



Drug Buzz
Adult Ally Training Manual

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The development of the Influence In Action Program involved many people over a two year period. We wish to acknowledge the many youth who helped develop and gave valuable feedback on earlier versions of the program. They helped to make the program what it is today. From Brock University, we wish to thank Dr. Heather Chalmers, Heather Ramey, Setareh Hooshmand, and Jayne Morrish. From The Students Commission, lead of the Centre of Excellence on Youth Engagement, we wish to specifically acknowledge the contributions of Stoney McCart, Todd Ward, Nishad Khanna, Eric Patterson, Mary Hailu, Bonnie Heilman, Kadane Headley, Steph Clark, Pytor Hodgson, Shawn Harding, Sharif Mahdy, Will Bujold, and Zameer Dhanraj. We wish also to acknowledge the feedback from many of our partner organizations and their youth who provided many many hours of feedback and suggestions to improve the final product and program.

The program experience of The Students Commission and research knowledge from the team at Brock University identified the need to address the misinformation and inaccurate perceptions related to cannabis use among youth and to reduce the harms associated with cannabis use in young people. In reviewing the literature, a peer influencer model was determined to be the most effective means to address this issue.

Together, as members of the Centre of Excellence for Youth Engagement, they identified a series of programs that tapped into the natural strengths and communication methods of youth, which had been incorporated into programs implemented in Wales (the ASSIST program) and Australia. The Influence in Action program utilizes this approach within a comprehensive theoretical framework. (See the following section for an explanation of the theories guiding the program).

Building on some of the core theories and practices of the ASSIST program, the team set in motion an intensive joint collaboration of youth (drug users and non-users), youth workers, youth program developers and academics to build a program that integrated the best theoretical concepts, with effective health and youth engagement practices. The initial program, and manuals, focused exclusively on cannabis and the program was called Drug Buzz. However, after pilot testing early versions of the program in youth organizations, schools, and youth conferences, the name was changed to Influence in Action and the focus broadened, with an emphasis on critical thinking.

During the pilot testing, resistance to drug-focussed only programs was identified and so the Drug Buzz program was been expanded and renamed Influence in Action to include critical thinking about a wide range of health choices facing young people, with an emphasis on a “case study” approach for young people. The rationale for youth is that cannabis has been chosen as the case study because it is so controversial and there is so much public misinformation circulating. This manual focuses on the core training and concepts related to the original Drug Buzz program, primarily developed Dr. Heather Chalmers and Dr. Heather Chalmers, with extensive input from stakeholders and partners in The Students Commission network.

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Guiding Principles of Drug Buzz

The Drug Buzz program was developed with five guiding principles: recognizing that engaging in risk-taking is part of normative development yet has the potential for negative impacts; engaging youth in meaningful ways enhances positive youth development; respectful adult-youth experiences fosters positive development for both the youth and the adult; development of the program empowers youth to take a leadership role in improving the lives of their peers; and ensuring an evidence-based, evaluated program is available and shared with others.

Context of Adolescent Development/Experimentation

Adolescence is a time of experimentation and exploration as a means to develop one's own unique sense of self (Ravert, 2009). While engagement in risk-taking behaviours is often part of this exploration, the dangers for potential harm are heightened due to the brain still developing and social and psychological well-being.

Recent research has focused on how substance use impacts on the still developing adolescent brain. Research has shown that abnormalities in brain functioning exist in alcohol and cannabis users (Squeglia, Jacobus, & Tapert, 2009). Specifically, cannabis users show decreases in learning and ordering functioning. Recent use cannot explain these abnormalities. Further, these abnormalities have been linked to physical and structural changes in the brain (Squeglia, Jacobus & Tapert).

Cannabis use has been linked to impairments in social and psychological functioning. Specifically, research has shown that cannabis users are less likely to attend post-secondary education (Chassin, Hussong, & Beltran, 2009), experience impairment of motor abilities, distortion of thinking, and depression of mood, (Hall, Room, & Bondy, 1999), and are at increased risk for developing chronic psychotic disorders such as schizophrenia (Feilding & Morrison, 2010).

Youth Engagement and Positive Youth Development

Youth engagement is the meaningful, sustained participation of a youth in an activity outside of the self (Pancer, Rose-Krasnor, & Loiselle, 2002). Engagement includes cognitive (e.g., thinking about the activity, concentrating on the activity while doing it), affective (e.g., excitement, frustration, enjoyment), behavioral (e.g., participation frequency, duration), and spiritual (e.g., meaningfulness, gives sense of belonging to community, connects individuals to others) aspects of involvement. Engaging youth in meaningful partnerships can benefit adults and youth (Zeldin, 2004).

Positive youth development programs have goals involving the six Cs of youth development (Lerner, Fisher, & Weinberg, 2000; Pittman, Irby, Tolman, Yohalem, & Ferber, 2001; Roth & Brooks-Gunn, 2003a, b):

- *Competence* in a range of areas in youth's lives, including social and in cognitive areas such as problem-solving and decision-making,
- *Confidence*, including youth's self-esteem, understanding of who they are, and belief in themselves and in their future
- *Connections*, strengthening youth's relationships with people and places such as schools
- *Character*, including promoting healthy behavior and a sense of right and wrong
- *Compassion*, including youth's empathy and understanding of others

- *Contribution*, with youth taking on responsibilities and making meaningful decisions for themselves and others, such as peers, family, and in the community, and influencing others positively.

Positive youth development programs also provide an atmosphere that supports youth empowerment, recognizes youth's abilities, and encourages supportive relationships between youth and adults and youth and their peers. Finally, program activities in positive youth development programs are challenging and relevant to youth's lives and provide opportunities for skill-building.

Unlike many of the other models underpinning the Drug Buzz program, youth engagement and positive youth development principles are not explicitly discussed in any of the program modules. Instead, they serve as underlying principles and are implicit to every aspect of the Drug Buzz program.

The 4 Pillars and Beliefs, Values, Opinions, and Attitudes toward Young People

In Drug Buzz, youth are asked to reflect upon their beliefs, values, attitudes, and opinions around marijuana, and to recognize the difference between these concepts:

- Belief*: An assumed truth
- Value*: Underlying assumptions about standards that govern moral decisions.
- Attitude*: Directed by a belief towards something.
- Opinion*: Expressing an attitude toward something

Youth are also asked to participate based on a philosophy developed by The Students Commission of Canada, and which is known as the 4 Pillars. The 4 pillars are **Respect, Listen, Understand, and Communicate™**.

Adults involved in Drug Buzz can use the 4 pillars to help recognize and question their own beliefs, values, opinions, and attitudes around young people. **The Four Pillars begins with respect, for young people**, their idealism, their hope and their capacity to improve the world, and for the gift that each person carries within. This means striving for diversity of people and experiences and expertise and it means that youth and adults work collaboratively as equals. Example: Respect requires adults to have *value* for youth competencies.

With respect as the foundation, adults involved in Drug Buzz can learn to *listen* to young people, not just with their ears, but also with their heads, hearts and all their senses. This means listening to words, to silences, to deeds, to experiences, and to youth as experts. The Drug Buzz program, and all adult and organizational partners can constantly grow and change through the input of youth and each other. Example: Actively listening involves *believing* that youth have expertise.

From listening comes *understanding*. Understanding involves processing what has been heard, to create new knowledge, new skills, and the conditions for adults and young people to work effectively together. Example: *Understanding* requires that adults' *attitude* toward youth's input allow adults to reflect on what youth have said.

If people really understand each other, then they can *communicate*. Communication allows for the creation of action plans, which are implemented with practical projects that make a positive difference. With communication, adults and youth can create the relationships with each other to help them achieve their goals. Example: Communicating requires recognizing that adult *opinions* on how youth should be influenced are just that, and a *belief* that youth know how to influence each other in positive ways.

This process and these four pillars—Respect, Listen, Understand, Communicate™—create the foundation for taking action to improve lives and society. This process and these values create the space for youth to celebrate and develop their hope, skills and knowledge, and the space to impart that knowledge to adults.

Young Decision Makers Model

The Young Decision Makers Model (Centre of Excellence for Youth Engagement, 2009) was established to guide the process for youth in partnership with adults to address an issue. This framework has been adapted and was imbedded in the development of the training programs for peer influencers.

Adapted YDM as applied to Drug Buzz:

Action. Influencers within grades 7 and 10 are identified and invited to become a peer influencer for the Drug Buzz program.

Studying Issues. The 2-day training provided opportunities to enhance their knowledge of issues related to cannabis as well as develop and enhance their skills to influence others regarding their cannabis knowledge, attitudes, beliefs and use.

Discussing Issues. Young people have many opportunities to discuss issues by exploring and communicating with each other and adults, in whatever way seems like it will work. They are given opportunities to practice new skills to increase their comfort in engaging in targeted influential conversations.

Decision Making. Peer influencers decide on the best way to communicate this new information to their peers and put their skills and knowledge into action.

Inform Decision Makers. Peer influencers bring the results of their experiences back to the program developers and contribute to the revision of the program.

Knowledge Exchange Model

It is important for programs and policies to use research and to have a process that moves from creating knowledge to putting that knowledge into action. Drug Buzz uses the Knowledge in Action Model (The Students Commission of Canada, 2010). The cycle of the Knowledge in Action Model includes: recognizing the message that is to be transferred; deciding upon the audience for the message; deciding how to transfer the message; transferring the knowledge by selecting, creating, and implementing interventions and products; monitoring how the knowledge is being used; evaluating the impact of that use, including changes in attitudes and behaviors; and deciding upon next steps.

The Centre of Excellence in partnership with researches at Brock University identified the need to reduce the harms associated with cannabis use in young people and developed the program known as “Drug Buzz”. In reviewing the literature, a peer influencer model was determined to be the most effective means to address this issue. The Drug Buzz program utilizes this approach within a comprehensive theoretical framework (see the following section for an explanation of the theories guiding the program) and will be evaluating the program for the impacts associated with cannabis use in grade 7 and grade 10 students. Impacts assessed include cannabis use as well as knowledge, attitudes and beliefs associated with cannabis.

Theoretical Framework Summary of Drug Buzz Theories

Drug Buzz is a peer-mediated program designed to encourage informed decision-making by young people about marijuana use. The focus of the program is ensuring that everyone has accurate information to allow for informed decision-making regarding their own marijuana use. The program is based on the idea that certain people have a natural influence over their peer group (Bleeker & Silins, 2008). These peer influencers have a degree of authority over their peer group because their peers listen to what they say, respect their opinions, and follow their actions. The main objective of this program is to train peer influencers so they are able to reinforce peers who make the decision not to use marijuana, support those who chose to reduce their use, and to ensure that those peers who chose to use marijuana do so as safely as possible. Conceptually, because adolescent drug use is a function of the larger peer group context, credible and influential leaders who are properly educated about the effects of drug use, would be able to pass the information on to their peers and thus reduce drug-related harm among the group (Bleeker & Silins, 2008).

Peer-mediated programs addressing drug use have been well-supported in previous research (Bleeker & Silins, 2008). The success of peer-mediated programs depends to a large degree on the extent in which the program is based on a strong theoretical background (Bleeker & Silins, 2008). Accordingly, Drug Buzz is based on five major theoretical models: Theory of Planned Behavior (Ajzen & Fishbein, 2005; Fishbein et al., 2002), Diffusion of Innovations (Rogers, 2003), Harm Reduction (Centre for Addiction and Mental Health, 2002), Stages of Change (Prochaska & DiClemente, 2005), and Motivational Interviewing (MI; Miller & Rollnick, 2009). It is also based on principles and research on youth engagement, positive youth development, the 4 Pillars, and informed decision-making.

Theory of Planned Behavior

The Theory of Planned Behavior identifies mechanisms and processes underlying behavior to help explain why people do what they do (see Figure 1; Ajzen & Fishbein, 2005; Fishbein et al., 2002). According to Ajzen and Fishbein, behaviors are primarily determined by intentions. Intention to perform a specific behavior is a function of one's favorableness or unfavorableness towards performing the behavior (i.e., attitude), the perceptions about what other people, such as family and friends, will think about one's performance of the behavior (i.e., norms), and one's beliefs about their ability to perform the behavior in light of barriers or supports (i.e., control). Each of these factors, in turn, are determined by corresponding underlying beliefs and background factors such as personality, values, experience, and knowledge. The Theory of Planned Behavior is important for providing a conceptual understanding of why people behave as they do, and thus, is an integral peer-influencer training component for the Drug Buzz program.

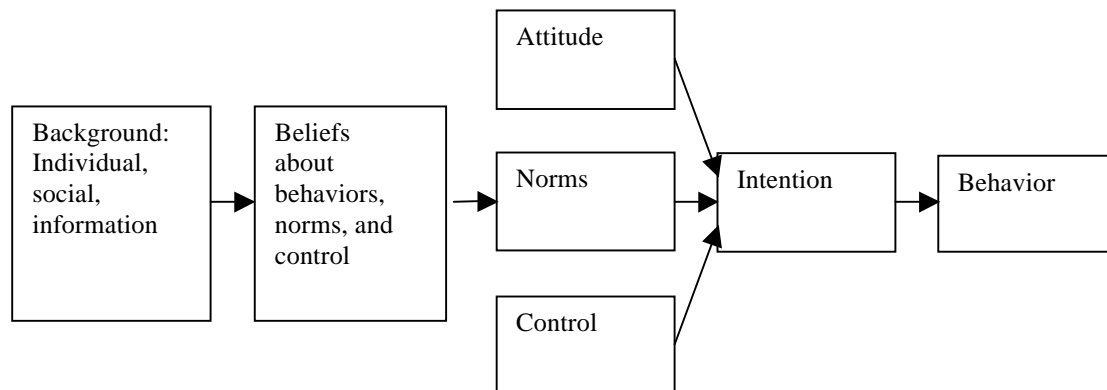


Figure 1. The Theory of Planned Behavior

Diffusion of Innovations

Diffusion of Innovations, developed by Rogers in 1983, explains how and why ideas, or innovations, are spread throughout society, or groups, and how people come to accept or adopt innovations of change (Rogers, 2003). Diffusion is a process in which an idea is spread through channels and by certain people within society. This adoption process in which ideas are spread and accepted has five stages. The first stage, termed 'Knowledge', is the stage in which the individual is first exposed to an idea and becomes aware that it exists. People in this stage still lack the information and drive to learn about the innovation. 'Persuasion' is the second stage, and it is the stage in which the individual becomes interested in the idea and actively seeks out information regarding it. Third, in the 'Decision' stage, the individual weighs the pros and cons of the idea/innovation and decides whether they want to adopt or reject it. This stage is very subjective and difficult to measure empirically. The fourth stage is termed the 'Implementation' stage, in which the individual utilizes the innovation in a manner that suits their life situation. The usefulness of the idea/innovation is judged during this stage. Finally, the fifth stage is called 'Confirmation', and it is the stage in which the individual finalizes their decision to continue using or employing the innovation. During this stage, the idea/innovation may be employed to its fullest potential.

