

young people and cannabis use...



nctic
national cannabis
prevention and
information centre

a self-directed
learning package for
youth sector workers to assist
young people experiencing
cannabis-related difficulties

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Please note that data will need to be updated as new data becomes available. Please refer to the National Cannabis Prevention and Information Centre (NCPIC) website for the latest data availability www.ncpic.org.au

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introduction

This course has been developed to assist workers in the field to gain up-to date information on drug use, cannabis and young people, as well as help facilitate confidence and competence in dealing with the young people they come into contact with who are experiencing cannabis-related difficulties.

Increasingly there has been concern surrounding the early use of cannabis, the patterns and longevity of its use, the effect of cannabis on the adolescent brain, the possibility of mental illness concerns for some young people and the reputed increase in potency of the drug.

The overall aim of this self-directed learning package is to assist those practitioners working with young people to feel more competent and confident in their dealings with young people who are wishing to make a change in their cannabis use.

This self-directed learning package seeks to:

- enhance understanding of why young people do and do not use drugs
- enhance knowledge of cannabis the drug
- examine who uses cannabis
- consider the effects of cannabis
- examine the particular issues for young people who use cannabis
- investigate the particular needs of young people who may use cannabis
- investigate issues surrounding change from cannabis use
- encourage evaluation of present practices among workers when working with young people with cannabis-related difficulties
- encourage good practice procedures for workers in the field

This self-directed learning package touches also on many of the competencies recognized as necessary for work in the Alcohol and Other Drug sectors and is intended to provide worthwhile background knowledge for those who may seek to undertake formal courses in the future.

This self-directed learning package is divided into 4 sessions:

1. drugs, young people and cannabis
2. working with young people and their needs
3. how to assist change in a young person
4. maintaining change and relapse prevention



session 1

drugs, young people and cannabis

“why do young people use drugs?”

let's think about:

- why do some young people begin to use drugs?
- why do some young people not use drugs?
- why do some young people continue to use particular drugs?
- what might be the perceived benefits of drug use for young people?
- what could be some of the negative consequences of drug use in young people?

why do you think young people use drugs?

See if you can think of 4 or 5 reasons that a young person may decide to use drugs.
Draw on your experience of what reasons young people have given to you for using drugs in your practice.

answers:

The reasons that young people give are many and varied and may include, but are not limited to:

- for excitement
- to get to sleep/dream
- to hallucinate
- to enhance sexual experiences
- for fun
- to stay awake/alert
- to reduce pain (physical and emotional)
- to socialise
- to forget
- to rebel

There are, of course, on the other hand, many young people who not use substances. Can you think why many young people do NOT use drugs?

answers:

Some reasons for not using substances may be:

- positive role models
- strong positive family values
- feeling connected to school or work
- feeling valued
- non-drug using peers
- involvement in sport, cultural, creative activities, etc.
- opportunities to participate
- fear of negative consequences

There are also many young people who try or experiment with drugs but do NOT CONTINUE to use them. What reasons do you think make these young people discontinue their use once they have tried them?

Why do you think some young people can continue to use some drugs but don't feel they have any problems, while others are unable to do this?

Adolescence is a time of experimentation and risk taking, where one often tries different things, with drugs just one of those things. But, most young people who experiment with one or more drug do not continue to use or they do not develop any significant problems. Further, we know that use of one drug does not necessarily mean the young person will go on to use other drugs, and that most drug use is occasional.

It is clear that drug use during adolescence is multi-determined and that the individual, the environment and the drugs themselves cannot be considered in isolation. For example, problems such as 'family breakdown' or 'poverty' are often given as THE reason for many problems in communities and among individuals. Poverty can affect the likelihood of individuals to get to what services exist, impact on the nutritional status of an individual and/or family, reduce access to education and training, and necessary health and other services, and to acquire suitable accommodation. Thus, these may be important factors to recognise. However, while certainly having an impact, they make too simplistic an explanation.

Individuals with the same income and/or living in the same deprived area may enact quite different lives. Some have a capacity to be resilient in the face of great adversity; others succumb quickly to what appears to be low-level risk exposure while others may have experienced some of these events but not developed problematic behaviours. Thus, when considering explanations such as poverty and family breakdown, we need to put them alongside numerous other factors.

reasons for use

Often people see or fear dysfunctional outcomes that occur for some and forget, or do not see, that young people use substances for many reasons. Like adults, young people do not use substances to feel bad or because they are illegal!

If we were to interview a number of young people outside a nightclub and ask them why they were using substances such as cannabis, ecstasy or alcohol, what might their responses be?

The responses at the club would most likely be about using substances to increase the pleasure of the night, to make the music sound better, or to make it easier to socialise. The responses would not generally be that they are using because they were molested or raped, or abused as children. But often these are the reasons proposed for adolescents' substance use. We do not usually make these suppositions about adult substance use.

Why do you think this might be? Could it be because we do not believe that young people are able to make responsible decisions?

Consider what might be some of the perceived benefits the following young people get from their use of substances:

a) a 16-year-old male using speed and committing crime (Jason)

b) a 16-year-old Aboriginal woman living in a rural community inhaling petrol (Kim)

c) a 15-year-old female living in a large city using ecstasy (Sandy)

d) a 17-year-old gay male who is 'coming out' using large amounts of alcohol (Santos)

e) a 15-year-old female using cannabis who is depressed and suicidal (Melissa)

NB: most of the young people presented here would be polysubstance users. That is, they would be using more than one substance, but may have a preference for one over the others.

which substances are used?

In order to get a clearer picture of the actual use of substances by young people in Australia and the change in their use over recent times let's look at the results of the household survey conducted in 2007.

Table 1 National Drug Strategy Household Survey 2001 and 2007

comparing recent use of different substances by 14–19 year olds in 2001 and 2007

substance / behaviour	2001 (%)	2007 (%)
alcohol	28.3 [#]	21.9 [#]
tobacco	12.3 [#]	8.6 [#]
cannabis	24.9	12.9
amphetamines	6.3	1.6
ecstasy	6.3	5.0
cocaine	1.5	1.1
inhalants	1.0	1.1
heroin	0.4	0.3
idu	0.6	0.4

represents weekly use, other figures represent annual use

what does the National Household Survey tell us about...

1. The rate of alcohol and tobacco use compared to other drug use?

2. Which drug has the greatest use after alcohol and tobacco?

3. The rate of use of cannabis in 2001 compared to 2007?

4. The rate of use of cannabis compared to other illicit drugs?

5. The rate of use of cannabis compared to tobacco or alcohol?

answers:

1. alcohol and tobacco use is more prevalent than for all other drugs
2. after alcohol and tobacco, cannabis is the most commonly used drug
3. the rate of cannabis use has almost halved in 2007 compared to 2001
4. cannabis use is more common than the use of any other illicit drug
5. there is a very much lower rate of cannabis compared to either alcohol or tobacco

NB: While alcohol and tobacco data are presented as weekly, this further indicates how much more prevalent their use is when compared to other drugs. Weekly use of cannabis is much lower than that for tobacco and alcohol.

the household survey by gender gives us further information to compare male and female use patterns

The 2007 National Household Survey tells us about levels of substance use by Australians of all ages, but we will focus on substance use by young people.

Table 2 2007 Household Survey by gender (14–19 year olds)

the National Drug Strategy Household Survey by gender [14–19 year olds]

substance / behaviour	male		female	
	ever (%)	recent (%)	ever (%)	recent (%)
alcohol	74.1	24.4	73.9	19.3
tobacco	10.3	7.0	14.0	10.4
cannabis	18.0	13.1	22.1	12.7
amphetamines	1.4	1.0	2.9	2.2
ecstasy	4.8	4.0	7.2	6.0
cocaine	1.4	0.8	2.5	1.4
inhalants	1.6	0.9	2.4	1.4
heroin	0.6	0.5	0.1	0.1
idu	0.7	0.5	0.8	0.2

NB: Recent use of alcohol and tobacco is considered as using in the last week; for others it is in the last year.

what does this table tell us?

