

FACILITATOR GUIDE

Introduction

HOW TO USE THIS GUIDE

This guide is intended to provide some ideas about the ways in which you can facilitate or co-facilitate using Just Weed with a group of teens or young people.

It is recommended that you review Just Weed at least once before going through it with the guide. At the end of the guide there is a page where you can make your own notes for each section of the guide for when you actually facilitate the session.

Below each slide are some questions that you might pose to your group, in order to engage them with the content. Once you have used Just Weed a few times, you may not need to refer to these questions, or you may add additional questions. You can use some, all or none of the ones provided!

There is also some extra information provided in some sections for you to share with your group if you want to add this to the discussion.

A FEW ADDITIONAL THINGS TO CONSIDER:

Just Weed focuses on several health related risks associated with the use of cannabis by adolescents and young adults. This information is based on recent studies and information, however we know that there is always new information that is being 'pushed' out by the media and other sources; some of this is credible, and some is not.

The key goal for using Just Weed with groups of teens is to provide them with some information that may shift their perception of risk about using cannabis. We know that that the more someone perceives a risk for any given behavior, the less likely they are to engage in that behavior. Having said this, there will be teens that reject the information presented in Just Weed as it may not align with what they want to believe about cannabis use. We acknowledge that many young people (and adults) view cannabis use as something positive; and, Just Weed is not claiming that everyone who uses cannabis will experience adverse effects. The key message is that there ARE risks involved, and some of these are particularly important for adolescents and their families to be aware of, and that knowledge about these risks should be used to make decisions about their cannabis use.

** There is audio throughout Just Weed that may not be loud enough on a computer's speakers so we recommend that you have additional speakers available and test it out to be sure that it is loud enough for the room you will be in.



The point to make here is that teens who had personal experience with using cannabis contributed to both the content of what is in Just Weed and also the way that the information is presented.

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What did you hear Mike and Jenny say about their experiences when they started to use marijuana/cannabis?

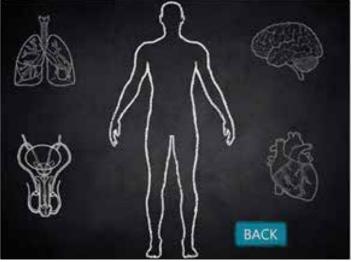
What do you know/or have heard about effects of it on your body?

Where did you learn this?

3.2

Consider asking participants about what they already know about each part of the body and how it could be affected by cannabis use before clicking on each image.

What do you know about effects on the Lungs? Heart? Testicles? Brain?



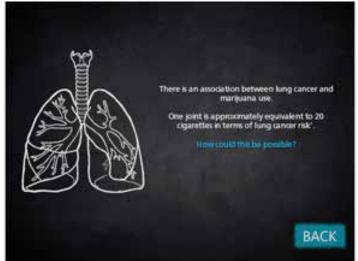
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3.3 Lung

How could one joint be approximately equivalent to 20 cigarettes in terms of lung cancer risk?

Possible explanations include:

- The average joint may actually have a lot more carcinogen (cancer causing) than a cigarette
- Administration (How they are smoked is different)
- Joints are typically unfiltered AND the user usually tries to inhale as deeply and long as possible in order to maximize the amount of the drug that is brought into the lungs (and then transferred to their blood system in order to produce a 'high')

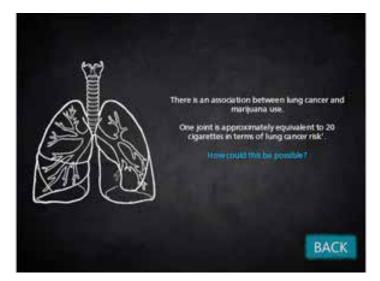


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3.4 Testicular

What age group does testicular cancer usually strike?

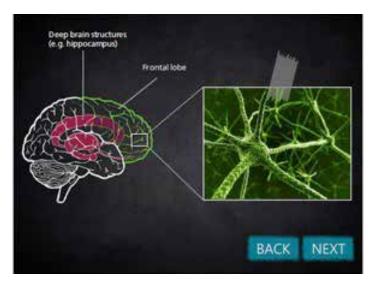
 Young men → 20-35 (though it is a rare form of cancer, stress how this cancer is often diagnosed at much earlier ages than most other forms of cancer)



3.5 Heart

While cannabis does not have as extreme effects on the heart as compared to drugs like cocaine, it can cause the heart to beat faster and there have been studies that suggest that some people can develop an abnormally fast heart rate.

