

Cannabis Prevention: Alternative to Suspension Program

Facilitator Script

Opening Section

Slide 1: Title Slide

- *Welcome to the Cannabis Prevention alternative to suspension program. Before I introduce myself and get to know you, I will give you a brief overview of this program.*

Slide 2: PTTC and SAMHSA

- *This program was developed in partnership with the New England Prevention Technology Transfer Center with funded support from the Substance Abuse and Mental Health Service Administration.*

Slide 3: Words Have Power

- *We believe that words have power and the language we used matters. Throughout today's program and beyond we will be using the term cannabis. "Marijuana" originated as a Mexican word and unfortunately has been used to discriminate and paint negative perceptions of people from that culture. Many prevention professionals urge others to not participate in that bias and to avoid the use of that term as well. "Cannabis" is the scientific name for the plant and includes all products derived from it.*

Slide 4: Components

- *Today's program will consist of four sections. The first section we will cover is around healthy behavior change, the second will broadly cover addiction in the brain, section three will specifically about cannabis methods of use, its health impacts, and consequences. The final section will be about putting all that information together and giving you what you need to make positive decisions. We will take a short break between sections.*

Slide 5: Reporting

- *I want you to be informed about what my reporting requirements are. I will not share with anyone the questions you ask, the reason you are here today or any stories you may share. I will be sharing your attendance and how engaged or involved you are throughout. The only other three things that will make me have to tell someone outside this room is if you share that you are planning on hurting yourself, hurting someone else, or if someone has hurt you. Do you have any questions on that?*

Slide 6: Expectations

- *In order for today to be beneficial for all of us, we need to agree on some ground rules or expectations. This program is for your benefit, and I need to make sure that you are understanding the information I am sharing, to do that I will need you to stay present and ask*



and answer questions throughout. I also ask you to be respectful to each other. Sometimes, even when we do not mean it we can offend someone, in this room we are going to validate that impact, apologize, and change behavior moving forward. Throughout the day you will have opportunities to share your experience and opinions, I encourage you to do so. Even if you think a question is silly or something you should already know the answer to, I encourage you to ask it. Do you have any questions about what I have covered so far?

Slide 7: Introduction and Pre-Test

- *Okay, now that we got through all of that, lets get to know each other. I will start.*
 - Tip: This is your time for the students to see you as a person and not part of their punishment. Try sharing some about your personal and professional life. Why do you work in this field, what hobbies do you enjoy?

Slide 8: Introductions

- *Alright, now that you know a little bit about me, I would love to know more about you. Who would like to go first?*

Slide 9: Pre-test

- *Before we get into the educational part of todays program, I am going to ask you do complete a pre-test. You will take a similar test at the end of the program. The first section of the test is optional, please fill out as much as you are comfortable doing so. The second part of this pre-test may have questions you do not know, that's okay because we will go over all the information throughout today's presentations. Please note that the pre and post-test are anonymous.*
 - **Format:** if students have cell phones on them, you can use a QR code to quickly have the students take the test. If students are on computers, you can provide a short link or email the link directly to students. Printed versions can also be provided.



SECTION 1: HEALTHY BEHAVIOR CHANGE

Slide 10: Title Slide

- *This Cannabis Prevention program exists so that when a student initiates use, they can learn more, get additional resources, and hopefully change behavior. This brief section will talk about the different stages of change we may find ourselves in.*

Slide 11: All Year Evolution

- *This section is based on a campaign developed and illustrated by Rebecca Fitzgerald, Certified Prevention Specialist and employee of the Chariho Youth Task Force.*

Slide 12: Evolution vs. Resolution

- *The campaign was developed to encourage youth and young adult not think about change as an evolution rather than a resolution like the one we may be told we should make on New Years Eve each year. A resolution is defined as a firm decision to do or not to do something. That might work for some people, but we find that most peoples change is more of an evolution. The gradual development of something, especially from a simple to a more complex form. Change can take time and that's okay!*

