Cannabis Use

JSNA Report

June 2015

This topic area was a bespoke, one off JSNA investigation into cannabis use. Cannabis is included within the Substance Misuse JSNA which is updated periodically.

This report

This report has been prepared jointly by Knowsley Council, the Safer Knowsley Partnership, and Knowsley Clinical Commissioning Group (CCG).

Its purpose is to examine the scale of cannabis use in Knowsley and the related impacts on health, crime and the wider community based on the latest available data. The analysis is intended to determine the following:

- How much impact does this issue have on local people?
- Can this impact be reduced through local action?
- Can local action reduce health inequalities?
- Will local action on this help address other issues too?

Understanding these things helps the Knowsley Health and Wellbeing Board (HWB) determine the level of priority that this issue should be given in the Borough's Health and Wellbeing Strategy.

This is one of a series of reports that comprise Knowsley's Joint Strategic Needs Assessment (JSNA). This topic area was a bespoke, one off investigation on cannabis use. Cannabis is included within the Substance Misuse JSNA which is updated periodically.

Contributors

The majority of this report is based on evidence and analysis from the following organisations:

- The Centre for the Study of Crime, Criminalisation and Social Exclusion at Liverpool John Moores University
- Merseyside Police
- North West Public Health Observatory
- Knowsley Council

Contacts

For information about this report contact:	Richard Holford, Public Health Specialist (0151 443 4992) richard.holford@knowsley.gov.uk
For information regarding qualitative research around Cannabis Use and Cultivation in Knowsley, contact:	Nicola Haigh, Community Safety Case Manager (0151 443 3032) nicola.haigh@knowsley.gov.uk

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SUMMARY

This summary is intended to provide a stand-alone briefing on current evidence relating to cannabis use in Knowsley. This briefing should be read alongside the qualitative research on cannabis cultivation in Knowsley, undertaken by Liverpool John Moores University (2013).

WHAT ARE THE MOST CRITICAL CHALLENGES FACING KNOWSLEY IN RELATION TO CANNABIS USE?

- Improving data collection and quality relating to cannabis use in the borough.
- Implementing sample testing to accurately identify content of cannabis locally (and accurately associate related health effects).
- Focusing on prevention - implementing a comprehensive prevention programme, in particular targeting the primary to secondary school transition stage.
- Focusing on providing education and training for professionals.
- Improving the accessibility of reliable and accurate information relating to cannabis (with a focus on support not enforcement), relevant for:
    - Professionals
    - Cannabis users
    - Families / parents / public
    - Children and young people
- Increasing public awareness of the impacts of cannabis (including crime related to cultivation).
- Improving life outcomes (e.g. employment opportunities) to provide alternative choices to involvement with cannabis.
- Reviewing current provision of treatment services against potential future demand, including the provision of cannabis specific services.
- Reviewing the effectiveness of referral pathways to treatment services.
- Detailing a multi-agency approach with collectively agreed strategy, roles and responsibilities.

WHAT IS THE SCALE OF THE PROBLEM, AND WHO IS MOST AFFECTED BY CANNABIS USE IN KNOWSLEY?

- 80% of the total drug offences in Knowsley are for possession of cannabis, accounting for 12% of all crime.

- Stockbridge has the highest number of cannabis related offences, followed by Page Moss and Northwood.

- 52% of those arrested for possession of cannabis are between 16 and 24 years of age. Numbers peak in the early 20s and decrease significantly from the mid-20s onwards.

- Adults - Data from the North West Mental Wellbeing Survey (2009) showed that the number of people having ever used cannabis (5.7%) in Knowsley is lower than the North West average (11.5%). This is also lower than national figure from the Crime Survey for England and Wales (2012/13) where use amongst adults was 6.4%.

- Young people - data from the Health Related Behaviour Survey (2012) shows that in line with the national trend, cannabis use amongst young people in Knowsley has declined to its lowest level. 2% of young people in secondary schools across Knowsley had used cannabis in the last year; compared to 7.5% of 11 to 15 year olds in the Smoking, Drinking and Drug Use Amongst Young People in England survey (Fuller, 2012).

HAVE THINGS BEEN IMPROVING OR GETTING WORSE?

