



NAHRPP - New Approaches in Harm Reduction Policies and Practices

Trajectories and self regulation strategies of people who use cannabis. Report from national studies in Belgium, Italy and Spain

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Introduction: about this research

This research is part of the Project *New Approaches in Harm Reduction Policies and Practices (NAHRPP)*, *work-stream Cannabis self regulation model in a harm reduction perspective*, focused on “controls” cannabis users apply to include cannabis use into everyday life and to reduce risks. It aims at innovating harm reduction / risks limitations policies and interventions, based on the knowledge of users' self regulation strategies. The study of cannabis users' self-regulation strategies allows the identification of the more significant factors that facilitate or inhibit controlled use which is desirable and sustainable by users themselves, in the effort to reduce potential risks and harms. Furthermore, this is a crucial contribution towards the introduction of effective policies aimed at supporting (instead of weakening) the personal and social strategies of self-regulation. It can enable the development of operational approaches of harm reduction and risks limitation by taking into account “natural” controls regarding cannabis use.

In accordance with these goals, the research investigated:

- a) trajectories and patterns of cannabis use
- b) informal rules applied by users to self-regulate cannabis use
- c) users' perceptions of controlled/uncontrolled patterns of use
- d) the role of Cannabis Social Clubs (CSCs) and other user groups in supporting /facilitating self-regulation and controlled use
- e) users' expectancies about self regulation capacities and users' beliefs about what kind of support they may need in the case of diminished control

Methods

Qualitative methods have been employed and qualitative / narrative interviews have been carried out.

The researchers adopted the users' perspective about cannabis use. Narrative items, relevance of events and changes, meanings and reasons of use, are the users choice. The researchers played the role of facilitator not “director” of the narrative, according to qualitative interview methodology.

To support and facilitate participants, two timelines were adopted during the interview: a timeline on trajectories, describing the trends of intensity of use over time, including high and low peaks and stable periods; and a “control line”, describing the variations in control/non control perception, linked to the trajectories periods and trends.

Qualitative data (from the word-for-word transcription of the interview) have been analyzed by means of Thematic Analysis (Braun, & Clarke, 2006; Braun, & Clarke, 2012).

Local studies

The research consists of three studies conducted in Belgium, Italy and Spain, adopting the same research design and methodology. Each researcher prepared a local Report, following a common template.

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The following brief description of national laws on cannabis is useful to contextualize the local studies:

Belgian context.

The Belgian Narcotic Drug Law of 1921 prohibits the production and possession of cannabis. Significant changes occurred in 2001, when the Federal Drug Policy Note was published and later translated into law. In the Federal Policy Note of 2001, differentiation is made between the production and the possession and use of drugs. Although production remains illegal – as well as the possession of most illicit drugs – possession and use of cannabis has been given a separate position. The ministerial guidelines of 2005 stipulate that adults who possess a maximum of three grams of cannabis or one female plant, have the lowest prosecution priority. This rule only applies when it concerns personal use, and if there are no aggravating circumstances (e.g. the presence of children). In practice, it means that the possession of cannabis will only be drafted in a simplified police report. However, since possessing cannabis is still a criminal offense, people can still be punished with an administrative or criminal sanction.

CSCs in Belgium derive from the 2005 ministerial guidelines and offer people the possibility to cultivate one female plant for personal use. Nevertheless, no regulatory basis exists for cannabis social clubs.

As for cannabis for recreational use, the possession or supply of cannabis for medicinal purposes is also not allowed. By royal decree, an exception is made for a cannabinoid oral spray that can be used as a treatment for spasticity caused by multiple sclerosis. Until now, this is the only cannabis based medicine that can be legally sold and used (under strict conditions) in Belgium.

Italian Context.

In Italy, according to Law nr. 309/90, that defines the legal framework for all categories of drugs and psychoactive substances, cannabis is scheduled as an illegal but less hazardous drug. Cannabis related crimes are sanctioned with milder penalties. Drug use in itself is not mentioned as an offence. Possession for personal use is punishable by administrative sanctions (such as the suspension of a driving license). The threshold between personal possession and trafficking is determined by the circumstances of the specific case, and mostly based on quantity.

Cannabis is illegal for recreational uses, as is the cultivation of cannabis, even if in small amounts and for exclusive personal use. The establishment of Cannabis Social Clubs (CSCs) is prohibited, even though some types of informal groups of individuals that cultivate and sometimes use cannabis together is possible but remain outside of the law and punishable.

Since 2017 it is legal to buy light cannabis (THC < 0.6%) in tobacco shops.

Therapeutic cannabis, for limited and prescribed medical reasons has been available since 2013.

Spanish Context.

In Spain, possession of drugs for personal consumption has never been prosecuted criminally. In fact, Spain's Supreme Court has further designated that shared consumption among drug dependent individuals is lawful. However, in 1992, the Public Safety Law made possession and consumption in

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public places a punishable offence. Spain has a long tradition of cannabis consumption, possibly due to its proximity to Morocco.

A Cannabis Social Club, in Spain, is a legally constituted non-profit association of cannabis consumers. A Cannabis Social Club collectively cultivates cannabis plants for its members so that they may avoid the risks of purchasing cannabis from the black market. These entities have never had specific regulations within the Spanish legislative framework, but rather are simply grouped within the regulatory framework for non-profit associations. Cultivation of cannabis plants meant for personal consumption is not criminally prosecuted, and there is no specific limit as to the number of plants that a person can grow for their own consumption. This legal gap regarding quantity of plants allowed for personal consumption, coupled with the supreme court's jurisprudence permitting shared consumption, opened the door to the Cannabis Social Club model. The lack of regulation pushes Cannabis Social Club members towards the black market, contradicting the very purpose for which the clubs were conceived. Conflicts also arise within the Cannabis social club sector, such as internal accusations of "bad practices" or connivance with the black market, since there are no rules of conduct that would afford stability, broad consensus, and cooperation

Participants.

Participants have been recruited by means of the snowballing technique, thanks to researcher's networks and the collaboration of some CSCs for providing contact with CSC members.

Sampling criteria: experienced users with minimum 10 years of use; over 18; balance between genders; 50% individual users, 50% CSCs / user group members.

The research involved 48 participants, 16 for each local study.

