

the Guiding Principles of Education

the Sensible Cannabis Education Toolkit Series

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Nothing about us, without us.

This series is dedicated to young people who use drugs and the people who support them.

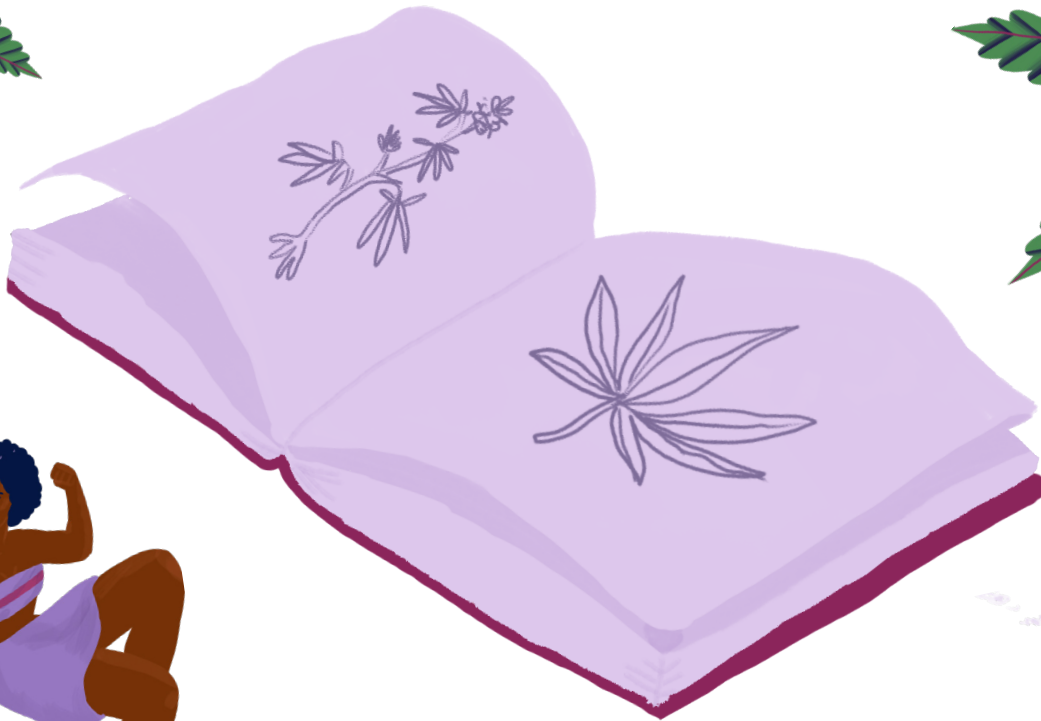
CSSDP's

Guiding Principles of Education



CANADIAN
STUDENTS
FOR SENSIBLE
DRUG POLICY

Canadian Students for Sensible Drug Policy (CSSDP) is a grassroots network of **youth and students** who are concerned about the negative impact our *drug policies* have on **individuals and communities**. We consider drug use a **health and human rights issue** rather than a *criminal-legal issue*. We advocate for **evidence-based responses** to *reduce and prevent the harms* associated with drug use and drug criminalization.



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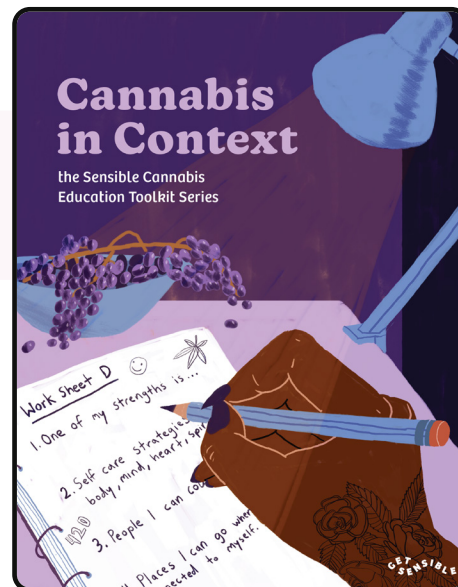
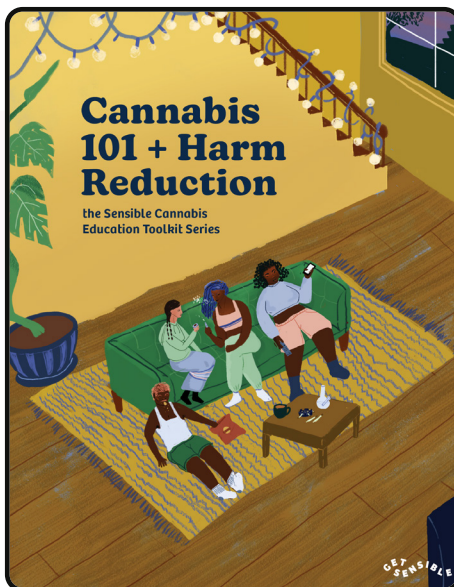
FOREWORD

This resource is broken into **three separate booklets**. The content draws directly from CSSDP's **Sensible Cannabis Education Toolkit**, originally published in 2018 to help educators, parents and adults have *evidence-informed conversations* with youth. Recognizing that cannabis *legalization is a process* and not *an event*, it's important to note that this booklet was **published in 2021** and the Cannabis Act and other related legislation is *subject to change*. We encourage you to **stay up to date** with revisions and updates to both *the Cannabis Act and your local cannabis legislation*.

Booklet 1 focuses on CSSDP's **Guiding Principles**, which are meant to provide a framework of *core concepts + values* to support the development of **youth cannabis education**. They are intended to *guide* decisions related to cannabis education and conversation practices *rather than* act as a set of detailed instructions or an action plan for implementing a drug education curriculum. The guiding principles underscore a broad set of concepts that, collectively, can *guide* the **design and implementation** of youth cannabis education.

Given the diversity of young people, these principles can be **adapted** and **implemented in different ways** to best serve the given context. While the guiding principles are *not* listed in order of importance, they are **mutually reinforcing, overlap in some instances, and reflect the current state of research** in the promotion of *cannabis literacy, health, and wellbeing* among youth.

We also encourage you to check out our two other booklets in this series:



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According to the Canadian Cannabis Survey, **before** legalization, 19.8% of youth age 15-17 used cannabis, while the corresponding **post-legalization** estimate from the third quarter release of the CCS (2019) was 10.4%.



While it is too soon to make concrete observations about the *impact of legalization* on youth use, it is notable that reported consumption has *fallen* across the **first year of legalization**. However, youth estimates that capture a wider range of *young people age 15-25* continue to suggest a consumption rate **2 or 3 times higher** than adults age 25 and older. Given that cannabis was the **most popular** illegal drug consumed by young people in Canada, as well as Canada's decision to *legalize and regulate non-medical cannabis*, the continued development of cannabis education for youth is of *critical importance*.

