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# THE CANDID BOOK 2

**FOR FAMILIES OF PEOPLE  
LIVING WITH SCHIZOPHRENIA AND  
SUBSTANCE USE DISORDERS**

this book is  
endorsed by



**WADD**  
World Association  
on Dual Disorders

edited by  
**PETER FALKAI**

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by Peter Falkai, Néstor Szerman, János Kálmán, Mihaela Osadcii

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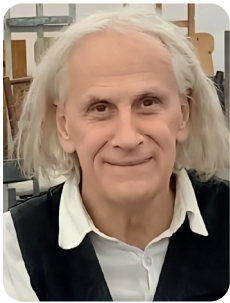
Prof. Falkai leads multidisciplinary research teams exploring the neurobiological origins, pathomorphological aspects, and treatment strategies of psychotic disorders, combining clinical expertise with translational research. Prof. Falkai resides in Munich, Germany.



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Mihaela’s primary interests lie in the interaction between severe mental illness and substance use, with a particular focus on practical approaches to recovery and relapse prevention. She currently resides in Brighton, United Kingdom.

*The Candid Book 2* is the second one in a series created to provide frank and reliable information for everyone who cares about a person living with schizophrenia. The first volume from this series is conceptualized to support the audience in understanding the illness itself and in guiding families through the real-life journey of caring.

*The Candid Book 2* is dedicated to a frequent and demanding reality: schizophrenia that co-exists with substance use. Its goal is to deliver genuine, evidence-based information and practical recommendations kindly provided by renowned experts in the mental health field.

## What you will find inside the Candid Book 2

### 1. ESSENTIAL KNOWLEDGE

(Chapters 1-6)

- How schizophrenia and substance use interact
- Effects of tobacco, alcohol, cannabis, stimulants, and their impact on the person's mental and general health
- Why integrated care outperforms treating each issue separately

### 2. HANDS-ON CAREGIVING GUIDANCE

(Chapters 7-8)

Useful tips for

- Crisis management, relapse prevention, and medication adherence
- Holding conversations, addressing sensitive topics, and fostering trusting communication

### 3. CARING FOR THE CAREGIVER

(Chapters 9-10)

Useful tips for

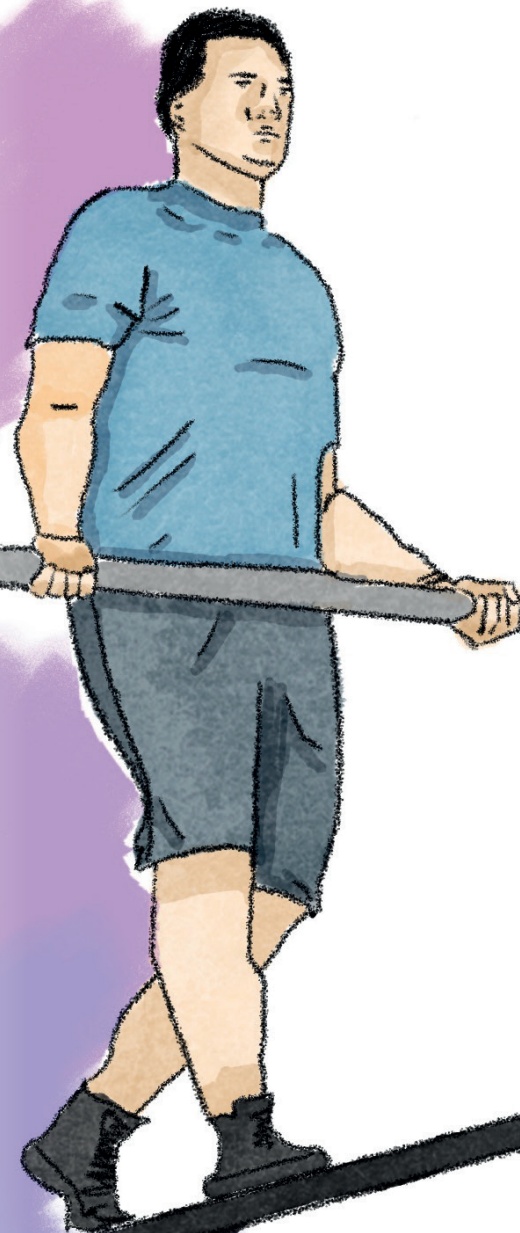
- Caregiver self-care and stress-management
- Real-life stories about real people living with co-occurring schizophrenia and substance use, revealing early hurdles, ongoing challenges, and the shared successes possible through coordinated efforts.





## WHO THIS BOOK IS FOR

Parents, partners, siblings, close friends, professional carers, and health-care providers will find up-to-date facts, actionable advice, and real-life examples that help manage the fused challenges of schizophrenia and substance use.



## The Candid Book 2 is designed to help you:

### SEE THE WHOLE PICTURE

Understand why mental disorders and substance use so often travel together, what drives the connection, and how it impacts treatment and recovery.

### RELY ON EXPERT INSIGHTS

Each chapter is based on the expertise of internationally recognised specialists in mental health, so you can act on advice you can trust.

### WORK WITH YOUR LOVED ONE

Find information and practical recommendations to support the implementation of a tailored treatment plan, relapse prevention, and crisis handling.

### TAKE CARE OF YOURSELF

Being in the middle of all the responsibilities and challenges, an important aspect is to take care of your own physical and emotional well-being. Self-care isn't selfish; it's vital for keeping yourself healthy and continuing to support those who need you.

### LEARN FROM REAL STORIES

Real-life cases provide examples of how other families face setbacks, seize small victories, and keep moving forward.



## Schizophrenia is

a complex mental condition that reaches into many parts of daily life. It can unsettle emotions, cloud thinking, and reshape everyday behaviour, making it harder to keep plans or pursue long-term goals. These broad effects also touch family and friends, who often adjust their routines to provide support.

## When schizophrenia co-occurs with substance use,

the burden on the family is markedly amplified. Far from being rare, this combination greatly intensifies the challenges faced by both the individual and their family.



## Why Co-Occurring Conditions Matter

**AT THE CROSSROADS:** Roughly one percent of adults are diagnosed and living with schizophrenia; symptoms usually first manifest during adolescence or the early twenties. Such a tumultuous condition can lead to unpredictable decision-making and action-taking, frequently proving to be drastic and unsafe, putting the person at risk. Examples of such can include self-harm, suicidal intentions, as well as the use of various substances like tobacco, cannabis, alcohol, stimulants, and many others. Reaching out for substances to self-soothe can lead to addiction and dependency. The symptoms of the illness and substance use can overlap, each triggering or intensifying the other and abruptly redirecting a person's path.

**SHARED RISKS:** Many biological and social factors may overlap in being potential risk factors for each of the conditions, which helps explain why schizophrenia and substance use frequently occur together.

**IMPACT:** Co-occurrence can accelerate symptoms, complicate treatment outcomes, and heighten safety and emotional challenges for families.

## Schizophrenia Is Treatable

Like any long-term medical condition, schizophrenia can improve with the right care. Treatment works best when patients, clinicians, and families cooperate through treatment acceptance, adherence, and regular follow-up. Recovery is not ever linear, but progress is achievable.





# GUIDING PRINCIPLES

## NO BLAME, NO SHAME

Schizophrenia and substance use are mental health conditions, not moral failures.

## INTEGRATED CARE

A personalised treatment plan that addresses both schizophrenia and substance use disorders together works better than managing each condition separately.

## SHARED RESPONSIBILITY

Progress comes faster when health care providers, individuals, and families work as one team.

## CARE FOR CARERS

Education, respite, support, and self-care are essential for caregivers.



# Explore book chapters

## Part I: Essential knowledge



**Chapter 1**  
**Beyond coincidence**  
When schizophrenia coexists  
with substance use disorders

**Chapter 2**  
**Facing dual challenge**



**Chapter 3**  
**Tobacco use in schizophrenia**

**Chapter 4**  
**Alcohol use in schizophrenia**



**Chapter 5**  
**Cannabis use in schizophrenia**

**Chapter 6**  
**Stimulant use in schizophrenia**





# Explore book chapters

## Part II: Hands-on caregiving guidance



### Chapter 7 Supporting the journey

### Chapter 8 Words that connect



## Part III: Caring for the caregiver



### Chapter 9 Support for supporters

### Chapter 10 Real-life stories



# Beyond coincidence

When schizophrenia coexists with substance use disorders

## Explore Chapter 1

*This chapter explores the connection between schizophrenia and substance use disorders (SUD), and the key factors behind their overlap. While challenges exist, understanding their complex relationship opens the door to better support and improved outcomes for individuals and their families.*



**1.1**  
**How are schizophrenia and substance use disorders connected?**



**1.2**  
**Why do schizophrenia and substance use disorders overlap?**



**1.3**  
**Decoding addiction: key terms and their significance**



**1.4**  
**From habit to disorder: substance use and its spectrum**



**1.5**  
**Healing together: protective strategies for dual disorder**





## Fast Facts

### High prevalence of comorbidity

Nearly **50%** of individuals with schizophrenia also experience substance use disorders, significantly complicating recovery and emphasizing the need for integrated treatment.

### Complex connection

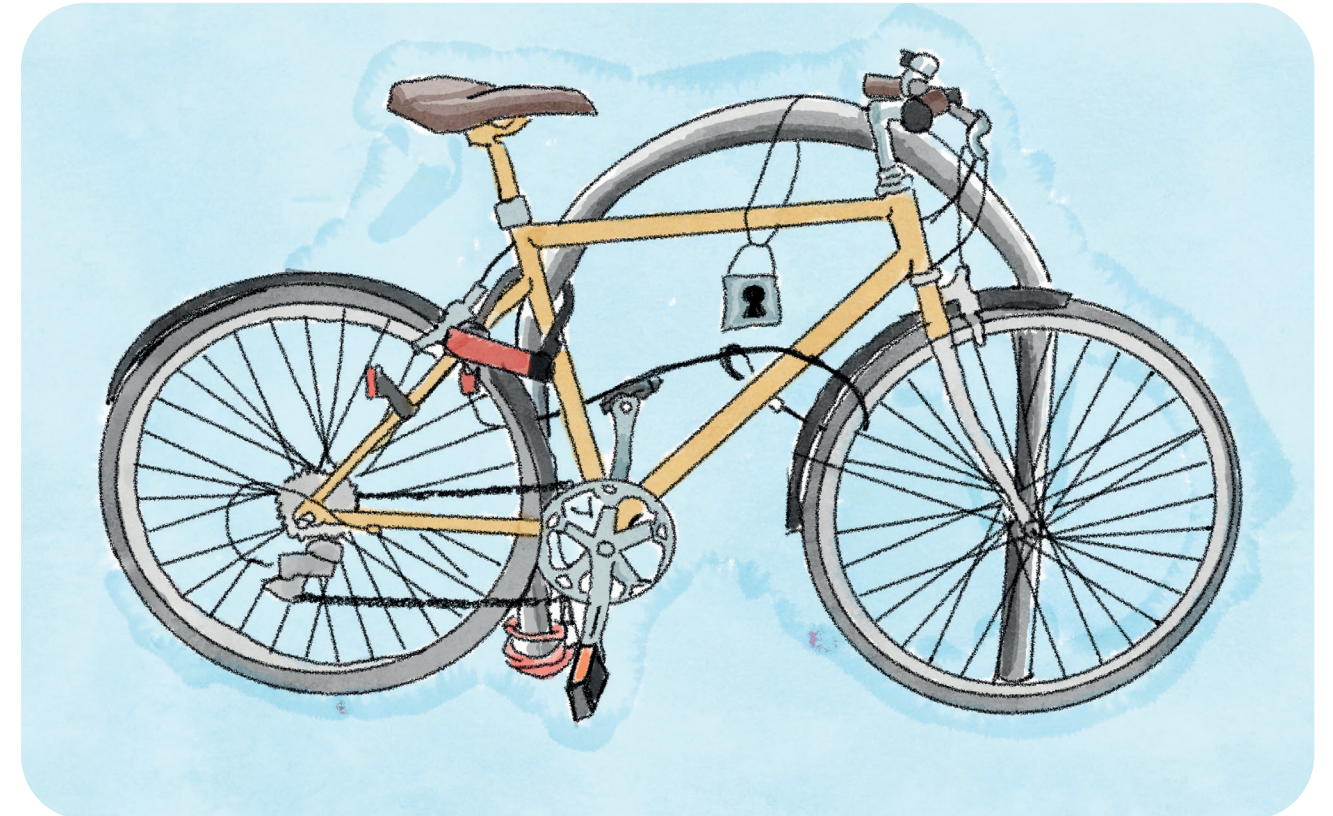
The **co-occurrence** of schizophrenia and substance use disorders results from a complex interaction of brain dysfunctions, biological risks, self-medication, and social and environmental factors.

### Protective strategies can promote recovery

Adherence to treatment, strong support networks, and integrated care are essential in managing these coexisting disorders and **improving outcomes** for individuals and their families.

## 1.1

### How are schizophrenia and substance use disorders connected?



**It is widely recognized that people living with mental illnesses often face substance use disorders, and the reverse relationship is equally true.**



## “Dual Disorder”, the acknowledged medical term

Understanding the interrelation between schizophrenia and substance use disorders has long been a challenge for the medical community. The complexity of the comorbidity often leads to different opinions among experts.

using different and sometimes  
confusing terms makes things  
more complicated, especially when trying  
to diagnose and treat these disorders together.

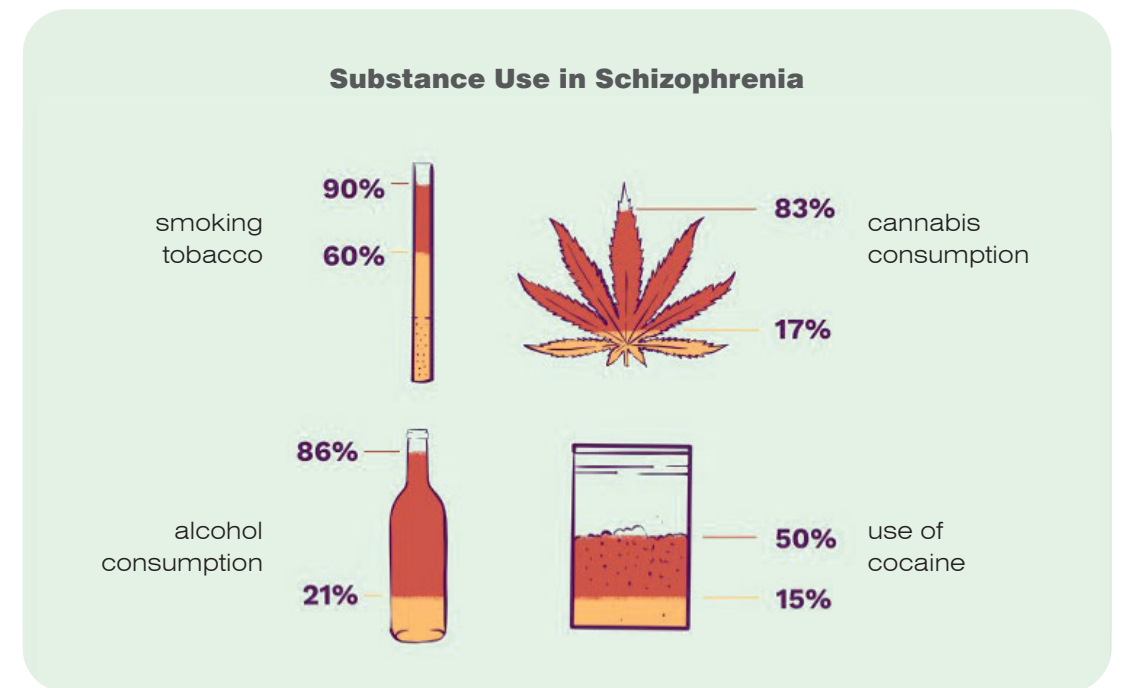
The lack of a unified term contributes to more confusion and increased. This also leads to what’s called “wrong door syndrome”, where people struggle to find appropriate care for both their mental health and addiction issues.

To address this, the World Association on Dual Disorders (WADD) recommends using the term “Dual Disorder”. This term could make it easier for everyone to understand and talk about these conditions in a more consistent and less stigmatizing way.

## Substance Use in Schizophrenia

Concerning certain substance use disorders, individuals suffering from schizophrenia often struggle with using tobacco, cannabis, alcohol, and cocaine.

The lifetime prevalence rates for these substances range between 60 and 90% for smoking tobacco, 17 to 83% for cannabis consumption, 21 to 86% for alcohol consumption, and 15 to 50% for the use of cocaine. These are more than triple compared to the rates of those in the general population.



## Could a psychotic episode trigger the start of substance use?

Experiencing a psychotic episode, particularly the first one, and the manifestation of symptoms (for example, auditory/visual hallucinations, disorganised speech/thinking) can be without a doubt perceived by individuals as **STRESSFUL AND UNSETTLING STATE**.

Especially when services like emergency or police arrive, the situation may bring about shock.

Being devastating both emotionally and psychologically, such events may lead to compulsive decisions to try or use substances.

## Are people with SUD more vulnerable to developing psychotic disorders?

People with psychotic disorders, including those experiencing their first psychotic episode, **are more likely to have substance use disorders** compared to the general population.

Research shows that substance use is common among individuals with first-episode psychosis, with rates between **30%** and **70%**.

Compared to healthy individuals, they are more likely to use cannabis daily and to have been smoking it for over five years. Additionally, people with schizophrenia are more often found to have smoked tobacco before the onset of the condition than those without the disorder.

Many researchers also suggest that cannabis use may contribute to an increased risk of developing schizophrenia.

## At what point in life are these two disorders most likely to intersect?

Despite drug use and addiction being able to occur at any point during one's life, it is **common for drug use to start in adolescence**, the period in which the initial signs of mental illness are most likely to appear.

Co-occurrence of schizophrenia and substance use disorders is also observed in young individuals. About **64 to 88%** of adolescents have at least one co-existing mental disorder on top of a substance use disorder.

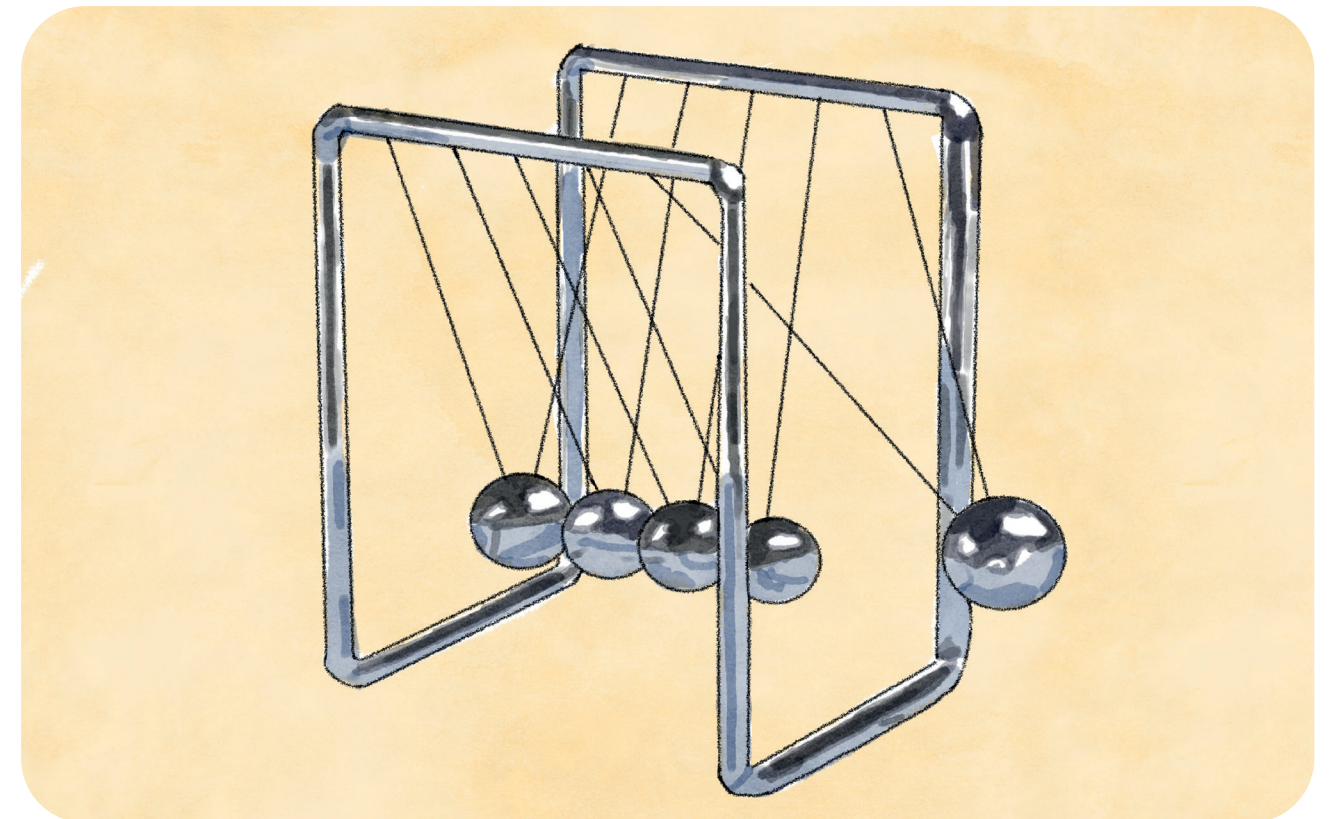
Young men may be particularly sensitive to how cannabis influences schizophrenia. It is suggested that by preventing cannabis use disorder (CUD), about **1 in 5 cases** of schizophrenia among young men **COULD POTENTIALLY BE AVOIDED**.

This highlights the importance of spotting and addressing CUD early on, as well as making informed decisions about cannabis policies and access, especially for individuals aged 16 to 25.

While transitioning to young adulthood, (18-25 years), those with dual disorder require support in navigating situations likely to induce changes in different areas that can bring stress, such as interpersonal relationships, work and/or education.

# 1.2

## Why do schizophrenia and substance use disorders overlap?



**Addiction and mental disorders like schizophrenia often occur together, and this overlap is unlikely due to random factors or measurement errors. This suggests a strong connection between the two conditions.**

Discoveries in neuroscience and precision psychiatry are helping us understand how these two disorders develop together.

The **factors** that make people more likely to develop psychiatric disorders **are usually present from a young age, even if the symptoms don't show** up until later in childhood, teenage years, or adulthood.

No single cause: a look at key theories

While no single cause fully explains the comorbidity, several theories aim to explore why people with schizophrenia are more likely to develop substance use disorders.



1. One idea is the **cumulative factors model**, which suggests that challenges like poor cognitive, social, educational, and vocational functioning, combined with poverty, victimization, and troubled social environments, increase the risk of substance use disorder among those with schizophrenia.



2. Another theory, known as the **self-medication hypothesis**, proposes that individuals with schizophrenia may turn to substances like tobacco, cannabis, alcohol, or opiates to reduce certain symptoms or minimize the undesirable effects of treatment. This behavior might be driven by the intense emotional states often experienced, such as fear, despair, and agitation.




3. The diathesis-stress model, or "**two-hit**" **theory**, explains that schizophrenia can develop when someone with a **biological vulnerability** faces **environmental stress, including substance use**.



4. The **reward deficiency syndrome theory** points to a possible dysfunction in the brain's reward system, which could lead people with schizophrenia to seek out substances for a sense of pleasure or relief.

These theories offer **different perspectives, but aren't mutually exclusive**, and might all help understanding the complex relationship between schizophrenia and substance use disorders.

**DETRIMENTAL FACTORS** are characteristics or conditions that increase the risk of developing substance use problems in a person with schizophrenia.

| Factors   |                            | Description  |
|---|----------------------------|--|
|    | Genetic Susceptibility     | There's evidence indicating a <b>genetic predisposition</b> for both schizophrenia and substance use disorders, that may increase vulnerability to developing either or both conditions.   |
|    | Neurobiological Imbalances | <b>Alterations in brain pathways and chemicals</b> , like dopamine, glutamate, serotonin, and others, play a role in both schizophrenia and substance use disorders. These changes might explain why these conditions often occur together.                    |
|    | Early Substance Exposure   | <b>Substance use during adolescence or early adulthood</b> , even preceding schizophrenia symptoms, can worsen the illness and elevate the risk of substance use disorder.   |
|  | Self-Medication            | Some individuals with schizophrenia may turn to <b>substances to alleviate distressing symptoms</b> like cognitive, negative, and positive symptoms (hallucinations or delusions), potentially leading to substance use disorder as a form of self-medication. |
|  | Socioeconomic Challenges   | Poverty, unemployment, homelessness, and social isolation, prevalent among individuals with schizophrenia, can increase <b>substance use as a coping mechanism or for socialization</b> .  |
|  | Stigma and Exclusion       | Schizophrenia-associated stigma may result in social exclusion and discrimination, driving individuals towards <b>substance use as a means of coping or rebellion</b> .  |
|  | Substance Accessibility    | Individuals with schizophrenia may have <b>easier access to substances</b> due to factors like homelessness, involvement in street culture, or lack of supervision, heightening the likelihood of substance use initiation and escalation.                     |

Understanding the factors that influence substance use problems in people living with schizophrenia is crucial for helping prevent and address these issues.



## 1.3

Decoding addiction:  
key terms and their significance

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**Addiction, whether related to substances or behaviors, affects millions of people and communities around the globe.**

**It's important to understand that addiction is a serious mental health disorder, officially recognized in medical classifications worldwide. It's not just about making bad choices or having a lack of willpower.**



**Like with other mental health issues, no one chooses to be addicted.**

The term “addiction” commonly refers to behavioral patterns that are **not within control** in one way or another. Individuals tend to describe themselves as addicted to something, such as watching TV or going shopping. Addiction can also refer to **experiencing withdrawals** when the behavior, such as gambling, or substance, such as cocaine, is stopped.

Before delving into the nuances of addiction, it's essential to establish an understanding of key terms associated with **addictive behaviors and substances**.

### Essential terms to know about substance use

**SUBSTANCE USE.** This refers to consuming alcohol, tobacco, or drugs for their psychoactive effects. (example: drinking alcohol socially at a party).

**SUBSTANCE MISUSE.** This happens when someone uses a substance in a way that's harmful to their health or well-being, even if it doesn't qualify as addiction. An example would be taking more of a prescribed medication than directed. (example: taking a higher dose of **prescription medication than prescribed**).

#### **SUBSTANCE USE DISORDER.**

It is a mental disorder, a condition where a person repeatedly uses psychoactive substances despite negative consequences, such as health problems, legal issues, and impaired functioning. This can involve tolerance, withdrawal symptoms, and compulsive drug-seeking behavior.

**TOLERANCE.** A condition where increasingly larger amounts of a substance are needed to achieve the

desired effect (*for example: a person needing to take more painkillers over time to relieve chronic pain*).

**WITHDRAWAL.** Symptoms that occur when a person reduces or stops substance use after prolonged use; (*example: experiencing headaches, nausea, and irritability after quitting caffeine*).

**DRUG-SEEKING BEHAVIOR** refers to the actions people take when they are looking for drugs. This persistent craving for drugs and the tendency to relapse is what sets drug addiction apart from simply using or misusing drugs.

**CRAVING.** A strong desire or urge to use a substance; (*example: a person with nicotine addiction feeling an intense urge to smoke a cigarette*).

**ABSTINENCE.** The complete absence of substance use; (*for example: A person in recovery refrains from using alcohol, drugs, or other addictive substances*).

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## Key terms in understanding behavioral addictions

**Behavioral addictions** focus on specific activities or behaviors and are characterized by an **inability to resist engaging in a particular activity, despite negative consequences**. Here are some of the most frequent behavioral addictions:



**Gambling addiction:** Compulsive gambling behavior despite significant negative impacts on finances, relationships, and personal well-being; *(example: someone who consistently bets money, experiences financial losses, and continues despite negative consequences)*.



**Gaming addiction:** A persistent and repetitive gaming behavior, whether online or offline, that can negatively impact the person's ability to have functional relationships with others, keep up with work or social commitments because of gaming; *(examples: someone who spends most of their time playing games)*.



**Internet addiction:** Excessive and uncontrollable use of the internet, including social media, online gaming, and browsing, leading to impairment in daily functioning; *(example: spending hours online, neglecting responsibilities, relationships, or sleep)*.



**Social media addiction:** Similar to internet addiction, some people are compulsive in their use of social media, which can affect their personal and professional lives; *(example: spending hours taking pictures, editing videos to post on social platforms, and responding to others on social media forums)*.



**Sex addiction:** An overwhelming need to engage in sexual activities, including excessive use of pornography, leading to significant distress or impairment in social, occupational, or other areas of functioning; *(example: engaging in sexual activities that put relationships and personal safety at risk)*.



**Shopping addiction:** Compulsive shopping or spending, often driven by emotional needs rather than practical necessity, leading to financial problems and emotional distress; *(example: uncontrollable urge to shop and buy items, accumulating debt, and straining personal relationships)*.

Understanding these terms equips us with the knowledge needed to navigate the complexities of substance-related and behavioral addictions with empathy, helping to recognize symptoms and seek the right support and treatment.

## Spotting addiction: what to watch out for?

Given the broad use of the term "addiction", efforts have focused on defining it more precisely. The following definition gives an instance of the problematic use of alcohol as an example substance.

According to the "Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition" (DSM-5), there are **9 specific criteria** used to diagnose substance use disorder:

### 1. USING MORE THAN PLANNED:

People often end up taking the substance in **bigger amounts** or for a longer time than they are meant to.

### 2. TRYING TO CUT DOWN:

They make **several attempts to reduce** or control their substance use but find it very difficult or impossible.

**3. TIME-CONSUMING:** A lot of **time is spent** getting the substance, using it, or recovering from its effects.

**4. STRONG CRAVINGS:** They feel a powerful **urge or craving** to use the substance.

**5. NEGLECTING RESPONSIBILITIES:** Substance use leads to **not meeting important responsibilities** at work, school, or home.

### 6. RELATIONSHIP PROBLEMS:

Despite **ongoing issues with friends or family** caused by the substance, they continue to use it.

### 7. GIVING UP ACTIVITIES:

They **stop participating** in important social, work, or recreational activities because of substance use.

**8. RISKY SITUATIONS:** They use the substance in **dangerous situations**, like driving.

### 9. IGNORING HEALTH ISSUES:

Even when they know that the substance is causing physical or psychological problems, they **continue to use it**.





## 1.4

From habit to disorder:  
substance use and its spectrum

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People can be affected by substance use in various ways. Young adults commonly engage in experimentation with substances for recreational purposes. Although not favorable, moderate, and infrequent alcohol consumption and substance use are widely practiced and may not necessarily lead to problems for the average person.

On the contrary, **excessive substance use denotes the pattern of alcohol consumption and/or drug use that predisposes the individual to negative consequences.**

**Binge drinking** can be defined as the consumption of 4 units of alcohol for women and 5 for men within the span of a 2-hour time frame. An example of substance misuse associated with binge drinking is reaching a blood alcohol concentration of 0.08 g/dL, which can heighten the risk associated with health issues, and cognitive and interpersonal problems for a short term, as well as for a longitudinal period.

The **regular consumption of marijuana** (cannabis) is a further example of substance misuse which can cause the user an increased risk of cognitive impairment and health problems.

### Substance use: consequences that can't be ignored

The harmful consequences of using substances can vary from mild to severe.

Even though it can appear that little impact is experienced each time a substance is used, there will likely be a **build-up of the harmful consequences over time.**

A substance use problem can develop when someone continues to use

substances despite the experience of harmful consequences.

Harmful consequences of substance use can affect every aspect of one's life, including:

- **causing injuries** while under the influence
- experiencing anxiety, **depression**, or irritability
- having **trouble** with clear **thinking**
- experiencing blackouts
- having **relationship problems**
- choosing to **spend money** on substances rather than life essentials
- having **legal problems** due to substance use
- experiencing **loss of hope** and feelings of emptiness

Despite their awareness of having a substance use problem, some people may continue to use and may not be able to stop even if they so desire. This can manifest in them using over their intended quantity in situations where they had no intention to use.

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## Why is it hard to break free from substance use?

One reason it's tough to change behaviors around **problematic substance use** is because the immediate effects often feel good. The user might experience a **boost in mood, increased confidence, and a temporary escape** from their problems.

The negative consequences, on the other hand, might not show up for a long time.

*Using substances to escape feelings or change mood can lead to addiction, which is both harmful and difficult to break.*

If substance use continues, especially in heavy amounts, it can cause changes in the body and brain. This can lead to withdrawal symptoms when trying to quit after developing a physical dependence.

These changes help explain why people may experience craving for substances even after long periods without using, and why they might return to harmful patterns of use.

## From use to disorder: understanding the risks

Substance misuse carries the risk of developing into a substance use disorder

The burden of a Substance Use Disorder can include:

- using an increasing quantity of the substances over time;
- failed attempts to decrease or stop using;
- dedicating lengthy amounts of time being engaged with, and/or recovering from the effects of the substance;
- sacrificing important occupational, social, or recreational events and activities in favor of using the substance.

Substance use disorders can cause a decline in one's ability to function, the negative results of which might become evident to individuals only over time.

## Double trouble: the detrimental impacts of SUD on schizophrenia

If substance use disorders and mental illness, such as schizophrenia, coexist, they can have a detrimental effect on the clinical course of the illness.

**INCREASED SEVERITY OF SYMPTOMS:** Schizophrenia with SUDs is associated with more severe positive symptoms (e.g., hallucinations, delusions).

**HIGHER RISK FOR SUICIDAL IDEATION:** Individuals with both schizophrenia and SUDs are at increased risk for suicidal thoughts.

**AGGRESSION AND ADHERENCE ISSUES:** Higher levels of aggression and decreased likelihood of medication adherence are linked to dual disorders.

**INCREASED RELAPSE AND HOSPITALIZATION RATES:** Individuals with both schizophrenia and SUDs experience higher rates of relapse and hospitalization.

**INTERPERSONAL CONFLICT:** There is a greater risk of interpersonal conflict with family members, providers, and others.

**RISK OF HOMELESSNESS:** Those with schizophrenia and SUDs face higher rates of housing instability and homelessness.

## Why do individuals with schizophrenia use substances despite the negative impact on their health?

In theory, patients with schizophrenia are most probably **attempting**, on a brain level, **to counterbalance a neurotransmitter imbalance**, which is the primary cause of the disease's symptoms and manifestation.

They might try to achieve this **via substances that can deliver pseudo-beneficial effects** (the perception of improvement of some symptoms in the immediate period after the use of substances, burdened with the possibility of addiction, sequelae and subsequent health complications).

## 1.5

## Healing together: protective strategies for dual disorder

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**Managing co-occurring schizophrenia and substance use disorder can be challenging, but effective strategies offer hope for improvement. They aim to reduce risks, promote recovery, and support individuals in achieving greater stability and well-being.**

## What strategies help in Dual Schizophrenia care?

Addressing dual disorder requires an integrated approach, combining psychiatric care, addiction treatment, and support services to meet the wide range of needs that these patients face.

There are several **PROTECTIVE FACTORS** that can help mitigate the risk of substance use problems and promote improvement in schizophrenia symptoms.

