CANNABIS USE AND POTENTIAL RISKS FOR YOUTH

Randi Schuster, PhD

Assistant Professor, Harvard Medical School

Director of School-Based Research and Program Development, MGH Center for Addiction Medicine

Director of Neuropsychology, MGH Center for Addiction Medicine

I'm not a comedian so let me skip to the punchlines...

Most teens do not use substances. But many do.

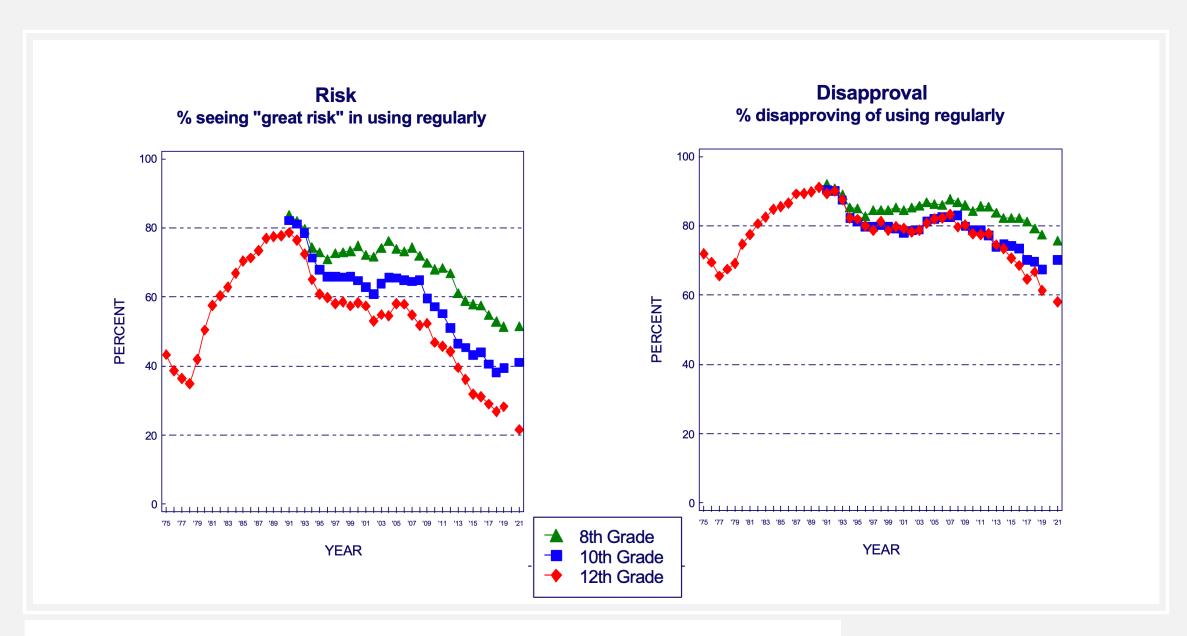
While overall rates of (cannabis) use have remained stable, the overall landscape of use has done a 180.

There is a lot we don't understand. (and we need to be honest about that.)

There are two things we know....

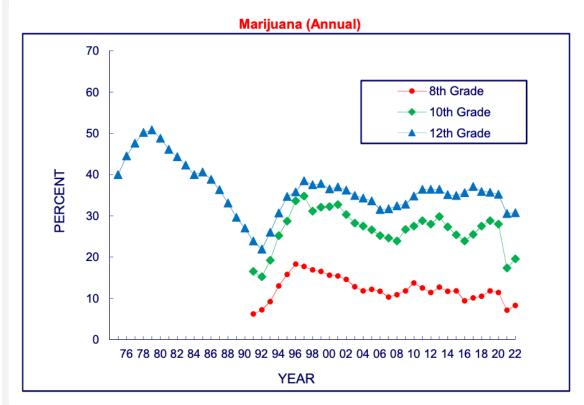
- 1. Adolescents are at heightened risk for negative effects.
- 2. Adolescents who use cannabis are more likely to experience other mental health concerns.

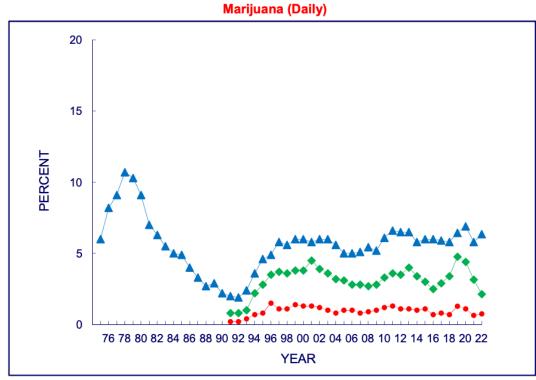
Schools represent the prevention arm of our mental health system.



Source. The Monitoring the Future study, the University of Michigan.

Trends in <u>Annual Prevalence and 30-Day Prevalence of</u> **Daily Use in Grades 8, 10, and 12**

