



**20th International Congress
of Addictology ALBATROS**

Tuesday 09, wednesday 10 & thursday 11 June 2026
Paris

www.congresalbatros.org



KING'S
College
LONDON



CANNABIS & ME
RESEARCH STUDY

Cannabis Use and Psychosis: From risk to treatment

Dr Marta Di Forti, MD, PhD

Professor of Drugs, Genes and
Psychosis SGDP, KCL

Consultant Adult Psychiatrist,
LEO team &

Lead Clinician of the **Cannabis
Clinic for Patents with
Psychosis**, South London and
Maudsley NHS trust





Leave your feedback

Share

By — Carla K. Johnson, Associated Press

Daily marijuana use is now more common than daily alcohol use in the U.S., new study finds

Health May 22, 2024 11:22 AM EST

Daily and near-daily **marijuana** use is now more common than similar levels of drinking in the U.S., according to an analysis of national survey data over four decades.

Alcohol is still more widely used, but 2022 was the first time this intensive level of marijuana use overtook high-frequency drinking, said the study's author, Jonathan Caulkins, a cannabis policy researcher at Carnegie Mellon University.



10:29



Share full article



3.8K

Surging pot use

Number of U.S. residents consuming marijuana, by frequency of use per month

20 million

21+ days
18M



THC & POTENCY GUIDE
Strongest Weed in NY: Top Products
Aug 22, 2025



The New York Times

GIVE THE TIMES

OPINION
THE EDITORIAL BOARD

It's Time for America to Admit That It Has a Marijuana Problem

Feb. 9, 2026

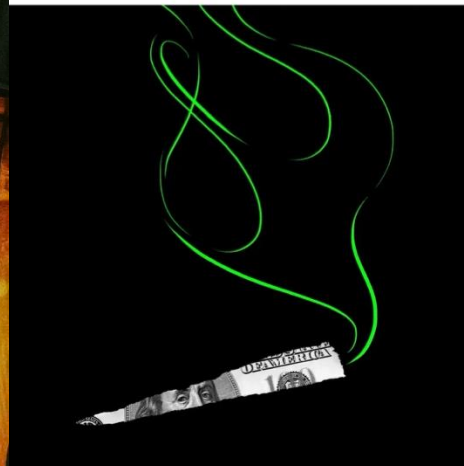


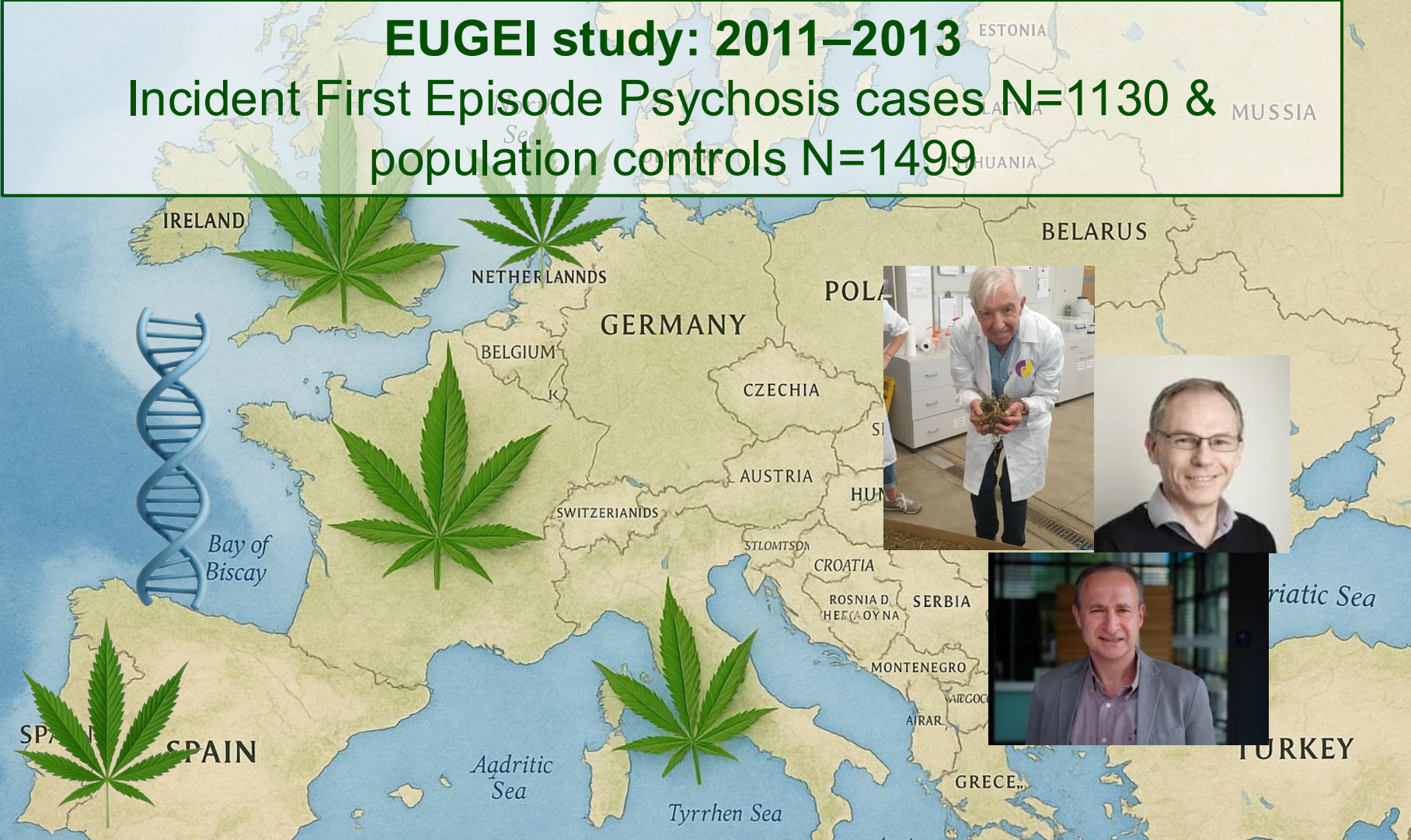
Illustration by Rebecca Chew/The New York Times



