

SPECIAL FREE THE MEDICINE ISSUE

SCHIZO

The Guerrilla Magazine of Mental Health

MARIJUANA

The Old "New" Wonder Drug For Mental Illness

by Tori Rodriguez, MA, LPC

Schizophrenia Explained

Dealing With The *VOICES*

\$7⁹⁹ US





People With Mental Illness Matter Too...
²Help fight the Stigma of Mental Illness

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I am Schizo-affective. That's okay... I am no longer ashamed that of the fact that I have a Mental Illness.

After years of fighting my inner demons and than fighting treat-

ment because of the side-effects from the different medications that various Psychiatrist would perscribe me I am now being active in my recovery.

I would fake myself to the Mental Doctors.

I would fake my way out of the Hospitals so I would not end up back in Ward 4.

I am now being active in my recovery.

I am now properly taking my Meds and it has made my reality much more enjoyable.

I am now being active in my recovery.

The voices that yell obscenities at me are now down to a level that that is tolerable level.

I am now being active in my recovery.

Do I know these halucinations are not real? Yes... but that does not mean I hear them any less. I have learned to ignore them unless they get real bad. That's the bad time.

But a person can come-back from that dark aby of insanity and lead a productive life.

I am now being active i my recovery.





Game-changing cannabis extract shows promise as schizophrenia treatment

Written By Emily Gray Brosious Posted: 09/15/2015, 05:05pm

An experimental drug made from a cannabis compound, cannabidiol (CBD), has been found superior to placebo for treating schizophrenia in a mid-stage trial, according to FOX News.

The CBD drug was developed by UK-based GW Pharmaceuticals Plc, and the company's UK-listed shares jumped 12.5 percent since news of this most recent medical trial broke. U.S. listed shares were up by 10 percent.

According to a 24/7 Wall St report, the results of this trial signal a potentially game-changing moment in schizophrenia treatment because "the pharmacology of CBD is distinct from existing anti-psychotic medications, all of which act via effects on dopamine receptors."

Additionally, CBD treatment shows no serious adverse side-effects, as opposed to existing anti-psychotic medications.

Professor Philip McGuire, head of the Department of Psychosis Studies, Institute of Psychiatry, Psychology & Neuroscience, King's College London, and principal investigator of the study, commented on the results:

"The addition of Cannabidiol to the medication of patients who were only partially responsive to standard anti-psychotic

treatment produced significant improvements in outcome measures compared with placebo.”

This latest development lines up with previous studies on the subject, including reviews by the National Center for Biotechnology Information (NCBI), a government research agency.”

According to NCBI, studies demonstrate that CBD acts as a very safe and effective antipsychotic. CBD prevented human experimental psychosis and was effective in open case reports and clinical trials in patients with schizophrenia with a remarkable safety profile.

Moreover, fMRI results strongly suggest that the antipsychotic effects of CBD in relation to the psychotomimetic effects of $\Delta(9)$ -THC involve the striatum and temporal cortex that have been traditionally associated with psychosis. Although the mechanisms of the antipsychotic properties are still not fully understood, we propose a hypothesis that could have a heuristic value to inspire new studies.

These results support the idea that CBD may be a future therapeutic option in psychosis,

in general and in schizophrenia, in particular.

TALK
aBOUIt...





Hallucinations and delusions
are common symptoms of schizophrenia,
but there are ways to cope.

Many people with schizophrenia experience hallucinations and delusions. These hallmark schizophrenia symptoms can understandably cause distress and disorientation. Studies have shown that most people who experience these schizophrenia symptoms have developed their own coping strategies.

Strategies for Hallucinations

The most common form of hallucinations is auditory hallucination, or “hearing voices.” When voices are distressing, some patients may self-adjust their prescription medications or use drugs or alcohol to minimize the hallucinations. But there are better ways to deal with hallucinations. Consider these methods:

Distraction. Taking your focus away from the hallucination is one way to cope.

Fighting back. This technique involves yelling or talking back to the hallucinations. While resisting the voices may seem like a good idea, studies show that this response can lead to depression, since the voices typically don’t go away on their own.

Passive acceptance. Although accepting that the voices are part of life for a person with schizophrenia seems to have positive emotional effects, some argue that the danger of acceptance is that the hallucinations may start to consume your life.