Slide 13: Healthy Behavior Change

- *There are so many pieces that come together to make prevention effective. We know that simply being educated on the harmful effect of substances is not always enough to prevent someone from using or to stop using in many cases. Understanding what goes into making healthy behavior changes can be a useful tool to those of us considering and even for those of us not yet considering making a change.*
- *Whether that change is quitting smoking, getting more active, or even improving our sleep schedule - we are all at different points of readiness. This campaign was created to help us talk about and better understand just that.*

Slide 14: Stages of Change

- *The entire foundation of this campaign is built around the transtheoretical model of change which was created by Dr Prochaska. It can feel like a big, complicated subject so let's break it down into something a little simpler.*
- *Let's think about a seed. How many people here have ever held a seed? That seed was probably pretty small. Maybe you found it on the ground, or it was in a little envelope from the store. That seed is not a tree or a plant yet, but we know if it's given the right resources, it has the ability to turn into something a lot bigger, something very different than it is currently.*
- *Change works the same way. If we are a seed or a full-grown tree (or maybe something in between) we may need different resources and time to get to the next stage.*
- *So let's explore each level of change a little bit closer.*

Slide 15: Precontemplation

- *Precontemplation is the first level of change, it is represented by the seed. It's when we are unaware or under-informed about the consequences of a particular action or if we have not begun to consider making a change yet. A person who has no intention of changing a behavior in the next 6 month would fit into the Theory of Changes precontemplation stage.*

Slide 16: Contemplation

- *Contemplation is the second level of change; it is represented by the seed that show a little bit of growth. It's where we begin to consider behavior change and weigh out the pros and cons. We may not be ready to make that change, but we recognize that a change should or could happen. A person who is intending to take action in the next six months would fit into the Theory of Changes contemplation stage.*

Slide 17: Preparation

- *Preparation is the third level of change; it is represented by sprouting seed that is could almost be considered a small plant. It's where we start to gather research, talk to specialists and gather needed supplies; change starts to feel less overwhelming. Prior to starting the process, we put a plan in motion. Sometimes this is a formal plan and sometimes it may just be taking some time to think it through. A person who is ready to take action in the next 30 days would fit into the Theory of Changes preparation stage.*

Slide 18: Action

- *Action is the fourth level of change; it's represented by the small tree. It's where we start to put our plan into action. It is when we officially begin the process of change - a process that looks different for everyone. It's important to know that even when we start to make the change, we often don't jump right to an end goal. Change takes time. A person who is actively making an overt lifestyle change in the past 6 months would fit into the Theory of Changes action stage.*

Slide 19: Maintenance

- *Maintenance is the final level of change; it is represented by the full tree. Even big tree continues to grow overtime and change with the seasons. Maintenance is where we form new habits that support the behavior change. Even after making the change or successfully meeting a goal, it is important to know that we may require additional work to help prevent reverting back to the original behavior, failure, or fatigue. Depending on the desired goal, maintenance might be a short process or a life-long effort. Surround yourself with a support system for the best results! A person who has changed a behavior for more than 6 months would fit into the Theory of Changes maintenance stage.*

Slide 20: What state of change are you at?

- *So now that we know a little more about the stages of change, lets take a moment to think about what level of change you are at. I would like you to answer the questions thinking about your cannabis use specifically. The answers to your questions are not recorded or shared.*



- We are going to take 5 minutes to do this on our own. Then we will chat about the results. If you need any help please let me know.
 - FORMAT: <https://www.tryinteract.com/share/quiz/62b35b8b6f24620018cc7352>

Slide 21: Discussion

- *Now that we all have taken the quiz, I am interested to hear what stage of change it thinks you are at regarding changing a change with your cannabis use. Who is comfortable sharing what stage of change they got?*
- *Thank you for sharing, do you agree with that answer or would you put yourself at a different level of change for your cannabis use?*
- *Thanks everyone for sharing, I would like you to think about where you are in terms of readiness to change throughout the rest of the program. My goal would be for you to feel closer to a higher level of change by the end of the program.*
- Taking a short break before starting the next section is recommended.