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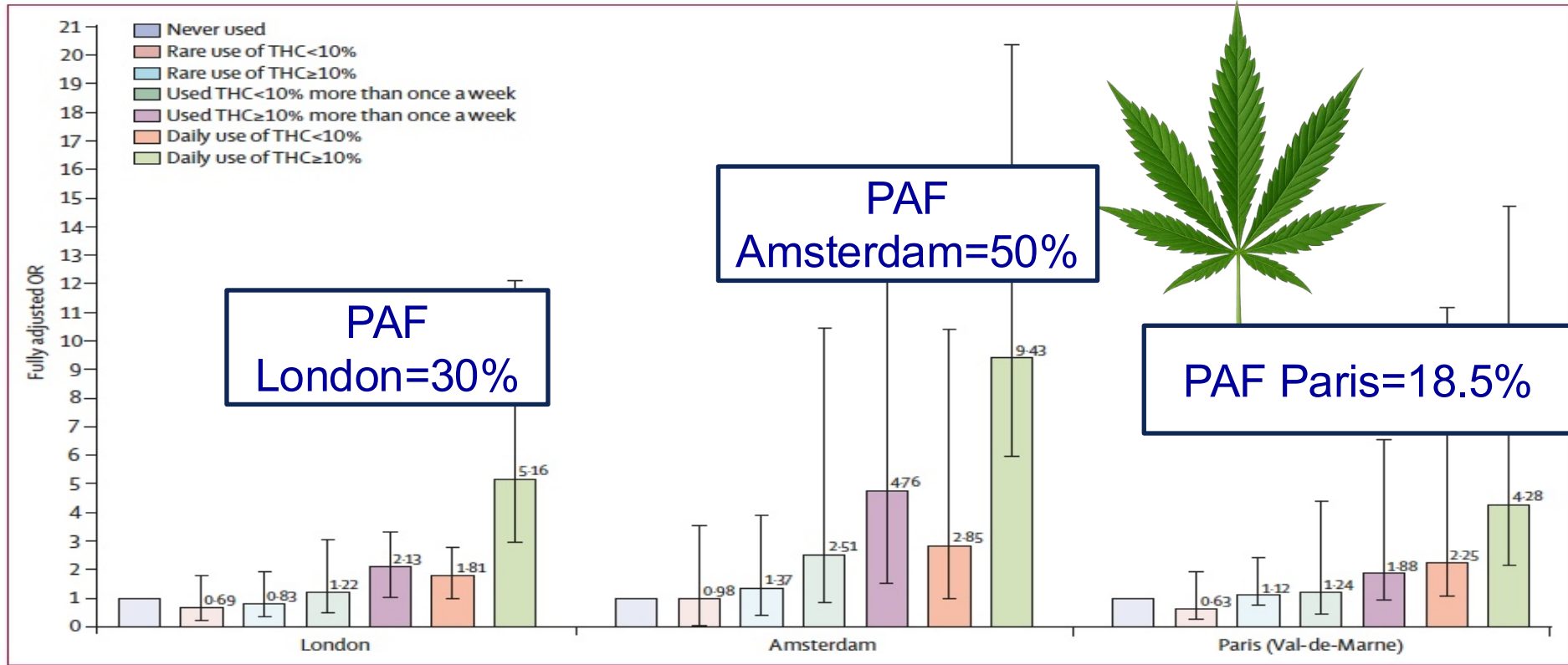
EUGEI study: 2011–2013

Incident First Episode Psychosis cases N=1130 & population controls N=1499





study: The effect of daily use of high-potency cannabis on the odds for psychotic disorders



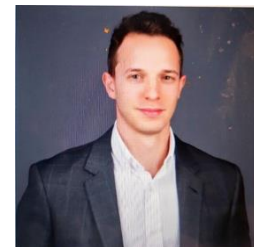
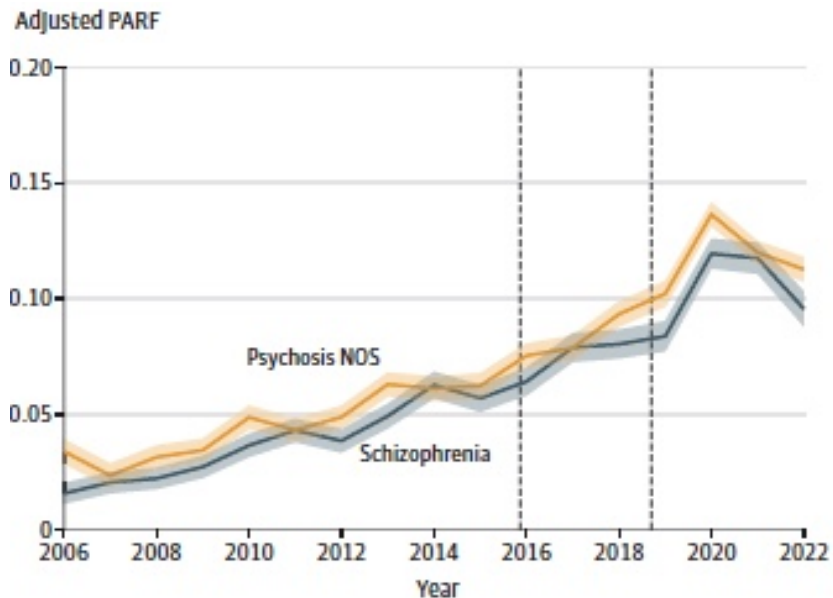
*Adjusted for age, gender, ethnicity, level of Ed, employment status and other drugs (tobacco, alcohol, stimulants, Ketamine, Legal highs, Hallucinogenics).
Di Forti et al, Lancet Psych, online 2019



