

# Reefer blockers

**W**HEN rapper J-Rock from the group Big Bruvaz was trailed by a TV crew for a month as he attempted to kick a cannabis habit, he decided to open up about his addiction.

J-Rock – filmed for *Giving Up The Weed*, a documentary shown during Channel 4's 'Addiction Week' in February – had been smoking the drug for 14 of his 27 years. He was unable to eat, work or sleep without getting stoned.

Initially, he said he smoked the drug to get creative and to socialise with his mates, but it soon became clear the real reasons were not so bright and breezy. J-Rock, an idol of thousands of teenage music fans around Britain, was in a near constant skunk-induced fug because he was covering up some intense and unresolved problems in his life.

"I smoked a lot of weed as a kind of hide-away where I could escape some of the things that were going on in my life," says J-Rock, who attended one of the UK's only cannabis cessation programmes – organised by UK drugs and young people's charity Involve – and has been cannabis-clean throughout 2006.

"When I was 12 my parents sent my big sister away because she was always getting into trouble. It left a massive hole in my life because I was so close to her. At the time I was really struggling to get good marks in school, and I was getting in trouble with

gangs. There was a lot of peer pressure to smoke and show how hard I was. It came to a point where I couldn't function without smoking a spliff."

## COPING

J-Rock's confession is interesting. Firstly, because of his courage to put his cool rapper image on the line on national TV. Secondly, because he identified a phenomenon that has been very much underplayed in the media amidst the fevered talk of cannabis psychosis and reclassification: that young people use the drug as a coping mechanism to deal with emotional distress – and that it is these people who are more likely to have problems with the drug.

If this journey can be better understood by the services charged with helping children, then there is a better chance of preventing young people from getting into a position where cannabis could have negative effects on their mental health.

Research shows that cannabis, like alcohol and other drugs, appears to be part of the weaponry available to thousands of British teenagers for dealing with anxiety and depression. While only a small minority of young cannabis users may be vulnerable to developing psychosis, many teenagers and people in their twenties who are problematic, heavy users of cannabis rely on the drug to cope

**As fears over cannabis psychosis grow, little attention is paid to why teenagers develop problems with the drug in the first place. Max Daly on how thousands of young people are smoking themselves numb in order to cope with unhappy times**

with anything from family break-ups to mental disorders. Despite this trend, help for those young people with cannabis problems is being sidelined because the government is concentrating its efforts, on attracting the relatively small – but more visible – number of young heroin and crack users into services.

In a world of celebrity adulation, obsession with body image, urban gang culture and rural boredom, today's children are under immense pressure to fit in or win. But to a sizeable chunk of teenagers, this ends in unhappiness. A study commissioned by the Nuffield Foundation shows that childhood depression, anxiety and bad behaviour have risen since the mid-eighties, while the World Health Organisation says English children take more drugs, drink more alcohol and trust their peers less than any others in the world.

**M**ORE children than ever are growing up without the support and leadership of both parents. In 1958, nine in ten children lived with both parents until they were 16, now that is only applicable to six in ten children. Add to this the latest Office for National Statistics figures on child mental health, which estimate that one in ten young people Britain have a mental disorder, ranging from

**'The lack of help for kids with cannabis problems is a disgrace'**

depression to schizophrenia, and the fact that young people with mental disorders are three times more likely to use drugs than other young people, and you have a cocktail of reasons why some may try to blot out reality using cannabis.

**MONGED**

"We see a lot of kids who are self-medicating the pains of life away with cannabis and they're the same sort of problems that those a bit older blot out with smack," said Colin Cripps, deputy chief executive of In-volve. "The fact that most people tell us they smoke to get 'monged out' says it all."

Cripps says young people seen by In-volve describe "a spectrum" of reasons why they became overly reliant on cannabis, from non-stop partying and low self-esteem to bullying at school and child sexual abuse.

