



# Canadian Youth Perceptions on Cannabis

This study aimed to examine what common misconceptions are held by Canadian youth about cannabis and its harms. Canadian youth have one of the highest rates of cannabis use in the world, second only to those in France (13% and 15%, respectively) (World Health Organization, 2014). Although cannabis use among school-aged youth in Canada has steadily declined over the past decade (World Health Organization, 2014), 20.6% of youth aged 15–19 reported using cannabis in the previous 12 months (Statistics Canada, 2016).

The extent of cannabis use among youth in Canada is important to address as brain development and mental health can be harmed if cannabis use, especially frequent use, is started in early adolescence (George & Vaccarino, 2015). To prevent the harms that can result from cannabis use, we need to understand what youth believe to be true about those harms and what might affect their decisions about cannabis use. This study contributes to that understanding.

## Description of the Study

### *Purpose*

This study aimed to address the following questions about youth perceptions of cannabis:

- What do Canadian youth think about cannabis?
- What false information do young people often believe to be true about cannabis?
- What measures can help prevent cannabis use and related harms among young people?

This project built on an earlier study conducted by the Canadian Centre on Substance Abuse (CCSA) (Porath-Waller, Brown, Frigon & Clark, 2013) that examined Canadian youth's perceptions on cannabis. The current study involved 20 focus groups in six Canadian cities with 77 young people (aged 14–19) from provinces and territories that were not included in the 2013 study.

## Key Findings

### *What Youth Believe to Be True*

The young people in the 2013 and 2016<sup>1</sup> focus groups agreed that smoking cannabis can damage lungs and might cause cancer. Some of these youth believed cannabis is addictive and can affect the brain as well as impair driving ability, but did not know how cannabis caused these effects. Youth in the 2016 groups said that some of their peers have changed how they use cannabis to decrease their risk of harms. For example, instead of smoking cannabis, they are baking cannabis into cookies

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<sup>1</sup> Direct comparison between the 2013 and 2016 studies should be interpreted with caution as these studies were conducted separately by different researchers, although with a similar methodology.



and eating it so as not to damage their lungs. These findings suggest that youth who believe there is a high risk of harm due to substance use might change their behaviours to reduce their risks.

However, while their beliefs might lead them to change their behaviour, not all of their beliefs are accurate. For example, some youth claimed that designated drivers “only smoke weed” at parties instead of drinking, as they believe it to be “less impairing.” Such observations tell us that we need to better understand how to help young people make better informed decisions to reduce their risks.

## **Why Youth Use Cannabis**

The reasons for use, as well as the attitudes and beliefs noted in the current study, align with findings in other studies. The risk factors for use include lack of parental monitoring, the belief that cannabis is easy to obtain, youth’s positive attitudes towards cannabis use and lack of understanding of the harms associated with it.

**Influence of friends, family and community:** The young people in this study said they value their friends and peers, and might use cannabis to enter or remain within a peer group. Also, if youth believe that “everyone’s doing it,” they might be more likely to think cannabis use is an acceptable, normal practice, a means of being social, similar to having a beer with friends. Peers have the greatest influence on the use of cannabis by young people. Parents have the second most influence (as noted in both this study and the 2013 study). But youth in the 2013 study seemed more concerned with disappointing parents or getting in trouble than did those in this study.

**Perceived availability:** Participants in the current study thought that cannabis use among youth might be affected by the belief that cannabis is easy to get (e.g., “you can get it anywhere”), as was reported in other studies (Alhyas et al., 2016; Health Canada 2014; Perth District Health Unit, 2012).

**Stress and mental health management:** In the 2016 focus groups, cannabis was reportedly “self-prescribed” by youth to address mental illness such as anxiety, post-traumatic stress disorder and depression. Youth in the current study claimed that young people use cannabis to relax and treat their own mental illness, something that was also reported in the 2013 study and in others (Health Canada, 2014; Perth District Health Unit, 2012; Porath-Waller et al., 2013; Stavropoulos et al., 2011).

## **Misconceptions about Cannabis Held by Youth**

Young people in both the 2013 and this study believe ideas to be true that are not. By correcting these false beliefs, some of which are listed below, we can help young people make better decisions and prevent potential harms to them caused by using cannabis.

