



Reducing the Harms of Cannabis Use in Youth Post-Legalization: Insights from Ontario Youth, Parents, and Service Providers



Toula Kourgiantakis¹, Angie Hamilton², Christine Tait³, A. Kumsal Tekirdag Kosar³, Carrie K. Y. Lau³, Sandra McNeil³, Eunjung Lee³, Shelley Craig³ and Abby L. Goldstein³

¹Université Laval, ²Families for Addiction Recovery (FAR), ³University of Toronto

Background

- Primary objective of the Cannabis Act is to protect youth through public education and reduced access.¹
- 48% of young adults aged 20-24 years and 41% of youth aged 16-19 report past 12-month use (25% of adults 25+).²
- Prevalence of cannabis use among young adults 18-24 has increased since legalization and also among some groups of youth under 18.³
- 27% of young adults 20-24 report daily use and 20% of 16-19-year-olds.²
- Cannabis use associated with several risks and harms for young people including suicide⁴ and psychosis.^{5,6}
- Since legalization, emergency department visits and hospitalizations for cannabis-related injuries among children, youth, and young adults have increased.⁶⁻⁸

Purpose

Understand the perspectives and experiences of parents, youth, and service providers regarding youth cannabis use in Canada to improve policies and services.

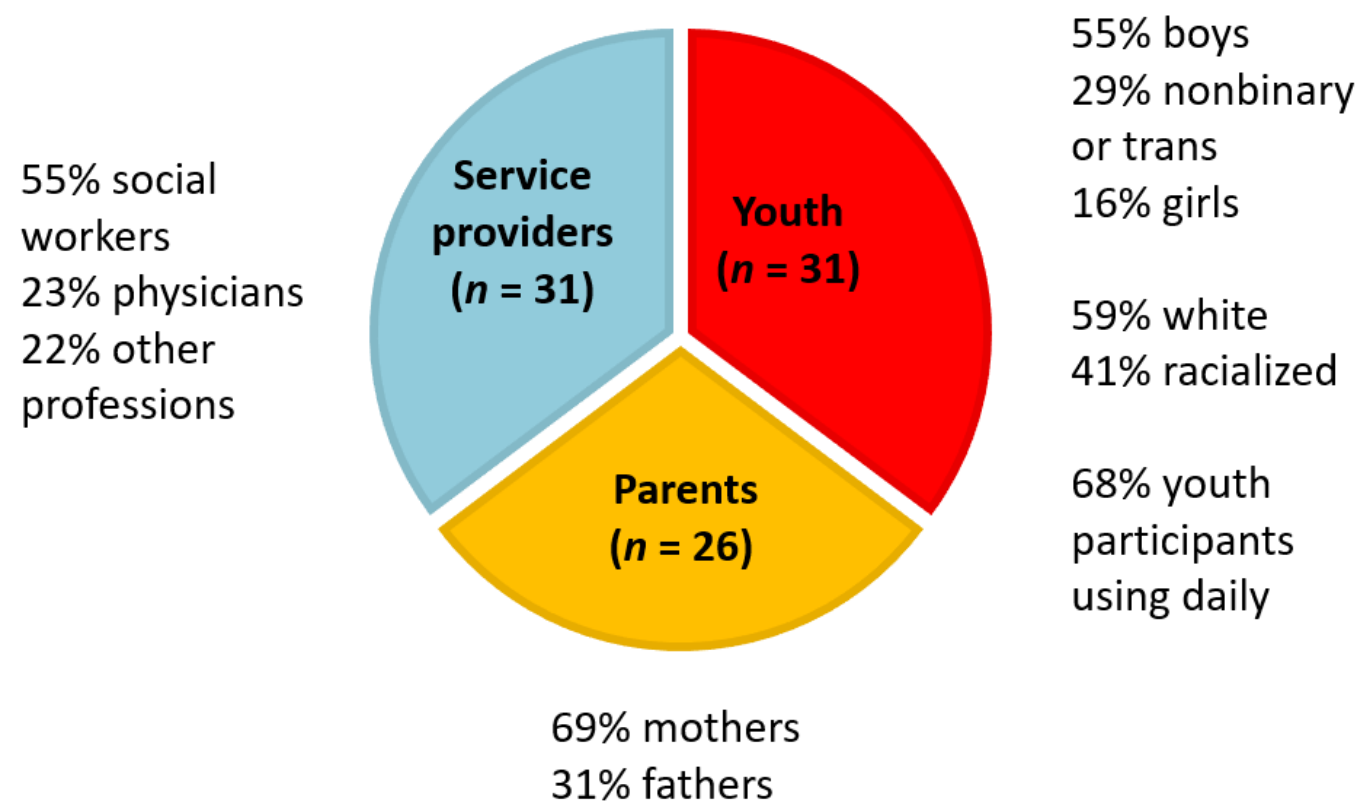
Method

- Qualitative research design & community-based participatory approach.
- Partnership with Families for Addiction Recovery (FAR).
- Ethics approval through the University of Toronto.
- Online survey and semi-structured interviews on Zoom.
- Data analyzed using thematic analysis.

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

Participant Characteristics (N = 88)



Results

What are the risks and harms described by youth, parents, and service providers associated with cannabis use?

Themes	Participant quotes
Addiction	“It’s very addictive. I had been smoking poppers for like 4 or 5 years...I really started feeling those health effects and really wanted to quit. I would keep telling myself...this is going to be my last popper...it was never the last popper.” (Youth 15)
Mental health	“I was hallucinating really scary things while experiencing a cannabis-induced psychotic episode, which resulted in self-harming behaviour with serious consequences.” (Youth 14)
Physical health	“I didn’t even know this thing, cannabinoid hyperemesis syndrome, but she’s put herself in the hospital probably four times in the last year.” (Parent 24)
Concentration and motivation	“It definitely affects my motivational levels when using.” (Youth 2) “I didn’t realize it at first but after a while, I noticed that this is actually taking a toll on me...It’s just this feeling of like kind of brain fog.” (Youth 12)
School and work	“When he started using, he went from being an A student to failing.” (Parent 2)
