



# **Bridging Adolescence to Adulthood:**

**Evolving Health Challenges  
for the Next Generation**

**Alexander S. Golec, MD, FAAP, FASAM**

February 28, 2026

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# Introduction

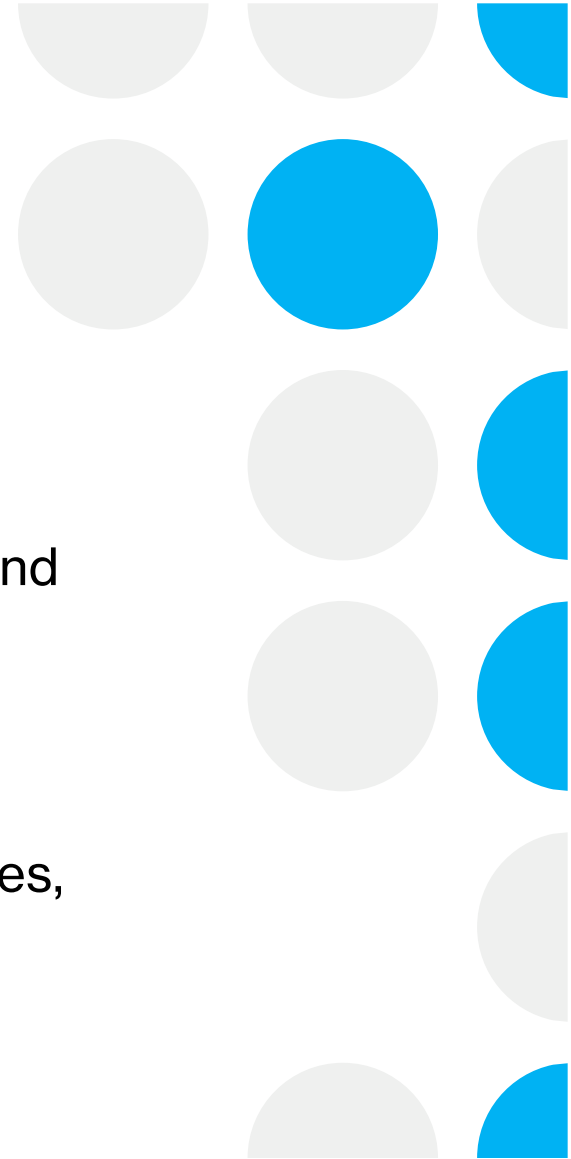
## Speaker

Alexander (Alex) S. Golec, MD, FAAP, FASAM (he/him/his)  
Assistant Professor of Pediatrics, Division of Adolescent and  
Young Adult Medicine, Johns Hopkins University

## Disclosures

I have no relevant commercial relationships, funding sources,  
or conflicts of interest to disclose.

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# The Lens of Adolescent Medicine

**Comprehensive  
Primary Care**

Reproductive Health

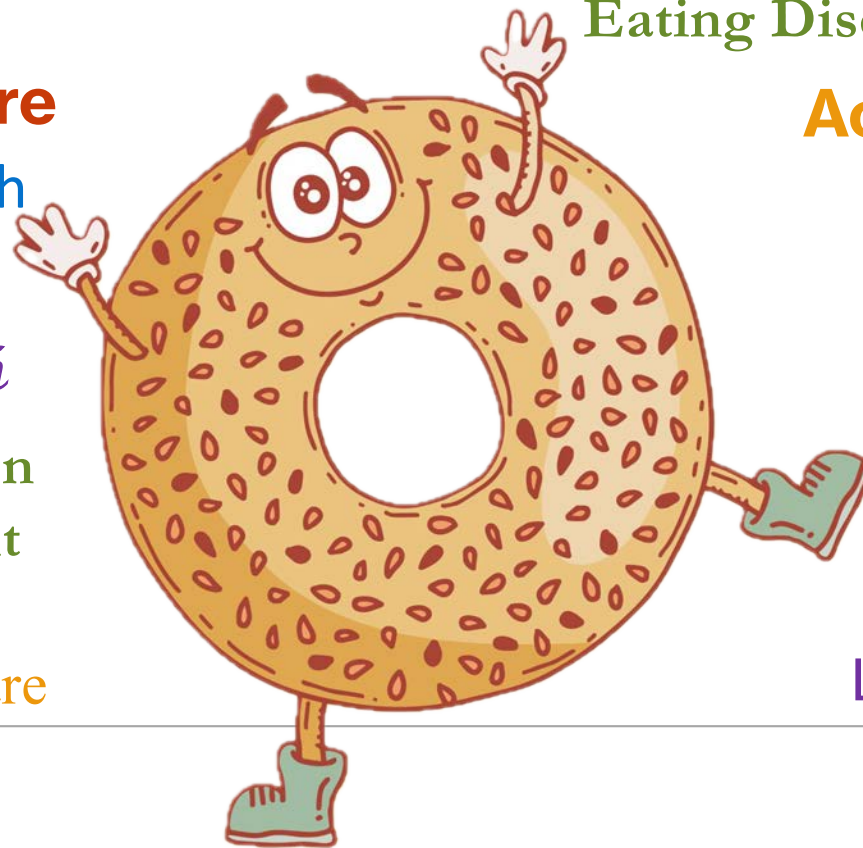
Sports Medicine

*Behavioral Health*

Addiction Prevention  
& Treatment

HIV Care

Gender-Affirming Care



Eating Disorder Management

**Acute & Urgent Care**

STI Screening &  
Treatment

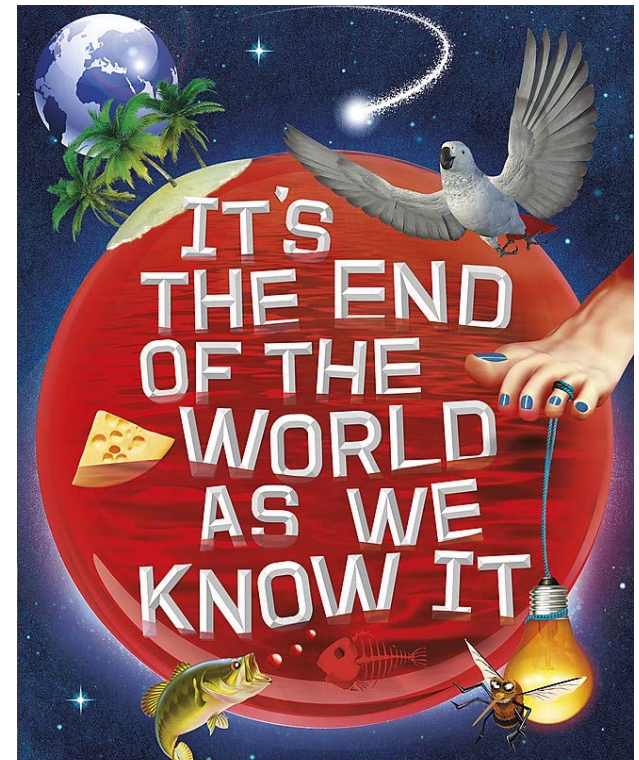
Chronic Fatigue  
& Related Disorders

**Complex Care  
Coordination**

LGBTQ+ Health

# Trends in the Past Decade

- Increasing prevalence
  - Anxiety disorders
  - Depressive disorders
  - Suicidal ideation and non-suicidal self-injury
  - Eating disorders
  - Autism spectrum disorder (ASD) recognition
  - Cannabis use and cannabis use disorder
  - Obesity



