Canadian Youth Perceptions on Cannabis: Implications for practice and policy

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Canadian Youth Perceptions of Cannabis: Implications for Practice and Policy

Anna McKiernan, M.A., and Katie Fleming, M.A.

December 13th, 2016
Agenda

• About CCSA
• Overview of Webinar #1
  – Objectives and Methodology
  – Summary of Findings
• Implications of this Research
• Discussion
• Concluding Remarks
Poll #1

- Please indicate if you participated in the first webinar in this series.
  - I participated
  - I did not participate
About CCSA

• **Vision:** A healthier Canadian society where evidence transforms approaches to substance use.

• **Mission:** To address issues of substance use in Canada by providing national leadership and harnessing the power of evidence to generate coordinated action.

• **Value Proposition:** CCSA was created by Parliament to provide national leadership to address substance use in Canada. A trusted counsel, we provide national guidance to decision makers by harnessing the power of research, curating knowledge and bringing together diverse perspectives.
Why CCSA’s Work Matters

Health
• Substance use disorder is a disease and should be treated like other chronic diseases and health conditions
• Contributes to mental health conditions, family violence and suicide, and to over 60 diseases such as cancer, heart disease, diabetes, HIV/AIDS
• Illicit drug dependence directly accounted for 20 million disability adjusted life years

Public Safety
• Substance use is a significant factor in the commission of crime; as many as 80% of federal offenders have a history of problematic substance use
• Impaired driving accounted for 9,000 deaths in Canada from 2000–2010

Economics
• Substance use costs over $40 billion per year in Canada
CCSA’s National Priorities and Areas of Action

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.
Rationale for the Current Study

• Youth lack clarity about the effects of cannabis on the body and brain.
• This lack of clarity is concerning as perceived risk of use relates to rates of use.
• Current Canadian government intends to legalize and regulate cannabis.
• We need a better understanding of what Canadian youth think about cannabis.
Objectives of the Current Study

The objectives were to uncover the attitudes, beliefs and opinions of youth about cannabis to help inform prevention efforts. More specifically, we wanted to find out youth perceptions about 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 Ont., Sask., Alta. and N.S.;
- Semi-structured discussion;
- 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.
Participants

• 77 youth participated:
  – Ottawa (Ont.), Perth (Ont.), Saskatoon (Sask.) Calgary (Alta.), Wainwright (Alta.) and Pictou County (N.S.)
  – 47% male
  – 48% lived in rural areas
  – 44% recruited from community centres, 34.5% from high schools, 11% from personal networks, 8% from alternative schools and 2.5% from addiction counselling services

• Recruitment was designed to provide contrasting opinions within groups, but foster an environment where participants related to one another.
Results

- What youth know
- Misconceptions
- Why do youth use
- Other influences
What Youth Know

• Agreement between 2013 groups and 2016 groups:
  – Smoking cannabis can damage lungs;
  – Cannabis can be addictive;
  – Cannabis can affect the brain;
  – Cannabis might impair driving.

• These harms may have resonated with youth due to past prevention campaigns (e.g., cigarettes, alcohol-impaired driving).

• Perceived risks can alter behaviour.
Misconceptions

• Many youth reported cannabis isn’t addictive and that people use it because they want to keep feeling the positive effects.
• Youth feel cannabis is safe and does not pose significant harm, especially for those who are not heavy users.
• Rationale that “effects of cannabis vary based on the individual” provided flexibility in risky decisions (e.g., to use cannabis or ride with a driver who had used cannabis)
Why Do Youth Use?

• **Influence of friends, family and the community**
  - Fitting into a friend’s group or the desire to feel connected

• **Perceived availability and accessibility**
  - Use might be a result of easy access to the drug

• **Stress and mental health management**
  - 2016 participants often reported self-prescribed cannabis use for perceived or diagnosed mental illness (e.g., anxiety)
Other Influences of Use

• Internet and the Media
  – Cannabis use is normalized with a surplus of information available online.

• Legalization
  – Most participants were supportive of legalization, which might have led to decreased perception of harms.

