



Canadian Centre  
**on Substance Abuse**  
Centre canadien **de lutte**  
**contre les toxicomanies**

Partnership. Knowledge. Change.  
Collaboration. Connaissance. Changement.

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# Canadian Youth Perceptions of Cannabis



ADDICTIONS  
FOUNDATION  
OF MANITOBA

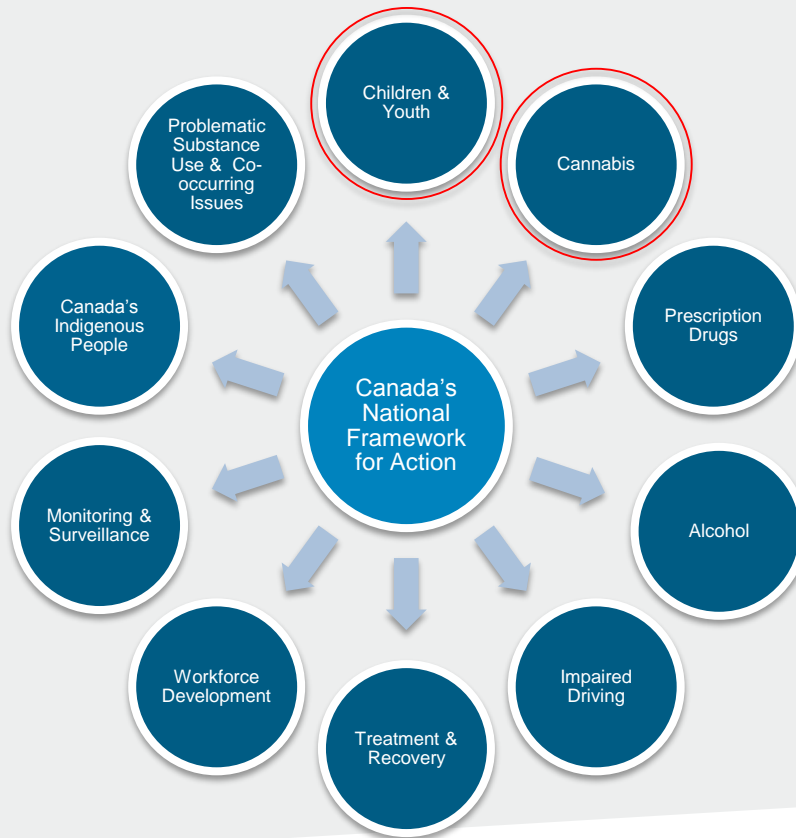


# About CCSA



- Vision: All people in Canada live in a healthy society free of alcohol and other drug-related harm
- Mission: Provide national leadership and advance solutions to address alcohol and other drug-related harm
- National NGO at arms length from the government
- Pan-Canadian and international role

# CCSA's National Priorities and Areas of Action



National  
Framework for  
Action (2005):  
*Collective action  
for collective  
impact*

# Introduction

- 21% of youth aged 15–19 reported past-year use in 2015 (Statistics Canada, 2016).
- Canadian youth were the second highest users of cannabis in 2014 (World Health Organization, 2014).
- Youth are at an increased risk for harms related to cannabis use.
- Research shows youth have misconceptions about the risk of cannabis use and that perceived risk of use relates to rates of substance use (Johnston et al., 2015).

# Objectives of the Current Study

To uncover the attitudes, beliefs and opinions of youth about cannabis to help inform prevention efforts. More specifically, we sought answers to the following questions:

- What factors influence decisions to use or abstain from cannabis?
- What are the dangers of cannabis use (e.g., brain development, driving)?
- Should cannabis be legalized?
- What impact does medical cannabis have on youth decisions?
- What impact does social media have on cannabis use?
- What can be done to prevent cannabis use?

# Method



- 20 qualitative focus groups with youth ages 14–19 from ON, SK, AB and NS;
- Semi-structured discussion with the goal of gaining an understanding of the thoughts and opinions of this targeted group;
- Discussion guide was piloted with youth beforehand to ensure language was clear and questions were relevant;
- Guide included instructions about confidentiality and anonymity of results.