Introduction

Aligning with CSSDP's mandate to **support drug education efforts**, and building upon youth consultations on cannabis legalization conducted in Canada, the Toolkit responds to calls for the development of **realistic and evidence-based** cannabis education for youth. Created for educators, as well as parents, this resource aims to support adults in having **informed and non-judgmental conversations** with young people about cannabis.

In September 2016, CSSDP held a **youth round table** on cannabis legalization and regulation titled, "**Youth Speak: Cannabis Policy in the 21st Century**."

Attended by diverse young people in *Toronto*, Ontario, CSSDP gathered input for a *youth-focused* submission to the **Task Force on Marijuana Legalization and Regulation**. A consensus emerged among attendees that there is a lack of *evidence-based* cannabis education in their schools, families, communities, and online. Youth highlighted the need for education that prioritizes the development of youth's "**cannabis literacy**" by including evidence-based assessments of *risk and harm reduction principles*. Cannabis literacy refers to the **knowledge + skills** required to make **informed choices** around cannabis use. Youth described the need for drug conversations and education to *start sooner*, with age-appropriate content, and highlighted the importance of creating content *with the input of young people*, including those who use cannabis. Building upon the round table, the Toolkit was created as a first step towards *sensible* youth cannabis education.

Throughout the Toolkit and booklets, the term “youth” and “young people” is used to refer to those between the *ages of 14-25*, unless otherwise stated. Generally, the central purposes of drug education are to provide **accurate information** and **awareness of resources**, **develop decision making skills** and **health literacy**, **reduce risks** of consumption, and support *increasing* an individual’s **risk competency**. However, the Toolkit goes *beyond these mandates*.

While there is **no silver bullet approach** for **talking about cannabis with youth**, the Toolkit provides **guiding principles** and a **curriculum for youth cannabis education**.

The Toolkit was developed in consultation with CSSDP’s Board of Directors, national chapters, and an external Youth Content Review Team to ensure alignment with the concerns of *young people*. Authors drew extensively from the available scientific literature, as well as relevant resources from the drug policy community including *Students for Sensible Drug Policy’s “Just Say Know”* curriculum, the *Canadian Centre on Substance Use and Addiction’s “Clearing the Smoke”* series, the *Canadian Research Initiative in Substance Misuse CRISM’s “Lower Risk Cannabis Use Guidelines,”* *HereToHelp BC*, and more.

Further, CSSDP has hosted workshops *across Canada* to talk with **diverse groups of youth** and **people who work with youth** about the Toolkit – its messaging, its principles, and its scope. We have also presented this work to a **diverse range of key stakeholders**, including the *federal government*, the *Senate of Canada*, and as part of a side event with other youth groups at the *UN’s Commission on Narcotic Drugs*.



In this latest edition of the Toolkit, we've updated the **scientific literature** and **best practices** since the Toolkit's original publication in 2018.

We have integrated the feedback we received from our **workshops with youth** and individuals who work with young people and are excited to continue to build out this work, with the goal of promoting **sensible, evidence-informed** dialogue.

Over two years after legalization, education efforts must **continue to be updated** to not only meet the needs of a **diverse youth population** under a **new framework**, but also keep up with a **quickly changing** regulatory and research landscape.

CSSDP is a proud recipient of the federal government's **Substance Use and Addiction Program** grant in 2020, which will provide two-years of funding to advance **sensible cannabis education** for *young people*. These funds will allow us to facilitate a **national dialogue** with young people age 17-25 about cannabis both *in person and online*, with the inclusion of peer leaders to ensure **youth perspectives + approaches** are *centred and uplifted*. We are also working to *increase* the reach and distribution of these booklets and the toolkit. The full toolkit, which is *available online* at getsensible.org can be downloaded in **English, French, Mandarin, Punjabi** and **Spanish**. The booklet series is also available in print and copies can be requested online at <https://getsensible.org/get-toolkit/>.

We know there is *no single agreed upon* model to cannabis education and that **context matters**. Even if a particular approach is considered *exemplary* in one context, it should always **be adapted** to *local situations*, rather than simply replicated. As such, the Toolkit remains a **starting point** for the *development* of educational approaches, which will **allow for flexibility**, and **provide insight** into how youth cannabis education can be *operationalized in practice*, as well as further *refined and improved*.

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Cannabis Education

Booklet 1 - Guiding Principles of Education

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BOOKLET 1

Guiding Principles of Education

The following **ten guiding principles** are meant to provide a *framework of core concepts and values* to support the **development** of youth cannabis education. They are intended to **guide decisions** related to cannabis education and conversation practices *rather than* act as a set of detailed instructions or an action plan for implementing **a drug education curriculum**. The guiding principles underscore **a broad set of concepts** that, collectively, can *guide* the design and implementation of **youth cannabis education**.

Given the *diversity of young people*, these principles can be adapted and implemented in **different ways** to best serve the **given context**. While the following principles are *not* listed in order of importance, they are **mutually reinforcing, overlap** in some instances, and reflect the *current state* of research in the promotion of **cannabis literacy, health, and wellbeing** among youth.

GUIDING PRINCIPLES

1. Education grounded in **evidence-based information**
2. **Non-judgmental, open dialogue** that uses interactive approaches
3. **Meaningful** inclusion
4. Delivery by a **trained facilitator** or **peer**
5. Starting **education earlier**, with *age-appropriate content*
6. Supporting **open parent-child communication**
7. Inclusion of **harm reduction**
8. Education **tailored to the specific context**
9. **Ongoing education** available to youth
10. Attention to *overlapping issues* of **racism, social justice, and stigma**



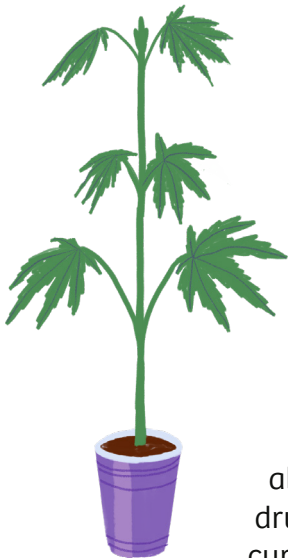
SECTION 1

Education Grounded in Evidence-Based Information

Youth should be given *easy access* to **evidence-based** information around cannabis. Since the 1960s, the dominant practice in drug education has been to *instill fear* around drug use by focusing on, and often exaggerating, the *negative consequences of use*. **Authoritarian + fear-based approaches** to drug education can *alienate* young people and *undermine* the credibility of education efforts. This includes, for example, popular programs such as **Drug Abuse Resistance Education (D.A.R.E)**, which have been shown to be *ineffective*. Moreover, many popular drug programs of the past and present rely on an **abstinence-based** approach, particularly **school-based** prevention programs. Abstinence-based approaches are centred on the idea that avoiding drug use is the *only acceptable* option, and often relies on the **stigmatization** of drug use and users. Although there are many reasons why youth may use cannabis, cannabis education has traditionally framed use in very *narrow ways* and ignored the **diverse spectrum** of use patterns between “*abstinent*” and “*problematic*.”

