Letters to the Editor

Older Adults are at Heightened Risk of the Effects of Cannabis Use

To the Editor: I greatly appreciate Lin et al. proposing a harm-reduction approach to cannabis use disorder, with a focus on populations at higher risk of poor outcomes, including adolescents, young adults, and pregnant women (1). I would like to point out that older adults are also at heightened risk and could also benefit from harm reduction.

A recent scoping review of 134 studies of medical and nonmedical cannabis use in older adults suggested that older adults who use cannabis are more likely to experience accidents/injuries, anxiety, depression, and impairment in executive function than those who do not use cannabis (2). Cannabinoids may inhibit hepatic metabolism via various cytochrome P450 enzymes whose substrates include medications that older adults commonly use such as warfarin (3). Among older adults, emergency department visits related to cannabis use increased 19-fold between 2005 and 2019 (4). Simultaneously using alcohol and cannabis has increased over time among those 50 years and older, which is concerning given the additive cognitive and psychomotor effects of these substances (5, 6). Nevertheless, 79% of older adults who use cannabis perceive little or no risk from using once or twice a week (7).

Public health approaches will be necessary to raise awareness among older adults about the unique risks associated with the intersection of aging and cannabis use. We as clinicians can help by screening our patients for use of cannabis, talking with our patients nonjudgmentally about the risks that cannabis use may pose to personal goals such as preserving cognition and maintaining functional independence, and using motivational interviewing techniques to assess and support patients' cutting back or stopping using cannabis.

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Older Adults are at Heightened Risk of the Effects of Cannabis Use: Response to Walaszek

To the Editor: I want to thank Dr. Walaszek for bringing attention to the older adult population as an additional group who could benefit from a harm reduction approach to cannabis use disorder (1). I fully agree. Older adults are a group often with specific cannabis use preferences, motives, and patterns, and who often use cannabis to manage medical conditions and in the setting of multiple comorbid conditions (2), which may potentially pose greater risk of harms.

Many clinicians face challenges in discussing cannabis use and effects, including for older adults and other high-risk groups. Despite substantial growth in older adults (2), cannabis use may also be particularly under-recognized with clinicians prioritizing other problem list items and feeling uncertain about how to talk about cannabis use (3), including assessing for risky use and consequences and understanding motives for use. Overall, I wholeheartedly agree that we need to support clinicians and patients to talk nonjudgmentally about cannabis use, to understand a patient's perceptions of both benefits and harms and help reconcile that with the patient's priorities (e.g., preserving cognitive functioning, avoiding risks to driving [4]). To do so, we need practical screening and assessment tools that can be easily implemented and to better understand how cannabis use levels and patterns correspond with functioning, including in the older adult population. Finally, we need more treatment options consistent with a harm reduction approach and to train more clinicians, including geriatric and addiction specialists, who can work with patients to help understand use patterns, motives and effects. All the data points to this