

October 2018

Cannabis and mental health

Facts:

- In 2015, 29.7 % of Canadian young adults aged 20 to 24 years reported that they had used cannabis in the past year.
- The two most widely known cannabinoids are tetrahydrocannabinol (THC) and cannabidiol (CBD).
- THC is the main psychoactive cannabinoid that is most responsible for the mental and physical effects known as feeling “high”.
- CBD has little or no psychoactive effects and counteracts some of the negative effects of THC.
- Other names for cannabis: “marijuana” “weed”, “pot”, “herb”, “ganja”, “grass”, “Mary Jane” and “reefer”.

Methods of consuming cannabis:

- smoking as a cigarette (joint, spliff or a blunt)
- vaping through a pipe, bong or an e-cigarette
- edible form mixed into a drink or food (tea, brownies, gummies and candies)
- cannabis tincture (an alcohol-based extract used on its own or added to food or drinks)
- heated or inhaled (also known as dabbing) as oil, wax, or in a form called shatter that is made from cannabis resin or hashish, which is the dried resinous secretion of the flowering tops of the cannabis plant



Medical cannabis use is currently legal if authorized by a health care professional via prescription and registered with a licensed producer or Health Canada. Individuals can purchase cannabis directly from a federally licensed producer, register to produce a limited amount of cannabis for their own medicinal purposes and designate someone to produce it for them. This will not change with the legalization of cannabis.

Cannabis can be prescribed for the relief of symptoms that have not responded to conventional medical treatments:

- severe refractory nausea and vomiting associated with cancer chemotherapy
- loss of appetite and body weight in cancer patients and patients with HIV/AIDS
- pain and muscle spasms associated with multiple sclerosis
- chronic non-cancer pain (mainly neuropathic)
- severe refractory cancer-associated pain
- insomnia and depressed mood associated with chronic diseases (HIV/AIDS, chronic non-cancer pain)
- symptoms encountered in palliative/end-of-life care



The legalization of cannabis (effective October 17, 2018)

facilitates the use of recreational cannabis, where individuals will be able to:

- possess up to 30 grams of legal cannabis
- share up to 30 grams of legal cannabis with others
- purchase dried or fresh cannabis and cannabis oil from a provincially-licensed retailer
- grow from licensed seed or seedlings, up to 4 cannabis plants per residence for personal use
- make cannabis products, such as food and drinks, at home if organic solvents are not used to create concentrated products

The legal minimum age in Ontario will be 19 to buy, use, possess and grow recreational cannabis

For info on the Cannabis Act of Ontario see:

<https://www.ontario.ca/page/cannabis-legalization>



Recreational cannabis use and mental health

Cannabis use has been linked with increased risk for **mood disorders, anxiety disorders, and substance use disorders**. Frequent use might also worsen symptoms of bipolar disorders (mania and hypomania), depression, and anxiety disorders (particularly social anxiety), as well as suicidal ideation and suicide.

Cannabis use has also been linked to **psychotic symptoms**, particularly in **schizophrenia**. It is not yet clear whether cannabis use influences the onset of psychosis or whether psychosis may be a direct consequence of heavy cannabis use in some people. There is little information available on the specific amount of cannabis use required to trigger the onset of psychosis. However, research has shown that cannabis can precipitate the onset of psychosis in individuals who are genetically at an increased risk for developing schizophrenia.

Visit <https://emedicine.medscape.com/article/286661-clinical#showall> to learn more about the DSM-V criteria for: Cannabis intoxication, Cannabis use disorder, Cannabis withdrawal, and Other cannabis-induced

Considerations for Indigenous populations

Cannabis use is the number one substance used among First Nations youth, with 89% reporting frequent use. In Indigenous communities, cannabis can be used for pain management as long as the spirit of the plant is respected in the preparation and utilization of its medicinal form. Elders within these communities' report that cannabis is not ingested or smoked; it is used for medicinal purposes, and if abused or misused, it can be made less effective. Cannabis has been used as a topical solution to treat pain for conditions such as arthritis, and in ceremonies to decrease symptoms of undiagnosed psychosis in conditions such as schizophrenia.

References

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|---|---------------------------------|
| Canadian Centre on Substance Abuse and Addiction (2018) | Government of Canada. (2016) |
| Diagnostic and Statistical Manual Fifth Edition (2013) | Government of Canada. (2018) |
| Cohen, Solowij, & Carr (2008) | Hamilton et al. (2012) |
| Cheung et al. (2010) | Legleye, et al. (2012) |
| Galvez-Buccollini et al. (2012) | Saurel-Cubizolles et al. (2014) |
| Fergusson & Boden (2008) | |



Resources

The Centre for Innovation in Campus Mental Health guide explores issues related to cannabis use and provides an overview of health approaches that can reduce the harms and risks associated with it.

<https://campusmentalhealth.ca/toolkits/cannabis/>

Marijuana and youth (CCSA)

<http://www.ccdus.ca/Eng/topics/Marijuana/Marijuana-and-Youth/Pages/default.aspx>

Cannabis and youth: Implications for legalization in Ontario (Pine River Institute)

<http://pineriverinstitute.com/news/2017/11/3/youth-and-cannabis-implications-for-legalization-in-ontario>

What you need to know about cannabis (Government of Canada)

<https://www.canada.ca/en/services/health/campaigns/cannabis/canadians.html>

Marijuana use (Carleton University)

<https://carleton.ca/studentaffairs/marijuana-use/>

Cannabis (CAMH)

<https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/substance-use/cannabis-marijuana-hashish>