# Trends in the Past Decade

- Peaked 2-3 years ago?
    - Opioid use disorder / overdose
    - Sexually transmitted infections (except congenital syphilis)
    - Nicotine vaping use
  - Continued decline
    - Alcohol and combustible tobacco (eg. cigarette use)
    - Other illicit substance use
    - Teen pregnancy rates
-

# Focus for Today

- Cannabis use
    - Supporting young adults
    - Reducing risk to others
  - Eating Disorders
    - “New” diagnosis on the block: ARFID
    - Ethical dynamics in young adults
- 



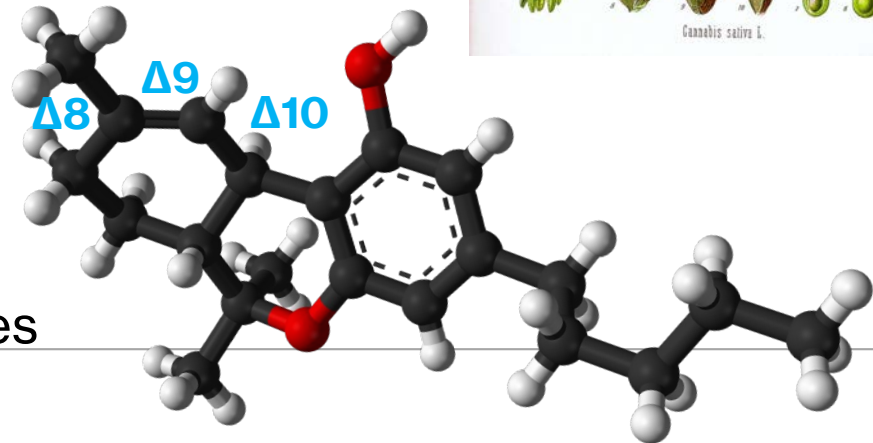
# Cannabis Use



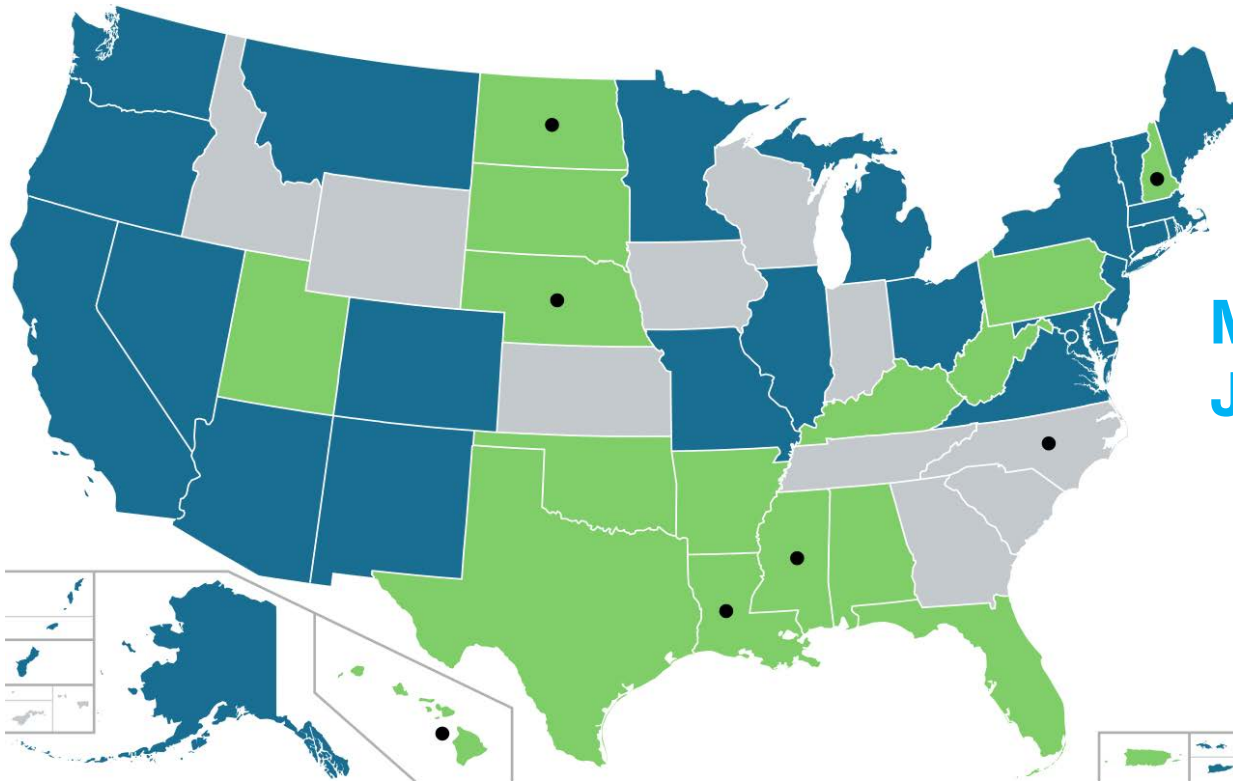
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# Cannabis (Marijuana)

- Genus of psychoactive plants: Cannabaceae
  - Delta-9 tetrahydrocannabinol (THC) is most active
  - Also: CBD, terpenes, other active substances
- DEA language: “Marijuana”
  - Still a schedule 1 substance!
- State legalization
  - 2012: 2 states (WA & CO)
  - 2026: 24 states, DC, 3 territories



