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Have your camera on, if possible.

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Cannabis 301: Understanding & Responding to Psychoactive Effects

Megan (Meg) Hudson, MSN, PMHNP-BC

April 17, 2026

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INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, Boston University Chobanian & Avedisian School of Medicine is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

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APA CE Designation Statement: Continuing Education (CE) credits for psychologists are provided through the co-sponsorship of the American Psychological Association (APA) Office of Continuing Education in Psychology (CEP). The APA CEP Office maintains responsibility for the content of the programs.

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Objectives

Following this training, participants will have the knowledge to:

- Identify risk factors for psychosis and psychotic-like experiences associated with cannabis use.
- Recognize symptoms of cannabis-induced psychosis.
- Describe at least two interventions for the management of acute psychosis associated with cannabinoid use.
- Evaluate interventions to reduce risk for harm when providing long-term care for individuals with a history of cannabis-induced psychosis or psychotic-like experiences.

Cannabis & Psychosis Overview

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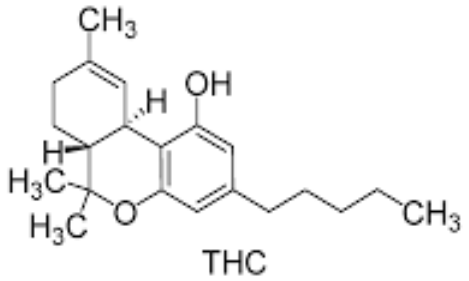
Terminology

Cannabis – general term referring to psychoactive substances produced by the *Cannabis sativa* plant

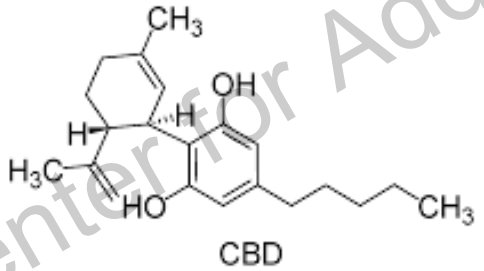
Cannabinoids – compounds structurally similar to THC or share many of the pharmacological properties of THC (includes synthetic THC)

(NIDA, 2024)

Roles of THC and CBD



THC



CBD

Tetrahydrocannabinol (THC)	Cannabidiol (CBD)
• Psychoactive, appetite stimulant • Dose-response relationship between THC and adverse (e.g., neurocognitive) effects • Delta-9 THC isomer = most common • *Delta-8 THC naturally exists in small quantities, ~ 50-75% as psychoactive; Growing quasi-legal market.	• No psychotomimetic properties • Neuroprotective, anti-inflammatory, and anticonvulsant effects. • Mixed evidence about its ability to improve/reduce psychosis with THC • Antagonist at CB1 receptors (opposite of THC)

(Balachandran, Elsohly & Hill, 2021)
(LoParco et al., 2023)

Acute Intoxication

- Transient, linked to cannabis intoxication, self-limiting
- Anxiety, paranoia, perceptual disturbances

Cannabis-Induced Psychosis (CIP)

- Typically develops during or soon after use, persists beyond expected intoxication period (days to weeks / ~1 month)
- Hallucinations and delusions that are prominent and impair functioning

Primary Psychotic Disorder

- Symptoms exists independent of substance use, may be worsened with active use or withdrawal
- Hallucinations, delusions, cognitive disorganization, negative symptoms, may include mood symptoms

Withdrawal

- Symptoms exist in the setting of acute withdrawal
- Paranoia most common, hallucinations & delusions possible

Prevalence & Risk Factors

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Prevalence of Psychosis with Cannabis Use

Acute Psychotic Symptoms with Intoxication:

- 5-50% of adults report transient psychotic symptoms during intoxication
  - Symptoms are typically dose-dependent and last a few hours
- Data is limited in adolescents

Cannabis-Induced Psychosis (CIP):

Limited data on prevalence, recent estimates 3-6/100,000

Conversion to Chronic Psychotic Disorders:

- 20-50% of patients with CIP develop long-term psychotic disorders (i.e., schizophrenia)
- Approximately 50% of those who transition do so within 2 years
- Cannabis-induced psychosis has the highest conversion rate to schizophrenia across substances

(Gorelick, 2023)
(Hua et al., 2021)
(Kansagara et al., 2026)
(Osborne et al., 2025)
(Javed et al., 2026)

Risk Factors

Age of Initiation:

- Adolescent cannabis use is associated with an 11-fold increased risk of psychotic disorders
- Greatest risk when started in adolescence and continued into adulthood

Frequency and Potency:

- Daily use: 3.2x greater chance of psychotic disorder vs never using
- High potency THC: 1.6x greater chance of psychotic disorder

(Gorelick, 2023)
(Hua et al., 2021)
(Jin et a;., 2026)
(Kansagara et al., 2026)
(volkow et al., 2016)

Risk Factors Continued

Genetic Predisposition:

