Cannabis use disorders amongst youth. When weed takes over

Dr Bobby Smyth MRCPsych PhD

June 2021
Never used

Primary prevention

Recent use

Regulation / Prohibition

Secondary prevention

Current use

Ex-User

Treatment

SUD

Harm reduction
ESPAD – Trends among 16yo

Past Month Cannabis use (%) - ESPAD - 16yo

- Iceland
- Ireland
- Portugal
Prevalence of Daily Cannabis Use - 16yo - USA vs Europe

USA - 10th Grade (MTF)
- 1991: 0.8%
- 1993: ~0.5%

Europe (ESPAD - 16yo)
- 2019: 4.8%
- 2017: 0.8%
Implementing the Icelandic Model for Preventing Adolescent Substance Use

Health Promotion Practice
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Based on the Icelandic Prevention Model
From highest to lowest in substance use – 15/16 year old students

In 1998 Iceland scored highest in adolescent substance use in Europe.
In 2016 Iceland scores lowest in adolescent substance use in Europe.

- Drunk past 30 days
- Daily smoking
- Tried cannabis

World Cup Preview
TIME
The Little Country That Could
Time Group Iceland crushed the party

Western Region
Drug & Alcohol Task Force
Mheálra Drugaí an tórthaí

Plante Young
by ICSRA

Partner Ireland
## Cannabis Dependence And Cannabis Abuse

Table 1.2: Cannabis Dependence And Cannabis Abuse Using M-Cidi Instrument (People Who Used Cannabis In The Last Year And General Population) (%)

<table>
<thead>
<tr>
<th></th>
<th>All Adults (15+)</th>
<th>Male (15+)</th>
<th>Female (15+)</th>
<th>Young Adults (15-34)</th>
<th>Older Adults (35-64)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>People who used in the last year</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Weighted N (valid responses)</td>
<td>458</td>
<td>330</td>
<td>128</td>
<td>357</td>
<td>101</td>
</tr>
<tr>
<td>Cannabis Dependence</td>
<td>19.7</td>
<td>22.8</td>
<td>11.8</td>
<td><strong>22.3</strong></td>
<td>10.4</td>
</tr>
<tr>
<td>Cannabis abuse</td>
<td>30.3</td>
<td>33.0</td>
<td>23.5</td>
<td>32.3</td>
<td>23.5</td>
</tr>
<tr>
<td><strong>General population</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Weighted N (valid responses)</td>
<td>7005</td>
<td>3439</td>
<td>3566</td>
<td>2592</td>
<td>3345</td>
</tr>
<tr>
<td>Cannabis dependence</td>
<td>1.5</td>
<td>2.5 (^a)</td>
<td>0.5 (^a)</td>
<td>3.6 (^b)</td>
<td>0.4 (^b)</td>
</tr>
<tr>
<td>Total Weighted N (valid responses)</td>
<td>7005</td>
<td>3439</td>
<td>3566</td>
<td>2592</td>
<td>3345</td>
</tr>
<tr>
<td>Cannabis abuse</td>
<td>2.0</td>
<td>3.2 (^a)</td>
<td>0.8 (^a)</td>
<td>4.4 (^b)</td>
<td>0.7 (^b)</td>
</tr>
</tbody>
</table>
Cannabis use and Associated Health Problems – What’s the Harm?

B.P. Smyth¹,², A. O’Farrell³, A. Daly⁴

Psychiatric admissions/100,000
rate of cannabis related hosp admissions among 15-34yo/100,000
Cannabis and 16 year olds – Ireland (ESPAD 2019)

- Never used: 81%
- Recent use: 7%
- Ex-User: 3%
- Current use: 4.3%
- CUD*: 5.7% = 3700

* “high risk” cannabis users, based on 2+ cut-off with CAST
Main Substance for people accessing addiction treatment in Ireland 2019

- Under 18yo (n=929)
- 18-24yo (n=2666)

- 655 (6.5%) of estimated 10,000 under 18s with CUD accessed treatment
- Principal referral sources for those with CUD are Self (25%), Family (19%), Social Services (19%), CJS (12%).
Cannabis is the substance most frequently reported as the main drug problem by new entrants into addiction treatment across Europe, numbers increasing about 50% in the decade after 2006-8.
TOP 25 DRUGS RECORDED IN EMERGENCY PRESENTATIONS FROM A NETWORK OF SENTINEL HOSPITALS IN 2018 (TOP) AND FREQUENCIES OF COCAINE AND AMPHETAMINES PRESENTATIONS (PERCENTAGE OF PRESENTATIONS), AGGREGATED BY COUNTRY (BOTTOM)

