**Workshop Agenda**

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| **00:00** | **OPENING**An overview of the workshop and an opportunity for participants to introduce themselves |
| **00:00** | **AN ECOSYSTEM APPROACH**An exploration of how to take an ecosystem approach to consider the factors that influence a person’s frame of reference about cannabis and, ultimately, their choices. |
| **00:00** | **BREAK** |
| **00:00** | **CANNABIS AND SPECIAL POPULATIONS**A review of the current research, policies and evidence-based public health approaches for youth, emerging adults and seniors. |
| **00:00** | **LUNCH** |
| **00:00** | **HARM REDUCTION AND SPECIAL POPULATIONS**A consideration of ‘relative harm’ through individual use patterns (factors beyond frequency of use and dependence) and the ‘risk environment’ of a person (the physical, social, economic and policy factors that interact to increase chances of drug-related harm) to inform subsequent individualized harm reduction strategies. |
| **00:00** | **CLOSING**A review of what was accomplished during the workshop, time to share next steps and complete an evaluation. |

**Spheres of Influence**

Spheres of influence are the domains or the areas of our lives that exert influence over our thoughts and choices and have the power to affect or change things. The strength of influence is a function of two elements: what you have power over, and what has power over you.

**Domains:**

1. **Individual factors:** A person's mental and physical health, history of trauma, housing security, food security, education level, personal experience, risk tolerance and innate curiosity as factors that either expose a person to risk or protect a person from the risk of problematic consumption.
2. **Personal relationships:** Important people in a person's life such as parents, children, siblings, close friends, mentors or partners who, through proximity may observe, monitor and talk with a person about their cannabis consumption patterns.
3. **Peers:** Influencers that exist within a person's broader social circle such as friends and acquaintances, coaches or teammates, and in-person or online social groups with a shared special interest who may directly (via offerings, requests or stigma) or indirectly (via normalization or connectedness those consuming or not) pressure a person to take a certain action.
4. **Accessibility:** The legal and illegal channels available to a person to acquire cannabis, the relative ease of access through these channels, and the perceived consequences associated with each channel.
5. **Product presentation:** The product descriptions, positioning and promised results or effects that inform a person’s decision making when choosing if, what, how and when to consume cannabis.
6. **Institutional factors:** The care providers, educators or allies that may or may not impact choices about consumption, including within institutions such as hospitals, elementary and high schools, universities or colleges, apartment/ condos, retirement or long-term care living.
7. **Community**: The geographic location of a person's home and the local culture they experience that impacts their choices about cannabis consumption.
8. **Law and Enforcement:** The practices a person observes in the community or has personally experienced, as well as knowledge of the law and the real or perceived consequences of consumption outside of the law.
9. **Meta Culture:** The current and prevailing pop culture and counter-culture references and attitudes about cannabis that a person is exposed to such as celebrity influencers, popular literature, news and social media.

**Individual Reflection 1**

Instructions

* Answer the questions below using the space provided
* Retain your responses for reference later in the day, these worksheet will not be collected by the facilitator

**Consider your experience (or lack thereof) with cannabis and identify who or what is in your sphere of influence that has contributed to your own decisions about whether or not to consume cannabis.**

|  |  |
| --- | --- |
| 1. **Individual factors**

What is unique about you that might put you at risk or protect you from the risk of problematic consumption? |  |
| 1. **Personal relationships**

Who are the important people in your life who, through proximity may or may not observe, monitor and talk with you about cannabis consumption? |  |
| 1. **Peers**

Who are the influencers in your broader social circle may directly or indirectly pressure you to take a certain action? |  |
| 1. **Accessibility**

What are the legal and illegal channels available to you to acquire cannabis, and how easy would it be for you to access it without risk of negative consequences? |  |
| 1. **Product presentation**

How easy is it for you to learn about and critically assess different products and their intended effects? |  |
| 1. **Institutional factors**

Do you spend time in an institutional setting that would encourage or discourage consumption, or make it easy or difficult to consume? |  |
| 1. **Community**

Is there something about where you live that may impact if or how you consume cannabis? |  |
| 1. **Law and Enforcement**

How knowledgeable are you of the law and the possible consequences of consuming cannabis outside of the parameters of the law? |  |
| 1. **Meta Culture**

Generally, how is cannabis referenced in the television shows and movies you watch, or the radio and podcasts you listen to, or the books and articles you read, or your social media feeds? |  |

**Youth Case Study**

**JYN**

Jyn is 18 years old and a few years ago started consuming cannabis frequently. He likes to get high when he is bored, lonely or anxious, which was often the case except for when he is playing house league soccer. Jyn lives in a small town in rural Nova Scotia and most of Jyn’s friends like to hang out, play videogames and get high. Jyn’s parents, who divorced when he was 12, are loving and supportive; however, don’t like to set too many boundaries for their son so he can find his own path. Recently, Jyn graduated from the academic stream in his high school with a low C average and he now works in his family’s business.

