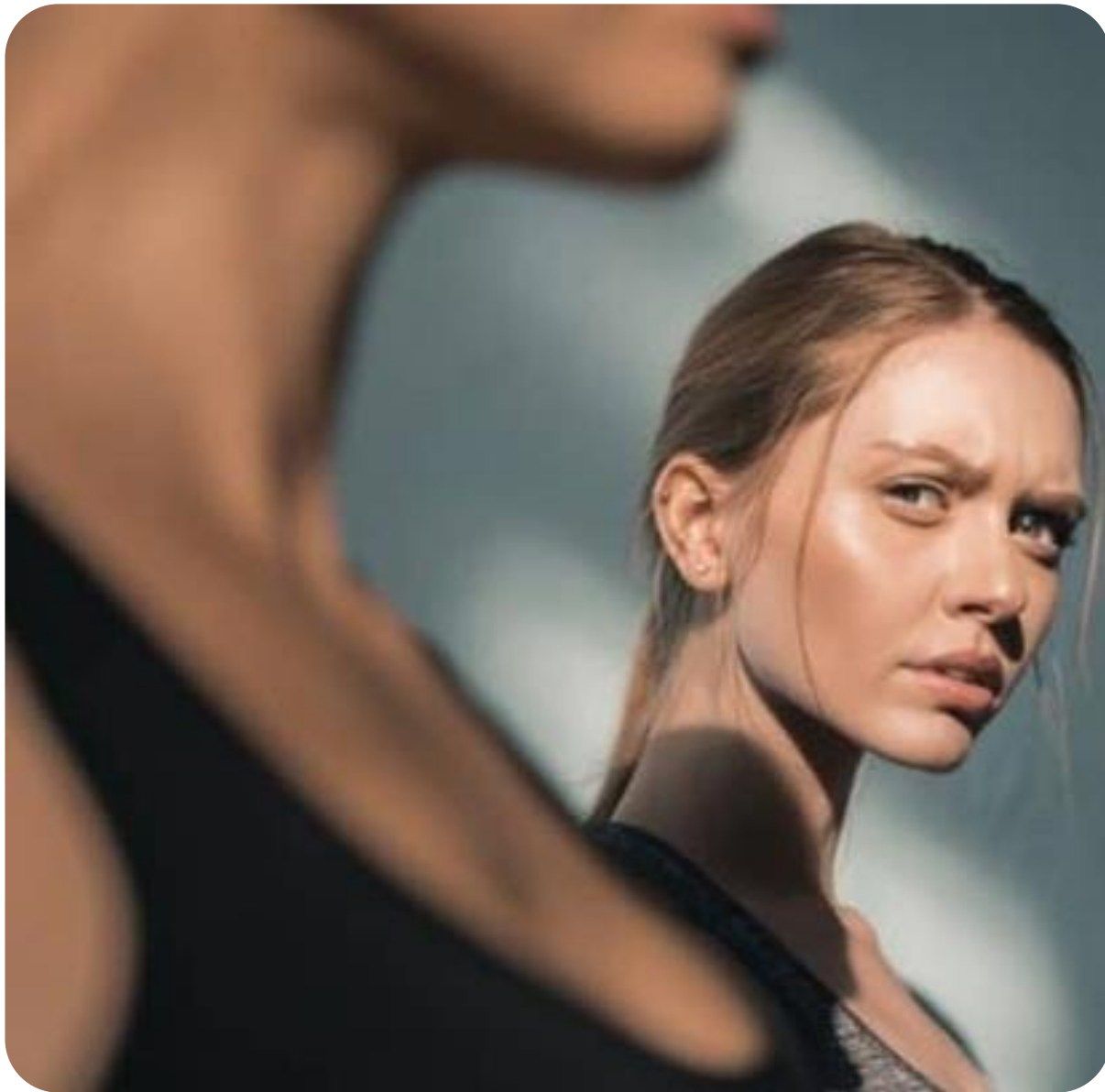
Top 5 Most Common Myths about ADHD

3. *Girls have lower rates and less severe ADHD than boys*

- ✓ A 20-year systematic review of literature on ADHD diagnosis validates that girls with ADHD actually experience the same extent of substantial impairments as boys.
- ✓ Girls are at risk of the same co-occurring disorders.
- ✓ Although 13.3% of boys compared to 5.6% of girls were found diagnosed of ADHD in a 10-year study of over 10,000 cases...when following those cases into adulthood the prevalence of diagnosis **balanced out to 52% v. 48%**.



