Not Your Grandmother's Weed Adolescent Cannabis Use & Mental Health Concerns

Maria H. Rahmandar, MD (she/her)

Medical Director, Substance Use & Prevention Program (SUPP)

Division of Adolescent and Young Adult Medicine, Lurie Children's Hospital of Chicago

Associate Professor, Northwestern University Feinberg School of Medicine







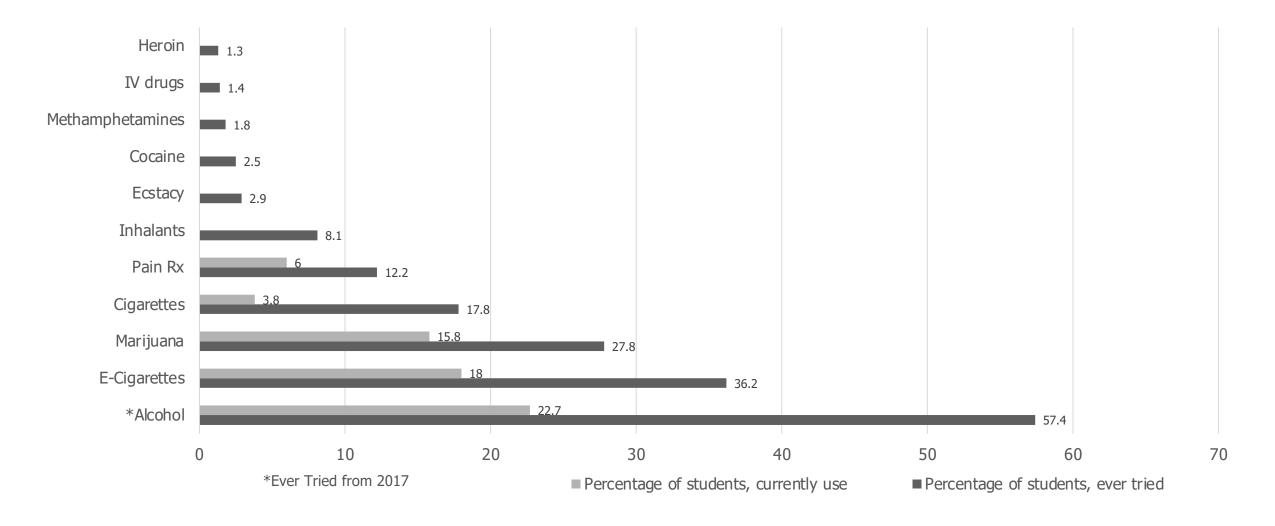


Objectives

- By the end of this talk, participants will be able to:
 - Articulate the trends in adolescent cannabis use
 - Acknowledge the rise in potency of cannabis products
 - Discuss mental health concerns with adolescent cannabis use
- Other issues impacting youth not discussed:
 - Poison control call or ED visits for cannabis ingestions
 - Cannabinoid hyperemesis syndrome
- This is NOT an exhaustive review of the literature



Substances Tried by US High Schoolers







Trends in US High School Students

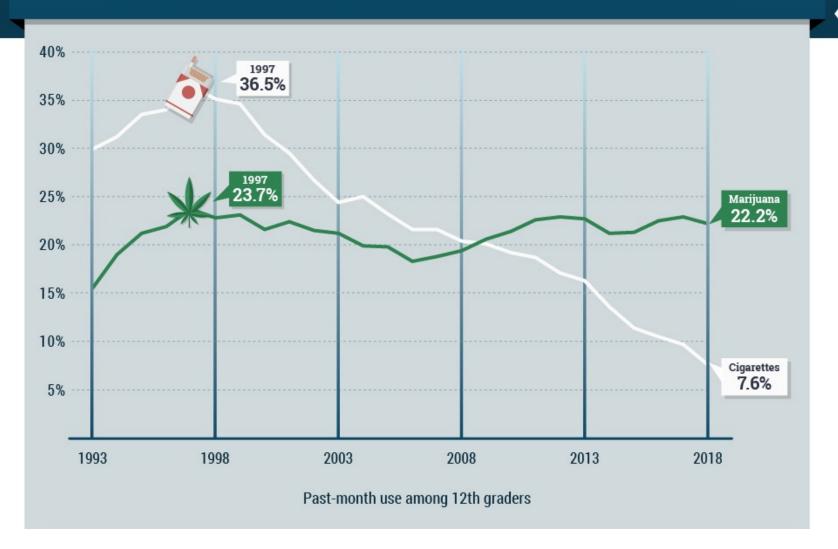
By 12th grade:

- 68% drank alcohol* (32.2% currently)
- 45.6% tried e-cigarettes (24% currently)
- 46% tried marijuana (26% currently)
- 22.7% smoked (5.2% currently)
- 11.6% pain medication misuse (5.3% currently)
- 1.4% tried heroin
- 2% injected drugs
 - Missing youth no longer in school
 - *from 2017 data





TEENS MORE LIKELY TO USE MARIJUANA THAN CIGARETTES





Higher Concentrations

- ↑ concentration of tetrahydrocannabinol (THC)
- Cannabis Concentrates
 - Vaped, dabbed, Infuse into food/drink
 - Will take time for studies to catch up on impacts...

Ryan SA, Ammerman SD, AAP Committee on Substance Use and Prevention. Clinical Report: Counseling Parents and Teens About Marijuana Use in the Era of Legalization of Marijuana. Pediatrics. Feb 2017;139(3), e2016069

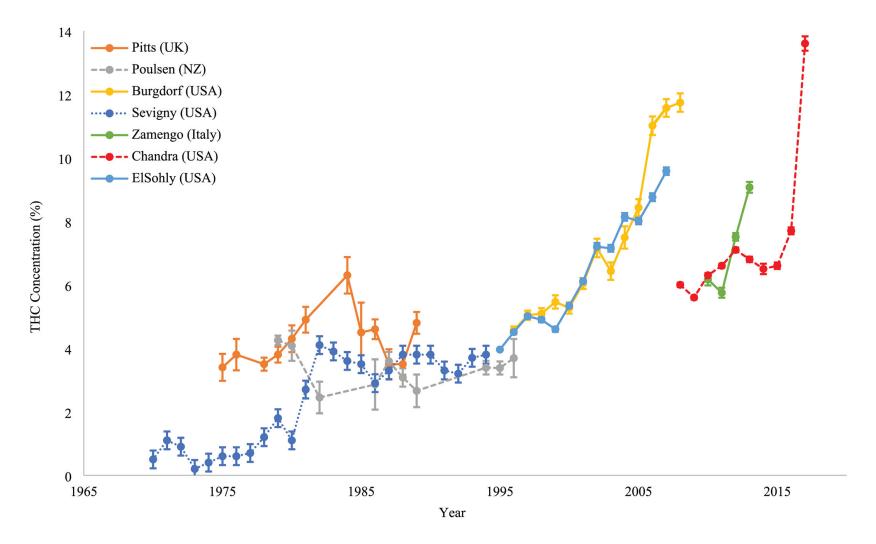
ElSohly MA, Mehmedic Z, Foster S, Gon C, Chandra S, Church JC. Changes in Cannabis Potency Over the Last 2 Decades (1995-2014): Analysis of Current Data in the United States. *Biol Psychiatry*. 2016;79(7):613-9.

Smart, R., Caulkins, J. P., Kilmer, B., Davenport, S., & Midgette, G. (2017). Variation in cannabis potency and prices in a newly legal market: evidence from 30 million cannabis sales in Washington state. Addiction, 112(12), 2167-2177. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5673542/

United States Department of Justice Drug Enforcement Administration Demand Reduction Section. What You Should Know About Marijuana Concentrates, Also Known As: THC Extractions. Dec 2014.

