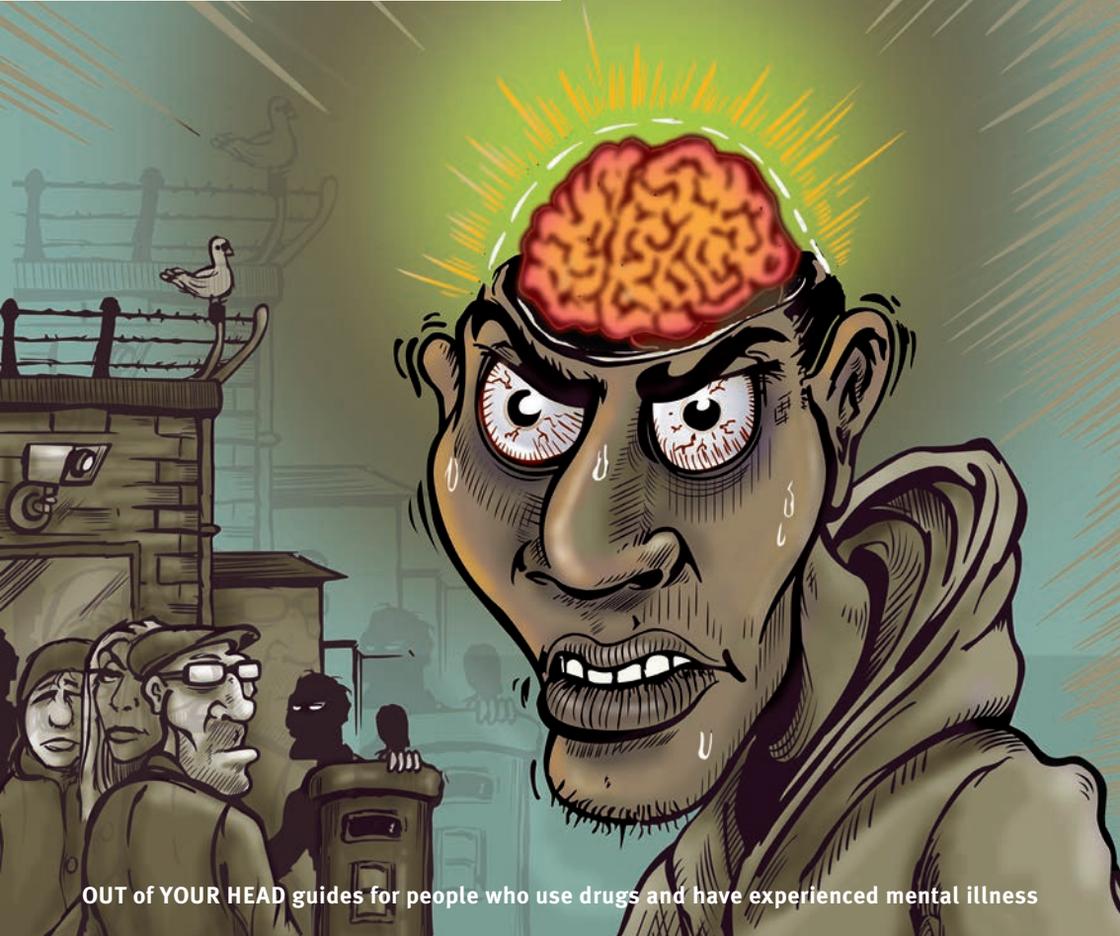


no. 1

Mental illness and Cannabis – the story of

# David – the man with the transparent head



OUT of YOUR HEAD guides for people who use drugs and have experienced mental illness

### **Mental illness is a reaction to life**

The journey between our birth and death is the story of our life. On this journey we will meet with desperation, delight, love and loneliness. Sometimes our minds respond to the events and the experiences in our lives in ways that can become extremely disturbing for us and those around us. Doctors call this reaction to life ‘mental illness’.