Original Investigation | Substance Use and Addiction

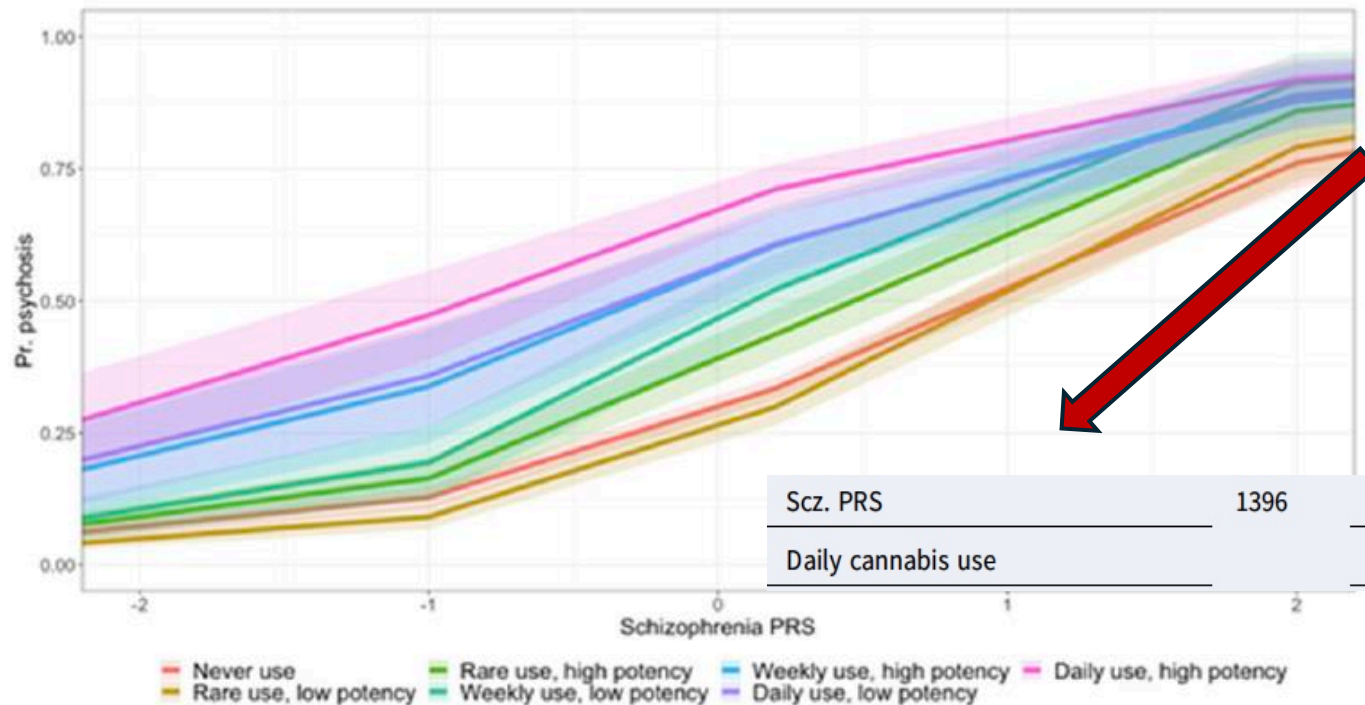
Changes in Incident Schizophrenia Diagnoses Associated With Cannabis Use Disorder After Cannabis Legalization

Daniel T. Myran, MD, MPH; Michael Pugliese, MSc; Lyndsay D. Harrison, MSc; Marco Solmi, MD; Kelly K. Anderson, PhD; Jess G. Fiedorowicz, MD; Yaron Finkelstein, MD; Doug Manuel, MD; Monica Taljaard, PhD; Colleen Webber, PhD; Peter Tanuseputro, MD



- In Ontario, Canada, the proportion of **incident cases of schizophrenia associated with CUD almost tripled** during a period of substantial liberalization of cannabis policy.

The impact of schizophrenia genetic load and heavy cannabis use on the risk of psychotic disorder in the EU-GEI case-control and UK Biobank studies



Heavy Cannabis use is associated with increased risk of Psychotic Disorder independently of SCZ PRS

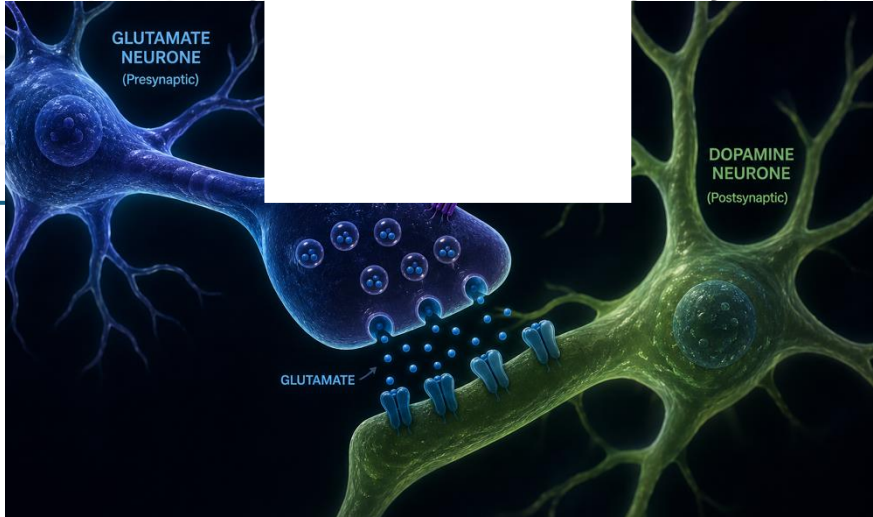
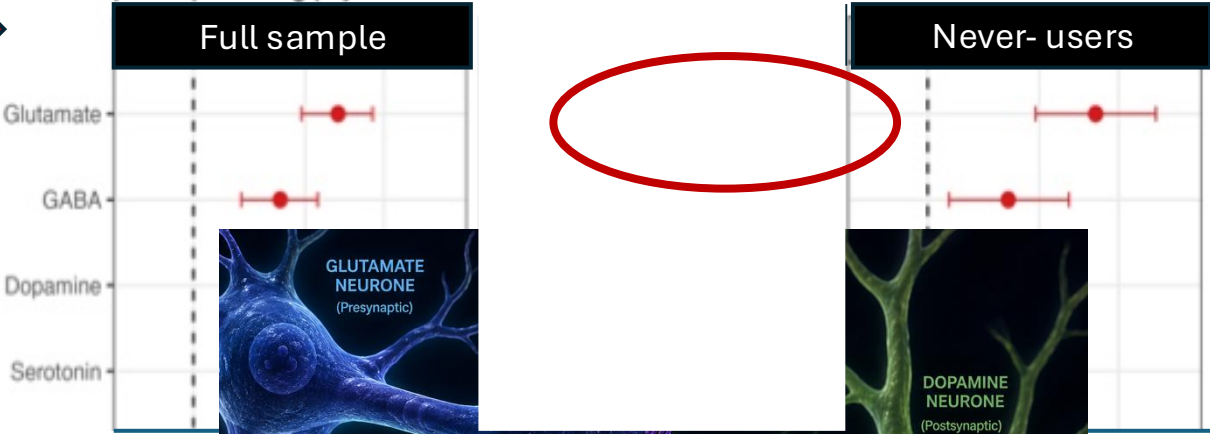
Scz. PRS	1396	2.89	2.30–3.66	3.70×10^{-19}
Daily cannabis use		3.87	2.69–5.60	4.45×10^{-13}

Figure 2. Probability of psychosis case status within EU-GEI cohort as schizophrenia PRS increases, across seven levels of cannabis potency–frequency composite measure.