Nationally, use of cannabis has continued to decline. However the numbers accessing treatment services has increased. Evidence suggests this may be due to the increase in potency of cannabis and the onset of related health effects (supported by data relating to the age and age of first use of cannabis). However it may also in part be attributable to the improvement of treatment services in engaging those in need of treatment.

Local data also shows a similar decline. However the availability of data is limited with some from 2009, which does not reflect any impact from the recent increase in detections of cannabis cultivations. There are also some issues relating to the data quality and robustness of methodology for data relating to young people.

Anecdotal evidence and perceptions from stakeholders suggests that cannabis use is widespread and that there has been an increase in its use and availability in recent years.

HOW ARE THINGS EXPECTED TO CHANGE OVER THE NEXT FEW YEARS?

Domestic cultivation of cannabis has dramatically increased across Merseyside over the past five years. In the first 9 months of operation, Merseyside Police's Matrix team detected 300 cultivation farms, equivalent to 2 per day, and seized £22 million worth of cannabis. Almost half of the cultivations detected in Knowsley occurred in Kirkby.

This is likely to have a significant impact on adults and young people. Cannabis use is expected to increase considerably.

It is also likely that the numbers accessing treatment services will increase. This will impact on Substance Misuse, Mental Health and Secondary Care Services and also Police, Fire, Social Care, Youth Services and Domestic Violence Services.

HOW GOOD IS THE AVAILABLE INTELLIGENCE, AND WHERE ARE THE GAPS IN OUR KNOWLEDGE?

- Rich, in-depth insight around perceptions, attitudes and motivations has already been collected, and should be used to inform future actions.
    - However more insight is required from communities in relation to motivation to report cannabis use (and cultivation).
    - Greater insight is also needed around the motivations for cultivating cannabis, and evidence of what works to prevent/ reduce involvement.
- More robust data is needed relating to cannabis use amongst children and young people. Including from secondary schools, youth services, children's social care and other partners (e.g., Family First).
- No systematic approach to primary prevention (cannabis specific).
- There is little data relating to the content of local samples of cannabis.
- There is a lack of data relating to the health effects experienced by those using cannabis locally, and the related healthcare pathways.
- Greater intelligence, insight and understanding needed relating to domestic violence, in particular child on parent abuse.

CANNABIS USE

1. WHY IS CANNABIS USE IMPORTANT?

Cannabis is the most commonly used illegal drug in England, with 6.4% of adults (aged 16 to 59) and 15.7% of young people (aged 16 to 24) admitting to use within the last year.

Potency of the drug (measured by Tetrahydrocannabinol (THC) content) has almost tripled since 1995, with the quantity of CBD (a natural anti-psychotic component which counteracts the effects of THC) now virtually inexistent. Tetrahydrocannabinol (THC) is the active chemical in cannabis and is one of the oldest hallucinogenic drugs known. Sensimilla is now the most commonly available form of cannabis.

The health effects of cannabis use are significant. Approximately one in ten users will become dependent, increasing to one in five amongst those who have used the drug frequently and one in two who use the drug daily, and with young people and females become dependent quicker. Dependent users may experience irritability, interpersonal relationship issues (intimate partner violence), financial difficulties and domestic violence (child on parent).

A similar proportion will also experience mental health effects including psychotic symptoms, schizophrenia, anxiety, and depression. Those who begin using the drug at age 15 or younger are twice as likely to develop a psychotic disorder, and four times as likely to experience delusional symptoms (UNODC, 2012). However the manifestation of these symptoms could be delayed for approximately 7-8 years (Stefanis et al., 2013).

Users are also at increased risk of respiratory infections, COPD, lung cancer and reproductive disorders. They are likely to experience short term memory deficits (including the delayed recall of visual and verbal information, which do not improve significantly after six weeks of abstinence (Schweinsburg, 2008)), neuropsychological decline (even after controlling for years of education (Meier et al., 2102), impaired attention, concentration, decision-making, self-control and risk taking. Cannabis use is also therefore linked with an increased risk of leaving school with no qualifications.

Controlling the use of cannabis also requires significant resource from criminal justice agencies; currently, cannabis is categorised under Class B of the Misuse of Drugs Act (1971). In 2012 there were a total of 1,384 recorded drug offences in Knowsley in (Merseyside Police, 2012), representing 15% of all crime in the borough. 80% of these related to the possession of cannabis.

