

# EPI-SET: Cannabis Use in Youth

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camh



# Learning Goals:

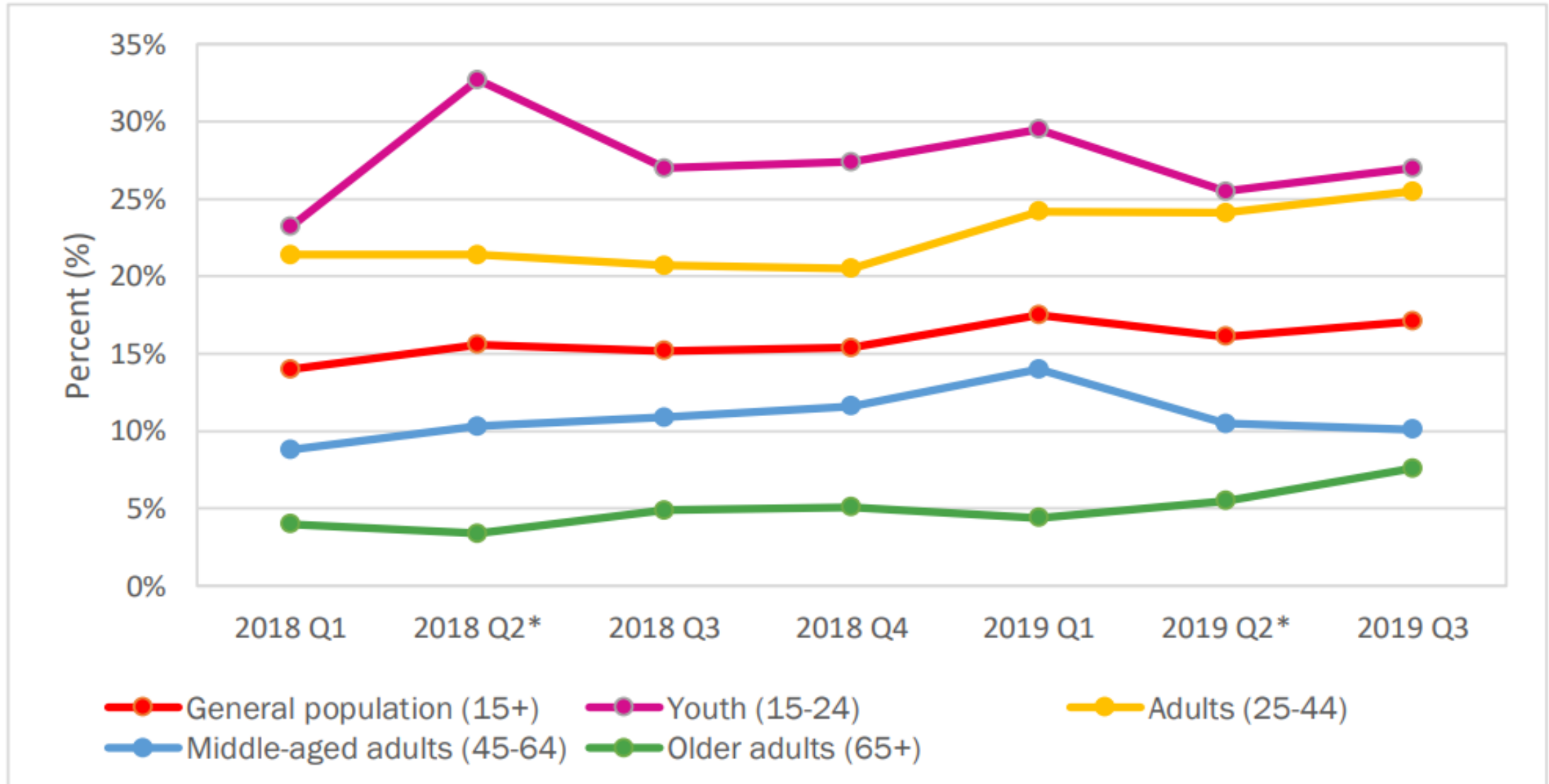
- Explore youth perceptions of cannabis use
- Review evidence-based, harm-reduction intervention strategies

# Relevance:

- Among the general population, cannabis use continues to increase compared to past years.
- Cannabis was the most common substance associated with substance-related hospitalizations for youth aged 10 to 24 years in 2017–2018.
- The Government of Canada estimates that among those who use cannabis, about one in 11 will develop a cannabis use disorder and this estimate increases to one in six for those who initiate cannabis use as a teenager.
- Studies also reveal links to increased risk of psychosis and schizophrenia that can be affected by genetics, frequency of use, age of initiation and dosage amount, among other.

