Children's Hospital of Philadelphia
PolicyLab

Autistic Youth and Their Parents Are Excited About Medical Cannabis, But Clinicians Need More Research

Adolescent Health & Well-Being

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The transition to adulthood—when many youth are completing or have just completed their high school years—is both an exciting and challenging time. My clinical practice is exclusively focused on autistic youth in this transition period between the ages of 14 and 25. During this period, many autistic youth are looking forward to opportunities after high school, and many are overwhelmed with the growing list of things they are supposed to do on their own.

One common challenge raised by autistic youth and their families is identifying safe and effective treatments to help them manage their mental health, including anxiety, mood, attention problems, distress related to sensory sensitivities and maintaining the same routines in the ever-changing landscape of life.

Below, I'll discuss the emerging conversation around medical cannabis as one option for treating autistic youth, explore what the research currently tells us to inform practice and policy, and outline the gaps that remain in the evidence needed to best support youth and families in their decision-making around treatments.

Parents & Autistic Youth Have Questions About Medical Cannabis

As a licensed psychologist, I'm most versed in supporting mental health with cognitive and behavioral approaches. I use "talk therapy" by teaching strategies directly to youth or parents, or helping youth and their families identify their own reasons for making a change in their behavior or how they go about their day. However, some autistic youth and their families want to know about medication treatments too.

By the time kids reach their teenage or early adult years, many have tried different medications and dosages to address their mental health. These medication trials often come with a range of experiences where medications may or may not be effective, and even if they are effective, they may come with unwanted side effects, like changes in appetite, sleep and energy level, physical changes, mental fog, and impacts on the function of the kidneys or other organs. These unfulfilling experiences have led many autistic youth and their families to start asking questions about medical cannabis treatment.

More Research is Needed to Best Support Families

In Pennsylvania, autism spectrum disorder is a qualifying condition for treatment with medical cannabis. My collaborators and I completed a natural history study of medical cannabis—in this type of study, scientists follow a group of people over time to track a condition without attempting to provide an intervention. We asked parents what led them to treat their child with medical cannabis. Parents reported that they liked medical cannabis because it was a natural medicine and they believed the side effects were less harmful compared to standard psychiatric medications.

In my clinical experience, these beliefs are often rooted in parents' own recreational use of cannabis as a younger adult in the 1990's and early 2000's. The autism community has also taken note of the U.S. Food and Drug Administration's approval and positive outcomes of a cannabis-based anti-seizure medication, Epidiolex.

However, many of my medical doctor and nurse practitioner colleagues who prescribe medications seek more research for medical cannabis. While a few small studies show medical cannabis may improve mental health for autistic children, the field still lacks high-quality clinical trials to provide a definitive answer. This lack of information on the usefulness of medical cannabis places my colleagues in a position where we cannot say with any confidence whether medical cannabis is helpful for our autistic patients.

Government leaders in California identified this knowledge gap nearly 25 years ago. To make substantial progress in researching cannabis like other medications, the state invested tax dollars accrued from cannabis sales into state-funded research. This included investment in the University of California at San Diego's Center for Medicinal Cannabis Research, a state-funded research center which is at the leading edge of cannabis research to advance core knowledge in the benefits and limitations of cannabinoids as a medicine and to inform policy decisions. For example, some of their work has established a patient-doctor agreement on the use of medical cannabis for treatment of chronic pain so patients are properly educated about potential risks and ways to mitigate them, and they are also investigating the relationship between cannabis use and health outcomes.

This model of re-investing revenue into cannabis research may be replicated in other states. Sustained investment in cannabis research—looking at both medical and recreational use—would substantially improve our knowledge of how medical cannabis can improve or reduce the health outcomes of autistic people and others for years to come.

For more on the clinical and policy landscape of marijuana and youth, view this recent PolicyLab and CHOP Poison Control Center virtual conversation.