How to Talk to Kids and Families about Cannabis

Advancing Youth Well-Being Through Partnership Conference

MAAP, MAFP, MCCAP

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Learning Objectives

- Participants will learn new information about the state of affairs with health, mental health, and cannabis
- Participants will learn some motivational techniques to help parents and families reduce cannabis use
- Participants will learn how to screen for issues with cannabis and provide guidance for harm reduction



Maine Integrated Youth Health Survey 2025

MAINE PAST 30 DAY USE IN 2025	
Maine Middle School Students:	***High School:***
1.6% smoked cigarettes	**5.1%** smoked cigarettes
4.3% used an electronic vapor product	**13.0%** used an electronic vapor product
3.6% drank alcohol	**16.5%** drank alcohol
3.3% used marijuana	**14.6%** used marijuana
4.0% took prescription drugs without doctor's prescription	**4.7%** took prescription drugs without doctor's prescription

[1] MIYHS Data

Cannabis in Society

- Cannabis is the most widely used recreational substance in US adolescents and young adults
- Lifetime use ~30% in 2023
- Increasing use in females
- Higher rates in non-Hispanic Black and Hispanic adolescents

	Evidence for association	Understanding of temporal relationship	Potential confounding factors
Psychosis	Strong evidence from multiple study designs	Clear temporal relationship	Adjustment for confounders attenuates but does not eliminate the association
Bipolar disorders	Modest association with less consistent evidence	Unclear temporal relationship	Might be explained by common factors (few genetically informed studies)
Depressive disorders	Modest association in prospective studies	Unclear temporal relationship	Association could be explained by confounding factors
Anxiety disorders	Modest association with mixed findings	Unclear temporal relationship	Uncertain
Suicidal behaviours	Modest to moderate association	Unclear temporal relationship	Uncertain

Current research

- Cannabinoid receptor changes in psychosis and cannabis use (Chou)
- Adolescent cannabis use, psychiatric disorders & neuroimaging findings of brain vulnerabilities (Watts)
- Adolescent exposure to different cannabis strains & adulthood effects in rodents (Khokhar)
- Risks and opportunities of major and minor cannabinoids (Nachnani)
- Discussions (Hurd)

Maine
Marijuana -- 2025 MIYHS High School Report

					Significance Tests
	Questions	Answers of Interest	Maine 2025 95% CI*	Maine 2023 95% CI*	A. Maine 2025 vs. Maine 2023
33.	During your life, how many times have you used marijuana? (hn98/hn98)	Percentage of students who answered at least 1 time (Lifetime Usage)	**27.0%** **(25.9% - 28.2%)**	31.6% (30.4% - 32.8%)	L
34.	How old were you when you tried marijuana for the first time? (hn99/hn99)	Among students who have tried marijuana, the percentage of students who answered before age 13	**22.9%** **(21.3% - 24.5%)**	19.0% (17.5% - 20.5%)	H
35.	How old were you when you tried marijuana for the first time? (hn99_2/hn99_2)	Percentage of students who answered before age 13	**6.3%** **(5.7% - 6.8%)**	6.1% (5.5% - 6.6%)	
36.	During the past 30 days, how many times did you use marijuana? (hn100/hn100)	Percentage of students who answered at least 1 time (Current User)	**14.6%** **(13.7% - 15.4%)**	18.7% (17.7% - 19.6%)	L
37.	If you wanted to get some marijuana, how easy would it be for you to get some? (hn101/hn101)	Percentage of students who answered "Sort of easy" or "Very easy"	**45.9%** **(44.6% - 47.3%)**	53.5% (52.2% - 54.8%)	L
38.	During the past 30 days, how many times did you use marijuana on school property? (hn109a/hn109a)	Percentage of students who answered at least 1 time	**4.7%** **(4.2% - 5.2%)**	5.5% (5.1% - 5.8%)	

