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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 topics covers outcomes for people with schizophrenia and substance use. For information on rates of drug and alcohol use, please see the topic in Living with Multiple Conditions 'drug and alcohol use'.

What is the evidence for comorbid drug and alcohol use?

High quality evidence shows a small increase in positive symptoms and a medium-sized reduction in negative symptoms in people with schizophrenia and a current substance use disorder compared to people with schizophrenia without a current substance use disorder. Moderate quality evidence suggests patients with current substance use are also more likely to have depressive symptoms. Patients with a mixed psychoactive substance use disorder or a cocaine use disorder show increased extrapyramidal (movement) symptoms, particularly akathisia and tardive dyskinesia compared to patients without a substance use disorder. High quality evidence shows a small to medium-sized increase in global cognition, processing speed, planning, visual and working memory, attention and psychomotor skills in people with psychosis and a current polysubstance or cannabis use disorder. People with psychosis and a cocaine use disorder showed better attention and psychomotor skills than people with psychosis with no substance use disorder. Conversely, moderate quality evidence suggests more impaired working memory in patients with an alcohol use disorder compared to patients with no substance use disorder. High quality evidence shows a small effect of longer hospital stays in people who continued cannabis use after onset of psychosis compared to non-users. There is also higher rates of relapse in people who continued cannabis use compared to people who discontinued cannabis use after first onset of psychosis. Moderate to low quality evidence suggests an increased risk of treatment non-adherence, relapse and re-hospitalisation in people with first-episode psychosis and cocaine, opiates, or ecstasy use. Moderate quality evidence suggests a small decrease in global functioning in people with psychosis and a current substance use disorder compared to people with psychosis and a former substance use disorder, and in people with former substance use compared to people with no former substance use disorder.

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**.

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