1. Do young men or women have higher prevalence rates of drug use?

2. Which drugs are the only exceptions to this?

3. What percentage of young women have tried cannabis compared to young men?

4. What are the three most used drugs with the exception of alcohol and tobacco?

answers:

1. if we focus on the 'ever' column it can be seen that more young women report having used a number of drugs more than young men (e.g. amphetamines, ecstasy and cocaine)
2. the drugs which are reported to be used somewhat more by young men are heroin and alcohol
3. the percentages for young men and young women who have ever used cannabis are similar with 22.1% of young women reporting having used cannabis and 18.0% of young men, and similarly for recent use (13.1% for young men vs. 12.7% for young women)
4. the three most commonly used drugs after alcohol and tobacco are cannabis, ecstasy and amphetamines

comparing the levels of male and female use of cannabis, does what you see surprise you?

For almost all substances, use by females is at least equivalent to that of males. In fact, for a number of substances, use by females exceeds that of their male counterparts.

What explanation can you give for this?

Does this match with what you are seeing in your work?

What does this mean for you in your role as a worker with young people?

Do you think this will change as they move into their 20s?

As we can see in the tables, cannabis is the most frequently used drug by young people. Let's turn our attention now to the drug cannabis.

Try this quiz to see how much you know about cannabis the drug.

are these statements true or false?

QUIZ: cannabis the drug – what do you know?	T/F
1. cannabis has been used for centuries	
2. the potency of cannabis used has increased dramatically over time	
3. the effects of cannabis last longer if you eat it rather than smoke it	
4. when you smoke cannabis the effects can last up to 5 hours	
5. 50% of 14–19 year olds have reported they have tried cannabis	
6. cannabis can only be detected in urine up to 4–8 days even with heavy levels of use	
7. cannabis can act as both a hallucinogen and a central nervous system depressant	
8. there is a link between early and regular cannabis use and psychosis	
9. users of other illicit substances will most likely have used or are still using cannabis	
10. cannabis makes you a safer driver	

answer key	
QUIZ: cannabis the drug – what do you know?	
1. cannabis has been used since the Stone Age	T
2. some varieties of cannabis have increased in potency over time due to different growing methods (e.g. hydroponics) and parts of the plant used (e.g. heads)	F
3. the effects of cannabis start later and last longer if you eat it [5–12 hours]	T
4. when you smoke cannabis the effects can last up to 5 hours	T
5. about 20% of 14–19 year olds have reported that they have tried cannabis	F
6. cannabis can be detected in urine after 4–8 days of use but can be even longer, even after a single use	F
7. cannabis can act as both a hallucinogen and a central nervous system depressant	T
8. there does appear to be a link between early and regular cannabis use and psychosis	T
9. users of other illicit substances will most likely have used or are still using cannabis	T
10. cannabis use increases the risk of being involved in an accident 2-3 fold	F

what is cannabis? how is it used?

Now let's look at some facts about cannabis.

- most available cannabis comes from the cannabis sativa plant and has been reportedly used since the Neolithic (stone) age for rituals

Here are some pictures of cannabis and an implement in various forms.



cannabis sativa plant



hash



flower/buds



water pipe – “bong”

- cannabis can be smoked, swallowed or eaten, which affects the experience. The form of cannabis used will also alter the effect
- hemp is often a name given to plants belonging to the cannabis genus but usually refers to those cultivated for industrial use. The strains of hemp used industrially usually have minute amounts of the psychoactive substance THC
- street names include ‘ganja’, ‘pot’, ‘J’s’, ‘dope’, ‘weed’, ‘mull’, ‘yarndi’, ‘grass’, ‘skunk’, ‘buds’, ‘spliff’, ‘Buddha’ and ‘herbs’
- there is evidence to suggest the potency of cannabis has increased in recent years

Hydroponically grown cannabis usually has slightly higher THC levels than 'bush buds'. This is due to the following factors:

- **genetic (selected seed varieties and cultivation of female plants)**
- **environmental (cultivation techniques, prevention of fertilisation and seed production)**
- **freshness (production sites are close to the consumer and storage degradation of THC is avoided)**

- there is concern also that contaminants are entering the drug through different methods of growing
- there are different patterns of use exhibited by more recent users to those who used cannabis in the past. There is concern that a certain lifestyle is being created by the drug
- there is also recent concern about the effect of cannabis on the adolescent brain

the effects and impact of cannabis use

What effects of cannabis use do you notice in your daily work with cannabis users?

It must be remembered too that the effects of cannabis on a user are **not always the same**. There are varying effects of the drug on the user. Let's consider what factors could alter/change the effect of cannabis on a user?

[Think about amounts, time, health, purity, strength, location, mood etc.]

What sorts of things do you think could alter the effects of cannabis on a user?

answer:

The effects could be altered depending on:

- the quantity used
- the length of time the user has been using the drug
- underlying conditions present in the user
- general health of the user
- other substances used by the user
- nutrition of the user
- where the cannabis is used – e.g. at a home or in a public place

the interaction of the person, the substance and the environment in cannabis use

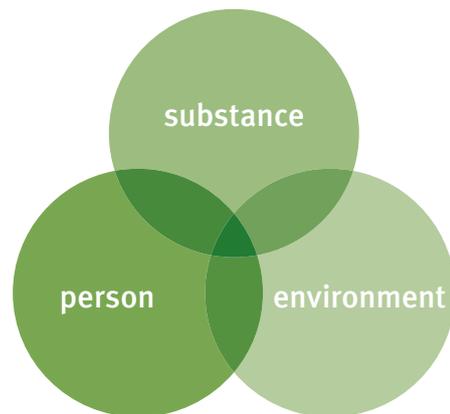
Often when faced with drug and alcohol problems we focus on aspects of the individual. However, we know that when the focus is placed solely on the individual most attempts at solving the problem will be ineffective. Advertising that aims at encouraging young people to “Just say ‘no’ to drugs” tends to ignore the fact that young people do not live in a vacuum. What we tell them about likely effects of any particular substance may be negated by their own experience or that of their peers.

The effect and impact of any young person’s substance use tends to be the result of three interacting factors:

1. the properties of the substance used
2. the attributes/attitude of the person using and
3. the environment in which they use

Diagram 1 the effect and context of substance use

Diagram 1, below, illustrates the interaction of the person, the environment and the substance in cannabis use.



Let’s now consider these aspects individually to see how they can interact to alter the effect of cannabis use.

person

Some of the aspects of the person that can affect substance use and its consequences are:

- age and experience of the user
- general health of the user
- the user’s level of nutrition
- other substances used by the person
- level of support from friends and family
- expectations of the user and those around him/her

For example, we may have three people of the same sex, same age, and drinking the same type/ amount in the same establishment, all smoking cannabis, yet all three may react in very different ways. Person 1 may be having a great time, laughing and singing.

Person 2 may be crying in the corner, feeling depressed about his life. Person 3 may be aggressive and fighting others for whatever reason.

As you can see, three people are responding in quite different ways to the same substance in the same environment.

substance

Some of the aspects of the substance that can affect the use and consequences of substance use include:

- type of substance(s) used
- pharmacological properties
- social influence
- immediate and longer term effects
- strength and purity of the substance
- the presence of any impurities
- route of administration
- length of action of the drug [its half life]
- concurrent use of other substances

environment

Some environmental aspects that can affect the consequences of substance use include:

- mood of the occasion
- the physical environment
- the expectations of the group
- location – home, party etc.
- the presence or absence of others

When we consider all these intersecting factors it becomes clear that any interventions need to consider each of these factors and how they can interact with each other.

the short-term and long-term effects of cannabis use

short-term effects

smaller quantities	larger quantities
<ul style="list-style-type: none">• increased feelings of well-being	<ul style="list-style-type: none">• anxiety
<ul style="list-style-type: none">• relaxation	<ul style="list-style-type: none">• feelings of panic
<ul style="list-style-type: none">• loss of inhibitions	<ul style="list-style-type: none">• hallucinations
<ul style="list-style-type: none">• loss of concentration	<ul style="list-style-type: none">• restlessness
<ul style="list-style-type: none">• loss of coordination	<ul style="list-style-type: none">• paranoia
<ul style="list-style-type: none">• increased pulse and heart rate	<ul style="list-style-type: none">• confusion
<ul style="list-style-type: none">• red eyes	
<ul style="list-style-type: none">• increased appetite	
<ul style="list-style-type: none">• drowsiness	

long-term effects

Regular use over a long time increases the chance of bronchitis, lung cancer and respiratory problems occurring. Also, it can cause loss of energy and interest in other activities. Decreased concentration, memory and ability to learn can continue for several months after use has stopped, but tend to improve with time.

activity

scenario: consider Jason's situation

Jason had been using cannabis for 5 years at a steady rate of once or twice a week. He has been using more and more as time has gone on.

