

Introduction

Pre-legalization:

- In 2016, the Government of Canada formed a task force that prepared a report highlighting the risks of cannabis use.
- To mitigate these risks, the task force recommended a public health approach to “delay the age of initiation, reduce the frequency of use, reduce higher-risk use, reduce problematic use and dependence, expand access to treatment and prevention programs, and ensure early and sustained public education and awareness.”^{1(p15)}


Post-legalization:

- Cannabis use among youth is a serious public health concern.^{2,3}
- Prevalence of use is high,^{2,4} cannabis is easily accessible, public education and services are limited,^{2,5} and service providers require enhanced training.⁶
- Hospitalizations for cannabis-induced psychosis⁷ and ED visits for cannabis-related reasons have both increased since legalization.⁸⁻¹⁰


Research Question

What are the recommendations made by participants to reduce the risks and harms of cannabis use in youth and young adults?


Method



Qualitative research study & community-based participatory approach



Partnership with Families for Addiction Recovery (FAR)



Ethics approval through the University of Toronto

Inclusion criteria

- Youth < 25 using cannabis ≥ 1x/week living in Ontario
- Parent/caregiver of youth < 25 using cannabis ≥ 1x/week living in Ontario
- Service provider working with youth < 25 in Ontario

Results

55% Social workers
24% Physicians
6% Nurses
15% Other mental health professionals

Service providers
(n = 31)

69% mothers
31% fathers

Parents
(n = 26)

Youth
(n = 31)

55% Boys/men
29% Nonbinary/trans
16% Girls/women
52% Have at least 1 mental health Dx
48% Use other substances

Cannabis use
55% Have concerns about their own use
10% Once per week
23% Twice per week
33% Once per day
35% More than 3x per day

Participants characteristics
(N = 88)


Recommendations	Participant quotes
1. Reduce cannabis access and availability.	“It's become really easy to access it. There's five dispensaries near me. It's insane, like walking distance. There should be more consideration of how easy it is to access.” (Youth 3)
2. Increase public education on the risks and harms.	“I would love there to be far more education...kids need to understand the risks...They have zero understanding of the risks of cannabis, it's just thought to be a healthy, readily available drug. They have no idea...it is addictive.” (Parent 14)
3. Enhance training for service providers.	“I just want an understanding that isn't speculative or based on personal experience. I want more concrete data that I could bring forward in my clinical work.” (Service provider 17) “I think there really need to be guidelines on what is reasonable and decent and safe use for cannabis.” (Service provider 15)
4. Improve access to cannabis and addiction services.	“I think it's very addictive so it should be treated as an addictive substance, like cigarettes, like nicotine cessation programs, why isn't there a marijuana cessation program? I can't stop smoking weed on my own.” (Youth 15) “I do think there is a need for cannabis specific service.” (Service provider 11)
5. Address stigma and normalization.	“It seems to have been normalized for quite some time. Normalized and any harm is minimized. You know, this idea that it's a natural substance and you know, that's not going to bring you harm, and a narrative about it being medical.” (Parent 11) “It's actually really stigmatized to stop or to use it less, which has been a challenging factor for several clients.” (Service provider 7)
6. Include families in services, policy, and research.	“The number one thing for parents, to get the parents to get help first... you gotta give something back to the parents. We are here trying to do everything for them, and you have no control, you have no feedback, you have very, very little.” (Parent 2)

Discussion


- Participants' recommendations aligned with a public health approach that minimizes harms and promotes health.
- A review of public health approaches showed that many key elements of a public health approach have not been realized in Canada since cannabis legalization.¹¹
- An Expert Panel conducted a legislative review five years after legalization and stated, “it would be a mistake for governments to adopt an attitude of complacency with the current regime or move away from a public health and public safety approach to cannabis.”^{12(p2)}
- There remains a tension between public health and commercial objectives.
- There is a critical need to address the commercial determinants of health (CDoH), defined as commercial conditions driven by profit motives that influence health.¹³

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