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Cannabis Conversations:

A Toolkit for Communities with a Harm Reduction Lens



Annika Stanley-Smith, CPS



New England (HHS Region 1)

PTTC

Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

SAMHSA
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Services Administration

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The use of affirming language inspires hope.

LANGUAGE MATTERS.

Words have power.



The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.

Land Acknowledgement

The New England PTTC acknowledges that we are all on the traditional lands of native people. In Augusta, Maine, we work from the ancestral lands of the Abenaki People, part of the Wabanaki Confederacy. We have a responsibility to acknowledge our Indigenous connections and the histories of Indigenous land dispossession. We encourage you to learn more about the stewards of the land you live and work on by working with your native neighbors, and by visiting <https://native-land.ca/>

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Introduction



The landscape for cannabis use is evolving in the Northeast. In New Hampshire cannabis use has been approved for therapeutic purposes since 2013. Cannabis use was decriminalized in New Hampshire in 2017. Bordering states to New Hampshire have varying degrees of legal recreational use of cannabis and have legalized the commercial sales of cannabis. As the “Live Free or Die” State New Hampshire has often been a stand-alone state when it comes to policy but with the now annual proposals for cannabis commercialization there likely will be recreational use in the near future.

As it currently stands, over 26% of youth in New Hampshire report past 30-day use of cannabis according to the 2019 Youth Risk Behavior Survey data. The National average for past 30-day use of cannabis in youth is 21.7% (2019 Youth Risk Behavior Survey data). With higher than national average of youth use New Hampshire needs to produce effective youth cannabis prevention initiatives. Often parents, guardians and trusted adults feel helpless in providing effective information on cannabis to the youth in their lives. This can lead to ineffective messaging tactics being used like scare tactics. **These tactics can cause harm to youth and can also villainize people who use cannabis as a form of therapy or harm reduction.**

Our purpose for this product is to prepare prevention specialist and communities to have effective conversations around cannabis use. Our goals in this paper are to provide non-stigmatizing, factual examples of youth cannabis prevention messaging that incorporates a harm reduction lens. “Cannabis is the third most commonly used drug in the world, following tobacco and alcohol.” (Harm reduction – the cannabis paradox, pg 1) so it is important to have a universal standard for discussing the use of cannabis and its negative and positive health impacts.

Language

Please note that very specific language is being intentionally used throughout this toolkit. Language is critically important in substance use prevention, harm reduction, treatment, and recovery. The words we use are impactful and should be used to breakdown stigma and stereotypes rather than to perpetuate them.

Unless in a direct quote, the use of the term "marijuana" will be avoided in this toolkit. In its place, "cannabis" will be used. "Marijuana" originated as a Mexican word and unfortunately has been used to discriminate and paint negative perceptions of people from that culture. Prevention professionals should urge people to avoid that bias and to avoid the use of that term. "Cannabis" is the scientific name for the plant and all products derived from it.

This toolkit will also use the recommended practice of person-first language when discussing people who use substances and those who have substance use disorders. People are more than their diagnoses and stigma can act as a barrier, preventing folks from seeking treatment due to feelings of shame.

Language Matters

Language is powerful – especially when talking about addictions. Stigmatizing language perpetuates negative perceptions.

“Person first” language focuses on the person, not the disorder.

When Discussing Addictions...

SAY THIS	NOT THAT
Person with a substance use disorder	Addict, junkie, druggie
Person living in recovery	Ex-addict
Person living with an addiction	Battling/suffering from an addiction
Person arrested for drug violation	Drug offender
Chooses not to at this point	Non-compliant/bombed out
Medication is a treatment tool	Medication is a crutch
Had a setback	Relapsed
Maintained recovery	Stayed clean
Positive drug screen	Dirty drug screen

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Harm Reduction

An important step in the continuum of care for substance use disorders is harm reduction. The National Harm Reduction Coalition defines harm reduction as "a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use".

Prevention and Harm Reduction specialist share common goals and strategies according to the Prevention Technology Transfer Center. Both can "provide interventions for a continuum of substance uses, focus on individual and community risks, honor and incorporate cultural interventions, and promote individual and community well being" (PTTC Harm Reduction Flyer).

Harm Reduction strategies can be utilized with people who use cannabis. Prevention messaging shouldn't vilify cannabis use, just as we strive not to vilify or place stigma on opioid use, or medically appropriate uses of prescription medications. It is important to provide substance users with education and information around safe use, safe storage, safe disposal and how to access naloxone. Cannabis harm reduction messaging should be no different to how we talk about harm reduction with other substances. If people choose to use cannabis for recreational or medicinal purposes, they should know how it can cause harm if misused, and how to reduce the level of harm. Effective cannabis harm reduction messaging should include safe use, safe storage, and safe disposal messages, including when and how to seek help if use becomes unsafe.



Ineffective Messaging



When we think of prevention messaging in the past there are many examples of ineffective messaging frames. Instinctually, and often with good intentions, people gravitate to visually disturbing or overly dramatic scenes to express the dangers of substance use. While these egg smashing images may be memorable they are not effective at creating behavior change. **To effectively create cannabis prevention messaging we must understand the strategies that conclusively don't work.**

The first style of ineffective messaging is Scare Tactics. Scare Tactics are the use of graphic images, catastrophizing language, and/or un-data driven absolutism with the intent of scaring people, specifically youth, away from a behavior. An example of a Scare Tactic is the *Montana Meth Project* ad campaign, in which photos were used to show the progression of people who use methamphetamine having negative consequences on their personal appearance. Reports show "teens who were exposed to the campaign saw less risk in meth use and were more approving of meth use. Almost half of teens said the ads exaggerated the risks of meth use." (Preventionalliance.org)

This ad campaign did a few things wrong. It didn't recognize basic brain science, where in adolescent and young adult brains don't have fully developed logic centers and there for don't strongly think through consequence's before acting. **Using consequences as a motivation for behavior change with people who have an undeveloped logic center is a recipe for disaster.** This messaging failed because it was stigmatizing. The authors of *Reframing America's Opioid Epidemic to Find Solutions* advocate that "We must also avoid "othering" individuals with addiction" *Reframing America's Opioid Epidemic to Find Solutions* (page 4). When we "other" people with substance use disorders we isolate them from seeking help. The message that is conveyed isn't "drugs are bad" but instead "people who use drugs are bad," which is stigmatizing for those who use those substances.