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	Belgium	Italy	Spain	Total
Number of participants	16	16	16	48
Individual / CSCs members	8/8	12/4	8/8	28/20
Gender	♂ 12 ♀ 4	♂ 10 ♀ 6	♂ 8 ♀ 8	♂ 30 ♀ 18
Age	Range: 27 – 74 Mean Median <30 3 30-39 4 40-49 4 50-60 3 >60 2	Range 27-56 Mean 38.9 Median 37 <30 4 30-39 5 40-49 4 50-60 3 >60 0	Range 24-56 Mean 39.06 Median 39 <30 4 30-39 5 40-49 4 50-60 3 >60 0	Range 24 – 74 <30 11 30-39 14 40-49 12 50-60 9 >60 2
Education	<= 8 0 9-13 0 14-18 9 >18 7	<= 8 1 9-13 4 14-18 5 >18 6	<= 8 0 9-13 5 14-18 2 >18 9	<= 8: 1 9-13: 9 14-18 >18
Job Position	Employed 12 Unemployed 4	Employed 14 Unemployed 2	Employed 14 Unemployed 2	Employed 40 Unemployed 8
Civil status	Stable partner 14 No stable partner 2 n.r. 0	Stable partner 11 No stable partner 5 n.r. 0	Stable partner 4 No stable partner 5 n.r. 7	Stable partner 29 No stable partner 12 n.r. 7
Years of cannabis use	Range 10-36 10-15 4 >15 12 n.r. 0	Range 10 - 40 10-15 4 >15 12 n.r. 0	Range 10 -37 10-15 4 >15 10 n.r. 2	Range 10-40 10-15 12 >15 34 n.r. 2

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Results

Area: Trajectories

Timelines

The 48 timelines collected and analyzed in the three national studies highlight (without significant differences) that:

- the most common trend of the trajectories is a *varying model* (use pattern varies considerably over the years, including high and low peaks, abstinence periods and periods of stabilized pattern of use)
- The initiation period is characterized by a low intensity of use, then by an increasing use up to a peak, followed by a decrease. This first peak after initiation is a turning point, related to changes in life style and conditions. This transitional period is accompanied by an increase in awareness of one's own use and in adopting personal strategies of self-regulation.
- High peaks – due both to changes in life conditions and/or reasons for using cannabis and concerning specific events - are usually followed by a decrease in intensity of use, which can include both a period of temporary abstinence or a lower peak or – more often - a stabilized (in most cases lower / moderate) use period.
- Varying model trajectories include periods of stabilized use (a flat line in timelines). A stable pattern of use usually coincides with a balanced life stage (stable work and home situation, good relationships etc). In these stable periods, cannabis use is described as a part of daily life, in a normalization perspective.

Qualitative analysis

Categories[*sub categories*]/ codes

- **Initiation:** in teenage years; use in group, strongly related to the social context; often occasional use during weekend or parties. In this beginning phase, the intensity of use is low; users are not informed or concerned about the quality of the cannabis; using cannabis on a regular basis within a few years after the first consumption; initiation in adult age has been observed only for medical reasons

[using alone]That was even unthinkable at the time. If they found out, then you were doing the wrong thing. [...] You just couldn't do that. Because then you were just like an addict. That wasn't possible, smoking a joint on your own. That had to be done together.[6BmCSC]

I started with my group of friends because they all smoked [4Itmind]

I started occasionally due to my curiosity, only with my friends, then I increase" [2ITfind]

And they then have initiated me that evening and then I felt "oh yes, effectively that pain is going away". And then I continued to use that.[5BmCSC]

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- **From teens group use to adult use:** an increase in intensity of consumption after the initiation period is common; due to experimentation attitude (often also of other drugs); related to changes in life structures and contextual factor (being more independent, more mobile, going to university /high school, having a job, earning money). Even if in some cases a collective/group setting is still adopted, in many cases adult cannabis use becomes individual use.

When I entered college there was an exponential rise also marked by the fact that I had left home and became independent.” [10SPmInd]

But that is also one of the reasons why the use has increased. From the moment that I actually had my own apartment for the first time, then the moderation was gone actually ... I could smoke at home I did not have to put it away. [2BmCSC]

Low intensity at my start with classmates, with friends, during weekend... I increased when I was 20 [years old]” [9Itmind]

- **Cannabis and other drugs:** using other drugs influences the use of cannabis in different ways; an increase in cannabis use can balance a decrease (or stopping) of the use of other drugs; this is the case for alcohol: cannabis consumption brings a reduction in alcohol consumption; it cuts down stimulants effects; it “substitutes”, moderates or stops the use of other drugs that the user considers more risky or at the least no longer functional; it overcomes heroin withdrawal symptoms.

Using other substances has to do with it. Stimulant substances that, of course, you had to cut down their effects sometimes, and the way to do that was using indica strains or extractions, hash, it comes back to a state which is not so... stimulating... you chill out a bit! [13SPmInd]

When I was 27 I pushed my consumption up because, after a whole trajectory of consumption, poly-consumption... I quit other drugs, so... what happens then? It rises. [4SPmInd]

It does happen that I drink a glass of wine and smoke afterwards, but I drink incredibly little. And that may have something to do with my use of marijuana, probably. I think I would probably drink a little more. Euhm... I do not think the two go hand in hand in general.[5BmCSC]

I started smoking (cannabis) after quitting heroin and other stuff and when I suffered from withdrawal symptoms [6Itmcs]

Once I quit heroin and all the drugs I use only marijuana to relax [14Itfind].

- **High peaks:** can be related to a period of life and its particular conditions/ changes or to a specific, single event; usually followed by a decrease in use or a period of abstinence, more rarely by a stabilization of a high level of use; in the case of medical use, a higher level of use can be related to the need to reach the most effective result.

[sub category] Turning points. Specific reasons /factors (or mix of reasons/backgrounds) for deciding to increase the intensity of use:

Changes in personal conditions of life: being more independent, more mobile and freer can lead to a higher use after the initiation period, before finding out one's one strategy (see above); coping with difficult living and/or working conditions;

The first circumstance was that, even if I was not living alone, I had left home. So that gives you more freedom and, as you don't have any control over you, consumption rises quite a lot." [4SPmInd]

My work was very awful... I were consecutively on duty for 4 days, I did not have weekends, it was terrible[13Itmind].

