

CANNABIS & PSYCHOSIS

EDUCATION MANUAL & LIFESTYLE GUIDE

Table of Contents

A GUIDE FOR PEOPLE AT CLINICAL HIGH RISK FOR PSYCHOSIS

HARM REDUCTION STRATEGIES

CONSIDERING MOTIVES

COSTS & BENEFITS

()5 NEXT STEPS

Does Cannabis Cause Psychotic Disorders Like Schizophrenia?

A Guide for People at Clinical High Risk for Psychosis

How Does Cannabis Affect the Brain?

- Cannabis (also called "weed," "marijuana," and "pot") contains many different chemicals. Two of the most important are THC and CBD. THC produces cannabis' "high" by interacting with brain cells.
- THC can cause pleasant short-term effects like euphoria and relaxation. But, it can also cause undesirable short-term effects like anxiety, paranoia, confusion about reality, seeing and hearing things that aren't there, low mood, and rapid heartbeat. [1]
- CBD doesn't cause a high and may help with mild anxiety relief [1]. But, most cannabis has very high THC and nearly zero CBD. [2]
- Heavy THC use changes the brain, causing some individuals difficulty with learning, memory, and motivation. [3]

Does Cannabis Cause Psychotic Disorders?

Scientists are actively studying this. Here's what's currently known: [4-7]

- People who use cannabis as teens are more likely to develop psychotic disorders than never-users, especially if they used it heavily.
- We know cannabis alters brain development, but it's still unclear whether cannabis causes this increased rate of psychotic disorders.
- Some important risk factors may be:
 - o How often you use it
 - How high the THC level is
 - How young you started
 - If you experience psychosis-like symptoms while using cannabis
- Cannabis worsens symptoms and treatment outcomes in people with psychotic disorders.

Cannabis Can Briefly Cause Psychosis-Like Symptoms:

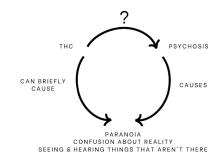
- Paranoia
- Confusion about reality
- · Seeing & hearing things that aren't there

People at clinical high risk who experience these symptoms with cannabis use may be almost 5 times more likely to develop a psychotic disorder. If you experience this, it's important that you tell your providers so they can help! [6]

Consider switching to products with close to zero THC & high CBD



In one study, people who used high-potency cannabis (>10% THC) were nearly 5 times more likely to later develop a psychotic disorder than non-cannabis users [5]



Harm Reduction Strategies

Since the science isn't settled yet, talk to your provider about what makes the most sense for your unique situation.

Stopping is safest!

- Increased amount of cannabis use is associated with higher risk of developing a psychotic disorder. [4]
- Aside from the current uncertainty about whether cannabis causes psychotic disorders in the long term, cannabis is known to cause short-term psychosis-like symptoms and anxiety especially in people already at high risk. [1, 8]

If you don't want to completely stop consuming cannabis, consider the following harm reduction strategies:

Reduce your frequency of use	Example: cutting back from daily to once or twice per week Why: heavy cannabis users are almost 4x more likely to develop psychosis later in life [4]
Avoid high- THC cannabis products	Examples: avoiding concentrates & choosing low-THC products Why: users of high-potency THC are more likely to experience psychotic-like symptoms both shortly after use & later in life [5, 9]
Choose high-CBD, low-THC products	Examples: hemp, certain strains/concentrates (check the label!) Why: CBD may lessen some of THC's negative mental health effects BUT at doses higher than found in typical cannabis products [2]
Be cautious with edibles	Why: unpredictable digestion time makes it easy to accidentally re-dose early and take too much. Edibles can also produce a stronger, longer-lasting high than inhaling THC. [10]

Considering Motives

What are my motives for using cannabis? What do I enjoy about it?

Be specific! Here are some broad examples to help you brainstorm:

my

Costs & Benefits

Weighing pros and cons can get tricky! Fill out this grid if you're undecided about whether to try changing your cannabis use.

Specific change I'm considering (ex. quitting, reducing frequency, switching to low-THC/high-CBD cannabis, etc.):

	CHANGING	NOT CHANGING
BENEFITS OF		
COSTS OF		

Next Steps

this change, what is my decision, a	9
Steps I can take to make this trans	sition easier:
Other activities that provide the fo	eelings I enjoy from cannabis:
Challenges I anticipate in sticking	with this plan:
How I would explain this change to they understand and respect my o	

Acknowledgments

CAPPSUCLA.ORG

Scientific content: Simon Kapler

Graphic design: Vardui Grigoryan

This brochure was developed by the UCLA Center for the Assessment and Prevention of Prodromal States (CAPPS). Visit us in Los Angeles, California, or online at cappsucla.org

For young people experiencing psychosis-like symptoms, there are over 100 highly specialized clinics across the United States delivering expert early intervention care. Find a clinic near you at nationalepinet.org/epinet-clinics

This brochure highlights key concepts from an academic journal article, "Assessing Evidence Supporting Cannabis Harm Reduction Practices for Adolescents at Clinical High-Risk for Psychosis: A Review and Clinical Implementation Tool"

Additional references:

- 1: Bhattacharyya et al., 2010. "Opposite Effects of Δ -9-Tetrahydrocannabinol and Cannabidiol on Human Brain Function and Psychopathology"
- 2: National Institute on Drug Abuse, 2022. https://nida.nih.gov/research-topics/marijuana/cannabis-marijuana-potency
- 3: Curran et al., 2016. "Keep off the grass? Cannabis, cognition and addiction"
- 4: Kiburi et al., 2021. "Cannabis use in adolescence and risk of psychosis: Are there factors that moderate this relationship? A systematic review and meta-analysis"
- 5: DiForti et al., 2019. "The contribution of cannabis use to variation in the incidence of psychotic disorder across Europe (EU-GEI): a multicentre case-control study"
- 6: McHugh et al., 2016. "Cannabis-induced attenuated psychotic symptoms: implications for prognosis in young people at ultra-high risk for psychosis"
- 7: Schoeler et al., 2017. "Continued versus discontinued cannabis use in patients with psychosis: a systematic review and meta-analysis"
- 8: Vadhan et al., 2017. "Acute effects of smoked marijuana in marijuana smokers at clinical high-risk for psychosis: A preliminary study"
- 9: D'Souza et al., 2004. "The Psychotomimetic Effects of Intravenous Delta-9-Tetrahydrocannabinol in Healthy Individuals: Implications for Psychosis"
- 10: Reboussin et al., 2019. "Trends in marijuana edible consumption and perceptions of harm in a cohort of young adults"
- 11. Fischer et al., 2017. "Lower-Risk Cannabis Use Guidelines: A Comprehensive Update of Evidence and Recommendations"