

Cannabis Use Guidelines and Recommendations for Ontario's Campuses

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About this Guide

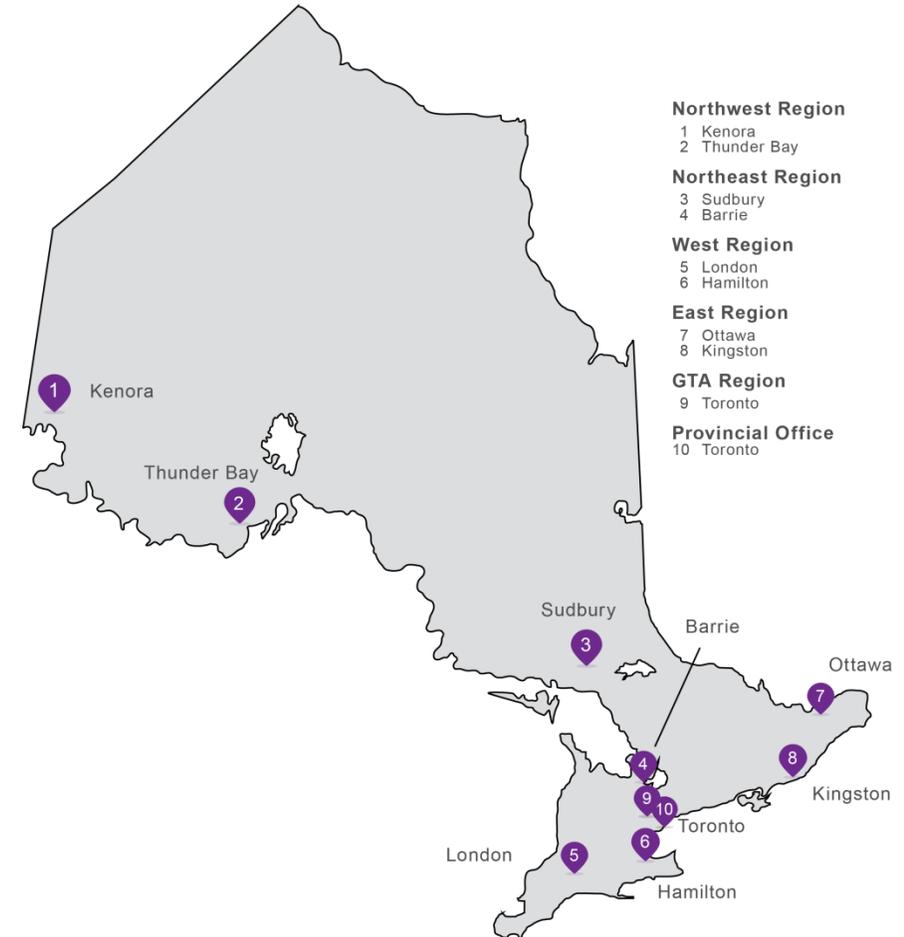
<https://campusmentalhealth.ca/toolkits/cannabis/>

- Partnership between the Centre for Addiction and Mental Health, Centre for Innovation in Campus Mental Health, Canadian Mental Health Association and the Ministry of Advanced Education and Skills.
- Explores issues related to cannabis use and provides an overview of health approaches that can reduce the harms
- Inspired by CARBC's "Clearing the Air"
- Developed to support campus professionals



Provincial System Support Program

- PSSP works together with partners across the province to move evidence to action in support of Ontario's *Comprehensive Mental Health and Addictions Strategy*.
- Has offices throughout Ontario.
- Provides capacity and expertise in:
 - Knowledge exchange
 - Information management
 - Implementation
 - Coaching
 - Equity and engagement
 - Evaluation



Evidence Exchange Network (EENet)

We connect people with evidence.

Evidence Exchange Network helps create and share evidence to build a better mental health and addictions system in Ontario.

We're a part of CAMH's Provincial System Support Program.

