

tried cannabis (O'Brien & Foley, 2017). Sixty percent of current cannabis users were daily smokers. Those who were in education tended to smoke less frequently and smaller amounts. Helping to relax, dealing with boredom, and aiding sleep were the most frequently endorsed reasons for smoking (O'Brien & Foley, 2017).

A Californian qualitative study of 15- to 18-year-olds found that most did not view cannabis as harmful and typically viewed it as a relaxing and social activity (Friese, 2017). Most of those who had stopped using cannabis had done so under duress from others including parents, police, and school, and drug testing contributed to this (Friese, 2017). A Danish study interviewed 30 young (aged 17–28 years) cannabis users in treatment regarding their introduction to cannabis (Järvinen & Ravn, 2015). They identified four board typologies of cannabis initiation: (a) difficult childhood experiences including parental substance use, (b) self-medication of problems such as attention deficit hyperactivity disorder, (c) socializing with cannabis users, and (d) cannabis as a lifestyle choice.

Although many people try cannabis during adolescence, only about 10% of those who do will become dependent (Hall, 2015), and most of those will not attend drug treatment. Studies of cannabis users in Ireland have largely focused on the general population, and so little is known about this clinical population. This study sought to gain an insight into those teenagers who have experienced harm because of their cannabis use. When teenagers are involved in research, they are happy they participated and find the experience positive and worthwhile (Garner, Passetti, Orndorff, & Godley, 2007). This study aimed to provide an insight into the experiences of teenage cannabis users attending treatment, focusing on their journey into cannabis use, the effect of cannabis on their life, and the experience of attending treatment.

THE STUDY

Research Design

A descriptive qualitative research design was adopted for this study. Qualitative descriptive studies tend to be more flexible in terms of philosophical and theoretical underpinnings. Given the research aims and objectives, an interpretivist paradigm was deemed appropriate. The goal of interpretivist research is to understand the world of human experience from the perspective of the person experiencing it. The aim is to uncover the meanings people attach to those experiences (Cronin, Coughlan, & Smith, 2014).

Data Collection

Data were collected by one-to-one interviews using an interview schedule that included structured and semistructured questions. The overall interview schedule consisted of 12 questions covering four broad sections: (a) initial cannabis use; (b) cannabis use and its effects on your life; (c) cannabis use, the police, the courts, and the law; and (d) cannabis use, treatment, and reflection.

Sampling and Recruitment

A convenience sample of participants was recruited through two treatment centers in Dublin, Ireland, in 2015. These organizations acted as gatekeepers. The number of participants recruited was based on the need to approach data saturation (where no new themes emerged) and feasibility issues of resources and timing. Eight young people took part in the one-to-one interviews, ranging from 20 to 50 minutes in duration. All the participants were living in Dublin; five attended one service, and three attended the other service.

Inclusion criteria were as follows: aged 15–19 years; attending a substance use service primarily for the treatment of cannabis use; parental consent for those under 18 years old; and willingness to participate, including audio recording. Exclusion criteria were significant use of other substances besides cannabis as defined by more than 4 days of use in the past month.

Before initiation of the full study, a pilot study was conducted to test the feasibility of the interview questions and the physical and practical study arrangements and processes. The study received ethical approval from the ethics committee of the Drug Treatment Board, Dublin. Gender-appropriate pseudonyms were allocated to each participant to protect confidentiality.

Data Analysis

All interviews were audio-recorded and transcribed verbatim. Thematic analysis was employed to analyze the data. Thematic analysis has been identified as a method for identifying, analyzing, and reporting patterns (themes) within data (Braun & Clarke, 2006). It is compatible with the interpretivist paradigm. Participants were asked to speak about their experiences; hence, the method of analysis was predominantly realist, which reported experiences, meaning, and the reality of participants.

The practical analysis of the data was conducted systematically using the six stages of analysis, as outlined by Braun and Clarke (2006). These were (a) familiarizing yourself with the data, (b) generating initial codes, (c) searching for themes, (d) reviewing themes, (e) defining and naming themes, and (f) producing the report.

The Qqualyzer software was used for data analysis and coding once transcription was complete. Qqualyzer is a free, open-source desktop application for the management, coding, and analysis of qualitative research data. It was created by the School of Computer Sciences at McGill University in Canada and is free for all researchers to download and use (McGill University, 2012).