In addition to the stages of the adoption process, Rogers (2003) also identifies five classifications of acceptance by individuals in the society. 'Innovators' are the first individuals to accept or adopt an innovation. Individuals in this group are typically characterized as being risk-takers, young in age, and having access to money and contact with the sources of innovation (i.e., socially or otherwise). 'Early adopters' are the second fastest category of adopters. Individuals in this group are typically characterized as having the highest amount of opinion leadership. Also, they are often (but not always) young in age, have high social status, access to finances, higher education, and are socially forward. Individuals in this group tend to be opinion leaders, or people with particular influence over other people's attitudes and behavior. They use their influence by introducing change when the group is ready, and knowing what timing is not too early or too late for their social group. The 'Early majority' category emerges after a varying degree of time, usually significantly longer than the amount of time it takes the Innovators and

Early adopters to accept or adopt an innovation. Individuals in this group are slower and more cautious in the adoption process, and are usually characterized as having average social status and having contact with the early adopters. Individuals in the ‘Late majority’ group take longer than the average member of society to accept or adopt an innovation. They tend to approach new ideas with a high degree of skepticism, and only accept or adopt an innovation after the majority has already done so. Also, individuals in this group are typically characterized as having below average social status, little access to finances, and a low degree of opinion leadership. Finally, the ‘Laggards’ are the last category to accept an idea/innovation. Individuals in this group have little to no opinion leadership and are very averse to change. They are typically characterized as being older in age, having low social status and low access to finances, and tend to only have contact with family and very close friends.

Overall, the Diffusion of Innovations identifies the process in which ideas are accepted or adopted by individuals within a society and the levels of acceptance by those individuals. This model is important for the Drug Buzz program because it provides us with a conceptual understanding of how and why peer influencers can make a positive impact on the decisions individuals in their peer group make. It is also an integral component of our training manuals, in which the goal is to train influencers with knowledge about marijuana use and decision-making processes, and then have them diffuse the information to their peers.

Harm Reduction

Harm reduction is a program or policy approach that reduces the harm from drug use without requiring total abstinence of drug use (Centre for Addiction and Mental Health, 2002). Harm Reduction is based on the idea that rather than being a dichotomous construct, drug use falls on a continuum which has five gradual points between non-use and dependent use. ‘Non-users’ have never used the drug. ‘Experimental users’ have used once or several times in the past, but have discontinued their use. Individuals in this group are more likely to have been motivated by curiosity about the drug and its effects when they were using the drug. ‘Irregular use’ refers to infrequent drug use which usually occurs on special occasions or when direct opportunities come up. ‘Regular use’ refers to predictable drug use that could be frequent or infrequent. Individuals in this category are often trying to attain the drug. Finally, ‘dependent use’ refers to frequent, often daily use. Individuals in this category may have binge drug-use episodes, or may keep using even though they know the drug is having a negative impact on their lives. As part of Harm Reduction, Drug Buzz is intended to make marijuana use safer for those youth who choose to keep using at their current level, or to move youth to lower levels of substance use.

Stages of Change/Transtheoretical Model of Change

According to the Stages of Change, which is the best-known element of the Transtheoretical Model of Change (Prochaska & DiClemente, 2005), behavior change proceeds through a set of five stages. For every behavior and every person, there will be a different readiness to change and different requirements for the change to occur. The behavior must be present in order for these stages to come into play, and an individual can move forwards and backwards through the stages in a nonlinear way. During ‘Precontemplation’ the individual is not considering change at all (e.g., “I don’t have a problem”; “I don’t need to change”). During ‘Contemplation’ the individual is considering the problem in a more in-depth way than the previous stage, but is ambivalent about change (e.g., “Sometimes I think I have a problem,

sometimes I don't"). During 'Preparation' the individual understands that they want to change and they try to start the process of change or begin actions toward implementing a change (e.g., "I know I need to make changes"; "I have done a few things that show I am ready to begin"). During 'Action' the individual is practicing the new change (e.g., "I have begun to make changes"; "I have made the changes I want to make"). The Action stage can last anywhere from one day to six months. During 'Maintenance' the individual continues his/her commitment to sustaining the change (e.g., "I have maintained changes"). This stage lasts longer than six months.

The Stages of Change model is important for the Drug Buzz program because it provides the theoretical background for understanding the processes involved in changing drug use behavior. The program intends to train influencers to understand the Stages of Change model in order to implement Harm Reduction objectives for their peers who choose to reduce their level of marijuana use.

Motivational Interviewing (MI)

MI, developed by Miller and Rollnick (2009), is a person-centered, goal-directed, approach to strengthening motivation for behavior change. According to Miller and Rollnick, motivation is not an intrinsic quality, but rather a product of interaction. It is intended to help people resolve ambivalence and move toward changing. There are five major components involved in MI.

Part 1 involves understanding the collaborative and evocative spirit of MI (Rollnick, Miller, & Butler, 2008). MI is about cooperating and collaborating with the other person, because only they can take the actions needed to change their behavior. Furthermore, MI is not intended to give the person skills or knowledge, rather, it's intended to evoke their own motivation and resources, based on their goals, values, dreams, and perspectives. MI also involves honoring people's autonomy. Ultimately, people will make the changes that they want about their lives, and thus it is probably more helpful to understand this than to try to tell them what to do.

Part 2 of MI involves careful, empathetic listening, and OARS. The OARS acronym stands for Open questions, Affirming, Reflecting, and Summarizing. The goal of this part of MI is simply to understand a problem or issue instead of trying to solve it.

Part 3 of MI involves recognizing change talk when conversing with others. Change talk involves any Desire, Ability, Reason or Need (DARN) to reduce substance use or to avoid situations involving drugs with the potential for harm. In the Drug Buzz program, change talk also involves stay-the-same talk, that is, desire (e.g., want, wish, would like to), ability (e.g., can, could, am able to), reason, or need (e.g., need to, have to, it's important) not to use or experiment with cannabis, or to continue to make decisions around substance use that are free from harm. In addition to DARN, MI involves listening for words that indicate commitment around decisions (Amrhein et al., 2003).

Part 4 of MI involves eliciting and reinforcing change talk. Once you recognize change, commitment, or stay-the-same talk, you can use active listening and OARS in response. You can also ask for elaboration or examples. All of these strategies are intended to emphasize, reinforce, and influence the conversation in the direction of harm reduction.

Part 5 of MI focuses on strategies involved with managing resistance. It is important to accept that all talk will not be in the direction of harm reduction, and that people might be losing something in making decisions around substance use. When this occurs, there are various

strategies that may be used. For example, simple reflection refers to parroting back to the person what they just said. Second, amplified reflection refers to paraphrasing, or some repetition and some content, in order to amplify things the person has said that they might disagree with. For example, if someone states, “I can’t stop smoking, my friends all smoke”, the interviewer would then state, “You’ll lose all your friends if you don’t”, which may lead the person to respond with, “Well no, it’s not like they’ll stop talking to me or anything”. A third strategy is double-sided reflection, which refers to reflecting back statements the individual just made in support of their behavior, and then other feedback they have given about drawbacks of their behavior. Fourth, emphasizing personal choice and control refers to the idea that it is every person’s choice to use, not use, or make any other decision regarding drug use. Finally, exploring the pros and cons can help people weigh out the costs and benefits of their decisions and actions.

Motivational interviewing is an essential theoretical model to Drug Buzz initiatives because it provides the basic strategies involved in talking to peers about their behavior and choices. Drug Buzz intends to train peer influencers to use motivational interviewing techniques to motivate and support their peers who want to change their marijuana use behaviors and to resolve any ambivalence and begin the Stages of Change process.

Overall, the five theoretical frameworks summarized above provide the fundamental conceptualization to the goals and objectives of the Drug Buzz program. The Theory of Planned Behavior is an integral peer-influencer training component because it explains why people behave as they do. The Diffusion of Innovations model explains why and how peer influencers can make a positive impact on the decisions individuals in their peer group make. Harm Reduction outlines intentions to make marijuana use safer for those youth who choose to keep using at their current level, or to move youth to lower levels of substance use. The Stages of Change model provides an understanding of the processes that are involved in changing drug use behavior. Finally, MI provides influencers with applicable techniques and strategies that can be used when talking to their peers about marijuana use. Taken together, these models provide a conceptual framework for Drug Buzz’s central goal of encouraging informed decision-making by young people about marijuana use.

Module 1: Setting the Stage

Objectives:

- Understand the philosophy and purpose of the Drug Buzz program
- Introduce the Four Pillars (Respect, Listen, Understand, Communicate) as fundamental values to the Drug Buzz Project
- Review basic group facilitation skills

1) **Values**

Purpose:

- For adult allies to become more aware of their own values in relation to substances and youth engagement.
- For adult allies to be more aware of their own values in relation to others' values.
- For adult allies to begin to question where their values come from.

Activity: Read through the following list of statements. Ask participants to stand up if they agree.

Values Statements

- Youth should not use drugs.
- I do not use drugs. (*Coffee drinkers and Tylenol users, please sit down.*)
- Youth are responsible for their own behaviour.
- Youth with drug problems should be able to decide on their own goals around change.
- Youth aren't capable of making big decisions on their own.
- People who misuse drugs are not able to cut back on their own.
- Youth use substances for different reasons than adults.
- It is a normal part of adolescence to experiment with drugs.
- Youth are less aware than adults of the negative consequences of substance use.
- Decriminalizing the use of small amounts of marijuana will cause marijuana use to increase.
- Encouraging youth to take safety precautions around their use of drugs encourages the use itself.
- Adults need to lead projects with youth involvement because adults are responsible and/or legally liable for what happens.
- All youth will experiment with drugs.
- Risky behavior in adolescence is a necessary part of youth development.
- Youth are more likely to influence each other to participate in negative behavior than to influence each other to participate in positive behavior.

Debrief Questions: What did participants notice about the activity? Was there anything that stood out for them? Were they surprised by where they or others were in relation to these values? Where do we get these values from?

Trainer Tip: Note anything that might come up and that could be imbedded in subsequent discussions or activities (e.g., as myths and questions for the Myths and Questions activity, as potential scenarios in the How to Have a Conversation: Scenarios activity).

2) What is the Drug Buzz Project all about?

Purpose:

- To review the philosophy and purpose of the Drug Buzz project.

Activity: Review the information on the Drug Buzz project, which is also included in the peer influencer training manual.

What: Drug Buzz is a program designed to encourage informed decision-making by young people about using marijuana. Drug Buzz is based on the idea that some people are “*influencers*.” Similar programs have been developed in Wales and in Australia around tobacco and drugs. With your help we want to take the idea into Canada.

Who: Youth peer influencers will be selected by their peers, who have identified the peer influencers as an influential person.

How: The Drug Buzz project is about supporting peer influencers. The peer influencer training will explore what it means to be an influencer, and develop skills and knowledge to be an effective influencer. Youth will be asked to be an influencer among their friends; it is not expected that youth will try directly to influence peers who they do not know.

What the Program is NOT: The focus of the program is ensuring everyone has accurate information to allow for informed decision-making regarding their own marijuana use. Drug Buzz is NOT about telling peers what to do but it has been designed to foster critical thinking among peers so they can make the best decision for themselves. Influencing does not always mean in-depth discussions. Influence can occur with one comment, small repeated comments OR with more in-depth conversations.

Remember, Drug Buzz is intended to reinforce youth who make the decision not to use marijuana, support those who chose to reduce their use, and to ensure that those youth who chose to use marijuana do so as safely as possible.

The Purpose of this Training: The purpose of the adult ally training is for adult allies to learn and practice the skills that will be needed to help train peer influencers in the Drug Buzz program and to support youth throughout the 10-week program. That includes information and training around the skills youth will need as peer influencers and the skills adult allies will need as training facilitators. The adult ally training will give adult allies more extensive background and experience with the theory and activities than are in the peer influencer training manual.

3) The Four Pillars

Purpose:

- To establish guidelines for everyone’s participation throughout the Drug Buzz training and program.

Activity: Describe the Four Pillars, which provide a useful context for the roles of adult allies and peer influencers.

1. **Respect:** actively seeking and valuing the gifts and experiences of everyone. Respect is granted, unconditional, not earned.
2. **Listen:** when you truly respect a person, you learn to listen to that person; not only with your ears, but also with your head and heart
3. **Understand:** By listening, we can process what we hear and understand others; understanding creates new knowledge and new skills, and opens our horizons when thinking or having a conversation
4. **Communicate:** by really understanding others you can effectively communicate with them; communication builds relationships

Debrief Questions: How do the Four Pillars relate to the roles of adult allies? What do they mean during the training? What do they mean during the 10-week program? Are there challenges that adult allies might see in trying to model these, for themselves personally (e.g., difficulties in challenging youth in ways that respect youth’s experiences or difficulties in drawing on youth’s knowledge as influencers, especially for allies that might be used to being in teaching roles)?

Trainer Tip: The four pillars can be a point of reference throughout the training. For example, if an adult ally has a question about what would be an appropriate response to a problem or challenge, it might be useful to ask them if any of the four pillars might inform their response.

4) Skills in Training Facilitation

Purpose:

- To prepare adult allies to facilitate small group activities at the peer influencer training.

Activity: Using a flipchart, ask adult allies to generate a list of things that good facilitators do when facilitating a workshop or activity. Write the list on the flipchart or have a volunteer do it. Once that is complete, hand out the Good Facilitators list below. *Optional:* At the end of the training type up the list that adult allies have created and email it to all participants.

Good Facilitators:

- Do many of the same things as good adult allies, like helping the group to find solutions to problems that arise.

- Familiarize themselves with activities as thoroughly as possible before presenting them, and ensure that they have all necessary supplies.
- Make sure participants are comfortable and the set-up of the room is people-friendly. For example, everyone should be able to hear each other and see posted written material.
- Have an agenda for what is going to happen and how much time activities will take, and share it with the group.
- Check in with participants frequently, in a group and individually between activities, to see if participants have any questions or concerns, and make sure that any issues that have come up in the group have been addressed in a way that they are satisfied with.
- Remember that facilitating youth workshops involves sharing power and taking some risks. Everything doesn't always go the way you might think, and that can be good or not-so-good.
- Pay attention to time. It's important to balance the process of the training (e.g., time to reflect, talk, and share) with the content.
- Use their co-facilitator. When one facilitator is leading an activity the other facilitator can keep track of time, provide help to stay on topic, keep an eye on what's going on in the group that might otherwise have been missed, and then trade off on facilitation responsibilities.

Based on Saskatoon Action Circle on Youth Sexuality & Centre of Excellence for Youth Engagement, 2004.

