



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada



# Closing Research Gaps on Cannabis and Mental Health

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Youth-Specific Findings

Over the past five years, the Mental Health Commission of Canada (MHCC) has led a pan-Canadian research program to assess the impact of cannabis legalization and use on the mental health of diverse populations. This document synthesizes key themes that emerged from several studies led by and with youth (ages 13–30) across Canada to understand their relationship with cannabis and mental health.

**Note:** Young people are not a monolithic group, and factors that influence their unique relationship with cannabis and mental health vary.



# 1. The relationship between cannabis use and psychosis risk among youth continues to be a concern.

- ✓ Early evidence from Ontario shows no increase in rates of psychosis among youth (or adults) following legalization in the context of strict market regulations (Anderson, 2021). However, more recent evidence suggests this may be shifting for cannabis-induced psychosis, which is a known risk factor for schizophrenia (Myran et al., 2023). Emerging evidence found that the rate of episodes of cannabis-induced psychosis increased two years after legalization during a period of widespread market expansion with increased retail access and new high-potency products (Myran et al., 2023).
- ✓ The visibility of and access to cannabis retailers plays a critical role in the risk of psychosis and health-care service use. Compared to neighbourhoods without a cannabis store, people living within walking distance (1.6 km) of a cannabis store had a 16 to 35 per cent higher use of psychosis-related services (Anderson, 2021).
- ✓ Cannabis use disorder was the most prevalent substance use disorder among youth with first episode psychosis, suggesting that those with cannabis use disorder might also be at a higher risk for first episode psychosis, particularly if they frequently use products with high THC levels (Archie, 2021).
- ✓ Youth who experience additional stress caused by systemic discrimination, colonialism, and historical and intergenerational trauma, such as among African, Caribbean, and Black (ACB), and Indigenous communities, might also be at higher risk for psychosis (Archie, 2021).
- ✓ Many are still concerned about the associated risks between cannabis use and the onset of psychosis and schizophrenia, especially for youth. There is also a strong call among youth for more information on safer cannabis use practices. These include the role of potency, dose, strain, and frequency of use to reduce such risks, as well as the effects of mental health, social determinants of health, and chronic stress on such vulnerabilities (Archie, 2021; Le Foll et al., 2021; Gaddes, 2020; Benoit, 2021).



## 2. Young people demonstrate self-awareness about cannabis use and report a mix of benefits and harms.

- ✓ Most studies found that young people are knowledgeable about cannabis and self-aware when it comes to their own use (Benoit, 2021; Castellanos Ryan & London-Nadeau, 2021; Ferlatte, 2020). They are interested in obtaining balanced information about cannabis so they can make informed decisions (Aw-Osman, 2020).
- ✓ Youth described using cannabis for a variety of unique reasons including for the feelings it gave them, to relax or wind down, to facilitate social relationships, to deal with boredom, to replace alcohol or other drugs, and to cope with mental health challenges (Castellanos Ryan & London-Nadeau, 2021; Ferlatte, 2020; Pakhale, 2021; Salmon, 2021).
- ✓ Many youth reported that cannabis improved their mental health by reducing trauma symptoms (e.g., dysregulation and arousal) and alleviating symptoms of depression. Other youth felt that cannabis use exacerbated their mental health challenges, increasing symptoms of depression and anxiety over the long term (Castellanos Ryan & London-Nadeau, 2021; Ferlatte, 2020; Pakhale, 2021).
- ✓ Some youth reported that cannabis use prompted anxious or paranoid feelings, and they experienced chest or lung discomfort. Other negative effects reported by youth included not being able to do what was expected of them and experiencing more memory or concentration problems when using more frequently (Castellanos Ryan & London-Nadeau, 2021; Ferlatte, 2020).
- ✓ One study found that youth who experienced adverse symptoms were more likely to have started using cannabis at a younger age. Others who experienced negative impacts did not use cannabis as regularly, so they may have had less knowledge about cannabis, used more than usual, used a higher THC concentration, or used a different cannabis supply than usual. Some youth described not noticing the negative effects of their cannabis use, such as increased anxiety and depression, until they had reduced use or stopped. They also reported challenges in reducing or stopping use without appropriate resources or support to do so (Benoit, 2021).
- ✓ Another study exploring the experiences of immigrant, refugee, ethnocultural, and racialized (IRER) youth found that youth were not only able to identify when their use was beneficial or harmful, but also that these were not mutually exclusive (Aw-Osman, 2020).
- ✓ Two studies explored the experiences of sexually and gender diverse youth. The motivations queer and trans youth shared for using cannabis included liberation, social connection, and supporting their mental health, once again demonstrating the range of use (Castellanos Ryan & London-Nadeau, 2021). LGBTQ+ youth used cannabis as a tool of self-exploration and to foster intimacy and feel more positive about their bodies (Ferlatte, 2020).

