Young people’s opinions regarding cannabis use
Susan Newsham

Introduction
There is an abundance of literature on the extent of illicit drug use in the UK (BCS 2007, ECMDDA 2007). This literature suggests that cannabis is a drug with widespread use in this country amongst young people aged 16 – 24, and recent concerns have been raised about the potential level of health problems associated with its use (AMCD 2003, BLF 2006). In January 2009 cannabis was reclassified to Class B under the Misuse of Drugs Act (Home Office 1971) just five years after declassification to Class C (Home Office 2004, 2009) despite contrary advice from the Advisory Council for the Misuse of Drugs (ACMD 2008). Whilst there have been suggestions that cannabis use has become normalised amongst young people in Britain (Parker et al. 2002), use of the drug has actually declined, albeit slowly, since its C reclassification and national figures suggest that the majority of young people have not used cannabis or do not use it regularly (BCS 2006). Studies have begun to ask young people why they use illicit drugs (Boys et al. 2000 & 2001, Wibberley and Price 2000, Terry et al. 2007), yet few ask why some do not. Exceptions include Fountain et al. (1999), Maycock (2000), O’Callaghan et al. (2005) and O’Callaghan and Joyce (2006). According to national figures, around half of young people have tried cannabis (BCS 2006). Clearly then, half have not, and current data suggest the majority of young people are certainly not using cannabis regularly (EMCDDA 2007a, 2007b, BCS 2006, 2007, Webb et al. 1996, Makhoul et al. 1998 and Birch et al. 1999). Little is known about the opinions of this substantial group. When asked about their peers’ drug using behaviour most young people over estimate their use (McWhirter 2005) and this is particularly marked with cannabis users (Page and Roland 2006). Normative education aims to address the widespread misconceptions of many young people that regular drug use is accepted and prevalent among their peers (EMCDDA 2007). Components include provision and discussion of current survey feedback demonstrating actual prevalence and highlighting non-use social norms such as alternative ways of achieving the perceived benefits of drug use.

The dearth of information on the opinions of people who choose not to use cannabis can only serve to impede the provision of normative education. Furthermore, there are large gaps in our knowledge when attempting to understand factors associated with the discontinuation of
drug use (EMCDDA 2007b). This study aims to address this disparity, asserting that this information is vital to drug education and should be part of balanced learning on drug use.

**Methodology**

A semi-structured, self-administered questionnaire was chosen as the research tool. Questionnaires are efficient and well used in health related studies, and results can be obtained speedily and economically. However, there is some lack of respect for this methodology due to simplicity of construction (Eaden et al. 1999).

Using closed and open questioning techniques, quantitative and qualitative data were collected from questionnaires completed by 149 young people aged 16 –24 who were students at Preston College. Guidance regarding ethical approval was sought from the Faculty Ethics Committee who advised that the supervisor’s and the college’s consent were sufficient for the project to go ahead. The head of student services at the college gave written consent.

Volunteers were asked to complete the questionnaire regardless of their cannabis use status. To encourage participation volunteers were offered a free ‘Mars Bar’ on receipt of their completed questionnaire and were assured of anonymity. Students were approached as they entered the college refectory and asked if they would be prepared to spend a few moments filling in a questionnaire about their views on cannabis. An envelope in which to seal and return the questionnaire was provided and students posted their envelopes into a box in the refectory to receive their ‘Mars Bar’. Two hundred questionnaires were distributed with a response rate of 74.5%.

The quantitative data was analysed using the statistical package SPSS. Data was summarised using descriptive statistics and the statistical significance was tested using Fisher’s exact and Chi-square analyses. Alpha level was set at $a < 0.05$.

Qualitative data was analysed manually by an examination of participants’ responses, in order to reveal any emerging themes or concepts that could be labelled, based on the approach of thematic analysis (Boyatzis 1998).
**Results**

The sample consisted of 149 students from Preston College of whom 72 were male and 77 female with a mean age of 17.29.

Participants were asked about their cannabis use. Nearly half of the sample (47%, 70 participants) said they had never used cannabis and 52%, 78 participants, said they had used cannabis at some point in their lives. Figures suggested a higher prevalence of cannabis use among this sample of young people than is suggested by national figures.

Table 1 compares data between the current study and the 2005/6 BCS.