# Legalization

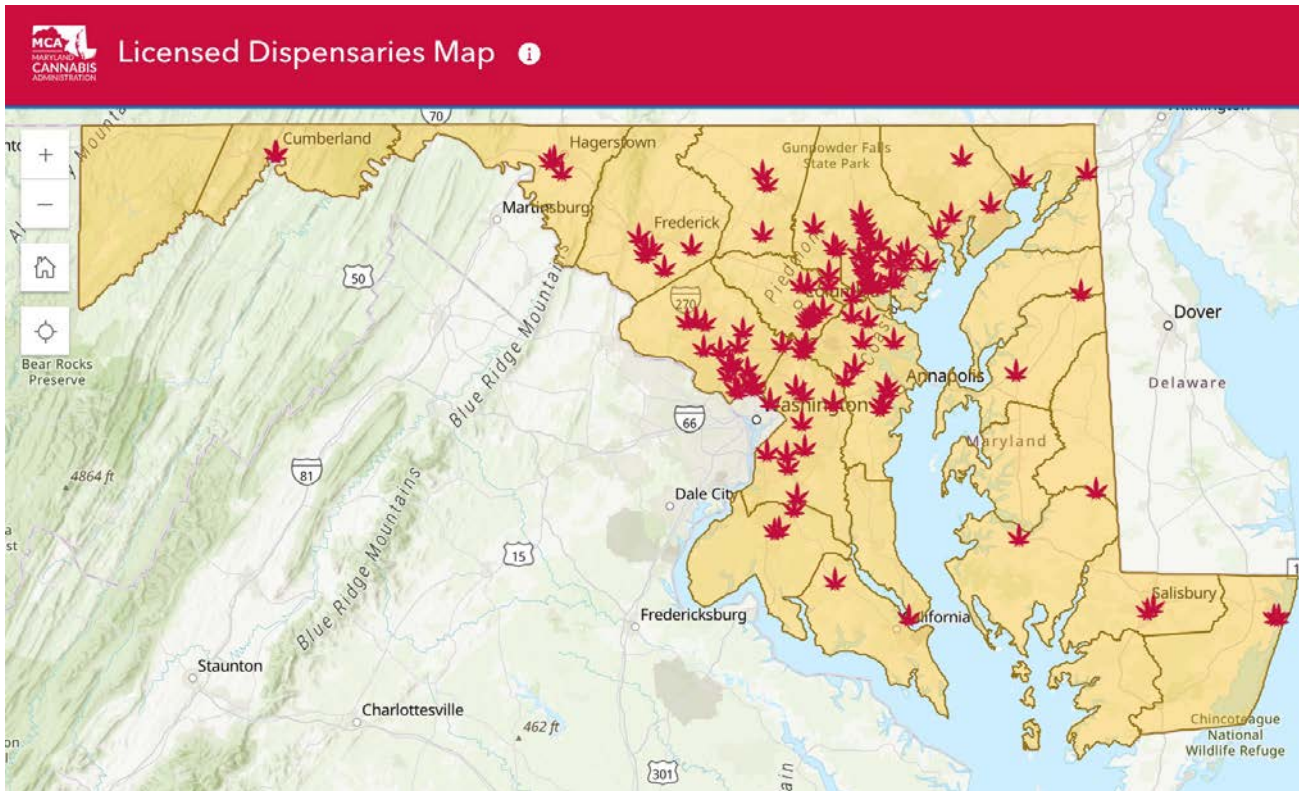


**Maryland:  
July 2023**

<https://mpp.org>; <https://cannabis.maryland.gov/>



# Legalization



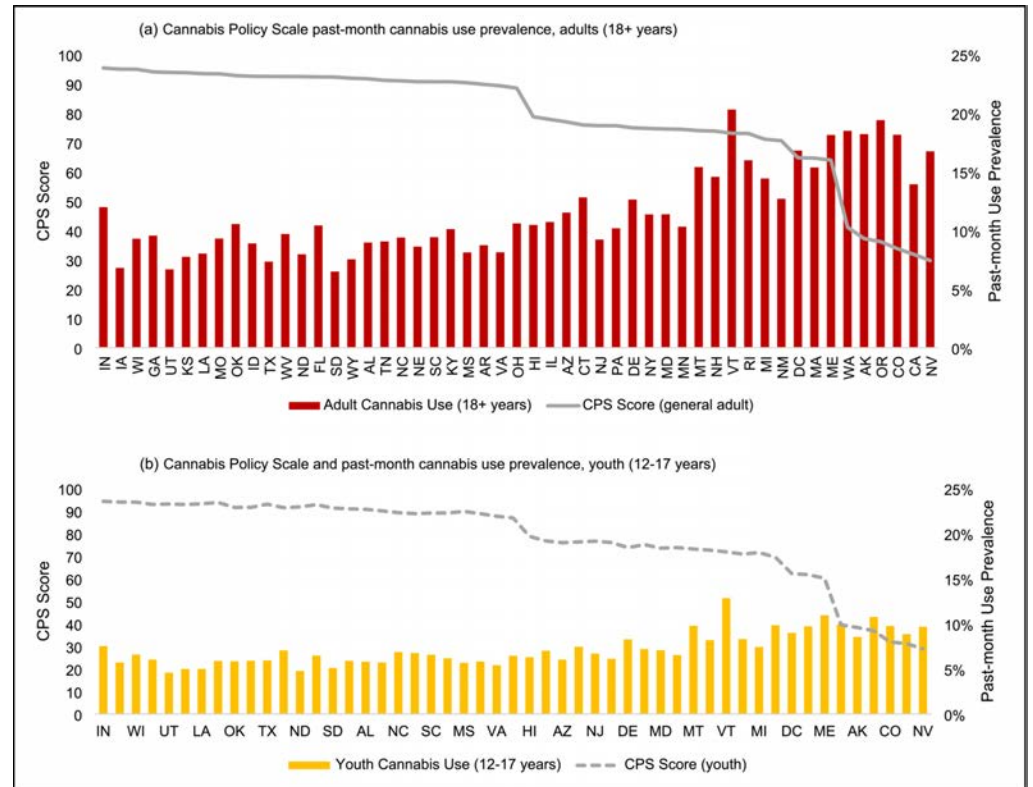
<https://cannabis.maryland.gov/>

**101 Licensed  
Dispensaries**



# Legalization

- More restrictive policies are associated with reduced cannabis use for adults AND youth (12-17)
- Restriction examples
  - Advertising limitations
  - Retail location limitations
  - Higher sales taxes



# Cannabis & Adolescents

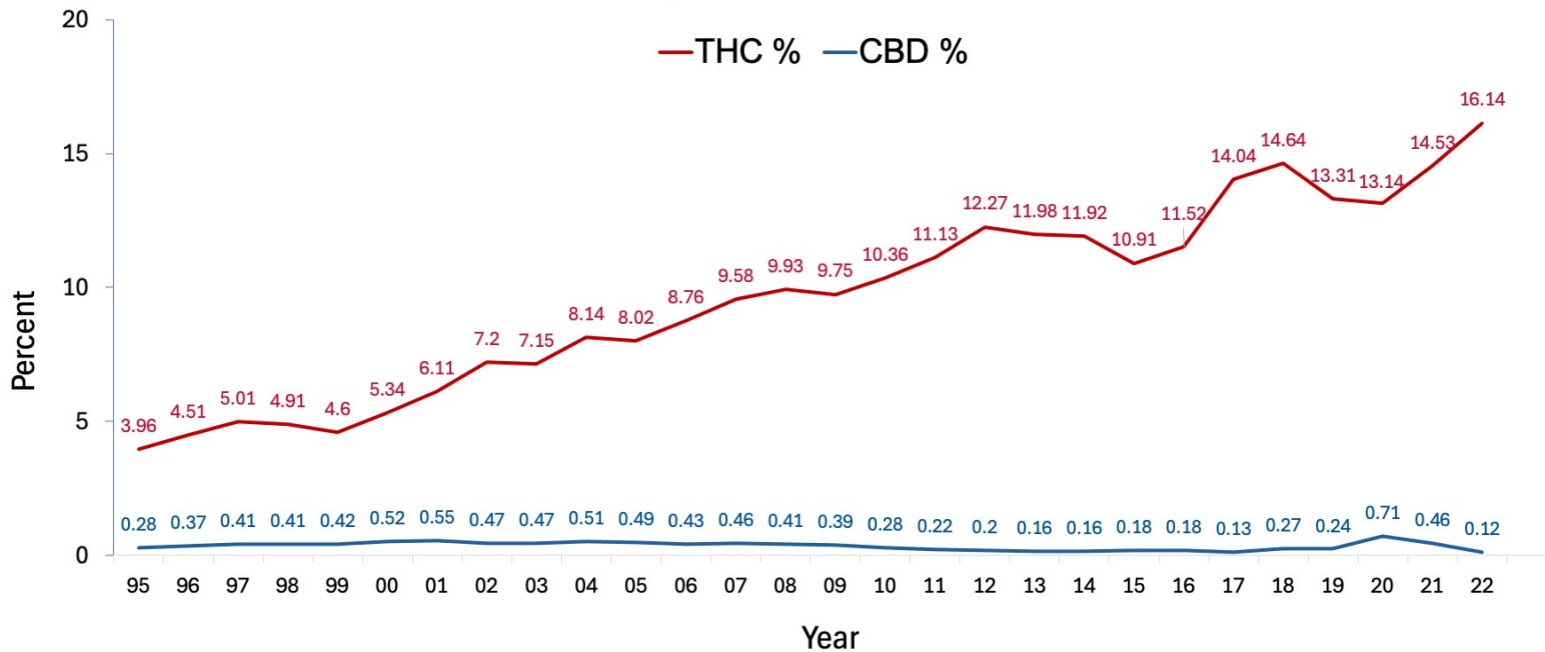
- Use of cannabis in AYA has negative health effects
  - Risk is not the same as use by older adults
    - Likely related to immature prefrontal cortex
    - Different neurocognitive stages
  - Significant negative effects on cognition
    - Difficulty thinking and problem-solving, problems with memory and learning, reduced coordination, attention
  - Higher THC content of current products (↑ risk)
-

