# TRACE V

UNIVERSITY OF CALGARY

THE UNIVERSITY OF BRITISH COLUMBIA

# What is TRACE V?

**TRACE V is the continuation of the Teens Report on Adolescent Cannabis Experiences (TRACE) a qualitative research program that began in 2006.**

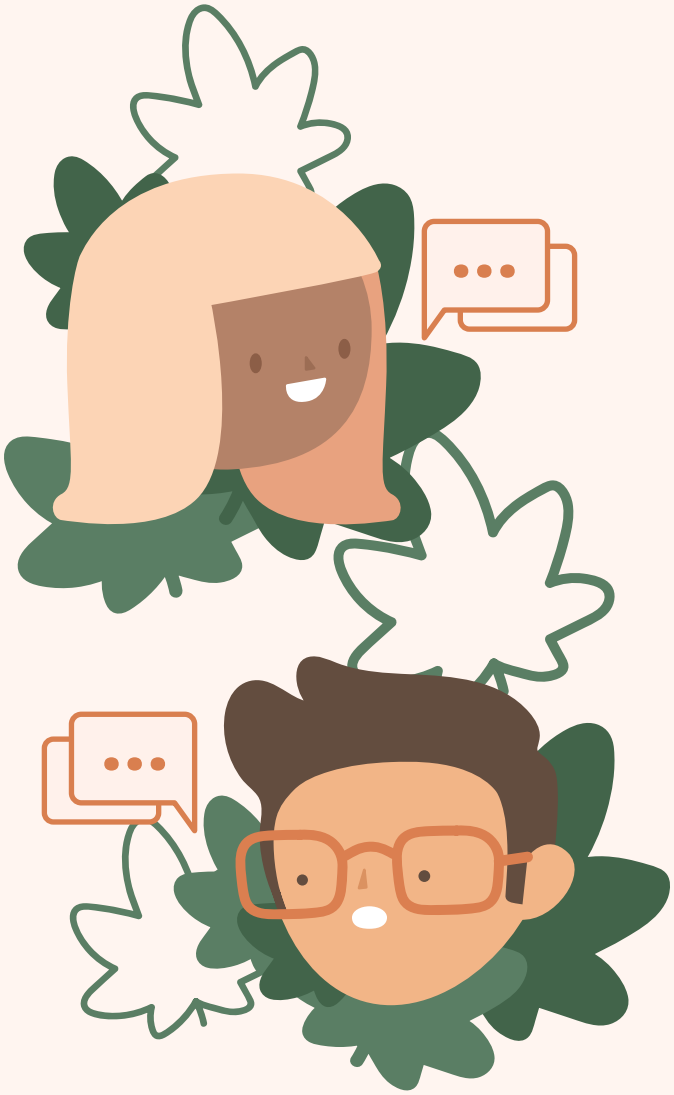
This study addresses critical gaps in approaches to cannabis education for youth and explores how health and social inequities shape youth cannabis use. In the past, cannabis education initiatives have had limited reach and relevance to youth who use cannabis because they are focused on abstinence-based approaches, and youth have not meaningfully engaged in their development. The overarching aim of TRACE V is to draw from the experiences of young people to develop equity-oriented harm reduction resources that are credible and appropriate for Canadian youth using cannabis.

## What have we done so far?

In 2021, the first phase of data collection based at the University of Calgary was completed. A second phase is now underway at the University of British Columbia and will continue through 2022. In part one, the team conducted 34 interviews and two focus groups with young people aged 17 to 24 from across Canada. **We recruited young people from diverse backgrounds** (i.e., gender, ethnicity, and community). We asked them about how their cannabis use is connected to what we described as "health and social struggles," including connections to mental health or mental illness.

# What did we hear?

Most participants shared how their use was in some way tied to health and social struggles or inequities. Many of those we interviewed used cannabis daily and considered their use a self-medication strategy to cope with emotional distress and/or mental health symptoms. While more than half of those in our study had received a mental illness diagnosis and had accessed formal treatment, being unable to access timely and appropriate services from the health care system was a predominant theme. Young people also shared that they experienced stigma from health care providers about their cannabis use and a lack of support for using cannabis as a wellness or harm reduction strategy.