What do you think could be some of the long-term negative health effects of his continued cannabis use?

answer key:

- with regard to the **respiratory** system?
 - increased chance of bronchitis, lung/throat/mouth cancer and respiratory problems
- with regard to general **motivation**?
 - loss of energy and interest in other activities, school/work difficulties
- with regard to **concentration and memory**?
 - decreased concentration, memory and ability to learn new tasks can continue for several months after use has stopped but tend to improve with time
- mental health may also be affected

cannabis and mental health

Some cannabis users experience unwanted psychological effects such as anxiety or panic attacks. High dose or intensive use has also been associated with serious mental health conditions such as depression and psychosis in some people.

These unpleasant and unwanted psychological effects can take the form of:

- severe anxiety or panic attacks
- at higher doses – confusion, delusions and hallucinations

However:

- these symptoms usually do not last once the acute effects are over
- many of these people try once or twice and never use again due to these effects

These symptoms are more likely to be felt by people who aren't used to the effects or have smoked more than they are used to.

People who experience unpleasant psychological effects are more likely to:

- be less used to the effects of cannabis
- have smoked more than their regular quantity of cannabis
- be younger users
- have a family history of mental illness

cannabis and anxiety

Anxiety and panic attacks are among the most common reactions to cannabis as reported by users. There is concern that cannabis may exacerbate longer lasting forms of anxiety disorders such as panic disorder.

cannabis and depression

The link between cannabis and depression is not clear cut but people who use cannabis are more likely to develop depression with young women most likely to be affected. It is not recommended that people use cannabis to feel less depressed or to get to sleep.

the link between cannabis and suicide in young people

Heavy cannabis use is believed to be one of many factors that can place a person at risk of suicide. Other influencing factors may be a personal or family history of mental health problems, social disadvantage and alcohol use.

cannabis and psychosis

Although it is rare, some people may experience a short-term psychosis after heavy cannabis use.

Cannabis-induced psychosis is a short-lived psychotic disorder that:

- can last up to a few days
- is often associated with disturbed thinking, emotions and behaviour
- is often characterised by hallucinations, delusions, paranoia, memory loss and confusion
- usually results from prolonged or heavy cannabis use
- responds well to treatment and abstinence from cannabis

The association between cannabis use and later experience of psychosis (either symptoms or disorders) is stronger for those who are younger when they start using cannabis and who use heavily and/or have a family history of schizophrenia or other serious mental illness.

cannabis and schizophrenia

Schizophrenia is characterized by the person having difficulty distinguishing what is real from what is not real.

The person may also experience:

- hallucinations or delusions
- muddled thinking and speech

Evidence suggests that cannabis may somehow trigger schizophrenia in those who are already at risk of developing schizophrenia due to family history.

The severity of symptoms of schizophrenia experienced by cannabis users often decreases with discontinued use. However some people are more vulnerable to mental health effects and others may find an underlying mental health disorder exacerbated by the use of cannabis. This may cause the severity of their symptoms and the number of hospitalizations to be increased.

It is also important to remember that the effect of cannabis can be increased when used with alcohol or other substances due to unexpected interaction effects. This also makes it difficult for a worker to determine which substances a person has been taking by their appearance and behaviour and can therefore complicate the task of treatment, detoxification and withdrawal.

▶ activity

scenario

This is Jimmy’s story. Consider what is happening to Jimmy, what reactions he’s experiencing and what a worker can do to help someone like Jimmy.

“ Wow! Did my life get messed up. Started using mull with my brother and his friends when I was about 11. Loved it, felt great, felt grown up. Lot of shit was happening at home – parents fighting, mum left, came back, dad left..... then at school kept getting into fights, got suspended... boring! Mull helped heaps, so started smoking more cones each day. Don’t like booze much, but tried some ice and liked it a bit too – but sometimes it was a bit too fast for me.”

“ Last year, after I turned 16, I started to use more and more mull... used to smoke myself to sleep – couldn’t sleep without being stoned... during the day was stoned most of the time, busy scoring, mulling up, rorting to get money... busy as.... Then it got really weird.. I didn’t notice at first, then me mates started to say ‘hey, what’s up, you’re freaking us out man!’ I was getting sooo paranoid, and even started to hear voices yelling at me, dumping on me. Freaked me out too. Didn’t know what to do.”

What could you do as a worker to help Jimmy?

answer key:

The main thing to do is support Jimmy. Praise Jimmy's efforts to get his life back on track.

Ensure he keeps in regular contact with a mental health worker/agency/service and ensure he is aware that he must continue to take his medication.

As Jimmy said:

“ Lucky I had some OK mates who made me go and see a counsellor, who got me to see a really cool doctor who sorted me out. Had to go to a program for a while, and he gave me some medication to help with the paranoia and voices. Talking to the counsellor is OK, sorting out stuff with family, and I want to get back into education – I want to do a good trade course – AND get my head sorted so I don't freak out any more, and freak me mates. I am still taking the medication, and getting my life back now. It takes a lot of work, but it's worth it.”

patterns of substance use

In discussing substance use and its consequences it is useful to note that there tend to be four distinct patterns of substance use. Young people may experience different patterns of use at different times in their lives. They may also simultaneously exhibit different patterns of use for different substances. For example, a young person might be dependent on tobacco, whilst simultaneously experimenting with cannabis. Four major patterns of substance use that can be identified are:

experimental use

Where a person tries a substance for the first time out of curiosity, or the desire for a new experience.

- youth is a time of experimentation, curiosity and identity searching. Part of this involves risk-taking
- young people want to try out new things; often one of these things is substances
- however, some young people can have serious adverse reactions to a substance or a mix of substances the first time they use. There are no guarantees of 'safe use'!

occasional use

Where substance use has a specific purpose in an individual's life e.g. recreation.

- use is occasional
- other aspects of life are often intact e.g. they are still attending school
- often no motivation to stop drug use because they don't perceive a problem with their use

harmful use

Substance use causing damage to an individual's physical and/or mental health. Substance use also leads to impaired psychological or social functioning.

Harm results from:

- intoxication
- mode of administration
- depleted support systems
- exacerbation of other health issues-physical (e.g. chronic health problems) and/or mental health (e.g. schizophrenia)
- impacts on personal relationships
- impacts on schooling/work/training
- due to increased problems individual may have some motivation to think about their levels of substance use

dependent use

Where a substance is used consistently.

- loss of control over use
- discontinuation of the drug initiates the onset of a withdrawal syndrome
- individual may experience strong cravings for the drug
- progressive neglect of other interests
- continued use despite harmful consequences



recap of session 1

can you remember?

Why do/don't young people use drugs?

What are perceived benefits and negative consequences of drug use?

What is cannabis?

How can it be used?

Who uses cannabis?

Why do young people use cannabis?

What are some typical symptoms of frequent use?

What are some particular problems with cannabis use in young people?

session **2**

working with young people and their needs

how are young people different?

Before we travel any further it is important for us to address the issue of how young people are different from the general population and what specific attributes, needs and connections they may have.

