

A Different Perspective on Adolescent Cannabis Use

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Disclosure Information



**Renee M. Johnson,
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- No Disclosures

Session Learning Objectives

At the end of the session, you will be able to:

- Explain the harms of cannabis use, relative to other commonly used drugs.
- Outline a specific example of how qualitative research is useful for assessing adolescents' perspectives on cannabis use.
- Identify strategies to communicate the risks of cannabis use to adolescents.
- Describe the association between adversity and unhealthy cannabis use.

1. Perhaps cannabis isn't that bad of a drug?



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- *Drugs vary in terms of the harms they cause to the user and to others, often to both*

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- *Drug harms to users*¹
 - Chronic disease: cancer & tobacco; alcohol and liver disease
 - Inability to tolerate abstinence: heroin/fentanyl and other opioids
 - Mortality: cocaine and opioid overdose

¹ Nutt DJ, King LA, Phillips LD, Independent Scientific Committee on Drugs (2010). Drug harms in the UK: a multicriteria decision analysis. *Lancet* 376: 1558-1565.



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- *Drug harms to others and society*^{1,2}
 - Alcohol and interpersonal violence, including partner violence
 - Injection of heroin/fentanyl or other drugs & transmission of infectious disease
 - Alcohol and traffic crashes
 - ... societal economic costs, adverse community impacts, family dissolution

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² Rothman EF *et al.* (2012). Does the alcohol make them do it? Dating violence perpetration and drinking among youth. *Epidemiol Rev* 34: 103-119.

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- *Relative to most of the commonly-used drugs, cannabis ranks low in harm¹⁻⁴*
 - Lower risk for overdose, infectious disease, chronic disease
 - Less strongly associated with violence and unintentional injury
 - Lower risk for developing use disorder
 - Milder withdrawal syndrome

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² Rothman EF *et al.* (2012). Does the alcohol make them do it? Dating violence perpetration and drinking among youth. *Epidemiol Rev* 34: 103-119.

³ NASEM (2017). *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research*. Washington, DC: National Academies Press.

⁴ Johnson RM *et al.* (2017). Marijuana use and physical dating violence among adolescents & emerging adults: a systematic review and meta-analysis. *Drug Alc Dependence* 174; 47-57

1. Perhaps cannabis isn't that bad of a drug?

- *Survey research shows that adolescents know that cannabis is not nearly as risky as other drugs⁵*

⁵ Johnston LD et al. (2022). *Monitoring the Future national survey results on drug use 1975-2021: Overview, key findings on adolescent drug use*. Ann Arbor: Institute for Social Research, University of Michigan.

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Monitoring the Future Survey (2021) assessed 12th graders' perceived risk of harm for different drugs: *"How much do you think people risk harming themselves (physically or in other ways), if they . . ."*⁵

- *Percentage who answered "great risk":*
 - Smoke a pack of cigarettes a day or more: **66%**
 - Consume 4-5 drinks nearly every day: **64%**
 - Take methamphetamine one or twice: **64%**

⁵ Johnston LD et al. (2022). *Monitoring the Future national survey results on drug use 1975-2021: Overview, key findings on adolescent drug use*. Ann Arbor: Institute for Social Research, University of Michigan.

