

Cannabis and Mental Health

What to do when your client uses Cannabis

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Training Objectives

- History & Culture
- Types & Potencies
- Myths & Facts
- Signs of Dependence
- What to do if your client is using
- Harm Reduction Approaches
- Case Vignette
- Q & A

History of Cannabis

- As early as 2800 B.C., known for medicinal qualities
- 1937- regulated by the DEA
- Through the years, known as a “colored peoples drug”
- These ideals have trickled down through decades

Current Affairs

- Cannabis is legalized recreationally in 19 states, including Illinois
- Medicinal cannabis cards reduce risk, incarceration, and stigma
- Medicinal cannabis can help with symptoms of
 - PTSD, seizures, chronic pain, increase appetite, assist with nausea and vomiting

Cultural Considerations

- “Prohibitionism and the war on drugs are cultural phenomena”
- Prohibition- disproportionate incarceration rates and oppression
- Language was “makes men of color violent” “makes people stupid and lazy”
- Cannabis is part of our society now
- The clinician needs to evolve
- This is not a criminal issue

Types & Potencies

- Flower- 1980's- 4% THC levels
 - Today- 15-30% THC levels in flower
- Vapes, Resins, and Wax- up to 90% THC levels
- Edibles- 100 mgs = about 10%- standard dose is 2.5 mgs
- Tablets and Capsules- 100mgs = about 10%- standard dose is 2.5 mgs
- Tinctures, Creams, Topicals- low potency $<.05\%$ typically
- High CBD/Low THC, typically $< 1\%$ THC

Myths- Cannabis Use

- Cannabis is completely harmless
- Cannabis is a gateway drug
- Cannabis causes psychosis
- Cannabis is not addictive

Facts – Cannabis Use

- Cannabis can be risky for some people
- Most people who use other drugs did start with cannabis, however the connection is still murky for causation and correlation
- Can induce psychosis in vulnerable people, but not always
- 9% of people who use will become dependent, for adolescents this increases to 17%

Signs of Dependence

- Inability to stop
- Irritation
- Cravings
- Increased Tolerance
- Social Impairments
- Using despite consequences

What to do if your client uses?

- Non-judgmental approach
- Psychoeducation
- Instilling harm reduction techniques
- Encouraging abstinence when/if ready
 - Inquire what cannabis is doing for them?
 - Stress Relief
 - Sleep aid
 - Relaxation
 - Trauma thought avoidance
- Work on why they use, not the use itself

What to do if your client uses?

- Non-coercive approach
- An empathic, Rogerian approach
- Don't be the cannabis police
- Advocating harm reduction is not encouraging dependence
- Can set limits for sessions
 - No use prior to session
 - Do so in a kind manner
 - i.e. "I want you to be fully present in the therapy room."

Rogerian Approach to Treatment

- Harm reduction is rooted in humanistic theory
- Positive change = does not mean the same for everyone
 - As clinicians, you are not causing harm by advocating for harm reduction
 - The recovery and change journey is an ongoing process

Rogerian Approach to Treatment

- 5 Core Beliefs of Harm Reduction
 - You're in the driver's seat.
 - Any positive change is good.
 - I meet you where you are now in the process of change.
 - Paths to getting well are unique.
 - Paths of change are flexible.

Rogerian Approach to Treatment

- Client leads, therapist facilitates
- Multicultural aspects must be considered
- Unconditional positive regard
- Client takes responsibility
 - Client leads the change, change is dictated by the client

Harm Reduction Tips

- Can point out when use is reaching dependence
- Ask client what their goals are:
 - Do they want to stop?
 - Do they want to maintain?
 - Do they want to cut back?


Harm Reduction Tips

- Medicinal Card or dispensary vs. buying from unknown sources
 - *important to note, some folks prefer to buy from people they know*
 - Dispensaries do give discounts for SSI recipients and veterans
 - Medicinal cards do not charge tax
- Lower THC strains- the higher the potency, the greater the risk of dependence
- The client should know the law:
 - Do not travel with cannabis
 - 30 grams of flower
 - 5 grams of concentrate
 - 500 milligrams of THC in edibles

Harm Reduction Tips

- Educate and encourage other coping methods
- Breathing period after stress
- Eat before using
- Limit use to nights or weekends- as a start
- Encourage lower potency/higher CBD strains
- Encourage meditation and grounding as a “go to” method
 - The 5-4-3-2-1 method
 - Grounding with the feet

Harm Reduction Tips



SIMPLE GROUNDING TECHNIQUE

If you're feeling anxious or worried, bring your attention back to the current moment with this simple grounding exercise. Notice the following around you:

- 5** things you can see
- 4** things you can feel
- 3** things you can hear
- 2** things you can smell
- 1** thing you can taste

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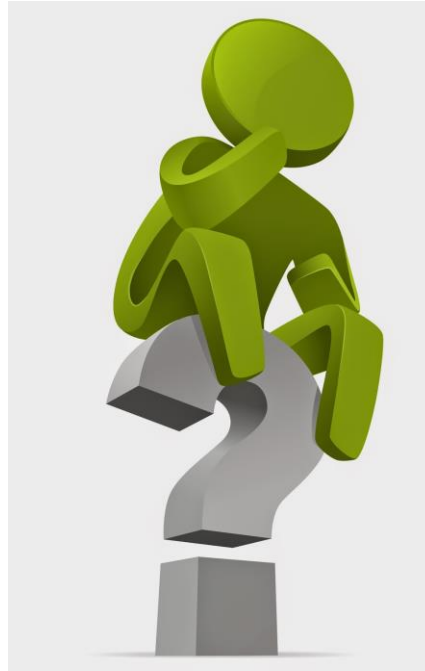
Case Vignettes

#1 Anne is 33 y/o and in recovery from alcohol use disorder. Anne presents with PTSD and anxiety. Anne began using cannabis 3 months ago, 1 joint at night to help with “sleep”.

#2 Winter is 18 y/o. Winter reports using cannabis from 8am upon waking until 10pm at night before bed. Winter states that they see no issues with cannabis because it is “legal.” Winter is not working, and not in school, but tends to read and sleep most of the day. Motivation is low. Winter is seeking therapy to manage depressive symptoms.

#3 John is 54 y/o, with a 20 year history of IV heroin use. John presents with HIV, fibromyalgia, and daily migraines. John reports smoking cannabis 3-5 times a day, “4-5 tokes at a time.”

Q & A



References

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Thank you for Attending!

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