3.6 Brain

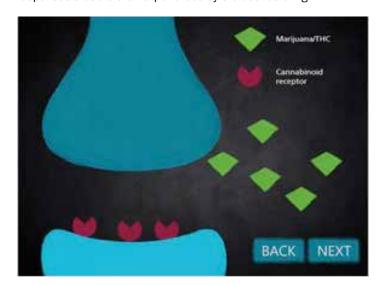


4.1 Neurons and cannabinoid receptors

The following slides depict the interaction that can occur between two neurons (brain cells). There are neurotransmitters (chemical messengers) that are released and bind to receptors – in order to send signals in your brain (these signals help determine your thoughts, actions etc.). Note that there are receptors in the brain called "cannabinoid" receptors – these receptors bind neurotransmitters (naturally made in our brain) which coincidentally have a similar structure to tetrahydrocannabinol (THC) the main psychoactive cannabinoid in cannabis that is responsible for the 'buzz' or high.



4.2 When someone smokes marijuana, the THC chemical binds/ connects with these receptors and then this triggers the brain responses that are then experienced by the user as a high.



5.1 Marijuana and the brain



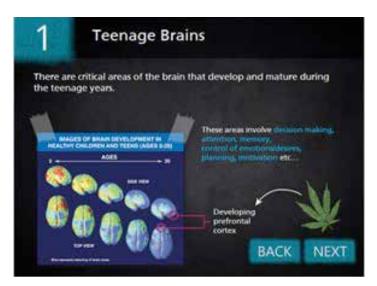
5.2

Do you know when most teens stop growing in height, or finish puberty?

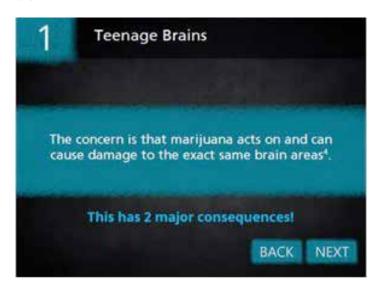
Girls tend to go through their growth spurt earlier than boys do, and only grow a little more after they get their period for the first time. Boys tend to go through pubertal changes first such as growing facial hair and deeper voice, and then have their final growth spurt.

Even though you may have finished your height or pubertal development, your brain continues to grow into your early 20's.

Was anyone aware of this fact? Where did you hear about it?



This is the typical pathway of the brain's normal development – note that there is still a lot of development/growth during the teenage years, and into the 20's.



For some individuals that are chronic/severe (regular and/or daily use) cannabis users in these critical teenage years-their brain development/growth is slower, and this may lead to a lower level of functioning in the frontal lobe area that is responsible for controlling impulses, judging how or when to make a decision, paying attention and concentrating on things etc.

What do you think about this risk for teens who use cannabis AND have a mental health issue such as Depression or Attention Deficit Disorder (ADD) (which can also affect concentration and impulse control)?

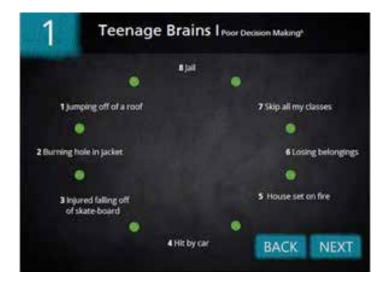
(possibly a double hit, making their concentration etc. that much worse)

We can't yet do a scan of your brain and tell you if you've slowed the development of your brain. However, it is thought that if a teen can decrease or stop their use that their brain development might be able to 'catch up' to where it would have been if they had not ever used. There is a lot of research going on in this area so we should know more in future years.

5.4

Sometimes cannabis (and other substance use) can affect a person's decision making, resulting in a number of possible harms...

Have any of these things happened to you? (Note that these things can also happen to people who don't use cannabis, but these things were linked to their cannabis use by the teens who helped develop Just Weed)



What not-so-good/ poor decisions have you made as a result of using cannabis (or other drugs)?



Would you get into a car with someone driving who doesn't have their license?

What about with someone who is drunk? What about someone who is high?

Why or why not?

Tests done in real driving and simulated driving settings show that being under the influence of cannabis causes delayed reaction time, (for example being able to react to changes in the road, or sudden events that require an immediate response.)