SECTION 2: ADDICTION IN THE BRAIN

Slide 22: Addiction in the Brain

- *Before we talk about cannabis more specifically, it's important that we all understand the disease of addiction and what's going on in our brains when they are exposed to substances.*

Slide 23: Objectives

- *During this presentation, I will go over our brain's hierarchy of need, explain the difference between dependence, tolerance, and addiction. We will talk about all these things in the context of the impact substances have on the development brain and how they interact with the rewards center within our brains. I am going to start off with a quick video that will introduce some of these big topics.*

Slide 24: Video

- *(Play video – 3:40) I think this video does a good job at explaining some big topics. What was one of the biggest takeaways you have from the video?*
- *Thank you for sharing what was impactful for you, as you noted the video talked about how our brains are designed to use the reward center to tell us what's important. It also did a good job at showing why the impact of substance on the brain is even more harmful to the youth and young adult brain. Let's diving into a few other topics mentioned in the video.*

Slide 25: Synapse

- *To start, let's talk about what a synapse is. You may have learned about this in science class. Basically, a synapse is the space between two cells in our body that neurotransmitters pass. Neurotransmitters are chemical messengers in our body. For today's presentation, we are only going to talk about one neurotransmitter – Dopamine.*

Slide 26: Dopamine

- *Dopamine is the chemical in our body that is responsible for us feeling pleasure. Like we learned in that video, dopamine is a part of that reward center in our brain, and it serves as the "what's important" filter. When something fires off dopamine for us, our body is designed to think that is important for our survival. The more we do something that fires off dopamine, the more important our brain things it is. The next slide will help us understand what that looks like.*

Slide 27: Myelination

- *The young brain kind of looks like this – a ton of busy roads going in every direction. The more we do certain things our brain makes those roads bigger. While those get bigger, it also gets rid of the roads we don't use as often. That's called pruning.*

Slide 28: Pruning

- *For example, let's say you only use marijuana on weekends. That adds up, over the course of a year you would have done that 100 times, odds are you brain things that is important. As you*



continue to do that, it starts to get rid of the other things you are not doing as often, like the skills you have built around playing basketball, ice skating, or painting. As we heard in the video, our brain creates a hierarchy of need and if we trick our brain into thinking drugs and alcohol are important to us, then it becomes harder for us to let those things go later on. We also know that the first time you use a substance, it is not characterized as addiction, so let's talk about the difference between tolerance, dependence, and addiction.

Slide 29: Prolonged Use

- *Tolerance happens when a person no longer responds to a drug in the way they did at first. So it takes a higher dose of the drug to achieve the same effect as when the person first used it. This is why people with substance use disorders use more and more of a drug to get the "high" they seek. For example, if you used an e-cigarette, the feeling you got the first time you used it is more intense than the 10th time you use it, so you end up using more each time to feel that feeling you got the first time. Next is dependence.*
- *Dependence means that when a person stops using a drug, their body goes through "withdrawal": a group of physical and mental symptoms that can range from mild, if the drug is something like caffeine, to life-threatening such as alcohol or opioids, including heroin and prescription pain relievers. Many people who take a prescription medicine every day over a long period of time can become dependent; when they go off the drug, they need to do it gradually, to avoid withdrawal discomfort. In the example of caffeine, someone who is dependent would get headaches if they are in withdrawal of caffeine. And of course, the one we talk more about is the disease of addiction.*
- *Unlike tolerance and dependence, addiction is a disease; but like tolerance and dependence, addiction can result from taking drugs or alcohol repeatedly. If a person keeps using a drug and can't stop, despite negative consequences from using the drug, they have an addiction (also called a severe substance use disorder). But again, a person can be dependent on a drug, or have a high tolerance to it, without being addicted to it.*

Slide 30: Cheating your brain

- *So why does all this matter? At your age, your brain is actively trying to figure out who you are and what is important to you. The things you practice, and repeat become a part of what your body finds important. 5 10 years from now, do we want smoking marijuana or using e-cigarettes to be the things our brain thinks we need to survive, or do we want to build a hierarchy of need surrounding the other things that bring us joy and give us control over our lives? We will be sure to talk more about all these things throughout the following sections on substances and mental health. Before we move into the next section, does anyone have any questions?*

Slide 31: Match the Definitions

- *On the "Addictions in the Brain" handout, use a pen or pencil to draw a line from each word to its correct definition.*

Slide 32: Answer Key

- (read through each word and it's correct definition)



SECTION 3: CANNABIS 101

Slide 33: Cannabis 101

- *Now that we have talked about healthy behavior change and better understand how substances impact the young brain, lets start talking about cannabis.*

Slide 34: What is Cannabis?

