Risk of High THC Concentration for Young Adults with Psychosis: Intervention Implications

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What is psychosis?

- Psychosis is a state where there is a disconnect from reality – typically when people see, or hear things that aren’t there, or have false beliefs (delusions)
- Psychotic episode is when someone is ill in this way
- Transient – temporary
- Chronic – schizophrenia type disorders
Prevalence

- Nearly 10 million Americans have a psychotic disorder
- 70% experience first episode of psychosis before age 25
- 35-45% of young adults experiencing psychosis (YA-P) use cannabis
Prevalence

- YA-P and those at risk for psychosis report a greater “high” from cannabis
- 1 in 4 YA-P meet criteria for a cannabis use disorder
  - Rates of CUD in general population of young adults (18-25) is 5%
Development of Psychosis

- Use of cannabis increases risk of psychosis
- Longitudinal and cross-sectional studies
- U.S. and international studies have shown increase in psychotic disorders with higher THC cannabis availability
Development of Psychosis

- Daily high potency cannabis use increases risk of development of psychosis by 5 times
  - Frequent use
  - “High” potency THC
Cannabis & Psychosis Treatment

- Persistent cannabis use is associated with:
  - More severe positive and negative symptoms
  - Higher rates of relapse and rehospitalizations
Persistent cannabis use is associated with:
- Poorer psychosocial functioning and recovery
- Poorer adherence to antipsychotic medications
- Increased mental health treatment drop out
Schizophrenia has no cure

- Lifelong and debilitating condition
- Many who experience schizophrenia-form disorders cannot work
- Relapse is associated with poor functional and psychosocial outcomes
- Costly – estimated at over $37 billion in the U.S.
Experts agree that cannabis is the biggest preventable cause of psychosis relapse.
Need for Cannabis Intervention

- Urgent need for services to focus on cannabis reduction in this population
- Providers who treat individuals with serious mental illness feel ill-equipped to address cannabis:
  - More confident to address alcohol
  - More evidence-based educational materials are needed specifically for cannabis
Need for Cannabis Intervention

- Washington State providers serving YA-P reported cannabis interventions are...
  - Extremely needed (68%)
  - Extremely important (70%)

- Providers only feel a little (29%) or somewhat prepared (35%) to address cannabis
Need for Cannabis Intervention

- To date, no evidence-based cannabis intervention identified for YA-P
- Several efficacious cannabis treatments have been identified in the general population
Need for Cannabis Intervention- MET

- Motivational enhancement therapy has been shown to be effective with adolescents, college students, and adults
- Applied to pre-treatment, treatment and maintenance
- Has not been tested among YA-P
Qualitative Study

We conducted 8 focus groups

- n=16 YA-P
- n=14 Providers of YA-P
- n=8 Family members of YA-P
Qualitative Study

- Aim was to inform the development/adaptation of a combined cannabis intervention to reduce cannabis use among young people with psychosis
- Intervention would involve an individual intervention for YA-P and skills training for family members of YA-P
- We asked what facilitated and what got in the way of talking about cannabis
Focus Group Findings

Young Adults

- YA-P use cannabis for similar reasons (social, coping, high)
- See the benefits of reduction or quitting on life goals
- Want more science-based information on cannabis and psychosis
- Individualized intervention, tailored to the needs of the YA-P, respectful, non-judgmental
Focus Group Findings

Family/Providers

- Contentious topic between families and patients
- Mixed messages around cannabis make intervention challenging
- Want more science-based information on cannabis and psychosis – to increase motivation
- Parents & providers often want abstinence, patients want use
Intervention Implications

1. Science-based psychoeducation on risks of cannabis use to psychosis maintenance, relapse and rehospitalization

2. Counseling style should be non-confrontational, non-judgmental and supportive; Intervention individualized

3. Harm reduction strategies emphasized (higher CBD/THC ratio, low THC, less use) for those not ready to quit
Motivational Enhancement Therapy (MET)

Length: 1 to 4 Sessions

Delivery: In-Person, Phone, or Computer

Style: Motivational Interviewing
Motivational Enhancement Therapy (MET)

Content

Review of Personal Feedback Report, including,
- Normative Data
- Summaries of...
  - Recent patterns of behavior
  - Consequences
  - Risk factors
  - Personal goals
Motivational Enhancement Therapy (MET)

Principles

To facilitate a candid exploration of his/her substance use or behavior, including,

• Costs & benefits
• Comparison with others
• The impact on goals and relationships
Family Interventions should also be considered

Literature suggests teaching specific communication skills used in Motivational Interviewing could benefit cannabis discussion
Public Policy Implications

- Decrease access to high potency THC, especially for youth
- Develop and test cannabis interventions for YA-P
- Harm reduction strategies are hopeful and should be outlined in guidelines for providers (low THC, higher THC/CBD ratio, low frequency use)
Public Policy Implications

- Increase awareness of connection – for public and providers
- For medical cannabis cards, stricter requirements and recommendations for those with psychosis
- Screen youth with cannabis use disorder for clinical high risk for psychosis