

Post Session Discussion - Question and Answers

What would be a better treatment then (for PTSD)?

Long term talk- therapy is the hands down best treatment for PTSD. As far as medications that are effective - selective serotonin reuptake inhibitors (SNRI) are very good medicines and have been approved for that. Other medications that are SNRI medications, such as Effexor and Venlafaxine, are common medications that are used but should be used in conjunction with a good counselor or a therapist to help someone deal with the complex issue of trauma.

They say when they have it too, they sleep well.

It is mixed. Some of the data says it disrupts sleep. It's like alcohol at first, it puts you to sleep. But over time throughout the night, it does not allow your brain to go through the proper stages of sleep. So you do not get that stage of restful sleep and people do not feel like as if they are well rested. You see some of that too with cannabis where it can put you to sleep quickly, but then your brain is not able to go through the proper stages of sleep and you do not really get a good restful night's sleep.

Also, if someone is using on a regular basis for long and frequent amounts, they are not sleeping because their body has become dependent on it. So they are actually going through a withdrawal at night, and insomnia could be one of the withdrawal symptoms.

Are there any studies regarding the overdose with people who may misuse medicinal marijuana?

You do not see people stop breathing like you do for alcohol or opioids. Typically you get poisoning, and get a number of other problems, but you should not stop breathing. However, there are some cases of that happening with little kids.

Do you think that is related to the repeated vomiting?

It does not seem to be. You would think if someone has too much THC they would vomit. But that is a different phenomenon.

How is hyperemesis related to pregnancy and how is it misconstrued?

Patients in the past who were pregnant have used cannabis as they have falsely been told it will help relieve nausea. When in fact, it only increases the vomiting. Therefore, when they continued to use more and more cannabis, it began to make them even sicker because they thought they needed to build a tolerance for it.

What about the use of marijuana in cancer patients?

If a person is in end-stage cancer and wants to find something to help them sleep better or feel better and have tried everything, then I would not have a problem with someone using cannabis in that instance and really any other substance that would make them feel better. The problem is that many advocates will extrapolate end-stage cancer treatment to any cancer diagnosis or other health problem. Doing so, may worsen their current problem or create a host of new problems.

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Have there been any social emotional surveys pertaining to how if a single mother with no health issues or no outlets is using this and says it is fine and helping me sleep. If she increased her social emotional statuses and created friends and stopped using, would the effects even out to where she would be achieving the same effects or sleeping longer?

Addiction is a biological, psychological, and social and spiritual problem just like most chronic diseases are and certainly all mental health illnesses are. Biologically, there are things we may be able to help your brain do with medications, but one of the things I stress is there are no miracles in pill form. These are just tools that may be able to help. But we know that the things people need the most are meaning, purpose, hope and connection. Getting people connected with good social supports, good jobs they have meaning to, helping their spiritual lives so they have something to look forward to. Trying to incorporate these things is what I am a big proponent for. When we are able to help people get these things back into their lives, then we are able to help them overcome their addictions.

TIPS: WHAT CAN WE DO?

- Compassion – Why is someone using?
- Educate – Peers, friends, legislators, media
- Advocate for stricter regulations on potency related to attenuated psychotic symptoms (APS)p, prescription drug monitoring programs (PDMP), commercialization, pregnancy and youth.
- Study – Efficacy/harms, overdose data, suicide, emergency departments, hospitalizations and motor vehicle accidents.
- Screen – Ask and document: product/route/frequency/potency/age of onset
- Do not use it if you have a psychiatric disorder. Do not use if you are a child or a young adult
- Do not use if you are pregnant or breastfeeding

Resources

- Addiction Policy Forum: <https://www.addictionpolicy.org/>
- National Institute of Drug Abuse: <https://nida.nih.gov/>
- WVU Rockefeller Neuroscience Institute Drug, Alcohol, and Addiction Services: <https://rni.wvumedicine.org/addictionservices/>