## How did we recruit participants?

We recruited youth from several different channels, including social media posts (Twitter, Instagram), local and national research partnerships and networks, flyers distributed at youth serving agencies, as well as a posting on the University of Calgary's research recruitment page.

## Participant Demographic and Background Information

We collected basic demographic information and some background information on cannabis use to characterize the sample of youth we interviewed.

# What are the demographics of the participants?

**Participants were recruited from**

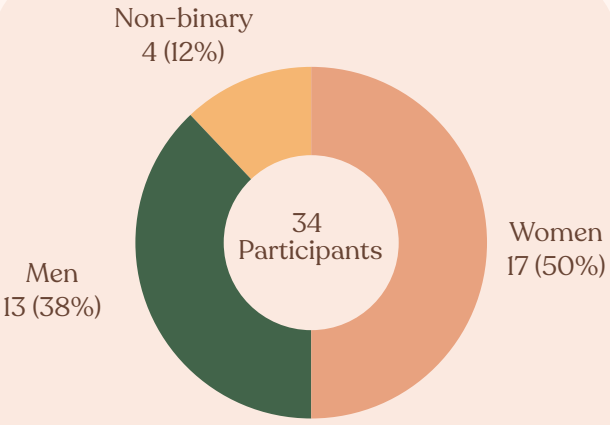
**18% (6) Quebec**

**21% (7) Ontario**

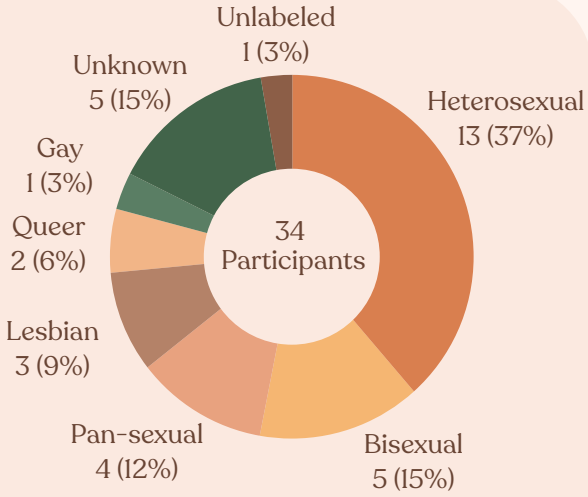
**3% (1) Manitoba**

**58% (20) Alberta**

We interviewed youth between the ages of 17-24, and the average age of participants was 21 years. Out of 34 participants, 17 (50%) identified as women, 13 (38%) as men, and 4 (12%) as non-binary. Some participants (13; 38%) identified as heterosexual, but the majority (21; 62%) identified as LGBTQ+ (including bisexual, gay, lesbian, pansexual, and queer).