<table>
<thead>
<tr>
<th></th>
<th>British Crime Survey 2005/6</th>
<th>Preston College 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever used</td>
<td>40.1%</td>
<td>52.3%</td>
</tr>
<tr>
<td>Used in last year</td>
<td>21.4%</td>
<td>48.9%</td>
</tr>
<tr>
<td>Used in last month</td>
<td>13.0%</td>
<td>24.1%</td>
</tr>
<tr>
<td>Used in last week</td>
<td>No available data</td>
<td>13.4%</td>
</tr>
</tbody>
</table>

Data from Table 1 suggests that most young people in the sample had either not used cannabis or only used it occasionally. Indeed, the 78 participants who had used cannabis were asked if they intended to use it again and half (50%, 39 participants) said they did not intend to, implying that almost three quarters of the sample (109 participants, 73%) were not current cannabis users.

**Opinions Regarding Cannabis Use**

Participants were asked whether they thought cannabis use was ok, not ok, or if they didn’t mind. Most students (62%) said they didn’t mind cannabis use or thought it was ok while 38% thought it was not ok. People who had not used cannabis were significantly more likely to express a disapproving attitude towards cannabis or other drug use (28 non users compared to 11 who had used cannabis; P < 0.001). Comments included:
‘It has bad effects on your friends, family and community’
(Male, 17; not used cannabis)

‘It brings bad examples to people in society; makes the community smell, gives off smoke’
(Male, 17; not used cannabis)

However, disapproval did not always deter use as in:

‘It is a harmful drug and could put you in hospital’
(Male, 16; used cannabis last year but not month, might again)

When asked in an open question to explain their opinions, many participants felt it was up to people to make their own choices about cannabis use: 41 non-users (59%) and 41 of those who had used cannabis (53%). There were no significant differences in opinions of users and non-users in this respect (Fisher's Exact Test: 3.180, P = 0.339). Responses included:

‘It doesn’t bother me if someone wants to use it then it’s their choice’
(Female, 17; used cannabis last year, will not continue to use)

‘Don’t mind people using it around me, it’s up to them’
(Male, 16, not used cannabis)

At times this view was expressed with some reservation, for example:

‘As long as they keep it to themselves’
(Male, 18; not used cannabis)

Only 13% of the sample (20 participants) explained their responses in terms of health risks, suggesting that health issues were not at the forefront of participants’ minds when forming opinions on cannabis. However, there were significant differences in the opinions of those who had used cannabis and those who had not, as 65% of students who mentioned health risks had not used cannabis (Fisher's Exact Test, 9.957, P = 0.015).

Participants who intended to continue to use cannabis were far more likely to give positive effects for their opinions regarding its use than those who had not used it (50% compared with 5%; P < 0.001), for example:
‘Gets you high, gives you a buzz’
(Male, 16; used cannabis in last month, will continue to use)

Stress relief was sometimes cited as a positive effect:

‘It’s ok because it helps people out if they are stressed and there’s nothing wrong with it’
(Female, 19; has used cannabis and might again)

**Risk Beliefs**

Students were asked whether they believed there are any risks in using cannabis and then to name any risks they had heard of. The majority of the sample (134 participants, 90%) believed there are risks in using cannabis and 83% could identify at least one. However, in line with other work (Parker 2002, Musher-Eizenman et al. 2003), this belief was not found to influence use or non-use: 65% of students who had not used cannabis and 67% of those who had gave risks as reasons why people choose not to use cannabis, P = 0.446 (2-sided). Indeed whilst some students could name up to six risks, there were no significant statistical differences between the number of risks mentioned and whether a student used cannabis: P = 0.282 (2-sided) as demonstrated in the comment below:

‘Paranoia, chest problems, giddy feeling, cancer, munchies’
(Male, 16; used cannabis in last week and intends to continue)

The risks mentioned could be broadly grouped into the categories shown in Table 2.

