RECOMMENDED ACADEMIC READING (RAR)

In this issue, RAR is focused on recent research articles about cannabis. I thank our three expert contributors for their thoughtful choices and informative syntheses. I anticipate that you will want to seek out some of these articles once you have read their recommendations. At the end of the column see some references for papers by these experts.

John D. McLennan
Editor

Dr. Stephanie Lake recommends a qualitative research article by Paul et al. (2020) exploring how marginalized young people who use unregulated drugs (PWUD) in Vancouver engage with cannabis use. Often, research involving cannabis use among young people examines the early role of cannabis use in trajectories towards higher-risk substance use or mental/emotional distress. Paul et al. interrogate the role of cannabis among young people at a late point in these trajectories. The research team, which included clinician-researchers, a medical anthropologist, and peer research associates (i.e., young people with lived experience of street involvement), conducted in-depth, semi-structured qualitative interviews with 56 street-involved young PWUD and 12 youth service providers with the goal of understanding how marginalized young people use cannabis in the context of intensive poly-substance use and street entrenchment. Young people describe the ways in which they perceive their cannabis use to be therapeutic and/or a harm reduction agent. Some also describe adverse experiences with uncontrolled cannabis use. These themes are contextualized against the landscape of housing, treatment, and mental health services available to marginalized young PWUD in Vancouver. Understanding how marginalized young people interact with cannabis in navigating their everyday life will support development of youth-oriented clinical and social services that are better tailored to their unique needs. These opportunities for policy and programming improvement are highlighted through qualitative data provided by youth service providers. As a quantitative researcher focused on the potential therapeutic applications and adverse effects of cannabinoids, I often turn to qualitative research to enrich my “real-world” understanding of this vast topic. For similar reasons, I highly recommend this article to anyone who works with marginalized young people in their clinical practice or service provision.

Stephanie Lake, PhD
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Reference

Dr. James MacKillop recommends a paper by Scott et al. (2018) that systematically reviews the association of cannabis and cognitive function. Potential risks of cannabis use are multifarious, but include possible adverse impacts on cognitive functioning, especially among adolescents and young adults. This systematic review and meta-analysis take stock of the large and often mixed empirical literature on this topic, providing a number of important insights. The first is simply the aggregated meta-analytic finding that there was evidence of a statistically significant association, but of a small effect size of probably modest clinical significance. The second insight, however, was that effects on different cognitive indicators varied widely. For example, among the most robust effects were on learning and processing speed, whereas visuospatial processing was largely unaffected. In other words, effects on cognition vary substantially by the type of cognition. A third insight was that the effect sizes were not amplified in studies with younger participants or based on younger age of cannabis initiation, both factors that have speculated to be possible exacerbators of negative effects. The hypothesis that cannabis interrupts critical periods of cognitive development is on increasingly weak empirical ground. Finally, a critical finding was that when the studies were segregated into those that did or did not include an abstinence period of at least 72 hours, the effects

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in the abstinence studies were nonsignificant. This suggests that recent use plays a critical role and that even very short-term abstinence results in recovery of functioning. Collectively, the study reveals that the question of cannabis’s impact on cognition in young people is much more complex than it may seem on its face. Furthermore, while there is some evidence of adverse impacts, they seem to be specifically localized to certain aspects of executive functioning and primarily in the context of recent use. These findings suggest a much more nuanced relationship than is typically discussed in the popular media.

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Dr. Rebecca Haines-Saah recommends an article in the International Journal of Drug Policy, by Fischer et al. (2021), which provides an update to the Lower Risk Cannabis Use Guidelines (LCRUG) first published in 2011, and later revisited in 2017 in advance of cannabis legalization in Canada. These authors have updated their narrative review through a targeted search of publications since 2016. The article provides a comprehensive and accessible primer on the evidence about the health and social harms associated with cannabis use, as well as the potential public health impacts of cannabis policy liberalization. In this most recent version, the LCRUG have expanded from 10 to 12 key domains, including new recommendations that users access a legal and regulated supply of cannabis where available, and that users experiencing impaired cognitive performance consider temporarily suspending or substantially reducing the intensity (e.g., frequency/potency) of their use. Another change is that the previous leading recommendation advising that the only way to avoid risks entirely is to abstain from any use has been dropped (presumably because advising abstinence is incompatible with “lower risk use”), but a precautionary and pragmatic approach prevails. Relevant to JCACAP readers, the position that it is best to delay the onset of cannabis use until after adolescence remains, but rather than setting limits using nominal age (i.e., avoid use before age 16), the authors now suggest that based on emerging evidence we should shift to cut-offs based on pubertal markers – which may vary by sex and age – to avoid adverse effects associated with “early” onset use. Finally, it is important to note that the LCRUG were developed to address non-medical cannabis use, so clinicians looking for guidelines for cannabis use for medical purposes will need to look elsewhere.

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Reference

And now references for a few articles on cannabis written by our contributing experts.


