UNDERSTANDING YOUR DIAGNOSIS

Drug- or Medicine-Related Psychosis

Also called Substance/Medication-Induced Psychotic Disorder

Psychosis that started with a substance or a medicine. Stopping the cause often clears it, and there is real help either way.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
Up to 1 in 4 first cases	Any age; often teens to 30s	Yes - many clear fully	A common reason for ER care

What this is

- This means hearing, seeing, or believing things that are not real, starting during or soon after a substance or medicine.
- It is not a moral failing and it does not make you a bad person. Some brains simply react to certain drugs this way.
- Common causes include stimulants, strong or synthetic cannabis, alcohol withdrawal, and steroids or other medicines.
- Being honest about what you used is not a confession. It is the fastest way to get you the right treatment.

What it can look and feel like

- You may hear voices or see things that others do not, or feel bugs crawling on or under your skin.
- You may feel sure that people are watching you, following you, or coming to hurt you, and stay on high alert.
- You usually still know the day and the place. That clear-headedness helps separate this from other conditions.
- You may go days without sleep, and the fear and the voices often get louder the longer you stay awake.
- Symptoms often start within hours or days of using, or in the first weeks after stopping a substance.
- You may feel agitated, hot, restless, and unable to sit still, and small things can set off anger fast.
- Using more to quiet the fear is very common, and it feeds the loop instead of breaking it.

What is happening in your brain and body

- Stimulants flood the brain with dopamine, a chemical that flags what matters, so everything feels urgent and personal.
- Each episode makes the next one easier to trigger, so psychosis can come back at smaller amounts than before.
- Cannabis, especially strong and synthetic kinds, throws off the timing of brain cells that keep thinking organized.
- In alcohol withdrawal, a brain system held down for months rebounds hard, and that rebound can spark hallucinations.
- Missing sleep on its own can cause psychosis. Getting sleep back sometimes clears milder episodes by itself.

What can make it more likely

- The main driver is the substance or medicine itself, plus how much, how strong, and how long you have used it.
- Some people carry genes that make psychosis easier to set off. The drug uncovers a risk that was already there.
- Sleep loss, heavy stress, and mixing substances all lower the point at which psychosis starts.
- Childhood hardship and trauma raise both substance use and psychosis risk, so the two often share the same roots.

What to expect

- Most people improve a lot within **24 to 48 hours** of stopping, and many clear completely within days to weeks.
- Your team will recheck you at about a month and again at six months, once the substance is fully out of the picture.
- Honest fact: for some people it does not fully clear. About **1 in 4** go on to a longer-lasting psychotic illness.
- If it does become a longer-term condition, that is not a punishment. It means the treatment plan grows to match.

What helps

Treatment works. Most people get better.

Talking therapies

- **Motivational interviewing** helps you weigh what you actually want, without lectures, while this episode is fresh.
- **Contingency management** gives real rewards for negative drug tests and has the best track record for stimulants.
- **Talk therapy for substance use** maps your high-risk moments and builds a written plan for handling each one.
- Treating substance use and psychosis with one team beats being sent back and forth between two separate programs.
- **Family involvement** helps people stay in treatment longer and gives your team a fuller picture of what is going on.

Medicines

- **Anti-anxiety medicines** such as lorazepam usually come first for agitation, especially with stimulants or withdrawal.
- **Antipsychotics** may be added for a short stretch if voices or fearful beliefs stay after the substance is gone.
- Most people taper off the antipsychotic within weeks to a few months once the psychosis has fully cleared.
- Alcohol withdrawal is treated with calming medicines plus **thiamine**, a vitamin that protects your memory.
- Medicines for the substance use itself, such as naltrexone or buprenorphine, exist. Your prescriber sets the dose.

Everyday things that help

- Getting sleep back is treatment. Several full nights can lift the fear and quiet the voices on their own.
- Stopping the substance is the core of this. Ask for withdrawal support so you do not have to white-knuckle it.
- Carry naloxone if opioids are anywhere in your life, and make sure someone close to you knows how to use it.
- Tell every new doctor what happened. It changes which medicines are safe for you from here on out.
- Build structure into the day: meals, movement, people, and something to do. Empty days invite a return to use.

Get help right away if

- If you think about ending your life, call or text **988** now, or go to the nearest emergency room.
- Go to the emergency room for a very high temperature, chest pain, seizures, or heavy shaking in withdrawal.
- Get help right away if voices tell you to harm anyone, or fear makes you feel unsafe where you are.

Questions to ask your care team

- *Which substance or medicine do you think caused this for me?*
- *How long should I stay on the antipsychotic, and how will we stop it?*
- *What treatment do you recommend for the substance use itself?*
- *How will we tell if this is turning into a longer-term condition?*

Where this information comes from

American Psychiatric Association. (n.d.). *Addiction and substance use disorders*. https://www.psychiatry.org/patients-families/addiction-substance-use-disorders

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

MedlinePlus. (n.d.). *Psychotic disorders*. U.S. National Library of Medicine. https://medlineplus.gov/psychoticdisorders.html

National Alliance on Mental Illness. (n.d.). *Psychosis*. https://www.nami.org/types-of-conditions/psychosis/

National Institute on Drug Abuse. (n.d.). *Cannabis (marijuana)*. National Institutes of Health. https://nida.nih.gov/research-topics/cannabis-marijuana

National Institute on Drug Abuse. (n.d.). *Methamphetamine*. National Institutes of Health. https://nida.nih.gov/research-topics/methamphetamine

Substance Abuse and Mental Health Services Administration. (n.d.). *SAMHSA's National Helpline*. https://www.samhsa.gov/find-help/national-helpline

NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.