Here stress. I would place it on economic instability. I believe that's one of the things that influences everybody the most. [2SPmCSC]

Traumas or specific negative events: the death of someone close; difficulties in relationships; period of depression /anxiety; health problems

Cannabis helps me a lot not to think about it, to be dull [12Itfind]

I would rather use cannabis than benzodiazepines[14Itfind]

If something fails you at the end and you try to replace it with another thing, and that other thing is trying to escape, then you got stoned, because at that time you got stoned! You didn't look for anything but getting stoned. [2SPmCSC]

I had a strong renal colic, I was hospitalised for a week and they found a cancerous tumour in my bladder, I had to undergo surgery (...) I sank into a severe depression and, above all, I had nothing to do. [6SPmCSC]

Setting of use: using alone sometimes means losing the informal control of the group; using in group in some natural settings (night life settings) may bring about a more intensive use.

Party. The years of enjoying parties the most, of going out, of being more nocturnal. So if I am more nocturnal and I am living at night I smoke more." [10SPmInd]

Intentional increase of use aimed at desired effects: cannabis effects vary from each individual and in each individual it can vary according to one's current state of mind. Where one person decreases use because of work or study, another person uses more intensively when needing to enhance focusing skills. In the case of medical use, higher use may be required to attain an effective result.

Using made my concentration easier, maybe I studied less pages a day but more deeply [13ITmind].

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I like it because you do not always experiment the same effect, from dullness to making you focus on things or make you see something you never seen before [9Itmind]

I stopped taking ordinary medication altogether. Slowly completely switched to cannabis, so my use has increased enormously. [5ITfInd]

And it's true that my last use peak was also slightly induced by the illness I had, a splenic lymphoma, and with the issue of chemotherapy there were people... everybody was telling me that marijuana eases side effects, and it was like an excuse. [14SPmInd]

Tolerance

Of course smoking daily makes you, every day... well, not every day but you must increase the amount, to be the way I am." [7SPfCSC]

I think tolerance over all, because you smoke more and higher quality, so you need a bigger amount to be in that state." [13SPmInd]

- **Low peaks:** can be related to a period of life and its particular conditions/ changes or to a specific, single event; changing social environment and life style; having greater responsibilities in family / social life influence the choice of a more moderate use; this transition is accompanied by an increase in awareness of the use.

[sub category] Turning points. Specific reasons /factors (or mix of reasons/backgrounds) for deciding to decrease the intensity of use.

Changes in personal /social conditions of life: everyone's life has natural rhythms and different tasks for each age/period; each trajectory is influenced by more or fewer changes due to events occurring in different ages. Milestones can be different : to graduate, to settle down, to find a job, pregnancy.

One understands that a drug is a drug and then one begins to realize to control its use ... you grow up, you're no longer a kid[1ITmCSC]

it's normal because, growing up, your friends are no longer your school mates but people, like you, that have to go to work [5ITmind].

I was overly tired of partying. I also got a bit older. Maybe time to do something decent. A little bit done with partying actually. I have tested it all very thoroughly. I was able to do everything I wanted to test in decent quantities. Euhm... but then, I was a little bit done with it. (1BfInd)

My life got stable, so I guess my cannabis consumption got stable too. [5SPfInd]

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You cut down consumption because, as we say, you are busy most of the time. You have children; during this time I have started lots of business, lots of work. I had little time to have fun. [6SPmCSC]

Well I went to talk to my naturopath when I got pregnant (...) He suggested that I cut down consumption and smoked the good stuff. So I followed his instructions to the letter. [16SPfInd]

Relationships, family and informal networks

Spending Saturdays with family, not going out so much... Also cutting friends off a little, you don't hang out with them as much, you have mainly domestic relations. [6SPmCSC]

The other one is that I met her [4SPmInd]

He told me: dude, you are getting stoned too much, do something about it. He was very present at the time. And the two of us said, let's go, he made me realize it, and I said: ok man, look, you are right." [1SPmCSC]

Specific negative effects: negative side effects of cannabis work like a “red alert” that leads people to use less or to have more break periods.

At one point, that [the panic attacks] was really daily. More than daily. And... euh... it really had an impact on me. I noticed it was too much. It really isn't anymore... That that was indeed not the healthy way [2BfInd]

During those years I couldn't handle it, it made me very introvert, and that made relationships difficult, it undermined me, so i quit consumption." [16SPfInd]

Formal controls: legal problems and police controls may be a reason to decrease or temporarily stop using.

Because I once had the police and they took away all my plants. And then I had to buy everything again and so on.[3ITfInd]

Shifting from quantity to quality: information, knowledge and awareness about cannabis quality may be a factor for self-regulation.

The knowledge of this substance and its quality is important to find out one's own balance, and usually one discovers it after excess, unfortunately [9ITmind].

I only use what I produce , when the crop ends I do not use anything [16ITfind].



[sub category] **Persons influencing the choice:** friends, partners; as for formal control, general practitioners and specialists (for medical use only), police officers and magistrates (in a limited number of cases)

Maybe I do that period... There has also been a period when a lot of people around me have started to stop. That I also thought about reducing and stopping but then it starts back anyway and then reduces back.[6BmCSC]

Yes, now it's less, because, yes, I've now started living together with my girlfriend. Euhm.... She does not fully support it. She allows me to do so, but she does not fully support it.[2Bflnd]

I used much less when I broke with my pusher boyfriend [12ITfind]

- **Periods of abstinence:** temporary abstinence is one of many of personal strategies to reverse high levels of use and regain control; to test one's own control over the drug. In some cases it is due to a change in life condition (travels, new tasks of life) or to the need to avoid legal problems (driving license suspensions, the fear of positive urine analysis). In a few cases the reason for long term abstinence is health.

Periods vary from very short to longer. No professional help was ever requested and no particular difficulties were perceived during the period during which the interviewees did not use cannabis.

In fact, these peaks can sometimes go the way down to the bottom. But never to stop completely. More to get back to the feeling that everything is okay, and then start using again.[3Bflnd]

So I took it up a little like a personal challenge, I mean, "who is actually going to win, joints or I?" Well, for the time being, I keep on with that." [12SPfind]

Maybe I am fourteen days or three weeks without cannabis, with the necessary consequence that I sometimes feel bad for three days. [...] I don't care about that. I am on holiday. You don't pay attention to it. You are busy with other things. That's all right, it's a bit suppressed by the activities you've got then.[4BmCSC]

I repeated a drop to zero, in this case because I changed my job and I started a new job where I was in charge of a place, with more people and... well, the time and so on and... well, it was time to focus a little on what I was doing." [12SPfind]

And then I had a problem with the police again and I stopped about two months out of fear. [5ITflnd]

The doctor also said that I couldn't smoke, that I had lesions on my bronchi." [14SPmInd]

Area: Personal strategies / factors facilitating controlled use

Personal strategies, facilitating factors, informal rules, adopted to maintain a controlled pattern of use or gain back control after a period of intense use /high peak. Cannabis users develop personal strategies according to their skills and competencies, developed over time by trial and error and by coming to understand their own personal attitude and coping skills in order to manage their use.