• Response from enforcement
  – Youth are not aware of the consequences of cannabis-impaired driving.
Implications

- Prevention
- Practice
- Policy
Poll #2

- Does your organization’s prevention efforts currently address the issue of cannabis-impaired driving?
  - Yes
  - No
  - Not currently providing a substance use education program
Implications for Prevention

• Provide clarity around cannabis-impaired driving to youth
  – Recognizing drug impairment and clearly defining sobriety

• 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
Poll #3

Does your organization’s substance use/cannabis education effort involve a one-time exposure or follow-up exposure to education over time at various stages of adolescence?

- One time educational intervention
- Repeated educational interventions
- Not currently providing substance use/cannabis education program
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.
Poll 4

• Does your organization’s approach to cannabis education currently include a harm reduction focus?
  – Yes
  – No
  – Not currently providing a substance use education program
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.
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.
Limitations

• The study sample is not representative:
  – Overrepresentation of youth who were above the age of 16
  – Higher number of participants in the Alberta and Ontario groups

• Due to the small number of participants, results cannot be analyzed by jurisdiction, age, gender or background, as this analysis would compromise the anonymity of participants.
Future Research

Future research should include the following:

• Evaluating effectiveness of proposed prevention efforts;
• Understanding why certain messages have resonated;
• Conducting similar research with parents and educators;
• Collecting qualitative and quantitative national representative data to confirm themes.
Cannabis Research Products

- Clearing the Smoke on Cannabis Series
  - Chronic Use and Cognitive Functioning and Mental Health
  - Maternal Cannabis Use during Pregnancy
  - Cannabis Use and Driving
  - Respiratory Effects of Cannabis Smoking
  - Medical Use of Cannabis and Cannabinoids
- The Effects of Cannabis Use During Adolescence

All publications available at www.cccsa.ca
Knowledge Mobilization Tools and Resources

- Video of live panel to mobilize knowledge about the effects of cannabis use during adolescence
- Online learning module
- Toolkit for hosting learning events related to cannabis and youth
- Drug-impaired driving toolkit for educators

All tools available at www.ccsa.ca
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Panel Discussion

What do these findings mean for practitioners?
Patricia Scott-Jeoffroy
Education Consultant: Parent Action on Drugs

Engage youth in peer-education programs

1 or 2 day training sessions with youth across the Province.

Discuss a number of youth related issues from a harm reduction perspective including:

• Exploration of various substances (appearance, effects, risks)
• Discussion of myths and misconceptions
• Defining social norming
• Social and emotional strengths and challenges for youth
• Personal Internal and external strengths and influences
• Deconstruct decision making skills
• Explore positive peer influence
Youth misconceptions about Cannabis

• Polarized belief about harm: both belief that it is totally harmless or is extremely dangerous

• Confusion about the current legal status

• Perception that use of marijuana for medical purposes means it is harmless
Effective ways to address these misconceptions

- Allow students to define their concerns, perceptions and beliefs
- Exploration of how these beliefs have come to be
- Providing credible resources for ‘facts’
- Allow youth support to find their own answers rather than being ‘told’ by adults
- Engage youth to peer educate
Incorporating CCSA findings into my work

• Will inform areas of focus to direct youth education
• Provide support to determine appropriate peer to peer messaging
• Provide opportunities for youth to discover the ‘facts’ for themselves from credible resources
Cathy Maser, MN, NP-Paediatric

• Nurse Practitioner in Division of Adolescent Medicine, Sick Kids

• Team Lead for SITY (Sick Kids Interprofessional Team for Youth) 12-18yr olds
  • Chronic illness
  • School avoidance/family conflict
  • Sexual health/gender identity
  • Mood disorders
Youth Ideas about Cannabis

- “Healthier” than other substances
  - No negative effects
  - “only pot”
  - Not addictive
  - No long term harms
- Occasional use ok
- Safer to use if driving (vs. alcohol/other subst)
- Helps with anxiety, sleep, chronic pain management
Changing beliefs/attitudes

- Information and access to facts
  - Risks AND benefits
- Reliable sources (HCP)
- Consistent messaging (harm reduction)
- Perception of risk
- Address self-diagnosis
- Offer alternatives to self-medication
CCSA findings

• Build on youth interest in “evidence”
• Address misperception/misinformation about medical marijuana
• Clear messaging about health risks “now”
  • Brain development
  • Mood regulation
  • Relationship to psychosis
• Make info accessible-social media/technology
• Education/information pre-adolescence
Contact Us – We do Consultations and workshops

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