The LB Framework

A practice guide for supporting cannabis-related conversations in AOD and mental health settings

Let's Budvocate

Nothing about us as cannabis consumers,
without us as cannabis consumers.

Author - Daniel Robinson Croft

Acknowledgements

Lets Budvocate acknowledges the Traditional custodians of the lands on which it was created, the Wurundjeri Woi-worrung people of the Kulin Nation.

We pay our respects to elders past and present, and acknowledge the ongoing care and connection to the lands, waters and communities themselves and their ancestors have nurtured for at least 65,000 years. We would also like to extend our respects to first nations people and communities across Australia whilst acknowledging sovereignty was never ceded.

Let's Budvocate would also like acknowledge any people and communities disproportionately effected by cannabis prohibition, particularly first nations communities, marginalised communities and young people.

Foreword

Although there has been growing progress in conversations about cannabis, stigma continues to shape how it is understood and discussed within health, mental health, and alcohol and other drug (AOD) settings. This is often reflected subtly through language, frameworks, and models of care.

Over time, through practice within AOD and mental health contexts, it has become evident that while approaches to care are increasingly person-centred, cannabis is often still framed through language that can unintentionally reinforce stigma or limit understanding.

This framework was developed in response to that gap, with a focus on strengthening the quality of conversations between workers and cannabis consumers through more intentional, compassionate, and reflective approaches.

It is designed to support workers across AOD and mental health settings to engage in more thoughtful and effective conversations about cannabis.
While primarily written for the workforce, many of its principles may also be valuable for cannabis consumers, carers, and loved ones.
Conversations about cannabis are shaped not only by what is said, but how it is said.

This framework is intended as a resource that fills a gap in existing practice, and one that the author wishes had been available earlier in their own experience of both service engagement and workforce participation.

Purpose

The LB Framework is intended to complement existing models of care and recovery by introducing a framework specifically focused on cannabis consumption.
It is based on the understanding that different substances and their patterns of consumption require nuanced, individualised approaches. As such, it does not replace existing frameworks but instead strengthens them by providing cannabis-specific considerations.
The aim of this framework is to support workers to engage in more informed, compassionate, and non-directive conversations with cannabis consumers. It provides practical tools, reflective language, and a structured model that supports individuals to develop awareness of their consumption patterns and consider whether change is desired.

What the LB Framework is / is not

The LB Framework is a practice-based tool designed to support AOD and mental health workers in engaging in structured, reflective conversations about cannabis consumption.
It is intended to complement existing models of care by providing a cannabis-specific conversational framework that supports awareness, reflection, and intentional decision-making.

The LB Framework is:

- A structured conversational framework for AOD and mental health practice
- A brief intervention and engagement tool
- A guide for supporting reflective, non-judgemental conversations about cannabis consumption
- Designed to be used flexibly within existing practice

The LB Framework is not:

- A standalone treatment or clinical intervention
- A diagnostic tool
- A replacement for clinical judgement or existing AOD frameworks
- A rigid step-by-step program

Core Principles

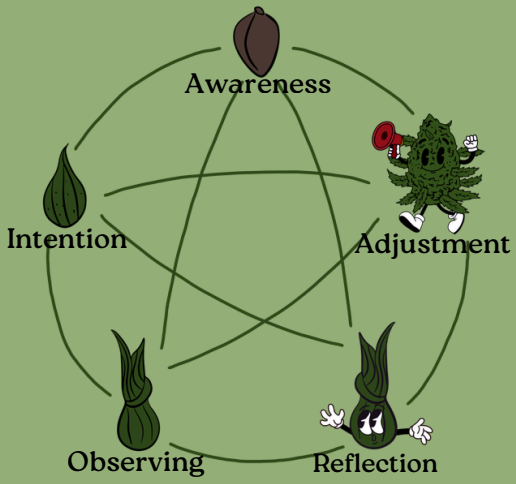
Awareness before reduction
Meaningful change begins with awareness. Understanding patterns, motivations, and context allows individuals to make more informed and intentional decisions regarding their cannabis consumption.