Maine and Cannabis

- Medicinal dispensaries first opened in 2011
- Recreational dispensaries opened in 2020
- Adults 21 years of age or older can possess up to 2.5 oz of cannabis, cannabis concentrate, or products
- Medical cardholders can enter a medical dispensary if they are 18 yo
- If they are under 18 yo, a 21 yo or older caregiver can purchase for them
- Cannabis can only be consumed in a private residence or private property
- Since first retail stores opened in 2020:

$4.3 million in 2020	$216.9 million in 2023
$82.0 million in 2021	$243.9 million in 2024
$158.9 million in 2022	$246.4 million in 2025

- Price have decreased from $16.68 per gram to $6.62 per gram in 2025



-Maine Office of Cannabis Policy

Headline Numbers — Calendar Year 2025

ADULT-USE RETAIL SALES
$246.4M
+1.0% YoY (OCP, Jan 2026)

RETAIL TRANSACTIONS
4.84M
+4.7% YoY

AVG FLOWER PRICE
$6.62/g
−8.6% YoY

ACTIVE AU RETAIL STORES
180
Dec 31, 2025 (Annual Report)

TOTAL AU ESTABLISHMENTS
343
All license types combined

MEDICAL DISPENSARIES
90
+28.5% YoY (MMCP 2025)

MEDICAL DISPENSARY RETAIL
62
+34.7% YoY

MEDICAL PATIENT CERTIFICATIONS
112,547
+1.8% YoY (2025)

ACTIVE MEDICAL PROVIDERS
808
+8.3% YoY

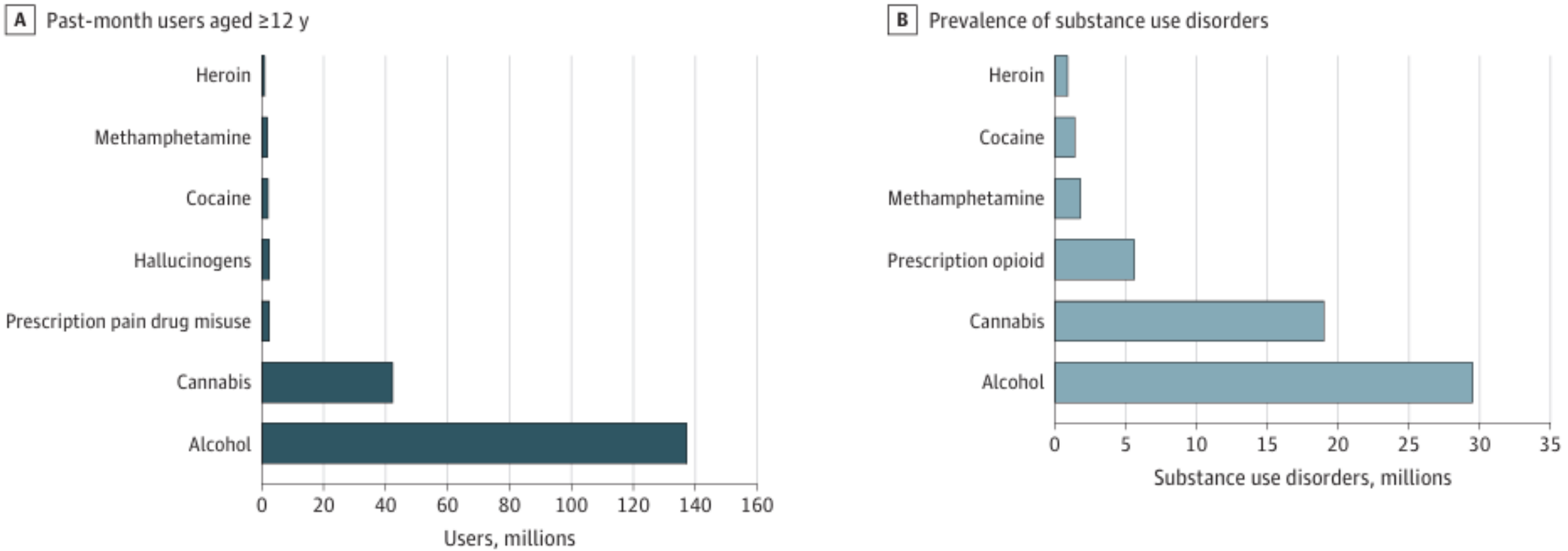
REGISTERED CAREGIVERS
1,539
−8.2% YoY (exodus)