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| Factors   |                                | Description  |
|---|--------------------------------|--|
|    | Treatment adherence            | Strict adherence to antipsychotic medication regimens and engagement in psychotherapy or psychosocial interventions can stabilize schizophrenia symptoms and decrease the risk of substance use disorder development.  |
|    | Strong social support          | Supportive relationships with family, friends, peers, or mental health professionals can act as a protective buffer against substance use, providing encouragement, problem-solving assistance, and emotional support.   |
|   | Structured routine             | Establishing and maintaining a structured daily routine, including employment, education, hobbies, and leisure activities, can occupy individuals with schizophrenia, reducing unproductive time that may lead to substance use.   |
|  | Access to specialized services | Integrated treatment programs addressing both schizophrenia and substance use disorder simultaneously, incorporating cognitive-behavioral therapy, motivational interviewing, and medication management, can enhance outcomes and minimize relapse rates.  |
|  | Psycho-education               | Educating individuals with schizophrenia and their families about substance use risks, relapse prevention strategies, and coping skills can raise awareness and empower informed decision-making.  |
|  | Healthy lifestyle              | Engaging in physical health-promoting activities like exercise, nutrition, sleep, and stress management can support overall well-being and decrease the likelihood of substance use.   |
|  | Peer support groups            | Participation in peer-led support groups or recovery-oriented programs tailored to individuals with co-occurring schizophrenia and substance use disorder can offer validation, understanding, and practical guidance. It should be noted that individuals with dual schizophrenia may struggle more to join support groups like Alcoholics Anonymous (AA) due to suspiciousness and distrust. |



## Why is timely mental health care critical for reducing dual schizophrenia risk?

It's important to note that **brain changes in people vulnerable to schizophrenia start early**, long before the first symptoms appear. **Substance use disorders can sometimes act as a trigger** for the first episode of psychosis, especially during **adolescence - a critical period** when the brain is still developing key areas responsible for decision-making and impulse control.

Using drugs at an early age increases the risk of substance use problems and other mental health issues later in life. For example, regular marijuana use during adolescence can raise the risk of psychosis in adulthood, especially for those with certain genetic predispositions. Likewise, mental health disorders such as schizophrenia, bipolar disorder, or depression in young people often lead to higher rates of substance use later on.



***Treating mental health issues early can help prevent the cycle where one condition worsens the other.*** Timely care not only reduces the risk of dual schizophrenia but also helps teens make healthier choices during critical developmental years, setting them on a path to better long-term mental health.

***Caregivers and family support play a critical role in the recovery journey of people with dual disorders, offering understanding, encouragement, and stability.***

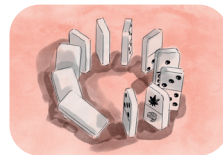
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## Explore Chapter 2

*This chapter highlights the key clinical aspects of schizophrenia and substance use disorders, with a focus on their co-occurrence and the challenges they present, and the importance of integrated therapies that address both illnesses.*



### 2.1

**The vicious circle, in which schizophrenia and substance use disorders exacerbate each other**



### 2.2

**Early substance use in high-risk adolescents**



### 2.3

**Dual schizophrenia impacts overall health**



### 2.4

**Does substance use impact the effectiveness of schizophrenia treatment?**





## Fast Facts

**Early onset:** People with schizophrenia and a history of substance use are in the attention of psychiatric services earlier than those without such a history.

**Dual challenge:** When schizophrenia and substance use disorder coexist, they create a more challenging clinical picture and lead to poorer outcomes than either condition alone.

**Many people with schizophrenia underreport their substance use,** often out of fear of judgment or blame. Recognizing substance use disorder as a mental health condition, not a choice, is key to providing better support and care.

**Integrated treatment:** Effective care for dual schizophrenia must address both schizophrenia symptoms and symptoms related to substance use disorder to improve recovery and long-term outcomes.

## 2.1

### The vicious circle, in which schizophrenia and substance use disorders exacerbate each other



**When schizophrenia and substance use disorders go hand in hand, they create a more challenging clinical picture and lead to less favorable outcomes compared to when each condition occurs alone.**

*People with schizophrenia who also use drugs or alcohol often experience a unique form of mental illness. These individuals, commonly referred to as having "**dual disorder**", generally face more severe symptoms and challenges than those who don't use substances.*

*Importantly, **this isn't a rare condition**. If including issues like smoking and other substance use problems, **most people with schizophrenia are dealing with a dual disorder**.*



Schizophrenia and substance use disorders very often have negative impacts on **emotions, thinking, and behavior**. The severity and duration of symptoms can vary based on the specific characteristics of each condition, as well as the **duration, and time interval when these disorders** overlap.

For many individuals, for whom these two serious disorders coexist, several **clinical aspects are amplified** compared to the situations in which these disorders exist separately. Among the critical clinical implications are:

- **The onset of psychotic symptoms at earlier ages and the high risk of aggravating into more severe forms.**
- **The increased likelihood of self-harm and/or aggressiveness toward others.**
- **The reduced treatment efficacy and increased risk for relapses.**
- **The significant negative impact on the patient's overall well-being, both emotional and physical.**

It's crucial for mental health professionals, caregivers, and society to fully understand these issues and to address substance use disorders and schizophrenia symptoms

jointly. Their combined efforts are essential for providing comprehensive support and improving outcomes for those affected.

## DECODING PSYCHOSIS: KEY TERMS AND THEIR SIGNIFICANCE

Schizophrenia is a long-term condition that can last for many years, often needing ongoing care. During the life-long course of the disease, individuals with schizophrenia may go through **psychotic episodes**, which **are intense flare-ups of symptoms**.

These episodes resemble a hypertensive crisis in chronic high blood pressure patients or a diabetic coma in those suffering from diabetes, **requiring prompt specialized medical attention**.

### What is a psychotic episode?

**“The word “psychosis” is used to describe conditions that affect the brain and mind, where there has been some loss of contact with reality. When someone becomes ill in this way, it is called a “psychotic episode”.**

During a psychotic episode, individuals experience significant disturbances in their thoughts and perceptions, blurring the line between what is real and what is not.

## Spotting the symptoms of psychosis

Psychosis can impact emotions, physical sensations, thinking patterns, and behavior.

**THOUGHTS:** Disorganised or **jumbled thoughts**

**DELUSIONS:** Having **false beliefs** often involving misinterpretations of experiences or perceptions (e.g., believing someone is after you, thinking you have special powers, or interpreting newspaper passages as having special meanings directed at you)

**HALLUCINATIONS:** Being able to **see, hear, smell, sense, or taste** things that others would not. In the case of schizophrenia or chronic psychosis, the most relevant hallucinations are auditory hallucinations.

**FEELINGS:** Experiencing **confusion, agitation, fear**, reduced interest in activities.

**BEHAVIORS:** Experiencing **changes in behaviour**, such as: having difficulties maintaining or tracking conversations, difficulty with upkeeping personal hygiene and daily activities, struggling to remember things, behaving inappropriately (being silly or laughing with no context), getting upset or angry without a clear reason, becoming very lethargic or generally inactive, becoming entirely not aware of the surrounding environment.

## What sparks psychosis?

There is **no one specific cause of psychosis**. Psychosis **may be a symptom** of a mental illness, such as schizophrenia or bipolar disorder. However, a person may experience psychotic symptoms and never be diagnosed with schizophrenia or any other mental disorder.

There are other causes of psychosis: some medical conditions, such as hypoglycemia, Alzheimer's disease, lupus, Parkinson's disease, etc, sleep deprivation, and the use of substances such as hallucinogens.

A mental illness, for instance schizophrenia, is typically diagnosed by excluding all the other causes of psychosis.

The development of psychosis or psychotic disorders is generally influenced by multiple factors, such as:



**Genetic predisposition**, where having a family history of psychosis or severe mental disorders plays a role.



**Neurobiological factors** involving brain dysfunction in terms of circuits and neurotransmitters.



**Intense life experiences**, like stressful events or illness, which can trigger vulnerability in some individuals.



**Use of substances**, such as cannabis or stimulants, that can exacerbate psychosis in susceptible individuals.

These factors, whether individually or in combination, contribute to the complex nature of psychotic disorders.

## What are the telltale signs of psychosis?

Typically, there are noticeable **shifts in behavior preceding psychosis onset**.

These behavioral “red flags” include:

- Sudden declines in school or work performance
- New struggles with clear thinking or concentration
- Heightened suspiciousness, paranoia, or discomfort in social settings

- Increased social withdrawal, spending more time alone
- Unusual, intense, or absent emotions, along with peculiar new ideas
- Neglect of personal hygiene and self-care
- Difficulty differentiating between reality and fantasy
- Confusion in speech or communication challenges.

**Anyone experiencing such symptoms is advised to consult a mental health professional!**

## Psychotic disorders explained: what you need to know

*Psychotic disorders include various conditions characterized by the type and duration of symptoms experienced. Some individuals have brief episodes of psychosis lasting a few days or weeks, while others, like those with schizophrenia, endure longer episodes.*

*Psychotic symptoms can also occur in individuals with major depressive disorder, bipolar disorder, or substance use, however, the following are classified as psychotic disorders:*

**Brief psychotic disorder.** *This disorder involves an individual experiencing psychotic symptoms for less than one month, usually triggered by a highly stressful event (e.g., a loved one passing away).*

**Schizoaffective disorder.** *This disorder involves experiencing symptoms of schizophrenia alongside symptoms of a mood disorder, like depression or mania.*

**Schizophrenia.** *Schizophrenia is diagnosed when an individual has experienced psychotic symptoms for a minimum of six months. Key symptoms include delusions, hallucinations, and disorganized thoughts. Additionally, individuals may struggle with concentration and memory, lose motivation for everyday activities, experience a significant reduction in emotional expression, and withdraw from social interactions and personal relationships.*

## What is substance-induced psychosis?

**Substance-induced psychosis is a type of psychosis triggered by and experienced while under the effects of certain substances.** Depending on the substance involved, these episodes could occur **during substance usage** (such as with cannabis) or **withdrawal** (like with alcohol).

Drugs can change how our brain cells, called neurons, communicate with each other. Normally, brain cells send, receive, and process signals using chemicals known as neurotransmitters. But when drugs enter the brain, they can mess with this process in different ways.

For instance, drugs like **marijuana and heroin** have structural similarities to natural neurotransmitters in the brain. This similarity lets them attach to neurons and activate them. However, even though they **mimic natural chemicals**, they don't activate neurons in the same way, **leading to mixed-up messages in the brain's communication system.**

On the other hand, drugs such as **amphetamines and cocaine** cause neurons to release too much of their natural neurotransmitters or stop these chemicals from being recycled properly. This **overloads or disrupts the usual**

**flow of information** between neurons, **causing further confusion in the brain's messaging network.**

## Can drug-induced psychosis turn into a psychotic disorder?

Substances can impact people differently. Considering that some individuals are at **"ultra-high risk (UHR) for psychosis"** adolescents who consume certain substances may experience sudden psychotic episodes.

**Symptoms typically appear rapidly and disappear within a few days to weeks**, though another psychotic episode may occur if the substance is used again.

Although **substance-induced psychosis is usually short-lived, drug use can lead to longer-lasting psychotic disorders** in individuals predisposed to them.

There is strong evidence suggesting that individuals who initially present with substance-induced psychotic disorders in mental health services are at significant risk of later transitioning to schizophrenia or another chronic psychotic disorder.

Among those who experienced **cannabis-induced psychosis**, a substantial number **later developed either schizophrenia or bipolar disorder.**



## Are psychotic symptoms a red flag for immediate medical attention?

**Psychotic symptoms are a signal**

**of alarm** and urgent need for treatment, regardless of the cause and conditions in which they appeared.

### EARLY INTERVENTION CAN PREVENT

the symptoms from getting worse and stop the development of more serious mental health issues.

### IF LEFT UNTREATED, PSYCHOSIS CAN LEAD TO DANGEROUS BEHAVIORS

due to the distorted perceptions and delusional thoughts that come with it. This can include self-harm or harm to others. Starting treatment early helps stabilize the person's mental state and creates a safer environment for recovery.

Moreover, **GETTING TREATMENT AS SOON AS POSSIBLE CAN SIGNIFICANTLY IMPROVE LONG-TERM OUTCOMES.**

Studies show that early treatment reduces the severity and frequency of psychotic episodes, helping people stay engaged in their social lives, education, and work. This not only prevents long-term disability but also supports a better overall recovery.



**In short, acting quickly to treat psychotic symptoms is essential for ensuring safety, improving quality of life, and achieving the best long-term health outcomes.**

## 2.2

## Early substance use in high-risk adolescents



**Adolescents identified as ultra-high risk (UHR) for psychosis often start using tobacco, cannabis, and other substances earlier than their peers.**

The effects of these substances on their developing brains can differ significantly. Research has found that UHR adolescents typically show more severe use of cannabis and tobacco. This highlights the **unique challenges** they face and the importance of understanding these differences for effective support and treatment.

Among individuals considered at ultra-high risk (UHR) for psychosis, only around

## 1/3 WILL DEVELOP A LONG-TERM PSYCHOTIC DISORDER.

However, a significant number of UHR individuals who do not transition to full psychosis **may still experience persistent mild psychotic symptoms and develop other lasting mental health issues.**

These individuals need to receive ongoing treatment and support from mental health services to manage their symptoms effectively and maintain their well-being over time.

## The concept of “ultra-high risk” for psychosis”: who is more vulnerable?

Identifying **people at high risk of developing a psychotic disorder** has been a priority for clinicians. **Early treatment** for this group is believed to potentially **prevent the disorder from developing.**

To be classified as **ULTRA-HIGH RISK (UHR) FOR PSYCHOSIS**, individuals typically fall within the age range where the risk of developing psychosis is highest (**late adolescence to early adulthood**), and **they must meet one or more of the following criteria:**

1. **ATTENUATED PSYCHOTIC SYMPTOMS (APS):** they have experienced mild psychotic symptoms that are not severe enough to be considered full-blown psychosis over the past year.
2. **BRIEF LIMITED INTERMITTENT PSYCHOTIC SYMPTOMS (BLIPS):** they have had a brief episode of psychosis lasting less than a week, which resolved on its own without ongoing treatment.
3. **GENETIC VULNERABILITY (TRAIT):** they either meet the criteria themselves or have a first-degree relative (like a parent or sibling) with a psychotic disorder.

Each of these criteria must also be associated with a noticeable decline in their ability to function normally or a history of chronic low functioning.

**Identifying and providing support to individuals meeting these criteria is essential during this critical stage of their lives.**

## What age faces the highest risk for addiction?

Adolescents are highly prone to addiction and mental disorders, with drug use typically starting during this critical period.

**“The highest usage occurs among 18-25-year-olds.**

Adolescence is characterized by experimentation, curiosity, susceptibility to peer pressure, rebellion, and low self-worth, making **teens especially vulnerable to substance abuse.**

This stage of life involves changing relationships and environmental influences, which can be either **risk factors or protective factors.**

Protective factors are crucial in helping young people achieve good health and reach their full potential as they grow into adults.

However, drug abuse can seriously disrupt this important stage of development, making it harder for teens to think critically and build essential cognitive skills.

Those who use drugs often face more physical and mental health issues, leading to overall poorer well-being.

## Early substance use triggers long-term challenges

Starting substance use at a young age is strongly linked to long-term health and social challenges. Substances like **tobacco, alcohol, cannabis, stimulants, and opioids can increase the risk of developing substance use disorders (SUDs).**

Vulnerable individuals often **begin using substances 2–3 years earlier than their peers**, making them more likely to struggle with addiction and significant social and psychological difficulties.

Early cannabis use, in particular, has been connected to a **higher risk of severe mental disorders, as well as increased suicidal thoughts and attempts.**

Young people who start using substances early often **experience longer periods of untreated mental health issues, leading to poorer overall well-being.**

**“Ultimately, early substance use greatly increases the risk of developing severe mental health disorders and long-term struggles.**



## 2.3

## Dual schizophrenia impacts overall health

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**Mental health issues are a growing global concern, significantly affecting quality of life and life expectancy.**

People with mental health conditions often develop **additional physical health problems** like diabetes, heart disease, and respiratory issues. At the same time, they face **barriers to accessing the proper healthcare** they need. This combination of mental and physical health issues can lead to worse health outcomes, longer hospital stays, and higher medical costs.

For individuals with dual schizophrenia, these risks are even more severe. They have an increased likelihood of metabolic disorders, cardiovascular and endocrine diseases, and infectious conditions like viral hepatitis and subcutaneous infections.

Their physical health requires close monitoring, yet they **often receive inadequate care**. Research suggests they are typically diagnosed later than individuals with substance use disorders, potentially delaying critical interventions.

**Socioeconomic factors** play a major role in the link between dual schizophrenia and physical health conditions. Limited access to healthcare, poor living conditions, and inadequate social support contribute to poorer outcomes.

Addressing these challenges through improved healthcare access, better living conditions, and integrated mental health support can help reduce the burden of illness and improve overall well-being.

## Just like anyone else

**When it comes to seeking care for physical health issues, patients with dual schizophrenia are just like anyone else.**

However, for these patient groups who are often hard to reach and follow up with, **a more proactive approach is essential**. These patients might find it difficult to stick to scheduled appointments and may feel anxious in waiting rooms.

People with dual schizophrenia, who deal with both schizophrenia and substance use, require a treatment plan that covers all aspects of their condition.

**TEAMING UP WITH FAMILY MEMBERS IN THEIR SUPPORT NETWORK BECOMES CRUCIAL.**

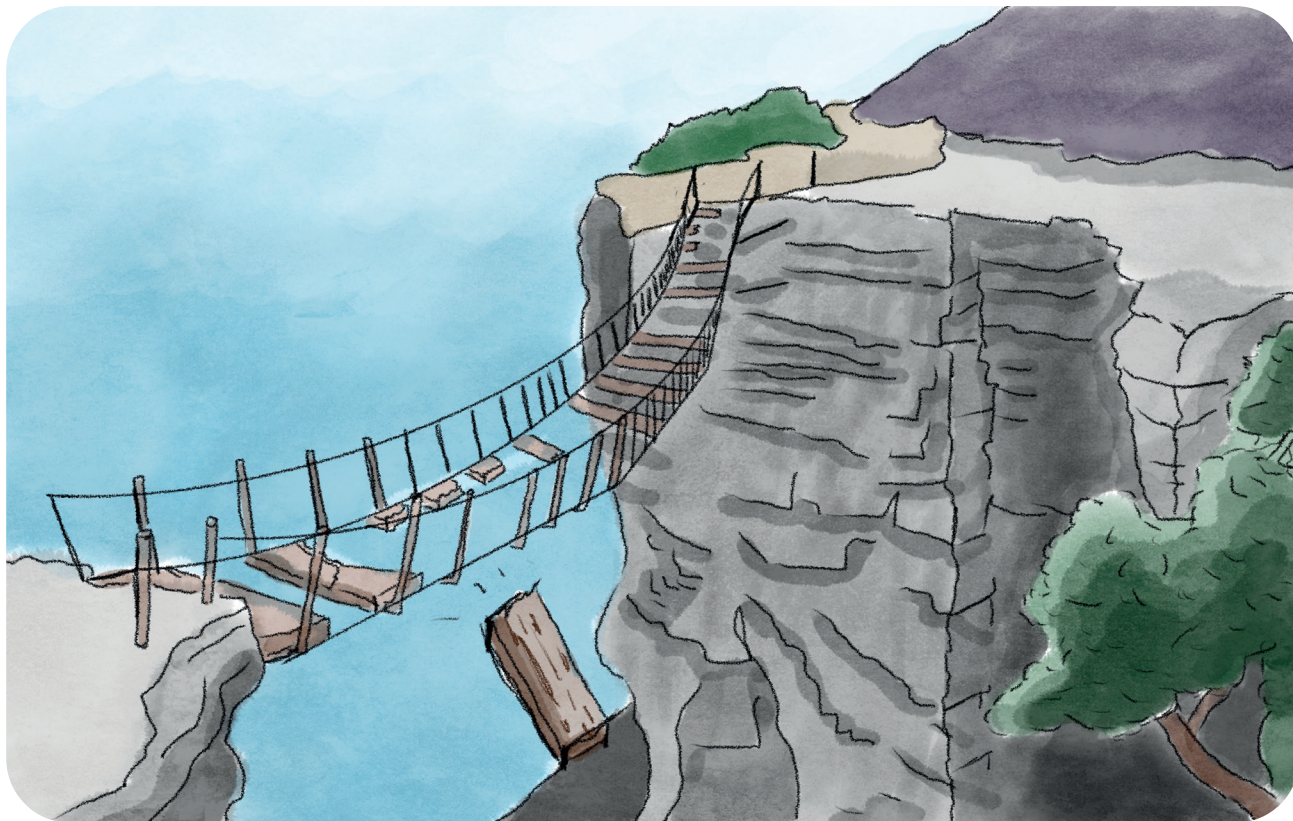
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## 2.4

## Does substance use impact the effectiveness of schizophrenia treatment?

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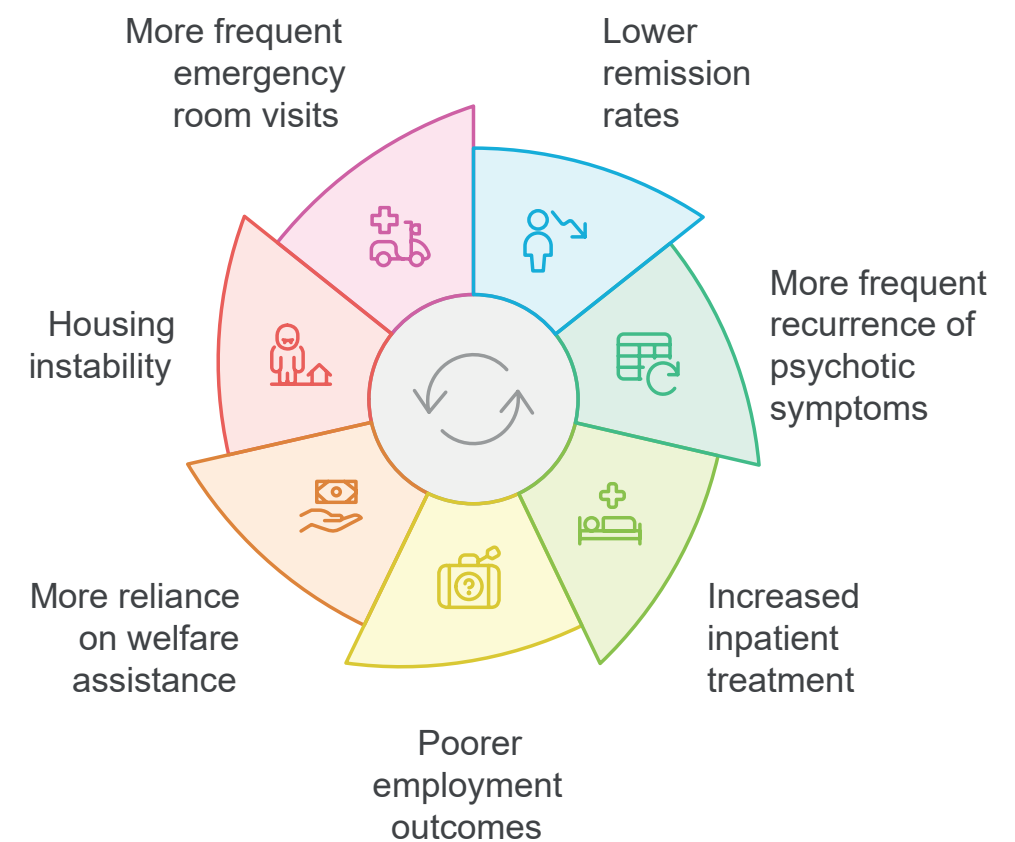


**Substance use can turn the already complex task of treating schizophrenia into an even more complicated puzzle. Evidence suggests that individuals with dual schizophrenia do not experience the same benefits from treatment as those who do not use substances.**

This situation is aggravated by lower adherence to treatment programs, as they are more likely to miss clinic appointments and day program sessions and are less compliant with prescribed pharmacotherapy.

Having both schizophrenia and substance use issues creates a **challenging landscape** for effective management, often leading to:

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### Why is treatment adherence so vital?

**Effective treatment for dual schizophrenia must address biological, psychological, and social factors, with antipsychotic medication playing a central role.**

**Staying on track with medication** - taking the right dose at the right time - is essential for managing symptoms, preventing relapses, and improving life expectancy. On the contrary, poor adherence, such as missing doses, taking incorrect amounts, or stopping medication without medical guidance, can weaken treatment effectiveness and increase the risk of relapse.



**Relapse is a major concern**, especially since experiencing one makes future relapses more likely. **Medication non-adherence is a key predictor of relapse**, particularly the first one.

Other factors, such as coexisting medical or psychiatric conditions and substance use disorders, can also contribute to relapse by either disrupting medication routines or worsening symptoms.

The type of care provided plays a critical role in long-term stability.

“**For individuals with dual schizophrenia, treatment must target both schizophrenia symptoms and those related to substance use disorder.**

Tailoring **therapy to each patient’s unique needs** increases the likelihood of adherence, leading to better outcomes and improved overall well-being.

## Do addictive substances relieve symptoms of schizophrenia?

Some addictive substances interact with the brain in ways similar to psychoactive medications, temporarily easing certain schizophrenia symptoms.

For example, nicotine and cannabidiol (CBD) may provide some symptom relief in schizophrenia. However, we must take into

account that nicotine is usually consumed with tobacco in cigarettes, and CBD is usually consumed in “joints” with high Tetrahydrocannabinol (THC) levels. These other substances, as well as the act of smoking, can lead to very negative effects.

Research suggests that opiates may reduce some psychotic symptoms, while stimulants could help with negative symptoms of schizophrenia. However, both **SUBSTANCES COME WITH SERIOUS RISKS AND POTENTIAL HARM.**

Alcohol use is also common among people with schizophrenia, often as a way to cope with anxiety or psychotic symptoms rather than experiencing these symptoms as a result of drinking. Still, alcohol can worsen overall health and stability.

This perspective **does not aim to encourage substance use**, but rather promote understanding and avoid blaming patients, suggesting the **need to adopt "substitution therapy" or "replacement therapy"** in many cases.

## Why do patients with schizophrenia often hide their drug use?

A study by the National Institute of Mental Health (NIMH) in the USA looked into this issue. Over a thousand participants with schizophrenia completed self-assessment

questionnaires about their use of cannabis, cocaine, and amphetamines. They were also given lab tests to confirm their answers.

The results were eye-opening: **38% of patients tested positive for these drugs, and more than half of them had not admitted to using them.**

Imagine how much higher the numbers might be if the study had also included tobacco and alcohol!

This is likely because patients living with schizophrenia fear judgment and blame for having a substance use disorder (SUD).

It's crucial to understand that **SUD is a mental disorder, not a choice.**

We need to **emphasize compassion and understanding in treating** these individuals, recognizing that they are dealing with complex and overlapping mental health challenges.

## Effective TRIO for managing dual schizophrenia

The combined impact of schizophrenia and substance use disorders must be addressed with care and expertise.

To prevent negative outcomes, it is crucial to implement **EFFECTIVE PREVENTION, INDIVIDUALIZED TREATMENT**, and **TARGETED REHABILITATION STRATEGIES.**

Unfortunately, people with dual schizophrenia often **face stigma** and **discrimination.**

They are frequently told to “just stop using substances” without being offered real support – an approach as unrealistic as expecting someone to simply stop experiencing psychosis.

In treating substance use disorders, adopting **"harm reduction"** strategies is essential. However, it's even better to use less stigmatizing terms like **"substitution therapy"** or **"replacement therapy"** to create a more **supportive environment.**

Another downside is the **"wrong door syndrome,"** where patients might get shuffled between different treatments for schizophrenia and substance use disorders, rather than receiving coordinated therapy. This can lead to **fragmented care and less effective treatment.**

People with dual schizophrenia and their families deserve treatment rooted in modern neuroscience and precision psychiatry. We must move away from outdated, moralistic views and embrace a comprehensive approach focused on true recovery and support.

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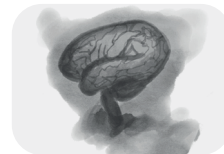


## Explore Chapter 3

*This chapter examines why tobacco use is so common among people with schizophrenia and how it impacts both the condition and its treatment. It also discusses the challenges of quitting and the resources available to support smoking cessation.*



**3.1**  
**Why is tobacco use so common among people with schizophrenia?**



**3.2**  
**How does tobacco use affect schizophrenia?**



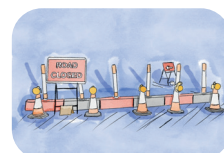
**3.3**  
**What are the health risks of tobacco use for someone with schizophrenia?**



**3.4**  
**Why is quitting smoking harder for people with schizophrenia?**



**3.5**  
**Can tobacco use interfere with schizophrenia medications?**



**3.6**  
**What resources are available for quit smoking in schizophrenia?**



## Fast Facts

**High tobacco use rates in schizophrenia** and other mental disorders aren't just a coincidence - they are rooted in shared genetic and brain chemistry factors.

Although smoking may seem to provide **temporary relief** in some situations, it **can worsen the course of schizophrenia and damage physical health**, complicating the overall management of schizophrenia.

Both **smoking and quitting smoking can interact with schizophrenia medication** by affecting how the body processes it - smoking speeds up the metabolism of some drugs, making them less effective, while quitting can increase drug levels and the risk of side effects. Therefore, it is **important to talk to the doctor** to ensure proper medication adjustments.

**Quitting smoking** is a big step for people with schizophrenia and tobacco use disorder. **It lays the basis for gradual improvements in both physical and mental health.**

*Given the overlap in meaning among some terms, which can lead to terminological ambiguity, this chapter adopts the following operational definitions to ensure clarity and consistency for readers.*

**Tobacco use** — any consumption of nicotine-containing products derived from tobacco, whether combustible, heated, or smokeless.

**Smoking** — the inhalation of smoke from combusted tobacco products (e.g., cigarettes, cigars, or pipes).

**Tobacco Use Disorder (TUD)** — the DSM-5 / ICD-11\*\* diagnosis describing a compulsive, harmful pattern of tobacco consumption.

**Comorbid schizophrenia** — schizophrenia that co-occurs with at least one additional diagnosable condition, in this chapter specifically TUD.

\*\*DSM-5 and ICD-11 are the shared "rulebooks" doctors use worldwide to label and describe health conditions so everyone speaks the same medical language.



## 3.1

## Why is tobacco use so common among people with schizophrenia?

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**If you've noticed that many people with schizophrenia smoke, you're not alone. Individuals with schizophrenia are far more likely to smoke than the general population.**

**But why? The reasons are complex and interconnected with both biological and psychological factors.**

From a scientific standpoint, it is important to understand the difference between simply using tobacco and having Tobacco Use Disorder (TUD). TUD is recognized globally as a mental health disorder by major medical classifications like DSM-5 and ICD-11 (WHO), meaning it's considered a condition that affects the brain.

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People with mental disorders smoke much more than the general population - **between 2 to 4 times as much.**

This trend is even more pronounced among those with severe mental disorders, where **Tobacco Use Disorder (TUD) rates are especially high**

For instance, as many as **70-85%** of people with schizophrenia and **50-70%** of those with bipolar disorder struggle with TUD

Despite their desire to quit for reasons like health and family, individuals with mental disorders face big challenges. They're more likely to relapse, especially when dealing with stress and negative emotions, even after successfully quitting for over a year.

These findings show how closely mental health and smoking are connected, making it clear that people need personalized support to manage both their well-being and tobacco addiction successfully.

### A strong link

**There is a strong connection between Tobacco Use Disorder (TUD) and other mental health conditions, like schizophrenia, indicating that they may share common brain mechanisms.**

In the human brain, there are complex systems and circuits—like the opioid, cannabinoid, and nicotinic cholinergic systems—that evolved to support our survival.

However, when these systems malfunction, as seen in many mental disorders, they can increase the risk of developing addictive behaviors like nicotine addiction.

People smoke primarily for nicotine, which they find in tobacco. Interestingly, variations in a specific brain nicotine receptor can predict severe and compulsive smoking behaviors.

These genetic differences not only make it harder for some individuals to quit smoking, but also increase their likelihood of relapse after attempting to quit.

## The theories of tobacco use-schizophrenia connection

Scientists have proposed several ideas to explain why smoking rates are so high among people with schizophrenia.

### Theory 1 - Self-Medication

One popular theory suggests that individuals with schizophrenia might use tobacco as a form of **self-medication** to manage their symptoms.

### Theory 2 - Shared Genetics

Another theory is that there might be a **shared genetic link**, meaning the same genes could increase the risk for both smoking and developing schizophrenia.

### Theory 3 - Smoking as a Contributing Factor

Lastly, some researchers believe that smoking itself could potentially **contribute to the onset of schizophrenia**.

Understanding these factors helps explain why quitting smoking can be especially challenging for individuals with mental health disorders and highlights the importance of personalized approaches to help them overcome nicotine addiction.

## Tobacco as self-medication

One major reason why people with schizophrenia smoke more than the general population is that nicotine can act as a form of **self-medication**, offering **temporary relief** from symptoms such as stress, agitation, and cognitive difficulties.

Some potential benefits of nicotine use in this context include:

- **Improved cognition and mood** – Nicotine interacts with brain receptors that enhance attention, learning, and memory.
- **Reduction of stress and agitation** – Many smokers report that nicotine helps them feel calmer.
- **Possible mitigation of medication side effects** – Some studies suggest that nicotine can reduce the severity of some side effects from antipsychotic drugs.
- **Regulation of appetite and metabolism** – Nicotine influences hormonal control of appetite and energy use, though this is less relevant to schizophrenia.



**While nicotine might offer short-term benefits, it is not a safe or sustainable treatment. Long-term smoking leads to serious health risks, making it a problematic coping strategy.**

## Cognitive deficits and nicotine's effects on the brain

Schizophrenia is often accompanied by **neurocognitive deficits (NCDs)** - problems with reaction time, memory, attention, and sensory processing. These challenges affect up to 80% **of people with schizophrenia** and tend to remain stable throughout life.

Nicotine appears to have a **strong connection to these cognitive issues**:

- Research shows that certain brain chemicals, like **dopamine, glutamate, and GABA, are linked to cognitive impairments in schizophrenia**.
- Nicotine interacts with these brain systems, **temporarily improving cognitive function**.
- Both human and animal studies demonstrate that **nicotine use increases when individuals face cognitive challenges**. This suggests

that smoking may be reinforcing itself - people continue to smoke because it helps them stay sharp.

Importantly, many people with schizophrenia who struggle with cognitive difficulties are also more likely to start and continue smoking. This indicates that the **need to manage cognitive deficits may be a significant reason** why smoking is so common among them.

## The cycle of smoking and its risks

One of the reasons smoking is so **difficult to quit** is because **nicotine creates a cycle of dependence**:

- **Cognitive abilities tend to decline when smokers quit**, leading them to crave another dose of nicotine to restore mental sharpness.
- **This reinforcement loop keeps people smoking**, especially those who **rely** on nicotine for cognitive or emotional relief.
- **The long-term consequences are severe**, including high rates of **smoking-related illnesses** like heart disease and lung conditions, which affect people with schizophrenia at higher rates.