Care, not correction
Cannabis consumers are the experts in their own experience. While support may be sought, it is not the role of workers to impose direction. Approaching conversations with care and respect for autonomy supports agency and self-determined change.

Intentional choices over automatic patterns
Consumption patterns can become habitual over time. Supporting awareness of these patterns allows individuals to pause, reflect, and consider whether their current relationship with cannabis aligns with their needs and goals.

The LB Model

TThe LB Model is made up of five stages: Awareness, Intention, Observing, Reflection, and Adjustment. It begins with awareness. From there it is not a fixed sequence, and individuals may move between stages in any direction, and return to stages more than once, as their awareness and needs evolve.



Awareness

Awareness is the starting point of the model. It involves noticing current patterns of cannabis consumption and exploring whether they feel supportive, neutral, or misaligned with personal goals or wellbeing.
Workers support individuals to explore patterns, motivations, and context without judgement.

Reflective question:
"What have you noticed about your relationship with cannabis recently?"

Intention

Following awareness, intention involves identifying how a person would like to proceed. This may include maintaining current patterns, reducing consumption, pausing, or simply increasing mindfulness.
Intention provides clarity and direction, while remaining flexible and self-directed.

Reflective question:
“What matters most to you when it comes to your relationship with cannabis?”

Observing/ Tracking

This stage involves optional monitoring of consumption patterns, feelings, or contextual factors. The purpose is to increase insight into behaviour over time.

Tracking is not prescriptive. It should be offered as a tool and adapted to individual preference, as it may not be suitable or useful for everyone.

Reflective question:
“What would be worth noticing, if you were going to pay closer attention?”

Reflection

Reflection provides space to consider what has changed, what has been learned, and what patterns are emerging. It supports translation of experience into insight. How?

Workers can support reflection through open-ended, non-judgemental questioning.

Reflective question:
“Has anything surprised you about your patterns?”

Adjustment

Adjustment involves making intentional changes. This may include continuing current approaches, reducing consumption further, or changing goals entirely.

Reflective question:
“If there's something you want to try, what would feel realistic?”

IIt is important to note that beyond the starting point of awareness, movement through the model is not linear. All experiences contribute to learning, and there is no failure within the process.

Applying the Framework

The LB Framework is designed to be used within routine AOD and mental health practice. It supports workers to structure conversations about cannabis in a way that is collaborative, non-judgemental, and responsive to individual needs.
It is not intended to be delivered as a standalone intervention. Instead, it is used flexibly within existing practice.

Practice Positioning Statement

The LB Framework is a brief intervention and engagement tool designed for use in AOD and mental health settings.
It is intended to support structured but flexible conversations about cannabis consumption and does not replace existing clinical frameworks or professional judgement.
It is most effective when used as part of broader therapeutic, AOD, or psychosocial support practice. note: slight rewording

Where it can be used

The LB Framework can be applied in:

- Intake and assessment conversations
- Brief interventions
- Ongoing case management or therapeutic sessions
- Outreach and community engagement
- Family and carer conversations

It is designed to complement existing models of care, not replace them.

How to use the Framework in Practice

Use this as a guiding structure for your conversations, rather than a script or step-by-step process.

E**xplore the person's context**
Start by understanding the person's current situation and relationship with cannabis. Allow cannabis to emerge naturally within conversation where possible.

Support awareness
Explore patterns of consumption, context, and meaning. Focus on curiosity and understanding rather than change or reduction.

Explore intention
If appropriate, support reflection on whether the person wishes to maintain, reduce, pause, or change their cannabis consumption. Keep this natural, self-directed and non-directive.

Optional tracking
Invite tracking or observation as a tool where it may be helpful. This should always be optional and adapted to individual preference.

Reflection
Invite reflection on what they are noticing, what feels supportive, and what feels unhelpful or misaligned.

Adjustment
If the person identifies a desire for change, support them to explore small, realistic adjustments that feel achievable and self-directed.

Minimum Effective use

The LB Framework is designed to be used flexibly depending on time, context, and level of engagement.

