

## Young Men and Yarndi: a pilot to diffuse information on cannabis, its use and potential risks among young Aboriginal and Torres Strait Islander Australians

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### Introduction

This Bulletin reviews recent NCPIC activity to address cannabis use among young Aboriginal and Torres Strait Islander Australians. A camp for young Aboriginal and Torres Strait Islander males from mid-Western New South Wales provided an opportunity to raise awareness of cannabis, its use, and potential risks among the young male participants.

### Rationale

While data are scarce, it appears that drug use among the Aboriginal and Torres Strait Islander population generally begins at a much younger age than the non-Aboriginal and Torres Strait Islander population;<sup>1</sup> with some Aboriginal and Torres Strait Islander children as young as 10 and 11 years old identified as commonly smoking cannabis.<sup>2</sup> The AIHW<sup>3</sup> report on the 2010 National Drug Strategy Household Survey indicated that 26.9 per cent of Aboriginal and Torres Strait Islander respondents reported having used cannabis, with 18.5 per cent reporting recent use, compared with 23.8 per cent of non-Aboriginal and Torres Strait Islander respondents reporting use and 10 per cent recent use. In addition, studies indicate that for the 14–19 year age group the use of cannabis among Aboriginal and Torres Strait Islander people is double the general Australian population.<sup>4</sup> Cessation of cannabis use among Aboriginal and Torres Strait Islander people (men in particular) in remote communities, has also been found to occur much later than among the non-Aboriginal and Torres Strait Islander population.<sup>5</sup>

Although the latest data suggests a slight increase in use, over the past decade there has been a reduction in cannabis use across Australia.

In contrast, Aboriginal and Torres Strait Islander workers across the country are becoming increasingly concerned about the recent rapid escalation and pervasiveness of cannabis use within their respective communities.

They are particularly concerned about the cannabis use of their young people. Current prevention activities do not appear to be having the desired impact on young people, and young males generally are not known as regular health information and intervention seekers.



It is clear that increased efforts to address cannabis use among young Aboriginal and Torres Strait Islander Australians remains a priority, but that effective strategies to do so remain elusive. It is possible that approaches that attempt to diffuse accurate information and raise awareness of potential risks via peers could be beneficial.

## Theoretical underpinnings

‘Peer Education’ has come to mean many things, and can be regarded as a contested construct. For example, once ‘educated’ and with consequent ‘privileged access’ to resources previously unknown or unavailable, is a ‘peer’ still a ‘peer’ in the communities within which they live or the groups within which they use drugs and engage in possibly risky behaviour? In some ways they remain peers, in that they may have a common ethnicity, geography, similar educational attainments and employment options, and disadvantaged or advantaged status. However, they differ in their ‘selection’ to be ‘educated’ and via the ‘education’ they have received, and there may be consequent issues of trust by community or group (former) peers.

In attempts to avoid some of these issues, approaches and models have developed that attempt to ‘educate’ a range of target young people, imbed specific information within broader ‘curricula’, and hope that the information imparted will ‘diffuse’ via typical interactions among the ‘educated’ and the ‘non-educated’ within the target population.

Some of these newer models draw on the seminal work of Paulo Freire – *Pedagogy of the Oppressed*<sup>6</sup> (originally published in Portuguese in 1968) – the Brazilian educator and theorist of critical pedagogy. His work in ‘special education’ and ‘adult education’ contains a strong political edge, and encourages the maximum participation of the oppressed to be ‘empowered’ to create their own ‘liberation’. ‘Liberation’ may be in the form of liberation from oppressive or un-healthy ideas or actual, physical oppression. His views are significant, in that they attempt to ‘liberate’ the ‘oppressed’ from being ‘unfortunates’ and ‘victims’ and facilitate the recognition that they have an active role in their ‘liberation’ and need not remain passive and awaiting ‘rescue’. Education and knowledge are central to this shift in perspective.

Recent work of Colonna<sup>7</sup> with young psychostimulant users is embedded in such an approach.

*“Group participants are treated with respect as partners working together with staff to improve the health of the stimulant using community. They are not infantilized, demonized, or ostracized, but are true partners in improving healthy behaviours in their communities. They exert significant control over the direction and strategies of the intervention... By means of appropriate training and support, the participants become active players in the educational process rather than ‘passive recipients or messengers’”.*<sup>7</sup>

Colonna<sup>7</sup> draws on the ‘Diffusion of Innovation’ model, ‘the process by which a new behaviour or idea is taken up by a group or network. It consists of four main elements: innovation (the idea, practice or object that is perceived as new by an individual or group); communication channels (the means by which messages are exchanged); the social system; and the time it takes for the innovation to be adopted’. Thus, the diffusion of innovations theory has attempted to explain how, why and what rate new ideas and technology spread through groups, communities and culture.

