



Vanessa Sevilla, BS², Roxanne Abella, APRN¹ and Robert Suddath, MD¹
(1)Psychiatry, University of California, Los Angeles, Los Angeles, CA, (2)Kansas College of Osteopathic Medicine, Wichita, KS

The authors have no financial conflicts or disclosures.

Background

Adolescence is a key stage for substance experimentation, including cannabis, which has become more accessible due to decriminalization policies. While research links cannabis use to psychiatric conditions, few studies examine its long-term impact on high-acuity mental health care.

This study explores the association between adolescent cannabis use in psychiatric populations and subsequent need for high acuity psychiatric care in adulthood.

Methods

Patients from the UCLA Department of Psychiatry completed a survey as part of their clinical treatment, which included questions about cannabis usage, such as frequency. Frequency of cannabis use was assessed with response options of 'Daily or Almost Daily' = 4, 'Weekly' = 3, 'Monthly' = 2, 'Once or Twice' = 1, and 'None'/Unknown = 0.

A retrospective chart review was conducted for 13 psychiatric patients who endorsed cannabis use in adolescence for psychiatric symptoms and have since then entered adulthood, to assess if higher acuities of psychiatric care were required.

Higher acuities of psychiatric care were defined as admission to the emergency department, residential treatment, and/or inpatient hospitalization and were marked as level 2, while continued outpatient care was marked as level 1, and unknown status of follow-up or no follow-up were marked as level 0.

Key Takeaways

- Adolescent psychiatric patients attribute cannabis use for 'Depression or sadness', 'Anxiety', and 'Sleep'.
- Cannabis use in adolescence is positively correlated with increased need for acute psychiatric care in adulthood.

Results

84.6% (n=11) of the patients who reported cannabis use while receiving psychiatric care in adolescence, have required continued psychiatric treatment after turning 18 years old.

Data was collected regarding their frequency of cannabis use in adolescence, as well as the different levels of psychiatric care accessed in adulthood.

Upon analyzing the frequency of cannabis use in adolescence and the different levels of psychiatric care required in adulthood, a Pearson's correlations test found a positive correlation ($r = 0.688, p < 0.01$).

Discussion

These findings demonstrate a positive correlation between higher frequencies of adolescent cannabis use and an increased need for higher levels of psychiatric care in adulthood. However, given the study's limitations, further investigation is necessary, particularly with statistical analysis controlling for confounding factors.

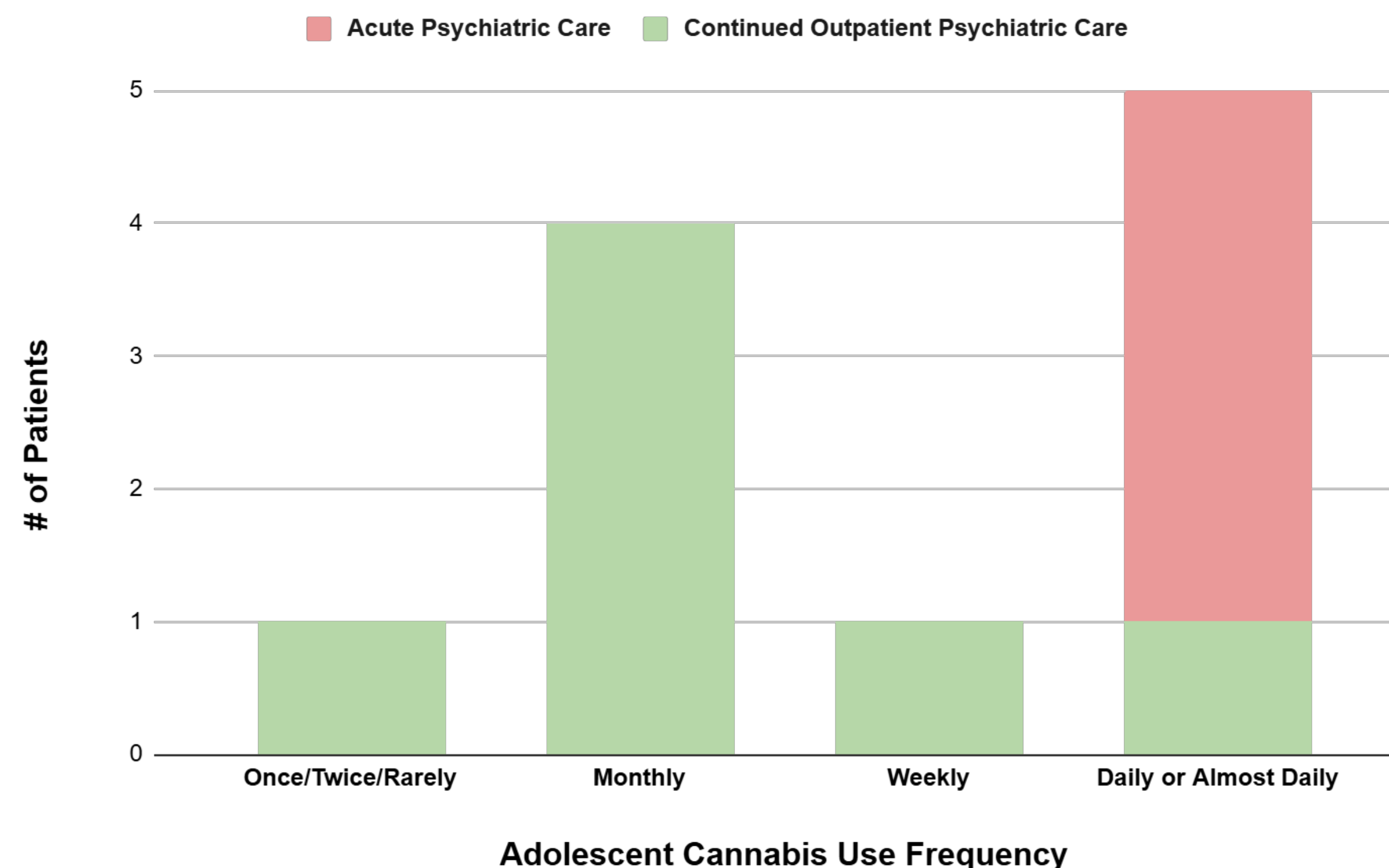
Strengthening this evidence base can inform public health strategies and encourage interdisciplinary collaboration among mental health professionals, educators and policymakers in the realm of substance use and mental health in adolescent populations.