- *Cannabis refers to a genus of plants that include the three species of cannabis sativa, cannabis indica, and cannabis ruderalis or their hybrids. Their dried flowers or leaves are widely used for their psychoactive and nonpsychoactive properties. The primary properties within the cannabis plant include cannabinoids, terpenes, flavonoids, and lipids. Some familiar components include cannabinoids, such as CBD (Cannabidiol) and THC (Delta 9 Tetrahydrocannabinol). There are over 545 known compounds in the cannabis plant*
- *THC is what we will talk about most today, before we do lets take a look at the rates of use here in New England.*

Slide 35: High School Use of Cannabis

- *These are the results from the 2019 Youth Risk Behavior Survey.*
 - *Tip: go over the results from the state you are in. Some states did not ask certain questions.*
- *As you can see, regardless of the state you live in, the majority of your peers across our region do not use cannabis.*

Slide 36: What is THC

- *THC is the psychoactive component of cannabis. THC causes a change in brain function, resulting in alterations of perception, mood, cognition, or behavior - "the high." THC levels vary depending on the strain, product, and method of consumption, but the Drug Enforcement Administration (DEA) considers anything above 12% THC to be "high potency."*
- *THC can be consumed in food and drinks or by smoking, vaping, or dabbing, we will talk more about that soon.*

Slide 37: Strength of THC

- *THC content has risen steadily since the late 1990s and early 2000s. Lets watch a quick video by a professor names Ralph from Stanford University School of Medicine.*
- *(Play video: 3:07)*

Slide 38: Methods of Use

- *Now we will briefly discuss some of the common ways cannabis products are used.*

Slide 39: Smoking

- *Smoking remains the most common way to use marijuana. Dried flower from the plant is burned and inhaled through devices such as joints, bongs, or pipes. Depending on the type of cannabis*



consumed, the THC content may vary from 1% to 30%. Consumers feel the effect in seconds to minutes and effects can last up to six hours. Marijuana smoke contains more than 500 chemicals, of which at least 33 are known carcinogens, according to California Proposition 65, the Safe Drinking Water and Toxic Enforcement Act of 1965. Smoking marijuana often leads to the same breathing problems as cigarette use and can cause potentially serious damage to the respiratory system and lungs.

- Daily use (3-4 joints) has at least a comparable, if not greater, effect on the respiratory system than smoking tobacco cigarettes every day.

Slide 40: Secondhand smoke

- Research indicates that secondhand marijuana smoke contains many of the same chemicals as secondhand tobacco smoke, including those linked to lung cancer. When smoked, marijuana contains combustible materials that can irritate lungs, worsen asthma, or increase the likelihood for respiratory infections. While it is unlikely that being exposed to secondhand marijuana smoke will result in a positive drug test, secondhand marijuana smoke does contain THC and may have impacts on the body.
- If a person chooses to consume marijuana by smoking, vaping, or dabbing, best practice is to follow tobacco secondhand smoke recommendations. Secondhand smoke recommendations include keeping your home and car smoke free, as there is no safe level of exposure to secondhand smoke.

Slide 41: Concentrates

- Concentrates are made by extracting THC from marijuana using solvents such as butane. Butane is the flammable stuff in a lighter and it is not safe to be consumed or inhaled. Also known as wax, honey, budder, hash oil (BHO), shatter, or dabs, concentrates contain 40-80% THC and the effects may last up to 24 hours.
- Concentrates can be consumed by vaping/smoking (using pipes or bongs) or as edibles. A variety of solvents including butane, alcohol, and ethanol are utilized in the manufacture and consumption of marijuana concentrates.