**Table 2: Groups of risks named**

<table>
<thead>
<tr>
<th>Risks mentioned</th>
<th>Frequency</th>
<th>Percent of sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentioned physical risks</td>
<td>78</td>
<td>52.3</td>
</tr>
<tr>
<td>Mentioned psychological risks</td>
<td>87</td>
<td>58.4</td>
</tr>
<tr>
<td>Mentioned immediate risks</td>
<td>24</td>
<td>16.1</td>
</tr>
<tr>
<td>Mentioned legal risks</td>
<td>6</td>
<td>4.0</td>
</tr>
<tr>
<td>Mentioned financial risks</td>
<td>3</td>
<td>2.0</td>
</tr>
</tbody>
</table>
Knowing other people who use cannabis

When asked if they knew people who used cannabis, 127 participants (85%) said they did. Several studies suggest family or peers can influence a person’s decisions regarding drug use (Ennett and Bauman 1991, 1994, Urberg et al. 1997, Wills and Cleary 1999, Fisher and Bauman 1988, Kandel 1978), so it was not surprising to find that knowing other people who used cannabis was a significant factor of personal use (P < .000).

Students were then asked to categorise the people they knew who used cannabis from a given list. Participants were found to be far more likely to use cannabis if they knew other users who were about their own age (P < 0.001), friends (P < 0.001) or family (P < 0.001).

Chart 1 shows the frequencies of people who knew cannabis users.

![Bar Chart](chart.png)

*Q15* Used, not used, won’t use again

**Chart 1: Cannabis using status *Knowing people who use cannabis* Cross-tabulation**

However, as Chart 1 demonstrates, the majority of students who had not used cannabis (49 participants; 70%) also knew people who used it, implying that associating with other cannabis users does not necessarily lead on to personal use.
People who have not used cannabis

The 70 participants who had not used cannabis were asked to list reasons why they had not used it, things they thought would encourage people to use it and what would encourage them. When it came to assessing their own choices, Chart 2 shows that reasons given predominantly fell into three categories:

Chart 2: Reasons why participants had not used cannabis N = 70

Almost half of students who had not used cannabis (43%) implied they were actively making a choice. A further 19% gave risks as a reason for not using it, suggesting that they, too, were conscious of making a choice, for example:

‘I’ve seen the effects it has on people and I never want to be like that’
(Female, 17)

Health risks were often linked with keeping healthy or sports, for example:

‘Because I care about my health; I am an athlete and athletes do not do cannabis’
(Male, 16)
‘I enjoy life too much’
(Male, 19)

The responses above suggest a feeling in some participants that cannabis use is not compatible with a physically and emotionally healthy lifestyle. This idea could be further explored with regard to drug education.

Students were asked what would encourage people to use cannabis. Social influences, e.g., friends or family, were most commonly given as encouragement for cannabis use (79% of non-users felt friends encouraged use). However, other themes emerged, for example:

‘The feeling you get when you use it’
(Male, 17)

‘Fun, something new to try’
(Female, 16)

When participants were asked what would encourage them to use cannabis, the majority of those who had not used it (61%) insisted nothing would encourage them and only 19% suggested they would be influenced by friends. Do those who suggest nothing would encourage them to use cannabis have greater self-will than other people, or are they less concerned about the opinions of others? They are making an active choice to not use cannabis, as is the participant below, however, she indicates that at some point she may make a choice to use it:

‘If I had any serious problems that would make me do it’
(Female, 17)

People who have used cannabis
The 78 participants who had used cannabis were asked why they had decided to use it, and their responses were grouped as follows:
Table 3: Why used cannabis N = 78

<table>
<thead>
<tr>
<th>Reasons given for cannabis use</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other people</td>
<td>41</td>
<td>52.6</td>
</tr>
<tr>
<td>To try it</td>
<td>33</td>
<td>42.3</td>
</tr>
<tr>
<td>Positive effects</td>
<td>20</td>
<td>25.6</td>
</tr>
<tr>
<td>Choice</td>
<td>7</td>
<td>9.0</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>7.7</td>
</tr>
<tr>
<td>Alcohol</td>
<td>4</td>
<td>5.1</td>
</tr>
</tbody>
</table>

Other people usually tended to be friends as in:

‘A friend offered me her joint so I said yes’
(Female, 16)

Whilst this student has been influenced by her friend’s offer, she made the choice to accept. Forty students (57%) declared they did not intend to use cannabis again. Their reasons were often diverse and therefore difficult to categorize. Examples include frightening experiences or incentives to change as in:

‘I had near-death experience’
(Male, 17)

‘I’m pregnant’
(Female, 17)

The student below was one of 33 participants who had tried cannabis and was simply choosing not to use it again:

‘I’ve done it, had the experience and don’t want to do it again’
(Male, 16)

Discussion
It is important to acknowledge this study had limitations. The college refectory setting was excellent in terms of response rate, yet anonymity was compromised as students had ample opportunity to confer. There is the possibility that some students over stated their personal
use in order to gain credibility among their peers. However, this could be counter balanced by the chance that the subject’s sensitivity could cause some students to under report their use of cannabis.

