

HARM REDUCTION APPROACHES FOR YOUTH AT RISK FOR MARIJUANA ABUSE

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MIRRORS

Commitment Responsibility Integrity Self Expression Possibility

Exploring the problem

There are friends who will not disapprove nor convince another to stop smoking marijuana

Belief that drugs are in school or surrounding area and students engage in illicit behaviour; although not personally evident

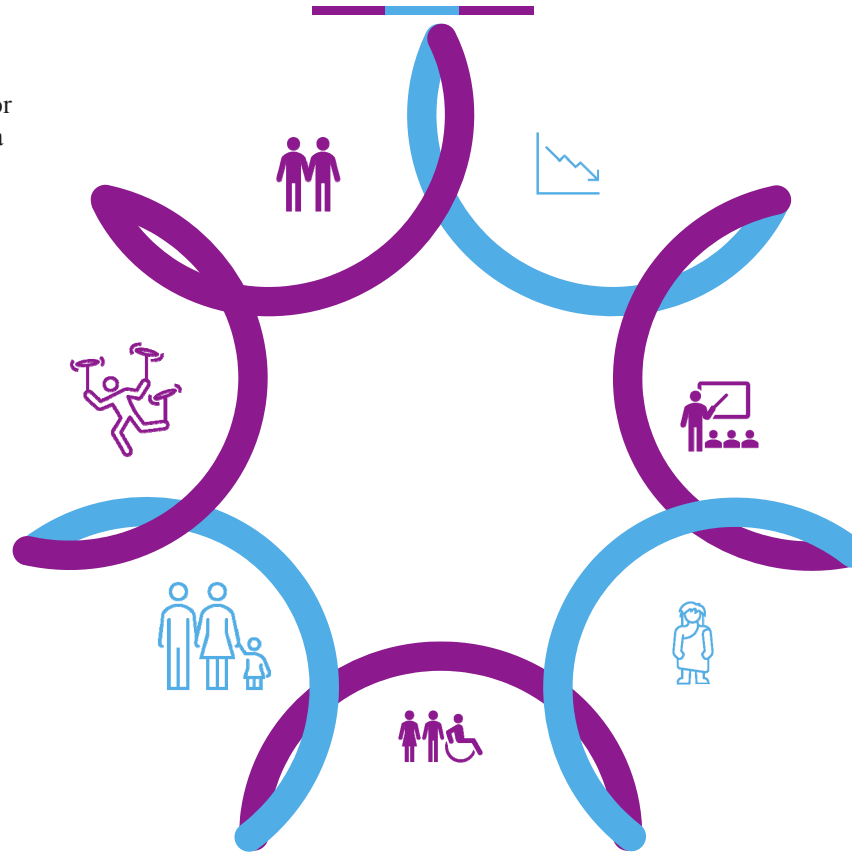
Parents disapprove substance using behavior's and convey dangers; but there is room for improvement (63% said they had not had a serious conversation about the dangers of drugs with their parents/guardians)

Trying marijuana has decreased

Students mostly get marijuana from friends

Average age of first use remained similar to 4 years ago – 14 years for marijuana

Marijuana is easily accessible; students are being offered to buy or use these substances



There is a vulnerable group who live in challenging circumstances or who experience stressful life events, such as violence, physical or sexual abuse, who are more likely to use cannabis frequently

5 Case Study Feedback

4/5 do not know about the effects of marijuana on the body

1/5 knows the short and long term risks.

If you know them would it make a difference - 4/5 said yes - it would help people to stop using, especially knowing the link to mental illness, 1- said not sure - its not easy to quit smoking, its something you crave in a way.

5/5 said they do not have anyone to talk to about marijuana use.

5/5 said they would want to have a conversation with an adult about marijuana use and safer options.

5/5 said that it would be weird to talk to an adult about marijuana use. Responses about why: They judge, mixed messages, only a problem when I get in trouble, why wait until it's a problem.

5/5 said that "you" Mirrors staff make it easy to talk- don't judge, easy to talk to.

5/5 do not know what cannabis products are less risky.

4/5 said between 13-16 year olds are most risky age group for use – they are more into the new stuff, experiment more, its when you are introduced.