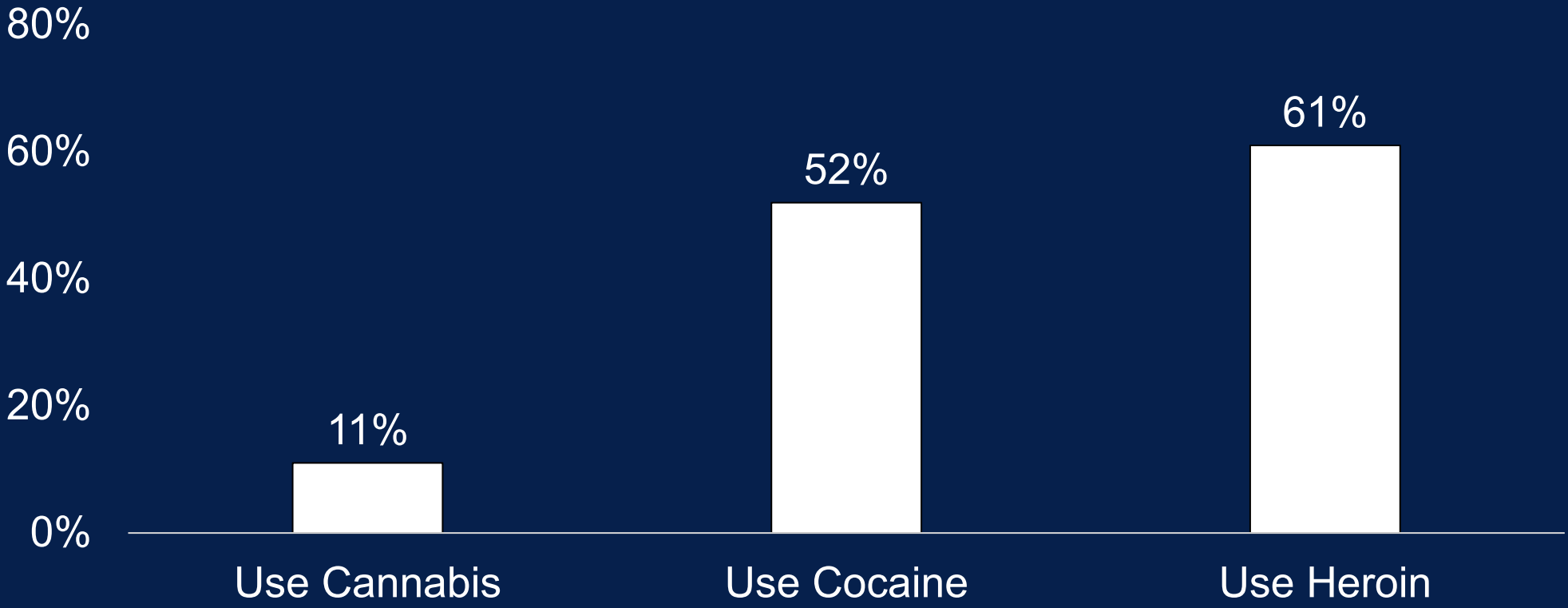
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- *Percentage who answered great risk:*
 - Smoke a pack of cigarettes a day or more: 66%
 - Consume 4-5 drinks nearly every day: 64%
 - Take methamphetamine one or twice: 64%
 - Use cannabis regularly: **22%**

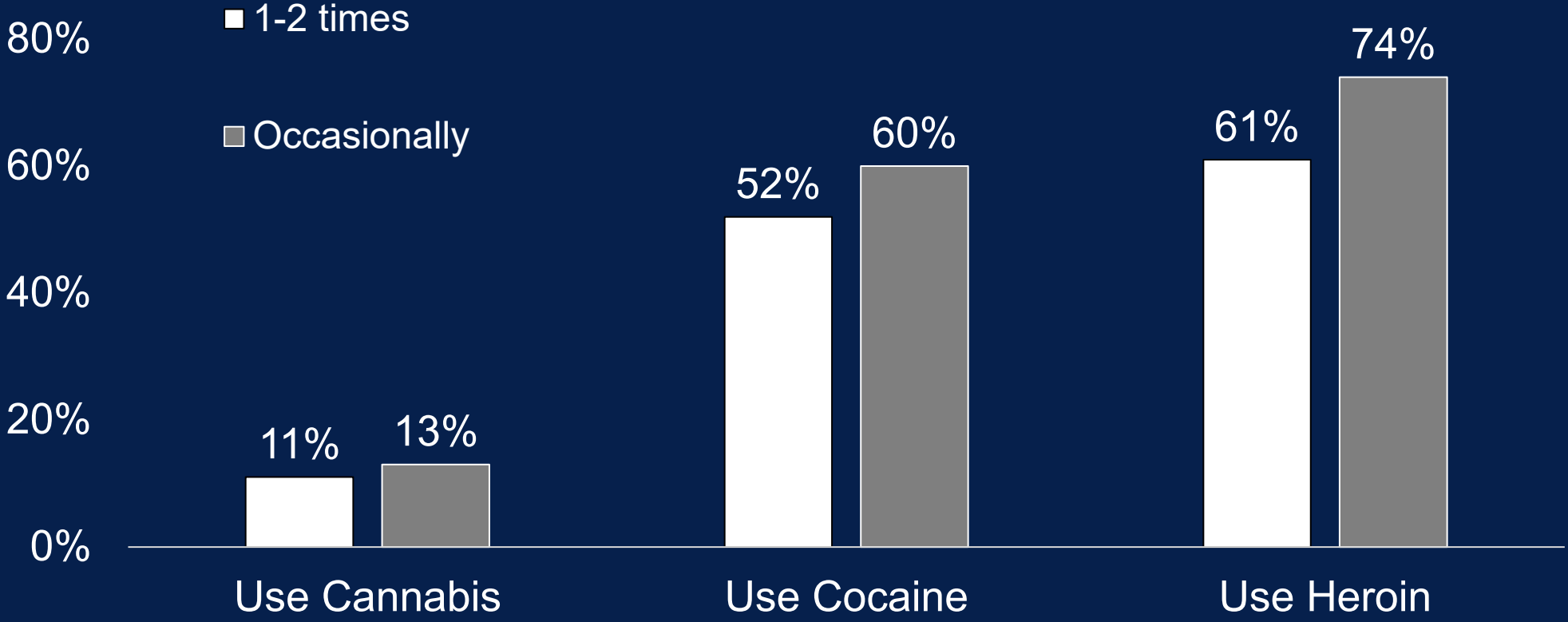
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Percentage of 12th graders who believe they face “great risk” from using cocaine, cannabis, and heroin once or twice⁵