In Colonna’s work with young psychostimulant users, the participants identify key messages and design and produce written or video harm reduction and other informational materials during this group process. For example, flyers and Zines (self-published magazines, brochures and posters). They may also decide on some direct action components to inform politicians and key stakeholders of their situation and needs. Colonna’s model is similar to the Information-Motivation-Behavioural Skills model (IMB).

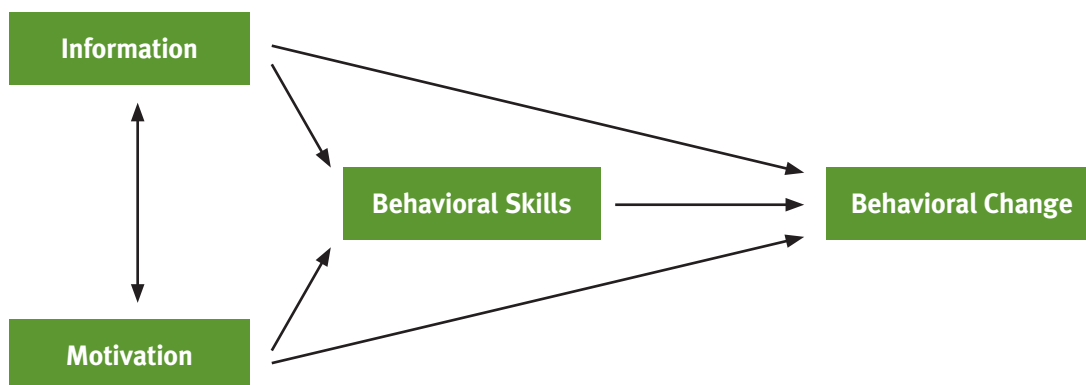
WHO<sup>8</sup> has summarised the IMB constructs, noted that interventions based on this model have been effective in influencing behavioural change across a variety of clinical applications, and explained how they pertain to patient adherence. They stress that the IMB model demonstrates that information is a prerequisite for changing behaviour, but in itself is insufficient to achieve this change:

- *“Information is the basic knowledge about a medical condition that might include how the disease develops, its expected course and effective strategies for its management.*
- *Motivation encompasses personal attitudes towards the adherence behaviour, perceived social support for such behaviour, and the patients’ subjective norm or perception of how others with this medical condition might behave.*
- *Behavioural skills include ensuring that the patient has the specific behavioural tools or strategies necessary to perform the adherence behaviour such as enlisting social support and other self-regulation strategies.*

*Note that information, motivation and behavioural skills must directly pertain to the desired behavioural outcome; they have to be specific”.*<sup>8</sup>

**Figure 1**

### Information-motivation-behavioural skills (IMB) model



The IMB model has been applied in other relevant settings. For example, Fisher<sup>9</sup> used the model for HIV-related sexual risk reduction among minority youth, and Anderson et al.<sup>10</sup> applied the model to investigate HIV prevention behaviour of low-income, minority women. Both found the model helpful in bringing about positive behaviour change.

A benefit of the model is that it attends to some of the difficulties inherent in the Health-Beliefs models, whereby the belief about a possible adverse health outcome is personalised and behaviour change enacted. Such models can be useful with certain medical conditions, but less so with behaviours that may bring much reward in the short-term (eg. drug taking), where any major negative health outcomes occur at some later time.

The current pilot drew on the above body of work, and the strategy employed was one whereby a camp for young Indigenous men who may or may not be using cannabis was planned. The camp had an emphasis on ‘culture’, healthy physical activities, as well as periods of information sharing and knowledge clarification and acquisition utilising a variety of media – for example, art and music. The hope was that once the young men returned to their families, peer groups and communities, they would feel capable of sharing what they had learned.



## Getting cannabis on the agenda – the camp

Three activity-based groups addressing cannabis use and risks were developed that were to be included in a ‘healthy mind, body and spirit’ camp for young Aboriginal and Torres Strait Islander males.

### Aims of the camp were to:

- raise awareness of cannabis as an issue for young Aboriginal and Torres Strait Islander Australians
- clarify existing knowledge and beliefs
- provide accurate information
- raise awareness of harm reduction so that information can be shared with peers who may be using cannabis
- create healthy messages that can be diffused among family and peers, and
- encourage helpseeking if difficulties are experienced

There was no prerequisite that camp participants actually use cannabis, but all, whether using cannabis or not, had family, neighbours or peers who used, some heavily.

### The four groups

**Group One: *What do you know about cannabis? Separating fact from fiction!***

**Group Two: *Helpful messages for mates/mob***

**Group Three: *Reducing harms***

**Group Four: *Tidy up – An optional session***

Three different approaches are utilised in the first three groups. The first group uses brainstorming and a quiz format, then clarification of information forthcoming from participants.

The second group is based around artworks that have been produced for NCPIC as a basis to promote discussion and to hone prevention messages. Participants are then challenged to produce their own posters and messages.