Categories[*sub categories*]/codes

- **Individual and social informal rules:** continuing to carry out societal duties and carrying out work to the best of one's ability. Rules were suggested both by personal experience /attitude and the work, family and social environment.

[*sub category*] **Timing:** especially referred to using alone, not to interfere with social or family tasks and with work ; never if one has to drive.

Throughout all these years I have worked. So it was out of the question to smoke the day before, it was out of the question to smoke euh... to smoke when I had family affairs or something like that. So there has always been a certain structure in my life, so it has always literally remained recreational.[7BmCSC]

My rule is to smoke after baking cakes (his job, ed.). People attending do not have to figure out I'm stoned [9ITmind].

It was time to blow less and do more. Because if you start blowing in the morning... yes, you'll do less. So now it's limited to the evening.[1Bflnd]

"What I used to do was, at night or during the afternoon, from 8:00, I had my little things and then... to sleep, when it makes me feel better." [12SPfInd]

I save cannabis for fun moments, of course, if I am having fun I am not focused on what I am doing" (...) now that everything is done, now I relax and smoke the goodnight joint or the before-dinner one." [6SPmCSC]

[*sub category*] **Setting / environment:** not using in the presence of people who perceive cannabis use as a problem; not using in the work place (but there are exceptions: one person stated that cannabis use has little negative impact on work).

It's not because I use cannabis that everyone has to do that.[5Bflnd]

Allez, that was the rule "I don't do that during my work or for my work, but then again". So I still had that rule.[2Bflnd]



[sub category] **Persons who have influence:** family, parents, children

So I didn't smoke at home, or I smoked far less. In this respect, I do was under my parent's stricter control.” [5SPfInd]

My parents knew that I smoked but we had the explicit ban on smoking at home, so I didn't arrive home being stoned, either.” [10SPmInd]

Because I do not use in front of my daughter. I use in the kitchen then. [6BmCSC]

- **Achieving the desired effects:** keeping the use pleasant; stop using after the desired effect has been reached

It must remain pleasant. It has to be fun. Do not start to affect your body. [1BfInd]

[...] And... I have enough after one cookie and after one piece of chocolate I have enough and after one joint I have enough [7BmCSC]

- **Knowledge, information, awareness:** becoming expert and well informed on cannabis is crucial. Having a so called “culture of cannabis” helps and supports controlled use strategies. CSC/ users groups are functional to this goal (see below).

Plant knowledge, absolutely, and then self-knowledge, too, of course. [13SPmInd]

- **Models and methods of use:** route of administration (joint or vaporizer); the more functional kinds of cannabis products (types of marijuana, oil, edibles; CBD as substitute); controlling the strength of the cannabis; controlling /decreasing dosing; avoiding mixing with other drugs with potential negative effects.

I sometimes use this vaporizer as well, but there is one big disadvantage to it. That vaporizer is very good to become completely stoned and that's not my intention. Of course I can minimize that too, but not as well as in a cigarette. [4BmCSC]

Lately, I am getting interested in vaping, to quit tobacco altogether.” [9SPfCSC]

To sleep I always take indica ones, but if I was in meetings over the weekend or if I smoke in the morning or whatever, then, more sativa ones. [9SPfCSC]

CBD is legal and very interesting as drug: It relaxes me a lot and I use it as a cannabis substitute [14ITfind]

Now I'm already controlling it with the bag. If at first a bag would last 7 days and now it lasts 5, something is happening. [6SPmCSC]

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I used to lose it, the next day I didn't remember anything I had done... Smoking and drinking... In fact I quit drinking because of this. [7SPfCSC]

[Sub category] Quantity control: strategies to self-determine the quantity

Avoid to store big quantities in order to take the risk of being arrested and to have more effective control [5ITmind]

I divide my supply into small parts to be used on a daily base[8ITmind]

We have a “bottle cap rule”: each day you can use how much a bottle cap can hold [16ITfind]

[Sub category] Temporary abstinence: stop using for a short or longer period

From time to time, I set myself challenges: until that day I will be... and I mark my calendar, I will be a week without smoking, not a week because it is too much, just a day. I do it because of tolerance.” [7SPfCSC]

- **Cannabis quality:** selecting channels of purchasing; screening cannabis quality; self cultivating; avoiding cannabis that is too strong; CSC: quality of cannabis, information on self cultivation and support in finding the correct type of cannabis.

And I'm working on that, in the sense that I'm trying to take care of it. Also because it is a kind of honesty. You smoke what you grow. [4Bflnd]

I only use what I produce [16ITfind].

And a cannabis social club that can also help me. Then I also know that this is clean weed. [3BmCSC]

*At the [name Social Club] you can learn how to make oil. They will guide you. Yeah, that's super.
[...]But I also discuss this with the people at the club, like "How can I do this better?" [5BmCSC]*

Area: CSC / users' groups role in self-regulation strategies

Despite the differences between national backgrounds (even if in two different legal contexts, both in Belgium and Spain structured CSCs can be organized, while in Italy there are informal groups of cannabis users working in a very precarious way, with serious legal problems), the three local studies highlight the positive role of CSCs / informal groups in supporting self-regulation strategies.



Categories[*sub categories*]/codes

- **Controlling cannabis quality:** CSCs offer the possibility to control the quality, to purchase organic and light cannabis; choosing the more functional kind of cannabis.

I never buy on the streets but only from my cultivation group [1ITmcsc]

You know what kind of weed you are buying, you choose whether it is strong or not, whether it does not contain much THC, etcetera, etcetera.(7BmCSC)

In the past we didn't know what we were taking or what they were selling. Now there is at least one quality control, right? (fungi, bugs, heavy metals...) As exact as you want it, fertilizers, chemicals... We know what we smoke in here." [7SPfCSC]

I give myself some rules that can be broken only for the quality (THC percentage, ed.) never for the quantity [11ITmcsc]

- **Cannabis home-cultivation:** CSCs offer information and support to facilitate home-growing
- **Controlled use, risks and harm reduction:** information, sharing of opinions, exchange of experiences, support for a functional and less risky way to use cannabis; a “culture of cannabis” shared and enhanced with and by other members helps to increase awareness and safety.