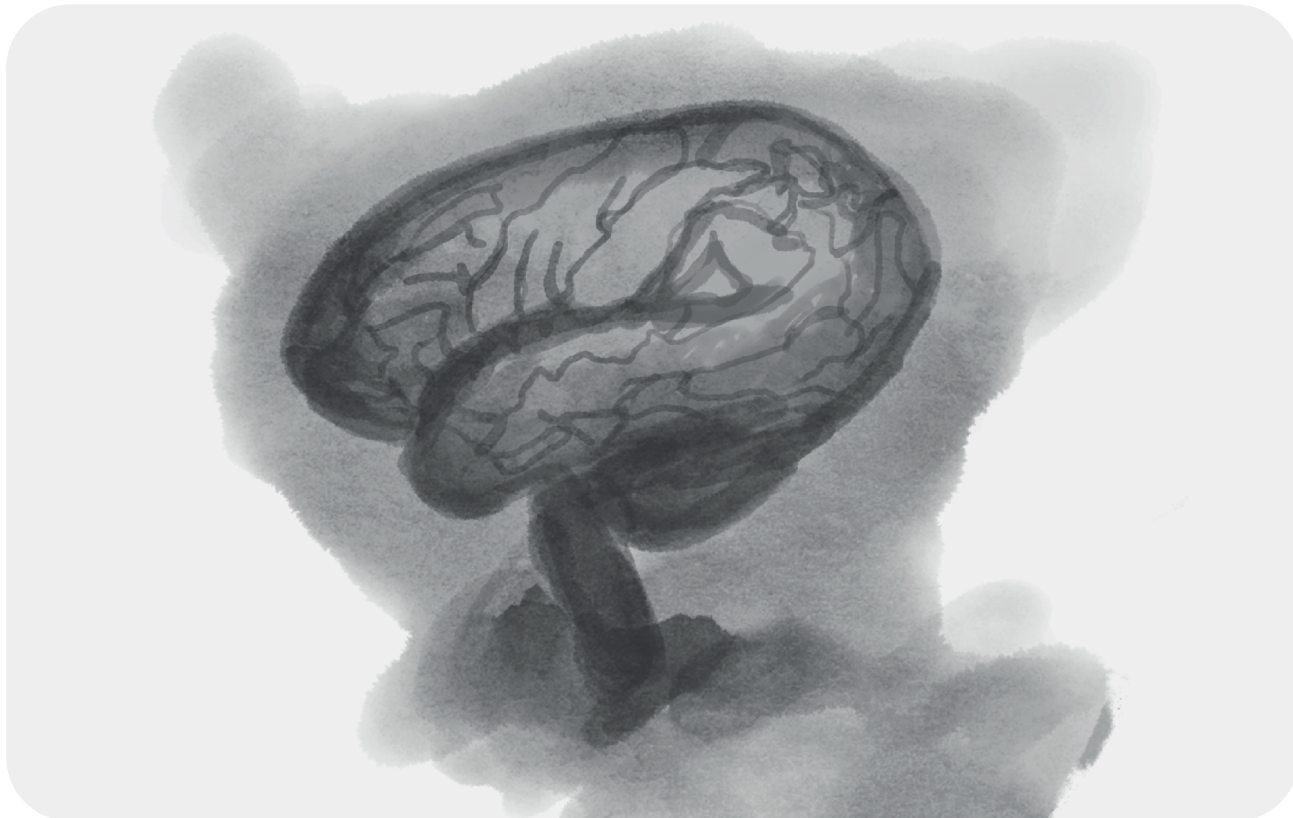
While nicotine might offer temporary benefits, its dangers far outweigh them.



## 3.2

## How does tobacco use affect schizophrenia?

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Although smoking may appear to offer temporary relief, it can impact emotions and behavior, complicating the management of schizophrenia.



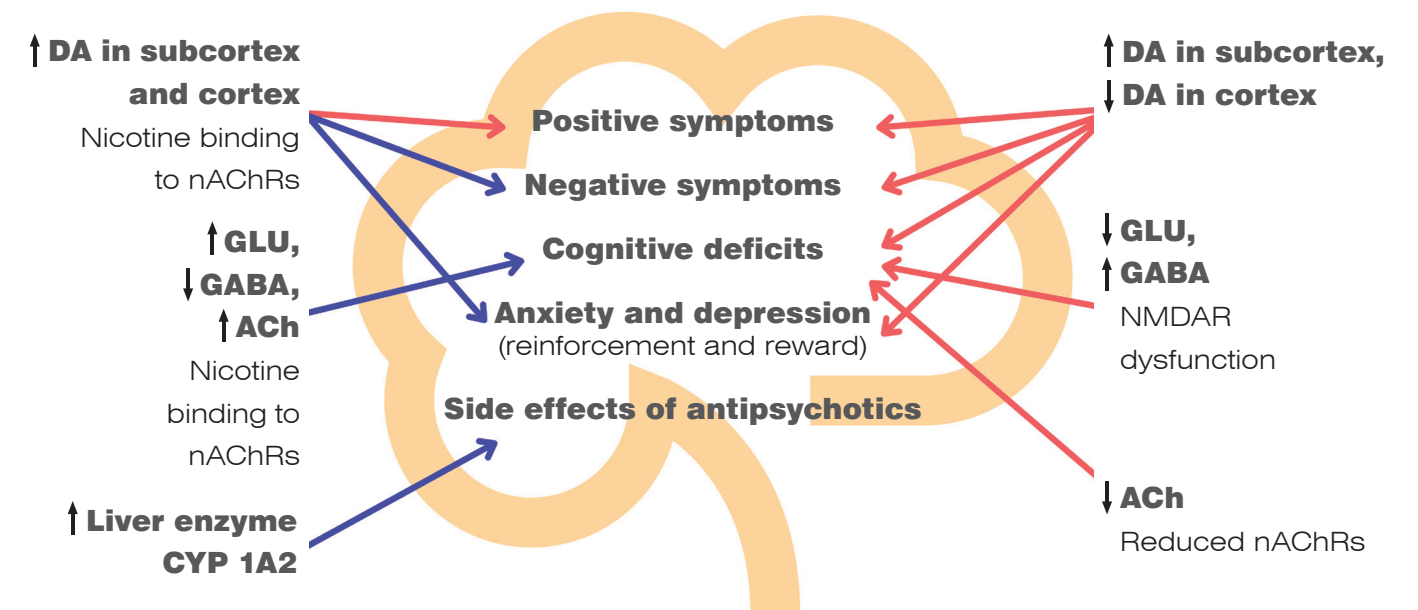
**‘The momentary ease nicotine can bring often hides the truth that it’s fueling the addiction, complicating efforts to quit.’**

Understanding how nicotine affects the brain in schizophrenia can help to determine whether it truly helps or harms.

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## Tobacco Use

## Schizophrenia



## How tobacco use affects the brain in schizophrenia

Potentially Beneficial effects, like improved neurotransmitter function →

Detrimental effects, like increased addiction risk →

**DA** – Dopamine, **GLU** – Glutamate, **GABA** – Gamma-Aminobutyric Acid, **ACh** – Acetylcholine; **nAChRs** – Nicotinic Acetylcholine Receptors, **NMDAR** – N-Methyl-D-Aspartate Receptor (glutamate receptor subtype), **CYP1A2** – Cytochrome P450 1A2 (liver enzyme that metabolizes antipsychotics)

## Smoking negatively impacts the schizophrenia course.

### Quitting matters!

While some studies suggest that smoking may help alleviate the symptoms of schizophrenia and improve cognitive functions like attention and memory, these potential **benefits are overshadowed** by the significant negative impact of tobacco use, making the management of schizophrenia even more challenging.

Smoking in people with schizophrenia has been associated with:

- **increased anxiety, agitation,**
- and **worsening symptoms of psychosis**, like hallucinations or delusions,
- as well as **reduced cognitive abilities**.

Furthermore, smoking has been linked to higher rates of **suicidal behavior** among those with schizophrenia.

On the flip side, **quitting tobacco has been shown to improve both mental clarity and psychosis symptoms, as well as lower the risk of other health problems**.

Despite these benefits, people with schizophrenia often receive less support to quit smoking compared to those without the condition.

## The true cost of smoking for people with schizophrenia

Aside from the health risks associated with tobacco use, there are additional challenges for people with mental disorders:

- **Financially**, spending on tobacco can be a significant portion of their income,
- **Socially**, tobacco use can also increase discrimination and stigma in their lives.

These factors compound the difficulties faced by individuals with mental health conditions who smoke.

## Financial impact of tobacco use in schizophrenia

Tobacco smoking isn't just a health issue for people with schizophrenia - it also has serious financial consequences.

A study in the U.S. found that individuals with schizophrenia or schizoaffective disorder who rely on public assistance **spend nearly 27% of their monthly funds on cigarettes**.

This shows just how much of a **financial burden smoking** can be for those already facing significant challenges.

## Social impact of Tobacco Use Disorder in schizophrenia

**Stigma and discrimination** significantly impact people dealing with tobacco use disorder and schizophrenia.

Even though modern neuroscience and psychiatry reveal that these conditions are linked to structural and functional brain problems, many still view TUD as rather a result of poor decisions or bad behavior than a true medical condition. This misconception lowers effective prevention and treatment.

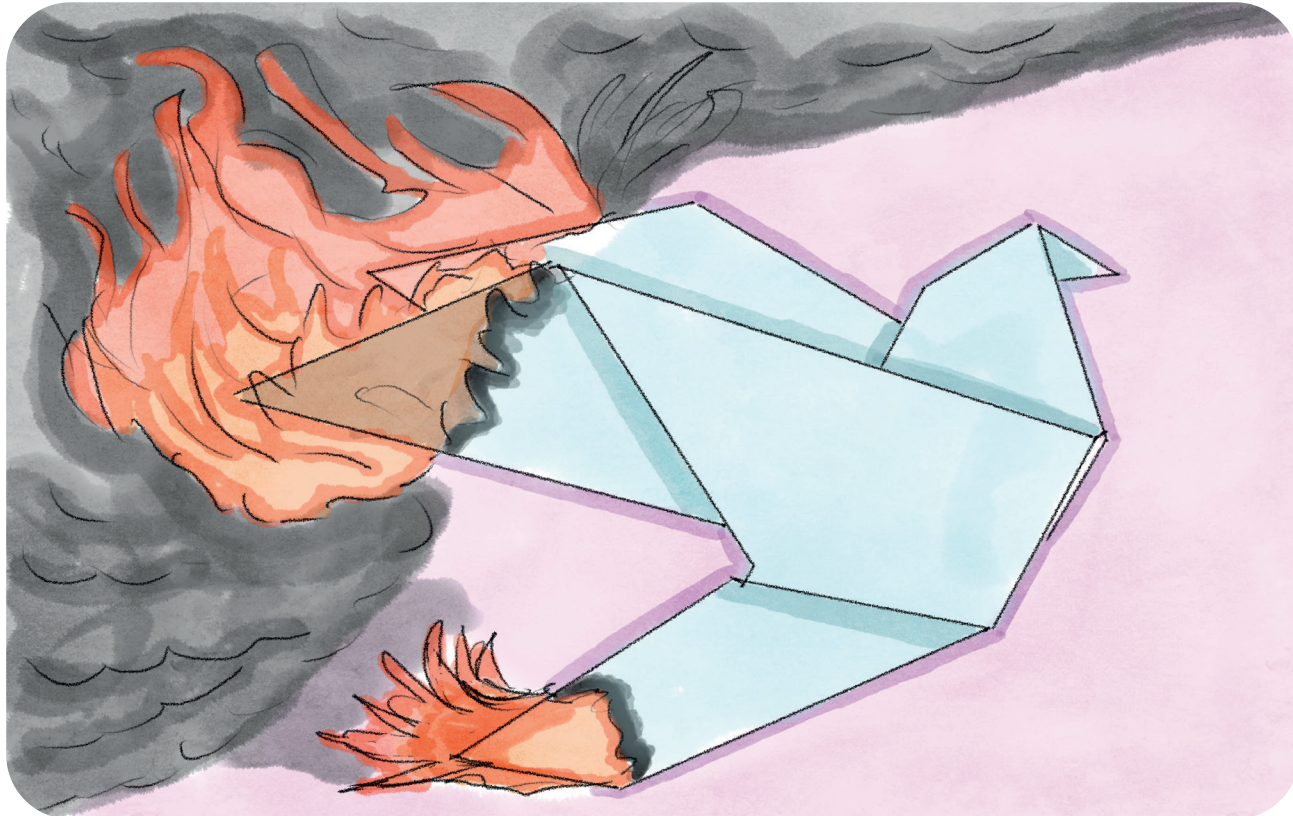
“**Overcoming stigma is essential to ensure the patient receives the right care and support.**”



## 3.3

## What are the health risks of tobacco use for someone with schizophrenia?

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**People with schizophrenia are already at a higher risk for various health problems, and smoking only compounds these risks.**

**The sad truth is that many of the health problems faced by people with schizophrenia who smoke are avoidable, making the decision to quit smoking even more critical.**



***Tobacco use is linked to roughly half of all smokers dying prematurely due to complications related to smoking. This results in about 10 years of life lost for those affected.***



Tobacco poses a significant health risk, contributing to conditions **like cancer, lung disease, and heart problems.** It also increases the likelihood of various other health issues that affect daily life and well-being, such as **respiratory infections, reduced fertility, osteoporosis, ulcers, and diabetes.**



Many of these problems stem from exposure to harmful gases produced when tobacco is burned – more than 70 of these gases are known to cause cancer.

### Specific habits that aggravate the burden in smokers suffering from schizophrenia

- People with schizophrenia often smoke **more intensely and frequently than others**, taking deeper and longer inhales which exposes them to higher levels of harmful chemicals in cigarettes.
- They also tend to **smoke more cigarettes** and are **more nicotine-dependent** compared to those without schizophrenia.
- Factors like lower **education, unemployment, severe symptoms, high caffeine intake**, and **substance use disorders** can contribute to their smoking habits.

But it's not just smokers who are at risk.

**Non-smokers who breathe in second-hand smoke are also in danger.**

In the United States alone, exposure to tobacco smoke leads to the premature deaths of an estimated 50,000 people each year.

This stresses the far-reaching impact of tobacco use on both smokers and those around them.

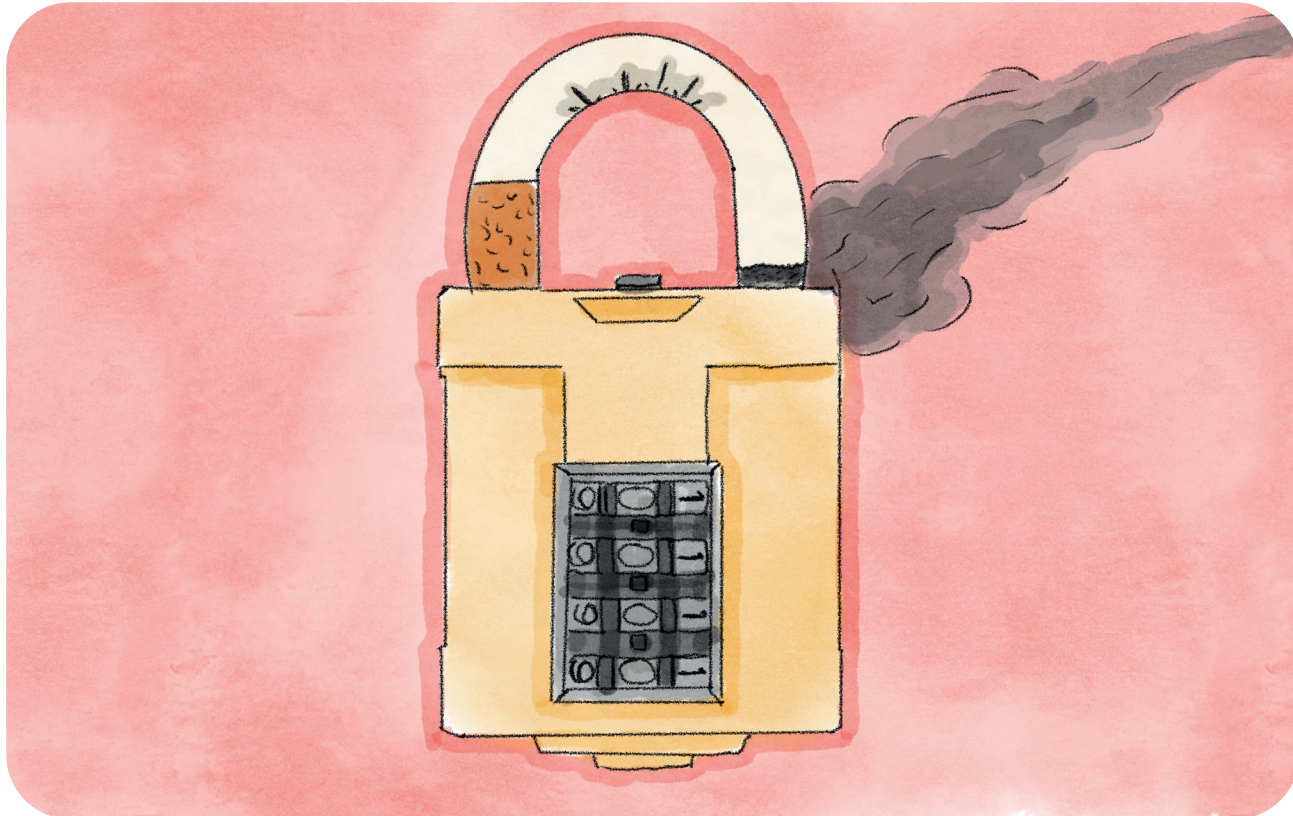
**Understanding the harmful effects of smoking is crucial to protecting the health and well-being of those living with schizophrenia.**

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## 3.4

## Why is quitting smoking harder for people with schizophrenia?

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**Quitting smoking is never easy, but for someone with schizophrenia, it can feel like climbing a mountain.**

Tobacco addiction is a tough opponent, and schizophrenia adds another **layer of difficulty**. The **withdrawal symptoms** from tobacco, such as irritability, depression, and anxiety, can be especially intense for those already struggling with mental health challenges.

But here's the good news: while it's more difficult, it's not impossible. With the right support and resources, **people with schizophrenia can and do quit smoking**.

### What obstacles do people with schizophrenia face when trying to quit smoking?

Several obstacles make quitting smoking particularly challenging for people with schizophrenia:

- **ADDICTION AND CRAVINGS:** While these factors play a significant role, there's also strong evidence that smoking is used as a way to cope with some of the symptoms. These might include stress, feeling down, boredom, and even social isolation. Smoking can become a way to manage these challenging feelings and situations.
- **LIMITED RESOURCES:** Both patients and healthcare providers

often struggle with a shortage of necessary resources. Although some specific programs exist, many patients cannot afford the cost.

- **NEGLECT AND OUTDATED ATTITUDES:** Some responsible persons still hold onto outdated prejudices, overlooking the importance of assisting patients in quitting smoking.
- **STIGMA:** Patients with schizophrenia often face stigma, which can hinder their access to smoking cessation support.

Addressing these barriers is essential to helping people with schizophrenia in their efforts to quit smoking.

### Tobacco Use Disorder is more than just a personal choice.

Conditions like tobacco use disorder aren't something people choose - they often arise from a **mix of genetic factors and life experiences** that make someone more vulnerable.

**“Addiction is a type of mental health condition.”**

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About **37-40%** of smokers aren't currently thinking about quitting.



This number rises to **60%** among individuals with mental health issues.

### Gender and nicotine: how men and women respond differently

Extensive research has shown that there are gender-related differences in how people respond to smoking.

**WOMEN** tend to **METABOLIZE NICOTINE AND ITS BYPRODUCT COTININE FASTER** than men, partly because of estrogen levels. This faster metabolism might explain why women often experience more **NEGATIVE EFFECTS FROM NICOTINE** and have **POORER SUCCESS RATES WITH TREATMENTS.**

Studies indicate that **WOMEN** are **MORE REACTIVE TO NICOTINE RELATED CUES AND STRESS,**

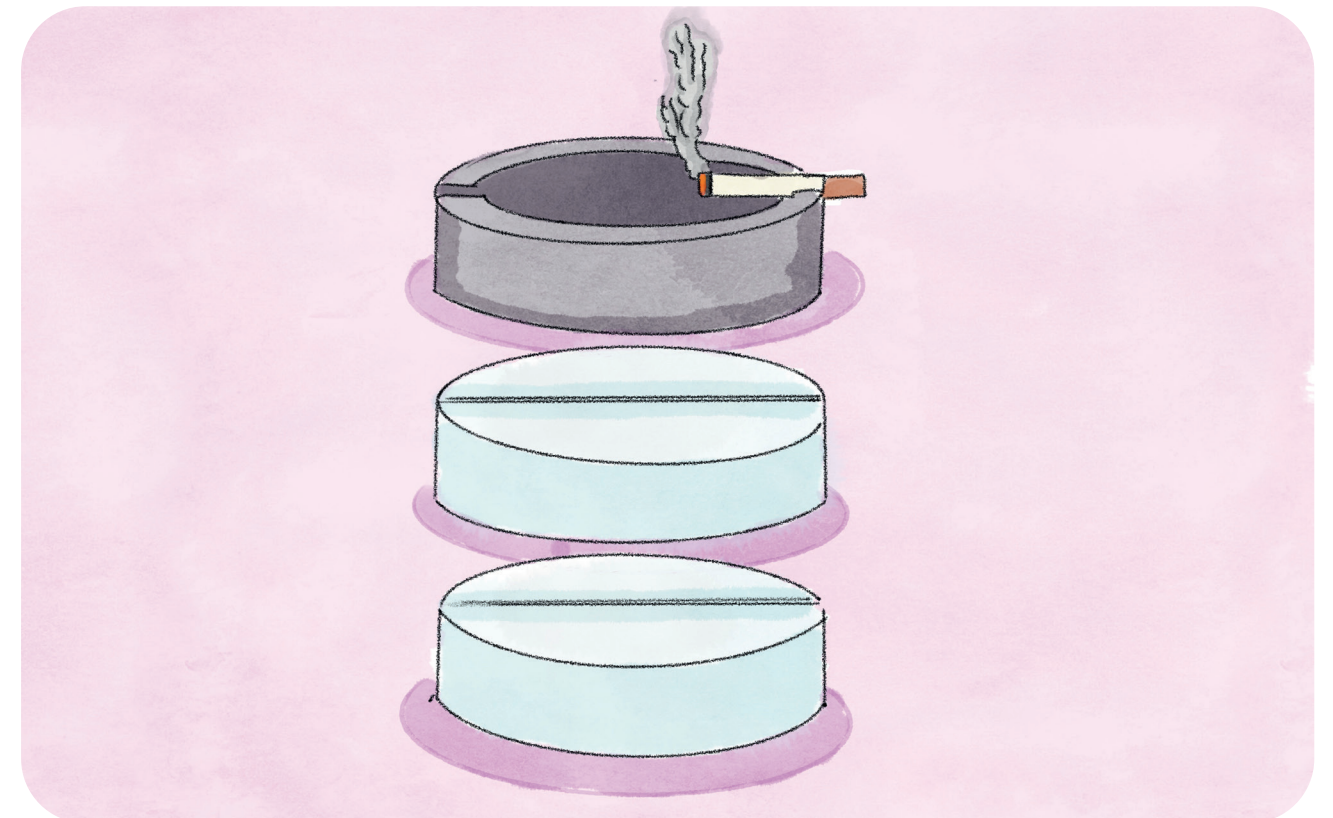
making them more prone to relapse, especially after stressful events.

Additionally, women generally respond **LESS FAVORABLY TO NICOTINE REPLACEMENT THERAPIES** compared to men.

One reason for the similar smoking rates among adult men and women could be tobacco marketing **STRATEGIES AIMED AT WOMEN,** emphasizing appetite suppression, weight loss, and independence.

## 3.5

### Can tobacco use interfere with schizophrenia medication?



**The short answer is “Yes, it can” - and this is something many people aren’t aware of.**

**Smoking doesn’t just affect the lungs; it can interfere with the way the body processes medications for schizophrenia.**

## Nicotine can speed up the metabolism of certain antipsychotic drugs, making them less effective.

This means that someone who smokes might need higher doses of their medication to get the same therapeutic effect, which can increase the risk of side effects.

"Quitting smoking, on the other hand, can lead to better control of symptoms and may allow for lower medication doses, ultimately improving overall health."

## How smoking and quitting impact on psychotropic and other medications (useful to know)

Cigarette smoke contains about **3,000 different chemicals**. Some of these chemicals can interact with the medications, and **a few of these interactions can be quite significant**.

The main responsible are chemicals called **polycyclic aromatic hydrocarbons (PAHs)**. These PAHs can change the way the body processes certain drugs.

Here's how it works:

### PAHs activate liver enzymes.

When these enzymes are activated, they can speed up the metabolism of drugs that use these pathways, lowering the drug levels in the blood.

**Heavy smokers and those who smoke unfiltered cigarettes have higher levels of enzyme activation.** The more you inhale, the more PAHs get into your system, leading to greater enzyme induction.

**When you quit smoking**, these enzyme levels quickly return to normal. The activity of **some enzymes drops to steady levels within a week after quitting**. As a result, drug levels in the blood can increase when one stops smoking, which might lead to higher chances of side effects or toxicity.

Even though we know this, there aren't clear guidelines for how to manage medications when you quit smoking because specific studies on these interactions are still lacking.

So, **if a person you're caring for is a smoker or planning to quit, it's essential to talk to the doctor about the medications and how to avoid potential issues.**

## What to know about medications when stopping smoking?

When somebody is quitting smoking, the doctor needs to consider several factors related to the medications

**Amount of tobacco smoked:**  
Heavy smokers are at the highest risk for drug interactions.

**Drug metabolism:**  
The impact is greatest for medications that rely heavily on some enzymes and the doctor will advise and inform you regarding the medication.

**Method of quitting:**  
Whether quitting abruptly or gradually, it can sometimes influence the medications.

**Enzyme changes:**  
It takes at least one week for changes in enzyme activity to take place after stopping smoking.

**Medication Dosage:**  
High doses of antipsychotic medications may lead to unpredictable increases in drug levels.

**Liver function:**  
The baseline liver health can affect how drugs are processed.

**Age:** The ability of your body to induce some enzymes decreases as you get older.

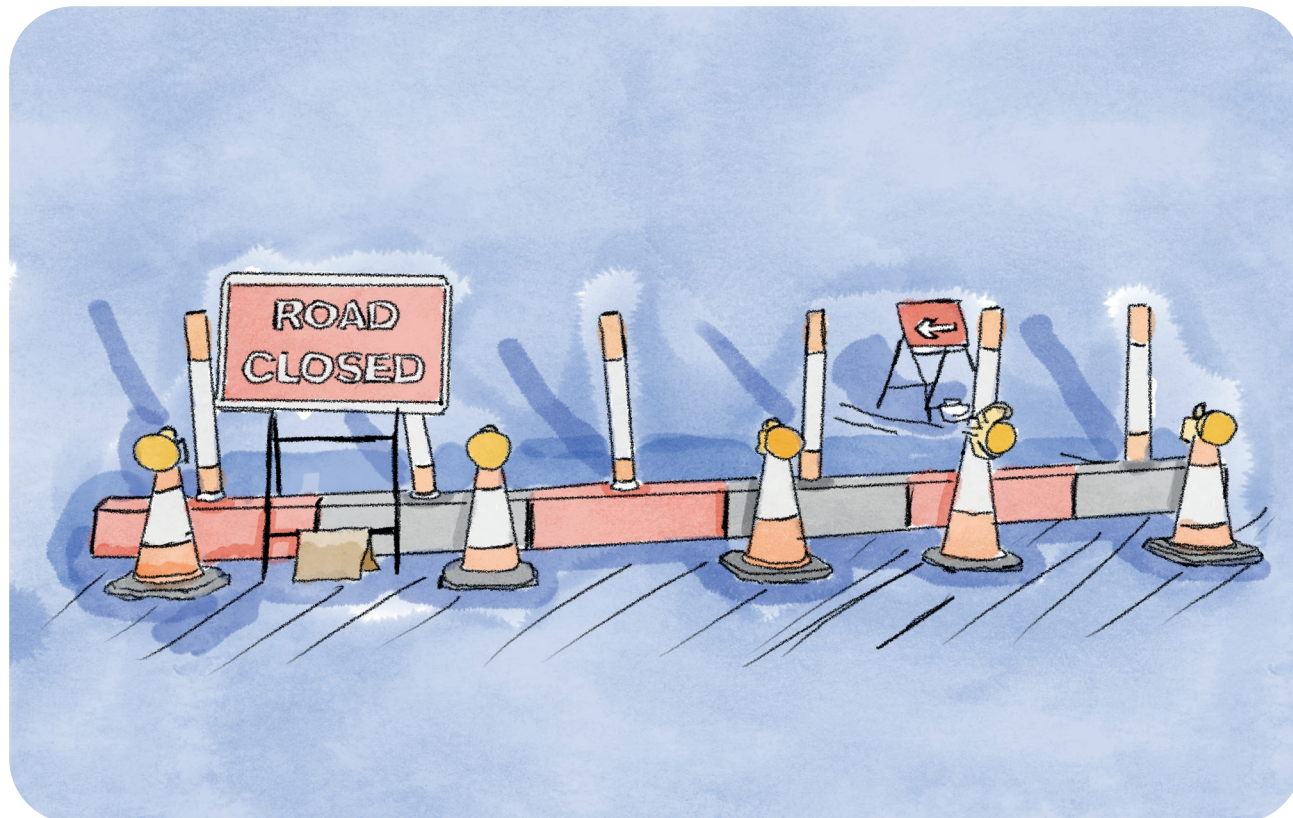
Considering these factors can help manage the medications more effectively during smoking cessation. It is recommended to always discuss any changes in the smoking habits of the patient with the healthcare provider to ensure safe and effective treatment.



## 3.6

## What resources are available for quit smoking in schizophrenia?

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**Fortunately, there are specialized resources and programs designed to help people with schizophrenia quit smoking.**

There are **SEVERAL MEDICATIONS** available (approved by the FDA/EMA) to support people in their journey to quit smoking. The primary goal of these medications is to help individuals cut back or completely stop their tobacco use.

**NICOTINE REPLACEMENT** (like patches, gum, and lozenges) offers a safer alternative by gradually reducing dependence on harmful tobacco products through substitution, making it an efficient tool in harm reduction efforts.

There's also a newer treatment called **DEEP TRANSCRANIAL MAGNETIC STIMULATION** (TMS), which is approved to help people stop smoking for short periods.

While these treatments work for many people initially, studies show that **MANY PEOPLE START SMOKING AGAIN WITHIN A YEAR**. For those with serious mental health conditions, these treatments are often less effective, and many don't respond to them.

**How effective are “nicotine replacement drugs” and nicotine e-cigarettes in helping smokers quit?**

A study conducted in northern Finland, involved participants aged 25 to 75 who smoked daily and wanted to

quit. They were randomly assigned to different treatment groups, receiving either nicotine-containing e-cigarettes (ECs) with placebo tablets, a “nicotine replacement drug” with nicotine-free ECs, or placebo tablets with nicotine-free ECs.

All participants also received motivational support during a 12-week intervention.

The trial showed that both nicotine replacement drug and nicotine-containing e-cigarettes were effective in helping people quit smoking for up to six months.

**E-cigarette and schizophrenia: what is important to know?**

Electronic cigarettes (e-cigarettes) entered the market around 2006, offering a way to get nicotine without using traditional tobacco.

Since then, their popularity has soared, especially among young adults. A recent study found that **9.2% of university students** had used e-cigarettes in the past year, and these devices have also been **linked to mental health issues and impulsive behavior**.

***E-cigarette use is also significant among people with schizophrenia.***

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In one study, **7%** of individuals with schizophrenia were current users, **37%** had tried them in the past, and **24%** of non-users were open to giving them a try.

### **Many users turned to e-cigarettes to help quit smoking traditional tobacco**

It's important to note that traditional cigarette smoke, rather than nicotine itself, is thought to alter some enzymes, which affects the metabolism of some antipsychotic drugs.

Since e-cigarettes don't produce the same smoke, the current data isn't enough to recommend any medication dose adjustments for e-cigarette users with schizophrenia.

## **E-cigarettes can be the key to Pandora's box!**

Researchers looked into how e-cigarette use might affect the risk of developing addictions to other substances, like marijuana, alcohol, and prescription medications.

It was found that **using e-cigarettes could make it easier for people to become more addicted to these other substances.**

## **Breaking the habit: success in reducing and quitting smoking in schizophrenia patients is realistic**

Individuals with mental disorders who receive treatment are more likely to reduce their tobacco use compared to those without treatment.

## **THERE IS HOPE!**

## **Key takeaways for caregivers**

- **People with schizophrenia smoke at much higher rates due to shared genetic and brain chemistry factors, and as a way to cope with symptoms like stress and cognitive difficulties.**
- **Smoking can worsen schizophrenia symptoms, increase health risks and interfere with medications. Quitting can improve mental clarity and physical wellbeing but may require medication adjustment.**
- **Nicotine may feel helpful short-term but creates a cycle of dependence that harms long-term recovery.**
- **Quitting smoking is harder for those with schizophrenia, but it is possible. Personalized support, understanding withdrawal challenges and working closely with healthcare providers are key.**
- **Caregivers can play a crucial role by encouraging smoke-free goals, monitoring medical changes and reducing stigma around tobacco addiction.**



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## Explore Chapter 4

*This chapter explains why people with schizophrenia often turn to alcohol and how it impacts their symptoms and treatment. It also offers guidance on recognizing alcohol misuse in schizophrenia and how families can support the journey to recovery.*



**4.1**  
**Why do people with schizophrenia turn to alcohol?**



**4.2**  
**How does alcohol affect schizophrenia and its treatment?**



**4.3**  
**How to detect alcohol misuse in someone with schizophrenia?**



**4.4**  
**How can you support the journey to mental health and sobriety?**





## Fast Facts

### **Alcohol as a coping mechanism.**

Many people with schizophrenia turn to alcohol as a way to cope with distress, social isolation, or symptoms of their condition, but this often leads to worsening mental health and dependence.

### **Impact on treatment and health.**

Drinking not only makes schizophrenia symptoms harder to manage but also can weaken the effects of antipsychotic medications, increase the risk of relapse, and lower the person's quality of life.

### **Early detection is important.**

Recognizing the risk of alcohol use disorder (AUD) when schizophrenia is first diagnosed can help create better and more effective treatment strategies.

### **Integrated support.**

With integrated care for both schizophrenia and alcohol use disorder, along with strong family support, individuals can achieve stability, improve their health, and rebuild their lives.

## 4.1

### Why do people with schizophrenia turn to alcohol?



**For many individuals with schizophrenia, alcohol becomes a coping mechanism in their attempts to self-medicate, ease social discomfort, and manage stress.**

**The social environment** also plays a role. Being surrounded by alcohol, whether through social gatherings or community settings, can make it harder to avoid drinking. Some individuals may turn to alcohol to feel accepted or escape loneliness.

**While alcohol may provide temporary relief, it ultimately worsens mental health problems, increasing the risk of dependence and making schizophrenia symptoms harder to manage.**

## How common is Alcohol Use Disorder in people with Schizophrenia?

Alcohol Use Disorder (AUD) is **one of the most common** co-occurring conditions in schizophrenia.



Researchers show that around **21% of people** with schizophrenia have experienced alcohol use disorder at some point in their lives, and **11% are currently dealing with it.**

**2x**

The WHO's survey found that people with psychotic experiences **are more than twice** as likely to struggle with AUD as those without schizophrenia: **17.1% of those with psychotic experiences** had a history of alcohol use disorder, compared to just **7.2% of those without such experiences.**

This highlights the deep connection between alcohol use disorder and schizophrenia.

## How does alcohol affect the brain?

Research has shown that **alcohol triggers the release of dopamine**, a brain chemical associated with pleasure and reward.

However, **long-term alcohol use damages the dopamine system, making the brain less sensitive**

**to pleasure.** Even after quitting alcohol, these changes may persist, worsening schizophrenia symptoms.

This **disruption in dopamine processing** is closely connected to the **development of psychotic symptoms** in schizophrenia.

## Why are mental health and alcohol use disorders so closely connected?

The connection between alcohol use disorder and other mental health conditions can be complex. It may result from:

- Alcohol's **direct impact** on mental health
- **Shared** genetic or environmental factors
- **Overlapping traits** between schizophrenia and alcohol dependence
- A **broader pattern of co-existing disorders** that affect mood, behavior, and cognition

Research shows that **risk factors** for alcohol use disorder **can emerge early**, even before drinking becomes a problem.