The ACPO (2012) also reported a 65% increase in the number of cannabis cultivations detected across Merseyside between 2009/10 and 2010/11, the majority of those in Knowsley were detected in Kirkby. However it is considered that the risk of receiving any penalty is quite low (UKDPC, 2012).

2. WHAT IS THE SCALE OF THE CHALLENGE FOR KNOWSLEY?

Although cannabis use has been declining in Knowsley, the significant increase in domestic cultivation is expected to have considerable impact. It is anticipated that the next available prevalence data will show a significant increase in use amongst both adults and young people.

This is also likely to have an impact on the numbers accessing treatment services. Service providers will need to ensure they can both meet demand and remain proactive in engaging those who may need encouragement.

A preventative strategy focused on both cannabis use and cultivation is needed. A multi-agency approach to this, with collectively agreed roles and responsibilities, is likely to be effective.

Qualitative insight undertaken in Knowsley (LJMU, 2013) showed that neither professionals, current users, community members nor young people knew where to go to access information about cannabis, including where to go for help. Increasing awareness and knowledge about the drug is key, including the advertising of reliable and up to date information sources.

Professionals also lacked knowledge about the drug itself and expressed that they did not feel comfortable or confident giving advice. Training is urgently required, including referral pathways/ provider information, to ensure professionals are able to provide support.

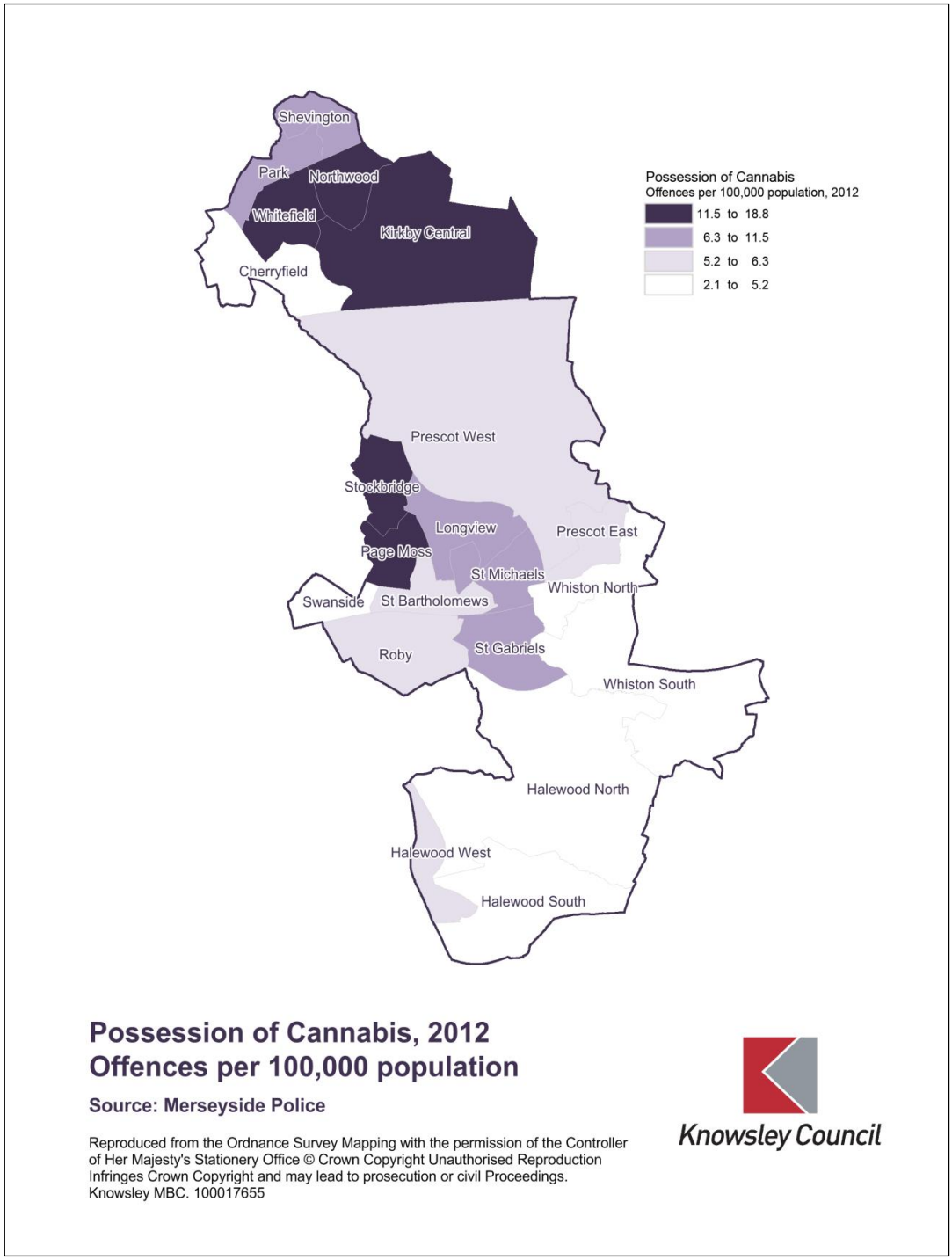
3. WHO IS MOST AT RISK?