In our past experiences with Drug Buzz, here are some other things youth and adults have told us it's important to remember:

- It isn't helpful for adult allies to preach or even teach in the traditional sense. Adult and young people should be working together, each sharing their own expertise.
- For youth, internalizing the process and spirit of the training might be more important than getting all the details right.
- There will be people (youth and adults) with very different experiences in the room. Make sure the atmosphere in the room makes it okay for all youth to voice their opinions, whether users, non-users, or somewhere in between.
- Don't lose track of the objectives of the activities and the overall point of the training, especially when you are leading an activity. That will help make the links between everything that is happening clearer for participants.

5) Peer Influencer Training Module 1

Purpose:

- For adult allies to review the material in the peer influencer training while the related activities from the adult ally training are still fresh in their minds, and to have an opportunity for some brief discussion and questions.

Activity: Give participants some time to review module 1 from the peer influencer manual. Tell them that some activities in the peer influencer training will be similar to the activities in the adult training, and some activities will be new. Once adult allies have had approximately 15 minutes, discuss how the activities might feel for them, what they would want to make sure they draw out, what could go wrong and how they could address problems. Ask adult allies if they have any questions or concerns, or if they have any other thoughts about the peer influencer training or the 10-week program. This review process will occur at the end of each module and there will be more time for discussion throughout the training, so this does not need to be an extensive discussion, unless necessary.

Tell participants that the Drug Buzz peer influencer program was designed to be fairly directive at the beginning, to teach youth skills that will be helpful in influencing conversations. In later modules, youth will be involved in more activities (e.g., role plays) that use their expertise as influencers and that combine this expertise with what they have learned in the first parts of the training.

Trainer Tip: In module 1 the group reviewed the four pillars and generated a list of good group facilitator practices. The group will develop or have access to similar tools in subsequent modules. Keep these tools visible in the room, and draw on them throughout the training when questions arise about issues that might come up in the peer influencer training and in the 10-week program.

Modules 2 and 3: How People Know What They Know and Why People Do What They Do

Objectives:

- To develop greater knowledge around marijuana and youth's decision-making and behaviors around marijuana use.
- To begin to identify points of influence for peer influencers.
- To be prepared for potential issues that might arise in the training and program implementation.

1) **Myths or Facts?**

Purpose:

- For adult allies to identify what they know about marijuana and where they get their knowledge.
- For adult allies to critically think about whether what they know is credible, accurate, and reliable information.
- For adult allies to learn more about marijuana-related myths and facts.

Activity 1: Pre-reading check. Read out the following question. For each correct answer, give the adult ally a candy.

- What are the three classifications of drugs? (answer: stimulants, depressants, hallucinogens)
- Which classification is marijuana? (answer: hallucinogen)
- Name one short-term effect of marijuana use.
- Name one longer-term effect of marijuana use.
- What does it mean to be physically dependent on a drug?
- What does it mean to be addicted to a drug?

Activity 2, option 1: As a group, generate a list of statements that include the following:

- Statements adult allies believe to be true about marijuana use, and where they learned each
- Potential myths that they may have heard, and from whom/where
- Questions that they might have about marijuana use

Write statements and questions on flipcharts on the wall. Adult allies should then pair up and research the assigned beliefs, potential myths, and questions to determine their accuracy. When adult allies have arrived at an answer that they are satisfied with, they should post their information on the flipchart, **with the reference** that provided the information. Have each pair present what they found out. *Optional:* Use dotmocracy. When the list of statements has been generated, give each adult ally red, green, and yellow circle stickers, and ask them to put a dot next to each statements based on whether they think it's a fact (green), myth (red), or they're not sure (yellow). Alternatively, use dotmocracy to vote on whether they think the facts people have researched and the references they used were very reliable, credible, and accurate (green), not reliable, credible, and accurate (red), or somewhere in between (yellow).

Debrief: Was the information well-supported with good sources? Was anyone surprised by what they found? How do adult allies see this working at the peer influencer training? For example, what worked and didn't work in their search, was the information easy to find, did their own knowledge match the facts that they researched, did information from different sources conflict, and if so, what did they do? How did adult allies decide what were credible sources?

Trainer Tip: For this activity you will need computers with internet access or paper resources such as brochures from the Centre for Addiction and Mental Health or the Canadian Centre on Substance Abuse. See the appendix for list of websites for researching marijuana. Feel free to make the website information available to adult allies.

Activity 2, option 2: Do the exercise above, but use the list of myths and facts included in the appendix rather than have adult allies generate the list themselves. Have each statement from the left column on a piece of paper, and hand one to each adult ally. Ask them to research the questions or statement and discover whether it is a myth or a fact.

Trainer Tip: Throughout the rest of the training, if a question about marijuana comes up, have participants search the answer and share it with the group. This strategy can work well with peer influencers and adult allies. Leave the list of myths, facts, and questions posted all weekend for people to add information to, **with references**, as they learn new things.

Sometimes, participants question the accuracy, credibility, and reliability of statistics. Part of thinking critically is questioning your source, whatever it is. As with other questions, encourage adult allies to leave the group, research the question, and find an answer that they feel is accurate, credible, and reliable. For example, adult allies might feel more comfortable if the same information is reported by multiple sources, or if they have a chance to review the original report from the researchers.

If youth question the credibility of information that is presented, it might be helpful to turn the question back to the group of peer influencers for input (because adults might be perceived as having specific agendas, promoting any information that reduces substance use, and thus with questionable credibility. Because often adults do have specific agendas and promote any information that reduces substance use.) Return to discussion from peer influencer training around how we know what we know, what makes a credible source, and what to do if we have conflicting information.

2) Theory of Planned Behavior

Purpose:

- To increase adult allies knowledge on research and theory on why people do what they do.

Activity: Draw or post the model of the theory of planned behavior (see Figure 1) somewhere in the room. Introduce the theory of planned behavior. It is model that helps to explain why people do what they do (Ajzen & Fishbein, 2005; Fishbein et al., 2002). It has been well used and well tested for many different behaviors, including youth's choices to use or not use marijuana (e.g., McMillan & Conner, 2003).

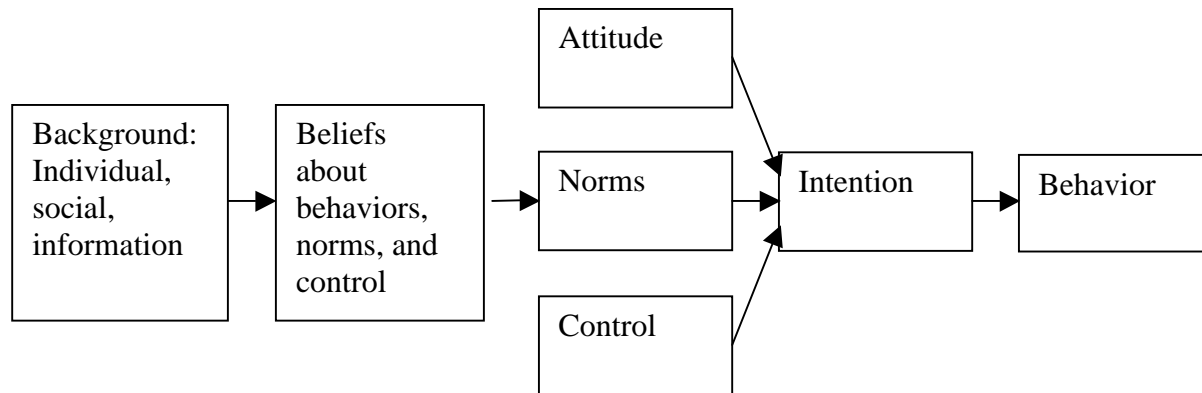


Figure 1. The Theory of Planned Behavior

Not surprisingly, one of the best predictors of whether we will do something (**behavior**) is whether we intend to do it first (**intention**). Our intention to do something tends to be a product of our **attitude** toward the behavior, the expectations and **norms** of our friends and family, and how much **control** we think they have over whether or not we do it. Behind all of that are our **beliefs** about the behavior (including costs and benefits), our beliefs about our family and friend’s expectations regarding the behavior, and our beliefs about how the things that will help us or stop us from acting out the behavior. Behind all those things are **background** factors such as personality, values, experience, and knowledge (see appendix for a more detailed explanation).

It’s not important to memorize this model, but as we discuss decision-making and influencing more, we will see connections with different parts of the theory of planned behavior, including the costs and benefits of substance use and the influence of other people over our behaviors.

3) **The Pros and Cons of Marijuana** (aka Decisional Balance, Janis & Mann, 1977)

Purpose:

- For adult allies to reflect on some of the reasons people, and particularly youth, might have for the decisions they make about marijuana use.
- For adult allies to begin to identify potential points of influence for peer influencers.

Activity: Post flipchart paper around the room with these 2 headings: Pros of USING marijuana, Cons of USING marijuana. Have adult allies write their ideas about what they think youth would list under each heading.

Remind adult allies that youth will be at different stages of use, with most use being non-users, and others being experimental, regular users, or dependent users. The perceived costs and benefits will likely be different at each stages of use because, for example, the reasons to experiment or not to experiment for a person who has never used would differ from the reasons to use or not if for a person who uses regularly. Costs and benefits will also differ

according to peoples’ values, attitudes, opinions, beliefs, and knowledge. Also, just note that people often do not think through the pros and cons of their behaviors this clearly.

Below is a list if reasons for using/not using marijuana generated by youth. Neither the adult list nor the youth list is right or wrong, and the youth-generated list is not a representative sample—other youth might answer differently.

<u>Pros of Trying or Using Marijuana</u>	<u>Cons of Trying or Using Marijuana</u>
<ul style="list-style-type: none"> ▪ satisfy curiosity ▪ meet social expectations ▪ relax ▪ have better time at parties ▪ helps to deal with stress ▪ easier time getting to sleep ▪ have fun ▪ something to do ▪ something to have in common with friends if already using, continuing to use prevents the need to make changes 	<ul style="list-style-type: none"> ▪ cost ▪ disapproval of parents, friends, girlfriend/boyfriend ▪ legal charges ▪ consequences for health ▪ suspension or other disciplinary consequences at school ▪ better academic performance in school ▪ could affect memory, ability to concentrate not feeling in control

Debrief questions: Is there anything in the youth’s responses that surprises you? How do they compare with the lists generated by adult allies? Is there anything that surprises you in the adult allies list? How do these pros and cons relate to the role that youth will play as influencers? How could knowing these reasons about your friend’s decisions around marijuana use help you in influencing conversations?

a picture of scales here, with “relax” and “have a good time with friends” on one side, and “disapproval of parents”, “doing well in school”, “doesn’t fit in with who I am” on the other side, and the second side lower than the first (or something like that - people seem to like this tipping the balance metaphor) *

Trainer Tip: Some adult allies might point out that there will be some overlap between the items in the four boxes (e.g., between the pros of using marijuana and the cons of not using marijuana). However, the four lists are used with the idea that it might draw out some reasons that youth may not mention if there were only two lists.

4) Peer Influencer Training Modules 2 and 3

Purpose:

- For adult allies to have an opportunity to review the material in the peer influencer training while the related activities from the adult ally training are still fresh in their minds, and to have an opportunity for some brief discussion and questions.

Activity: Give participants approximately 15 minutes to review modules 2 and 3 of the peer influencer manual. Discuss how the activities might feel for them, what they would want to make sure they draw out, what could go wrong and how they could address problems. Ask adult allies if they have any questions or concerns, or if they have any other thoughts about the peer influencer training or the 10-week program. Invite adult allies to share any comments or questions from previous modules that have may have arisen for them.

“What ifs” are offered at the end of some modules to address any potential problematic situations that might come up. If these potential situations have not yet been discussed in the training, present them to the group now, asking adult allies how they would handle them. Some suggestions are included for possible responses, to add to the adult allies’ discussion if necessary.

What if...

A youth becomes upset about one of the topics discussed in the training.

What if... Suggestion

Sources of information about drugs, social support, and influences in life, as well as discussion about drugs and its effects, all might have personal meaning for youth who have family members or friends with substance use issues. It might also be difficult for youth to have their sources of information challenged. These and other experiences in the training could cause a youth (or adult) to become upset. If you perceive a participant’s emotional response as relatively minor and unlikely to cause harm, you might choose to discuss their reaction within the group context. Do not leave them feeling overly vulnerable in the midst of the group, and do not ignore their reaction. Regardless of your response, validate how they are feeling. Access additional support from co-facilitators and outside supports as needed.

What if...

A youth or adult at the training is promoting or advocating for substance use.

What if... Suggestion

Use the training content to respond. For example, if information is being shared and you feel it is inaccurate, return to the Myths and Research component of training to clarify information. If their point fits in the Pros and Cons discussion list, add it there. You can also use motivational interviewing strategies in your response, such as acknowledging people’s autonomy (discussed later in the training). At anytime in the training, if someone is participating in a way that limits opportunities for others to participate, find ways and opportunities to encourage everyone to participate.

Module 4: How/Why People Change

Objectives:

- To understand the process of change and the different strategies of influence that can be used for people at different stages of change.
- To understand the role of peer influencers in the process of change.

1) Stages of Change (Prochaska & DiClemente, 2005)

Purpose:

- For adult allies to become familiar with the process of change.
- For adult allies to reflect on participants' own experiences of change and ambivalence.
- For adult allies to begin to think about influences that might be helpful at different stages of change.

Activity 1: Tell participants that the strategies peer influencers will need to use may depend on the decision a peer has made regarding their marijuana use. These peers might be non-users, users who want to reduce their marijuana use, or users who want to continue to use at the same level.

Explain that, for people who do or have used marijuana, the different phases in their readiness to change have been called the Stages of Change. Draw the Stages of Change figure on a board or flipchart. The Stages of Change can be applied to any behavior people are changing, are thinking about changing, or have changed.

Explain that it's not always obvious which stage of change people are in, so it's helpful to think of ways to identify readiness to change.

Trainer Tip:

Adult allies are presented with more information about theories such as the Stages of Change than are peer influencers. As with all of the theories presented in the adult ally manual, peer influencers don't need all of this information to be effective.

Activity 2: Before the activity, have signs with the letters a, b, and c posted in different parts of the room. Choose and provide participants with a behavior which most people might feel they should do more of, such as reading more books, eating more vegetables, or going for a walk.

Explain to participants that you will read out a series of statements about the behavior and potential changes. For each statement, adult allies should go to the different letters posted around the room to demonstrate their responses.