These factors **increase the likelihood** of developing mental health issues, like anxiety, depression, and aggressive behavior.

The **internalizing-externalizing** framework **helps explain** how different mental health symptoms are related **and why alcohol use disorder often coexists with schizophrenia.**

**“Internalizing”** involves symptoms like sadness and anxiety.

**“Externalizing”** includes symptoms like aggression.

This model helps explain why people with alcohol use disorder often struggle with multiple mental health conditions, as **they may share common underlying causes.**

## Why do some drinkers develop alcohol use disorder while others don't?

A person's genetic and biological characteristics help explain why not everyone who drinks develops Alcohol Use Disorder (AUD).

Researchers have identified **specific genetic variations** that can increase the risk of AUD, even in those who don't consume large amounts of alcohol.

These genetic factors may help explain why some individuals transition from occasional or heavy drinking to full-blown addiction.

Understanding these variations opens new possibilities for targeted prevention and treatment strategies, making interventions more effective.

## Does alcohol cause or worsen psychosis in schizophrenia or offer relief?

**Alcohol does not directly cause schizophrenia.** Research shows that people with schizophrenia often



turn to alcohol after experiencing anxiety or psychotic symptoms.

This suggests that alcohol is often used as a coping mechanism for feelings of distress and anxiety rather than a trigger for symptoms.

## What is Alcohol-Induced Psychosis, and how is it different from schizophrenia?

Acute alcohol intoxication, especially in individuals who are already vulnerable, and long-term misuse of **alcohol can potentially lead to alcohol-induced psychosis**.

Typically, alcohol-induced psychosis is **triggered by alcohol withdrawal**, a condition also known as **alcohol withdrawal delirium**.

Symptoms may include auditory and visual **hallucinations and paranoia**, but these **typically resolve within 72 hours**. It's important to note that this **condition is not the same as schizophrenia**.

## How are schizophrenia and alcohol use disorder linked?

Alcohol use in people with schizophrenia is influenced by a mix of genetic and biological factors, as well as life circumstances.

**Genetic and family factors:** Studies show that people with schizophrenia are more likely to develop alcohol problems if they have close relatives with Alcohol Use Disorder (AUD). However, schizophrenia itself **is not more common** in children of parents with AUD.

**Biological influences:** Many individuals with schizophrenia drink alcohol to self-medicate, hoping to ease their symptoms, but alcohol often makes things worse. Brain chemistry also plays a role - changes in dopamine levels may make people more sensitive to alcohol's rewarding effects, increasing the risk of addiction. Additionally, schizophrenia can impact impulse control and thinking abilities, making it easier to develop a drinking problem, even with small amounts of alcohol.

**Social and environmental factors:** Life challenges also contribute to alcohol use. Many people with schizophrenia struggle with stress, poverty, and loneliness, which may lead them to alcohol as a coping mechanism. Some use alcohol as a way to fit in socially or feel a sense of belonging. Additionally, changes in mental healthcare - such as moving away from hospital-based treatment to independent community living - can sometimes leave individuals with fewer job opportunities, less access to recreation, and limited social support, making alcohol more appealing.

# 4.2

## How does alcohol affect schizophrenia and its treatment?



**Alcohol can have a serious impact on schizophrenia, often making symptoms worse and affecting a person's mental state.**

**Since antipsychotic medications are primarily processed by the liver, alcohol can interfere with this process, reducing their effectiveness or causing stronger side effects.**

## The global impact of alcohol use disorder

Alcohol use disorder remains a **major contributor to illness and death worldwide**. Globally, an estimated 400 million people (or 7% of the world's population aged 15 years and older) live with alcohol use disorders.

This disorder **occurs when someone loses control over their drinking**, leading to dependence, increased tolerance, and serious negative effects on their mental, physical, and social well-being.

It accounts for about **10% OF THE GLOBAL BURDEN** of disease related to substance use and mental health disorders.

Alcohol use disorder is highly disabling and is linked to numerous **health problems, both physical and psychological**.

### When schizophrenia meets alcohol use disorder

When someone with schizophrenia also has an alcohol use disorder (AUD), it can make their illness harder to manage.

This may lead, among others, to:

- **worsening psychotic symptoms,**
- **more frequent relapses,**
- **lower quality of life,**
- **reduce the effectiveness** of antipsychotic medications,
- **difficulties adhering to treatment.**

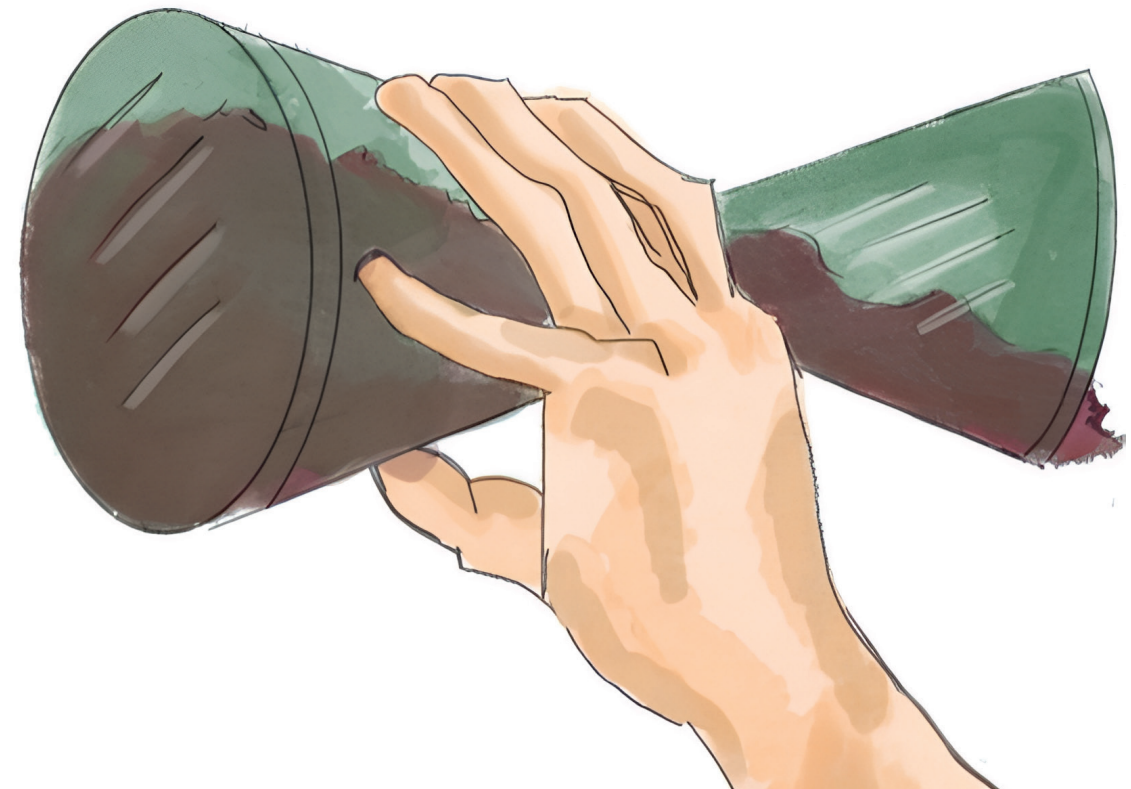
Studies have also found that those who drink heavily tend to have a longer history of schizophrenia and often require extended stays in mental health facilities.

For instance, chronic schizophrenia patients with alcohol use disorders tend to experience more severe positive symptoms, such (hallucinations or delusions), and greater levels of depression and negative symptoms (like emotional flatness) and suicidal behavior compared to those who have never used alcohol.

In cases of first-episode psychosis, alcohol use before hospitalization has been linked to more frequent positive symptoms, while also being associated with negative symptoms.

Moreover, alcohol consumption negatively affects cognitive function and reduces the quality of life in individuals with schizophrenia.

It also contributes to an increased risk of death from various causes in this population.



## Early intervention matters

**Treating schizophrenia alone may not be enough** to prevent the onset of alcohol use disorder. Identifying individuals at risk early is crucial for providing **timely preventive measures**.

Addressing alcohol use **before it escalates** can help reduce its harmful impact on health, improve treatment adherence, and lower hospital readmission rates. **Early intervention** plays a key role in enhancing overall well-being.



## 4.3

## How to detect alcohol misuse in someone with schizophrenia?

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**Recognizing alcohol misuse in someone who has schizophrenia can be challenging, as the symptoms of both conditions may overlap.**

For example, isolation, disorganized thinking, and changeable behavior can be symptoms of both schizophrenia and alcohol misuse.

However, being aware of the specific **behavioral changes, physical symptoms, and subtle signs that indicate alcohol misuse** can help families identify problems early and take necessary action.

**“Early recognition allows for timely intervention, improving overall treatment outcomes and well-being.”**

### Specific indicators that can help distinguish alcohol-related issues:

**Changes in behavior**, such as increased secrecy, neglect of responsibilities, or a noticeable decline in personal hygiene.

**Physical signs**, like the smell of alcohol, unclear speech, or unsteady gait may also be apparent.

Another red flag is a **sudden increase in the consumption of alcohol or frequent intoxication**, especially in situations where the individual previously did not drink heavily.

Monitoring **how alcohol use affects their mental health symptoms** -

If there is a noticeable **worsening of hallucinations, delusions, or mood instability following alcohol consumption**, this could indicate a harmful relationship with alcohol.

It's also important to consider the **impact on their treatment** -

If they are **missing medications, avoiding therapy, or becoming more isolated**, these could be signs that alcohol misuse is interfering with their recovery.

### What is alcohol-induced psychotic disorder?

**Alcohol-induced psychotic disorder** is considered a separate condition from schizophrenia.

It can also be distinguished from other alcohol-related disorders, like **alcohol withdrawal delirium**.

**About 1/3** of people with alcohol dependence **who experience psychotic symptoms** are diagnosed with **alcohol-induced psychotic disorder**.

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Several theories attempt to explain how alcohol-induced psychotic disorder may develop. It might arise as:

- a way of self-medicating schizophrenia symptoms,
- a direct result of excessive alcohol use,
- a separate but concurrent condition.

## Alcohol and violence in people with schizophrenia

Understanding the link between alcohol use, schizophrenia, and violent behavior is key to effective support.

- Research shows that a **history of violent incidents is a major predictor** of developing an alcohol use disorder (AUD) after a schizophrenia diagnosis.
- This underscores the importance of **closely monitoring both** alcohol consumption and any history of violence.
- Being **proactive** about these issues can greatly enhance your loved one's treatment and overall well-being.

## Do men and women experience alcohol differently?

**Men and women react differently to alcohol**, and these differences are rooted in biology.

**Women tend to become intoxicated after consuming smaller amounts** of alcohol compared to men.

This **discrepancy** may be attributed to the fact that women typically have less total body water than men of similar size, resulting in **higher blood-alcohol concentrations** following equivalent alcohol consumption.

Additionally, **women possess a lower concentration of gastric alcohol dehydrogenase**, which breaks down alcohol in the stomach, compared to men.

# 4.4

## How can you support the journey to mental health and sobriety?



**Supporting a loved one with both schizophrenia and alcohol use disorder is a delicate balance that requires empathy, patience, and informed action.**



Practical steps to create a **supportive environment**, encourage **treatment adherence**, and **promote sobriety** are crucial.

Equally important is that caregivers practice **self-care** to maintain their own well-being while continuing to offer support.

## Reducing alcohol use can improve outcomes for dual schizophrenia

**Alcohol use can significantly worsen the challenges** faced by individuals with schizophrenia.

While alcohol is often responsible for poor outcomes, other factors – like other **substance abuse, lack of medication adherence, and stressful living conditions** – also play a role.

Studies show that people with both schizophrenia and alcohol use disorder are **more likely to experience negative outcomes**, including higher rates of depression, homelessness, and hospitalization.

However, **those who achieve sobriety tend to see improvements in their mental health, stability, and overall quality of life.**

These findings highlight the importance of an **integrated treatment approach** that addresses **both schizophrenia and AUD simultaneously**.

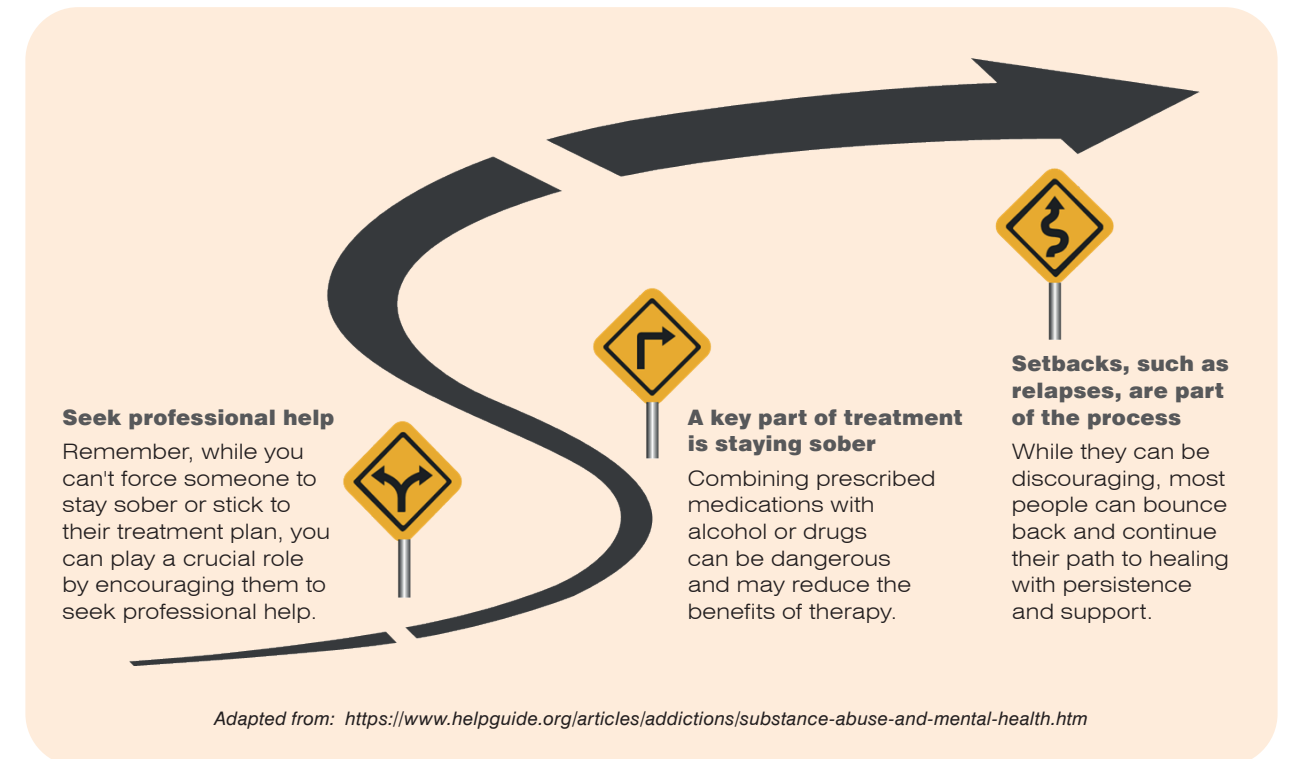
## Key steps in managing schizophrenia and alcohol use disorder

- 1** The first step, **engagement**, focuses on building trust between the patient and the treatment team.
- 2** Next comes **persuasion**, where the goal is to motivate the patient to manage both conditions and work toward recovery.
- 3** During the **active treatment** phase, patients learn the skills and receive the support necessary for managing their illnesses and improving their lives.
- 4** Finally, **relapse prevention** involves strategies to help patients avoid setbacks and reduce their impact if they occur.

## How can you support the journey?

Supporting someone dealing with both alcohol use and mental health issues can be tough. However, recovery is achievable.

Although the journey demands time, dedication, and bravery, many have successfully overcome these challenges and become stronger.



Recent research shows that treating mental health and substance use disorders together, rather than separately, leads to better outcomes.

Integrated treatment programs, usually run by teams of specialists, focus on outreach, comprehensive care, and a step-by-step approach to recovery.

The involvement and support of family and relatives are of crucial importance for the well-being of these patients.

**Supporting a loved one through the challenges of schizophrenia and alcohol use disorder isn't easy, but with patience, awareness, and the right care, you can make a meaningful difference in their journey to recovery.**

### Key takeaways for caregivers:

- **People with schizophrenia may use alcohol to cope with distress, but it often worsens symptoms and leads to dependence.**
- **Alcohol can reduce the effectiveness of antipsychotic medication and increase relapse, hospitalization and health risks.**
- **Early detection of alcohol misuse is crucial to prevent further complications and reduce recovery.**
- **Family support and integrated treatment for both conditions greatly improve outcomes and long-term stability.**
- **Caregivers can help by watching for signs of alcohol misuse, encouraging treatment, and offering non-judgemental support.**

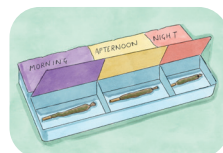
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## Explore Chapter 5

*This chapter provides insights into the impact of Cannabis Use on schizophrenia symptoms and treatment, and strategies for managing both conditions. By understanding cannabis use in schizophrenia, caregivers can better support and help improve outcomes for their loved ones.*

**5.1**  
**Cannabis use and schizophrenia****5.2**  
**Recognizing cannabis use disorder****5.3**  
**How does cannabis use impact schizophrenia?****5.4**  
**How does cannabis use disorder impact schizophrenia treatment?**



## Fast Facts

**Cannabis use** is common among people with schizophrenia, often as a way to cope with symptoms, despite its risks of triggering psychotic episodes and interfering with treatment.

### **Cannabis Use Disorder**

goes beyond occasional use, leading to withdrawal symptoms and making it hard to quit, which further complicates schizophrenia management.

### **Gradually reducing or eliminating cannabis**

use can help prevent or even improve the symptoms of schizophrenia.

### **Managing together.**

Effective treatment requires psychiatric care, gradual cannabis reduction, and strict medication adherence. Family support is essential for better outcomes and improved quality of life.

## About Cannabis

Cannabis, derived from the **Cannabis sativa** and **Cannabis indica** plants, has been used for thousands of years both as a material and as a psychoactive drug.

**Cannabinoids** are a group of substances found in the cannabis plant. The main cannabinoids are **delta-9-tetrahydrocannabinol (THC)** and **cannabidiol (CBD)**. Besides THC and CBD, more than 100 other cannabinoids have been identified.

Notably, the words “**cannabis**” and “**marijuana**” are often used interchangeably, but they don’t mean the same thing. “Cannabis” refers to all products from the Cannabis sativa plant, while “marijuana” specifically includes parts with significant THC, the compound responsible for its psychoactive effects.

The **most active compound** in cannabis is delta-9-tetrahydrocannabinol (THC), which is known for producing a euphoric “high”.

It is important to know that **THC can also trigger short-lived psychotic symptoms**, even in individuals without schizophrenia disorder.



## 5.1

Cannabis use  
and schizophrenia

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**Cannabis use is surprisingly common among individuals with psychosis.**

Studies show that nearly **36% of people experiencing their first episode of psychosis**, and about **21% of those with established schizophrenia** struggle with cannabis use disorders (CUD).

### Can cannabis use increase the risk of schizophrenia?

Cannabis use, especially in large amounts, significantly raises the likelihood of developing schizophrenia, with the risk being particularly high in those who start using it at a younger age. Studies suggest that people who frequently use cannabis are up to **4X MORE LIKELY TO EXPERIENCE SCHIZOPHRENIA**.

Additionally, the severity of risk depends on:

- Age of first cannabis use** (higher risk if use begins before age 16-18).
- Dose and potency** (heavier use and high-THC cannabis increases risk).
- Genetic vulnerability** (family history of psychosis plays a role).

### Cannabis-induced psychosis: a growing concern

**The number of cannabis-induced psychosis cases has dramatically increased over the past two decades:**

- From 2000 to 2016, cases of "cannabis-induced psychosis" jumped by 67% in Norway, 115% in Denmark, and 238% in Sweden.
- In Canada, emergency room visits for cannabis-related psychosis doubled between 2015 and 2019.

This is a serious concern, as many of these individuals go on to develop lasting psychotic disorders.

### Why do people with schizophrenia use cannabis?

**Self-medication:** Some patients use cannabis to alleviate distressing psychotic symptoms or counteract the unpleasant side effects of some medications.

**Managing negative symptoms:** Some believe that cannabis might help improve negative symptoms of schizophrenia, such as social withdrawal, lack of motivation, and emotional flatness.

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**Coping with anxiety and stress:**

Studies show that schizophrenia patients are more likely to use cannabis during stressful events, even though it can increase psychotic symptoms.

While some patients turn to cannabis for relief, its use can complicate treatment, exacerbate symptoms, and interfere with medications.



**Understanding the reasons behind cannabis use and its potential risks is crucial for caregivers to provide effective support and ensure the best outcomes for their loved ones.'**

## Cannabis use and schizophrenia: what every caregiver should know

- Recent research highlights the **SIGNIFICANT CONNECTION** between cannabis use and schizophrenia.
- Cannabis use has been **CONSISTENTLY LINKED TO AN INCREASED RISK** of developing psychosis and worsening schizophrenia symptoms.
- Studies show that **REDUCING OR ELIMINATING CANNABIS** intake can help prevent or even improve the symptoms of schizophrenia.
- While other risk factors, like drug use, urban living, or social class, may also play a role, **CANNABIS REMAINS A CLEAR RISK FACTOR.**

# 5.2

## Recognizing cannabis use disorder



**Regular cannabis use can sometimes develop into Cannabis Use Disorder (CUD), especially when certain risk factors are involved.**



Using cannabis frequently, particularly high-potency strains, significantly increases this risk, with **daily users being the most vulnerable**.

Additionally, **cognitive and behavioral factors**, for example, difficulties with self-control, can lead to stronger cravings and a greater urge to keep using, making it harder to cut back.

## What is cannabis use disorder?

**Cannabis Use Disorder (CUD)** is a mental disorder that can develop with long-term cannabis use. It's characterized by a problematic pattern of use that leads to significant distress or difficulty in daily life.

To be diagnosed, at **LEAST TWO OF THE FOLLOWING SIGNS MUST OCCUR WITHIN A YEAR**:

- **USING MORE** cannabis than intended, or for longer periods.
- Struggling to cut back or **CONTROL USAGE**.
- **SPENDING** a lot of time obtaining, using, or recovering from cannabis.
- Strong **CRAVINGS** to use cannabis.
- **NEGLECTING** work, school, or home responsibilities due to use.

- Continuing use despite **SOCIAL OR RELATIONSHIP PROBLEMS** caused by cannabis.
- **GIVING UP** important activities because of cannabis use.
- Using cannabis in physically **RISKY SITUATIONS**.
- Persisting in use despite knowing it's causing **PHYSICAL OR MENTAL HARM**.
- Building **TOLERANCE**, needing more cannabis to feel the effects.
- Experiencing **WITHDRAWAL SYMPTOMS** when not using cannabis.

CUD severity is classified as **mild**, **moderate**, or **severe**, based on how many of these signs are present.

**Early Remission:** A person is considered in early remission if they have abstained from cannabis for 3 to 12 months after previously meeting the criteria for CUD, although craving may persist.

## How does cannabis use disorder vary between genders?

The evidence suggests a significant link between cannabis use disorder (CUD) and schizophrenia, showing that **the risk is notably higher in males**, especially those **aged 16-25**.



**Up to 15% of male schizophrenia cases could be avoided by preventing CUD.**

## How is cannabis use detected in laboratory tests?

*Laboratory tests can identify cannabis use, but results should always be interpreted alongside clinical assessments.*

*Common lab tests analyze urine, blood, saliva, or hair for **THC**, the psychoactive component of cannabis.*

*A **positive test** confirms that cannabis has been used, but it doesn't necessarily mean someone has a CUD or is currently intoxicated.*

*Heavy or frequent users **take longer to clear THC** from their system compared to occasional users.*

*In some cases, additional tests like **brain scans** or **blood tests** may be needed to rule out other health conditions.*

## 5.3

## How does cannabis use impact schizophrenia?

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**While cannabis is often seen as a harmless or even therapeutic substance, its use in individuals with schizophrenia poses significant risks.**

For people with schizophrenia, cannabis use can:

#### **WORSEN PSYCHOTIC SYMPTOMS**

(hallucinations, delusions, paranoia).

#### **Increase relapse risk and hospitalizations.**

**Reduce treatment adherence**, making medications less effective.

Lead to **more aggressive behavior** and **lower quality of life**.

### **Cannabis use increases the risk of relapse in schizophrenia patients**



**Individuals with schizophrenia who use cannabis are at a significantly higher risk of relapse.**

Skipping doses or not closely following treatment plans can weaken symptom control, and **cannabis may directly increase** vulnerability to psychotic episodes, making it harder to prevent a relapse even with proper care.

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### **THC vs CBD: contrasting effects on schizophrenia**

Cannabis, commonly known for its psychoactive properties, is increasingly legalized across many countries. This trend is associated with a higher likelihood of cannabis use among both youths and adults.

The relationship between THC ( $\Delta^9$ -tetrahydrocannabinol) and CBD (cannabidiol) adds complexity to how cannabis affects psychotic symptoms.

#### **THC ( $\Delta^9$ -tetrahydrocannabinol):**

The main psychoactive component in cannabis that causes a "high."

Research shows that THC can worsen psychotic symptoms, increase relapse risk, and negatively affect cognitive function in schizophrenia patients.

**CBD (Cannabidiol):** A non-psychoactive compound that may have protective effects.

- Some studies suggest CBD could help reduce some psychotic symptoms, improve cognition, and regulate dopamine activity, potentially offering therapeutic benefits.



- **Cognitive Impact:** Some research indicates that schizophrenia patients who use cannabis may perform better cognitively than non-users, though the reasons for this remain unclear.

#### Mixed research findings:

While CBD shows some promise, more studies are needed to confirm its benefits and determine the right dosage for schizophrenia patients.

#### Caregiver considerations:

As cannabis use becomes more widespread, it is essential to understand its risks and benefits.

While **cannabis** can offer **some relief** from pain, anxiety, and other conditions, it also has potential drawbacks. Chronic use may **impair cognitive functions** and **emotional regulation**, and in those with a genetic predisposition, it could **increase the risk of developing psychiatric disorders** like schizophrenia.

Long-term use can also lead to **structural brain changes** and affect **gene expression**, potentially influencing offspring behavior and mental health.

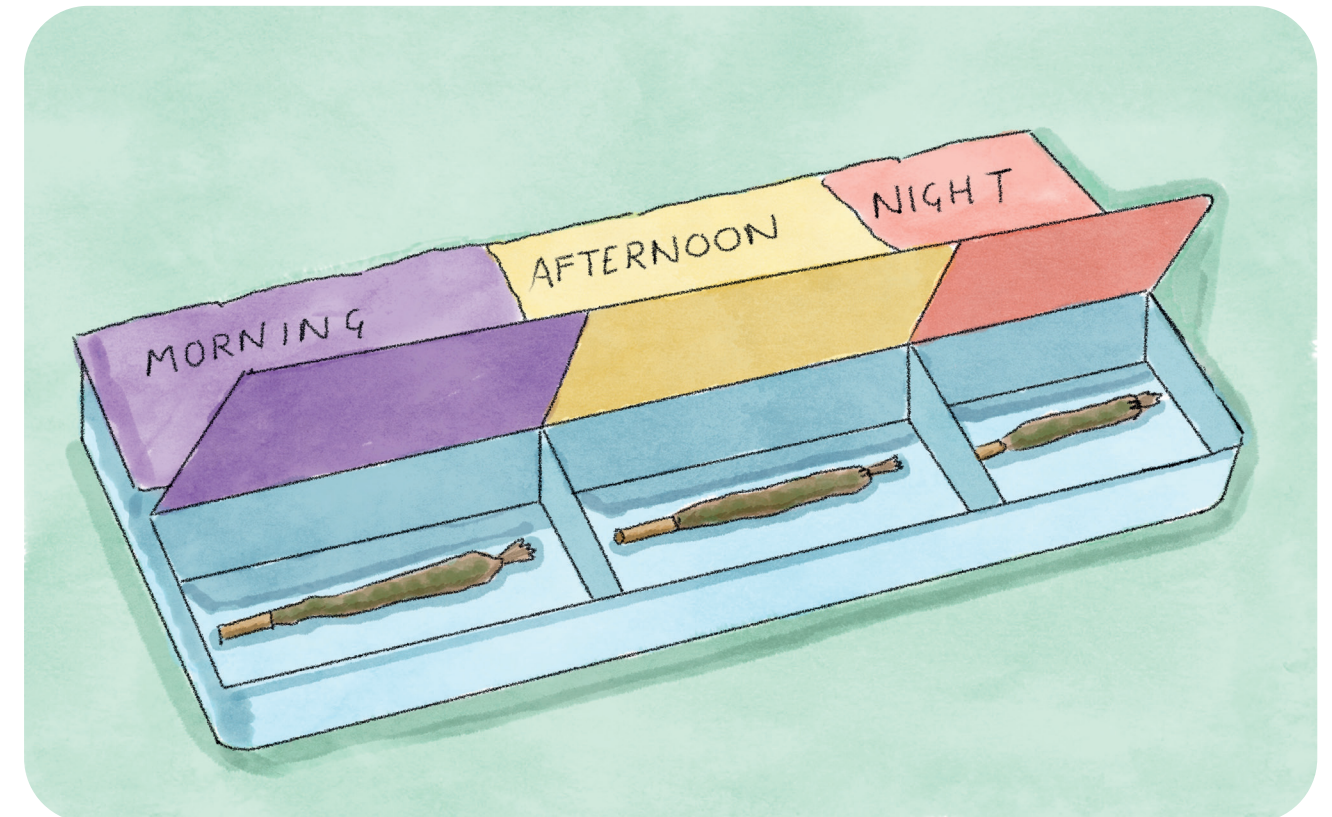
## Cannabis use influences the risk of psychosis, depression, and anxiety

Research shows a clear link between cannabis use and various mental health issues, with heavier use increasing the risk of developing conditions like psychosis, depression, and anxiety.

Heavy cannabis users face a **4X HIGHER RISK OF PSYCHOSIS** compared to non-users and are also more likely to experience symptoms of depression and anxiety.

## 5.4

## How does cannabis use disorder impact schizophrenia treatment?



**When schizophrenia and Cannabis Use Disorder coexist, treatment must address both conditions simultaneously, focusing on managing symptoms, reducing cannabis use, and supporting long-term recovery to improve overall well-being.**

## How to manage CUD effects in people with schizophrenia?

**Access to psychiatric care** is essential to diagnose and address both conditions effectively.

**Psychological counseling** can help individuals develop healthier coping strategies and reduce reliance on cannabis.

For those with **severe CUD**, quitting cannabis entirely is often the best approach. However, a **gradual reduction in use - rather than abrupt cessation - can help ease withdrawal symptoms, improve treatment adherence, and reduce the risk of relapse.**

Although cannabis intoxication typically resolves without medical intervention, **providing a calm environment** and symptom-specific treatments - such as medication for rapid heartbeat or anxiety - can enhance patient comfort.

## Should cannabidiol (CBD) be used in schizophrenia treatment?

Currently, **CBD is not recommended** for treating schizophrenia.

While cannabidiol (CBD) is being researched for its potential therapeutic effects, combining it with **antipsychotic medications** may lead to unwanted side effects due to **drug-drug interactions**.

Both CBD and many antipsychotics are metabolized by the same **liver enzymes**, which can interfere with their effectiveness. This competition can either **increase side effects** or **reduce the effectiveness** of antipsychotic medications.

Until more research confirms its safety and benefits, the usage of CBD in schizophrenia treatment should be taken with caution.

## How to reduce cannabis use and improve medication adherence in schizophrenia?

Cannabis use is a major factor that can lead to **medication nonadherence** in psychiatric patients.

For those with both schizophrenia and CUD, the key management strategies include:

Encouraging patients to **gradually reduce cannabis use** by

switching to lower-potency strains and decreasing frequency.

Prescribing **antipsychotics** with **partial dopaminergic agonist mechanisms**, rather than first-generation antipsychotics, as they may improve outcomes for individuals with schizophrenia and CUD.

A recent **observational study** found that newer antipsychotic medications not only helped reduce schizophrenia symptoms but also improved self-reported struggles with cannabis use.

Enhancing **medication adherence** through digital reminders and carefully balancing medications to ensure they are effective and well-tolerated.

**By combining medical support with behavioral strategies, patients with schizophrenia and CUD can experience better symptom management and improved quality of life.**

### Key takeaways for caregivers

- Reducing or eliminating cannabis use can help prevent or improve schizophrenia symptoms.
- While some patients believe cannabis helps, research consistently shows it increases the risk of psychosis, relapse, and worsened outcomes.
- Other factors (genetics, urban living, trauma) may contribute to schizophrenia, but cannabis is a major risk factor.
- Understanding why individuals with schizophrenia use cannabis can help caregivers offer better support and interventions.



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## Explore Chapter 6

*This chapter explains how psychostimulants affect the brain and body, and how to recognize the signs of stimulant use disorder, intoxication, and withdrawal among people with schizophrenia. It also discusses the challenges and possibilities in managing these dual disorders effectively.*



**6.1**  
**What is behind psychostimulants' stimulating effects?**



**6.2**  
**Spotting stimulant use disorder, stimulant intoxication, stimulant withdrawal: how to identify the red flags**



**6.3**  
**How does stimulant use disorder impact health?**





## Fast Facts

### Stimulants supercharge the brain.

Psychostimulants, like methamphetamine and cocaine, flood the brain with feel-good chemicals, boosting energy, pleasure, and alertness. But over time, they take over the brain's reward system, leading to addiction, risky behavior, and lasting mental health challenges.

