

## Rethinking our response to young people's cannabis use in Ballymun



**Ballymun Youth Action  
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## Foreward

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As Chair of the Equal Youth Committee I would like to welcome the publication of this significant report. This research was carried out in the context of close partnership relationships between key agencies in Ballymun concerned with and focusing on providing and supporting positive opportunities for young people in our community. Emerging evidence of cannabis as a problem drug may surprise people who have become accustomed to the view of cannabis as a recreational drug that causes minimum levels of harm. However, new more potent strains are now in circulation and at Equal Youth meetings we began to question and consider what our own role was in addressing the impact of these changes for the young people in our community.

The interagency approach has been instrumental in devising strategies in dealing with this issue in the community. Over the past number of years the Equal Youth Cannabis Initiative Committee has worked very hard to create awareness around the impact of cannabis use in the community. We have facilitated a number of workshops and training courses aimed specifically at practitioners working with young people. High support programmes such as Ballyrunners have been developed specifically for young people who are using cannabis. The committee has shown great motivation and commitment and are tireless in their efforts to evoke a positive change and ensure conversations on issues affecting our young people are kept alive. This is a reflection of their dedication to the young people with whom they work in Ballymun.

To accumulate evidence and show the detrimental consequences of cannabis usage in the community, the following piece of research was carried out by Ballymun Youth Action Project (BYAP) and supported by Ballark Training Centre, Ballymun Youthreach, Ballymun Regional Youth Resource (BRYR) and the young people of Ballymun. We believe this piece of research is very relevant in highlighting the consequences and impacts of cannabis use for some young people and their community.

On a personal note, as someone that works with young adults, I feel very passionately about the possible long term impacts cannabis may have for a cohort of young people in Ballymun and I thoroughly welcome this action based report. I look forward to continuing our work to support and provide generative and long term opportunities for our young people.

I would like to thank the Equal Youth Cannabis Initiative Committee for their dedication and hard work over the years in highlighting this very serious problem. In particular I would like to thank Karl O'Brien and Brian Foley (BYAP) for this comprehensive piece of research.

Pat Kavanagh

## Acknowledgements

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Many people contributed to this research study project. We wish to thank all of the Equal Youth committee members for the commitment, dedication and expertise to support this research project.

We would like to recognise the contribution of the young people involved in this research report, through their wiliness and engagement with the researchers they provided us with the data required to publish this report.

We are very grateful to the managers of the training centres and outreach teams in facilitating the research process and providing the resources to complete this work. We would also like to acknowledge the researchers and volunteers who conducted the surveys in the training centres and within the community.

We would like to thank our colleagues in the Ballymun Youth Action Project and the BLDATF for the support, feedback, reflections, analysis and administrative assistance in compiling the report. Our final thanks go to Dr. Sarah Morton (UCD) for her continuous support in many areas which facilitated the successful completion of this report.

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## 1. Introduction and background

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The impact of cannabis use on young people's development and motivation levels has emerged as a key issue within some communities. Parallel to this are the proposed and enacted changes in relation to the regulation and legalisation of cannabis, as well as the evidence of the negative impact of high potency cannabis on the developing brain.

The origins of this report arose from the Equal Youth Initiative in Ballymun. Equal Youth aims to develop a model of inter-agency co-operation between service providers supporting young early school leavers between the ages of 16 and 24. In recent years, it had been noted that a particular profiled group of Equal Youth clients were not maintaining appointments and those who did attend were demonstrating low levels of motivation in key-working sessions with practitioners. The impact of this on retention and progression rates for this target group was concerning and needed further analysis to determine what factors were contributing to high drop off rates or poor progression options for this particular cohort.

As the Equal Youth Committee further discussed the challenges for the target group and the barriers to progression, it became very evident that cannabis use was a significant issue and the primary factor to address in a range of interventions to challenge the norms, attitudes and levels of use within this target group. As these discussions continued, it was highlighted that there were high levels of apathy towards cannabis use within the Ballymun community. This high level of tolerance was considered to be widespread among local community workers, trainers, drug and youth workers. This tolerance extended to inter-generational patterns and attitudes within families towards cannabis.

Committee members decided to form a sub-committee from the Equal Youth Initiative, with the aim to create conversations and maintain communication around the broader perspective of cannabis and its impact within the Ballymun community. From the initial conversations in the sub-committee a community campaign was activated to both raise awareness in regard to cannabis use and to develop workers' skill sets to respond in an effective way to cannabis use. From the early interventions, other responses were developed and delivered in services in Ballymun. This included the support of local and national conferences and the pilot and integration of a specific "Cannabis and Change Programme" into a drug service in Ballymun.

As a member of the Equal Youth Committee, Ballymun Youth Action Project (BYAP), regularly receives requests from other committee members to provide workshops on cannabis and other substance misuse topics. In March 2016, at a cannabis sub-committee meeting, the ongoing challenges within one training centre were identified. It was felt that cannabis use was resulting in absenteeism, disengagement and low motivation levels for programme participants who were also reporting high levels of use and, for some, high levels of drug debt.

It was agreed, rather than deliver a one-off workshop, it would be more effective to do a rapid assessment of participant cannabis use patterns within a range of community settings. From this assessment, it was felt that Equal Youth could then tailor a range of responses to the issue in the Ballymun community.



For the purpose of this report the term 'cannabis' is used throughout all sections of the report. When collecting the data, the term 'weed' was used at certain stages with the research participants, as this term is more widely used and understood among young people in Ballymun.

## Research aim

The aim of this research project was:

1. To provide a rapid assessment of cannabis use prevalence within particular education/training centres and community settings in Ballymun.
2. To explore the relationship that young people in Ballymun within these settings have with cannabis.

## Research objectives

The objectives of this research were:

- To identify current trends and patterns of use.
- To develop a range of community based interventions in response to the research findings.

The following section of the report presents the literature in relation to cannabis use amongst young people, with a focus on impact on life patterns and educational achievement. This review of the literature is followed by an overview of the research methods. Section four presents the research findings and the final section outlines the conclusions and recommendations arising from the research.

## 2. Literature Review

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There has been increasing research attention to various aspects of cannabis and cannabis use in recent years, with concerns about the impact of this substance on the health and well being of users (Bond et al., 2007; Swift, Hall & Teeson, 2007). In addition, types of cannabis and routes of administration have also changed, with an increase in potency due to different growth techniques (King, Carpentier & Griffiths, 2005), the emergence of synthetic forms of cannabis (Schnier, Cullen & Ly, 2011) and newer routes of administration, such as the vaping of cannabis oil (Gieringer, Laurent & Goodrich, 2004). There has also been an increased focus on cannabis within drug policy, with debates in relation to both legalisation of cannabis (Caulkins, 2014; Kilmer et al., 2010; Room, 2014) and medical use of cannabis (Gordon & Huber, 2007). Some analysts maintain there has been a lack of focus on the harms and impact of cannabis use within drug policy (Monaghan et al., 2016) and that these harms are being ignored in the context of increased liberalisation of drug use (O'Malley & Valverde, 2004).

In Ireland there has been a steady increase in the prevalence of cannabis use according to prevalence data (NACDA, 2013). In the final year of this all Ireland prevalence survey, 33.3% of young people under 25 had used cannabis in the previous year, 10.3% in the previous month and 4.5% in the previous week (NACDA, 2013). In the 2014/15 survey just over one in four people had used cannabis making it the most commonly used illegal drug in Ireland. Those aged 15 to 24 were the most likely to have used cannabis both in the past year (16.2%) and past month (9.2%). The most recent national treatment data for alcohol use shows that cannabis is the primary additional problem substance, with 906 recorded cases in 2013 (Health Research Board, 2013). For all treated drug use between 2005 and 2010, cannabis was the second main problem drug, featuring in 21% of cases, with a steady rise in the number of cases from 2007 onwards (Bellerose, Carew & Lyons, 2011). Of the 2,609 cases in 2014 who reported cannabis as their main problem drug, 611 (23.4%) were aged under 18 years and 1,738 (66.8%) were aged 18–34. There is also some emerging evidence of the harmful use of synthetic cannabinoids among young people in disadvantaged communities in Ireland (van Hout & Hearne, 2016).

Recently a Cannabis for Medicinal Use Regulation Bill (2016) was passed through the Dáil, and a decision is now being awaited from the Health Products Regulatory Authority in regard to the use and regulation of medicinal cannabis. The proposing and passing of the Bill so swiftly and with little debate or discussion has come under criticism from some of those working within addiction services (Smyth, 2016). Smyth (2016) argues the Bill was not necessary in order to prescribe tetrahydrocannabinol THC based products for relevant medical conditions and that the Bill is in fact a 'trojan horse', setting up the legalisation of cannabis

However, Thake & Davis (2011) maintain that assessing prevalence of cannabis use within a population may be helpful but does not indicate the proportion for which the cannabis use is problematic, which ultimately leads to blocks in implementing appropriate policy and interventions. Daily use has been indicated as a threshold for concern, and for escalating harm and negative impact (Patton et al., 2002). Young people may be at particular risk from long term impact of cannabis use (Hall & Dagenhardt, 2009) and on this basis Dirisu et al., (2016) call for clear direction on drug policy in relation to cannabis and young people, arguing that this should be based on robust evidence rather than political motivation. These points have

been reiterated in a recent policy report by McCullough, who maintains that cannabis is a “neglected drug in public health discourses” (2017: 4) and that this has resulted in a lack of understanding of the effects and impact of regular and problematic use, as well as interventions.