Mindfulness techniques. This means paying attention to the present, increasing your awareness of your schizophrenia symptoms, and learning how to keep your condition from influencing you.

Avatar therapy. Those with schizophrenia may be able to control the hallucinations by creating a computer-generated avatar representing the negative voices, according to research from a 2013 pilot study. A therapist can use this avatar to speak with the patient, easing anxiety and stress.

Strategies for Delusions

Delusions, or irrational and false beliefs, are another com-



mon symptom of schizophrenia. People coping with delusions must realize that not all strategies work for every person, and many people report using more than one strategy. Here are some techniques:

Distraction. Distraction can also help with delusions. Focusing on a task, reciting numbers, taking a nap, or watching television can help distract the person from delusional, often paranoid, thoughts.

Asking for help. Some people with when they are experiencing delusional activity, or even help, and research has with schizophrenia

schizophrenia seek out the company of friends and family sions. Friends and family can help by providing a dis-just a listening ear. People may also seek professional found cognitive therapy can help many people cope symptoms.

Control your surroundings. Certain environments, situations, or other stimuli may increase delusional thoughts, such as persecutory delusions (feeling you are being followed, harassed, or otherwise persecuted) and grandiose delusions (believing you are very powerful or important).

Religion, meditation, and mind-body activities. People who are religious believers report using prayer or meditation to help deal with their active schizophrenia symptoms. Yoga, exercise, or walking can also shift the focus from the delusions and provide a sense of calm.

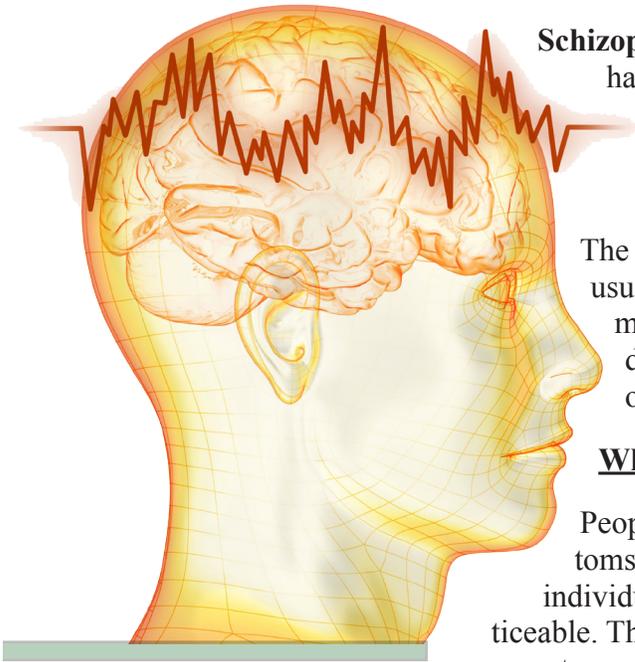
Schizophrenia Symptoms: Family Reaction

While hallucinations and delusions may not always upset the person with schizophrenia, they are always very real. So how loved ones react to these symptoms is important. Without meaning to, loved ones can cause distress by betraying fear or worry, or by dismissing the patient's experience.

Family therapy can help the loved ones of a person with schizophrenia know how to react when schizophrenia symptoms manifest themselves. It can also teach families about warning signs that their loved one may be using damaging coping mechanisms, like self-medicating with illicit drugs or alcohol.

No matter how you or your loved one with schizophrenia chooses to handle these distressing symptoms, don't be afraid to talk to your doctor or another health care provider for help. There are resources available and effective ways to cope with this often difficult disease.





Schizophrenia is a chronic, severe mental disorder in which a person has a hard time telling the difference between what is real and not real. According to the National Institute of Mental Health, approximately 1 percent of the population suffers from this disorder.

The disease can also affect families. Individuals with schizophrenia usually have difficulty keeping a job and caring for themselves. They must rely on family and friends for help. The disease is often misunderstood, but it is treatable, and in many cases, the individual can go on to lead a productive and normal life.

What Are the Symptoms of Schizophrenia?

People diagnosed with schizophrenia may display a variety of symptoms. These symptoms will often come and go, and in some cases, the individual may learn how to deal with the symptoms, so they are not noticeable. There are three categories of symptoms: positive symptoms, negative symptoms and cognitive symptoms. Positive symptoms include:

Hallucinations: A person may see, hear, smell or feel things that are not there. Most individuals who have been diagnosed with this disorder will hear voices. The voices may warn the person about dangers or tell the person to do things. The individual may spend a good deal of time talking to the voices inside their head. There may be several voices talking at one time, and the voices may even talk to one another.