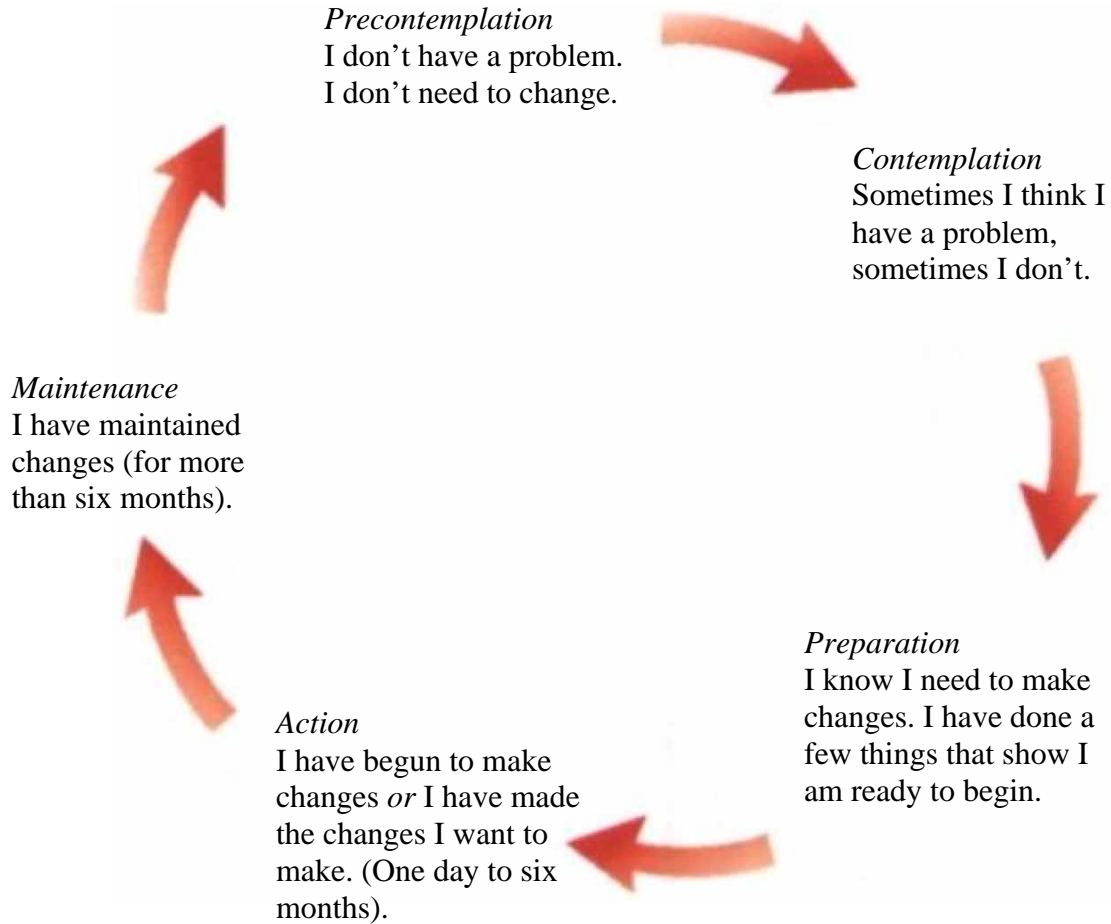


Figure 2. Stages of Change

Stages of Change Self-Identification Questionnaire

(Based on ideas from the URICA)

1. I don't really think that there is a problem.
 - a. agree
 - b. not sure
 - c. disagree

2. I am actively working to change. (*these responses are different from the last question!*)
 - a. disagree
 - b. not sure
 - c. agree

3. I've been thinking that I might want to change.
 - a. disagree

- b. not sure
 - c. agree
4. Sometimes it's difficult to change, but I'm working on it.
- a. disagree
 - b. not sure
 - c. agree
5. I don't really see the point in thinking about it. (*this one's backwards!*)
- a. agree
 - b. not sure
 - c. disagree
6. I have made changes, but sometimes it's still a struggle.
- a. disagree
 - b. not sure
 - c. agree
7. I wish I had more ideas on how to change.
- a. disagree
 - b. not sure
 - c. agree
8. I have made changes, and I want to make sure things stay that way.
- a. disagree
 - b. not sure
 - c. agree

Mostly a's: early in the stages of change.
Mostly b's: closer to the middle.
Mostly c's: at the end of the stages of change.

Debrief questions: If you had mostly a's, what could other people do that would help you to change the behavior? If you had mostly b's? Mostly c's?

Now go through this activity again but this time, ask participants to pick any behavior that they have ever thought they might want to change, that someone else has suggested they change, or they have tried to change.

Debrief questions: Was where adult allies were in the stages of change different this time? Why? (For example, was this a behavior they cared more or less about?) Ask if any adult allies are willing to volunteer to identify roughly where they were in the stages of change and what others could do that would help them change. Is there was anything about this exercise that adult allies see as being helpful for peer influencers to know?

Explain that people tend to have a different balance of the pros and cons of change at different points in time. In pre-contemplation, the cons of changing tend to outweigh the pros of changing. In maintenance, the pros of changing tend to outweigh the cons of changing. In contemplation, the pros and cons are about equal (Hall & Rossi, 2003). At different stages of change people need different things to help them change. The best strategy might be to listen to where people are in the change process and go from there (we will discuss this further when we discuss motivational interviewing).

2) Diffusion of Innovations (Rogers, 2003)

Purpose:

- For adult allies to understand how ideas are spread and how peer influencers fit into this process.

Activity: Draw or post the Diffusion of Innovations model (see Figure 1) somewhere in the room. Introduce Diffusion of Innovations theory. Diffusion of Innovations is a theory about how people adopt new ideas and ways of doing things (more information is available in the appendix).

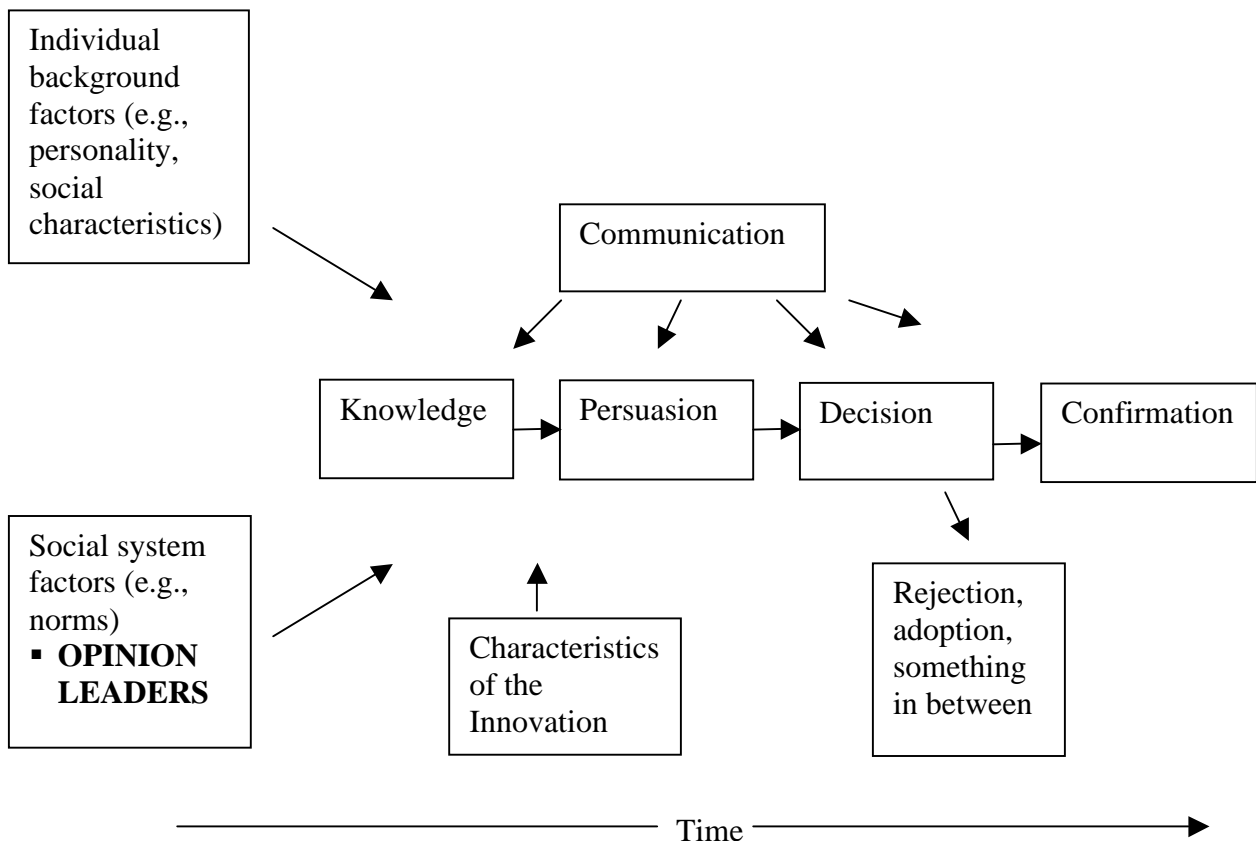


Figure 3. Diffusion of Innovations Model

Innovations are adopted in different stages, from knowledge to confirmation. People adopt innovations at different rates, depending on the social system, the consequences of adoption, the characteristics of the innovation, and how information about the innovation is communicated.

Opinion leaders/Influencers are people within the social system with particular influence over other people's attitudes and behavior. **Influencers:**

- are not necessarily the highest status, but they do have specific competencies and have a slightly higher status than non-leaders
- are social accessibility, being more exposed to different forms of communication within and outside of the social system
- conform to the norms of the social system. They are more innovative when the system is ready to change. They are not usually the first innovators of an idea, because that might make them too different to fit in well, and they do not push for change if it would not be accepted to some extent by the system.
- In other words, influencers know how to take the pulse of the group and act accordingly.
- In Drug Buzz, youth opinion leaders are the people who are being targeted as peer influencers.

3) Peer Influencer Training Module 4

Purpose:

- For adult allies to have an opportunity to review the material in the peer influencer training while the related activities from the adult ally training are still fresh in their minds, and to have an opportunity for some brief discussion and questions.

Activity: Give participants approximately 15 minutes to review module 4 of the peer influencer manual. Discuss how the activities might feel for them, what they would want to make sure they draw out, what could go wrong and how they could address problems. Ask adult allies if they have any questions or concerns, or if they have any other thoughts about the peer influencer training or the 10-week program. Invite adult allies to share any comments or questions from previous modules that have may have arisen for them.

What if...

Some participants or one participant is very quiet, or some or one participant is dominant in group conversations.

What if... Suggestion

In group discussions, go around the circle so that each person has a chance to participate in turn. Alternatively, try to do more to draw out quieter participants. For example, when asking the group for input ask if anyone who hasn't had a chance to say much has anything to say. Be particularly attentive to anything quieter participants do say, using non-verbal encouragers and OARS from motivational interviewing. Think about what might be preventing quieter participants from speaking up: are they feeling safe, comfortable, and confident? Do they understand the content? Is the point of the activity clear to everyone? If not, think about what can be done to change the situation.

Module 5: How to Have a Conversation

Objectives:

- To increase knowledge of and skills with basic motivational interviewing skills.
- To have experience with the skills and process of influencing and being influenced.

1) Persuasion Exercise (Adapted from MINT Motivational Interviewing Training for New Trainers Manual, 2008)

Purpose:

- To learn the difference between effective and counter-effective strategies for supporting change.

Activity 1, option 1: Explain that this activity is about what happens if someone is ambivalent about something and you take up one side of the argument.

Skit: Have one facilitator pick a behavior that they are thinking about changing, especially one that would be “good for them” to change. Have the second facilitator do some or all of the following to try to get them to choose one action: explain why the other person should change, describe the benefits of changing, tell them that it’s very important for them to change, explain the negative consequences of not changing. In response, have the first facilitator resist, and argue against making the change.

Activity 1, option 2: Facilitators who are uncomfortable with role-playing without a script may choose to use the example script below or to create their own ahead of time.

Example

Facilitator 1: I really should exercise more.

Facilitator 2: Yes, you should. It would be good for you.

Facilitator 1: I know, I’m just really busy.

Facilitator 2: But if you exercise you’ll feel better, you’ll have more energy, it’ll be good for your health.

Facilitator 1: Yeah, I know I should, but the weather isn’t good this time of year, you know how much I have to do on the weekends.

Facilitator 2: It’s really important for your health, though. You don’t want to have cholesterol problems down the road like your mother.

Facilitator 1: I think I have a while until I have to worry about that. It’s not that important for me right now.

Activity 1, option 3: A third option is to have adult allies role-play this activity. Ask participants to pair up. Explain the roles that each person will be playing—a bad influencer and the person who is being influenced. Have one adult pick a behavior that they are thinking about changing, especially one that would be “good for them” to change. Have the second facilitator do some or all of the following to try to get them to choose one action: explain why the other person should change, describe the benefits of changing, tell them that it’s very important for them to change,

explain the negative consequences of not changing. *Optional:* Ask for one pair to volunteer to demonstrate their role-play for the rest of the group, but only if they feel comfortable doing so.

Debrief: After the skit, ask the group what happened and why. You should get responses such as that the person resisted or argued against the change. This could be because the first facilitator might feel that they are being judged, which might cause them to withdraw or become defensive.

Explain that if you take up one side of an argument, people have a tendency to take up the other. To make things worse, people tend to believe and remember what they say more than what other people say. In research on counselling, behaviors like persuading, confronting, directing, and warning have been associated with negative outcomes (Apodaca, 2009). In other words, direct persuasion is not an effective way to resolve ambivalence.

Debrief: Note the difficulty of conducting role-plays, and discuss how youth might feel in participating in role-plays, and what can be done to make them more comfortable.

Activity 2: So, let's try it again:

Skit: Have the second facilitator now try asking the other facilitator about questions like “Why would you want to make this change? If you did decide to make this change, what would you do to make it happen? What are the three best reasons for you to do it? How important would you say it to make the change?”

Activity 2, options 2 and 3: Conduct Activity 2 in the same way using the same option that was used for Activity 1, using the example below, another pre-written script, or ask adult allies to return to their pairs for a second role-play.

Example

Facilitator 1: I really should exercise more.

Facilitator 2: Oh, how come?

Facilitator 1: It would probably be good for me.

Facilitator 2: It would be good for you?

Facilitator 1: Well, you know, I'd probably feel better, maybe less stressed, if you want to be healthy you kind of have to exercise.

Facilitator 2: Right, that makes sense, you have been under a lot of stressed lately. Do you think there's a way for you to fit it in?

Facilitator 1: Maybe I could go for a run on Tuesdays and Fridays, at least, since I don't have to be at work so early those days.

Debrief: What was happening? What was each facilitator's experience like? What was different about these two scenarios? (e.g., asking for more information, being curious about the other person's reasons and motivations, suppressing the second facilitator's own belief system.) If these two people were friends and had additional information about the other person's life, what types of approaches might they be able to use that wouldn't be available to strangers?

Trainer Tip: A peer influencer approach is different from a therapeutic or counseling approach. Drug Buzz isn't counseling, it's about slight shifts in the conversations that youth already have with their peers.

2) The Basics of Motivational Interviewing

Purpose:

- For adult allies to review and practice basic skills in motivational interviewing.
- For adult allies to experience what it might be like to be an influencer and a person being influenced to make changes in their life or affirmed in decisions they are staying with or making.