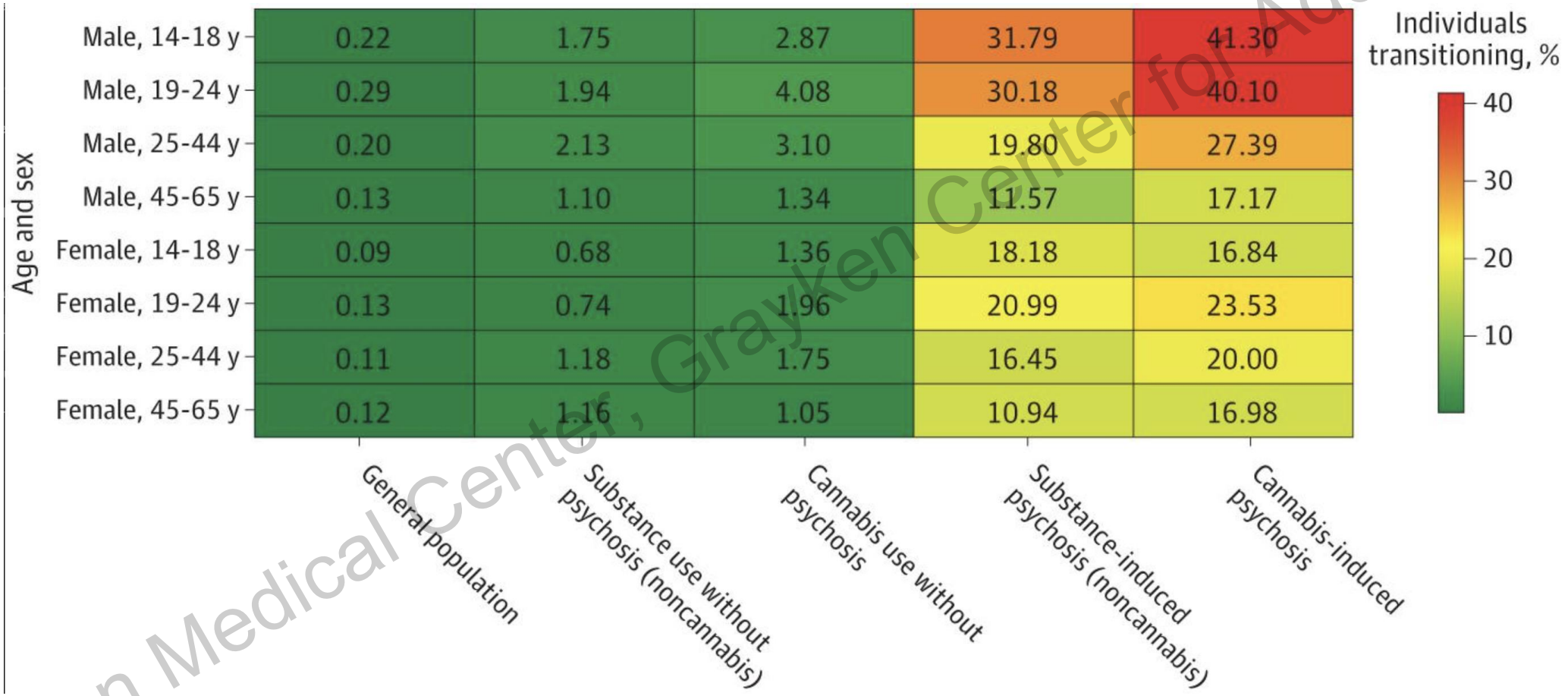
- Family or personal history of psychotic disorders
- Catechol-O-Methyltransferase (COMT) gene variations associated with increased risk of CIP
  - Impacts how the brain processes dopamine

Impact on Existing Psychotic Disorders:

- Cannabis use worsens illness course
- Ongoing use after first psychotic episode associated with poorer prognosis

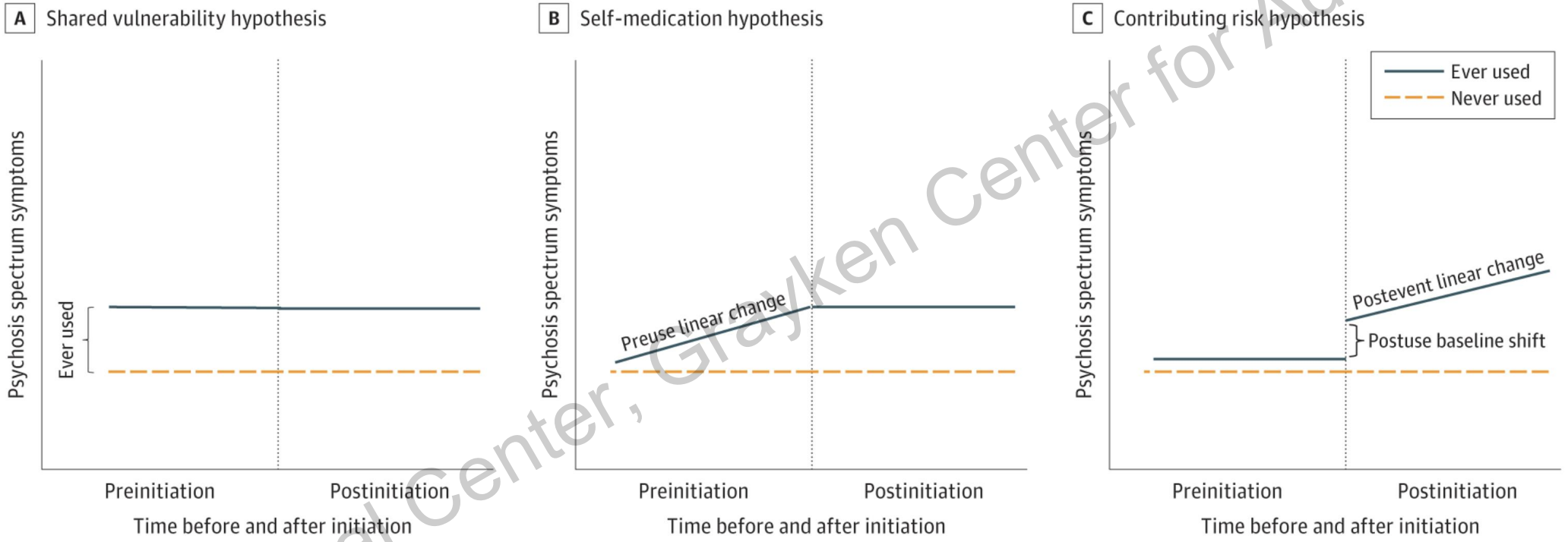
(Gorelick, 2023)
(Hua et al., 2021)
(Jin et a;., 2026)
(Kansagara et al., 2026)
(volkow et al., 2016)