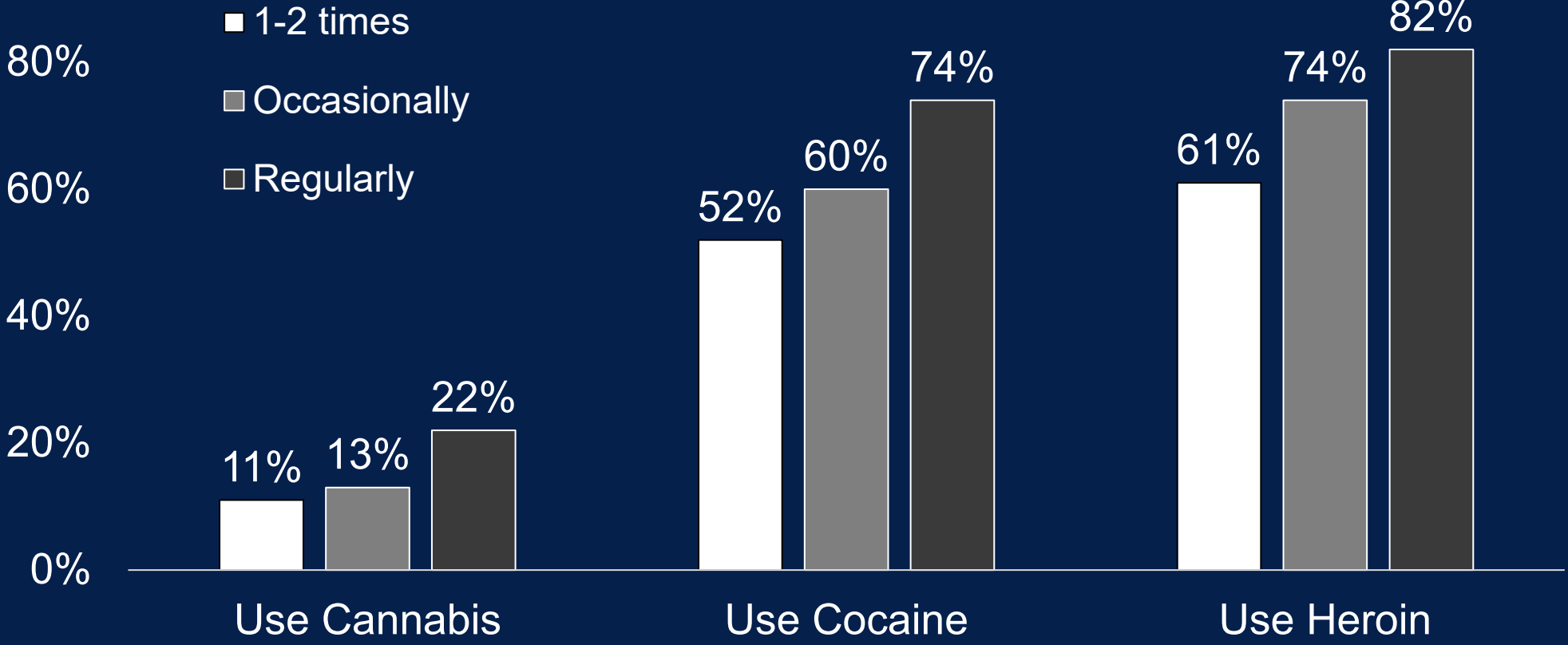
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Percentage of 12th graders who believe they face “great risk” from use of cocaine, cannabis, and heroin⁵



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1. Perhaps cannabis isn't that bad of a drug?

- *Qualitative research tells us that adolescents know that cannabis is not nearly as risky as other drugs⁶*

⁶Matson PA *et al.* "What do you consider use?" Perspectives of Black youth on cannabis use. (Currently undergoing peer review.)