If we are aware of these issues then we may be more able to offer assistance and services to young people that are appropriate and helpful.

Young people, during adolescence, are in a time of change that requires them to begin to address a few key areas of development.

► activity

getting into the mind of a young person.

We've all been there but often we forget what it felt like!

To try to get into the young person's mindset consider this:

Remember back when you were 15 or so. You were in the middle of your high school years.

What was **important** to you?

How were your **behaviour and attitudes** different to how they are now?

What did you **think** about?

What didn't you consider?

What did you **worry** about?

What were your aspirations?

the attributes of young people

Some of the attributes of young people are that they:

- feel they will live forever and can take risks without consequences
- have a limited attention span
- have a different concept of time
- lack experience in communal responsibility

specific needs of young people

There are particular needs that young people have that may be stronger or different to those of adults

- power
- autonomy and non-conformity
- freedom
- structure
- peer acceptance
- fun
- support and nurturing
- to have their rights met

Thinking of these attributes and needs of young people, how does the program you work in allow young people to express or experience these?

important connections for young people

Research has shown that for young people the most important connections that protect them from negative health and social outcomes are:

1. **connections to family** – where they feel wanted, safe and cared for
2. **connections to a supportive adult outside the family** – who is interested in them and passionate about their possibilities
3. **connections to school** – where they feel included, wanted, safe and cared for, and where they perceive their teachers to be interested in them and their potential
4. **connections to something spiritual** – where they feel part of a greater plan

This, in some ways, is quite surprising. The peer group, whilst important during adolescence, is not as significant in assisting young people in difficult times as is a supportive adult outside of the family.

In your work, you may often come across young people who, for one reason or another, do not have a connection with family. Thus, for these young people a supportive adult outside the family is the important factor in assisting them. This is a fairly big responsibility for all those in the human services field who work closely with young people. This then begs the question of- how can I be of most use in my role with young people?

Think about your own practice and consider what connections you can influence in your role as a worker with young people and their families (and how)?

how can the worker help?

helpful attributes of successful workers with young people

What do you think would be helpful attributes of workers in engaging young people? What is it about some workers that make them particularly successful in **engaging and maintaining** good relationships with young people?

Write down what you think would be important attributes of successful workers with young people
e.g. being honest

John Howard and John Kearney (1990) surveyed a number of homeless young people and youth workers in Sydney, asking them what they thought were important attributes/behaviours/qualities of workers in engaging and maintaining helpful relationships with young people. Their findings were as follows:

helpful attributes of workers in **engaging** young people

1. a sense of humour
2. ability to relate at the level of the youth
3. employing non-threatening behaviours
4. developing a trusting relationship, maintaining consistent limits, being honest
5. sharing common interests, being 'friendly', a good listener, able to 'play', actively involved, 'knowing' what might be needed (being in tune)
6. having access to resources

important qualities of workers for **maintaining** helpful relationships:

1. being reliable, demonstrating care, providing support
2. provision of a 'safe' environment, providing a 'sense of belonging'
3. maintaining on-going contact
4. maintaining trust
5. being honest, allowing freedom for the youth to make choices

Think about your own qualities and consider – How do I already utilise some of these qualities and attributes in my work?

How could I better use some of my qualities and skills to engage and maintain helpful relationships with the young people that I have contact with?

 **activity**

consider this worker's treatment of her client.

- say whether you think she handled this situation well or not
- what did she do well?
- what could she have done better?
- what would be the best way of handling such a situation?

Mai comes to the centre on the Tuesday before her year 10 exams start. She says she's worried she might be developing some problems with cannabis use. She says she wants to change her use but is feeling so stressed at the moment because of the pressure of her school work.

The worker dealing with Mai immediately maps out a 'tried and true' plan for Mai to change her cannabis use. She gives her a date to start her change process and information on withdrawal and cravings and instructions on what she must do to avoid using cannabis again.

Has the worker acted in the best way?

Why/why not?

What could have been done better in Mai's visit to the centre?

answers:

The worker has not acted in the best way.

The worker did not engage Mai nor work with her to consider a plan which Mai herself would feel comfortable with.

It would have been better to engage Mai, ask her what her perception was of her problem and what she wanted to do about it. It would have been helpful to praise Mai for coming along to discuss her problem.

It would have been wise to talk with Mai about the process of change, inform her of what this would involve and work with her to plan how she could best change her cannabis use. It would also have been helpful to make arrangements to see Mai on an on-going basis to support her in her efforts to change her cannabis problem.

access to services

Obviously, all workers have their limitations in what they can do in their roles. Subsequently, being able to refer a young person to a useful service is of paramount importance.

Access to services for young people is especially crucial and is affected by:

- how affordable they are
- where they are located (close to transport, near where young people ‘hang out’)
- whether the staff and environment are welcoming and helpful
- what style of service is it
- how many options are around? We know the greater the number of choices, the more likely the young person is to own their decision to attend that service
- adolescents are more likely to ‘try-out’ a program that is adolescent-friendly and to use such services as ‘Assertive Outreach’

Thinking of **your service**, what aspects make young people more likely to access it?

What are some of the barriers in your service that make young people less likely to access it? What can you do about this?

What might you include in a referral of a young person who you believe has cannabis use-related difficulties to try to ensure that it is more likely to be taken seriously and acted on?

What might you include in a referral of a young person who you believe could have mental health cannabis use-related difficulties to try to ensure that it is more likely to be taken seriously and acted on?

recap of session 2

What are some of the needs of young people?

What are some of the attributes of young people?

What connections to society are important for young people?

To be a successful worker with young people what are some of the attributes which have been found to be useful in engaging and maintaining good relationships with young people?

session **3**

how to assist change in a young person

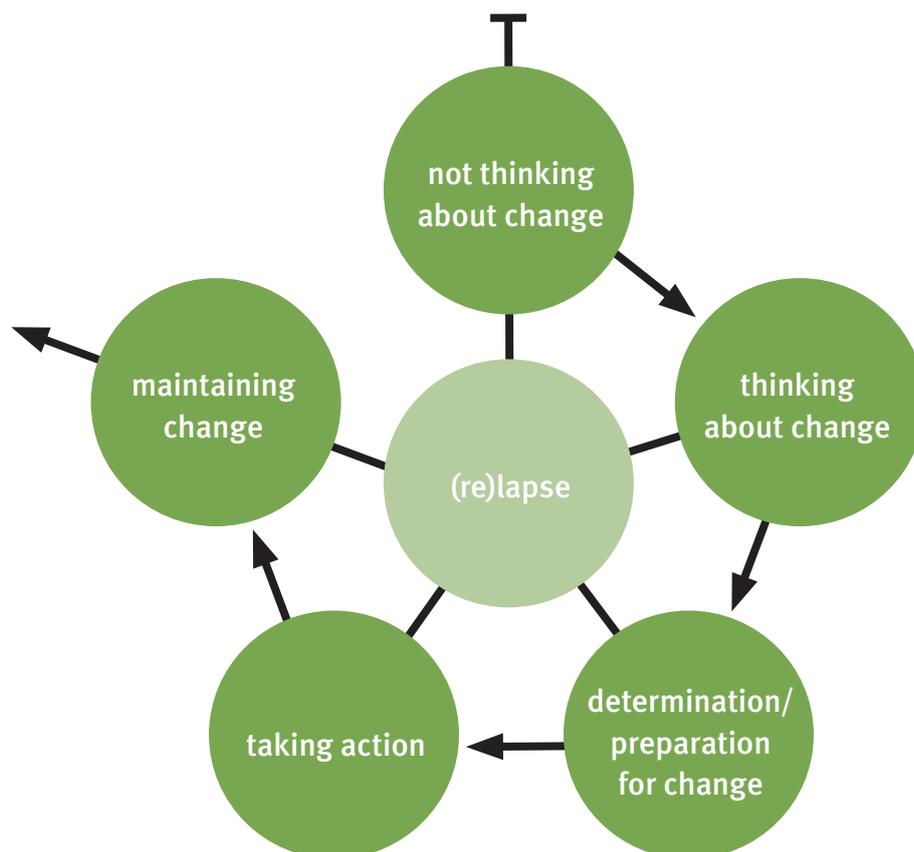
a model of the change process:

This model describes a process of change that anyone could go through. It needs to be noted that this model can be applied to any decision to change, not simply to someone wanting to give up their substance use. It could equally be applied to a decision such as, “Should I decide to move to the country to live? Or should I stay in the city?” It is useful in alcohol and drug [AOD] treatment as it allows workers to look at people’s choices regarding their substance use and match interventions to where they are at as regards to making changes in their lives.