FINDINGS

Most of the participants were male (62%, $n = 5$), which was in keeping with the services' demographic statistics, where typically over 70% of referrals were male. They ranged in age from 15 to 18 years, with a mean of 16.75 years. The mean age for first use of cannabis was 13 years, and on average, over 3.5 years had passed since their first use. Table 1 gives an overview of the eight participants and the aliases they were assigned.

After the analysis, six themes emerged. The first two themes centered around their cannabis use and ambivalence toward it and produced the largest amount of data. This was mainly because

of the fact that they were effectively universally experienced across all participants.

1. Cannabis initiation and heavy use
2. Cannabis ambivalence
3. Stealing and dealing
4. Treatment
5. Damage to relationships
6. Parental cannabis use

Early Initiation and Heavy Use

Five of the eight commenced using cannabis at the age of 13 years or younger—the eldest being 15 years old at first use. First use was with friends, in a relaxed social situation such as the park or the green.

“One of my mates was always smoking it, we went down to a laneway and we were smoking cigarettes, and he came down and we were all eleven and twelve at the time, he said I am after robbing this for my brother, so we smoked that.” (Derek)

Over time, use increased with seven reporting daily use, with most reporting using more than 2 g daily. The seven daily smokers described how cannabis became a focal point of their lives. Some described it as an addiction but emphasized that it is a psychological addiction—you just think you need it.

“It's like an addiction, obviously it's an addiction but it's all in your head, as well like... you do keep telling yourself that, that you need a joint, and you don't.” (Fiona)

“So, if people ever say to you, I smoke cannabis for this reason, they are lying. They are just addicted to the high, they'll use every excuse in the book.” (Carol)

They began to notice that they were getting less enjoyment the more they smoked. Whereas before they got giggly and high, now they smoked cannabis like others would smoke a cigarette.

“When I first started to notice it was a problem I was smoking so much I wasn't feeling stoned anymore and when I wasn't stoned I didn't feel right, and when I smoked a joint I wouldn't feel stoned, I would just feel normal, and that kind of really was like messing with me...” (Andrew)

Cravings and withdrawals were a common feature as they frequently reported sleep problems, appetite disturbance, agitation, and constant cravings when they did not have it.

Only one respondent reported feeling pressure to use; she was the only girl with a group of boys who were all smoking cannabis. The others described simply being in situations where others had it and deciding to try it. The initial use of cannabis was seen as positive and enjoyable. For the first few years, use was infrequent, but around the age of 15 years, more regular use commenced. Gradually, they began to associate more with other cannabis smokers:

“I used to hang with more people who would have smoked weed and I would have associated with them more rather than people who didn't.” (Harry)

When asked if this was a good or a bad thing, Harry replied:

“Kind of a bad thing I suppose. I suppose a worse group if you want to put it like that.” (Harry)

As smoking became more common, this influenced relationships. Cannabis was sometimes described as being a social drug that led to them making friends and meeting people.

“If you are smoking a joint or someone else is, you go over and talk with them and have a few joints with them, you just make friends very easily.” (Ed)

Cannabis Ambivalence

The positive benefits of cannabis focused on two main areas—the enjoyment of being stoned, mainly feeling giggly, happy, and relaxed, and second, that cannabis was overall a social drug that led to meeting new people. The relaxed feeling was viewed as a good thing that led to improvements in areas that were previously a problem, such as unwanted emotions.

“Everything is just like more noticeable, it's just like when you are stoned you don't feel down or nothing, everything is kind of happy, kind of like funny.” (Carol)

Almost in the same breath that they described cannabis positively, they also described it negatively—they needed more, and the costs and other effects associated with heavy use were considerable. As the tolerance and amount being consumed increased, the experience changed from smoking to “get high” to

TABLE 1 Overview of Participants

Alias	Gender	Age (Years)	First Use (Years Old)	Heaviest Use
Andrew	Male	17	12 or 13	Daily: €00+ / 4 g
Barry	Male	17	12	Daily: €100+ / 4 g
Carol	Female	15	13	Daily: €100+ / 4 g
Derek	Male	17	11 or 12	Daily: > €25 / 1 g
Ed	Male	18	14	Daily: €50 / 2 g
Fiona	Female	17	13	Daily: > €50 / 2 g
Harry	Male	17	15	Weekly: €50 / 2 g
Irene	Female	16	14	Daily: €25 / 1 g

Note. All names are pseudonyms.

smoking to feel normal or not feel bad. When they did not have it, they reported numerous problems including poor sleep, anger, anxiety, and low mood.