The third group increases emphasis on the potential harms associated with the use of cannabis. It then involves the use of music generated by participants in the NCPIC Aboriginal and Torres Strait Islander Music Competition. Participants are invited to respond to the music and messages, as well as develop their own songs.

Group Four attempts to reinforce the learning and messages, and to harness greater motivation to diffuse the ‘information’ acquired during the camp. However, for some groups this session may be too confrontational. The decision to include it needs to be based on knowledge of the participants, and their personal, family and community circumstances.

Essentially, the groups are not educational in a formal sense, but use ‘non-formal’ educational processes. They attempt to elicit the identification of existing ‘knowledge’ of the participants, its clarification as necessary, the development of key prevention messages based on accurate information, and the enhancement of motivation to act on the ‘new’ knowledge base both personally and among family, peer and community networks. The structure uses each group to reinforce information transmitted in each previous group(s), and also maximises any opportunities to clarify existing ‘knowledge’ during more informal interactions and structured recreational activities.

At the outset, it is essential to attempt to build trust between participants, facilitators and mentors, and among the participants themselves, as well as promote some bonding as a group. It is also crucial to establish a 'balance' between the activities and information acquisition, and to ensure the experience of the camp is challenging, yet fun.

### Group One: What do you know about cannabis? Separating fact from fiction!

- a) Start with a 'brainstorm' about what three things they 'know' about cannabis
- b) Correct information
- c) Short quiz:
  - The strength of cannabis has increased dramatically over time
  - Cannabis can only be detected in urine up to 4-8 days even with heavy levels of use
  - Some cannabis users experience serious mental health problems
  - Cannabis use does not have any serious physical health consequences
  - Cannabis use by the mother during pregnancy does not harm the unborn child
- d) Brainstorm 'correct' answers, use PowerPoint presentations (PPTs), and provide information as necessary (PPTs 6-32)
- e) Focus remainder of session on pulling information together

### Close

#### Resources needed:

Poster-style information charts:

- Show available diagrams/illustrations that show the effect of cannabis on the brain and other body systems
- PPTs 1-32

### Group Two: Helpful messages for mates/mob

- a) Start with showing NCPIE posters and stories – actual posters and on PPTs 34-50:
  - Cannabis and sport
  - Cannabis and driving
  - Cannabis and control
  - Cannabis and friendships
  - '*Cannabis – it's not our culture*' posters done by young Aboriginal and Torres Strait Islander people – Thursday Island, Lockhart River, Griffith and Kintore (Michael Tjangala Gallagher), and one by adult women – Jubullum
- b) Elicit feedback on the posters:
  - Is the message clear?
  - Does the picture tell a story?
  - What do you think of the colours used?
- c) Read stories from the selected posters – elicit feedback and discuss
- d) Participants develop their own message and poster on the theme 'Cannabis and Culture'
- e) Display posters and share stories

### Close

**Resources needed:**

- NCPIC posters: cannabis and sport, cannabis and driving, cannabis and control, cannabis and friendships, ‘Cannabis – it’s not our culture’ posters done by young Aboriginal and Torres Strait Islander people – Thursday Island, Lockhart River, Griffith, Kintore (Michael Tjangala Gallagher), and Jubullum
- Stories from the posters
- Art materials (Textas and drawing pads)
- PPTs 33-52

**Group Three: Reducing harms**

- a) Start with a ‘brainstorm’ about what is ‘harm’
- b) Discuss and correct any misinformation
- c) Questions:
  - What information are you going to take back?
  - How can you help a mate who might have a problem with cannabis?

**Suggestions:**

- *if your friend has a mental illness like depression, anxiety or schizophrenia, encourage them not to use cannabis or any other drug, unless prescribed by a doctor*
  - *encourage your friend to seek help from their GP or a counsellor about their cannabis use if they experience mental health problems*
  - *remind them of any negative effects from cannabis use they may have experienced*
  - *suggest they avoid bingeing or polydrug use, or anything that will intensify the effects of cannabis*
  - *become involved with other activities with them that do not involve drug use*
- d) Play selections from CD – what are the messages in the songs?
  - e) Can they do better? Generate lyrics for ‘HR Rap’

**Pull sessions together and close****Resources needed:**

- NCPIC Aboriginal and Torres Strait Islander Music Competition CD 2010:
- <http://ncpic.org.au/ncpic/news/competitions/article/2010-indigenous-music-competition-winner-announced>
- Chookie Dancer video clip: <http://www.youtube.com/watch?v=O-MucVWo-Pw>
- PPTs 53-58

**Group Four: Tidy up – An optional session**

- a) Start with a ‘brainstorm’ about what three things they now ‘know’ about cannabis
- b) Questions:
  - So, what do you think people your age who use cannabis like about it – get from it?
  - What do you think they might like less about it – lose from using cannabis?
  - If someone your age was using too much cannabis, what good things might they achieve from giving up or reducing their use?
  - What might make it hard for them to give up or reduce their use?
- c) Summarise