### Stimulants and Schizophrenia.

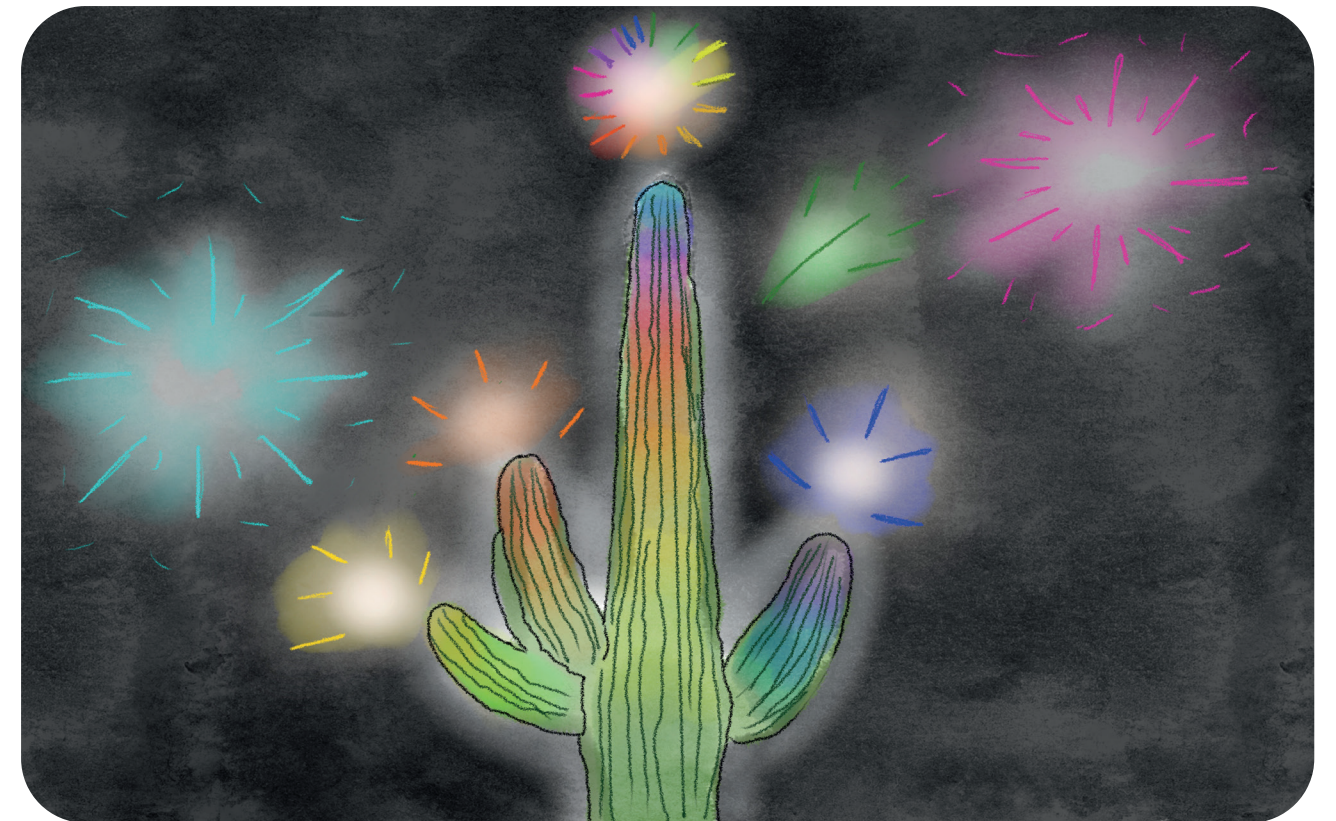
For people with schizophrenia, stimulants worsen symptoms and blur the line between drug-induced psychosis and the illness itself. Treating both together is key.

**Beyond addiction.** From psychosis to heart disease and even prenatal risks, stimulant use affects not just the individual but families and entire communities.

**Reducing drug urges.** Antipsychotic medications may ease drug cravings in people with both schizophrenia and substance use disorders, offering a potential path to better treatment.

## 6.1

## What is behind psychostimulants' stimulating effects?



**Psychostimulants are drugs that activate the central nervous system, making you feel more alert, energetic, and even excited.**

They work by **increasing the levels of key brain chemicals** like dopamine, norepinephrine, serotonin. This rise in activity **stimulates the brain's reward and arousal pathways**, enhancing feelings of pleasure and wakefulness.

Drugs like **cocaine and methamphetamine** (MAMPH) specifically target **dopamine and norepinephrine transporters**. They cause a rapid buildup of these chemicals in the brain, intensifying their effects and leading to a powerful, short-term high.

## Schizophrenia and Stimulant Use: challenges and consequences

Recent studies on the overlap between schizophrenia and stimulant use disorders **reveal significant diagnostic and treatment challenges**.

Stimulants like **methamphetamine and amphetamines** can **worsen psychotic symptoms**, making it harder to distinguish between schizophrenia itself and drug-induced psychosis.

For individuals with schizophrenia, stimulant use **increases the risk of hospitalization and premature death**. This highlights the need for **specialized treatment approaches that address both disorders simultaneously**.

## How do psychostimulants create addiction?

Humans have used drugs for various reasons throughout history, including **medicine, social interaction**, and **relaxation**.

Our brains have specific areas that respond to natural rewards like food, social connections, and sex - these form the **brain's reward system**. Interestingly, drugs activate these same regions, **triggering intense feelings of pleasure, such as euphoria and improved focus**.

Over time, the brain **learns to associate** drugs with pleasure, reinforcing repeated use.

**For people with schizophrenia or stimulant addiction, the craving for these substances can persist even when they no longer bring pleasure,** leading to compulsive drug-seeking behavior despite negative consequences.

## What happens to the brain on amphetamines?

Amphetamines **interfere with** the brain's normal chemical balance by **blocking the reuptake** of dopamine and norepinephrine, which causes their **levels to rise in the brain**.

Amphetamines also affect the release of these chemicals **within brain cells**, further increasing their concentration.

This buildup creates a **spike of pleasure and euphoria**, which can lead to a cycle of **reward and addiction**.

However, **prolonged use can alter brain structures involved in decision-making and impulse control, particularly the prefrontal cortex**.

Research suggests that overstimulation of dopamine pathways may **increase glutamate levels**, disrupting brain function and contributing to psychotic symptoms, similar to those seen in schizophrenia.

“In essence, amphetamines not only trigger pleasurable sensations but can also disrupt important brain functions, potentially leading to serious mental health issues over time.”

## The hidden dangers of amphetamines

**Amphetamines**, including drugs like **ecstasy** (3,4-Methylenedioxymethamphetamine (MDMA)) and **methamphetamine**, are known to **boost energy, focus, and alertness** while

reducing the feeling of fatigue.

However, they come with **side effects** such as hyperactivity, anxiety, aggression, and sleep problems.

These drugs can also cause rapid heartbeats, high blood pressure, and other **heart-related issues**.

One of the **most severe** risks of amphetamine use is the potential for **psychotic disorders**.

The consequences of addiction affect not just the individual, but also **their family, community, and the healthcare system**.

## How widespread is the global use of psychostimulants?

Psychostimulants like cocaine, amphetamines, and newer substances are widely used around the world.

Psychostimulants **like cocaine, amphetamines, and newer stimulants** are among the most widely used drugs worldwide. In 2019, the **United Nations** estimated **18 million people used cocaine globally. In the Americas alone, authorities seized over 1,200 tons of cocaine, methamphetamines, and amphetamines**, reflecting the scale of the issue.



While usage varies across regions, stimulant abuse remains **a persistent global challenge**.

## Who is most affected by stimulant use disorder?

Stimulant use disorder (StUD), involving drugs like **cocaine and amphetamines**, affects a significant portion of the population.

Data from the U.S. show that approximately

**0.2%** of individuals aged **12 and older struggle with stimulant addiction**, with slightly higher rates among **teenage girls aged 12-17**. Among adults, young people aged **18-29** are the most affected.

**Intravenous** stimulant use is **more common among men** than women.

**Non-prescribed stimulant use is widespread among high school and college students, with 5-35% reporting use in the past year.**

## Risk factors for developing stimulant use disorder

Risk factors for developing stimulant use disorder include both **personal and environmental** influences.

People with mental health conditions (i.e. bipolar disorder, schizophrenia),

or other substance use disorders are at **higher risk** of developing stimulant addiction or relapsing.

**Environmental factors** play a big role, especially for teens. Those exposed to cocaine before birth or growing up in households where parents use drugs are more likely to develop issues with stimulants.

Exposure to **community violence**, living in **unstable homes**, having **mental health challenges**, or spending **time with drug users and dealers also** increases the risk.

## How do stimulants lead to addiction?

Substance use disorders affect people of all age groups and social classes but are **most common among those between the ages of 12 and 25**.

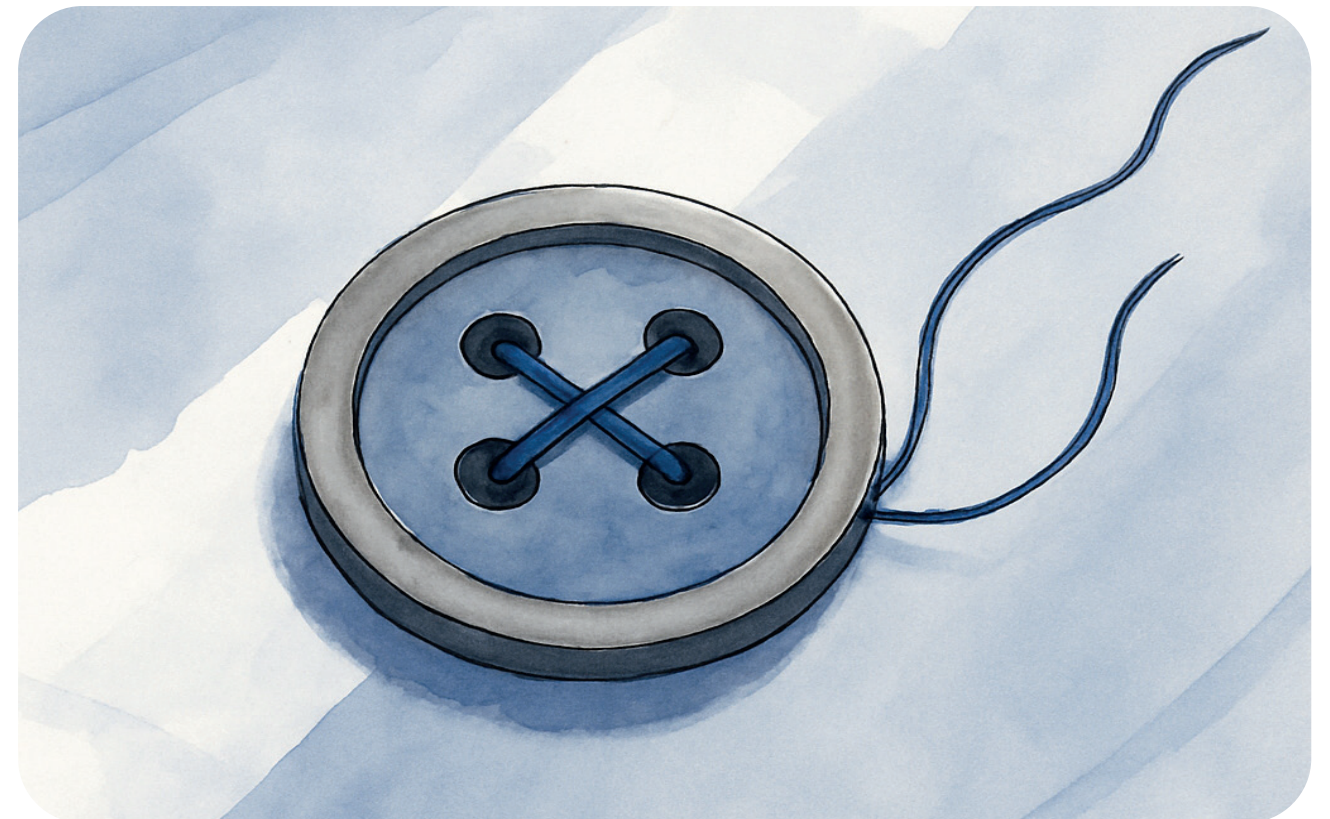
Many individuals **start using stimulants**, like methamphetamine or prescription medications, in **their early twenties**, often to **manage weight** or **boost performance in school, work, or sports**.

**Regular use can quickly lead to addiction**, especially with smoking or injecting stimulants, which can result in **severe addiction within weeks or months**.

Patterns of use can range from **occasional bingeing to daily use**, with tolerance often reducing the pleasurable effects over time.

# 6.2

## Spotting stimulant use disorder, stimulant intoxication, stimulant withdrawal: how to identify the red flags



**Stimulant Use Disorder (StUD)** refers to a pattern of using **stimulants like amphetamines or cocaine that leads to significant problems in daily life.**

## How to recognize stimulant use disorder?

### Stimulant Use Disorder (StUD)

refers to a pattern of using stimulants like amphetamines or cocaine that leads to significant problems in daily life.

To be diagnosed, **AT LEAST TWO** of the following signs must occur within a year:

**TAKING MORE** of the stimulant or **USING IT LONGER** than was intended.

Wanting to cut down or stop using but **BEING UNABLE** to do so.

Spending a **LOT OF TIME** getting, using, or recovering from the stimulant.

Strong **CRAVINGS OR URGES** to use the stimulant.

Ongoing use despite it causing **PROBLEMS AT WORK, SCHOOL, OR HOME.**

Continuing use even when it causes **RELATIONSHIP OR SOCIAL ISSUES.**

**GIVING UP IMPORTANT ACTIVITIES** because of stimulant use.

Using the stimulant in **DANGEROUS SITUATIONS.**

Using despite knowing it's **WORSENING A PHYSICAL OR MENTAL HEALTH** problem.

### DEVELOPING TOLERANCE,

needing more to feel the effects or feeling less effect with the same amount.

Experiencing **WITHDRAWAL** symptoms or using the stimulant to avoid them.

## Health risks of stimulant use disorder

Stimulant use disorder can lead to a variety of serious health issues depending on how the drugs are consumed.

- People who **snort** stimulants may experience **chronic sinus problems, nosebleeds**, and even a **perforated nasal septum**.
- **Smoking** stimulants often cause respiratory issues such as **coughing, bronchitis**, and lung **infections**.
- Injecting drugs leads to visible track marks, usually on the arms, and greatly increases the risk of **HIV, hepatitis**, and other **infections**.
- Users often suffer from **weight loss, malnutrition, chest pain**, and, in severe cases, **heart attacks, strokes, seizures**, or **sudden death** due to respiratory or cardiac issues.

## Stimulant intoxication: key signs and symptoms

Stimulant intoxication occurs with recent use of a stimulant like amphetamines, cocaine, or similar substances.

This can lead to **noticeable changes in behavior and mental state**, such as:

- Feeling overly happy or emotionally numb
- Being more sociable or overly alert
- Experiencing increased anxiety, tension, or anger
- Poor judgment and repetitive behaviors may also emerge during or soon after using these substances.

In addition to behavioral changes, **physical symptoms often appear**. These may include:

- A rapid or slowed heartbeat
- Enlarged pupils
- High or low blood pressure
- Sweating or feeling unusually cold
- Nausea or vomiting
- Unexplained weight loss
- Restlessness or slowed movements
- Muscle weakness, chest pain, or irregular heartbeats
- Confusion, seizures, or even loss of consciousness

If someone exhibits **two or more** of these signs after stimulant use, they may be experiencing stimulant intoxication, which can be serious and require medical attention.

## Stimulant withdrawal: what to expect

When someone **stops or cuts back on using stimulants** like cocaine, amphetamines, or similar drugs after extended use, they may experience **stimulant withdrawal**.

This process can bring about **intense sadness or dissatisfaction**, along with **several physical and emotional changes**.

These may **start within a few hours to a few days** after stopping use.

Common symptoms include:

- Extreme tiredness
- Disturbing, vivid dreams
- Trouble sleeping or sleeping too much
- A noticeable increase in appetite
- Feeling unusually restless or sluggish

These withdrawal symptoms can cause **significant discomfort and disrupt daily life**, making it harder to work, socialize, or manage regular activities.

Importantly, these symptoms can't be explained by any other health or mental condition, nor by withdrawal from a different substance.

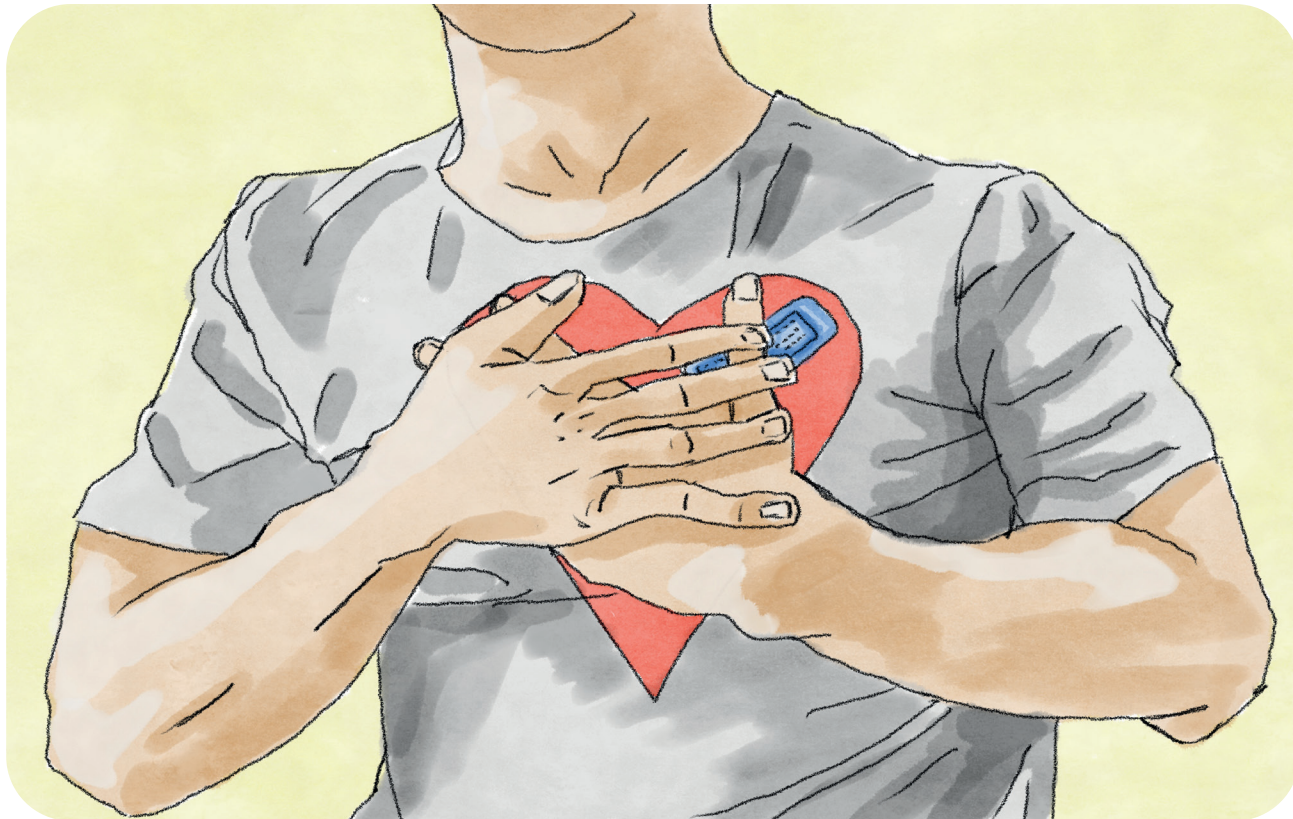
If someone is experiencing these signs after stopping stimulant use, it's essential to seek help and support.



## 6.3

## How does stimulant use disorder impact health?

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**Stimulant Use Disorder (StUD)** refers to a pattern of using stimulants like amphetamines or cocaine that leads to significant problems in daily life.

## How do stimulants impact heart health?

People with stimulant use disorders face a **higher risk** of developing **cardiovascular diseases**.

Stimulants like cocaine, can cause heart problems by **narrowing blood vessels** and **increasing the heart's workload**, leading to **reduced blood flow** (myocardial ischemia).

When alcohol is consumed alongside cocaine, the body produces a harmful substance called **cocaethylene**, which is **toxic to the heart** and **prolongs the effects of cocaine**.

## Why do drug users face higher infection risks?

People who use stimulants are more vulnerable to infectious diseases like **hepatitis B and C, HIV, sexually transmitted infections (STIs), and tuberculosis**. This is largely due to **risky behaviors** such as sharing needles, unprotected sex, and poor hygiene.

Drug use can also increase **sexual activity**, sometimes leading individuals to trade sex for drugs, raising the likelihood of **multiple partners and unsafe practices**.

Unfortunately, many people with substance

use disorders - especially those with mental health conditions - **rarely get tested or vaccinated** for these diseases.

**Men** with **severe mental illness** and **hepatitis C** are more likely to engage in needle sharing, while **women** in similar situations are more prone to **risky sexual behaviors**, such as unprotected sex in exchange for money or drugs. People with both **HIV and/or hepatitis C** and **substance use disorders** often experience additional mental health issues like anxiety, depression, mania, or even psychosis.

## Stimulant use disorder and risks for mothers, babies, and long-term health

Pregnant women who use stimulants face serious risks, including **premature labor, placental complications, and low birth weight babies**. Cocaine use, in particular, **can harm both** the mother and the developing baby.

Beyond pregnancy-related risks, stimulant use can lead to **cognitive impairments and dental problems**, especially among methamphetamine users. A well-known example is **"meth mouth"** which causes extreme tooth decay and gum disease. Stimulant users are also at higher risk of **traumatic injuries**, often linked to **aggressive behavior**.

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Many engage in **illegal activities, such as theft or prostitution, to sustain their drug habits**, increasing their likelihood of encountering violence and legal troubles.

**Emergency room visits are common** due to mental health crises, infections, and drug-related injuries.

### Can stimulants cause schizophrenia?

Research shows that schizophrenia or other chronic psychotic disorders, which can develop after drug-induced psychosis, are **not exclusively caused by drug use**.

These substances may provoke psychosis in people who are **already at high risk**, rather than being the main cause.

### Methamphetamine-induced psychosis vs. schizophrenia

Methamphetamine-induced psychosis (MIP) and schizophrenia **can look very similar**, which makes it hard to tell them apart.

Those experiencing methamphetamine-induced psychosis (MIP), usually have **less noticeable negative symptoms** (e.g. lack of motivation or social withdrawal).

While both conditions share similar symptoms, like hallucinations and delusions, this overlap suggests that there **may be both shared and distinct brain mechanisms** behind MIP and schizophrenia.

### Can antipsychotics reduce drug cravings in dual schizophrenia?

**Antipsychotic** medications can help **manage drug cravings** in individuals with both schizophrenia and substance use disorders.

There are studies showing that people with schizophrenia who are in the **early stages of cocaine withdrawal** often **experience much stronger cravings for the drug** - sometimes twice as intense - compared to those without schizophrenia.

Research has shown promising results with **atypical and partial agonist antipsychotics** suggesting they may **help reduce cocaine, and cannabis cravings and usage** in people with schizophrenia.

### Key takeaways for caregivers:

- The use of stimulants boosts alertness and pleasure, but hijacks the brain's reward system.
- Over time, they increase the risk of addiction, psychosis, heart problems and risky behaviour.
- In people with schizophrenia, stimulants worsen symptoms and blur the lines between illness and drug effects.
- Antipsychotics may help reduce cocaine, and cannabis cravings and usage in people with schizophrenia.



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## Explore Chapter 7

*This chapter explores how caregivers can support a loved one dealing with schizophrenia and substance use disorders.*



### 7.1 Family support paves recovery



### 7.2 Beyond stigma



### 7.3 Continuous care is key to recovery



### 7.4 How to manage a crisis?



### 7.5 Preventing substance use in schizophrenia



### 7.6 Maximizing treatment outcomes





## Fast Facts

**Substance use disorder is a mental health condition**, not just a matter of poor choices - it's a brain disorder that requires understanding and proper care.

When supporting a loved one with schizophrenia and substance use disorders, particularly during crises like psychosis, depression, or violent behavior, **it is essential to act in a calm and informed manner**.

**Early support can change the outcome.** Open communication, connection to resources, and timely intervention can help prevent worsening substance use and its consequences.

**Comprehensive treatments can bring recovery closer.** Combining medication with therapy and physical health care is essential to improving the quality of life for people with schizophrenia and substance use disorders.

## 7.1

### Family support paves recovery



Did you know that **1 in 4** people **will step up as a caregiver** for a loved one at some point in their lives?

Among young individuals, mental health challenges are a leading reason for needing support, with 90% receiving care for these conditions.

Caring for a loved one with schizophrenia can be challenging, and **many family members often feel overwhelmed** by the weight of this responsibility. Schizophrenia and substance use disorder (SUD) often go hand in hand, sharing genetic and neurobiological factors.

***The comorbidity of schizophrenia and substance use disorders is not an exception - it's rather a common reality.***

## The essential role of family

When schizophrenia and substance use disorder (SUD) intersect, the **complexity of managing both conditions** increases, making it difficult for individuals to get the right care.

This **"collision of complexity"** often leads to poorer health outcomes, especially for those dealing with severe and long-term mental illnesses.

That's why **support and understanding from loved ones are vital at every stage**. Family and friends play a crucial role in walking this journey alongside individuals with schizophrenia and SUD, **helping them find stability and hope**.

Even when a loved one seems uncooperative or lacks insight, it doesn't mean progress is impossible. Consistent **CARE AND COMPASSION TRULY MAKE A DIFFERENCE**, bringing both healing and hope.

## Reframing addiction: a treatable brain disorder

For much of history, substance use disorder was misrepresented, often viewed as a moral failing rather than a medical condition. Those struggling were **unfairly labeled** with terms like "addict," **reinforcing stigma and shame**.

Thanks to advances in neuroscience, we now understand that substance use disorder is a **complex brain disorder**.

Substance use disorders (SUDs) are closely linked creating a **two-way relationship**: people with mental health conditions may turn to drugs and using substances can increase the likelihood of developing mental health disorders.

This occurs because **substances affect the same brain circuits involved in mental health regulation**.

Although **SUD** is a chronic, progressive illness that can lead to relapses, the most important fact is that it **is treatable**.

## New advances in treatment

Recent studies offer hope. In an observational study, scientists followed individuals with schizophrenia who also struggled with cocaine addiction. Each patient received **tailored antipsychotic treatment based on their needs**.

The study included people who were either actively using cocaine or had done so within the past three months.

The results were encouraging:

Nearly **60% EITHER STOPPED USING** (cca half of patients) or **SIGNIFICANTLY REDUCED THEIR USE**.

**70%** showed improvements in symptoms and overall behavior.

These findings show **the potential of comprehensive, consistent treatment** to help individuals regain control of their lives.

***Recovery is possible, and with the right support, long-term healing becomes an achievable reality.***



## 7.2

## Beyond stigma

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**Schizophrenia and substance use disorders are among the most stigmatized mental health conditions.**

People living with these conditions often face **negative stereotypes**, with many perceiving them as dangerous, unpredictable, or less capable than those with other mental health issues.

**“This stigma leads to discrimination, fear, social avoidance, and rejection.”**

### Public attitudes differ between the two conditions

Attitudes toward these conditions differ significantly. Individuals with substance use disorders (SUD) are often **blamed** for their illness, and seen as having personal failings, which **leads to anger and reluctance to offer help**.

In contrast, those with schizophrenia are more likely to be recognized as having a legitimate mental illness, with many supporting the idea of forced treatment.

Unfortunately, **stigma has severe consequences for both groups**. It creates barriers to employment, increases social isolation, lowers self-esteem, and discourages people from seeking treatment.

**Reducing stigma and its resulting discrimination** is essential for improving the overall well-being of those living with these conditions.

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### How caregivers can combat stigma while supporting loved ones

Caring for someone with both schizophrenia and substance use disorder can be particularly challenging. However, recent studies provide **evidence-based strategies** to help caregivers **combat stigma** and **provide meaningful support**:

#### EDUCATION AND PSYCHOEDUCATION.

Understanding the symptoms and treatment options for schizophrenia and substance use disorders helps caregivers better manage their loved one's condition more effectively. Educated caregivers can also combat misinformation and stigma, benefiting both themselves and their loved ones.

#### EMOTIONAL AND PSYCHOLOGICAL SUPPORT.

Caregivers often experience **"affiliate stigma"**, feeling the effects of the stigma directed toward the person they care for.

#### FAMILY-BASED PSYCHOEDUCATION PROGRAMS.

have been shown to reduce stress, improve coping strategies, and lessen stigma's impact, leading to **better caregiving experiences**.

**ACCESS TO COUNSELING AND PEER SUPPORT.** Caregivers may struggle with feelings of isolation, guilt, or burden. Support groups and counseling provide essential relief, fostering resilience and ensuring the **sustainability of long-term caregiving**.

**ADVOCATE FOR RECOVERY-ORIENTED SERVICES.** Encouraging the use of recovery-oriented services that integrate both mental health and addiction treatment can **reduce stigma and improve outcomes**. Collaborating with professionals and peer workers who understand the recovery model is essential. This also involves advocating for policies that provide holistic and integrated care, which can ease the stigma surrounding these dual conditions.

**COPING STRATEGIES AND STRESS MANAGEMENT.** Research shows that caregivers with strong coping mechanisms and social support networks experience lower stress levels. Prioritizing **self-care**, seeking **respite** when needed, and **understanding** what to expect from the healthcare system can help caregivers manage stress and reduce the stigma they encounter.

By staying informed, advocating for better care, and prioritizing their own well-being, caregivers can play a vital role in **breaking down stigma and improving outcomes for their loved ones**.

## 7.3

### Continuous care is key to recovery



**Rates of remission in people with substance use disorders vary depending on the type of substance.**



A U.S. study found

**REMISSION** rates of **83.7% for tobacco**, **90.6% for alcohol**, **97.2% for cannabis**, and an impressive **99.2% for cocaine**.

However,

**RELAPSE** remains a big concern.

Alarming, about **50% of people recovering from tobacco** use relapse **within the 1st year**.

Within **3 years**, approximately **20%** of those who have recovered from **cocaine use** may relapse, while over **50% of individuals with alcohol use** disorders do so.

While the risk of relapse decreases with sustained remission, it never entirely disappears. This emphasizes the **need for ongoing support and intervention!**

## Early Support Matters

Early support plays an **essential role** in the successful recovery of individuals with schizophrenia and substance use.

Once a substance use disorder develops, it often becomes a **chronic condition**, leading to **lasting changes** in the brain.

These changes are compounded by various mental health and social challenges that individuals may face.

While abstaining from substance use can eventually help restore normal brain function, the degree of recovery differs depending on several factors, including:

- **specific substance used**,
- **duration of the disorder**,
- **level of support** received during recovery.

Most individuals with SUDs experience **cycles of remission and relapse**, reinforcing the **need for early intervention and long-term consistent support**.

## Recognizing early signs of substance use

Early intervention is key, particularly given the strong link between early substance use and the risk of developing SUDs.

Recognizing **signs of use, such as sudden changes in behavior or mood** can open the door to important conversations.

Engaging in a **compassionate, non-judgmental dialogue** about these concerns can create a **supportive environment** for individuals to share their experiences and challenges.

## Helping loved ones before addiction takes hold: understanding pre-addiction

Substance misuse is far more common than full-blown addiction, yet even **moderate use can be a warning sign**. If ignored, substance use can transition to substance use disorder (SUD) and lead to more severe consequences.

To address this early stage of substance use, experts have introduced the concept of **“pre-addiction”**, a term inspired by “pre-diabetes.”

The term **“pre-addiction”** refers to the early stages of substance use that haven’t yet developed into a severe addiction. Much like “pre-diabetes,” this concept encourages early recognition and intervention to prevent further progression to severe SUDs.

For caregivers, understanding “pre-addiction” means recognizing that even **mild or moderate substance use can be a sign of vulnerability**.

By acting early - through **support, open communication, and connection to resources** - healthcare providers and caregivers can potentially **prevent many**

**negative outcomes** associated with unhealthy substance use and stop the transition to substance use disorders. This approach **helps both individuals and caregivers** to prevent long-term harm and support a healthier, more stable future.

## How caregivers can help early detection of SUD



### Encourage open conversations.

Create a **safe space** where your loved one feels comfortable discussing substance use. A simple question or expression of concern can spark meaningful dialogue.



### Know the screening tools.

Familiarize yourself with common screening methods and criteria. **Understanding what healthcare providers assess** can help you spot early signs of problematic use.



### Advocate for screening.

If you suspect substance use, **encourage** your loved one **to discuss** it with their doctor. Suggest that they ask specific questions about their substance use during appointments.



### Observe behavioral changes.

Watch for **shifts** in mood, health, or daily habits that could signal substance misuse. If you notice **concerning signs**, it may be a good time to initiate a conversation about seeking help.



### Encourage professional support.

If screening reveals a problem, help your loved one **find resources or treatment**. Your **guidance and support** can increase their willingness to seek help.



### Use informal screening at home.

While formal screenings are essential, you can also ask informal questions to recognize substance use. Simple, non-judgmental questions about drinking habits or medication use can be a starting point for deeper conversations.

## Screening tools to assess substance use habits

One of the most significant opportunities in healthcare today is the **early detection** of substance use disorders (SUDs).

By being **proactive and engaged, caregivers** can significantly contribute to the early identification of substance use issues.

Tools like the **Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)** and the **Tobacco, Alcohol, Prescription Medication, and Other Substance (TAPS)** are designed to quickly assess substance use habits.

For example, ASSIST includes simple questions that can help determine whether someone's alcohol or drug use is hazardous or harmful.

These screenings can happen during routine medical appointments, providing an excellent opportunity to catch issues early.

## “Chronic Care Model” for long-term care

Achieving the best outcomes for individuals with substance use disorders (SUDs) requires long-term care.

One effective approach is the **Chronic Care Model**, originally designed for diabetes, is now effectively used for SUDs, emphasizing **continuous care**, which leads to **better management** of the disorder **over time**.

For instance, a person who has recently relapsed may need **frequent check-ins or medication adjustments**, whereas someone in sustained recovery may require less intensive care. **Lifestyle changes** - such as reducing substance use and joining support groups - can significantly increase long-term recovery success.

The Chronic Care Model **integrates SUD treatment into regular medical care**, increasing accessibility and lowering costs. It **tailors care to individual needs** - some may only need community resources or primary care support, while others benefit from specialized outpatient or inpatient programs.

This ensures **personalized care without overwhelming healthcare systems**.



## Supporting a loved one's journey: tips for caregivers



**A stable daily routine** can provide security and may help reduce substance use over time.



**Gently reminding** your loved one about their treatment plan, including prescribed medications, can be helpful. If they're struggling to keep up, **discussing challenges in a caring, open way** may lead to solutions.



**Keeping communication open** encourages honesty. A **judgment-free space** makes it easier for them to share their struggles with substance use and other challenges.



**Watching for mood or behavior changes** allows you to **address potential relapse early**.



**Encouraging stress management** through mindfulness, exercise, or enjoyable hobbies can support their well-being.



**Connecting with mental health professionals** experienced in schizophrenia and substance use disorders can provide **specialized guidance and resources**.



**Supporting participation in recovery programs**, such as 12-step groups, can offer connection and encouragement, which can be **reassuring** during difficult times.



**Recovery involves progress and setbacks.** Offering your emotional support along the way and **celebrating even small victories** can be deeply motivating.