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- *“Good and Bad” exercise with 20 Black youth (aged 15-20) in the Greater Baltimore area*⁶
 - Described several benefits of cannabis use, e.g., coping with stress
 - Could not identify risks, barriers, or harms associated with use
 - Able to name many risks associated with other substances, including alcohol, prescription opioids, and heroin
 - One participant explained, *“That’s the only drug that really doesn’t have that many cons”*

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- *Today's youth are coming of age during the overdose crisis, post-COVID, and after decades of successful alcohol and tobacco control policies*



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- *Messages for youth that aim to increase perceived risk by overemphasizing threats to health (e.g., “harmful to brain health”) may not be persuasive or lasting*
- *Inflated, risk-focused messages could reduce youths’ perceptions of adults as credible messengers*



2. What are some implications for prevention?

- *How should we talk with youth about cannabis?*
 - As with sexual health communication, messaging should be **science-based**
 - Ensure that young people have accurate information about all substances, including cannabis
 - Naïveté about drugs puts young people in danger
 - Train youth to critically evaluate claims about the health and medicinal benefits of cannabis

2. What are some implications for prevention?

1. *Avoid condescension – cannabis is a more salient aspect of life for youth than for most adults*
2. *Avoid telling youth what to do – support them in coming to their own decisions*
3. *Link messaging to goals, hopes, dreams, and values**
*Requires a deep understanding of youths' “felt-needs” and aspirations

2. What are some implications for prevention?

- *“Frequent and heavy use can disrupt social relationships and delay achievement of goals.”*
- *“It’s a real possibility that you can overdo it and smoke your life away, and you’d miss out on opportunities.”*
- *“If you need to stop for a while to pass a drug test for a program and aren’t able to, it may be worth considering whether you’re overdoing it.”*

2. What are some implications for prevention?

4. *Encourage self-reflection about one's level of use*
 - Consider the role they want drugs to play in their lives, guide them in establishing boundaries for themselves
 - Understand when use is a crutch for emotional distress, help them identify coping strategies (broaden access to mental health care)



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**Particularly important for youth who have experienced adversity or who have mental health problems – adversity increases vulnerability for unhealthy substance use^{7,8}*

⁷ Johnson RM et al., (2021). Racial/ethnic inequities in adverse childhood experiences (ACEs) and selected health-related behaviors and problems among Maryland adolescents. Health Promotion Practice. Available online ahead of publication: <https://doi.org/10.1177/15248399211008238>

⁸ Chakraborty P et al., (2021). Mental health and substance use by sexual minority status in high school students who experienced sexual violence. Ann Epidemiology 64;64: 127-131.

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4. *Encourage self-reflection about one's level of use**
 - Consider the role they want drugs to play in their lives, guide them in establishing boundaries for themselves
 - Understand when use is a crutch for emotional distress, help them identify coping strategies (broaden access to mental health care)
5. *Emphasize that impacts are not permanent, and any time is a good time to cut back or stop using altogether (and offer resources)*

3. Policy & Advocacy

- *Legalization may be less important than was originally thought*
 - Compelling case for broadening advocacy efforts beyond preventing legalization
 - Prepare youth to live in a society that values cannabis use, whatever the policy landscape
- *Prioritize program and social policy development*
 - Trauma-responsive youth services
 - Social policies to support families and prevent adverse childhood experiences (e.g., social safety net, LGBTQ inclusion, anti-racism)
 - Expand access to behavioral health care
 - Programs that connect youth to supportive adults

Final Takeaways

- Cannabis is less harmful than many other drugs, and adolescents view it as such
- Effective communication on the risks of use should be accurate and should match adolescents' felt-needs
- Listening to youth voices can provide important insights about how to craft messages designed to prevent use
- Prioritize implementation of programs and social policies to support child and family health

References

1. Nutt DJ, King LA, Phillips LD, Independent Scientific Committee on Drugs (2010). Drug harms in the UK: a multicriteria decision analysis. *Lancet* 376: 1558-1565.
2. Rothman EF et al. (2012). Does the alcohol make them do it? Dating violence perpetration and drinking among youth. *Epidemiol Rev* 34: 103-119.
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5. Johnston LD et al. (2022). *Monitoring the Future national survey results on drug use 1975-2021: Overview, key findings on adolescent drug use*. Ann Arbor: Institute for Social Research, University of Michigan.
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7. Johnson RM, *Hill A, Jones V, Powell T, Dean L, Gilreath T. Racial/ethnic inequities in adverse childhood experiences (ACEs) and selected health-related behaviors and problems among Maryland adolescents. *Health Promotion Practice*. 2021. <https://doi.org/10.1177/15248399211008238>.
8. Chakraborty P, Alalwan M, Johnson RM, Li L, Lancaster KE, Zhu M. Mental health and substance use by sexual minority status in high school students who experienced sexual violence. *Annals of Epidemiology*. 2021;64: 127-131.