Photo by [Matthew Ball](#) on [Unsplash](#)

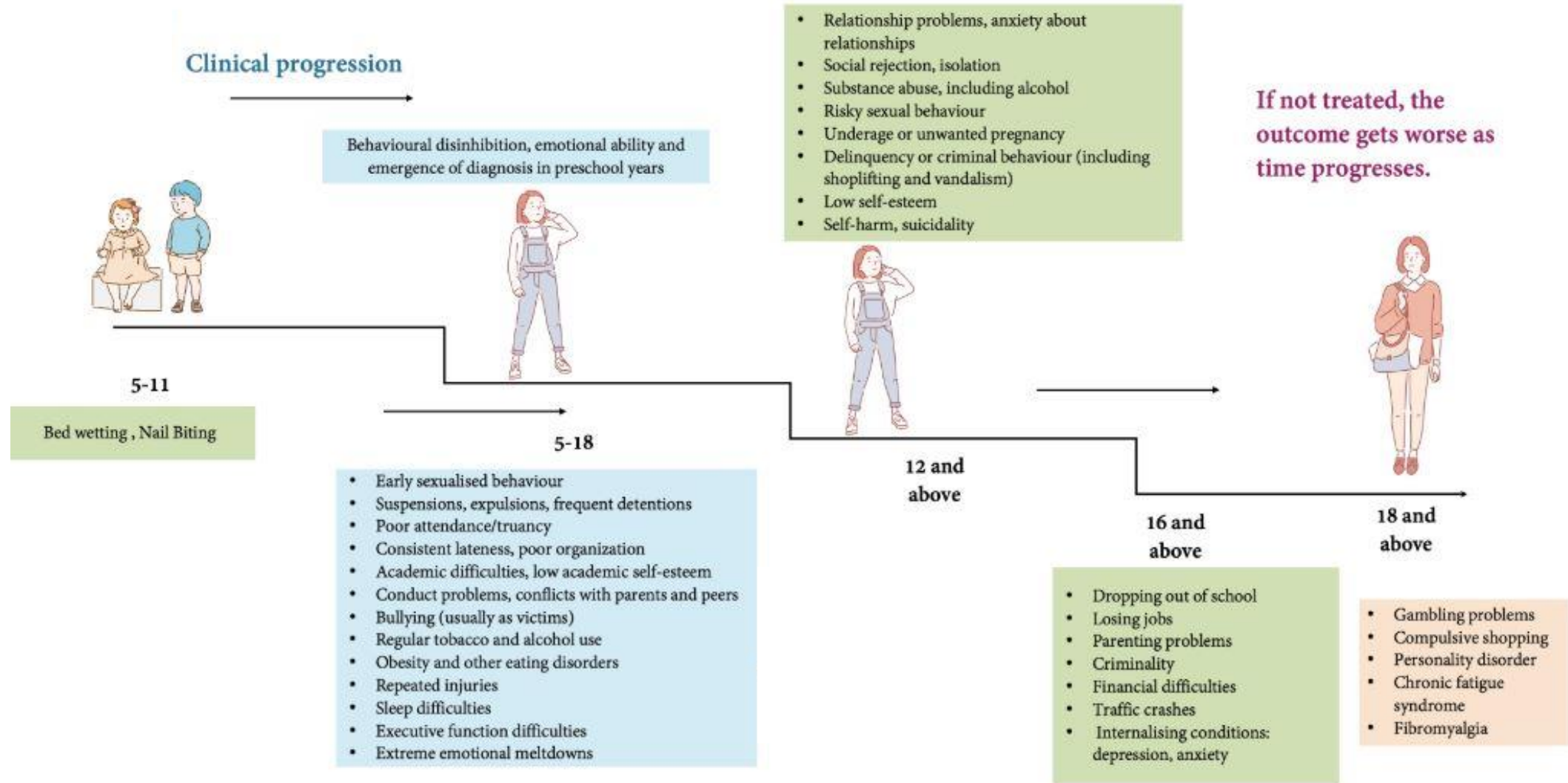


Women with ADHD

(compared to women without ADHD)

- ✓ **Twice the prevalence of substance misuse**, current smoking, depressive disorders, severe poverty, and childhood physical abuse
- ✓ **Triple the prevalence of insomnia**, chronic pain, suicidal ideation, childhood sexual abuse, and generalized anxiety disorder
- ✓ Are at a **higher risk of engaging in risky sexual behavior**, unplanned pregnancy, and are more likely to be coerced into having sex
- ✓ Low self-esteem, common in this population, may leave them more vulnerable to sexual harassment, exploitation, and abusive or inappropriate relationships

ADHD IN FEMALES - CLUES TO DIAGNOSIS ACROSS THE LIFE SPAN



Understanding the Stigma of ADHD



Top 5 Most Common Myths about ADHD

4. *You can't treat ADHD during SUD treatment*

- Treatment of ADHD is often delayed due to lower prioritization
- Most SUD settings don't offer ADHD treatment
- Concerns over poisoning and diversion risk often drive the decisions



Photo by [Mark Paton](#) on [Unsplash](#)

ADHD and Substance Use Disorder

2023 U.S. National Statistics



21%

Of adults with substance use disorder also have ADHD



Opioids

18% of adults abusing opioids were also diagnosed with some form of ADHD.



Cocaine

Among those who regularly abused cocaine, 19% were diagnosed with ADHD.



Alcohol

At 25%, alcohol abuse and adult ADHD saw the strongest overlap among all types of SUD.