### Impacts and effects

There has been an increased focus on the harms of cannabis, particularly for younger people (Henquet et al., 2004; Resnick et al., 2007). In a study considering the longer term impacts of cannabis use relative to the age people started using cannabis, Hench et al., (2016) found that early onset of cannabis use was associated with higher levels of use in young men throughout their adolescence. Earlier onset of use was also found to be positively associated with other illicit drug use, alcohol and nicotine dependence. They concluded that the longer term negative impacts on mental health were largely explained by later patterns of substance use (Hench, et al, 2016). However they still cite for the importance of preventative measures and early intervention to delay and intervene in early cannabis use patterns.

Evidence is building on the adverse effects of cannabis on the developing brains of young people (Smith & Heilig, 2016). For instance, Houck et al., (2013) found that ongoing cannabis use by young people negatively affected brain function, particularly those regions of the brain that are linked to working memory and attention. They highlight the importance of these brain functions in supporting academic and vocational performance. There has been some investigation into the quality of life (QoL) before and consequent to use of cannabis. Fischer et al., (2015) found that a lower QoL (including general happiness and satisfaction factors) predicted subsequent onset of cannabis use, and those that used cannabis more frequently had a lower QoL at a six year follow-up. They concluded that although young people may use cannabis to enhance mood, ongoing use negatively affected QoL into young adulthood (Fischer et al. 2015:114)

### Context, crime and debt

The social, cultural and economic context within which young people commence using cannabis may also be important in terms of continued use and long term impact. Community norms in disadvantaged urban areas can have a significant impact on risky behaviour, including drug taking, violence and high risk sexual behaviour (Davey-Rothwell, Siconolfi, Tobin & Latkin, 2015). These urban areas are often poorly resourced and stressful environments, isolated from wider social norms, with limited opportunities for respite (Stead et al., 2001). Young people are often exposed to unprecedented level of community violence (Gorman-Smith & Tolan, 1998) and socialising can be limited and destructive (Stead et al., 2001). Substance use remains prevalent and relatively normalised within disadvantaged urban areas in Ireland, with social norms of street drinking, use of new psychoactive substances (NPS) and poly-drug use (O’Gorman et al., 2013; O’Gorman, 2014).

In their exploration of young people’s onset and continued cannabis use within a disadvantaged community in Glasgow, Ross & Davies (2011) found that cannabis use was simply part of growing up within this social and environmental context and non-use was rare. They pointed out that cannabis use is often referred to as ‘recreational’ even though use may be daily and may lead to health and social consequences (Ross & Davies, 2011). Within the community studied by Ross and Davies (2011), cannabis use was not connected to any particular setting or social event, but was something that occurred randomly or constantly

throughout each day. These findings challenge the labelling of cannabis use as 'recreational' and therefore assumed not to be harmful. McCullogh (2017) reiterates some of these points, highlighting that there can be exploitation of those living within disadvantaged or marginalized communities, with a concentration of criminal activity and drug dealing occurring.

Drug debt and intimidation have also been challenging issues within communities where cannabis and other drug use is highly normalised (Citywide, 2014). In the first study of the prevalence and impact of drug related debt and intimidation in Dublin communities, Connolly and Buckley, (2016) found that intimidation is primarily targeted at the drug user themselves (75.2%). Drug debt related intimidation included incidents of threats (76%), physical violence (46%) and damage to home or property (32%). In addition it was widely reported by research participants that young people were building up significant debts through their cannabis use and then being coerced in holding or selling drugs and other illegal activities to pay off the debt (Connolly & Buckley, 2016). It was also noted that young people are being intimidated by peers in order to recover cannabis related drug debt (Connolly & Buckley, 2016). The impact on young people of drug debt related intimidation included mental health issues and physical harm, as well as family and relationship breakdown (Connolly & Buckley, 2016). Citywide and the authors have called for prevention and intervention strategies to respond to young people at risk of drug debt related intimidation, particularly those developing significant cannabis use problems.

### Interventions and responses

Beyond the growing recognition of the longer term impacts of cannabis use on young people and the contextual factors that impact on decisions to use and continue using cannabis, there has also been some focus on the role of interventions for young people. Fischer et al., (2015) recommend programmes that improve adolescent wellbeing to prevent or reduce the early onset of cannabis use, as well as educating those who use about the longer term impact on quality of life of ongoing cannabis use. Holm et al., (2016) found that young people's normative beliefs or glorification of cannabis use was positively associated with initiating use. They suggest that challenging the beliefs about the benefits of cannabis may be as important in prevention as challenging beliefs around prevalence or harm (Holm, 2014; Holm et al., 2016).

In acknowledging the increase in cannabis use, particularly among young men, Bell et al., (1998) highlight the importance of incorporating the perspectives of young people into both intervention and prevention programmes for young people using cannabis, highlighting the importance of responding to social and cultural contexts within interventions. Meanwhile Ross and Davies (2011), reiterate the need to take account of social settings, contexts and networks when devising interventions, particularly within communities where cannabis use has been normalised among young people. Monaghan et al., (2016) concluded that treatment and intervention for cannabis dependency has not kept pace with either demand or the emerging practices of cannabis users and calls for the design of interventions that will meet this demand for intervention, but that also reflects and integrates the emerging practices relating to cannabis use, particularly for young people.

## 3. Methodology

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### Research design

The aims of this research was to provide a rapid assessment of cannabis use prevalence within specific sites in Ballymun and to explore in more depth the relationship that young people in Ballymun have with cannabis. To achieve this it was decided to design a methodology that would identify current trends and patterns of use in order to inform the development of a range of community based interventions by stakeholder organisations. In order to capture the prevalence use patterns, a quantitative method was decided upon, based on the aim of identifying trends and patterns of cannabis use by young people within Ballymun. It was initially proposed that this research would focus on one site, a youth educational project. Community Training Centres in Ballymun provide second chance education and training for early school leavers aged between 16 and 21 years. They focus on providing a range of vocationally focused training programmes offering QQI accreditation at Major Award QQI Levels 3 and 4 along with other industry recognised certifications. However, after initial findings were reported back to the Equal Youth committee, it was agreed to extend the research to two further sites; a second youth education/training project; and a 'street' site which would seek to engage with groups of young people not engaged in educational projects.

### Participants

As noted three research sites were included in the rapid assessment, Educational Training Centre A, Educational Training Centre B and the 'Street'. All of the current programme participants between the ages of 16 and 21 in both Education Training Centres were invited to participate in the research. This age range was chosen because it matched the profile of young people interacting with the Equal Youth process. In addition, this age profile was also the group presenting with cannabis use as the main block to progression pathways through the Equal Youth process.

The street based site was selected by a member from the Equal Youth committee attached to a local youth centre Ballymun Regional Youth Resource (BRYR). Easy street is an extension of the youth service that focuses on groups of young people in the community who are not linked into any form of training or education settings. The Easy Street team alongside the BYAP contact outreach team conducted the research on the street site.

In the first round of data collection we asked participants about their use and relationship with 'cannabis'. Feedback from research participants indicated that 'weed' was the term they used in their daily lives and the rapid assessment questionnaire was amended accordingly for the subsequent two round of data collection. In analysing the data and reporting the findings we reverted to the term 'cannabis' as the most technically correct name for the substance under consideration.

The number of participants invited and numbers completing questionnaires are shown in the table below:

	Education Training Centre A	Educational Training Centre B	Street site
<b>Invited to participate</b>	30	43	23
<b>Participants completed questionnaire</b>	30	43	23

The gender of research participants across the three sites is shown below:

	Education Training Centre A	Educational Training Centre B	Street site
<b>Male</b>	28	16	22
<b>Female</b>	2	27	1
<b>Total</b>	30	43	23

## Procedure

The research process started in March 2016 and was completed over an eight month period, beginning in Training Centre A, moving to Training Centre B in May and concluding with the Street group in June 2016. Particular attention was paid to ethical concerns in regard to the research process. The research design and process was underpinned by a set of principles in regard to avoidance of harm, confidentiality and informed consent. A questionnaire was designed based on existing evidence based tool Cannabis Use Problem Identification Tool (CUPIT). The tool was discussed by the researchers and amended to match the profile of the intended participants. The questionnaire was then administered by staff from BYAP, Urrus, Contact Team, BRYR Easy Street Team and student volunteers from the Diploma in Community Drug & Alcohol Work.

Phase one of the process was to brief the Training Centre Managers and participants. This briefing included areas of confidentiality and ethical parameters. Research participants in the education/training centres were invited to an information session on the research, where the research and its purpose were explained, including how the data would be anonymised, stored, analysed and disseminated. For the street based group, the research methodology and how the results would be disseminated were also explained by the researcher and verbal consent was agreed prior to answering the questionnaire.

The second phase focused on the collation of the data in the training centres and outreach settings. The third stage consisted of the discussion with researchers involved and writing up of the data. Once the data had been collected, responses were collated and input to an excel database. In order to assist the development of discussion points, preliminary results were reflected upon with the Equal Youth Committee and the BYAP / UCD Research Alliance panel. The following section describes the research findings, followed by discussion and recommendations.

## 4. Results

Ninety six participants took part in the study across three settings, two training centres and through street contact with the BRYR Easy Street Team. The questionnaire results are presented in this section within three broad themes; patterns of personal cannabis use; the financial implications of use, including drug related debt; and participants considering change in their pattern of cannabis use.

### Ever used Cannabis

All participants were asked if they had ever used cannabis, with 75 (78%) stating they had used cannabis at some time in their lifetime and 21 (22%) stating they had never used cannabis. This is shown in figure 1 below.

