Mindful Consumption and Benefit Maximization for Cannabis Education

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Editor's note: *Dr. Daniel Bear is a drug policy researcher and Director of the Centre for Social Innovation at Humber Polytechnic in Toronto, Canada. His work focuses on drug policy, with an emphasis on both cannabis and harm reduction and the policing of drugs and community policing practices. He is a faculty member in the Criminal Justice program at Humber, and also leads the Cannabis Education Research Team (CERT). He and his team recently created Weed Out Misinformation—a public education campaign about cannabis built on harm reduction and benefit maximization. This op-ed is part of our Special Series on Education to Promote Lower-risk Drinking, Gambling, and Substance Use and generously sponsored by the Greater Boston Council on Alcoholism.*



Just say no. Nancy Reagan's famous anti-drug slogan was simple, catchy, and largely ineffective. Despite this significant shortcoming, it set the tone for decades of ensuing drug policy and outreach campaigns, the most famous of which was the Drug Abuse Resistance Education (DARE) program. The explicit focus on abstinence by Mrs. Reagan and her intellectual progeny was implicitly paired with the idea that only some untoward 'other' used drugs. The Reagans were not the first to stigmatize drugs use, but they ingrained a hostility towards consumers that has been difficult to excise.

As AIDS deaths soared and drug consumption continued unabated, a new approach began to take hold in the 80's and 90's: harm reduction. This paradigm acknowledges that people consume drugs and that drug use can be harmful, but

focuses on ways to reduce those harms to consumers. Whether it is providing clean needles or distributing the overdose-reversing drug Naloxone, this approach has shown considerable benefits to consumers and society. Despite the overwhelming evidence of its effectiveness, many people scoff at the idea of 'those people' receiving anything other than harsh penal responses.

Harm reduction's effectiveness in preventing opioid deaths and transmission of HIV is easy to share and hard to ignore. The stark potential of death and the immediacy of the consequence make for a compelling reason to find ways to reduce the risks. But what do we do with drugs that don't have a risk of overdose and where the risk of infection transmission is limited to a cold sore?

This question bothered me for several years leading up to the legalization of cannabis in Canada. Cannabis is not harmless, but in the pantheon of drugs, it is pretty low on the harm index. Infrequent use of cannabis poses little risk to adults, and research in Canada has identified that of those adults who reported consuming cannabis for non-medical purposes in the preceding 12 months, 56% consumed fewer than three times per month. Unfortunately, there are significant risks for young people, especially young men, if they frequently consume high-strength cannabis and have a history of mental illness in their family. The risk of impacts on their educational outcomes, mental health, and brain development increases substantially as their frequency of consumption increases.

I saw this firsthand. As a 16-year-old, I was brutally assaulted by six people and left with multiple facial fractures, a traumatic brain injury, and PTSD. Cannabis helped with the pain, tempered the flashbacks, and let me go out in public without being overwhelmed by anxiety. But it became a crutch to avoid processing the trauma. The counselor who spent our first few sessions trying to show me he was hip and cool and really not that much older than me, suddenly turned cold and scornful when I tried talking about cannabis. I came out of that period of my life relatively unscathed, but I saw the permanent impact of excessive cannabis consumption on several friends. We had been exposed to DARE officers and scare tactics, but never any actual discussions of how to limit the harms we were exposing ourselves to through our consumption at that age and at that intensity.