“Like, I just felt like when I was in bed and I wasn't stoned, I couldn't sleep, my mind wouldn't shut off. When I was in bed stoned, I was asleep in two seconds like.” (Irene)

These negative effects were linked not with the drug but with the frequency with which it is used.

“The way I see it, if you smoke cannabis, you smoke it every day or every second day whatever, you smoke it very frequently. You take pills like ecstasy, ecstasy is a party drug like. You wouldn't go out every day and go on ecstasy. I think the weed is doing more damage because you are using it more frequently.” (Ed)

It was difficult for them to identify a moment when they realized that cannabis was a problem. The fact that they saw cannabis in such a positive light seemed to make them reluctant to accept that it was causing any problems.

“It was a tough time for me, I didn't really want to accept it all. I was going through a stage of where I knew it was bad and I didn't know how to really stop, I came to the conclusion that I was obviously full on addicted to it.” (Andrew)

A significant pattern was persistent use despite knowing it was causing, or at least contributing to, significant harms. This seemed to lead to a lot of ambivalence.

“I love it, yeah, I think it's a grand drug, I don't want to get off it completely, I just want to cut down as to where I am happy, two joints maybe. Like if you go out to work and you come home and sitting on the sofa, have a joint, watching a film, watching Love/Hate or something. Like I don't want to stop completely, I just want to, so I am not spending all me money on it, I just want enough to pay for a twenty-five bag a week or something to do me.” (Derek)

And Derek's very next sentence:

“I would like to give it up completely but I don't think I will be able to right. I am going to attempt it, yeah, but it's just, like I could do it all day but it's just when you are sitting in bed and you lie down that the only thing it is, you are lying down in bed, you start sweating and all and then I need something like and then you have a joint.” (Derek)

This desire to continue using despite harms persisted even after coming to treatment and making significant changes. All but one were still using cannabis and had no strong desire for abstinence.

“I don't think I will ever stop smoking it to be honest.” (Andrew)

Various reasons were presented regarding why they entered treatment. They all accepted that cannabis was causing some problems and so were at least partly open to the idea of change. However, there was also pressure from family, criminal justice professionals, and school. In many cases, it was a combination

of guilt and pressure from other people that got them to think about going for help.

“...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)

Stealing and Dealing

Funding cannabis was a big preoccupation, and they recounted numerous ways to gather money. Five participants (62.5%) admitted to selling cannabis to fund their use, whereas four reported various levels of criminality including stealing money and mobile phones and even armed robbery.

“I used to make a load of excuses, we were going to the cinema or school trips or need school books but all them excuses ran dry. Like I had phone calls from guys wanting to come to the house and I ended up stealing money from my Ma first. It was €50, she didn't notice so I done it a few more times. She didn't really notice, and it kind of went on from there. And if she would notice money going she wouldn't think it was me, she didn't realise I was in the grips of smoking weed everyday like, but I started then selling after a while.” (Andrew)

As costs increased, so did criminality—whereas they initially stole from parents and sold personal items, some moved on to stealing and selling items such as mobile phones. Some realized that, like many products, if you buy cannabis in bulk, you get a better price and can then sell some of it at a profit (to friends initially), which funds your own use.

“I would take three bags off one bloke and he would give me one for free and then I would give them and that went on that way 'til from about 1st year until the end of 3rd year. By then I had myself a nice customer base and people ringing me looking for this and that, running back and forth and then one day goes alright I will get a half bar and I sold that in a day and I was like what, that was so fucking easy, why didn't I do that before.” (Barry)

They had increasing contact with dealers who typically allowed them a line of credit (referred to as “tick” or “lay”), but this soon became a problem.

“He was like giving me weed but I was only giving him half the money so he was like running me into debt with him, so he was giving me an endless amount like.” (Irene)

“I was just being stupid like and then like I would get stuff on lay so like I would get it and pay then when I had the money like and then I had people knocking on my door for €300 or €400.” (Fiona)

The demand that debts be paid was often the first time parents realized drugs were an issue. Half of the group reported receiving threats because of drug debts. Threats were often made explicitly or implicitly to families.

“Some fella came and they had to get the money on the spot like there was no I will be back in ten minutes. It was either give me the money or we are taking him and that was the way it was.” (Derek)

Many of the young people had been both the buyer and seller of cannabis at various times.