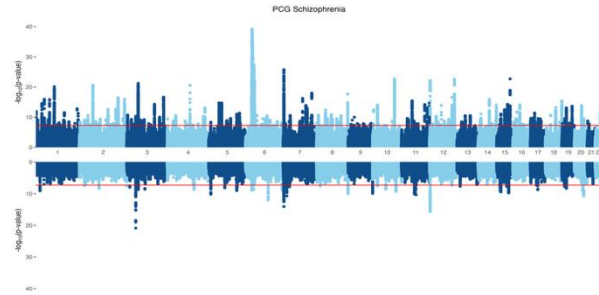
What do **Biologically** plausible Pathways Polygenic Scores (pPGS) tell us? (Austin-Zimmerman et al., Biological Psych Open 2026))



pPGS predicting psychosis case/control status



To identify genetic variants underpinning the causal association from **CUD to Psychosis** and vice versa” (**MR clustering**)



Cross disorder
GWAS meta-analyses
SCZ+BP1

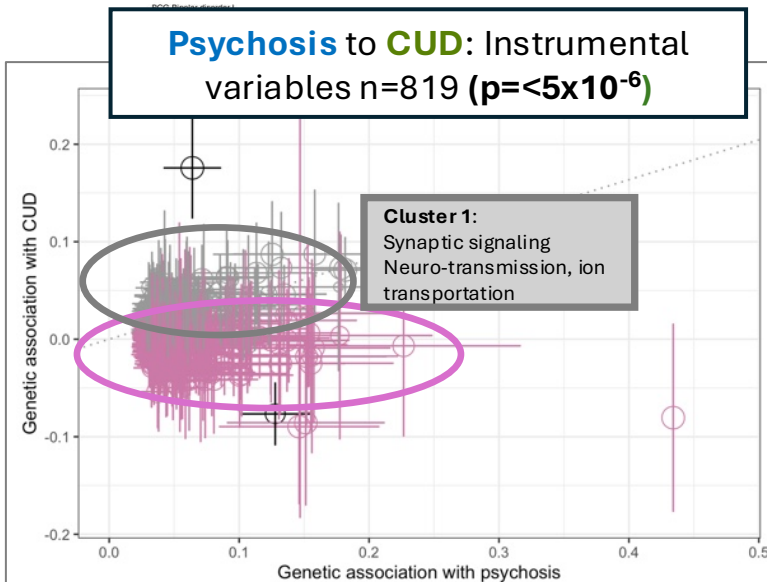
IV n=351; $4\beta_{IVW} = 0.19 \pm 0.02$,
 $p = 5.29 \times 10^{-30}$

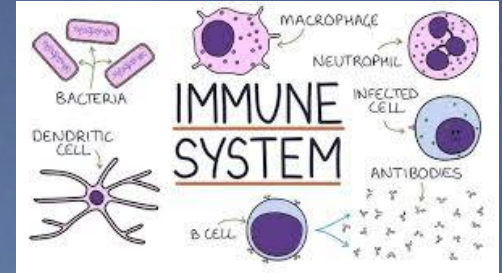
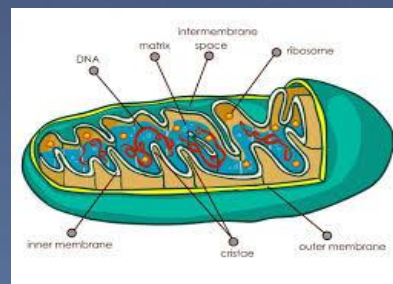
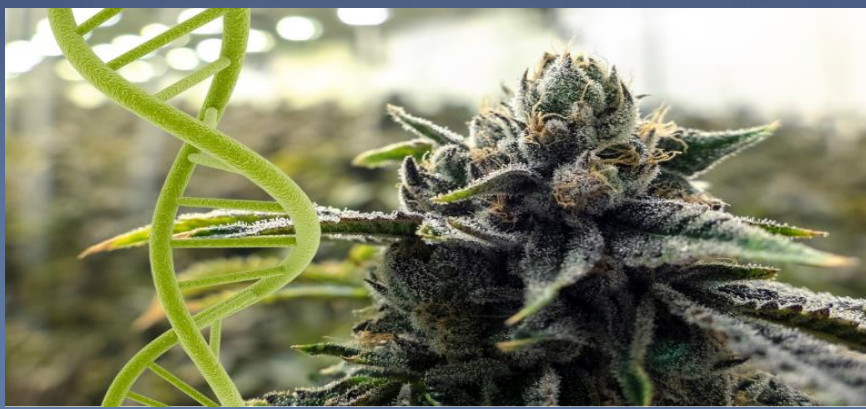
IV n=19; $\beta_{IVW} = 0.31 \pm 0.05$,
 $p = 9.4 \times 10^{-11}$

CUD GWAS
(Levey, 2023)



Psychosis to CUD: Instrumental
variables n=819 ($p < 5 \times 10^{-6}$)





High Potency Cannabis use leaves a distinct signature on our DNA which is different in psychotic patients vs controls

Molecular Psychiatry

www.nature.com/mp

ARTICLE OPEN

Check for updates

Methylomic signature of current cannabis use in two first-episode psychosis cohorts

Emma L. Dempster^{1,2}, Chloe C. Y. Wong², Joe Burrage¹, Eilis Hannon¹, Diego Quattrone^{1,2}, Giulia Trotta², Victoria Rodriguez¹, Luis Alameda³, Edoardo Spinazzola^{1,2}, Giada Tripoli³, Isabelle Austin-Zimmerman², Zhikun Li^{1,2}, Charlotte Gayer-Anderson^{1,4}, Tom P. Freeman⁵, Emma C. Johnson⁶, Hannah E. Jongsma⁷, Simona Stilo⁸, Caterina La Cascia⁹, Laura Ferraro⁹, Daniele La Barbera⁹, Antonio Lasalvia¹⁰, Sarah Tosato¹⁰, Ilaria Tarricone¹¹, Giuseppe D'Andrea¹¹, Michela Galatolo¹¹, Andrea Tortelli¹², Maurizio Pompili¹³, Jean-Paul Selten¹⁴, Lieuwe de Haan¹⁵, Paulo Rossi Menezes¹⁶, Cristina M. Del Ben¹⁶, Jose Luis Santos¹⁷, Manuel Arrojo¹⁸, Julio Bobes¹⁹, Julio Sanjuán²⁰, Miguel Bernardo^{1,21}, Celso Arango^{1,22}, Peter B. Jones^{1,23}, Gerome Breen^{1,24}, Valeria Mondelli^{1,24}, Paola Dazzan^{1,24}, Conrad Iyegbe²⁵, Evangelos Vassos^{1,2}, Craig Morgan²⁴, Diptendu Mukherjee^{1,25}, Jim van Os^{1,27,28}, Bart Rutten^{1,27}, Michael C. O'Donovan^{1,29}, Pak Sham^{2,30,31}, Jonathan Mill¹, Robin Murray¹ and Marta Di Forti^{1,2}



The Epigenetic Clock: “Are you really as young as you look?”