AUCP TAX REVENUE (CALENDAR 2025)
$43.72M
+7.3% YoY

MAINE POPULATION
1.40M
Census 2024 estimate

Primary sources: OCP Adult Use Cannabis Program 2025 Annual Report (28-B M.R.S. §113); OCP Medical Use of Cannabis Program 2025 Annual Report (22 M.R.S. §2430-N); mainecannabis.org monthly Maine Revenue Services sales reports; Marijuana Herald reporting from OCP data releases (Jan & Jul 2026).

Figure. Use of Alcohol and Other Drugs and Prevalence of Substance Use Disorders[12]



Madras, 2025

High potency THC cannabis as medicine?

- Little proven therapeutic benefit
- Real mental health risks
- Low-quality evidence for decreasing anxiety for CBD
- People who should avoid THC:
  - Adolescents
  - Bipolar disorder
  - Schizophrenia
  - Pregnant people
  - Those at risk for SUD

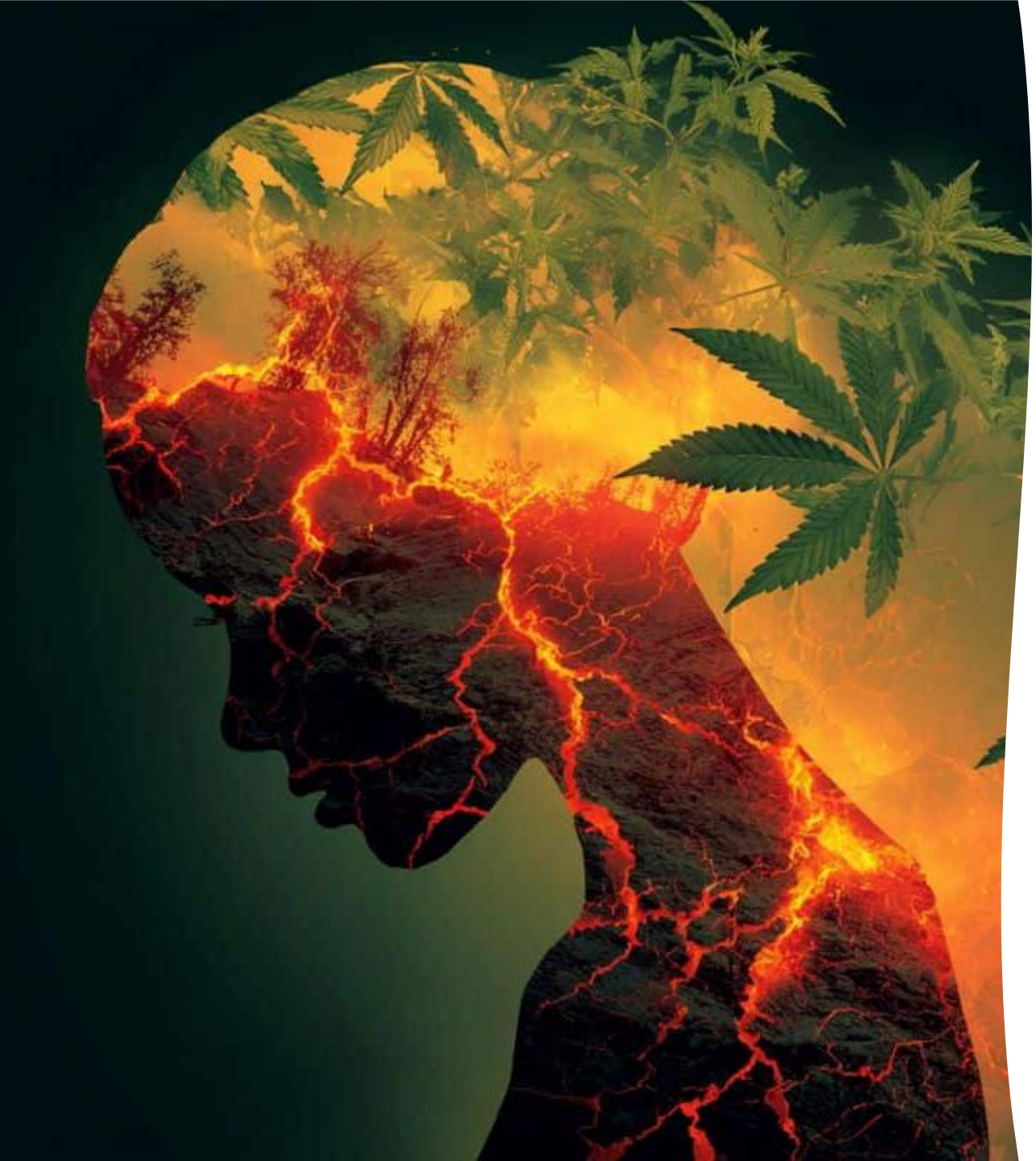


Evidence for THC and mental health issues

- Little evidence for PTSD
- Insufficient evidence for anxiety, depression, ADHD
- Low certainty evidence for CBD and anxiety
- Increased risks for:
  - Worsening mania
  - Increased psychosis (worst causality)
  - Developing SUD
  - suicidality



Pediatrics, 2026



Psychosis risk

- 1.76 relative risk for daily use and 1.35 relative risk for weekly use (versus no use) (Kansagara, 2026)
- **Earlier initiation** is linked to earlier onset, more severe symptoms, and more relapse (Osborne, 2025)
- **Cannabis-induced psychosis: about 50% go on to develop schizophrenia or bipolar disorder** (Kansgara, 2026)
  - half within 2 years
  - AAP advises **2–5 years of follow-up** after substance-induced psychosis

Biggest risk factors with cannabis for psychosis or schizophrenia

- Using cannabis before the age of 16; best to use after brain maturation
- Dose-dependent relationship of risk
- Any cannabis use associated with a 40% increased risk of psychosis
- Higher frequency and potency increases risk and severity of psychotic symptoms
- Those with a family history of psychosis are 2.5-10 times more likely to develop a psychotic illness
- Psychosis after use greatly increases risk