[Join the Network](#)

www.eenet.ca

Section 1: Cannabis and Substance Use

- About cannabis
- Cannabis use in Ontario
- Understanding substance use
- Public health and harm reduction approaches
- Prohibition/legalization paradox



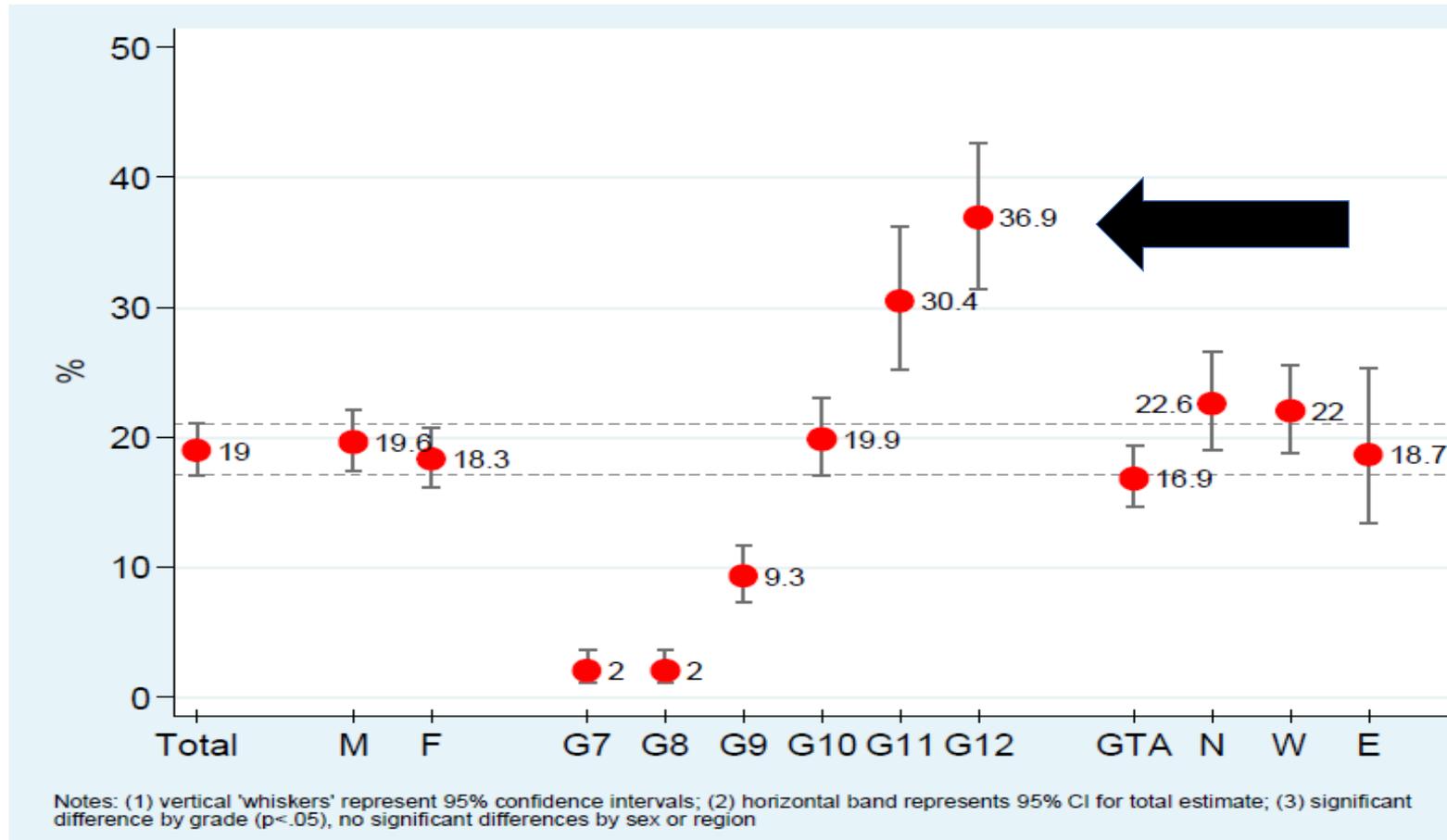
About Cannabis

- Includes all products from the plant
- Contains cannabinoids, tetrahydrocannabinol (THC), and other chemicals
- Modes of consumption:
 - Inhalation
 - Ingestion
 - Applied to skin