“I was getting an ounce per week or two ounces per week and I would give it to people on tick and then I would collect the money then on Thursday or Friday. That went on for a long time.” (Andrew)

Drug selling was primarily about paying for their personal drug use, but sometimes, it was so profitable that they had money for other things. When they reduced or stopped smoking cannabis, it also created a new dilemma—do you keep selling?

“I was selling drugs at one stage as well...so I wasn't paying for it... So now that I had the weed when I got money I could buy clothes 'cos I didn't spend it on weed, so you know what I mean.” (Derek)

It also meant that, at times, they were the ones threatening or hurting others because of being owed money for drugs, as outlined by Derek:

“When I was giving my mate lay and he didn't pay what could I do? I had to do something you know what I mean. So I ended up breaking his jaw, and I told him keep your €50 and no one ever took lay off me again.” (Derek)

This lifestyle, being the dealer, was quite desirable at the beginning.

“At the start I loved the power and the respect and people wouldn't fuck with you, because they knew who you working with and they knew they would get what was coming to them. No one said anything, you could give a stranger a bag on layaway.” (Barry)

Treatment

Generally, they spoke favorably about the experience of attending treatment, but it was not always good, and particularly in the beginning, they were skeptical.

“First day here I was very nervous, I was shitting myself to be honest, I didn't know what to expect. It's good like, I had more success with not smoking it here than I ever would have had without being here.” (Ed)

Most of the work was talking-based treatments, which they seemed to enjoy and find useful.

“I think just letting someone know what is going on, talking to someone about it, sort of gets a bit off your shoulders.” (Derek)

The staff approach as nonjudgmental and friendly was important to the participants.

“Just the advice they gave, it wasn't judgemental, it was the fact that they had dealt with it before, similar situation so it wasn't new to them, there wasn't a look of detest and disgust when I was telling my story. There was more a look of acceptance as in this is where you belong....” (Barry)

As the staff in the substance use services knew a lot about substance use, it made it easier for them to connect compared with other professionals. It also meant they were more willing to discuss drug issues as they felt understood.

“Yeah, I like it, because it feels I can actually finally talk about my problems with weed, like I have social workers and I would never talk to them about anything?” (Irene)

Irene stated that she was afraid that her social worker's reaction would be disappointment to her drug use. Building the trusting relationship can take some time.

“It took a while to realise but they told me on the first day it was confidential but it took me a while to realise it like, that anything that is said here stays here. And I thought these are stupid they don't know anything about why I use weed and all but a lot of things she said to me about why people my age use it are very true.” (Ed)

Damage to Relationships

As the cost of cannabis became a problem, the social aspect became less prominent. A key feature was the feeling that these relationships were superficial and people were using each other for access to cannabis.

“Yeah, there was a lot of fights between me and my friends 'cos like we were all fighting, calling each other saying you were sly, you got a bag of weed and didn't like share it with us and stuff like you know.” (Irene)

Several of the respondents also reported that moving away from cannabis-using friends was necessary to change their own use. Being around cannabis was too tempting so it was easier to just avoid cannabis users entirely.

“When you go out to your friend and they are smoking joints, you just got to have to change your friends, it's like, no one has the answers but yourself, you just got to change your friends and then get away from all of that stuff.” (Carol)

However, tension with friends was not universal; not all reported losing friends, and some reported making friends through cannabis such as Ed:

“One thing I can say to you is that cannabis made me a lot of friends, I never lost a friend over it.” (Ed)

Cannabis frequently caused problems with families. Because of unpaid debts, dealers would start to exert pressure on them and their family to pay. Numerous participants commented on the effect debts had on the family and the guilt they felt. In many cases, parents paid debts to drug dealers to try and ensure their child's safety. Andrew discussed this but went further to talk about how he came to take advantage of his mother's willingness to pay the debts.

“Trust broke down, yeah 'cos my Ma start realising I was robbing her and she didn't trust me with anything and she was always ringing me when I was out, where are you? When I eventually told her that like I owed money and people were talking about

coming to the house, she was terrified of that and offered to pay some of my bills and stuff like that and I took advantage of that. I started relying on eventually that she would pay it off and that went on for a couple of months and she drew the line and I couldn't take it anymore.” (Andrew)

Andrew's mother paying his drug debt facilitated his continued use despite not being able to afford the amount of cannabis he was smoking. Eventually, Andrew made changes, and the stress debts had caused his family was a major contributing factor. A recurring theme within the descriptions was family's worry that their child would use more harmful or harder drugs than cannabis. Irene's grandmother was very worried about her.