The key to understanding the model is that there needs to be a match between where the young person ‘is at’ and the intervention offered. For example, if a young person is “not thinking about change”, then it would be useless for a worker to give them a referral to an out-client counselling service. It is the equivalent of giving a country realty guide to someone who’s quite happy to live in the city!

a model of the change process

This diagram represents one way of thinking about a process of change, the very real possibility of relapse at any stage and the goal of maintaining change.



what characteristics does this model show about the change process?

For example, would you say that change is a linear, predictable process?

Is it likely to be always the same?

Is it always the same for the same person or the same situation?

Does it suggest the change process follows a smooth, defined pattern?

What does the diagram suggest about the possibility of relapse?

When can relapse occur?

Can it be overcome?

Is it necessary for someone who has relapsed to go back to square 1 before getting back on their change process?

What does an understanding of the change process mean to workers like you assisting a young person to deal with changing a cannabis problem?

[Think about – the change process, planning for change, helping the client to understand the process of change, relapse as part of the process, helping the client to not lose heart during the change process]

answers could be:

- The change process can be different for each person
- Clients can be helped to understand the change process
- Clients should be supported at all stages of the process
- Clients can be made aware of the possibility of a lapse at any time
- Planning can help the client achieve change and avoid relapse
- There may be any number of points at which a client may relapse along the way to achieving change

NEVER give up – the pathway to change is always open

the stages of change

There are various stages in the change process. The diagrams and text below show listed, the characteristics of the different stages as well as some suggestions for the role and tasks of the worker at each stage.

not thinking about change

- the positives of the behaviour far outweigh any perceived costs
- subsequently, there is no desire to change the behaviour



What do you think your role might be with a young person at this stage?

Some of the tasks for a worker with a young person who is not thinking about change are:

- to engage the young person
- to raise awareness of risks involved in use

If you are able to appropriately engage with a young person this will mean that the young person is more likely to come to you if/when they are thinking of doing something about their use.

Raising awareness can be achieved by utilising motivational enhancement techniques. Lecturing and sermonising does not 'raise awareness', nor does it assist the engagement process. If a young person makes a decision to change or to think about change they are less likely to do this with someone who has 'read them the riot act'.

thinking about change

- the young person is beginning to think about change, often characterised by ambivalence
- often induced by someone or something external (e.g., parents, school, juvenile justice, etc.)



What do you think your role might be with a young person at this stage?

Some of the tasks for a worker encountering a young person at this stage may be:

- praise the young person for thinking about changing
- continue to raise awareness of perceived risks of continuation of behaviour
- assist young person to make informed choices (using motivational enhancement techniques)
- offer continued support, assistance and encouragement

determination to change and take action

- young person’s attitude tips towards change and they decide to change (Cognitive)
- the stage at which behavioural change begins (Behavioural)
- change in pattern/level of use
- plan made and instituted



What do you think your role might be with a young person at this stage?

Part of a worker’s task might be to:

- support the young person during their assessment
- advise on options
- assist in reality-testing options
- assist the young person in making a plan
- assist in skill development and use of appropriate strategies
- provide feedback
- assist in maintaining motivation



maintaining change

- the young person maintains their changed behaviour, trying to keep from (re)lapsing

What do you think your role might be with a young person at this stage?

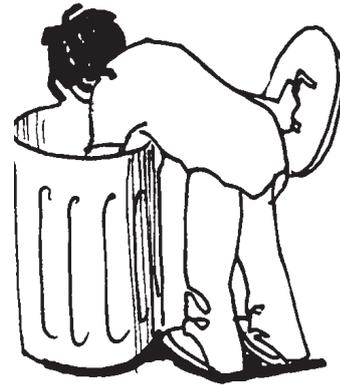
Part of a worker's task at this stage might be to:

- provide reinforcement in difficult times
- assist young person to maintain status
- praise the young person's efforts so far
- teach self-reinforcement skills
- teach self-monitoring skills

(re)lapse

- where an individual returns to (previous patterns of) use. May be one-off or continued use
- due to the relapsing nature of substance use, this may be the initial outcome

After a (re)lapse an individual may again enter the change cycle at any point. Where they re-enter largely depends on the way they perceive their (re)lapse.



What do you think your tasks might be with a young person at this stage?

A worker's tasks at this stage might include:

- prepare person for this in advance; explain that this is often the most likely outcome
- assist young person to reframe experience
- assist young person to remake plans
- praise young person's achievements prior to [re]lapse

what might be appropriate responses and options to the following (re)lapses?

A young person goes back to full-on use after finishing a ‘rehab’ program.

A young person begins to dabble and use intermittently.

Some appropriate responses could be to:

- reinforce gains, don’t assume all is gone
- keep the young person connected to our services
- bring the young person back in for a ‘top up’ or full program
- encourage the young person to access other appropriate services

Obviously you cannot make a full decision of what might be most appropriate for a client who has relapsed unless you have all the relevant information. What other information should be considered in making a determination about how the young person can be helped?

Some things that will need to be considered, amongst others, are:

- the client’s understanding of what happened
- current levels of support
- appropriateness of living options
- standard of physical health
- appearance of present mental health

motivational enhancement

One method of assisting some young people when approaching the change process is Motivational Enhancement. Motivational enhancement has been used to assist young people who are 'not thinking about change' and 'now thinking about change'. However, it can be used to enhance change and motivation at any of the stages at which a young person may be. It is a style that allows an individual to appropriately weigh up the real consequences of their substance use particularly as we know that:

- young people are often 'reluctant' to seriously address their substance use or are 'simply looking' at what options are available to them
- young people often present as being unmotivated and disinterested in services that agencies offer. Young people who come to youth services are often no different

a worker's role, therefore, is fivefold:

1. to raise **awareness** of cannabis and related issues
2. to **engage** with the young person
3. to encourage **motivation**
4. to encourage and praise efforts to change
5. to encourage the young person to maintain change

three underlying beliefs of motivational enhancement:

There are three beliefs which assist the success of motivational enhancement.

1. the individual is seen as 'rational' and 'responsible'; that is, faced with enough evidence the person has the will to change. The best type of evidence is evidence that the young person thinks of themselves
2. the individual is responsible for making their own **decisions**
3. the process of change is assisted by creating tension between drug using behaviours and how a young person sees him/her self

principles of using motivational enhancement:

The principles of using motivational enhancement successfully are to:

- **express empathy** – this is done through skillful reflective listening (listening carefully to the young person and letting them know that you hear/understand them)
- **develop discrepancy** – between present behaviour and important goals
- **avoid arguments** – arguments generally make people more guarded and less open to discussion and introspection
- **roll with resistance** – resistance from the young person is seen as a signal to change strategies
- **support the young person's sense of ability to change** – support the young person's hope in the range of alternative approaches available

issues to discuss and questions you might ask of the young person:

a) **good things/perceived benefits of substance use**

“What are the things you like about your use of cannabis?”

or

“What are the things that you get out of your use of cannabis?”

b) **less/not so good things about substance use**

Explore the young person’s concerns about the ‘less good things’ by saying something like

“What are the ‘not so good things’ about your use of cannabis?”

“Can you give me some examples of that?”