Incidence of ADHD in OUD Population

- ADHD presents in approximately a quarter of treatment seeking patients with OUD
- SUD+ADHD compared to those with SUD alone
 - ✓ *Longer course SUD*
 - ✓ *Greater psychological impairment*
 - ✓ *Worse quality of life*
 - ✓ **Lower treatment retention for SUD**
 - ✓ *More severe addiction and comorbid psychopathology (only partially explained by conduct disorder)*
 - ✓ *Reduced compliance with methadone treatment*
 - ✓ **Higher drop out rates in OTPs (5x higher at 90 days)**
 - ✓ *Enter treatment more frequently*
- Treatment of ADHD in SUD population improves short- and long-term treatment retention

Levin FR, Evans SM, Vosburg SK, et al: Impact of attention-deficit hyperactivity disorder and other psychopathology on treatment retention among cocaine abusers in a therapeutic community. *Addict Behav* 2004; 29:1875–1882

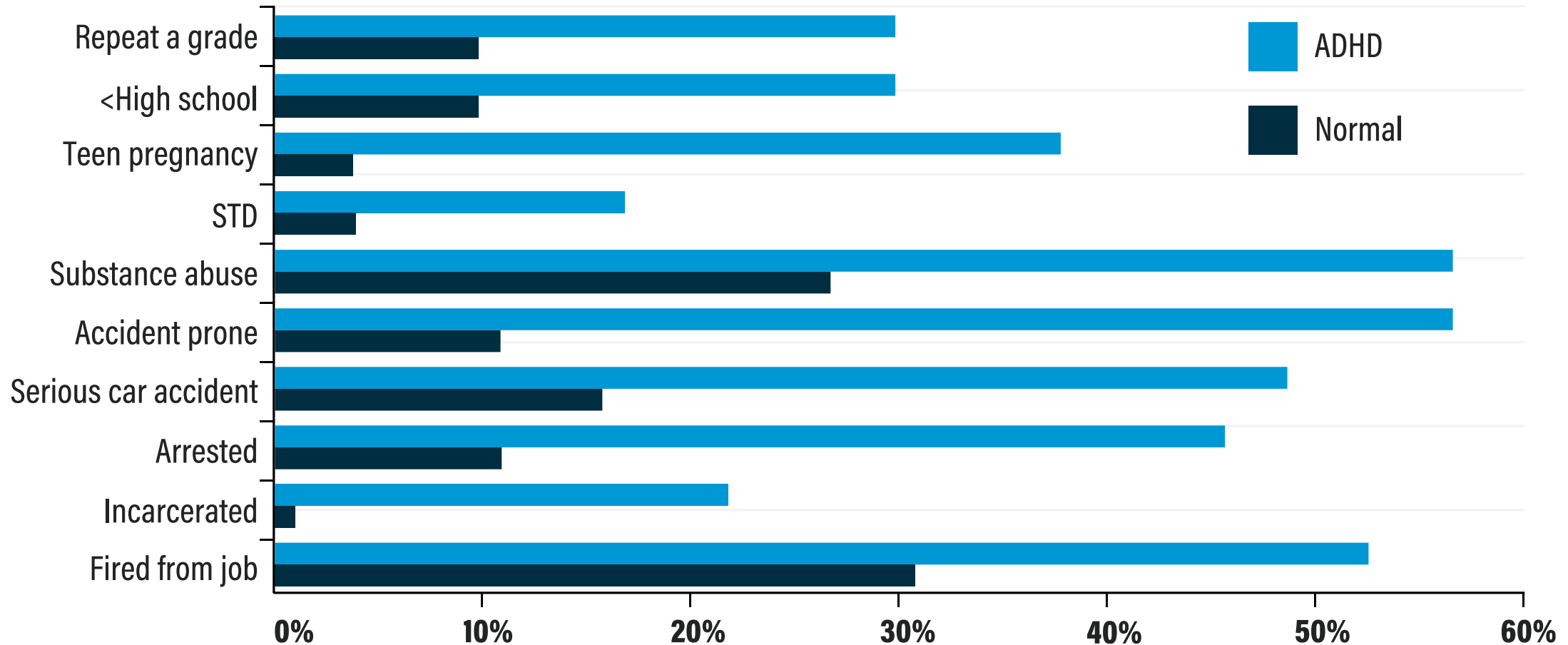
20

Chamakalayil, S., Strasser, J., Vogel, M., Brand, S., Walter, M., & Dürsteler, K. M. (2021). Methylphenidate for attention-deficit and hyperactivity disorder in adult patients with substance use disorders: good clinical practice. *Frontiers in psychiatry*, 11, 540837.

Barbuti, M., Maiello, M., Spera, V., Pallucchini, A., Brancati, G. E., Maremmani, A. G., ... & Maremmani, I. (2023). Challenges of treating ADHD with comorbid substance use disorder: Considerations for the clinician. *Journal of Clinical Medicine*, 12(9), 3096.

Why treat ADHD?

Functional impairment in patients with ADHD



Awareness to Action: *What We Can Do Now*



AWARENESS

Notice patterns and needs with greater clarity and compassion

ADVOCACY

Speak up against stigma and inequity on behalf those in need

ASSESSMENT

Apply safe, evidence-based tools for accurate ongoing care

AWARENESS: Understanding ADHD: Screening and Assessments

- Copeland Symptom Checklist for Adult ADHD
 - Broad symptom checklist across eight life-function domains
 - Uses severity ratings; supports clinical interview interpretation
- Brown Adult ADD Scale (BAADS II)
 - Focused on executive function across five key domains
 - Provides total/cluster scores; highlights functional impairment
- Adult ADHD Self-Report Scale (ASRS)
 - Brief, validated 18-item tool with strong reliability
 - Part A (6 items) effective for quick screening; excellent referral tool
- Additional Screeners:
 - Amen Scale
 - Conners Adult ADHD Rating Scales
 - Utah criteria of adult ADHD

***Disclaimer:** some of these screeners are more than 20 years old; please consider cultural context, learned lessons on stigma, and make the necessary adaptations for modern day use.