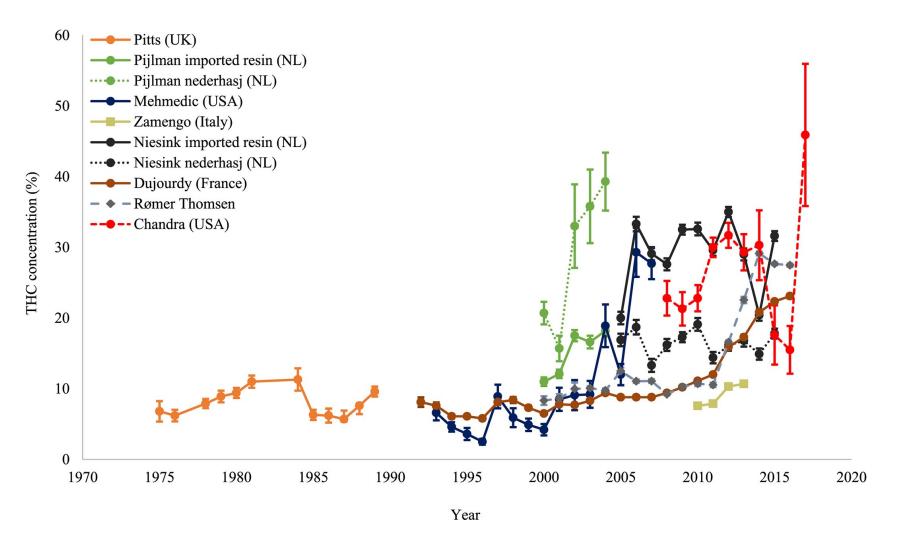


Mean concentrations of THC in herbal cannabis over time





Mean concentrations of THC in cannabis resin over time





Regular use & recent problems of high- vs low-potency

Table 2. Logistic Regression Analysis of the Association Between High-Potency Cannabis and Substance Use and Mental Health Outcomes^a

Outcome variable	Univariable OR (95% CI)	<i>P</i> value	Adjusted for childhood sociodemographic factors, AOR (95% CI)	P value	Adjusted for prospective mental health measures, AOR (95% CI)	<i>P</i> value	Adjusted for frequency of cannabis use, AOR (95% CI)	P value
Regular cannabis use	6.21 (4.24-9.11)	≤.001	5.81 (3.90-8.65)	≤.001	4.38 (2.89-6.63) ^b	≤.001	NA	NA
Recent cannabis use problems	13.17 (5.41-32.04)	≤.001	13.52 (5.28-34.60)	≤.001	8.45 (3.04-23.50) ^b	≤.001	4.08 (1.41-11.81)	.009
Recent use of other illicit drugs	2.47 (1.53-3.97)	≤.001	2.19 (1.35-3.56)	.002	1.50 (0.91-2.49) ^b	.11	1.29 (0.77-2.17)	.34
Tobacco dependence	3.31 (2.23-4.92)	≤.001	3.30 (2.18-4.99)	≤.001	2.05 (1.31-3.19) ^b	.002	1.42 (0.89-2.27)	.14
Alcohol use disorder	1.60 (0.94-2.73)	.08	1.49 (0.86-2.56)	.15	0.99 (0.56-1.76) ^b	.97	0.90 (0.49-1.64)	.73
Major depression (moderate or severe symptoms)	1.24 (0.70-2.18)	.46	1.61 (0.89-2.93)	.12	1.54 (0.84-2.82) ^c	.16	1.28 (0.68-2.32)	.44
Generalized anxiety disorder	1.77 (1.09-2.86)	.02	2.35 (1.41-3.92)	≤.001	2.28 (1.36-3.83) ^c	.002	1.92 (1.11-3.32)	.02
Psychotic-like experiences	1.81 (1.01-3.24)	.047	2.03 (1.10-3.73)	.02	1.86 (1.00-3.46) ^d	.05	1.29 (0.67-2.50)	.45

Abbreviations: AOR, adjusted odds ratio; NA, not applicable; OR, odds ratio.



^c Depression symptom score at 13 years of age.

^a All results estimated from imputed data. Multivariable model adjustment is incremental.

^d Number of psychotic experiences at 12 years of age.

^b Age at onset of cannabis use.



