



***What's With Weed –
Responding to Problematic Marijuana Use
on Campus: A Report from the Field
2009***

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Parent Action on Drugs

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Executive Summary

The “What’s With Weed” project was developed in 2005 to address problematic marijuana use by students in secondary schools. The project’s sponsor, Parent Action on Drugs received funding from the Drug Strategy Community Initiatives Fund of Health Canada to develop youth-to-youth resources to look at risks and ways to reduce, avoid or prevent the problems.

Following success at this level¹, the project heard from campus health promoters in 2006/07 about similar concerns at the post-secondary level. This was reinforced by statistics of use from current research and by BACCHUS/Student Life Education, the national organization for alcohol education with post-secondary institutions.

A needs assessment completed with several campus representatives resulted in the development of a series of training workshops delivered in 2009 in south-eastern and south-western Ontario

This report presents the results of those training workshops including the feedback from the round table discussions, plus recommendations for the future based on this feedback.

It is clear that this is a very complex subject and there is no “magic bullet” that will stop marijuana use by post-secondary students. Nor is there only one strategy that a campus can take to reduce problematic use. Like alcohol, marijuana is well-established as a psycho-active drug chosen by young people and adults. Unlike alcohol, the legal status of marijuana complicates the approaches and strategies taken by institutions.

This report supports these institutions in an on-going development of strategies which have been identified as best practices when it comes to delivering education and awareness programs, when it comes to supporting individuals who may be experiencing problems with their use, and when it comes to developing effective drug policy.²

This report can only touch the surface of the issues identified by campus representatives. A key recommendation is that the process of dialogue and discussion continue and activities and resources continue to be shared, as has happened with campus alcohol issues.

Introduction

“Youth to Youth: The Risks and Realities of Marijuana Use” was originally a two year youth-driven project undertaken by Parent Action on Drugs (PAD) with the goal of reducing problematic marijuana use among Ontario youth ages 14-18. Problematic use was defined as any use which was causing problems for the user including problems with friends, family, and school/work. This goal was achieved through a health promotion approach that used a comprehensive range of strategies

¹ All references can be found in: Sanagan, P. What’s with Weed: Responding to Problematic Marijuana Use – Annotated Bibliography. Parent Action on Drugs 2009

² Sanagan, P. Best Practices to Address Problematic Marijuana Use by Youth. Parent Action on Drugs 2009

including social marketing, skill-building, and education, to increase awareness, address attitudes and change behaviour regarding problematic marijuana use.

The Ontario Student Drug Use Survey (Adlaf et al, 2007) and PAD's work with students across the province indicated that most students believed that marijuana use has only minor risks associated with it, or is risk-free. Therefore, making students aware of the risks, addressing attitudes and changing behaviour were the goals of the program.

The core activity in the pilot project was a grade 9 workshop conducted by senior students. This core activity was supported with five other activities in each school: a senior student assembly, a senior student peer leader training day, a grade 9 assembly, a staff presentation, and the posting of a counsellor (change facilitator) to each school.

“The evaluation showed that the core activity – the workshop for grade 9 students – was very successful. 66% of grade 9 students reported that their assembly and workshop had changed their mind about the risks of marijuana use “a little” to “a great deal”. Another indicator of success was that over 70% of grade 9 students reported satisfaction with the classroom workshops run by peer leaders, in all schools except one.” (Glover, C, 2006)

During this first phase of the project, it was re-named “What’s With Weed” by the Youth Advisors to the project. As well as the secondary school activities, an assessment website was developed (www.whatswithweed.ca) for users and their friends. Resources were developed to promote community and online supports including “matchbooks” and community information cards.

The secondary school program had as its objectives to identify, increase and promote:

- effective youth-to-youth strategies for addressing the risks and realities of marijuana use in Ontario in both urban and rural schools
- awareness of the potential for problematic marijuana use with teens
- a “Stages of Change” model for users who want to reduce potential risks

Working with partners from both the education and treatment fields, with direction from a Youth Advisory and basing the project in “best practice” principles, the objectives were met.