Chamberlain, S. R., Cortese, S., & Grant, J. E. (2021). Screening for adult ADHD using brief rating tools: What can we conclude from a positive screen? Some caveats. *Comprehensive Psychiatry*, 106, 152224.
Ustun, B., Adler, L. A., Rudin, C., et al. (2017). The World Health Organization adult attention-deficit/hyperactivity disorder self-report screening scale for DSM-5. *Jama psychiatry*, 74(5), 520-526.



Photo by [RDNE Stock Project](#) on [Pexels](#)

ASSESSMENT: Adult ADHD Self-Report Scale (ASRS – v1.1) Symptom Checklist

Adult ADHD Self-Report Scale (ASRS – v1.1) Symptom Checklist

1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?		
2. How often have difficulty getting things in order when you have to do a task that requires organization?		
3. How often do you have problems remembering appointments or obligations?		
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?		
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?		
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?		

Let's Practice:



<https://psychology-tools.com/test/adult-adhd-self-report-scale>

2 Sides to Every Coin

Person-centered, individualized treatment is most effective for co-occurring conditions, but how does that look in treatment (beyond SNAPs in assessment)

*It is not uncommon to consider both the severity and consequences of a symptom, and the **potential beauty and purpose** of that same symptom*

- **How do we help people with ADHD/SUD leverage the potential beauty of their design?**



The Beauty of ADHD

#1: Hyperfocus

#2: Strong Compassion (Empathy)