- d) Brainstorm ideas for spreading the messages..... and try to encourage some commitment from participants to try some of these when they return to their peer groups.
- e) Focus remainder of session on pulling information together

### Close

#### Resources needed:

- Copy of 'Clear your vision' booklet
- PPTs 59-61

## Case Study: Mudyi Yindyamarra (*respectful mates*) – 'Young Men and Yarndi' Aboriginal youth camp with Lithgow students

In collaboration with the Lithgow Information and Neighbourhood Centre (LINC), a not-for-profit community-based organisation, NCPIC supported a youth camp in Yarramundi, NSW, with young Aboriginal men from Lithgow. The three-day camp provided seven students who identified as Aboriginal, ranging from the ages of 12-15, with education on culture, health and lifestyle, with a specific focus on cannabis-related issues. Prior to the camp, a cannabis information session was organised by Sonia Cox from LINC for elders, community members and mentors which was co-facilitated with Dr John Howard and Dion Alperstein.

Owen Smith, Jim Lord and Heath Zorz, all Wiradjuri men, Dean Murray an Aboriginal Community Liaison Officer from the Department of Education and Dion Alperstein, a NCPIC staff member, were mentors for the student participants. Each day was structured around physical team-building activities such as canoeing, abseiling and rock climbing, with educational sessions scheduled between activities. Aboriginal community members and camp mentors Owen Smith, Jim Lord, Heath Zorz and Dean Murray actively involved the young people in discussion about their culture, which many of the boys knew very little about. While there were no formal 'cultural education sessions', cultural discussions were often raised, more often than not during meals when all the students were seated together. The timetable and structure of the camp is outlined below.

Day 1	Day 2	Day 3
Arrival, camp briefing, cabin allocation and orientation – 10:00 am	Breakfast – 7:30 am	Breakfast – 7:30 am
Lunch – 11:45 am	Rock climbing – 8:15 am	Archery – 8:15 am
High ropes – 12:30 pm	Morning tea – 10:15 am	Morning tea – 10:00 am
Afternoon tea – 2:30 pm	<b>Cannabis Session Two – 10:30 am</b>	<b>Cannabis Session Three – 10:15 am</b>
Vertical challenge – 2:45 pm	Lunch – 12:00 pm	Lunch – 12:15 pm
<b>Cannabis Session One – 4:00 pm</b>	Abseiling and giant swing – 12:45 pm	Wrap up and farewells
Dinner – 5:15 pm	Afternoon tea – 3:00 pm	Departure – 2 pm
Swimming – 6:15 pm	Canoeing – 3:15 pm	
Showers and bed	Dinner – 5:15 pm	
	Showers and storytelling, bed	

Education about cannabis-related issues was based around five key themes; frequency of cannabis use by young people; changes in potency; cannabis and the foetus; cannabis in urine; and cannabis and mental health.

On **Day One**, participants brainstormed in groups and decided upon the three things they knew about cannabis. This was then presented to the group and they were provided with the correct information or an explanation of their facts if they were unsure about anything. Following this, each student filled out a quiz in order to assess what participants already knew about cannabis and its effects. After the quiz the participants were provided with information around the five core themes and other relevant cannabis-related issues (supported by PowerPoint slides). In general, the young men were very interested in the information and came up with a number of cannabis-related questions as a result. The young men were particularly attentive when discussing harm reduction strategies, such as not holding your breath for a long time when smoking. During this session a number of common misconceptions about cannabis and cannabis use were addressed and when some of the young men raised incorrect information, this too was corrected.

On **Day Two**, the participants discussed as a group, what they believed the risks were in using cannabis. Participants were then shown a number of NCPIC posters, each of which had a short description attached. Posters had messages about cannabis and sport, driving, control, friendships and Aboriginal and Torres Strait Islander culture. After showing the young people the posters and reading out the stories, they were asked whether the messages were clear and whether the pictures told a story. A group discussion was based around these two questions. Participants were then instructed to create posters that conveyed their own messages. After the posters were completed, each participant explained their poster and story to the group.

Finally, on **Day Three**, participants split into groups and discussed the impact of cannabis on their lives and in their communities. Participants were then played a number of songs from the winners of the 2010 NCPIC Aboriginal and Torres Strait Islander Music Competition and asked to discuss the messages in the songs. Participants then discussed the impact of cannabis on their lives and communities and wrote lyrics to their own song/hip-hop rap. Each group was given the opportunity to perform or read the lyrics to their rap and the participants discussed what they liked about each group's song. Particular attention was paid to the meanings of each rap and the impacts/harms cannabis has on their lives and communities.

At the end of this session an informal conversation was initiated that summed up the five key themes regarding cannabis-related issues and asked the students what they learnt and how they would use this information when they returned home. The participants were also asked what they could do to help a family member or friend who might have a problem with cannabis.