# Discussion Guide Topics

- Reasons youth use cannabis
- Reasons youth don't use cannabis
- Influencers of cannabis use
- Positive and negative effects of cannabis use
- Cannabis as a gateway drug
- Cannabis and brain development
- Cannabis and driving
- Cannabis laws
- Cannabis in the media
- Prevention efforts

# Why Youth Smoke Cannabis

- Peers and family:
  - To be liked and connected to peers, to fit in, take on an identity
  - Parents: approve vs. disapproval and rebellion
- Boredom
- Availability and acceptability
  - “No age limit”
- “Healthier than other substances”
- Medical, physical, mental:
  - Youth research and self diagnose
  - Chronic pain, mental illness, cancer, arthritis, seizures
  - Increase appetite, help sleep, reduce stress and worry





# Why Youth Smoke Cannabis (Cont'd)

“Well, even on the social drinking, it is not much different from that, if you were to pack a bowl in a pipe, you can pass it around, as you would sitting in a bar and have a beer. It’s not really any different except the fact that you could get caught and go to jail. Maybe not go to jail, but get in trouble.”

“I did not realize it. I saw my family do it a lot, so when it came to my friends saying hey, do you want to smoke? I said, well my parents do it, so why shouldn’t I? It’s like why I started smoking too it’s because my mom smoked all the time in the house around me, a subconscious factor that had an influence.”

# Why Youth Don't Smoke Cannabis

Significantly fewer reasons given for not using, these included:

- Fear of consequences (parents, legal)
- Physical harms such as lung cancer
- Because it changes a person
- Triggers mental illness, anxiety
- Stigma of being a "stoner," i.e., a "loser"
- Against their intrinsic values



# Why Youth Don't Smoke Cannabis (cont'd)

“For me, I don’t know, I never really like had mental health problems before I started, but then like after, I don’t want to say stopped, but at the peak of my use, as soon as I stopped using, because I was literally using every day, like eight times, if not more, so when I stopped doing that it kind of brought out mental health problems in me. So like, I don’t know, when I went to the hospital I got diagnosed with like drug-induced depression and anxiety, and I’d never had anything like that before, like I was a really happy kid, so it kind of brought that out of me.”

# Understanding Effects of Cannabis

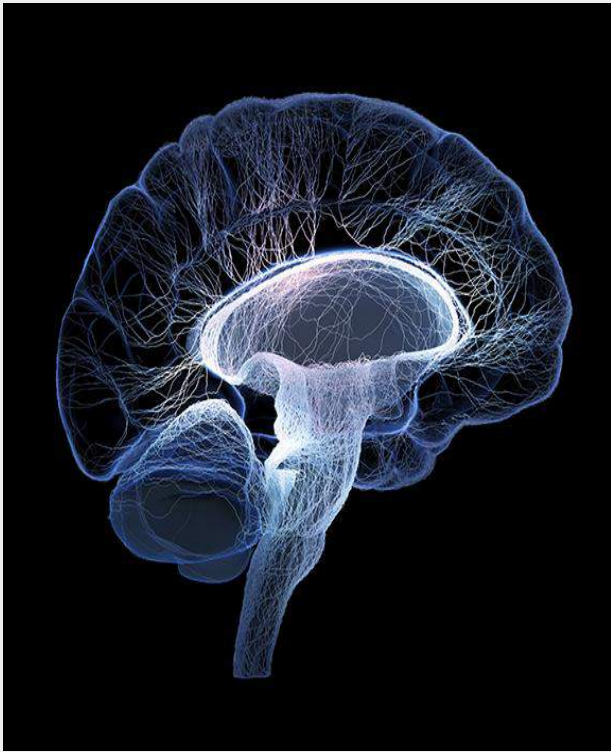
- Most participants could identify negative effects or harms, but report that “youth don’t care about these.”
- Cannabis is viewed as “affecting everyone differently,” and used as a defence for use.
- Long-term consequences only applicable to those who use cannabis chronically, heavily and on a long-term basis.
- Use was viewed as being based on someone’s personality (e.g., “addictive personality”) or on individual willpower.

# Cannabis and Driving

- Perceived to affect driving, but depends on the person.
- Slows reaction time and ability to divide attention.
- Alcohol impaired driving viewed as very dangerous; not the same for cannabis-impaired driving.
- Youth found it difficult to visually identify a cannabis-impaired driver (i.e., not stumbling or slurring).