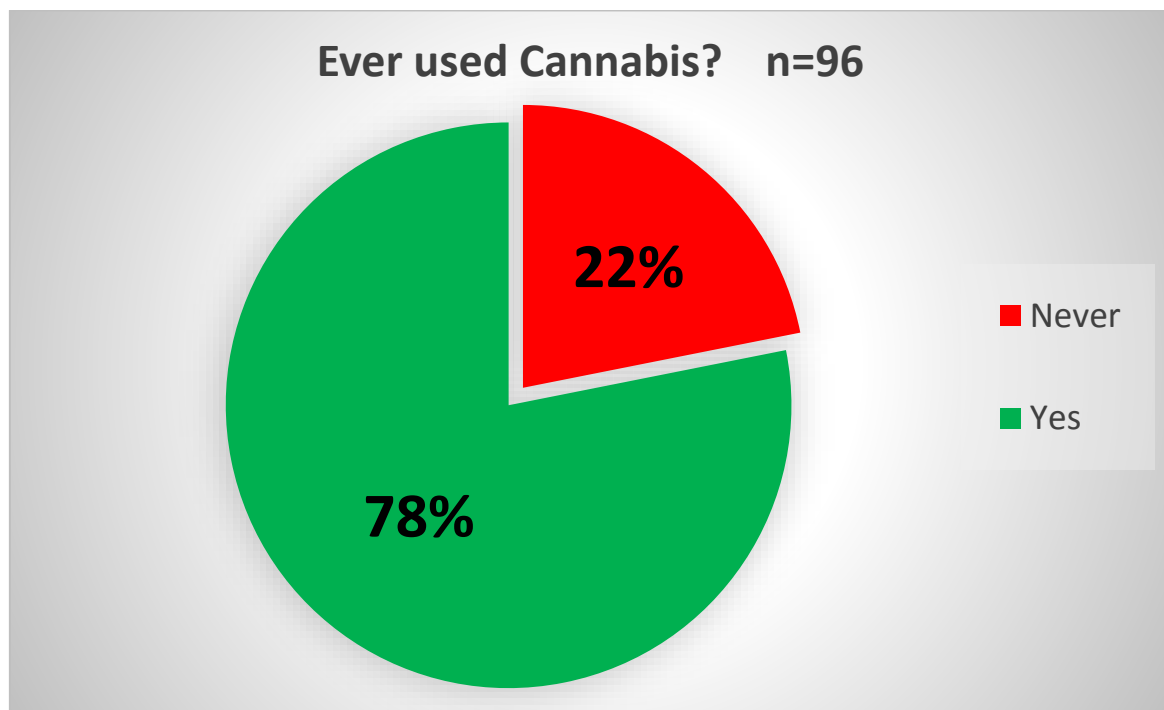


Figure 1: Overall use of cannabis within sample

The percentage of respondents who had used cannabis varied across the three settings, with 25 (83.3%) in Training Centre A stating they had used cannabis, 27 (62.7%) in Training Centre B and 23 (100%) of respondents from the Street Group stating they had previously used. Five participants (16.6%) in Training Centre A and 16 (37.2%) respondents in Training Centre B stated they had never used Cannabis. This is shown in figure 2 overleaf.



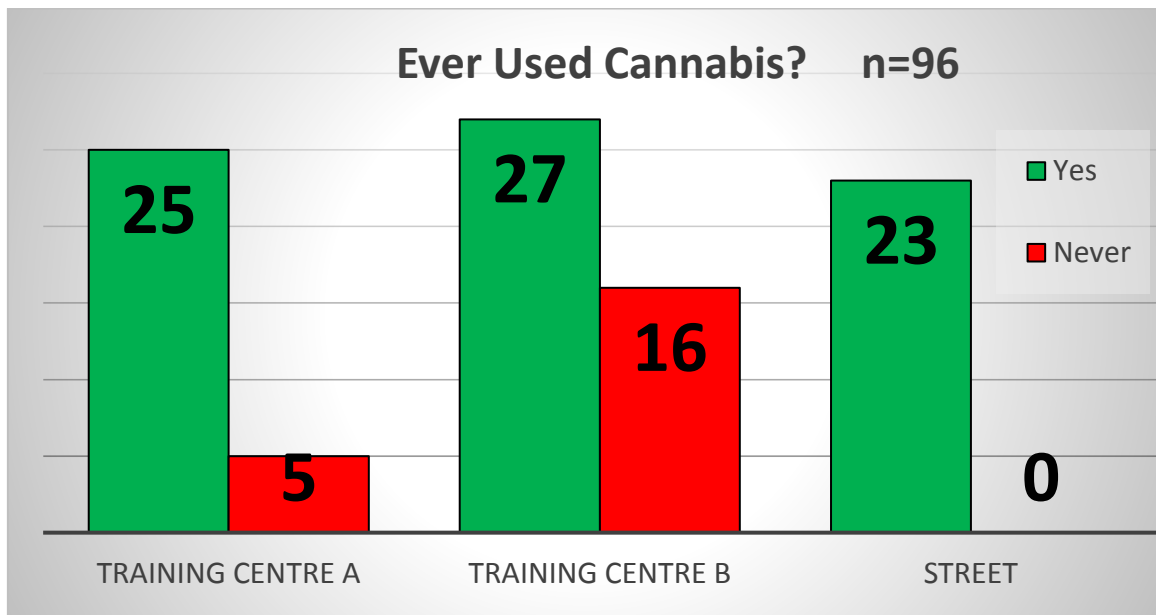


Figure 2: Use of cannabis by respondents from different study locations

### Age of First Use

As noted in the methodology, the questionnaire was amended after the first round of data collection in Training Centre A to include a question about age at first use of cannabis. These results are based on 50 responses from cannabis users in Training Centre B, (27) and the Street Group, (23). Among the respondents, 12 years was the earliest age that cannabis was first used and 14 years was the most common age for first use, as shown in figure 3 below.

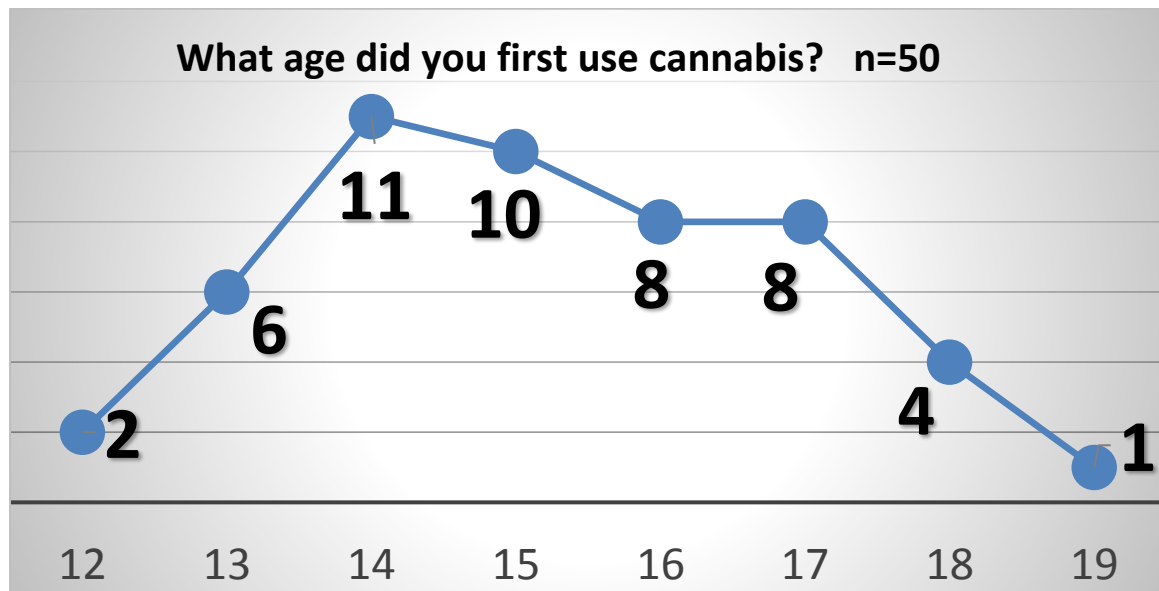


Figure 3: Age of first use of cannabis

## Frequency of use

Seventy five respondents had tried cannabis, however, 17 were ruled out at this point due to non-usage in the last 12 months and the data on the remaining 58 is illustrated in figures 4 and 5 below. A total of 58 respondents reported using cannabis in the last 12 months, and their age ranges and gender is captured in the graph below. As can be seen, the majority of respondents who had used cannabis in the previous twelve months were male (90%).