Delusions: A person with schizophrenia will often have false beliefs about something. The person may think that neighbors are spying on them or someone is out to get them. The individual will spend a large amount of time worrying about what others are thinking and doing to them.

Thought and movement disorders: An individual with schizophrenia may have a hard time organizing thoughts into anything meaningful. They may stop speaking abruptly or speak in a garbled way. Body movements may become agitated or the person may not move at all. Negative symptoms are often associated with a disruption of normal emotions and behaviors. Individuals will show a lack of interest and pleasure in everyday life. There may be a lack of ability to maintain planned activities, and a person will often not speak when spoken to. A person who shows negative symptoms often needs help with everyday activities, such as personal hygiene. Cognitive symptoms are only found with testing. These types of symptoms include the inability to understand information and trouble focusing and paying attention. A person may also have problems knowing how to use information once they have received it. Cognitive symptoms make it difficult for an individual to lead a normal life without a large amount of emotional distress.

How Is Schizophrenia Treated?

According to the U.S. Department of Health and Human Services, because there is no exact known cause of schizophrenia, the best method of treatment is to try to eliminate the symptoms of the disease. This usually involves a variety of antipsychotic medications and psychosocial treatments. Medications can include:

Risperidone, Aripiprazole, Paliperidone, Olanzapine, Quetiapine

Many individuals experience side effects when they first begin taking these medications regularly,



which can include dizziness, blurred vision, rapid heartbeat, menstrual problems and skin rash. These symptoms usually go away after a few days, so it is important to continue taking the drugs. The symptoms of schizophrenia should also go away a few days after taking the medication.

A person may have to try several different prescriptions before finding the one that is right. Medication is normally for the rest of your life. If you have schizophrenia and decide to stop taking your medications, you should see a physician to be weaned off slowly. You should never stop taking the medication suddenly. Once a patient has been stabilized with medication, psychosocial treatments will begin.

These treatments will help the person deal with everyday challenges, such as communicating, work, and relationships. According to the National Institute of Mental Health, a patient who undergoes psychosocial treatments is more likely to continue taking their medications, and they are less likely to suffer from relapse or be hospitalized.

How You Can Live with the Illness

If you have been diagnosed with schizophrenia, the best thing you can do is to take an active role in managing your illness. Learn the warning signs of a relapse, and have a plan of action to deal with those symptoms. The sooner you respond, the less time you will spend recovering. You can also learn coping skills to deal with the worst and most persistent symptoms.

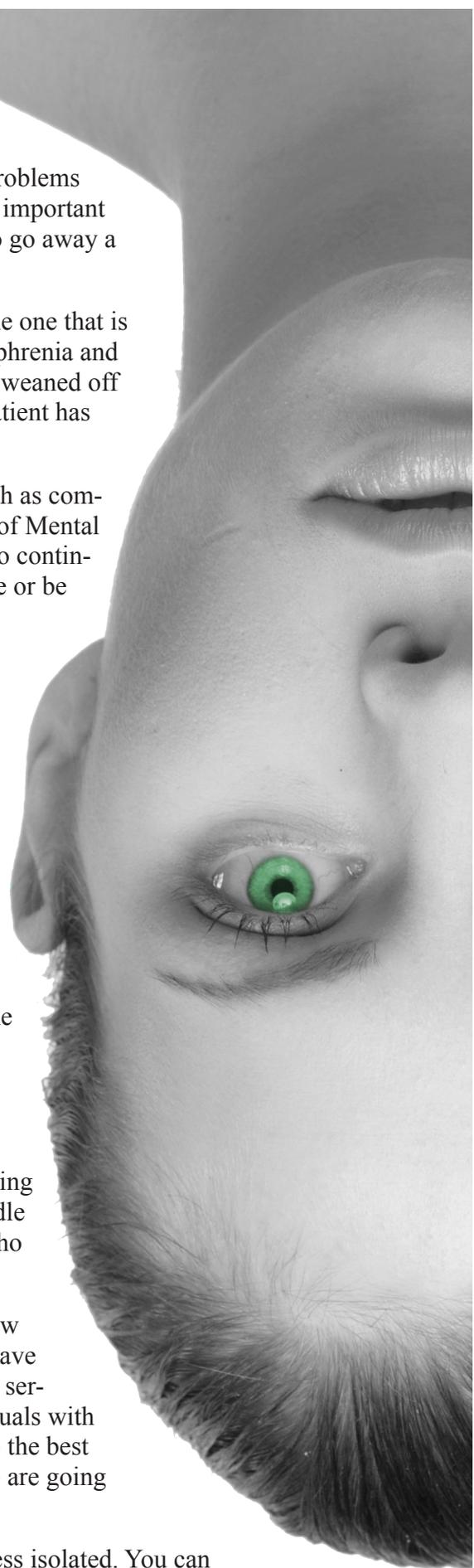
Often drug abuse and schizophrenia go hand in hand. If you have been abusing drugs and alcohol, there are many places that will offer treatment for your drug addiction and the mental illness. You will get better results if you address the two problems together and find treatment for the two problems at the same time.