"For example, along the Essex side of the Thames estuary, where they're east-enders made good with lots of disposable cash, it's sheer hedonism a lot of the time: they'll neck anything to excess," says Cripps. "In the inner city it tends to be more about individual problems and in rural areas it's about boredom: they have dozens of designs for complicated home-made bongs and buckets in wildest Dorset. ❖❖❖ 12

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## CANNABIS MYTH AND REALITY

### REALITY

FABU (Fyns Amts Young People Treatment Centre) has identified a common profile amongst Danish cannabis smokers that shows a tendency towards the following behaviours and attributes:

- Problems with putting words to feelings or emotions
- Feelings of boredom and emptiness
- Feelings of being misunderstood and lonely
- Externalisation of problems
- Difficulties in evaluating one's own performance and the practise of self-criticism
- Problems in maintaining a dialogue
- Problems with being attentive and concentrated
- Difficulty with planning and having structure or routines in life
- Feeling different from everybody else
- Giving stereotyped answers and opinions
- Feeling incompetent and unsuccessful
- Forgetful and likely to miss appointments.

At the same time the user often feels misunderstood, unique and different from others, lonely and unsuccessful but internalises and owns these feelings: they do not associate them to the use of the drug.

### MYTH

This compares with the mythical identity that the cannabis user ascribes to the drug and, by inference, as one assimilated into themselves:

- Cannabis is harmless, at least relatively, and most of the negatives spoken about the drug are wrong or trivial
- Cannabis is tranquillising and any feelings of paranoia it produces are temporary and unimportant
- Cannabis improves your thinking and creativity
- Cannabis eases the weight of the demands placed upon you by your surroundings
- Cannabis makes you free of worrying.

In terms of cognition and motivational therapy the task is clear: to connect the user to the realities of the first list by dispensing with the myths of the second. The challenge is to do this while the very cognitive processes that are required for such a realisation are themselves impaired.

❖ 11 "Cannabis pulls you several ways at once: relaxed and paranoid, creative and sleepy, full of ideas and unable to hold a train of thought. That's what makes it such crazy fun to begin with. But after lots of heavy use then it just becomes a kind of fugged, cognitive no-go area which allows you to let your problems and pressures slip by because you're actually incapable of thinking about them."

Ib Hansen, who runs FABU, a Danish drug treatment service for 14-15 year olds which has been adapted by In-volve for British teenagers, says 80 per cent of those using his service have got into problems smoking cannabis because they are using it to cover up or escape from stress and anxiety. The rest, says Hansen, are those whose partying has got out of hand – usually they are easily helped.

"We are seeing a lot of teenagers coming in who are socially afraid, depressed, have stress symptoms like anxiety, paranoia. And cannabis use multiplies that. They start smoking because they have problems – cannabis seems to help them – then all of a sudden heavy smoking is generating problems of its own – making it harder for them to function in society, have normal relationships with people."

Dr Bill Young, a child and adolescent psychiatrist at children and mental health charity Young Minds says cannabis is used as an avoidance and coping strategy. "What I see on an individual, day-to-day basis is cannabis being used in more subconscious way, rather than in a self-medicating way – most are not clinically unwell or treating a condition. They are using the drug to help them sleep, gain self confidence, clear pessimism, calm down and if they are in a low mood."

**'Cannabis is being used in more subconscious way, rather than in a self-medicating way'**

He says most commonly those using cannabis in this way are 14 or 15 year old boys smoking the drug alone in their bedrooms. Many will have been excluded from school. Girls, says, Dr Young, are more likely to talk to their mates about problems than turn to cannabis to hide them. And those who do use cannabis as a smokescreen to problems in their lives are more susceptible to the drug becoming a gateway to other, stronger substances.

Little evidence has been found of teenagers consciously self-medicating mental health problems with cannabis, a fact some researchers say is a result of a reluctance by teenagers to admit they are using in this way. But there is a sizeable body of evidence indicating a solid relationship between teenage stress and problem cannabis use.

### FAMILY

A Canadian study, *Family stressors and adolescent cannabis use: a pathway to problem use*, based on a survey of 2,000 secondary school children, found the proportion of problem cannabis users who had disrupted families was nearly double that of non-cannabis users. Problem users also reported significantly more difficulties at school and poor family relationships.

The study, published in the *Journal of Adolescence* in 2002 found: "The effect of family disruption was quite substantial in predicting both cannabis use and problem cannabis use. Youth who reported a disrupted family status were 79% more likely to use cannabis than those who didn't report disruption. Among those already using cannabis, adolescents with a disrupted family background were 87% more likely to progress to problem levels of use."

"Poor family relationships and parental absence may create an environment in which young people experience insecurity and strain...one response may include participation in cannabis use as a means of coping with the strain or to rebel against their parents." The study concluded: "Focussing on cannabis use per se fails to recognise that adolescents using cannabis, especially those using at problem levels, are trying to cope with serious issues in their lives. Cannabis use maybe merely one expression of this struggle."