(CCSA, 2020)

**Figure 2. Prevalence of self-reported past-quarter cannabis use among Canadians by age category (2018–2019)**

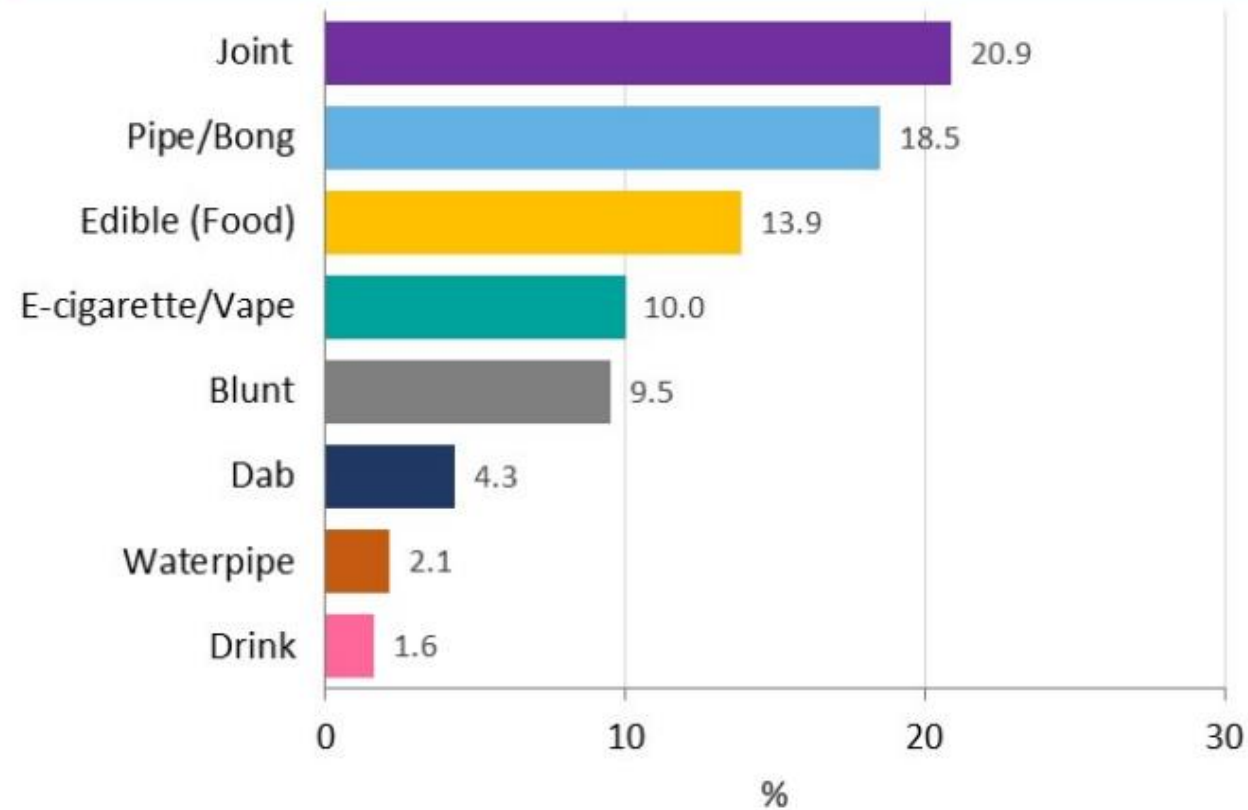


**\* Data for these quarters includes provinces and territories, all remaining quarters are provincial data only.**

(CCSA, 2020)

# 2019 Ontario Student Drug Use and Health Survey (OSDUHS)

Percentage of cannabis users in high school reporting ways they used cannabis in the past year, 2019 OSDUHS



# 2019 OSDUHS Results (cont'd)

Percentage of students reporting that it is “easy” or “very easy” to get the drug, 2019 OSDUHS

