

THE BASICS ON SUBSTANCE USE AND SERIOUS MENTAL ILLNESS

CANNABIS

PART 1: BASIC FACTS

Description: Cannabis is composed of two chemicals, tetrahydrocannabinol (THC), the psychoactive component, and cannabidiol (CBD), the non-psychoactive compound. THC gives cannabis its psychoactive property and higher doses increase risks of physical dependence, addiction, and psychiatric symptoms such as anxiety, agitation, paranoia, and psychosis¹. Cannabidiol (CBD) is the non-psychoactive compound that could be used for clinical or medical purposes under the supervision of a medical professional in states which permit the use of medical cannabis products. (<https://www.ncsl.org/research/health/state-medical-marijuana-laws.aspx>)

Individuals may refer to cannabis by other names including marijuana, sinsemilla, Mary Jane, weed, pot, 420, blaze, bud, dank, kief, doobie, blunt, haze, hashish, reefer, mota, ganga, and others. Synthetic cannabinoids (also known as kush, K2 or spice) are human-made psychoactive substances that are often not actually cannabinoids, are misleadingly referred to as “synthetic marijuana” or “fake weed”, and can increase the risk for psychoses. You can learn more information about synthetic cannabinoids through the [National Institute on Drug Abuse](#).²

Methods of Use: Cannabis can be consumed through smoking of dried cannabis flowers or resin, through vaping (inhaling vaporized dried flower or cannabis oil), orally ingesting edible products (edibles), or inhaling vaporized high-potency (THC) butane hash oil concentrate products (known as wax, shatter, or dabbing when using a specialized glass device).³

Reasons for use: Individuals report various reasons for cannabis use including to relieve feelings of anxiety or depression, enjoying the “high” or euphoric feeling, to fit in or peer pressure, opportunity for socialization or seen as “normative” (“my friends do it”), improving concentration, medicinal purposes, and many other reasons. Individuals with serious mental illness (SMI) report that cannabis use can reduce anxiety, depressive symptoms, anger, impulsivity, and make them feel less bothered by hallucinations or psychotic symptoms.⁴⁻⁶

Problems related to use in people with SMI:

- ⦿ **Effect on the brain:** Use of cannabis can impair cognition with both acute and chronic use. Additionally, impaired short-term memory, motor coordination and control, executive functioning, as well as altered judgement can occur.⁷⁻¹⁰ Although cannabis can provide temporary relief for some, regular use can destabilize the fragile brain equilibrium of people with disabling and/or unstable serious mental illnesses. That is, over time, with persistent use, it can slowly make the baseline illness worse.
- ⦿ **Effects on symptoms:** For individuals with SMI, cannabis use is associated with worse long-term clinical outcomes (both medically and psychiatrically).¹¹ There is currently no scientific evidence to support the use of cannabis as an effective treatment for any psychiatric illness.¹² Although cannabis use can relieve symptoms or symptomatic distress temporarily, regular use can exacerbate or hasten psychiatric symptoms and illnesses.¹³⁻¹⁵ It can worsen paranoia, hallucinations, and other psychotic experiences over time; it can worsen anxiety and precipitate panic disorder; it can further exacerbate negative symptoms, cognitive processing challenges, and lack of motivation. It can lead to increased mood dysregulation.

- ⦿ **Effects on medications:** Although there are limited data on significant medication interactions with cannabis, caution should be taken to monitor response with those who use cannabis with particular medications for efficacy and safety, in particular in the elderly and those with chronic diseases or kidney or liver conditions.¹⁶
- ⦿ **Effects on substance use disorders (SUD):** Regular cannabis use is associated with an increased risk of developing a cannabis use disorder. About 9% of cannabis users become dependent on cannabis, and this number increases to 25-50% among daily users.¹⁷ People with SMI are more vulnerable to developing substance use disorder (SUD), including cannabis disorder. Individuals with cannabis use disorder are more likely to have other comorbid substance use disorders. This is a short-term strategy that does not mitigate the longer-term harms of continuing use.

PART 2: SCREENING AND INTERVENTION

For individuals with SMI, it is important to not only identify whether the person is using substances, but also to describe the pattern of substance use, whether the substance use is causing harm, and the degree to which the individual is in control of the substance use. Some individuals will have patterns of harmful use that are “in control” and do not meet criteria for the diagnosis of SUD. For individuals with a chronic psychiatric disability, any persistent substance use is likely to be harmful, even if there is no obvious intoxication or lack of control, as the substance use can interfere with the person’s fragile brain equilibrium. Other individuals may have patterns of “out of control” substance use that are consistent with moderate to severe SUD. These require different levels of intervention. **Once substance use is identified, the assessment should inquire –for each type of substance - about the pattern of use: experiences and perceptions of harm because of that use pattern and the degree to which the individual experiences control – or lack of control – over that use.**

| Brief Guide to Screening:

- A. Screening requires practice.** Developing a “welcoming” style to facilitate screening takes practice. It is a common concern that the person you are interviewing will not want to talk about their substance use, and that they might not tell the truth. In fact, most people who use substances talk about their substance use all the time; they just don’t think it’s a good idea to talk to you! How can you convey to the person you are screening that you would be a good person with whom to talk to about their substance use? The key is in the concept of welcoming. If you are genuinely open when the person shares their substance use with you (rather than disapproving or disappointed) they will be much less likely to conceal information. But it takes practice to do that, and to balance the fact that you don’t recommend that they use substances with welcoming the opportunity to discuss their substance use openly. Remember that you can’t help them make better choices if they don’t discuss their choices at all.
- B. Screening works best when it is integrated into the person’s story.** Pulling out a “screening tool” and asking questions one after the other often feels less personal and reinforces the person’s natural inclination to say “no” to all the questions, just to get the painful process over with. Using a tool is helpful for the interviewer to remember things to ask about (and not to forget what to ask), but the art of doing this is to work the questions into the flow of the story so that the person can progressively feel more comfortable sharing (and that areas where the person is uncomfortable sharing can be more clearly identified). Some clients may feel more comfortable answering questions on a screening form, rather than face to face, but many will not.
- C. Screening for cannabis use should be routine in all services delivering care to those with SMI.** Cannabis use screening is always embedded in a broader approach to substance use screening. Remember, SUDs are more prevalent among people with SMI compared to the general population, and use of multiple substances is common.^{18,19} See [this resource](#) for various screening tools and processes that include screening for cannabis.

