

SOMETHING TO THINK ABOUT WHEN SOMEONE OFFERS YOU A GUMMIE

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During my psychiatry residency, I became passionate about helping people with severe mental illness better understand the workings of their brains and how to fortify their mental health. For 18 years, I have worked in New York psychiatric hospitals encouraging people with schizophrenia to rise above their challenges and reach their recovery goals.

When guests at my Shabbos table question me about my work experiences, discussions can get lively at times, especially when I am asked what I think about marijuana. One yeshiva student thought marijuana was better than alcohol because “no one gets addicted to weed.” Another *bachur* thought marijuana is no big deal because it’s just a “natural, curative plant medicine.” I strongly disagree!

Use of cannabis (scientific name for marijuana or weed) is promoted as a recreational activity. Drugs containing components of cannabis have been studied for use in chronic pain,

chemotherapy-induced nausea, rare forms of epilepsy, and spasticity from multiple sclerosis. However, due to the lifelong struggles I witness in my patients, I believe the widespread normalization of cannabis use should be counterbalanced by public health information concerning its known potential harms.

Cannabis refers to products derived from the plant *Cannabis sativa* that contain more than 0.3% tetrahydrocannabinol (THC). The cannabis plant contains numerous chemical substances such as THC and cannabidiol (CBD), each with differing impact on the brain. THC is the substance in cannabis products that is responsible for the “high”

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or change in mental state that marijuana induces. People consume cannabis through smoking, vaping, and eating edibles (THC gummies). The concentration of THC in cannabis products varies in potency from low to high, with some forms like dabs containing almost pure THC. Using cannabis products for recreational and medical purposes has become legal in many jurisdictions, but regulatory agencies do not verify product composition or safety. Nowadays, cannabis dispensaries can be found in large Jewish neighborhoods. Lately, it's weed and not tobacco smoke that I smell during shul breaks on Yom Tov.

My concern about the prevalent carefree attitude, especially amongst young people in our community, regarding cannabis use stems from having treated too many people who developed long-term psychosis after using marijuana. Most had no known family history of mental illness. Following some months or years of getting high on cannabis, my patients developed chronic psychotic symptoms such as paranoia (suspiciousness), delusions (false beliefs), hallucinations (hearing or seeing things not present), and loss of touch with reality. Family members of my patients are unaware that cannabis use is associated with psychosis. Most people who use cannabis do not develop schizophrenia, a psychotic disorder that lasts more than six months and disrupts social functioning.

As more people use weed, however, the numbers of people becoming psychotic are increasing. It becomes very personal when it's your loved one who remains paranoid and delusional, even after quitting weed.

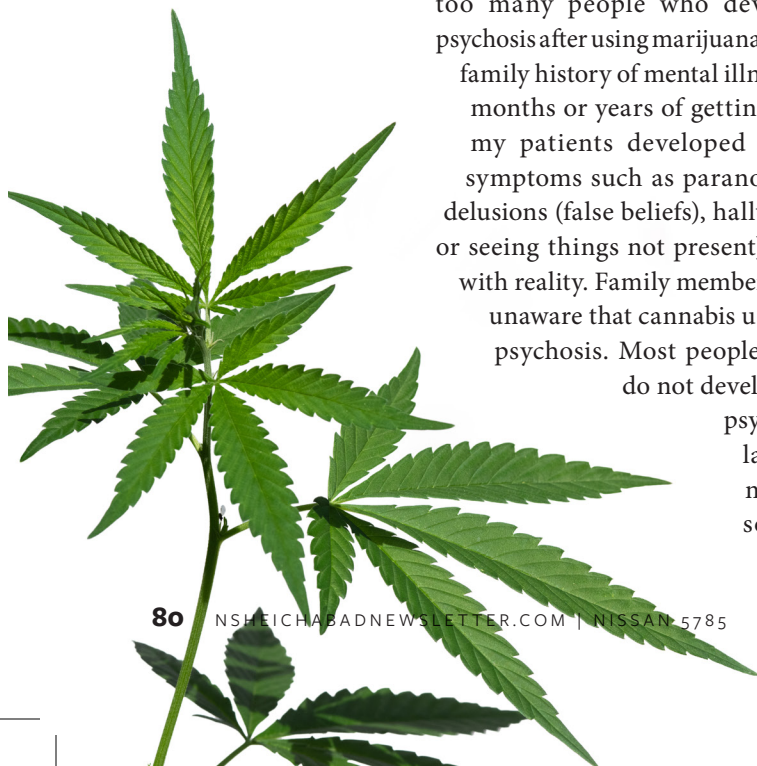
The big question is whether cannabis use causes schizophrenia. Experiments with healthy humans consuming THC show that it robustly produces psychotic symptoms and cognitive problems. Cannabis use disorder, in which one suffers from the negative effects of an addiction, does occur. Around 17% of those using marijuana as youths develop an addiction. Convincing research indicates that schizophrenia occurs more often and in a more severe