Slide 42: Vaping Cannabis

- The term "vaping" is misleading. When cannabis liquid, oil or plant material is heated in the device, an aerosol (a suspension of fine particles in a gas) is released.
- Can anyone give me an example of another type of aerosol? Some examples are spray paint or hair spray. They are designed to chemicals stick to things. "Vaping" is making the chemicals in the e-liquid stick to our airways, our lungs, and to the people and things around us.
- Early studies are showing that aerosolizing cannabis can lead to decrease lung development, increase breathing difficulties, lower defenses against bacteria and viruses, and induce inflammatory reactions.

Slide 43: Edibles

- Edibles are cannabis products that are orally consumed. Both THC and CBD can be added to a variety of foods (baked into cookies or brownies, added to sodas or other beverages, gummy





products, pills, or other edible items). Serving sizes and total THC amount may vary depending on the type of edible being ingested.

- *Because edibles are absorbed through the stomach and liver - not through the lungs - it takes longer to feel the effects. It may take up to four hours to feel the full effects of consumption. It can take up to 12 hours for cannabis to clear the system after ingestion*

Slide 44: Health Impacts

- *Now that we have discussed how cannabis is often used. Lets discuss how it impacts our brains and our overall health.*

Slide 45: Youth Use

- *As we discussed in the earlier section on addiction in the brain, the brain does not finish developing until we are roughly 25 years old. During our teen years especially, our brains are trying to determine what is most important and they do that through the process of pruning we discussed earlier. The things we do more often are hard wired into our brains and our bodies begin to think those are the most important things.*
- *We know that that overall impact of cannabis use depends on how early someone starts and how often it is used.*
 - *Youth use of cannabis is general associated with*
 - *Impaired learning, memory, math, and reading skills 28 days after last use*
 - *Impaired social functioning*
 - *Lower IQ and attention*
 - *Increased risk for substance use disorder later in life*
 - *Lower grades and lower school retention*
 - *Lower satisfaction in their life, more interpersonal issues with friends and family*
 - *Poor judgment and decision-making*
- *So why does it make this impact?*

Slide 46: Cannabis in the Brain

- *THC in cannabis products binds to receptors in our brain like we talked about earlier. They impact some really important parts of our brain like the hippocampus and amygdala. Ultimately, cannabis makes it difficult for us to turn short-term memories into long-term ones. It also makes it challenging to access long-term memories we have already formed. Those two factors are a big part of how we learn and grow.*

Slide 47: Health and Social Impact of Cannabis

- *From short-term use cannabis is likely to decrease our reaction time, make us drowsy, increase appetite, heart rate, and blood pressure, and can create paranoia, poor concentration, coordination, and problem solving.*
- *Long-term use can lead to the worsening of mental health disorders such as anxiety, depression, suicidal ideation, psychotic episodes. It can lead to lung and respiratory issues and chronic cough, decreased motivation, dehydration, and increased risk of stroke and heart disease.*



Slide 48: Consequences

- *As you can imagine, something that impacts our memory and reaction time will certainly lead to some consequences.*

Slide 49: Withdrawal

- *The American Psychiatric Association defines cannabis withdrawal as stopping heavy and prolonged cannabis use. Withdrawal happens after our bodies and brains become dependent on cannabis.*
- *Withdrawal from cannabis might lead to irritability, anger, or aggression, increased anxiety, and difficulty sleeping among other factors.*

Slide 50: Impaired Driving

- *Driving under the influence of cannabis is illegal, even for those who are 21 and over.*
- *Cannabis impairs reaction time, short-term memory, motor coordination, and judgment—all things necessary for driving. THC affects your reaction time by interfering with the normal functions of your basal ganglia and cerebellum. This makes time seem slower and distances seem larger.*
- *According to the 2016 Fatality Analysis Reporting System, 38% of drug-positive fatally injured drivers had cannabis in their system.*

Slide 51: E-cigarette and Vaping Associated Lung Injury

- *In 2019, almost 3,000 people were hospitalized or died from EVALI in all 50 states, the District of Columbia, and two U.S. territories (Puerto Rico and U.S. Virgin Islands). Cases were associated with THC products, nicotine products, and co-use.*
- *The inhalation of harmful chemicals found in e-cigarettes can cause irreversible lung damage and lung disease. Questions about long-term and lasting damage to patients will need to be studied.*
- *Vaping can put you at risk of developing more serious complications from other lung illnesses like COVID-19.*