An external consultant found, “The evaluation showed that the core activity – the workshop for grade 9 students – was very successful. 66% of grade 9 students reported that their assembly and workshop had changed their mind about the risks of marijuana use “a little” to “a great deal”. Another indicator of success was that over 70% of grade 9 students reported satisfaction with the classroom workshops run by peer leaders, in all schools except one.” It was also noted that, “the program had a significant impact in raising awareness of where to seek help”. (Glover, C, 2006)

The success of the project resulted in a good deal of media coverage and in 2006 and 2007, presentations were held with several health promoters and educators in Ontario and beyond. It was from this group that PAD first heard about similar concerns at the post-secondary level.

In early 2007, additional funding from Health Canada allowed for the enhancement of the website by a partnership with the Centre for Addiction and Mental Health and their online assessment expertise. An additional assessment tool was developed which allowed users to compare their use with others of similar demographics.

In the fall of 2007, interest from BACCHUS and the Ontario Campus Health Association opened the door for new partnerships. As well, for the first time, residence and student life staff identified similar issues as the health promoters/educators had and it was clear that resources were limited.

Fourth-year funding was received from Health Canada in early 2008 to support post-secondary institutions in addressing these issues. Resources such as the website and the promotional items were re-branded to ensure they would appeal to post-secondary students.

Following a Needs Assessment completed online with campus staff, a Training Workshop was developed and partners identified for regional workshops. These were held in January and February, 2009. As well, a webinar was held with several more representatives in March to report on this process and identify ways forward for this community.

Rationale for the *What's With Weed (WWW)* Program

Levels of marijuana use

According to surveys completed between 2004 and 2007, Ontario students at both the secondary school and post-secondary levels use marijuana. For the most part this use is occasional and moderate but some students report an inability to cut down or quit. These clinical signs of dependency are reinforced by data from DATIS (Drug Abuse Treatment Information Service, 2008)).

Students in secondary schools:

In the Ontario Student Drug Use and Health Survey, 2007, (Adlaf et al, 2007) it was noted that cannabis is the second most popular drug of choice for young people in high school after alcohol, with 26 % of all Ontario students in Grades 7-12 reporting use at least once in the last 12 months. The number increases as the grades increase with 44.7% of all Grade 12 students reporting this level of use. Perception of risk decreases with Grade level.

This number is lower than the numbers seen in the late 1970's and the late 1990's but has remained stable for a few years. Frequent use of cannabis is higher than seen in previous surveys prior to 2005, and daily cannabis use is significantly higher.

About 1/5 of all cannabis users do so weekly and 9.7% use on a daily basis. In 2005 when the project began, these numbers were higher with 12.2 % of users reporting daily use.

Students on campus:

In the Canadian Campus Survey (Adlaf et al, 2004), completed in 2004, 35% of post-secondary students report use in the previous year, 17% report use in the last month and 6.3% report daily use.

Problematic use – clinical signs

In the Ontario Student Drug Use and Health Survey, (Adlaf et al, 2007) students were asked to identify potentially problematic use by responding to questions about attempts to reduce or control use.

Of all students (not just users), 9% reported attempting to reduce their use of cannabis, 2.3% reported uncontrolled use, and 5.4 % reported using cannabis daily for at least one month.

Of users, 33% had attempted to reduce their use, 21 % reported sustained daily use and 7.9% reported uncontrolled use (Question read – *In the last 12 months have you tried to stop using marijuana but found you couldn't stop?*).

These numbers have decreased since the 2003 Survey, but have remained stable since 2005.

These questions were not asked in the Campus Survey, however young people ages 16-24 are identified as a key group seeking treatment in the Drug and Alcohol Treatment Information System (DATIS) information available as of 2008. 18-19% of new admissions for treatment in 2008 were from the age group 16-24 and about 30% of that group identify cannabis as their presenting problem substance. This number has increased steadily since 2003.

Other problems

The project team defined “problematic” broadly, not just referring to clinical signs of dependency. Researchers have identified several areas where cannabis seems to impact on health and safety including injuries, impaired driving, respiratory illness and mental health. (Sanagan, 2009)

Risk of problems seems to be related to the effects of the substance itself (which for the most part are those of a central nervous system depressant and involve impairment of reflexes and judgment), the effects which might be specific to an individual (for some the drug acts as a stimulant) including gender and mindset, the way in which the drug is taken and the amount, and the setting in which the drug is taken.

Problems also include suspension or expulsion from schools for using on school property, problems at home with family members, problems with friends or problems with daily tasks such as part-time jobs, attending appointments etc.

