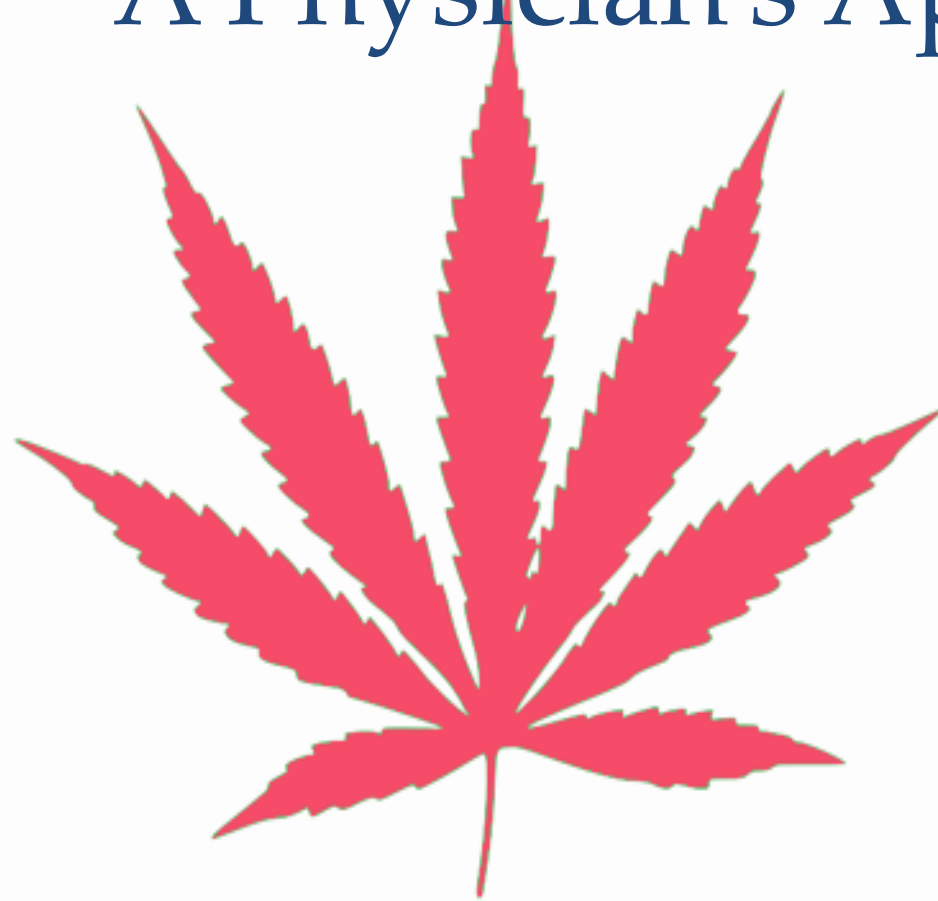


Cannabis and Teens in a Post Legalization World – A Physician’s Approach



Cannabis and Canadian Youth

- According to WHO, Canadian youth already have the highest rate of marijuana use in the developing world
- CCSA (Canadian Center on Substance Use):
 - Youth recognize health and academic risk to MJ but see it as idiosyncratic to the person and not related to the drug.
 - Some don't believe you can become addicted to it.
 - Believe that the more you use, the less it impacts your driving.
 - Don't recognize their daily using parents as impaired drivers.
 - Highly influenced by peers/parents/siblings/media celebrities that use.
 - Youth feel MJ helps with relaxation, sleep, appetite, concentration, escaping reality, creativity, treats MH disorders and is safer than alcohol or medication.
 - Feel there are no real legal consequences for use.

The BC Cannabis Act and Youth

- **No person can sell or provide cannabis to any person under the age of 19.**
- The Act prohibits:
 - products that are appealing to youth
 - packaging or labelling cannabis in a way that makes it appealing to youth
 - selling cannabis through self-service displays or vending machines
 - promoting cannabis, except in narrow circumstances where the promotion could not be seen by a young person

Penalties for violating these prohibitions include a fine up to \$5 million or 3 years in jail or both.
- Maximum penalties of 14 years in jail, for:
 - giving or selling cannabis to youth
 - using a youth to commit a cannabis-related offence

BC College of Physicians – Professional Standards and Guidelines for Marijuana for Medical Purposes

- Few reliable published studies are available on the medical benefits of cannabis. The amount of active ingredients in cannabis varies significantly, depending on the origin and method of production of the substance.
- Physicians are advised that they should **not prescribe** any substance for their patients without knowing the **risks, benefits, potential complications** and **drug interactions** associated with the use of that agent.
- Physicians may be the subject of accusations or suggestions of negligence, including liability if the use of cannabis produces unforeseen or unidentified negative effects.