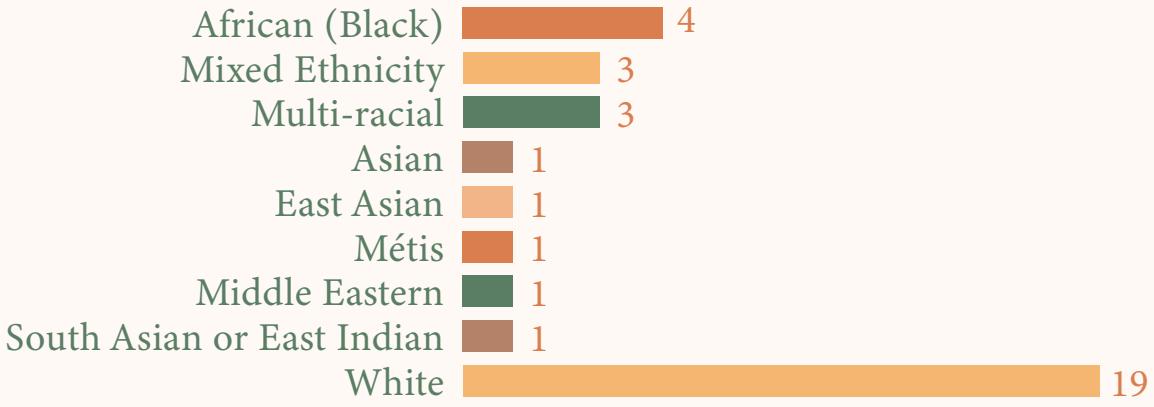

**Gender**




**Sexual Orientation**

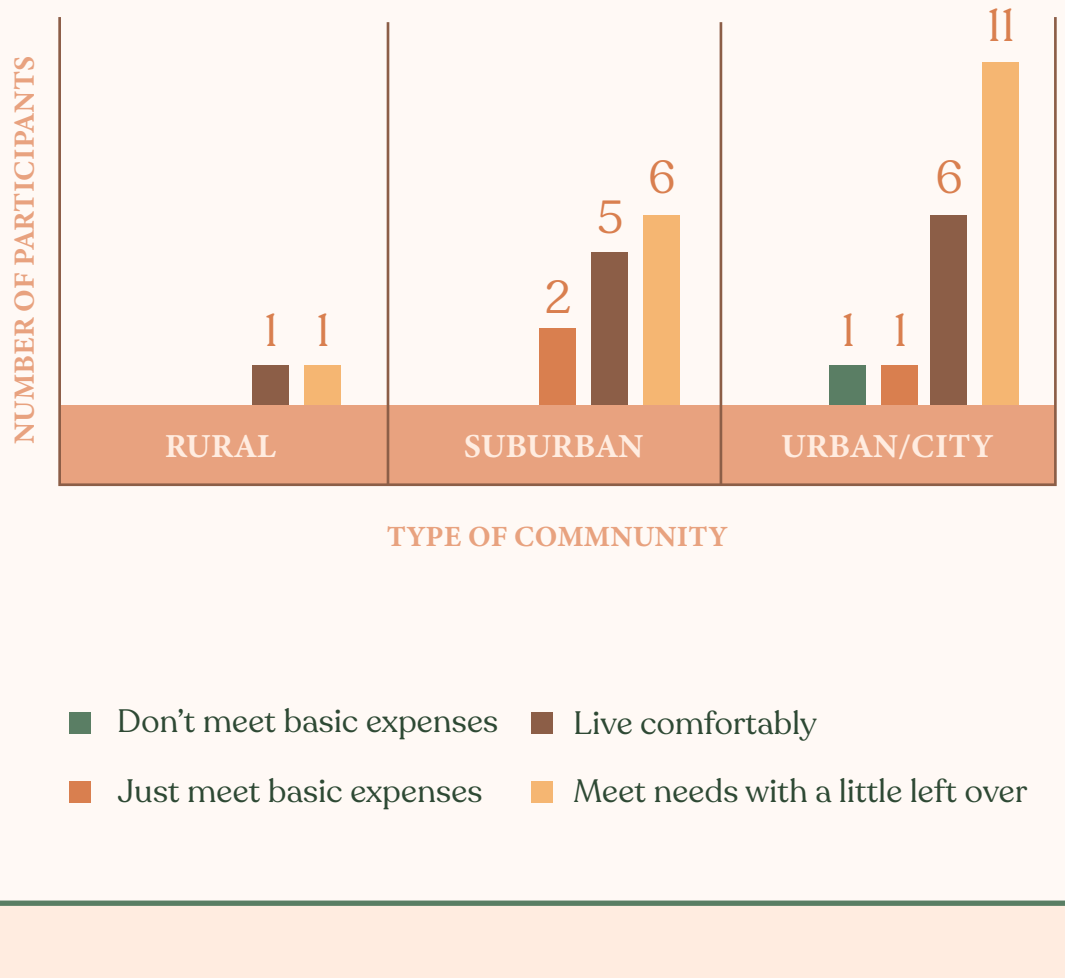
Most people's highest level of education was high school (21; 62%), and many were current postsecondary students (12; 35%). In terms of financial circumstances, over half (18; 53%) of participants said they were able to meet their basic expenses with "a little leftover." More than half of the sample identified as white (19; 56%), but the sample included participants from a range of ethnoracial backgrounds.