Additionally, much available education *does not* recognize that youth often **obtain their information online**, and as such, many older programs have ignored the **digital context** of how our generation *obtain, explore, and generate information* about **drugs and drug use**.

- **Fear-based** and **abstinence-based** approaches **do not** resonate with youth
- **Environmental factors** can **increase** or **decrease** the likelihood of use and **should be accounted for** in approaches to education
- Go **beyond just facts** by including **skills development** in cannabis education



Abstinence-based approaches are centred on the idea that **avoiding** drug use is the **only acceptable option**, and often relies on the **stigmatization** of **drug use** and **users**.

In addition to the ineffectiveness of the *predominantly used* fear- and abstinence-based approach in school-based programs, barriers to meaningful drug education for youth also include the **absence of youth input + perspectives** in curriculum development. Young people have a right to access *accurate* and *non-judgmental* **evidence-based** health information. Strategies that aim to *engage* in **honest dialogue** and *reduce* dangerous behaviours associated with cannabis use have had some **promising results**.

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Education should also be *grounded* in **considerations of risk and protective factors** around drug use. **Risk factors** are considerations of an *individual or their environment* which may *enhance the likelihood* of **harmful cannabis use** (e.g., weak family bonds, chaotic family environment, disengagement with school, trauma, poor economic conditions), and **protective factors** are those which *reduce the risk* of developing **problematic use** (e.g., strong parental monitoring, strong community cohesiveness, social skills development). Consideration of these protective and risk factors *across domains* of youth's lives – including individual, school, community, and family – can lead to **positive outcomes**, including helping youth build **resiliency** and **healthy coping skills**.

“The fear of being addicted is really prevalent. I’ve been there when you google, am I addicted? There’s **no real information about it, there doesn’t seem to be the research **for your situation.**”**

- Roundtable Participant

Further, when discussing *factual information* about the effects of cannabis use, it should be kept in mind that providing facts **without addressing wider social contexts** of youth drug use have also *not* been found to be effective educational methods in and of themselves. Taking an evidence-based approach *does not* suggest that education should simply **provide “drug facts” to youth**. Evidence shows that **skill-based programs** are *more effective* than programs that focus *exclusively* on **knowledge, attitudes, and intentions**.

Ultimately, *effective* cannabis education relies on a **combination of elements** – many which are **not successful in isolation** – and incorporating a greater number of these components has had more success. Therefore, an *evidence-based approach* would also be **interactive** and **multifaceted** by incorporating aspects such as **personal development**, general **decision making skills**, how to **manage stress**, and **harm reduction**. There is also support for programs focusing on **social influence**, the **development of life skills**, **resistance skills**, and **normative education**, as these are *more* successful than other approaches. It is important to note that this does *not* suggest a **“kitchen sink”** approach, where education should add *as many* kinds of information and skills *as possible*. The best approach depends on **context; age, cultural considerations, and realities of youth's experiences** are all factors in deciding which approach is right. Apart from the actual delivery method used, cannabis education should be created by engaging both **young people** who *are using cannabis* and those *who are not*, taking advantage of the *full breadth of information + insight* youth have to offer.



SECTION 2

Non-Judgmental, Open Dialogue That Uses Interactive Approaches

Adolescence is a critical period of development for young people in many ways, as well as a *key age* for talking about substance use. Conversations around substance use *can* start before adolescence, but are **especially important at this time**. Young people often *do not* have access to avenues that allow for **open and balanced discussions** about cannabis use, including a *more rigorous* understanding of the **reasons for use, risks, and how to minimize those risks**. Providing young people with the tools to help them *articulate their thoughts* about cannabis, as well as providing a **platform in safe spaces** to *explore and navigate* questions or challenges they may be facing **without judgment**, can lead to *meaningful discussions*.



To address these concerns around how to approach cannabis education, **promoting open dialogue without judgment** is important. As such, starting with a conversation around the *common perceptions* of people who use cannabis and how they are often **depicted in the media** can help to *break down barriers and open dialogue* about personal experiences with cannabis. This can then *elicit and allow* youth to highlight aspects of cannabis use that they may be **curious** about. Effective ways to promote open dialogue include **asking open-ended questions** and **using language that is accessible and straightforward**. Studies that have assessed the use of *innovative resources* (such as films) to encourage open and non-judgmental dialogue and decision making on cannabis use have **shown promising results**.

It is **imperative** to acknowledge that some youth will **choose to use cannabis regardless of the resources provided**. Therefore, including a conversation about the differences between **appropriate + problematic** use is **valuable**.

- Youth **do not** have many opportunities to have **balanced discussions about cannabis** that would **shed light** on their choices and experiences related to cannabis use
- **Listening and asking open-ended questions without judgment**, and **not** devaluing youth's experiences is important to **building rapport** and **fostering open dialogue**
- Education efforts around cannabis should prioritize **interactive approaches** that provide **contact and communication** opportunities for the **exchange of ideas** among participants

It is crucial to be **respectful** and **non-assuming** about young people's **experiences, feelings, and curiosity** about **cannabis use** in general, including its **most mundane** or **stigmatizing** aspects.



Engaging in open dialogue typically requires **building a positive rapport** with youth. For example, *asking for honesty* and *then expressing anger* when youth talk about their cannabis use will **not foster an open conversation**. It may take *time* to build a rapport of honest dialogue, but it is important to note that using cannabis *once or occasionally* holds a relatively **low harm and risk profile**, and most of the literature on the risks of youth cannabis use pertains to *heavy or daily cannabis use*.

Further, research and general discussions around youth cannabis use often *dismiss* claims of **medical use**. Youth who discuss **medicating with cannabis** (self-medicating or otherwise) should be *taken seriously* and *listened to* if they are using cannabis to deal with specific symptoms or ailments of a condition. If appropriate, encouraging a discussion with a **healthcare practitioner** (HCP) who is open to having a *non-judgmental conversation* around cannabis use can be helpful. If a young person is using cannabis for a legitimate medical condition, there are a **variety of options** a HCP may be interested in exploring, including **pharmaceutical cannabinoids**, which are available in Canada. Ultimately, the ability for youth to access *regulated, consistent product* from a *licensed and tested source* with a *physician's guidance* is better than relying on the illegal market. It is also important to consider that many youth are **managing particular symptoms** rather than...