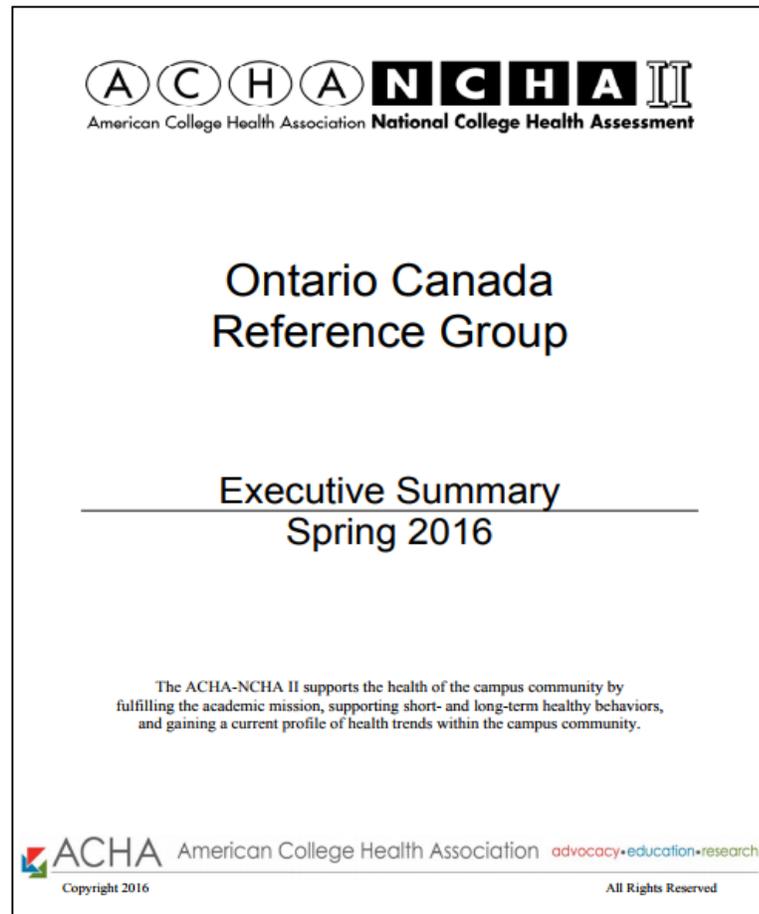


Cannabis use in Ontario

Past Year Cannabis Use (Gr. 7-12, 2017)



Cannabis Use on Ontario Campuses



- 19% of students reported using cannabis 30 days preceding the survey
- 3% reported using cannabis almost daily

American College Health Association. College Health Assessment II: Ontario Canada Reference Group Executive Summary. Hanover, MD: American College Health Association; 2016.

Cannabis Use on Ontario Campuses: Reported vs. Perceived Use

Marijuana

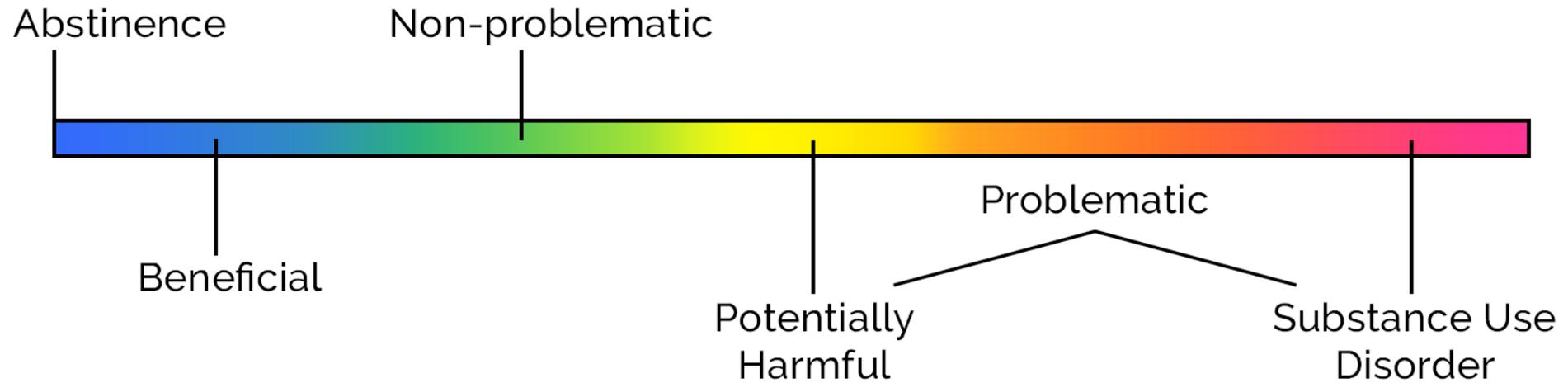
<i>Percent (%)</i>	Actual Use		
	Male	Female	Total
Never used	56.9	60.0	59.1
Used, but not in the last 30 days	21.5	23.0	22.4
Used 1-9 days	13.0	11.8	12.2
Used 10-29 days	4.9	3.2	3.7
Used all 30 days	3.7	2.1	2.6
<i>Any use within the last 30 days</i>	21.6	17.1	18.6