While statistics are limited in these areas, the www.whatswithweed.ca website has been tracking these issues as part of the assessment tool, “Check Where I’m At With Weed”. Of the 4400 people who have taken the assessment since the website was launched in 2006, 45 % report using daily and 26 % report using a couple of times a week. When the number of users who report heavier use is cross-tabulated with those who report problems with school or work (*Has using weed ever affected how you do at work or school [like lower marks, loss of attention, missing class or being late]?*) 21 % report it happens a lot, and 27 % report it happens often.

As well, following concerns raised by campus health representatives, Parent Action on Drugs conducted a needs assessment with several campus health and residence staff. The results identified what they see with regard to problematic use: 51% identified a concern that individual students are reporting signs of clinical dependence, 73% reported that generally the population of students who uses cannabis has a lack of awareness regarding the risks associated with marijuana and 67% identified that students had been evicted from residence for their use because of current campus drug use policies.

Consultation Process for the WWW Campus Project

In 2007, the campus issues first came to light in a provincial teleconference with health promoters and educators looking at the evaluation of the secondary school program.

While discussing these results, the campus need was expressed, and Parent Action on Drugs called together a small group to explore the situation further.

In the first meeting with this cohort, three issues were outlined:

1. discomfort responding to students individually and counselling them regarding their use. While most people were comfortable with alcohol issues, and even with counselling students in ways to reduce harm, cannabis was more challenging because of its legal status and because many were unclear about its effects and risks.
2. lack of awareness about potential risks within the larger population. The lack of awareness of the general population of students who used, or their perception of “no-risks” was a concern although again, people were not aware of what the real risks were.
3. campus and residence policy which suspended or evicted students who were caught using marijuana. While campus health staff understood that policies were in place to support the greater number of students who did not use cannabis, they were concerned about policies that did not identify education or intervention strategies as well, as do the policies around alcohol.

Following this meeting, BACCHUS, a leader in campus health education became a partner in developing campus-level resources and interventions. It was determined:

- while peer education was a key tool for the success of the secondary school program, this might be less likely to occur on campuses, particularly in the format developed for the secondary school project. Peer education might be more likely to occur by the involvement of peers in general awareness campaigns about risks. New resources were needed to be effective with the campus population
- the website is a very useful tool and reaching the target group we want including youth in the age category 18-22
- promotion of the website would be the best way to promote support for those using given restricted resources

Health Canada provided additional funds to support the development of new communication materials to promote the website including a new tagline, “Do you do it? Are you OK with It?” and a link to the website from the resources.

As well, a senior scientist at the Centre for Addiction and Mental health, and a leading expert in online assessment tools for alcohol problems, joined with PAD to develop an additional tool called “Check Your Cannabis (CYC)” screener. “This screener allows the participant to answer a few questions about their cannabis use and then receive personalized feedback about how their Cannabis use compares to others of the same age and sex and also, provides a test of the severity of the participant’s cannabis use. To our knowledge, this is the first screener of its type for Cannabis users. The CYC screener was developed within the context of the literature on the benefits of normative feedback (i.e., providing a comparison of how much the participant consumes to how much others consume). While no published work exists to-date that demonstrates the benefits of normative comparisons for Cannabis users, there is a growing body of evidence on the impact of normative feedback on heavy drinkers, smokers, and even problem gamblers” (Cunningham et al, 2007, Cunningham and van Mierlo, 2009)

Further consultations were held with residence life staff and student union staff at two workshops in 2007 and one in 2008. The issues that were first identified with campus health staff continued to be the issues of most concern.

Between April and June of 2008, a strategy to address a campus response was developed. This would include a series of training workshops at regional sites across the province which would meet the needs of campus representatives. The workshop would address:

1. the real risks of marijuana use both from research and from users
2. best practices in
 - a. responding to an individual who is experiencing problematic use
 - b. population health awareness on the risks of marijuana use and where to go for help
 - c. drug policies

In June 2008, 26 campus representatives completed a survey concerning the best way to deliver regional training workshops. Several partners were identified as interested in supporting the workshop.

Between July and October, the workshop and PowerPoint and resource package was developed along with input from several post-secondary students at York University, at a regional BACCHUS/Student Life conference and a student conference on drug policy. These latter students from the Canadian Students for Sensible Drug Policy also were interested in hosting a workshop at one of their campuses.

The first workshops were held in January, 2009 at the Waterloo Regional Health Department with representatives from twelve campuses in the south-western region. Their roles included health promotion and education, residence life support, peer education, counselling, administration, enforcement and dons. As well, community partners such as public health and treatment centers were present.