BC College of Physicians – Professional Standards and Guidelines for Marijuana for Medical Purposes

Cannabis is generally not appropriate for patients who:

- **a. are under the age of 25**
- **b. have a personal history or strong family history of psychosis**
- **c. have a current or past cannabis use disorder**
- **d. have an active substance use disorder**
- e. have cardiovascular (angina, peripheral vascular disease, cerebrovascular disease, arrhythmia) or respiratory disease
- f. are pregnant, planning to become pregnant or are breastfeeding

“It’s harmless...”

Risk associated with acute effects

- Driving under the influence associated with increased risk of collisions.

Risks associated with regular use (daily/near-daily)

- Fastest transition to substance use disorder, when compared to alcohol and tobacco.
- More likely to use other illicit substances.
- Increased likelihood of decreased grades and dropping out of high school.

Risks associated with regular, long-term use starting in adolescence

- A 4 year study of 3,826 seventh-grade students at 31 Montreal-area schools showed **Cannabis use proved to have detrimental effects on all four cognitive domains assessed in the study: working memory, perceptual reasoning, delayed recall, and inhibitory control**, reported Dr. Conrod, professor of psychiatry at the University of Montreal – JAMA 2018
- Respiratory and cardiac risk.

“It’s harmless...”

- Mood disorders
 - Individuals with lifetime mood disorder 2-3x more likely to have used cannabis.
 - Bipolar disorder: 70% for lifetime rates of cannabis use; 30% cannabis use disorder.
- Schizophrenia
 - Study of 50,465 Swedish adolescents over the course of 15 years, with investigators finding that **individuals who used cannabis on more than 50 occasions by age 18 were six times more likely to develop schizophrenia than those who did not use cannabis** (Andréasson, et al. 1987). This increased risk for schizophrenia held true even when controlling for concomitant mental illnesses and social background – CCSA: Clearing the Smoke on Cannabis
- Anxiety
 - Individuals with lifetime anxiety disorder 2-3x more likely to have lifetime cannabis use.
- ADHD
 - 20-30% comorbidity rate.

Schizophrenia or Bipolar Disorder Following Substance-Induced Psychosis

- Danish Civil Registration System and the Psychiatric Central Research Register.
- All persons who received a diagnosis of substance-induced psychosis between 1994 and 2014 (N56,788).
- Overall, 32.2% of patients with a substance-induced psychosis converted to either bipolar or schizophrenia-spectrum disorders. The highest conversion rate was found for cannabis-induced psychosis, with 47.4% converting to either schizophrenia or bipolar disorder.
- Young age was associated with a higher risk of converting to schizophrenia.
- AmJ Psychiatry 2018; 175:343–350

Cannabis Use Disorder

Problematic pattern of substance use leading to clinically significant impairment with 2 criteria met in a 12 month period:

- **Hazardous use** (eg. driving)
- **Evades or fails to fulfill** role obligations
- **Personal problems** with family and friends
- **Cravings**
- **Withdrawal**
- **Amount used** is greater amounts or longer period than intended
- **Social/occupational/recreational** activities reduced or given up
- **Tolerance**
- **Time spent using/recovering** is excessive
- **Efforts to cut down** unsuccessful
- **Despite consequences**, continues to use

Case # 1

- 14 yo male comes from a stable home and has been smoking cannabis with friends 1-2 times per day for 6 months.
- “It’s legal for adults now. It can’t be dangerous if it’s legal”
- Suggestions?

Case # 2

- 17 yo female says that she would like to get a medical marijuana license to help with her anxiety and back pain.
- Suggestions?

Case # 3

- 15 yo female, refugee family from Bosnia, with past issues of sexual abuse by older boyfriend.
- She smokes a bong 4-5 times per day and feels it helps her to feel calmer and to sleep and doesn't think it's any big deal. She also has started to complain of chronic nausea; GI work-up is negative.
- Parents want you to just tell her to stop and don't understand "why is she doing this?"
- Suggestions?

Compass Tip Sheet

- Marijuana for youth under age 25

Thank you!