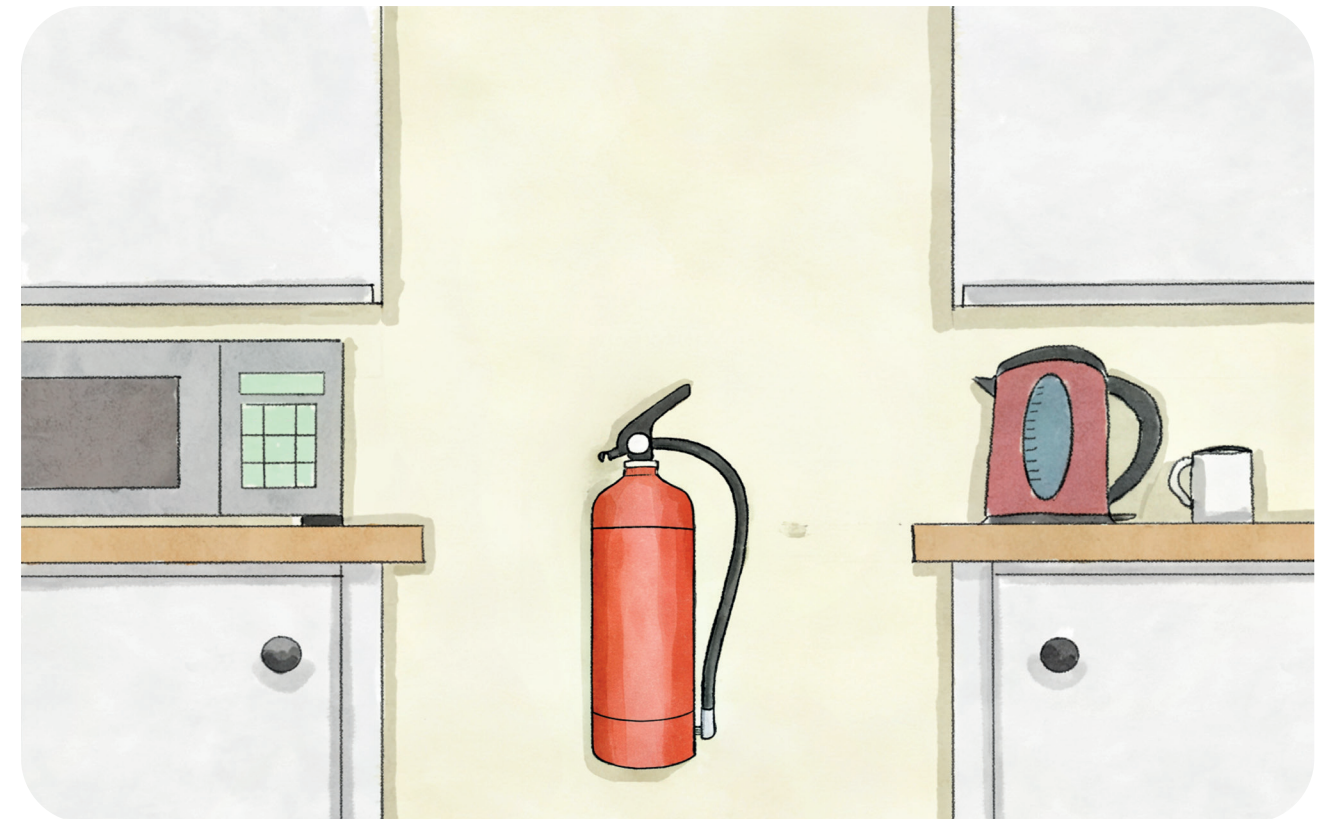


**Prioritize your own well-being.** Caregiving is demanding, so practicing self-care and seeking support ensures you **remain resilient**.

**“With compassion and patience, you can provide meaningful support, helping your loved one facing schizophrenia and substance use challenges toward recovery.”**

## 7.4

## How to manage a crisis?



**When supporting people with schizophrenia and substance use disorders, particularly during crises like psychosis, depression, or violent behavior, it is essential to act in a calm and informed manner.**

Here are key steps to take, considering both the mental health condition and substance misuse.

## Dealing with psychosis

In moments of psychosis, adopting a **CALM, NON-CONFRONTATIONAL APPROACH** may help deescalate the situation.

It could be beneficial to **avoid contradicting or arguing against the person's delusions**, as this could increase distress.

Instead, **listening empathetically** and acknowledging their feelings, without confirming false beliefs, might create a sense of safety.

For example, a gentle statement like,

***"It sounds like this is really frightening for you..."***

might offer support without intensifying confusion.

**Maintaining safety** can be important, especially if the person seems to pose a risk to themselves or others.

Ensuring the environment is quiet and **reducing external stimulation** may prevent escalation while waiting for professional help.

## Dealing with violence

In situations involving potential violence, **PERSONAL SAFETY IS ALWAYS A PRIORITY**.

It can be helpful to **maintain a safe distance**, particularly if there is any risk of harm.

**Removing dangerous objects** from the vicinity and **avoiding any form of confrontation** or aggression may reduce the likelihood of an outburst.

If the situation remains volatile, **contacting trained professionals** – such as emergency services – could help the person receiving appropriate care.

## Dealing with depression

For someone experiencing depression, simply **OFFERING AN EMPATHETIC, NON-JUDGMENTAL SPACE** to express their feelings might help them feel heard.

**Acknowledging their distress** with phrases like,

***"I hear that you're going through a tough time..."***

can convey support.

If the depression seems severe or there are signs of suicidal thoughts, **gently encouraging** them to **connect with a mental health professional** could be life-saving.

By focusing on calm communication, safety, and accessing professional help, you can make a positive difference in these challenging situations.

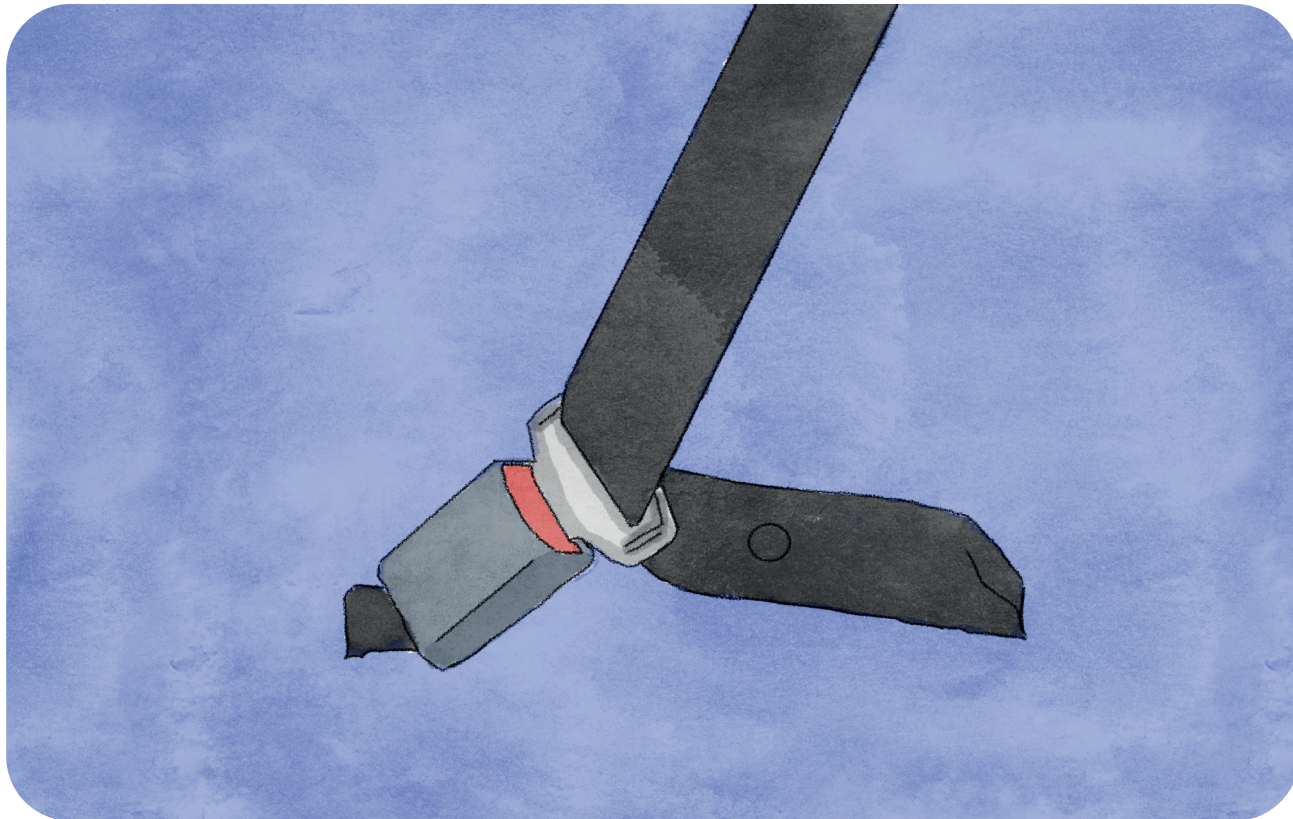
***If you are unsure how to proceed, it's always advisable to contact mental health professionals or crisis helplines for immediate guidance.***



## 7.5

## Preventing substance use in schizophrenia

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**By embracing harm reduction, caregivers can help their loved ones stay safer while supporting their journey toward stability and recovery.**

## How can caregivers prevent substance use in people with schizophrenia?

Caregivers can play a **MAJOR ROLE** in preventing substance use in people with schizophrenia. Primary prevention focuses on reducing risk factors and strengthening protective ones to delay or avoid substance use.

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Caregivers can:



**Promote healthy coping strategies.**

Encourage **non-substance-related ways** to manage stress and schizophrenia symptoms, such as therapy, exercise, or hobbies.



**Recognize early warning signs.** Learn to identify signs of substance misuse, particularly in vulnerable individuals. Addressing risky behaviors early **enables timely intervention and support** before addiction develops. Educating individuals about the dangers of drug use, including overdose, is essential.



**Family and community support.** Help create a supportive environment by reducing stigma and encouraging open discussions about mental health and substance use. Strengthening family bonds and relationships provides a **protective support system**.

## What are “harm reduction strategies” and how can they support people with both substance use and schizophrenia?

### HARM REDUCTION STRATEGIES

offer a compassionate and practical way to support people with both schizophrenia and substance use disorders. They focus on **reducing the negative impacts of substance use** while addressing mental health needs. These strategies **do not require quitting immediately**, making them more accessible and effective for those who may not be ready or able to stop using substances right away.

Here are some scientifically supported harm-reduction strategies:

### SUPERVISED CONSUMPTION SITES

These facilities offer **a safe, controlled environment** where individuals can use substances under medical supervision. This reduces the risk of overdose and provides access to immediate medical care, while also connecting patients with mental health services that support schizophrenia management.

Additionally, distributing **life-saving interventions to reverse overdoses** and providing **training** on their use can be lifesaving, especially in high-risk situations.

**Integrated care** and **case management** are also very important, as they ensure that psychiatric care and addiction services are **coordinated to address both** conditions simultaneously.

### PEER SUPPORT NETWORKS.

Utilizing recovery coaches or peer supporters with lived experience can significantly benefit individuals facing dual schizophrenia. These networks provide emotional support, reduce stigma, and promote recovery with trust and understanding between caregivers and those in need.

**“By embracing harm reduction, caregivers can help their loved ones stay safer while supporting their journey toward stability and recovery.”**

## How can a supportive home environment transform the lives of those with schizophrenia and substance use disorders?

Creating a supportive environment for individuals living with schizophrenia and substance use disorders involves several key components that foster safety, stability, and well-being:



**Establishing a safe and structured home environment** is crucial, as it provides a sense of security that can alleviate anxiety and promote recovery.



**Consistency and routine help individuals navigate their daily lives**, making it easier to manage symptoms and reducing stress associated with unpredictability.



**Encouraging healthy habits**, including balanced nutrition, regular exercise, and good sleep hygiene, is essential, as these practices contribute to overall mental and physical health.



**Identifying potential triggers** – such as stressors, certain environments, or substance use – and implementing **strategies to manage crises** can significantly enhance stability and prevent exacerbation of symptoms.

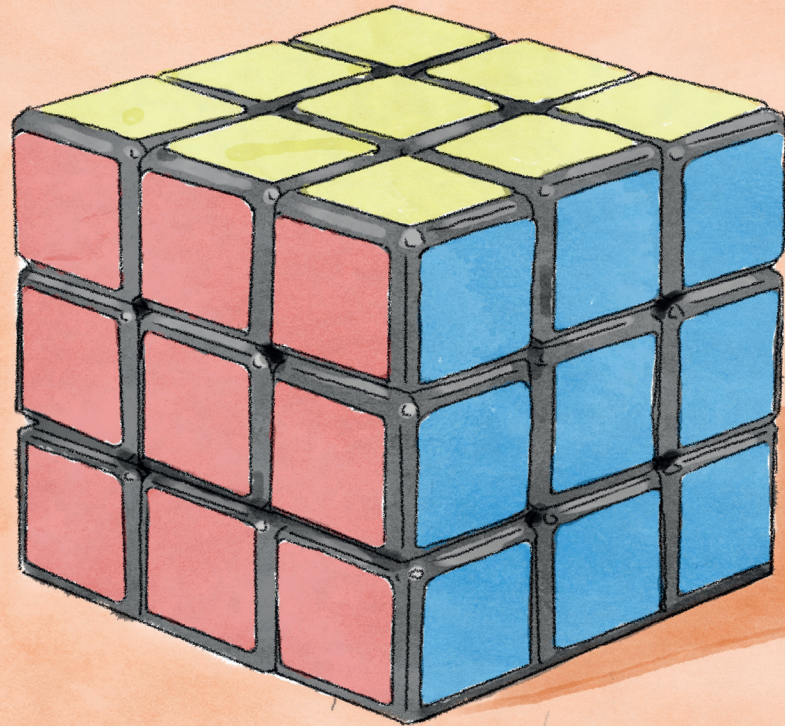
***By focusing on these aspects, caregivers can create a nurturing environment that supports the individual's recovery journey.***



## 7.6

## Maximizing treatment outcomes

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**Comprehensive treatments  
can bring recovery closer.**

Treating people who have both schizophrenia and substance use disorders is complex and requires more than just medication. Recent research highlights a few key points for improving treatment:

**HOLISTIC CARE.** Since these individuals often struggle with both physical and mental health issues, it's important to provide care that **treats both at the same time**. For example, heart disease, diabetes, and substance abuse often occur alongside schizophrenia, so addressing these issues together can improve overall health and well-being.

**MEDICATION SUPPORT.** Certain medications, particularly newer antipsychotics, can help manage symptoms of both psychosis and addiction. These drugs work by stabilizing brain chemistry, making it easier to control symptoms and cravings. However, **using the right medication and monitoring for side effects** is crucial for long-term success.

**THERAPY AND SOCIAL SUPPORT.** Medication alone isn't enough for most people. **Therapy**, including cognitive-behavioral therapy (CBT), helps individuals manage substance use and improve everyday skills like holding a job or maintaining relationships. **Peer support groups and community programs** are also key to helping patients stay on track and avoid relapses.

## PREVENTING RELAPSES.

Since the risk of relapse is high for both substance use and schizophrenia symptoms, **long-term treatment plans** focus on ongoing support, medication management, and therapy to help individuals stay healthy and stable.

**Recent studies emphasize that a personalized, integrated treatment plan combining medication with therapy and physical health care is essential to improving the quality of life for these patients.**

## Why are pharmacological treatments essential for recovery?

Pharmacological treatments are essential for individuals dealing with both substance use disorders and psychiatric conditions, like schizophrenia. Medications can effectively address symptoms related to substance misuse while also helping manage mental health issues.

Selecting the right medication requires **careful consideration** and **ongoing monitoring** to ensure its effectiveness.

To achieve the best results, it's crucial to **integrate pharmacological interventions within a comprehensive treatment plan**.

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This plan should also incorporate psychotherapy and social support, maximizing the benefits of medications.

*By taking this holistic approach, caregivers can better support individuals with dual schizophrenia in their recovery journey.*

## Caregiver's crucial role in improving treatment outcomes

### MEDICATION ADHERENCE.

Caregivers can assist by ensuring their loved ones **consistently take prescribed medications**.

This support can **reduce relapse rates** and hospitalization.

### PARTICIPATION IN THERAPY.

Encouraging or attending therapy sessions (such as family psychoeducation) can be beneficial. These programs **help caregivers understand** schizophrenia and SUD, reducing their burden and increasing their knowledge. They have been shown to **improve both patient and caregiver outcomes**.

### MONITORING SYMPTOMS.

Caregivers can help by **keeping track** of symptoms or any warning signs of relapse or worsening substance use. This can help healthcare providers **adjust treatment plans promptly**.

**BUILDING THERAPEUTIC ALLIANCES.** Using communication strategies like LEAP (Listen, Empathize, Agree, Partner) helps caregivers **build trust** with their loved ones, which can encourage them to **stay engaged in treatment**.

**PROVIDING A COMFORTABLE ENVIRONMENT.** Caregivers can establish a **routine** and ensure a supportive environment at home. This **stability** is important for maintaining sobriety and managing schizophrenia.

## Non-drug therapies

In addition to medication, guidelines recommend combining it with non-drug therapies. These include **PSYCHOSOCIAL INTERVENTIONS** and forms of therapy such as **COGNITIVE-BEHAVIORAL THERAPY (CBT)** and **FAMILY THERAPY**.


These approaches can provide **additional support and help** patients manage their symptoms, improve daily functioning, and enhance their overall quality of life. **INTEGRATING** these therapies with medication creates a more comprehensive treatment plan for people living with schizophrenia.


## Motivational Interviewing (MI)

**MI** is a conversation technique designed to **help people find their reasons** for making positive changes in their lives.

It's helpful for those who feel unsure about their substance use or mental health treatment. MI can **encourage a stronger sense of responsibility** and help them become more engaged in their treatment plans.

It's a **supportive and non-judgmental approach** that helps people explore their goals and **build motivation** for change.

 **Key Techniques:** Reflective listening, eliciting change talk, and supporting self-efficacy.


 **Scientific Evidence:** MI has positively reduced substance use in people with schizophrenia.


## Cognitive behavioral therapy (CBT)

**CBT** is widely used to treat both schizophrenia and substance use disorders (SUDs), including opioid and stimulant use.

For patients with schizophrenia, CBT focuses on **altering delusional thinking** and **reducing the emotional distress** linked to psychotic symptoms. In individuals with SUDs, it helps identify triggers, manage cravings, and prevent relapse.

**Combining** these approaches allows therapists to **address patients' unique challenges** with dual disorders.

 **Key Techniques:** Cognitive restructuring, behavioral activation, and psychoeducation.


 **Scientific Evidence:** Studies show that CBT can improve both psychiatric symptoms and reduce substance use in patients with schizophrenia and SUDs.

## Contingency management (CM)

**CM** is a treatment method that gives patients **rewards**, like gift cards or vouchers, when they meet specific goals, such as staying drug-free.

CM can be adapted for individuals with schizophrenia to encourage them to stick with both their mental health and substance use treatments, **offering extra motivation** through **positive reinforcement**. This approach makes treatment more **engaging and rewarding** for patients.

 **Key Techniques:** Voucher systems, reward-based interventions.

 **Scientific Evidence:** CM has proven particularly effective in reducing stimulant use, like cocaine or methamphetamine, and can also help reduce opioid use, in schizophrenia patients.



## Family psychoeducation

Family Psychoeducation provides families with **education about schizophrenia, addiction, and coping strategies** to help manage the dual challenges.

By **improving family support**, patients are more likely to adhere to treatment, avoid relapse, and manage psychiatric symptoms.



**Key Techniques:** Psychoeducation workshops, coping skills training, crisis intervention.



**Scientific Evidence:** Family interventions have demonstrated improved outcomes in relapse prevention and functional recovery for dual schizophrenia patients.

## Social skills training (SST)

**SST** focuses on **improving social functioning**, which is often impaired in schizophrenia patients.

It can be combined with interventions targeting substance use by **incorporating role-play, communication exercises, and problem-solving strategies** to help individuals avoid high-risk situations for substance use.



**Key Techniques:** Role-playing, reinforcement of positive social interactions.



**Scientific Evidence:** SST is shown to improve quality of life, social outcomes, and adherence to treatment in dual-diagnosis patients .

## Mindfulness-based interventions (MBIs)

**Mindfulness-based interventions**, such as **Mindfulness-Based Stress Reduction (MBSR)**, have been increasingly studied for both schizophrenia and substance use disorders. Mindfulness practices help patients **increase awareness of their thoughts, feelings, and cravings**, making it easier to manage distress and avoid substance use triggers.



**Key Techniques:** Meditation, body scan exercises, and mindfulness breathing.



**Scientific Evidence:** MBIs have been linked to reductions in substance cravings and improvements in psychiatric symptoms.

## Assertive community treatment (ACT)

**ACT** is an intensive, team-based approach aimed at helping individuals with severe mental illness, like schizophrenia, who have a **history of treatment non-compliance, homelessness, or substance use**.

The ACT team provides case management, medical and psychiatric care, substance use counseling, and daily living support.



**Key Techniques:** Outreach, continuous monitoring, and treatment in the community.



**Scientific Evidence:** ACT is effective in reducing hospitalizations, improving adherence, and promoting recovery in dual-diagnosis patients.

**Staying informed helps you handle challenges confidently and offers the needed support for individuals with schizophrenia and substance use disorder.**

**By familiarizing yourself with the specific substances that may be present in their lives - such as tobacco, alcohol, cannabis and stimulants - you can gain insight into the risks associated with each one.**

**This understanding can help you in early identification of potential issues and effective support and intervention.**

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## Explore Chapter 8

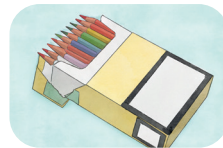
*This chapter uses real-world examples to show how open, non-judgmental, and prepared communication helps caregivers build crucial trust and support loved ones with schizophrenia and substance use disorders on their recovery journey.*



**8.1**  
**Current feelings and mental state**



**8.2**  
**Substance use and triggers**



**8.3**  
**Coping mechanisms**



**8.4**  
**Future plans and hopes**



**8.5**  
**Medication adherence**



**8.6**  
**Non-stigmatizing communication**



**8.7**  
**Crisis intervention**



**8.8**  
**Suicide risk assessment**





## Fast Facts

**Open and supportive communication** between caregivers and individuals with schizophrenia and substance use disorders is key to building trust, understanding, and treatment adherence.

When suggesting **alternative coping mechanisms**, it's important to focus on supportive, positive coping strategies tailored to each person's unique needs.

**During a crisis**, the situation should be approached carefully, being aware of immediate dangers, and having a clear, structured safety plan ready.

By choosing a **non-judgmental, encouraging dialogue**, caregivers can better support their loved ones on their recovery journey, ultimately improving their quality of life.

## 8.1 Current feelings and mental state



**When initiating a conversation with a person living with schizophrenia and substance use disorder about their current feelings and mental state, it is essential to create a safe and non-judgmental space.**



## Encouraging **OPEN DIALOGUE WITHOUT IMPOSING DIRECTIVES**

can help the person feel comfortable expressing their thoughts and emotions.

Here are some suggestions on how you, as caregivers, can gently approach this topic:

## **EMPATHETIC AND OPEN-ENDED QUESTIONS**

Asking open-ended questions **calmly, and non-intrusively** encourages your loved one to share their thoughts without feeling pressured.

These questions allow them to lead the conversation and focus on what is most important to them.

- Example:

*"I've noticed you've seemed a bit quieter lately. How have you been feeling about things?"*

## **ACTIVE LISTENING AND VALIDATION**

As the person you're supporting expresses feelings, it's crucial to use active listening techniques.

This involves **paraphrasing** their words to show understanding, making them feel heard, and validating their emotions.

- Example:

*"It sounds like things have been tough lately, and you're feeling overwhelmed. Is that right?"*

## **Non-stigmatizing language**

Avoid using terms that could carry a stigma or imply judgment. This is particularly important for individuals with schizophrenia and SUD, who often face social stigma. Use neutral language that focuses on behavior rather than identity.

- Example:

*"I understand that sometimes things might feel out of control. Is there something in particular that's been on your mind?"*

## **Give the person you're caring for control of the conversation**

Allow the individual to guide the **pace of the discussion** and decide how much they want to share. You can express your **willingness to listen without pushing** them to talk about things they may not be ready to discuss.

- Example:

*"I'm here to listen whenever you feel like talking about what's going on."*

## **Encourage reflection on daily life and coping mechanisms**

Ask questions that **gently nudge** the individual to reflect on how their mental health is affecting daily activities, such as sleep, social interactions, or substance use. This can help them recognize the impact without feeling judged.

- Example:

*"How have things been for you lately - like with sleep or feeling like you're keeping up with things you enjoy?"*

## **Example conversation about current feelings and mental state**

*"I've noticed you've seemed a bit more withdrawn lately. How are things going for you?"*

*"I don't know...everything just feels like too much."*

*"It sounds overwhelming. Do you feel like talking about what's been weighing on you? I'm here to listen."*

*"It's just...I don't feel like I can control my thoughts."*

*"That sounds really hard. Has anything in particular been on your mind that you'd like to talk about?"*

**This kind of interaction gives the person the space to open up in their own time, with emphasis on empathy and non-judgment.**

## 8.2 Substance use and triggers

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**Discussing substance use and potential triggers with someone who has schizophrenia and a substance use disorder can be more effective when approached with compassion and a non-judgmental attitude.**

Such an approach can create a safe environment where the person feels comfortable reflecting on their substance use and its impact on their mental health.

### Open-ended questions about disorders connections

Open-ended questions can provide your loved one with an opportunity to share their experiences in a way that feels safe and free from judgment.

This technique, often used in motivational interviewing (MI), **encourages reflection and insight** about their thoughts and ambivalence around change.

- Example:

*"Have you noticed how using [substance] seems to affect how you're feeling or behaving?"*

These kinds of questions may help your loved one **draw connections** between their substance use and mental health, fostering self-awareness and insight.

### Understanding triggers and patterns

**Exploring triggers and patterns** can play an important role in dual schizophrenia care. Triggers often stem from stress, emotional challenges, or environmental factors.

- Example:

*"Are there times or situations when you feel more drawn to using? What seems to make things harder?"*

This kind of dialogue can open up a chance to talk about **alternative coping strategies and ways to handle** those vulnerable moments.

### Normalizing the experience without minimizing the problem

During difficult times, choosing **words that normalize and validate** one's experience can help ease feelings of shame or guilt. At the same time, it's important to make sure they know their struggles are taken seriously. **Validation creates a safe, supportive space** where they feel comfortable opening up.

- For example, you might say:

*"A lot of people going through tough times turn to something to cope. I'd really like to hear about what you're going through and explore how we can work on it together."*

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“According to the Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines, **acknowledging their experience, without approving harmful behavior, can lower resistance and encourage more open, honest conversations.**

## Reflecting and summarizing to clarify

Reflecting on what your loved one shares can be a meaningful way to show empathy and ensure their experiences are understood. Summarizing their thoughts can also help bring clarity to the conversation and provide space for further reflection.

- For instance, acknowledging something like,

*"It sounds like you feel calmer at first when you use, but later on, it makes things feel worse. Isn't that right?"*

can help foster trust and mutual understanding.

This approach, often emphasized in trauma-informed care, can be especially helpful when supporting someone with complex mental health and substance use needs.

## Gently exploring the consequences

Talking about how substance use might be affecting different aspects of life can be **a thoughtful way to encourage reflection.**

Asking about **areas like sleep, mood, or relationships in a caring tone** allows space for them to consider the impact without feeling judged.

- For example,

*wondering together about how substance use might interact with symptoms of schizophrenia,*

such as hallucinations or delusions, could lead to deeper insights while keeping the conversation compassionate and open.

## Example conversation about current feelings and mental state

*"I was just wondering how things have been feeling for you lately. How are you doing?"*

*"It's been up and down. Sometimes I just feel like everything's too much, you know?"*

*"That sounds really overwhelming. Do you feel like using help during those times, or does it make things harder?"*

*"At first, it makes things easier, like I can handle it. But later, everything just comes back, and sometimes it feels worse."*

*"I hear you. It sounds like it gives you some relief initially, but then things get more intense afterward. Is that right?"*

*"Yeah, I guess so. It's hard to manage sometimes, especially when I'm feeling stressed."*

*"I can only imagine. Are there times when it's harder to resist using, like when certain things are happening or you're feeling a certain way?"*

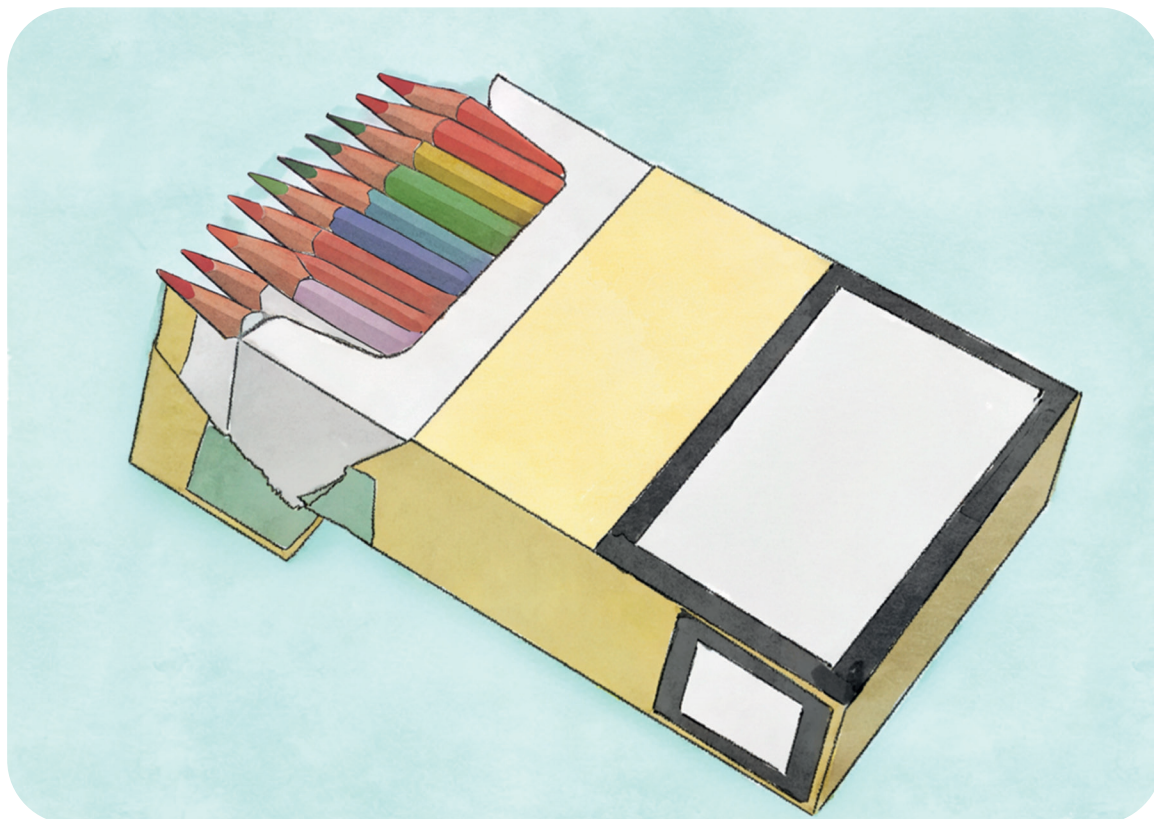
*"Definitely, especially when I'm stressed out or can't sleep."*

*"Thanks for sharing that. It's really helpful to understand when things feel most challenging. Maybe we can think of other ways to manage stress too, so it feels a little easier."*

## 8.3

## Coping mechanisms

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**When encouraging a person with schizophrenia and substance use disorder to consider alternative coping mechanisms, it's important to focus on positive, supportive approaches that are tailored to their specific needs.**

### Structured daily routine

Having a routine with **consistent sleep, meals, and low-stress activities** can create a **sense of stability and calm**. This structure not only helps reduce stress and improve mood but also makes it easier to manage symptoms and **gradually lessen cravings**. Over time, having a **predictable rhythm** to the day can provide a **strong foundation** for overall well-being.

### Social support and peer groups

Getting involved in support groups, (such as, for example, those offered by NAMI (National Alliance on Mental Illness) or Narcotics Anonymous (NA)), can create **opportunities to connect with others who understand similar challenges**. These groups provide a **safe environment to share** experiences, explore coping strategies, and learn from others in a supportive space.

### Creative outlets and physical activity

Spending time on creative activities like drawing, journaling, or music, or including light physical activities like walking or yoga, can offer **helpful ways to manage stress**. These kinds of

activities can improve mood, promote self-expression, and serve as positive **alternatives for coping** with challenges.

### Developing emotional regulation skills

Developing **healthy ways to manage emotions** can make a big difference, especially in tough situations. **Techniques from Dialectical Behavior Therapy (DBT)**, for example, can help individuals recognize triggers, take a moment to pause, and explore alternative ways to respond. According to SAMHSA (Substance Abuse and Mental Health Services Administration) guidelines, these skills are especially valuable for those having both schizophrenia and substance use disorder, as they can support better emotional regulation and overall well-being.

### Mindfulness and grounding techniques

**Mindfulness exercises**, such as deep breathing, progressive muscle relaxation, or guided imagery, may help in **handling stress and calming overwhelming emotions**.

**Grounding techniques**, like focusing on sensory details (e.g., noticing five things you can see), can also provide a **sense of stability** during difficult moments.

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### Example dialogue on the topic of coping mechanisms

"What usually helps you feel a little better when things get stressful or overwhelming? Have you tried any breathing exercises or activities you enjoy, like drawing or journaling?"

"Sometimes I'll write things down, but it doesn't always help."

"That's a good start. Maybe we could explore a few other things together, like mindfulness exercises or a daily routine that includes some calm moments for you. I'd be happy to try them with you if that helps."

**These strategies can encourage people to find better ways to cope while building self-awareness and emotional strength in a supportive, judgment-free way.**

## 8.4 Future plans and hopes



**Initiating a conversation about goals and plans with someone facing both schizophrenia and substance use disorder can be a powerful way to support their journey.**

**Talking about their hopes and aspirations** helps them feel a sense of purpose and control, **making recovery feel more achievable**.

Even **small steps** toward personal growth can be incredibly **motivating** and **empowering**.

## Focusing on small, achievable steps

Talking about plans can feel easier when **big goals are broken down into small**, simple steps. This can make progress **feel more doable** and prevent feelings of stress or overwhelm.

For example, you might explore something simple together, like improving sleep or adding a small, enjoyable activity to their routine, as a way to **create positive change**.

## Exploring personal values and interests

Having **a conversation about what truly matters to them**, like family, creative hobbies, or personal growth, can be a meaningful way to uncover what gives them **hope and purpose**. This might include reflecting on **hobbies or activities** they once enjoyed and considering ways to **reconnect with those interests** to improve well-being.

## Change through motivational conversations

Using a method like motivational interviewing, which encourages **curiosity and reflective listening**, can help start gentle conversations about what they want to improve or change.

Asking open-ended questions about their hopes or what makes them feel more stable and comfortable **can support their own thinking without adding pressure**.

## Helping to believe in the ability to make progress

**Offering reassurance** that even small steps forward are meaningful can be a way to show support. Telling them that you believe in their ability to work toward their goals, no matter how slowly, can be a powerful motivator.

- For example, you might say,

*"I see the effort you're putting in, and I truly believe you can keep making progress, one small step at a time. If you ever need anything, we'll figure it out together."*

## Recognizing setbacks as part of the journey

**Setbacks are a natural part of the process**, and reminding them of this can help reduce feelings of guilt or frustration. Acknowledging that some days will be harder than others, while offering reassurance during those times, can help keep their sense of support and motivation strong.

- You could say,

*"It's okay if things don't always go smoothly - every effort you make matters, even on the tough days. We'll keep working through this together."*

This can help build resilience and keep them motivated.

## Example dialogue about plans and hopes

*"When you think about the next few weeks or months, is there something you'd like to focus on improving? It could be something small, like finding a routine that works for you."*

*"I'd like to feel less anxious, maybe get a better handle on my sleep."*

*"That's a great goal. Feeling more rested could make a big difference. Are there any things that help you relax or feel calmer before bed?"*

*"Sometimes reading helps, but it doesn't always work."*

*"That's a good start. How about we try exploring a few other options together? We could also work on a plan that keeps building toward what you need to feel more comfortable."*

**This technique helps the person think about their own goals and what they want to achieve. It does this through supportive conversations that encourage them to express their thoughts and feelings, which can build hope and motivation.**



## 8.5

## Medication adherence

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**Discussing medication adherence with a person who has schizophrenia and a substance use disorder is important for effective symptom management and recovery.**

If they are taking antipsychotic medications, **ask about any challenges** they face in following their treatment plan. **Listen to any concerns** about side effects or other issues they might have. This **understanding can help build trust** and make it easier for them to talk openly about any problems they're experiencing.

- Example:

*"How has it been going with your medications? Are they helping, or have you had any concerns?"*

### Starting a conversation about medication experiences

**Talking about medications** can be a helpful way to understand how someone feels about their current treatment plan, including any benefits or challenges.

Open-ended questions can create space for them to share their thoughts without feeling pressured.