#3: Perseverance and Endurance

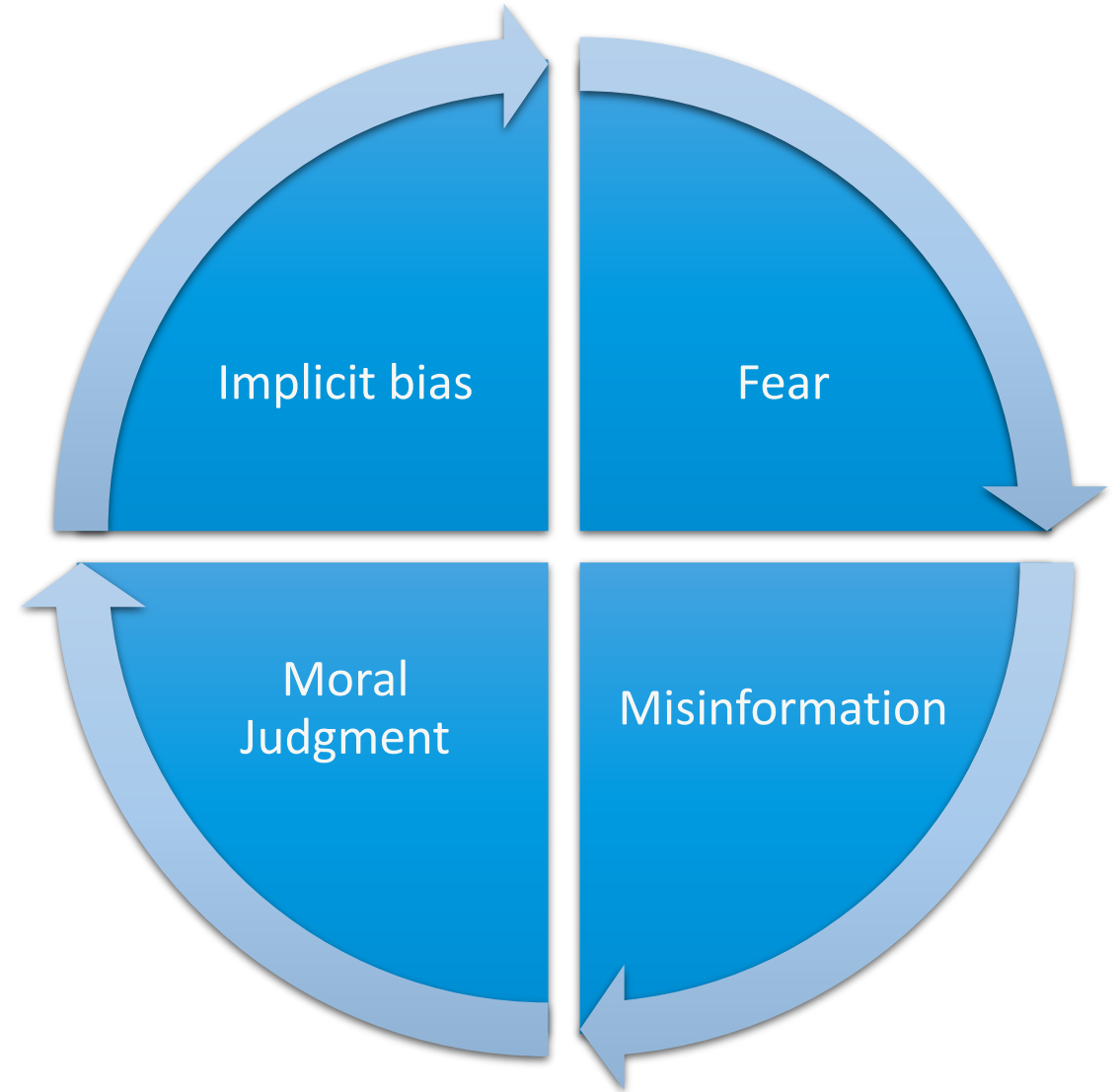
#4: Problem Solving

#5: An Abundance of Energy



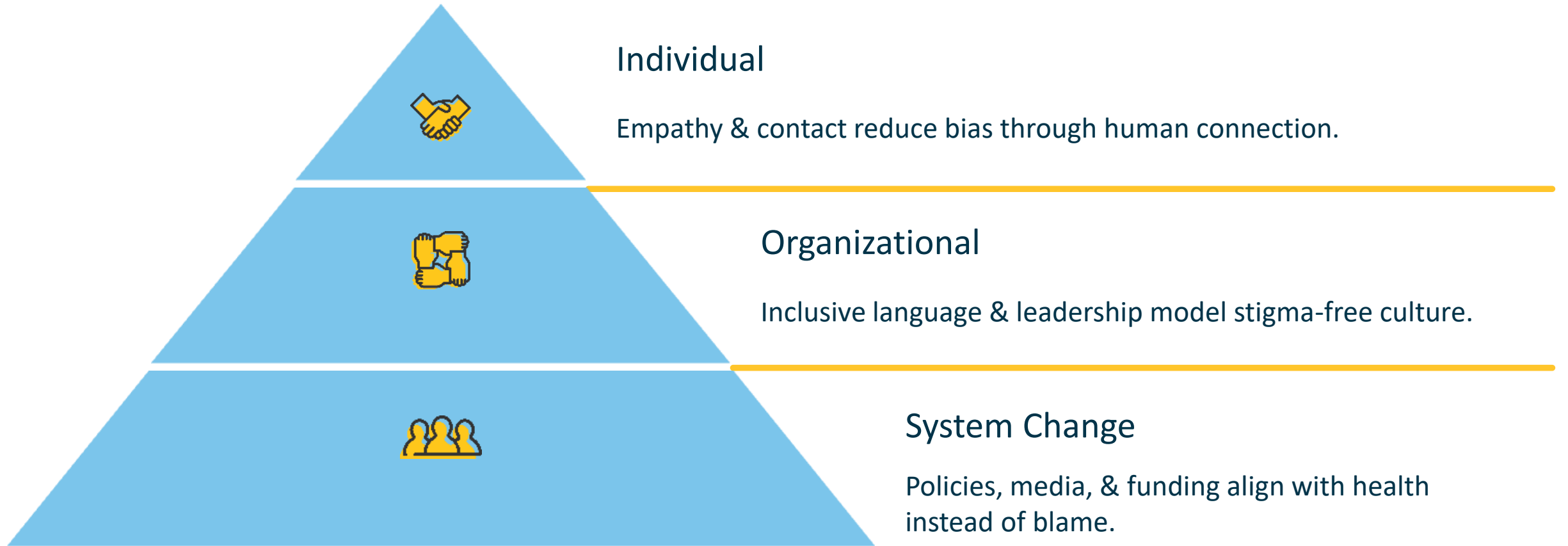
ADVOCACY: What Fuels Stigma?

- Fear, misinformation, and moral judgment
- Lack of addiction and mental health literacy
- Implicit bias and empathy fatigue
- Policy and media reinforcement