Slide 52: Crossword Puzzle

- *Using the Cannabis 101 worksheet, complete the crossword puzzle on your own.*

Slide 53: Discussion

- *(read through the correct answer and respond to questions)*

SECTION 4: POSITIVE DECISION MAKING

Slide 54: Positive Decision Making

- *As we jump into the final section of this program. We are going to start pulling together all the different things we learned about today. To kick us off, we are going to hear from Ralph the professor from Stanford University School of Medicine.*

Slide 55: Video

- (play video: 4:13)
- *What was your main takeaway from the video?*
- *Some of my main takeaways are that Ralph talked about Cannabis as a trick of the brain, It makes it more challenging for us to figure out what really fires of dopamine for us naturally.*

Slide 56: Why do people start?

- *We know there are a lot of reasons why someone might start using cannabis in the first place. Can anyone give me an example of why a teen might start?*
- *Some of the examples you see up here are self-medication, mental health, trying to fit in, curiosity, and boredom. What do you see in common between these things?*
- *Cannabis ends of being a coping strategy, it might be that we are coping with increased levels of stress or it might be that we don't know how to make friends or interact with them. It's easy to feel like everyone is using cannabis and that it must be the answer to some of those normal problems we are trying to cope with.*

Slide 57: Majority of Teens

- *The reality is, as we same in the data in the beginning, the majority of teens do not use cannabis. The teens years are the time when we are supposed to be finding our dopamine, the natural healthy things that help us cope and bring us joy.*

Slide 58: Finding your dopamine

- *Instead of learning other skills like talking to a friend about a problem, exercising to blow off steam, or developing an artistic outlet, rely on cannabis because it might work well in the short-term.*
- *The problem is that it may work to reduce or mask the discomfort and pain but when they come down from being high, nothing has changed. Their situations are the same and they have learned no new skills to deal with their challenges.*
- *To make matters worse, someone who uses cannabis as their go-to coping mechanism might eventually cut out activities that once made them happy.*
- *Eventually the brain will prune away the connections responsible for that activity and strengthen the connections that tell the person to rely on cannabis.*



Slide 59: Making Decisions

- *Teens who depend on cannabis risk losing touch with the things they are passionate about and also risk missing out on learning healthier coping mechanisms. What I hope you take away from today's discussion is that you are more in control than you might realize. If you aren't using cannabis, you might consider not starting to use and/or waiting until your brain is done developing to decide whether or not you want to use it. If you are using cannabis, you might consider stopping until your brain is done developing or reducing how much you use.*

Slide 60: Coping Mechanisms

- *Using the "Positive Decision Making" worksheet write down examples of healthy coping mechanisms you can try in each category. These may be things you already do or things you would like to try.*

Slide 61: Discussion/Questions

- *What is a coping mechanism you already do?*
- *What is a coping mechanism you want to try using?*





CLOSING AND POST-TEST

Slide 62: Closing and Post-Test

- *We have covered a lot today! Let's quickly recap what we learned today and see if you have any questions.*

Slide 63: Recap

- *We started off by talking about what goes into making healthy behavior change and you took a quiz to see what level of change you came in at today. We then talked about how substances impact our brain, how the hierarchy of our brain works, and we learned about tolerance, dependence, and addiction. Then we learned about cannabis and its components, how it's used, how it impacts our health, and the consequences of use. And we finished up by talking about how cannabis can trick our brain and be a temporary solution to issues we should be working to actively cope with. You each took the time to list out some of the coping strategies you can try in stead of cannabis use when you are feeling down or wanting to have fun.*
- *Does anyone have any questions that we did not cover today?*

Slide 64: Post-Test

- Similar to the one you took at the beginning; we are going to take a post test to see what you learned in today's program. As a reminder, your answers are confidential.

Slide 65: Thank you

- *Thank you for staying engaged throughout today's program. If you have future questions you can reach out to me (add info)*