## Ethnoracial Background




(Based on Canadian Census categories for race/ethnicity)

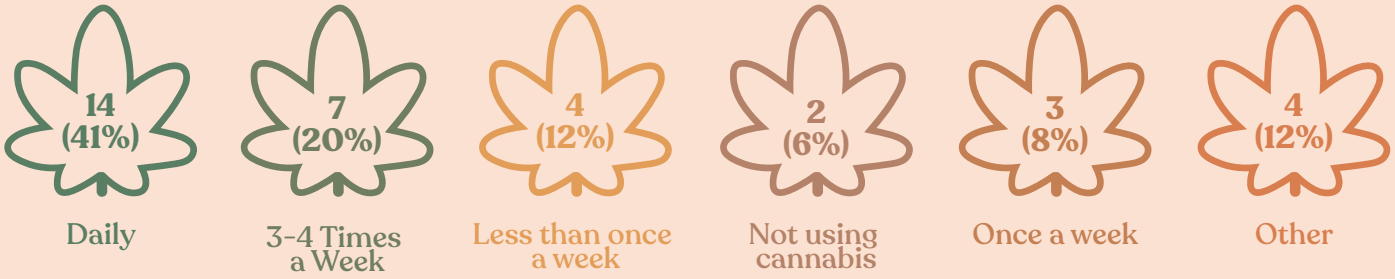
## Financial Circumstance and Type of Community



# Cannabis use

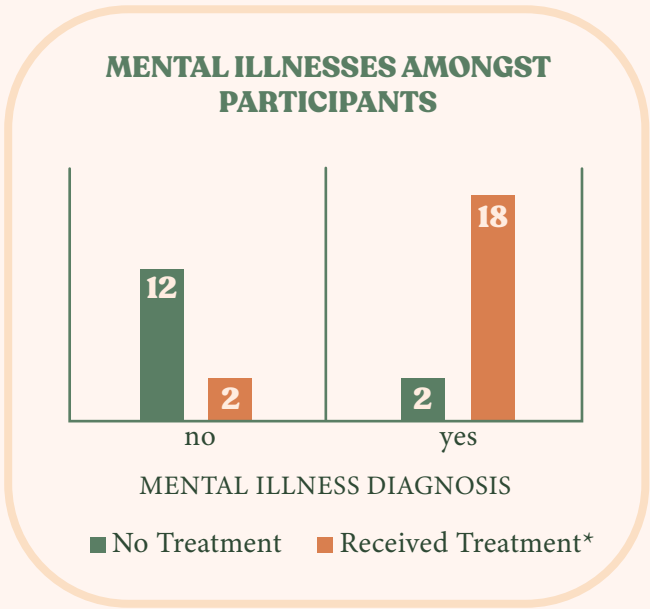
We asked people how often they used cannabis, and 61% said at least once a week. Many (41%) of the participants told us that they use cannabis daily. The majority (85%) of participants have not been prescribed cannabis and had not received treatment related to using cannabis.

## Frequency of Cannabis use amongst participants




# Mental Health

In the pre-interview survey, more than half (20; 59%) of participants shared that they had received a mental illness diagnosis and had received treatment services, including therapy and medication.




*Treatment refers to medication or access to therapy/ counselling to lessen mental distress or general mental health concerns. Treatment can sometimes be accessed without a formal diagnosis from a general practitioner.

# Cannabis Use among Participant's Family Members

Almost all participants (28; 82%) had a family member that used cannabis. The family members who used cannabis were siblings (22; 65%) and parents/legal guardians (12; 35%). Most participants (27; 79%) said that their family members who were using cannabis were doing so for non-medical reasons (i.e., without an authorization).