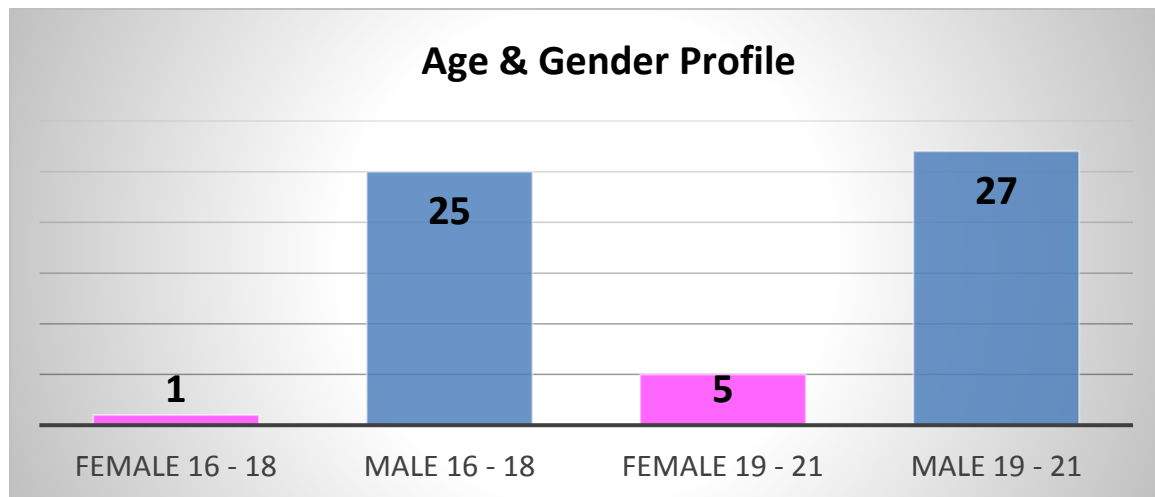


Figure 4: Age and gender profile of those who had used cannabis in the previous 12 months

Frequency of use varied across the three settings, 60% (35) of respondents were smoking cannabis daily with higher levels of daily use within the Street Group sample, 33% (19). Training Centre A had 22.5% (13) daily users and Training Centre B had the lowest number of daily users, 5% (3). 17% (10) of respondents reported using cannabis fortnightly or less, 83% (48) of the respondents were using cannabis at least once a week.

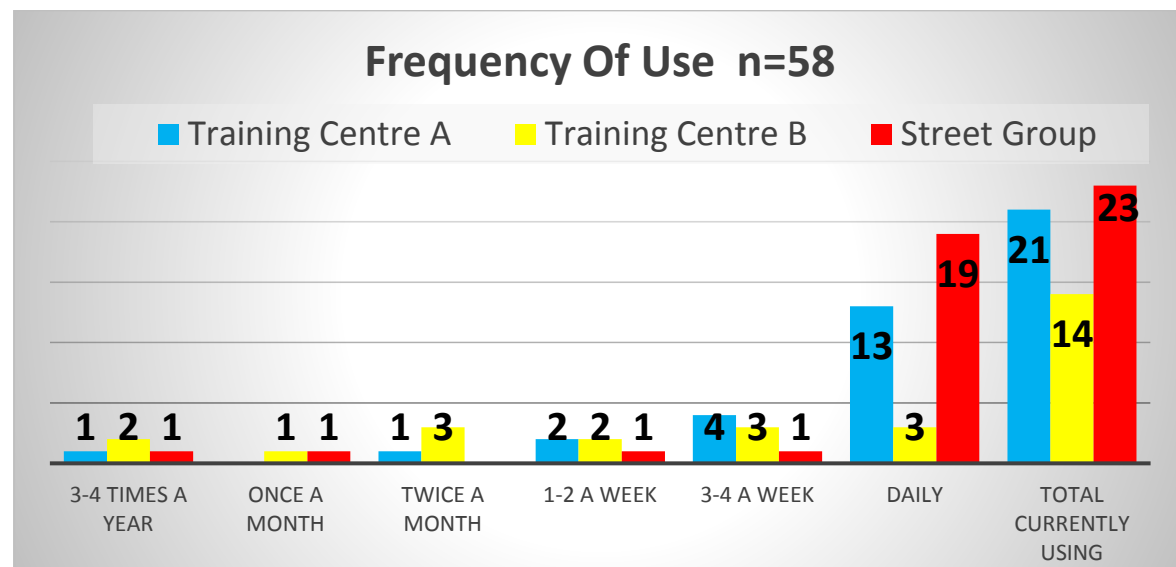


Figure 5: Frequency of use

## Hours Spent Under the Influence of Cannabis

Just over half of participants who were using cannabis, 53% reported spending 3-6 hours under the influence during usage, 17% of those using cannabis reported spending 9+ hours under the influence on average when they used.

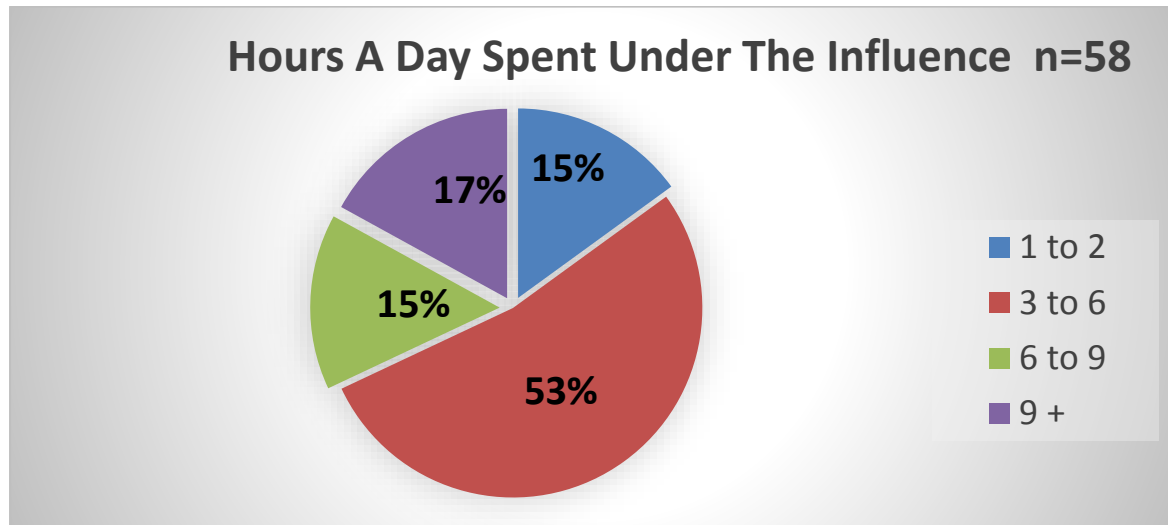


Figure 6: Hours per period of use spent affected by cannabis

The graph below illustrates the percentage breakdown of the above figures into the various groupings. In one Training Centre, 38% of participants reported spending on average, 9+ hours under the effect of cannabis during a period of use. One factor possibly influencing this statistic may be the start time of the Training Centre and respondents commencing their use early in the day i.e., while on their way to the Training Centre.

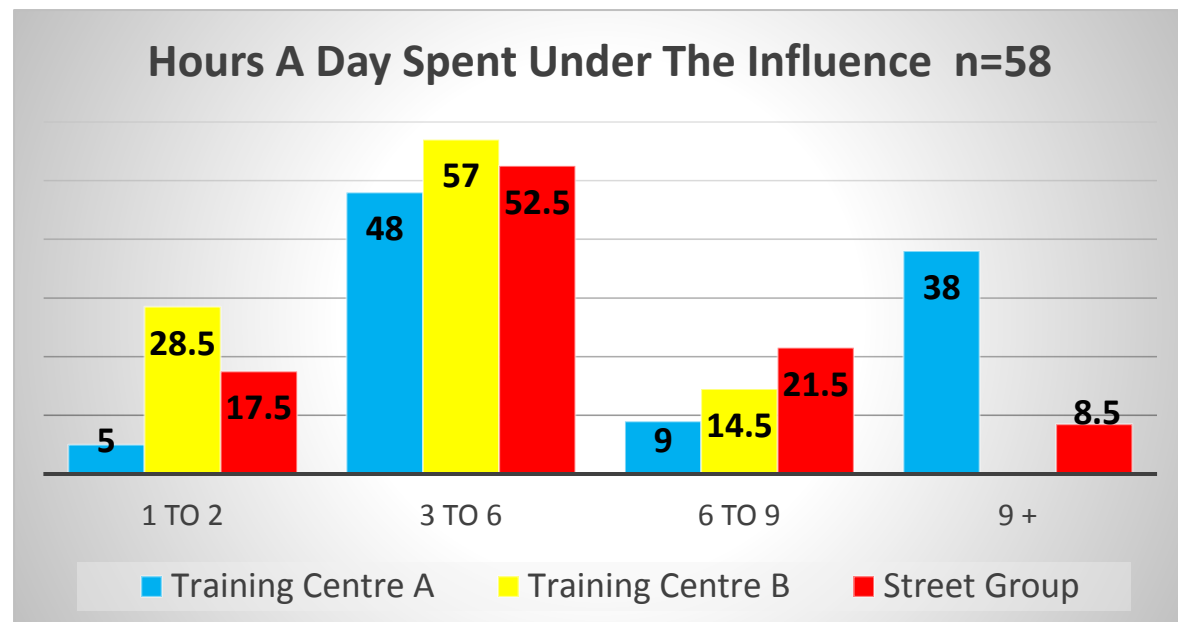


Figure 7: The percentage breakdown within the sites of the hours per period of use spent affected by cannabis

### Amounts Used Daily When Smoking

The graph below displays the amounts of cannabis participants reported using on a typical day of use. The Street Group reported the highest amounts of use with 17 (74%) members using up to and over 2 grams per day. Training Centre A also recorded high levels of typical day use with 10 (48%) members smoking 2 grams or more.