“She thought I was going to end up like my Ma 'cos my Ma has a drug history like heroin. So she thought if I did cannabis I would go on to do heroin.” (Irene)

Parental Cannabis Use

In contrast to the worry that some of the participants reported, it is worth highlighting that four of them commented on either their parents or their friends' parents smoking cannabis. When Andrew first smoked cannabis, the smell of it reminded him of his dad:

“...as soon as I smelled it, my Da came straight into my head because that smell was always used to associate with him, around him and I never knew what it was and it all clicked. All those times he was going outside, the ripped-up cigarettes in his room, in the kitchen, it all clicked, ah, he was smoking joints all the time. It's the one thing that really sticks out for me.” (Andrew)

Barry described how one of his friends stole cannabis from his dad, which enabled him to smoke it for the first time. Carol was also aware that her father smoked cannabis, and her mother associated cannabis with Carol's father, her ex-partner.

“Me Da used to smoke cannabis so me ma is not happy with me smoking it.” (Carol)

Despite known parental use, none of the participants described their parents either providing cannabis or condoning its use. Even when the parents used or had used cannabis, there was little evidence that the parents approved or wanted their child using it.

DISCUSSION

One of the most concerning aspects of these findings is that they began their cannabis career at such a young age—typically by the age of 13 years. This is considerably younger than the mean age of 15 years reported in the general population of teenagers (Barrett & Bradley, 2016). In Ireland, the median age for commencing regular use is 18 years (National Advisory Committee on Drugs & Alcohol, 2018), whereas our sample were regular users by the age of 15 years. Research indicates that the younger people are when they commence cannabis use, the more likely they are to experience a range of psychosocial harms (Hall, 2015). Many of these effects are

dose dependent, placing these young daily smokers at the greatest risk of harm.

Our findings highlight the role peers have in substance use initiation as all the young people reported that their first use was in a social context with friends. Delinquency and having cannabis-using friends make an adolescent more likely to receive an offer of cannabis (Burdzovic Andreas & Pape, 2015). Peer use of substances, school problems, and delinquency are probably the greatest predictors of cannabis initiation and regular use, particularly when present together (van den Bree & Pickworth, 2005). Experimental studies also indicate that younger teenagers are more prone to risk taking, particularly when with peers (Gardner & Steinberg, 2005). There was no evidence of our study participants “self-medicating” other problems.

The young people in this study presented a complicated picture of ambivalence toward cannabis. Although they recognized their use had caused them harm, they were generally reluctant to aim toward abstinence. Ambivalence has long been recognized as a hallmark of substance use disorder and a key focus in treatment (Miller & Rollnick, 2002). The participants perceived that it was the amount of cannabis they smoked rather than smoking per se that was the problem. A shift toward changing one's substance use will likely be influenced by many factors including perception of harm and norms. About a quarter of the general population approves recreational cannabis use (National Advisory Committee on Drugs & Alcohol, 2018).

The participants in our study described significant criminality. Five of the eight reported selling cannabis, whereas half reported involvement with other forms of criminality. A study of high school students in the United States reported that one in eight teenagers admitted to selling drugs, and being male, cannabis use, and conduct problems increased the likelihood (Steinman, 2005). Such behaviors increase the social risks with an increased likelihood of receiving criminal charges. There has been discourse in Ireland about the merits of decriminalization of drug use in order that people's futures are not negatively influenced by charges for possession. The findings outlined here suggest that decriminalization may not be that useful for this most vulnerable cohort of young people as they are collecting charges for dealing and other activities, which will remain criminalized. Spent convictions approaches, where after a defined period, convictions do not have to be disclosed, may be more effective in helping people move on with their lives. Regardless of the legal status of cannabis, many participants were involved in crime, sometimes stealing from their family, which has a significant impact on relationships and society.

In line with their ambivalence regarding cannabis use was a lack of clarity around the goals of treatment. Many saw treatment as useful and helped them reduce or obtain some control over their substance use. This is in line with the research on adolescent substance use treatment, which has reported that receiving treatment produces more favorable outcomes than no treatment (Tanner-Smith, Wilson, & Lipsey, 2013). Low motivation and problem recognition appear common with this client group (Smyth, Kelly, Barry, Cullen, & Darker,

2015). Most planned to continue to use cannabis in the future but in a less harmful manner. Such an approach is in keeping with a harm reduction philosophy, but moderation may not have significant long-term effects on future dependency for heavy cannabis users (Swift et al., 2009).