### **Drugs have an effect on mental illness**

We use drink and drugs to give us pleasure, to stop us feeling pain or because we have nothing better to do. If drugs are part of our life they will have an effect on our mental illness. What this effect will be depends on the person, the drug and how the drug is used.

These stories are based on talking to people in psychiatric treatment.

**This story is about David and the role that cannabis plays in his life and his illness.**



**David**

Martha

Jason

God

# Brain chemistry



**Your brain is the most complex object in the known universe – it contains 100 billion special cells called neurons. Neurons communicate with each other by releasing a sort of ‘chemical e-mail’.**

**There are more than 80 types of these chemicals – called neurotransmitters. Most illegal drugs cause the release of a neurotransmitter called dopamine.**

**This release of dopamine is why drugs feel pleasurable. But too much dopamine in your brain could cause problems. Drugs used to treat schizophrenia type illnesses seem to work by reducing dopamine.**

**The balance of neurotransmitters in your brain affects your mood and thoughts and seems to have an important role in mental illness.**

# Cannabis chemistry



Most drugs affect between one and three neurotransmitters, but cannabis affects more than half a dozen, including:

**Serotonin** (also boosted by ecstasy);

**Dopamine** (also raised by cocaine);

**Endorphins** (also triggered by heroin).

That is why cannabis has such a wide range of effects on the mind: trippy, pain killing, relaxing etc.

Cannabis smoke contains over 2,000 chemicals. The ones that interest us are called cannabinoids and about a dozen of these have an effect on the brain.

THC (short for tetrahydrocannabinol) is the main one that gives you the really spacey high. CBN (cannabinol) and CBD (cannabidiol) have more relaxing and dopey effects.

Lots of bad things had happened to me . .  
Lots of bad things.



I couldn't think straight. It was all going  
round and round in my head.

## Warning signs and triggers

Some people become seriously mentally ill and others don't – nobody is sure why this is. David becomes mentally ill – although he doesn't know it yet.

The first signs of mental illness often start weeks or months before anybody notices and can include things like feeling anxious and tense, becoming withdrawn and isolated, not going out, neglecting your appearance, having trouble sleeping etc. If you are a regular cannabis user you might find yourself using more often. This is not surprising because cannabis is enjoyable, helps us relax, sleep and makes loneliness and even daytime telly a bit more bearable.

There is no clear evidence that cannabis causes mental illness (which would not otherwise have occurred). However, it is thought that cannabis can kick start or 'trigger' an episode of mental illness even in people who have smoked cannabis for a long time without problems. If you are smoking all the time it can be difficult to tell if smoking weed is helping or making things worse – it may even be doing both at the same time.

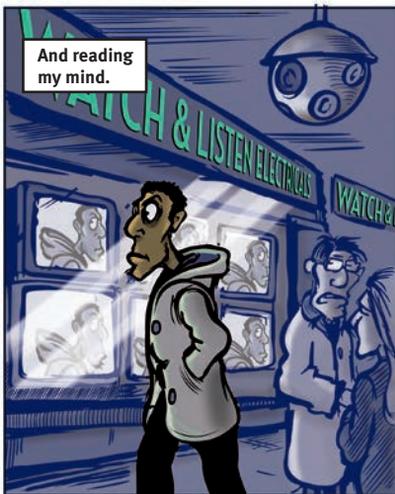
### Things you can do:

- \* **Learn to recognise your early signs of mental illness relapse.**
- \* **Learn skills which can help reduce your chances of becoming ill again.**  
Ask the person who gave you this leaflet about warning signs and relapse prevention.

They were watching me at the precinct.



And reading my mind.



Whispering and watching.



I had to make sure they didn't follow me home.



# Paranoia

Every cannabis smoker is familiar with that uneasy, suspicious feeling that you are being watched, talked about, followed, spied on or plotted against when none of these things are actually happening. Paranoia is the unjustified belief or fear that somebody is secretly out to get you, often for no obvious reason.

The main drugs that which can lead to paranoia are stimulants (like cocaine and amphetamine) and cannabis. Paranoia is most likely when you smoke cannabis in unfamiliar places or with strangers – particularly when you're stoned (and they're not). If paranoia has been caused by cannabis, it will wear off (in an hour or two) when the cannabis does.