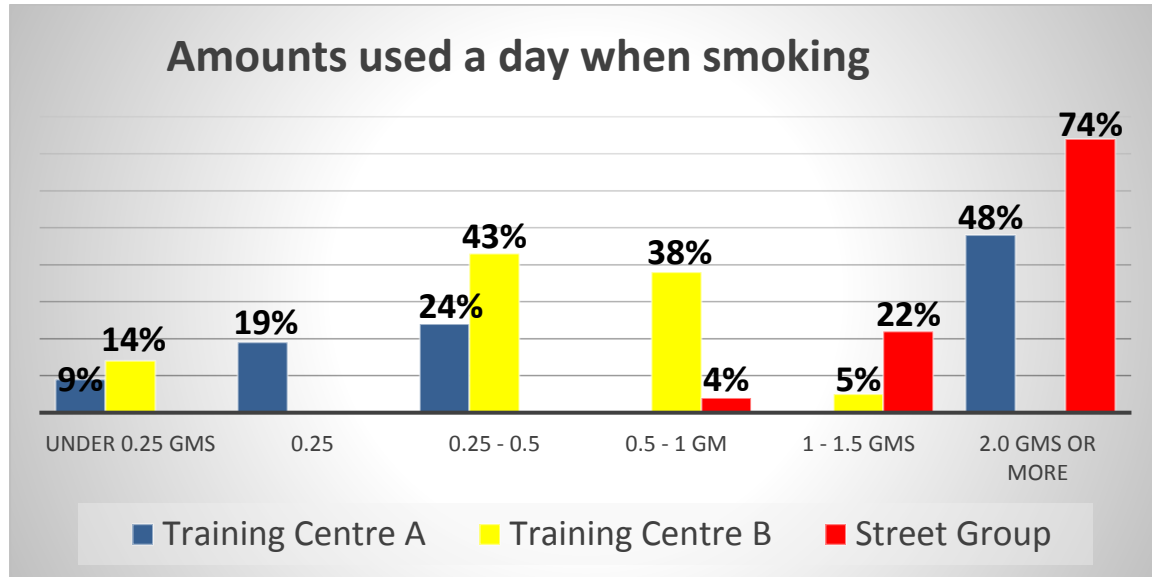


Figure 8: Grams used by study sites

### How Cannabis Fits into the Life of Respondents

To help understand the role cannabis played in their lives and some of the benefits they experienced, participants were asked to choose some responses from sixteen statements, taken from the CUPID questionnaire. The graph below illustrates, in percentages, participants perception of how cannabis fits into their lives.

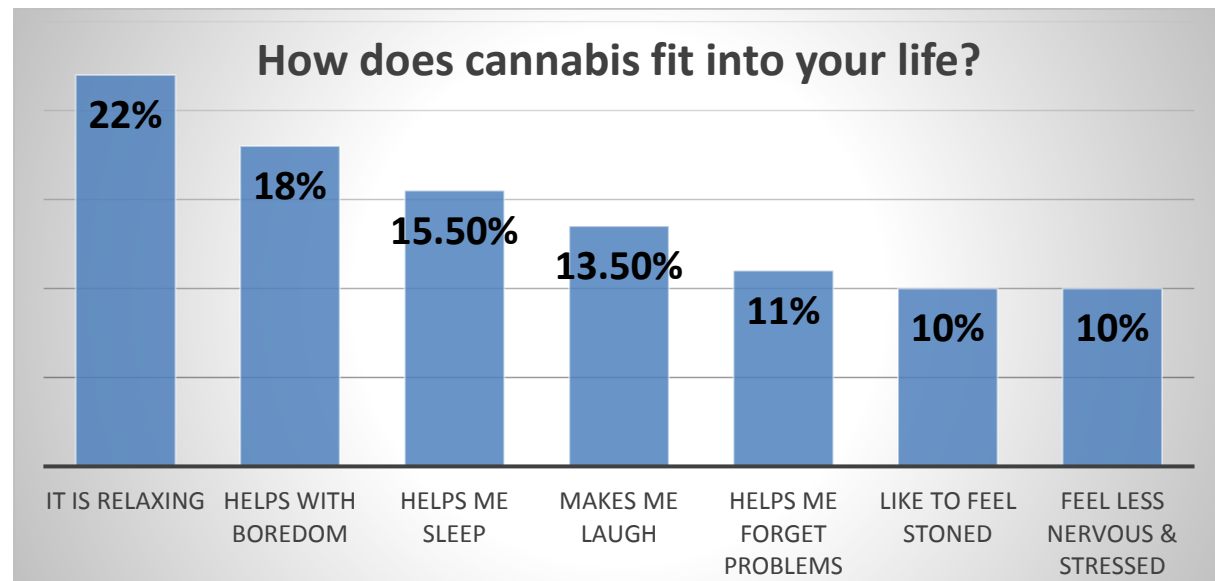


Figure 9: Participants understanding of how cannabis fits into their lives.

The most popular option among participants was *"it is relaxing"* with 22% reporting this. When the study sites were separated (see figure 11) it scored identically across the three groups with 25% of participants for each group recording that option. Nearly one fifth (18%) of respondents reported *"helps with boredom"* and 15.5% that *"helps me sleep"*. Over one tenth (11%) of respondents believed *"it helps me forget problems"* and 10% said they smoked cannabis because it helps them *"feel less nervous and stressed"*.

While the most popular answer across the study sites was *"It is relaxing"*, there was some variance between the study sites around the other options. The second most reported reason among the Street site was *"helps with boredom"*, but this was third for Training Centre A and joint third for Training Centre B. Training Centre A reported *"helps me sleep"* as their second most common reason, while it was sixth most reported reason among the Street site. Answers among Training Centre B respondents were fairly evenly distributed with 12% reporting *"helps with boredom"*, *"makes me laugh"*, *"helps me forget problems"*, *"like to feel stoned"* and *"feel less nervous & stressed"*. The Street Group scored higher than the other sites in *"helps with boredom"*, *"makes me laugh"* and *"helps me forget problems"*.

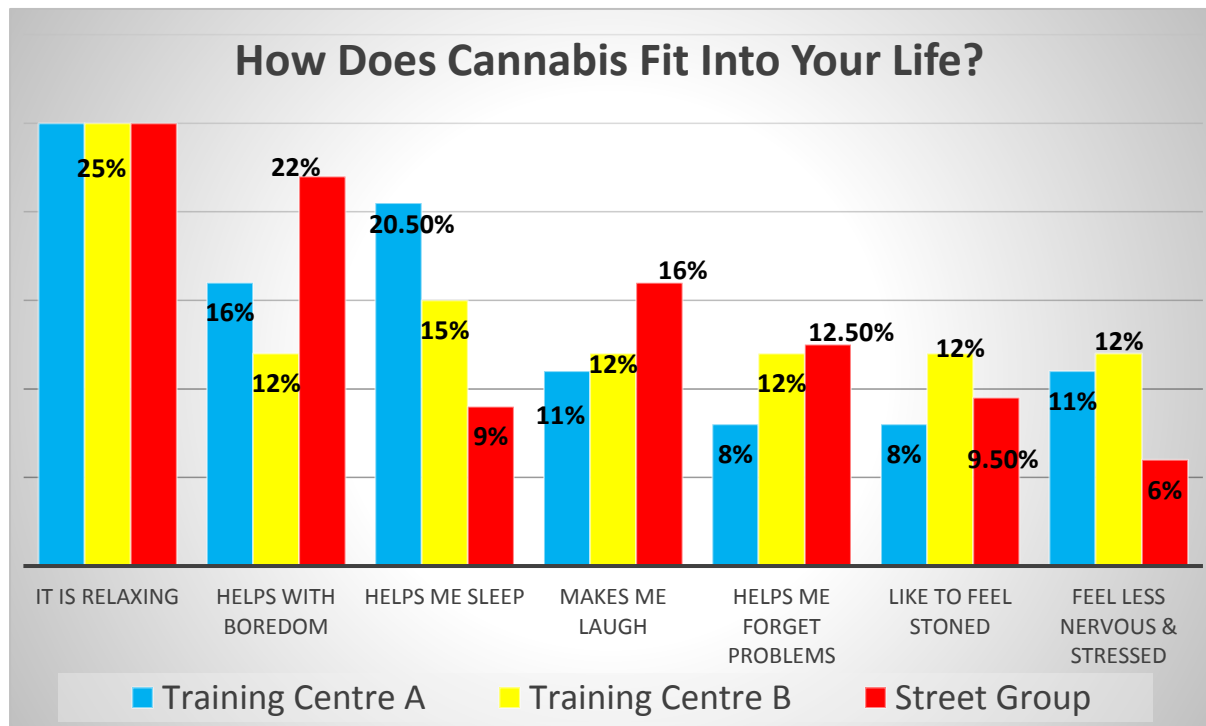


Figure 10: Participants understanding of how cannabis use fits into their lives, per study site.

Training Centre B recorded reduced levels of use up against the other groups across the range of responses. Of the various choices respondents could select from on the questionnaire, *"it eases pain"* was the second least reported option, only indicated by one person and *"it helps with loneliness"* was the only option no-one reported.

## Financial Cost

Respondents were asked how much they spend weekly on cannabis. These figures were then combined to illustrate estimated weekly, monthly and annual spends on cannabis in total and by setting. The estimated total weekly spend came to €5,705, based on respondent reported data. The total monthly amount was €22,820 and the estimated total annual amount was €327,870. These figures are based on respondents reported spend on cannabis, so must be treated with caution as the amounts have not been verified beyond self-reporting. However, the figures are indicative of a substantial community based economy surrounding cannabis use.