The second workshop was held at the University of Ottawa and had a similar mix of representatives from five campuses, plus public health and treatment professionals.

The evaluations from both workshops were very positive and for the most part the participants felt their objectives were met. Roundtable activities had resulted in several ideas about change at the campus level. These will be reviewed under “Results”.

Because of timing related to the end of the school year on campuses, it was decided to review what had occurred at the workshops to date, and offer an online webinar to additional campus representatives, plus others like public health and treatment professionals to hear about the results to date on the issues and concerns and responses and to identify next steps for this community of practice.

Development of Tools and Resources

The tools developed for a campus response to problematic marijuana use include:

- a one-day training workshop. The workshop is targeted at campus staff who have an interest in and responsibility for responding to health and safety issues on campus.
- a PowerPoint presentation which supports the training workshops
- the What’s With Weed website (www.whatswithweed.ca)
- DVD – What’s With Weed. Counsellor Tom Walker speaks with five young marijuana users who have identified problems with that use and who have taken different paths in reducing those problems.

- communication resources to promote the website (posters, cards, “matchbooks”, pens and penholders)
- package of resources including
 - What’s with Weed: Responding to Problematic Marijuana Use – An Annotated Bibliography
 - Communication resources (as above)
 - Activity sheets from the Centre for Addiction and Mental Health and the “Youth and Drugs and Mental Health: First Contact” resource as downloaded from http://www.camh.net/Publications/Resources_for_Professionals/YDMH/youth_drugsmh_first_contact_session1_handout.pdf
 - “Campus Change Campaign Grassroots Guide” from Students for Sensible Drug Policy, accessed at <http://ssdp.org/resources/ccc-grassroots-guide.pdf>
- Webinar and online discussion portal

The Training Workshop

The one-day workshop was developed to address the following objectives:

- to identify and discuss common attitudes, values and beliefs about post-secondary student marijuana use
- to increase knowledge about what is meant by problematic marijuana use
- to identify common situations on campus that exemplify problematic use
- to increase knowledge about evidence-based responses to these situations
- to provide resources that will support these responses back at the home campus

A power point (see Appendix I) guided the day. There were several interactive activities to increase discussion.

The “What’s With Weed” Website – www.whatswithweed.ca

The value of assessment and brief intervention at the college level for alcohol concerns has been well-documented. (Marlatt, 1998, Walters, 2006) As well, online assessment tools for alcohol and marijuana use has been found to be effective (Cunningham, 2006). Re-orienting health services to include education and harm reduction is a key health promotion strategy. As well, we know that specifically with youth, we must put our resources and services where they can access them easily. So having an online assessment website for users meets many criteria for youth support.

Finally, in reviewing the data about who was accessing the website, it was clear that young people of post-secondary age group were already using both the assessment and comparison tool. With feedback from our Youth Advisors, now themselves in post--secondary institutions, and our new partner BACCHUS/Student Life Education, the website was deemed an appropriate and useful resource for this age group with some changes related to wording.

The DVD

Originally developed for the secondary school program, the DVD was deemed by the Youth Advisors and BACCHUS to be relevant to the older student audience.

The workshops have replicated this feedback and it continues to be a helpful resource specifically for counsellors and those working with young people who are looking at potential problems.

Promotional resources

Promotional items include a poster, “matchbooks”, pen and penholder and cards, all with messaging to direct youth to the website

Webinar and online discussion portal

A webinar to provide feedback on the consultations and address next steps was developed and delivered to a range of stakeholders just before the end of the project. The aim was to report on the campus consultations, and review the feedback received.

Parent Action on Drugs set up an online discussion portal for dialogue post-webinar with the hope of encouraging the development of a Community of Practice on this topic. The portal can be accessed at <http://www.quicktopic.com/43/H/kpe43DhLqLh>

Response from Campus Personnel

The Training Workshop

Approximately 60 participants attended the two regional Training Workshops. They represented 22 campuses and community organizations with the majority of participants being from Residence Life/Student Union/Peer Education streams. (An additional 45 participated in the telephone webinar, representing an additional 10 post-secondary institutions as well as community, provincial and national health organizations.)