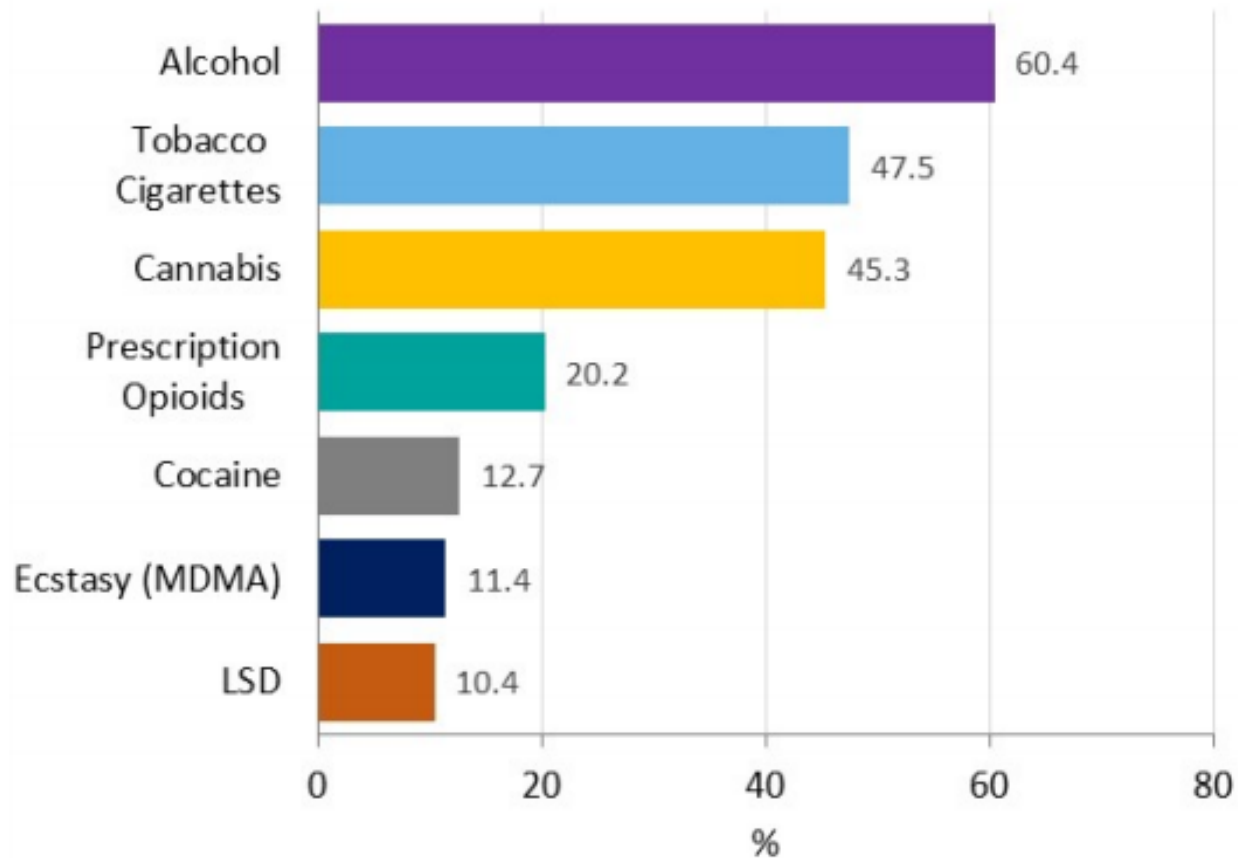
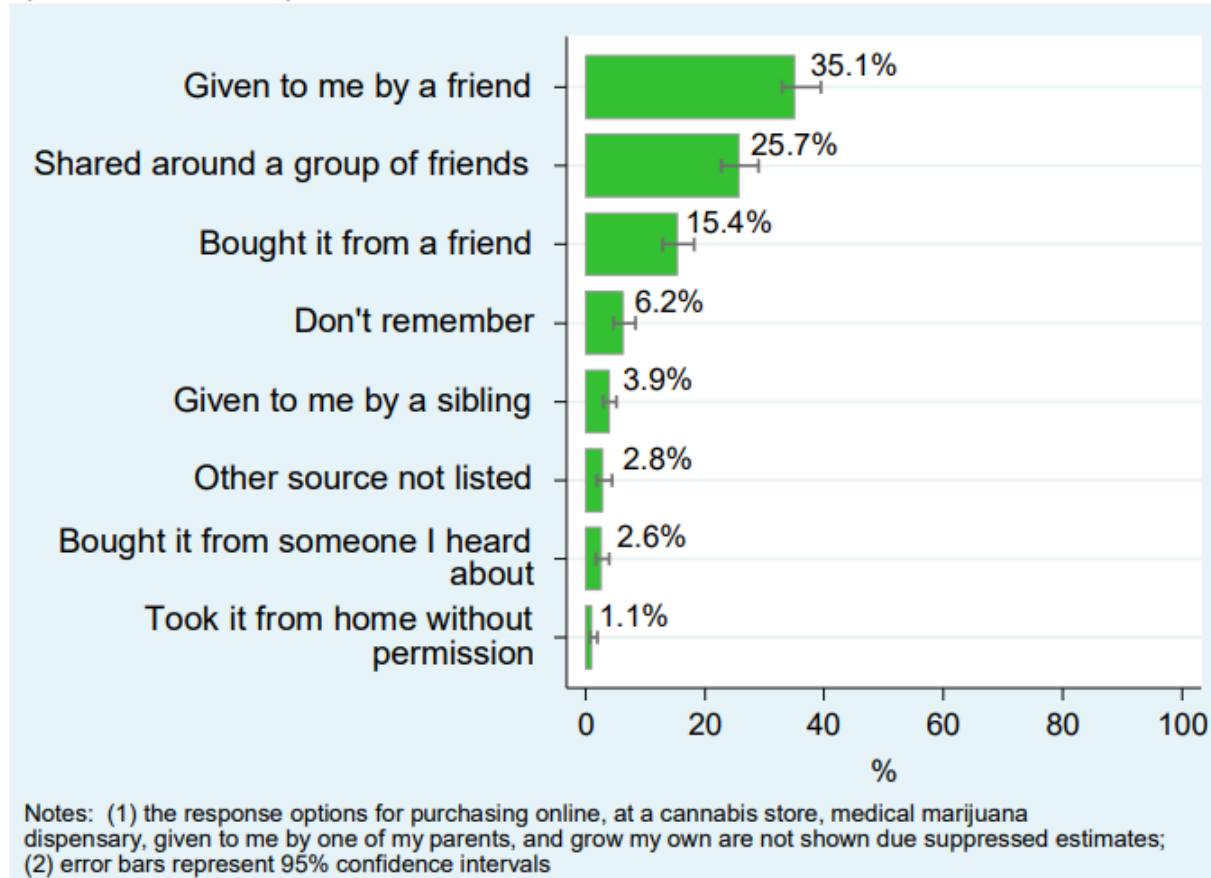