Risks of Youth Use

- Most youth who use cannabis do not develop a substance use disorder
 - But impairments can be problematic during the period of use
 - Long-term consequences on youth are not fully clear
- Risk-taking behavior normal in teens
 - But drug experimentation can have consequences
- Younger initiation is associated with
 - Increased risk of substance use disorder as an adult
 - Higher number of substance used
- Developing brain vulnerable to effects of substances
 - DELAY, delay, delay

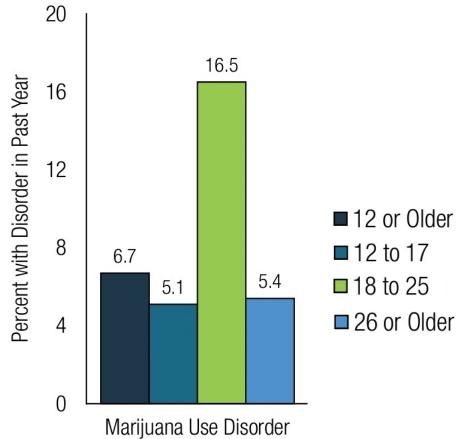


18 to 30. The TEDS Report. Jul 2014



Cannabis Use Disorder

Marijuana Use Disorder in the Past Year: Among People Aged 12 or Older; 2022



- 5.1% of all 12-17yo (1.3 million teens)
- 16.5% of all 18-25yo (5.7 million young adults)

Substance Abuse and Mental Health Services Administration. Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. 2023



Cannabis Use Disorder

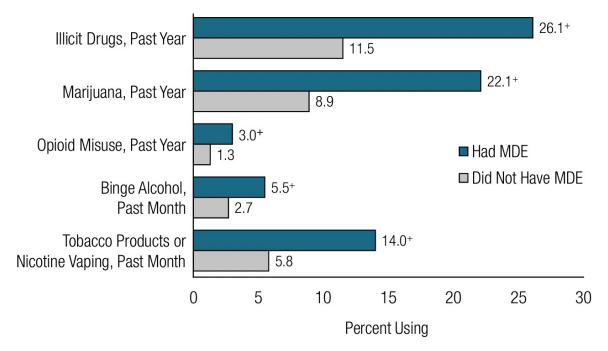
- Risk likely higher among youth who use more frequently
- Systematic review and meta-analysis of cohort studies found the risk of developing cannabis dependence was 33% (22-44%) among young people who used regularly (weekly or daily)



Co-Occurring Mental Health Conditions

- Common in adolescents (evaluate & treat together!)
- Adolescents with past-year depressive episode more likely to have used cannabis in the past year compared with adolescents without a depressive episode

Past Year or Past Month Substance Use: Among Adolescents Aged 12 to 17; by Past Year Major Depressive Episode (MDE) Status, 2022



Substance Abuse and Mental Health Services
Administration. Key substance use and mental health
indicators in the United States: Results from the 2022
National Survey on Drug Use and Health (HHS Publication
No. PEP23-07-01-006, NSDUH Series H-58). Center for
Behavioral Health Statistics and Quality, Substance Abuse
and Mental Health Services Administration. 2023



Depression & Suicidality

- Systematic review and meta-analysis found that adolescent cannabis use was associated with increased <u>future</u> risk of:
 - Depression
 - Suicidality
 - (Minimal association with anxiety, c/w other SR/MA)

"estimated population attributable risk is 7.2%...translates to some 413,326 young adult cases of depression potentially attributable to cannabis exposure"

Gobbi G, Atkin T, Zytynski T, et al. Association of Cannabis Use in Adolescence and Risk of Depression, Anxiety, and Suicidality in Young Adulthood: A Systematic Review and Meta-analysis. *JAMA*Psychiatry. 2019;76(4):426–434



Psychosis

- Increased odds of psychotic disorder with (vs. never use):
 - Daily cannabis use
 - High-potency types of cannabis (5x increased odds)
- Thoughtful editorial around causality debate



PTSD

- Cannabis use starting in adolescence a/w PTSD symptoms in mid-thirties
 - from Harlem Longitudinal Development Study



Conclusions

- Cannabis is changing
- Still learning about effects
- Know enough to be concerned about impact of adolescent cannabis use on mental health

Questions? Discussion?