# Cannabis & Adolescents

- THC content varies by product type
  - Shatter, Wax, Live Resin: 80-90% THC or more.
  - Cannabis Oils (vaping): generally contain between 60-80% THC
  - Flower/Bud/Pre-rolls: range from about 15-30% THC
  - Edibles: Can vary widely, slower absorption
  - Tinctures: liquid cannabis extract can range from 10-30% THC
- Regular use of high THC, acute consumption of high THC doses, and chronic patterns of cannabis use can contribute to issues

# Increasing THC Content

Percentage of THC and CBD in Cannabis Samples Seized by the DEA, 1995-2022

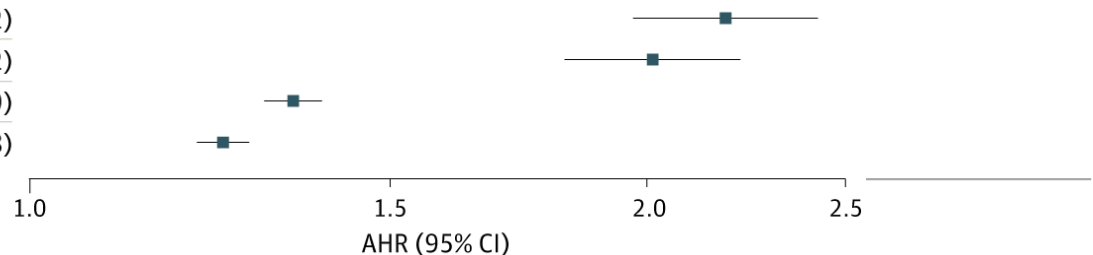


SOURCE: U Miss, Potency Monitoring Project

# Cannabis & Adolescents

- Mental health risks of early cannabis use
  - Factors: earlier onset of use, frequent use, higher THC%
  - Increase in depression and social anxiety disorders
  - Increased association of schizophrenia
  - Increased risk of lifetime cannabis use disorder

Outcome	Diagnoses, No.	AHR (95% CI)
Psychotic disorder	4105	2.19 (1.97-2.42)
Bipolar disorder	4061	2.01 (1.82-2.22)
Depressive disorder	62 137	1.34 (1.30-1.39)
Anxiety disorder	73 096	1.24 (1.21-1.28)

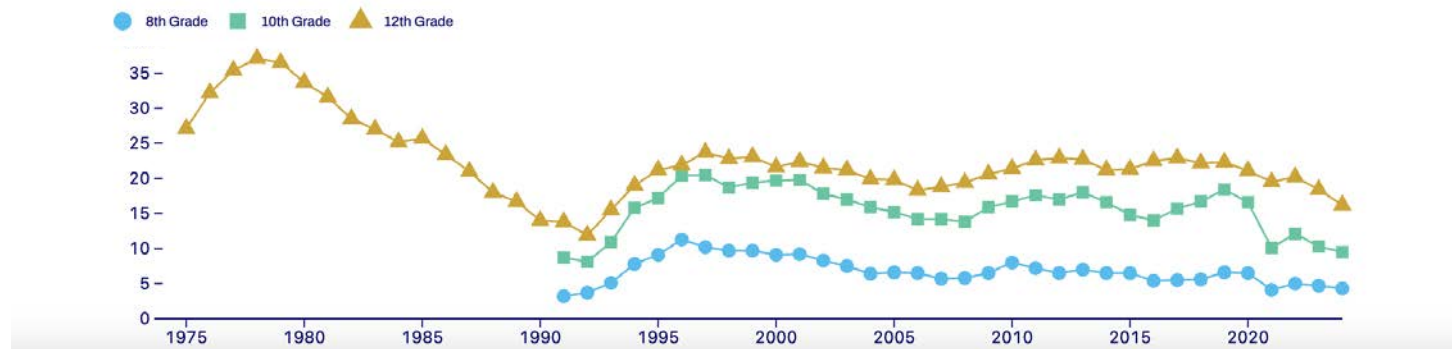


Young-Wolff KC, Cortez CA, Alexeeff SE, et al., 2026.

# Epidemiology in Adolescents

- “Stable” use since mid-90’s
- 12<sup>th</sup> Grade: 37% past year, 23% past month, 6% daily use

**MARIJUANA (CANNABIS): Trends in 30 Day Prevalence of Use in 8th, 10th, and 12th Grade**

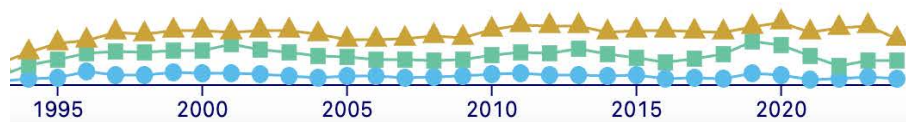


Monitoring the Future Survey (2025).

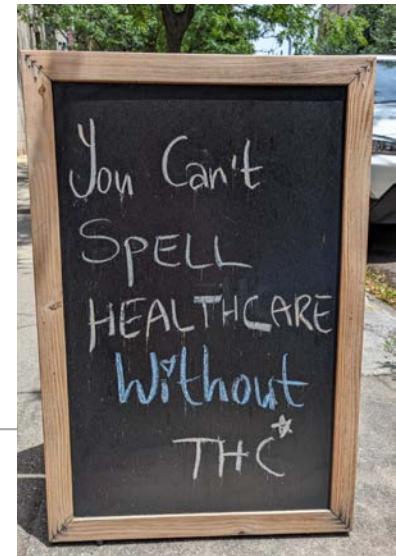
# Epidemiology in Adolescents

- Decreasing risk perception
- Family approach: perception of parental use associated with youth's attitudes and intentions to use cannabis