# Cannabis and Brain Development



- Many youth knew, assumed or guessed that cannabis affects brain development:
  - Didn't know how or why
  - Didn't deter use
  - "Recreational use doesn't affect the brain."
  - Stunts growth, affects memory and decision making, lowers intelligence.
  - Makes brain "awake," "alive" and "promotes healthy development."

# Cannabis and Addiction

- “THC has been confirmed that it's not addictive but it's not the chemical that's addictive, it's the rush. It's the feeling and it's the notion that there's nothing wrong in that moment is what's addictive.”
- Youth believed the drug isn't addictive, it is the feeling that is.
- Addiction is mental, not physical.
- Addictive, but not like other drugs (e.g., easier to quit).
- Youth unknowingly described experiencing withdrawal symptoms



# Cannabis and Addiction (cont'd)

“You can [withdraw], but it’s not going to be the same as vomiting, sweating, shaking, screaming, running away ... anything like that. It’s going to be a lot of trying to calm yourself down and not hurting yourself or getting angry at people. It’s not really something that physically upsets your body like an addiction does. It’s more of something that mentally you have to get over. It’s like a barrier that you have to get over.”



# How Cannabis is Used

- Reported forms of cannabis:
  - Recreational: shatter, dabs, budder, coco puffs, spice, kush, and poppers.
  - Medical: THC pills, oil, injections
- Youth are using cannabis differently to avoid lung cancer: baking it into something, using a vaporizer to avoid respiratory harms.
  - Other forms: drinking cannabis in tea or alcohol
- Common terms for cannabis and cannabis use: weed, pot, bud, spliff, blunt, joint, smoke up, hit (bong), and hot boxing

# Cannabis Legal Status

- Youth thought they can possess small amounts, just not enough to sell.
- Confused by varying policies and the presence of dispensaries in Canada.
- Youth had differing views about legalization:
  - Pro: regulation and reduction in illicit market, money from sales could help the economy (i.e., education, tourism).
  - Con: drug dealers will push harder drugs, youth restricted by age limit, profits go to government.



# Cannabis Portrayal

- Media and Social Media:
  - Too much information available: biased and inconsistent
  - Mainly positive presentation (fun, chill, party drug)
  - Openly discussed by peers on social media
- Views on Enforcement:
  - Youth “will be let go with a warning”
  - Police have better things to focus on
  - Youth don’t hear of DWIs and major crashes due to cannabis
- Medical Use
  - Portrayal as a “pharmaceutical” delegitimizes reports of harms

# Suggestions for Prevention from Youth

- Prevention messaging should be delivered by someone with experience
- Messaging should address both the positive and negative effects of cannabis
- Include harm reduction as opposed to “just say no”
- Start prevention efforts earlier with consistent follow up

# Implications for Prevention

- Provide clarity around cannabis-impaired driving to youth
  - Recognizing drug impairment and clearly defining unimpaired driving
- Increase education about the risks of cannabis use
  - Focus on tangible outcomes
  - Education alone will not work
- Provide both sides of the story, including harm reduction strategies
  - Low-risk use guidelines



# Implications for Practice

- Begin prevention efforts earlier with consistent follow up.
- Increase the capacity and knowledge of healthcare practitioners to address cannabis use.
- Increase availability of evidence-informed resources for parents and educators to address the issue and teach youth critical thinking skills.
- Provide pathways for access to evidence-informed services and supports across the continuum of care.

# Implications for Policy

- Inform policy makers tasked with developing or revising cannabis regulations.
- Approach to regulation should be evidence-informed and incorporate further research, education, prevention, treatment and enforcement.
- Harm reduction will be key in minimizing the risks and harms of cannabis use among Canada's youth.



# Study Limitations

- Small sample size:
  - Not meant to be representative of all Canadian youth
  - Prevented differences according to gender, jurisdiction age and experience with cannabis from being explored
- Over-representation of older youth and youth from Alberta and Ontario



# Conclusions

- Increased awareness of the growing evidence about the effects of cannabis—both positive and negative—is needed.
- Focus should be on developing appropriate, targeted prevention efforts that provide evidence-informed facts about the use of cannabis by adolescents.
- As cannabis regulation changes, education should be proactive and provide young people with factual information they can use to inform their decisions.

