

NICOTINE AND CANNABIS IMPACTS ON YOUTH MENTAL HEALTH

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AGENDA

Nicotine Use Patterns & Mental Health

Intro to Cannabis

Youth Cannabis Use Patterns

THC Impacts on Developing Brains

Cannabis and Mental Health

Risk and Protective Factors



NICOTINE USE PATTERNS

- 7.3% of high school students reported using tobacco in the last 30 days
- Flavored tobacco use remains high; vapes continue to be the most used tobacco product
- Poor mental health is associated with greater vulnerability to future tobacco use
- Rural communities tended to have higher tobacco use than suburban areas and cities
- Current cannabis use is more common than tobacco use
- Co-use of cannabis and tobacco is more common than using both substances alone

NICOTINE USE AND YOUTH MENTAL HEALTH

- Nicotine use makes the developing brain more susceptible to nicotine addiction
- One study showed a significant association between vaping and higher levels of ADHD symptoms
- Nicotine use intensifies symptoms of depression and anxiety, and increases stress
- Many teens use nicotine to cope or relax due to stress
- Withdrawal symptoms can include irritability, depression, and anxiety and may often be a cause of the stress the teen is feeling.
- These symptoms are alleviated by using again, continuing the use cycle and strengthening the brain's dependence on nicotine.



CANNABIS TERMS & DEFINITIONS

Cannabis: From the Cannabis Sativa plant. Contains many compounds including Delta-9-Tetrahydrocannabinol (THC)

THC: Psychoactive part of cannabis. Responsible for the effects on a person's mental state (produces the “high”)

Hemp: Cannabis plant that contains very little THC

Marijuana: Common slang for the part of the cannabis that contains THC

Cannabidiol (CBD): Part of cannabis that does not contain THC (no “high” produced)

Common names/slang: Blunts, Dope, Ganja, Grass, Hash, Herb, Mary Jane, Pot, Reefer, Smoke, Skunk, Weed, Yerba

CALIFORNIA YOUTH CANNABIS USE PATTERNS

- In 2023, the rates of ever use of cannabis were 23% and current use were 10.4%
 - Current cannabis use was more common than current use of tobacco
- The most common modes of cannabis use were smoking (49%) followed by vaping (37.9%)
- Prevalence of use among LGBTQ+ respondents was more than double that of non-LGBTQ+ respondents

THC AND THE DEVELOPING BRAIN



Learning, memory, and other cognitive processes critical to learning

Changes in mood

Sleep

Motion/motor control

Appetite

Pleasure/reward

THC POTENCY

THC potency has increased greatly over the past few decades

In 1995 the average THC content found in cannabis plant products was about 4%, by 2017 it was about 17%

Concentrated products from dispensaries containing THC often have a higher concentration with the average range reaching up to **45%**

Dabbing and vaping concentrates, in particular, can deliver very high levels of THC

CANNABIS USE AND MENTAL HEALTH

Teen use of cannabis has been linked to mental health problems including:

- Depression, social anxiety, suicidal ideation, temporary psychosis, and schizophrenia
- Some studies suggest that the risk of developing anxiety disorders is greater for those using high potency cannabis
- Using cannabis at a younger age and more frequently may increase risk of developing mental health problems
- There is evidence that higher potency cannabis increases the risk of poor mental health outcomes and addiction

CANNABIS USE AND MENTAL HEALTH

- For individuals diagnosed with bipolar disorders, near daily cannabis use may be linked to greater symptoms of bipolar disorder than for nonusers
- Cannabis can cause temporary psychosis (not knowing what is real, hallucinations, and paranoia)
- Cannabis use is likely to increase the risk of developing schizophrenia and other psychoses; **the higher the use, the greater the risk.**
- Heavy cannabis users are more likely to report thoughts of suicide than are nonusers

CANNABIS USE DISORDER

Some effects include strong cravings or urge to use, social isolation, continued use despite social or interpersonal problems, tolerance, withdrawal symptoms

People who begin using cannabis before age 18 are 4 to 7x more likely to develop cannabis use disorder than adults who did not use before age 18

3 in 10 people who use cannabis develop Cannabis Use Disorder

SCHOOL RISK AND PROTECTIVE FACTORS

Risk Factors:

- Low policy enforcement
- Out of school suspension
- Absenteeism

Protective Factors:

- School belonging
- School involvement
- Authoritative school environment
- School Connectedness
- Remedial approach to substance policy violations

INDIVIDUAL AND SOCIAL FACTORS

Risk Factors:

- Lower SES
- Not knowing how to say “no”
- Lacking parental support
- Gender minority
- Doing poorly in school
- Low self-esteem/self-worth
- Anti-social behavior
- Perceptions of peer substance use
- Low perceived harm of substance use

Protective Factors:

- Self-efficacy to say “no”
- College or educational aspirations
- Peer disapproval of substance use
- Being part of a religious group or tradition
- Being part of a sport or athletic group
- Racial/ethnic pride, strong racial identity
- Higher academic achievement

THANK YOU!



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