

Cannabis, Vapes & Vulnerable Brains: A Medical Model for Youth Care

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12:00 P.M. - 1:00 P.M.Virtual Meeting

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Psychiatry
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Join Here



Zoom Link

Meeting ID: 945 8717 3788 Passcode: 689523

Learning Objectives

At the end of this activity, participants should be able to:

- Analyze the trend of increasing THC potency in cannabis products and evaluate its implications for the unique neurobiological vulnerabilities of adolescents.
- Apply a chronic disease framework (medical model) to develop evidence-based management strategies for adolescent cannabis use.
- Utilize validated screening tools like SBIRT to identify cannabis use in adolescents, initiate early interventions, and refer to treatment as needed.
- Recognize of evidence-based treatment plans for adolescents experiencing both mental health conditions and cannabis use.

Overview

There is a critical need to enhance primary care providers' (PCPs') understanding of adolescent cannabis use through a medical model, recognizing addiction as a chronic disease that requires early detection, ongoing management, and long-term support. Cannabis use among adolescents remains high, with 25.8% of 12th graders reporting past-year use and significant rates of daily use and vaping. Early cannabis initiation increases the risk of lifelong substance use disorders, neurodevelopmental harm, and mental health issues, including self-harm. PCPs have limited familiarity with the evolving potency of cannabis products, the neurobiological vulnerabilities of the adolescent brain, and the growing evidence linking cannabis use with mental health outcomes such as suicidality. They also have difficulty applying chronic disease frameworks to addiction, underuse of evidence-based interventions like SBIRT (Screening, Brief Intervention, and Referral to Treatment) and motivational enhancement techniques, and lack of confidence in integrating mental health and pharmacologic treatments to support recovery. PCPs often miss opportunities for early identification, inconsistently engage teens and families in harm-reduction strategies, and underutilize motivational strategies that foster behavior change. This activity will address these gaps by equipping PCPs with updated epidemiological data, practical screening tools, and integrated medical-mental health strategies to deliver continuous, evidence-based care, thereby improving adolescent health outcomes and reducing long-term morbidity.

Physician

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Baylor College of Medicine designates this live activity for a maximum of 1.00 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.