Risk of Transition to Schizophrenia



(Myran et al., 2023)

Potential Conceptual Patterns



The figure shows possible patterns of how psychosis symptoms may change over time under three different explanations: a shared vulnerability, self-medication, or contributing risk model.

(Osborne et al., 2025)

Cannabis & the Brain

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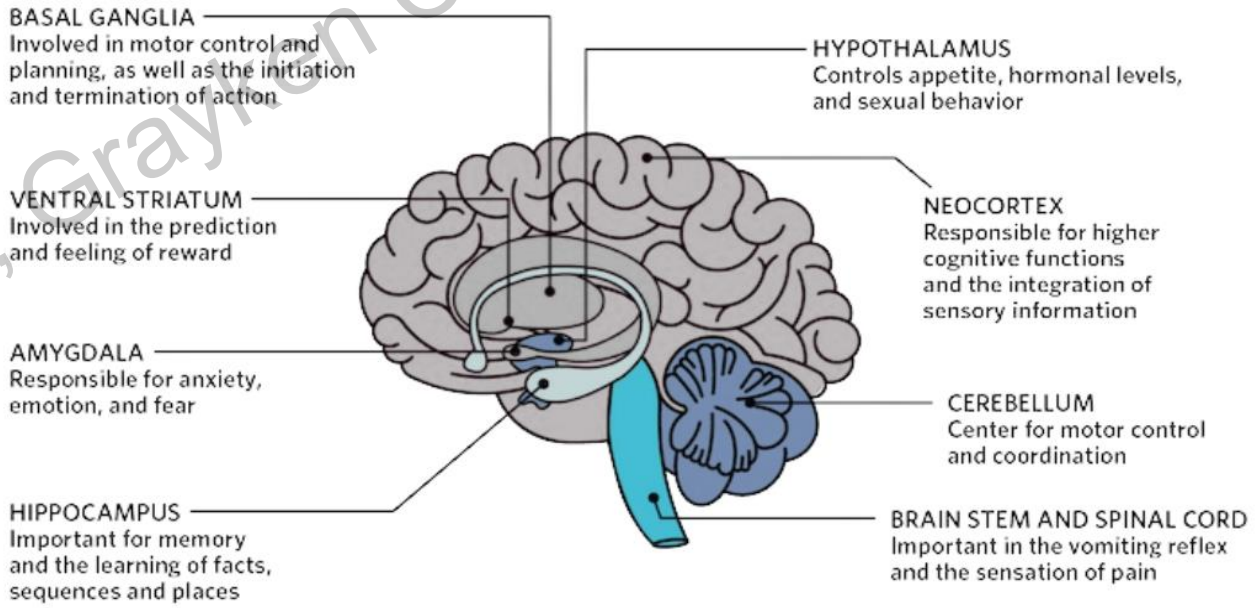
Cannabis & the Brain

- Tetrahydrocannabinol (THC) activates CB1 receptors in the brain
- CB1 part of the endocannabinoid system that regulates mood, memory, reward, and pain
  - Highly concentrated in the prefrontal cortex, hippocampus, basal ganglia, and cerebellum
  - Impacts attention, memory, decision-making, coordination, and perception

THC increases dopamine release in reward pathways, contributing to its reinforcing effects and potential for dependence.

Acute cannabis use may produce euphoria, relaxation, altered perception, impaired short-term memory, and slowed reaction time.

Heavy and long-term use can result in going structural changes/dysregulation



(Simons, 1998)
(Simons, Correia & Carey, 2000)
Image Source: Adapted from APA

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How Does Cannabis Cause Psychosis?

GABAergic disinhibition

- THC reduces GABA release through partial agonism at CB1 receptor
- GABAergic disinhibition leads to unsynchronized pyramidal neuron activity

Glutamate dysregulation

- Disinhibited pyramidal neurons causes release of excessive glutamate into the striatum

Dopamine dysfunction

- Ongoing cannabis use is associated with elevated dopamine function in the ventral substantia nigra/ventral tegmental area
- Dose-dependent relationship between symptom severity and dopamine elevation

Final Common Pathway: Disrupted Salience Processing

- Breakdown of coordination between prefrontal cortex and striatum causes the brain to assign importance to irrelevant stimuli
  - Hallucinations, delusions, paranoia
- Aberrant salience is also seen in other psychotic disorders (i.e. schizophrenia)