<b>Spend on Cannabis</b>				
	<b>Participants</b>	<b>Weekly</b>	<b>Monthly</b>	<b>Annually</b>
<b>Street Group</b>	22	€3,355	€13,420	€174,460
<b>Training Centre A</b>	21	€1,750	€7,000	€91,000
<b>Training Centre B</b>	10	€600	€2,400	€31,200
<b>Totals</b>	53	€5,705	€22,820	€327,820

Figure 11: Amount spent on cannabis by study site

There is considerable variation in figures across the three sites, due to both differences in the number of daily users and the amount of cannabis used during a typical day of usage.

<b>Average Weekly Spend On Cannabis Per Individual</b>			
	<b>Weekly</b>	<b>Monthly</b>	<b>Annually</b>
<b>Street</b>	€152.50	€610	€7,930
<b>Training Centre A</b>	€83	€332	€4,316
<b>Training Centre B</b>	€60	€240	€3,120
<b>Total</b>	€295.50	€1,182	€15,366

Figure 12: Average spend on cannabis per individual by study site

The amounts in figure 12 were averaged per individual to provide directly comparative data. The highest average weekly individual spend, €152.50, was within the Street group (n=22). There was an average weekly spend of €83 for current cannabis using respondents (n=21) at Training Centre A and an average weekly spend of €60, in Training Centre B (n=10). The participants in the Street Group are spending almost twice as much as the participants in Training Centre A and almost 2.5 times as much as the participants in Training Centre B.

### Average spend per participant

Combining the data from all respondents (n=53) we find the average individual spend on cannabis per week is €108, €432 a month, totalling €5,184 per annum.



<b>Weekly</b>	<b>€108</b>
<b>Monthly</b>	<b>€432</b>
<b>Annually</b>	<b>€5,184</b>

Figure 13: Average individual spend

### Drug Debt

Participants, (n=53) were asked about current drug debt connected to their cannabis use. The majority of respondents (81%) reported not being in debt and 19% reported being in debt. One participant from Training Centre B reported a debt of €400, and Training Centre A had seven participants reporting debt ranging from under €50 to €950. Two individuals from the Street Group reported drug debts of €40 and €250. This is shown in the adjacent table.

Debt	Participants	Study Site		
		TC A	TC B	Street
<b>0 - €50</b>	3	2		1
<b>€51 - €100</b>	1	1		
<b>€101 - €150</b>	2	2		
<b>€200 - €300</b>	2	1		1
<b>€400</b>	1		1	
<b>€900 - €1,000</b>	1	1		
	10	7	1	2

Figure 14: Reported drug debt among participants

## Participant Income Allowances

Based on current social welfare allowances participants from the three study sites would be entitled to one of the payments listed in the adjacent table. Members of the Street Group, once over 18, would be entitled to €100 a week. Likewise, once over 18, members of the Training Centre Groups would be entitled to €160 a week.

Age Range	Job Seekers	Training Centre
16 - 17	€0	€40
18 - 24	€100	€160

A small number of participants in this research were under 18 years of age. The design of the questionnaire did not yield definitive age profile figures, hence we have categorised all participants as over 18 years of age.

Assuming all participants were over 18, receiving the maximum allowance and compare that to the average weekly spend on cannabis of the study sites, we see that the Street Group could be incurring a debt of €52.50 a week or €210 a month. Participants in Training Centre A would be left with 48% of their weekly allowance and participants in Training Centre B would be left with 62.5% of their weekly allowance after buying cannabis.

	Street Group	Training Centre	
	Job Seekers	TC A	TC B
18 - 24	€100	€160	€160
Weekly spend on cannabis	€152.50	€83	€60
Weekly Difference	-€52.50	+€77	+€100

Figure 15: Possible income and weekly deficit / surplus after buying cannabis



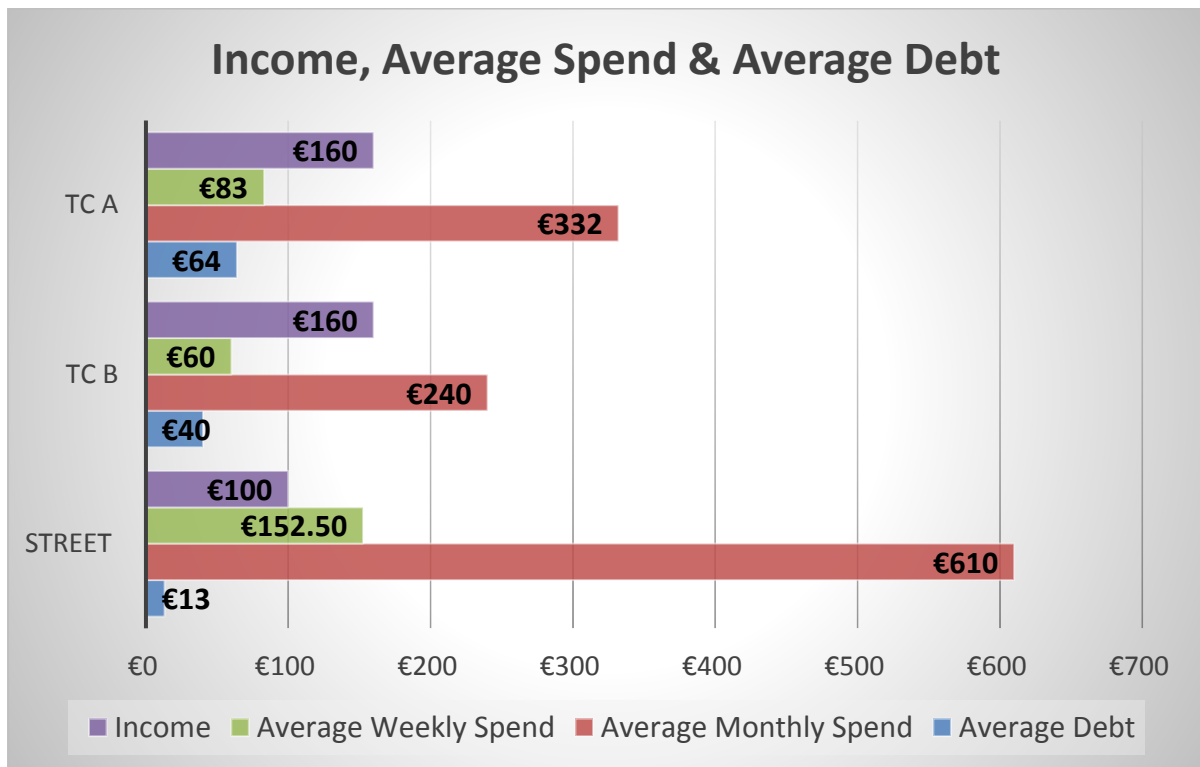


Figure 16: Income, average weekly & monthly spend and average debt.

When we compare this information to the average weekly and monthly spend (Figure 13) and the average debt (Figure 15), there are several discrepancies. If members of the Street Group are paying on average €152.50 a week on cannabis, yet only receiving €100 from their jobseekers allowance, their average weekly debt incurred would be €52.50 but only two of the twenty three participants reported they were in debt and that debt amounted to €25 and €400. This suggests that participants may have other sources of income in order to sustain their use patterns.

## Considering change

Participants were asked if they had considered changing their use before or within the previous three months. Based on the 58 participants, 33 (57%) stated they had considered changing their cannabis use in the previous three months. In Training Centre B, 12 (90.5%) had considered change within the last 3 months. Responses vary among the Street Group, 18 (78%) have thought about change at some stage and 5 (22%) said they had never thought about changing their use.

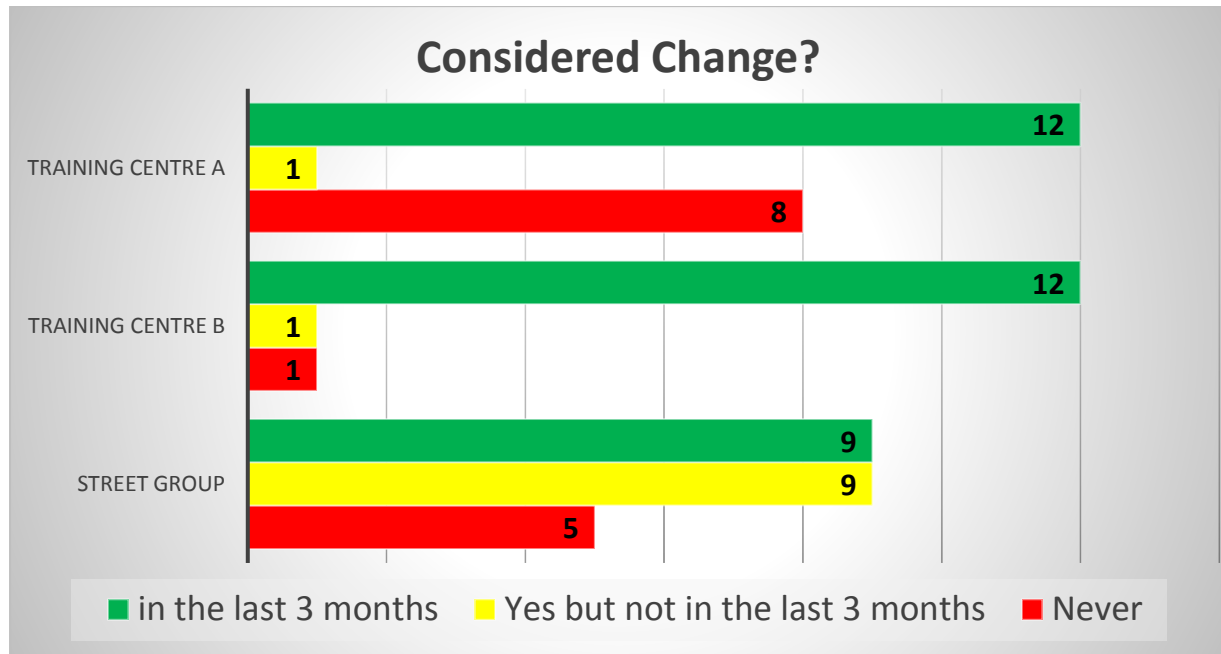


Figure 17: Participant consideration of change in use

These findings indicate that young people in structured educational settings are more likely to be considering a positive change in their cannabis use. It is worth further investigation as to the factors that encourage this consideration. The highest percentage of participants who have not thought about changing their use was in Training Centre A, 38% appear to be content with their current use, which the data tells us (52%) of this group were using 0.5gms or less on a typical day of use.