Why do you use: coping mechanism, numbs the pain, distracts my mind from everything, stops me from doing other things ; Grief – all lost a parent or close adult within the past

4/5 want to quit – its not easy, its affecting me negatively, want to do better in school.

It would be good for youth to discuss marijuana use, don't send mixed messages, why wait until something happens to intervene, listen more, that's the most important thing, don't interrupt understand where youth are coming from, don't look at me crazy if I told you I use and its hard to quit (all made reference to feeling judged by adults/limited their talking about marijuana use

What is the problem we are trying to solve?

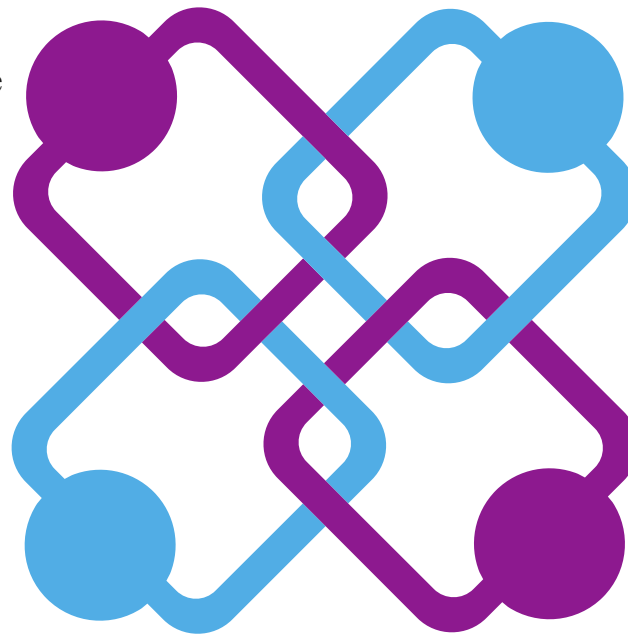


Reduce overall youth marijuana use

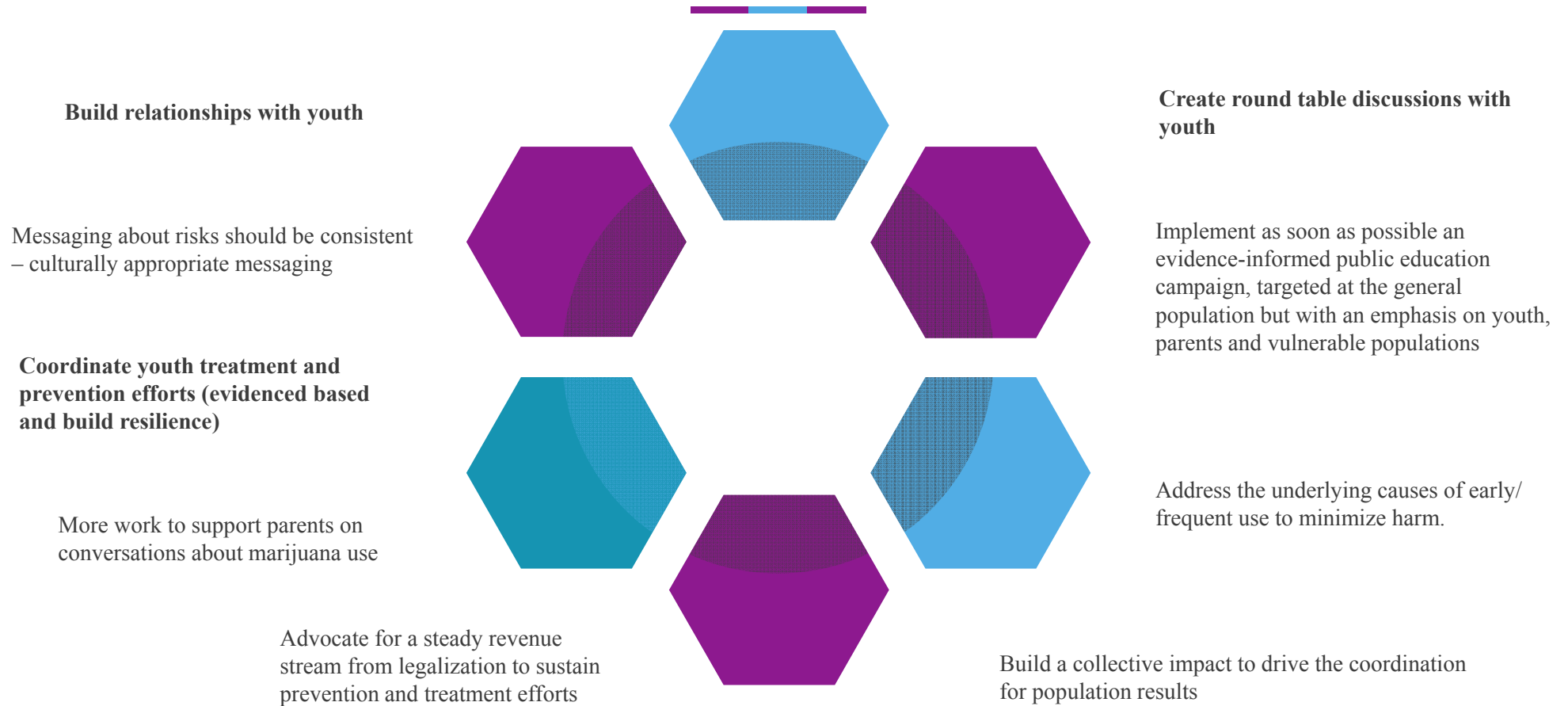
Reduce accessibility of marijuana

Reduce marijuana use for vulnerable populations

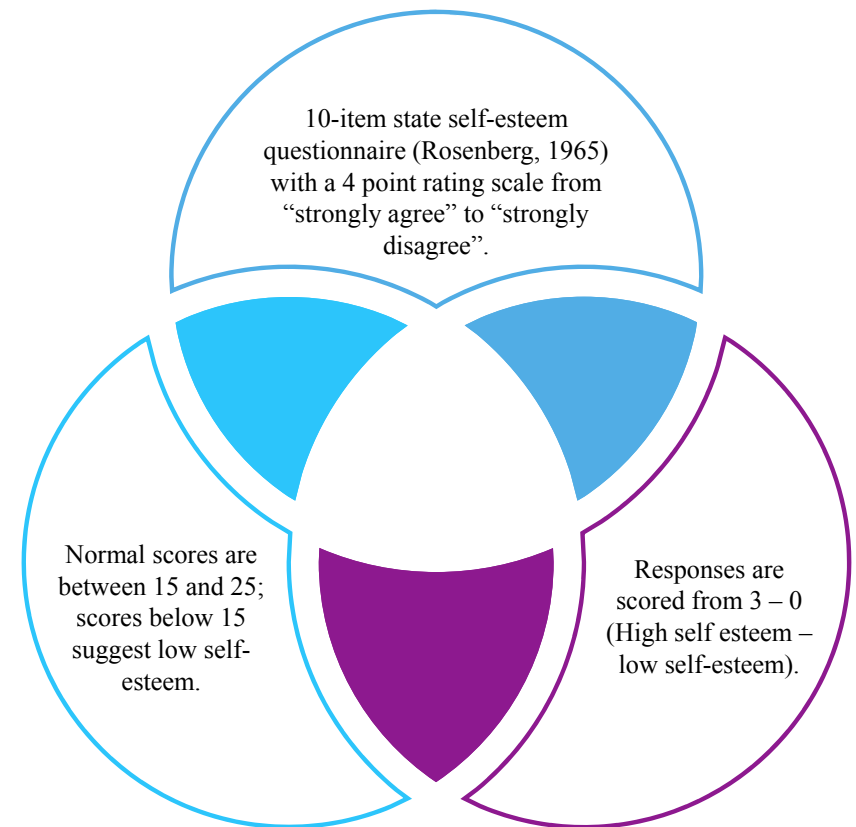
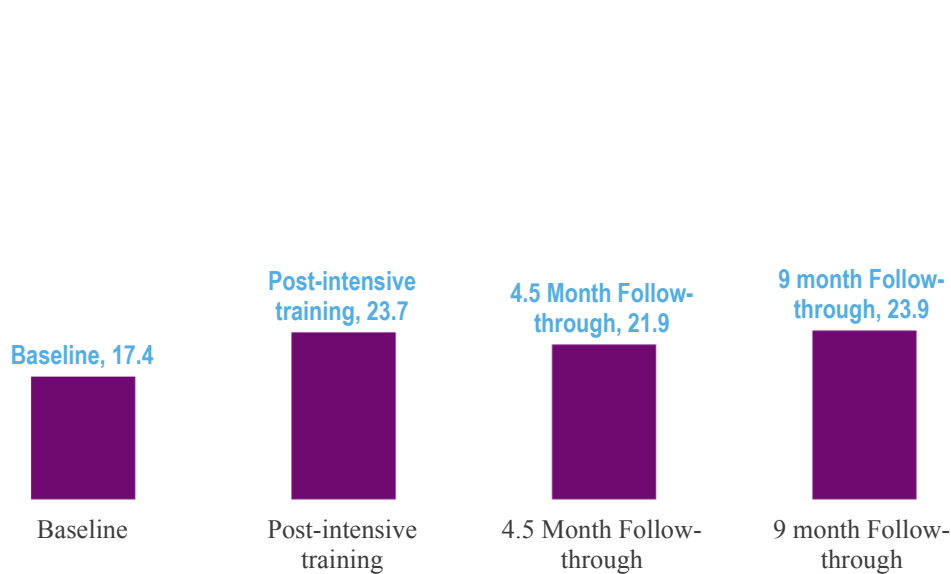
Discover the levels of protective factors that help guard against those behavior's.