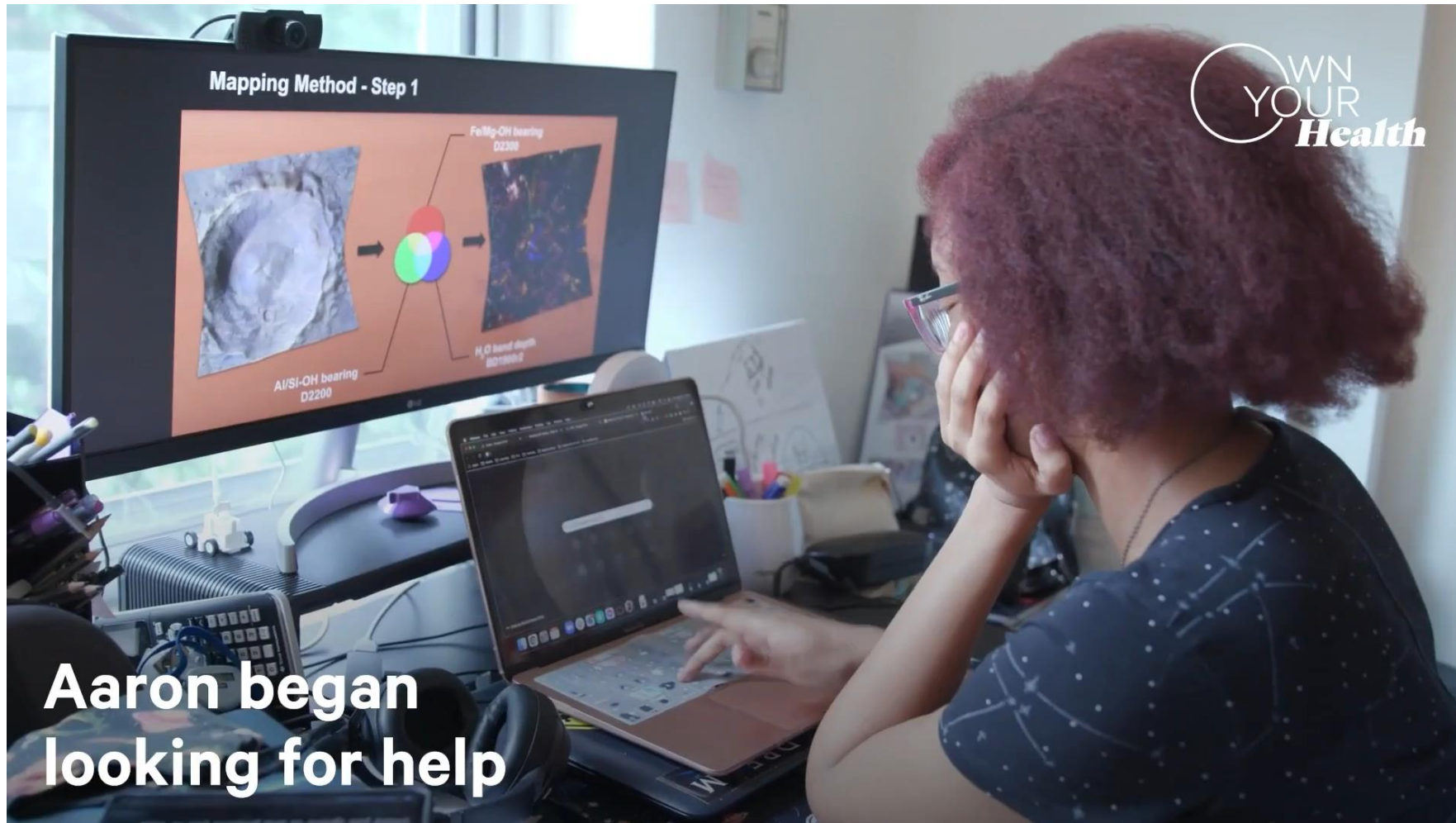


Evidence for Stigma Change

From Awareness to Culture Shift



Culturally Responsive Treatment – Community



Clinical Interventions: to address both ADHD and OUD Concurrently

- **Integrated Behavioral Therapy/Cognitive-Behavioral Therapy (CBT):**
 - Goal is to improve awareness of distorted thinking, reduce maladaptive behaviors, improve self-regulation and support replacement strategies/coping skills development
- **Contingency Management (CM) or Motivational Enhancement Therapy (MET):**
 - Goal is to reinforce recovery goals
- **Mindfulness-Based Relapse Prevention (MBRP):**
 - Goal is to reduce the risk of relapse by enhancing self-awareness and providing tools to support cravings management
- **Expressive Arts, Interactive or Experiential Therapy** (for primary-hyperactive, or combined types)

Additional Resources for Integrated Collaborative Care

Supportive Organizations

- CHADD: National Resource on ADHD
<http://www.chadd.org/>
- Attention Deficit Disorder Association (ADDA)
<https://add.org/>
- ADDITUDE
<https://www.additudemag.com/tag/download/>
- Time Management, organization support or mindfulness apps (like Routinery or Headspace)



Supportive Interventions

- Get an ADHD Coach:
 - Behavioral coach and resource / system navigator, similar to peer support but for those with ADHD
<https://apps.coachingfederation.org/eweb/CCFDynamicPage.aspx?webcode=ccfsearch&site=icfapp>
- EndeavorRx:
 - FDA-approved video game-based treatment designed to improve attention function in children with ADHD, while for SUD, the leading digital therapeutic is reSET (consider both for integrated digital treatment support)



Behavioral Coaching Modifications

Medication for ADHD can be lifechanging for the right child, but consider behavioral fundamental first:

- ✓ Protect sleep and simplify morning routines
- ✓ Prioritize nutrition and balanced brain chemistry
- ✓ Build structure through skills and supports
- ✓ Personalize care and track progress weekly
- ✓ These natural, behavior modifications are necessary for those with ADHD-related symptoms w/ or w/o medications

Hallowell, E. M., & Ratey, J. J. (2022). ADHD 2.0: New science and essential strategies for thriving with distraction--from childhood through adulthood. Ballantine Books.

32 Hetzel, A. (2024). How Positive Deviance in High-Achieving Adults with ADHD can Inform Strength-Based Coaching and Life Design to Complement Traditional ADHD Management.

Dan Sullivan (2025, September 10). What I tell every parent before putting their child with ADHD on medication. Facebook. <https://www.facebook.com/reel/4218932658338610>

BONUS MYTH

**Medication Treatment for
ADHD will increase risk for
addiction**

Unpacking Myth #6 Medication Treatment for ADHD will increase risk of addiction

- ✓ Co-Occurring symptom of ADHD/SUD is lack of impulse control and increased hyperactivity, or inability to control risk taking behaviors.
- ✓ Stimulant treatment is well known to improve a patient's social, professional, and academic level of functioning by promoting an enhancement in self-esteem and decreased need for self-medication.