How Families Can Help

Usually an individual who has been released from treatment for schizophrenia will be released into the hands of family members. If you are caring for a family member with the illness, it is important to know how to handle the illness. A physician may ask family members to talk to a therapist, who will teach family members coping strategies.

Family members may also learn how to make sure a loved one knows how to stay on the medication and continue with treatment. Families should have all contact numbers and know where to take the individual for outpatient services and family services. Self-help groups are available for both individuals with schizophrenia and their families. Your physician can usually point you to the best self-help groups in your area. It often helps to know there are others who are going through the same or similar circumstance.

Knowing there are others with the same illness can help make you feel less isolated. You can ask questions and learn what works best for them, and you can even learn new methods to cope with schizophrenia.



Cannabis and Schizophrenia:

Trigger or Treatment?

The connection between cannabis use and psychiatric disorders, particularly schizophrenia, is supported by a large body of research, but the debate continues as to whether one has a more causative effect than the other.

A common argument against marijuana legalization, for example, is that the drug is associated with increased psychosis risk. Though causation has not been established, these criticisms imply that cannabis use results in psychosis. It is unclear whether that is the case or if people with psychotic disorders are engaging in a form of self-medication.

Indeed, cannabis impacts the very system that research suggests has a major role in schizophrenia, the endocannabinoid system, which is involved in neurotransmission and helps to regulate functions such as sleep, cognition, emotion. The endocannabinoid system is also involved in reward processing, which recent findings suggest is deficient in patients with schizophrenia spectrum disorders.^{1,2}

The primary psychoactive component of cannabis, Δ^9 -tetrahydrocannabinol (THC), exerts its effects by binding to cannabinoid receptors in the endocannabinoid system, explained Matthijs Bossong, PhD, of the Rudolf Magnus Institute of Neuroscience at the University Medical Center Utrecht in the Netherlands. THC is one of approximately 80 different cannabinoid compounds present in cannabis, the vast majority of which do not cause intoxication.





“It has been shown that patients with schizophrenia have enhanced levels of endogenous cannabinoids as measured both in their blood and cerebrospinal fluid,” and neuroimaging studies and post-mortem examinations have shown that they have increased levels of cannabinoid receptors in their brains, Bossong told Psychiatry Advisor.

A review that he co-authored while he was at the Institute of Psychiatry at King’s College London provides further support for the involvement of the endocannabinoid system in symptoms of schizophrenia.

“For many brain functions, such as memory, executive function and emotional processing, we found striking similarities between cannabis-intoxicated healthy volunteers” and non-intoxicated schizophrenia patients,” Bossong added.

On the behavioral level, it is clear that people with schizophrenia have elevated rates of cannabis use. A small collaborative study published in September in *Schizophrenia Research*, by researchers at the Geisel School of Medicine at Dartmouth College and the Massachusetts Institute of Technology, states that up to 42% of patients with schizophrenia have comorbid cannabis-use disorder, which significantly worsens the progression of the disease.²

The rate of marijuana-use disorders in the general U.S. adult population is 1.5%.⁴ Using resting state fMRI to compare connectivity of the brain reward circuit in 12 control subjects to that of 12 patients with co-occurring schizophrenia and cannabis-use disorder, the researchers found that the patients had significantly lower baseline connectivity in the brain reward circuit than controls. They also found that connectivity increased in patients after

they were administered THC via smoking or capsule.