(Ahrens et al., 2025)
(Belvederi et al., 2025)

Ongoing Psychiatric Consequences of Cannabis

Acute Cognitive Impairment

- Dose-dependent deficits in verbal learning, working memory, executive functioning, processing speed

Chronic Cognitive Effects

- Small decline in IQ seen in adolescents with regular use
- Chronic use in adults associated with ongoing cognitive deficits, likely to improve with prolonged abstinence (more persistent with adolescent onset)

Mood/Anxiety Disorders

- Increased risk for bipolar affective disorder (more likely to have psychotic features present), MDD, and anxiety disorders

Dementia

- Emerging evidence shows individuals with ED visits for cannabis use had 1.7 fold increased risk of dementia
- Long-term use shows smaller hippocampal volume

(Kansagara et el., 2026)
(Testai et al., 2022)

Acute Intoxication & Withdrawal

Symptoms & Management

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Acute Cannabis Intoxication

Psychological

- Euphoria
- Relaxation
- Sedation
- Increased appetite
- Anxiety
- Psychotic symptoms
  - Hallucinations, delusions, paranoia

Physical

- Impaired motor coordination
- Slurred speech
- Conjuctival injection
- Tachycardia
- Orthostatic hypotension

(Gorelick et al., 2023)

Acute Management

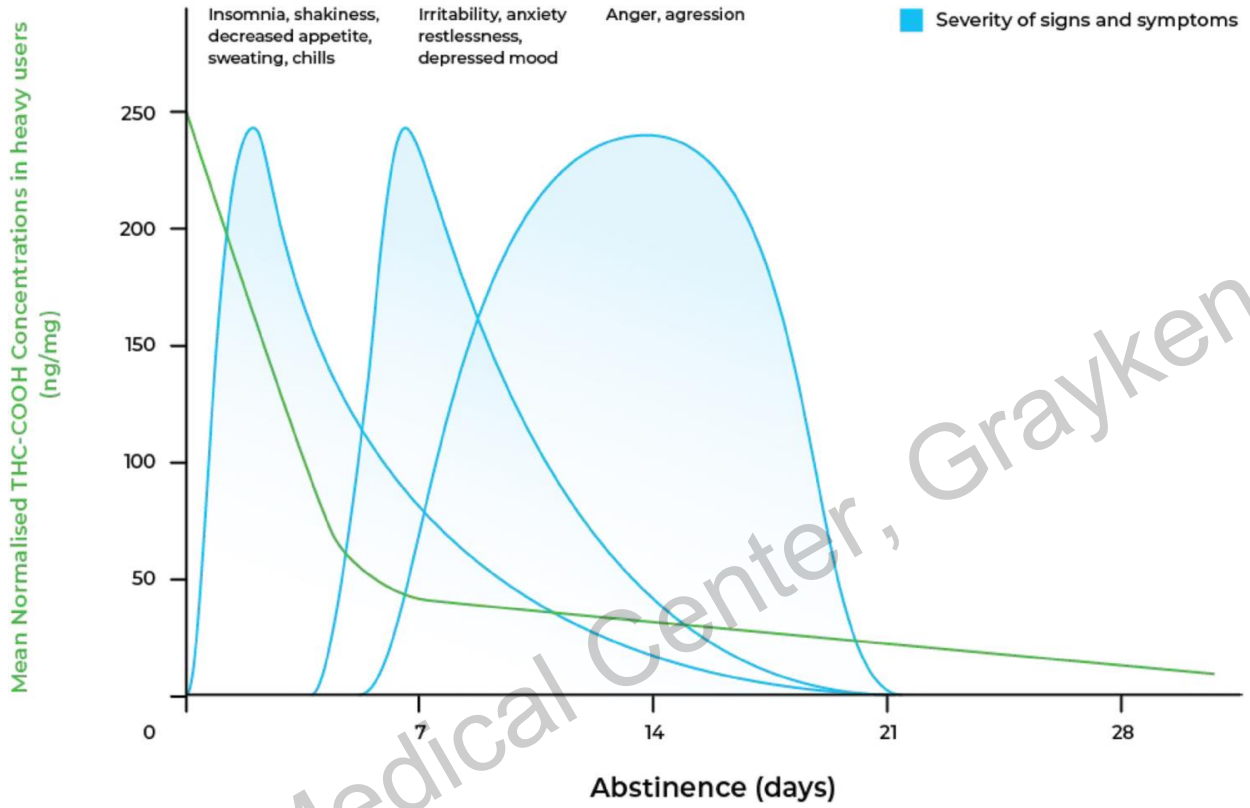
There are currently no FDA-approved medications for acute management of cannabis intoxication/acute cannabis-induced psychosis.