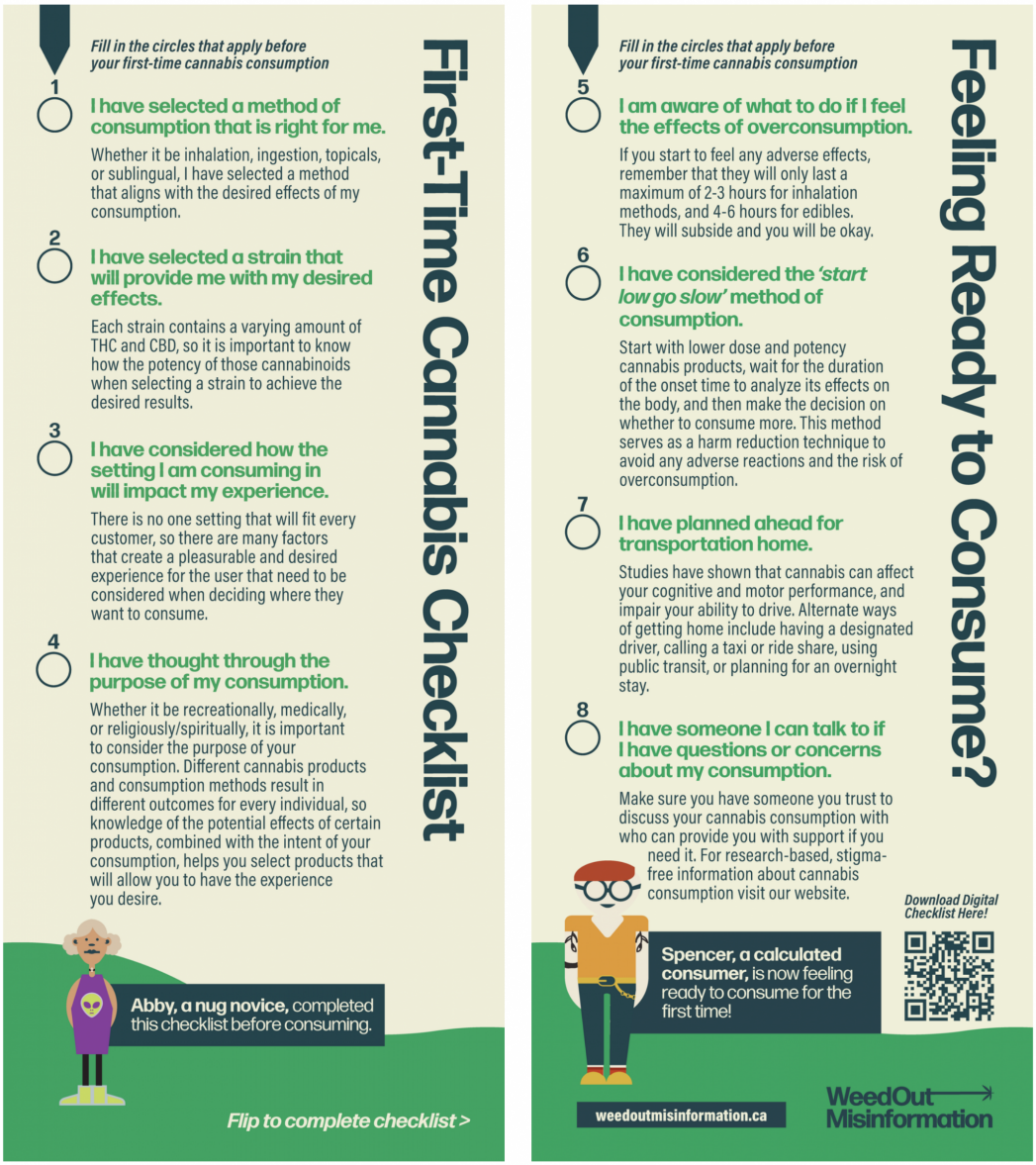
So how do we translate harm reduction, a paradigm created to keep people from dying of AIDS and heroin overdoses, to cannabis?

We don't.

It's time for a new approach to cannabis education and consumer engagement that starts from the position that people take drugs because they're seeking something positive or beneficial from that experience. This new approach I'm about to describe is well suited to our current reality with cannabis, and likely useful beyond that context if we have the will to implement it. Difficult as it may be, outreach to people who use drugs (PWUD) should start by seeking to understand their goal in consuming drugs and to do that, we need to pursue drug education that focuses on mindfulness instead of fear. Starting a conversation by focusing on the harms PWUD might encounter is likely less effective at engendering their buy-in than one focused on helping them to achieve their intended experience in the safest way possible if they have decided to consume.

I lead the Cannabis Education Research Team (CERT) at Humber Polytechnic in Toronto, Canada, and recently, we began the first steps down this new road. We have constructed a new paradigm called Mindful Consumption and Benefit Maximization (MCBM) and began incorporating it into cannabis public education tools.

MCBM starts by asking consumers to engage in mindfulness practices adapted to drug use. Why do you want to consume this drug, and what are you hoping to gain from the experience? Do you understand the risks you're facing and the impact drug use has on yourself and those around you? Maybe your goal is pain relief, enhanced sexual pleasure, a better night's sleep, or maybe you want to laugh your ass off at the Bill Murray classic Groundhog Day. The reflexivity involved in considering that goal is what matters, not the goal itself. Once that goal is established, we can progress to exploring how that person can have the best experience with their consumption. This inherently involves minimizing risks and harms, and as such, MCBM maintains a key focus on harm reduction.



First Time Cannabis Checklist from the Weed Out Misinformation Campaign

MCBM emerged as we reviewed the data and built out new public education materials for our Weed Out Misinformation campaign. This project brought together cannabis consumers, budtenders, and public health experts to create online and in-store public education materials that spoke to the needs of cannabis consumers in a way that didn't make them feel 'othered' for choosing to consume. We asked the consumers, 'What do you know about cannabis? What do you want to know? Moreover, how do you want to receive that information?' Then we built materials that aligned with their expressed needs, seeking consumers' guidance throughout. We also asked cannabis experts to film short videos dispelling myths and bringing their research directly to consumers.

The process of moving into the next phase of drug education is just in its infancy. Harm reduction took off because it fit the moment and the need. Though stigma and fear may be at the forefront of many initiatives right now, MCBM fits the moment as we emerge into a new reality of widespread legalized cannabis and a plethora of other drugs available for consumption despite Mrs. Reagan's best

efforts to tamp down our urge to alter our state of consciousness. People consume drugs for a reason. It is long past time we start conversations with them by asking them why and giving them the tools to figure it out if they aren't quite sure.

— Daniel Bear, PhD

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