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[Heavy Marijuana Use by Pregnant Women Can Affect Baby's Brain Development, Study Says](#)

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Joints in the 1970s had 1–3 mg of THC—the psychoactive component in marijuana—and a near equal amount of CBD—which is touted for its potential in treating seizures. Most joints in Colorado today contain 18–25 mg THC, with much less CBD. (David McNew/Getty Images)

[Life & Tradition](#)

## The Link Between Marijuana, Psychosis

One mother's mission to unravel the false perceptions of marijuana

1

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September 20, 2019 Updated: March 1, 2020

[Print](#)

Lori Robinson remembers patting her 23-year-old son Shane Robinson on the knee, trying to comfort him. He was hallucinating, out of his mind, and had tried to jump out of the moving car; he seemed and sounded completely unlike himself.

She asked, “Did you take any drugs?”

“Mom,” he said, “Don’t worry, I just smoked some pot. It’s a harmless herb.”

On first read, Shane’s story seems almost unbelievable, an amalgamation of worst-case scenarios, but it is painfully true.

He was a charming, outgoing young man who had an infectious smile and zest for life. His parents had never known him to use [marijuana](#), despite it being easy to obtain where they lived in California, as it had been legalized for medical purposes by popular vote in 1996. But he had tried the drug infrequently after moving out, with friends who had medical marijuana cards. And after Shane suffered a boating injury and responded poorly to his prescribed narcotic painkillers, he turned to marijuana, thinking it would help alleviate the pain.

He had not one, but two psychotic breaks following marijuana use, and ended up taking his own life.

“How did my son, growing up with parents that never use, rock-solid citizens, pillars of the community ... believe that this drug was an herb, and not a drug?” Lori said.

Lori herself grew up in the 70s, when marijuana usage was prevalent. Even then, she and her husband didn’t partake; it was common knowledge that marijuana was a mind-altering drug. She’s also a [health](#) care professional who has worked in that field for over 30 years. She was shocked to hear her son refer to marijuana as just an herb—it would be like saying opioids are harmless because they come from a poppy plant.

Lori was heartbroken to realize that the culture had sold her son a lie and it was too late. Today, marijuana is easier to access and more potent than ever, and a higher percentage of people who use are heavy users, compared to people who drink alcohol or smoke cigarettes. Despite the widespread usage, there is little public awareness, and even denial, of the facts and dangers.

“That’s why I think the messaging is so important,” Lori said.

This gap between insider and outsider knowledge of marijuana’s effects is the widest that investigative reporter Alex Berenson had [ever seen](#), prompting him to write “[Tell Your Children: The Truth About Marijuana, Mental Illness, and Violence](#),” which was published earlier this year.

## **The Public Realm: What Do We Think We Know?**

Berenson, who covered the prescription drug industry for years, discovered that really most of what we’ve been told about marijuana is wrong—and this is largely by design.

Politicians and lobbyists say decriminalizing marijuana will reduce crime, when, in reality, the number of people in jail for possession, before legalization, had never been high. At [peak](#), 1.6 percent of inmates were held for offenses only involving marijuana.

In fact, crime rates have risen in all states that legalized marijuana after legalization took effect. Traffic accidents and DUIs are also on the rise.

Some proponents have claimed legalization would bring great tax revenue, but the tax revenue in states that have legalized marijuana totals less than 1 percent of the state budget. The [jobs](#) provided are largely retail or administrative positions with minimum-wage pay and no benefits, and the industry is far from green, with the high carbon footprint of growing marijuana.

Some states have also hypothesized that legalization of marijuana will decrease opioid overdoses, because people will choose marijuana over opioids as painkillers. This has also proved untrue, with opioid death rates rising in states with legalized marijuana. In fact, marijuana isn't effective as a pain reliever for people who have so much pain as to need painkillers.

Perhaps the most vocal criticism is in the realm of medical myths, from health professionals and loved ones who've seen firsthand the disastrous effects.

## Thrown Into Research

When Lori and her husband found their son having a psychotic breakdown in the middle of the night in 2009, there was a big red flag waving in the back of her mind. She remembered reading, two years earlier, a magazine article in which Margaret Trudeau, the mother of Canadian Prime Minister Justin Trudeau, said that each time she had been hospitalized for [psychosis](#), it was preceded by marijuana use.

Lori threw herself into research.