1. Review of Campus Alcohol and Drug Policies

In a brief scan of campus alcohol and drug policies conducted for this project, the following similarities were found:

- Campus policies address alcohol misuse with consequences that include education, intervention, fines and punishment. Drug use is limited to punishment if mentioned at all.
- Drug use (usually referring to marijuana use) often results in immediate suspension or eviction. Alcohol use is more likely to be addressed in a stepped approach.
- Smoking (tobacco), while illegal in many areas, receives the fewest number of consequences, usually with a fine.
- Often it is up to Residence staff to interpret and deliver policy injunctions.
- Policies addressing alcohol are more comprehensive and often meet criteria for best practice including options for intervention and for education.

2. Attitudes and opinions

In an activity addressing attitudes and values about youth substance use, specifically marijuana use participants identified a range of opinions often replicated in the general population and with decision-makers.

This attitudinal range may in some cases be a stumbling block for discussions about cannabis use and effective responses. However, it was felt by the organizers that this difference in opinion is important to address as people look for collaborative answers. It proved to be the favourite activity of the day with several participants asking for copies of the activity to replicate in other settings.

Discussion:

Participants were asked to respond to value-laden statements with one of four choices - “Absolutely”, No Way!”, Yes, but...” and No, but..”.

The statements were:

- drug use is a normal part of growing up
- there are more problems with marijuana use than alcohol use on campus
- students who break the rules about weed should suffer the consequences
- zero tolerance is a necessary policy for campus residences

Attitudes and values differ widely about drug use as a part of a normal adolescence, although alcohol much more normalized.

There were many questions about the wording used – “drug” use (what drugs?), “use” (daily? sometimes?) “normal” (the norm? or acceptable?) yet it was pointed out that often we assume everyone knows what we mean when we use this language. We often use terminology like this in education and awareness campaigns without defining them.

The majority of participants believed that there are more problems associated with alcohol use than marijuana use because of the effects of alcohol as a disinhibitor, although many also recognized the irony that campus policies reflect many options for alcohol misuse but usually only one for drug use.

The majority of participants felt that students should be held accountable for their actions but help needs to be available.

There was also discussion about the stigma attached to cannabis users who may be having problems. With cannabis being seen by so many as a “no-risk” substance, getting help for problems with the drug is challenging.

The concept of “zero tolerance” was widely debated as well, and whether or not this policy actually suppressed drug use or encouraged its use in a less than safe place.

3. Roundtable discussions

Participants were given case studies to discuss. The results of these discussions identified specific areas of need and concern.

Participants self-selected which case they wanted to address. However at each roundtable there was a diversity of roles and responsibilities. As well, in many cases, community groups like public health or treatment were present because of their own mandates to work with this setting or this issue.

a) Feedback related to strategies for general awareness and marketing related to risks.

- Marijuana use is a challenging topic and each person need to determine his or her own attitude towards its use and how their attitude impacts on the job they have to do. As well, roles and responsibilities differ and it may not be the role of the “Residence Don” to increase awareness. Question: “Whose role is it and how can we get these people on board to support a communication campaign”.
- Working with many sectors is important and so what began at the workshop needs to continue afterwards – so that support for all three approaches can go forward in tandem.
- The workshop experience is a beginning to increase awareness of the need and the potential for response. It is up to the individual campuses to follow up with more extensive planning for

a comprehensive strategy. Again, who is available in the community and at the campus to support this?

- If a group does come together, it is important to address “terms of reference” and particularly the discussion about harm reduction as an approach and a philosophy.
- Dons may need to increase awareness of the policy rather than the drug (“major infraction”) to get attention of those who don’t see the problem.
- Use WWW resources (posters, matchbooks) to bring attention to the issue and the website
 - **Suggestions for large group awareness building** - Use prizes to overcome reluctance. Dons meet ahead with interested students and other partners to plan. Could be week-long events. Start right – e.g. at orientation or early 2nd semester. Use campus messages that move from residence to residence
 - **Suggestions for smaller group responses** – 2 peer educators meet with 4-12 students with activities (e.g. 4 corners), share stories. Non-judgmental approach (challenging but the example of a counselling response to impaired driving provides a good example).
 - **Suggestions for responses to individuals** - Highlight the online tools in conversations with use like www.whatswithweed.ca, www.etoake.com

b) Feedback related to support for the individual users.

