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SCHIZOPHRENIA Factsheet

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How is drug and alcohol use related to schizophrenia?

Drug and alcohol misuse, abuse or dependence are concerns for people with schizophrenia due to the association with poorer clinical and social outcomes, including high rates of suicide, HIV, homelessness, aggression and incarceration. Moreover, comorbid substance use places additional burden on patients, families, psychiatric services, and government resources due to high rates of treatment non-adherence and relapse. This topic covers rates of comorbid substance use in people with schizophrenia. For treatments for comorbid substance use, please see the topic in Treatments 'all treatments for dual diagnosis'. For the effects of substance use on the course and outcome of the disorder, please see the topic in Illness Course and Outcome 'drug and alcohol use'.

What is the evidence for comorbid drug and alcohol use?

Moderate quality evidence suggests the lifetime prevalence rates of any illicit drug misuse, abuse or dependence range from 17% in rehabilitation and long-term settings, to 70% in community health settings. Any lifetime substance use, particularly cannabis, is associated with an earlier age of onset of psychosis. Moderate quality evidence suggests prevalence of any cannabis use in first episode psychosis patients is around 33-38%, and moderate to low quality evidence suggests lifetime prevalence of cannabis use disorders in people with schizophrenia is around 27%, with current prevalence around 16%. Prevalence is higher in males compared to females, in people under 30 years of age compared with people over 30 years of age, and in people with first episode schizophrenia compared with people with chronic schizophrenia. The initiation of cannabis use is around 6-7 years prior to onset of psychosis, and continuation of cannabis use declines after treatment. Moderate quality evidence suggests the rate of stimulant use disorders in people with psychosis is around 9%. Studies including patients with affective psychosis, inpatients, cannabis users, and those from USA and Australia report the highest rates of stimulant use.

Moderate quality evidence suggests lifetime prevalence rates of alcohol misuse, abuse or dependence in people with schizophrenia range from 29% in rehabilitation and long-term settings to 75% in community health settings. Prevalence is higher in studies using the Diagnostic and Statistical Manual of Mental Disorders (DSM) III-revised diagnostic criteria compared to studies using DSM-IV, International Classification of Diseases (ICD) 9 or 10. Prevalence is higher in samples aged 30 to 40 years compared with other age groups, and in studies published between 1990 and 1995 compared with earlier publications.

For more information see the technical table



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NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about schizophrenia or its treatment with your doctor or other health care provider.

HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone **1300 888 019** or make a secure donation at neura.edu.au/donate/schizophrenia.