- Children at the primary to secondary school transition stage (aged 10/11).
- Young people with disrupted family structure and poor quality of family relationships.
- Young people where there is use amongst peer group (age 13 to 15).
- Young people who smoke tobacco cigarettes and / or regularly consume alcohol.
- Young people with experience of psychological / behavioural problems.
- Males twice as likely to use than females.
- Adults with an annual household income under £10,000.
- Adults not in a personal relationship.
- Adults with no life outcomes e.g., employment, training, education.

In terms of cannabis cultivation, Merseyside Police (2012) stated the profile of those involved was ‘anyone’, due to the increase in detections in domestic dwellings. However individuals with financial difficulties may often be susceptible to coercion/manipulation and cultivate to reduce debts.

4. WHICH AREAS OF THE BOROUGH ARE MOST AFFECTED?

The majority of possession of cannabis offences were recorded in Stockbridge, Page Moss, Northwood, Longview and Kirkby Central wards.



Almost half (46.6%) of cannabis cultivations were detected in Kirkby, whilst a third (31.1%) were found in Huyton.

5. HOW DO RESIDENTS, COMMUNITIES AND STAKEHOLDERS VIEW THIS ISSUE?

Qualitative research was undertaken around cannabis use and cultivation. Stakeholders, users, cultivators, young people, local community members and significant others (mums of users) were involved in the research. Key findings are outlined below.

5.1 Stakeholders

Thirty-six professionals were in attendance, all of whom work in and around Knowsley, with representation from a broad range of third sector and statutory organisations including probation, prisons, police, housing, drug services, young people's services, council, NHS, social care, Citizens Advice Bureau, Stronger Families, mental health teams (youth and adult) and Young Advisors.

Summary of Findings

Stakeholders suggested a need for services to take stock of the current local cannabis situation and use this alongside national and international research evidence to inform (re)consideration of their policy and provision. They identified that a new strategy for Knowsley would need to include:

- **Education**

  Information is needed both by professionals and the public (in particular young people and parents) on:

  - the nature of cannabis and particularly stronger breeds;
  - the true scale of cannabis use and cultivation;
  - how to identify (problematic) use;
  - how to detect cultivation;
  - the nature of the causes and effects of use and cultivation;
  - and appropriate responses to use and cultivation.

  The format of this education needs to be of an appropriate nature for the target groups. For professionals, education must be timely, accessible and up to date and the information needs to be updated regularly in order for them to maintain credibility with service users. For the public, information sharing should be voluntary with easily available access (the Police 'Cannabis Shop Front' was felt to be good practice). For children, early education is needed to prevent harm through absent or misconceived knowledge. And for young people, there is a need for realistic, informed and non-didactic education sessions delivered by credible educators (informed peers were suggested) on a regular basis and which aim to reduce harm and take account of their lived experiences.

- **Service Provision**
  The provision of specialist cannabis services which acknowledge the specific nature of the drug and its users. This means recognising the different social perceptions of cannabis as more acceptable and less 'dirty' than other illicit drugs (also need to acknowledge the lack of current medical interventions available, and instead focus on relaxation and social structural interventions in order to help users to secure an alternative identity and use of time such as leisure, education and employment services).