## Daily Prevalence of Use in 8th, 10th, and 12th Grade

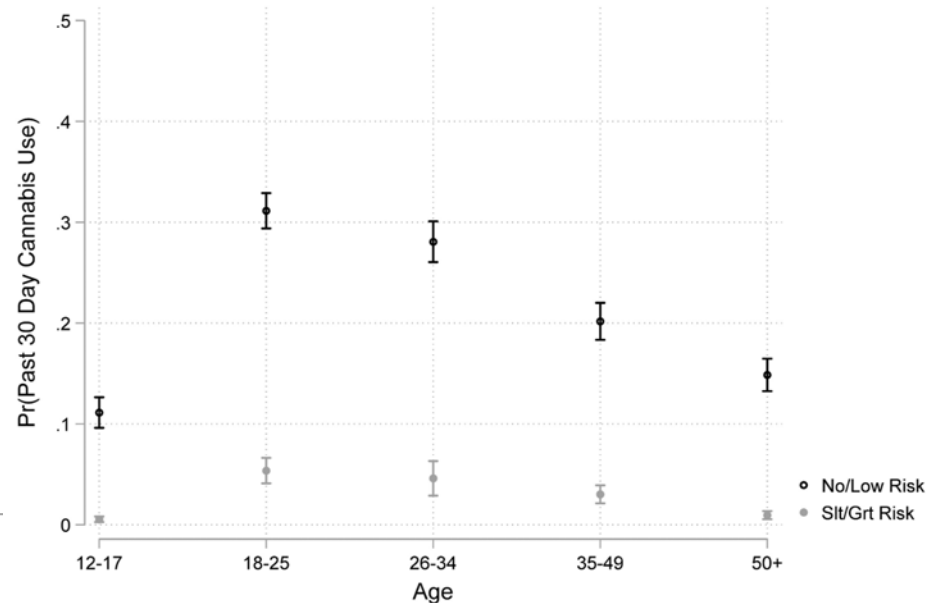


Wu et al, 2015; Hust et al 2024. Monitoring the Future Survey (2025).



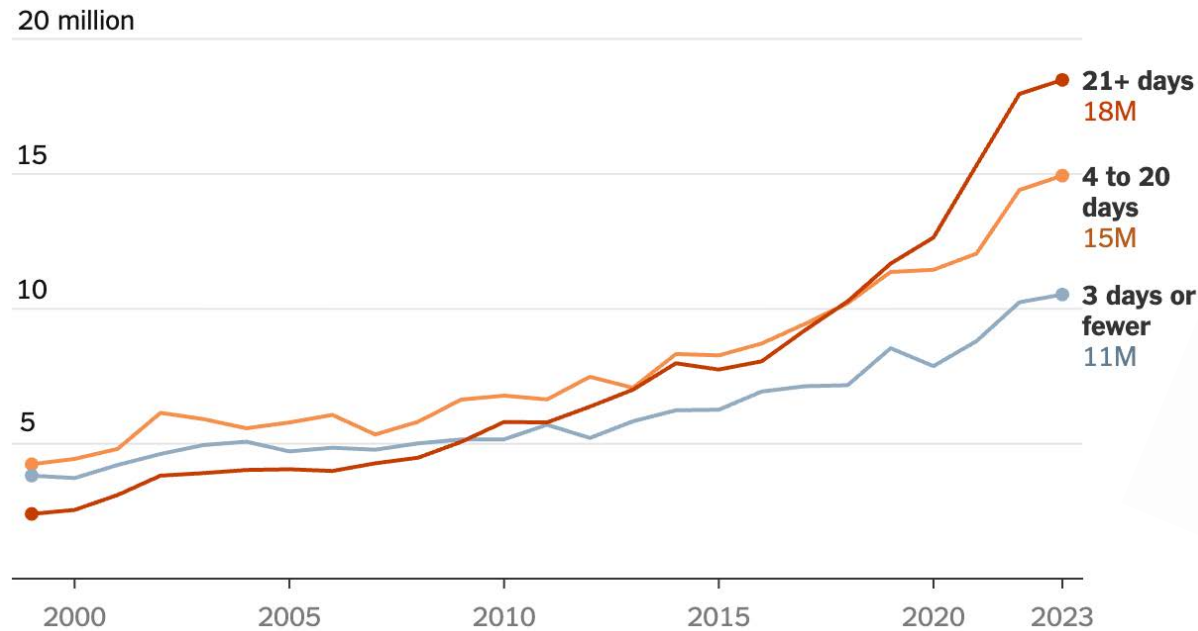
# Risk Perception

- Decreasing risk perception correlates to use
- AYA with low risk view: 32% probability of past-month use
- 6% for those with higher-risk view of cannabis



# Transitioning to Young Adults

Number of U.S. residents consuming marijuana, by frequency of use per month

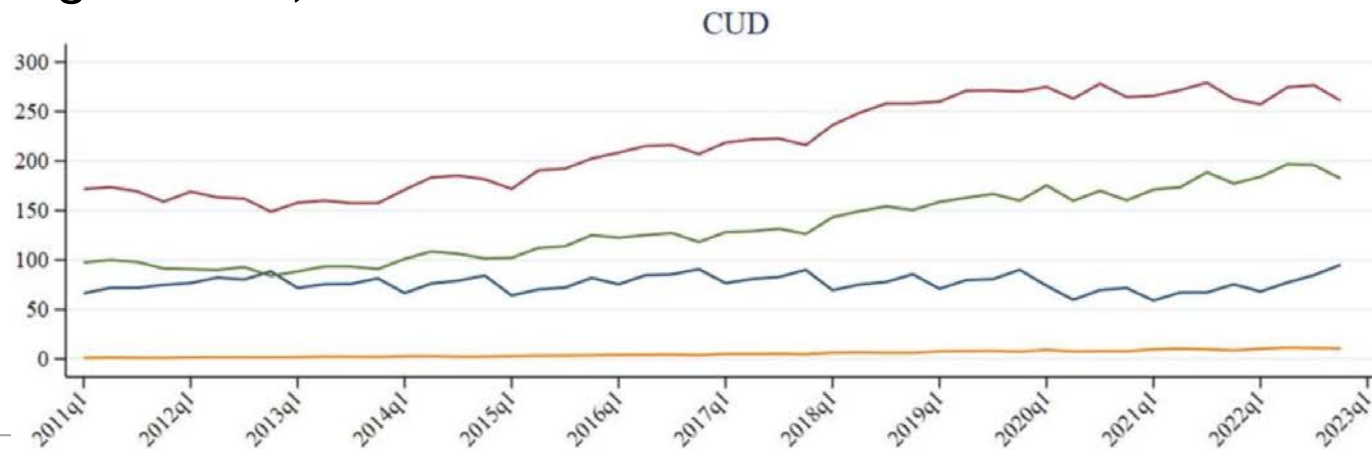


Source: Jonathan Caulkins (Carnegie Mellon), based on National Survey on Drug Use and Health By THE NEW YORK TIMES

*The New York Times*  
OPINION  
THE EDITORIAL BOARD  
**It's Time for America to Admit  
That It Has a Marijuana Problem**  
Feb. 9, 2026

# Use Disorder?

- Data amongst Medicaid enrollees showed an ~85% increase in use disorder diagnoses in young adults
  - Ages 18-39, red line



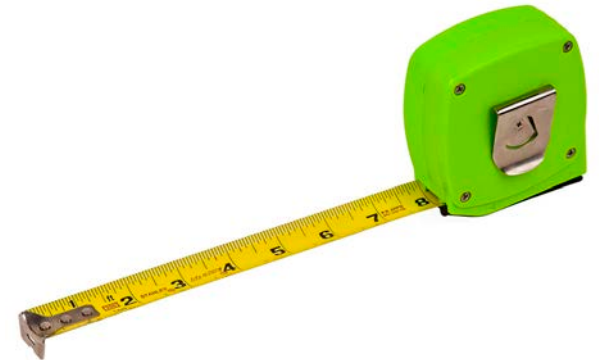
[Hasin et al., 2015](#); [Baldwin et al., 2024](#); [Myran et al., 2025](#)., [Jayawardhana and Hou, 2025](#).