In practice, the framework does not need to be used in full to be effective.

Minimum application may include:

- One awareness-based question
- A brief exploration of intention
- Or a single reflective prompt used within a broader conversation

Even partial use of the framework can support more intentional and reflective conversations.

The framework is designed to be scalable across:

- Brief interventions
- Standard sessions
- Ongoing case work

Core Principles in Practice

The LB Framework is underpinned by three principles that guide all interactions:
Awareness before reduction: focus on understanding before change
Care, not correction: maintain a non-authoritative, supportive stance
Intentional choices over automatic patterns: support reflection on habit and routine
These principles are not delivered to the person directly. They inform how you think, listen, and respond.

Integration with existing Practice

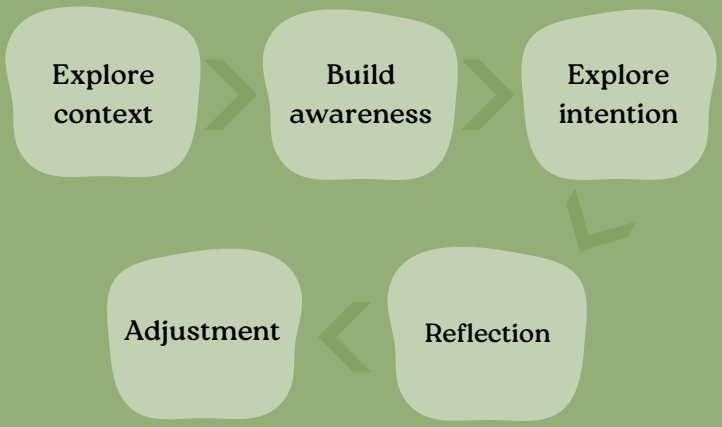
The LB Framework should not feel like something you are “running” in a structured way.
When applied well, it will feel like:

- Clearer conversations
- More intentional questioning
- Stronger rapport and trust
- Greater focus on patterns and meaning
- Stronger support for self-directed change

When workers bring openness, curiosity, and care into these conversations, they create conditions where individuals are more likely to feel safe, seen, heard, and supported.
The framework is most effective when it is embedded naturally within existing practice.

Quick Reference Guide

The LB Framework can be applied in practice by moving through a simple conversational flow



Remember

- Stay curious
- Don't rush to reduction
- Support agency
- Meet individuals where they're at

The framework is not a checklist. It is a guide for shaping conversation.

Language

Language plays a critical role in shaping how cannabis consumption is understood within support settings. Even subtle wording choices can influence whether conversations feel safe, respectful, and collaborative. This framework encourages workers to apply three key principles when engaging with cannabis consumers:

1. Person-centred language

Language should focus on the person rather than defining them by their behaviour. For example, using “cannabis consumer” supports a focus on the individual as a whole person rather than reducing them to their consumption.

2. Non-judgemental language

Language should avoid assumptions about what someone should do or what outcomes are expected. Neutral, respectful language helps create space for honest and open dialogue.

3. Language that supports agency

Language should encourage reflection rather than direction. Open-ended questions and exploratory phrasing support individuals to make their own informed decisions about their cannabis consumption.

Workers should avoid directive or prescriptive language and instead focus on curiosity, collaboration, and autonomy.

Conclusion

The LB Framework is designed to support more thoughtful, consistent, and compassionate conversations about cannabis consumption within AOD and mental health settings.

Rather than focusing solely on reduction or cessation, it emphasises awareness, reflection, and intentional decision-making. This approach supports individuals to better understand their own patterns, motivations, and context.

At its core, this framework recognises that people are not defined by their consumption. When individuals feel respected and understood, they are more likely to engage meaningfully in reflection and change processes that are self-directed and sustainable.

It is intended to support ongoing refinement in how cannabis-related conversations are approached in AOD and mental health settings.

This framework is intended as a living resource that will continue to evolve alongside emerging evidence, practice, and lived experience within the field.

Find more practical resources and education at our website.
www.letsbudvocate.org

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