Get the young person to argue for change by asking such questions as:

“But surely you’re used to not having any money because of your use?”

or

“Surely that’s a consequence of your use that you’ve gotten used to?”

c) **cost of change**

Explore what would be different for them if they gave up or reduced their substance use

“What would be different in your life if you stopped/cut down using cannabis?”

d) **‘cognitive dissonance’ – i.e. it is hard to hold two contrasting views of yourself at the same time**

in summary

- motivational enhancement [ME] is one of the best ways to work with young people unless they are actively seeking treatment
- ME has a role in maintaining changes
- The techniques of ME are grounded in good, solid communication skills
- ME has application in specialist AOD settings as well as in health, welfare, legal and educational fields

it is about:

- working with **ambivalence**
- eliciting **change talk**
- minimising **resistance**

What opportunities exist for you to use motivational enhancement techniques in your role?

▶ activity

using motivational enhancement

Abdul has recently come to see you about his cannabis use. He says he's been using for years and his use seems to be increasing a lot lately. He seems to realize that the drug is taking over his life and he says he's desperate to stop or cut down or something but feels unable to help himself.

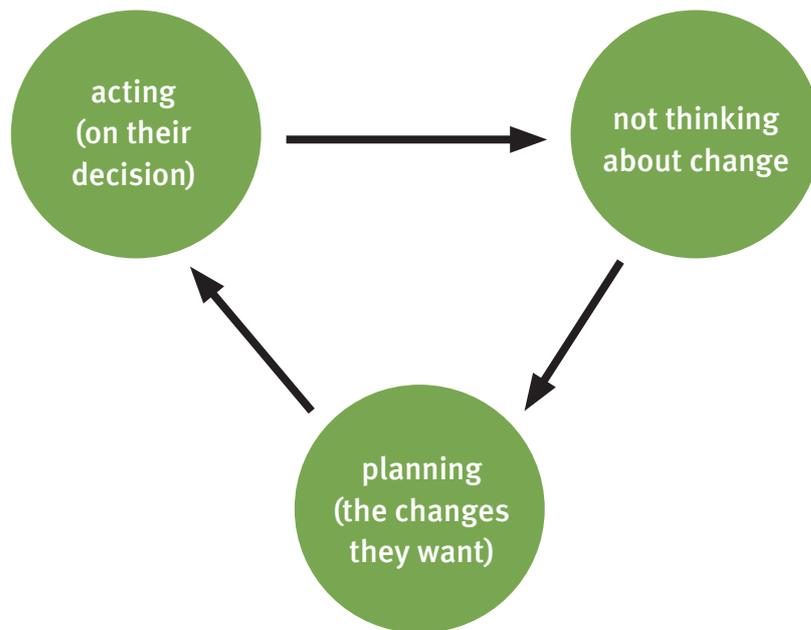
How you would use the technique of motivational enhancement to help Abdul?

answer:

As a worker you could engage Abdul in talking about his cannabis use and invite him to talk about what he would like to change. Talk about the good and less good things about his present use and the cost of change for him – what would it mean to his daily life to change? Praise his thoughts about change. Help him to plan for change and support him throughout.

how you as a worker can help a young person through this early part of the process of change

In order to successfully assist a young person at this stage it may be useful to think about the process of their motivation to change in three basic steps.



helping a young person to make plans for change

Some people say that it often helps to write down your reasons for making a change, looking at it from all angles. It may be helpful for a young person to take a minute to write out their personal reasons for using cannabis and their thoughts about change using the tables such as those shown below.

It can also be helpful to rate each item on a scale of one to ten to indicate how important these factors are to them as illustrated in the following table.

'good' things about using cannabis	'less good' things about using cannabis
e.g. relaxing	e.g. chronic tiredness

To get a further perspective, it is useful to record the pros and cons of changing or quitting. A young person may find that their reasons for change are not just the opposite of the reasons for using. This added information may help reinforce their decision for change.

'good' things about change	'less good' things about change
e.g. more money	e.g. miss some friends who use

When reviewing these two lists, if you find that the young person feels the 'good' things about smoking outweigh the 'good' things about change, then now may not be the right time for them to make a commitment to change. If so, come back to the list when you feel that the 'less good' things about using outweigh the 'good' of continued use – this is when the young person is more likely to be ready to change.

other simple strategies that are known to help young people dealing with change include:

- asking a friend or relative to help – telling them about plans and strategies for change and asking for their support
- reducing other commitments as much as possible for the first couple of weeks
- reminding yourself why you want to change
- planning ahead – writing out a list about what you will do instead of smoking
- reminding yourself of the benefits of not smoking
- planning on doing pleasurable things that do not involve smoking
- avoiding high risk situations and people who smoke
- familiarizing yourself with the tips for dealing with cravings
- listing the people who don't smoke and spending more time with them and in places where you have never smoked

intoxication, tolerance, withdrawal and craving:

intoxication is the 'state of being under the influence of one or more substances' (World Health Association).

Intoxication is associated with a change in the person's:

- alertness
- thinking
- perceptions
- decision-making
- emotions
- behaviour

What is required of you in your role when encountering intoxicated young people?

tolerance

Tolerance is evident when a person requires a greater dose of a substance to get the same effect originally produced by a smaller dose. Different substances have different levels of tolerance attached to them. Tolerance develops for most substances. Tolerance develops quite rapidly for some (e.g. heroin and associated substances). If tolerance drops and the young person takes the same amount of a substance that they have previously taken, it is possible that they could overdose.

What advice might you provide to a young person about ‘tolerance’?

withdrawal and craving

This term refers to the physical and psychological symptoms associated with cessation or reduction of a substance.

People who have been using **cannabis** heavily over a period of time sometimes experience withdrawal symptoms when they stop. It has to be acknowledged that most young people, given their age and access to substances, may not develop as severe dependencies as older individuals. Thus, they may not experience as serious or difficult withdrawals. Most need safety, calm, rest, sleep, good food and to be off the streets or away from substance-using peers, this does not usually need to take place in the traditional ‘detox unit’.

In your work with young people, what have you found to be some of the common emotional and physical withdrawal symptoms?

answer:

Withdrawal from cannabis is typically relatively mild and short-term [1-7 days].

The most common symptoms are:

- irritability
- urges to smoke – craving
- anxiety
- depression
- anger
- confusion

The physical symptoms may include:

- sleep problems
- restlessness
- loss of appetite
- tremor
- night sweats
- diarrhoea

Even though these symptoms may be uncomfortable they are not dangerous and will pass.

the severity of the withdrawal depends on a number of factors like:

- type of substance(s) being used
- levels of use
- length of time used
- young person's experience of previous withdrawal(s)
- use of other substances
- physical health of the young person
- method of use
- environment that the young person is in (supportive versus unsupportive)

Withdrawal symptoms are positive signs. They actually show that the body is recovering and re-adapting to being no longer dependent on cannabis. They are **short-term** and it is impossible for them to persist for a great length of time – most will gradually resolve within 7-10 days.

cravings

Cravings are urges or intense desires to use. Cravings are more likely to occur in the early stages when a young person is cutting down or ceasing their use, but they can continue for some time.

These urges and desires can arise due to particular cues; internal or external.

Internal cues include feeling particular emotions [brought on by internal (memories) or external factors (relationships, conflict etc.)].

External cues can include talking about drug and drug-related activities, seeing dealers, drug paraphernalia, particular places, smells, and sounds.

what can be done? the 5 Ds

To manage withdrawal and the symptoms of craving, the following are strategies recommended to pass on to young people:

It is useful to tell the young person to remember the 5 Ds:

- **distracting:** Try to think about something else, or do something, that will take your mind off your symptoms
- **delaying:** If you have an urge to smoke, delay your decision to act on this. The feeling will usually pass in about 15 minutes
- **de-catastrophising:** This means stop thinking withdrawal is worse than it really is. Remind yourself this is not the end of the world and that the feelings will pass
- **de-stressing:** This is about relaxation. Do something that will help you relax e.g., go for a walk, have a warm bath or lie on the floor and listen to calm music
- **drinking water:** Good for you and it costs nothing

assisting a young person dealing with cravings

It is useful to let a young person know that most of the uncomfortable withdrawal symptoms will come and go, like urges to smoke. Try to help them to be patient, the cravings do pass.