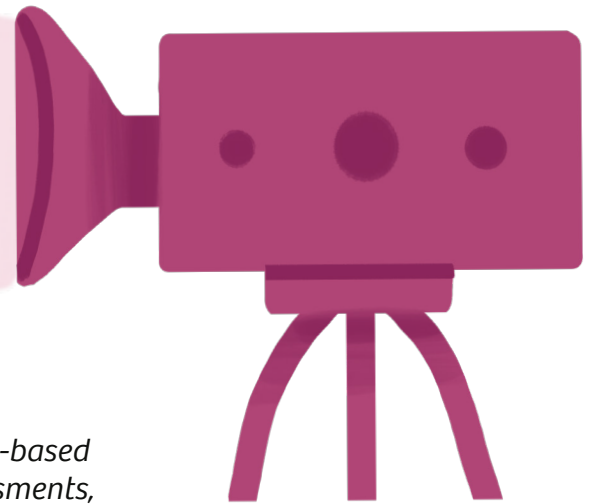
Young people **rarely** have the opportunity within drug education programs to **discuss their use of cannabis** with the **most important adults** in their lives. This signals that **interactive programming**, which is focused on **active participation** and **discovery learning**, is **largely absent** within drug education. Interactive cannabis education can have a **greater impact** than lecture-style, teacher-led delivery.

...a diagnosed medical condition, and these conversations also create opportunities to discuss *other health interventions*, either in tandem with or in lieu of cannabis use. For example, if a young person is self-medicating with cannabis to manage their anxiety, **suggesting additional avenues** to help manage anxiety, such as counseling, can be helpful.

Typical non-interactive programs include providing educational material on the *harmful effects of drugs* ("**knowledge dissemination**"), or about the *relationship between emotions and drug use* ("**affective education**"). Multiple reviews have shown that these methods in and of themselves *do not* have significant impacts on drug use.

Studies have drawn attention to how **interactive + balanced discussions** around cannabis can create *supportive environments* to aid youth in their health decision-making.

Creative methods, such as **films** created for the purpose of **exploring cannabis use and decision making**, have been shown to be **effective** in encouraging **reflection and dialogue** around substance use.



In school-based drug prevention assessments, **non-interactive teaching** leads to *improved knowledge*, but utilizing **interactive methods** shows improvement in *both knowledge and attitudes*. Additionally, **creative methods**, such as **films** created for the purpose of *exploring cannabis use and decision making*, have been shown to be effective in **encouraging reflection + dialogue** around substance use. Innovative methods fostering discussion about decision making and cannabis use which *do not* rely on traditional lecture and textbook instruction, and **are not moralistic, are similarly positive, and highlight the importance of novel resources** that incorporate and allow *youth to offer their perspectives* on the topic of cannabis use. Innovative methods may also be *extremely relevant* for **neurodiverse youth**, and our approaches should acknowledge that young people have **different learning styles**. Just as we see *diverse* teaching practices become *more common* in standard academic curricula, this innovation **must also be applied to drug education**.



SECTION 3

Meaningful Inclusion

Youth are often *not* given the opportunity to participate in **key decisions that affect them**, and as such, there can be a *lack of understanding* around the **needs + visions** of youth with respect to their **own social inclusion**. This is particularly true in *policy and education design*, as well as *implementation*. Cannabis education and design approaches should **avoid tokenism** (i.e., the practice of symbolically including a young person or small group of youth to appear inclusive, without offering meaningful opportunities to participate), **imbalances of power**, and **negative youth stereotyping**. They should also *challenge attitudes* that frame youth as incapable of taking on leadership roles, and should **include partnerships** within various youth driven organizations and programs. Youth should be *engaged* as *credible* partners whose **input is valued** and who have **a right to provide input and hold decision-making power**.

Young people also recognize their participation in *educational reform efforts* as a **social justice issue**. Contrary to stereotypes of youth as “*apathetic*,” given the opportunity and support to participate in these efforts, youth can be **authentically engaged** in *effective partnerships* to inform educational efforts. Youth can also **offer insight** into how their lives, particularly how they *assign meaning* and *prioritize changes* to

cannabis education, can vary by race, class, gender, age, and sexual orientation. Best practices on youth substance use education suggest that **consulting with diverse youth** is *critical* to program effectiveness.

- Young people **have a right** to be **included** in the **development of cannabis education** to ensure education is **relevant** and **reflective** of their experiences
- Cannabis education should **avoid negative stereotyping** and should **value youth** as **leaders** and **contributors**
- Consulting with youth is **critical** to **successful** and **effective approaches** which meet the needs of **diverse youth**

Youth should be **engaged** as **credible partners** whose **input is valued** and who have **a right to provide input and hold decision-making power**.

Involving young people contributes to ensuring that drug education is **relevant to their needs**. Aside from their inclusion in the development of drug education tools, youth involvement in **education delivery** has also been associated with *improved efficacy* of drug use prevention programs. This can take the shape of **peer-led delivery**, which has shown some *promising results*, in addition to **interactive learning**. Youth should be given opportunities to be *active “meaning-makers”* in their own lives, which can take a variety of forms such as *involvement* in the **creation of materials**, providing **continual feedback + evaluation**, and *participating in implementation + delivery*.

“Peers have always been educating each other about *how* to use drugs **more safely** - and now we are able to do that in a way that’s **more accessible and evidence-based**.”

- Roundtable Participant



SECTION 4

Delivered By a Trained Facilitator or Peer

There are questions around **who** is best to *lead drug education programs*, with choices ranging from teachers, peers, legal authorities, or professional program providers. Broadly speaking, some youth report **negative attitudes** towards *police officers*, which suggests police presence in schools may leave some students who already hold negative attitudes feeling **alienated in school**. However, this depends on range of contextual factors, such as *individual characteristics, neighborhood environment* and *past encounters with police*.

Widely used drug education programs such as **D.A.R.E.** have traditionally relied on *police delivery*, and have been demonstrated to have **no significant impact** on youth drug use. Other studies have highlighted **ethical issues** with having *law enforcement in schools*, including in an educational role, noting a *tension* between traditional law enforcement duty taking *precedence over* education and mentoring.

When considering the differences in program delivery by teachers, peers, or program providers, there is **no clear answer**. Drug prevention programs **led by peers** can be *just as effective* as programs led by adults with proper training and support, but **professional program providers** generally *outperform* both peers and teachers. However, this is often tied to *ensuring best practices* are adhered to, such as **interactive programming** and **non-judgmental messaging**. Peer-based programs have been *successfully* used in a range of contexts, including **substance use**, **sexual risk behaviours**, and **HIV prevention** among young people. There is *promising evidence* to suggest that **peer intervention models** can both *change behaviour + improve comprehension*. This also provides another opportunity to **engage young people** in drug education, **ensure messaging is relatable and consistent** with their experiences, and **foster open dialogue**.

