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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 in people with a dual diagnosis. This topic presents the rates of drug and alcohol use in people with schizophrenia spectrum disorders. Please also see the topic on the effects of drug and alcohol use on the course and outcomes of these disorders.

What is the evidence for comorbid drug and alcohol use?

Moderate quality evidence shows the lifetime prevalence of any illicit drug misuse, abuse or dependence in people with schizophrenia ranges between 17% for those in rehabilitation and long-term settings, to 70% in community health settings.

The lifetime prevalence rates of alcohol misuse, abuse or dependence ranges between 29% for those in rehabilitation and long-term settings to 75% in community health settings. Prevalence of alcohol use is higher in studies using the Diagnostic and Statistical Manual of Mental Disorders (DSM) III-revised diagnostic criteria compared to studies using DSM-IV, or the International Classification of Diseases (ICD) 9 or 10. Prevalence is also higher in samples aged 30 to 40 years and in studies published between 1990 and 1995.

The lifetime prevalence of cannabis use disorders in people with schizophrenia is around 27%, with current prevalence around 16%. The prevalence of any cannabis use in first-episode psychosis patients is around 33-38%, and around 50% for those at ultra high-risk for psychosis. Prevalence is higher in males and in people under 30 years of age. The initiation of cannabis use is usually around 6-7 years prior to onset of psychosis, and continuation of cannabis use declines after treatment.

The rate of stimulant use disorders in people with psychosis is around 9%. Studies including patients with affective psychosis as well as patients with schizophrenia, studies of inpatients, cannabis users, and studies from USA and Australia report the highest rates of stimulant use.

Any lifetime substance use, particularly cannabis, is associated with an earlier age of onset of psychosis.

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.

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