- As in the first scenarios, participants wanted to ensure that all those involved review their role in responding– as a Don? as health promoter? as a counsellor? As a peer educator? As enforcement? There will and should be a variety of different players with different roles when responding to the individual.
- Dons may need more information and support as “First responders” to help students take the first step towards counselling. Who will provide this support?
- There was continued support for assessing one’s own attitudes, values and your institution’s policies towards marijuana use and harm reduction (e.g. there are some campus centres which do not promote counselling). Find your own support.
- As a counsellor, follow general rules for engagement - building a relationship; working on openness; find out why they are using; talking down from anger. Marijuana use doesn’t change the need for supportive counselling.
- Collaborate with community supports and campus police to develop coordinated response.
- Help person identify key risks - health concerns, impact on roommate, monetary consequences, clinical symptoms of dependency (“perma high”, not able to function without use, building up tolerance)
- Use “What’s With Weed” website for assessment tools.
- Review “Stages of Change” information on website and in packages. Accept level of readiness to change. Person has to commit to exploring the issue. “Are there changes you would like to make?”
- Create a “safe plan”, recommend using ½ as much as they may need to cut back for the summer.
- Develop a contract with the student.
- Identify psychoeducational opportunities e.g. small group work with education and skill-building activities.

c) Feedback related to Policy issues

- Review your role in policy review or development – as a Don, as a Health Promoter, as campus police etc.
- Review objectives – to change the policy or have students pay attention to current policy?
- Who can support you in the community and on campus?
- In developing new policy, look for non- traditional partners - students in criminology, law, health, or social justice groups or campus media. Canadian Students for Sensible Drug Policy are on many Canadian campuses – see <http://www.cssdp-ecprd.ca/>
- Accept need for time to get it right.
- Review ways that students learn about drug policy and the consequences. One campus has an annual survey to assess attention to their policies. Another has an awareness campaign - “Residence in NOT for everyone”.
- Promote the policy a couple of times a year – orientation and 2nd semester.
- Peer educators could be used in an awareness campaign about marijuana risks and responses on this campus, including what the policy states.

Evaluation³

The workshop was viewed as successful in bringing together the disparate groups addressing the issues around marijuana use on campus.

90 % reported the workshop objective to identify, and discuss common attitudes, values and beliefs about student marijuana use was met very well.

87% reported that they would recommend the workshop to others. However, some participants noted that they would like more of:

- basic information about marijuana and its effects
- more specific resources and programming ideas
- more strategic approaches

A question was asked about the learning that occurred for participants.

- 74% felt they had increased their learning about how to respond to someone individually needing help or counselling.
- 70% felt they had increased their learning about social marketing and awareness.
- 67% felt their learning about awareness with the general population had increased.
- 64% felt their learning about supporting policy initiatives had increased.
- 95 % reported that they would be able to use some of the resources presented during the day, such as the posters and DVD.

A variety of suggestions were made for taking next steps and acting on the ideas and information put forward in the workshop:

- *Through training my staff (peer educators), possibly looking at a marketing campaign next year*
- *Our CSSDP (Canadian Students for Sensible Drug Policy) students are interested in educational strategies on campus*
- *Students need to know we're there for them. Rather than just jumping with “You're in trouble” start a conversation. Find out why they are smoking, how much etc.*

³ See Appendix I for specific concerns raised in the needs assessment and evaluation surveys.

- *Especially the need to respond to individual's needs. Goals and expectations rather than just apply blanket statements.*
- *I work for a Student Union. This information gives me the opportunity to get people to act. Maybe have a campaign next year.*
- *We're looking at policies for residences on alcohol and other substance use. This is very helpful.*

The post-workshop evaluation survey also indicates that problematic marijuana use remains a concern for many different groups on campus, from enforcement and campus security to health educators and counsellors. However, campus staff, such as Residence Dons, are the “on the ground” workers when it comes to all the issues identified in the feedback. While they were interested in the best practice principles and theories, they feel they have few if any resources to address awareness, support and policy issues at the grass roots level and yet they are the ones to fulfill the mandates of the campus drug policy, try to appease students (both users and non-users) plus attempt to educate students in what is seen generally as “low-risk” behaviour by the population of students, again both users and non-users. Although in a staff role, they are often students themselves, and may share these attitudes but whose job it is to follow policy.

In many cases, Dons are turning a blind eye to marijuana use or are supplying warnings without making formal charges.

