

Cannabis and Teens:



What You Need to Know

About St John of God Hospital

At St John of God Hospital, we are committed to providing expert mental health care and support to individuals, families, and communities. As part of our mission to promote well-being, we recognise the importance of education and awareness around substance use, particularly among young people.

Cannabis use among teenagers is a growing concern in Ireland, with increasing availability and changing perceptions about its risks. While some may view cannabis as harmless, research highlights significant effects on brain development, mental health, and overall well-being—especially when used during adolescence.

This booklet is designed to provide accurate, evidence-based information about cannabis, including its effects, risk factors, and the impact of early use. Whether you are a parent, teacher, healthcare professional, or young person, our goal is to equip you with the knowledge to make informed decisions and support those at risk.

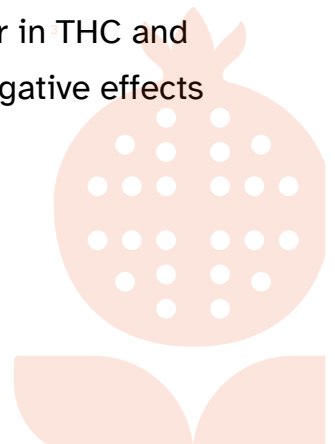
At St John of God Hospital, where listening creates hope, we are committed to providing evidence-based education on mental health and well-being

Types of Cannabis Commonly Used in Ireland

Cannabis comes from the cannabis plant and can be used in a number of ways. The cannabis plant is complex and contains hundreds of compounds called 'Cannabinoids'.

The main psychoactive compound which gets people 'high' is called THC (delta9 tetrahydrocannabinol). Another well-known compound is CBD (a non-psychoactive compound which is thought to make people less likely to feel anxious and paranoid). Cannabis comes in many forms including cannabis resin (hash), herbal cannabis (grass/weed) and cannabis oils.

In Ireland, herbal cannabis is the most commonly used form. This form consists of the dried leaves and flowers of the cannabis plant, which are often cultivated indoors using artificial light and soils. Today, cannabis is grown under conditions that make it much stronger in THC and lower in CBD, resulting in a higher risk of negative effects and dependency.



Legal Status of Cannabis in Ireland

Cannabis is classified as a controlled substance under Irish law. Possession, use, or distribution can lead to legal penalties, including fines and imprisonment.

Cannabis Use and Teens

Cannabis use is increasing among adolescents internationally and recent studies indicate that cannabis is the most commonly used illicit drug among Irish adolescents. Ireland currently has the 9th highest rate of adolescent “high risk” cannabis use in Europe with usage typically starting between the ages of 12 and 17.

According to the 2018 Health Behaviour in School-aged Children (HBSC) study, **8% of boys and 6% of girls aged 10 to 17** reported using cannabis in the past year. Additionally, a study among 15–16-year-olds found that **7.3% had used cannabis in the last 30 days**, with no significant difference between males and females.



What are the Signs that Someone Might be Using Cannabis?

Cannabis use has physical and psychological impacts. Most often, these effects are temporary and may only last up to a few hours. For this reason, it may not always be possible to notice the effects in someone.

The physical effects of cannabis use range in severity, but can include:

- Red eyes
- Poor muscle coordination
- Delayed reaction times
- Forgetfulness
- Dizziness and headaches
- Laughter without a reason
- Nausea or vomiting
- Increased appetite

A sudden shift in mood from tense to relaxed could indicate cannabis use, as could abrupt symptoms of anxiety, panic, and/or hallucinations. Cannabis also has a distinctive smell and smelling this scent on a person's clothing or hair could also be a sign that the person has used the drug recently.

Factors that increase the likelihood of use

Several factors increase the likelihood of cannabis use among adolescents including having peers that use cannabis, parental ambivalence towards cannabis use, perception of cannabis as non-harmful, other substance use, peer pressure to use cannabis and low parental supervision.

Factors that decrease the likelihood of use

Factors that decrease the likelihood of cannabis use among adolescents include higher levels of parental/guardian monitoring, parents that express firm opposition towards cannabis use, greater self-esteem and school connectedness.