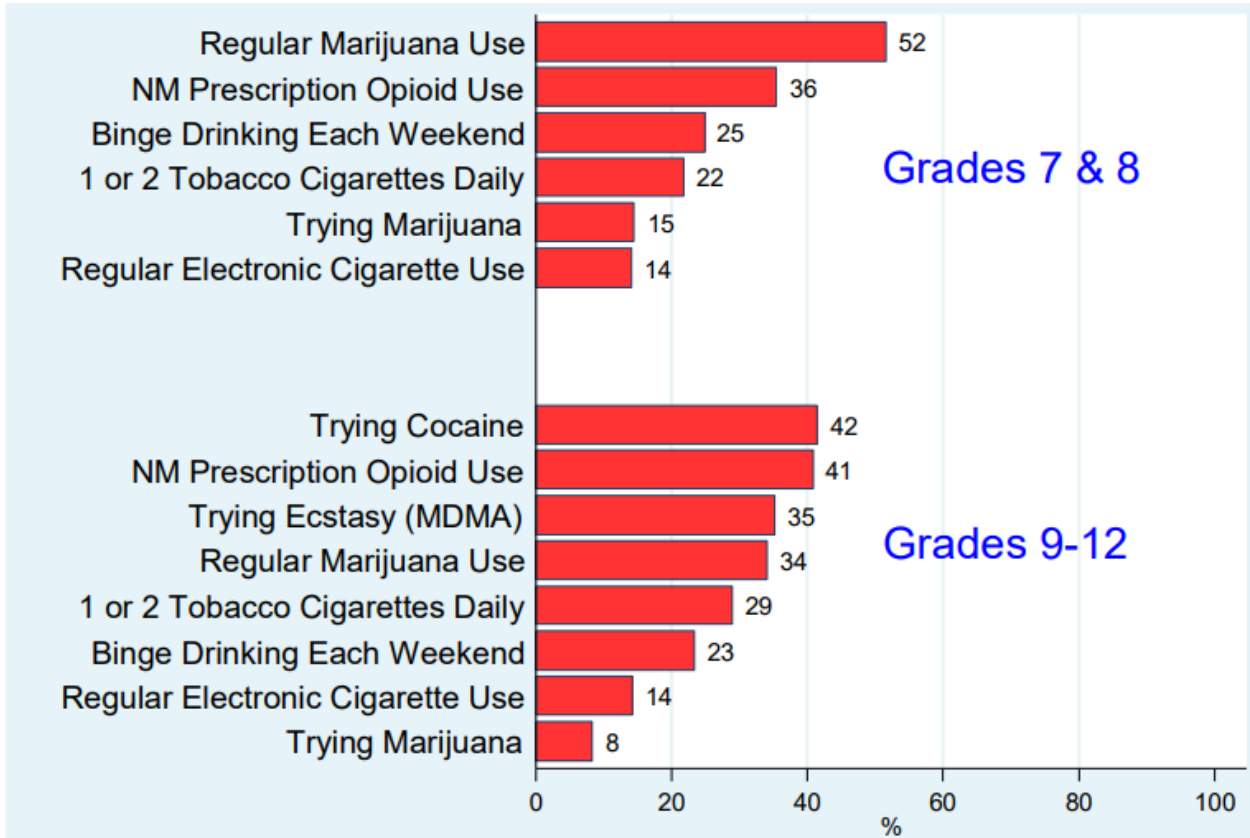
Figure 3.11.12  
Usual Source of Cannabis Among Users, 2019 OSDUHS  
(Grades 7–12)