DNAmGrimAge

**DNA methylation
estimate of
mortality risk**



Emma Walker



Emma Dempster

And the interplay of Cannabis use with other risk factors

Psychological Medicine

cambridge.org/psm

Original Article

Cannabis use as a potential mediator between childhood adversity and first-episode psychosis: results from the EU-GEI case-control study



Dr Giulia Trotta and Dr Luis Alameda



Up to 20%



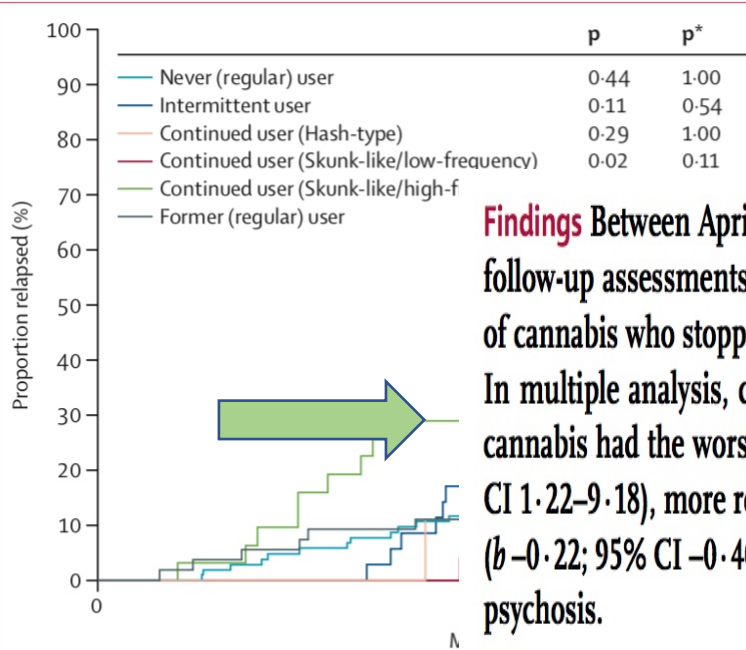
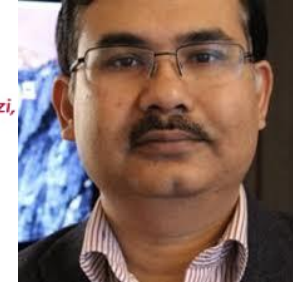
About 240 million
people use cannabis
worldwide (WHO)

Over 40% of
Cannabis-induced
psychosis develop
into schizophrenia



Effects of continuation, frequency, and type of cannabis use on relapse in the first 2 years after onset of psychosis: an observational study

Tabea Schoeler, Natalia Petros, Marta Di Forti, Ewa Klamerus, Enrico Foglia, Olesya Ajnakina, Charlotte Gayer-Anderson, Marco Colizzi, Diego Quattrone, Irena Behlke, Sachin Shetty, Philip McGuire, Anthony S David, Robin Murray, Sagnik Bhattacharyya



Findings Between April 12, 2002, and July 26, 2013, 256 patients presented with a first episode of psychosis. We did follow-up assessments for these patients until September, 2015. Simple analyses showed that former regular users of cannabis who stopped after the onset of psychosis had the most favourable illness course with regards to relapse. In multiple analysis, continued high-frequency users (ie, daily use in all 24 months) of high-potency (skunk-like) cannabis had the worst outcome, indexed as an increased risk for a subsequent relapse (odds ratio [OR] 3.28; 95% CI 1.22–9.18), more relapses (incidence rate ratio 1.77; 95% CI 0.96–3.25), fewer months until a relapse occurred ($b = -0.22$; 95% CI -0.40 to -0.04), and more intense psychiatric care (OR 3.16; 95% CI 1.26–8.09) after the onset of psychosis.

Figure: Kaplan-Meier curves of cannabis use pattern and time to relapse

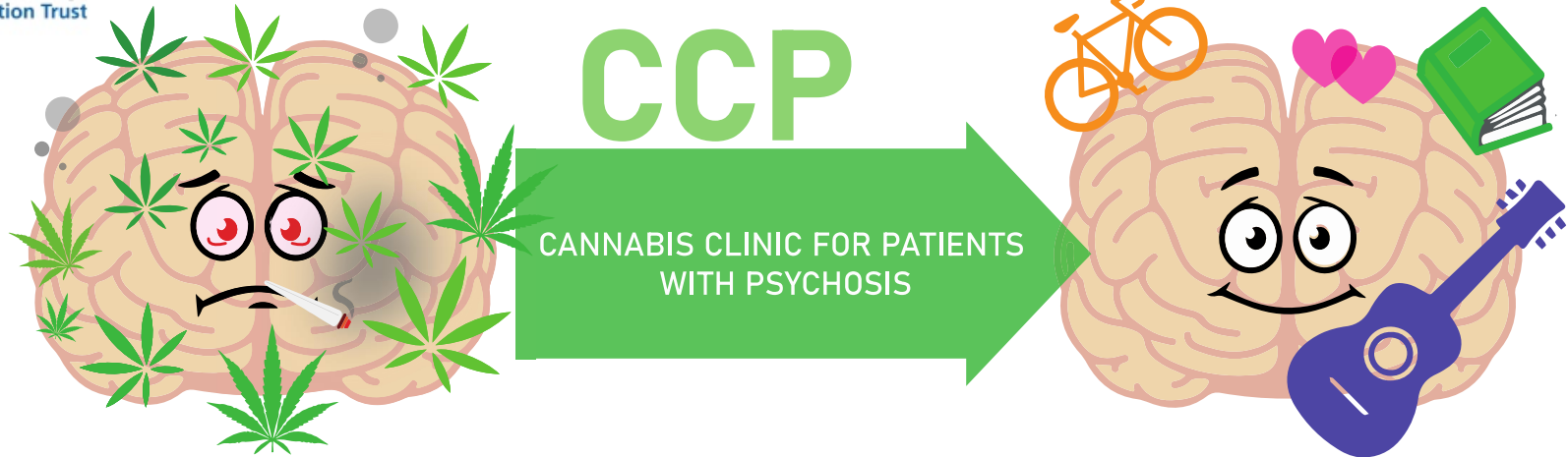
p values are estimated from the log-rank tests to compare the different groups (reference group is the former

[regular] user group). *Bonferroni-corrected significance level.