The effects of some drugs can be very similar to some of the effects of mental illness. Paranoia can be a symptom of mental illness. David's paranoia is very disturbing for him and doesn't wear off with the cannabis. Smoking cannabis might be making David's paranoia worse.

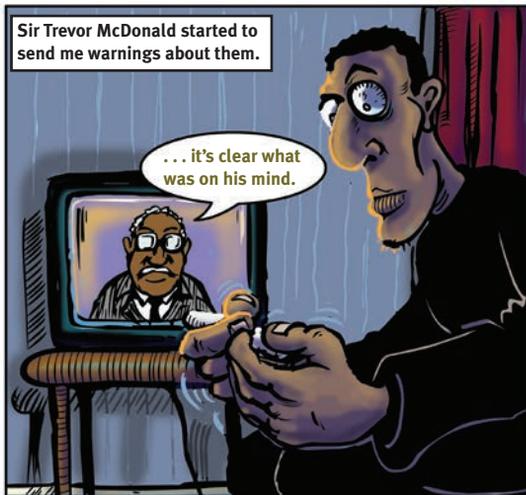
If you start to feel paranoid go somewhere quiet, where you feel comfortable and safe.

## Things you can do:

- \* **Avoid getting stoned in strange or unfamiliar places.**
- \* **If you have to go to strange places try arriving straight.**
- \* **If you start to feel paranoid go somewhere where you feel safe.**

Sir Trevor McDonald started to send me warnings about them.

... it's clear what was on his mind.



I had a transparent head.



They could read my mind.

I was shit scared.



# Secret messages and thought control

Has your iPod been talking to you lately? Is your head see-through? Are your thoughts being controlled by someone else? Are you having ideas that are not understood or believed by most people?

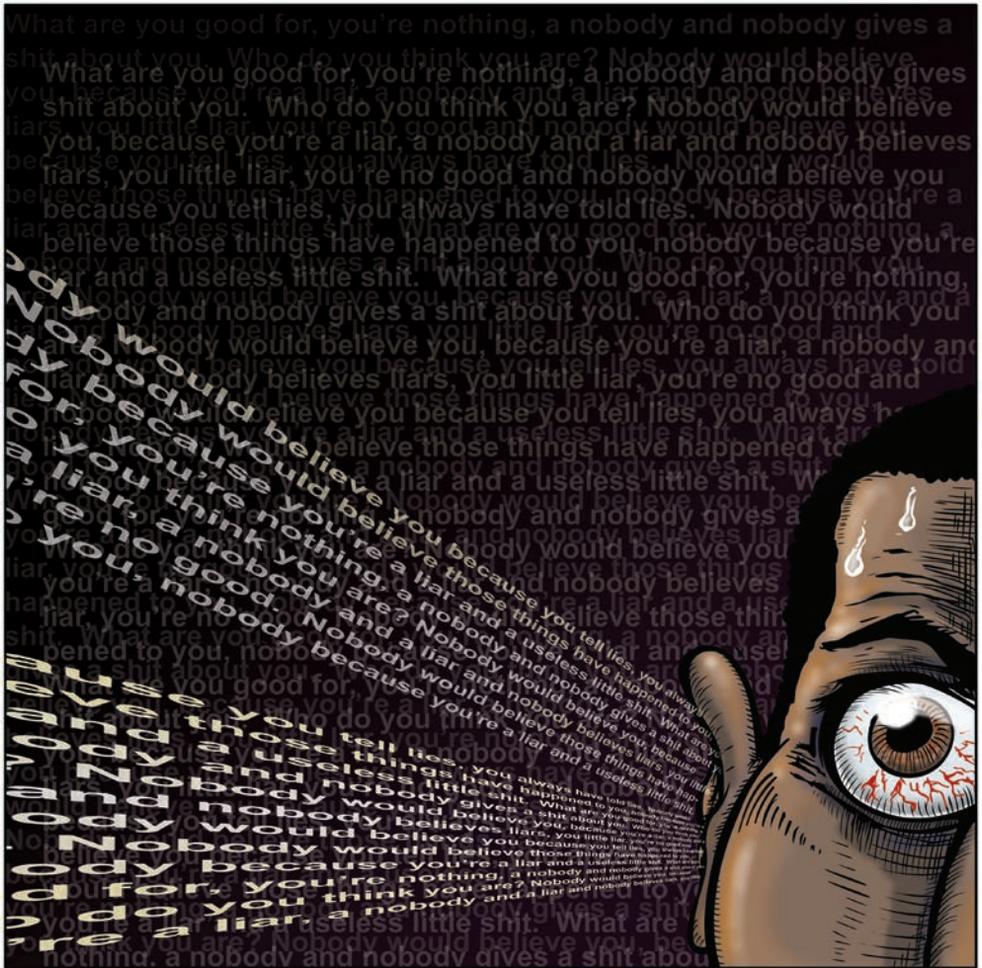
The trouble with all the brilliant ideas you have when you're stoned is that (a) you can't remember them when the cannabis wears off and (b) they often turn out to be crap ideas in the first place. What is happening to David is not caused by cannabis, but cannabis might be having an effect.