In the 10 days her son was in the psych facility, she read as much as she could. A search for papers on a medical publication database relating marijuana to psychosis brought up over 800 reports. Today, there are more than 2,000 (some of which are studies attempting to disprove a link). Despite the very low level of public awareness, the link between marijuana and psychosis is [common knowledge](#) in the medical community.

Her son had tested positive for THC, the psychoactive component in marijuana, but was diagnosed with bipolar disorder and the drug test wasn't taken into account. Lori's request that he be sent to rehab was also declined. They told Shane and Lori it was mental illness, and Lori wanted to trust the medical professionals.

But no one in Shane's family has a history of mental illness. It was a confusing and disparate piece of data.

"We have longevity and vitality," Lori said. Her mother, who is now in her 90s, told her, "Mental illness, my foot. This is a very healthy young man. He's never had anything like this. Lori, wake up."

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) at the time had no entry for cannabis-related disorders.

A year after Shane's death, in 2013, the updated fifth edition (DSM-5) came out, with an entire section dedicated to cannabis use disorders.

## Medical Myths and Mental Illness

The National Institute of Health reports that, along with a [doubling](#) of marijuana use nationwide, related disorders have nearly doubled as well. The effects range from anxiety to addiction, from violent vomiting to violent schizophrenia; the risk is higher with younger users, with higher likelihood of becoming lifetime problems.

Along with the fact that more people are using, they're using a drug that's more potent than that of a few decades ago.

There are two active components of marijuana that are most discussed. CBD doesn't get you high, and, in fact, can inhibit a high. It's touted for its potential in treating seizures, and a purified form of CBD oil is among one of the few FDA-[approved](#) cannabis-related treatments. THC is the active component that delivers the high; it's a psychoactive chemical.

Lori met Dr. Karen [Randall](#), an emergency medicine physician and vice president of case management at Southern Colorado Emergency Medicine Associates in Pueblo, Colorado, who also has a degree in cannabis science. Randall has been compiling data from her ER as Colorado has turned into a major marijuana center (her county is advertised as "the Napa Valley of cannabis"). Her ER is now the third-busiest in the country.

[Randall](#) began her position in Pueblo in 2013, a year before marijuana legalization, and had no opinion on the policy then. Today, she gives presentations to a variety of groups to educate the public on the effects.

For example, most people don't understand just how much stronger the drug is. Marijuana joints in the 1970s had 1–3 mg of THC and a near equal amount of CBD. Most joints in Colorado today contain 18–25 mg THC, with much less CBD. (Berenson has given a comparison to alcohol: the difference between a beer and dry martini.)

But marijuana isn't just smoked in a joint anymore—a variety of processes enable THC to be extracted at 90 percent concentrates, 100–200 mg, and then made into edibles or smoked as a wax or "dab." It is difficult to find CBD with no THC component.

"I personally have placed three patients in the last two years directly from the ER into hospice because the marijuana treatment plan they chose didn't cure their cancer," Randall [said](#) in a talk. She asked: Who can these families hold responsible?

A few years ago, Randall and her students wrote a paper on hyperemesis related to cannabis use because the case they encountered was so rare. Today, she sees it daily in the ER; people call it "scromiting," or screaming and vomiting. Psychotic patients are also a daily occurrence. Not everyone is thankful for Randall's educational work—some patients even get angry when she says their condition is related to their smoking marijuana.

We can't predict how THC will work in an individual. Some users find their [tumors](#) shrinking; others have a bad trip, develop schizophrenia, and commit [violent murders during a psychotic outbreak](#).

Not all people who are mentally ill are violent, but those with psychoses are statistically more likely to be. People with schizophrenia, which has no cure and is severe, are at least five times more likely to commit violent crimes. Healthy people with schizophrenia who take anti-psychotics are very unlikely to become violent, but people with schizophrenia who also use recreational drugs—like marijuana—are at very high risk of causing great harm.

Psychosis data is largely from European studies, because in the United States, patients' mental health information is confidential, but the results consistently show marijuana usage, especially for young adults, increases the risk of psychotic symptoms, can trigger the onset of psychosis, or exacerbate psychotic symptoms and aggression.

One hypothesis is that some individuals are unable to metabolize THC, resulting in psychosis. Another hypothesis is that people at higher risk of developing psychoses tend to seek marijuana out—which wouldn't have been the case for Shane Robinson.

That there is no way to predict who will develop psychosis doesn't mean we can afford to ignore the issue. Alcohol and tobacco, other intoxicants that are legal, all come with clear health warnings and age limits. We know smoking causes some to develop lung cancer; we know alcohol causes some to become violent. Yet marijuana advocates are adamant that there are no adverse effects.

