Relationships of cannabis use to neurocognitive structure and function and risk behavior among adolescents

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Acknowledgements

- Generous funding from NIAAA, NIDA, NINR, NCCIH, State of Colorado, CU Cancer Center
- Collaborators
 - Kent Hutchison, Ph.D.
 - Cinnamon Bidwell, Ph.D.
 - Jarrod Ellingson, Ph.D.
 - Jeffrey Galinkin, M.D., Jost Klawitter, Ph.D.
 - Sarah Feldstein Ewing, Ph.D.
- Grad students and PRAs
 - Rachel Thayer, Sophie YorkWilliams, Sarah Hagerty, Raeghan Muller, Arielle Gillman, Suzanne Taborsky-Barba to name a few!!!







The Adolescent Brain





Giedd & Rappaport, 2010, Neuron

The Adolescent Brain



The Adolescent Brain...a work in progress!



Cannabis Use and the Brain

- Inspired us to conduct a study in which:
 - 29 adult non MJ users compared to 29 adult daily users
 - 50 adolescent non MJ users compared to 50 adolescent daily users
 - <u>Very carefully matched</u> on alcohol use and other variables
 - No differences between those who reported cannabis use every day and those who reported no use

The Journal of Neuroscience, January 28, 2015 • 35(4):1505–1512 • **150**

Neurobiology of Disease

Daily Marijuana Use Is Not Associated with Brain Morphometric Measures in Adolescents or Adults

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Cannabis and the Brain: Part 2

- Sample Ascertainment
 - 813 adults (age 18-55), 439 adolescents (age 14-18), participants from substance use and neuroimaging studies in New Mexico
- Analysis
 - Relationship of quantity of substance use and Gray Matter
 Volume (VBM) and White Matter Integrity (DTI)
 - Analyzed the effect of alcohol while controlling for cannabis
 - Analyzed the effect of cannabis while controlling for alcohol

Cannabis and the Brain: Part 2

Table 1Sample characteristics.

	Adults		Adolescents	
	Whole sample	Weekly or greater cannabis users	Whole sample	Weekly or greater cannabis users
n	853	191	439	201
Ethnicity				
Caucasian	474 (56%)	111 (58%)	66 (15%)	29 (14%)
Latino	136 (16%)	19 (10%)	285 (65%)	133 (66%)
Native American	60 (7%)	13 (7%)	32 (7%)	17 (8%)
African American	25 (3%)	7 (4%)	28 (6%)	11 (5%)
Asian/Pacific Islander	10 (1%)	0 (0%)	6 (1%)	3 (1%)
Mixed	120 (14%)	30 (16%)	21 (5%)	8 (4%)
Unknown/declined	28 (3%)	11 (6%)	1 (<1%)	0 (0%)
Females : males	326 : 527 (62% male)	64 : 131 (69% male)	134 : 305 (69% male)	52 : 149 (74% male)
Age	31.64 (9.64)	28.81 (8.44)	15.97 (1.17)	16.00 (1.08)
AUDIT total score	13.14 (8.47)	14.00 (7.79)	6.39 (6.67)	8.48 (6.65)
TLFB alcohol drinking days	12.78 (8.95)	13.81 (8.89)	2.17 (3.78)	3.39 (4.48)
TLFB cannabis smoking days	4.33 (8.66)	18.19 (9.24)	9.69 (11.94)	20.60 (9.51)

AUDIT = Alcohol Use Disorders Identification Test; TLFB = Time-line Follow-Back (30 days). Percentages approximate due to rounding error.

Adult Sample – Gray Matter Volume

Alcohol Effects

Cannabis Effects

Adult Sample – White Matter Integrity

Cannabis Effects Alcohol Effects

Adolescent Sample – Gray Matter Volume



Adolescent Sample – White Matter Integrity



Bad for the Brain?

- Right now, there is no consistent evidence that cannabis use causes long-term, pervasive changes in brain morphology
 - Confirmation bias in the literature?
- Absence of evidence not necessarily evidence of absence
 - May eventually find some evidence (ABCD?)
- There may be important individual differences with regard to abuse liability or negative effects

HOWEVER: Even if we don't see "brain" effects, we know that cannabis negatively impacts cognition, learning and memory, particularly in the short term!!!!!

Substance Use and Related Risk Behavior

 Marijuana use is associated with risky sexual behavior both episodic and longitudinal (Bryan et al., 2012, *Dev* Psych)



Co-Occurring Alcohol Use

 Simultaneous alcohol and marijuana use is associated with greater negative consequences than alcohol use alone (Subbaraman & Kerr, 2015).

 Alcohol and marijuana are commonly used together by adolescents (Arnett, 2005).

Substance Use Patterns High Risk Adolescents (*n*=301)



Sexual Risk Behavior

Risky Sex Composite



■ Heavy MJ ■ Heavy ETOH ■ Heavy Both

Sexual Risk Behavior

% Condom Use



Sexual Risk Behavior

% Used a Condom at Last Sex



Bad for Behavior?

- Adolescents engage in developmentally appropriate exploratory behavior
 - Substance Use, Romantic Relationships, Sexual Behavior
- Substance use compromises judgment and potentially disinhibits other risk behavior
- Marijuana use linked to higher levels of sexual risk behavior
- Combination of alcohol and marijuana may be particularly problematic

Research Reboot

- Most previous research has failed to factor in the following:
 - Potency and dose
 - Cannabinoid and terpene profiles
 - Type of product
 - Risks and benefits may differ between medical vs. recreational user
- Ctrl Alt Del

 Need new approaches to study impact of cannabis products available in stateregulated markets

Mobile Cannabis Pharmacology Lab



 We cannot bring people to the lab – but we can bring the lab to the people

Observational Study Design

Time 1

- Regular users
- Baseline Assessment
- Blood Draw
- Randomly assigned to product that they purchase themselves

Purchase of Assigned Product (A or B) Followed by 5 day period of *ad libitum* use

Time 2

- Pre-arranged time
- Assessed in Mobile Pharmacology Lab before and after self-admin
 - Blood Draw
 - Subjective Effects
 - Cognitive Battery
 - Motor Control Battery
 - Driving Ability



← Flower/Strains: 24% vs 16% THC

Dabbing/concentrates: 70% vs 90% THC → concentrated hash oil



Plasma THC concentrations



Delayed Verbal Recall Errors



Subjective effect - "Feeling High"



Summary

- Blood levels clearly greater for concentrate
- Yet no significant differences in cognitive or intoxication measures
- Individuals probably titrate dose to achieve effect
- Tolerance is likely very important predictor
- Risks associated with high tolerance and high blood levels? If adolescents are using these products, what are the consequences?

Ongoing and Future Studies

- Comparing 3 different groups taking a range of THC:CBD (funded by NIDA)
- NIH grants to understand implications for public health
 - Adolescents with CUD (J. Ellingson, PI, grant under revision)
 - Cannabis and pain (funded by NCCIH)
 - Cannabis and anxiety (funded by NIDA)
 - Cannabis and risk for diabetes (pending funding by NIDDK)
 - Cannabis use for side effects of cancer treatment (Pilot funded by CU Cancer Center)
 - Cannabis and opiate use (pending council review by NIDA)
 - Aging, cognition, and cannabis (submission for NIA)

Thank You!!