If you smoke all the time it's difficult to tell if cannabis is helping or not. There is no harm in stopping for a while to see if things seem better or worse. Regular users will actually feel properly stoned again if they have a break.

Most people can stop using without any problems. But if you're one of those people who think it might be difficult, ask the person who gave you this leaflet for some advice.

## Things you can do:

- \* Check out reality every now and again.
- \* Think about having a break from cannabis.



# Hearing voices

Hearing voices is common among people diagnosed with schizophrenia type illnesses. There are almost as many explanations for the voices as there are voices. Voices are different for everybody who has them; they can range from the relatively friendly to extremely disturbing and terrifying.

Some people use cannabis when they hear voices. Some say the voices become quieter or less disturbing or even get stoned, and therefore appear less threatening. Some say cannabis makes things worse or that the voices come back even louder the next day. For most people both things happen, they feel better when stoned and worse afterwards which leads them to smoking more.

It is important to be honest with yourself. It is not always easy to judge what is helping and what is not. Equally, if cannabis is helping it is important to ask yourself how it is helping.

For instance, are you using cannabis (maybe along with other drugs like alcohol) to get completely out of it and numb yourself to what's going on; or is it the relaxing and calming effects of cannabis that helps?

## Things you can do:

- \* **It is worth remembering that you can get a variety of different effects from cannabis. Learn to get what you want from it.**  
See page 18 for tips
- \* **Ask about other ways of relaxing or dealing with stress or voices.**  
Ask the person who gave you this leaflet.

I knew what was behind this  
had to be hidden in the wires.



but where was the  
alien device hidden?



## Aliens under the floorboards

David believes that alien electricians have bugged his wiring. David's beliefs might be disturbing for other people, but it is his strange behaviour that is noticed and will result in him being taken to hospital.

Strange behaviour is often a sign that an illness is getting worse. By the time David starts dismantling his bedroom looking for alien devices, it's probably too late for him to do anything about his illness.

When you come into contact with doctors and nursing staff, they will almost certainly advise you not to use any drugs other than the ones they prescribe to you. What you tell the staff about your drug use will be treated in confidence. A lot of staff are sympathetic towards drug users, but it is illegal to allow someone to use drugs on your premises. So even if they wanted to, staff cannot allow anyone to use drugs in a hospital or psychiatric unit.

You will probably be searched before you are admitted to hospital. You can still be evicted, discharged or arrested by the police if you are caught with cannabis or other illegal drugs on you.

### Things you can do:

- \* Be honest with staff about your past drug use.
- \* Remember that cannabis is still illegal.



# Diagnosis, treatment and medication

Doctors would probably call what David's been experiencing 'psychotic symptoms' or a 'psychosis'. Some doctors might say that David's psychosis has been brought on by using cannabis – they might even say it's cannabis psychosis.