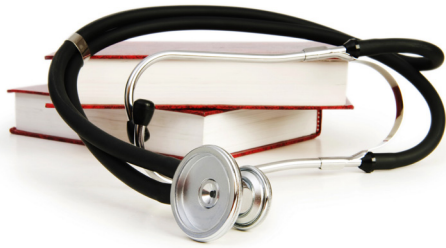
form in people who use cannabis compared to people who do not. Scientific reviews and high-quality studies do find a causal relationship between cannabis and psychosis, meaning that cannabis use induces schizophrenia in some people who otherwise would not have become psychotic.

Studies show who amongst cannabis users are most at risk for developing a psychotic disorder. Large review studies indicate the risk of psychosis development is approximately doubled amongst people who started using cannabis as young teenagers. When people use cannabis as teens and then develop schizophrenia, they have an earlier age of illness onset as well as a more severe illness course.

Multiple studies demonstrate that the more often one uses cannabis, the greater the risk of developing schizophrenia. Heavy cannabis use is associated with almost four times the odds of acquiring schizophrenia compared to non-users. Daily cannabis use is associated with the greatest increased risk of chronic psychosis. Additionally, the higher the percentage of THC found in the cannabis products consumed, the higher the risk of developing schizophrenia. Using high potency cannabis every day increases the odds of getting a psychotic disorder by nearly five times compared to the risk for non-users.

Research studies find that people with a family history of schizophrenia who use cannabis are significantly more likely to develop schizophrenia compared to people with a family history of schizophrenia who do not use cannabis. It is





important to note, however, that even people without a family history of schizophrenia still increase their odds of developing chronic psychosis when using cannabis.

Data analysis of a large health database found that as many as 30% of cases of schizophrenia, in men aged 21 to 30, would have been prevented if those men had avoided heavy cannabis use when younger.

Notably, if a person requires medical attention for psychotic symptoms arising from cannabis, their risk of eventually transitioning to schizophrenia is nearly 50%. Clearly, anyone experiencing psychosis while using cannabis should stop using it. Continuing to use cannabis while having schizophrenia results in worse symptoms, increased relapse rates, more hospitalizations, and less response to treatment. Since the risk of developing psychosis increases the more one consumes THC, daily use of high potency cannabis should be avoided. Young teenagers, whose brains are still developing, are especially prone to the harmful effects of cannabis.

Youths should not use cannabis. Awareness is key to helping our community prevent avoidable suffering from chronic psychosis.

I wrote this article for the *N'shei Chabad Newsletter* because I hope to empower and inform the mothers who guide their families in navigating today's choices. Many blessings to everyone for good health in all ways! ❧



Dr. Chaya Jordan was raised in L.A by a Reform Jewish family. She became observant while majoring in neurobiology at University of California at Berkeley and spending Shabbos meals with Rabbi and Mrs. Yehuda and Miriam Ferris.

During her medical training at University of California at San Diego, she met her husband, T.P. Jordan, and they raised their family in Brooklyn. Dr. Jordan completed her psychiatry residency at Maimonides Medical Center in Boro Park. She has worked for 18 years for the NY Office of Mental Health as an inpatient psychiatrist at Rockland Psychiatric Center and Mid-Hudson Forensic Psychiatric Center. Dr. Jordan is an Adjunct Clinical Assistant Professor of Psychiatry for Touro College of Osteopathic Medicine. For questions or a list of relevant research studies, contact Dr. Jordan at ljordan770@gmail.com.

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