- Supportive care is first line: reduction of stimulation, supportive reassurance.
- Benzodiazepines can be used for acute agitation or anxiety
- As-needed second-generation antipsychotics for symptoms of psychosis
  - Olanzapine (2nd gen) & haloperidol (1st gen) have been directly compared in their use, equally effective but lower risk of side effects with olanzapine

Always connect to long-term care when possible! Assess for ongoing psychosis in the absence of cannabis use

(Berk et al., 1999)
(Gorelick et al., 2023)

Cannabis Withdrawal & Psychosis



- Most common withdrawal symptoms include sleep disruption, decreased appetite, irritability
- Onset of frank psychotic symptoms often within 1 week of abrupt cessation, highest incidence around day 4
- Most common psychotic symptoms include paranoia, but can include hallucinations and delusions

(Fischer et al., 2022)
(Connor et al., 2022)
(Chesney et al., 2025)

Reducing Risk

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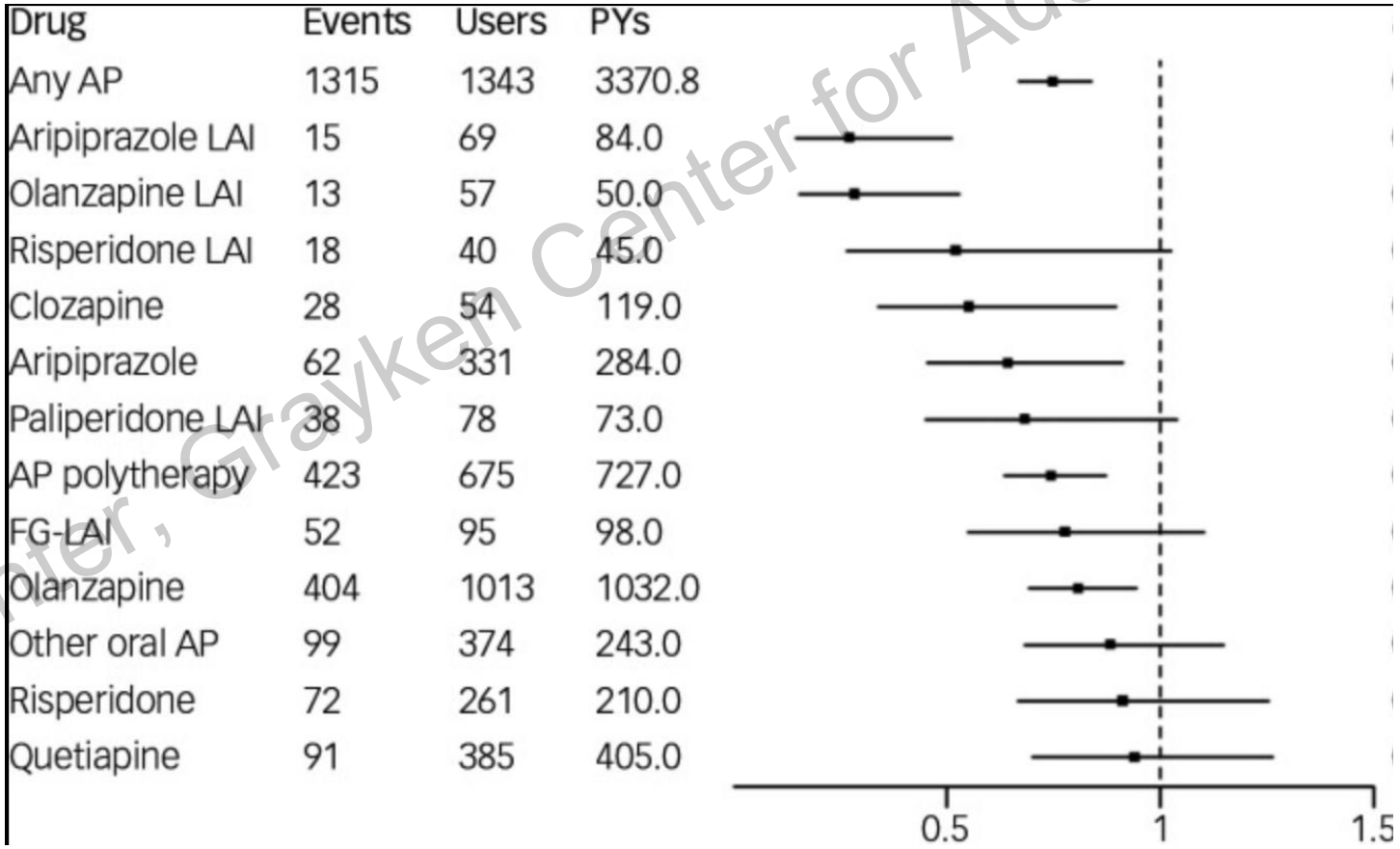
Antipsychotic Effectiveness after CIP

Recent study of nearly 2,000 patients with CIP showed that ANY antipsychotic use reduced hospitalizations for psychosis

- Long-acting injectables and clozapine showed the best benefit
- Quetiapine had no benefit



(Mustonen et al., 2025)

Reducing Risk with Ongoing Cannabis Use

Interventions to reduce harm:

- Lower THC content
- Reduce frequency of use
- Avoid products with inconsistent potency
- Ongoing therapeutic alliance/open communication about cannabis use and psychosis
- Consider off-label medications for CUD

Digital Harm Reduction: (Cannabis Harm-Reducing App to Manage Practices Safely, 'CHAMPS' app)

- Pilot RCT in first episode psychosis
- 82% retention; improved motivation to change and implement harm reduction strategy use
- Not yet available to the public

(Kapler et al., 2023)
(Gonzalez-Ortega et al., 2022)
(Coronado et al.., 2025)
(Walker et al., 2025)

THC Potency Reduction

Gradually reducing THC potency instead of reducing frequency of cannabis intake can decrease dependency and withdrawal symptoms in a manageable way

- Reduces risks of higher THC-potency products
- Supports moving towards reduction of overall use or abstinence based on patient's goal