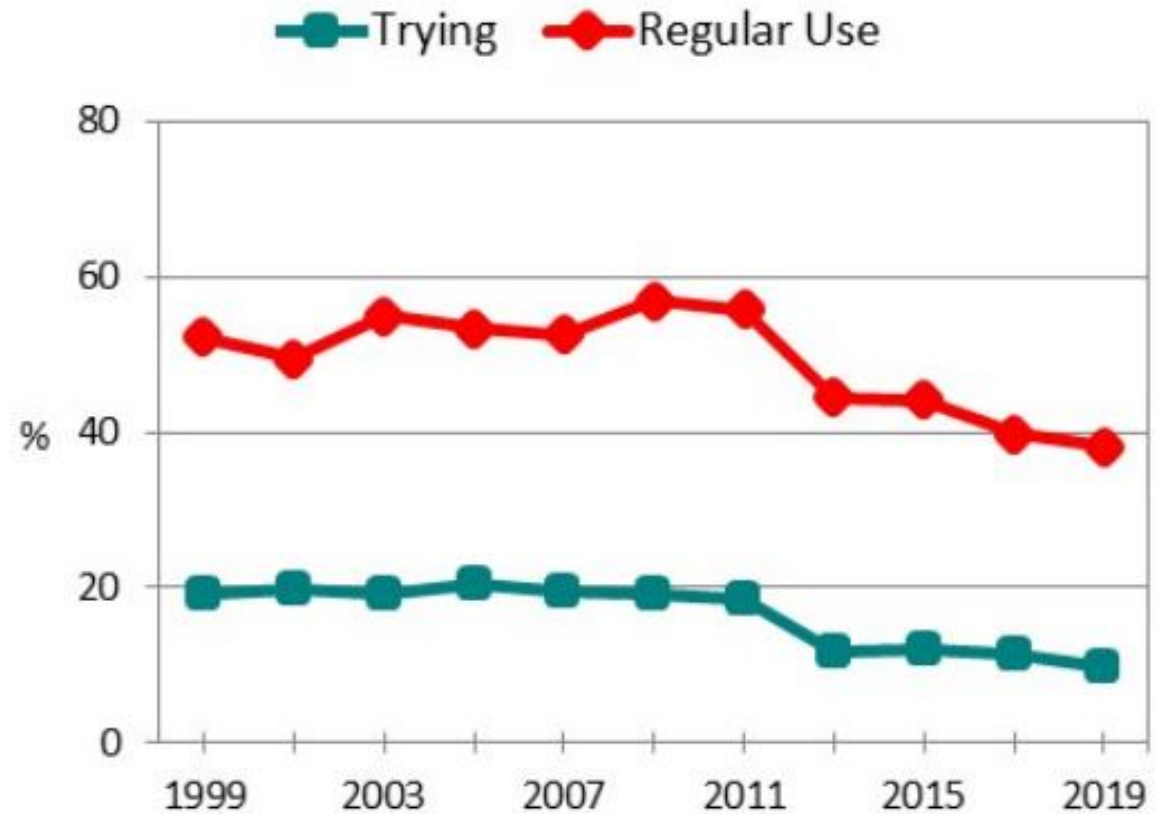
# 2019 OSDUHS Results (cont'd)