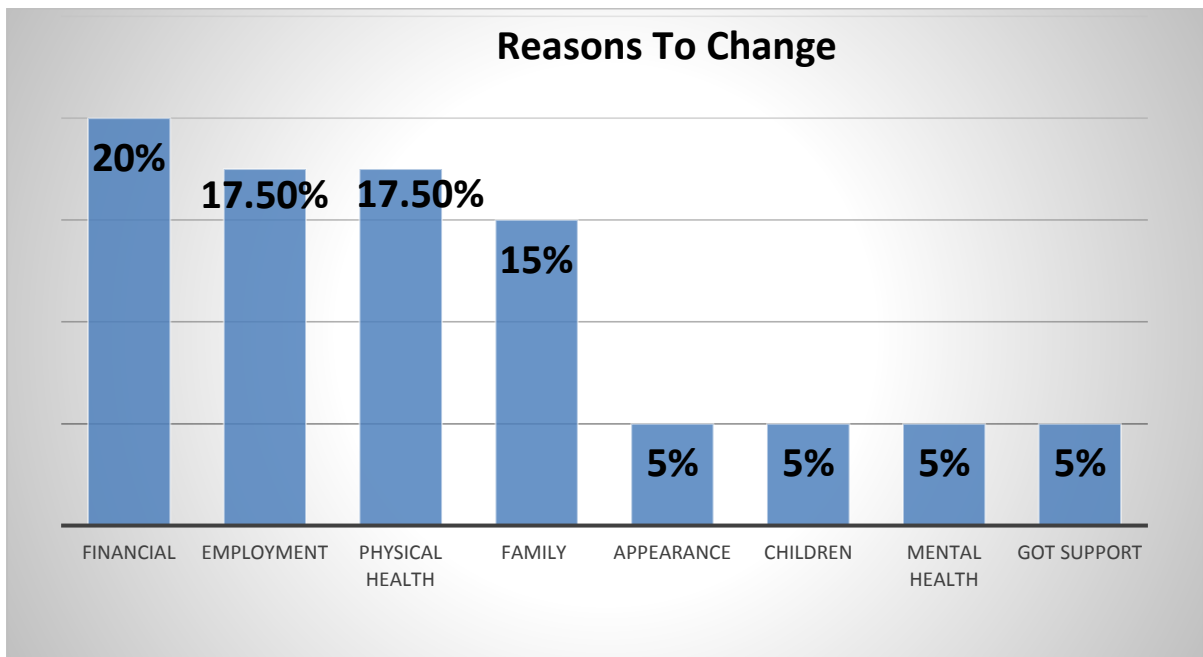


Figure 18: Reasons for change

Participants were asked “*what their reasons to change would be?*” and financial implications emerged at the most popular answer with 20% selecting this response. Employment and physical health scored 17.5% respectively in terms of reasons to change. Complications with physical health would seem minimal at this age however opportunities for employment, you would hope, may be more prevalent. However, as participants from all three study groups are early school leavers, their expectations of obtaining employment may be quite low, and an even lesser expectation for the members of the Street Group. Therefore the lack of prospects for employment may be reinforcing current patterns of use.

## 5. Discussion and recommendations

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As has been explored recently by the HRB (Drugnet, 2016) and O’Gorman (2016) there is a significant connection between drug issues and social exclusion in Ireland. While there has been thorough exploration of the use of heroin within disadvantaged communities in Ireland, both in the 1980’s and currently (Butler & Mayock, 2005), there has been little attention to the mid and long term impact of cannabis use by young people across disadvantaged communities. Smyth (2016) begins to touch on this issue when he identifies a lack of consideration and action in relation to cannabis use in disadvantaged communities compared to responses in previous decades in relation to heroin. Beyond the increase in prevalence and daily use by young people, particularly in disadvantaged areas, the two significant concerns have to be the impact on young people’s engagement with education and long term impact on memory and brain function. There is little research as yet to indicate how problematic these issues may be for the current generation of young people, but service providers are clearly indicating their concerns over short term impacts for young people in Ballymun, particularly for young men. Unlike government responses to heroin, these concerns and the impacts of cannabis on emotional wellbeing and educational engagement and achievement are emerging at a time when there is a government move towards medicalisation, if not decriminalisation or legalisation of cannabis. The remainder of this section discusses in greater detail the implications of the research findings and outlines relevant recommendations.

### Cultural accommodation of cannabis use

The prevalence of cannabis use continues to be a cause of concern as the latest data (NACDA, 2013) indicate an increase in the rates of cannabis use across Ireland from the previous prevalence study figures in 2010/2011. Similarly, this study highlighted concerning rates of cannabis use with 78% of those surveyed stating that they had used cannabis in their lifetime and 50% currently using cannabis. Of particular interest to this study is the reasons proposed for the use of cannabis and more importantly how the use of cannabis came to have a purpose in the lives of the young people surveyed. Respondents described that the use of cannabis had a range of important functions in their lives. These were identified as promoting relaxation and alleviating boredom; reducing anxiety and helping with sleeping difficulty; acting as a coping strategy to deal with life stressors and problems; helping them to laugh and allowing them to feel stoned. Consistent with this finding, previous substance use research has explored the use of substances through the lens of normalisation thesis (Parker et al., 1998; van Hout, 2011; O’Gorman, 2016) which argues that drug use (both licit and illicit) is increasingly tolerated or accommodated within the lives of young people. Previous research has also used cannabis prevalence figures as a measure for cannabis normalisation (Sznitman, 2007) and based on the rates of cannabis use in this sample and the tolerance and acceptance of same, the question of cannabis use normalization in the Ballymun community and indeed in other similarly marginalised and disadvantaged communities can be raised.

The findings in this study suggest that cannabis use has come to be increasingly culturally tolerated and accepted as a way to manage and cope with life stressors and problems. The concept of a cultural accommodation being made for the use of cannabis is particularly

relevant to this study as communities have previously witnessed a similar cultural accommodation made for other substances like the use of prescription medications such as benzodiazepines (Ballymun Youth Action Project, 2004). The notion of a more tolerated and accommodated view of cannabis use was part of the motivation behind conducting this study. Anecdotally the concern among service providers was that there were high rates of cannabis use amongst young people in the community. There was also concerns of a more tolerated and minimised view of the use of this substance and its impact on the physical and psychological health of the user and also the impacts on family members and the wider community. The concept of substance use normalisation, particularly cannabis use normalisation, is still relevant to public policy seeking to address the use of and prevention of substance use through educational programmes.

### Impacts and effects

The most recent national treatment data shows cannabis has emerged as a problem substance for those receiving some form of drug treatment (Bellerose, Carew & Lyons, 2011). As previously stated, the findings highlight that 78% of those surveyed indicated that they had used cannabis in their lifetime, with 50% currently using cannabis; however, the literature has argued that prevalence doesn't necessarily indicate problem use (Thake & Davis, 2011). Instead we need to consider the frequency of use with daily use of particular concern in terms of potential harms and negative impact (Patton et al., 2002) and the age of onset (Hench et al., 2016). This study found that the age of onset of use was 12 years of age with previous research highlighting a range of negative impacts of cannabis use which are further exacerbated by earlier onset of use and frequency of use. These impacts include an association between the earlier onset of cannabis use and the use of other illicit drugs (Hench et al., 2016); the adverse effects of cannabis use on the development of the brain (Smith & Heilig, 2016); and the association between educational attainment and cannabis use (Lynskey & Hall, 2000). Frequency of use is also a key consideration as the literature has highlighted that ongoing use negatively affects brain function (Houck et al., 2013).

This is particularly relevant to the current study as the findings revealed a broad profile of users from irregular and occasional users to daily users. Consistent with previous findings (Patton et al., 2002) this research identified that daily cannabis users experienced problems with health, finances, family relationships and educational and vocational performance. All respondents had left the formal educational school system early and were now either in non-formal educational settings in the form of community training centres or not in education or employment currently. Similar to previous research (Fischer et al., 2015) it is noteworthy that although those surveyed described the use of cannabis as helping with boredom, anxiety and levels of happiness. However research has found that ongoing cannabis use is negatively associated with quality of life factors including levels of happiness and satisfaction. This highlights the importance of the early intervention and preventative work with cannabis users and the provision of accurate and up to date information on the negative impacts of cannabis use in an effort to dispel these myths.

The daily cannabis users described an inability to regulate and control their use and associated this lack of regulation with a lack of engagement in educational, vocational and other community structures highlighting the importance of initiatives engaging marginalised and 'at

risk' individuals. For the profile of users who described their use as irregular or occasional, this highlights that not all cannabis users described their use as problematic or viewed themselves as having a problematic relationship with cannabis. Although much of the cannabis related literature has focused on the negative impacts on the health and well-being of more frequent and problematic cannabis users, relatively little attention has been given to occasional cannabis use and whether occasional cannabis use carries similar risks (Degenhardt et al., 2010). Research in this domain has shown that even for occasional cannabis use into early adulthood there are higher risks of later alcohol, tobacco and illicit substance use dependence; and less ability to complete a post-secondary qualification (Degenhardt, et al., 2010). This has implications in terms of early intervention, prevention, and treatment responses.