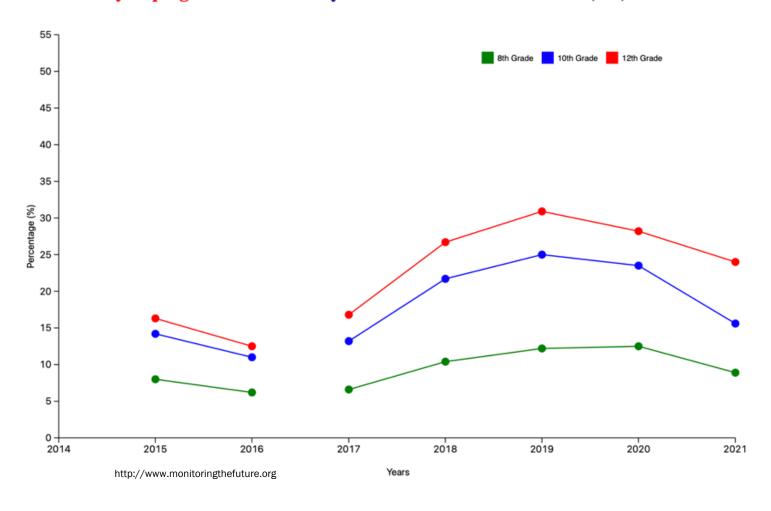


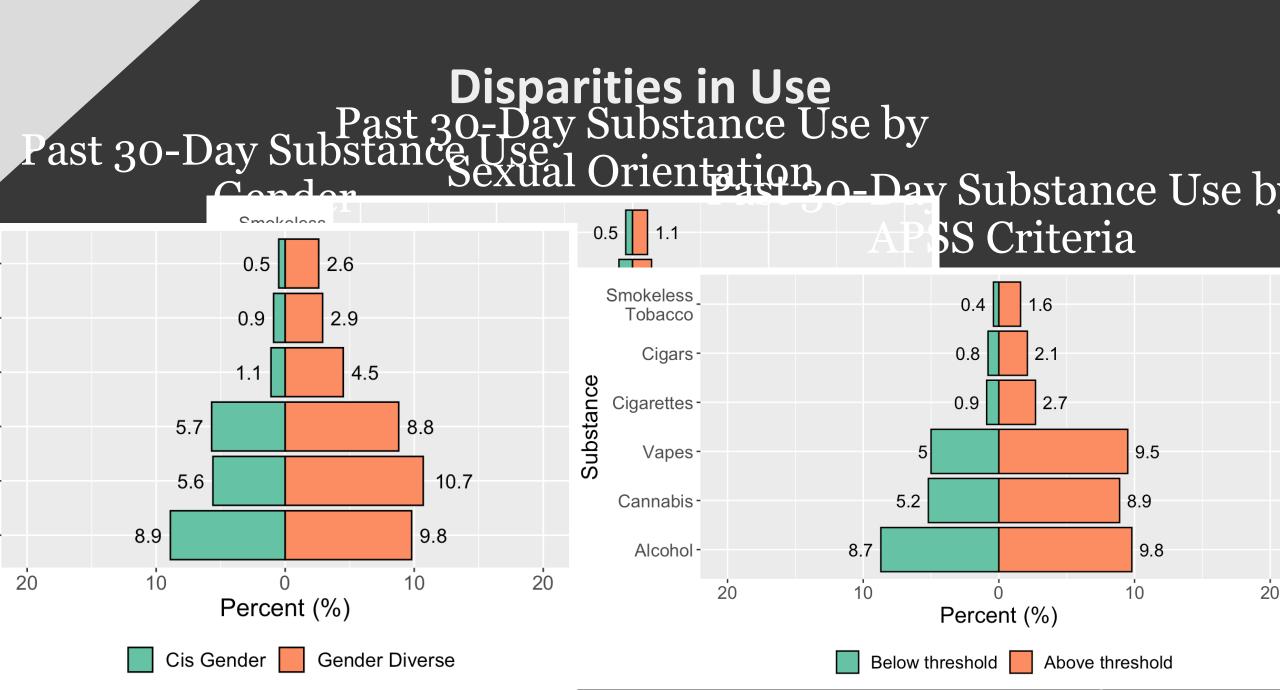


Source. The Monitoring the Future study, the University of Michigan.

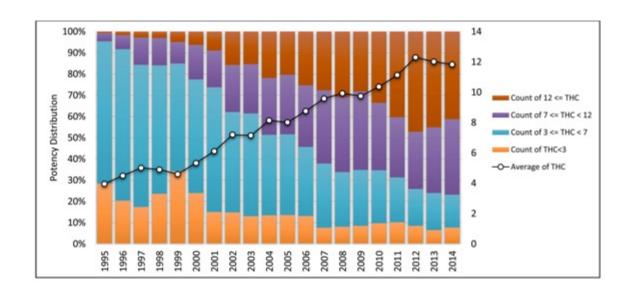
Vaping Trends Post COVID

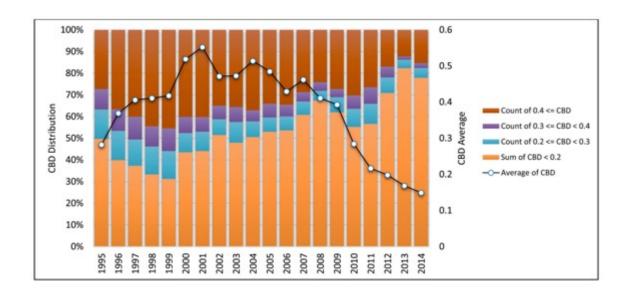
Any Vaping: Trends in 30 Day Prevalence of Use in Grades 8, 10, and 12





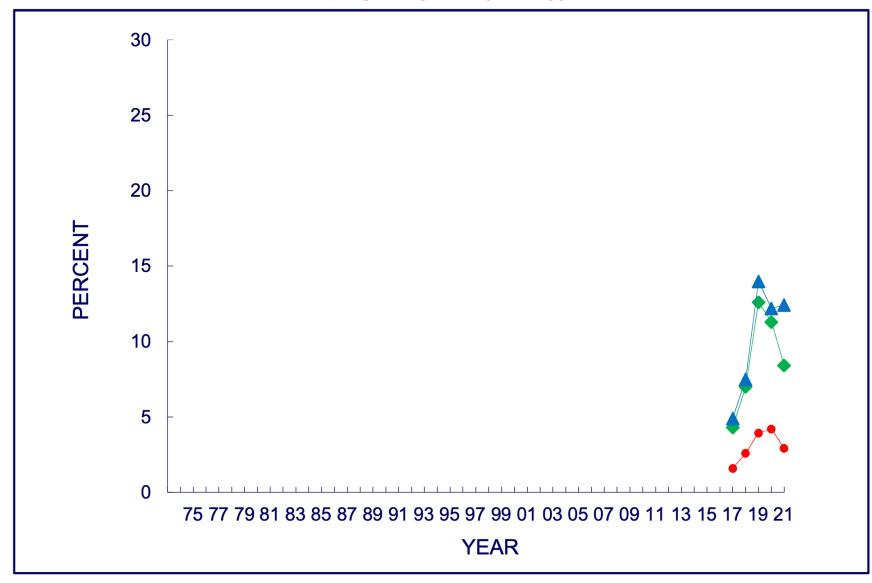
Cannabis is far more potent than in prior decades.