Example Reduction Plan

- Step 1: Know your potency/product
- Step 2: Choose a lower potency option over the next several weeks
  - Week 1: 40-50% THC
  - Week 2: 30-40%
  - Week 3: 20-30%
- Step 3: Track how you feel

Cannabis Risk Reduction

Resource:

Watch Grayken TTA's short animated educational video, "Harm reduction strategies for cannabis use". Click here or scan the QR code to access:

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Providing Ongoing Care

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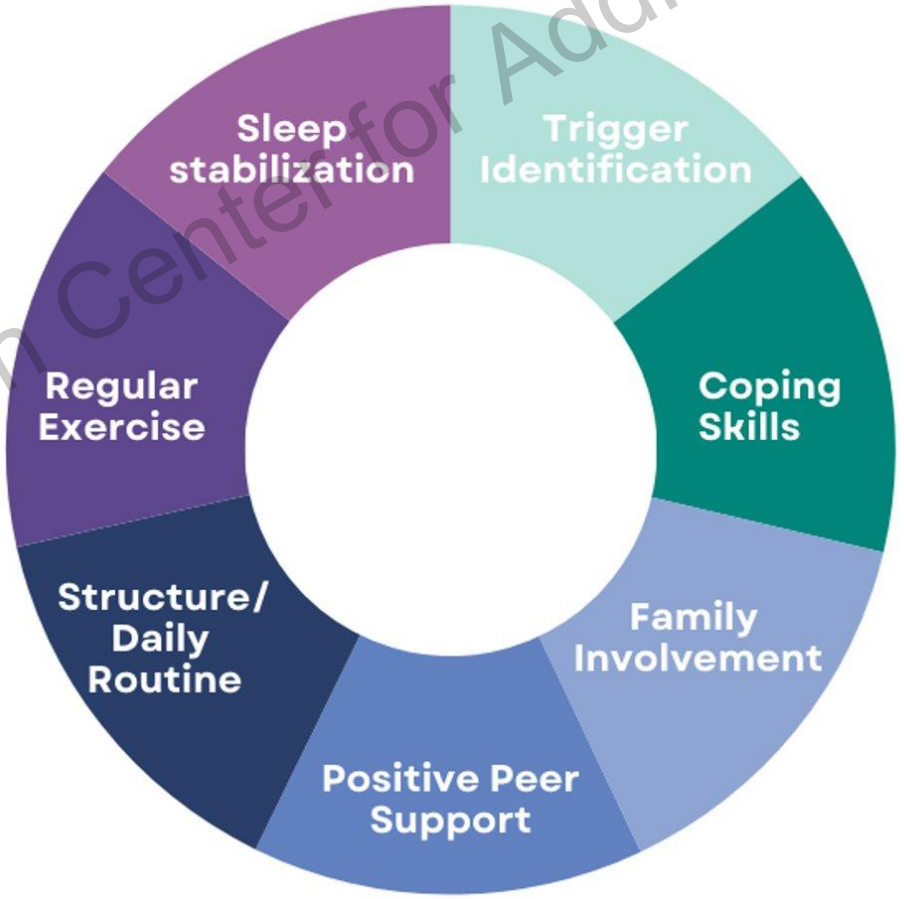
Psychosocial Interventions for CIP

Cannabis cessation: the most important modifiable factor

- Decreased risk of hospitalization, psychotic relapse
- First Episode Psychosis (FEP) with cannabis use show similar outcomes 10 years after stopping as those who never used

Evidence-based interventions:

- Cognitive Behavioral Therapy
- Motivational Enhancement Therapy (Cannabis Check-Up for Psychosis)



(Kapler et al., 2023)
(Gonzalez-Ortega et al., 2022)
(Coronado et al.., 2025)
(Walker et al., 2025

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Recovery Capital Domains in CIP

Recovery Capital: Tangible & intangible resources individuals draw upon to initiate and sustain recovery from substance use and psychosis

Human/personal capital

- Self-esteem
- Insight & awareness
- Coping skills

Social capital (Strongest predictor of recovery in FEP)

- Social support network/peer support
- Family involvement
- Therapeutic alliance

Physical Capital

- Housing stability (substances in the home?)
- Access to healthcare

Cultural/Community

- Stigma management
- Meaningful activities
- Recovery identity development

(Connell et al., 2015)
(Leondhardt et al., 2018)

Barriers & Assessment Tools for Recovery Capital

Barriers

- Continued cannabis use
- Longer duration of untreated psychosis
- Prominent negative symptoms
- Poor premorbid functioning
- Internalized stigma, discrimination

Assessment Tools

Assessment of Recovery Capital, ARC:

Brief Assessment of Recovery Capital, BARC-10:

(Groshkova et al., 2013)
(Vilsaint et al., 2017)

Using the CGI to Track Progress and Care

Clinical Global Impression (CGI):

- Brief clinician-rated scale, validated for first episode psychosis
- Provides a quick clinical snapshot of overall clinical status (current severity and improvement)

Clinical Global Impression (CGI)

1. **Severity of illness**
   Considering your total clinical experience with this particular population, how mentally ill is the patient at this time?
   0 = Not assessed
   1 = Normal, not at all ill
   2 = Borderline mentally ill
   3 = Mildly ill
   4 = Moderately ill
   5 = Markedly ill
   6 = Severely ill
   7 = Among the most extremely ill patients

2. **Global improvement:** Rate total improvement whether or not, in your judgement, it is due entirely to drug treatment.
   Compared to his condition at admission to the project, how much has he changed?
   0 = Not assessed
   1 = Very much improved
   2 = Much improved
   3 = Minimally improved
   4 = No change
   5 = Minimally worse
   6 = Much worse
   7 = Very much worse

3. **Efficacy index:** Rate this item on the basis of **drug effect only**.
   Select the terms which best describe the degrees of therapeutic effect and side effects and record the number in the box where the two items intersect.
   EXAMPLE: Therapeutic effect is rated as 'Moderate' and side effects are judged 'Do not significantly interfere with patient's functioning'.