Additional Considerations

- ✓ There is understandable concern, due to the addictive properties of stimulants.
- ✓ The predominant study referenced to validate these concerns is a study on rats that showed addictive behavior after stimulant-treatment.
- Unfortunately, these outdated studies from the 90s included animals receiving 50 – 200 times the dose of stimulants than what is normally prescribed for ADHD.
- Easily debunked in the last 12 years of follow-up studies, which is why it's receiving less and less media attention.

Unpacking Myth #6 Medication Treatment for ADHD will increase risk of addiction

Reviews of recent research show

- Most of studies demonstrate clearly that earlier ADHD treatment results in reduced substance misuse.
- A minority of studies show no difference.
- No(0) study shows any increased risk of substance misuse when the severity of ADHD is factored in.
- The rate of 'substance abuse' cases (indexed by substance-related death, crime, or hospital visits) during 2009 was 31% lower among those prescribed ADHD medication.
- Both the severity and persistence of ADHD symptoms appear to increase the risk of SUD later in life as well as reduce the effectiveness of treatment
- Also, the longer the duration of medication, the lower the rate of substance use disorder. Similar risk reductions were suggested among children and when investigating the association between stimulant ADHD medication and concomitant short-term misuse.

Treatment for ADHD and SUD

Remember: Comorbidity is the rule rather than the exception.

- Accurate diagnosis is often delayed or dismissed
- Prognosis is rarely precise or individualized
- Management of ADHD can be challenging for most general practitioners
- ADHD is associated with increased risk of SUD
- In Humphreys, et.al, 10-year study **15 – 20%** of patients reported misuse or diversion
(80%+ DID NOT)

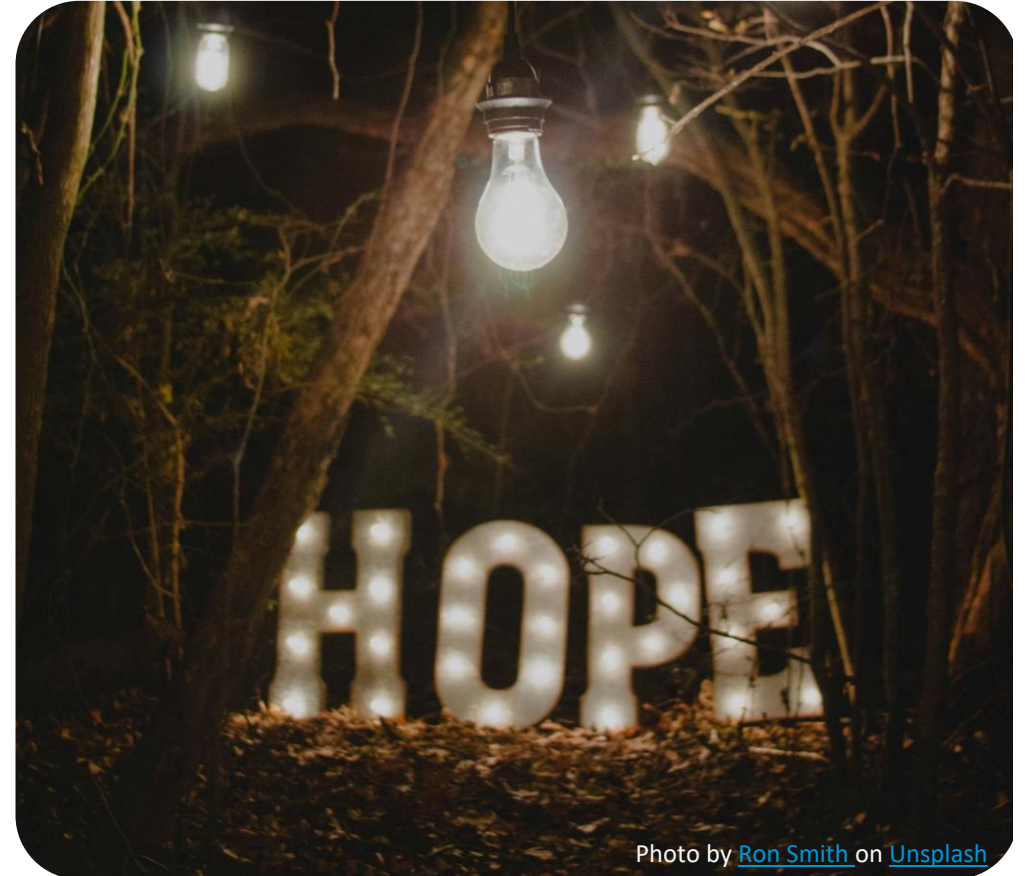


Photo by [Ron Smith](#) on [Unsplash](#)

QUESTIONS?