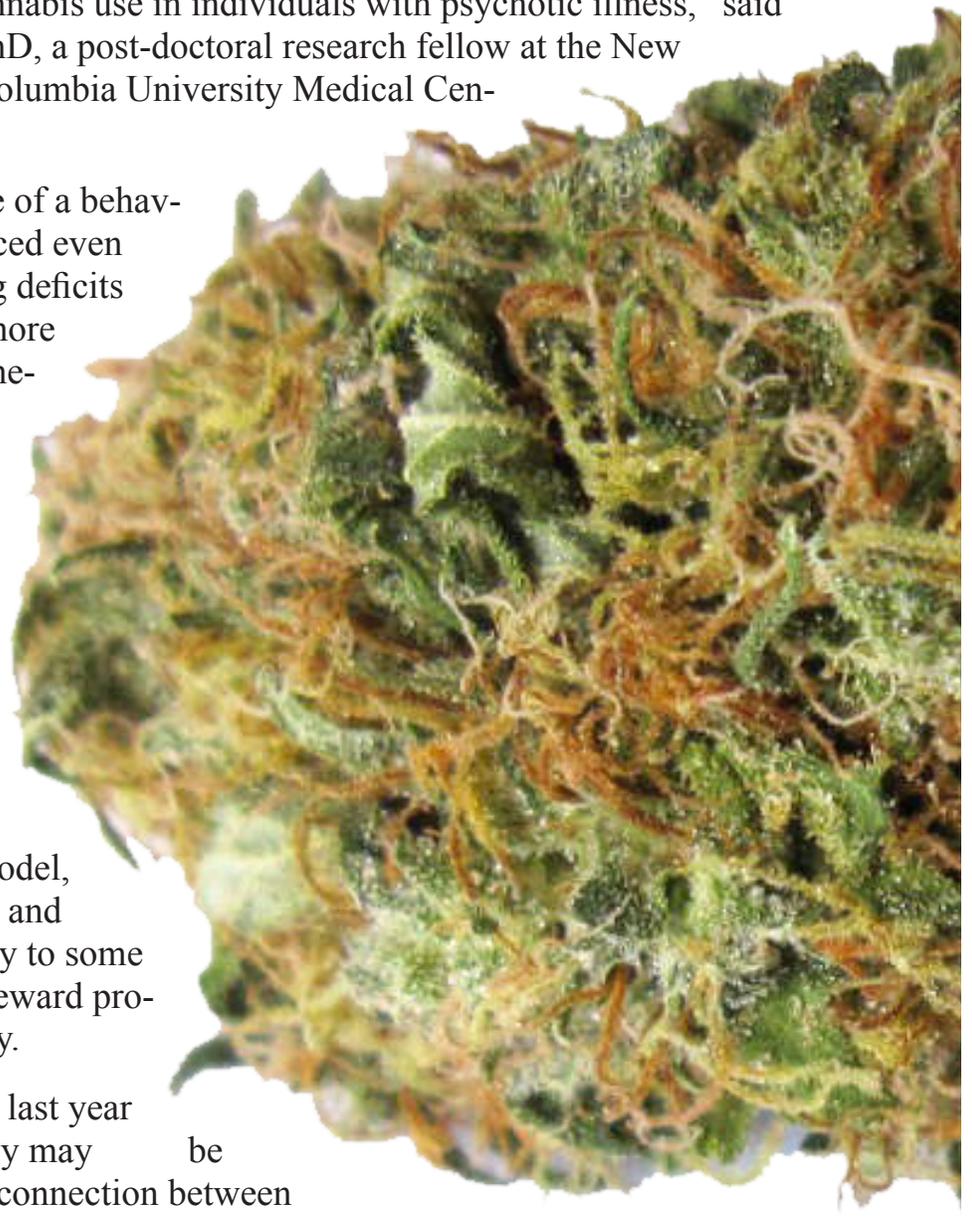
Another recent study, which appeared in the *Journal of Psychiatry & Neuroscience*, used event-related potentials to compare reward processing between 35 controls and 35 patients with schizophrenia spectrum disorders.¹ The researchers further divided each group into cannabis users and nonusers, and assessed each participant's response to pleasant images.