During this time it may be helpful to:

- eat well and get some exercise
- try to get as much sleep as possible
- gradually cut down in the week prior to quitting
- delay the first smoke of the day by 4-5 hours each day
- reduce the number of cones/joints per day by 20% each day

- **pre-cravings**

Early in your contact with the young person when planning for change (pre-cravings):

- explain that cravings may occur; they are normal
- assist the young person to draw up a list of practical, do-able and enjoyable activities that they might do when they experience cravings
- teach some strategies known to help cravings, such as meditation and breathing exercises. Practice these (again and again and again)

- **during cravings**

Talking a young person through the experience:

- explain that it will pass, and encourage the young person to think of it as a number of waves in the ocean, and that the young person is on a surfboard riding over the tops of the waves. Each wave they ride is one less they have to deal with
- acknowledge that it must be difficult (empathise)
- ask them how they have dealt with cravings before (problem solve)
- help the young person think of reasons why they've decided to change their use (motivation)
- look at achievements thus far (motivation)
- offer appropriate options; for example, go for a jog, listen to music, problem solve, have a shower, talk to others, watch TV, etc.
- get advice/support from peers as to how they've dealt with these

- **after cravings have passed**

- help the young person think of what was helpful/unhelpful in dealing with the craving
- what brought on the craving? What can they do about this in the future (avoid it?, confront it?)
- update/change/revisit alternate activities list

One thing that we can be sure of is that there will be some level of discomfort during withdrawal, no matter what the substance. Ensuring the young person is in a safe, supportive environment can assist them during this difficult time. Remember that a person's present experience of withdrawal will often determine how they will 'think' of their next withdrawal. In the knowledge that this may not be their last withdrawal we need to ensure it is as painless as possible for the young person. This does NOT mean, however, that all young people withdrawing need to do so in medically supervised settings. Most do not, but facilities need to ensure medical back-up is available as required.

What are some strategies that you, and/or colleagues, have found to be helpful in assisting a young person experiencing cravings?

If young people do not need medically-based or residential withdrawal programs, what do they need?

Thinking about some of the difficult behaviours that young people might present with in different services, how would you decide whether a young person's behaviour indicates withdrawal, craving, 'naughtiness', or all three?

assessment

What might make you feel that a young person you are working with, or at your service, could benefit from a thorough assessment and an intervention by a counsellor, an AOD worker, or mental health professional?

Traditionally, a full assessment was undertaken as a one-off activity upon first meeting a client. Currently, assessment is seen more as an ongoing process that continues throughout a young person's contact with us. Assessment occurs during, and as part of, the engagement process.

To initiate appropriate treatment, there is essential information that must be known about the young person. This information can be gained by carrying out an appropriate assessment. An assessment allows us and the young person to see where they are at, what they want and what they require. Armed with this information, together we can look at what options might be most appropriate for a young person to access.

Cultural sensitivity is important, especially if the young person is from an Aboriginal and/or Torres Strait Islander or CALD (culturally and linguistically diverse) background. Young people and their families may have experienced grief, loss, dislocation, migration, torture and/or trauma. They may be feeling shame, guilt and isolation, and have particular beliefs about what intervention will suit them best.

It is helpful to know what might be asked of a young person during a substance use assessment so you can assist in informing and supporting them through this event.

Listed below are the most common assessment domains. Next to each domain there is space for you to write why you think it is important for each of these domains to be assessed.

assessment domain	why it is important
<ul style="list-style-type: none"> • substance use: <ul style="list-style-type: none"> • perceived reasons for use – initial and ongoing • how and when initiated • substances used • mode of administration & any changes • frequency of use • quantity used • periods of non-use • physical effects requiring attention (e.g. complicated withdrawal, fitting, etc.) 	
<ul style="list-style-type: none"> • family life 	
<ul style="list-style-type: none"> • general health <ul style="list-style-type: none"> • physical • mental (including suicidal ideation and attempts) 	
<ul style="list-style-type: none"> • history of abuse/trauma 	
<ul style="list-style-type: none"> • education/training/employment 	
<ul style="list-style-type: none"> • income (legal and illegal) 	
<ul style="list-style-type: none"> • interpersonal functioning 	
<ul style="list-style-type: none"> • criminal activity 	
<ul style="list-style-type: none"> • leisure 	
<ul style="list-style-type: none"> • supports 	
<ul style="list-style-type: none"> • strengths 	
<ul style="list-style-type: none"> • their needs and wants 	

recap of session 3

What can we say about the process of change?

When can relapse occur during this process?

What would be the tasks of a worker with a young person who is 'thinking about change'?

How would the worker's role change when a young person presents with a 'determination to change'?

How would you help the young person to plan for change at this stage?

What are the 5 'D' strategies to assist in dealing with withdrawal and cravings? Complete the words below.

dist

de-stre

dela

drink

de-cat

How could you use motivational enhancement in your work?

session **4**

maintaining change and relapse prevention

Hand in hand with the idea of motivational enhancement is the idea of relapse prevention. Many therapeutic ventures, such as groups, counselling, and programs for substance users are modelled around the idea of relapse prevention. Once a decision for change is made and assessment completed, the most useful approach to take with young people is relapse prevention.

This approach focuses on 3 main areas of the young person's life associated with relapse:

- intra-personal cues e.g., feelings and moods
- inter-personal cues e.g., relationships
- situational cues e.g., places, times

Thinking back on your work with young people:

What do you think might be some of the feelings, moods and memories that could be related to the return to substance use by a young person?

What might be some of the inter-personal cues related to the return to substance use by a young person?

What might be some specific situational cues related the return to substance use by a young person; e.g., smells, videos, etc?

some approaches that attempt to address these different areas can include:

- individual or group work with a focus on the identification and management of negative and/or positive mood [emotions] associated with use of particular substances
- individual, group or family interventions with a focus on inter-personal issues (e.g. family conflict, relationship difficulties)

“I am more likely to use cannabis, when I feel Y, and/or I am with Z, and/or at W”.

Always remember cannabis may be used for different reasons by different individuals. Thus, a number of these statements may need to be generated. By recognising the triggers to begin using again, the young person and the worker are then able to look at alternatives to drugs.

addressing triggers for cannabis use

to effectively address some of the triggers to relapse, the following can assist:

- provision of accurate and unbiased information
- attending to personal variables that may be associated with increased vulnerability to negative peer influence for some individuals or groups
- teaching of decision-making skills and those associated with resistance to negative influences
- challenging and changing incorrect normative beliefs about the extent of use in a particular area or among a particular target population
- improving communication between young people and their parents, teachers, adults and peers
- exposing participants to alternative, satisfying and acceptable alternatives to substance use

How do/can you provide these in your service?

Are there any of the above that you do not provide (or do not provide well)? If so, what could be done about this?

helping a young person to identify and deal with high risk situations

High risk situations are those in which the young person usually gets or uses cannabis. Some people and places now act as a trigger to cannabis use by increasing cravings to smoke. Most cannabis use happens without planning or much effort. This means that a young person must plan well ahead to make sure that they do not end up in a high risk situation.