# Preliminary Findings

## Interviews

Interviews were virtual (online) and took place over six months in 2021-2022. We conducted interviews to create a context where young people could freely share their views. The approach to interviews was conversational and covered eight main topics. During the interviews, we discussed the history and patterns of use. Participants were asked about their first experiences with use and any changes to "why," "how," and "when" their cannabis use has changed over time. The intensity and frequency of cannabis use were discussed, as well as stopping use or reducing the amount consumed. Additionally, we asked how people perceive the harms of use and strategies for safer use. We also queried participants about using cannabis and other substances simultaneously (co- and poly-use). In discussions about health and social inequities linked to cannabis use, mental health was often raised. Interviewees spoke about how cannabis influences mental health and using cannabis for self-medication or coping. The discussions also addressed experiences of stigma connected to use and explored young people's recommendations for addressing cannabis education knowledge gaps.

## Interview Guide Topics

- Personal Use, History and Patterns of Use
- Reasons for Use
- Co-Use and Poly-Use
- Intensity and Frequency of Use
- Inequities ( Health and Social Struggles)
- Mental Health
- Family/Social context
- Resources and Recommendations

# What did we learn from our interviews?

### REASONS FOR USE

Many participants shared that they used cannabis as a strategy to support mental health in their day-to-day lives. This included using cannabis to reflect, relax, connect with people, and enhance artistic and entertainment experiences such as playing music or watching a movie. Some also shared that cannabis use helped them “function”, such as concentration, diminishing pain, dealing with grief, and a substitution strategy for weaning off other substances.

## STIGMA

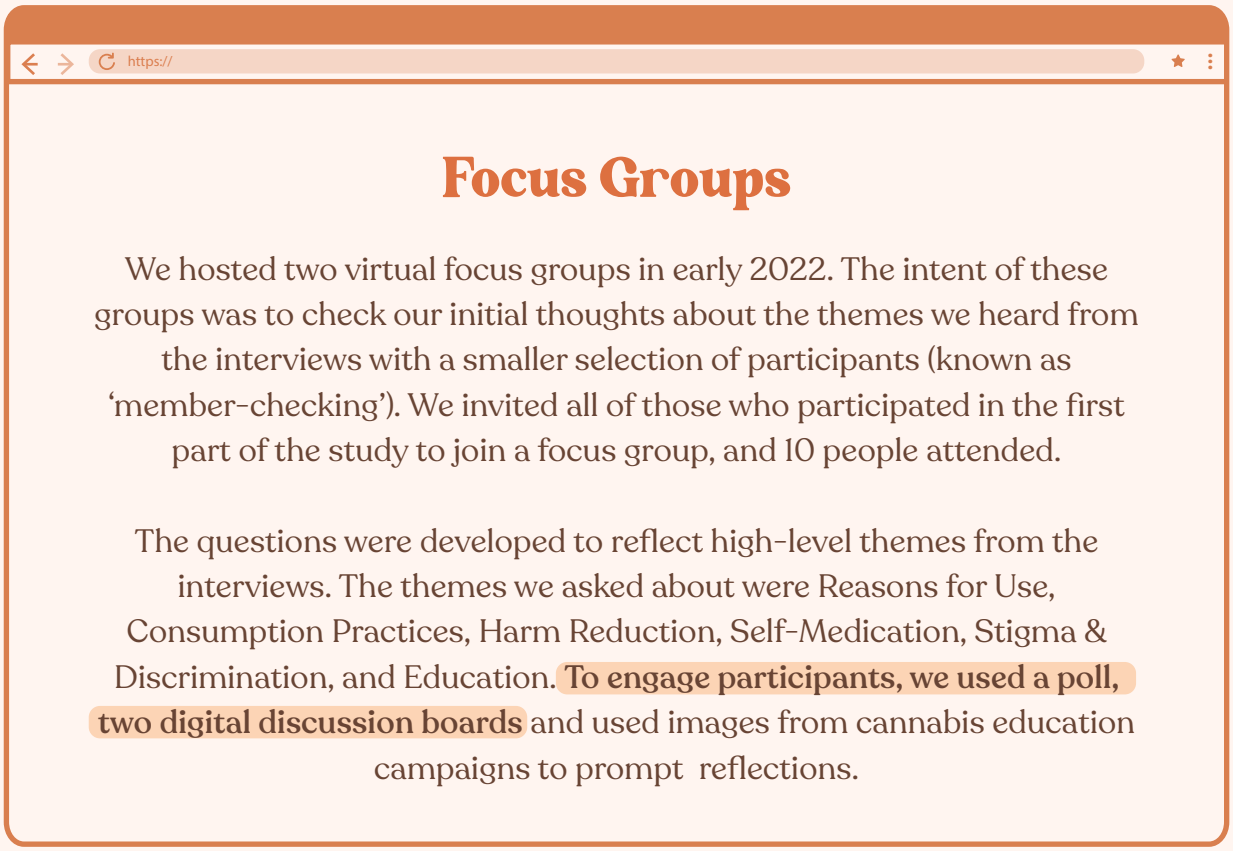
When discussing self-medication, participants often raised the issue of cannabis stigma in primary care and mental health care. Youth expressed discontentment with the health care system; some had experienced stigma and exclusion connected to their use, as well as inaccessibility based on a lack of availability or affordability. Youth using cannabis also encountered stigma from family, friends, and in public from strangers.