Their results demonstrate that, compared with cannabis-using control subjects, cannabis-using schizophrenia patients displayed a reduced response toward pleasant stimuli, and this blunted response predicted more frequent use of cannabis. "Our study suggests that reward processing deficits may promote cannabis use in individuals with psychotic illness," said study co-author Clifford Cassidy, PhD, a post-doctoral research fellow at the New York State Psychiatric Institute at Columbia University Medical Center.

"Substance use could be an example of a behavior that could continue to be reinforced even in the presence of reward processing deficits since it has many advantages over more ecological rewards, being more immediate, more predictable, and more intense," he told *Psychiatry Advisor*.

Regarding the debate about whether cannabis use causes psychiatric symptoms or patients use the drug to alleviate symptoms, Cassidy said, "I do not agree with this dichotomous way of thinking, and have greater interest in an alternate model, the common vulnerability model, in which both the psychiatric illness and the substance use could be secondary to some underlying pathology" such as the reward processing deficits observed in his study.

Findings of another study published last year suggest that a shared genetic etiology may be at least partially responsible for the connection between schizophrenia and cannabis use.⁵ For many patients, "it may be a less consciously-driven process whereby their brain reward systems are just tuned in such a way to be driven toward actions that lead to more immediate reward such as substance use," said Cassidy.



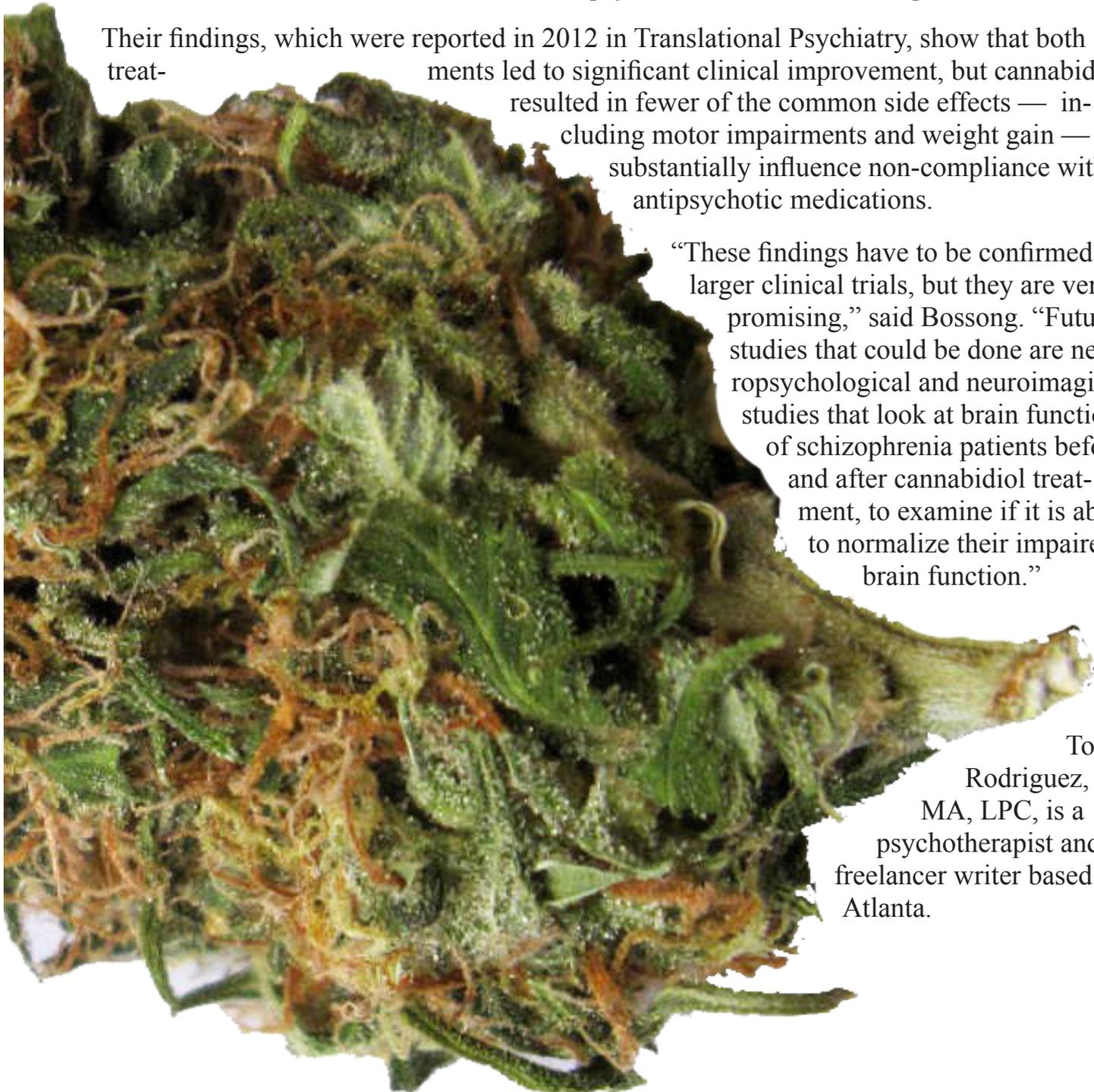
Given the increased rates of cannabis use among people with schizophrenia, along with the role of the endocannabinoid system in the pathophysiology of the disease, some experts have begun investigating whether some cannabinoids could help manage some of the symptoms of schizophrenia.