When you're having a conversation with another young person, someone you relate to - it's so much easier to be real.

There is this level of unspoken understanding and support between young people that's unparalleled.



Peer-based programs have been **successfully used** in a range of contexts, including **substance use**, **sexual risk behaviours**, and **HIV prevention** among **young people**.

Communities of people who use drugs, including young people who use drugs - we've been sharing harm reduction knowledge and drug education with each other forever. It's really cool to actually have an opportunity to do this publicly, with weed.

- Drug education **should not** be delivered by **law enforcement** or other **figures of authority**
- In delivery, **trained facilitators** and **peer-based programs** have shown some **promising results** but should still **follow best practices**, such as **avoiding fear-based** and **abstinence-based** approaches
- Including **youth as facilitators** can also be part of an approach that **centers youth experiences** in development and delivery, and can **enrich open dialogue**



Since peers are *likely* to be **embedded in similar social groups and communities**, they often hold *greater credibility* than adults because they share a **common understanding of social status, peer culture, and youth norms**. This can mean that messages *resonate to a greater extent*. Further, the actual **process of being a peer leader** has also shown to be **beneficial and result in enhanced confidence, self-esteem, communication skills, and behavioural change**. Simply put, young people may *feel more comfortable* discussing their experiences with *someone who is close to their own age and who "gets it."*

SECTION 5

Starting Education Earlier with Age-Appropriate Content

At home, there is *no one specific age* to begin discussing cannabis. However, research demonstrates that interventions are largely *more likely* to be helpful if the **discussion is started before** a young person tries cannabis for the first time. **Parent-child communication** has been shown to *encourage healthier choices* and *reduce the risk of earlier onset of drug use* more generally. Other key variables related to parent-child communication around substance use include **positive parenting + family management strategies**, such as *setting clear expectations, family support, and ongoing communication*.

When approaching cannabis education with youth, parents and educators must often navigate the challenges of *speaking about both* the **evidence-based risks** and **benefits** of cannabis use, including what to say and how to say it. In order to *minimize harmful behaviours* and *help youth make informed decisions* regarding the use of cannabis, the inclusion of **evidence-based conversations** should prioritize **young people's agency + decision making capabilities**, as well as assist youth in understanding the *impacts* of cannabis use.

- The development of a **healthy + informed relationship with cannabis** among those who choose to use requires **early and continual dialogue** among **young people, parents, and educators**
- Education should include a discussion of **both potential risks and benefits**, and **promote youth agency** and **decision-making skills**
- Evidence suggests that **universal programs** are **more effective** if **delivered at an earlier developmental stage** while **individuated programs** are **more effective** at **later developmental stages** of life



“They talk about the harms but **not what they are + how to avoid them.** My whole life I was taught “*you can’t do that, you shouldn’t do that.*” I now study psychology + the neuroscience of it and I know **what they taught me wasn’t true.** Weed **doesn’t** harm us the way we were taught and brought up.”

- Roundtable Participant

In schools, educational strategies can be implemented at **all grade levels**, and drug education should be

ongoing from kindergarten to the final year of high school. However, the *vast amount* of research supports the idea that drug education is *most effective* when **delivered prior to initial use**, as well as when youth are **likely to experience their first exposure to cannabis**. Keeping in mind that the onset of use varies in different populations and with different types of drugs, cannabis initiation is *most common* at **15 years of age**. Further key transition points for drug education have been identified by *The Alberta Alcohol and Drug Abuse Commission* as **grades 4, 7, 9 and 11**, and many sources agree that interventions should **start well before the ninth grade**.

Since the effectiveness of cannabis education is *heavily influenced* by the targeted age group, a **developmental perspective** on substance use prevention and related interventions is *important*. To determine *appropriate timing*, we should consider both the **age of substance use initiation** and **differences in the psychological + cognitive needs**, and **capacities of the age group**.

While the research is mixed, **universal programs** seem to be more effective when *implemented earlier in the developmental cycle*, and **selective or indicated drug education programs** are generally *more effective later, around the average age of initiation*. Universal programs are those that *support development of general basic skills*, such as *problem solving*, while selective or indicated programs employ strategies that **target subgroups of the general youth population** (e.g., at-risk youth). Finally, while younger children may benefit from programs that *focus on multiple drugs*, research suggests older adolescents benefit more from programs that *focus on a single drug*. Youth’s drug education should **occur at multiple stages**, and *continued* education and conversations are **just as relevant in the home as in schools**.

- Families also **need support** to **initiate + encourage ongoing conversations about cannabis**
- Parents are **often left out** of drug education, but can play an **essential role** in ensuring **consistent messaging** around cannabis, **particularly** in a **legalized context**
- It is **never** “**too early**” or “**too late**” for **family communication** about cannabis

SECTION 6

Supporting Parents to Have Age Appropriate + Open Conversations

For some **parents and guardians**, discussing cannabis use can be *intimidating* because of a **lack of knowledge or experience** around the effects of cannabis. *Supporting families* in initiating these conversations can **provide additional support for youth**, so parents are not “left in the dark,” as often happens with drug education. For parents + guardians, this means discussions around cannabis use should be **ongoing, open, and non-judgmental**. Parents, for example, should **decide what their expectations are**, but also seek to **encourage open and honest communication**.

Some **family-based programs** have been implemented with *varying levels of effectiveness*. They typically aim to work with family members in an attempt to **modify + manage beliefs, communication processes, and behaviours** within the family. Family-based programs have also had some success in *creating positive change* in both individual behaviour and family interaction patterns. However, there is literature that demonstrates family-based approaches are *not as effective* with **vulnerable families**, and operates from the *assumption* that parents, and by extension families, are **skilled communicators**, which *may vary from family to family* based on context and experience.



“It’s still a subject **me and my mom don’t talk about** - she’s like “*none of my kids do that!*” but I guess we’re getting closer to being about to talk about it. **Mainly I talk to my sister**, who also does smoke, but that’s about it.”

- Roundtable Participant

With **younger adolescents and children**, parents may take a *more casual* approach. For example, rather than *formally* sitting down for face-to-face dialogue about cannabis, parents may choose to **bring up the topic when the situation arises**. Conversations can *emerge organically* after seeing cannabis use in *film or television*, or when parents and children are *discussing school events*. Most importantly, research has demonstrated that **it is not the formality but the regularity of the discussion that leads to more successful outcomes** with young people.

For example, one study found that **consistent monitoring + communication** about cannabis from an *early age* (from ages 12 to 14) led to **decreased cannabis use**. They note that *many* teenagers begin cannabis experimentation during this early, *developmental period*, and find that “efforts to improve the **level and consistency of parental monitoring + communication** may be *a fruitful target for prevention*.”