What impact does Cannabis use in adolescences have?

Despite a societal perception of low risks, there is a growing body of research on the harms of cannabis use in adolescence with lasting effects on physical and mental health, cognitive function, and overall life outcomes. This is because the adolescent brain is still developing, making it more vulnerable to the effects of cannabis.

All young people who use cannabis are at risk of experiencing harmful effects. However, those who use cannabis at an early age and in high amounts are at a higher risk of experiencing the harms of cannabis including:

- **Impaired Cognitive Function:** Studies suggest that regular cannabis use in adolescence can lead to long-term deficits in attention, memory, and learning.
- **Reduced IQ:** Persistent cannabis use from adolescence into adulthood was associated with an average IQ decline of up to 8 points.

Physical Health and Brain Function

- **Altered Brain Structure:** Chronic cannabis use has been linked to changes in the structure of the brain, particularly in areas related to motivation, impulse control, and decision-making.
- **Psychosis and Schizophrenia:** Adolescents who use cannabis frequently are at a higher risk of developing psychotic disorders, particularly if they have a genetic predisposition. High-potency cannabis products have been associated with a greater risk of schizophrenia
- **Depression and Anxiety:** Some studies indicate that adolescent cannabis use is associated with an increased risk of developing depression and anxiety in adulthood
- **Increased Suicide Risk:** Research has linked heavy cannabis use in adolescence with a higher likelihood of suicidal ideation and attempts.
- **Dependence and Withdrawal:** Adolescents who regularly use cannabis are more likely to develop cannabis use disorder (CUD), which is characterized by cravings, withdrawal symptoms, and an inability to control use. Studies suggest that about 1 in 6 adolescents who use cannabis will develop CUD.

- **Increased Risk of Using Other Drugs:** Some research suggests that adolescent cannabis use may increase the likelihood of using other substances, including nicotine, alcohol, and illicit drugs. This is known as the “gateway drug” hypothesis, though it remains a topic of debate.
- **Respiratory Issues:** Smoking cannabis can cause chronic bronchitis, lung irritation, and increased respiratory infections, similar to the effects of tobacco smoke.
- **Cardiovascular Risks:** Some evidence suggests that cannabis use may increase heart rate and blood pressure, potentially contributing to long-term cardiovascular problems.
- **Lower Educational Attainment:** Regular cannabis use during adolescence has been associated with poor school performance, higher dropout rates, and lower likelihood of attending university.
- **Reduced Career Opportunities:** Cannabis use has been linked to decreased motivation, leading to lower job performance and higher rates of unemployment in adulthood.

What can parents do?

It might not always seem like it, but your influence does make a difference – and you are the right person to talk to your child about drugs and alcohol. Talking early with your child about the risks of substance use and continuing this discussion over time may prevent the first use.

The following tips may be helpful in discussing cannabis with your child:

- Ask what they have heard about using cannabis. Listen carefully, pay attention, and try not to interrupt. Avoid making negative or angry comments.
- Offer your child facts about the risks and consequences of using cannabis.
- Ask your child to give examples of the effects of cannabis. This will help you make sure that your child understands what you talked about.
- Explain that research tells us that the brain continues to mature into the 20s. While it is developing, there is greater risk of harm from cannabis use.

If you are concerned that your child is using cannabis:

- Wait until they are sober to have the talk.
- Understand that hostility won't work. Instead, have an open dialogue without making negative or angry comments. Explain concerns in a nonthreatening way, trying to make sure that your child understands that you want to help and you are concerned for them.
- Provide reasons why you are concerned, like any physical or behaviour effects that you have noticed.
- Offer your child educational material and facts about substance use.
- Offer potential solutions such as involving your child's GP for guidance.



It may be helpful to discuss your concerns with the **HSE Drugs and Alcohol Helpline (1800 459 459)**. This is a free confidential service where you can talk through your concerns about drugs or alcohol, get information about services and consider the options available to you to improve your situation.