### 3. Access to health care and social supports have a strong influence on youth cannabis use and mental health.

- ✓ Participants in one study exploring the experiences of street-involved youth said they felt stigmatized by health-care providers and identified an urgent need to provide youth with access to tailored, non-judgmental mental health support (Pakhale, 2021).
- ✓ Another study looking at the experiences of IRER youth found that many face barriers (financial, interpersonal, and systemic) to accessing information and support for mental health and substance use. Many are doubly burdened, having to both research information around cannabis and advocate for themselves in health-care settings. The same study found that youth often encounter one-size-fits-all responses that are insufficient to address their specific mental health needs, contexts, and challenges (Aw-Osman, 2020).
- ✓ Young people who use cannabis reported commonly experiencing stigma related to their cannabis use. Sometimes this stigma was also paired with racist stereotypes and other forms of discrimination related to youth's intersecting identities (Gaddes, 2020).
- ✓ 2SLGBTQI+ youth shared a range of negative experiences with health-care services. Some were stigmatizing and alienating; others were hostile and resulted in youth hiding their cannabis use. Some youth resisted or avoided engagement with health-care services as a result. Additionally, 2SLGBTQI+ youth reported using cannabis to reclaim control of their mental health in response to these systemic barriers to care (Castellanos Ryan & London-Nadeau, 2021; Ferlatte, 2020).
- ✓ Most participants acknowledged that they used cannabis as a response to unmet mental health needs caused by systemic barriers to care, a lack of appropriate supports, and a deficiency of emotional support from family. Several youth also felt that using cannabis as a substitute to formal supports, while a quick solution, was harmful to their well-being in the long-term (Benoit, 2021; Ferlatte, 2020; Pakhale, 2021).
- ✓ One study of queer and trans youth found that participants were able to cultivate a better relationship with their cannabis use (i.e., with more control and less negative effects) when other aspects of their life were supported, such as obtaining a formal mental health diagnosis, having access to appropriate mental health care, and being connected to community (Castellanos Ryan & London-Nadeau, 2021).
- ✓ One project identified key protective factors influencing the relationship between cannabis and mental health among Indigenous youth, including having First Nations language ability, participating in traditional activities, and having self-reported health, mental wellness, physical health, spiritual connectedness, and holistic balance (First Nations Information Governance Centre, 2020).
- ✓ All studies emphasized the need for more culturally appropriate and representative resources, services, and supports for mental health and cannabis use. Also important was more education and training among health-care professionals to help them better respond to youth's intersecting identities, mental health, and cannabis use without stigma or discrimination (Benoit, 2021; Castellanos Ryan & London-Nadeau, 2021; Ferlatte, 2020; Pakhale, 2021; Salmon, 2021).

## 4. Meaningful youth engagement is essential to better understand and respond to youth needs.

- ✓ Youth-led approaches to research paved the way for a breadth of insights and perspectives. Many projects prioritized the inclusion of youth with lived experience in the research process (in many cases in positions of leadership) to increase the relevancy and accuracy of the research findings. Most projects hired young people as experts, advisers, and research assistants.
- ✓ Several studies implemented strengths-based approaches that explored the capacity of the community to improve their own health outcomes, rather than focusing on challenging experiences (Castellanos Ryan & London-Nadeau, 2021; Jama, 2020). Peer-led approaches fostered trust and safety by having youth co-researchers review materials, lead research, and conduct interviews with youth from the same community (Castellanos Ryan & London-Nadeau, 2021).
- ✓ All studies emphasized the need to involve youth in research and public education (including the use of alternative youth-informed methods) to reduce the potential risks and harms of cannabis use and promote positive mental health among youth.
- ✓ Youth prefer processes that allow them to be experts on their own experiences while also receiving guidance from trusted sources. Creative tools and processes allow youth to express themselves, describe their experiences, and deconstruct power dynamics that arise in traditional methods to research and public education (Ferlatte, 2020; Pakhale, 2021). For example, creative tools used in several projects included social media, live stream discussion events, and anonymous comment boxes (Aw-Osman, 2020); a youth-led powwow as an opportunity for healing, reconciliation, and sharing traditional Indigenous wellness teachings; interactive arts-based approaches such as theatre and improvisation (Salmon, 2021); video games (Archie, 2021); and photovoice (Ferlatte, 2020; Pakhale, 2021).
- ✓ Youth want public education around cannabis and mental health to incorporate aspects of personal growth and development, meaningful and reflective learning, and opportunities to share findings and experiences with other youth. Several youth-led research projects also developed public education materials by youth for youth, including “safe-er” use guidelines, workshops, mentorship guides, and a course on cannabis and mental health (Benoit, 2021; Salmon, 2021; Schizophrenia Society of Canada (2022) *Cannabis and Mental Health*).

**Gain further insight** into cannabis and mental health from a youth-led perspective, including a youth-led course and mentorship guide.



# References

To learn more about these projects, visit the MHCC [website](#).

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