



Substance use in youth at risk for psychosis



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ABSTRACT

Background: People with schizophrenia have high rates of substance use which contributes to co-morbidity and premature mortality. Some evidence suggests people at-risk for psychosis have high rates of substance use. We aimed to assess substance use in a help-seeking cohort, comparing those at-risk and not at-risk for psychosis, and to establish any relationship with clinical symptoms.

Method: Participants were help-seeking youth presenting to mental health services in Sydney and Melbourne. 279 (34.8%) were at-risk for psychosis, and 452 (56.4%) did not meet criteria for a psychotic disorder or risk for psychosis. The excluded individuals were made up of 59 (7.4%) young people who met criteria for a psychotic disorder and 11 (1.4%) who were unable to be evaluated. We assessed the association of substance use involvement with risk status and clinical symptoms using multivariate regression.

Results: Individuals at-risk for psychosis had significantly higher tobacco, alcohol and cannabis use than those not at-risk. Multivariate analysis revealed at-risk status was significantly associated with higher alcohol involvement scores when adjusting for age and gender, but no association was found for cannabis or tobacco. At-risk status was no longer associated with alcohol involvement when cannabis or tobacco use was added into the analysis. **Conclusion:** Tobacco smoking, alcohol consumption and cannabis use are common in help-seeking youth, particularly those at-risk for psychosis. It is important to consider co-occurring use of different substances in adolescents. Early substance misuse in this phase of illness could be targeted to improve physical and mental health in young people.

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1. Introduction

People with schizophrenia have high rates of substance use including tobacco, alcohol and cannabis use (Addy et al., 2012; Davidson et al., 2001; McCreddie, 2003). This increases the risk of later cardiovascular disease. Together with the metabolic side effects of antipsychotics, these unhealthy lifestyle factors contribute to the increased morbidity and premature mortality of this population, (De Hert et al., 2011; Saha et al., 2007; Wahlbeck et al., 2011). High rates of substance use are observed early in the illness course, in individuals with first-episode psychosis (FEP) (Barnett et al., 2007; Wade et al., 2006).

The ultra-high risk state (UHR), also called the prodromal, clinical high-risk (CHR) or at-risk mental state (ARMS) (Fusar-Poli et al., 2013), identifies people at imminent high risk of developing a psychotic disorder, that is, they may be in the prodromal phase for psychosis. In order to meet UHR status an individual must exhibit one or a combination of the following characteristics: presence of attenuated psychotic symptoms, brief intermittent psychotic symptoms, or a genetic-risk combined with a recent decline in functioning (Yung et al., 2004). These are assessed with established criteria (Miller et al., 2002; Yung et al., 2002; Yung and McGorry, 1996; Yung et al., 1998).

Two recent reviews suggest UHR individuals have high rates of poor physical health and unhealthy lifestyle behaviours such as smoking, cannabis and alcohol use (Addington et al., 2014; Carney et al., 2016). In at-risk samples, more severe symptoms are also associated with higher levels of substance use (Auther et al., 2012; Svriskis et al., 2005). Previous research has indicated that cannabis significantly

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increases the risk for psychosis, with the greatest risk associated with early age of first use (Donoghue et al., 2014; Helle et al., 2016), use of high potency cannabis or 'skunk' (Di Forti et al., 2014; Marconi et al., 2016) and in those with an underlying genetic predisposition for psychosis (Henquet et al., 2008). Additionally, recent meta-analyses suggest there is a dose-response relationship between heavy cannabis use and transition to psychosis in UHR individuals (Kraan et al., 2015).

Despite these findings, there is little research into physical health and associated risk behaviours in UHR youth and these factors are poorly monitored in clinical services (Carney et al., 2015). Studies assessing lifestyle factors in UHR individuals rarely have substance use as a primary outcome. Those that do are often underpowered, with small samples (Allen et al., 2014; Rapp et al., 2013). Additionally, many fail to include an adequate control group (Dragt et al., 2012; Kristensen and Cadenhead, 2007; Phillips et al., 2002; Rapp et al., 2013) and often use unvalidated measurement tools (Stone et al., 2012; van Tricht et al., 2013). There is also a lack of evidence to link psychological and psychosocial factors to rates of substance use, as this has not yet been assessed in large cohorts.