Finances	“I don’t even wanna guess how much money I’ve spent...I’m gonna say it’s probably somewhere around \$10,000, \$20,000 over the course of 5-6 years.” (Youth 25)
Family	“Cannabis misuse definitely has a dramatic impact on families.” (Service provider 30)

What are the barriers to reducing the harms and risks of cannabis use in youth?

Themes	Participant quotes
Easy access and availability	“How accessible it is, needs to change...if I can walk into a dispensary and buy at 16, there’s a problem.” (Youth 24)
Limited public education	“For cannabis, there needs to be education and recognition of potential harms...there’s a lot of misinformation...the cannabis industry is using kind of the same strategies that the tobacco industry used.” (Service provider 25)
Limited addiction services	“Least helpful is how few options there are for a kid like him in a time of need. Nobody wants to help him. Nobody thinks they can manage him. What do we do now?” (Parent 14)
Stigmatization and normalization	“I think it’s just become so normalized, that it’s a thing people should be doing.” (Youth 30) “I think it’s really hard for youth to get support with solely cannabis use. Is it actually an addiction? Youth continue to feel stigmatized or undermined.” (Service provider 13)
Inadequate training for service providers	“I don’t ask about it unless they bring it up.” (Service providers 10 & 22) “I don’t actually really have any concrete like guidelines to go by.” (Service provider 5)
Exclusion of families	“There's a lot of blame for parents when it comes to any kind of mental health or addiction and that's not helpful in any regard.” (Parent 10)

Conclusions

- Participants highlighted multiple risks and harms, along with many barriers to reducing these risks.
- Cannabis use among youth is a public health issue that requires a comprehensive public health approach.⁹⁻¹⁰
- Policies should not be driven by commercialization.¹¹
- There is a need for public education¹⁰ and expanded outpatient and inpatient services.¹⁰
- Parents, caregivers, and families should be engaged in services, policy development, and research.^{12,13}
- More education and training are needed for service providers.¹⁴

Acknowledgements

We thank all participants for their time and valuable contributions. We also thank our community partner, Families for Addiction Recovery (FAR), for their collaboration and support. This research was funded by the Social Sciences and Humanities Research Council (SSHRC), with partial support from Presses de l’Université Laval (PUL).



Reference : Kourgiantakis, T., Hamilton, A., Tait, C., Tekirdag Kosar, K., Lau, C., McNeil, S., Lee, E., Craig, S. & Goldstein, A. (2024). Reducing the harms of cannabis use in youth post-legalization: Insights from Ontario youth, parents, and service providers. *Harm Reduction Journal*, 21, 1-21.



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