Pre- and post-cannabis knowledge based on the five identified key themes around cannabis-related issues were determined. The camp participants improved their knowledge by 34 per cent, initially scoring 46 per cent before the camp and 80 per cent at the end of the camp on the questionnaire.

At the **Follow-up BBQ** participants were asked to reflect on the camp as a whole, the information they retained, and whether they had passed any of it on to family or peers. They also completed the knowledge quiz for the third time. They had previously completed the quiz at the start of the camp and at the end. Scores on the third completion of the quiz that took place at this BBQ, five months after the camp, showed that participants had retained all of their knowledge.

In relation to key messages, the young participants recalled the risks of using bucket and plastic bongs, and the possible contaminants in cannabis. However, they did not mention potential mental health harms and those that could impact on a safe and healthy pregnancy. They said that they could and would, if the situation arose, pass on information they held to both family members and peers, and that they would adapt to the audience. In particular, they said they would be more likely to encourage quitting cannabis use altogether, given the negative health effects as opposed to simply providing harm minimisation tips. They indicated that they felt equipped to attempt to discourage family members and/or peers from initiating use of cannabis, and provide cautions on the potential harms to current users.



The participants were also asked about the camp itself, and they indicated that about 10 to 15 participants would be the ideal number. They said that a mix of young people who did and did not use cannabis should create no difficulties that they could foresee. The possibility of similar camps for young Indigenous women was welcomed. They believed that young women would be more likely to spread the messages learnt at the camp via social media, as opposed to talking amongst family and peers. In relation to the ratio of activities to information, the young participants believed that the balance was right.

They did not endorse the suggestion of information on sexual and reproductive health, as they believed these issues were covered well enough at school and other venues. Likewise, they felt that any 'special' attention to 'culture' would not be positively received, and that just because they were 'Aboriginal or Torres Strait Islander' did not mean that they had to be constantly exposed to 'cultural activities'. They did, however, welcome the possibility of informal conversations that led to stories of the past and their people, and current predicaments.

Inclusion of issues related to tobacco use was welcomed, as they understood the links between the use of tobacco and that of cannabis. It was felt that the link could be ideally explored via the messages around holding smoke in the lungs and potential harms that could accrue. This could also be extended to the inhalation of petrol and other volatile substances.

It might also be possible to include exposure to the NCPIC 'Clear Your Vision' website and resource, to alert participants to the existence of the site, how it can be used, and how they may introduce the site to their peers.

In addition, information was received from teachers who said that the young participants spoke very enthusiastically and positively about the camp to school staff as well as other students. Similar positive feedback was received from some members of the families of the young participants.

In light of the feedback and questions raised by participants, a revised 'cannabis quiz' will be used in future camps. It will include a range of topics that address myths about the following:

1. The proportion of 14-19 year old Australians that have tried cannabis
2. The strength of cannabis and changes over time
3. Testing for cannabis in urine
4. Cannabis and mental health
5. Cannabis use during pregnancy
6. Cannabis and tobacco smoking
7. Synthetic cannabis
8. Cannabis and contaminants (e.g. pesticides and mould)

## Lessons learned

- a) The **preferred number** of participants should be between ten and twelve.
- b) A **mix** of young people who use and who may be at risk of using is appropriate.
- c) Camps should be **gender-specific**, with separate camps for young males and females.
- d) The inclusion of two young people who participated in a previous camp as '*peer mentors*' could be helpful.
- e) No 'formal' sessions should be scheduled relating to '**cultural education**', but rather conversations around culture could be informally initiated at various occasions throughout the camp. However, it may be beneficial in future camps to try to increase, as much as possible, opportunities for informal conversations regarding issues of historical and current interest.


- f) In the same light, it would be beneficial to devote more time towards some discussion of **tobacco** and its harms, and diet and nutrition, in the conversations around cannabis and its use. Thus, harms associated with holding smoke in the lungs for prolonged periods, the carcinogens in both tobacco and cannabis, the potential for respiratory diseases, and the need to maintain a **healthy diet** could be explored. In addition, the inhalation of **volatile substances** could be included.
- g) It seems sensible that an **educational session is always followed by a recreational activity** to maintain a balance. Thus, given the timetable of the Yarramundi camp, cultural and health educational workshops could replace back to back recreational activities on the first and last day. Furthermore, on one of the two nights, an informal cultural discussion could be incorporated into a campfire activity.
- h) The possibility of **blending a recreational activity with information and knowledge acquisition** could be explored. For example, an activity based around a basketball hoop, passing the ball, and chances to score could be coupled with correctly answering questions related to cannabis use – such as the information on the ‘*Gunja and the Brain*’ playing cards.
- i) Exposure to the NCPIC ‘**Clear Your Vision**’ site could be useful.
- j) There was a **willingness to pass on what was learned** to family members and peers; both in terms of discouragement of initiation to the use of cannabis, and alerts as to potential harms associated with its use. This can be best achieved by using naturally-occurring opportunities, rather than by trying to force the situation.
- k) Another activity which would be valuable in determining the effectiveness of the camp would be to do a **sociometric mapping** task with each participant before and after the camp. This task could determine whether personal relationships of participants change over time. Of particular interest would be to find out if participants have close relationships with people using cannabis and/or other drugs and how these relationships change, if at all, after the camp.