### Money and drug debt

This research was conducted in a marginalised community similar to other areas where substance use remains prevalent and relatively normalised (O'Gorman et al., 2013; O'Gorman, 2014) and highlighted the impact of the financial costs associated with cannabis use. This study revealed that the average weekly spend on cannabis was €108 and that some respondents were managing to pay for cannabis from a weekly training allowance or social welfare payment. However, 19% of the respondents reported experiencing drug related debt ranging from €50 to €1,000. Debt related to cannabis use is not uncommon and previous national literature has highlighted not only the prevalence of drug related debt within such communities but also the impacts of such debt (Connolly & Buckley, 2016). Crime, drug dealing, coercion, intimidation and family and relationship breakdown have been found to be impacts of drug debt (Connolly & Buckley, 2016) and although the current study did not specifically investigate the impacts of drug debt it does highlight the prevalence of drug related debt and the need for prevention and intervention strategies to respond to such issues.

## Considering change

This study explored if respondents had considered a process of change with regard to their cannabis use, with 57% of those surveyed stating that they had considered changing their cannabis use in the previous three months. Past self change studies have reported that cannabis users were more likely to stop using cannabis as a result of developing a less positive view of cannabis and experiencing negative personal impacts associated with their cannabis use (Ellingstad et al., 2006). Similar to previous research (Sobell et al., 2000) this study highlighted a range of factors as motivators for change with negative financial implications the most prevalent reason reported followed by employment aspirations; and experiencing a negative impact on physical health, family, physical appearance, children, and mental health. It is noteworthy that the respondents who were engaging in education and training programmes were the most motivated towards change. Education and training programmes offer young people not only a means to filling their day but also a social and school connectedness which has been found to be an important factor for good mental health and substance use outcomes (Bond et al., 2007). This highlights the importance of providing young people with opportunities to access and engage with structured education and training programmes as a mechanism for initiating and maintaining cannabis use change processes.

This study also illustrated that the supports available to help with the change process were also an important factor associated with considering a process of change. This is consistent with previous substance use related literature indicating social support as an important factor for initiating and maintaining change (Klingemann et al., 2001). This has implications in terms of supports, responses and interventions available to young people to address and make changes to their cannabis use.

## Recommendations: Interventions and responses

### 1. Current knowledge base

Current strains of herbal cannabis are notably different to those available to previous generations. More recent strains of the drug have created significant increases in the main mind-altering ingredient tetrahydrocannabinol (THC), with the result that cannabis users now have open access to high potency strains of herbal cannabis. Within some communities, a high level of apathy towards cannabis use exists, with many family members and concerned others having a liberal view to herbal cannabis use based on their experiences of the former strains of cannabis. Therefore:

- Stakeholders, service providers and relevant agencies should consider both their own priorities and institutional knowledge and viewpoints on problematic cannabis use and ensure these are in line with current evidence.
- Priority should be given to awareness raising and information sharing aimed at family members to update them on the current strains currently being used in communities across Ireland aiming to create a deeper knowledge base for users, family members & concerned others.

### 2. Prevention and early intervention

This study illustrated that 22% of those surveyed were not cannabis users, indicating that there is a cohort of young people abstaining from cannabis use. This highlights the important and necessary role of measures aimed at prevention and early intervention as a response to the prevalence of cannabis use in this community. It is recommended that statutory, community and voluntary organisations continue to value and prioritise the varied approaches to prevention and early intervention and consider how cannabis use can be responded to from this perspective. This can be achieved by placing a concerted focus on:

- Challenging the norms and attitudes to infrequent and problematic cannabis use;
- Increasing local and service user knowledge and understanding of the impact of cannabis use on the individual, family and wider community through the delivery of accurate and up to date information that is delivered in line with good practice standards (see McNamara & Moynihan, 2013).

### 3. Targeted responses to daily users

This report clearly highlights the impact of daily cannabis use on the lives of young people in terms of: number of hours a day spent under the influence, amount of use and levels of drug debt connected to use. A high percentage of the regular users stated they were considering change in relation to their use. Recommended responses are that:

- Service providers, policy makers and influencers and commissioners of services need to consider and implement specific targeted interventions aimed at daily cannabis users.
- The existing range of evidence based interventions available internationally, including Motivational Interviewing and Adolescent Community Reinforcement Approach



should be considered in the development of tailored interventions aimed at this group of daily users.

- The importance of early intervention for cannabis use should be reflected in organisational policy and staff training for those working with young people within the range of community settings. Training should draw on existing successful models and ensure practitioners are equipped with the skill sets and methodologies to respond in a confident and competent way to problematic cannabis use.

#### 4. Maintaining the focus of cannabis on community conversations and responses

Historically, cannabis has taken a back step to the prevalence of other problematic substances in community conversations and responses. More recently it has gathered heightened interest throughout communities locally and nationally, mainly as a result of the impacts on the lives of users and on the wider community. The recent consultation process attached to the National Drugs Strategy will have collated inputs that will influence responses to cannabis use across Ireland. This is very important at a time when prevalence rates are increasing and reports of drug related debt and intimidation are rising as a result of escalating cannabis use across communities. This current momentum should be maintained:

- Across communities by stakeholders, service providers and policy makers and influencers.
- At national strategic platforms to ensure that cannabis related responses and interventions are given the same level of importance that as other problematic responses sustain perennially.

Consideration on how these channels of communication are implemented and maintained requires further thinking and action.

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## Appendix 1: Questionnaire version one: Training Centre

Q1. How often do you use cannabis?

Never            3–4 times a year            Once a month            Twice a month  
 1–2 times a week            3–4 times a week            Daily/almost daily

\*(if never please have you asked have you ever tried cannabis)

Q2 How does cannabis use fit into your life? (circle your top 4)

Rank these in order, 1 being the one that fits most with your life

It is relaxing	It helps when I am feeling down
It helps when I'm lonely	I feel I have more fun
I feel more confident	I like to feel stoned
It helps me sleep	It helps me forget problems
It eases pain	It makes me laugh
It helps with boredom	I feel less nervous & stressed
It stops me from thinking too much	Its part of my life
Anything else missing from this list ?	

Q.3 On a typical day of use, how much cannabis do you use?

(0.25gm or less)            (0.25–0.5gm)  
 (0.8–1.0gm per day)            (2gm or more per day)

Q.4 How much do you spend on cannabis weekly?

Q.5 Are you currently in drug debt?

Q.6 What type of cannabis do you smoke?

Q7. How many hours a day do you spend stoned?

1-2    3-6    6-9    9+

Q8. Have you ever thought about cutting down or stopping your use of cannabis?

Never            Yes, but not in the last 3 months            Yes, during the past 3 months

(\*if yes what would be the top 3 reasons for change)

Male                      age    16-18    19-21

Female                    age    16-18    19-21

## Appendix 2: Questionnaire version two: Street

Q.1. Gender and age

Male	Age	16-18	19-21
Female	Age	16-18	19-21

Q.2 Have you ever used Weed? (If no exit at this point)

Q.3 What age did you first use weed at?

Q.4 How often do you use weed?

Not in the last 4 months	3–4 times a year	Once a month		
Twice a month	1–2 times a week	3–4 times a week	Daily/almost daily	

Q.5 Do you have a preference for what type of weed you smoke?

If yes why?

Availability	Taste of weed
Ability to function when stoned	Strength of the weed
Making you giggle/ laugh	Overall pleasurable effects
Best deal I can get	Hangover effects



Q.6 How does weed use fit into your life? (Circle your top 4)

Rank these in order 1-4, with 1 being your first choice area that fits most with your life

It is relaxing	It helps when I am feeling down	It helps when I'm lonely
I feel I have more fun	I feel more confident	I like to feel stoned
It helps me sleep	It helps me forget problems	It eases pain
It makes me laugh	It helps with boredom	It stops me from thinking too much
It's part of my life	I feel less nervous & stressed	

Q.7 How much do you spend on weed weekly?

Q.8 During a typical day of use how many grams would you smoke?

\*baseline figure based on a price of a gram is €15-20  
 €50 bag 3.5 grams    €100 bag 7/8 grams

Q.9 Are you currently in drug debt? If yes how much?

Q.10 How many hours a day do you spend stoned?

1-2                                  3-6                                  6-9                                  9+

Q.11 Are you mainly on your own or with others while stoned?

Q.12 Have you ever thought about cutting down, or stopping your use of cannabis?

Never    Yes, but not in the last 3 months    Yes, during the past 3 months

(\*if yes what would be the top 3 reasons for change)

What would help you to make that change happen?







The Equal Youth Cannabis Initiative Committee members represent:  
Ballymun Youth Action Project (BYAP), Ballymun Adult Read and Write Scheme (BARWS), Ballymun Job Centre (BJC), Trinity Comprehensive School, Ballymun Youthreach, Ballark Community Training Centre, PACE Training Centre, Ballymun Local Drugs & Alcohol Task Force, Ballymun Regional Youth Resource (BRYR), Department of Social Protection (DSP), Probation Service, Youth Block (Ballymun Garda Diversion Project) Whitehall SCP /Ballymun Anseo and Le Chéile.