The worker can help a young person think about what those situations are for them and develop a personal emergency plan and write it down.

how the worker can help: relapse prevention techniques

Here are some practical examples of how the worker could help a young person deal with a high risk situation. The worker could suggest to the young person:

1. **leave or change the situation:**
e.g. avoid smoking friends for a few weeks, re-arrange the room you most commonly smoke in, remove all bong, papers and cannabis-related paraphernalia
2. **put off the decision to smoke for 15 minutes:**
most cravings are time-limited and you can ‘ride it out’. Each time you do it successfully, you will find it easier the next time
3. **change the way you think about smoking:**
cannabis is not a need – you can live without it, but you cannot live without air, water and food
4. **remind yourself every day of your successes to date: read your book everyday to reinforce your progress:**
e.g. “It has been 3 days and every day is a little easier, my chest is starting to feel better, my partner is really pleased etc.”
5. **have a list of ‘emergency’ numbers and call them:**
“I will call Dave who is supportive of my trying to change”

It can also be helpful to help the client to make a list like the one below of their personal high risk situations together with a plan for dealing with them.

high risk situation	strategy or plan*
e.g. relaxing	visit non-smoking friends
e.g. feeling depressed	go for a walk/surf

*make sure the strategy is realistic and something the young person can easily do. It should also be enjoyable if possible – not just something that sounds good!

more considerations to prevent relapse:

- **beware of rationalisations:** sometimes our **minds try to trick us** into having a smoke by rationalisations such as “just one smoke I deserve it”, “it’s a special occasion” and so on. The young person needs to make a firm, positive statement to themselves reinforcing their decision to change and their desire for success
- **grief reaction:** many people giving up drugs feel as though they have lost a friend. It may feel like this at first but such feelings do pass. Young people will feel invigorated as they discover new possibilities and opportunities as the length of cannabis-free time increases
- **reward themselves:** plan on doing something special – e.g., buy something with the money they have saved from not smoking
- **review their progress:** at the end of every successful week, the young person should reward themselves for a job well done. Even if they haven’t reached every goal, remind them to think of the good things and be proud of them

one last word

relapse prevention

Be **patient** with the young client. If they have had a lapse don’t allow them to beat themselves up and think that they have failed, or think of themselves as failures. It is not a major crisis in the recovery process and should be used as a learning experience. It is useful for the young person and the worker to review where they think it went wrong (such as going into a high risk situation without preparation) and see if there can be a more effective strategy for dealing with the trigger. Learning from the experience can help a young person to do better next time.

activity

consider how you would help a young person who presented with this relapse scenario.

Josie: Well, I went to a party at John’s place on Saturday night where everyone was stoned and before I knew it I had a bong in my hand. I really didn’t mean to start using again and I’d been so good – it just happened.

some solutions might be:

- a) avoid John for a little while;
- b) think about the reasons I ended up at John’s place when I know he is a heavy smoker;
- or
- c) practice delaying and distracting when I see John

If the young person finds that he/she lapsed intentionally then he/she needs to go back to and focus on the reasons he/she decided to change in the first place and how important it is to him/her. Also remind him/her that each slip will lessen his/her chances of long-term success as the craving will increase rather than decrease and mean he/she has to work harder in the long run.

remember to remind the young person what they have to look forward to:

More money and what he/she will do with it e.g.

More time to do stuff he/she used to love doing before smoking took up all his/her time e.g.

Get more done e.g.

Have more energy e.g.

More time to do stuff he/she has always wanted to do e.g.

[re]lapse prevention techniques

The way the worker deals with a [re]lapse is vitally important in achieving and maintaining change in young people with cannabis use difficulties.

after a [re]lapse it is most helpful to:

- assist the young person to determine why the lapse/relapse occurred and jointly devise strategies to prevent this happening again
- help the young person to reconsider why they chose to change
- help the young person remember the balance of the pros and cons that made them determined to change
- assist the young person to reframe this experience so that a lapse or relapse is not regarded as a failure, but as a learning opportunity
- help in remaking plans
- praise the young person for their efforts to date
- encourage the young person to reward themselves for their efforts

guiding principles to assist a young person having difficulty in achieving change

In a situation where a young person seems unable for a variety of reasons to achieve success at the moment in changing their cannabis use, it is important to advise them of ways to reduce the harm they do to their body. The best way to avoid harm is to not use at all, however if that is not possible at the time you may suggest they:

- avoid mixing cannabis with tobacco to avoid additional dependence/effects
- not share bongs or joints as this increases risk of infection from others
- take breaks between hits/bongs as the effect is not always immediate. This will help reduce the chance of feeling overwhelmed suddenly by large doses
- use 'diet' joints containing less cannabis
- eat cannabis or use joints rather than smoking through a 'bong'
- delay the time until their next cannabis use
- provide safer using techniques as appropriate

activity

consider what you would do to assist Marco.

You have been working with Marco for 2 years now. He has tried many times to give up his cannabis use as he realizes that it's affecting his life and stopping him from 'getting on' with things.

Marco's family is struggling too. After coming here from Croatia 6 years ago his dad has had trouble maintaining a job and his mum hasn't really settled in here. His older sister has gone to live in Queensland with her boyfriend and Marco doesn't see her much now.

Marco is a bright student and is still attending school but he knows he isn't working hard enough to do well. He's told you on a few occasions that he feels very alone and has no real friends, and cannabis, which he buys from a number of different friends, helps him manage.

What type of use do you think Marco is engaging in?

What are the risks for Marco’s future?

What are some strategies you could put in place with Marco to help him out of his predicament?

What sort of support/follow-up do you think Marco needs?

answer:

Marco’s use is problematic because it is stopping him ‘getting on’ with his life.

The risks for his future are that he could develop some health problems, he could start to lose contact with family and friends, he could drop out of school so that his chances of employment may be reduced, his self-esteem may be reduced and his use may become more problematic.

Strategies that may help Marco could include praising him for acknowledging the problem that he has, talking through with him what difficulties he is having and any issues he is facing. It would then be useful to talk through with him the advantages and disadvantages of change and to help him plan to achieve that change.

On-going support and praise would be very important to assist Marco in achieving the change he wants.

▶ activity:

consider Jacquie:

Jacquie, aged 18, started using cannabis a year ago at a party. She's now in a steady relationship and her boyfriend wants her to give it up. She's just got her first job as a mechanic after finishing her TAFE course.

What will you discuss with Jacquie?

How will you help her to plan for changing her cannabis use?

What information will you give her before she begins to change her cannabis use?

After three months of trying, Jacquie admits having some lapses in her efforts to change her cannabis use. She says the lapses are getting more frequent but are only in particular social situations like parties or hanging out with friends.

What will you discuss with Jacquie at this time?

How can you help Jacquie to get back on track?

answer

You could discuss with Jacquie why it is now important for her to want to change her cannabis use, what has changed in her life to make her want to change her use.

You could go through with Jacquie the good and not so good aspects of her cannabis use; help her devise a plan and set a date to change. It will also be important to support Jacquie and praise her efforts.

It will be useful to inform Jacquie of what typical withdrawal symptoms may be so that she knows what to expect and give her some ideas of how she can deal with any symptoms as they arise. It will be useful to discuss a typical change process with Jacquie and support and praise her efforts.

After a lapse it would be useful to help Jacquie identify what the triggers have been to make her begin using again and together draw up a plan to assist her in dealing with these triggers. It may also help Jacquie to re-visit the change process diagram to identify where she will re-join the change process. On-going praise and support will also be of great help to Jacquie in getting back on track.

summary

Overcoming cannabis dependence or changing any behaviour is not an easy task, but it is not impossible. In fact, most people say that it was not as hard as they first feared. It takes commitment, effort and persistence.

If the young person has the desire to change, and works towards their goal in a careful and strategic way, it will work for them.

Becoming free of cannabis dependence will be a major reward in itself, but that is just the beginning. The opportunities that it brings may include the reward of the lifestyle that the young person has dreamed about and certainly owes themselves.

remember the goals of any intervention...

- increase the capacity of young people to manage their lives more effectively
- increase connectedness and protective factors
- decrease risk factors
- reduce criminal activity
- improve educational/vocational performance
- improve family functioning
- improve mental health
- improve interpersonal skills

recap of session 4

Let's think about what you learned about the change process, relapse prevention and strategies learned about how to help a young person embarking on maintaining change in their lives.

see what you can remember about session 4

How can we help a young person to plan for maintaining change?

How can we help a young person identify their own personal triggers and high risk situations for cannabis use?

How can a worker help a young person prepare for dealing with high risk situations?

What are some guiding principles to help a young person having difficulty achieving change?

What are some helpful responses you can make as a youth worker in helping a young person who has relapsed into using again?