# Cannabis Use Disorder Treatment

- Supportive care, linkage to therapy and social supports
  - No FDA-approved medications for treatment of use disorder or cannabis withdrawal
- Limited data for N-acetylcysteine in adolescents
  - Antioxidant that replenishes glutathione
  - Population studied ages 15-21
- Repeat trial in adults showed no benefit
  - Different stage of brain development?

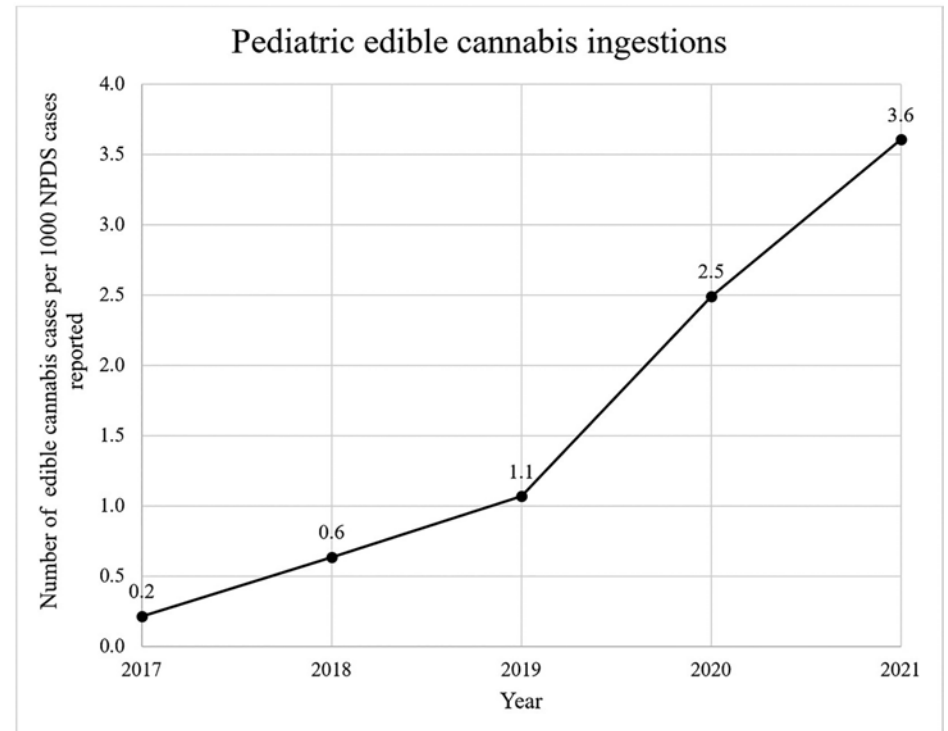
# Cannabis Use Disorder Treatment

- Motivational interviewing (patient goals?)
  - Challenges with relationships? Occupation?
- Harm reduction
  - Impaired driving
  - Risk of overdose/ingestion by children or pets
- Psychotherapy support: CBT

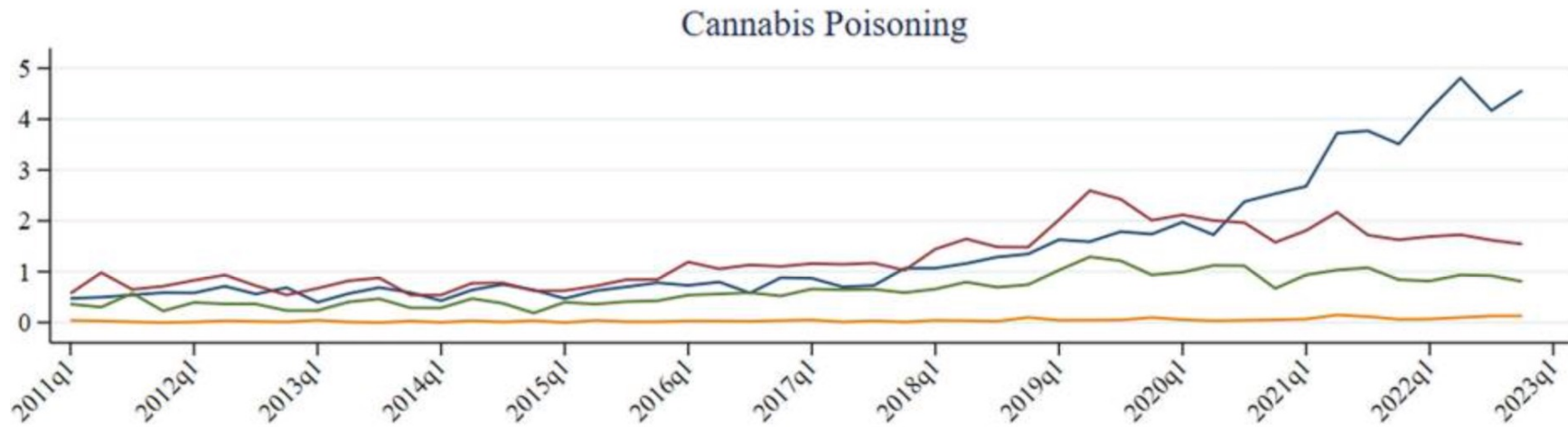


# Risk to Others

- Lower risk in older adults
  - Risk to others in household
- Pediatric ingestions increasing
- Ask about safe storage



# Risk to Others



[Tweet et al., 2023](#); [Rabinow et al., 2025](#); [Jayawardhana and Hou, 2025](#).

# Action Items: Cannabis

- Continue screen for substance use & discuss!
  - Educate about risks: changes in cannabis / THC supply
  - Engage patients in conversations about goals of use
    - Motivational interviewing
    - Harm reduction
    - Referral to therapy or other support
-

# Eating Disorders (ARFID Focus)

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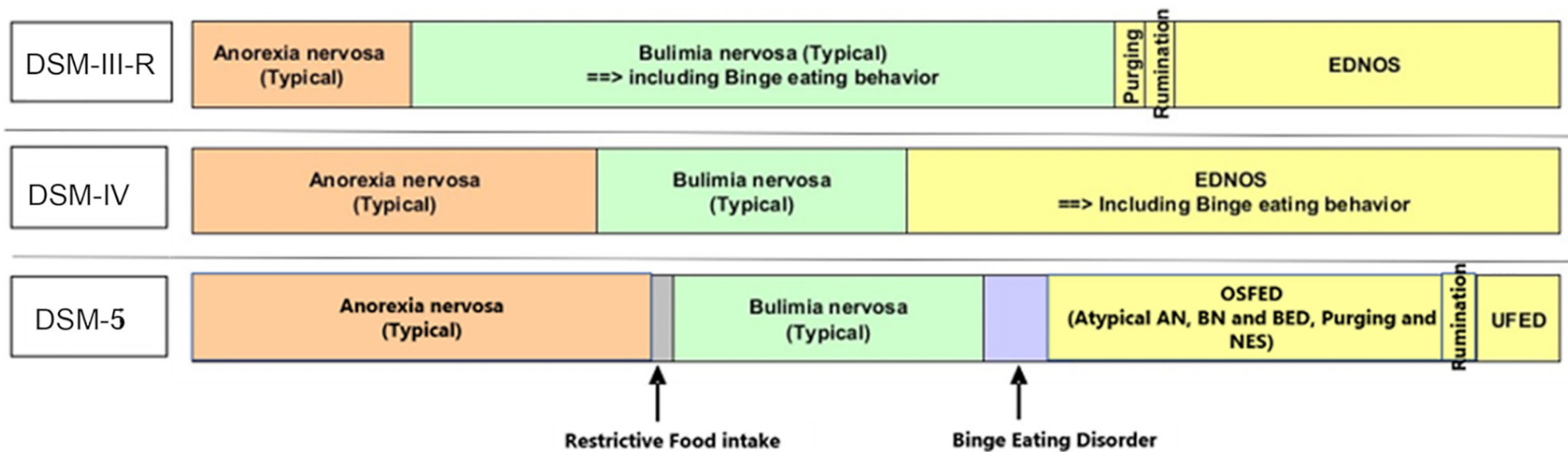