## Conclusions

It appears feasible to incorporate cannabis-specific health promotion and harm reduction information into an activity-based camp for young Aboriginal and Torres Strait Islander people. Feedback from the young participants and their teachers and families was positive, information and knowledge was retained, and there was a willingness to transmit and diffuse this information and knowledge acquired to family members and peers as opportunities arose.

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## Appendix One: PowerPoint presentations for cannabis information and activity sessions

**Young Men and Yarndi**



1



**Group One**



*What do you know about cannabis?  
Separating fact from fiction!*


2

**What is this plant called?**



3

**What do you know about cannabis?**




Write down three things you know ...

Then in table groups – share your three

Agree on a final five for your group ...


4

**Groups provide feedback**



5

**Cannabis Quiz**



6





## Cannabis Quiz: True or False?

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- 50% of 14-19 year old Australians have tried cannabis
- the strength of cannabis has increased dramatically over time
- cannabis can only be detected in urine up to 4-8 days even with heavy levels of use
- some cannabis users experience serious mental health problems
- cannabis use by the mother during pregnancy does not harm the unborn child

7

## What we know about the questions in the quiz

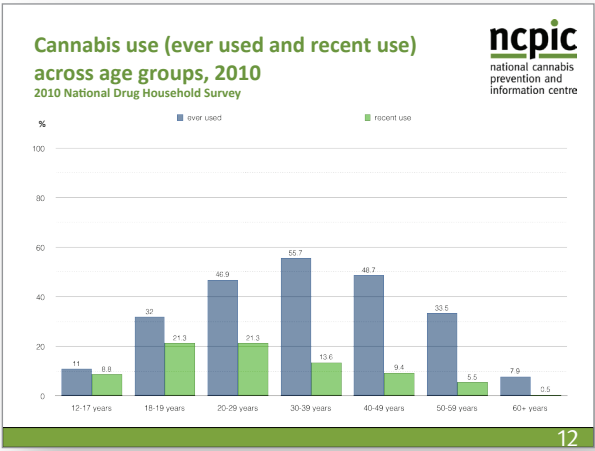
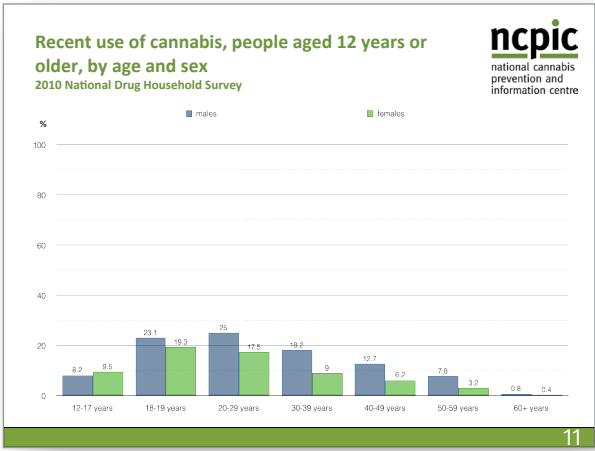
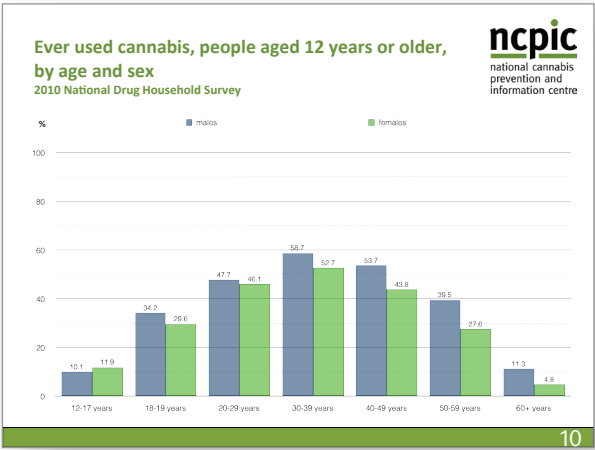
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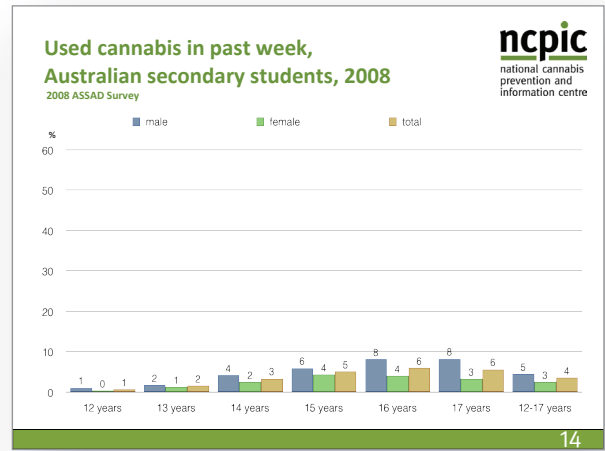
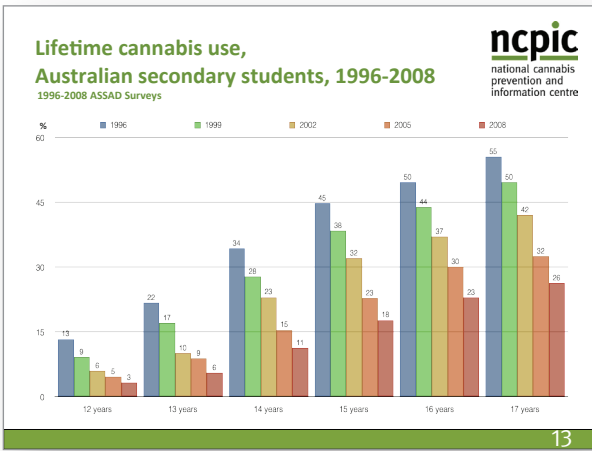
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## How many people use cannabis?