I use only with my group to reduce adverse hallucinogen effects [10ITmcsc]

But I also discuss this with the people at the club, like "How can I do this better?" [5BmCSC]

It helps you a lot and, above all, the fact that they limit your consumption when you join in (...) if you go too far, they alert you." [6SPmCSC]

Here (in CSC) you know how many grams from a particular variety they have, you know the amount of grams, how long it lasts, because you know the amount of each joint, more or less [6SPmCSC]

- **Limiting stressful situations:** avoiding a state of anxiety due to contact with the illegal market; limiting legal risks.

You don't have the anxiety that came when you bought from a dealer some good stuff, that you had to buy a big amount because, when it's over, you don't get it again [6SPmCSC]



Area: Perception of controlled / non controlled use

The “control line” in timelines. At the end of the interview, participants were requested to draw a second line on the timeline sheet, the “control line”, which represents the trend of their personal perception of control/non control of cannabis use related to the phases of their own trajectories. Two different types of control lines were drawn:

- The “mirror lines”, where the perceived control is a mirror image of the trajectories, the lower control corresponding to high peaks, the higher to low peaks.
- The “flat / ascending lines” that, partially or totally regardless of trajectories phases, describe an increasing and/or stable level of perceived control. These lines highlight how perceived control is related to a progressive process of increasing experience, awareness and learning, more than to the fluctuating trend of the trajectory of use.
- In the three local studies, without significant differences, both the “mirror” and the “flat / ascending” lines, show an ascending self-control perception trend, starting from a no-control perception in the initiation phase, related to the lack of knowledge and experience, and then (more or less linearly) increasing. The current perceived control is described as relatively high by the most of interviewees.

Qualitative analysis

Categories[sub categories]/codes

Perception of control

- **No excess:** moderate consumption; being able to stop using when the desirable effect is reached

From the age of 13 to the age of 16 I already knew that I had it under control, I had very sporadic consumption, so there was absolute control. [11SPfCSC]

- **No craving:** being able to stop using without difficulties / negative effects

But if I have nothing then I have absolutely no craving. I have also smoked tobacco, 40 years in a row. I noticed very well the difference between having a shortage of tobacco or having a shortage of weed. [5BmCSC]

Another factor which justifies my lack of anxiety is that, when I ran out of it, I wouldn't go right away to buy it, the idea was that I was out of it so I was out of it. Another day I would score some and that was it, I have never suffered from anxiety. [10SPmInd]

I finish what I have and I do not buy it anymore. And even if they offer me I do not smoke, no way. If I'm in craving phase, I'm smoking all I have if not I do not buy it anymore [7ITfind].

- **Life tasks and societal duties:** fulfilling tasks in society and in the family; setting boundaries for using.



I have always had that under control. Nothing really went wrong because I was smoking. Or something didn't work because I didn't smoke or did smoke. I do not actually do that. For me, it only had a positive impact in my general life, in my opinion.[3BmCSC]

It has a lot to do with the education you receive at home, not with formal education but the one within the household, about respect, about not breaking harmony because of a nonsense, because it is about having fun, after all. I think that this helped set boundaries for me to know how far I could go[6SPmCSC]

As I wasn't often in touch with it, it didn't affect my study either, so I was passing my grades. [12SPfInd]

- **Temporary abstinence:** being able to decide to stop using for a period

Of course, when you have those descending peaks the sense of control over it is complete, right? When you don't consume, this sensation. [13SPmInd]

- **Wellbeing and good feelings:** being able to use in a functional way compared to one's own objectives

Now I know that I am in control, because now joints stone me and I only smoke when I want to. [14SPmInd]

Then I started smoking a little bit more and that's when... I felt very comfortable smoking in that way, every day a couple of joints, it was fucking great... [15SPfInd]

- **Awareness:** being aware of the quality and effects of cannabis

There was a period when I was in control because it is when you start to know what you do. Basically, when you start to know what you smoke, how much you smoke, what it does, this time of knowledge. [3SPfCSC]

I control the indica ones, the sativa ones, if it is hash, if it is not, if I am mixing it with tobacco, if I smoke more, less... Now I got consumption controlled, I think. [8SPmCSC]

- **Cannabis availability / accessibility:** being able to regulate cannabis use even when there is easy access

I have had easy access to it and I could have been smoking for a long time, all day long if I had wanted to, and I hadn't done so. [6SPmCSC]

Perception of non control

- **High consumption:** intensive use and/or mixing other drugs with negative side effects on health, social life, wellbeing

When I load my chiloom and I smoke until there is something [6ITmcsc]

This is getting me lost. So we're gonna quit one more time or at least cut down because consumption was pretty high. [1SPmCSC]

Maybe smoking very sparingly causes no harm, but the habit of smoking tobacco as well as marijuana, like the habit of drinking too much, is bad. [5SPInd]

I hit rock bottom when I said I can't stop smoking joints, I don't hang out with friends because I'm smoking all day long. [14SPmInd]

- **Health problems**

As I told you, after 3 years, a tachycardia, a more agitated day, or anxiety, or things like that, because maybe I had raised consumption or I was smoking a stronger weed... then I started getting worried. [8SPmCSC]

- **No temporary abstinence:** not being able to stop using for a period

So, control is like: the more I smoke, the greater my sense of control is. But you have less control because you can't stop[4SPmCSC]

- **Undesirable side effect in one's behaviour:** perceiving negative / undesirable effects and feelings; dealing with one's way of thinking, living, relating to others

It is altering your train of thought, the way you treat people and your way of being, so fuck it and take control over the substance, and in fact it was just right for me[14SPmInd]

As I cannot change the world and I can do nothing, I abandon myself and smoke. Because it makes me forget, it prevents me from thinking and makes you lazy [4SPmInd]

I'm really fed up when after smoking I do not remember anymore what I spoke about with my friend (5ITmind)

- **Life tasks and societal duties:** not fulfilling tasks in the society and family

Smoking while I was studying was no problem at all, the problem was that, well, I allowed myself to go to class when I had consumed. So I slowed down, first of all because I thought it was kind of disrespectful [1SPmCSC]

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NAHRPP - New Approaches in Harm Reduction Policies and Practices

Area: Support in case of diminished control

According to the goal of the NAHRPP project, one focus of the discussion is how risks limitation and harm reduction professional interventions might be re-designed to reach cannabis users' objectives and needs in a more effective way. In other words, how to support users' personal and group strategies of controlled use in a more effective way in the case of diminished control with negative /undesirable effects.