But very importantly to my work as a clinician
Responding to the plea of my patients' families



In December 2019 we started



- Initial funds from the Maudsley Charity one to one intervention and PEER group
- Now a SLaM Service

Meet part of CCP core team and our students



And SLaM amazing Dual Diagnosis practitioners

CCP Placement Students



Manjot

"I have learnt so much at the cannabis clinic for my own professional and personal development"



Omer

"Better tomorrows start with one small step - We are here for you."



Raahimah

"My time at the cannabis clinic was insightful and rewarding, providing me with valuable experience in patient care and holistic treatments."



Joseph

"I enjoy working with the CCP as its structure allows time to engage patients, build motivation, and focus on building relationships, which can be lacking in some services"



Leanna

"I appreciate how the clinic tailors its care to each patient's needs, offering genuine support. The voucher rewards are a great way to keep patients motivated and inspired."



Vareesha

"During my placement at the CCP I really enjoyed exploring how cannabis impacted patients' symptoms and helped tailor integrated care plans with the clinical team"

CANNABIS CLINIC FOR PATIENTS WITH PSYCHOSIS



WHAT DOES THE CLINIC OFFER?

- One-to-one support.
- Flexible appointment options.
- If you suffer from psychosis and you use cannabis, the clinic can support you with making changes to your cannabis use

What resources are available?

A Cannabis clinic for psychosis portal (email us for the PIN)



email us for the PIN - only available to SLAM patients



A monthly online carers meeting



email us for more information

The "Brunch club", a peer-led meeting every first Tuesday of the month at 12:00 at Marina house



An online weekly PEER group meeting (4-5pm every Tuesday)



Have you thought about what cannabis does for you?

Speak to your team about it or email CannabisClinicForPsychosis@Slam.nhs.uk



Do you smoke/use cannabis? Do you want to learn more about its effects

CCP
CANNABIS CLINIC FOR PATIENTS WITH PSYCHOSIS

Join our PEER group
Tuesday the 11th of March 16.00-17.00
Professor Miriam Melis will continue to tell us about:
"The Endocannabinoid system throughout the lifespan and its interaction with Cannabis"
Don't miss it!
Followed by a discussion with our peer mentors

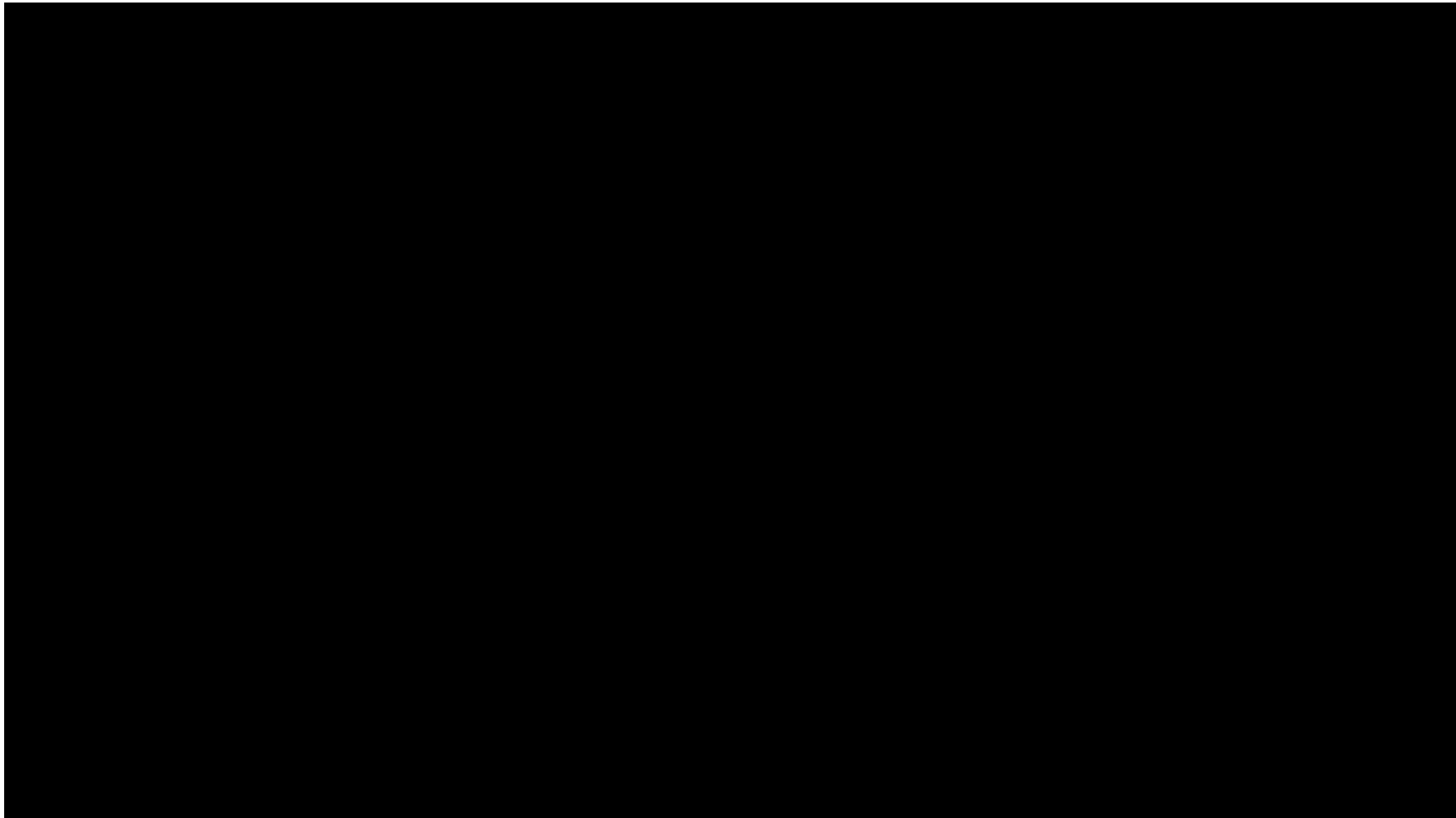
[Click here to join Meeting on Zoom](#)