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9





### Strength or potency

‘Hydro’ usually stronger than ‘bush’ – it usually has more THC

**Pattern of use is important:**

- start at younger age
- stronger part of plant used
- use more often
- use with others and alone
- using bongs ...

15

### Urine

- can last for a while
- cannabis is *fat* soluble

16

### Mental health

17

### Mental health risks and harms associated with cannabis use

Some people experience very unpleasant psychological effects when they use cannabis such as:

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

Early and heavy use of cannabis is associated with up to six times the risk of schizophrenia (a serious mental health problem) – in those at risk

- e.g., smoking 3 or more times per week before the age of 15

Anxiety and panic attacks are among the most common negative reactions to cannabis

18



### Short-term effects of cannabis use

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- ❑ feeling of well-being
- ❑ lack of co-ordination/concentration
- ❑ bloodshot eyes
- ❑ loss of inhibitions
- ❑ anxiety and paranoia
- ❑ sleepiness
- ❑ increased appetite and dryness of the mouth and throat

19

### Health risks and harms associated with cannabis use

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The earlier a person starts using cannabis, the more heavily they use it, it is more likely they will continue to use it and develop problems with it

Long-term effects include:

- ❑ increased risk of respiratory diseases, including cancer
- ❑ dependence
- ❑ decreased memory and learning abilities
- ❑ decreased motivation
- ❑ mental health impacts
- ❑ change in social functioning

20

### Other health risks and harms associated with cannabis use

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Cannabis smoke contains carbon monoxide and carcinogenic tars and is usually inhaled about four times longer than cigarettes

Tobacco smoking causes:


- ❑ obstructive respiratory disease
- ❑ respiratory infections
- ❑ lung cancer

***Cannabis users who hold the smoke in their lungs for a long time and increasing their risks for serious harms***

21

### Pregnancy – any impact on the growing baby?

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22

### Pregnancy – any impact on the growing baby?

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- ❑ YES!!!!!!!!!!!!!!
- ❑ low birth weight

23

### How is cannabis grown?

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### Hydro labs – what do you notice?

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### What's in the bag?

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### What's in the bag?

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At least 500 compounds

- 70 are cannabinoids
- THC (delta-9-tetrahydrocannabinol) gives most of the effect

What else?

- growth enhancers
- other chemicals
- ? pesticides
- ? mould/fungus
- ? fly spray
- ???????

27

### What's in these bags?

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28

### What's in these bags?

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We are not sure ..... they're called 'research chemicals'

So they may be risky ....

29

### What is being smoked?

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### What is being smoked?

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- ❑ cannabis
- ❑ tobacco
- ❑ plastic
- ❑ blu-tac
- ❑ rubber
- ❑ left-over gunk from last session
- ❑ mould
- ❑ ? fly spray
- ❑ ? growth enhancers
- ❑ other chemicals
- ❑ ??????????????????