Figure 3.11.1  
Percentage Who Perceive "Great Risk" of Harm Associated with Drug Use by Grade Level, 2019 OSDUHS



Notes: (1) NM=nonmedical use, without one's own prescription; (2) Binge Drinking=5+ drinks of alcohol on one occasion; (3) Grade 7 and 8 students were not asked about trying cocaine or trying ecstasy (MDMA)

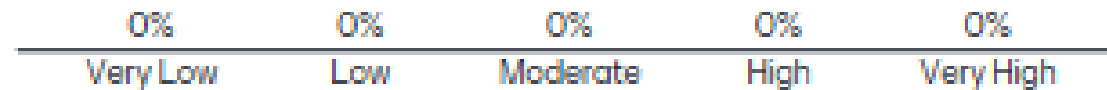
## Trends in perceived "great risk" of harm from using marijuana, 1999-2019 OSDUHS




Go to [www.menti.com](https://www.menti.com) and use the code 69 35 73 0

# What is the Risk of Harm of Occasional/Social Cannabis Use for Youth who Experience Psychosis?

 Mentimeter



 Results are hidden





Go to [www.menti.com](http://www.menti.com) and use the code 69 35 73 0

# Does Cannabis Use in Youth who Experience Psychosis Require Concurrent Disorders Treatment?

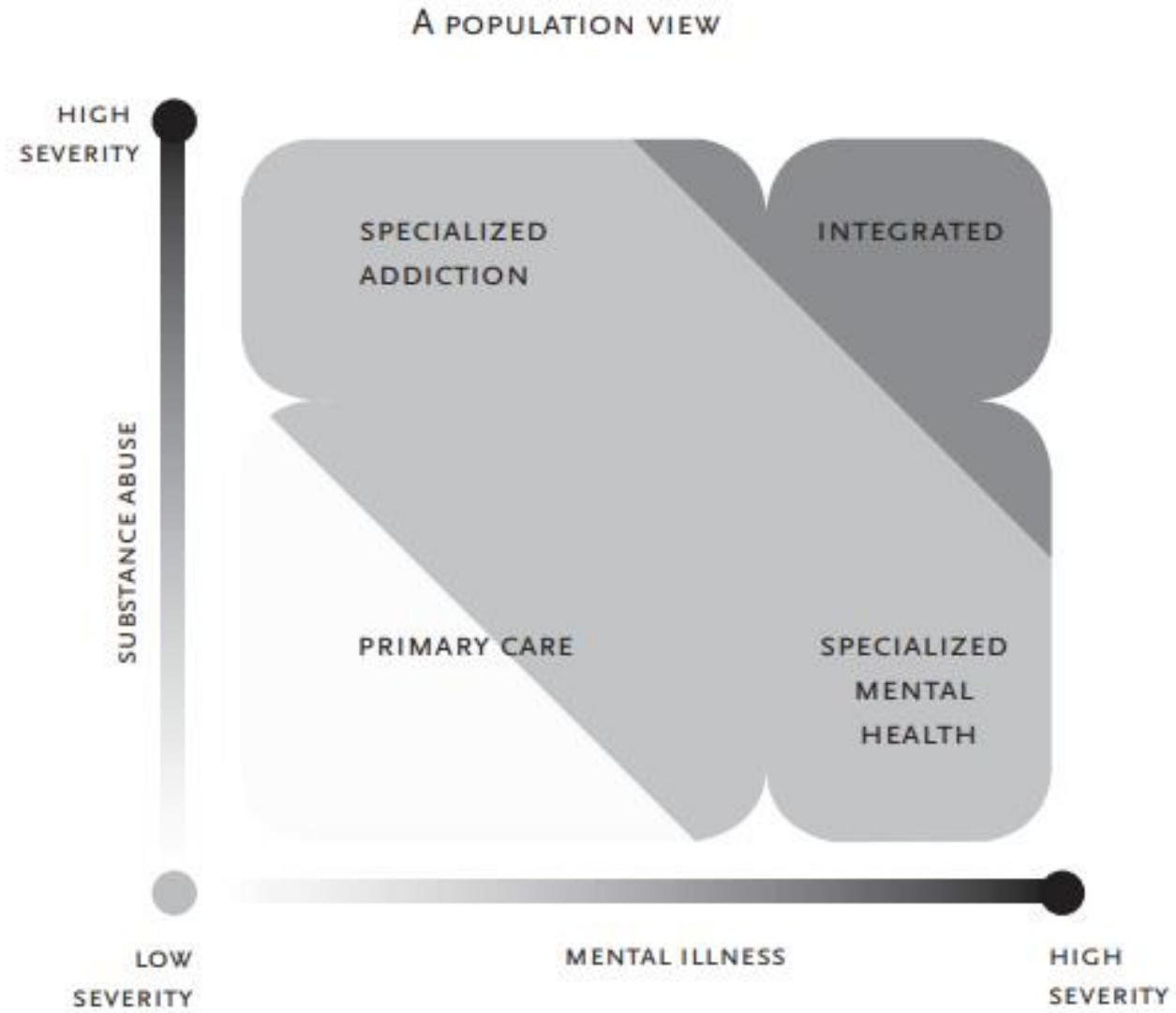
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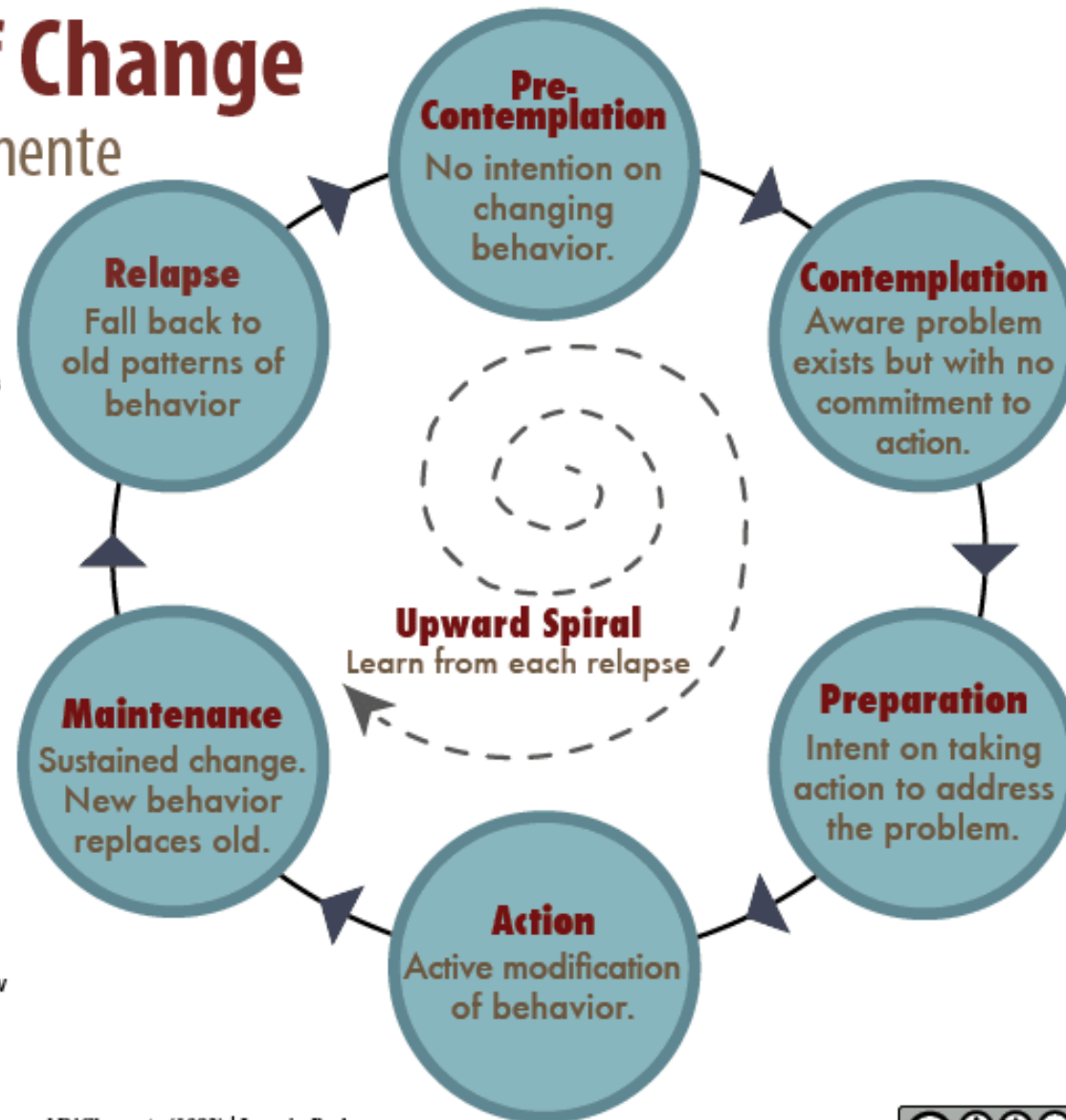
Figure 1-1: The Quadrant Framework