Build a holistic prevention strategy NOW:

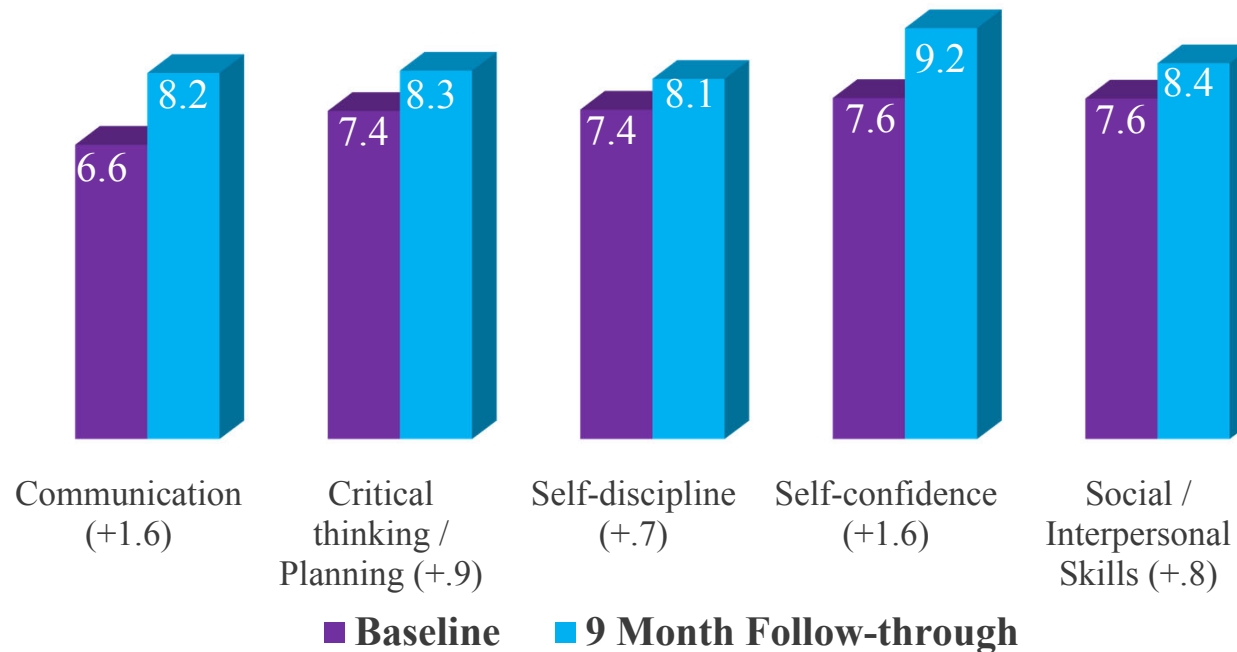


Mirrors - Improved Self Esteem

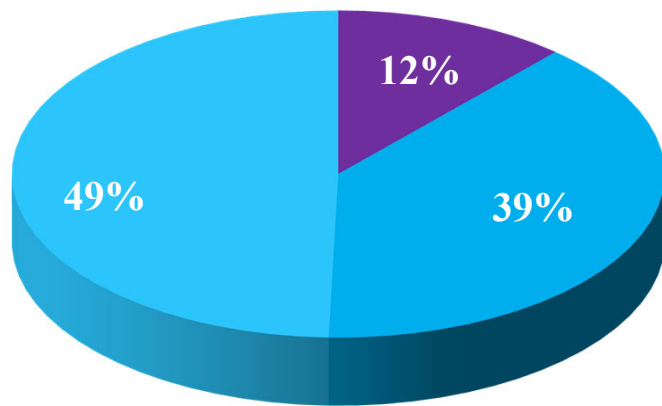


Mirrors - Improved life skills

22 item scale requiring participants to rate their potential on a scale of 1 (lowest score) to 10 (highest score) across a number of life skill areas including communication, critical thinking/planning, self-discipline, self-confidence and social/interpersonal skills.

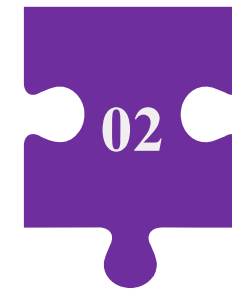
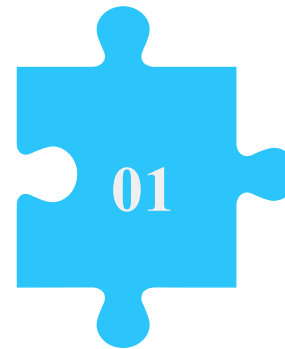


Mirrors - Goal setting & attainment



- Havent made progress
- Made progress toward
- Achieved

Working with a dedicated coach, participants are required to set up to 3 goals.



The most popular goals set by participants were to improve their education (e.g., high school, GED or college), their relationship with parents, to work toward obtaining a job and to improve their attitudes and self-esteem.



Nine months into the program, close to nine in 10 (88%) had made progress toward (39%) or achieved (49%) their primary goal.