**“Cannabis isn’t addictive”:** Youth in both the 2016 and 2013 focus groups believe that some of their peers use cannabis for the positive feelings that result. However, over time they need more of the drug to get that positive feeling. Youth believed that when someone stopped using cannabis they might become “grumpy” or “agitated,” which are common signs and symptoms of addiction and cannabis withdrawal. However, many youth from the 2016 and 2013 groups did not think that cannabis is addictive or that heavy use could result in withdrawal symptoms.

**“Cannabis isn’t harmful”:** Most youth in the current study thought cannabis is “safe” and does not cause harm, especially when compared to other substances such as alcohol and psychoactive prescription drugs. Youth in 2013 displayed false logic when stating that because cannabis is a plant and is natural, it is therefore safe. Youth from the 2016 study thought cannabis can cause harm, but believed the risks are “much less” than those of alcohol.

**“Cannabis effects depend on the person”:** Youth in the current study and the 2013 study thought that the effects of cannabis have more to do with the person and their attitudes than the drug itself.



Youth used this belief to justify smoking cannabis “every once in a while” because “it doesn’t affect them” or to justify being in a car driven by someone who had smoked it.

## **Other Influences on Cannabis Use by Youth**

Three other themes were discussed throughout the focus groups as having an effect on what youth think about cannabis: the Internet and media, the debate about cannabis legalization and how youth viewed police enforcement of cannabis laws.

### ***Internet and Media***

Youth from the current study described cannabis use as “normalized” in the media and online. They believe that much of the available information about cannabis supports or excuses cannabis and cannabis use. Youth appeared to have trouble thinking critically about the high volume of information about cannabis available to them. It seems that youth have difficulty understanding what information is valid and what is biased. Youth in both the 2016 and 2013 groups often mentioned the media as having an influence on what young people think about cannabis.

The current study also asked young people about the influence of social media. Youth think there are a supportive comments about cannabis on social media and are not afraid of posting online that they use it. Social media posting might also give youth the impression that cannabis use is “normal” or that “everyone is doing it” and that there are no real consequences to doing so.

### ***Legalization***

In this study, youth were asked about their opinions on the legalization of cannabis. Youth believed that legalization would lead to better regulated, “safer” cannabis. They also thought legalization would mean government would be controlling the substance. Discussion of legalization led to other topics. For example, participants claimed it was unfair that cannabis was illegal as “more dangerous substances” such as prescription drugs and alcohol are legal. Compared to the youth in the 2013 groups, youth in the current study seemed to express less fear of the health and legal concerns related to cannabis. These feeling might be influenced by the prospect of legalization.

### ***Enforcement***

Youth from the 2016 groups were not overly concerned about being arrested. Only a very small number of youth expressed “fear of getting caught” by police as a reason to not use cannabis. Instead, youth described police as uninterested in their cannabis use. Youth assumed police had “more important” things to do and were likely to let them off with a warning if they were to be caught. Youth in the 2013 groups expressed their confusion and frustration with the inconsistent reactions from police about cannabis use. Youth from the 2016 groups said they never or rarely heard of crashes or arrests due only to cannabis. As a result, there appeared to be a lack of concern among youth about cannabis-impaired driving. It appears that youth are strongly against alcohol-impaired driving, but do not have the same feelings about cannabis-impaired driving.

## **What Youth Think about the Prevention of Cannabis Use**

### ***Experience with Prevention Approaches***

Youth stated that the many conflicting messages they receive about the effects of cannabis makes education about the effects of cannabis difficult. Research studies about the harms and benefits of cannabis report conflicting findings. Also, pro-cannabis and anti-cannabis groups share the findings and other information that are aligned with their own goals. Youth find it hard to assess the credibility



of various information sources. Many youth do not have the knowledge and skills needed to distinguish valid studies and findings from those that are not valid. This lack of analytical skills results in confusion, false beliefs and the likelihood that youth discard all research on the topic. Instead, youth rely on friends, drug dealers or their personal experiences to form their opinions and guide their decisions.

Although most youth recalled receiving prevention messaging related to cannabis in the past, few remembered what they were taught. They often recall the “just say no” message, but it did not resonate with them. Prevention efforts were often brief and given at an early age, with no additional information provided in later years. Others said that if they did receive prevention messages, they cannot recall them.