## HARM REDUCTION

Participants also discussed strategies to reduce harm. Youth shared how they actively engaged in harm-reducing strategies by setting boundaries around consumption. The most common approach was consuming in a safe or familiar setting (i.e., with knowledgeable friends and familiar people). Many shared that they actively sought evidence-based information on cannabis, its effects, and safer ways to use it.

## HEALTH AND SOCIAL INEQUITIES

Youth reported experiencing many different health and social inequities during their lives. We heard most frequently from youth how cannabis use was connected to experiences with mental health and mental illness. When asked about inequities or "struggles" in their lives, youth also shared how cannabis use was influenced by experiences of discrimination based on various intersecting identities (i.e.,race/ethnicity, religion, gender, sexuality, being low income). Some youth also spoke about connections between abuse, violence, trauma, and using cannabis as a coping strategy.




### Focus Groups

We hosted two virtual focus groups in early 2022. The intent of these groups was to check our initial thoughts about the themes we heard from the interviews with a smaller selection of participants (known as 'member-checking'). We invited all of those who participated in the first part of the study to join a focus group, and 10 people attended.

The questions were developed to reflect high-level themes from the interviews. The themes we asked about were Reasons for Use, Consumption Practices, Harm Reduction, Self-Medication, Stigma & Discrimination, and Education. **To engage participants, we used a poll, two digital discussion boards** and used images from cannabis education campaigns to prompt reflections.