Some people will become ill once and never become ill again, while others will experience many episodes of illness over their lives. If psychosis keeps recurring or it is very severe it could lead to a diagnosis of paranoid schizophrenia or schizophrenia type illnesses.

David's illness will require him to spend weeks or months in hospital. He will be given very powerful drugs called antipsychotics. Antipsychotic drugs will stop or reduce the symptoms of David's psychosis and help him cope with the stress of life. Antipsychotics can have unpleasant side effects (like gaining weight) – but these can be controlled.

Cannabis reduces the effectiveness of antipsychotic medication. David will take longer to get better and will need more medication if he carries on using cannabis or other drugs during his treatment. Cannabis can also make depressive and anxiety symptoms worse in the long term. However, even if you are using cannabis during your treatment it is still better to carry on taking your antipsychotic medicine.

## Things you can do:

- \* **Remember, even if you are using cannabis during your treatment you should carry on taking your antipsychotic medicine.**

## Different types of cannabis

There are three main types of cannabis: herbal cannabis (grass), stronger forms of herbal cannabis (skunk) and resin (hashish). It is thought that because it has a very high THC\* content smoking skunk is more likely to bring on paranoia and the kind of symptoms described in this leaflet.

Smoking cannabis resin – which has more CBN and CBD – has a more relaxing and dopey effect and may be less likely to cause problems. Some people smoke a mixture, while some just smoke resin or save skunk smoking for weekends or special occasions.

Standard Moroccan resin (soap/slate) is cheap, but cut with all sorts of crap, so is rough on the lungs. Pollem (or Pollen) and black are more expensive, but are better quality types of resin. \* See page 5



Herbal cannabis

Skunk

Resin

# Managing cannabis use

As a general rule the more cannabis you use the more likely it is that it will have a negative effect on your mental illness. If you can't stop using try and cut down on how much cannabis you smoke and how often you get stoned. Take control – try and get as much pleasure and positive effects from cannabis as you can, and to reduce as many of the negative bits as you can.

- \* Try using only in the evenings or at weekends etc.
- \* Buy a set amount (in weight) every week/month and either make that last or if your stash runs out, go without until it's time to buy more again.
- \* Have a rest from smoking regularly – you'll actually feel stoned again if you give it a break.
- \* Don't use daily – if you do try and keep at least two or three hours between smokes.
- \* Rather than smoking skunk only, try smoking resin instead, at least some of the time.
- \* Don't use fast delivery methods – like bongs etc.
- \* Avoid eating cannabis (it takes longer to have an effect but it can be very strong or unpredictable when it starts).
- \* It's best not to mix cannabis with other drugs.
- \* Avoid stressful or anxiety-causing situations when you are stoned (e.g. illicit use in toilets.)
- \* Cannabis can make you forgetful – remember to take your medication.
- \* Remember that cannabis is still illegal to possess or supply to others.

# Synthetic cannabis

'Synthetic cannabinoids' ('spice', 'Mamba') is an ordinary dried plant that has been sprayed with chemicals called 'synthetic cannabinoids'. They may also be sold in other forms and in prison are often sprayed onto paper. Synthetic cannabinoids interact with the same areas of the brain as THC, producing effects that are similar too but can also be quite different from natural cannabis.

Some of the 'Spice/Mamba' that is sold is so potent that an active dose is a pinch the size of a match head. Users who go over this dose have reported breathing difficulties, chest pains, racing erratic heartbeat, severe rashes, vomiting, loss of balance, anxiety, panic, seizures and unconsciousness. If you experience any serious symptoms – try to stay calm and call for an ambulance.

Synthetic cannabinoids have also been associated with high blood pressure, short-term memory loss, hypokalemia (low potassium levels), numerous non fatal poisonings, kidney

injury and a small number of deaths. Researchers have concluded that synthetic cannabinoids are potentially more harmful than natural cannabis.