5.7



6.1 Schizophrenia



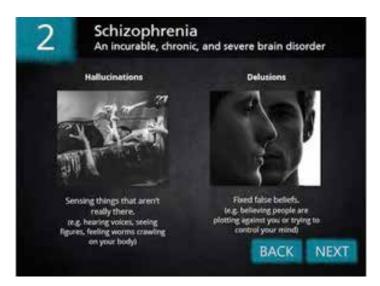
6.2 The next set of slides are about cannabis and mental health



Ask for definitions/examples of hallucinations and delusions and then click again to show them the examples listed on each slide

What is a hallucination? Are there different kinds?

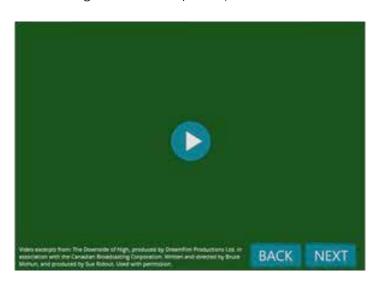
What is a delusion?



**Important to note that there are other explanations for some of these symptoms: not everyone who has hallucinations or paranoia has schizophrenia . Sometimes drug use alone can cause these symptoms but they usually go away when the person is not using or has stopped for some time. This is often referred to as a 'drug induced psychosis'—and can be caused by use of cannabis alone.

6.4 - 1st of 2 video clips about 'Ben'

(Some of your group may have seen this documentary. It tells several stories of several young people who used cannabis who then were diagnosed with schizophrenia.) This is one of the stories.





6.6

How do you know if you are at risk for schizophrenia?

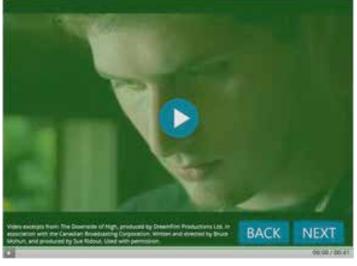
On the whole, you don't! We are starting to understand some factors that contribute - such as the genes which you inherit from your parents and family (if there is a family history of schizophrenia)

Some risk factors are 'modify-able' and we can control to some extent (such as drug use) –others we can't (like having a family history and therefore an inherited risk)

More info about schizophrenia and family history risks: http://www.nimh.nih.gov/health/publications/schizophrenia/index.shtml



6.7 – 2nd of 2 video clips about Ben



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7.1 Impact on everyday life



7.2

These next slides will speak to how cannabis impacts aspects of daily life and future life and work/careers...

Why do you think cannabis use can affect school completion/ educational attainment?

There are different definitions of what is considered to be 'heavy' use. What do you think it is?

Emphasize that often people compare themselves to others they know –'..compared to my friends I don't smoke as much..'. However in general, heavy use tends to refer to regular weekly use, and daily use, or several times a day is considered very heavy use. Other studies use the amount rather than the frequency of use to categorize this.



8.1 Addiction



8.2

Have you heard the terms 'tolerance' and 'withdrawal'?

What do they mean to you?

Why are they signs of addiction?

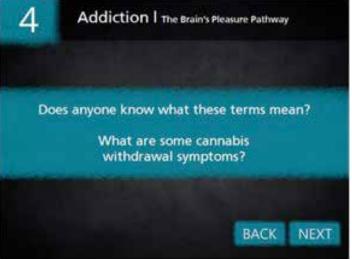


Tolerance – The body adapts to the effect of a drug that is used frequently – the original dose no longer results in the desired effect so they increase the amount they use.

Withdrawal – when one's body is used to having a drug in their system (as with consistent, chronic use) and then the drug is stopped or the amount is decreased. The individual will likely experience "withdrawal symptoms" that are most often the opposite to what the drug normally does. These withdrawal symptoms can be painful, distressing or simply annoying (and sometimes dangerous or life threatening for drugs such as alcohol or some prescription medications)

What are some cannabis withdrawal symptoms?

(Anxiety, insomnia/trouble falling or staying asleep, appetite disturbance, depression, irritability)



9.1 Pleasure pathways in the brain

The next section talks about how cannabis use can interfere with the normal pleasure pathways in the brain (and essentially 're-circuit' or re-route them) or 'screw them up'.

9.2

Certain things in life (most notably those that are necessary for survival) such as eating food activate a natural reward system in the brain resulting in the feeling of pleasure

Chemicals in the brain (including dopamine) are responsible for these pleasurable feelings



9.3





9.5

Drugs like cannabis can directly or indirectly hijack/act on this reward system in the brain and so when people use them, this also results in pleasure - in fact this pleasure is often greater and longer lasting than natural rewards like eating a big meal after starving.