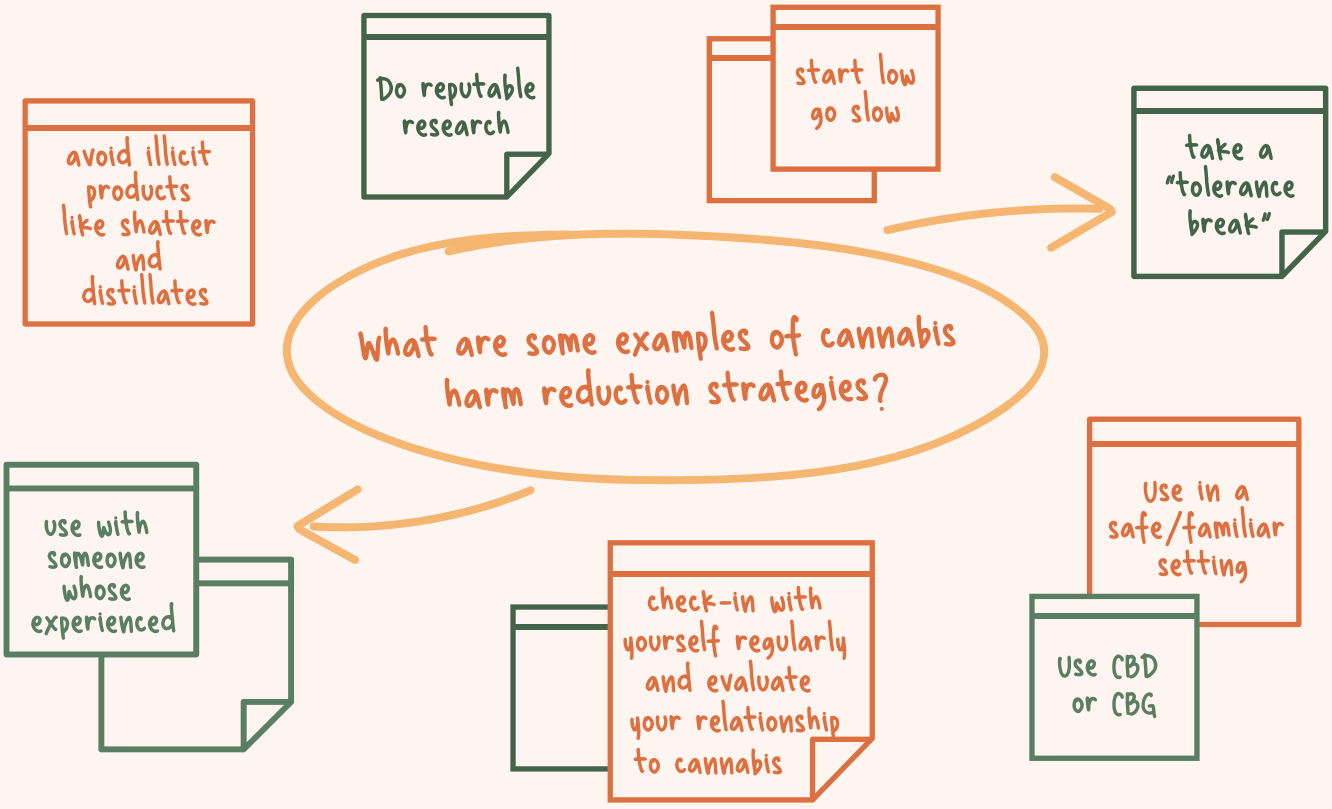
# What did we learn from our groups?

### REASONS FOR USING (WHY)

Youth confirmed the common reasons for using cannabis identified in the interviews. In addition, participants shared reasons for using cannabis that participants did not commonly discussed in interviews.
For example, using cannabis to cope with conditions that may affect focus (i.e., ADHD, OCD), to increase appetite when using prescribed medications, and dealing with loneliness and/or isolation.

### CONSUMPTION (WHEN AND HOW)

Peer contexts, which sometimes include "the vibe," influence how and when youth consume cannabis. In these conversations, youth spoke about the importance of safety. Participants agreed that convenience and the ability to control the "high" drive consumption method decision-making. Moreover, participants disclosed that legalization brought cannabis de-stigmatization, enhancing consumers' legal and health security.