Tolerance to synthetic cannabinoids develops quickly and compulsive use is common. Withdrawal symptoms similar to heroin withdrawal and involving anxiety, craving, difficulty sleeping, vivid dreams and disturbed thoughts along with physical symptoms such as sweating and stomach cramps are now commonly reported. As with natural cannabis, synthetic cannabinoids are thought to trigger psychotic symptoms in those predisposed to the illness. There are also reports of synthetic cannabinoids causing severe paranoia and suicidal thoughts.

Next to nothing is known about long term use of synthetic cannabinoids, as quite simply nobody has ever used them for a long time. It may well be that they are far more detrimental to your mental health than natural cannabis.



Spice/Mamba used to be sold in branded packets from shops as it was then a 'legal high' and not an offence to buy or possess. In 2016 the government brought in a new law called the 'Psychoactive Substances Act'. This saw an end to shops and websites selling synthetic cannabinoids. Since then nearly all synthetic cannabinoids have become drugs controlled by the Misuse of Drugs Act, they are illegal to possess.

If you are admitted to hospital you will not be allowed to use synthetic cannabis or other any drugs or alcohol. Nurses and doctors can work with the hospital security and/or the police to ensure the ward environment is safe and drug and alcohol free.

You won't test positive for natural cannabis if you smoke synthetic cannabinoids, but tests for synthetic cannabis are likely to become more common.

## Things you can do:

- \* Be aware that synthetic cannabinoids are probably more harmful than natural cannabis.
- \* Don't underestimate potency – start with a dose no bigger than a match head.

# Street drugs and your medication

Reported adverse reactions that can take place.

	Antipsychotics	Antidepressants	Anxiolytics & Hypnotics	Mood Stabilisers
Cannabis	<p>Added drowsiness.</p> <p>Some antipsychotic less effective (higher doses may be needed).</p>	<p>Increased heart rate (palpitations) with tricyclics.</p> <p>Possible delirium. Serotonin antidepressant recommended.</p>	<p>Added drowsiness.</p> <p>Paradoxical agitation.</p> <p>Nervous edginess.</p>	<p>Added drowsiness.</p> <p>Possible rise in blood lithium levels (toxic).</p>
Alcohol	<p>Added drowsiness &amp; lethargy. Increased heart beat/hypotension (low blood pressure). Respiratory depression. <b>DANGEROUS.</b></p>	<p>Added drowsiness, seizures and hypotension with Tricyclics. Serotonin antidepressants recommended.</p>	<p>Added drowsiness. Hypotension (low blood pressure), fainting. Respiratory arrest. <b>DANGEROUS.</b></p>	<p>Rise in blood Lithium levels. Dehydration/over hydration. Disrupt blood Lithium levels. <b>DANGEROUS.</b> Carbamazepine &amp; alcohol bad for the liver.</p>
Stimulants Cocaine/ Amphetamine/ Ecstasy etc.	<p>Antipsychotic less effective. Stimulant less effective (may lead to a higher dose of both).</p>	<p>Disturbed heart rhythm (Arrhythmias). Serotonin antidepressants may cause stimulation/agitation.</p>	<p>Anxiolytic/hypnotic less effective. Over sedation when used with cocaine.</p>	<p>Heart problems (Arrhythmias). Dehydration leading to toxicity. Diminished 'high' could lead to poor meds compliance. Carbamazepine and cocaine toxic mix.</p>
Heroin/ Methadone & other opiates	<p>Increased sedation. Hypotension (low blood pressure). Respiratory depression (lower, stopped breathing).</p>	<p>Added drowsiness. Respiratory depression (laboured or stopped breathing). May increase blood opiate levels.</p>	<p>Added drowsiness. Risk of respiratory depression. Blood opiate may rise – danger of <b>O/D DANGEROUS</b></p>	<p>Carbamazepine less effective and reduced blood opiate levels. <b>O/D</b> risk if sudden cessation of Carbamazepine. Sodium valproate possible alternative.</p>
Tobacco	<p>Some antipsychotic less effective eg. clozapine &amp; olanzapine, so higher doses may be needed. Dose adjustment maybe necessary on smoking cessation to avoid side effects /over sedation.</p>	<p>Antidepressant side-effects may worsen, some less effective. Higher doses may be needed e.g. fluvoxamine / duloxetine. Side effects may worsen when stopping smoking.</p>	<p>None /little known/ reported.</p>	<p>None /little known/ reported.</p>

O/D = Overdose

## Anticholinergics

Possible anticholinergic psychosis.