Additionally, studies suggest that **holistic education** that includes both *parents + the community* can create **better outcomes** for young people. This means, ideally, *educators, parents, and other key influencers* would be **communicating** and attempting to work towards *comprehensive + consistent messaging around cannabis use*.

It is **never too early or too late** for family communication about cannabis. The involvement of parents can be an **effective harm reduction strategy** at *many stages*, including *early adolescence*. Although they spend significantly less time with their parents as they get older and peers become more important, parents still **remain an important influence** in the lives of young people.

HELPING PARENTS APPROACH the “CANNABIS CONVERSATION”

Many parents do not know **where to start** in approaching a conversation with youth **about cannabis**. Some considerations for parents are **presented below**.

1. What do you hope to get out of this conversation? What are your boundaries?
2. Will this conversation be about the “facts” around cannabis use, or are you interested in their experiences and use?
3. Remember that finding common ground is important – this might mean putting your personal opinions aside to listen.
4. Stick to the facts where you can – being judgmental may close the door to honest conversation.
5. Remember to listen and keep the conversation balanced.
6. Instead of focusing on the negatives, focus on positive choices, such as not driving under the influence or not mixing cannabis with other substances such as alcohol.
7. Talk to them about their future goals and focus on those.
8. It is important not to get upset at them for being honest – particularly if you ask them to be.
9. If they are using cannabis already, include a conversation around how they can mitigate risk to themselves and others by adopting harm reduction strategies.
10. Use open-ended questions and do not interrupt.



SECTION 7

Inclusion of Harm Reduction

Education that focuses *solely* on **abstinence** has been demonstrated to leave young people to *develop their own understandings, knowledge, and skills* to deal with drug use and drug-related situations, and provides *little or no assistance* to youth who **may have already tried drugs or are currently using drugs**. Further, young people “receive *adult-driven* public health messages **emphasizing the harms** of cannabis, yet frequently hear about **permissible medicinal use** and are exposed to an environment where recreational use occurs among peers *and adults*.”

“JUST SAY NO” may work for **some youth, some of the time**, but does a **disservice** to youth who will **experiment with cannabis regardless of messaging**.



Many *public health researchers* have pointed out that “**just say no**” may work for *some youth some of the time*, but does a **disservice** to youth who will experiment with cannabis *regardless of messaging*. For these youth, being **equipped with the facts** will allow them to *make better choices*, and talking to youth about making safer choices will *not cause* them to use cannabis. For example, in the context of sexual health education, research has demonstrated the

effectiveness of comprehensive education in delaying initiation, reducing sexually transmitted diseases, and avoiding unwanted pregnancy, and that these programs *do not encourage* youth to start having sex. Similarly, an approach to *prevention and education* that focuses on both **reducing the harms** and giving young people the *tools* to **make informed choices** has become increasingly utilized as a *more realistic approach* to drug education. In the case of cannabis use among young people, *reducing harms* can still **promote abstinence** as a way to minimize harms *without* making it the **sole focus**.

- **Abstinence-based education** has been shown to be **ineffective** in **reducing risks** associated with **drug use/sexual activity** among youth
- **Emerging research** suggests the importance of including **harm reduction strategies** in drug education to **address the needs** of young people, including those who **may already be using cannabis**
- Harm reduction has been shown to be **most effective** with **older youth** (senior high school and above) and **heavy youth cannabis users**
- Harm reduction strategies **do not condone** drug use, and has become **increasingly accepted** as a **pragmatic approach**

“I think harm reduction is **super compassionate**. Rather than trying to fix the person or pass judgement, you’re trying to **meet them where they’re at** - that keeps them well + keeps them alive. To me that’s what **harm reduction** is.”

- Roundtable Participant

Harm reduction efforts are rooted in the goal of *reducing the risks + harms* associated with drug use, **rather than eliminating drug use entirely**. This approach has been shown to be **more effective** than *abstinence-based* drug education. Access to harm reduction information has been shown to *lead to more positive decision-making* in relation to use. Drug education which includes harm reduction principles has demonstrated **high levels of cultural acceptability** and **approval among target populations**, and has also been **shown to impact knowledge, attitudes, and self-reported behaviours** (both planned and actual). Harm

reduction approaches have also been **received well** in *reduction of alcohol misuse, sexual health, as well as tobacco use and experimentation*.



related to cannabis use. For example, a growing body of evidence is developing around “**Brief Interventions**” (BIs), where *short and easy to administer* interventions focusing on “**information, awareness or motivational components** [are] targeted at pre-defined risk or target groups, and can be **delivered in medical** (e.g., General Practitioner offices) or more general, non-medical settings.” BIs have shown to be *effective* in **changing risk behaviours** around drug use, such as in the **context of driving**, and are *cost-effective* strategies. In one sample of *high-frequency* cannabis users from a university student population, BIs were delivered **in-person and through written materials**, and included *fact-based* information on cannabis, *suggestions* on how to **modify its risks**, and brief *motivational components* such as **identifying possible barriers** to *reducing risks* of harm.

With **older youth** (ages 17 to 25), *harm reduction strategies* have indicated some **promising outcomes**

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Follow-up assessments demonstrated *short-term* reductions in **key risk indicators**, results of which are comparable to what has been *traditionally* accomplished through more **time-** and **resource-intensive** treatment. BIs have also been shown to be an **effective approach** in other studies of *high-frequency* youth cannabis users.

Other studies support that harm reduction is *most effective* with **older youth** (senior high school students and above), versus those in **junior high school**. Harm reduction has also shown some success with **high-risk populations**, and adolescents who **already use cannabis**, particularly in *reductions in heavy cannabis use or fewer occurrences of driving under the influence*. Educators should consider these *contextual factors* in deciding **when** to include *harm reduction strategies* in cannabis education.

Education that **focuses solely on abstinence** has been demonstrated to leave young people to **develop their own understandings, knowledge, and skills** to deal with drug use and drug-related situations, and **provides little or no assistance to youth who may have already tried drugs or are currently using drugs.**

Historically, there have been concerns that including harm reduction strategies in drug education **condones drug use**, but the provision of harm reduction information has become *increasingly accepted* as a **pragmatic approach in various contexts**. One of the few studies that looked at the *acceptability* of harm reduction approaches sought to explore harm reduction drug education *in schools and community settings*. This study of junior and senior high schools in Nova Scotia found **support for harm reduction approaches** in senior high school settings. The intervention was found to **reduce risks + negative consequences** of both alcohol and cannabis use, coupled with evidence that the school community accepted this type of programming.



To learn more about **harm reduction**, check out our **“Cannabis 101 + Harm Reduction”** Booklet in this series!