# Talking to Youth

## The “City Traffic” Model of Cannabis Effects

**Daniel Dacombe – Rehabilitation Counsellor  
Addictions Foundation of Manitoba**





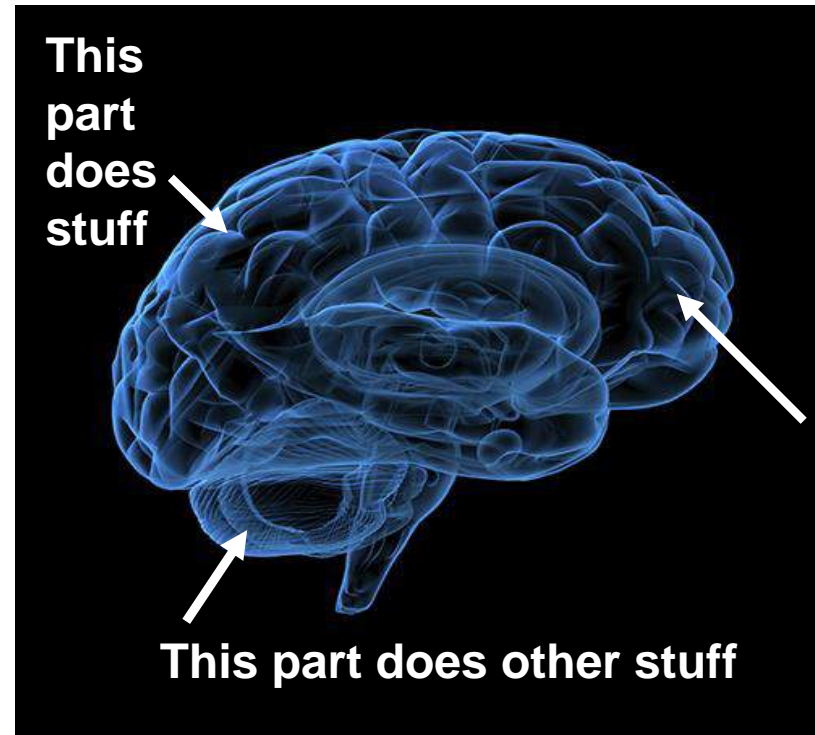
## Goals

- **Understand how the brain works**
- **Understand what makes teenage brains special**
- **Understand what alcohol and drugs do to teenage brains**



## Let's talk about Brains!

This is your Brain, and it's pretty great!



This part over here does LOTS of stuff  
(probably)



**BUT...**

- **Brains are really complicated, and we don't know everything about them**
- **Even the stuff we DO know is really hard to explain**
- **Today we're going to use an analogy (word picture) to describe how brains work and what makes yours special**

**BRAINS ARE LIKE CITIES!**





## Brains are like Cities

### What makes a Brain like a city?

Just like a city, a Brain has:

- Different areas that are responsible for different tasks
- Roads that connect the different areas
- The ability to change itself based on needs or activities





# Neural Pathways

## What are Neural Pathways?

- **Neural Pathways are like the “roads” that connect different areas of our brain**
- **They allow signals to travel back and forth and help us to think, reason, recall, and feel**
- **They grow and change depending on which areas we use together (e.g. “hand-eye coordination”)**