The responses elicited have merely scratched the surface of potential knowledge gain in this field and require further exploration. Therefore further in-depth qualitative research in the form of focus groups, for example, is necessary. Notwithstanding these limitations, however, much valuable data was gained. This study has significantly added to our knowledge of reasons why some people choose not to use cannabis or choose to stop using it.

The results from the Preston College study imply a greater prevalence of cannabis use among this particular population than suggested by recent British Crime Surveys (BCS Home Office 2006 2007). However, the Preston College sample is small compared to the BCS (5981 responses in 2005/6). Comparable data from other colleges does not appear to exist, Nonetheless, studies by Webb et al. (1996), Makhoul et al. (1998) and Birch et al. (1999) suggested that over 60% of university students have some experience of illicit substance use. Figures from the UK and Europe suggest higher use in urban areas than rural (EMCDDA 2001, Ramsey et al. 2001). Perhaps people are less concerned about reporting illicit drug use in independent drug surveys conducted in naturalistic settings than in Government surveys. In addition, as indicated, there is the possibility that some students over stated their personal use in order to gain credibility among their peers. At best surveys such as the BCS give an indication of trends of drug-use over time. There is no systematic following of illicit drug use among college or university students.

Of the 78 participants who had ever used cannabis, 50% said they do not intend to again, suggesting that 73% of the sample do not currently use cannabis. Presenting figures only in terms of those who have used drugs (illicit or otherwise) could be misleading and serve to further young people misconceptions about their peers’ drug using behaviour.

People who did not use cannabis were more likely to describe it as ‘not ok’ (P = .001). Participants who have not used cannabis but have friends who have, often said they don’t mind its use. This, however, was commonly linked with comments such as: ‘So long as it’s not near me’ (Female, 16). Participants who had not used cannabis were more likely than those who had to express their opinions in disapproving terms, often signifying condemnation.
of illicit drugs in general, for example: ‘Can’t stand drugs’ (Female, 17). Whilst non-users frequently held more negative personal views on cannabis use, they were regularly aware of the positive reasons that lead people to use it. When asked why people choose to use cannabis, half of people who had not used cannabis (52%) or had decided not to use it again (50%) gave positive reasons.

When asked why other people do not use cannabis two thirds of respondents (66%) said it was because of the risks, yet with personal use, only 13 out of the 70 students who had not used cannabis gave health risks as the reason. Perhaps there is a dichotomy between what we perceive are the reasons for other people’s behaviour and the reasons we attribute to our own behaviour. However, most of the sample (90%) believed there is risk involved in its use, and 83% were able to identify at least one risk related to cannabis use. O’Callaghan et al. (2006) found that non-users of cannabis perceived health risks to be greater than cannabis users. However, with the Preston College sample, the risk beliefs of those who had used cannabis were similar to those who had not (P = .05), and therefore could not be linked to use, supporting other studies that suggest that perception of risk about a social habit does not necessarily indicate that a person will not indulge in it (Parker 2002, Musher-Eizenman et al. 2003, Gamma et al. 2005). Drug education that relies on the dissemination of health information can have a positive impact on drug-related knowledge but not necessarily on attitudes to drug use (Botvin 1999 and 2000). However, results suggest that participants were less likely to use cannabis if they displayed disapproval towards it. Young people’s perceived low levels of personal health risk regarding cannabis are a suggested reason for its high level of use compared to other illicit substances, although, cannabis users often feel that their use is within their control (Manning et al. 2001). Nevertheless, a quarter of the sample (25%, 37 participants) mentioned risk of addiction in their responses even though cannabis is not usually considered to be an addictive drug (Pudney 2002).