Perceived Use		
Male	Female	Total
10.2	7.0	8.1
7.2	4.7	5.5
46.4	41.0	42.5
26.4	33.6	31.2
9.9	13.7	12.7
82.7	88.3	86.4

Reported use for all students within the past 30 days compared with how often students perceived the typical student on campus used substances within the same time period.

American College Health Association. College Health Assessment II: Ontario Canada Reference Group Executive Summary. Hanover, MD: American College Health Association; 2016.

Understanding Substance Use



British Columbia Ministry of Health & Health Canada. (2013). A path forward: A provincial approach to facilitate regional and local planning and action.

Public Health Approach

- Promotes health of whole population while focusing on those at risk
- Public health approach to cannabis seeks to reduce harms and use targeted measures for those at increased risk
- Legalization and regulation allow cannabis use to be treated as a health issue

CPHA, 2014; CAMH, 2014; Task Force on Cannabis Legalization and Regulation, 2016

Harm Reduction

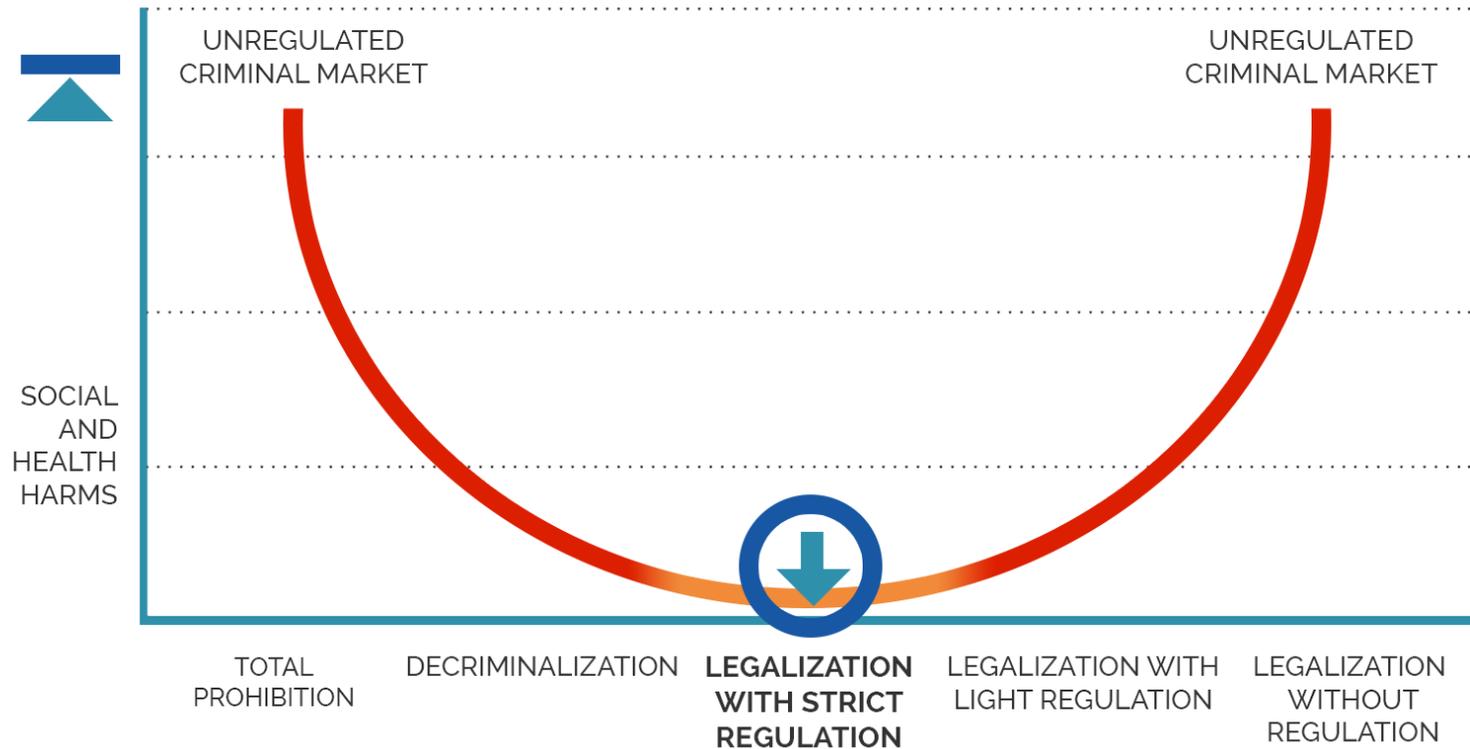
- Harm reduction are any efforts to reduce harms associated with substance use
- Acknowledges some may not be able to or want to stop using
- Recognizes right to choose and respects individuals
- Promotes safer use to prevent harms