Brief Guide to Intervention:

How you talk to people with SMI who indicate they are using cannabis should always be based in a framework of welcoming, empathic, hopeful partnership, and should be matched to the individual's stage of change for cannabis use as well as their personal goals for a happy, meaningful life (recovery goals).²⁰

For instance, if an individual is in the precontemplation stage about cannabis use, the focus is on helping them move into the contemplation stage, that is to develop enough trust to engage in discussions about their cannabis use, so they can work in partnership with the team over time (often months) to make better decisions. The most important thing you can do is to maintain a welcoming strength-based relationship, which increases their ability to eventually discuss their cannabis use more freely. If the person is in the contemplation stage (or beyond this stage), then it is helpful to provide a recommendation of abstinence from cannabis (without struggling with the person), and while indicating that the most important goal is to help the person make the best decisions for themselves, maintain the option of making progress in tiny steps (as opposed to abstinence being the only goal) and providing awareness of treatment options including how the mental health team can provide support for making even small steps toward change. The more information the person has about how the team can help support efforts to change, the more prepared they can be when they are ready to make a change to their substance use. More information is available [here](#) about Stages of Change and matching interventions with each stage.

Here are some tips that might be helpful in dialogue with an individual contemplating discontinuing the use of substances. You might try beginning the conversation with:

I find that a lot of people in your situation identify that using marijuana is helpful for them. Let's talk about what you find helpful, and how marijuana currently works for you and fits into your life. Is there anything that you don't like or find unhelpful about using marijuana?

Or...

The goal is to help YOU decide the right amount of marijuana use for you in order to achieve your personal goals for recovery/for a happy, hopeful, meaningful life. How do you figure out the right amount of marijuana for you to use?

Or...

In the long run even small amounts of marijuana lead your brain to have more trouble healing...and since you only get one brain, I would advise you to take the best care of your brain that you can. How do YOU decide the right amount of marijuana for you to have a happy life?

Maybe the individual says: *I "should" be able to use marijuana because it's legal, it's not that harmful, I have a marijuana card, all my friends use it.*

You could say: *No one is saying you "can't" use marijuana...what I'm saying is that you have to decide what the right amount of marijuana is for YOU, given your goals and your mental health diagnosis. It is not "fair" that it's safer for your friends to use than you, but the truth is that you have a serious mental illness and a vulnerable brain, and they may not. So, it is a tough decision, and I will work with you to help you figure it out.*

Maybe the individual says: *But marijuana is the "only" thing that helps me get relief (in whatever way).*

You could say: *You are right that using marijuana is helpful in the short run. That's why so many people like it. The challenge for your decision making is that it may make things worse. Each time you use marijuana to cope with anxiety, in the long run it affects your brain, making your underlying anxiety worse. So, it's a tough decision as to what's best for you over time, and I will work with you to help figure it out.*

Maybe the individual says: *I'm not ready to stop using marijuana.*

You could say: *One starting place that is helpful for a lot of people is to make a decision about how much marijuana is right for them in the moment and start to keep track of how much they use. I am happy to work with you to identify your daily "marijuana use" goal and help you to stay on target for that goal. Also, if you know your baseline, it's easier to figure out your next step, which may be cutting down a tiny bit, rather than stopping all at once. Any way you decide to make progress, I will work with you to figure out how to proceed. So, whether you want to just start by keeping track of how much you use, or you want to cut down a little bit, or you want to go ahead and stop, I can help you get to where you want to be.*

PART 3: TREATMENT OPTIONS

Treatment options can be included as an educational piece for a person in contemplation, as a way of helping that person understand how many options are available. This is also important to discuss when a person is in preparation for change. Note that for many individuals, the smaller and easier the first step, the easier it is to get started down the path to reducing or eliminating marijuana/cannabis use.

Medication can be used to treat mental health symptoms and/or withdrawal symptoms decreasing the need for substances and risk for relapse.

Behavioral Therapies are a form of psychosocial interventions that assist an individual with building self-management skills for managing triggers, cravings, and risky situations, as well as skills for creating a support system (professionals, family/friends, peers) and using that support system by regularly asking for help.

Recovery Support Programs are peer led programs that provide extra support to individuals who are ready for change and looking to practice abstinence from the use of substances. These programs are typically delivered through community and faith-based groups by way of mutual support meetings.

SUD Treatment Groups or Programs are professional supervised programs within outpatient, inpatient, and residential settings. These could be referred to individuals that may benefit from professional stage-matched group interventions.

Comprehensive Integrated Care is often indicated since individuals with SMI and comorbid substance use often have poorer medical outcomes and require care coordination for management of mental health, substance use and medical illnesses. Treatment plans should be individualized to each individual's unique needs and may include medication, counseling or therapies, mutual support groups, and additional psychosocial interventions.

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