Prevalence of cannabis use in early psychosis

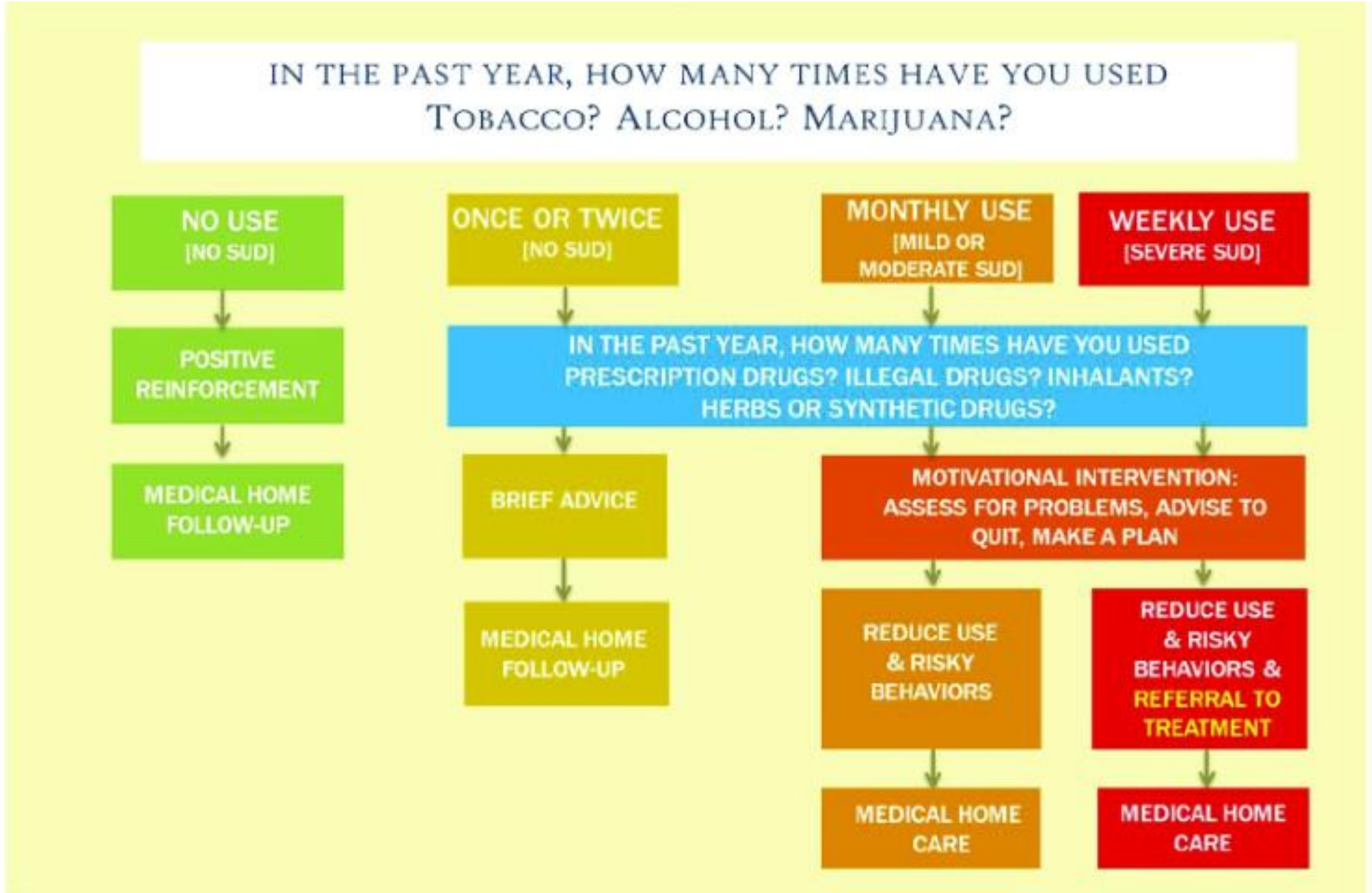
- 33-54% of individuals with clinical high risk symptoms use cannabis
- 22-50% of individuals with first episode of psychosis use cannabis
- Cannabis use increases risk for having psychosis symptoms, both attenuated and acute
- Youth at CHR-p may use cannabis to alleviate depression, anxiety, or negative symptoms
- After the onset of positive symptoms, may be used as a way of coping with those symptoms
- Earlier age of use and higher usage of high-THC is associated with poorer outcomes

West, 2023

Cannabis Use Disorder

- affects about 30% of people with past-year use
- about half of these have moderate or severe disease
- treatment includes:
  - cognitive behavioral therapy
  - motivational therapy contingency management
- no approved drug therapy




