

▶ information for service providers



Schizophrenia & Substance Use



A REASON TO HOPE. THE MEANS TO COPE.
SCHIZOPHRENIA SOCIETY OF CANADA
SOCIÉTÉ CANADIENNE DE LA SCHIZOPHRÉNIE
UNE SOURCE D'ESPOIR, DE SOUTIEN ET D'ENTRAIDE.

Schizophrenia and Substance Use

Index

- 2 **How prevalent are substance use disorders among people with schizophrenia?**
- 2 **How prevalent is schizophrenia among people with substance use disorders?**
- 3 **Why is substance use so widespread among people with schizophrenia?**
- 5 **What is the impact of substance use?**
- 6 **How can I tell if my client has a concurrent disorder?**
- 7 **What is the best treatment for someone with schizophrenia and substance use problems?**
- 8 **Can people recover?**
- 9 **What else is important for me to know?**

This booklet provides an overview of some of the issues affecting people who experience coexisting schizophrenia and substance use disorders. It is meant to help health care providers and other professionals gain an understanding of some of the implications of **concurrent disorders** and best practices in treatment and supporting recovery for this population.

Concurrent Disorders: the co-occurrence of a mental, emotional or psychiatric problem with the use of alcohol or another psychoactive drug. The concept can be expressed in a number of different ways and the terms Concurrent, Co-existing, or Dual are sometimes used interchangeably.



Concurrent disorders are still associated with shame and guilt by many people – empathy is very important.

How prevalent are substance use disorders among people with schizophrenia?

It is estimated that 40-60% of people with schizophrenia also have alcohol or drug use disorders during their lifetime. Individuals with schizophrenia face roughly three times the risk of alcohol use disorders than the general population, and five times the risk of drug use disorders. About half of the youth experiencing a first episode of schizophrenia present with or will develop a substance use disorder.

Alcohol and cannabis are the most commonly used substances, followed by cocaine and amphetamines. In addition, nicotine addiction is estimated at 90% in this population.

How prevalent is schizophrenia among people with substance use disorders?

Among people in treatment for alcohol or drug use, the lifetime prevalence of schizophrenia is significantly higher than in the general population. In the general population, an estimated 1% of people have schizophrenia; in people being treated for alcohol abuse, 4.5% to 6% of people also have schizophrenia, and among those in treatment with drug use disorders, 28% have schizophrenia.

Why is substance use so widespread among people with schizophrenia?

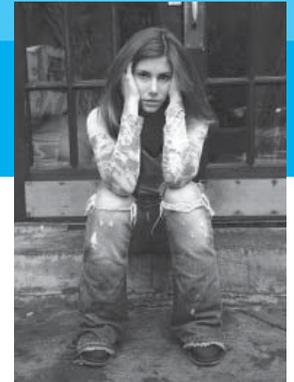
Research has shown that people with schizophrenia and other mental disorders often use drugs and alcohol for the same reasons as everyone else – to feel better or different, to relax and have fun, and to be part of a group.

There are several theories about the particular relationship between substance misuse and schizophrenia. A common hypothesis is that the choice and use of substances is a method of “self-medication,” to treat adverse positive and negative symptoms or medication side effects.

Recent research suggests that increased vulnerability to addictive behavior may be related to the impact of schizophrenia on the nervous system. This hypothesis suggests that people with schizophrenia may have a tendency for addictive behavior as a primary disease symptom parallel to, and in many cases independent from, their other symptoms.¹

The “*super-sensitivity model*” suggests that people with severe mental illness such as schizophrenia are more sensitive to the effects of alcohol and other drugs due to increased biological vulnerability and that they experience more negative consequences from relatively small amounts of alcohol or other drugs.

Multiple factors likely come into play for different groups of people, and even within the same person.



What is the impact of substance use?

Symptoms of schizophrenia include the following

Positive symptoms

such as hallucinations, delusions, disorganized behaviour, changes in sensitivity

Negative symptoms

such as loss of interest in daily activities, lack of energy

Cognitive symptoms

such as poor concentration, thought disorder

Emotional symptoms

such as depression, blunted emotions



Recent research suggests that increased vulnerability to addictive behavior may be related to the impact of schizophrenia on the nervous system.

Substance use complicates the course of illness and the treatment of people with schizophrenia, even when relatively small amounts of substances are used.

The misuse of substances adversely affects the medication taken for psychiatric symptoms, and can exacerbate all the symptoms. People in treatment for schizophrenia who are using substances may experience hallucinations, have reduced emotional responses, and may at times be thought-disordered or express delusions. These symptoms may be a result of, or be heightened by, the interaction between prescribed medication and substances.

This extreme or heightened sensitivity is significant. It means that even moderate substance use can have negative consequences or dramatically increase the risk of more severe substance use. As a result, most people with concurrent substance abuse and severe persistent mental illness will not be able to sustain controlled substance use. It is critical to educate consumers about their biological sensitivity to the effects of alcohol and drugs.

In addition to the impact on symptoms, people who have both schizophrenia and substance use problems, compared to those with just schizophrenia:

- are at a higher risk for self-destructive and violent behaviors
- may be more vulnerable to homelessness, victimization, poor physical health
- are more likely to have inadequate financial resources, a lack of social supports and meaningful daytime activity
- are less likely to follow recommended treatment plans

How can I tell if my client has a concurrent disorder?

Warning signs include a number of subtle physical or behavioral symptoms or a combination of symptoms. For example, individuals may experience physical problems such as insomnia, fatigue, chest pain, cardiac arrhythmia, or headaches. When other physical or psychological causes cannot be found, substance use should be considered.