Vaping Marijuana (30-Day)

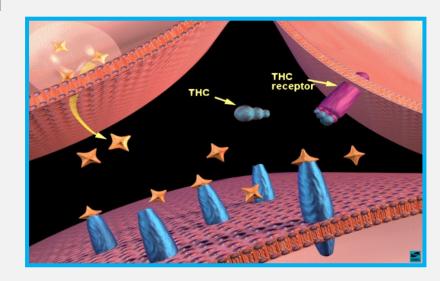


Source. The Monitoring the Future study, the University of Michigan.

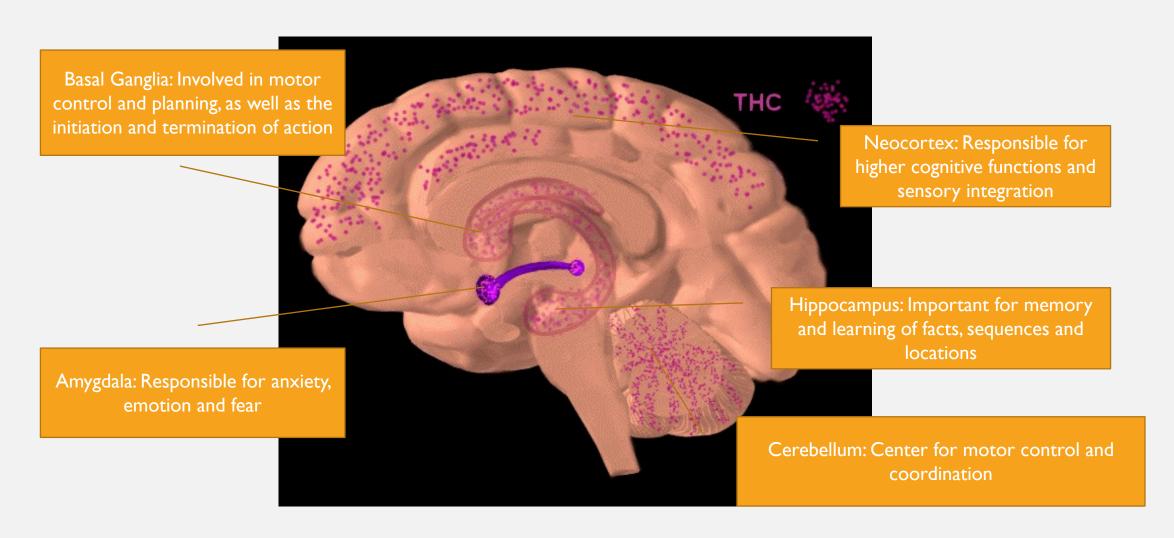


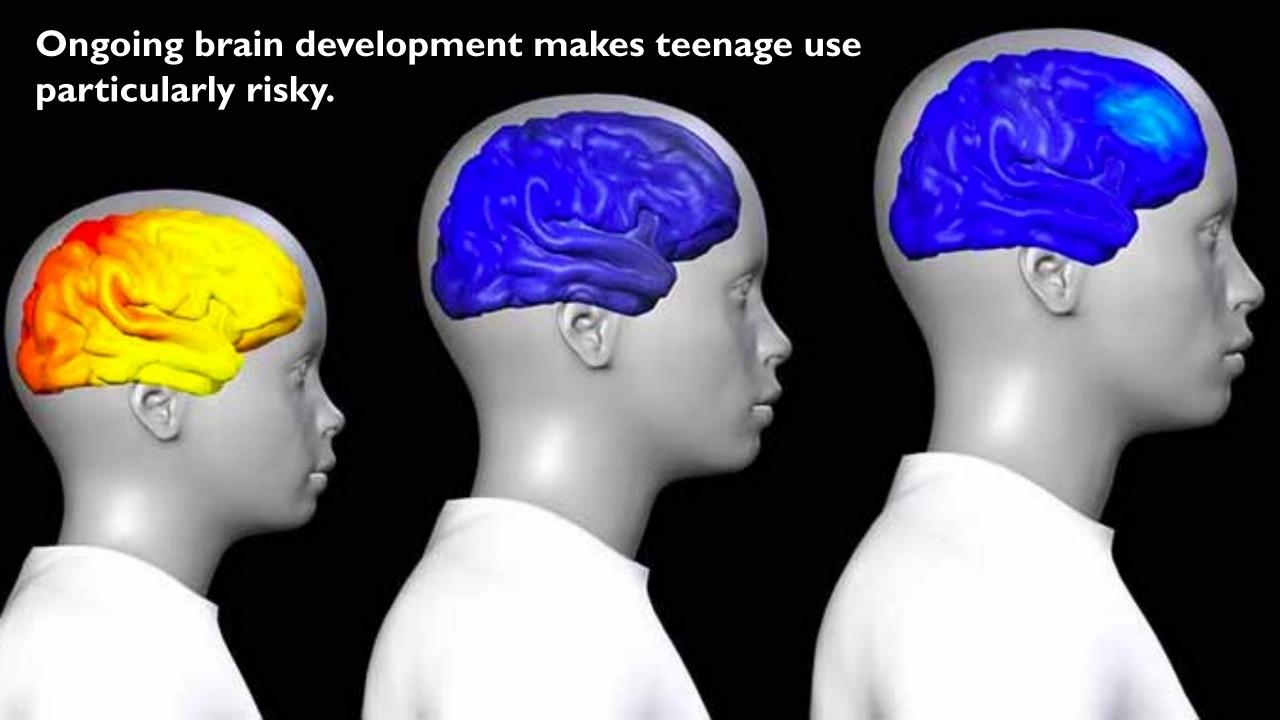
>200 PHYTOCANNABINOIDS IN THE CANNABIS PLANT