Consistent with other recent studies, (McIntosh et al. 2003, Hight 2004) students were found to be far more likely to use cannabis if they knew other users who were about their own age, their friends or family. However, 48 out of the 70 people who said they had not used cannabis (69%) made that choice despite knowing other people who use it. Is this because they have greater self-will? Are the other people that they know who use cannabis not highly significant to them? Are they less influenced in general by other people’s opinions? Further research should try to answer these questions.
Nonetheless, the most commonly quoted reason given by participants who had not used cannabis as to what encourages others to use it was ‘friends or other people’ (79% of non-users included this reason). Indeed, this was the most commonly quoted reason for using cannabis among the 78 students who had used it (53%, 41 participants). Silverman (2000) discusses the concept that while we often attribute our actions to friends’ influence, at some level we are in fact making a choice rather than passively adopting our friends’ behaviours. Furthermore, the most frequent theme, given by 43% of non-users as to why they have not used cannabis, was choice. Evidence suggests that the decision to use a drug is based on a rational appraisal process rather than just a passive reaction to substance availability (Boys et al. 2000, Wibberley and Price 2000).

However, within the theme of choice a variety of justifications emerged ranging from a simple ‘I’ve never wanted to’ (Female 18), to more complex reasons such as: ‘Choose not to after what my friends ended up like’ (Male, 16), or ‘I have a daughter – bad example’ (Male, 17). It appears that just as people make conscious decisions regarding recreational use of drugs, weighing up the costs and benefits of a particular substance (Ajzen 1985 and 1988, Langer and Warheit 1992, Boys et al. 2000, Wibberley and Price 2000), so they also make conscious decisions about not using drugs. Some participants wanted to stay healthy or implied that their keen interest in sport kept them from using cannabis. Lyter and Lyter (2002) asserted that hopes and aspirations are often protective factors against drug misuse along with bonds and connection. They imply that having a strong link, with a sports club for example, can act as protection against drug misuse in that there is a desire not to let the other members or oneself down.

It is implicit from the responses given by participants that different people experience the effects of cannabis in different ways. Fourteen of the 40 participants who had used cannabis but do not intend to use it again had experienced unpleasant or frightening effects. In general, it was difficult to group or categorize reasons people gave as to why they would not use cannabis again, as there was considerable variation among individual responses. For some, changes in circumstances initiated the decision, concurrent with Terry et al.’s study (2007). Other participants appeared to have satisfied curiosity by trying out cannabis but then lost interest in using it. One 16-year-old male felt he had ‘quite messed up’ his life by using cannabis. Developing a full understanding of people’s motives for giving up any drug is far
too complex an issue to be fully explored in a self-administered questionnaire and in-depth qualitative research would be required for further investigation.

**Conclusion and Recommendation**

Results from this study imply that there is a higher rate of cannabis use among this sample of young people than is reported among young people generally. College and university students are under represented in general household or school-based surveys and this population merits further study regarding use of cannabis and other illicit substances. In addition, the opinions of these young people are vital if we are to deepen our understanding of contemporary issues surrounding recreational drug use. Furthermore, results imply that 73% of the sample does not currently use cannabis. Presenting figures only in terms of those who have used illicit drugs could serve to reinforce the concept illicit drug use is a majority activity and therefore establish it as a societal norm.

Users and non-users of cannabis regularly share similar opinions about why people use it. They often differ in their personal attitudes towards the drug itself; non-users often displaying disapproval, however, many people who have not used cannabis do not mind other people doing so. According to this study, virtually all people who have used cannabis know others who use it, however, over two thirds (68%) of non-users also know people who use cannabis, but they have made the choice not to use it themselves. Gaining an in-depth understanding of why people make this choice would make valuable future research, particularly if approached from a purely qualitative perspective.

Responses suggested that participants often experienced the effects of cannabis in different ways, and frightening or unpleasant effects were themes that emerged when those who discontinued use were asked why. However, a considerable range of reasons was given by participants for not continuing to use cannabis, including choosing not to after experimentation. Young people should have access to education that establishes non-drug using norms and inspires them to make their own choices. The majority of young people who completed this survey know of health risks related to cannabis use and know people who have used it, yet most are either choosing not to use it themselves or discontinue with its use. Further exploration of the views of young people who do not use or continue to use cannabis is required to enhance the delivery of normative drug education and challenge misperceptions
Acknowledgement

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