- Cannabis
- Cocaine
- Heroin
- GHB/GBL
- Amphetamine
- MDMA
- Benzodiazepine unknown
- Unknown
- Methamphetamine
- Synthetic cannabinoids
- Opioid unknown
- Crack
- Methadone
- Alprazolam
- Diazepam
- Ketamine
- Clonazepam
- LSD
- Pregabalin
- Psilocybin
- Buprenorphine
- Morphine
- Zopiclone
- Mephedrone
- Poppers

Number of presentations

When Cannabis Use Goes Wrong: Mental Health Side Effects of Cannabis Use That Present to Emergency Services

Candice E. Crocker, Alix J. E. Carter, Jason G. Emsley, Kirk Magee, Paul Atkinson, and Philip G. Tibbo

Published: 15 February 2021

Results of 9,134 presentations in 27 sentinel hospitals in 19 European countries.
Treatment in YoDA

- Cannabis
- Alcohol
- BZD
- Cocaine
- Z Drugs
- MDMA
- NPS
- Heroin

Percentage of additional and primary treatments for each substance in 2018 and 2019.
Crude incidence/100,000 of treated opioid use disorders among 15-19 years

Huge drop in cases of young people addicted to heroin

“...you just kind of have to realise you are just ruining your own life ‘cos I really was ruining my life like I wouldn’t go to school, I would just sit in and put debt on me head and get just stoned. I didn’t care about anything except smoking grass...” Fiona, 16yo
• “…as soon as I smelled it, my Da came straight into my head because that smell was always used to associated with him, …” (male, aged 17, using 4–5 years)

• “I always had me Ma and Da fighting because like if I didn't have a joint all the time, I would be snappy and I would be shouting at ya and I would be screaming like and I just wouldn't be me, its like it turns you into someone you are not.” (Female, 17yo, using 4 years).
"My son smoked cannabis everyday, he was 20 when I found him hanging....”

“I have blamed myself ever since..... My son.. changed since he start using ..It was around when he was 14/15 years of age.. Things went missing, I had to pay various amounts of bills for him.... He was a kid that suffered with anxiety from a young age, but cannabis seemed to heighten this, but worst of all, it was like it was a life or death situation unless he had it, also he had a divine right to have it..”

We are living in fear of our 15-year-old son

Ask the expert

Declan Coogan
Queries: health@irishtimes.com

Q I have been putting off writing about this for a year or so. But we're at the end of our tether. We have three children, all boys, aged 17, 15 and seven. We have never had any trouble with any of the boys growing up. Our children are well liked and people tell us how lucky we are. And we are - to an extent.

The trouble starts once we close our front door. Our 15-year-old son has us living in fear. He rules the roost in our house. He bullies us - shouting and roaring at us. He makes constant demands for money and for lifts into town. He has to get what he wants when he wants it, and he doesn't give us a break.

We have tried everything we can think of, from ignoring him to losing our temper. But nothing works. Sometimes he disappears for days at a time, and we have no idea where he is. We are afraid he will do something desperate.

We have been to the doctor and to the psychologist, but they can't seem to help. We feel like we are the only ones living with this and we feel hopeless.

Sometimes practitioners working with children and families are unsure about how best to advise parents because it seems to be a relatively new problem and because there is no clear pathway for help in Ireland.

Sometimes other family members want to help when they hear about it but offer the kind of assistance parents wouldn't like and which would not be helpful, such as threatening to teach the child a lesson.

Conflict between parents and children is expected as part of children developing their own identities and developing conflict-resolution skills. But in some families the ways of managing parent-child conflict have led to situations where parents are living in fear of their child.

This leads to constant tension and a
Treatment Components

- Individual therapy
  - MI
  - Adolescent Community Reinforcement Approach
  - CBT
  - Solution focused counselling

- Assess & address comorbid MH issues

- Re-build connection with pro-social activity

- Family Therapy
Challenges

• Motivation

• Dual Diagnosis
  • ASD - Disability

• Cannabis identity
  • backdrop of relentless pro-cannabis narrative in society

• Powerful peer influence – challenge of losing that
Outcomes

- 11% abstinent at 3 months
- a further 36% had reliably reduced their use

Conclusion

• Prevention is possible
  • (Ignore the narrative of nihilism)

• While problems have escalated & require a response, it could be much worse

• Treatment Services
  • Multidisciplinary, need for high level of mental health competencies, avoid a demand for abstinence.

• Outcomes show modest improvement with Rx