- Δ9-tetrahydrocannabinol (THC)
 - Agonist on endogenous cannabinoid receptors in the central (CBI) and peripheral (CB2) nervous system
 - > affinity than endogenous ligand, anandamide
 - Euphoric effect comes from THC
 - Lipophilic and crosses the BBB and placenta
 - Prenatal exposure → hyperactivity, impulsivity and inattention symptoms in childhood
 - Elimination half-life of days-weeks
- Other cannabinoids (e.g., CBD) that do not cause intoxication
 - More commonly discussed when speculating about treatment of neurologic disease (e.g., epilepsy)



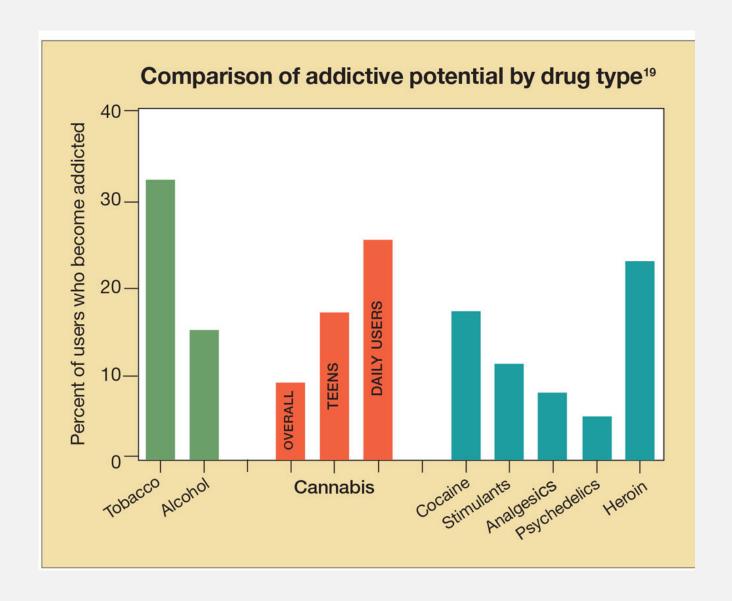
BROAD DISTRIBUTION OF THC BINDING SITES





ACUTE EFFECTS OF CANNABIS ARE WELL PROFILED

- Typically peaks 30 minutes after inhalation and 2-4 hours after ingestion
- +: Relaxation, euphoria, heightened perception, sociability, sensation of time slowing, increased appetite, decreased pain
- -: Paranoia, anxiety, irritability, impaired short-term memory, poor attention and judgment, and poor coordination and balance, tachycardia, hypertension, dry mouth and throat
 - Also 2-fold increased odds of respiratory symptoms among those who vape cannabis (Boyd et al., 2021)
- ↑ with THC content
- Tolerance may occur but, effects typically still detectable



ADDICTION LIABILITY

- 4M people aged 12+ have a past year CUD
- ~23% of people
 whoreceived addiction
 treatment received
 treatment for CUDs
- Average adult entering tx for CUD has used daily for 10 years, tried to quit 6 times

SIGNS OF CANNABIS DEPENDENCE

Tolerance/withdrawal

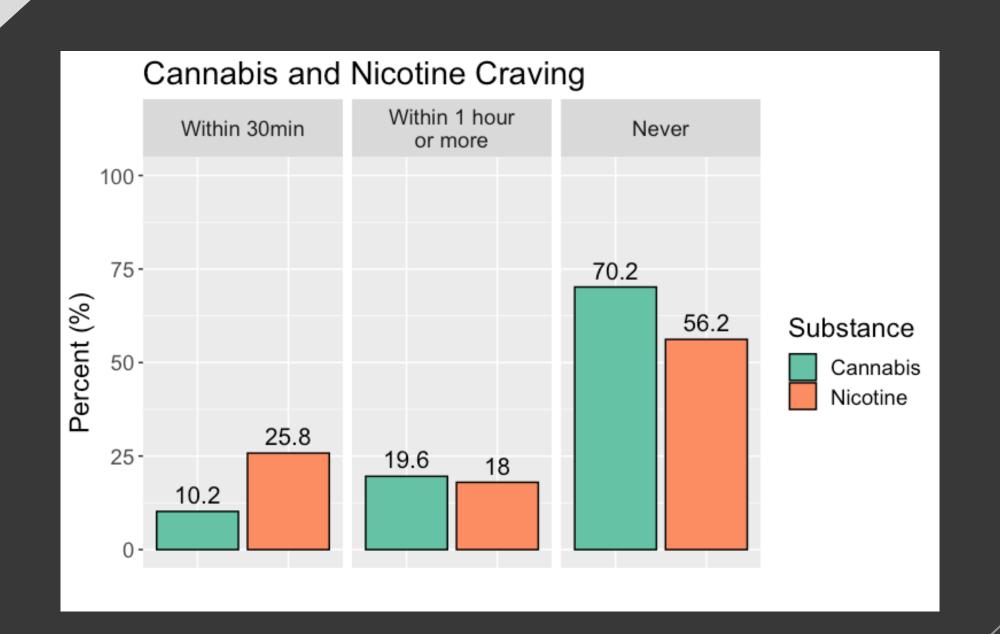
- Anger or Aggression
- Decreased Appetite / Weight Loss
- Irritability
- Nervousness / Anxiety
- Restlessness
- Sleep Difficulties / Strange Dreams