International Harm Reduction Association, 2010;

Canadian Nurses Association Canadian Association of Nurses in AIDS Care, 2012

Prohibition and Legalization Paradox

CANNABIS POLICIES AND HARM: A CONCEPTUAL MODEL



Adapted from Apfel 2014. Cannabis: From Prohibition to Regulation.



CENTRE FOR INNOVATION IN
CAMPUS MENTAL HEALTH

About the Canadian Mental Health Association, Ontario Division

Founded in 1952, the Canadian Mental Health Association (CMHA), Ontario, is a non-profit, charitable organization committed to making mental health possible for all

CMHA Ontario works closely with its 30 local branches in communities across the province to ensure the utilization of best practices in the organization, management and delivery of services to consumers and families of individuals with mental illnesses, dual diagnosis and concurrent disorders.

All CMHAs in Ontario work in a variety of partnerships to provide a coordinated, continuum of care using the social determinants of health model.



Canadian Mental
Health Association
Ontario

Association canadienne
pour la santé mentale
Ontario



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CAMPUS MENTAL HEALTH

Section 2: Cannabis Use on Campus

Youth, Frequent Cannabis Users and Mental Health

Consistent evidence that links frequent, early onset cannabis use with negative effects, including mental health problems.

About 33% of Canadians aged 15 and older who used cannabis in the past three months in 2015 reported that they consumed daily or almost daily.

Research shows that it is a risk factor for the development of psychosis, especially if there is a personal or family history of psychosis, or cannabis is used frequently.

For young adults who have psychosis, ongoing cannabis use can worsen symptoms over the long term.

Symptoms such as depression, insomnia, anxiety and disturbances in appetite are also reported by some cannabis users in the context of withdrawal from high-frequency use.

A campus approach that provides education, health promotion and harm reduction strategies can assist in minimizing potential harms and assist students in making informed decisions about their substance use.



Risk and Protective Factors

Risk factor	Domain	Protective Factors
<ul style="list-style-type: none"> • Low self-esteem • Health • Negative attitude towards education • Difficult school transition 	Student and Life Events	<ul style="list-style-type: none"> • Positive social and emotional skills • Cognitive skills • Supportive relationships • Developed coping skills
<ul style="list-style-type: none"> • Family conflict • Childhood abuse, trauma or neglect 	Family	<ul style="list-style-type: none"> • Positive and stable home environment • Financial support from family
<ul style="list-style-type: none"> • Bullying • Early initiation of problem behaviour of substance use 	Peers	<ul style="list-style-type: none"> • Positive and supportive social network • Opportunities for healthy social interactions
<ul style="list-style-type: none"> • Knowledge of and access to campus supports • Disconnection from campus community 	Campus Environment	<ul style="list-style-type: none"> • Presence of campus approaches and strategies aimed at reducing substance use • Access to campus supports • Opportunities for involvement in campus activities
<ul style="list-style-type: none"> • Discrimination • Lack of access to the social determinants of health 	Societal	<ul style="list-style-type: none"> • Inclusion and community • Access to support services • Economic security

Language and Stigma

The language we use is an important component in reducing stigma and breaking down negative stereotypes associated with substance use.

