

Connecticut Early Psychosis Learning Health Network

*A collaboration of the STEP Program / Yale School of Medicine and
Connecticut Department of Children and Families*

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Cannabis Use and Psychosis

- Substance Use Disorders are highly co-morbid
 - up to 50% comorbidity in people who experience a first-episode psychosis
- Cannabis use disorder in particular is found at about 3x the rate among people with first-episode psychosis compared to the general population
 - Adolescent cannabis use is associated with higher risk of psychosis
 - Particularly if there are additional risk factors, such as family history
- Once there has been a psychotic episode, there is a risk of continued cannabis use leading to worsening psychosis

(Brunette et al, 2018; Mustonen et al., 2018)

Risk of Psychosis from Cannabis Use

- Studies have shown that THC in cannabis can cause short-term psychosis until the drug is metabolized in the body
- Those initially diagnosed with a cannabis-induced psychosis, have greater rates of developing schizophrenia over the long-term
- If exposed to cannabis in adolescence, research shows individuals are 2-4x more likely to develop a schizophrenia spectrum disorder, than if you were not exposed
 - ***Not everyone who uses cannabis develops psychosis and not everyone with a psychotic disorder was exposed to cannabis.***

Risk of Psychosis from Cannabis Use

- Impact risk of Psychosis:
 - Frequency, amount, potency of cannabis
 - Age, duration all impact amount of risk for psychosis associated with cannabis use
- Today's cannabis tends to be more potent (higher levels of THC) than several decades ago
- 15% of new cases of psychosis are attributable to cannabis use
- The risk for developing schizophrenia spectrum disorders is greatest with cannabis, although other substances such as amphetamines, hallucinogens, opioids, and sedatives also increase risk.

**greater frequency and duration, earlier first use,
and higher potency THC = greater risk of
psychosis**



Cannabis use after the onset of psychosis is associated with:

- non-adherence to treatment
- relapses
- hospitalizations
- legal problems
- ER visits
- homelessness



What to do?

- Education:
 - Consider avoiding or delaying use of cannabis until after the age of typical expression/onset of the illness (at least 25) (*age of expression can range from ~16-35 years old*)
 - *Especially with a family history of psychosis or other risk factors!*
- Harm Reduction Approach:
 - Work with the young person to decrease their use, use less potent strains
- Motivational Interviewing
- Help families support this goal