Preoccupation

Loss of control

Continued use in the face of adverse consequences

Cognitive distortions/denial



CANNABIS AND OTHER SUBSTANCE USE









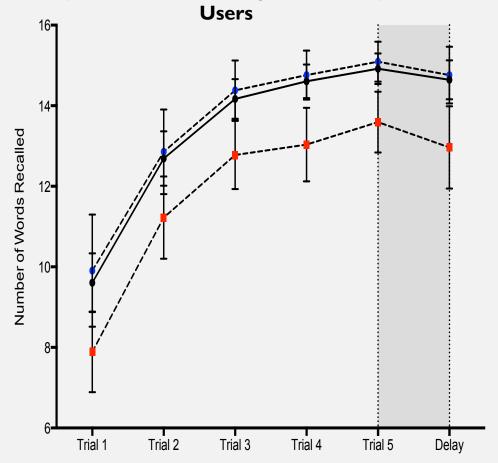
CANNABIS AND COGNITION

Trials among Controls, Late Onset

Marijuana Users and Early Onset Marijuana



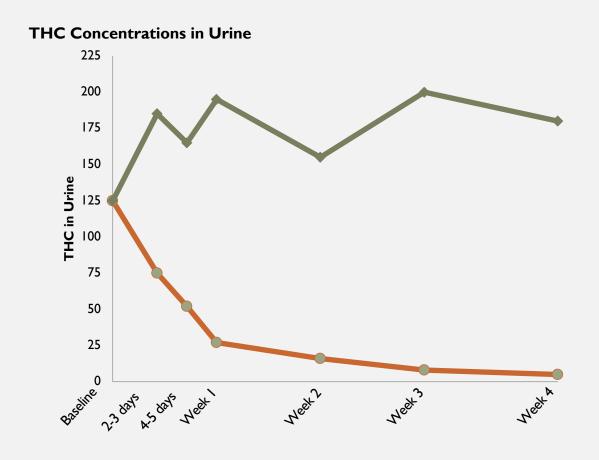
- -- Late Onset
- -- Early Onset

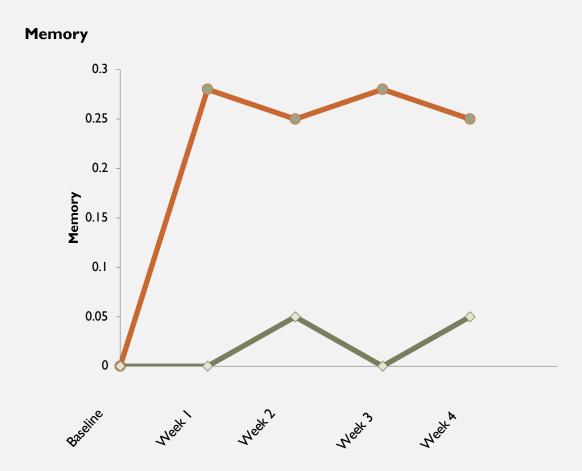


- Learning improved with repetition, with no group effect on the learning slope
- Early users learned < words overall than late onset users or CON; Late onset = controls
- No differences in percent retention
- Early users used < overall learning strategies and < semantic clustering than controls

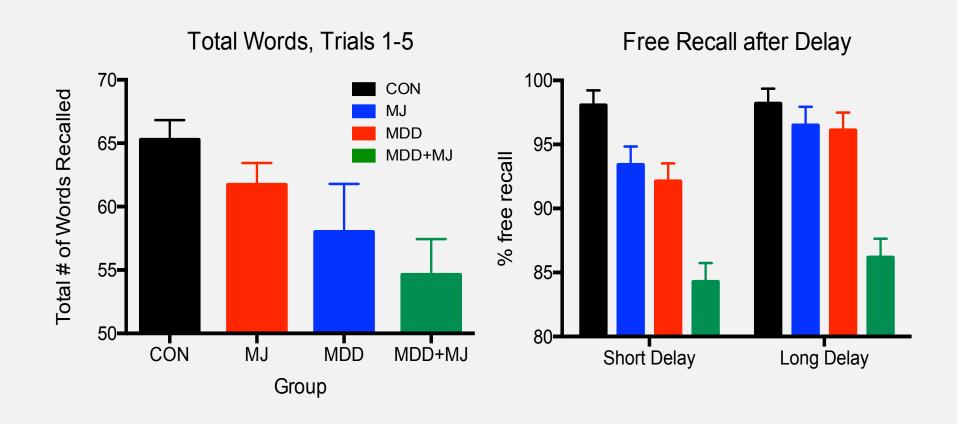
Ongoing Study on Neurocognitive Recovery with Cannabis Abstinence in High School Students