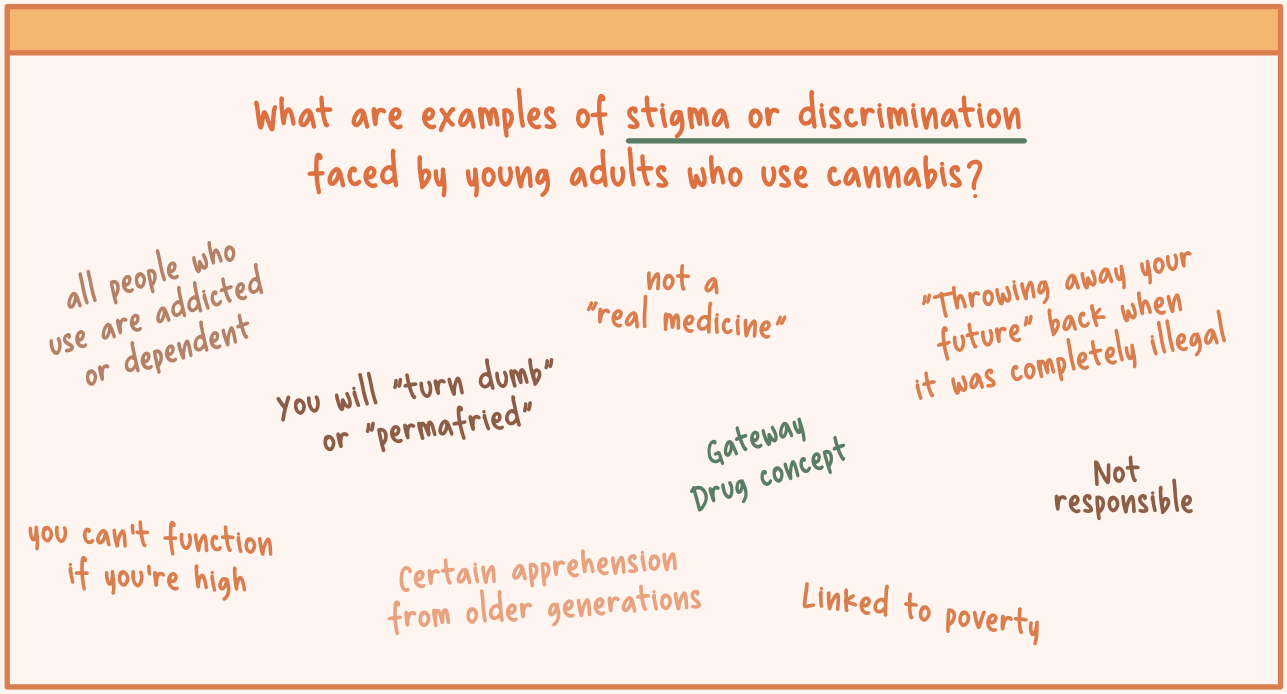



### HARM REDUCTION

Participants' many different harm reduction strategies gave us  further insights into the youth's self-awareness and knowledge about their use of cannabis. Strategies were mainly based on health concerns, and we heard a lot about the need for clear evidence and education about safer use. The discussions centered on "staying in control" and "being responsible" about use.

## SELF-MEDICATION

The groups confirmed that self-medication with cannabis is often used to reduce symptoms of mental distress. Participants disclosed that inaccessibility to appropriate psychological or medical care motivated cannabis use among some youth. There was a shared view that medical practitioners do not consider cannabis a legitimate treatment, limiting the ability to have open and honest conversations. There was also an agreement that medical professionals lack harm reduction approaches to cannabis, which is an additional barrier to addressing cannabis concerns.




## STIGMA AND DISCRIMINATION

Some participants shared that some specific groups experience more stigma for using cannabis than others (e.g., people experiencing low income, women, and BIPOC). But not everyone agreed with this connection between stigma and identity. Participants did agree that youth can feel “othered” and excluded and that their experiences and knowledge about cannabis use are minimized or ignored.

## EDUCATION

There was agreement about the types of educational information youth would like to see for cannabis use. In short, messages should be evidence-based messages and easy to read. Also crucial to youth are campaigns that include a harm reduction approach and address youth respectfully. Participants told us that messaging should be youth-friendly and ‘approachable’, use peer-to-peer approaches and be focused on communicating 'facts'.

# Next Steps

Interviews based at UBC are underway and will continue throughout 2022. If you know someone who might want to participate, get in touch **with trace.cannabis@ubc.ca or call 604-822-7459**

Once interviews are complete, we will be writing research papers to share what we learned, and also developing cannabis education messages in collaboration with youth.

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| **TRACE PROJECT GRANT TEAM** | **Study team leads:** Rebecca Haines-Saah (University of Calgary), Emily Jenkins (University of British Columbia).<br><br>**Team members:** Brenda Gladstone (University of Toronto), Ryan McNeil (Yale University), Tanya Mudry (University of Calgary), Chris Richardson (University of British Columbia), Cameron Wild (University of Alberta). |
| **Knowledge Users Partnerships** | Canadian Students for Sensible Drug Policy<br>Public Health Agency of Canada. |
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## Who do I contact

# FOR MORE INFORMATION?

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