- For example, you might say something like,

*"How have your medications been working for you? Are there any changes you've noticed or things you'd like to talk about?"*

### Acknowledging side effects and concerns

It's common for side effects to make medication feel harder to stick with, and **showing empathy** can create a sense of support.

- Sharing something like,

*"I know medications can sometimes come with side effects that are tough to deal with. Have you noticed anything like that recently?"*

can open the door to a more comfortable discussion.

### Collaborating with healthcare providers

If there are any, **bringing up concerns about medications** with a healthcare provider might help.

- Gently sharing the idea, such as,

*"If something feels off about the medication, maybe it's worth mentioning to the doctor. Sometimes small adjustments can help,*

*can encourage collaboration without adding pressure.*

### Recognizing the challenges of dual disorders

Managing schizophrenia symptoms and medications, especially when dealing with other issues like substance

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use, can be tough. **Acknowledging how hard it is** can help someone feel understood and supported.

- You might say something like,

*"I know it's not easy to handle everything at once. Is there anything I can do to make things a bit easier for you?"*

This can create a supportive environment where they feel heard and cared for.

## Routine-building strategies

Finding small ways to **build a routine around taking medications** might help with consistency.

Talking about ideas, like tying it to an existing habit, could make it feel more manageable.

- For example, you might say,

*"Sometimes it helps to link taking medications to something you already do, like brushing your teeth. Do you think that could work for you?"*

## Example dialogue about adherence to medication

*"How have things been going with your medications? Are they helping you feel more stable, or are there any side effects bothering you?"*

*"They help sometimes, but I don't like how tired I feel all the time."*

*"That sounds frustrating. Maybe we could talk with your doctor about options that might reduce that tiredness. Sometimes there are adjustments that can make a difference."*

*"Yeah, maybe. I just don't want to feel so out of it all the time."*

*"That makes a lot of sense. It's really important for you to feel clear-headed and comfortable. I'll support you in finding an option that works better."*

**This approach encourages open and honest conversations about taking medication as prescribed. It involves talking about any side effects, working together with healthcare providers, and finding solutions that support the person's overall well-being.**

## 8.6

## Non-stigmatizing communication



**Schizophrenia and substance use disorders can carry a lot of stigma, which often stops people from seeking help.**



Starting conversations in a way that doesn't judge or shame can be really important for **building trust** and **encouraging open communication**.

Using **neutral and supportive language**, **avoiding labels**, and **focusing on how they're feeling** or what they're experiencing can make them more comfortable with getting help. This approach helps **reduce feelings of shame** and makes them more receptive to support.

## Putting the person first

**Language can make a big difference** in how someone feels. Referring to them as a person first – like *"a person with schizophrenia"* or *"someone facing substance use challenges"* – can **show respect** and acknowledge their individuality rather than focusing solely on their condition.

## Focusing on behaviors and feelings

Talking about specific behaviors or feelings instead of labels can make conversations feel more supportive.

- For example, sharing something like,

*"I've noticed you seem worried about things lately. Do you feel like talking about it?"*

can create space for dialogue without making it about a diagnosis.

## Choosing neutral, supportive language

Using neutral terms that describe what someone is experiencing can feel less judgmental.

- For example, saying

*"using substances" instead of "abusing drugs"*

keeps the focus on the situation rather than attaching negative connotations.

## Showing empathy and understanding

Acknowledging their feelings, even with simple phrases like

*"That sounds really tough" or "I can see how that might feel overwhelming"*

can help them feel heard and valued.

It's a way of showing that their struggles are valid without minimizing their experience.

## Working together as a team

Using collaborative language, like

**"How can we work on this together?"**

or **"Let's see what might make this**

**feel more manageable"** reinforces the idea that they're not alone.

This shifts the focus to working together, empowering and building trust.

## Example dialogue about non-stigmatizing communication

*"I know things have been really challenging, and I'm here to support you in whatever way feels right. If you're comfortable, would you like to share how you've been feeling lately?"*

*"Sometimes I feel like nobody understands. I hate feeling like I'm just seen as my diagnosis."*

*"That must feel isolating, and I understand that you're so much more than any diagnosis. Let's focus on what's going on for you day-to-day. What's been most on your mind lately?"*

**This approach helps the person feel seen beyond their diagnosis, which can build trust and encourage more open, positive interactions about their experiences and needs.**

## 8.7

## Crisis intervention

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**When someone with schizophrenia and a substance use disorder is in crisis, it's crucial to handle the situation with care and attention. You need to be aware of any immediate dangers and have a clear plan to keep them safe.**

**Developing a safety plan, identifying crisis triggers**, and connecting them with **emergency contacts** can be life-saving. Involving family or friends can provide extra support.

After the crisis, **regular check-ins** and **ongoing care** are essential to ensure they stay safe and supported.

This approach has been proven to work well in emergency situations, like preventing suicide.

### Collaborating on a safety plan

Creating a safety plan together can give the person a sense of empowerment and support.

This plan might include steps they can take if they ever feel overwhelmed - *like reaching out to someone they trust, finding ways to make a safer environment, or using techniques that help them feel calm.*

### Recognizing triggers and early signs

Taking some time to explore what situations or feelings might lead to distress, such as **increased anxiety or thoughts of self-harm**, can help both of you understand when **extra support might be needed**. Talking openly about these signs can make them easier to recognize in the future.

### Exploring coping strategies

Considering strategies they've found helpful before - like **grounding exercises**, **deep breathing**, or **connecting with supportive people** - can reinforce what already works for them. This can also be a way to introduce new ideas for coping that feel comfortable and manageable.

### Including supportive people in the plan

If they're open to it, **family members or close friends** can play an important role in providing support. Letting these people know how they can help during tough moments can make everyone **feel more connected and prepared**.

### Staying connected over time Checking-in regularly

can be a helpful way to see how things are going and adjust the plan as needed. These follow-ups can **provide a sense of continuity** and show that they're **not alone** in this process.

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### Example dialogue for initiating crisis intervention

"Let's come up with a plan together for when things start to feel difficult. We can include ways to recognize early signs, like feeling anxious or unsafe. How does that sound?"

"I think that could help, especially if there's a way to remind me what to do."

"Absolutely! We can set up reminders and also add a few key contacts—family, friends, or anyone you trust. We can also include coping strategies. Do you think reaching out to [a supportive person's name] would be helpful when you're feeling this way?"

**This type of conversation creates a safe and collaborative space, helping the patient feel empowered and in control of their plan.**

## 8.8

### Suicide risk assessment



**When assessing suicide risk in individuals with both schizophrenia and substance use disorder, it's important to be sensitive and structured.**

**The goal is to understand the risk level, recognize protective factors, and plan effective ways to support them.**

## Encourage open, non-judgmental dialogue

Starting with **open-ended questions** helps create a **safe space** where the person feels comfortable sharing their thoughts.

A caregiver might say:

*"Would you like to talk about what's been on your mind lately? Are there moments when things feel especially tough?"*

This approach allows them to express difficult feelings without fear of judgment, making it **easier to discuss** suicidal thoughts and emotions.

## Creating a safety plan when needed

For those at higher risk, having a safety plan can be a helpful tool. This plan might include:

- Emergency contact information
- Grounding techniques for moments of crisis
- A list of supportive friends or family members to reach out to

A well-thought safety plan provides reassurance and practical steps to follow when things feel difficult.

## Offer regular check-ins and ongoing support

Checking in regularly after an initial suicide risk assessment can be important, especially for those with dual diagnoses. These follow-ups offer opportunities to **reassess risk, adjust any necessary interventions, and continue providing support** when needed.

A simple check-in can go a long way in offering continued support.

**"Suicide risk assessments shouldn't be a one-time event."**

## Looking Beyond Risk Levels

While understanding the risk level is crucial, it's also helpful to **explore other factors that can influence intervention planning**. These factors can be:

- **Protective factors** – supportive relationships, coping skills, or personal strengths
- **Current stressors** – recent losses, isolation, or struggles with daily life

Identifying these elements helps in creating a plan that meets the individual's specific needs.

## Example conversation for suicide risk assessment

*"I'd like to check in and see how things have been going for you. Sometimes, having a lot on our minds can feel overwhelming. Are there times lately when it's been difficult to manage things on your own?"*

*"Sometimes, yeah. It's hard to explain. Some days are just really heavy."*

*"That sounds challenging. Let's talk about some things we can try when it feels that way. I'm here to help you find ways to get through those moments safely, and I'd like to support you in any way I can."*

**This kind of conversation creates a safe and open dialogue, helping the person feel heard and supported, which leads to a more effective assessment and intervention.**



## Communication Techniques

### Use open-ended questions

This encourages the individual to **share more** about their feelings and experiences. Questions that can be answered with a simple **"yes"** or **"no"** should be avoided.

- Example:

*"Can you tell me more about what you're going through right now?"*

### Active listening

**Repeat back or summarize** what the person is saying to show that you are listening and understand. This builds trust and cooperation.

- Example:

*"It sounds like you're feeling really overwhelmed by everything. Is that right?"*

### Non-stigmatizing language

Avoid judgmental terms. Use **neutral language** to discuss substance use and mental health symptoms to prevent the person from feeling criticized or ashamed.

- Example:  
Instead of saying **"Why do you keep using drugs?"**, try something like

*"It seems like substance use has been part of what you're going through. Can you tell me more about how it affects you?"*

### Validate their experience

Validate their feelings and struggles without judgment, letting them know that **their experiences are real and understandable**.

- Example:

*"I can see how hard this must be for you, and it makes sense that you're feeling this way."*

### Stay calm and patient

Schizophrenia can cause disorganized thinking, and substance use can increase confusion. Be patient and **don't rush the conversation**, allowing them the time to gather their thoughts.

- Example:  
If they lose their train of thought, gently remind them about the discussion:

*"You were telling me about how things have been difficult lately. Can you tell me more about that?"*

### Offer reassurance, not solutions

Sometimes, individuals are not ready for solutions and may just need someone to listen. **Offer comfort** and the **opportunity to talk** rather than trying to "fix" things immediately.

- Example:

*"I'm here for you, and we can work through this together."*

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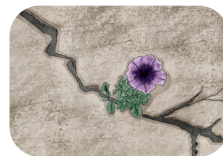


## Explore Chapter 9

*The chapter offers practical strategies for self-care and preventing and managing burnout, helping caregivers to maintain their well-being and ability to provide effective care to their loved ones.*



**9.1**  
**Managing the emotional and physical burdens**



**9.2**  
**Overcoming behavioral and communication challenges**



**9.3**  
**Overcoming social isolation and double stigma**



**9.4**  
**Seeking integrated treatment options**



**9.5**  
**Balancing caregiving and personal well-being**



**9.6**  
**How to avoid and manage caregiver burnout**





## Fast Facts

### **Caring can be demanding.**

Supporting a loved one with both schizophrenia and substance use disorder involves managing unpredictable behaviors, relapses, and crises, often leading to chronic stress, guilt, and emotional exhaustion of caregivers.

### **Balancing caregiving responsibilities**

Caregivers should adopt strategies that support both their loved one's treatment needs and their own health and well-being.

### **Avoiding burnout.**

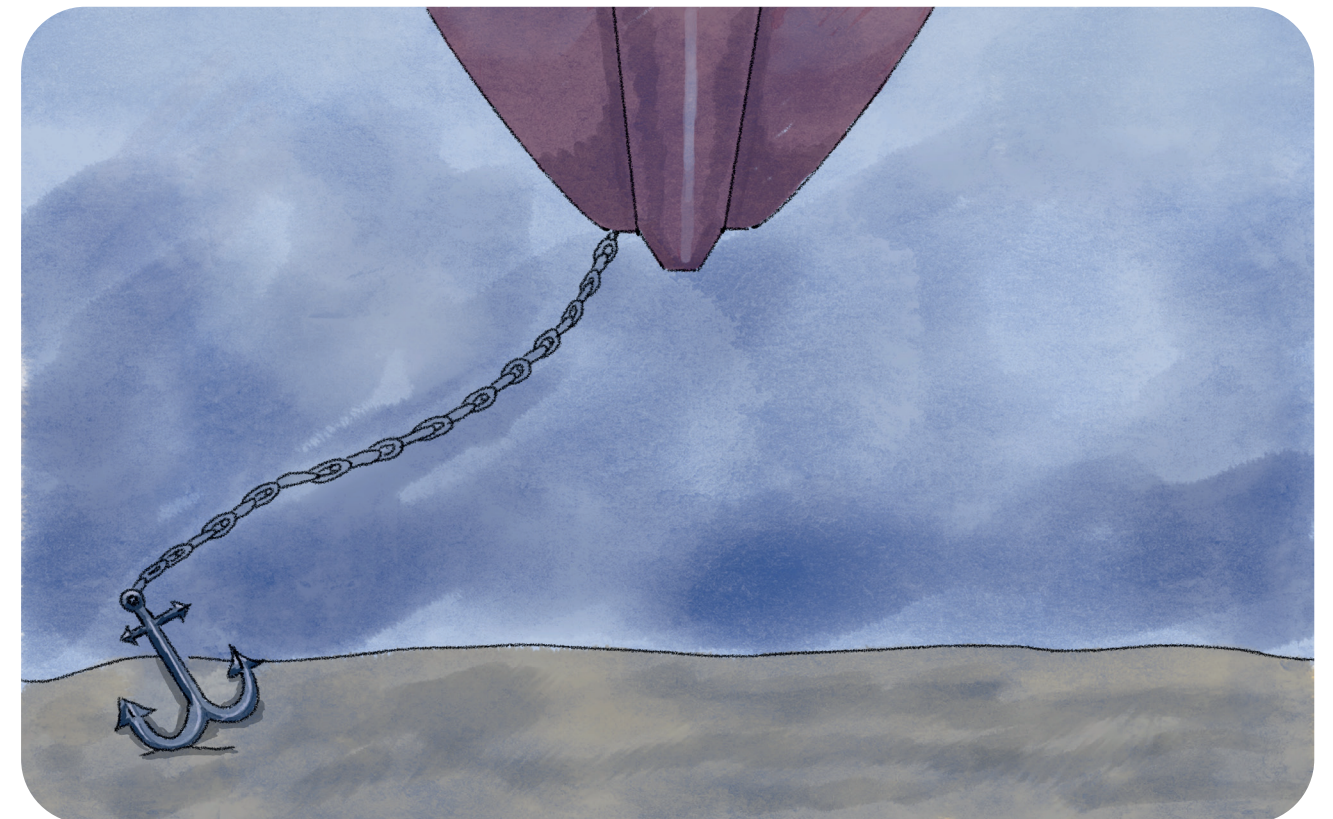
Recognizing early signs of burnout allows caregivers to take action before burnout leads to more serious mental or physical health complications.

### **Self-care is not a luxury - it's a necessity.**

Prioritizing personal well-being, setting realistic boundaries, seeking social support, and practicing mindfulness can help caregivers manage burnout and sustain their ability to provide compassionate care.

## 9.1

## Managing the emotional and physical burdens



**Supporting someone with both schizophrenia and a substance use disorder presents unique challenges, often leading to significant emotional and physical strain.**

## CHRONIC STRESS AND BURNOUT

Supporting someone with a dual schizophrenia means managing unpredictable behaviors, relapses, and crises, therefore, **experiencing persistent stress**. Over time, this can lead to burnout, characterized by feeling **emotionally drained**, **disconnected**, and **less able to provide the support** you want to give.

## FEELINGS OF GUILT AND HELPLESSNESS

Caregivers may feel guilt, when they cannot prevent negative outcomes, such as relapses or hospitalizations. The **perceived inability** to "cure" the individual can lead to **helplessness** and even **depression**.

## GRIEF AND AMBIGUOUS LOSS

Caregivers may **grieve the loss of the person they once knew**, especially if their condition drastically changed the individual's behavior and personality.

## Managing chronic stress and burnout

### PRIORITIZING PERSONAL WELL-BEING

Taking time for **recharging activities** - such as physical exercise, creative hobbies, or social interactions - can help caregivers manage stress.

### SETTING REALISTIC BOUNDARIES

Establishing **clear and achievable limits** for caregiving can prevent overload. Sharing responsibilities with family members or seeking external assistance can offer much-needed relief.

### FINDING STRENGTH IN COMMUNITY

Engaging with **peer support groups** connects caregivers with others who truly understand their challenges, offering both **emotional reassurance** and **practical advice**.

### PRACTICING MINDFULNESS AND REFLECTION

Techniques like meditation, journaling, and relaxation exercises can serve as daily **tools to ease stress and restore emotional balance**.

## Dealing with feelings of guilt and helplessness

### REDEFINING THE CAREGIVER'S ROLE

Accepting that some outcomes are beyond personal control, and the role of caregivers is a supporter rather than a problem-solver, can bring peace of mind. **Recovery is a nonlinear journey** filled with ups and downs.

### FOCUSING ON MEANINGFUL SUPPORT

Viewing caregiving as an opportunity to provide meaningful support, even in small ways, may help **shift the focus from outcomes to the value** of daily efforts.

### SEEKING EMOTIONAL VALIDATION

Talking to a trusted friend, therapist, or support group can help caregivers reframe negative emotions and gain a healthier perspective.

### ENCOURAGING INDEPENDENCE

Supporting small steps toward independence in their loved one can help caregivers feel **less pressure to "fix everything"** on their own.

## Coping with grief and ambiguous loss

### RECOGNIZING AND NAMING EMOTIONS

Recognizing feelings of grief, frustration, and longing can be the first step toward healing.

### FINDING NEW WAYS TO CONNECT

While the relationship may change, appreciating shared interests, small moments, and past memories can help caregivers maintain a sense of closeness.

### SEEKING PURPOSE IN CAREGIVING

Reflecting on the impact of the support, no matter how small, can bring a sense of meaning to the role.

### ACCESSING PROFESSIONAL SUPPORT

Therapy, workshops, or support groups specializing in ambiguous loss can offer coping strategies and reassurance for caregivers navigating this complex grief.



## 9.2

## Overcoming behavioral and communication challenges

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**Caring for someone with both schizophrenia and substance use disorder can be overwhelming, especially when dealing with unpredictable behaviors. Understanding these challenges and learning how to respond effectively can make a big difference in both the caregiver's and the individual's well-being.**

## Common Behavioral Challenges

## AGGRESSION AND RESISTANCE TO TREATMENT

Schizophrenia and substance use can sometimes lead to **irritability, aggression, or refusal** to accept treatment. These behaviors can be **stressful for caregivers** and may pose safety risks.

## SUBSTANCE USE TRIGGERS

Using substances can **worsen symptoms** like paranoia and hallucinations. Oftentimes, **caregivers struggle to manage** these situations while trying to prevent further substance use.

## SOCIAL WITHDRAWAL

Feelings of **mistrust, shame, or lack of motivation** may lead individuals to isolate themselves, leaving **caregivers with the emotional weight** of providing companionship and support.

## Handling aggression and non-compliance

## IDENTIFYING TRIGGERS

Pay attention to **patterns** - certain stressors, environments, or discussions might lead to agitation. Adjusting how and when conversations happen can help prevent escalations.

## USING CALMING STRATEGIES

Responding with a **calm, neutral tone and non-confrontational communication** can help defuse tension. Giving the person space to express their emotions can also help.

## SEEKING PROFESSIONAL GUIDANCE

Therapists and mental health specialists can offer **personalized strategies**, including techniques from Cognitive Behavioral Therapy (CBT), to help manage aggression.

## CREATING A SAFETY PLAN

Having a **clear plan** in place for dealing with aggressive episodes can reduce stress and improve preparedness for challenging situations.

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## Dealing with substance use triggers

### UNDERSTANDING THE CONNECTION

Learning how substance use affects schizophrenia symptoms can help caregivers better **anticipate and manage** triggers.

### ENCOURAGING SMALL STEPS

Instead of focusing only on stopping substance use completely, **attempting alternatives**, such as harm reduction strategies (such as reducing frequency or avoiding certain substances) may be more effective in building trust.

### EXPLORING INTEGRATED TREATMENT

Programs that **treat both** conditions together often lead to better long-term outcomes. Talking to a healthcare provider about integrated treatment can be a helpful step.

### KEEPING CONVERSATIONS OPEN

A **non-judgmental and supportive** approach can encourage the individual to be more open about their struggles and more willing to seek help.

## Managing social withdrawal

### ENCOURAGING, NOT PRESSURING

Small, **manageable** activities (such as a short outing or a quiet family gathering) may help the individual reconnect socially without feeling overwhelmed.

### RESPECTING PERSONAL BOUNDARIES

Allowing the individual to **set their own pace** for social interactions can help build trust and reduce feelings of pressure.

### EXPLORING PEER SUPPORT GROUPS

Connecting with others who share similar experiences can **reduce feelings of isolation and stigma**.

### STRENGTHENING PERSONAL CONNECTIONS

Engaging in hobbies or activities which bring **enjoyment** can provide an easy, low-stress way to maintain social interaction.

## Practical tips for managing behavioral challenges

Here are some ways caregivers can better manage behavioral challenges while maintaining their well-being:



**Work with healthcare professionals to develop a care plan** that addresses both behavioral challenges and emotional needs holistically.



**Take advantage of caregiver resources**, support groups, and training programs that provide practical strategies and emotional support.



**Practice patience, self-compassion, and understanding.** A supportive and flexible approach benefits both the caregiver and their loved one.

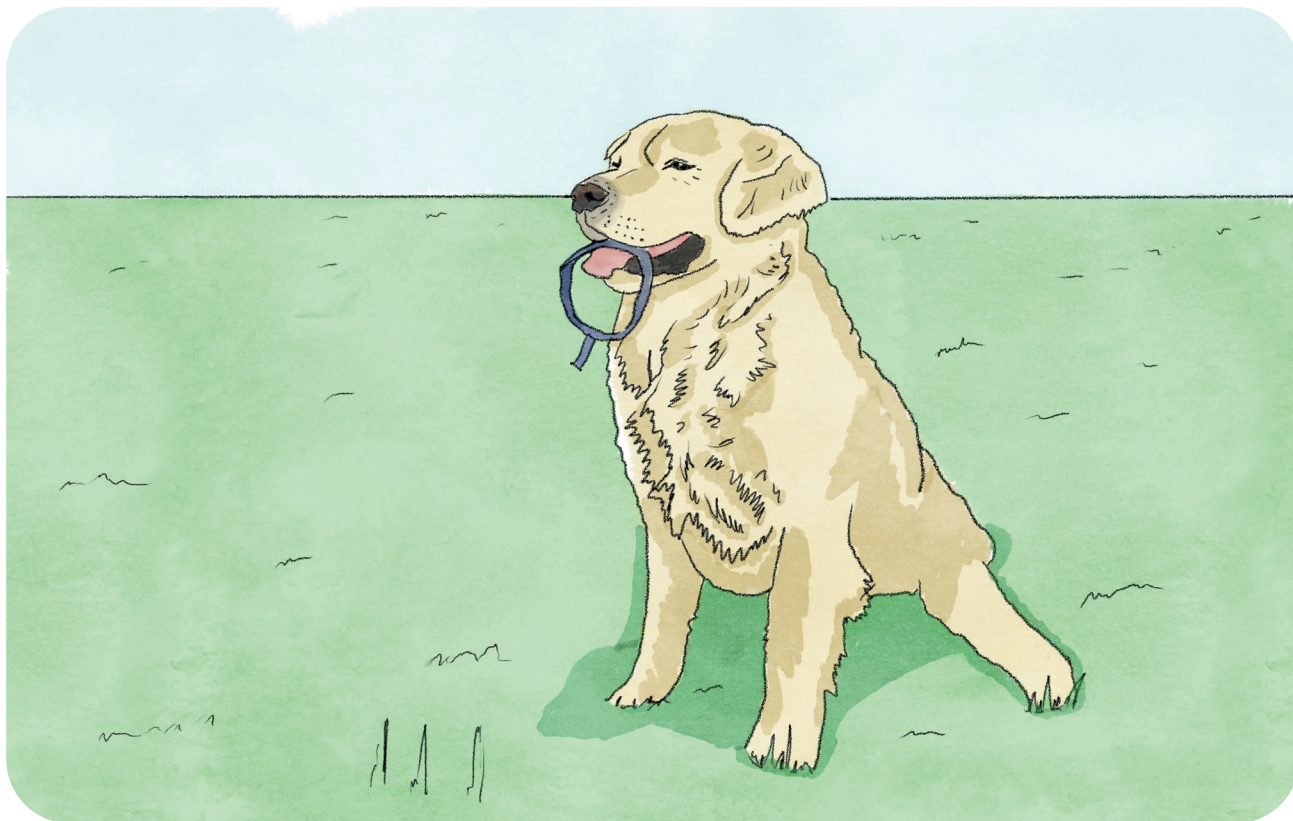




## 9.3

## Overcoming social isolation and double stigma

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**Caring for a loved one with both schizophrenia and a substance use disorder can be an isolating journey. This experience is often intensified by the double stigma associated with both conditions.**

### SOCIAL ISOLATION

Many caregivers hesitate to share their challenges due to fear of **judgment** or **blame** from others, leading to **loneliness** and lack of external support.

### DOUBLE STIGMA

When schizophrenia and substance use disorder coexist, unfortunately, the **stigma multiplies**. Society's misunderstanding and prejudice can make it harder to seek help or connect with others.

### Breaking free from social isolation

### BUILD A SUPPORT NETWORK

Connecting with other caregivers through **support groups and online communities** creates a safe space to share experiences, seek advice, and find reassurance. Knowing that others understand your struggles can reduce feelings of loneliness.

### SEEK PROFESSIONAL SUPPORT

Caregivers deserve support just as much as their loved ones, and **speaking with a therapist or counselor** can provide emotional relief and practical guidance.

### REFRAME YOUR PERSPECTIVE

Rather than viewing struggles as personal failures, consider them as **shared experiences that many caregivers face**. Opening up to trusted family or friends may provide a better understanding and reduce isolation.

### EXPLORE RESPITE CARE OPTIONS

Taking breaks isn't selfish – it's essential. **Seeking respite care**, even for short periods, allows caregivers to rest, reconnect with their social circles, and return to their role with renewed energy.

### Managing double stigma

### EDUCATE OTHERS

Sharing simple information about schizophrenia and substance use disorders with family and friends can **break down misconceptions** and **encourage empathy**. Stigma often develops from misinformation, and small conversations can lead to greater understanding.

### FIND STIGMA-FREE SPACES

Surrounding yourself with **people who truly understand**, such as mental health advocacy groups or specialized community organizations, can create a **sense of belonging and validation**.

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## ENGAGE IN ADVOCACY GROUPS

Joining organizations that promote mental health awareness gives the possibility to contribute to **larger conversations** about stigma, offering both personal growth and a sense of purpose.

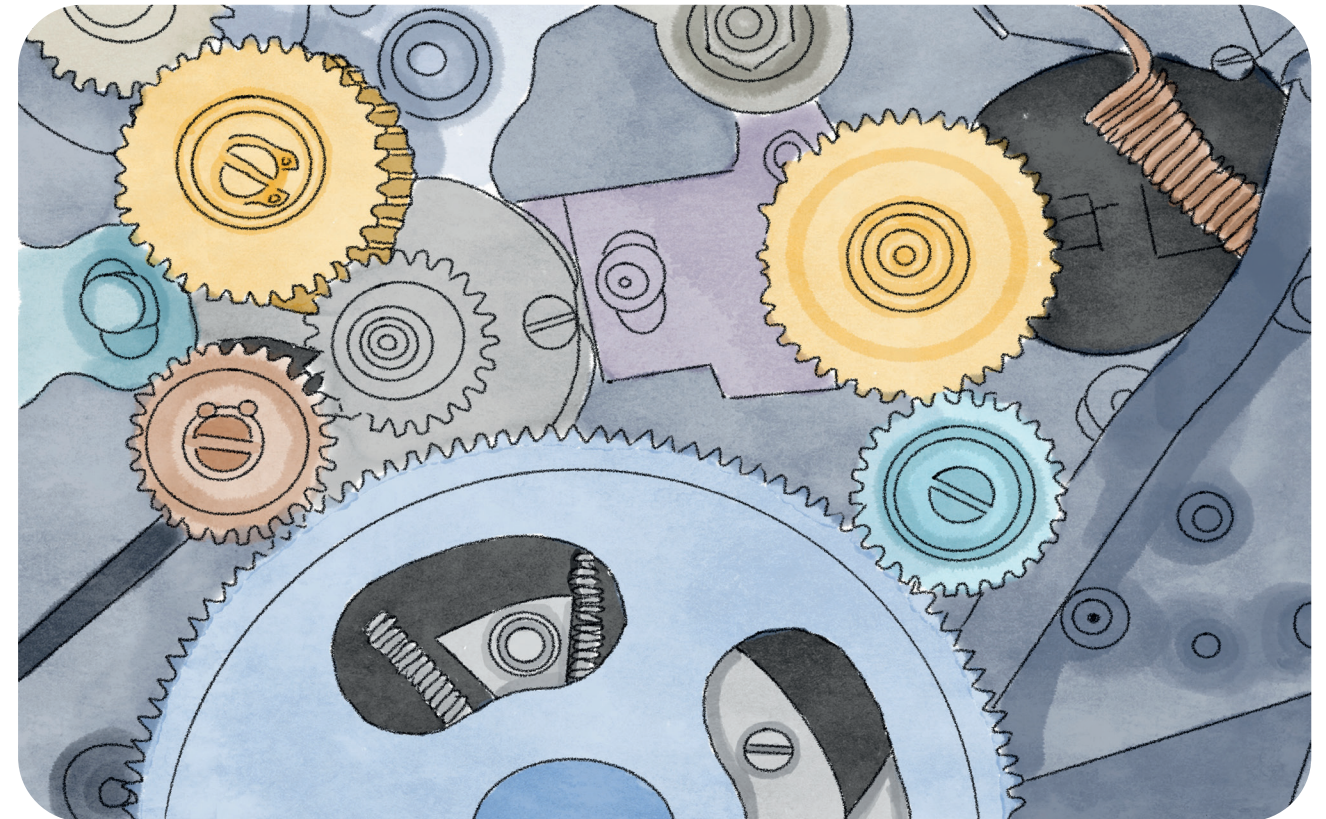
“By recognizing social isolation and stigma, caregivers can take meaningful steps to protect their well-being while continuing to support their loved ones.

## FOCUSING ON THE POSITIVE

Caregivers should not let stigma define them. By focusing on their own **strength** and their loved one's **progress**, they can create a more positive story. Every small step forward, whether in treatment, communication, or personal growth, deserves to be **recognized and celebrated**.

# 9.4

## Seeking integrated treatment options



Dealing with the complexities of treatment options for a loved one with both schizophrenia and substance use disorders can be difficult, leaving caregivers and family members feeling unsure or exhausted.



Here are some suggestions that can help in handling these challenges, focusing on collaboration, support, and self-care:

### Find integrated care models

Many mental health and substance use treatments are offered separately, making it difficult to coordinate care.

#### **INTEGRATED TREATMENT BRINGS TOGETHER A TEAM OF PROFESSIONALS**

, such as psychiatrists, addiction specialists, and therapists, to address both conditions at the same time.

This approach **REDUCES THE BURDEN ON CAREGIVERS**, harmonizes treatments, and leads to better outcomes for the person receiving care.

If possible, look for treatment centers or programs that specialize in **dual disorders care**. These programs are designed to **TREAT BOTH CONDITIONS HOLISTICALLY**, helping individuals work toward recovery in a more **structured and supportive environment**.

### Keep communication open with the treatment team

Coordination between healthcare providers isn't always smooth, but open communication can help create a more connected approach to care.

Whenever possible, **ask providers to share notes or participate in joint meetings** (with the consent of the person receiving treatment) to ensure everyone is aligned on the treatment plan.

Don't hesitate to:



#### **Request regular updates**

from doctors, therapists, and addiction specialists.



**Ask questions about treatment plans** to ensure they address both conditions.



**Advocate for collaboration** between healthcare professionals.

## 9.5

### Balancing caregiving and personal well-being



**Balancing caregiving responsibilities for someone with schizophrenia and co-occurring substance use disorders with maintaining personal well-being can be quite challenging for family members.**

Caregivers should adopt **strategies that support** both their own health and their loved one's treatment needs.

While this is never easy, **FINDING A BALANCE** that works for both the caregiver and the person being cared for is key to maintaining long-term well-being for all involved.

### Prioritize self-care

It can be easy for caregivers to **neglect their health** and well-being, especially when caring for a loved one with complex needs.

However, maintaining personal health is crucial for providing effective care. Caregivers should **schedule time for themselves**, even if it's just short breaks, exercise, or hobbies that promote relaxation.

**“Studies show that caregivers who regularly practice self-care can better handle the emotional and physical stress of caregiving.”**

It may also be helpful to **seek therapy or counseling** for themselves, as managing the emotional toll of caregiving can be overwhelming.

It is important to remember that **asking for help is not a sign of weakness**. Support exists not just for the individual in treatment, but for caregivers as well.

### Set boundaries and manage expectations

Caregivers must **SET REALISTIC EXPECTATIONS** for themselves and their loved ones. This involves understanding that treatment progress may be slow and that setbacks can occur.

**Setting reasonable boundaries** and knowing when to say "no" or ask for help is vital for maintaining a sense of balance.

**By setting manageable goals** for both personal life and caregiving, caregivers can avoid feeling overwhelmed.

### Develop a support network

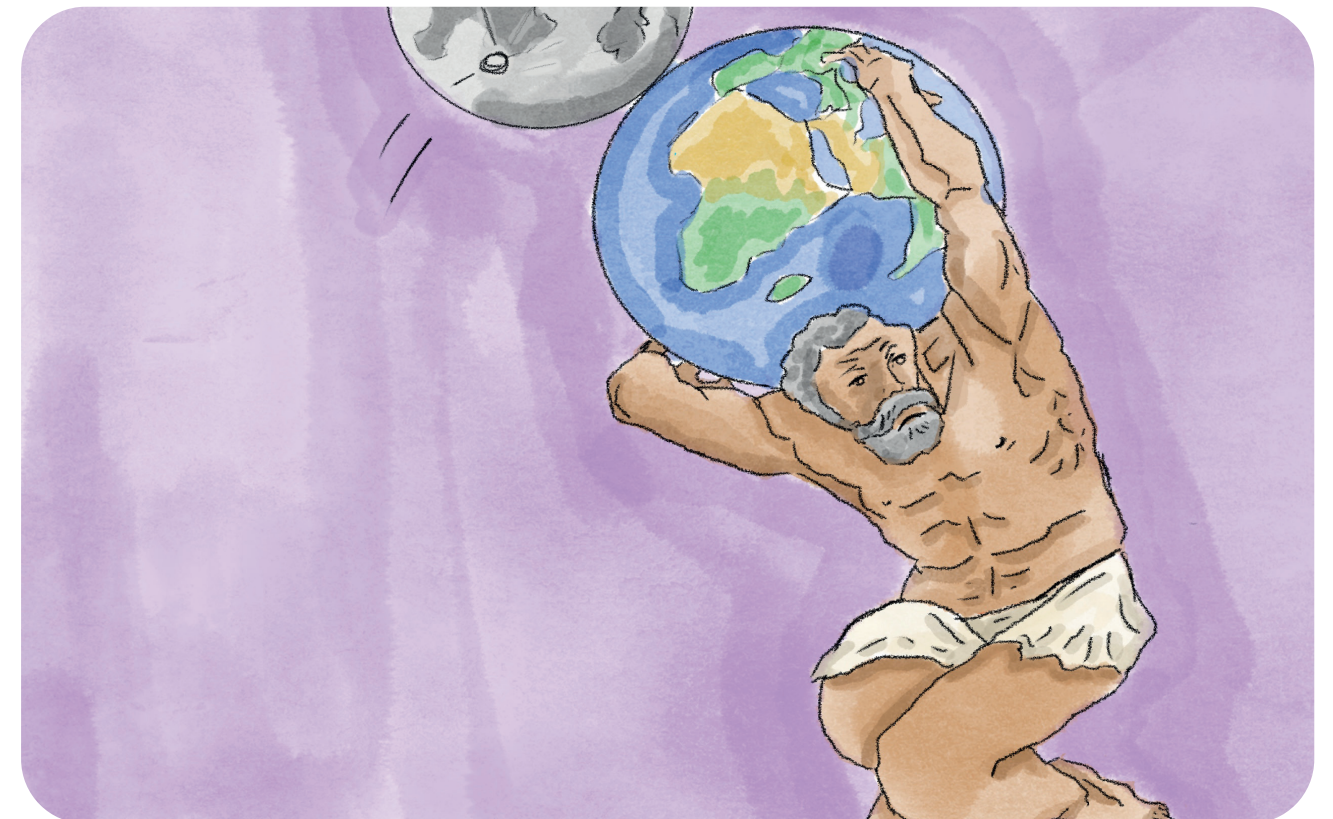
A strong, **SUPPORTIVE NETWORK OF PROFESSIONALS**, family members, and peers can make a significant difference.