31

### Bucket bong are very bad for you! Why?

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32

### Group Two

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*Helpful messages for mates/mob*

33

### Cannabis: It's not our culture

#### Posters and stories

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34

### Cannabis: It's not our culture

Dean Jones – Wiradjuri (Griffith, NSW)

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35

### Cannabis: It's not our culture

Dean Jones – Wiradjuri (Griffith, NSW)

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#### Story - "Walk away"

His art depicts evil spirits rising from the cannabis leaf and the footsteps are the individuals turning their back and walking away from it all

36



**Cannabis: It's not our culture**  
Barbara Avery and Judy Torrens – Jubullum, NSW

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37

**Cannabis: It's not our culture**  
Barbara Avery and Judy Torrens – Jubullum, NSW

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**Story**  
Cannabis came to our community in the early years; it had never been part of our culture. It caused conflict, loss of family values, younger children to be neglected, loss of respect towards Elders and other community members, mental illness and sadness. The community was in fear of the anger and depression cannabis was causing. Darkness came over the community as cannabis use increased. The stronger members saw the effects on individuals and knew that path was wrong. With their strength and leadership, with their knowledge of family and culture, guidance and support is being given to those affected by drug use. The darkness is being lifted and the community is moving forward to a brighter future. Drugs will not ruin our life, our Community, it is not our culture

38

**Cannabis: It's not our culture**  
George Gabey – Thursday Island, Qld

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39

**Cannabis: It's not our culture**  
George Gabey – Thursday Island, Qld

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**Story - "Keep Our Culture Strait"**  
This print is based on the effects of marijuana and how its use make you lose touch with your family, community and your culture. Family, community and culture are integral to Torres Strait Islander identity. This print shows, from top to bottom, family connections; our strong association with sea food such as fish and turtle; our seafaring ways; Christianity; weaving and dance traditions. Smoking drugs makes culture seem unimportant and causes disrespect to our elders. We need to keep our culture strong and retain our identity for future generations

40

**Cannabis: It's not our culture**  
Silas Hobson and young people – Lockhart River, Qld

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**Cannabis: It's not our culture**  
Michael Tjangala Gallagher – Kintore, NT

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42



**Cannabis: It's not our culture**  
 Michael Tjangala Gallagher – Kintore, NT

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**Story**

Long ago they (our young people) were sniffing petrol and smoking gunja. Now, they are safe and well (finally). Take care of our home, Wajungurru (Kintore). Leave it - petrol and gunja! Listen to your elders – our grandfathers and grandmothers

43

**Other NCPIC posters**

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44

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Factsheet  
 Research brief  
 Order sport resources  
 About this project

**IF YOU WANT A CHANCE ON THE FIELD, STAY OFF THE GRASS**

DON'T SMOKE AWAY YOUR POTENTIAL  
 Call our free helpline on 1800 30 40 50  
 SUPPORTED BY THE AUSTRALIAN GOVERNMENT

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45

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Get your kicks on the field. Not on the sidelines.

Cannabis can affect your fitness, co-ordination and overall performance.  
 1800 30 40 50 www.ncpic.org.au

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46

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**Are you in control?**  
 If you or a friend needs help and support with your cannabis use, please give us a call and we'll help you the stress.

**1800 30 40 50**

www.ncpic.org.au

47

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**CANNABIS AFFECTS FRIENDSHIPS**

WILL YOU PUT YOURS AT RISK?

NEED HELP OR ADVICE?  
**1800 30 40 50**

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48



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49

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50

### Your favourite poster

In groups – which poster does your group like the best?  
Why?

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51

### Your poster

In pairs, design your own poster

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52

### Group Three

*Reducing harms – Cannabis rap!*

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53

### What is a 'harm'?

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54



**What information are you going to take back?**

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*How can you help a mate who might have a problem with cannabis?*

55

**Cully Kids of Cunnamulla, 'Wanna-Bees'**

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*People smoke marijuana to be a wanna-be  
They have a backyard full of yarndi trees  
But you see I wanna be the deadliest I can be  
That's why I go to school to learn my ABCs  
So freeze! Now wind it back please  
You need to live your life while you're young and free  
So Please! You gotta listen to me  
While I'm talking to my young black Aborigines*

*So all my Murriss in the hood I got a message for you  
Think about your family whatever you do  
Look out for your sister, brother, uncle and aunties  
And your mum and your dad, don't worry about the yarndi*

56

**Your favourite song**

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In groups – which rap/song does your group like the best?  
Why?

57

**Your song/rap**

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In the group, make up your own song or rap

58

**Group Four**

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*Where to from here?*

59

**Questions to think about**

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What do you think people your age who use cannabis like about it – get from it?  
What do you think they might like less about it – lose from using cannabis?  
If someone your age was using too much cannabis, what good things might they achieve from giving up or reducing their use?  
What might make it hard for them to give up or reduce their use?

60



**Take home messages**

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*Brainstorm*

61

**Acknowledgement:** Many people were central to the camp being held, including Sonia Cox and Wiradjuri man, Heath Zorz from LINC (Lithgow Information and Neighbourhood Centre), Uncle Owen Smith, also a Wiradjuri man, from the Lithgow Community, Dean Murray, an Aboriginal Community Liaison Officer from the Department of Education, and Clarke Scott and Jim Lord from Sydney West Area Health.