None/little known/ reported.

Agitation. Over stimulation.

None/little known/ reported.

Agitation. Over stimulation possible.

## Examples of drugs used to treat psychiatric illness

### Antipsychotics

Drugs used to treat psychosis and schizophrenia type illness.

#### Antipsychotics (Typicals)

Chlorpromazine  
Trifluoperazine  
Haloperidol  
Sulpiride  
Flupentixol  
Zuclopenthixol  
Pipotiazine  
Fluphenazine

#### Antipsychotics (Atypicals)

Risperidone  
Olanzapine  
Quetiapine  
Clozapine  
Zotepine  
Amisulpride  
Aripiprazole

*Monoamine oxidase inhibitors e.g phenelzine, tranylcypromine are rarely used due to dangerous interactions. The combination of these and opiates/ stimulants is very bad.*

### Antidepressants

Drugs used to treat depression.

#### Serotonin/Newer Antidepressants

Citalopram  
Fluvoxamine  
Fluoxetine  
Paroxetine  
Venlafaxine  
Sertraline  
Reboxetine  
Duloxetine  
Mirtazapine  
Agomelatine

#### Tricyclic/Older Antidepressants

Amitriptyline  
Clomipramine  
Dosulepin  
Lofepramine  
Trazodone  
Mianserin  
Imipramine  
Nortriptyline  
Trimipramine

### Anxiolytics & Hypnotics

Drugs used to treat anxiety and sleep problems.

#### Anxiolytics & Hypnotics

Diazepam  
Lorazepam  
Temazepam  
Pregabalin  
Clonazepam  
Buspirone  
Chloral Hydrate  
Zopiclone  
Zolpidem  
Propranolol (Beta-blocker)

### Anticholinergics

Drugs used to treat anti-psychotic side-effects.

#### Anticholinergics

Procyclidine  
Orphenadrine  
Benzatropine  
Trihexyphenidyl

### Mood Stabilisers

Drugs used to treat bipolar disorder, depression and other mood disorders.

#### Mood Stabilisers

Lithium  
\*Carbamazepine  
\*Sodium Valproate  
Semisodium Valproate  
\*Lamotrigine  
\*Also used in epilepsy.

These guides are based upon the experiences of people in psychiatric treatment.

- [>]** aims  
To provide up to date information and advice on drugs and mental illness.
- [>]** audience  
People who use drugs and have experienced mental illness and the staff who work with them.
- [v]** content  
Some swearing and graphic images of drug use.
- [£]** funding  
Self-financed.



To re-order go to [exchangesupplies.org](http://exchangesupplies.org)

Product code: A37 | Third edition | April 2018

Published by: Exchange Supplies,  
1 Great Western Industrial Centre, Dorchester, Dorset DT1 1RD

**EXCHANGE  
SUPPLIES**

The stories were told as part of a Ph.D. sponsored by the Manchester Mental Health & Social Care Trust and The University of Salford.

Research: Dr. Mark Holland, Michael Linnell.  
Text: Michael Linnell, Mark Holland.  
Illustrations: Michael Linnell.

Special Thanks to: All the clients and staff involved in this project, Dr. Russell Newcombe, Peter McDermott, Dr. Tim Garvey (Consultant Psychiatrist, General Psychiatry and Assertive Outreach, MMHSCT), Petra Brown (Chief Pharmacist MMHSCT), Dr. Deepak Gupta, Professor Duncan Mitchell, Dr Tracey Williamson (University of Salford), Sabrina Schulte and Kerry Hilton.

North West NHS Innovation Awards 2007 – First prize  
NHS National Technology Awards 2007 – Runner up  
Nursing Times, Chief Nursing Officer's Award 2007 – Finalist