



SNAPSHOT

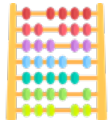
Cannabis and Mental Health

With the legalization of cannabis on October 17, 2018 it is important that we all understand the complex relationship between cannabis use and mental health, particularly for young people. Youth experiencing mental health problems are at greater risk for increased substance use and the use of cannabis during adolescent years has been linked to the developing of mood, anxiety and psychotic disorders later in life. Cannabis is often used by individuals to cope with mild symptoms of anxiety and depression but has been found to contribute to and increase the symptoms of anxiety and depression long-term. This can lead to a cycle of reliance on cannabis as a method of self-medicating ([Ontario Medical Association, 2018](#)). This snapshot will provide you with the information young people and families require from service providers and best practices for sharing information about cannabis and mental health.

FOCUSING ON YOUTH & FAMILIES



Addictions and Mental Health Ontario (AMHO) and the Ontario Centre of Excellence for Child and Youth Mental Health (The Centre) are working together to explore the links between mental health and cannabis use among children and youth. During the summer of 2018 we surveyed youth and their families about the type of information they are looking for from mental health and addiction service providers. This information should be used to guide public education about the complex links between cannabis use and mental health.



THE NUMBERS

14.5%

of Ontario adults (aged 18+) reported cannabis use in the past year.

45%

of past year cannabis users reported moderate or high risk cannabis problems. ([CAMH Monitor, 2015](#))

19%

of Ontario high school students (grades 9-12) reported cannabis use in the past year. ([OSDUHS, 2017](#))

17% to 25%

of teenagers who use cannabis will progress to abuse or dependence. ([Ontario Medical Association, 2018](#))

Cannabis use among 18 to 29 year olds increased from **18.3%** in 1996 to **37.9%** in 2015.

([CAMH Monitor, 2015](#))

Cannabis use increases drastically as students age: ranging from **2%** in 7th & 8th graders up to **37%** in 12th graders. ([OSDUHS, 2017](#))



Ontario Centre of Excellence
for Child and Youth
Mental Health
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WHAT YOUTH AND FAMILIES WANT SERVICE PROVIDERS TO KNOW:



19% of youth and **37%** of family respondents wanted to know about the effects of cannabis on the brain.



46% of youth and **25%** of family respondents wanted to know about the mental and physical effects of cannabis on the human body.



36% of youth and **14%** of family respondents are looking for information about other short and long-term effects of cannabis use.

([Ontario Centre of Excellence for Child and Youth Mental Health, 2018](#))

This content was generated in partnership between AMHO and The Centre.



BEST PRACTICES IN PREVENTION & INTERVENTION PROGRAMS FOR CANNABIS USE IN YOUTH

A combination of program elements are often more successful than a single program alone.

SCHOOL-BASED PROGRAMS

- Include high levels of interactivity, small-group exercises and role playing and are not lecture based.
- Have someone other than a teacher, such as a mental health clinician, who has specialized knowledge and experience, deliver the program.
- Target older, high-school aged youth (over 14 years of age).
- Use social-influence models promoting abstinence role models, building confidence to resist peer pressure and educate youth on the consequences of cannabis use.

FAMILY-BASED PROGRAMS

- For youth using cannabis and experiencing mental health issues, focus on parenting practices and patterns of family interaction is important.
- Work with family members to modify and manage each family member's emotions, cognitions and behaviors to create positive changes in the way family members relate to one another.

COMMUNITY-BASED PROGRAMS

- Combine with two or more elements of different types of programs, such as family-based and school-based.
- Ensure consistent, community-wide messaging across various setting (i.e. schools, clubs, faith-based organizations and the media).

PEER-BASED PROGRAMS

- Involve youth in the development of initiatives and allow youth to deliver programming to their peers.
- Encourage youth to share insights into how their lives can vary by race, class, gender, age and sexual orientation, ensuring that drug education is relevant to their unique needs.

ONLINE PROGRAMS

- Target students age 13 and 14 old, before they have significant exposure to cannabis.
- Use cartoon-based modules and on-demand programs which are easy to access and convenient to use.

(Ontario Centre of Excellence for Child and Youth Mental Health, 2018)



CASE STUDY: ALTERNATIVES FOR YOUTH

Alternatives for Youth (AY) provides substance use treatment services for children and youth aged 12-22 years, and therapeutic support to their families. As part of their approach to providing prevention and intervention programming AY has developed partnerships with the local school boards and youth serving agencies. AY provides on-site treatment and family support at eight of the local secondary schools and six community agencies, including Notre Dame Youth Shelter, Cleghorn Early Intervention in Psychosis Program and St. Martin's Manor Young Parent Resource Centre. AY's Executive Director noted that "school/community sites where a clinician is perceived to be part of the staff team

are always the most successful". When these partnerships are successful referrals come from staff, family and youth themselves. Schools that include AY services and contact information in their student handbooks help to normalize services and make them more accessible for youth and their caregivers. In many of the school sites AY has partnered with, substance-related suspensions (i.e. if a student is found in possession or under the influence of cannabis) now incorporate a referral to AY. Establishing programs that combines school, community, family and peers means that youth can find answers and support when they have questions about cannabis use and mental health.