Despite some of the respondents coming to treatment under duress, no negative comments were made about treatment. Positive comments were made highlighting the nonjudgmental approach, freedom to talk in a confidential space, and the fact that staff understood drug issues. The literature on adolescent substance use continually emphasizes important aspects such as the training of staff in appropriate models. However, individual factors such as staff members' ability to engage an individual in the process are less tangible. Research in mental health and counseling services indicate that relationship issues are a key area for addressing dropout from therapy (Garcia & Weisz, 2002). Research with women in substance abuse treatment found that staff knowledge and experience as well as being supportive were paramount (Grosenick & Hatmaker, 2000).

As the primary caregivers, parents have to deal with their children when they are presenting with increasingly challenging behaviors. These parents experience a range of problems such as struggling to accept and deal with behaviors, guilt for their mistakes, and anger with their child (Groenewald & Bhana, 2016; Usher, Jackson, & O'Brien, 2007). Even if a young person makes significant changes in his or her substance use, significant damage to relationships with parents and family is likely to have occurred. This may explain the apparent effectiveness of family-based interventions (Tanner-Smith et al., 2013).

Four of the participants commented on their or their friends' parents using cannabis. Irish research has shown an increased risk of substance use among the children of substance users and this risk is elevated if the mother or both parents use rather than only the father (Keeley, Mongwa, & Corcoran, 2015). Interestingly, Ireland has seen a significant decrease in adolescent cannabis use over the last 20 years. In 1995, the ESPAD study found that 37% of Irish 15- to 16-year-olds had smoked cannabis, whereas the equivalent figure in 2011 and 2015 was 18% and 19%, respectively (The ESPAD Group, 2016). Those who were 15 years old in 1995 are in their late 30s now, and some will be parents of teenagers. This means that parents may be twice as likely to have smoked cannabis as teenagers than their children. This again emphasizes the importance of engaging parents in the treatment of their child's substance use.

A large number of the interviewees inadvertently endorsed numerous criteria for cannabis dependency. The Diagnostic and Statistical Manual of Mental Disorders-5 outlines 11 symptoms of cannabis use disorder (American Psychiatric Association, 2013). Time spent obtaining and using cannabis, cravings and urges, use despite problems, other activities reduced, tolerance, and withdrawal were all clearly endorsed. However, other symptoms such as having been taken in larger amounts than intended, unsuccessful efforts to control use, failure to fulfill major roles, and continued use despite knowledge that it is contributing to physical or psychological problems were

indirectly endorsed. Research has indicated that those with more significant cannabis dependency are more likely to require professional intervention to deal with their cannabis difficulties (Stea, Yakovenko, & Hodgins, 2015).

LIMITATIONS

A number of limitations should be noted. This is a small study with only eight participants, but samples of below 10 interviewees are common in qualitative studies as the main focus is on data saturation (Polit & Beck, 2014). The sample was also drawn from two treatment services in a relatively small area of one city, and two of the authors, including the interviewer, worked in one of the services. The interviewer was not involved in the treatment of any participants. The aim of this study was not to provide an objective view of young people's cannabis use. Rather, it sought to provide an insight to the reader on the experiences and views of young people attending treatment for cannabis use. Naturally, caution should be taken in trying to generalize the findings of this, or most qualitative studies, to different populations as it was not designed with this in mind.

CONCLUSION

This study was an examination of the experience of teenagers attending treatment for cannabis use in Ireland. For the first time in Ireland, it provides an insight into the experiences of young cannabis users in treatment. The findings suggest that those who attend treatment start their cannabis use at a young age and are typically daily smokers of 1–2 g of cannabis. They are ambivalent about their cannabis use despite recognizing a variety of harms linked to their cannabis use such as difficulties in relationships with friends and parents and trouble with the police and in school. However, the financial cost of cannabis use and the ensuing debts appear to act as a catalyst to change. Although reluctant to enter treatment, it was seen as helpful and staff, in particular, play a key role in this through a nonjudgmental attitude and knowledge of drug use. This study emphasizes the reality that young people attending treatment for their cannabis use have experienced significant problems because of their cannabis use and cannabis dependency appears common. Evidence-based treatments provided by nonjudgmental and competent professionals are vital. Other professionals working with young people need to understand the effects cannabis use may be having for some of their clients.

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