One of the research questions deals with the (possible) kinds of support people need in situations where diminished control of their cannabis use is perceived.

The interviewees answers – according to the three local reports – in only one case refer to professional intervention (limited to information, not to support). They reaffirm and relaunch personal self-regulation strategies and skills, the crucial role of peers and, in some cases, environmental factors (i.e. a better process to control cannabis quality) useful to regaining control.

Categories[*sub categories*]/codes

- **Scientific information:** professionals might be a source of scientific information and guidelines aimed at a more controlled use

If one day there is a professional who can set some scientific guidelines, about how, when and how much.
[2SPmCSC]

- **Cannabis quality**

I must say that maybe with better information and higher quality product, consumption would be lower.
[13SPmInd]

In order to quit, consuming high quality marijuana helped me a lot.[9SPfCSC]

- **Change of consumption method**

Lately, I am getting interested in vaping, to quit tobacco altogether [9SPfCSC]

- Support of friends

With the help of a friend, who consumes more or less as much as I do, and both of us said: “ok c'mon, the two of us want to focus and we will help each other a little, that's it, we will help each other cutting down consumption[1SPmCSC]

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Key points

Trajectories

- The prevalent model of the trajectories is a **varying one**. A trend starting with a low intensity of use in the initiation period, an increase / peak just after initiation, then a fluctuating trajectory with high peaks followed by low peaks or periods of temporary abstinence or/and periods of stable intensity of use. The prevalent lifetime trend of trajectories goes in the direction of a stable moderate/low intensity
- In describing the timeline trends, interviewees make clear the **process of learning** (the drug, the effects, their relationship with the drug etc) and the link between learning, awareness and self-efficacy perceived in controlling and regulating the use (see also below in *Perception of controlled / non controlled use*)
- **One peak, one reason why**. Trends and turning points in the trajectories are clearly described by interviewees, who are aware of the reasons that oriented their choice, and of the links between these choices and the changes in life style, personal conditions, environment. Even if reasons for changing the pattern of use include single events or traumas (i.e. health problems), the prevalent set of reasons for changing concerns their daily life changes. As for turning points, both in a high and low direction, among the factors of greatest influence are changes in social environment, in personal, family and work responsibilities, and in expected effects of use (reasons to use may change in different periods of life)
- The trajectories show that cannabis use is designed or **“shaped” around everyday life**. Patterns of use - even if fluctuating in high, low and stable intensity – appear “adaptable” to different occasions and phases, without interfering with life engagements in an impactful way. This is significant from the perspective of a normalization process
- **No professional support** has been reported by any of the 48 interviewees in describing the turning points from high to low peak or stable intensity trend.

Control strategies

- **Self efficacy perception**. In general - notwithstanding the narrative on critical moments, high peaks of use and periods of diminished control – interviewees never describe their use as “problematic”, the word itself has not been pronounced, and, as for the control, it may be lower or diminished, not really “lost”. Participants stories and described perceptions suggest a high level of self-efficacy in regulating and controlling cannabis use in a daily life setting
- **Functionality**. Participants stress the positive role of cannabis in their daily life, describing a range of desired effects (pleasure, relaxing, staying focused, socializing, limiting the use of more harmful illicit drugs or medications). These personal objectives /advantages of cannabis use (and being aware of that) are crucial in self-regulation strategies: being aware of one’s own objectives and maintaining the use functional to these objectives is a cornerstone of control; dysfunction is a red alarm and a starting point for



change towards achieving (achieving again) the desired effects.

- ***Life tasks and societal duties.*** The structure of life has great influence in control strategies; work, family and relationships orientate timing and settings and shape the pattern of use. In general, timing and settings of use are chosen not to interfere with daily tasks. However we have to consider that informal rules are individual and reflect differences such as subjective expectations and desired effects: it is common to postpone use until the end of the working day, but at the same time for some users, cannabis is functional in order to be more focused in work or study. Therefore all dimensions of cannabis use patterns are interconnected and interdependent; it is necessary to consider informal self-regulation rules with their strong individual basis (even if influenced by the environment).

- ***Setting of use*** The same observation applies for the settings of use. If cannabis use is a social use, and social consumption is considered as a control factor, using alone is also a common behavior. The high prevalence of daily use, the deep intertwining in everyday life, its normalization, makes using alone a very common choice, with its specific self-regulatory rules. In analysing protective or risk factors for other drugs in a control perspective, it is usual to consider using alone more dangerous, whereas a collective, recreational setting offers an informal control and shared norms that regulate use. This is not the case with cannabis: using alone cannot be interpreted as a factor in predicting lower control.

- ***Temporary abstinence.*** As timelines show, temporary abstinence periods – short or longer - are commonly part of individual trajectories. No interviewee represents this choice as a “strategic intention” to renounce cannabis. Temporary abstinence is due to two different kinds of reasons: one “intentional”, i.e. after a peak, to regain control, usually followed by a period of stable/lower intensity of use, or in the case of specific events that functionally suggest to stop using (i.e. pregnancy). The first one is “natural”, related to changes in everyday life and conditions. The most frequent example is travelling, with the related difficulties in accessing cannabis in an unknown context, or being in a period of life when many other things are much more important and simply there is less or no interest for cannabis. What is significant in these stories is the natural “fluctuation” of use, adapting to and following the evolution of daily life. No craving effect has been described, nor real problems and difficulties in stopping. From a control perspective, it is interesting to consider up until what point it is a matter of cannabis pharmacokinetics (a “soft drug”) or/and – as so many studies on other drugs suggest – a matter of a normalization approach, of effective cultural, social and informal forms of control.

- ***Quality versus quantity.*** Many interviewees talk about the importance of the quality of the cannabis they use as a factor of control: to know the quality and to be able to access cannabis of the desired quality means the possibility to reach the desired results in an effective and functional way. Often, they say, the emphasis on quality means avoiding excess in quantity. From this perspective the knowledge of selecting channels for purchasing, the possibility of screening cannabis quality, also avoiding strong cannabis, are factors of successful control. It is evident that this kind of strategy involves the environmental dimension and raises questions for drug policies: it is a matter of market regulation and transparency, drug quality checking, possibilities to select channels for purchasing. It is also a matter of drug law, as one of the ways towards a “better quality/ less quantity” strategy is self-cultivation (another are the CSCs, see below).