What they are looking for are practical programs and resources that they can deliver to the students in their residences. It is clear that there is a role for public health and other health promotion specialists and researchers to support campus initiatives which will include support for this “on-the-ground” work, and which may be replicated across the post-secondary institution system.

Impact on the *What's with Weed* Website:

During the Campus Development Phase of the *What's With Weed* project, we have been able to track the number of hits to the website to identify whether or not the workshops resulted in more people going to the website to complete the assessment tools.

Since June 2008, 9000 people have been to the site, and about 1/3 of these visitors take at least one of the tools and most of these take both tools.

The higher number of visits occurs in those centres where promotional events and training workshops have occurred and hits increase whenever there is a promotional event.

Since the training workshops in Waterloo and Ottawa, hits from the centers whose representatives attended the workshops have increased. In those cases where we can track hits from specific campuses we see the following numbers:

- University of Western Ontario – 83 hits (where there were 6 hits from the previous two months)
- Wilfrid Laurier University – 56 (up from 1)
- Fanshawe College- 42 – up from 0
- McMaster – 42 – up from 11
- Carleton – 37 – up from 4
- University of Guelph 17 – up from 0

Although these numbers may appear low, benchmarking against other substance abuse sites of similar size demonstrates that the *What's With Weed* site receives more new visitors than other sites, and visitors spend more time and view more pages than other sites.

We also know that about 1/3 of those who visit the site will take the assessment tools and in fact, the first assessment tool, "Check Where I'm At With Weed" is the most popular page on the site with the Comparison tool being the second.

Conclusion and Recommendations

We have only just begun to address this issue of problematic marijuana use with post-secondary students and with the institutions they attend. There is an interest and a willingness to continue to work towards sensible and effective solutions to the three areas identified by campus representatives.

Recently there has been a good deal of literature about the concept of a "Community of Practice" with that being defined as "groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly". (Wenger, E, accessed at <http://www.ewenger.com/theory/>)

This issue needs to have the scope of a community of practice to address it well. This was done with alcohol issues at campus. Cannabis is more challenging topic because of its legal status, but given the number of users and the number of campuses identifying potential problems and few effective responses at this age and stage of development, it is timely to support such an initiative.

Recommendations to support this include:

- Parent Action on Drugs and their partners continue to offer opportunities for various campus representatives to work together on these issues. Some ways this might occur are:
 - Offer existing resources and tools for discussion to campuses through BACCHUS/Student Life Education networks
 - Support the online portal discussion option in the short-term and identify ways it might continue if it is indeed supporting a Community of Practice.
 - Include the campus training workshop in Parent Action on Drugs' stable of programs with training costs to be creatively supported through collaborations with campuses.
 - Offer the webinar and this report as supports to engage campuses in supporting the work and the Community of Practice.
- Community groups with mandates to support either the issues or the target group use PAD resources and tools to support comprehensive strategies and the development of a Community of Practice for this issue.
- That Ontario Campus Associations provide a forum for addressing the issues identified in this Report and share strategies for implementing programs and addressing problematic marijuana use at the population, individual and policy levels

It is also recommended that the website continue to be supported and promoted as an effective tool for users who may be experiencing problematic use.

Appendix I

Campuses Involved with *What's With Weed* Consultations and Training Workshops, January and February, 2009

1. Wilfrid Laurier University (Waterloo, Ontario)
2. Waterloo University (Waterloo)
3. Conestoga College (Waterloo)
4. University of Western Ontario (London, Ontario)
5. Fanshawe College (London)
6. University of Guelph (Guelph, Ontario)
7. MacMaster University (Hamilton, Ontario)
8. Brock University (St. Catherines, Ontario)
9. University of Windsor (Windsor, Ontario)
10. Queen's University (Kingston, Ontario)
11. Algonquin College (Ottawa, Ontario)
12. Ottawa University (Ottawa)
13. Carleton University (Ottawa)
14. La Cite Collegial (Ottawa)
15. Sir Sandford Fleming College (Peterborough, Ontario)
16. Ryerson University (Toronto, Ontario) - 17. Seneca College (Toronto, Ontario)

Specific Concerns Identified in the Needs Assessment / Survey of Post-secondary Institution Personnel conducted by Parent Action on Drugs:

