27 January 2023

Early Intervention in Psychosis (EIP) National Network Event – Q&A

- Q: In the study of incidence of first episode of psychosis also track the legislation relating to cannabis use e.g. people with access to more potent products = more paranoia but also in a setting with greater criminal risk associated with use which could compound this paranoia/opposition to state etc. Do we have studies exploring this?
  A: No.

- Q: What are your thoughts on restricting therapeutic treatments for those still using?
  A: Surely they are the ones needing our help most.

- Q: What is the opportunity cost regarding crime rate and legalised cannabis, and impact on mental health - which is the better cost for society as a whole?
  A: I don't know. Interestingly in states like California and Colorado which have legalised, there is still a flourishing black market. It is cheaper and of course open to adolescents who are banned from legal.

- Q: Is cannabis associated with amotivational state or associated with positive symptoms more?
  A: The latter.

- Q: How can we implement harm reduction techniques? Reduce usage, education on >10%THC Cannabis?
  A: Education must be the main answer.
  Q: Do NPS's impact these studies as some street sellers have been use these to increase the potency of their product?
  A: It's difficult to tell as no one samples the products.

- Q: Are there any plans to extend the psychoeducation group to the CAMHS age group especially those who are addicted to cannabis?
  A: Not yet.

- Q: Approximately what percentage is considered high potency and low potency?
- A: We have a cut-off of 10% THC, and regard anything above that as high. However, psychiatrists in Colorado laugh at this, calling it low potency. They worry about 60%, 80%, 90% products.

- Q: Any research that Smoking Cannabis has reduced incidence of COPD or lung cancer?

A: No research. However, in UK and Europe most cannabis users use it mixed with tobacco.

- Q: Is there evidence for even more increase in risk for cannabis associated disorders in people on the autistic spectrum? Any particular management considerations? Many thanks!
  A: Nobody knows.

- Q: What are your thoughts on the contribution of sudden, unsupported cessation of heavy cannabis use to precipitating psychosis? Patients in our team sometimes report cannabis cessation as their trigger.
  A: Yes. Very interesting. We have a colleague collecting patients like this. He has found about 60. Must result from derangement of the endocannabinoid system.

- Q: What is safe/helpful to prescribe for harmful cannabis use in under 18s to help support their reduction?
  A: I wouldn't do this at present.

- Q: Mental health services are notorious for ignoring the mental health needs of patients with a history of addiction. And half of those patients who initially attract a diagnosis of cannabis induced psychosis end up with a diagnosis of schizophrenia. Are we likely to further deprive service users of input from mental health services by overplaying the potential contribution of cannabis in their presentation?
  A: Our patients never see doctors from addiction services. The latter are usually preoccupied with heavier drugs such as heroin. So we have to do the addiction treatment in the context of general psychiatry.

- Q: People who abuse drugs need a long term programme for relapse prevention. Is there any plan regarding this, for example input from NHS Addiction Service or third sector?
  A: Sadly no.