# Eating Disorders

- Eating disorders are psychiatric disorders
    - characterized by pathological eating & related behaviors
    - as well as disturbances in the experience of food and body
    - cause distress and/or impairment
  - DSM-5 diagnoses - so why involve medicine?
  - Malnutrition and severe physical risks
-

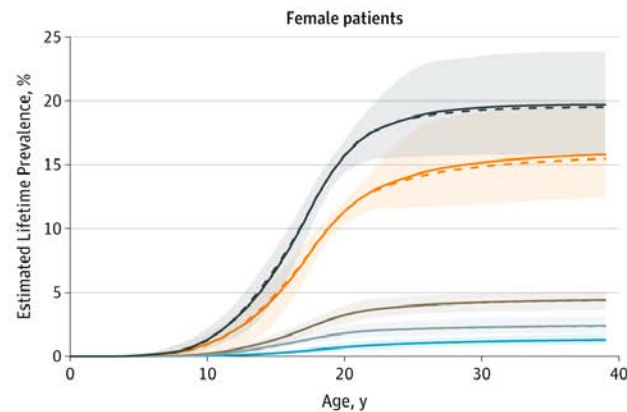
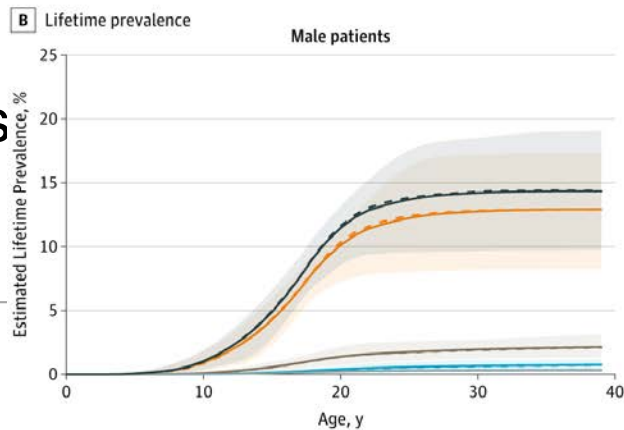
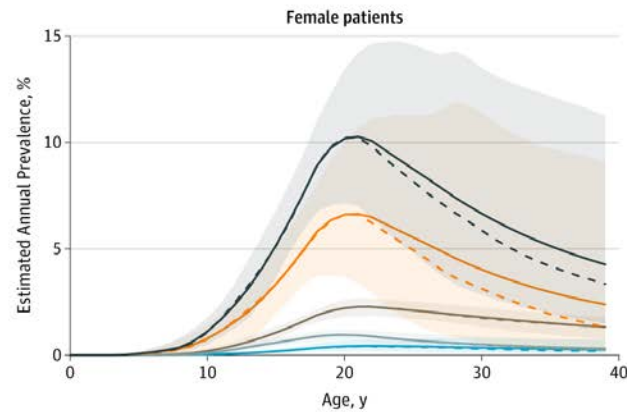
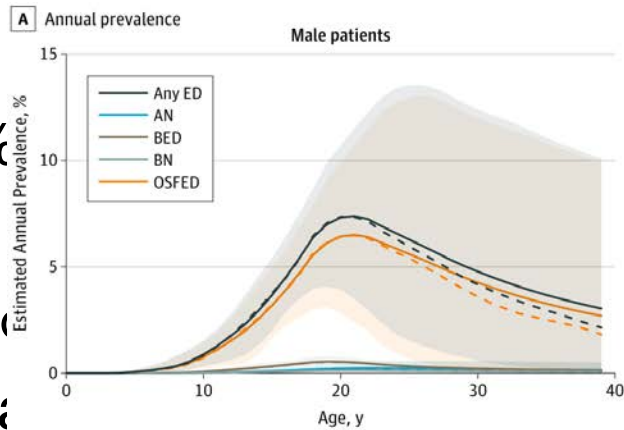
# Eating Disorders

- Non-homogeneous group of diagnoses



# Prevalence Data

- 10-29%
- Higher
  - Appro
- US data
  - Best
- Increases

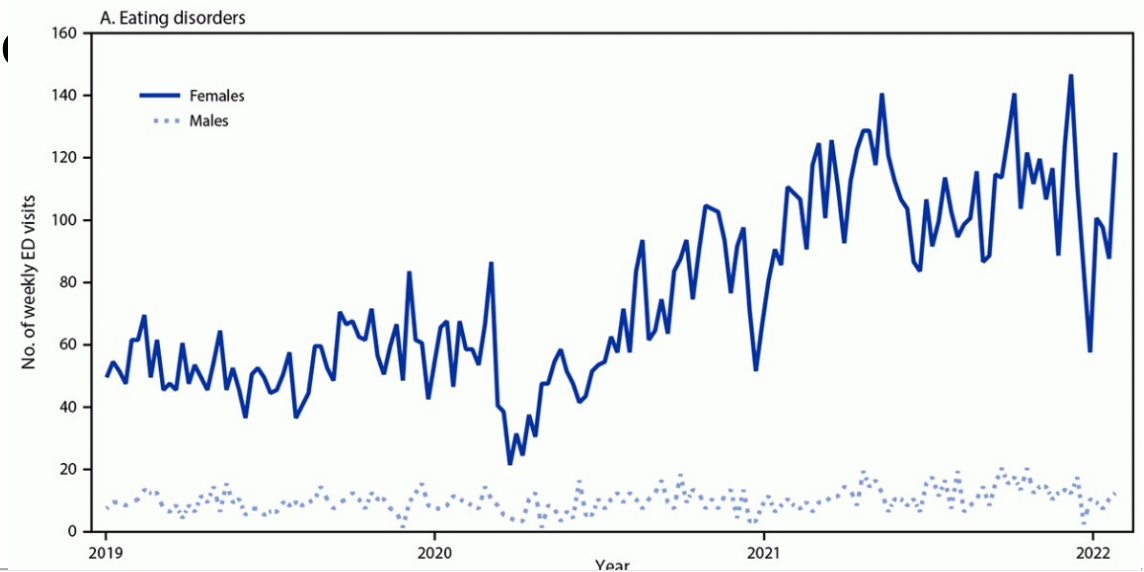


Ward et al., 2019.