“Let’s say THC is the ‘bad guy’ in cannabis. However, fortunately there is also a ‘good guy’ in cannabis, called cannabidiol,” Bossong said. “There is quite some evidence that it has antipsychotic properties.” Along with German and Italian researchers, scientists at the University of California, Irvine conducted a double-blind, randomized, clinical trial comparing the effects of cannabidiol with those of the antipsychotic medication amisulpride.⁶

Their findings, which were reported in 2012 in *Translational Psychiatry*, show that both treatments led to significant clinical improvement, but cannabidiol resulted in fewer of the common side effects — including motor impairments and weight gain — that substantially influence non-compliance with antipsychotic medications.

“These findings have to be confirmed in larger clinical trials, but they are very promising,” said Bossong. “Future studies that could be done are neuropsychological and neuroimaging studies that look at brain function of schizophrenia patients before and after cannabidiol treatment, to examine if it is able to normalize their impaired brain function.”

Tori Rodriguez, MA, LPC, is a psychotherapist and freelancer writer based in Atlanta.



The Perfect Weed Brownie Recipe

When making ‘marijuana edibles’, you don’t just throw the marijuana buds into the food and chow down, believe it or not. The THC (tetra-hydro-cannibol – the main active ingredient in marijuana) must first be extracted into a butter or oil mixture and then added or cooked with the food.

My favorite marijuana edible to make is without a doubt weed brownies.

This article will show you how you can make weed brownies and extract the THC using butter or oil, however, most brownies recipes ask for oil instead of butter.



OIL Method — What You Need

1. Oil (any other than olive oil)
2. 2.5 grams of weed per serving (an ounce of dank or an ounce of mids works well)
3. A Grinder
4. A Filter (coffee filter, pasta strainer)
5. Brownie mix
6. A Frying pan
7. A wood spoon

For an whole batch of brownies (1 box) a half ounce of dank or an ounce of mids is what you need. Grind up the marijuana in your grinder or a coffee grinder multiple times until it literally turns into powder.

Once the marijuana turns into a powder spread it right onto a frying pan. Its a good idea to match the frying pan to the burner size for an even cook which is important when extracting the THC. Pour oil directly onto the marijuana powder on the pan according to how much the brownie recipe asks for.

Turn the burner on low (numbers 2-3) until it starts to simmer and then lower



the burner to the lowest setting (labeled as low or simmer). Leave the burner on for 2-6 hours depending on how much time you have (2 hrs is average) and stir the marijuana in the oil every 30 minutes with a wooden spoon.

When the pot is done, pour the oil mixture into a filter (coffee filter works fine) to strain all the excess marijuana out. You should be left with a musky brown color oil without any grass, stems, or seeds in it.

This stuff needs to be filtered out as there is no THC left because it was extracted into the oil.

Use this oil to make the brownies by following the instructions on the brownie box. If you prefer to make weed brownies using butter rather than oil, continue reading.

BUTTER Method — What You Need

1. Marijuana butter
2. 2.5 grams of weed per serving (an ounce of dank or an ounce of mids works well)
3. A Grinder
4. A Filter (coffee filter, pasta strainer)
5. Brownie mix
6. A small pot and a larger pot
7. A wood spoon

In order to use butter to extract the THC and bake brownies, two pots are required, one larger and one smaller. The larger one should be filled up with clean water and the same size as the burner for an even burn.