IN THE PAST YEAR, HOW MANY TIMES HAVE YOU USED TOBACCO? ALCOHOL? MARIJUANA?
NO USE [NO SUD]
POSITIVE REINFORCEMENT
MEDICAL HOME FOLLOW-UP
ONCE OR TWICE [NO SUD]
BRIEF ADVICE
MEDICAL HOME FOLLOW-UP
MONTHLY USE [MILD OR MODERATE SUD]
WEEKLY USE [SEVERE SUD]
IN THE PAST YEAR, HOW MANY TIMES HAVE YOU USED PRESCRIPTION DRUGS? ILLEGAL DRUGS? INHALANTS? HERBS OR SYNTHETIC DRUGS?
MOTIVATIONAL INTERVENTION: ASSESS FOR PROBLEMS, ADVISE TO QUIT, MAKE A PLAN
REDUCE USE & RISKY BEHAVIORS
MEDICAL HOME CARE
REDUCE USE & RISKY BEHAVIORS & REFERRAL TO TREATMENT
MEDICAL HOME CARE

AAP SBIRT

Universal screening

- **Adolescents:** S2BI, BSTAD, CRAFFT, DAST-20 Adolescent
- Quantity, frequency, and route of use
- THC potency of the products used
- Withdrawal
- Psychiatric comorbidity and other substance use disorders



Talking to Parents

- Counter the narrative that cannabis use is harmless
- Use concrete facts about the developing brain, potency, and driving rather than scare tactics
- Modeling matters: use in front of teens has an impact
- Safe storage
- Talking about own use- use general examples
- Ongoing calm conversations



Talking to Kids by Age

- Young children: prevention of accidental ingestion
- Preteens: simple facts
  - Not for growing brains
  - How to say no
- Adolescents
  - Screeners
  - Motivational interviewing
  - Harm-focused facts (driving, potency, mental health)



What About Cannabis as Medicine?

- Evidence is limited to refractory seizures (FDA-approved cannabidiol)
- Families may consider for severe or life-threatening conditions
- Does interact with other medications (valproic acid, warfarin), so need to be aware of usage



How to Help

- **Screen routinely** for both cannabis use and co-occurring mood, anxiety, or psychotic symptoms
- In youth with cannabis use disorder, comorbid depression further raises the risk of suicidal behavior
- **Counsel** to delay first use, reduce how often cannabis is used, and avoid high-THC concentrates and vapes.
- Emphasize this more strongly for youth with a family history of psychosis
- In youth with emerging psychosis, **routine urine drug screens miss synthetic cannabinoids**

Medical use

- Patients who use cannabis for medical purposes often rely on dispensaries as primary sources of information
- Counseling on cannabis-related risks (e.g., CUD, withdrawal, motor vehicle accidents, psychosis, drug interactions, side effects) may be limited or inconsistent
- Open, nonjudgmental discussion can support more accurate assessment
- People who use medical cannabis often report daily or near-daily use, which may lead to neuroadaptation (i.e., tolerance and withdrawal
- Prioritize indicators of problematic use, including impaired control, risky use (e.g., driving while intoxicated), continued use despite harm, and excessive time spent using or recovering from cannabis
- Engage patients through discussion of known risks, potential benefits, and first-line treatment options for their condition

SAMHSA, 2026

Motivational Interviewing

- MI is a collaborative style that resolves ambivalence by drawing out the patient's own reasons for change
- Open questions ("What do you like about cannabis? What concerns you?"), affirmations, reflective listening and summaries
- **Elicit change talk:** decisional balance (pros and cons of using vs. cutting back), importance and confidence rulers ("On 0–10, how important is cutting back? Why not a lower number?"), and looking forward ("Where would you like to be in a year?")
- **Develop discrepancy:** link cannabis use to the patient's own goals, such as sleep, anxiety, work, school, finances, or a partner's concerns

Motivational Interviewing

- **Roll with resistance:** avoid arguing and labeling. Reflect and emphasize autonomy ("It's your decision")
- **Elicit–Provide–Elicit feedback:** ask permission, then give personalized data (frequency compared with peer norms, effects on mood and sleep, withdrawal), then ask for the patient's reaction
- **Build self-efficacy and plan:** set goals the patient chooses (reduction is acceptable), identify triggers, anticipate withdrawal (irritability, insomnia, low appetite, peaking around the first week), and arrange follow-up

Cases and Questions



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