SECTION 8

Education Tailored to the Specific Context

There are *many* different approaches to cannabis education – and **specific contexts** and the **youth population** should always be considered. For example, the *role of culture* is important in the context of drug education in schools and families. **Culturally adapted** and **culturally grounded** substance use prevention and intervention programs emphasize the importance of *identifying effective strategies* that are **rooted in the cultural group of focus**, and may garner *more “buy-in”* from members of a particular cultural group because the messages are likely to be *more relevant* to them. Additionally, **each substance** may have *distinct beliefs* associated with it (for example, the perceived degree of risk or potential harm of different substances), which may in turn stimulate *different types* of communication. The **effectiveness of a message** may depend on how well family members and educators can *adapt* their messages in response to the **unique characteristics + experiences** attached to a particular substance.

- There is **no one-size-fits all** approach to cannabis education, and what **may work in one context may not work in another**
- Young people are **diverse** with **different backgrounds, experiences, needs, + abilities**, and as such, cannabis education should always be **tailored** to the **context and population**
- As with **formal programs**, there is **no “model” approach** for families in **how they approach cannabis education** with youth

Further, programming should be targeted based on the *realities* of that **particular school or group** (e.g., rural versus urban setting), and consider that some youth populations are at *greater risk* of developing issues with **problematic substance use** than others, including street-involved youth, youth involved with the criminal justice system, youth with co-occurring disorders, 2SLGBTQ+ youth, as well as Indigenous youth. As such, educational programs should

be **adapted** to the needs of *particular youth populations*, which can be accomplished in part through their **meaningful inclusion** in the development of educational tools.

Apart from drug education in schools, there are **gaps** in *various interventions* delivered **outside** the school setting. **Family interventions** have shown *promising results*, particularly since ‘**family structure and quality**’ are one of the risk factors identified with *earlier onset* of youth cannabis use. Having **open family communication** can play a *major role* in substance use prevention, intervention, and coping. As with formal programs, there is **no one-size-fits-all** approach. Parental prevention communication patterns *might vary* by family, so it is important to **consider multiple strategies** that parents can use to discourage *harmful substance use* among adolescents and to *make informed choices*.

SECTION 9

Ongoing Education Available to Youth

There is ample evidence of the value in programs that *involve multiple sessions*. **Adequate coverage** and **follow-up** (what is often referred to as “*booster sessions*” frequently occurring 3-6 months after initial programming) can also be important complements to this programming. Research suggests that *interactive, medium* (6 to 10 hours) to *high-intensity* (11 to 15 hours or more) programs, and those with booster sessions appear to be *most effective* in terms of **preventative outcomes**. Booster sessions designed to **review + build on** the original program content have been shown to *increase* the effectiveness of school-based programs, where over time, the effectiveness of programs tend to erode. While booster sessions demonstrate some effectiveness in helping to **reinforce** earlier lessons and ideas, the effectiveness of booster sessions also depends on *other program factors*, such as **interactive delivery**.

It should also be noted that some research has demonstrated the value of **brief intervention programs** (i.e., less than four months), which can also achieve positive results in *reducing or changing drug taking behaviour*.

- Cannabis education is **more** than a **one-session conversation** - multiple session programs **with follow up** have shown promising results in **preventative outcomes**
- Youth have a right to **accessible, accurate, and ongoing** drug education and support that can help them navigate **different experiences + exposure** to cannabis

Fostering the development of youth's **cannabis literacy** by providing *ongoing access* to fact based information includes *ensuring sufficient program duration + intensity*.

Further, young people **have a right** to *honest* drug education, which in turn impacts how equipped they are to **make choices around their health**. It is *not* enough for drug education to simply focus on *abstinence* in an effort to prevent young people from using cannabis. **Comprehensive drug education** must provide *honest, age-appropriate information*, which will ultimately arm young people with the skills necessary to take **personal responsibility** for their *health + decision making*. Youth will encounter cannabis, so honest information and ongoing discussions about cannabis will help them navigate the *changing* legal landscape and experiences with **friends, family, + acquaintances**.



Young people **have a right to honest drug education**, which in turn impacts how equipped they are to **make choices around their health**.

SECTION 10

Attention to Overlapping Issues of Racism, Social Justice, and Stigma

The **criminalization** of drug use and people who use drugs is *closely tied* to the idea of **stigma**. Stigma refers to a *perceived negative attribute* that causes someone to devalue or think less of the *whole person*. Stigma can have an effect on *how people are treated*, including facing **discrimination** or **avoidance + condemnation** by others. Cannabis use has traditionally been stigmatized and associated with being *'deviant.'* While the meaning and status of cannabis use *continues* to **shift**, there are still broader **social consequences** associated with being known as a cannabis user. A recent Canadian report on adolescent cannabis perceptions noted that young people *fear* being caught by parents or police because they don't want to be **labeled as a "drug user."** This is generally aligned with *stereotypes* around frequent cannabis users, such as being known as a **"stoner," "pothead,"** or **"druggie."** Stigma can **act as a barrier** in engaging youth in *open + honest* conversations around cannabis use and their own experiences, and other studies have noted that *perceptions of stigma* can be a barrier to discussing and admitting **problematic cannabis use**. It is *imperative* to be cognizant of this barrier, which may mean creating *safe spaces* for cannabis education dialogue.

While it is important that youth know the *historical context* of cannabis prohibition when age-appropriate, being aware of the **social injustices** rooted within cannabis prohibition can also help educators tailor programs to the context, particularly when working with *vulnerable populations*. Addressing some of the injustices faced by groups who have *historically been and continue to be marginalized, ignored, over criminalized, and subject to discrimination*, can also allow the opportunity to talk about *social diversity* and *social justice*.



- It should be acknowledged that the **prohibition of drugs** in Canada has a **highly racialized history** that has resulted in the **stigmatization** of **specific population groups**.
- The **continued criminalization** of drugs **other than cannabis** in Canada has exacerbated many **inequities + injustices**, including how various social determinants of health – such as **socioeconomic status** and **access to affordable housing** – impact **drug use, health outcomes, and criminalization**.

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Stigma can act as a **barrier** in engaging youth in **open** and **honest conversations** around **cannabis use** and their **own experiences**.

Education that is *cognizant* of these **historical + ongoing injustices**, particularly when tailoring education to the *context* or to *specific populations*, can also allow educators (and parents) to be **more conscious** and **critically reflect** on whether *stigma is embedded* within the drug education program or their own personal values regarding youth and cannabis use, which can render the intervention **less effective**.

“We talked about how **outdated** the views of weed use are and how they are basically birthed from a Nixon “**War on Drugs**”-era view. It came to be that way just so the government could **criminalize Black, Mexican, and Latin communities** and that is **carried into today**. That’s why we *don’t* see any research into the **neutrals or positives** of cannabis use.”