Mirrors Societal Level Performance -Indicators



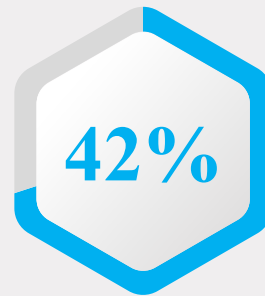
**Criminal Offending
(2 Years)**



**Criminal Offending
(1 Years)**



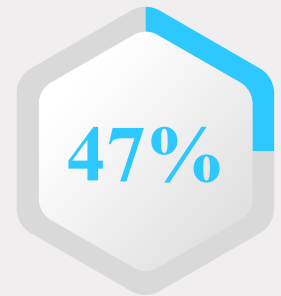
**Criminal Offending
(6 Months)**



**Employment Status
(2 Years)**

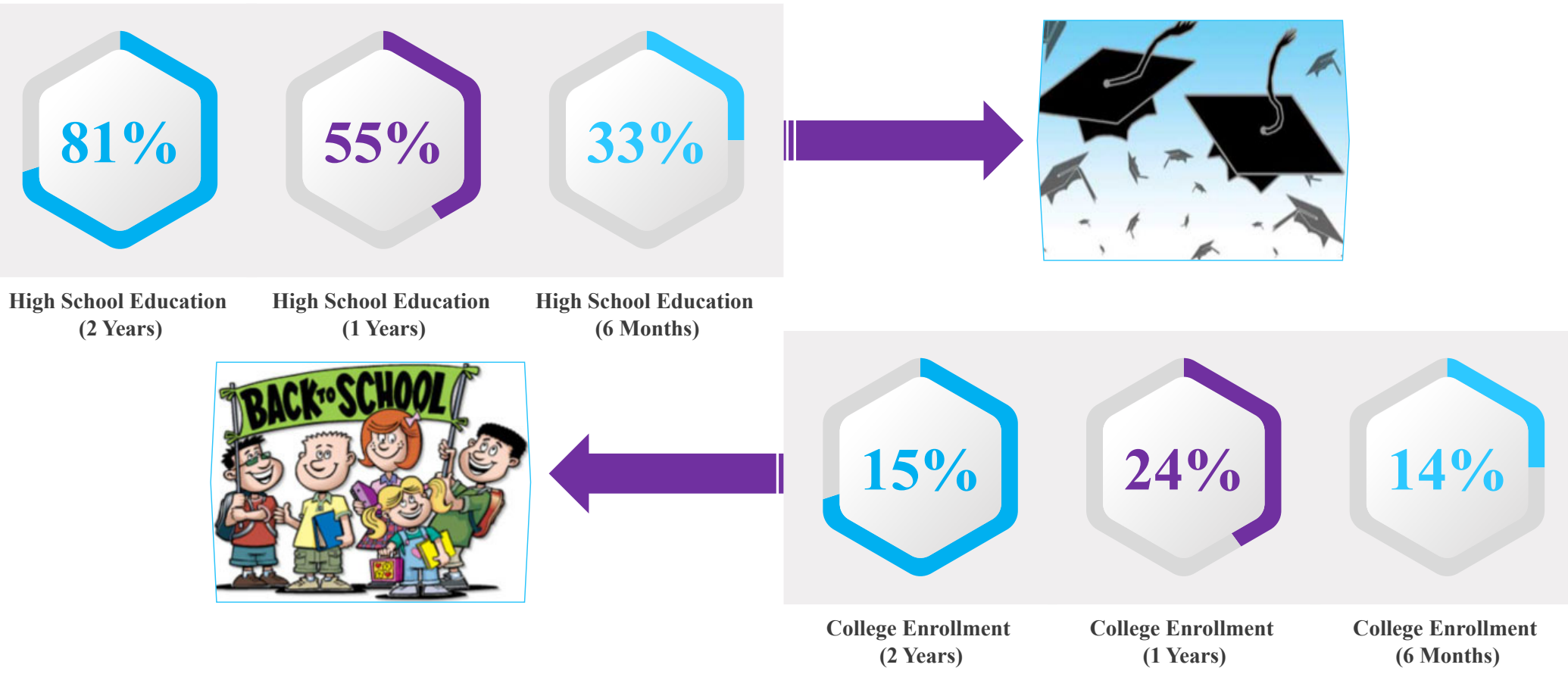


**Employment Status
(1 Years)**



**Employment Status
(6 Months)**

Mirrors Societal Level Performance - Indicators



LRCUG

Abstinence

THE EVIDENCE

- Anyone who uses cannabis may incur a variety of short- and/or long-term risks related to both health and social outcomes.
- The likelihood and severity of these risks will vary based on individual characteristics, the product used, and patterns of use.
- The risks may not be the same from person to person, or one episode of use to another.

1

RECOMMENDATION #1

The most effective way to avoid the risks of cannabis use is to abstain from use.

Age of Initial Use

THE EVIDENCE

- Cannabis users who start young, especially before the age of 16, and who use cannabis more intensely, are more likely to develop mental health or substance use problems, or to experience injuries later in life.
- A contributing factor may be the impact of cannabis use on brain development, which is not completed until the mid-20s.
- The younger the age of initiating cannabis use, the greater the likelihood of developing problems.

2

RECOMMENDATION #2

Delaying cannabis use, at least until after adolescence, will reduce the likelihood or severity of adverse health outcomes.

Choice of Cannabis Products

THE EVIDENCE

- Cannabis products vary greatly, including tetrahydrocannabinol (THC) content, its main psychoactive ingredient. Higher THC potency is related to higher risk of adverse health outcomes (e.g. psychosis, dependence).
- Average THC concentrations have been increasing to 20-25% or more in recent decades. Cannabis extracts or concentrates typically contain much higher THC levels.
- Cannabidiol (CBD), another cannabis component, counteracts some of THC's effects.
- Current research evidence does not pinpoint a specific level of THC that could be categorized safe or unsafe.

3

RECOMMENDATION #3

Use products with low THC and high CBD:THC ratios.

