

Recent Trends in Cannabis Use “Not Your Grandfather's Pot”



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Learning objectives:

- Understanding and discussing the trends and increase in cannabis use amongst adolescents and young adults.
- Understanding and discussing the difference between traditional cannabis and high concentrate THC oil.
- Understanding the impact of chronic cannabis use on anxiety, depressive disorders, and reduction of social and occupational functioning.
- Understanding the correlation of cannabis use related to early-onset psychosis and initial psychotic breaks.
- Understanding and discussing interventions of cannabis use disorder and how to treat it.

Cannabis has become widely accepted in mainstream society, as evidenced by most states allowing medical use of cannabis and the continued legalization of recreational cannabis. Indeed, cannabis has appropriate medical uses and as a society, we have come a long way from “Reefer Madness.” However, the increase in THC potency from cannabis and the large increase in use from adolescents has continued to have far-reaching consequences. Along with an increase in anxiety, paranoia, and depression, studies suggest that cannabis use can increase the onset of schizophrenia by 3 years. Clinicians need to understand the impact of cannabis use on the clients they treat.

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- Brief facts about Cannabis
 - Most used substance nationwide after tobacco and alcohol (NIH)
 - Approximately sixteen million Americans report regularly using cannabis (NIH)
 - Vast majority of cannabis users being using during their teenage years (NIH)
 - Increase in high concentrate THC
 - Standard plant-based THC is approximately 15% THC or less
 - Concentrates, extracts, and “dabs” average around 60% THC and can exceed 80%

- In addition to high THC levels “dabs” are inhaled with large amounts at once
- Increase in dependence and addiction with concentrates
- Increase in anxiety, paranoia, and psychosis related hospitalizations from concentrates

- Cannabis and psychotic disorders
 - Spectrum of psychotic disorders: schizophrenia, schizoaffective disorder, schizophreniform disorder, brief psychotic disorder, delusional disorder, and substance-induced psychotic disorder
 - *I will give a few specific case examples with redacted names*
 - Cannabis has been shown to increase early-onset schizophrenia by 3 years
 - Cannabis has been shown to make psychotic disorder symptoms worse (paranoia, positive and negative symptoms)
 - Prodromal symptoms of psychosis often are “self-medicated” with cannabis, but ultimately makes symptoms worse
 - Abstinence, treatment, and antipsychotic medications lead to improved symptoms

- Cannabis and bipolar related disorders
 - Cannabis is found to be linked to the onset of bipolar disorder with psychotic features
 - Increase in the onset of symptoms of mania with a predisposition for bipolar disorder
 - Contributing factors are the length of use, genetic predisposition, and amount of cannabis used

- Scholarly articles and references
 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2811144/>
 - <https://www.ncbi.nlm.nih.gov/books/NBK425763/>
 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5567791/>
 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7442038/>