Activity 1: Review information on motivational interviewing. Motivational interviewing is a person-centered, goal-directed approach to strengthening motivation for behavior change (Miller & Rollnick, 2009). Motivation is not an intrinsic quality; it is a product of interaction. Motivational interviewing is intended to help people resolve ambivalence and move toward changing. In Drug Buzz, Motivational Interviewing can also be used to help adolescents resolve ambivalence and stay with decisions they have made, such as not using or experimenting with cannabis.

Explain that although motivational interviewing is person-centered, it does have a directive intention in that it is intended to move people to change in a clear direction (Hettema, Steele, & Miller, 2005). In this case, the direction is harm reduction. However, this direction assumes that facilitators believe that risky decisions around marijuana use have at least some potential for harm, and that more use and earlier use contributes to greater risk. If this is the case, using motivational interviewing techniques will allow people to explore these risks for themselves, and there will be no need for anyone to be convinced or persuaded.

For the purposes of Drug Buzz, Motivational Interviewing is connected to facilitation/peer empowerment/decision-making. It is not just about change and harm reduction. This approach is re-affirming, allows for safe exploration of behaviour change or reaffirming and staying on a particular behavioural course (regarding decision around cannabis use).

Part 1: The Spirit of Motivational Interviewing (Rollnick, Miller, & Butler, 2008) **(Respect)**

- Motivational Interviewing is *collaborative*. It's about cooperating and collaborating with the other person, because only they can take the actions needed to change their behaviour and/or maintain positive behaviour. To connect to the Four Pillars Value Framework, it is about respect for the other and their decisions and strengths.
- Motivational Interviewing is *evocative*. It's not intended to give the other person skills or knowledge, it's intended to evoke their own motivation and resources, based on the goals, values, dreams, and perspectives. Throughout MI, you are pulling talk from the other person.
- Motivational Interviewing *honors people's autonomy*. Ultimately, people will make the changes that they want about their lives, and acknowledging that is probably more helpful than trying to tell them what to do.

Part 2: Careful listening and OARS (Listen)

Motivational Interviewing involves careful, empathic listening, and OARS:

Open questions—Questions that cannot be answered with a yes/no, or a very brief response (e.g., How would you fit in more exercise?).

Affirmation—May be verbal (yes, mmhmm, right) or non-verbal (nodding)

Reflecting—Repeating what the other person has said (e.g., You think it would be good for you.)

Summarizing—Putting together a few things the other person has said (e.g., You think exercise would make you feel better, less stressed, and you think you could probably fit it in if you scheduled it right.)

At this point, you are not to try to solve any problem or issue, just to understand what is happening.

Activity 2: Show video clip 1. In the clip, one person brings up a situation that involves the topic of marijuana. The two people discuss it with the second person listening carefully and responding at different times with one open question, one affirmation, one reflection, and one summary. Somewhere on the screen, writing will appear indicating what each response is.

Activity 3: Speed dating with OARS. Have people get into pairs. In this activity, one person in the pair will move, and one person will stay in the same spot. Once everyone is in pairs, each person chooses a behavior that they are thinking about changing, especially one that could be considered good for them to change. As on the video clip, one person describes the issue, and the other tries to respond using only listening and one of the OARS. After approximately two minutes, call time, have partners switch roles and do the activity again. Once time is up, the person who is moving in the pair will move to next partner and they will repeat the exercise.

Trainer Tip: The motivational interviewing role-plays will usually use things that participants themselves are thinking of changing. This is intended to help participants have a different perspective than if they were role-playing behaviors that have no personal relevance to themselves or are related to youth substance use. However, there might be circumstances in which it might be more appropriate for pairs or groups to role-play situations that might come up the Drug Buzz program, for example, when participants who have counselling backgrounds are becoming disengaged from the training.

Debrief questions: How did people respond and feel when they were talking about the change? How did people feel when they were in the influencer position? How do you think the peer influencers might use these skills? What would this conversation be like if you were having it with a friend, rather than someone you just met?

Activity 4: Review part 3 of the basics of motivational interviewing, below.

Part 3: Recognizing Change and Stay-The-Same Talk (Understand)

Listening in motivational interviewing is active, empathic listening. One of the things influencers are listening for is change talk. Change talk involves any Desire, Ability, Reason or Need (DARN) to reduce substance use or to avoid situations involving cannabis with the potential for harm. In the Drug Buzz program, change talk also involves stay-the-same talk, that is, desire, ability, reason or need not to use or experiment with cannabis or to continue to make decisions

around substance use that are free from harm. Listen for the following types of words: want, wish, would like to... (Desire); can, could, am able to... (Ability); need to, have to, it's important... (Need), and also any reason another person might give for reducing or maintaining safe practices around substances use. In addition to DARN, listen for words that indicate Commitment around decisions (Amrhein et al., 2003).

Activity 5: Hand out the Recognizing and Sustaining Change, Stay-the-Same, and Commitment Talk handout (adapted from MINT Motivational Interviewing Training for New Trainers Manual, 2008) from the appendix, and have participants fill it out.

Debrief: What stage of change would the people making the statements be in (Review each statement on the list, one by one)? What would indicate that?

Activity 6: Review part 4 of the basics of motivational interviewing, below.

Part 4: Eliciting and Reinforcing Change Talk (Communicate)

Once you recognize change, commitment, or stay-the-same talk, you can use active listening and OARS in response. You can also ask for elaboration or examples. All of these strategies are intended to emphasize and reinforce specific kinds of talk and behavior to influence the conversation in the direction of harm reduction.

Activity 7: Show video clip 2. In the clip, one person makes a statement involving change, commitment, or stay-the-same talk in a situation that involves the topic of cannabis. The other person responds with active listening, an open question, an affirmation, a reflection, a summary, exploring and reinforcing talk that is in the direction of harm reduction, and by asking for elaboration or an example. Somewhere on the screen, writing appears indicating what each response is.

Activity 8: Review part 5 of the basics of motivational interviewing, below.

Part 5: Rolling with Resistance

It is important to accept that all talk will not be in the direction of harm reduction, and that people might be losing something in making decisions around substance use. For people who are experimenting or using, or considering doing so, there are reasons for their choices, and they will be ambivalent about changing or not using. When this occurs, additional strategies include different types of reflections, exploring the good things and less good things about the decision, and emphasizing personal choice and control.

Simple reflection—parroting, repeating back to the person what they have just said.

Amplified reflection—paraphrasing, or some repetition and some content, amplifying things the person has said that they might disagree with.

“I can’t stop smoking. My friends all smoke.”

“You’ll lose all your friends if you don’t.”

“Well no, it’s not like they’ll stop talking to me or anything.”

Double-sided reflection—Reflecting back statements the other person has just made in support of behavior, and then other feedback they have given about drawbacks (e.g., “On the one hand you don’t have time to exercise, but on the other hand you think it would make you feel better.”)

Reflection is not necessarily just using the other person’s words; it also reflects feeling, content and meaning. It is also not neutral. It guides clients in certain directions.

Activity 9: Show video clip 3. In the clip, one person discusses the possibility of using marijuana. The other person responds to what they are saying with a simple reflection, an amplified reflection, and a double-sided reflection. Somewhere on the screen, writing appears indicating what each response is.

Activity 10: On flipchart or whiteboard, write five statements that might be made by a person considering changing something in their life. If desired, use examples from the Recognizing and Sustaining Change, Stay-the-Same, and Commitment Talk handout in the appendix. Invite the group to provide one simple reflection, one amplified reflection, and one double-sided reflection in response to each statement (they may need to imagine what some of their responses might be, given that they have not had an entire conversation on which to base their reflection). Write down the responses that people provide.

Activity 11: Review the remainder of part 5 of the basics of motivational interviewing, below.

Part 5: Rolling with Resistance (continued)

Emphasizing personal choice and control—Again, it is every person’s choice to use or not use, and to make any other decision regarding cannabis in their lives (e.g., “It’s up to you. Nobody else can tell you what to do.”).

Good things/Less good things—A sort of decisional balance, or exploration of the pros and cons of the decision. Explore the good things about not changing first. When these are exhausted, summarize, and then fully explore the good things about changing. Ask for examples.

Resistance at any point is a sign that you are being too pushy.

It may also be helpful to remember that, following diffusion of innovations theory, opinion leaders/peer influencers who are resistant to change might be demonstrating the norms of their group, and might ultimately be more effective influencers than leaders in that group who do not demonstrate the norms of the group.

Activity 12: Show video clip 4. In the clip, one person discusses why they wouldn’t use marijuana. The other person responds with empathic listening, reflections of stay-the-same talk, a summary of the less good things/good things about not using cannabis, and a statement that emphasized personal choice and control.

3) Putting It All Together

Purpose:

- To give adult allies an opportunity to practice a range of basic motivational interviewing skills with a real-life topic.

Activity 1: (Based on the Three-in-a-Row Activity from MINT Motivational Interviewing Training for New Trainers Manual, 2008). Each person receives a copy of the Motivational Interviewing Skills Cheat Sheet (see appendix). Set up a role-play task, but with three potential influencers and one person discussing a change they are thinking of making in their life or something in their life that they do in their life that could be considered good for them and that they think should continue to do (e.g., exercising, continuing not to smoke, reading a lot, eating a lot of vegetables, taking their vitamins). One of the influencers is assigned to begin, but at any time that person can tag the next person to take over, even in mid-sentence. Influencers are to respond to the person's talk about the change with one of the motivational interviewing skills.

Debrief: How did people respond and feel when they were talking about the changing or staying the same? How did people feel when they were in the influencer position? How do you think the peer influencers might use these skills? What would this conversation be like if you were having it with a friend? Was there anything people found particularly challenging? If so, does anyone else in the group have a suggestion for how to deal with that challenge?

4) Scenarios

Purpose:

- To give adult allies an opportunity to practice influencing skills around the topic of marijuana.

Activity, option 1: Have participants get into pairs. Hand out a blank index card or piece of paper to each pair. Ask each pair to write down, in about two sentences, a situation in which the topic of marijuana might come up for an adult. This might include, but would not be limited to, situations in which they are offered marijuana, or in which there is potential for some harm from marijuana, or where someone is discussing their opinion on a topic related to marijuana use.

Using their scenario, have each pair come up with one thing they could say or do in response, which would demonstrate positive influencing. This could include an action, using a motivational interviewing skill (use cheat sheets, as needed), or using the information that has been learned about marijuana. This does not have to be a life-changing response; small, repeated steps in influencing may work best.

Debrief questions: Does anyone want to share their situations and ideas? Were there any pairs that couldn't come up with a response (ask the group for suggestions)? Is there another response that also might have been useful? What might be the values/beliefs/opinions/attitudes/knowledge driving the person or people in the scenario?

Activity, option 2: Do the activity as above, but use the sample scenarios are included in the appendix (How to Have a Conversation: Sample Scenarios). Alternatively, have these on index cards as back-ups for groups that have difficulty coming up with scenarios, or to give participants examples of what their scenarios might look like.

Activity, option 3: Using the scenarios generated by the group or those from the appendix, ask adult allies the following questions about the scenario:

- Should an influencer’s response in this situation be verbal or action-based?
- If the response should be verbal, should the influencer be using the skills that are based on more active listening (e.g., asking open questions, affirming, using simple reflection), on influencing for change (e.g., exploring the pros and cons of the decision), or on using the information?
- Are there any values/beliefs/opinions/attitudes/knowledge that it might be helpful to pay attention to?
- Do you have a specific suggestion for an influencing response?

Trainer Tip: A variety of strategies for practicing motivational interviewing skills have been included in this module, including watching videos and creating responses to statements as a group. A variety of set-ups for role-plays also were used, such as having scripts for role-plays or having multiple influencers who could “tag” others to take over the role as needed. These activities were designed to provide options and make people comfortable while they are practicing skills. In training, modify role-plays and practice activities as needed so that adult allies and youth feel comfortable enough to participate fully and enjoy themselves.

Remind adult allies that role-plays are acting. Even if they are using real-life situations, they should feel free to use their imagination to fill in pieces and keep in mind that these are pretend skits that they are being asked to do.

Examples of activities/scenarios based on casual situations: movies, TV, music, food. These are not focused on change but are in the moment of life. The individual receives information on the fly, in informal contexts.

5) Peer Influencer Training Module 5

Purpose:

- For adult allies to have an opportunity to review the material in the peer influencer training while the related activities from the adult ally training are still fresh in their minds, and to have an opportunity for some brief discussion and questions.

Activity: Give participants approximately 15 minutes to review module 5 of the peer influencer manual. Discuss how the activities might feel for them, what they would want to make sure they draw out, what could go wrong and how they could address problems. Ask adult allies if they have any questions or concerns, or if they have any other thoughts about the peer influencer training or the 10-week program. Invite adult allies to share any comments or questions from previous modules that have may have arisen for them.

What if...

A youth or adult does not wish to participate in role-plays.

What if... Suggestion

Use your judgment to adapt activities so that people are comfortable and role-plays are non-threatening (e.g., using the Three-in-a-Row exercise described in Activity 3 of this module). Alternatively, for any pair activity, have the person join as an observer. They can join in the role-play later on or remain as an observer as long as they choose.

Module 6: Putting it All Together

Objectives:

- To ensure adult allies know when and how to seek additional support in working with peer influencers.
- To outline the expectations that the program has of the adult allies.

1) Legal and Safety Issues and Referrals

Purpose:

- To review the legal and safety issues that could arise during the peer influencer training and 10-week program and review pertinent regulations and resources that are available.

Activity: Remind adult allies that Drug Buzz is not a counselling program. However, anytime children or youth are involved, there is the possibility that information will be shared that will need to be reported to an agency or parent. Also, it is advisable for all youth and adults involved in Drug Buzz to have information on agencies that provide counselling around substance use. That includes agencies that provide counselling for youth who are concerned about the use of someone else in their life, such as a friend or family member. (The Site-Specific Information Card will need to be completed ahead of the training, and preferably reviewed by someone from child protection services.) Review the information on the Card with adults allies.

<p>Site-Specific Information Card</p> <p>Ages of youth participating in Drug Buzz at this site: _____</p> <p>Safety Issues</p> <p>Information that needs to be shared with others:</p>
--

Referrals

For child protection questions or reporting:

Agency name: _____

Agency phone number: _____

Other information (e.g., need to request a specific department): _____

For youth substance use counselling:

Agency name: _____

Agency phone number: _____

Other information (e.g., ages served, location): _____

2) Adult Ally Expectations

Purpose:

- To clarify expectations of adult allies during the 10-week program.

Activity: Review the expectations below, and the Adult Ally Schedule.

