



EARLY PSYCHOSIS INTERVENTION
ONTARIO NETWORK

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October 12th, 2017

Hon. Dr. Eric Hoskins
Provincial Minister of Health
5775 Yonge Street - 16th Floor
Toronto, ON
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Dear Dr. Hoskins,

The Attorney General of Ontario has announced that decriminalization, harm reduction, education, and prevention strategies will be provincial priorities for the upcoming legalization of cannabis. Although these approaches are critical, they are not sufficient for addressing the needs of under-age youth with a cannabis use disorder. Funding for research and treatment dedicated to under-age cannabis users will be critical for phasing in the legalization of cannabis.

We are writing to you in our roles as Chair of Research and Past-Chair of the Early Psychosis Intervention Ontario Network (EPION). EPION is a network of people who work in Early Psychosis Intervention services (EPI) in Ontario, individuals who have experienced EPI services, and family members. The goal of the network is to support the development and implementation of effective treatment and support systems for the early stages of psychosis. Our focus is to bring the benefits of early treatment to all Ontario citizens 14-35 years of age living with psychosis and, to bring support to their families. EPION is funded by the MOHLTC to support training and networking amongst the over 50 early psychosis programs across the province of Ontario.

At our September 15, 2017 EPION meeting we discussed concerns we have for Canadian youth under the age of majority as cannabis legalization approaches. This report is a summary of some of the issues raised and is to be read in conjunction with the attached report dated December 20, 2016, to the Minister of Health. We wish to both raise awareness of concerns and also to request that the federal and provincial governments include funding from marijuana taxation for treatment and research of cannabis use among under-age youth.

The Science

Research, from Early Psychosis (EPI) Programs in Ontario, shows that about 58% of first episode psychosis patients have lifetime use of cannabis, and that early intervention in psychosis is often an opportunity for substance use treatment. (1) EPI Programs in Ontario were able to achieve significant reductions in cannabis use and street drug use without

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specialized addiction services. (1) However, many youths with cannabis and substance use disorder did not experience recovery.

Furthermore, Canada has some of the highest rates of cannabis use among teens in the world. {https://www.unicef-irc.org/publications/pdf/rc11_eng.pdf} Twenty percent of 15-year old Canadian youth report cannabis use and about 2% of them engage in daily use. {<http://www.statcan.gc.ca/pub/82-003-x/2015004/article/14158-eng.htm>}. Historically, 9% of all cannabis users will develop a cannabis use disorder, and teenagers are twice as likely to experience addiction compared with adult users (2).

Most people are not aware of the fact that marijuana use among teens can cause changes in the brain (3) and lead to addiction. The cessation of cannabis use can cause marijuana withdrawal syndromes and states.

Potential Public Health Implications of Cessation of Cannabis

As the supply of marijuana 'on the street' dries up for under-age youth who have developed a cannabis use disorder, many of them will become vulnerable to cannabis withdrawal. Cannabis withdrawal and cannabis induced psychosis, which can be associated with withdrawal, can cause a constellation of psychiatric symptoms. These can last for a month, and sometimes longer. Common symptoms of both syndromes include hallucinations, paranoia, agitation, restlessness, anxiety, insomnia, decreased appetite, and mood lability. (4)

Cannabis induced psychosis and cannabis withdrawal can be psychiatric emergencies requiring visits to the emergency room (ER) (5). Already, health-care providers are voicing concerns about increased ER visits for substance use disorder involving opiates and cannabis.

Furthermore, as access to cannabis 'dries up' for the under-age youth, we are concerned about the potential for them to use other 'harder' street drugs for the first time. Unintentional quitting may put vulnerable youth at risk of experimenting with other illicit substances. For example, forced withdrawal occurred with oxycodone and may have been one of the many factors contributing to the opiate epidemic. Under age youth may try to cope with withdrawal symptoms by consuming synthetic cannabinoids with extremely high THC (tetrahydrocannabinol) content. These potential unintended consequences of marijuana legalization must be considered and, if necessary, mitigated against.

The Recommendations

Barriers to specialized services for youth will need to be removed. Early detection of cannabis induced psychosis and treatment of cannabis use disorders among under-age youth will be critical for preventing a public health crisis among cannabis users between the ages of 14 and 18 years of age. A surge in youth needing mental health and addiction service could overwhelm current residential treatment facilities, emergency rooms, substance use counselling and early intervention in psychosis programs. Teachers, family doctors, frontline staff, substance use counselors will need to be educated about psychiatric sequelae associated with cannabis withdrawal, intoxication, and substance induced syndromes.

Research will need to focus on the effectiveness of therapies for cannabis use disorders in general and more specifically for individuals experiencing cannabis induced psychosis. Very

few studies exist examining the impact of cannabis on these vulnerable populations. (6) Clinicians need more information to guide treatment. Furthermore, effective public education campaigns about responsible marijuana use need to be developed urgently. These education campaigns need to be studied to ensure they are appealing to youth and they are not inadvertently increasing use among teens.

Ultimately, Canadian youth need evidence-based approaches and treatments to address mental health and addiction concerns associated with cannabis use. We ask that the federal and provincial governments include funding from marijuana taxation for treatment and research of cannabis use among under-age youth.

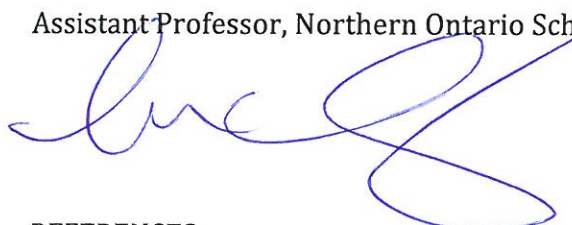
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