It is recommended to use language that is neutral, precise.

It is also recommended to use 'people first' language that focuses on the individual, not the action.

Instead of	Try
Drug User	Person who uses drugs
Drug Abuser / Addict	Person who uses drugs problematically / Person with a Substance Use Disorder
Drug Habit	Regular substance use
Addicted to '...'	Has a '...' substance use disorder
Former / Ex-Addict	Person in recovery
Suffering from an addiction	Person living with an addiction
Stayed sober / clean	Maintained recovery
Drug Offender	Person arrested for a drug violation
Non-compliant	Chooses not to at this point



Education, Harm Reduction, and Skills for Engaging with Students

Stay open, objective and non-judgemental when a student speaks about substance use.

Listen carefully and seriously when a student discusses using either medical or non-medical cannabis for coping with specific symptoms or conditions.

Share accurate information and avoid lecturing. Be compassionate and curious about the student's perception and experience with cannabis use.

Educate yourself and use facts where you can.

Match the language that the student is using. For example, if a student uses the word "weed," do so as well.

Don't assume that you know a student's experiences, feelings, or interest in cannabis.



Canada's Lower-Risk Cannabis Use Guidelines (LRCUG)



Recommendations

- Cannabis use has health risks best avoided by abstaining
- Delay taking up cannabis use until later in life
- Identify and choose lower-risk cannabis products
- Don't use synthetic cannabinoids
- Avoid smoking burnt cannabis—choose safer ways of using
- If you smoke cannabis, avoid harmful smoking practices
- Limit and reduce how often you use cannabis
- Don't use and drive, or operate other machinery
- Avoid cannabis use altogether if you are at risk for mental health problems or are pregnant
- Avoid combining these risks

More information:

<http://crismontario.ca/SiteAssets/research-projects/lower-risk-cannabis-use-guidelines/LRCUG.KT.Professional.21June2017.FINAL.pdf>



CENTRE FOR INNOVATION IN
CAMPUS MENTAL HEALTH

Section 3: Developing, implementing, & evaluating a cannabis-use framework for your campus

- A. Considerations For Your Campus
- B. Developing a Cannabis Use Framework
- C. Implementing and Evaluating Your Framework



Considerations For Your Campus

✓ Stakeholders



Student union



Faculty



Health & wellbeing services



Administration

✓ Campus climate

✓ Harm reduction lens

✓ Medical use



Campus security



Front-line clinical staff



Residence life staff



Community organizations



Developing a Cannabis-Use Framework

Campus culture and context

- Timing of use
- Prevalence of use
- Champions on campus

Increasing personal confidence of staff and students to discuss problematic cannabis use

- Harm reduction
- Build capacity
- Cultivate a sense of community

The academic and personal development of students

- Tools to manage stress and mental health challenges



Applying the Legislative Framework to Your Campus

1. Minimum Age
 - a. 19 and older
2. Possession
 - a. 30 grams of dried cannabis
3. Places of Use
 - a. Prohibited in all public places
 - b. Permitted only in private residences – Campuses will be able to decide if on-campus student residences will be considered private residences.
4. Enforcement
 - a. *Smoke Free Ontario Act* imposes penalties for cannabis in public. Campuses need to decide if penalties will be imposed
5. Retail and Distribution
 - a. Only sold through the Ontario Cannabis Store



<https://www.ontario.ca/page/cannabis-legalization>

Implementing and Evaluating Your Framework

Indicators of implementation success

- Adherence by students and staff
- Awareness of framework components among staff and students as well as cannabis users and non-users
- Perceptions of enforcement
- Rate of complaints
- Impact on cannabis use among different groups
- Framework objectives met
- Level of support for potential changes to the framework



Additional References

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“Cannabis Talk Kit: How to Talk With Your Teen.” Drug Free Kids Canada. <https://www.drugfreekidscanada.org/wp-content/uploads/2017/06/34-17-1850-Cannabis-Talk-Kit-EN-10.pdf>

“More Feet on the ground. Learn How to Recognize, Respond and Refer Students Experiencing Mental Health Issues on Campus. The Centre for Innovation in Campus Mental Health. <https://morefeetontheground.ca/calls-to-action/>

A Campus Perspective:

THANK YOU!

<https://campusmentalhealth.ca/toolkits/cannabis/>

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