In the case of marijuana, not only are the users who are most at risk—adolescents and young adults—unaware, but some turn to it thinking it can actually help curb their anxiety, depression, or physical pain, when it could make conditions worse. Parents who used marijuana with 1–3 mg of THC back in their day even encourage or look lightly on it.

People who see the present ills worry we're facing yet another Big Tobacco—it took decades for public awareness to sink in.

"I really actually don't want to be at the forefront of this issue," Berenson said in a book talk after the publication of "Tell Your Children" in January. "But I think this book contains a lot of facts that people need to know. ... I do think the science around psychosis and marijuana has been lost in the last few years, which is probably not a coincidence. There's been a lot of work done by advocacy groups, cannabis advocacy groups to make that happen."

## Dissenting Voices

After Shane's second psychotic break, he moved to a cabin the family owned to try to get a fresh start and recover. He was done with marijuana and Lori thought this would also mean the end of his psychosis.

Seven months later, Shane took his own life.

After Lori found his body, she picked up where she left off in her research, vowed that she would leave no stone unturned. Belatedly, she learned that during the six months after the start of marijuana cessation, suicide risk is very high.

"Who would have known that?" Lori said.

This time, in all her learning, she also connected with other parents, scientists, and advocates in hopes that she could affect some change and bring about public awareness. To her dismay, it has been a “Herculean task.”

“How do you go up against an industry that has so much monetary influence?” Lori said. “It’s carnage and destruction in the interim.”

“We Americans are unfortunately just really blinded by this. The pot industry is powerful and … I think we’re turning into a very pro-drug-promoting culture now in America, and I find it just simply tragic,” she said. “I’m really sad about what’s happening in this country.”

One of the things Lori has done is team up with another woman with a similar story and start a website where others can share their own stories, on [MomsStrong.org](https://MomsStrong.org).

“I’m getting [so many stories](#) that honestly—honestly, I’m almost losing track.” It was heartbreakingly to learn what she suffered was far from rare, and only escalating.

“I don’t have enough tears to last for the rest of my life for what’s going on,” Lori said.

Lori works full time, and the research she’s doing has evolved into practically another whole job in itself. She travels, hikes, and keeps active to balance things out; she and her husband just celebrated their 40th anniversary with a two-week vacation.

On a recent Monday evening, Lori was driving home and listening to the radio. She usually listens to music that keeps her mood up, but this time, she’d turned to the news. A psychologist and a psychiatrist were being interviewed about the [mass shootings](#) in El Paso, Texas, and Dayton, Ohio, and Lori remembers one of them saying they just didn’t know, because they didn’t grow up with these horrific events ever occurring.

It wasn’t a surprise for Lori to learn this time that the shooter had had psychotic breaks related to marijuana.

“We’ve never seen anything like this,” she said. “This should not be the norm.”

Lori points out that while alcohol and cigarettes can kill slowly, marijuana causes a different kind of harm, being disproportionately risky for young people.

“Usually young people learn from their mistakes, and well, my son definitely atoned for his mistakes, but it cost him his life,” she said.

Information is becoming more accessible, with news like Berenson’s book, the National Health Service in London opening the [first cannabis psychosis clinic](#) amid an urgent need, and other [comprehensive](#) reports.

“It’s just sad that my son had to be one of the first guinea pigs,” she said. “I don’t think this is fair that they’ve done this to us and our kids.”

By they, she means pro-legalization legislators who make false claims that there are no deaths related, or that this will bring nothing but public benefits.

Lori, a kind, genteel, and public-spirited woman, says the topic makes her thoughts turn bitter. She has always seen the best in people, but she wonders whether it is the industry money or pure ignorance driving these

lawmakers to do children harm. She wishes, then feels guilty for wishing, that these lawmakers and their families would try these THC gummies themselves before forcing this industry onto their communities.

“Honestly, I think they need to start understanding what they are advocating for,” Lori said.

“You never think you could lose a kid,” Lori said. “You go through all the childhood diseases, and all the injuries that kids get, and you just count your lucky stars: they’re vibrant, healthy, and you’re not going to outlive them. And unfortunately, I’m one of many parents who’ve now found that’s not true.”

“When this happened, October 2009, that night’s embedded in my brain and my husband’s brain for the rest of our lives,” Lori said. “I just can’t walk away from this—believe me, believe me, I wish I could.”