1. Clinical Director
 - a. Student suspended from residence due to marijuana use. Does not see a problem with their use at all and states, "Now I have learned that I need to be off campus to smoke weed."
 - b. Those who are having trouble sleeping or who are losing weight. Also can't sleep without...Weed helps me sleep.
2. Residence Manager
 - a. A residence student who connected with other pot users when he moved in to res. His previously limited drug use increased to daily use. When he realized he was in trouble with drug use (his residence contract was in jeopardy) he wanted to stop his drug use. Limited drug rehab support was available, his peer group did not support his efforts and he faced a very big challenge. He made it through and decreased his use of pot, but it was a very difficult time for him and had a negative impact on his academic results.
3. Programme Assistant
 - a. General lack of awareness of potential risks in student population
 - b. A student who has lost motivation and just smokes weed all the time instead of coming to class. Is often late with assignments, and seems depressed and unmotivated to complete any work or do much at all.
4. Residence Life Coordinator
 - a. Work in a residence building where marijuana use within the building is prohibited and residents are continuing to use within the building, repeatedly

5. Campus Health Promoter
 - a. I have personally witnessed students "smoking a joint" in a public area -back driveway of our building, but still on university property. They did not seem too concerned about who saw or smelt them, despite my warnings - not very bright to do so close to our pub and services and security offices!
6. Manager of Housing services
 - a. Students not recognizing that personal choices can impact their academic status.
7. Clinical Health Practitioner/Counsellor
 - a. student who reportedly developed psychotic symptoms following ongoing, extreme use of marijuana
8. Residence Life assistant Coordinator
 - a. A number of students who are part of the first year population see marijuana use as part of their generation's lifestyle and do not recognize the consequences as being serious. There are a few students who engage in marijuana use who we have developed a concern about because of the visible health implications and the strain it has put on some of their relationships with their peers (due to lifestyle clashes).
9. Residence Life Coordinator
 - a. After confronting a student or group of students who have used marijuana in residence many of them have a difficult time linking the fact that seized drug paraphernalia is taken to Waterloo Regional Police and the students' names are attached to the material. They often don't take the residence infraction seriously.
10. Residence management
 - a. Students living in Residence disregard our policies regarding illegal substances in our buildings. Unfortunately we have seen an increase in evictions due to use of illegal substances compared to past years. Although we hope that a monetary fine and a fear of eviction if it happens again will be enough to deter them from repeating their actions it is short lived and they are eventually evicted for repeatedly smoking marijuana in their rooms. Some students do not view the use of marijuana as a problem, as far as they are concerned they could be doing harder drugs, marijuana is mild compared to the rest.
11. Residence Life Coordinator
 - a. Numerous students smoke marijuana as a way of coping with stress. Students have become confused as to the severity of drug use in relation to the legal implications if caught.
12. Community services and Crime prevention Officer
 - a. He and two other officers attended at a residence on campus where a student was selling marijuana to fellow students. The resident was carrying a knife, had scales, baggies and pre rolled joints ready for sale.
 - b. Another incident occurred when a resident was returning to campus and information was received that he was returning with a large amount of marijuana. City police followed the vehicle the male was in onto campus and arrested him at gunpoint, causing concern amongst others on campus.

13. Residence Life Don

- a. I've dealt with several situations in Residence last semester. The last such incident involved 4 students "hot boxing" a bathroom in one of the apartments. As a result one student was evicted (it was their second incident), the other three have been held accountable under various policies, and face different sanctions.

14. Campus health educator

- a. Had a situation with a young man who was clearly dependent on marijuana and having withdrawal symptoms- I felt there was a lack of resource help and for my part lack on knowledge in helping him. Also another student came for help for panic attacks- brought on by marijuana use

15. Residence Life Coordinator

- a. Students only receive punishment if they are caught smoking marijuana in their rooms. We know for sure there are many students who use marijuana but our hands are tied if they "don't have it on them".

16. Residence Assistant

- a. Concerns with other students

B. What else to include:

- talking to students who "know it all about " marijuana
- making an educational session "interesting" not so much through games but what other interactive activities, videos etc.
- How to speak to the "social " user
- Educational materials for residence
- How do we approach this problem on campus both with our 1st year residents and returning students in a very friendly and non-threatening or authoritative manner. So as to get the message into the student's way of lifestyle and not simply dismiss it as an illegal act or high school behaviour.
- Marijuana is an under-discussed topic on campus. How do we address these problems, how do we health teach and get these students to realize the harmful effects? Most schools evict drug users and once into the community it is hard to promote health education. I look forward to hearing how others deal with this.