Choice of Cannabis Products

THE EVIDENCE

- Synthetic cannabinoids are a relatively new, and illegal, class of products. They have a distinct pharmacology and toxicology than natural cannabis products, including generally more severe psychoactive impacts and health risks that may lead to accidental death.

4

RECOMMENDATION #4

The use of synthetic cannabis products, such as K2 or Spice, should be avoided.

Methods & Practices

THE EVIDENCE

- Persistent smoking of burnt cannabis can result in respiratory problems, possibly including lung cancer.
- Alternative inhalation methods are vaporizers or e-cigarette devices. Ingested or “edible” products avoid inhalation, but their delayed onset of psychoactive effects may lead people to take higher doses.
- If accompanied by adequate product labeling, packaging and warnings, edibles may offer the safest method of cannabis use.
- No method of use is entirely risk-free.

5

RECOMMENDATION #5

Avoid smoking burnt cannabis and choose safer inhalation methods including vaporizers, e-cigarette devices and ingestible products.

Methods & Practices

THE EVIDENCE

- Breath-holding or deep inhalation practices are intended to increase the absorption of psychoactive components and effects of cannabis.
- However, these practices increase the intake of toxic materials and can heighten respiratory health risks.
- These effects are further amplified when cannabis and tobacco are smoked together.

6

RECOMMENDATION #6

If cannabis is smoked, avoid harmful smoking practices such as inhaling deeply or breath-holding.

Frequency & Intensity of Use

THE EVIDENCE

- The frequency and intensity of cannabis use are among the strongest and most consistent predictors of severe and/or long-term cannabis-related health problems.
- These problems can include:
 - changes in brain development or functioning (especially at a younger age)
 - mental health problems or dependence
 - impaired driving and related injuries
 - educational outcomes and suicidality.

7 RECOMMENDATION #7

Avoid frequent or intensive use, and limit consumption to occasional use, such as only one day a week or on weekends, or less.

Cannabis Use & Driving

THE EVIDENCE

- Cannabis impairs cognition, attention, reaction and psychomotor control.
- The risk of a collision, including injury or death, is two- to three-times higher among cannabis-impaired drivers compared to those who aren't impaired. Alcohol impairment further increases this risk.
- Acute impairments from cannabis set in shortly after use and persist for at least 6 hours, but they vary depending on the individual and the product used.

8

RECOMMENDATION #8

Do not drive or operate other machinery for at least 6 hours after using cannabis. Combining cannabis with alcohol increases impairment and should be avoided.

Special Risk Populations

THE EVIDENCE

- Studies have identified subgroups of people with higher or distinct risks for cannabis-related health problems.
- A substantial proportion of cannabis-related psychosis, and possibly other mental health problems (including cannabis dependence), occur among those with a personal or family history of such problems.
- Cannabis use in pregnancy can increase the risk of adverse neonatal health outcomes, including low birthweight and growth reduction.

9

RECOMMENDATION #9

People with a personal or family history of psychosis or substance use disorders, as well as pregnant women, should avoid cannabis use.

Combining Risks or Risky Behaviour

THE EVIDENCE


- While data are limited, combining any of the higher-risk behaviours described in these guidelines is likely to further increase the risks of adverse health outcomes from cannabis use.
- For example, early-onset use involving frequent consumption of high-potency cannabis is likely to disproportionately increase a person's risks of experiencing acute and/or chronic problems.

10

RECOMMENDATION #10

Avoid combining any of the risk factors related to cannabis use. Multiple high-risk behaviours will amplify the likelihood or severity of adverse outcomes.

Summary



Based on the available scientific evidence, the key areas of risk reduction promising the largest impact for individual cannabis consumers and public health are:

- Delaying cannabis use, at least until after adolescence.
- Avoiding frequent or regular use, and limiting consumption to occasional use at most.
- Avoiding high potency and high-risk cannabis products.
- Not driving while impaired by cannabis.



References:

Department for National Drug Control National School Survey 2019

The Lower-Risk Cannabis Use Guidelines (LRCUG) are an evidence-based intervention initiative supported by the Canadian Research Initiative in Substance Misuse (CRISM), funded by the Canadian Institutes of Health Research (CIHR)