Adult allies are expected to :

- attend the initial adult ally training
- provide support to peer influencers throughout the 10-week program cycle as peer influencers participate in the program and complete the peer influencer research and evaluation component
- maintain regular contact with site coordinators
- complete the adult ally research and evaluation component

Adult Ally Schedule

At the Peer Influencer Training

- Ensure youth complete the peer influencer survey

Before the 10-week cycle begins:

- Hold a meeting with your assigned peer influencer group
- Send an email to your peer influencer group, letting them know how to contact you if they want to talk about the program or need support
- Site Coordinators will contact you for a verbal check-in via telephone

At the end of week 1 in the 10-week cycle:

- Hold a meeting with your peer influencer group to see how week 1 went
- Remind peer influencers to submit their diaries
- Send Check-In Report to Site Coordinators
- Site Coordinators will contact you for a verbal check-in via telephone

At the end of week 2:

- Send an email to peer influencers to check in and offer support
- Remind peer influencers to submit their diaries
- Send Check-In Report to Site Coordinators
- Site Coordinators will contact you for a verbal check-in via telephone

At the end of week 3:

- Hold a meeting with your peer influencer group to talk about how everything is going
- Remind peer influencers to submit their diaries
- Send Check-In Report to Site Coordinators
- Site Coordinators will contact you for a verbal check-in via telephone

At the end of week 4:

- Send an email to peer influencers to check in and offer support
- Remind peer influencers to submit their diaries
- Send Check-In Report to Site Coordinators
- Site Coordinators will contact you for a verbal check-in via telephone

At the end of week 5:

- Send an email to peer influencers to check in and offer support
- Remind peer influencers to submit their diaries
- Send Check-In Report to Site Coordinators
- Site Coordinators will contact you for a verbal check-in via telephone

At the end of week 6:

- Hold a meeting with your peer influencer group to talk about how everything is going
- Remind peer influencers to submit their diaries
- Send Check-In Report to Site Coordinators
- Site Coordinators will contact you for a verbal check-in via telephone

At the end of week 7:

- Send an email to peer influencers to check in and offer support
- Remind peer influencers to submit their diaries
- Send Check-In Report to Site Coordinators
- Site Coordinators will contact you for a verbal check-in via telephone

At the end of week 8:

- Send an email to peer influencers to check in and offer support
- Remind peer influencers to submit their diaries
- Send Check-In Report to Site Coordinators
- Site Coordinators will contact you for a verbal check-in via telephone

At the end of week 9:

- Hold a meeting with your peer influencer group to talk about how everything is going
- Remind peer influencers to submit their diaries
- Send Check-In Report to Site Coordinators
- Site Coordinators will contact you for a verbal check-in via telephone

At the end of week 10:

- Remind peer influencers to submit their diaries
- Send Check-In Report to Site Coordinators
- Site Coordinators will contact you for a verbal check-in via telephone
- Celebrate with your peer influencer group!

At the end of the 10-week cycle

- Complete adult ally post-survey
- Participate in adult ally interview

6) Peer Influencer Training Module 6

Purpose:

- For adult allies to have an opportunity to review the material in the peer influencer training while the related activities from the adult ally training are still fresh in their minds, and to have an opportunity for some brief discussion and questions.

Activity: Give participants approximately 15 minutes to review module 6 of the peer influencer manual. Discuss how the activities might feel for them, what they would want to make sure they draw out, what could go wrong and how they could address problems. Ask adult allies if they have any questions or concerns, or if they have any other thoughts about the peer influencer training or the 10-week program. Invite adult allies to share any comments or questions from previous modules that have may have arisen for them.

What if...

A youth or adult decides they do not wish to participate as a peer influencer or adult ally.

What if... Suggestion

Invitations to participate are invitations only. Everyone has the choice to participate or not participate. Being present at the training does not mean that youth must participate in Drug Buzz as a peer influencer or adult ally.

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Appendix A Pre-Training Package

Theoretical Framework Summary of Drug Buzz Theories

Drug Buzz is a peer-mediated program designed to encourage informed decision-making by young people about marijuana use. The focus of the program is ensuring that everyone has accurate information to allow for informed decision-making regarding their own marijuana use. The program is based on the idea that certain people have a natural influence over their peer group (Bleeker & Silins, 2008). These peer influencers have a degree of authority over their peer group because their peers listen to what they say, respect their opinions, and follow their actions. The main objective of this program is to train peer influencers so they are able to reinforce peers who make the decision not to use marijuana, support those who chose to reduce their use, and to ensure that those peers who chose to use marijuana do so as safely as possible. Conceptually, because adolescent drug use is a function of the larger peer group context, credible and influential leaders who are properly educated about the effects of drug use, would be able to pass the information on to their peers and thus reduce drug-related harm among the group (Bleeker & Silins, 2008).

Peer-mediated programs addressing drug use have been well-supported in previous research (Bleeker & Silins, 2008). The success of peer-mediated programs depends to a large degree on the extent in which the program is based on a strong theoretical background (Bleeker & Silins, 2008). Accordingly, Drug Buzz is based on five major theoretical models: Theory of Planned Behavior (Ajzen & Fishbein, 2005; Fishbein et al., 2002), Diffusion of Innovations (Rogers, 2003), Harm Reduction (Centre for Addiction and Mental Health, 2002), Stages of Change (Prochaska & DiClemente, 2005), and Motivational Interviewing (MI; Miller & Rollnick, 2009). It is also based on principles and research on youth engagement, positive youth development, the 4 Pillars, and informed decision-making.

Theory of Planned Behavior

The Theory of Planned Behavior identifies mechanisms and processes underlying behavior to help explain why people do what they do (see Figure 1; Ajzen & Fishbein, 2005; Fishbein et al., 2002). According to Ajzen and Fishbein, behaviors are primarily determined by intentions. Intention to perform a specific behavior is a function of one's favorableness or unfavorableness towards performing the behavior (i.e., attitude), the perceptions about what other people, such as family and friends, will think about one's performance of the behavior (i.e., norms), and one's beliefs about their ability to perform the behavior in light of barriers or supports (i.e., control). Each of these factors, in turn, are determined by corresponding underlying beliefs and background factors such as personality, values, experience, and knowledge. The Theory of Planned Behavior is important for providing a conceptual understanding of why people behave as they do, and thus, is an integral peer-influencer training component for the Drug Buzz program.

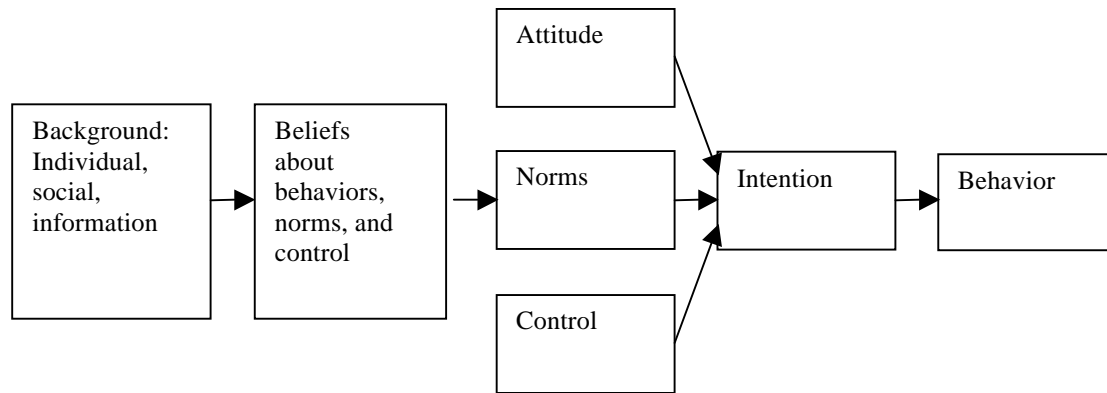


Figure 1. The Theory of Planned Behavior

Diffusion of Innovations

Diffusion of Innovations, developed by Rogers in 1983, explains how and why ideas, or innovations, are spread throughout society, or groups, and how people come to accept or adopt innovations of change (Rogers, 2003). Diffusion is a process in which an idea is spread through channels and by certain people within society. This adoption process in which ideas are spread and accepted has five stages. The first stage, termed 'Knowledge', is the stage in which the individual is first exposed to an idea and becomes aware that it exists. People in this stage still lack the information and drive to learn about the innovation. 'Persuasion' is the second stage, and it is the stage in which the individual becomes interested in the idea and actively seeks out information regarding it. Third, in the 'Decision' stage, the individual weighs the pros and cons of the idea/innovation and decides whether they want to adopt or reject it. This stage is very subjective and difficult to measure empirically. The fourth stage is termed the 'Implementation' stage, in which the individual utilizes the innovation in a manner that suits their life situation. The usefulness of the idea/innovation is judged during this stage. Finally, the fifth stage is called 'Confirmation', and it is the stage in which the individual finalizes their decision to continue using or employing the innovation. During this stage, the idea/innovation may be employed to its fullest potential.

In addition to the stages of the adoption process, Rogers (2003) also identifies five classifications of acceptance by individuals in the society. 'Innovators' are the first individuals to accept or adopt an innovation. Individuals in this group are typically characterized as being risk-takers, young in age, and having access to money and contact with the sources of innovation (i.e., socially or otherwise). 'Early adopters' are the second fastest category of adopters. Individuals in this group are typically characterized as having the highest amount of opinion leadership. Also, they are often (but not always) young in age, have high social status, access to finances, higher education, and are socially forward. Individuals in this group tend to be opinion leaders, or people with particular influence over other people's attitudes and behavior. They use their influence by introducing change when the group is ready, and knowing what timing is not too early or too late for their social group. The 'Early majority' category emerges after a varying degree of time, usually significantly longer than the amount of time it takes the Innovators and Early adopters to accept or adopt an innovation. Individuals in this group are slower and more

cautious in the adoption process, and are usually characterized as having average social status and having contact with the early adopters. Individuals in the ‘Late majority’ group take longer than the average member of society to accept or adopt an innovation. They tend to approach new ideas with a high degree of skepticism, and only accept or adopt an innovation after the majority has already done so. Also, individuals in this group are typically characterized as having below average social status, little access to finances, and a low degree of opinion leadership. Finally, the ‘Laggards’ are the last category to accept an idea/innovation. Individuals in this group have little to no opinion leadership and are very averse to change. They are typically characterized as being older in age, having low social status and low access to finances, and tend to only have contact with family and very close friends.

Overall, the Diffusion of Innovations identifies the process in which ideas are accepted or adopted by individuals within a society and the levels of acceptance by those individuals. This model is important for the Drug Buzz program because it provides us with a conceptual understanding of how and why peer influencers can make a positive impact on the decisions individuals in their peer group make. It is also an integral component of our training manuals, in which the goal is to train influencers with knowledge about marijuana use and decision-making processes, and then have them diffuse the information to their peers.

Harm Reduction

Harm reduction is a program or policy approach that reduces the harm from drug use without requiring total abstinence of drug use (Centre for Addiction and Mental Health, 2002). Harm Reduction is based on the idea that rather than being a dichotomous construct, drug use falls on a continuum which has five gradual points between non-use and dependent use. ‘Non-users’ have never used the drug. ‘Experimental users’ have used once or several times in the past, but have discontinued their use. Individuals in this group are more likely to have been motivated by curiosity about the drug and its effects when they were using the drug. ‘Irregular use’ refers to infrequent drug use which usually occurs on special occasions or when direct opportunities come up. ‘Regular use’ refers to predictable drug use that could be frequent or infrequent. Individuals in this category are often trying to attain the drug. Finally, ‘dependent use’ refers to frequent, often daily use. Individuals in this category may have binge drug-use episodes, or may keep using even though they know the drug is having a negative impact on their lives. As part of Harm Reduction, Drug Buzz is intended to make marijuana use safer for those youth who choose to keep using at their current level, or to move youth to lower levels of substance use.

Stages of Change/Transtheoretical Model of Change

According to the Stages of Change, which is the best-known element of the Transtheoretical Model of Change (Prochaska & DiClemente, 2005), behavior change proceeds through a set of five stages. For every behavior and every person, there will be a different readiness to change and different requirements for the change to occur. The behavior must be present in order for these stages to come into play, and an individual can move forwards and backwards through the stages in a nonlinear way. During ‘Precontemplation’ the individual is not considering change at all (e.g., “I don’t have a problem”; “I don’t need to change”). During ‘Contemplation’ the individual is considering the problem in a more in-depth way than the previous stage, but is ambivalent about change (e.g., “Sometimes I think I have a problem, sometimes I don’t”). During ‘Preparation’ the individual understands that they want to change

and they try to start the process of change or begin actions toward implementing a change (e.g., “I know I need to make changes”; “I have done a few things that show I am ready to begin”). During ‘Action’ the individual is practicing the new change (e.g., “I have begun to make changes”; “I have made the changes I want to make”). The Action stage can last anywhere from one day to six months. During ‘Maintenance’ the individual continues his/her commitment to sustaining the change (e.g., “I have maintained changes”). This stage lasts longer than six months.

The Stages of Change model is important for the Drug Buzz program because it provides the theoretical background for understanding the processes involved in changing drug use behavior. The program intends to train influencers to understand the Stages of Change model in order to implement Harm Reduction objectives for their peers who choose to reduce their level of marijuana use.

Motivational Interviewing (MI)

MI, developed by Miller and Rollnick (2009), is a person-centered, goal-directed, approach to strengthening motivation for behavior change. According to Miller and Rollnick, motivation is not an intrinsic quality, but rather a product of interaction. It is intended to help people resolve ambivalence and move toward changing. There are five major components involved in MI.

Part 1 involves understanding the collaborative and evocative spirit of MI (Rollnick, Miller, & Butler, 2008). MI is about cooperating and collaborating with the other person, because only they can take the actions needed to change their behavior. Furthermore, MI is not intended to give the person skills or knowledge, rather, it’s intended to evoke their own motivation and resources, based on their goals, values, dreams, and perspectives. MI also involves honoring people’s autonomy. Ultimately, people will make the changes that they want about their lives, and thus it is probably more helpful to understand this than to try to tell them what to do.

Part 2 of MI involves careful, empathetic listening, and OARS. The OARS acronym stands for Open questions, Affirming, Reflecting, and Summarizing. The goal of this part of MI is simply to understand a problem or issue instead of trying to solve it.

Part 3 of MI involves recognizing change talk when conversing with others. Change talk involves any Desire, Ability, Reason or Need (DARN) to reduce substance use or to avoid situations involving drugs with the potential for harm. In the Drug Buzz program, change talk also involves stay-the-same talk, that is, desire (e.g., want, wish, would like to), ability (e.g., can, could, am able to), reason, or need (e.g., need to, have to, it’s important) not to use or experiment with cannabis, or to continue to make decisions around substance use that are free from harm. In addition to DARN, MI involves listening for words that indicate commitment around decisions (Amrhein et al., 2003).

Part 4 of MI involves eliciting and reinforcing change talk. Once you recognize change, commitment, or stay-the-same talk, you can use active listening and OARS in response. You can also ask for elaboration or examples. All of these strategies are intended to emphasize, reinforce, and influence the conversation in the direction of harm reduction.