Therapeutic effect		Side effects: *None*	*Do not significantly interfere with patient's functioning*	*Significantly interferes with patient's functioning*	*Outweighs therapeutic effect*
Marked	Vast improvement. Complete or nearly complete remission of all symptoms	01	02	03	04
Moderate	Decided improvement. Partial remission of symptoms	05	06	07	08
Minimal	Slight improvement which doesn't alter status of care of patient	09	10	11	12
Unchanged or worse		13	14	15	16

Not assessed = 00

(Guy, W., 1976)
(Psych Wellness Singapore, n.d.)

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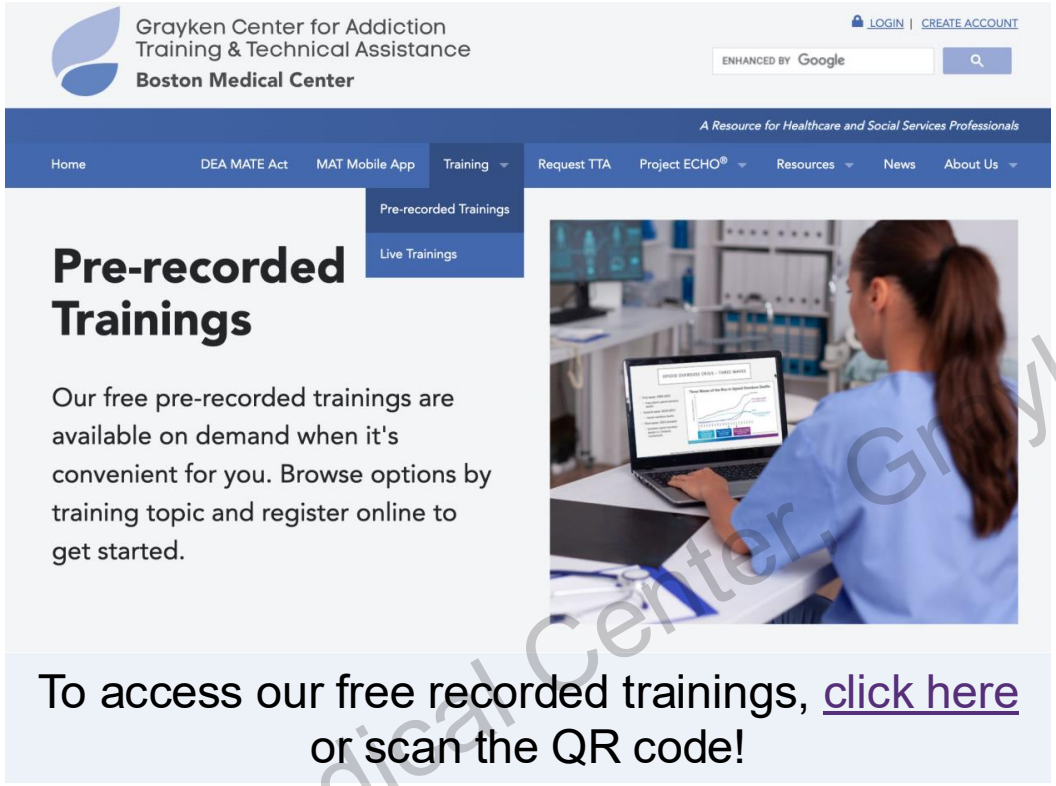
3rd Thursday of each month from 5 – 6pm ET

- ☑ Hosted by BMC Grayken TTA Clinical Educators
- ☑ Open to all clinical providers and staff supporting those with substance use

Grayken Center for Addiction Training & Technical Assistance
Boston Medical Center
addictiontraining.org

FREE Pre-Recorded Trainings



To access our free recorded trainings, click here or scan the QR code!

- Access trainings on various **specialty topics**
- Count towards **DEA MATE Act** requirement
- **FREE** CME/CE & completion certificates
- On-demand 24/7