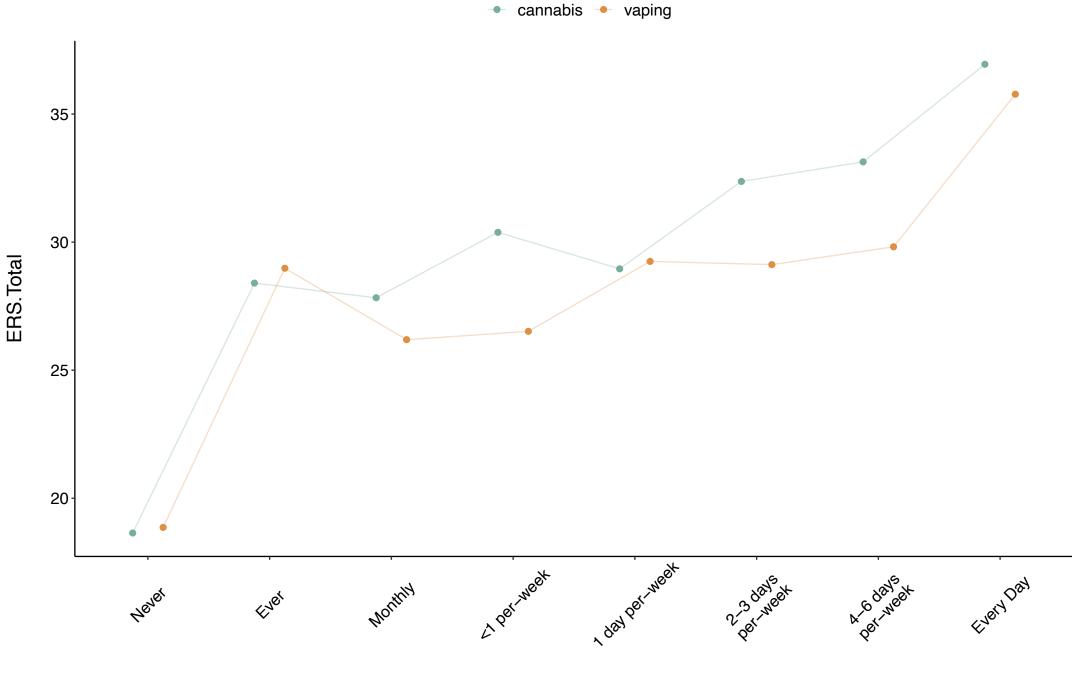




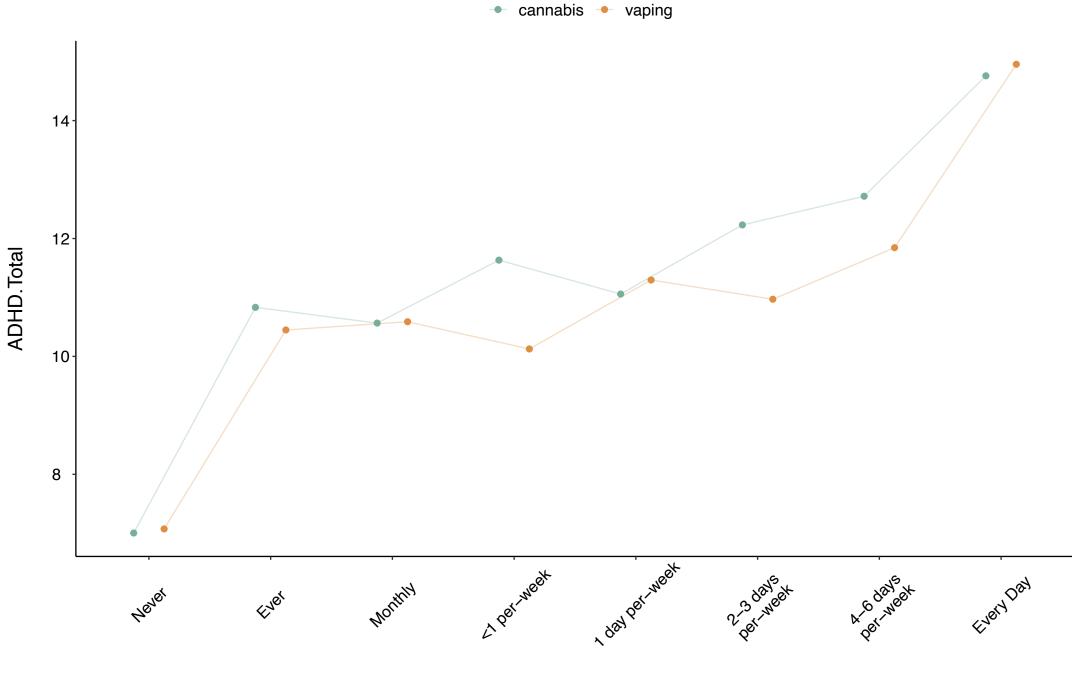
GREATER VULNERABILITY WITH PSYCHIATRIC DIAGNOSES?