## Why are Teenage Brains Special?

- **Teenage brains are special because they are UNDER CONSTRUCTION**

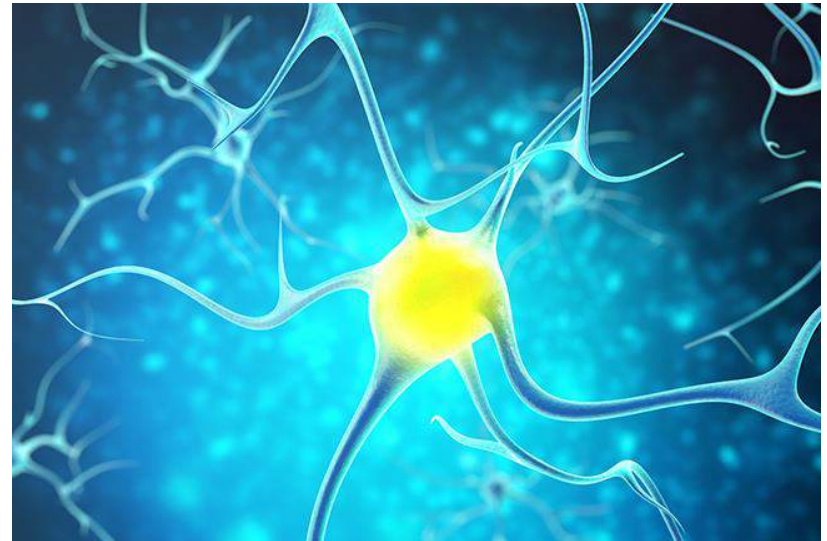


- **It's almost like they are cities made of clay – very malleable and easy to change**



## Why are Teenage Brains Special?

- It is very easy to “build up” new areas and pathways in the brain through learning (e.g. languages, music, sports skills, etc) – that’s why the teen years are so important for brain development
- You are better now at learning than you ever have been or ever will be again





## Why are Teenage Brains Special?

So, what's the problem?

- This also makes your brain very vulnerable to negative change
- Remember: when we use different areas of the brain together, they become linked – the pathways that connect them get stronger (remember hand-eye coordination – this is why you are better at video games than your dad)
- Our brains don't always know what a negative change is, and can sometimes allow unhealthy connections to develop



# Why are Teenage Brains Special?

So, what's the problem?

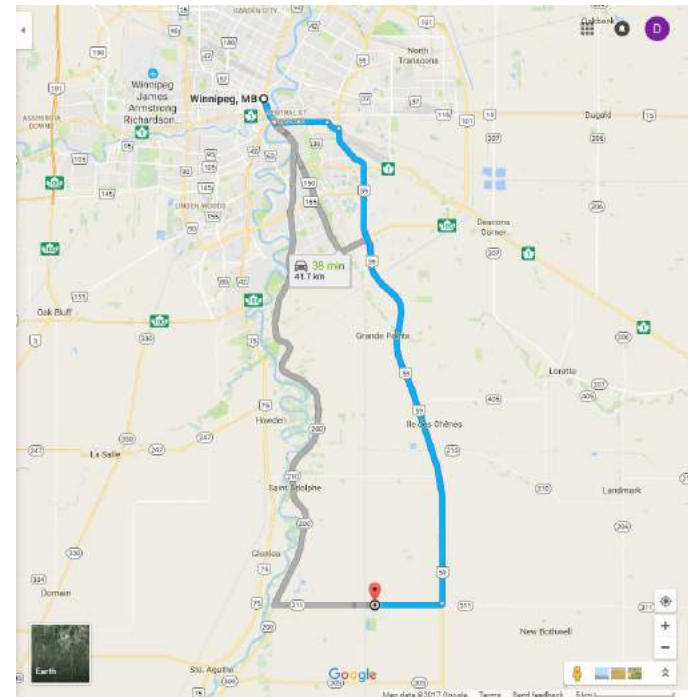
- **This means using alcohol or drugs when we are:**
  - Stressed
  - Depressed
  - Struggling with symptoms of mental illness
  - Feeling the effects of trauma
  - Having a “rough day”
- **...we are actually *teaching our brains* to make a connection between feeling bad... and using alcohol or drugs to feel better**



# Why are Teenage Brains Special?

So, what's the problem?

- During times of stress our brains look for solutions, and signals will travel down well-used pathways
- Our brains are able to identify the quickest/easiest path to feeling better (like Google Maps)
- When it identifies alcohol or drugs as the quickest path, we experience this as a craving





## So, if Teen Brains are Under Construction...

### What about Adult Brains?

- **As we enter our early 20's, our brains start to "harden"**
- **We no longer have cities made of clay, but of concrete**
- **Learning and changing, while still possible, become more difficult**
- **The pathways we have created are solidified and harder to change**
- **The habits we start are harder to break**
- **Our cravings become hardwired, and our alcohol and drug use is harder to stop**



## So, what should we do?

**We need to:**

- **Understand – how addiction develops**
- **Be Aware – of the reasons we are using**
- **Seek – healthy ways to deal with stress and problems**
- **Delay – use of Alcohol and Cannabis until our brains have a chance to fully develop (21+ years old)**





# Questions and Answers



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