Alternatively, enter the following ID information on Zoom:
Meeting ID: 876 4499 7668
Password: ccp



On ZOOM every Tuesday 16.00-17.00

Cheap to run, and engaging patients from the wards as well as the community



The CCP one to one intervention adapts well established strategies used in addiction to meet the needs of patients with a psychotic illness

Core-Assessment at time of referral

One session a week face to face or remote
(up to 60 minutes/flexible depending on the YA ability to concentrate)

Tools used include:

- Motivational interviewing
- **SMART goal settings**
- Imagery
- Harm reduction
- **Role play**
- Hot cross bun formulation
- Craving management
- **Contingency management:**

Reward goal adherence and session attendance with e-voucher that meet the patient interests

Develop a personalized plan that includes out of hours support strategies

Link to: [Marijuana anonymous](#)
Local dual diagnosis groups
Vocational services/opportunities



T=20+ weeks

- Close communication with referring team
- Carers support

Outcomes evaluation :
Repeat the **core-assessment** to evaluate together the changes achieved and their impact on

1. Mental Health
2. Finance
3. Vocational status
4. Cognition
5. General Functioning

- **Self re-referral option**
- **Continue to be open to the PEER group**

A proof-of-concept analysis of data from the first NHS clinic for young adults with comorbid cannabis use and psychotic disorders

Di Forti M and Bond B et al.
BJPsych Open (2025).
11, e1, 1–8.
doi: 10.1192/bjo.2024.782

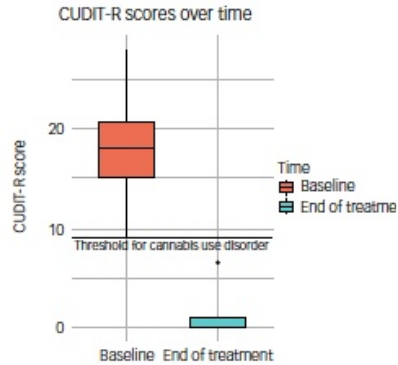


Fig. 1 Box plots illustrating the changes between T0 and T1 in Cannabis Use Disorders Identification Test-Revised (CUDIT-R), Psychotic Symptom Rating Scales Delusions Subscale (PSYRATS DEL), Patient Health Questionnaire-9 (PHQ-9), Generalised Anxiety Disorder-7 (GAD-7) and State Social Paranoia Scale (SSPS) scores.

