



Best Practices to Address Problematic Marijuana Use by Youth

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Cannabis is the most popular psychoactive substance used in Canada after alcohol. Responding to its use has become a challenge for health promoters, educators and treatment providers because of conflicting sources of information, a lack of perception of risk by users and non-users alike, and a complicated legal history.

The inconsistencies are numerous.

- Cannabis is illegal in Canada - yet 30 % of our adult population and more than half of our student population have used it.
- Treatment centres report that cannabis is a problem drug for youth - yet students who use at school may be suspended and there is no consistent policy concerning alternatives like education or support. At the post-secondary level, policies may include expulsion from residence
- 8-10% of secondary school students who use marijuana report having problems with cutting back or quitting, yet the perception of risk declines in secondary school
- If recognized at all, risks or problems with marijuana tend to be seen to be related to daily or chronic use yet there are some problems like impaired driving which can occur with occasional use
- Cannabis can be legally prescribed for some patients, yet there is considerable concern about access and quality. Parliamentarians and Senators have called the medical marijuana program “illusory”.

We do not deal well with cannabis in Canada. We are conflicted about the best way to address it. What are the risks? What are the benefits?

Because so many Canadians have used or currently use marijuana either occasionally or often, best or better practices to increase awareness of the potential for risks and to develop responses to reduce these risks fall into population health strategies (like awareness and education, social marketing, environmental support and community action) or targeted strategies with higher-risk individuals.

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Population health strategies

1. Education and skill-building

Effective drug education can be delivered to a universal or targeted audience. In a population health approach, best practices identify several principles which need to be included:

- Comprehensive approach – multi-systemic and multilevel.
- Addresses strengths & protective factors.
- Makes sense to the youth population.
- Includes evaluation.
- The intervention lasts in time.
- All these elements should be reinforced by collaboration of partners from health, school, family and community and this collaboration becomes an important element of effective interventions.

More on these principles can be found in a recent knowledge summary prepared for the Canadian Association of School Health, Roberts, G., Comeau, N., Boak, A., Patton, D., Lane, J., Naidoo, K., Krank, M. (Unpublished manuscript, 2007). *School-based and school-linked prevention of substance use problems: A knowledge summary*. Surrey, BC: Canadian Association for School Health, which can be accessed at

(<http://schoolssubstanceabuseprevention.wetpaint.com/page/Summary+of+Knowledge+on+School+S+A+Prevention>)

Ken Tupper in his article, “Teaching Teachers to “Just Say Know” identifies many of the challenges in developing drug education and includes what are seen as best practices in training teachers to deliver effective drug education. Educational approaches around drug use which include harm reduction are controversial, but research indicates that depending on the age and stage of use of the user, information on ways to reduce problems with alcohol or other drug use can be very effective.

In Tupper’s view, the definition of drug education needs to be removed from a focus on “drug prevention” since the latter term does not identify an objective (prevention of which drugs? prevention of use or of abuse? etc.) and carries with it the remnants of a 19th century desire to ensure abstinence at all costs. “Rather, drug education needs to acknowledge that psychoactive substances are an established part of human cultural environments and that they pose risks and benefits depending on who uses them, when and where, and for what purposes.”

2. Social marketing

According to Alan Andreason, social marketing is “the application of marketing technologies developed in the commercial sector to the solution of problems where the bottom line is behaviour change. It involves the analysis, planning, execution and evaluation of programs designed to influence the voluntary target behaviour of audiences to improve their personal welfare and that of society.”

According to Health Canada, a best practice process for social marketing would include:

- identification of and involvement with the target group
- identification of communication objectives
- development of key messages
- dissemination of messages through appropriate channels
- evaluation and changes if necessary

A tutorial on social marketing and communication planning can be founds at <http://www.hc-sc.gc.ca/ahc-asc/activit/marketsoc/tutorial-guide/index-eng.php>

3. Environmental support and community action

According to the Canadian Association for School Health, youth engagement is a key tool in helping young people address their health issues. Having an environment where youth are encouraged to get involved in issues affecting them leads to an increase in protective factors which enhances resiliency. (<http://www.safehealthyschools.org/youth/youth.htm>)

The Health Communication Unit (THCU) in their Youth Engagement Training series identified a model for engaging youth called EIPARS. This model identifies a process of six stages through which interactive approaches are used to **Engage** youth into the project, and allow them to **Identify** issues of importance to them. The group then creates a **Plan** for addressing some of their concerns, and then mobilizes to **Act**. Central to the process is a need to continually **Reflect/Research/Reward** on the outcomes and successes, and to find ways to **Sustain** the group and/or action projects. More on this project can be found at <http://www.thcu.ca/yetp/about.cfm>.

4. Healthy public policy.

As part of an overall health promotion strategy, drug use policies tend to have the most impact in changing behaviour.

Best practices for developing school and campus drug policies are identified in several documents listed in “*What’s With Weed: Responding to Problematic Marijuana Use – An Annotated Bibliography 2009*”. As noted in the research, comprehensive drug response policies should include clear rules, regulations, and consequences, offered in tandem with:

- an educational strategy
- early intervention recommendations
- referral options for counselling and treatment.

Often campus alcohol use policies do meet criteria for good policy but this comprehensive nature does not apply to a response to drug use.

Individual responses - Brief interventions and motivational counselling

There have been several studies that identify the value and effectiveness of providing brief intervention therapy for marijuana use, particularly with young people. Many of these are identified in “*What’s With Weed: Responding to Problematic Marijuana Use – An Annotated Bibliography 2009*”. The Centre for Addiction and Mental Health has identified best practices in engaging youth in “First Contact” a brief treatment for young substance users” that will lead to further exploration and discussion. It includes:

- Assessment and feedback.
- Identifying pros and cons of use.
- Goal-setting.
- Identifying ways of dealing with risky drug-taking situations.
- Support, encouragement and suggestions come from the counsellor.
- All developed in a “Stages of Change” approach.

The “Stages of Change” approach as originally developed by Prochaska and DiClemente and more on the model can be found at the Ontario Health Promotion E-bulletin at http://www.ohpe.ca/index.php?option=com_content&task=view&id=10268&Itemid=65