Screening tools are available to help health care providers who suspect that an individual may have a concurrent disorder. Screening is a way of identifying whether an individual may have a mental health or substance use problem that warrants more comprehensive assessment. Screening does not make a diagnosis or give a complete profile of psychosocial functioning or needs. The function of screening is to raise “red flags” that are generally based on observations about an individual’s appearance, behaviour, cognition and their responses to a few simple questions.

An assessment is an in-depth investigation of the mental health and substance use problem and the inter-relationship between the two. The assessment is closely linked to treatment planning and the delivery of quality services that match the individual’s needs. A number of assessment tools are available. (See SSC’s Concurrent Disorders website for more information about screening and assessment tools www.schizophrenia.ca).

An assessment is an in-depth investigation of the mental health and substance use problem and the inter-relationship between the two.



What is the best treatment for someone with schizophrenia and a substance use problem?

People with concurrent substance abuse and severe and persistent mental illness such as schizophrenia are best treated in an integrated program or system of services that deal simultaneously with both mental health and substance use problems.

Integrated treatment addresses mental health and substance abuse problems in a coordinated and consistent manner. It requires enduring linkages between service providers or treatment units to facilitate the provision of services to individuals at the local level. These linkages may be within a system, or across multiple systems, including mental health and addictions.

The core components of specialized concurrent disorders treatment and support include:

- concurrent disorders assessment
- clinical case management based on stages of treatment
- motivational interviewing
- a harm reduction approach (e.g. flexible goals)
- cognitive-behavioral substance abuse counseling
- concurrent disorders group interventions, including social skills training groups
- self-help liaison (e.g. Double Trouble, AA)
- work with families including behavioral therapy and psychoeducation
- residential options, including housing

Can people recover?

Recovery from schizophrenia and other psychotic disorders is more challenging for people who also abuse substances. The recovery process can be prolonged, and relapse is more likely.

Despite the increased challenges, recent research is showing that beyond simply reducing symptoms, integrated treatment and supports can help most people with schizophrenia and substance abuse recover over time.

Recovery is defined differently for each individual, but is generally thought to include measures such as: controlling the symptoms of schizophrenia, remission from substance abuse, living independently, having a job, having friends and social support, and quality of life.

People move toward recovery on different paths, so the supports that are needed are different for each individual. People need a range of options such as self-help groups, access to integrated treatment of mental health and substance use problems, vocational and housing support to promote and sustain recovery.ⁱⁱ



Integrated treatment and supports can help most people with schizophrenia and substance abuse recover over time

What else is important for me to know?

It is critical to provide individuals with concurrent disorders with feedback and advice in a clear, concise, nonjudgmental, and supportive manner. Concurrent disorders are still associated with shame and guilt by many people – empathy is very important.

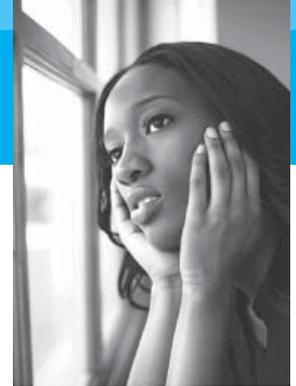
Talk about these disorders in a matter-of-fact way – as treatable conditions – to put the person at ease and encourage cooperation.

Develop relationships with local substance abuse and mental health treatment providers, especially those providing integrated treatment where available.

Remain informed about research and practices and opportunities for training and continuing education.

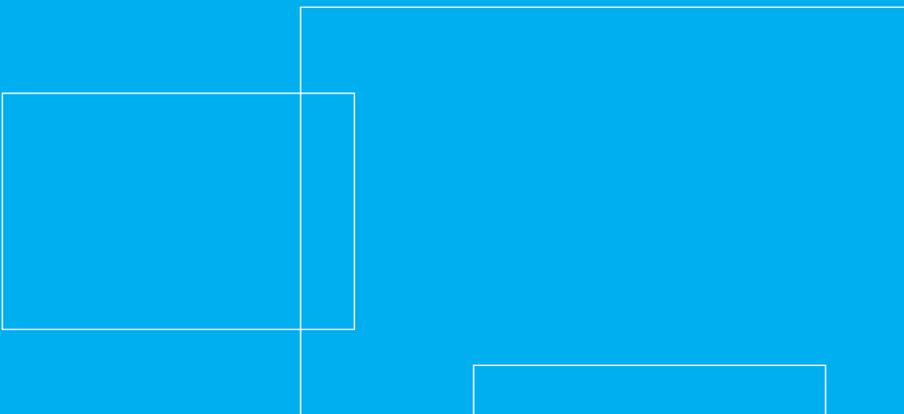
For more detailed information for professionals, as well as information for consumers and family members of individuals with schizophrenia and substance use problems, please see the SSC website. www.schizophrenia.ca.

It is critical to educate consumers about their biological sensitivity to the effects of alcohol and drugs.



ⁱ Chambers RA, Krystal JH, Self DW. Neurobiological aspects of substance abuse comorbidity in schizophrenia. *Biological Psychiatry* 2001;50:71-83.

ⁱⁱ Drake, R. Ten-year recovery outcomes for clients with co-occurring Schizophrenia and Substance Use Disorders. *Schizophrenia Bulletin*, July 2006



Our Mission

To improve the quality of life of those affected by schizophrenia and psychosis through education, support programs, public policy and research.



A REASON TO HOPE. THE MEANS TO COPE.
SCHIZOPHRENIA SOCIETY OF CANADA
SOCIÉTÉ CANADIENNE DE LA SCHIZOPHRÉNIE
UNE SOURCE D'ESPOIR, DE SOUTIEN ET D'ENTRAIDE.