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- **Formal controls:** police are protagonists in a minority of interviews. Formal controls play a secondary role in control strategies. When people talk about police controls, they describe the need to stop using for a while because of a driving license suspension or other legal risks. This is a temporary tactic choice that is functional to avoid legal risks but that doesn't seem to have a real influence on re-thinking or changing one's own pattern of use.

CSCs and control strategies

- **Quality.** The subject of quality is one of the most frequent added values of CSCs that interviewees state. Not only "good" and controlled quality of the drug, but also the "right" quality for one's specific pattern of use, in line with expected effects and personal objectives. Transparency and stability of access to cannabis in a controlled and regulated purchasing system supports control in an effective way.

- **Culture of cannabis.** CSCs are also the setting where a "culture of cannabis" may be developed and shared, enhancing both social learning processes (knowing the drug, becoming expert in the different methods of use, knowing one's self with regard to cannabis effects etc) and a set of shared informal rules and norms. CSCs re-introduce what prohibition has expelled with regard to illegal drugs: a shared social culture of use functional to normalized and controlled patterns of use.

- **Self cultivation.** The support that CSCs offer to self cultivation is also appreciated, as it is part of a personal strategy of control based on quality and independence from the illegal market.

- **Safety.** Transparency, stability, social setting, shared culture are factors facilitating a better well-being dimension, far from stress and anxiety. This influences the possibility to reach the positive desired effects and limit the negative ones.

Perception of controlled / non controlled use

- As described above, the trend of "control lines" in timelines drawn by interviewees show that a high peak does not always mean a loss of control: a higher intensity of use may be intentional, or anyway controlled and sometimes functional. The perception of self-efficacy in controlling cannabis use trend is high, on average, in the interviews.

- Those interviewees who drew a flat or ascending "control line" notwithstanding fluctuations in timelines, stress the effectiveness of their social learning process during the years, affirming the importance of experience, knowledge, acquired competencies. In other words: they don't perceive that an episode or a period of higher intensity of use means losing their own capacity of control. They don't feel helpless and feel able to regain control making good use of their acquired skills. This is interesting, because we know that self-efficacy perception is the precondition for concrete change.

- The indicators that the interviewees use to identify when they have control over consumption are focused on good levels of personal well-being, on being able to reduce consumption whenever they decide to do it, on being aware of what is consumed (the quality again). On the other hand, control is low when they use at times when they have responsibilities and tasks, when they suffer bad feelings such as paranoia or bad

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thoughts, when they act in a way that is far from what they expected from themselves.

- The concept of “moderate use” is part of the controlled use perception alternatively, “high use” is part of a losing control perception: of course the “measure” is subjective and contextual, and the way the interviewees describe these concepts suggests that they should be included in the category of functional / dysfunctional use, contextualizing them. We know the limits and bias – there is clear evidence in many epidemiological studies – of interpreting and establishing what is “use” or “abuse” in a quantitative or standard way. We can say that these stories are a “practical critical examples” of those classifications.

Support in case of diminished control

- What interviewees ask from professionals in the case of perceived diminished control is..... basically nothing. The researchers’ methodological choice was not to be directive in conducting the interviews, but to let people say what they felt was important and significant from their own perspective. The question about “what kind of support in the case of perceived diminished control” therefore was an open question. Starting from the results described above (normalization, high level of self-efficacy, advanced learning processes) there is a consistent finding of emphasis on one’s own regulatory resources, on peers and friends, on CSCs. None of the interviewees has dealt with a peak or any problem using professional help. It is interesting however that when professionals are mentioned it is with regard to the scientific knowledge they could offer. This suggests a shift from “help” to “consultancy”, outside of any medical paradigm, in a more equal relationship, aimed at enhancing control and regulation skills.

- In regaining control over the use, quality of the cannabis is on stage again: being more informed, having the possibility to choose the right kind of cannabis, using a better quality to diminish the quantity. From this perspective – quality as a crucial factor – questions are to be asked regarding drug policies and to policy makers.

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Appendix

Conclusions from the three local reports.

Belgium

Ruben Kramer, University of Ghent

A first observation in the Belgian study is that the timelines illustrate a variety of trajectories. Some trajectories suggest a balanced pattern of use, while others tend to indicate much more fluctuation in the intensity of use. High peaks reflect high intensity of use and low peaks less use.

The trajectories mainly corresponded to characteristics of various life phases and life situations in which the respondent found him/ herself. With regards to the first period of use, the intensity of use is closely related to the early life stage and the social environment of the user. Participants who started using during their teenage years mainly described this period as a joyful life phase, characterized by using with friends, and experimenting with cannabis, and in some cases also other drugs.

In general, the timelines illustrate an increase in use during the years between the moment of initiation and the first peak in intensity of use. As a result of reduced external supervision, the participants indicated that they perceived more freedom to use cannabis whenever they wanted and as much as they wanted. Alongside this, they became more mobile and started earning money. Although the first peak on the timeline is frequently attributed to contextual factors, later peaks are often devoted to specific events, or psychological or physical problems.

Turning points are often introduced by a negative experience (e.g. a police intervention), or an accumulation of events (e.g. start living together, becoming father or mother, getting a serious job). In addition, some argued that their turning point came after they had decided to stop worrying about what other people thought of their use.

Two forms of abstinence can be distinguished. First, periods of short abstinence. Participants who argued that they stopped using cannabis for a short time (a few weeks), mainly indicated that a situation forced them to quit (e.g. unable to take cannabis with them on vacation). Secondly, a few people stated that they had stopped for a longer time (more than a month). Longer periods of abstinence often related to health issues and police interventions.

Participants referred to a number of personal strategies and informal rules to prevent harmful patterns of use. As such, they referred to elements that could possibly influence their role in society. Especially fulfilling professional and non-professional duties turned out to be important. For example, some argued that they do not use before or during work, in order to avoid becoming less productive.

In general, quality is preferred above quantity. In order to purchase cannabis of better quality, participants indicated that they prefer transparent, non-profit entities. In this respect, reference was frequently made to CSCs as a valuable source. Self-cultivation was also often referred to as a way of purchasing “proper cannabis”. In the case of questionable cannabis, dosing was mentioned as a strategy to prevent adverse effects.