Jyn gets weed from his friends’ dealer and usually smokes it but also has tried dabbing. Concerned about smoke inhalation, his parents have encouraged Jyn to switch to vaping because they’ve read online that it’s healthier. One of Jyn’s closer friends has begun hallucinating when she is high; everyone in the group, including Jyn, feels that it’s normal. Jyn has a high-risk tolerance and likes the excitement that comes with taking chances.

After he turned 19, Jyn started showing signs of cannabis induced psychosis and found it more exciting than his ordinary life. His parents connected him with a psychiatrist in town who recommended Jyn stops consuming cannabis. Jyn reluctantly agreed and began consuming alcohol heavily to “feel happy”. Two months later, a different psychiatrist that specializes in psychosis suggested Jyn’s symptoms are indicative of obsessive-compulsive disorder and not psychosis. Given this information, Jyn returned to regular, heavy consumption of cannabis; however, started buying it at the liquor store where he gets his beer. He refuses his parents suggestions to see an addictions counsellor.

**Youth Case Study**

**AGNES**

Agnes is a 16 year old who is struggling at school in Vancouver with wealthy but disengaged parents. Agnes has always found school difficult, she feels it’s harder for her than those around her. She thinks she has an attention deficit hyperactivity disorder or some learning disabilities but has never discussed with her parents or anyone else. Agnes feels disenfranchised and disconnected while smoking cigarettes in ‘the pit’ at school she meets the ‘stoner crowd’ and hangs out with them daily. Her new friends hook her up with the kid in school who sells a potent strain that promises an intense high.

Agnes begins smoking high-THC-potency pot daily, at least a gram a day, and more on weekends. While she started smoking with her new group of friends, she continued to smoke at home and most often alone. She stops caring about how she’s been feeling or who she’s disappointing and finds her grades slip further. As she becomes more withdrawn and socially isolated from her friends, Agnes becomes somewhat paranoid, hearing whispering voices at times, and thinks they are talking about her.

The guidance counsellor notices the changes in Agnes, and due to some recent staff training, knows that her age group is at a higher risk for ‘Amotivational Syndrome’ but has to approach her in a non-confrontational and non-judgmental way; getting law enforcement involved is not a priority. School policy dictates that Agnes’s parents are called but they are not reached. In conversation, Agnes mentions that she thinks she hears people whispering about her and the guidance counsellor tells her that youth can experience auditory hallucinations when in withdrawal from cannabis. The guidance counsellor gives Agnes some information about cannabis and explains what she is at risk of given her high level of consumption but at this point Agnes doesn’t really care.

**Young Emerging Adult Case Study**

**MASARA**

Masara is 23 years old and struggles with chronic pain from a basketball injury she suffered in university. She’s recently secured a lease to her dream loft and is living alone for the first time in her life. She is taking the opioid Percoset (oxycodone / paracetamol) and has been for few years because it allows her to manage her pain yet keep mobile and clear headed. Masara has a new job and the work is very demanding, safety sensitive, and well-paying. Originally obtained from her physician when she was injured, she now buys her opioids from a friend who also has a prescription. Masara had difficulty controlling her anger as a teen and she found sports were a productive way for her to manager her anger and she is a natural athlete.

One evening at a party, Masara tried a pot brownie someone brought for the group. She liked how relaxed she felt; it took the edge off her pain and she slept soundly. Encouraged by this effect, Masara began consuming edibles more often as she hoped to drop the Percoset. She searched through her Instagram feed for recommended edibles sold in the United States that offered a chill vibe, relaxation and pain relief…she was not looking for an intense high.

Masara also begin trying a low THC / high CBD hybrid cannabis that she purchased from the Ontario Cannabis Store online but really doesn’t want to smoke. She is struggling to manage the withdrawal symptoms of the Percoset as she tapers off but is hoping the cannabis will be able to manage her pain adequately to help her end her use of the opioid. She feels like she’s under tremendous pressure to stay productive at work while managing the newness of her independence. She likes being the best as whatever she does and doesn’t want any one to know she needs help managing sometimes.

**Young Emerging Adult Case Study**

**KIT**

Kit is 22 years old and works 6 days a week at a large construction site, coordinating with one of the crane operators. Kit dropped out of high school after grade 10 and shares a small house with 3 friends. Every day after work he smokes a pack cigarettes, drinks a 6-pack of beer, and hot knives an "eighth" (3.5 g) of cannabis with his housemates. Lately Kit has begun hot kniving hash before going work and on lunch breaks as well, just to take the edge off. Cannabis use is common on Kit’s crew but he knows it would not be tolerated by the management.

After a few months, Kit is high at work all the time and begins making mistakes. One mistake ends up being a very close call as he is misdirected the crane operator in moving a heavy load which put lives at risk. In reaction to this error, Kit is drug-tested at work and is put on a mandatory leave-of-absence.

Kit attends a private detox ‘down south’ for a week, to come off alcohol and cannabis. There are no addiction facilities in his town or nearby except a travelling counsellor that comes to town once a month. After his detox, he returns to work in a supervised manner, with random urine drug testing done through Occupational Health. He hears that cocaine comes out of the system in two days, and would not be detected in the urine by Monday morning. He does a few rails of cocaine on a Friday night with a wealthy friend who can afford it. He borrows some money to buy his own. His gets a batch contaminated with fentanyl. Kit accidentally overdoes outside of the Legion on a Friday night and is saved by a friend with a Naloxone kit before being held by the local police.