Place the smaller pot inside the larger one and throw in 2-3 sticks of butter. Turn the burner on a low setting until the water in the larger pots begins to simmer. Once this happens, use your judgment on a good setting med — low to establish a near simmer.

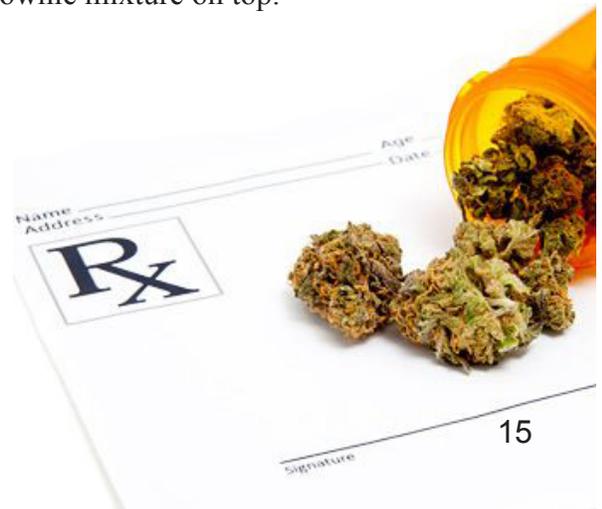
The water in the larger pot will heat up the THC in the marijuana in the the smaller pot with out burning it which could destroy the THC, making the brownies useless.

Proceed to leave the the burner on for 2-3 hours, or longer. Once done, pour the butter through a filter removing any seeds, stems, or left over marijuana bud which is useless since the THC is now in the butter.

Spread this butter throughout the bottom of a large pan and pour the brownie mixture on top.

Cook in the oven (350 degrees) for 30 minutes to an hour

... and there you go :)



How to make cannabutter in 7 steps

The best cannabutter in America, you ask? It's easy.

Follow the directions, and you will make the best butter your weed will allow. The truth is however, the butter is just as good as the weed you make it with. Some people like to make a mild butter and use it to spread on their toast in the morning or add a teaspoon or two to a baked potato. (If you go that potato route be sure to add some bacon bits and chopped scallion.)

But seriously, the stronger the weed the stronger the butter, so plan accordingly. How much is enough? The effects are different for everybody. 8 tips for getting the right dose. Calculating THC dosage: Here's a how-to for determining serving sizes for home recipes

Step 1

In a medium saucepan bring a quart of water to a boil on the stove. You can vary the amounts, just be sure that the marijuana is always floating about 1 1/2 – 2 inches from the bottom of the pan.



Step 2

When the water is boiling place the butter in the pan and allow it to melt completely. My recipe uses 4 sticks of butter to every ounce of marijuana, so if you're using a half ounce of weed that's about 2 sticks of butter.

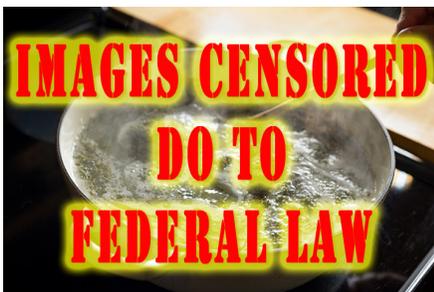
Step 3

Once the butter has melted you can add the marijuana. Once the weed is added the heat should be turned down, very low, to barely a simmer. I usually let the weed cook for around three hours. You can tell it's done when the top of the mix turns from really watery to glossy and thick.



Step 4

While the cannabutter is cooking set up the bowl to hold the finished product. I like to use a heatproof bowl, and some people use a plastic food container. Place a double layer of cheesecloth over the top, and secure it with elastic, string or tape.



Step 5

Strain the marijuana butter over the bowl, carefully trying not to spill. When the saucepan is empty, undo the twine, pick up the cheesecloth from all four sides and squeeze out all of the remaining butter.

Step 6

Allow the cannabutter to cool for about an hour. Place in the fridge until the butter has risen to the top layer and is solid. The THC and other properties have attached to the butter, and you are just about there.

Step 7

Run a knife around the edge and lift the butter off. Place upside down on your work surface and scrape off any of the cooking water.

Your cannabutter is ready to roll.

Enjoy!



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