To address this gap we aimed to;

- (1) Assess rates of substance use, in help seeking individuals, to establish whether those with a specific risk for psychosis have higher rates of substance involvement than those without, using a World Health Organisation substance use assessment tool (ASSIST; (WHO, 2002)) This tool measures degree of substance involvement, taking into account current and lifetime use of substances, frequency of use, desire, problematic use, failure to meet expectations, concern expressed by others and failed attempts to quit.
- (2) Identify any relationship between substance involvement, clinical symptoms and other psychosocial variables.

2. Method

2.1. Participants and setting

Data from the Transitions Study (Purcell et al., 2014) were used to conduct a cross-sectional analysis of a help-seeking cohort presenting at youth mental health services in Australia. The Transitions Study has been described in detail elsewhere (Purcell et al., 2015; Purcell et al., 2014). Participants were help-seeking individuals aged 12–25 years who had engaged with one of four 'headspace' clinics in Melbourne and Sydney, Australia, between January 2011 and August 2012 (Rickwood et al., 2014). 'headspace' was established by the Australian Government to provide mental health services for young people. Of 1615 individuals receiving help from these services, 801 young people consented to participate in the study, of whom 279 were at-risk for psychosis, 59 had established psychotic disorder and 452 met neither psychosis risk nor psychosis criteria (at-risk for psychosis status could not be evaluated in 11 participants) (Fig. 1), (Purcell et al., 2014). Those who could not be evaluated or who had a psychotic disorder were excluded, leaving 731 individuals.

2.2. Procedure

Baseline assessment measures were administered after participants gave informed consent Research assistants (RAs) with a minimum of 4-years graduate psychology degrees administered assessments. RAs had very good ($\kappa > 0.8$) inter-rater reliability on interviewer-rated measures. Self-report measures were completed by participants on an iPad. A \$20 gift voucher was provided to each participant. The Human Research Ethics Committees at the University of Melbourne and University of Sydney approved the study.

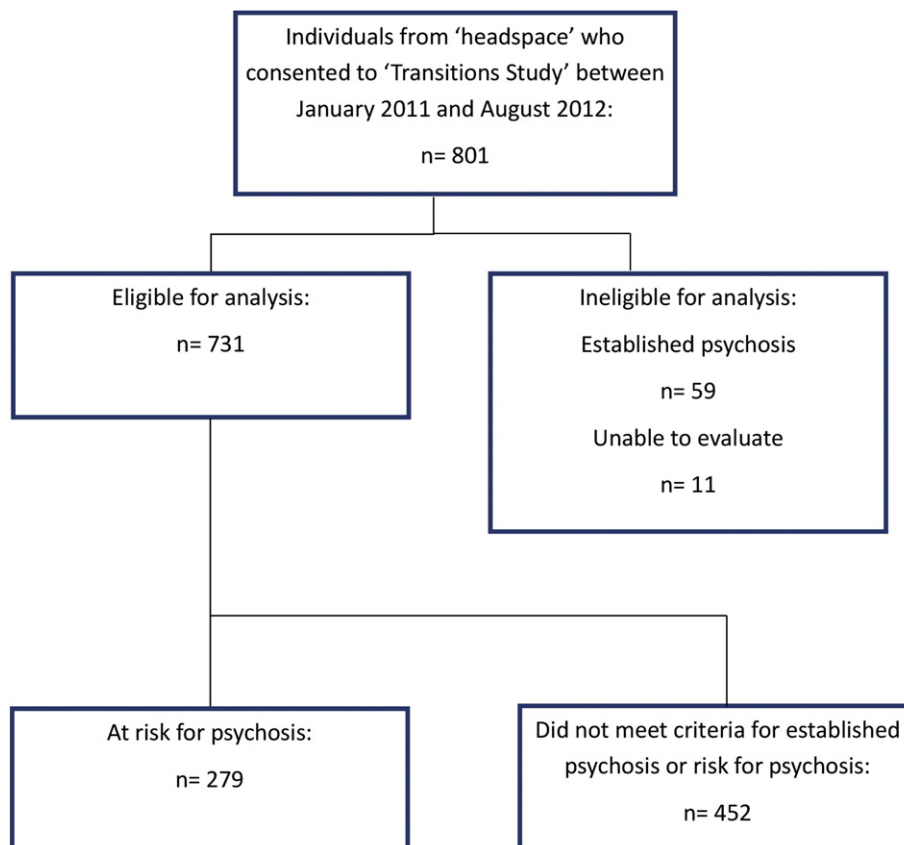


Fig. 1. Flow diagram of individuals included in the analysis.

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