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Some participants indicated that they use cannabis as a substitute for other licit or illicit drugs, which were generally perceived as more harmful. This was particularly the case for prescribed drugs. Cannabis was often used in order to reduce or stop the use of prescription medicines.

Generally, respondents in the Belgian sample indicated that they experience a high degree of control over their use. The ability to stop when desired was accompanied by the feeling of being in control. In some cases, the perception of control mirrored the intensity of use (high usage intensity and low perception of control, or the reverse). However, participants indicated that both the intensity of use and the perception of control were mainly a result of the context and life phase they were in, and the feelings they experienced at that moment.

Although the negative consequences of cannabis use were mentioned during the interviews, most participants mainly emphasised the positive effects of cannabis. Some indicated that they will keep on using as long as the positive effects outweigh the negative ones. Only a few participants referred to their cannabis consumption as an addiction. However, in contrast to legal products like tobacco, the use of cannabis was not perceived as a bad habit.

Italy

Antonella Camposeragna (Forum Droghe)

Conducting interviews allows the researcher to get into people lives, and people inevitably talked about themselves, even if the focus was their cannabis use. This showed that using drugs is strongly related to user's characteristics, events and lifestyle, including friends and relevant others. This is further confirmation of the theory that only by taking into account drug, set and setting at the same time can there be a better understanding of why and how people use drugs.

A common factor is the overlap between drug use and life trajectories: higher peaks correspond to chaotic late adolescence, while when people become adults, with adult responsibilities, the peaks are lower. Everyone's life has natural rhythms and different tasks for each age and this affects cannabis use. Thus, each trajectory is influenced by more or fewer "physiological changes" due to natural events (a job, to be a parent....) occurring at different ages.

As trajectories of drug use correspond to the phases of life, experiencing traumatic events or events perceived as traumatic (including a heartbreak) can affect cannabis use, either increasing or diminishing use.

Cannabis is generally conceived of as a social drug: its use starts together with others, and it facilitates social relationships, friendships and empathy with others.

Using alone is perceived as a turning point: after the initiation period, this usually means more intensive use, less dependency on others and the chance to stay with others, and an initial loss of control. From controls given by friends and social occasions, individuals have to define new personal control strategies and it could take time. On the contrary, however, some report peer pressure to use and therefore as a form of control, they decide to change friends.

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Reasons for a break can vary, but two common dimensions can be traced. One is that not using can be due to an external control - an adverse event that makes cannabis use less legitimate for the user. For example after a driving license suspension, the fear of a positive urine analysis will inhibit the use of cannabis (fear of worse consequences). A second dimension is due to an internal control - the user him/herself decides independently to have a break or because he/she realizes things can get out of hand, or because cannabis has not been enjoyable anymore.

Users show awareness and knowledge, mediated by personal experience and exchange with others. The control strategies reported in order to enjoy the positive and wanted cannabis effects, without affecting daily activities, include never smoking cannabis during work time and delaying a joint until the evening at home, in order to appreciate it better in a more relaxing setting.

Quality is considered more important than quantity. Quality means either a more intensive psychotropic effect with less quantity or to use more pure substance (with less additives or “garbage” as many interviewees called a drug cut). This is one of the main reason why many users resort to self-cultivation and CSCs are established.

From an ethical perspective- trying to avoid the illegal market and supporting criminal groups like the mafia - the self-cultivation of marijuana, is seen as important, regardless of whether users belong to an organized group or not. Almost everyone has had an experience in self-production, also because they are afraid of potential bad additives and only self-cultivation ensures people have an organic product.

It was difficult to discuss control and self-control: only people with a solid cannabis cultural background felt comfortable talking about their control strategies. Others interpreted control as external /formal control (police control and punishment). This implies that a self-regulation perspective needs to be further discussed in natural settings.

All the interviewees showed interest in drawing both the trajectory lines, as it provided an opportunity to think and reflect about themselves and their entire lives and to understand their use better.

Many were surprised to realize aspects concerning their skills and competences regarding control. They use control without being aware of it in particular and therefore focusing on it was found to be helpful.

Spain

Oscar Pares, ICEERS

We can conclude with a series of hypotheses for each of the most relevant topics.

Regarding the cannabis use models, interviewees seem to link the “moderated consumption” to social consumption of cannabis (not using alone) and having difficulties in obtaining cannabis, such as a lack of sources/dealers to obtain cannabis. The economic resource factor has different meanings depending on the interviewee. For some of them, an economic crisis or job loss meant an increase in their consumption, for others the opposite. Finally, a reduction in consumption levels is linked to

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NAHRPP - New Approaches in Harm Reduction Policies and Practices

pregnancy cycles or to some “high work stress periods” as well.

Referring to intensive consumption, participants have responded that the social environment, the cessation of other substances, having a socioeconomic crisis, suffering depression / stress / anxiety / dissatisfaction and enjoying too much free time are some of the reasons why they increased the consumption; these last three can be strongly related.

Emotional control is an important reason for the interviewees when using cannabis. Some have used it as a substitute for more harmful illicit drugs or medications, the latter especially with those who use it to help fall asleep.

In periods of abstinence, the most important factor whereby participants have reduced their level of consumption to zero is due to health issues. Speaking of the turning points in general, the factors of greatest influence have been the fact of changing one's social environment, obtaining greater responsibilities, having high responsibility jobs and experiencing feelings of discomfort.

The most used resource for reducing consumption is to do it deliberately. This was recounted by many respondents who answered that their biggest strategy to regulate consumption is their own self-control.

As part of their strategy to reduce consumption, all respondents, but more so those who are CSC members, also stated that the control of the quantity and the type and quality of cannabis was important.

This way, they established when and what type of cannabis they consumed. Many of them only used it once they had finished all their daily responsibilities. In addition, many of them wish the vaporized method was improved and was more economical. They believe that this could help them a lot to regulate their consumption and use in a healthier way as they do not mix with tobacco and the smoke is therefore less harmful. CSC members are closer to the cannabis culture, so harm reduction methods or basic information about the plant seems to be more available.

Indicators that interviewees use to identify when they have control over consumption include having a good level of personal well being, being able to reduce consumption and always being aware of what is consumed. On the other hand, the interviewees believe they have lost control when they carry out their consumption at times when they have responsibilities and when they experience bad sensations such as paranoia, bad thoughts, etc.

Finally, CSC partner participants value these establishments very positively, especially for their stability in obtaining cannabis and the feeling of being less stressed because of the law and more confident and worthy than when their supply was from the non-regulated market.

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