### ***Suggestions for Future Prevention Approaches***

While young people thought it was difficult to prevent cannabis use among their peers, they provided recommendations for future prevention efforts:

- **Have the message delivered by someone with experience:** Participants agreed that someone who had experience with cannabis use, both positive and negative, would be the best positioned to deliver prevention messaging to youth.
- **Give both sides of the story:** One of the most consistent suggestions made by youth was to stop the “just say no” prevention approach and instead provide youth with unbiased, evidence-based information on both the positives and negatives of cannabis use.
- **Use a harm reduction approach:** Although youth did not use the term “harm reduction,” many participants suggested teaching youth harm reduction strategies in the form of “low risk” guidelines for cannabis use.
- **Begin efforts earlier with consistent follow up:** Youth felt it would have been beneficial for them to receive drug education and information immediately before they entered high school where they were faced with opportunities to use drugs, and then consistently throughout their education, whether through health class, driver education, assemblies or guest speakers.
- **Use different approaches based on target audience:** There were differences noted by the youth in how certain groups of youth responded to prevention messaging. For instance, differences were found to be related to gender, educational aspirations, family life and experience with cannabis use.
- **Provide more and different information:** Youth said there are a number of topics they feel are not covered sufficiently by current prevention efforts (e.g., drug-impaired driving, effects on the brain and strategies to quit cannabis use).

As is often the case during adolescence, youth are less likely to heed warnings of harms if they do not perceive the harm as something realistic to them.

### **Implications**

The findings from this study point to the difficulty surrounding youth and their perceptions of cannabis and confirm the importance of evidence-informed messaging to youth about the effects of the substance. In particular, clearer targeted messaging about the role of police, legality of cannabis, risks related to cannabis-impaired driving and defining cannabis impairment might help to increase awareness of the harms associated with cannabis use. In addition, these types of evidence-informed efforts could help youth examine their misperceptions and compare them with accurate information.



## Next Steps

Providing practitioners such as teachers, coaches and community workers with evidence-informed tools and resources about cannabis will equip them to inform youth about it. Teachers are well positioned to deliver initiatives to prevent cannabis use due to their familiarity with students. For instance, Moffat, Haines-Saah, & Johnson (2016) found that a classroom intervention that focused on decision making created a neutral environment to engage students in discussion. This dialogue supported critical inquiry and provided an opportunity to encourage youth who use cannabis to stop or reduce use. Both teachers and students were receptive to this intervention format. Similarly, healthcare professionals working with youth can help to identify risky cannabis use early. Screening for cannabis use followed with referral to treatment can result in prevention of more serious use of cannabis (i.e., chronic use, dependence) and encourage youth to access services that they would not have accessed without guidance from their healthcare provider (George & Vaccarino, 2015).

The implications of these results for future research include opportunities to strengthen current prevention efforts based on participant feedback. These opportunities will be especially important given the Canadian government elected in 2015 has indicated it will introduce legislation in spring 2017 to legalize and regulate cannabis for non-medical use. Future research and evaluation could explore the effectiveness of the prevention approaches suggested in this report, including providing youth with information on both positive and negative effects of cannabis and incorporating in service delivery peers and people with lived experience (Canadian Centre on Substance Use, 2010). Future research exploring how and why some messaging (e.g., harms to the lungs) has resonated with youth and resulted in behaviour change (e.g., taking cannabis in a form other than smoking) is needed to use these methods in future prevention efforts. It will be important to understand how knowledge of harms will influence youth behaviour, so that measures can be put in place to ensure youth are not switching from one risky behaviour to another (e.g., baking cannabis into food instead of smoking it). These next steps will be especially relevant with the upcoming changes in cannabis policy.

## How to Learn More

- Find the full report, as well as other CCSA reports, on our [Marijuana and Youth](#) page.
- Use the [Information Request](#) page to ask to be added to our distribution list.
- Join the conversation online to help create a healthier society, free of the harms of substance use, by following @CCSACanada.

## Additional Resources

- [What Canadian Youth Think about Cannabis](#)
- [Clearing the Smoke on Cannabis Series Highlights](#)
- [Cannabis: Drug Summary](#)
- [Cross-Canada Report on Student Alcohol and Drug Use](#)
- [The Real Deal on Marijuana and Driving](#)



## Resources

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