Part 5 of MI focuses on strategies involved with managing resistance. It is important to accept that all talk will not be in the direction of harm reduction, and that people might be losing something in making decisions around substance use. When this occurs, there are various strategies that may be used. For example, simple reflection refers to parroting back to the person

what they just said. Second, amplified reflection refers to paraphrasing, or some repetition and some content, in order to amplify things the person has said that they might disagree with. For example, if someone states, “I can’t stop smoking, my friends all smoke”, the interviewer would then state, “You’ll lose all your friends if you don’t”, which may lead the person to respond with, “Well no, it’s not like they’ll stop talking to me or anything”. A third strategy is double-sided reflection, which refers to reflecting back statements the individual just made in support of their behavior, and then other feedback they have given about drawbacks of their behavior. Fourth, emphasizing personal choice and control refers to the idea that it is every person’s choice to use, not use, or make any other decision regarding drug use. Finally, exploring the pros and cons can help people weigh out the costs and benefits of their decisions and actions.

Motivational interviewing is an essential theoretical model to Drug Buzz initiatives because it provides the basic strategies involved in talking to peers about their behavior and choices. Drug Buzz intends to train peer influencers to use motivational interviewing techniques to motivate and support their peers who want to change their marijuana use behaviors and to resolve any ambivalence and begin the Stages of Change process.

Overall, the five theoretical frameworks summarized above provide the fundamental conceptualization to the goals and objectives of the Drug Buzz program. The Theory of Planned Behavior is an integral peer-influencer training component because it explains why people behave as they do. The Diffusion of Innovations model explains why and how peer influencers can make a positive impact on the decisions individuals in their peer group make. Harm Reduction outlines intentions to make marijuana use safer for those youth who choose to keep using at their current level, or to move youth to lower levels of substance use. The Stages of Change model provides an understanding of the processes that are involved in changing drug use behavior. Finally, MI provides influencers with applicable techniques and strategies that can be used when talking to their peers about marijuana use. Taken together, these models provide a conceptual framework for Drug Buzz’s central goal of encouraging informed decision-making by young people about marijuana use.

What Makes a Good Adult Ally

Good adult allies:

- Are youth-centered:
 - engaging with youth and understanding their perspective when there is a problem
 - checking in with youth who have had questions, when there has been a difficulty, or when something good has happened, to see how they are feeling about it now
 - turning problems into learning opportunities (e.g., you didn't feel like that role-play/discussion went very well. Is there any part of it that you liked? If that kind of opportunity came up in real life, would you still try to use your peer influencer skills? If so, what would you do?)
 - helping youth find solutions to problems (e.g., you were bored with that last activity. Do you want to do the next one as a discussion? As a role-play? How can we do it in a way that will make it useful?)
 - but also recognizing that there are considerations, such as money or program rules around safety, that might outweigh what some youth want. In these situations, good adult allies are honest with youth and explain why
- Maintain a balance:
 - between challenging youth and providing them support
 - between the process (e.g., following up on discussion points that come up) and the content (i.e., remembering the point of the program and getting the activities done)
- Are committed to
 - youth being in control at appropriate times (e.g., you're the experts on influencing your peers, we've gone through these different skills, in this part of the program it's really up to you to figure out how they can work)
 - youth learning on their own in the real world. Youth will have a lot of learning to do once the training is over; the only way for the Drug Buzz program to work is for youth to experience being real-life peer influencers for themselves.
 - pushing youth to be responsible and holding them accountable when appropriate
- Lead from behind, avoiding drawing attention to themselves unless necessary
- Help youth be in control while, at the same time, providing structure and guidance
- Get youth feedback. Youth's perceptions of how much control they have very often doesn't match with adults' perceptions of how much control youth have.
- According to youth, both get out of the way and provide help when it's needed.
- Know that engaging youth will involve successes and mistakes, for youth and adults.

Based on: Larson & Angus, in press; Larson & Walker, 2010

DRUG BUZZ FACT SHEET

How Drugs Work

(Fadem, 2004)

- The central nervous system in the brain is comprised of nerve cells, or neurons.
- There are gaps, or synaptic clefts, between neurons. Chemical messengers in the brain travel between synaptic clefts, and these chemical messengers are called neurotransmitters
- Our breathing, heartbeat, senses, and emotions are all related to the concentration of neurotransmitters in the synaptic cleft.
- Neurotransmitters, such as dopamine, glutamate, and serotonin, have been related to substance use.
- Long-term drug is believed to cause changes to neurotransmitter receptors, which might help to explain substance dependence (substance abuse with withdrawal symptoms and repeated use) and tolerance (the need for more of a substance to get the same effects) (DSM-IV-TR).
- Psychoactive drugs are classified by their effects on the nervous system.

Some Other Info About Drugs

- There are many different ways to administer drugs. The methods of administration that are the fastest route to the bloodstream and brain are smoking, injection, and snorting (Fadem, 2004).
- *Psychological dependence* is the experience of not having control over drinking or drug use (i.e., feelings of craving or needing to have a drug; World Health Organization, 2010)
- *Physical dependence* occurs when a person has withdrawal symptoms when they stop taking the drug and has tolerance to the drug (that is, needs more of a drug to get high; World Health Organization, 2010).
- *Addiction* is the repeated, frequent use of a drug, with psychological and physical dependence (World Health Organization, 2010)
- Medical marijuana is legal for use by people who have been supported by a medical practitioner and who have approval from Health Canada. People who are authorized to use marijuana for medical purposes can buy it from the government supply, hold a production license to grow it themselves, or have a designated person grow it for them (Health Canada, 2010).
- Chemically synthesized THC is also legally available and can be prescribed for reasons like nausea from chemotherapy or AIDS-related anorexia (Health Canada, 2009b)

- Vaporizers are sometimes used to smoke cannabis because they heat marijuana enough to release THC, without igniting the cannabis. The release of some toxins, like carbon monoxide, is reduced. There has been very little research on the use of vaporizers. The few studies that have been done have used very small numbers of people, but have suggested that using vaporizers is related to less harm than smoking marijuana. More research is needed that involves more people, other toxins, and a longer period of time (Abrams, Vizoso, Shade, Jay, & Kelly, 2007; Earleywine & Van Dam, 2010)
- Cannabis comes in four main forms: marijuana (parts of the cannabis plant that are usually smoked), hashish (the dried, sticky resin of the cannabis plant, that is usually smoked or eaten in baked goods), oil (a thick oil that can be extracted, and is usually smoked, and THC (e.g., the pill that is available; Health Canada, 2009b)

DRUG BUZZ FACT SHEET

Classifications of Drugs

Substances can be classified according to their effects. Below is some information about the different classifications of drugs.

Stimulants

- activate the central nervous system by making dopamine more available
- elevate mood, cause insomnia, decreased appetite, and increase heart and brain activity (e.g., heart rate)
- withdrawal effects include depressed mood, increased appetite, feeling tired, and decreased heart and brain activity
- examples: amphetamines, cocaine, tobacco, cocaine, Ritalin, cigarettes, Dexedrine, caffeine, crack, ecstasy, caffeine

Sedatives/Depressants

- depress, block, or replace neurotransmitters
- elevate mood, decrease anxiety, sedate, reduce inhibitions
- withdrawal effects include depressed mood, increased anxiety, difficulty sleeping, for some substances flu-like symptoms
- examples: alcohol, barbiturates, benzodiazepines (Librium, Xanax, Halcion, Quaaludes, Valium), ketamine, GHB, rohypnol, opioids (demerol, morphine, codeine, dilaudid, heroin, methadone)

Hallucinogens

- confuse neurotransmitters.
- elevate mood, alter perceptions
- few withdrawal effects
- examples: cannabis (marijuana, hashish), LSD, psilocybin (magic mushrooms), ketamine, mescaline, peyote, PCP

DRUG BUZZ FACT SHEET

Short-Term and Longer-Term Effects

(CAMH Do You Know... Cannabis (2003) and About Marijuana (2006) brochures)

Short-Term Effects

- negatively affects depth perception, attention span, concentration, muscle strength, and hand steadiness, and slows down reaction time
- interferes with thinking and short-term memory
- is not regulated, so might be contaminated with fungi, pesticide, or other drugs
- raises heart rate and lowers blood pressure
- a large amount can cause toxic psychosis (aka greening out, which can involve hallucinations, paranoid delusions, confusion, and amnesia (but it probably won't kill you))

Longer-Term Effects

- psychological dependence, causing people to crave marijuana and to feel that they need it and become anxious if they don't have it
- mild physical dependence, causing people to have withdrawal symptoms like irritability, anxiety, loss of appetite, sweating, problem sleeping, and upset stomach for about a week after they stop using
- problems with the respiratory system, like bronchitis
- reduced motivation to work
- impaired attention, memory, and ability to process complex thoughts
- cannabis use has been linked to schizophrenia
- for pregnant women, smoking marijuana can be harmful to the baby. For example, the baby might be born too small

Appendix B

Optional Icebreakers

Three Favorites

Purpose:

- To break the ice and have participants get to know each other, and to think about themselves when they were youth.

Activity: Leaders introduce themselves. Have participants partner with someone they do not know. Post the following questions on the wall and have the pairs discuss them, using the grade of the youth that allies will be working with. If participants are not sure of the answer, have them use their best guess (or even make them up!):

- a. What was your favourite movie or song when you were in grade 7/10?
- b. What was your favourite subject in school when you were in grade 7/10?
- c. What was something in your life that was really important to you when you were in grade 7/10?

Bring the group back together, and invite participants to share their answers to the questions.

Partner Interviews

Purpose:

- To break the ice and have participants get to know each other, and to reflect on the role of an influencer in their life.

This activity lets people learn about each other and gives them a chance to use their voice in the circle in a relatively non-threatening way.

Step 1: Everyone partners up with someone they don't know well. Explain that everyone will be interviewing their partner and then introducing them to the group.

Step 2: Everyone interviews their partner using two questions:

What made you decide to come today?

What is one time when someone else influenced you in a good way?

Step 3: Everyone comes back to the large group and takes turns introducing their partners and sharing the info they learned about them.

Meet your Neighbor

(from the Saskatoon Action Circle on Youth Sexuality & Centre of Excellence for Youth Engagement, 2004)

Purpose:

- To break the ice and help people get to know each other, or just to energize the group.

Activity: Set up a circle of chairs, with one chair less than the number of people in the group. Choose one person to be in the centre. The person who is in the centre says their name and one characteristic that some people in the group will have, similar to the following examples: “My name is Joe and I would like to meet someone wearing black shoes”, “My name is Sue and I would like to meet someone who can drive a car with a standard transmission”. Anyone who matches this description has to get up and take another chair, without taking the seat beside them or getting up and returning to the same seat. The one left in the centre begins the next round.

Optional Check-Ins

Fist of Five

Purpose:

- To get quick feedback from a group.

Activity: The facilitator makes a statement (e.g., the role-play went well). Everyone in the group puts up their hand to indicate their agreement. For example, a fist means “totally disagree”, all fingers up means “totally agree”. After everyone has put up their rating, ask the group for an explanation of their feedback.

Snowball

Purpose:

- To get anonymous feedback or draw out questions from group.

Activity: Explain the activity to adult allies so they know they will be participating anonymously. Hand a piece of paper to each participant (facilitators may be included), and make sure everyone has a pen. Ask everyone to write something about how the day’s activities have gone, one concern they have about the program, one thing they have enjoyed about the training, a question they have, one “aha” moment they had during the training, a combination of these, or any other topic or question the facilitator wishes. When participants are done writing, have them crumple their paper into a ball and throw it into the middle of the group. When everyone is finished, each participant takes one “snowball” from the centre of the group and reads it aloud.

Appendix C

Myths or Facts?

Myths or Facts?	Answer
Most young people have used marijuana at least once.	<p>Myth: 69% of Ontario students (grade 7-12) have NEVER tried it (CAMH, 2006)</p> <p>57.1% of Canadians ages 15 to 24 report not having NEVER used marijuana in their lifetime (Health Canada, 2009a).</p>
Marijuana is natural so it cannot be bad for you.	Myth: A lot of natural things are bad for you (e.g., poisonous plants, snake venom). When you smoke marijuana it releases harmful substances into your lungs (CAMH, 2006)
Marijuana smoke contains tar and other cancer-causing agents.	Fact (CAMH, 2006)
Marijuana doesn't affect any brain processes.	Myth: The most psychoactive chemical in marijuana is THC. THC attaches itself to specific receptors, known as cannabinoid receptors. These receptors are found throughout the brain and once activated by the presence of THC, can interrupt the regular process that the receptors control (such as memory or concentration) (Kalat, 2009) making the brain work less effectively.
All marijuana is the same strength.	Myth: There is great variation in the strength of marijuana (CAMH, 2006)
Marijuana impairs one's emotional responses.	Fact: This is due to the fact that THC also affects the limbic system of the brain. This brain region directs ones' behaviour and emotions. (Kalat, 2009)
You can't overdose on marijuana.	Fact: There are no THC receptors in the Medulla, which is the part of the brain that controls ones' breathing, heart rate and other vital functions, which are impacted in overdoses (Kalat, 2009). Therefore, one cannot overdose on marijuana.
Marijuana doesn't affect memory.	Myth: The hippocampus is the brain's memory centre and THC affects this area of the brain the most (there are a lot of THC receptors here). When THC is present, it slows down memory. Short-term memory and memory retrieval are two of the most impacted behaviours. This decrease in activity can sometimes create permanent structural changes in ones' brain. (Kalat, 2009)
People who use marijuana regularly can develop a physical dependence.	Fact: People who use a lot of marijuana everyday and then quit suddenly may have problems

People who use marijuana regularly can develop a physical dependence.	Fact: People who use a lot of marijuana everyday and then quit suddenly may have problems sleeping, get anxious, nervous, or lose their appetite (CAMH, 2006)
Driving after smoking marijuana doesn't make you impaired.	Myth: If you drive while high you are impaired (CAMH, 2006). Impaired is a legal term that is typically thought of as a 'drinking and driving' term, however, it is legally linked to marijuana and other substances (including prescription drugs) and can lead to an impairment charge. The legal consequences of driving when impaired by drugs are the same as the consequences for driving while impaired by alcohol (Criminal Code of Canada, ss. 253-255).
3 to 4 joints per day causes the same damage as smoking 20 or more cigarettes.	Fact (CAMH, 2003)
There are at least 400 chemicals in marijuana.	Fact (CAMH, 2006)
There are not a lot of arrests in Canada for marijuana.	Myth: About 1/2 of all drug arrests in Canada are for possession of marijuana (CAMH, 2003)
There are no serious penalties for possessing even small amounts of marijuana.	Myth: Most people convicted of possessing marijuana for the first time receive a fine or a discharge, but could still end up with a criminal record. A first-time conviction for possessing 30g or less could result in a 6 month jail sentence, a \$1,000 fine or both (CAMH, 2006)
THC leaves your system once the 'effects' of marijuana have worn off.	Myth: THC remains in your brain for days or weeks. It may even affect your memory, speech or learning. THC can be stored in your fat cells and is slowly expelled from the body (CAMH, 2006)
A lot of teens regularly use marijuana.	Myth: Only 3% of Ontario students are problem users (CAMH, 2006)
Smoking marijuana doesn't affect your school performance.	Myth: Non-users find it easier to think and are more motivated than users (CAMH, 2006).
There are no long term effects associated with marijuana use.	Myth: Marijuana use may impair people's attention, memory and ability to process complex information. This can last for weeks, months and even years after usage has stopped. Cannabis smoke also contains cancer-causing agents, irritates the respiratory system (CAMH, 2003)
Marijuana use is not associated with mental health issues.	Myth: Marijuana has been linked to the onset of schizophrenia (CAMH, 2006)
Cannabis use is illegal in Canada.	Fact (CAMH, 2006). Other than for exceptions such as medical use, it is illegal to be in possession of any amount of cannabis in Canada (CODA, The