THANK YOU

Samson Teklemariam, LPC, CPTM

Connect with me:

<https://www.linkedin.com/in/samstek/>
samson.teklemariam@bhgrecovery.com



References

- Abdelnour, E., Jansen, M. O., & Gold, J. A. (2022). ADHD diagnostic trends: increased recognition or overdiagnosis?. *Missouri medicine*, 119(5), 467.
- Amen, D. G., Trujillo, M., Keator, D., Taylor, D. V., Willeumier, K., Meysami, S., & Raji, C. A. (2017). Gender-based cerebral perfusion differences in 46,034 functional neuroimaging scans. *Journal of Alzheimer's Disease*, 60(2), 605-614.
- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th-TR. American Psychiatric Association; 2022.
- Attoe, D. E., & Climie, E. A. (2023). Miss. Diagnosis: A systematic review of ADHD in adult women. *Journal of attention disorders*, 27(7), 645-657.
- Ayano, G., Tsegay, L., Gizachew, Y., Necho, M., Yohannes, K., et. Al. (2023). Prevalence of attention deficit hyperactivity disorder in adults: Umbrella review of evidence generated across the globe. *Psychiatry research*, 328, 115449.
- Barbuti, M., Maiello, M., Spera, V., Pallucchini, A., et. al. (2023). Challenges of treating ADHD with comorbid substance use disorder: Considerations for the clinician. *Journal of Clinical Medicine*, 12(9), 3096.
- Batki, S., Ciccarone, D., Hadland, S. E., Hurley, B., Kabernagel, K., Levin, F., McKay, J., Mooney, L., Puri, S., Saxon, A., Sevarino, K., Simon, K., & Wiegand, T. (2024). *The ASAM/AAAP clinical practice guideline on the management of stimulant use disorder*. Rockville, MD Rockville, MD American Society of Addiction Medicine/Providence, RI: American Academy of Addiction Psychiatry.
- Carolan, D. (2022). ADHD stimulant medication misuse and considerations for current prescribing practice: a literature review. *Irish Journal of Medical Science (1971-)*, 191(1), 313-320.
- Chandler, T. L., Dombrowski, F., & Matthews, T. G. (Eds.). (2022). *Co-occurring mental illness and substance use disorders: evidence-based integrative treatment and multicultural application*. Routledge.
- Chang, Z., Lichtenstein, P., Halldner, L., D'Onofrio, B., Serlachius, E., Fazel, S., ... & Larsson, H. (2014). Stimulant ADHD medication and risk for substance abuse. *Journal of Child Psychology and Psychiatry*, 55(8), 878-885.
- Hoogman, M., Bralten, J., Hibar, D. P., Mennes, M., Zwiers, M. P., et. al. (2017). Subcortical brain volume differences of participants with ADHD across the lifespan: an ENIGMA collaboration. *The lancet. Psychiatry*, 4(4), 310.
- Icick, R., Moggi, F., Slobodin, O., Dom, G., Mathys, F., et. al. (2020). Attention deficit/hyperactivity disorder and global severity profiles in treatment-seeking patients with substance use disorders. *European addiction research*, 26(4-5), 201-210.
- Ivanov, I., & Newcorn, J. H. (2022). ADHD and Substance Use Disorder: Emerging Concepts. *Journal of the American Academy of Child & Adolescent Psychiatry*, 61(10), S311-S312.
- Murray, A. L., Taut, D., Baban, A., Hemady, C. L., Walker, et. al. (2022). Associations between ADHD symptoms and maternal and birth outcomes: An exploratory analysis in a multi-country cohort of expectant mothers. *Journal of Attention Disorders*, 26(14), 1882-1894.
- Park, T. W., Baul, T. D., Morgan, J. R., Wilens, T. E., & Yule, A. M. (2023). Trends in Adult ADHD Diagnosis and Treatment in Patients with Opioid Use Disorder in the United States. *Psychiatric services (Washington, DC)*, 75(3), 214.
- Rohner, H., Gaspar, N., Philipsen, A., & Schulze, M. (2023). Prevalence of attention deficit hyperactivity disorder (ADHD) among substance use disorder (SUD) populations: meta-analysis. *International Journal of Environmental Research and Public Health*, 20(2), 1275.
- Staley, B. S. (2024). Attention-deficit/hyperactivity disorder diagnosis, Treatment, and telehealth use in adults—National center for health statistics rapid surveys system, United States, October–November 2023. *MMWR. Morbidity and Mortality Weekly Report*, 73.
- Tardelli, V., Xu, K. Y., Bisaga, A., Levin, F. R., Fidalgo, T. M., & Grucza, R. A. (2023). Prescription amphetamines in people with opioid use disorder and co-occurring psychostimulant use disorder initiating buprenorphine: an analysis of treatment retention and overdose risk. *BMJ Mental Health*, 26(1).
- Vold, J. H., Aas, C., Skurtveit, S., Odsbu, I., Chalabianloo, F., et. al. (2020). Dispensation of attention deficit hyperactivity disorder (ADHD) medications in patients receiving opioid agonist therapy; a national prospective cohort study in Norway from 2015 to 2017. *BMC psychiatry*, 20(1), 119.
- Weber, S. R., & Duchemin, A. M. (2023). Adult ADHD: A sensible approach to diagnosis and treatment: These steps can help ensure accurate diagnosis and optimal outcomes. *Current Psychiatry*, 22(11).