Caregivers should look for peer **support groups** or forums where they can connect with others who are going through similar experiences. Support groups not only offer emotional support but can also provide practical tips on how to manage caregiver stress, which is often linked to burnout and mental health challenges.

Don't hesitate to **ask mental health professionals for resources** that are available in your community.

## 9.6

### How to avoid and manage caregiver burnout



**While caring for a family member with schizophrenia and substance use disorder is an act of love and dedication, it is also demanding, both physically and emotionally, and can affect the caregiver's well-being, eventually leading to burnout.**



*Recognizing the signs early and taking proactive steps to manage stress is essential for both the caregiver's health and the quality of care they provide.*

## Recognizing burnout in caregivers

### Caregiver burnout develops

**gradually**, often going unnoticed until it significantly impacts daily life.

Some common signs include:

-  Constant exhaustion
-  Emotional numbness or detachment
-  Increased irritability and mood swings
-  Guilt and self-doubt
-  Neglecting personal needs
-  Social withdrawal
-  Cognitive struggles
-  Physical symptoms of stress

### CONSTANT EXHAUSTION

One of the most common signs of burnout is constant fatigue. Caregivers might find themselves **feeling physically drained even after adequate rest**, often accompanied by sleep disturbances.

### EMOTIONAL NUMBNESS OR DETACHMENT

Caregivers may become **apathetic or emotionally detached** from their loved one, feeling like they cannot provide the same level of care or support they once did. This detachment can sometimes extend to a feeling of emptiness or disconnection from their own emotions.

### INCREASED IRRITABILITY AND MOOD SWINGS

Irritability, frustration, or mood swings can signal burnout. Caregivers under stress might feel **irritable over small issues**, or **react more strongly** to minor frustrations.

### FEELINGS OF GUILT OR INADEQUACY

Feeling inadequate or blaming oneself for not doing enough. This **sense of inadequacy** can lower their self-esteem and contribute to burnout.

### NEGLECTING PERSONAL NEEDS

A key sign of burnout is the **gradual neglect** of personal needs, such as skipping meals, ignoring personal hygiene, or avoiding activities once enjoyed.

### SOCIAL WITHDRAWAL

Due to stress or a lack of energy, caregivers may **isolate themselves from friends and family**. This withdrawal can worsen feelings of loneliness and exacerbate mental health challenges.

### COGNITIVE STRUGGLES

Burnout can **impair cognitive functioning**, leading to difficulty concentrating, making decisions, or remembering important tasks.

### PHYSICAL SYMPTOMS OF STRESS

Chronic stress from caregiving can lead to **physical symptoms** such as headaches, gastrointestinal issues, high blood pressure, and increased vulnerability to illness.

Recognizing these symptoms early allows caregivers to take action before burnout leads to more serious mental or physical health complications.

### How caregiver stress affects a loved one's recovery

*Caregiver stress affects more than just the caregiver - it can also affect the recovery of a loved one with schizophrenia and substance use disorder.*

When caregivers are tired or emotionally drained, they may become more critical or frustrated. Without meaning to, they may express negativity, which can increase stress for their loved one and make recovery more difficult.

Some common reactions caregivers may experience include:








- **Blaming substance use** for all of their loved one's struggles.
- **Overestimating how much control** their loved one has over their symptoms.
- **Becoming less empathetic** due to frustration and fatigue.

This emotional burden can lead to increased conflict, feelings of shame in the person receiving care, and even a higher risk of relapse.

**Caregivers need support to maintain a stable and healthy environment for themselves and their loved ones.**

### Preventing and managing caregiver burnout

While caregiving is challenging, several strategies can help prevent and manage burnout:

-  Recognize the signs of burnout early
-  Engage in self-care
-  Seek social support
-  Set realistic expectations and boundaries
-  Consider professional help for the caregiver
-  Utilize respite care
-  Family psychoeducation programs

## RECOGNIZE THE SIGNS OF BURNOUT EARLY

Awareness is the first step to addressing burnout. Studies have shown that caregivers who can identify burnout early are more likely to seek help before it becomes overwhelming.

## ENGAGE IN SELF-CARE

Participating in regular exercise, proper nutrition, and relaxation activities (such as meditation or deep breathing) helps maintain well-being. Small, consistent self-care efforts can have a significant impact.

## SEEK SOCIAL SUPPORT

Connecting with others who can understand the situation, whether through caregiver support groups, online forums, or trusted friends, can provide emotional relief and practical guidance.

## SET REALISTIC EXPECTATIONS AND BOUNDARIES

Understanding personal limits and setting boundaries on caregiving responsibilities prevents burnout. Clearly communicating needs and seeking assistance when necessary can reduce long-term stress.

## CONSIDER PROFESSIONAL SUPPORT

Seeking professional support for own mental health, whether through counselling or therapy, such as cognitive-

behavioral therapy (CBT), can help caregivers manage anxiety, stress, and emotional strain. Consulting a case manager or social worker may also help ease logistical burdens.

## UTILIZE RESPITE CARE

Caregivers should not hesitate to take breaks. Utilizing respite care services, where a trained professional temporarily takes over caregiving duties, allows caregivers to recharge and return to their role with renewed energy.

## ENGAGE IN FAMILY PSYCHOEDUCATION PROGRAMS

These programs provide valuable information, coping strategies, and emotional support, helping both caregivers and their loved ones navigate the challenges of schizophrenia and substance use disorder.

*Caregiving is a demanding responsibility, but it doesn't have to come at the cost of the caregiver's well-being. By recognizing the early signs of burnout, seeking support, and prioritizing self-care, caregivers can maintain their own health.*

*It is important to remember that self-care isn't a luxury - it's a necessity for both the caregiver's well-being and their ability to provide quality care.*

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## Explore Chapter 10

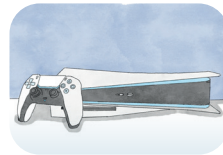
*This chapter presents stories based on real-life experiences of people facing schizophrenia and substance use disorders, showing their struggles, turning points, and paths to recovery. These personal stories provide valuable insights into the condition, treatment approaches, and the vital role of family support in recovery.*



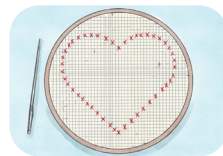
**10.1**  
**Michael's journey:**  
**Every small step feels**  
**like a victory**



**10.2**  
**Alex's Journey:**  
**Early action**



**10.3**  
**David's journey:**  
**A story of resilience**  
**and hope**



**10.4**  
**Sarah's journey:**  
**Back for my daughter**





## Fast Facts

**Shared journey.** Recovery from schizophrenia and substance use disorder is a shared journey. When medical professionals, caregivers, and patients work together, meaningful progress becomes possible.

**Beyond medication.** Treatment isn't just about medication. A comprehensive approach, including antipsychotic medication, psychotherapy, family support, and lifestyle adjustments, together creates the best path to recovery.

**Setbacks are not failures.** Recovery isn't linear. Relapses can happen, but they are part of the process. Patience, perseverance, and the right adjustments help individuals get back on track.

**Family support matters.** Caregivers are not passive observers - they are pillars of strength in the recovery process. Education, understanding, and structured support at home can make a life-changing difference. "

## 10.1

### Michael's journey: Every small step feels like a victory



**Michael, a 30-year-old man, had struggled with social interactions since childhood. Those close to him recalled subtle signs of unusual behavior and difficulty connecting with others, suggesting early indicators of his condition.**



As a teenager, he found comfort in art and music, but he also started using drugs, mainly cannabis and amphetamines. For him, these **substances became a way to cope** with stress and emotions he found difficult to manage. But soon, it became a habit he couldn't break.

## The struggles with schizophrenia and substance use disorder

At 23, Michael had his **first psychotic episode**. His family was terrified. He started hearing voices and was convinced people were watching him. He was experiencing fear and intense anxiety. Initially, doctors suspected substance-induced psychosis, but as time passed, even in times when he wasn't using substances, the **symptoms persisted**. That's when he was diagnosed with **schizophrenia**.

For years, it was a **cycle** - medications, therapy, moments of improvement, then relapse. **The combination of schizophrenia and substance use made everything harder.**

Despite years of treatment with different medications, he continued to struggle with persistent symptoms, like auditory

hallucinations and paranoia. Taking his medication consistently was a challenge. His family often found him **isolated** in his apartment, **messy**, and **disconnected** from reality. Other times, he'd disappear for days, leaving his mother, Maria, and his sister, Ana, worried. They were concerned about his safety and future, but never stopped believing things could improve.

Then, one night, he was brought to the hospital after a severe episode. Ana and Maria sat in the waiting room, exhausted and afraid.

*"We've done everything we can. What if he never gets better?"*

Maria whispered.

Dr. Lara, Michael's psychiatrist, met them with a steady, reassuring voice. "We're not just treating schizophrenia," she explained.

*"We need to address substance use and cognitive problems, too. It's a delicate balance, but we'll take this journey together."*

Then she added,

*"He needs the right treatment, and he needs you."*

## The turning point: a tailored treatment plan

Determined to find a better approach, Dr. Lara decided to introduce a novel antipsychotic medication suited to Michael's needs - one that had shown promise in **treating both** schizophrenia and substance use disorder.

Ana and Maria were eager to **learn how to support** Michael in adhering to the treatment and create a structured and stable environment at home that would reinforce his medical treatment.

To maximize Michael's chances of success, Dr. Lara assembled a **multidisciplinary team** that included a psychotherapist, a substance use counselor, and a cognitive rehabilitation specialist.

*"A treatment extended beyond medication, that can address the interconnected aspects of Michael's condition."*

Dr. Lara said.

## Building a partnership between caregivers and professionals

Ana took the lead in attending family education sessions, where she learned about the complexities of schizophrenia and substance use disorder and the essential role caregivers play.

These meetings helped her **recognize early warning signs of relapse and use strategies to gently guide Michael toward healthier coping mechanisms.**

Maria, meanwhile, focused on **creating a structured daily routine**. Simple actions, like having regular meals, involving Michael in small chores, and encouraging short walks, became part of his rehabilitation.

Both Ana and Maria also joined **support groups for families** affected by schizophrenia and substance use disorder. There, they found solace, shared experiences, and received encouragement.

"Your role is crucial," Dr. Lara often reminded them.

*"Medication can stabilize the symptoms, but a stable and understanding environment is what sustains recovery."*

## Facing setbacks

The path was far from smooth. At one point, Michael missed his follow-up appointment and had a **relapse**, triggered by drinking alcohol at a friend's party. Maria cried that night, afraid they were back to square one. It was a harsh reminder of **how fragile recovery could be**.

But Dr. Lara reminded them that **setbacks are part of the process**.

***"This isn't failure,"***

she said. ***"It's a lesson."***

The pharmacological treatment was adjusted, and psychosocial interventions were reinforced alongside the pharmacological treatment. Michael resumed therapy sessions, and Ana worked with the counselor to gently limit Michael's exposure to environments that might tempt him toward substance use.

## Small steps toward recovery

After several months, the **combined efforts** began to show tangible results. Michael's psychotic episodes diminished in frequency and severity. His cognitive function improved, allowing him to engage in conversations and even take a part-time job at a local library.

His substance use had also markedly declined, thanks to **consistent counseling** and his family's **unwavering support**.

Maria described it best:

*"It's like seeing Michael slowly return to us. It takes patience, but every small step feels like a victory."*



## Final Reflection

***"Recovery isn't about perfection; it's about progress."*** Dr. Lara always said. And day by day, step by step, Michael moved closer to stability, a testament to the strength of teamwork between his medical team and his family.

Michael's story is a call to action for all caregivers: your dedication and love can transform what seems impossible into a reality. With perseverance, collaboration, and the right treatment, even in the most complex cases of schizophrenia and substance use disorder, recovery is possible.



## 10.2

Alex's Journey:  
Early action

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**Alex, a 31-year-old man, had been facing mental health challenges that initially went unnoticed by his family.**

Concerns arose when he started **withdrawing** from social interactions, **avoiding** friends and family, and shared beliefs that seemed **unusual**. He heard voices others couldn't, felt intense paranoia about being watched by strangers, and suspected his phone was being used to spy on him. He even felt the air around him was contaminated.

Encouraged by the family, Alex shared these experiences with his family doctor, who immediately referred him to a hospital for specialized psychiatric evaluation and care.

### Understanding the Diagnosis

At the hospital, Alex shared the severity of his experiences. He described how the **anxiety, paranoia, and hallucinations** made it impossible for him to sleep. He had stopped smoking, fearing that cigarettes were poisoned. His **insomnia, confusion, and constant distress** showed his profound suffering.

Initially, he thought his symptoms were due to his recent episodes of substance use - methamphetamine, cocaine, and alcohol during "chemsex" sessions. However, his partner noticed that even when Alex wasn't using substances, he still had paranoia and delusions, which suggested an **underlying mental health condition**.

After a thorough evaluation, Alex was diagnosed with *schizophrenia, complicated by substance use disorder*. In addition, his history of HIV and **other health conditions made his case particularly complex**.

### A comprehensive treatment plan

Alex was admitted to the psychiatric unit, where a multidisciplinary team of specialists created a **personalized treatment plan** for him. The approach was **holistic**, addressing **both schizophrenia symptoms and substance use disorder**.

**Medication:** Alex started *antipsychotic therapy*. Careful **adjustments to dosage** were made to minimize the risk of side effects while ensuring efficacy.

**Therapy and Psychoeducation:** Non-pharmacological interventions have **complemented pharmacological treatment**.

Alex and his family participated in *psychoeducation sessions* to **learn** about schizophrenia and SUD, **identify triggers**, and **build coping strategies**. *Cognitive-behavioral therapy (CBT)* helped him manage paranoia and delusions, while *motivational interviewing* supported his journey toward reducing substance use.

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Instead of demanding immediate sobriety, his care team **focused on harm reduction strategies**, helping him take small but meaningful steps toward stability.

#### Physical Health Support:

His *physical health* was also a priority.

**Nutritional guidance, sleep hygiene strategies**, and **routine HIV care**

were included in his treatment plan to support his overall well-being.

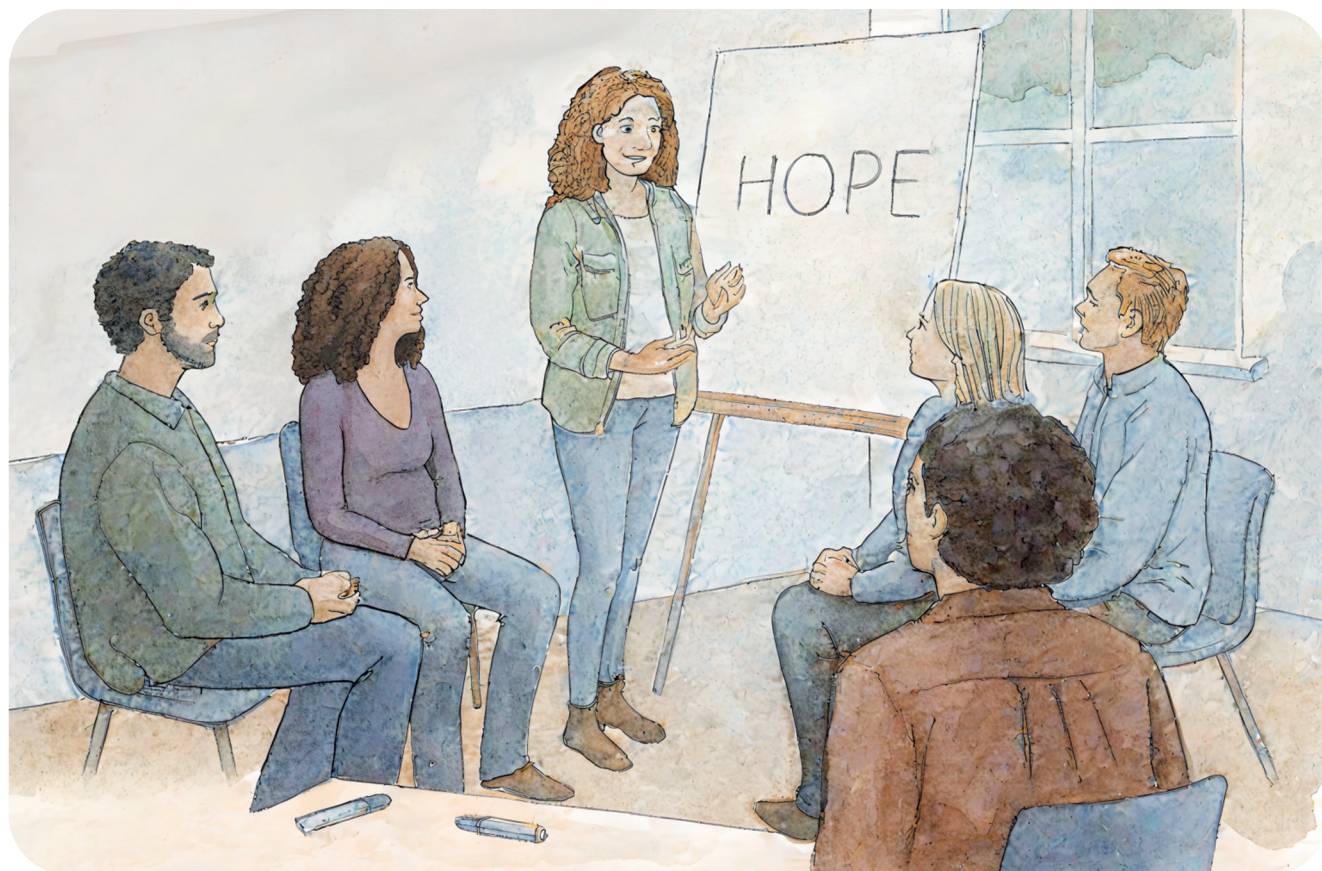
### Signs of progress

**Recovery often develops gradually**, and for Alex, the first signs of improvement

appeared within the first week of hospitalization. His anxiety eased, the voices became quieter, and his delusions of poisoning and surveillance began to fade.

By the second week, he reported sleeping more peacefully – a breakthrough in his recovery. Over the next month, his thinking became clearer, and he became more engaged in therapy.

After two months, Alex had made significant progress. While he still had occasional intrusive thoughts, he had learned ways to manage them. His delusions were significantly reduced, and, importantly, he showed **growing optimism about rebuilding his life**.



### The role of family support

Alex's journey demonstrates the vital role of family and social support in managing both schizophrenia and substance use disorder.

His family's decision to **seek help early** made a huge difference.

During his hospitalization, they actively **participated in family therapy**, learning how to create a supportive home environment. Their involvement **built trust** and **created a strong basis** for Alex's continued recovery.

Equally important was the dedication of his care team. They approached Alex's complex needs with **empathy and persistence**, adjusting his treatment as he progressed.

### Key lessons from Alex's story

#### EARLY HELP INCREASES THE CHANCES OF RECOVERY

Timely diagnosis and treatment can significantly improve outcomes for individuals with schizophrenia and substance use disorder.

### HOLISTIC CARE IS ESSENTIAL

Addressing both psychiatric and substance use issues of dual schizophrenia, as well as physical health, leads to more effective and lasting recovery.

### FAMILY AND SOCIAL SUPPORT MATTER

The involvement of loved ones provides motivation, stability, and encouragement throughout the healing process.

### INTEGRATED TREATMENT MAKES THE DIFFERENCE

Medication, therapy, and lifestyle changes together create the best path to recovery.

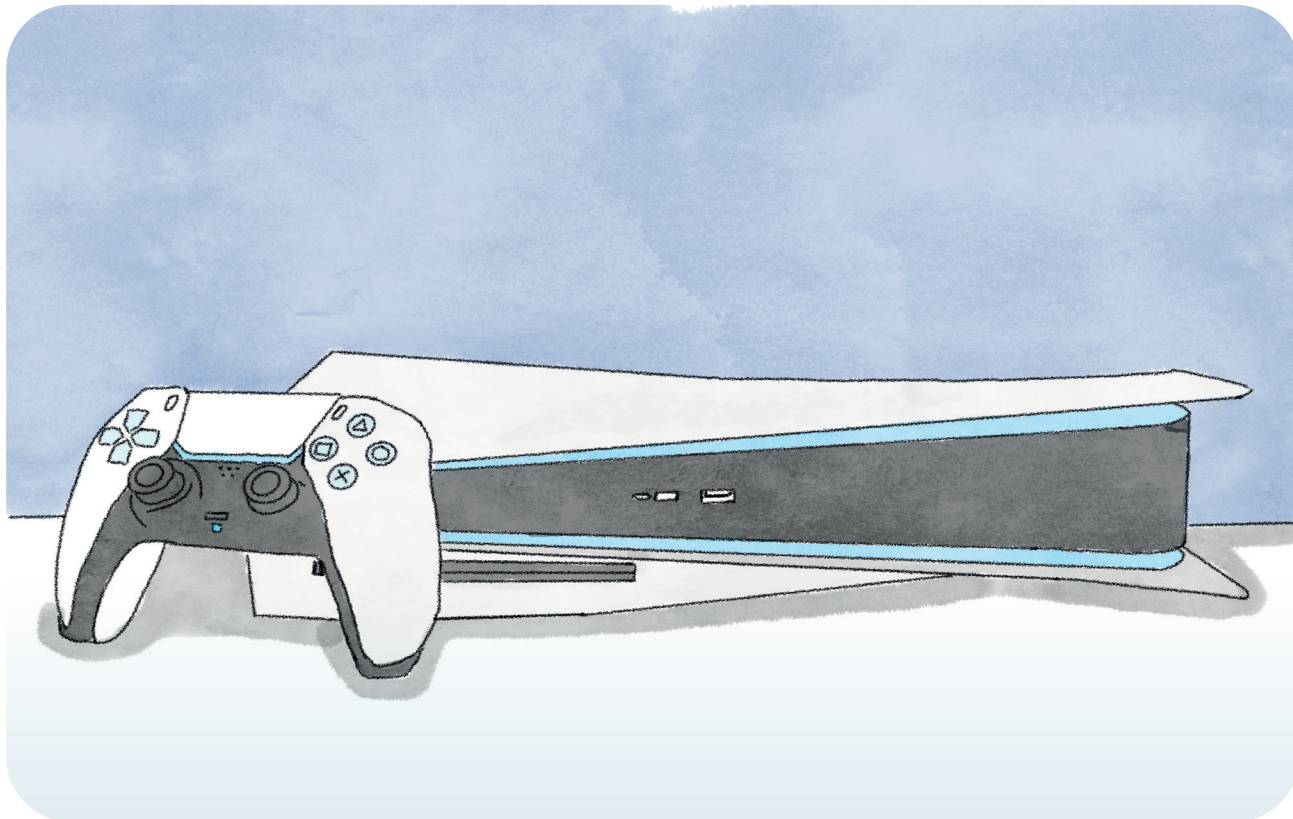
*Alex's story reminds us that **even in the face of complex challenges like schizophrenia and substance use disorder, recovery is achievable**. With compassion, personalized care, and continued support from loved ones and medical professionals, people like Alex can find hope and rebuild their lives step by step.*



## 10.3

David's journey:  
A story of resilience and hope

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**At just 23 years old, David found himself facing the challenging combination of serious break from reality symptoms and heavy cannabis use.**

Living with his parents and younger brother, he spent most of his time **withdrawn** from the world, **relying on cannabis and video games** as his primary **sources of comfort**.

Although his family had no history of schizophrenia, **signs of social anxiety** and **difficulty connecting** with others emerged early, which later escalated into a full-blown psychotic episode.

This initial episode, triggered by cannabis use, led to a 40-day hospitalization. Diagnosed with a psychotic disorder from the schizophrenia spectrum and cannabis misuse, David's journey through treatment was filled with both **encouraging progress and difficult setbacks**.

### The first steps in treatment

His initial treatment focused on **reducing symptoms** like delusions and hallucinations, which responded well to medication. However, negative symptoms - such as a **lack of motivation and apathy** - remained.

Feeling stigmatized, David decided to **stop the medication prematurely**, resulting in a **rapid relapse** characterized by the return of psychotic symptoms and increased cannabis use.

This early phase of his treatment journey highlighted the difficulties of managing both mental health and

substance use challenges. It also reinforced **the need for consistent support from both medical professionals and loved ones**.

### CHANGING COURSE

When David returned to care, his condition had worsened. He experienced persistent delusions, hallucinations, and social isolation, alongside intense cravings for cannabis.

Initial treatment led to **partial improvement** in positive symptoms, but was **held back by side effects**, ultimately requiring a change in approach.

A new pharmacological strategy was implemented with a **gradual transition between medications**.

Over several weeks, both his positive and negative symptoms eased, and his cravings diminished somewhat. His progress was not always steady, but with ongoing effort, he managed to abstain from cannabis for two months. By the fourth month, David regained some functionality and eventually started a job.

### The challenge of stigma

Despite the improvement in symptoms, David consistently **refused non-pharmacological interventions, because of stigma**. This resistance limited opportunities to address deeper

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social and psychological challenges, emphasising **the importance of destigmatizing mental health care**.

Fortunately, his **family played a critical role in his recovery**, offering **emotional and practical support**. Their involvement helped compensate for his limited engagement with professional psychosocial interventions, though this dynamic is not always present in similar cases.

### LESSON IN RESILIENCE

David's story, although ultimately showing encouraging outcomes, reflects **the complex and often unpredictable path of treating schizophrenia spectrum disorders with comorbid substance use**.



**How well treatment works can be very different for each person, and relapses can occur even when progress seems promising.**

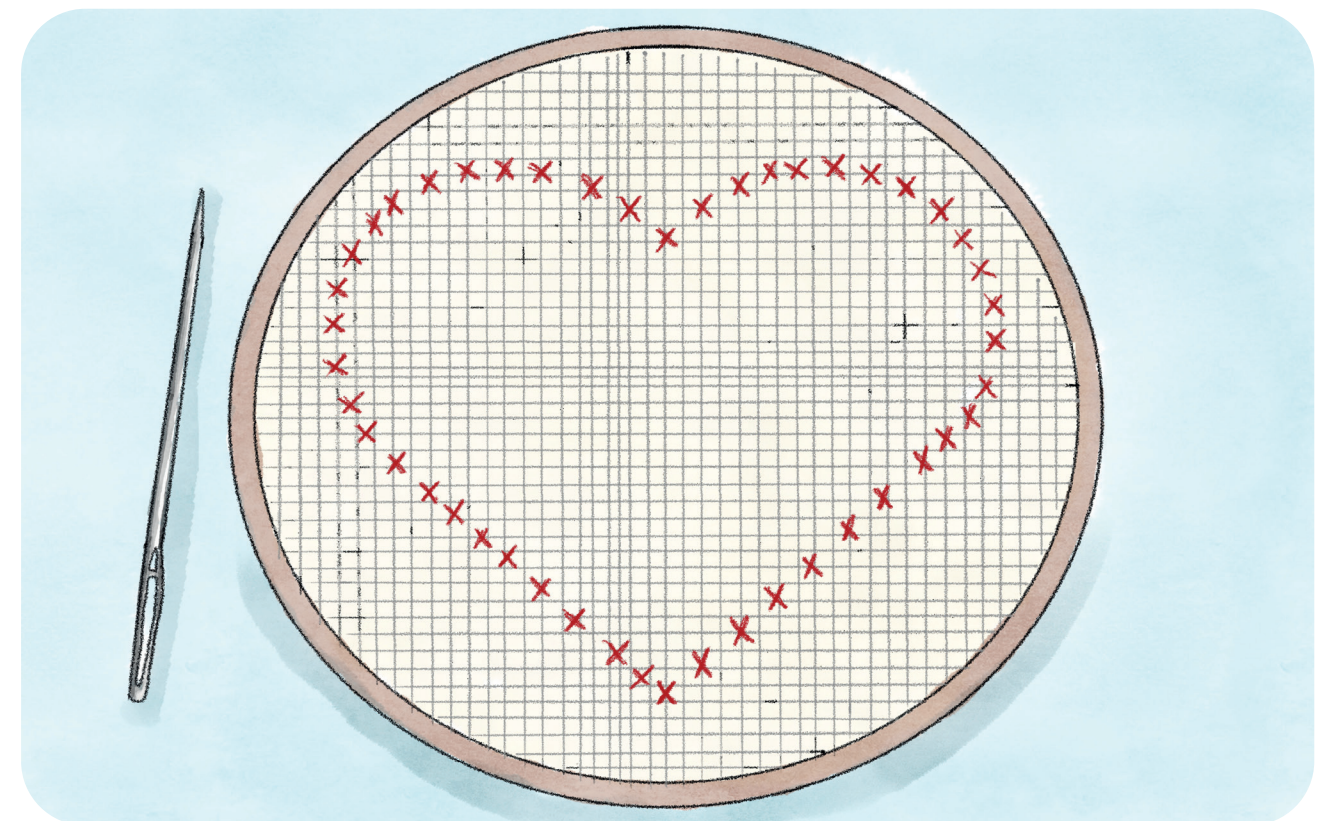
David's story reminds us that a **personalized approach**, combining medication, therapy, and family support, is often the most effective path forward.

It also highlights **the need to break down stigma** so that individuals facing similar challenges feel empowered to seek help without fear of judgment.

***Recovery is not a straight line - it is a journey of resilience, patience, and adaptable care. Your love and support as caregivers are invaluable anchors on this journey.***

## 10.4

### Sarah's journey: Back for my daughter



**Sarah, a 36-year-old single mother, had always been a loving and devoted caregiver to her 14-year-old daughter, Emma.**



However, the challenges of the global pandemic brought about **unexpected mental health difficulties for Sarah**. Already inclined to anxiety, she began **using cannabis** to manage her stress. Unfortunately, without realizing it, this **aggravated a hidden psychiatric condition**. Over time, whispers in her mind became constant voices, and delusional beliefs intensified, resulting in **increasingly unpredictable and alarming behavior**.

The breaking point came during a supermarket visit, where Sarah caused a public disturbance. This event led to her admission to an inpatient psychiatric unit.

## Signs and Diagnosis

At admission to the hospital, Sarah presented **severe symptoms**, such as:

- Auditory hallucinations urging harmful actions
- Persecutory delusions that made her feel constantly watched and threatened
- Overwhelming anxiety and agitation
- Episodes of aggression

Her **use of cannabis, initially as a way to cope**, had unfortunately likely aggravated her condition. Sarah's medical care team conducted a comprehensive evaluation, including an assessment of her psychiatric history, substance use patterns, and social context.

Sarah's care team performed a thorough assessment, looking closely at her psychiatric history, substance use patterns, and social context. This detailed evaluation helped in establishing the diagnosis of **schizophrenia and cannabis use disorder**, and creating a **comprehensive treatment plan** to address both disorders.

## Treatment and Support

Sarah's medical team implemented a **multidisciplinary treatment plan**, combining medication, therapy, and family support to guide her toward stability.

Throughout this difficult period, her sister, Laura, played an important role, stepping in to care for Emma while also providing strong support for Sarah's recovery.

- **Pharmacological treatment.** Sarah was prescribed antipsychotic medication to stabilize her symptoms and reduce the intensity of hallucinations and delusions. Adjustments to dosage and medication type were made based on her response, ensuring efficacy while minimizing the risk of side effects. Additionally, medications to support her **withdrawal from cannabis** and **manage anxiety** were carefully integrated into her regimen.

- **Non-Pharmacological Interventions:**

- ♦ **Psychoeducation:** Sarah and her family attended sessions to **understand** schizophrenia, the impact of substance use, and strategies for relapse prevention.
- ♦ **Cognitive-Behavioral Therapy (CBT):** Sarah worked with a therapist to **challenge distorted beliefs, develop coping mechanisms, and fight cravings** for cannabis.
- ♦ **Family Therapy:** Her care team facilitated sessions with Emma and Laura to **improve communication, set realistic expectations, and create a supportive environment**.
- ♦ **Occupational Therapy:** Activities were designed to rebuild Sarah's confidence and daily routine, focusing on her role as a mother and her plans for **reintegration into daily life**.

## Recovery path

Recovery was gradual and marked by **small but meaningful milestones** over several months:

**Weeks 1-2.** Initial **stabilization** was achieved, with a noticeable reduction in aggression and hallucination intensity. Sleep and appetite began to improve.

**Weeks 3-4.** Sarah gained **insight** into her condition, recognizing her hallucinations and paranoia as symptoms of schizophrenia. She also began actively participating in therapy sessions.

**Months 2-3.** Sarah made significant **progress** in managing her symptoms and coping with cravings. Her family reported improved communication and fewer conflicts during visits.

**Month 4.** Sarah reached a **level of stability** that allowed for discharge. She returned home with a clear treatment plan, including ongoing therapy, medication adherence, and community support programs.

## The power of family support

Sarah's **recovery was a family journey**. Her sister, Laura, became her biggest advocate, balancing caregiving duties for Emma while ensuring Sarah followed the treatment. **Open communication with the medical team** allowed her family to stay involved in key decisions, providing the **steady encouragement** Sarah needed to keep going.

Emma also played a vital role in Sarah's progress. Her presence during visits became a **source of motivation**, reminding Sarah of her responsibilities as a mother and reinforcing her commitment to recovery.

## What Sarah's story teaches us

### Integrated care is essential.

Dual schizophrenia needs treatment plans that address both mental health symptoms and substance use simultaneously.

***Treating one without the other is rarely effective long-term.***

**Recovery takes time.** Sarah's journey highlights the **importance of patience and perseverance**, with progress often measured over months rather than weeks. Celebrate the small victories.

### Family involvement is key.

The active participation of caregivers not only supports the individual in recovery but also strengthens the caregiving system.



### Teamwork leads to better results.

Combining medication with tailored therapy and social support creates comprehensive care and improves the chances of lasting recovery.

***Sarah's story powerfully demonstrates that recovery, while challenging, is truly achievable with the right support and interventions.***

*Today, Sarah is back at home, carefully rebuilding her life with Emma while diligently continuing her treatment.*

*She remains connected to her care team and community resources, building a strong foundation for long-term stability*

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# **The Candid Book 2**

For families of people living with schizophrenia and substance use disorders

Caring for a loved one with mental illness is not a choice; it is often a responsibility shaped by circumstance and love. It is a duty that stays close and will not let you turn away.

Whether you are a parent, partner, sibling, or caring friend, *The Candid Book 2* provides a comprehensive guide that gathers trusted insights and up-to-date information from leading experts, equipping you to manage the knitted challenges of schizophrenia and substance use disorders.

This book is an educational aid and does not replace personalised medical or psychiatric advice.