  The importance of balancing the respective ethos' of enforcement and support was also identified.

- **The implementation of a common strategy and multiagency communication for cannabis use**
  In order that all services are aware of each other's responsibilities, capacity, criteria and referral routes. Both professionals and the public would then know who to turn to for help and what the best responses are. Such a strategy would also limit the extremes of service gaps and service duplication.

- **An advertising and marketing campaign to publicise services**
  This should be in accessible places (such as the council website, local papers and shopping centres), so that professionals know who to refer to, the public know where to go for help with regard to use and so that the public know the impacts of their reporting i.e. the outcome of service interventions (e.g. arrest rates, numbers of people accessing services).

5.2 Cannabis Users

A total of eight interviews were undertaken with cannabis users and two focus groups were facilitated with four user/cultivators. In total seven of the users interviewed were male and one female, they ranged in age from 15-28 years. All the user/cultivators were male.

Summary of Findings

- One-size-fits-all response from services is unlikely to prove adequate.

- Many users have experienced a range of difficulties with regard to physical and mental health, relationships and debt which they associate with their use of cannabis.

- Specialist drugs services can play an important role in helping individuals to desist from cannabis use; however the active engagement of users within these services is by no means straightforward.

5.3 Community / Significant Others (mums)

A total of four community focus groups were facilitated by the research team with sixteen participants overall. These groups included residents from different communities within the Knowsley area. In addition four interviews were undertaken with mothers (one of whom was accompanied by her own

mother – the grandparent of the young person) with sons who had previously or currently used cannabis on a daily basis.

Summary of Findings

- Community members generally perceived cannabis use as unproblematic.

- Mothers painted a bleak picture of their son's behaviour as a direct result of their cannabis use. This included debt (resulting in parent debt), aggressive behaviour and child on parent violence.

- A key theme - the need to develop a comprehensive system of drugs education in schools. This was considered as key to the future safeguarding of young people in these communities. Mothers also expressed the importance of people being able to access information and services which can offer support and advice around cannabis use.

6. DO WE HAVE EVIDENCE OF WHAT WORKS?

A focus on a comprehensive, multi-sector approach to cannabis prevention has increased in recent years, as rather than focusing on implementing only one particular program, it works to engage an entire community in the following evidence-based processes:

1) Assess their prevention needs based on epidemiological data

2) Build their prevention capacity

3) Develop a strategic plan

4) Implement effective community prevention programs, policies and practices

5) Evaluate their efforts for outcomes

This type of comprehensive approach identifies a community's specific problems and program/ service gaps, as well as its assets and resources, allowing a community to plan, implement and evaluate its efforts across community sectors in relevant settings for individuals, families, schools, workplaces and the community at large (UNODC, 2012).

6.1 Primary Prevention

A systematic review of primary prevention interventions found that universal multi-modal programs that:

- targeted early adolescents (10–13 year olds),

- utilised non-teacher and multiple facilitators,

- were short in duration (10 sessions or less),

- implemented boosters sessions

- included peer and community components, and,

- included (non school based) family interventions,

Were effective in reducing cannabis use in young people (Norberg et al., 2013). Interventions with a psychosocial skills-based approaches and interactive designs were also key.

6.2 Secondary Prevention

Current NICE (National Institute for Clinical Excellence) guidelines (2007) recommend the consideration of Cognitive Behavioural Therapy (CBT) for those using cannabis.

Adults

Studies suggest that cognitive behavioural therapy (CBT) and motivational enhancement therapy (MET) are the most effective in reducing cannabis use, dependence and related problems (Babor et al., 2004).

Young People

Evidence suggests that brief interventions, including the provision of information (to both young people and parents), motivational enhancement training and cognitive behavioural skills training are effective in reducing cannabis use and dependence in adolescents (Martin 2008; Walker et al., 2006). Extended therapies which incorporate family involvement (such as multidimensional family therapy) are also effective in reducing cannabis use and dependence in adolescents (Dennis et al., 2004).