Self-Reported Reasons for Cannabis Use in Adolescence

Sleep	7
Depression or Sadness	7
Stress	6
Appetite	6
Worry or Anxiety	6
Pain	4
Focus or Concentration	4
Nausea or Vomiting	2
Headaches	1
PTSD	1
Arthritis	1



Correlation Between Increased Frequency of Cannabis Use in Adolescence and Need for Acute Psychiatric Care in Adulthood (Pearson Correlation Coefficient = 0.688)



Continued Psychiatric Care in Adulthood?	Continued Cannabis Use and Frequency of Use in Adulthood?	Reasons for Cannabis Use in Adulthood	How often is cannabis used in adolescence?	Reasons for Cannabis Use in Adolescence	Higher Acuity Details (if applicable)
Yes	Yes; Daily or Almost Daily	Pain, Sleep, Stress, Appetite, Worry or Anxiety, Focus or Concentration, PTSD, Arthritis	Daily or Almost Daily	Pain, Stress, Appetite, Worry/Anxiety, Focus/Concentration, PTSD, Arthritis	ED Visit
Yes	Yes; Daily or Almost Daily	-	Daily or Almost Daily	Sleep, Stress, Appetite, Worry/Anxiety, Depression/Sadness	ED visit (SA), Inpatient Hospitalization, Residential Treatment
Unknown	Unknown	Unknown	Once or Twice	-	-
Unknown	Unknown	Unknown	Monthly	Depression/Sadness	-
Yes	Yes; Daily or Almost Daily	Stress, Worry or Anxiety	Daily or Almost Daily	Depression/Sadness	ED visit, Residential Treatment
Yes	Yes (skipped)	-	Weekly	Pain, Sleep, Stress, Appetite, Worry/Anxiety, Depression/Sadness, Focus/Concentration	-
Yes	Yes; (skipped)	-	Monthly	Pain, Sleep, Worry/Anxiety, Depression/Sadness	ED visit (SA), Inpatient Hospitalization
Yes	Yes; Monthly	Appetite, Worry or Anxiety	Monthly	-	-
Yes	Yes; Monthly	-	Monthly	Headaches, Focus/Concentration, Depression/Sadness, Worry/Anxiety, Appetite, Stress, Sleep, Nausea /Vomiting	-
Yes	Yes; Daily or Almost Daily	-	Daily or Almost Daily	Pain, Nausea/Vomiting, Sleep, Stress, Appetite, Worry/Anxiety, Depression/Sadness, Focus/ Concentration	Substance Abuse IOP
Yes	Yes; (skipped)	Stress	Daily or Almost Daily	Sleep, Appetite	4x ED visits, Inpatient Hospitalization
Yes	Yes; Monthly	Sleep, Stress	-	Sleep, Stress	-
Yes	Yes; Daily or Almost Daily	-	-	-	-