Ineffective Messaging Cont.

When people with substance use disorders, their friends, and family see messages like this it isolates them further from treatment and support because the fear of shame keeps them from seeking help. Scare Tactics are especially ineffective when someone uses a substance and doesn't immediately suffer from a negative consequence. Instead that person learns to **distrust the messenger** and is further isolated from resources and supports. Lastly, Scare Tactics suggest that substance use disorders are an individual problem when **"we need to explain addiction as a brain disorder, not a moral failure"** (Reframing America's Opioid Epidemic to Find Solutions, page 3). This also discounts the social determinants of health that play a larger role in the development of substance use disorders than individual choice.

The second type of **ineffective messaging to avoid is Myth vs. Fact** resources. The best practice is to state the fact because when we use Myth vs. Fact we are creating confirmation bias for the myth. Since people often remember or have heard the myth before when we restate the myth either with images or 1 pagers, for example, we are confirming what they already know and that will be what is remembered. As an example, we know that there is a low perception of harm for cannabis use, if we said, "Myth: Cannabis is harmless. Fact: Cannabis can be harmful for developing brains." the myth would be what is recalled from that message.

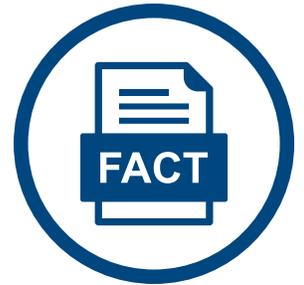
More examples of ineffective messaging and pitfalls to avoid when developing prevention campaigns can be found at the Frameworks Institute. Now that we know what to avoid let's explore ways to effectively, and without stigma, communicate about cannabis use.



Effective Messaging

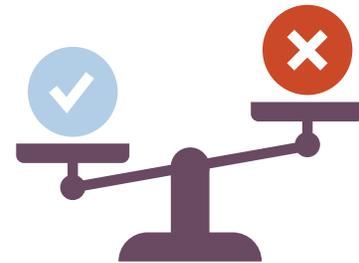
Factual

Effective messaging must be factual. It should not exaggerate the risk of harm or the amount of use. For example claiming everyone who uses cannabis will develop a substance use disorder is not supported by data but sharing the Youth Risk Behavior Survey Data on past 30 day use can be an effective way to establish a baseline of actual use.



Moral Responsibility

When testing prevention messaging with focus groups the FrameWorks Institute discovered that “Moral Responsibility was the most effective of values, producing statistically significant gains on three of the five targeted outcome scales.” (Turning Down the Heat on Adolescent Substance Use: Findings from Reframing Research, pg 10). Messages should include that preventing youth use of cannabis is the moral responsibility of the community.



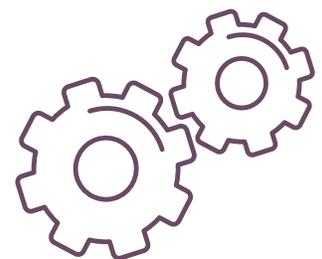
Call to Action

Effective messaging should give the reader something to do with the information they just received. We don't want to identify a problem without identifying a solution. Share where people can find more information and resources for prevention, harm reduction, treatment and recovery.



Sample

In New Hampshire over 27% of youth report using Cannabis in the past 30 days. Cannabis use can negatively impact brain development and leave our youth without all the tools they need to succeed. It's all our role to support healthy youth development. You can help by having honest and open conversations with the youth in your lives about substance use. To find more ways to support the youth in your lives go to www.preventionresources.com.



Resources

- **The FrameWorks Institute**
 - The FrameWorks Institute applies social science methods to study how people understand social issues—and how best to frame them. They help shape effective communications around public health and social issues.
<https://www.frameworksinstitute.org/>
- **The Prevention Action Alliance**
 - The Prevention Action Alliance is a certified prevention agency leading the way in promoting healthy lives through the prevention of substance misuse and fostering mental health wellness for 30 years.
<https://preventionactionalliance.org/>
- **National Harm Reduction Coalition**
 - The National Harm Reduction Coalition creates spaces for dialogue and action that help heal the harms caused by racialized drug policies.
<https://harmreduction.org/>
- **National Council for Behavioral Health**
 - The National Council for Behavioral Health is fighting for a stronger, better-funded, more integrated approach to mental health and substance use care.
<https://www.thenationalcouncil.org/>

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About the Author



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Annika Stanley-Smith is a certified prevention specialist with a degree in Industrial Organizational Psychology from Southern New Hampshire University. Annika has worked in the prevention field since 2014, serving as the Director of Substance Misuse Prevention, for the Capital Area Public Health Network since 2019. In May 2016, she earned her Certified Prevention Specialist credential. That same year, New Futures awarded her the Tom Fox Prevention Scholarship in recognition of her demonstrated leadership and significant service to the delivery of preventing drug and alcohol problems. In 2021 she was awarded the Greater Concord Chamber of Commerce Young Professional of the Year award. Annika played a key role in the development of the Recovery Friendly Workplace and continues to develop meaningful partnerships between the prevention, harm reduction, treatment and recovery fields.



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