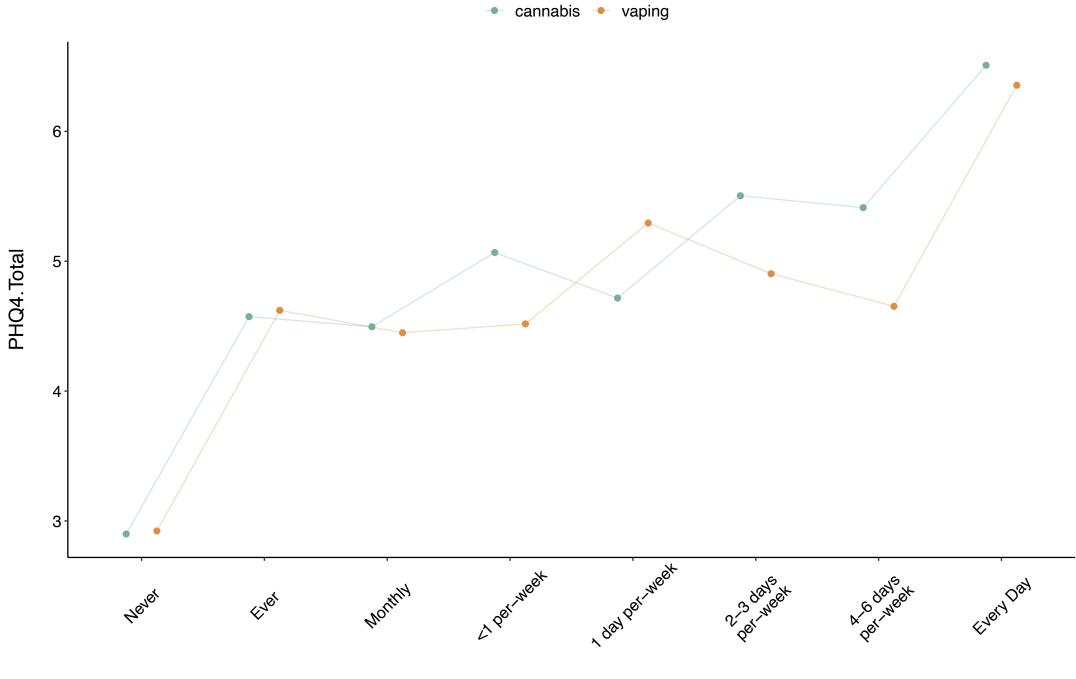
CANNABIS AND PSYCHIATRIC CO-MORBIDITIES



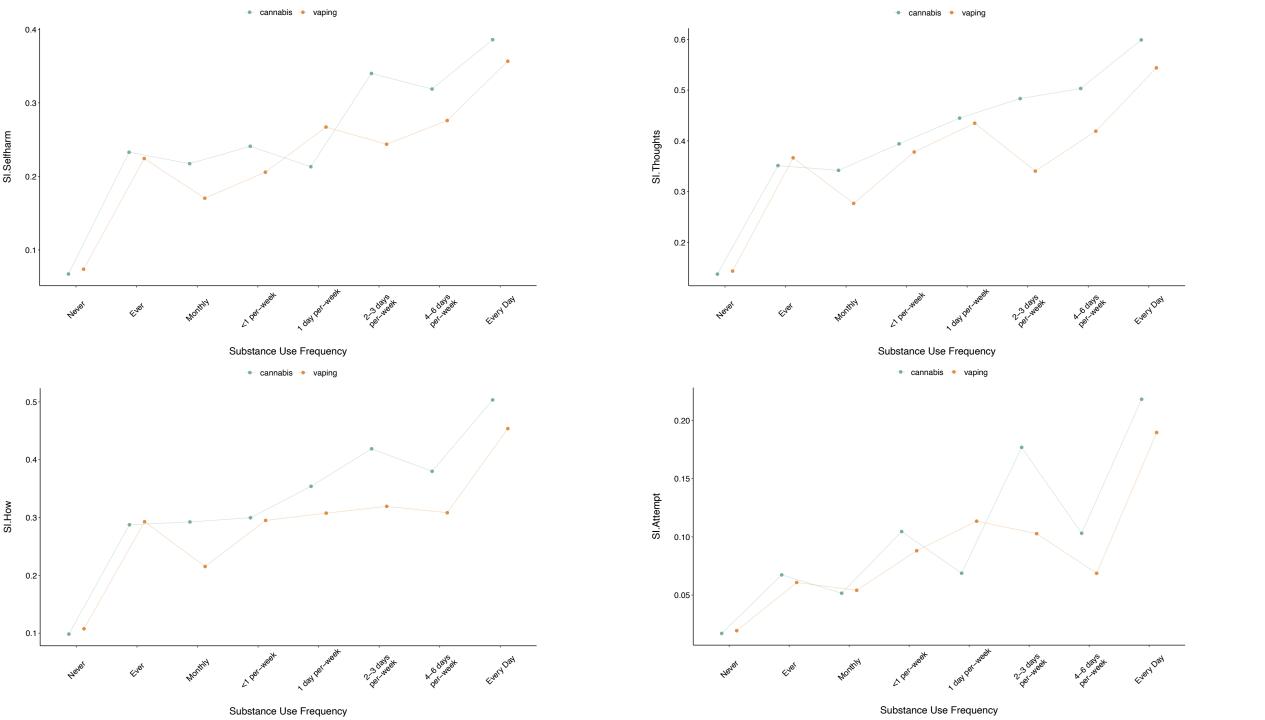
Substance Use Frequency

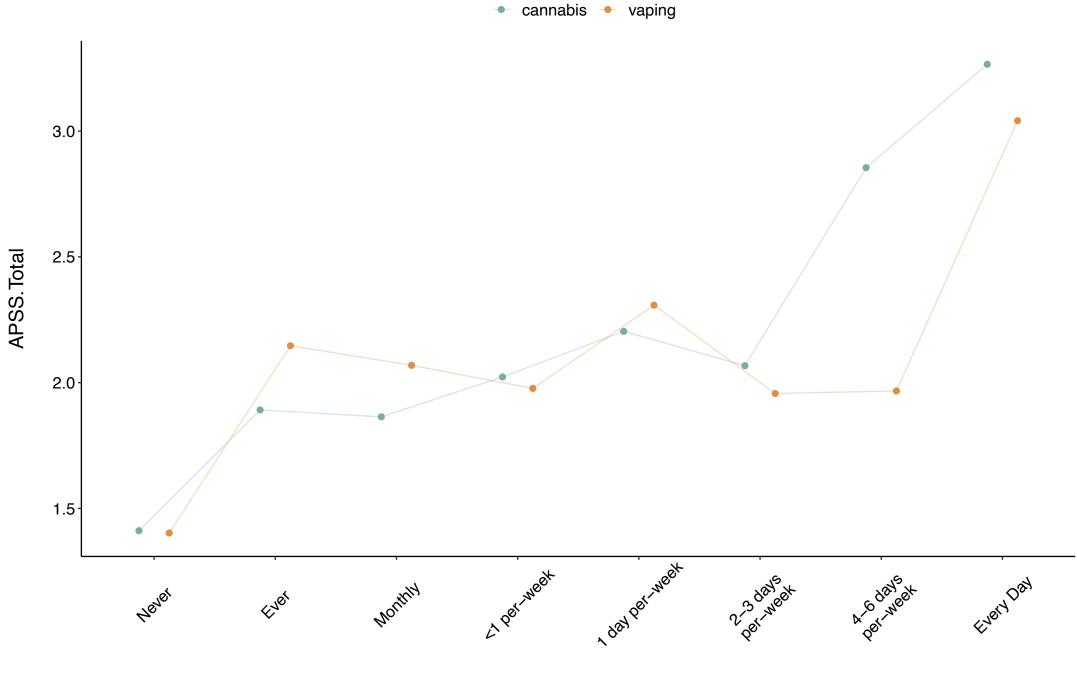


Substance Use Frequency



Substance Use Frequency

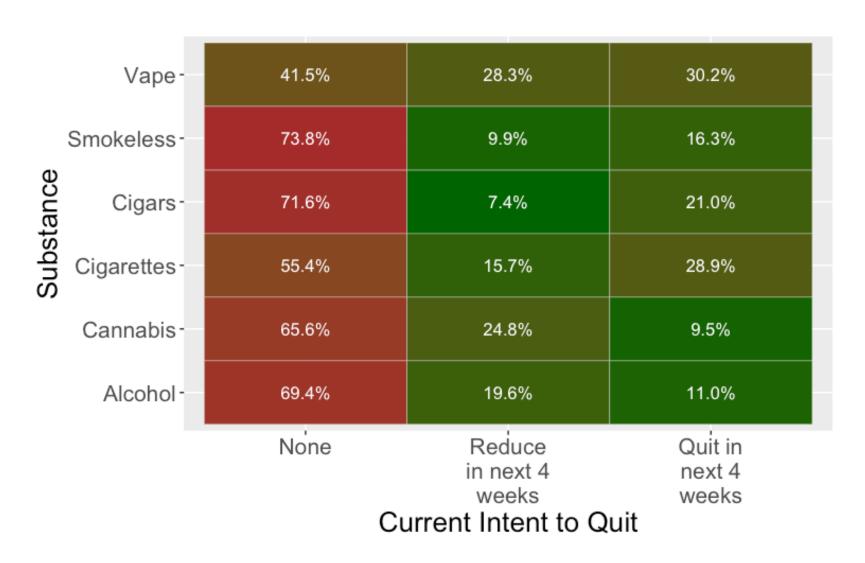


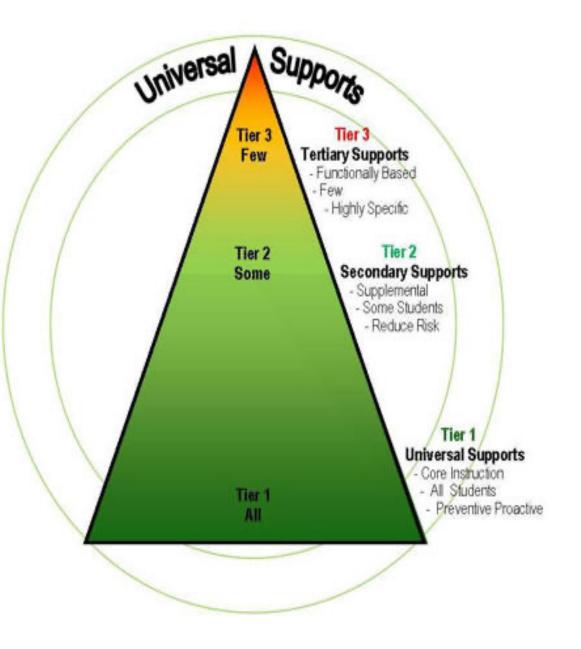


Substance Use Frequency

Schools as the hub for prevention

Student Intent to Quit





- 01 Universal prevention
- O2 Early detection and intervention
 Universal screening (SBIRT)
 Alternatives to punishment
- **O3** Treatment and Ongoing support

Overview of iDECIDE:

iDECIDE is funded by a Cooperative Agreement to MGH from the Massachusetts Department of Public Health, Office of Youth & Young Adult Services' federal award by the Substance Abuse and Mental Health Services Administration.











<u>iDECIDE Overview</u> <u>Video</u>



Core Values

- Youth are the experts in their own experiences. Facilitators' jobs are to empower and challenge youth, but not to instruct them.
- Empowerment, strength-building, and factual information change behaviors more than punishment.
- Long-lasting behavior change is most achievable when goals are aligned with individual core values
 and fundamental needs.
- Cultivating non-judgmental, authentic, and reliable relationships with trusted adults at school is a