At completion of the CCP intervention

- **74% stopped using cannabis**
- **91 % are social active**

engaging in work or education

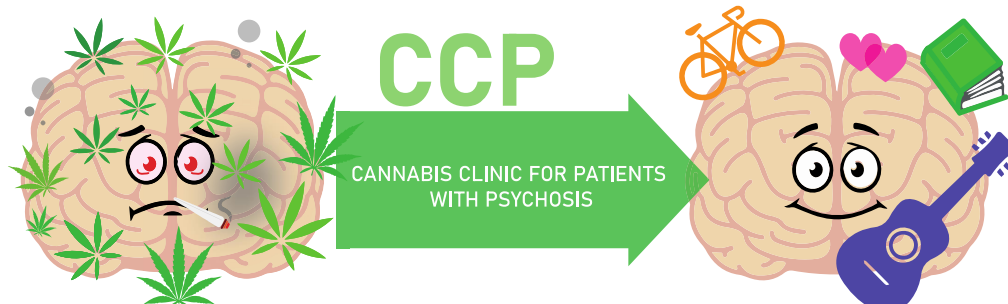
compared with 8.7% before the CCP

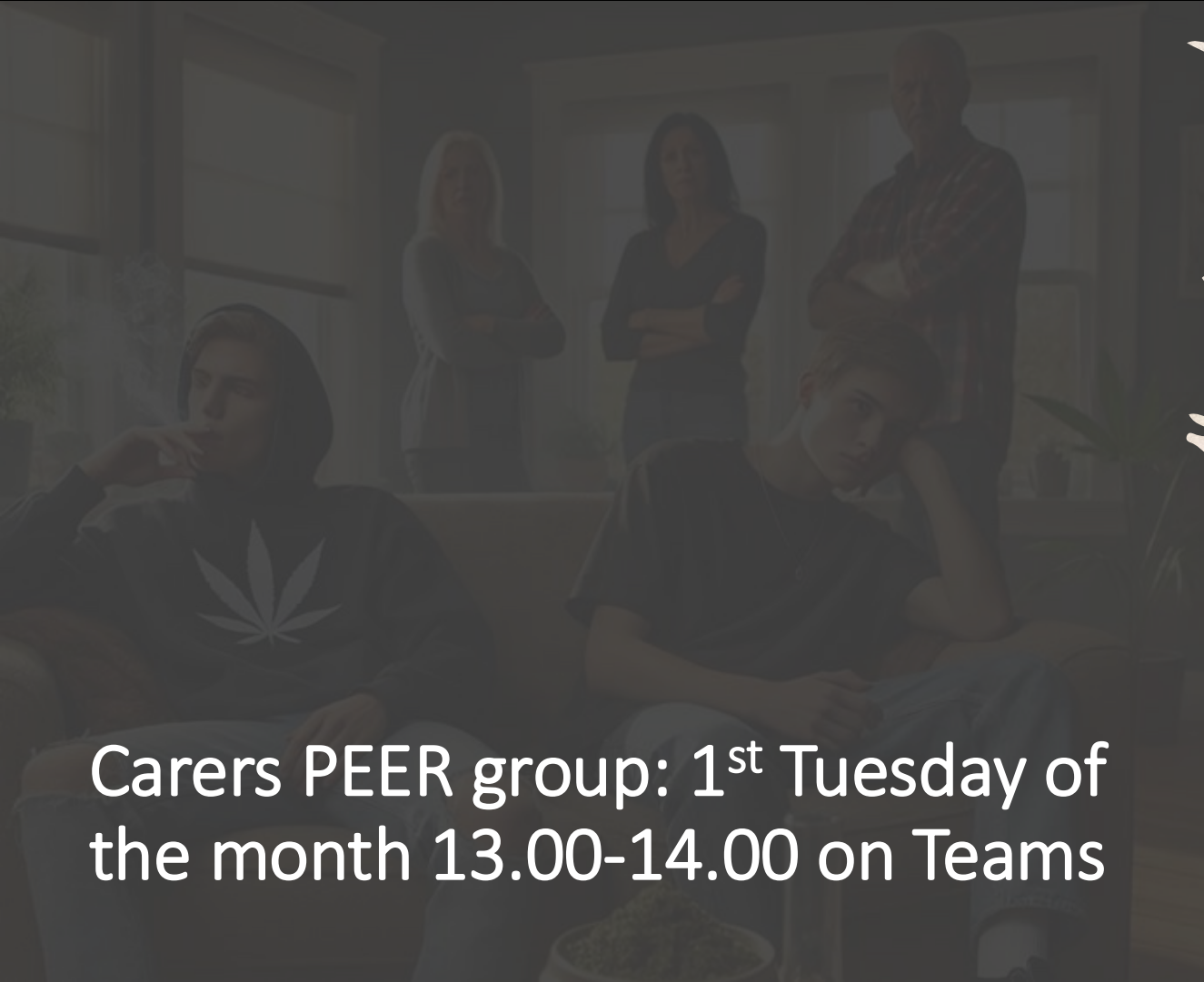


When taking into account the medications prescribed between T0 & T1

The **variance in CUDIT-R scores** explained
(even when controlling for other **treatments effect**) :

- **61% of the variance in GAF** (*Functioning*)
- **47% of the variance in SSPS scores** (*Paranoia scale*)
- 26% of the variance in GAD-7 (*Anxiety*)
- 27% of the variance in PSYRATS DEL (*Delusions*)
- 32% of the variance in PHQ-9 scores (*Depression*)





Carers PEER group: 1st Tuesday of
the month 13.00-14.00 on Teams



Jodie Lynn our
Senior Dual Diagnosis
Practitioner

Breakfast/lun
club: Last Tue
of the month
12.00 in pers



"It's a deep
experience
clients regain
well-being a
cannal

Chocolate Craving

- ★ Keep it out of reach/out of sight
- ★ Don't carry it with me
- ★ Chocolate lockbox
- ★ No idle chocolate eating
- ★ Remove it from phone/
shopping list
- ★ Prepare before seeing/buying
- ★ Think: goals & negative
consequences
- ★ Control the portion



Welcome!

The Cannabis Clinic for Psychosis Online is our supportive community dedicated to helping you on your journey towards minimizing cannabis use.

Explore a wealth of resources, from engaging eLearning modules to insightful videos and peer groups, all crafted to empower you in making positive changes in your life.



“Cannabis Fact Sheets”

Does cannabis (THC) help with anxiety?

NHS
South London
and Maudsley
NHS Foundation Trust

The reality

- THC for anxiety is a temporary fix
- Your tolerance (the need to keep increasing the use for the same effect) goes higher, and anxiety bounces back stronger
- Regular use can lead to worsened anxiety symptoms
- Anxiety can be a cannabis withdrawal symptom
- That 'chilled feeling' doesn't last



What can help with anxiety?

New hobbies or pleasurable activities



Going outside or doing something you love



Building a predictable routine

Have you thought about what cannabis does for you?

Speak to your team about it
or email CannabisClinicForPsychosis@Slam.nhs.uk

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Cannabis and Women's Health

NHS
South London
and Maudsley
NHS Foundation Trust

Cannabis and pregnancy

Does cannabis help with nausea in pregnancy? Is it safe for the baby?



- No. Studies show that the THC contained in cannabis can reach the baby and poses an increased risk to its' brain development (Cupo et al., 2026)
- Cannabis use in pregnancy was found to increase the risk for the child to be diagnosed with Autism Spectrum Disorder and ADHD later in life (Hurd et al., 2023)
- **If you are not pregnant**, your doctor can prescribe you small doses of THC for nausea. Using too much on your own can make you more sick

Does cannabis help with menopause symptoms? No!



Cannabis in menopause



Insomnia

Cannabis can make it easier to fall asleep, but reduces the quality of sleep



Hot flashes

Cannabis increases body temperature, making hot flashes worse



Irritability

Cannabis might make you more chilled initially, but then more angry, anxious and irritable



Brain fog

Cannabis affects memory, cognitive function and worsens the "brain fog"

Have you thought about what cannabis does for you?

Speak to your team about it
or email CannabisClinicForPsychosis@Slam.nhs.uk

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Cannabis dependence and tobacco use

NHS
South London
and Maudsley
NHS Foundation Trust

It's a myth that you can't get addicted to cannabis.



- Cannabis dependence can look different to other substances - but it's still real.
- Using regularly, your brain adapts and cannabis becomes the new "normal". It can worsen psychosis, and prevent return to normal functioning (Schoeler et al., 2016)
- When you stop, you can get **withdrawal**: irritability, low mood, poor sleep, anxiety, cravings, appetite changes - it usually lasts 1-2 weeks

A quick self-check
If you're thinking "yep" - might be a sign to reach out



- Do you need more to get the same effect?
- Do you struggle or can't sleep without it?
- Do you keep using even when it causes problems?
- Has it replaced hobbies, people, or plans?

If you smoke cannabis with tobacco, nicotine may be the one in charge.



Spiffs don't just add tobacco - they add a second addiction



Tobacco can add a nicotine rush and make cannabis feel "not enough" without it



Tobacco adds major risks to the heart, lungs, memory and concentration



Research suggests co-use may increase breakdown of the brain's natural "bliss molecule"

Have you thought about what cannabis

does for, or to you? Speak to your team about it
or email CannabisClinicForPsychosis@Slam.nhs.uk

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Cannabis Clinic for Psychosis Consortium

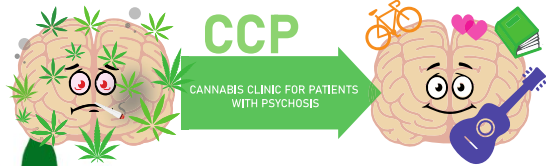


- UK
- France
- Italy
- Germany
- Ontario, Canada
- Colorado, USA
- New York State, USA
- California, USA



Merci Beaucoup

- To our **patients** suffering from psychosis and using cannabis who we work with and their **carers**
- **The SLaM dual diagnosis practitioners**
- **Our PEER Mentors** in particular to **Adam** and **Stacey!**
- The **CCP** and my **Cannabis&Me** research teams



CCP

CANNABIS CLINIC FOR PATIENTS WITH PSYCHOSIS

CANNABIS & ME
RESEARCH STUDY



Maudsley
Charity

Backing
Better
Mental
Health.



Medical
Research
Council