After repeated and ongoing drug use, the user may feel lifeless/depressed because their reward systems are so accustomed to the high stimulation of this pathway by their drugs that they are unable to feel the normal pleasure activations from the natural rewards in their life...now only drugs can bring them pleasure and that's why they will often do just about anything to get more drugs.

It is possible for this to be reversed (that is, to experience pleasure with activities other than drug use) but it can take some time for this chemical 'reward' pathway to 'reset' after someone decreases , or abstains from cannabis use.



10.1 Take home message

There are many harms associated with cannabis use, and each person is uniquely at risk for some, but not all of these harms...

For example it is estimated that 5 out of 6 cannabis users will experience....



10.2While 1 in 6 will experience harm that results from increased impulsivity (such as injury from accidents)



Many people get into a vicious cycle of using, and then having that use affect their judgment and decision making, leading to more use....



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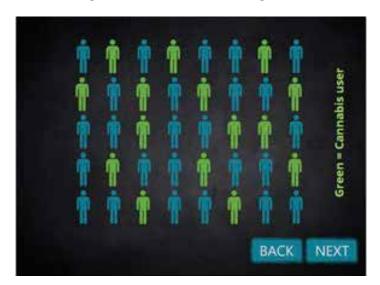
11.1 - Roll the dice

The final set of slides addresses the issue that it isn't often possible to know who is going to experience harm when they first start to use cannabis...



11.2

Here are a group of 40 teenagers – perhaps a grade 9 class at the local high school...some of them (for whatever reason – social acceptance, coping with life stress etc.) start using cannabis and enjoy its effects so much that they continue to use the drug week after week with escalating amounts...



Approximately 15 of every 40 adolescents who begin using cannabis may become regular cannabis users...



Now let's begin the game – please choose one of these green stick-people on the screen

Do they look different?

Can you tell which one is going to experience some problem as a result of their use?

Hypothetically, let's see what happens to these 15 users over time...

11.4

Ask each participant to identify which 'user' they have chosen:



11.5 These 2 enter into the cycle of addiction...

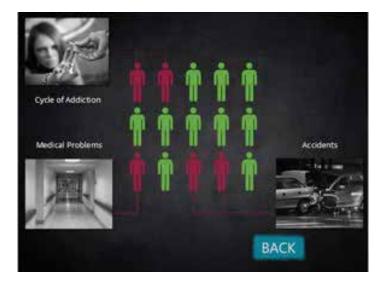


11.6This person (1 out of 15) develops medical problems as a result of their use (such as heart or lung problems)



11 Roll the dice cont'd

11.72 out of 15 cannabis users will get into accidents as a result of driving high



11.8



Roll the dice cont'd

11.9

11

The truth is you really don't know if you are one of the people who may be at risk for these negative outcomes.

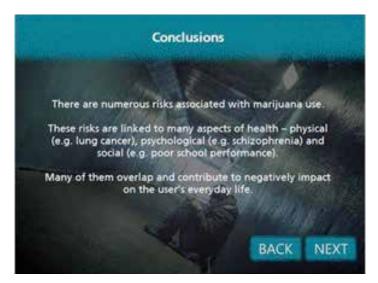
Perhaps at some point in the future you may be able to go to your doctor and get your genes and proteins screened to determine your "risk level"—but we certainly aren't there yet!

Therefore, drug use (such as cannabis) is like throwing the dice – you might get lucky and be one of the users that stayed in the "green" but you might not...



12 – Summary

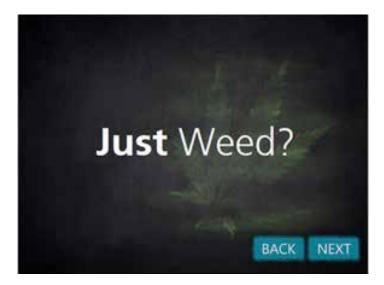
In summary,



13 - Conclusion

These are the concluding voices of Jenny and Mike that speak to their decision making around their use and the outcomes they experienced...

The point is that it isn't 'Just' weed...







What did you learn that you didn't know before?

Did anything surprise you?

What did you think about this presentation?

What do you think about the information that was presented in this session?

Who do you turn to if you have questions or are struggling with these issues?

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