

Cannabis Use among New Zealand Adolescents

Dr David Fergusson et al. (NZ Med J 1993; 106: 247-50) examined patterns of cannabis use in a sample of adolescents in New Zealand. They found that about 9% of their sample at age 15 reported having used cannabis in the preceding 12 months. Results from the Dunedin Multidisciplinary Health and Development Study also support this relatively high rate of cannabis use among 15 year-olds. The table below sets out the percentages of the Dunedin sample of 943, 15 year-olds who reported the use of cannabis and other substances over the preceding 12 months, during an interview assessing their mental health (1987-88) [1].

Substance		no use	once/twice	three or more
cannabis use	boys	86%	9%	5%
	girls	83%	11%	5%
sniffing glue, petrol etc	boys	96%	3%	1%
	girls	94%	4%	2%
other illegal drugs	boys	97%	2%	1%
	girls	97%	2%	1%
buying/drinking alcohol	boys	73%	17%	10%
	girls	75%	15%	9%
drinking during school	boys	93%	6%	1%
	girls	95%	5%	0%

Comparison of the Dunedin results with those of Christchurch is somewhat problematic given differences in assessment. However, the prevalence of cannabis use in the Christchurch sample of 9% contrasts with the Dunedin finding of about 15% reporting cannabis use in the preceding year at age 15. As the Christchurch sample was assessed about 5 years after the Dunedin sample, this

invites speculation as to whether rates of use are falling. Research from Australia does suggest some decline in use of cannabis over the 1980's [2].

In the Dunedin study, there was considerable overlap among use of different substances with about 10% of the sample reporting the use of more than one substance [3]. Among the adolescent boys, cannabis use and substance use in general (particularly use of more than one substance) was predicted by earlier depression and "conduct" or antisocial behaviour problems during the pre-adolescent years. Use of substances by adolescent girls, on the other hand, was not predicted by pre-adolescent problems but was strongly related to other antisocial behaviours at age 15 [3]. The results suggest that while the pattern of substance use is the same for boys and girls at age 15, the determinants of substance use for each sex are different.

We have recently followed up this sample at age 18 years and 5% of the sample were identified as showing DSM-III-R "cannabis dependence" indicated by use of cannabis associated with impairments in social or behavioural functioning [4]. Two-thirds of those with cannabis dependence were also alcohol dependent. Again, these findings strongly suggest a pattern of substance use from adolescence to young adulthood characterised by multiple substance use. Preventive interventions which focus only upon reducing cannabis use may be less effective than those recognising multiple drug use at this age.

1. McGee R, Feehan M, Williams S, Partridge F, Silva PA, Kelly J. DSM-III disorders in a large sample of adolescents. J Amer Acad Child Adolesc Psychiat 1990; 29: 611-19
2. Donnelly N, Oldenburg B, Quine S, Macaskill P, Flaherty B, Spooner C, Lyle D.

Changes in reported drug prevalence among New South Wales secondary school students, 1983 to 1989. Aust J Public Health 1992; 16: 50-7.

3. Henry B, Feehan M, McGee R, Stanton W, Moffitt TE, Silva PA. The importance of conduct problems and depressive symptoms in predicting adolescent substance use. J Abnorm Child Psychol 1993; in press.
4. Feehan M, McGee R, Nada Raja S, Williams S. DSM-III-R disorders in New Zealand 18-year olds. Aust NZ J Psychiat 1993; in press.

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