These findings have been echoed in other studies. *Alcohol and marijuana use in relation to adolescent stress*, a study published in the *International Journal of the Addictions* in 1986 concluded: "The experience of strained social relationships and a heightened sense of powerlessness/helplessness may induce adolescents to rely more heavily on substance use as a means of emotional self-regulation which requires little effort and ability, promises instant effects, and provides a sense of control."

And a 2001 study, *The relationship of stress and coping methods to adolescent marijuana use*, summarised that "negative life events, greater use of the negative coping method of anger and less frequent use of the positive coping method of parental support were significantly and independently related to marijuana user status". The report recommended that "exploring parent-child relationships and use of anger-coping and intervening accordingly" could decrease marijuana use.

#### TREATMENT GAP

So what is out there for parents or GPs seeking help for a teenager whose cannabis use has become a dominant and negative influence in their lives? The answer is not a lot. Finding appropriate treatment for young people who use cannabis problematically is, predictably, dependent on where you live. Certainly seeking out a dedicated cannabis treatment programme for young people – despite a high profile government publicity campaign aimed at young cannabis users – is an uphill struggle.

"According to the NTA all young people's services take cannabis seriously, but that is not the reality we are seeing," says Cripps. "Following the J-Rock documentary we had calls from people as far afield as Gloucestershire and Newcastle, professionals and parents, ringing saying where could they get help for their kids. We constantly have youth offending and social services teams saying they can't work with the stoners or find anyone to help them do it. I can't quantify it, but I do know the lack of help for kids with cannabis problems is a disgrace."

When *Druglink* contacted around 50 local authorities in the country asking what facilities they had for young people with cannabis problems the response was varied. Of the 16 which replied – possibly a revealing statistic in itself – some offered what looked like extensive, targeted services while others seemed vague. But almost all involved a lot of different agencies – leaving plenty of potential for children to fall through the net. There is also little opportunity to judge the effectiveness of the services on offer because so little research has been done in the area. ●

## HEAVY USER STUDY

The Young People's Heavy-end Cannabis Use research in Greater Manchester, commissioned by eight of the Manchester DAT's (Manchester, Bolton, Salford, Trafford, Rochdale, Bury, Stockport, Wigan), is carrying out interviews, focus groups and outreach with at least 150 young people who are 'heavy-end' cannabis users. A final report will be produced in October 2006.

An initial review of a sub-sample of 20 young people revealed the following:

- Frequent and daily use
- The majority of our respondents had a strong and exclusive preference for smoking skunk as opposed to resin
- Dependence on cannabis signified by the need to: smoke daily, smoke during the day and evening, having to have one before bed and one first thing in the morning, when it's the centre of your life, when you enjoy the drug more than anything else.
- Spending between £90-£170 per week
- Many of the young people in our sub-sample had significant problems in their lives and most described their use of cannabis in ways that would lend support to the notion of 'self-medication' and providing 'coping mechanisms.'
- A number of the young people reported that smoking cannabis de-motivated them in certain ways. This was especially the case in relation to tackling particular problems. The interviewers had the impression that for some of these young people smoking assuaged the enormity of their problems and allowed them to escape, at least temporarily, from the need to make decisions or take action.
- A number of the young people reported bouts of anxiety, or in a few cases, panic reactions, seemingly induced by smoking. This was particularly the case for those who had been smoking over long periods of time and also those who smoked large quantities at a sitting. However it was also notable that these young people were also the ones most subject to external pressures, anxieties and problems. The question here is that they might reasonably have been expected to be anxious about these pressures, even if they hadn't been smoking. Indeed, many reported using cannabis to allay these feelings of anxiety and help block out their problems. This raised a question as to whether heavy cannabis use actually created anxiety or whether the effects of come-down intensified pre-existing feelings.
- Very few reported feelings of depression as a direct result of their smoking. However understandably, many appeared to be extremely depressed about aspects of their life circumstances. This was particularly the case for those young people excluded from school, those who had left care; young people who were experiencing problems with families; who were homeless, unemployed, or had financial problems etc. Again, the question must be asked as to whether smoking 'caused' depression or whether these young people used cannabis to block out some of the depressing aspects of their lives.