 powerful protective factor against substance use and its co-morbidities.
- Every student deserves access to science-based information and support, regardless of socioeconomic status, race, color, religion, gender, gender identity or expression, sexual orientation, national origin, or disability. Improving equity in responses to teen substance use will have positive impacts on individual outcomes and school culture.

Content Overview

- Four core modules
- 1. Teen Brain Development, Neurobiology and Addiction, Industry Tactics, Risk and Protective Factors
- 2. Motives for Use and Specific Drug Effects
- 3. Identifying Triggers, Healthy Alternatives, Effective Communication, Mindfulness and Meditation
- 4. Core Values and Setting Goals



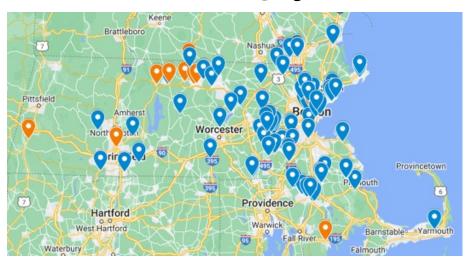
OASIS – Optimizing and Advancing SBIRT in Schools

To Contact iDECIDE:

Randi Schuster, PhD (Principal Investigator): rschuster@mgh.Harvard.edu; 617-643-6673

Caroline Gray, MSW (Project Manager): cgray16@mgh.Harvard.edu; 617-643-1771

iDECIDE General: iDECIDE@mgh.Harvard.edu



Website: www.iDECIDEmyfuture.org

Twitter: @iDECIDEteam

Instagram: @project_iDECIDE

Facebook: https://www.facebook.com/projectiDECIDE

LinkedIn: https://www.linkedin.com/company/projectidecide/



Please reach out with any questions or thoughts...



617-643-6673



RSCHUSTER@MGH.HARVARD.EDU



@RANDIMSCHUSTER