



Cannabis in Collegiate Athletics

The Summit on Cannabis in Collegiate Athletics, overseen by the Committee on Competitive Safeguards and Medical Aspects of Sports, took place in December 2022 to better understand current literature, policy and research on cannabinoids and to address cannabinoid use in collegiate sports. The summit aimed to develop 1) consensus foundational statements that synthesize current scientific evidence and expert opinions on cannabinoids in collegiate athletics and 2) implementation strategy statements for the prevention, identification and management of problematic cannabis use. The outcomes serve as a foundational guide for schools to better support student-athlete mental and physical health, safety and performance.

CONSENSUS FOUNDATIONAL STATEMENTS FROM THE 2022 SUMMIT ON CANNABIS IN COLLEGIATE ATHLETICS

FOUNDATIONAL STATEMENTS

1. Current scientific evidence suggests that cannabinoids do not enhance athletic performance.
2. Current scientific evidence supporting cannabis use in the management of sports-related musculoskeletal pain is inconclusive.
3. The availability of high THC concentration cannabis products has increased significantly over the past 15 years
4. Greater harm from cannabis (e.g., cannabis use disorder, impaired memory/learning) is associated with: (1) earlier age of first use; (2) greater frequency of use; and (3) higher potency product use.
5. Current scientific evidence suggests that the risk of cannabis-induced psychosis is increased with use of high potency cannabis products and high potency routes of administration (e.g., edibles, dabs, concentrates).
6. For individuals with depression or anxiety disorders, concurrent use of cannabis is associated with greater disorder severity and poorer response to both behavioral and medication treatment.
7. Cannabis withdrawal symptoms can look like symptoms of depression and anxiety, with disrupted sleep being a main symptom. These symptoms can last about two weeks with some symptoms, including sleep problems, lasting up to one month. These symptoms can be highly disruptive to daily functioning.
8. Legalization, marketing and increasing prevalence of cannabis use impact the social environment in which student-athletes are making decisions about cannabinoid use.
9. While recognizing that there is no universally safe level of cannabis use, harm-reduction interventions (e.g., meeting with individuals where they are and working to motivate lower use) are likely to be more effective in reducing cannabis-related health consequences than approaches to prevention that focus only on abstinence.
10. Current evidence-based behavioral interventions for cannabis use include those that use personalized feedback and motivational interviewing in their delivery.
11. For individuals with cannabis use disorder, there are evidence-based behavioral interventions that can lead to significant reductions in symptoms and increased likelihood of cannabis use reduction and abstinence. Relapse is a notable risk.

STRATEGY STATEMENTS

Prevention

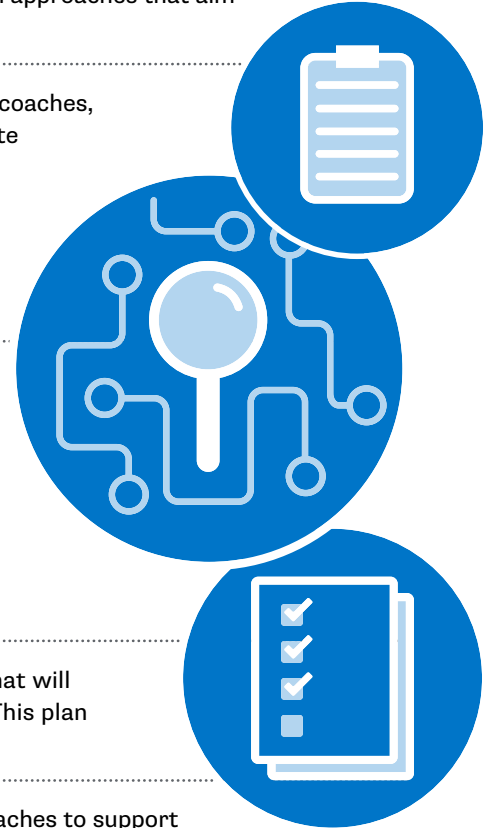
1. Member schools should routinely provide student-athletes with evidence-based educational resources that aim to reduce harm from cannabis use. This includes providing student-athletes with information relevant to decision making about cannabis use, including the mental, physical and performance risks of use. Educational needs are likely to vary across student-athletes, with some benefiting most from approaches that promote abstinence from cannabis, and others benefiting most from harm reduction approaches that aim to reduce use and limit the negative consequences of use.
2. Member schools should routinely provide the following to coaches, medical staff and other athlete-facing staff in the collegiate sport environment:
 - i. Current information about the risks of cannabis use.
 - ii. Information about the role they can play in harm reduction, including how they can encourage help-seeking for cannabis use.

Identification

3. Screening for cannabis use can help member schools identify problematic use among student-athletes and/or tailor harm reduction efforts to current levels of use. Screening is best conducted by member schools, with results used to support the health and wellbeing of student-athletes. Screening can include the use of validated screening questionnaires, campus-based drug testing, or both.

Management

4. Schools should ensure there is a written plan for steps that will be taken if an athlete screens positive for cannabis use. This plan should be tailored to level of use.
5. Schools should use evidence- and consensus-based approaches to support the health and safety of individuals with positive screens for cannabis use disorder. Approaches should be tiered, with the nature of support depending on the extent and impact of use.
6. Campus-based management of cannabis use should be integrated with the health services available to student-athletes as provided by the member school. This includes at a minimum, screening for concurrent mental health disorders.



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