7. WHAT IS THE CURRENT POLICY DIRECTION?

7.1 National

The National Drug Strategy for England (2010) recently published its annual review (2013) which focuses on:

- **Reducing demand** - *focused on continuing with a universal approach aimed primarily at stopping people taking drugs in the first place and re-invigorate a targeted approach aimed at specific groups;*

- **Restricting supply** - *tackling drug dealing on our streets; strengthening the border; and combating the international flow of drugs to the UK to disrupt drug trafficking upstream; and*

- **Building recovery** - *support people to recover, which we believe means being free from dependence on drugs and alcohol.*

The policy states that *'Our aim is for local areas to provide services that an individual may need in order to achieve and sustain recovery, which would*

encompass housing, employment, and appropriate support to maintain a stable family life and a life free from crime' (HM Government, 2013).

It sets out a local priority for the year ahead which states that: *'Our expectation is that targeted support and early intervention for young people is planned and organised at local authority level'* (HM Government, 2013).

7.2 Local

The overarching Strategy for Knowsley, Joint Health and Wellbeing Strategy, Children and Young People's Strategic Plan and the Community Safety Plan need to be considered.

The following local policies will also provide direction: Family Policy; Behaviour Change Policy; Stronger Families and Health Inequalities Policy Framework. This includes the Merseyside Police Drug Strategy and the Merseyside Fire and Rescue Community Safety Plan.

8. CHALLENGES AND STRENGTHS

8.1 Challenges

- **Multi-agency approach with collectively agreed strategy, roles and responsibilities**
    - Approach needs to move forward in a confident and informed way which draws in, and instils confidence in, partners, professionals, current users and the wider community.
- **Improve data collection/availability** (to address gaps identified above).
- **Focus on prevention**
    - Preventative interventions targeted at the primary to secondary transition stage are effective and should specifically focus on friendship groups. Interventions should also incorporate teachers, focusing on relationships, identification and support. Role models / peer mentors can play a particularly important role.
    - Early intervention and support for families (such as Knowsley's Stronger Families programme) to improve interactions, relationships and functioning.
    - Preventative interventions should recognise that a 'one size fits all' approach will not work and that initiatives should be targeted to groups (distinguishing between use, problematic use etc).
- **Focus on education**
    - Appropriately tailored to professionals, current users, young people, parents, communities etc.
    - Clear, consistent message around classification and penalties.

- Clear and reliable information to dispel myths and misconceptions.
- Local case studies / role models to reinforce key messages.
- Holistic approach that identifies realistic alternatives to perceived benefits of using cannabis.
- Focus on support not enforcement.

- **Focus on improving life outcomes**

  - Dual strategies that are both opportunity and problem orientated, and targeted at the transition into adulthood stage work well. The provision of adult (social) roles can provide alternative opportunities that spark the individual's interest instead of focusing on cannabis, whilst education and the continuation of treatment/support can help to prevent the development of more problematic patterns and increasing levels of drug use. Ultimately this helps to improve their life chances.

- **Easy access to reliable information**

  - 'Potline' – a dedicated contact number for information / referrals.
  - 'Cannabis information van' – regularly visiting locations frequented by young people.
  - Via Public Health 'lifestyles' website.

- **Provision of cannabis specific services**

  - Adequate provision to meet demand.
  - Tailored support e.g. to parents, young people.
  - Focus on treating cannabis use holistically – e.g. consider what is lost by users when they desist from cannabis use (status, a means to relax and so on) and make efforts to replace these with more productive/less harmful activities.
  - Target users that may not be inclined to independently present themselves for treatment e.g. young people. A partnership approach (e.g. between Council, Police, schools and treatment services) to screening/identification/referral may be most appropriate, along with a single-point of contact approach for support/treatment services.
  - Services widely advertised – with easily accessible, up to date, clear and reliable information on accessing cannabis services (e.g., referral criteria).

Strengths

- Strong partnership process with good engagement from partners, including.

  - Merseyside Drug Interventions Partnership (DIP).
  - Mentor, Achieve, Learn, Support (MALS).
  - Merseyside Probation.

- Service providers with experience of providing cannabis specific services.

9. SOURCES OF EVIDENCE AND FURTHER INTELLIGENCE

Direct sources of intelligence and evidence;

- Crime Survey for England and Wales (2012/13).
- National Drug Treatment and Monitoring Service (NDTMS) (2012).
- National Treatment Agency (NTA) (2012).
- Criminal Justice System (2012).

Further intelligence;

- Cannabis Use and Cultivation in Knowsley (LJMU, 2013).