# Prevalence Data

- Estimated 50-100% increase over the past decade
- Impact of COVID-19 pandemic
- ARFID diagnosis new
  - Introduced 2013
- Hidden disorders
  - Egosyntonic



# ARFID

## Avoidant / Restrictive Food Intake Disorder

1. Eating or feeding disturbance
    - Lack of interest in eating or food
    - Avoidance based on the sensory characteristics of food
    - Concern about aversive consequences of eating
  2. Failure to meet nutritional / energy needs
    - Significant weight loss (or growth curve failure)
    - Significant nutritional deficiency
    - Dependence on enteral feeding or supplements
-

# **ARFID**

## Avoidant / Restrictive Food Intake Disorder

3. Marked interference with psychosocial functioning
  4. Exclusion clauses
    - Not explained by lack of available food or by an associated culturally sanctioned practice like fasting
  5. Not attributable to other eating disorder, or other illness
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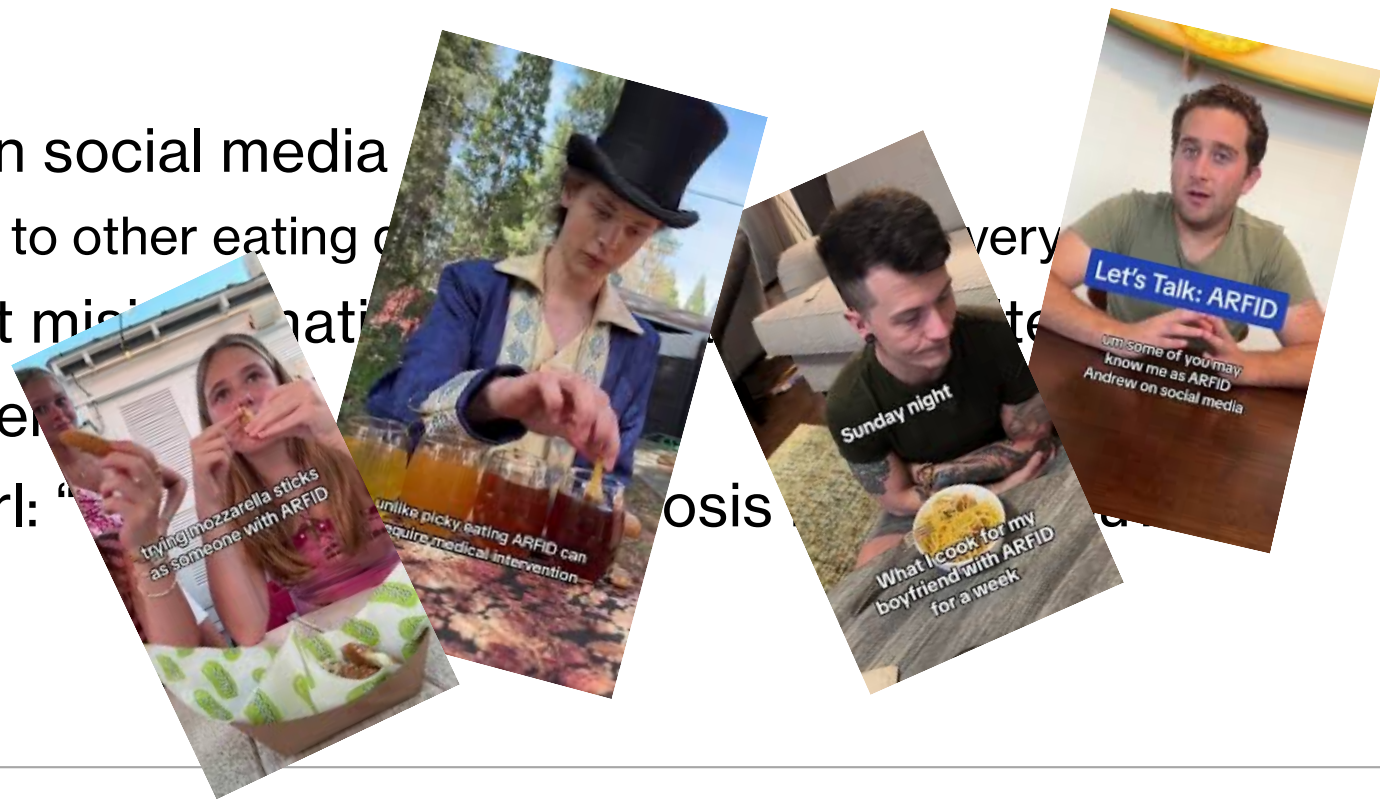
# ARFID

## Avoidant / Restrictive Food Intake Disorder

- Typically no distress around weight or body image
  - Earlier development than other eating disorders
    - Childhood rather than adolescence
  - Equal prevalence in males and females in childhood
  - Associated with anxiety disorders and developmental disorders, including autism spectrum disorders
    - Increasing incidence of ASD: ARFID follows?
-

# Social Media: ARFID

- Explosion on social media
  - Compared to other eating disorders
- May present mild to moderate
- ARFID as identity
- Clinical pearl: “



TikTok users (L to R): ellehasarfid, toren\_wolf, patnjac, arfid\_andrew  
Greene et al., 2023.

# Treatment Approaches

- “First, do no harm”
  - Adequate caloric intake regardless of sources
  - Tube feeding last resort
- Therapeutic approach based on subcategory of ARFID
  - Sensory: graded introduction, specialized occupational therapy
  - Aversion: therapy (CBT), treatment of anxiety and trauma
  - Lack of appetite: Pharmacotherapy (appetite stimulants), therapy, support network development

# Treatment Approaches

- Long journey towards recovery
- Focus on adaptation and expansion of nutrition sources
  - “Normal” eating will be different for each individual
- Development of support networks: family, peers
- Limited specialized programs for more intensive support
  - Large research hubs: UCSD, Boston Children’s, JHU

# Eating Disorder Ethics

- Challenging domain for caregivers and providers
- No universally shared compulsory care protocols
  - Risk-benefit assessments
  - Access to care limited by health systems and insurance
- Significant variation in implementation of emergency petitions and court interpretations of risk to self
- Engagement / strain with patient and caregivers

# Eating Disorder Ethics

- Maryland EP:
  - “Ticket” to emergency assessment
  - Not a guarantee of admission or treatment

## Three Ways Someone Can Be Emergency Petitioned

### 1. Law Enforcement



- Can serve as petitioner AND transport, or just transport of evaluatee if #2 or #3 processes enacted.
- If petitioner, must observe the evaluatee (but not necessarily the behavior) to determine whether criteria are met
- Transports patient to the closest ED for eval

### 2. Qualifying Clinician

- Includes physicians, psych NPs (*not* Family NPs or other specialty APPs), psychologists, LCSW-Cs, LCPCs, LMFTs
- Must have personally examined the patient



### 3. Family Member/Loved One

- Requests an EP directly from the court. Judge will review, hear petitioner testimony, and decide whether the potential evaluatee meets the statutory criteria.
- Least common means of EPs
- Once signed by the judge, the EP is given to law enforcement and is actionable/valid x 5 days only. Officers locate the evaluatee and bring them to the nearest ED.

# Actionable Items

- Screen for eating behaviors & discuss!
  - Understand the broad spectrum of eating disorders
  - Engage our digitally informed patients
    - Sources of information: supportive or harmful?
  - Support patients and their care networks in accessing treatment
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# Thank You!

**Alexander S. Golec, MD, FAAP, FASAM**

agolec1@jh.edu

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