**Seniors Case Study**

**KEN**

Ken started smoking cannabis when he was 18. He’s been a long-time regular consumer with little to no negative effects on his life…in fact, he loved his ritual of rolling his own joints from the plants he’s been growing in his backyard. Ken’s family are indifferent of his consumption; they see him as a harmless and happy ‘old hippie’ that partied at Woodstock and Ken’s friends consume similarly to him. A few years ago, Ken was diagnosed with lymphoma and he changed his home-grown source for something stronger to help manage his chemotherapy-induced nausea. Now 70 years old, Ken continues to consume cannabis (several grams per day) to help him sleep, keep up his appetite and manage his anxiety. Lately Ken is experiencing problems with his memory, has developed a minor, nagging cough and has a strong feeling that his wife is cheating on him.

Ken has a grade 8 education and knows a lot about ‘his weed’ but doesn’t understand the variety of products available today. He’s been doing his own research online and found an online cancer community on Reddit. Through the online forum advice, Ken decided to start an oral CBD as a way to mitigate his throat irritation from smoking and maybe take the edge off his paranoid thoughts. Ken cut down on the amount of strong bud he smoked each day, to less than half of what he was consuming before, and added some THC oil to take nightly.

Ken thought that some of his appetite and anxiety issues may have been withdrawal symptoms from the stronger weed he’d been smoking, which made it easier for him to cope with cutting back. He’s enjoyed cannabis for a long time but did not want to be physically addicted to it. Eventually Ken transitioned to a combination of buccal spray and oils to keep his costs down and also went back to enjoying his home-grown ritual. Ken experienced less anxiety and felt validated in his decision to continue cannabis in a less harmful way.

**Seniors Case Study**

**JIA**

Jia is a 67-year old female with a history of severe arthritis. She has had total knee replacements for both knees and is awaiting a hip replacement on the left side. She walks with 2 canes or a sometimes walker. Jia has renal insufficiency and is unable to take nonsteriodal anti-inflammatory drugs. Regular Tylenol is not helpful for her pain but Tylenol 3 makes her woozy and nauseated. Her second line of pain medications have been ineffective. One of Jia’s close friends recommended she try cannabis for her pain so she asks her daughter to pick a package of pre-rolled joints from the Ontario Cannabis Store for her. Her daughter doesn’t know too much about cannabis so chooses a hybrid strain with a high THC potency.

Jia begins smoking a joint every day, having a few puffs at a time throughout the day. Her friends become concerned as she seems confused and forgetful when they visit. Jia has forgotten to turn off the stove on more than one occasion. Once, she locked herself out of the house and had to call on a neighbour with a spare key for rescue. She has noticed that her balance is off, especially when she gets up in the night, and she is now very worried about falling and hurting her already problematic hip.

At her next visit with her family physician, Jia explains what’s been going on. Her physician is concerned about the possible connection between the high THC potency and the possibility of ataxia (a degenerative disease of the nervous system) as a reason for her lack of balance and loss of memory. The physician is also concerned that smoking may put Jia at greater risk of respiratory infection during flu season so he suggests Jia try a high-CBD tincture for pain relief starting with 5 mg sublingually three times daily. She often forgets to dose or gets the dose wrong; however, Jia likes the results of the CBD tincture. Her pain is lessened, her mobility is improved and she can now walk with one cane. She notes an improvement in her mood and sleep. Lately Jia and her daughter have been wondering if it’s time to move to a retirement home where she might get more regular support but isn’t sure if she can consume cannabis there.

**Individual Reflection 2**

Instructions

* Identify the factors within each domain for the individual’s spheres of influence
* Be prepared to discuss with the large group

PEERS



PERSON:

INDIVIDUAL FACTORS

COMMUNITY

INSTITUTIONAL FACTORS

LAW AND ENFORCEMENT

META CULTURE

PRODUCT PRESENTATION

ACCESSIBILITY

PERSONAL RELATIONSHIPS

**Individual Reflection 3**

Instructions

* Identify the factors within each domain for the individual’s spheres of influence
* Be prepared to discuss with the large group

PEERS



PERSON:

INDIVIDUAL FACTORS

COMMUNITY

INSTITUTIONAL FACTORS

LAW AND ENFORCEMENT

META CULTURE

PRODUCT PRESENTATION

ACCESSIBILITY

PERSONAL RELATIONSHIPS

**Individual Reflection 4**

Instructions

* Identify the factors within each domain for the individual’s spheres of influence.
* Be prepared to discuss with the large group

PEERS



PERSON:

INDIVIDUAL FACTORS

COMMUNITY

INSTITUTIONAL FACTORS

LAW AND ENFORCEMENT

META CULTURE

PRODUCT PRESENTATION

ACCESSIBILITY

PERSONAL RELATIONSHIPS