# The Cycle of Change

## Prochaska & DiClemente

- **Precontemplation:** A logical starting point for the model, where there is no intention of changing behavior; the person may be unaware that a problem exists
- **Contemplation:** The person becomes aware that there is a problem, but has made no commitment to change
- **Preparation:** The person is intent on taking action to correct the problem; usually requires buy-in from the client (i.e. the client is convinced that the change is good) and increased self-efficacy (i.e. the client believes s/he can make change)
- **Action:** The person is in active modification of behavior
- **Maintenance:** Sustained change occurs and new behavior(s) replaces old ones. Per this model, this stage is also transitional
- **Relapse:** The person falls back into old patterns of behavior
- **Upward Spiral:** Each time a person goes through the cycle, they learn from each relapse and (hopefully) grow stronger so that relapse is shorter or less devastating.



The Cycle of Change  
Adapted from a work by Prochaska and DiClemente (1983) | Ignacio Pacheco  
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# Canada's Lower-Risk Cannabis Use Guidelines (LRCUG)

# Abstinence

## **Recommendation 1:**

The only way to completely avoid these risks is by choosing not to use cannabis.

(Fischer et al., 2017)

# Age of Initial Use

## **Recommendation 2:**

You'll lower your risk of cannabis-related health problems if you choose to start using cannabis later in life.

(Fischer et al., 2017)

# Choice of Cannabis Products

## **Recommendation 3:**

If you use, choose low-strength products, such as those with a lower THC content or a higher ratio of CBD to THC.

## **Recommendation 4:**

Don't use synthetic cannabis products.

(Fischer et al., 2017)



# Cannabis Use Methods and Practices

## **Recommendation 5:**

Smoking cannabis (for example, smoking a joint) is the most harmful way of using cannabis because it directly affects your lungs.

## **Recommendation 6:**

If you choose to smoke cannabis, avoid inhaling deeply or holding your breath.

(Fischer et al., 2017)

# Frequency and Intensity of Use

## **Recommendation 7:**

Try to limit your use as much as possible.

(Fischer et al., 2017)

# Cannabis Use and Driving

## **Recommendation 8:**

Cannabis use impairs your ability to drive a car or operate other machinery. Don't engage in these activities after using cannabis, or while you still feel affected by cannabis in any way.

(Fischer et al., 2017)

# Special-Risk Populations

## **Recommendation 9:**

Specifically, people with a personal or family history of psychosis or substance use problems, and pregnant women should not use cannabis at all.

(Fischer et al., 2017)

# Combining Risks or Risk Behaviours

## **Recommendation 10:**

Avoid combining any of the risky behaviours described above.

(Fischer et al., 2017)

# Always Consider the Underlying Factors



# Key References:

Boak, A., Elton-Marshall, T., Mann, R. E., & Hamilton, H. A. (2020). Drug use among Ontario students, 1977-2019: Detailed findings from the Ontario Student Drug Use and Health (OSDUHS). Toronto ON: Centre for Addiction and Mental Health

Canadian Centre on Substance Use and Addiction (2020). Cannabis (Canadian Drug Summary). Retrieved from: <https://www.ccsa.ca/cannabis-canadian-drug-summary>

Fischer, B., Russell, C., Sabioni, P., van den Brink, W., Le Foll, B., Hall, W., Rehm, J. & Room, R. (2017). Lower-Risk Cannabis Use Guidelines (LRCUG): An evidence-based update. *American Journal of Public Health*, 107 (8). DOI: 10.2105/AJPH.2017.303818.

O'Grady, C. P., Skinner, W. J.W. (2007). A Family Guide to Concurrent Disorders. Toronto: Centre for Addiction and Mental Health. A reproducible copy of this publication is available on the Internet at: [www.camh.net/About\\_Addiction\\_Mental\\_Health/Concurrent\\_Disorders/CD\\_priority\\_projects.html](http://www.camh.net/About_Addiction_Mental_Health/Concurrent_Disorders/CD_priority_projects.html)



**Thank You**

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