A Harm Reduction Approach to Substance Use in Early Psychosis

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MAPNET / NE-MHTTC Webinar
Overview

• Disclosures and who am I
• Why talk about it
• Harm reduction in general
• Approach to assessing marijuana use
• Harm reduction specific to marijuana use
Financial Disclosures

• None
Why Talk About It

• 1st question I was asked
• General prevalence
• Complicated issue: weed is not good or bad
• Recent legalization: possible upsides
Possible Upsides

- Decreased stigma
- Decreased risk of legal issues/arrests
- Increased willingness to accurately disclose use
- Fewer interactions with drug dealers
- Increased transparency – what are people buying
Harm Reduction: Definition

Harm Reduction International:

- Refers to policies, programs, and practices that aim primarily to reduce adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption. Harm Reduction benefits people who use drugs, their families and the community.
Harm Reduction: Origin and Examples

• Initially used in the 1980’s, alternative to abstinence only programs
• Most commonly thought of in relation to IV drug use
• Concept easily applied to many behaviors beyond substance use
Harm Reduction: Examples

Drug Related
- Needle exchanges
- Substitution therapies
- Supervised injection facilities

Others
- Beyond abstinence only sex education
- Helmets
- Seatbelts
- Sunscreen
Harm Reduction: Principles

• Meet people where they are at
• Risk is everywhere; does not ignore risk
• Focus on reducing risk, not drug use
• Sees drug use as a continuum
Harm Reduction: Principles

• Important to recognize positive changes individuals make

• Values the voice of users and former users

• Recognizes that drug policies themselves can increase risks to drug users
Developmental Context

- Fits with what we know about young people
- Experimentation and risk taking is the norm
- Rejection of authority
- Desire for autonomy
Developmental Context

• Endorsed by High Times and Leafly!

• Important to consider primary versus secondary prevention

• Motivational interviewing is a developmentally appropriate tool
Assessing Use

• Complicated issue
  • Patient’s expect mental health professionals to view marijuana in a negative light
  • Start out by asking about interests
  • “Do you smoke much weed?”

• It’s not just a yes or no question
  • Is drinking a glass of wine nightly the same as drinking a fifth of vodka everyday?
Assessing Use

• What do you like to do when you are high?
• Who do you smoke with?
• How often do you typically smoke?
• Do you prefer eating, smoking or vaporizing?
Assessing Use

• Do you buy your own?
  • How much do you typically buy?
  • How long does it last you?

• If you and your friends are passing a joint around…

• Ever had any odd or unusual experiences when you’ve been high?
Assessing Use

- Are there people you like to get high with and people you don’t?
- Are there things you avoid doing when you’re high?
- Is there anything that would ever make you worry you’re using marijuana too much or that it’s not good for you?
Useful Information

• Differences in smoking and eating
• Typical doses
• Differences in strains
## Smoking vs. Eating

<table>
<thead>
<tr>
<th>Inhaled</th>
<th>PO ingestion</th>
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<tbody>
<tr>
<td>• Peak effects at 15-30 min</td>
<td>• Peak effects at 30 min to 3 hours</td>
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<tr>
<td>• Effects last up to 4 hours</td>
<td>• Effects last for up to 12 hours</td>
</tr>
<tr>
<td>• Bioavailability = 10-35%</td>
<td>• Bioavailability = 5-20%</td>
</tr>
<tr>
<td>• 2-3 mg produce effects</td>
<td>• 5-20 mg produce effects</td>
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Indica (In-Da-Couch)

• Budtender would say:
  • Relaxation
  • Carefree
  • Sleepy
  • Calm
  • Mellow
  • Couch-lock

• Higher concentrations of CBD compared to Sativa
Sativa

- Budtender would say:
  - Euphoria
  - Creativity
  - Alertness
  - Energy
  - Sociability
  - Cheerfulness

- Higher THC concentrations than Indica, lower CBD concentrations

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Setting the Frame

• Treatment not dependent on abstinence

• Appreciate knowing about your use and changes in it, whether increasing or decreasing
  • Don’t want to prescribe more medications for symptoms that are due to acute intoxication

• Happy to answer questions, provide information, and share my opinion if you are interested
  • Feel free to bring in a menu
## Guidelines to Lower Risk from American Journal of Public Health

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<table>
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<tbody>
<tr>
<td>1.</td>
<td>Abstain</td>
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<tr>
<td>2.</td>
<td>Delay use</td>
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<tr>
<td>3.</td>
<td>Low THC or balanced THC:CBD ratio</td>
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<tr>
<td>4.</td>
<td>Avoid synthetic cannabis</td>
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<tr>
<td>5.</td>
<td>Avoid combusted cannabis</td>
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<tr>
<td>6.</td>
<td>Avoid deep inhalation</td>
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<tr>
<td>7.</td>
<td>Avoid frequent use</td>
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<tr>
<td>8.</td>
<td>Don’t drive</td>
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<tr>
<td>9.</td>
<td>Avoid use altogether if you are at high risk of adverse effects</td>
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<tr>
<td>10.</td>
<td>Avoid combining the above</td>
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Harm Reduction Strategies

- Pace yourself; know yourself
- Chose strains with lower THC concentrations and/or balanced THC:CBD ratios
- Stick to the same dispensary, strains, and/or edibles
  - Know the doses and serving sizes
  - Don’t eat the whole brownie!
Role Play
Possible Suggestions for Cutting Back

• Don’t buy in bulk

• Plan ahead

• Monitor use

• Give people a heads up

• Take a pass when the joint comes to you or take smaller hits

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Thank You!