Marijuana is never useful.	Myth: Synthetic THC is used as a prescription medicine for people with AIDS or those undergoing cancer treatments. It is used because it can relieve nausea and vomiting and can help the person regain their appetite (CAMH, 2006)
Marijuana doesn't affect memory	Myth: The hippocampus is the brain's memory centre and THC affects this area of the brain the most (there are a lot of THC receptors here). When THC is present, it slows down memory. Short-term memory and memory retrieval are two of the most impacted behaviours. This decrease in activity can sometimes create permanent structural changes in ones' brain. (Kalat, 2009)

Myths or Facts? Sample Websites

Not4me

Health Canada's webpage with information on cannabis and other drugs.
www.notforme.ca

Centre for Addiction and Mental Health

A mental health and addiction teaching hospital funded by the Toronto Central Local Health Integration Network, the University of Toronto, and various other foundations and funders.
www.camh.net

Council on Drug Abuse

A non-profit organization based in Ontario that sponsors drug education programs in schools. It receives funding from the provincial Ministry of Health Promotion, along with a number of foundations, corporations, and individual donors.
www.drugabuse.ca

Canadian Centre on Substance Use

Canada's national addictions agency, legislated and funded by Health Canada to provide leadership, analysis, and advice to reduce drug-related harm.
www.ccsa.ca
www.xperiment.ca

HeretoHelp

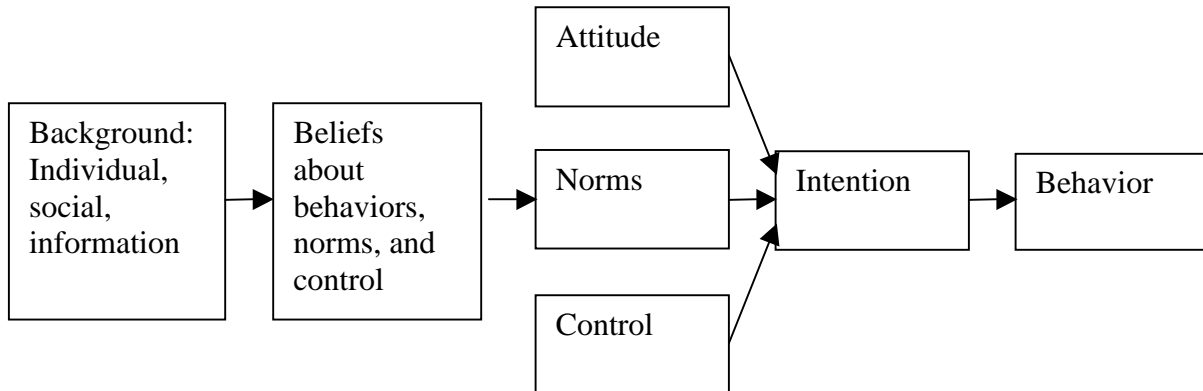
A project of the BC Partners for Mental Health and Addictions Information, funded primarily by the BC Mental Health and Addiction Services of the BC Provincial Health Services Authority. Additional funding is provided by the provincial Ministry of Children and Family Development and corporate sponsors.
www.heretohelpbc.ca

Parent Action on Drugs

A registered charity aimed at prevention, education, and support for parents, youth, and professionals.
www.parentactionondrugs.org
www.whatswithweed.ca

Appendix D

The Theory of Planned Behavior



- **Background factors (at the individual, social, and information levels)** include personality, values, experiences, background, knowledge, and information that is available to us. For youth marijuana use, it also includes parental supervision and amount of time spent with friends who tend to get into trouble.
- These background factors tend to predict our **beliefs** about the expected outcome of the behavior (costs and benefits), our beliefs about the expectations we think our friends, family and others have about us behaving in certain ways and our motivation to behave in ways we think they would want, and our beliefs about what will make it easier or more difficult to behave in certain ways.
- All of these beliefs, in turn, tend to predict our **attitude** toward the behavior (our evaluation of the behavior as positive or negative), social **norms** around the behavior (that is, the social pressure we feel we are under to engage or not engage in the behavior), and how much **control** we believe we have over the behavior.
- Attitude toward a behavior, subjective norms, and perceived control, in turn, tend to predict our **intention** to perform the behavior.
- If you want to know more, see Icek Ajzen's online model, which can be found at: <http://www.people.umass.edu/aizen/tpb.diag.html#null-link> (Ajzen, 2006).

Appendix E

Diffusion of Innovations

- Diffusion is “the process by which (1) an innovation (2) is communicated through certain channels (3) over time (4) among the members of a social system” (Rogers, p. 11).
- An **innovation** is any idea, practice, or thing that is new to a person or the social system.

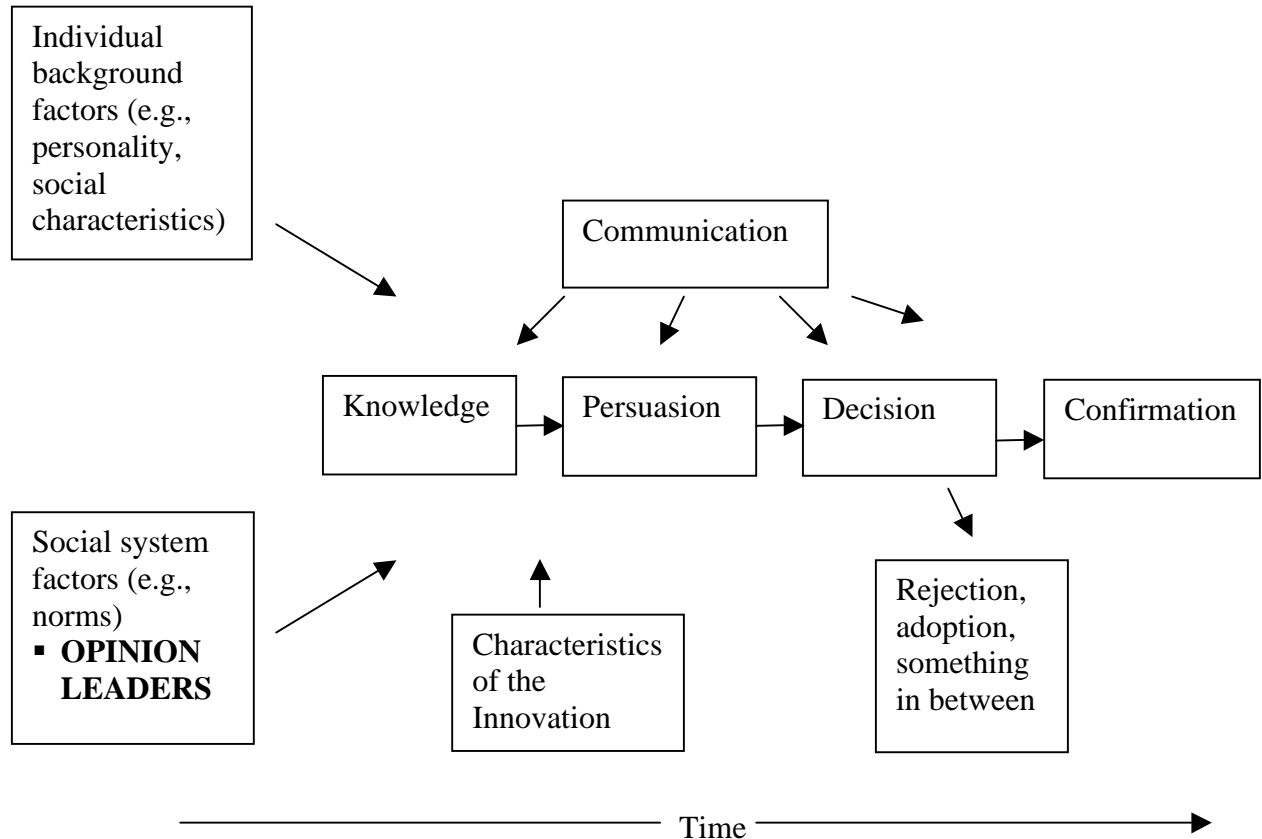


Figure 2. Diffusion of Innovations Model

- The characteristics of an innovation that might influence how quickly they are adopted include what the *relative advantage* is of the innovation, how *compatible* is it with people’s lives, how *complex* or difficult it is to use, how easy is it to experiment with the innovation (*trialability*), and to what degree the results are visible to individuals and the people around them (*observability*).
- Communication channels are the ways in which people share information with one another, and include means such as mass media and face-to-face communication.

- Time is how long it takes for people to move from knowledge about the innovation option process to its confirmed adoption. The adoption process involves five steps: Knowledge about the innovation's existence, the development of positive or negative attitudes toward the innovation (persuasion), the Decision to adopt or reject the innovation, putting the innovation into use (implementation), and continuing to use the innovation or deciding to abandon its use (confirmation). In this process, members of a social system will adopt innovation at different rates, and according to how quickly they adopt new ideas they can be categorized as innovators, early adopters, early majority, late majority, and laggards.
- Diffusion occurs within social systems. The norms, or approval and disapproval, of the social system will influence how quickly innovations are adopted.
- The consequences of adoption might be desirable or undesirable, direct and indirect (do they occur immediately or does something else have to happen first), and anticipated and unanticipated

Appendix F

Recognizing and Sustaining Change Talk Handout

Identify the statements below as Desires, Abilities, Reasons, Need, or Commitment to reduce use, to not use, or to make decisions regarding marijuana use more safely, or as other kinds of statements.

1. I've got to quit.
2. I wish I could.
3. I'm thinking about it.
4. I'm sure I'd feel a lot better if I did.
5. I don't know how I'd relax without a joint.
6. I would never drive with someone who's smoking.
7. I want to be in good shape.
8. It really is bad for you.
9. More and more of the people I know are trying to quit.
10. I'll try.
11. I have to smoke less.
12. I did quit before.
13. I wouldn't mind trying marijuana just to see what it's like.
14. Maybe I'll quit it in the summer.
15. It's important, but not the most important thing for me right now.
16. I'm not going to hang out with my friend when he's dealing.

Recognizing and Sustaining Change Talk Handout—Answer Sheet

Identify the statements below as Desires, Abilities, Reasons, Need, or Commitment to reduce use, to not use, or to make decisions regarding marijuana use more safely, or as other kinds of statements.

1. I've got to quit. (need)
2. I wish I could. (desire)
3. I'm thinking about it.
4. I'm sure I'd feel a lot better if I did. (reason)
5. I don't know how I'd relax without a joint.
6. I would never drive with someone who's smoking. (commitment)
7. I want to be in good shape. (reason)
8. It really is bad for you. (reason)
9. More and more of the people I know are trying to quit. (reason)
10. I'll try. (desire)
11. I have to smoke less. (need)
12. I did quit before. (ability)
13. I wouldn't mind trying marijuana just to see what it's like.
14. Maybe I'll quit it in the summer.
15. It's important, but not the most important thing for me right now. (need)
16. I'm not going to hang out with my friend when he's dealing. (commitment)

Appendix G

Motivational Interviewing Skills Cheat Sheets

Active empathic listening.

Open questions—Questions that cannot be answered with a yes/no, or a very brief response.

Affirmation—“yes”, “mmhmm”, “right”, nodding

Reflecting—Simple (parroting back what they just said), Amplified (some repetition and some amplifying the things negative consequences of harm reduction, Double-sided (repeat what they have said against harm reduction, then what they have said for harm reduction)

Summarizing—Putting together a few things the other person has said.

Change, Stay-The-Same, and Commitment Talk:

Desire—want, wish, would like to...

Ability—can, could, am able to...

Reason

Need—need to, have to, it’s important...

Commitment

Ask for elaboration or examples.

Emphasizing personal choice and control

Good things/Less good things (i.e., costs and benefits of reducing harm)

Active empathic listening.

Open questions—Questions that cannot be answered with a yes/no, or a very brief response.

Affirmation—“yes”, “mmhmm”, “right”, nodding

Reflecting—Simple (parroting back what they just said), Amplified (some repetition and some amplifying the things negative consequences of harm reduction, Double-sided (repeat what they have said against harm reduction, then what they have said for harm reduction)

Summarizing—Putting together a few things the other person has said.

Change, Stay-The-Same, and Commitment Talk:

Desire—want, wish, would like to...

Ability—can, could, am able to...

Reason

Need—need to, have to, it’s important...

Commitment

Ask for elaboration or examples.

Emphasizing personal choice and control

Good things/Less good things (i.e., costs and benefits of reducing harm)

Appendix H

How to Have a Conversation: Sample Scenarios

Scenario 1

- You are with a group of friends and one of them mentions that he thinks his co-worker smoked a joint at lunchtime.

Scenario 2

- A friend mentions that it is legal to have marijuana, as long as it's small amounts.

Scenario 3

- You are at a friend's cottage. It's a private beach and you are all sitting around a campfire and someone passes around a bag of special cookies. (*Remember, your response is not about you, it's about how to positively influence others.*)

Scenario 4

- You are outside at a friend's house. He asks if you mind him smoking a joint. You know that he has a younger, teenage brother in the house who is very important to him.

Scenario 5

- You've been dating somebody new and everything is going really well. The other person just made dinner for you at their place and you're sitting around having a drink. He/she lights up a joint. (*Remember, your response is not about you, it's about how to positively influence others.*)

Scenario 6

- You've just arrived a friend's house. On your way there, you noticed that a new medical marijuana bar has opened down the street.

Scenario 8

- You are sitting outside with your closest friend, talking about some serious problems he has been having. You know that he likes to smoke a joint when he is stressed out.

Scenario 9

- You are at a conference with a group of co-workers and you go out at the end of the day. It's late at night, and two co-workers start to smoke a joint outside of the building where everyone is staying. You are aware that other co-workers and your boss are likely to walk by.

Scenario 10

- You walk by a friend at a party and you notice she is smoking a joint. You know she is planning on driving herself home tonight.

Scenario 11

- A friend mentions that he used to smoke marijuana when he was younger, and sometimes he wouldn't mind trying it again.