- Roundtable Participant

While this conversation may be *more appropriate* for older youth, and more research needs to be done to understand the extent to which these issues should be *integrated* into drug education, these issues are important to **how society thinks about and understands cannabis use**. *Open conversations* around these issues can help **foster critical thinking**

around larger social issues *intricately* tied to the prohibition and legalization of cannabis in Canada. Drug laws in Canada *continue* to treat drug use as a **criminal justice issue** rather than a **public health issue** and are important from a social justice perspective given that they *disproportionately* affect **poor + minority communities**. The reliance on *criminal enforcement* has been shown to be **ineffective, expensive, and leads to worse outcomes** for individuals, families, and societies *than drug use itself*.

Open conversations around these issues can help foster **critical thinking** around **larger social issues** intricately tied to the **prohibition and legalization** of **cannabis in Canada**.

To learn more about this vital **history and context**, check out our “**Cannabis in Context**” Booklet in this series!

BOOKLET 1 CONCLUSION

This booklet series, which also includes **Booklets 2 + 3**, has provided a summary of vast amounts of information around *cannabis* and *youth*. The legalization and regulation of non-medical cannabis markets presents a *significant opportunity* to change the way we **approach cannabis education with young people** in Canada. These changes are an *opportunity* to **move away from abstinence-only** cannabis education and to **develop new approaches** that *resonate with young people*. Key to these approaches will be the creation of programs that serve youth *who do not* use cannabis, as well as those *who do*. In any drug education program, young people's **right to education + health services**, as well as **privacy**, should be respected. Educators and parents also need support.

The **Sensible Cannabis Education Toolkit**, and subsequent tearaway booklets, began from the *ground up*, acknowledging that there is **no secret recipe** for cannabis education.

Here are some final key points that summarize and tie together our approach to youth cannabis education:

- **'Youth' encompasses a large, diverse group of people:** Age, gender, socio-economic status, race or ethnicity, community norms, sexual orientation, and attitudes towards cannabis use mean different components of personal and social identity may lead to reduced or exacerbated vulnerabilities, understandings, and use patterns – education should reflect these differences.
- **Abstinence-only or fear-based approaches do not work + leave many youth in the dark:** We need to stop relying on and start rebranding programs that are rooted in this approach, and create education that serves both non-users and users.
- **Engage youth and do not leave youth out of the process:** Give young people the opportunity to talk about their experiences with cannabis. Engage with youth respectfully and acknowledge their capacity to make decisions for themselves. Provide opportunities for youth to be involved in creating, assisting, or leading cannabis education where appropriate.

If you are looking for the *other booklets* in this series, please **check out our website** where you can access digital copies/request print copies to be sent to your mailing address - <https://getsensible.org/get-Toolkit/>

Thank you for supporting **CSSDP + the Get Sensible project.**

Spread the word and remember...
stay sensible gang!

MORE INFO

Scientific References

All the information we've discussed in this booklet comes from our **original Sensible Cannabis Education Toolkit** (available for *digital download* at <https://getsensible.org/get-Toolkit/>). *Extensive scientific research* was put into the Toolkit's creation. All **academic sources** can be found by scanning the **QR code** below:



Download the
complete Toolkit
and Academic
Citations here!

Additional Resources

There is **no one size fits all** approach to cannabis education, so here is a list of **additional resources** that might better *suit different contexts*:

Reports

- **"The Health Effects of Cannabis + Cannabinoids: Current State of Evidence"**, National Academies of Science, Engineering and Medicine
nap.edu/read/24625/chapter/1
- **"Using Evidence to Talk about Cannabis"**, International Centre for Science in Drug Policy
icsdp.org/cannabis_claims_reports
- **"Canadian Youth Perceptions on Cannabis"**, Canadian Centre on Substance Use and Abuse
ccsa.ca/Resource%20Library/CCSA-Canadian-Youth-Perceptions-on-Cannabis-Report-2017-en.pdf

Legislative

Introduction to the Cannabis Act, Government of Canada
canada.ca/en/services/health/campaigns/introduction-cannabis-act-questions-answers.html

Backgrounder: The Cannabis Act, Government of Canada
canada.ca/en/health-canada/news/2018/06/backgrounder-the-cannabis-act-the-facts.html

Cannabis in the Provinces and Territories
canada.ca/en/health-canada/services/drugs-medication/cannabis/laws-regulations/provinces-territories.html

Youth Harm Reduction

Karmik (Vancouver, BC)
www.karmik.ca/

TRIP! Project (Toronto, ON)
www.tripproject.ca/trip/

GRIP (Montreal, QC)
www.grip-prevention.ca/

Indigenous Youth-led Resources:

We Matter Toolkit for Teachers

www.wemattercampaign.org/toolkits/teachers

We Matter Toolkit for Support Workers

www.wemattercampaign.org/toolkits/support-workers

We Matter Toolkit for Youth

www.wemattercampaign.org/toolkits/youth

Practical Guides + Resources

- Cannabis and Youth: A Certificate for Youth Workers (free)

youthrex.com/cannabis-and-youth-certificate/

- Cannabis Use and Youth: A Parent's Guide, HereToHelp BC

heretohelp.bc.ca/workbook/cannabis-use-and-youth-a-parents-guide

- Cycles (a film-based teaching resource), UBC School of Nursing

uic.ca/research/centres/cisur/publications/helping-schools/cycles/index.php

- Lower Risk Cannabis Use Guidelines, CRISM

crism.ca/wp-content/uploads/2018/03/LRCUG-2017.pdf

- Factsheet for Parents and Caregivers, SACY

usb.bc.ca/Student_Support/Safe_Caring/SACY_Substance_Use_Health_Promotion/Cannabis-Corner/Documents/sbfile/181002/parents.pdf



THANK YOU!

We'd like to give a *big shout out* to the **Get Sensible's creative team**, which includes:

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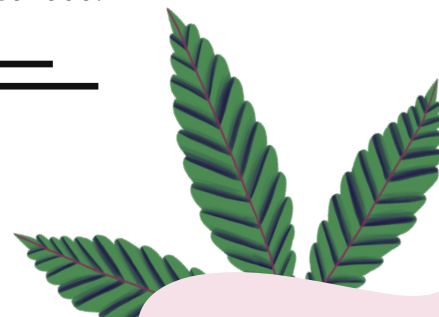
BRIAN JIANG

Illustrator



We're *incredibly proud* of what we've accomplished with this campaign, and none of it would have been possible without the contributions of *each and every young person* who **shared their time, perspectives, and expertise** with us throughout the course of this project, including our **Peer Leader team**, our **workshop participants**, and **CSSDP members across the country**.

Finally, thank you to **Health Canada's Substance Use and Addictions Program** funding. The views expressed herein *do not* necessarily represent the views of Health Canada.



Notes



Notes





Notes



A series of 20 horizontal grey lines for writing notes, spanning the width of the page.



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