The helpline is open Monday to Friday between 9:30 am and 5:30 pm. Outside of these hours you can leave a voicemail and ask for a call back. You can also email the helpline any time on helpline@hse.ie and ask for a call back.

What teens can do?

- Learn the facts about cannabis use so that you can make informed decisions.
- Share information that you learn with friends, parents/guardians, teachers, and others.
- Talk to a trusted adult if your peers are using cannabis or you are experiencing peer pressure to use cannabis.
- If you are concerned about a friend, talk to them. Tell them about the risks and let them know you are worried about them. Listen to what they have to say and tell your friend that support is available. Confide in a trusted adult to help with the situation.

Further information:

Drugs.ie

https://www.drugs.ie/drugs_info/for_teens/cannabis/



HSE.ie

<https://www.hse.ie/eng/services/list/5/addiction/drugshivhelpline/>



Family Support

<https://www.familysupportmeath.ie/drogheda/support-services/hse-substance-use-service-for-teens-sust-in-louth-meath>



References

- Di Forti, M., Quattrone, D., Freeman, T.P., Tripoli, G., Gayer-Anderson, C., Quigley, H., Rodriguez, V., Jongsma, H.E., Ferraro, L., La Cascia, C., La Barbera, D., Tarricone, I., Berardi, D., Tozzi, F., Ramella-Cravaro, V., Stilo, S.A., Marques, T.R., Handley, R., ... & Murray, R.M. (2019) 'The contribution of cannabis use to variation in the incidence of psychotic disorder across Europe (EU-GEI): A multicentre case-control study', *The Lancet Psychiatry*, 6(5), pp. 427-436.
- Gobbi, G., Atkin, T., Zytynski, T., Wang, S., Askari, S., Boruff, J., Ware, M., Marmorstein, N., Cipriani, A., & Dendukuri, N. (2019) 'Association of cannabis use in adolescence and risk of depression, anxiety, and suicidality in young adulthood: A systematic review and meta-analysis', *JAMA Psychiatry*, 76(4),
- Hall, W. and Degenhardt, L. (2014) 'The adverse health effects of chronic cannabis use', *Drug and Alcohol Review*, 34(2), pp. 121-128.
- Lorenzetti, V., Hoch, E., Yücel, M. and Lubman, D.I. (2019) 'Does regular cannabis use affect neuroanatomy? An updated systematic review and meta-analysis of structural neuroimaging studies', *European Archives of Psychiatry and Clinical Neuroscience*, 269(1), pp. 59-71.

References

- Meier, M.H., Caspi, A., Ambler, A., Harrington, H., Houts, R., Keefe, R.S., McDonald, K., Ward, A., Poulton, R. and Moffitt, T.E. (2012) 'Persistent cannabis users show neuropsychological decline from childhood to midlife', *Proceedings of the National Academy of Sciences*, 109(40), pp. E2657-E2664.
- O'Dowd, M.T., et al, (2024) 'Risk and protective factors for cannabis use in adolescence: a population-based survey in schools', *Irish Journal of Psychological Medicine*, pp. 1-9, doi:10.1017/ipm.2024.28
- Wellman, R.J., O'Loughlin, E.K., Sylvestre, MP., Dugas, E.N., O'Loughlin, J.L., (2023) 'Factors associated with cannabis use in early adolescence', *Health Promotion Chronic Disease Prevention in Canada*, Jan;43(1):14-26.
- Zalesky, A., Solowij, N., Yücel, M., Lubman, D.I., Takagi, M., Harding, I.H., Lorenzetti, V., Wang, R., Salo, R. and Seal, M. (2012) 'Effect of long-term cannabis use on axonal fibre connectivity', *Brain*, 135(7).

**st John
of God** 
Hospital

St John of God Hospital,

Stillorgan, Co. Dublin, A94 FH92

www.stjohnofgodhospital.ie



@sjogmentalhealth



/sjogmentalhealth/



@SJOGHospital



/company/saint-john-of-god-hospital/