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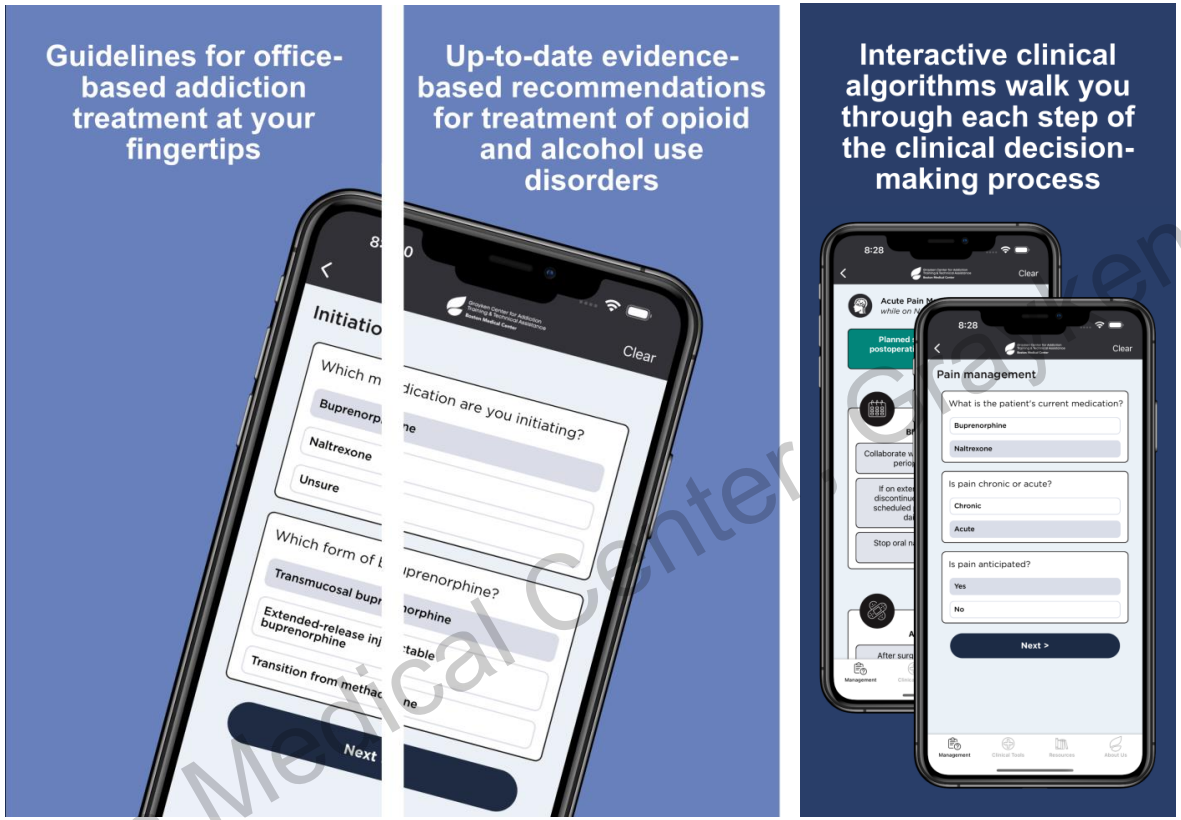
BMC MAT Quick Start App

Free interactive clinical tools, decision trees, treatment protocols & resources



Provides real-time access to:

- ☑ Latest evidence-based guidance for treating opioid and alcohol use disorders
- ☑ Decision-making trees for initiation of buprenorphine and naltrexone
- ☑ Interactive tools, treatment protocols, and patient messaging features

Available for download on iOS and Android, free of charge! Web version also available.

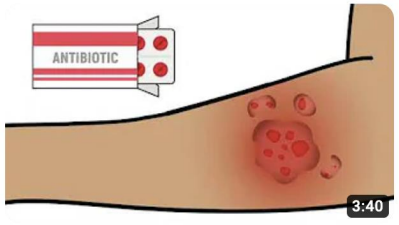
Download on the App Store

GET IT ON Google Play

This initiative was made possible with funding from the SAMHSA Opioid Response Network and the Massachusetts Department of Public Health. This app is not a substitute for individualized patient care and treatment decisions. It is the responsibility of the treating clinician to rely on their own experience and knowledge about their specific patient to determine dosages and the best treatment for that patient.

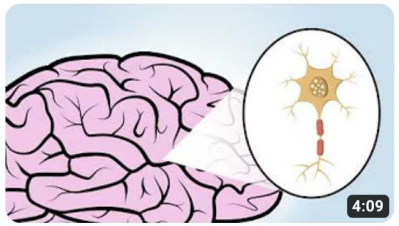
Short Explainer Videos

Expert-authored short videos covering a variety of substance use disorder topics



Xylazine 102: Focus on Wound Care

1.7K views • 2 months ago



Pharmacodynamics of Medications for Opioid Use Disorder

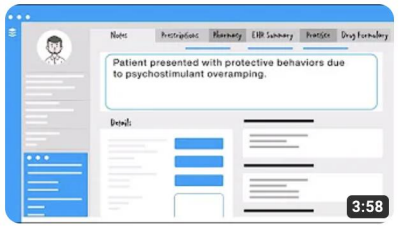
1.8K views • 3 months ago

Harm reduction strategies for cannabis use

1.2K views • 4 months ago

Adolescent e-cigarette use: Clinical conversation tools

514 views • 5 months ago

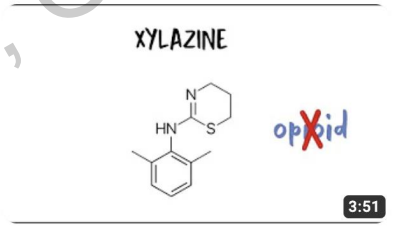


Reframing and responding to protective behaviors associated with stimulant use

1.2K views • 7 months ago

How to use an overdose prevention helpline

1.1K views • 7 months ago



Xylazine 101

9.7K views • 9 months ago

Information impacts action: Debunking myths about the family and recovery

3.8K views • 1 year ago

Available on:

YouTube

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A free education, support and capacity building resource on best practices for caring for patients with substance use disorder

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