# Reducing cannabis harms:
# A guide for Ontario campuses

CENTRE FOR INNOVATION IN
CAMPUS MENTAL HEALTH

# About This Guide

This guide explores issues related to cannabis use and provides readers with an overview of health approaches that can reduce the harms and risks associated with it. Any campus professional — whether faculty, academic advisor, counsellor, or student services professional — working with students who use cannabis will be able to refer to the guide for information.

The first section will give you a better understanding of cannabis, the Ontario context, the substance use spectrum, as well as substance use disorders and problematic substance use. Section 2 looks at the reasons why students use or don't use cannabis, the effects of cannabis use on the brain in adolescents and young adults, the link between cannabis use and mental health, the effects of language and stigma, and strategies that campus professionals can use to reduce harms when directly engaging with students. The final section provides concrete steps for developing a campus-wide cannabis-use framework to reduce harm.

While the focus of this guide is on cannabis use by students, not campus staff or faculty, this is in no way meant to minimize the need to address the broader scope of mental health, substance use, and well-being on campuses, including among faculty and staff.

Each post-secondary institution has unique strengths, circumstances, and needs. For this reason, while the broad areas addressed in this guide are relevant to all institutions, it is not meant to be prescriptive or to serve as legal advice pertaining to cannabis use legislation. As of its writing, the information in this guide is accurate and reflects current research and legislation. However, this information may be subject to change and will be updated accordingly.

This guide is the result of a collaborative effort between the Centre for Innovation in Campus Mental Health (CICMH), the Provincial System Support Program (PSSP) at the Centre for Addiction and Mental Health (CAMH) and the Canadian Mental Health Association Ontario Division (CMHA). The writing team consisted of Pearlyn Ng (CICMH), Marija Padjen (CICMH), Sané Dube (CAMH), Jewel Bailey (CAMH), Tamar Meyer (CAMH), Jean Hopkins (CMHA), and Colin McCullough (Ministry of Advanced Education and Skills Development). Rossana Coriandoli (CAMH) copy edited the guide.

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"This guide is a living document, and is up-to-date as of June 2018. As the federal legislative process for *Bill C-45, The Cannabis Act* is still underway, the legal requirements and provincial framework in Ontario discussed in this document may change."

# Section 1: Cannabis and Substance Use

Section one provides an overview of cannabis, its legalization and regulation in Canada, cannabis use among Ontario's youth and an explanation of substance use. This section also discusses why public health and harm reduction approaches are necessary to reduce cannabis-related health and social harms.

## 1. About Cannabis

Cannabis is a plant that is formally called *cannabis sativa*. This guide uses the scientific term *cannabis*, which refers to all products obtained from the plant (including the flowers, leaves, stem, stalks, and resin). It is given different names (such as weed, pot, and marijuana) depending on the context. Different groups in different settings are likely to use other names.

The cannabis plant contains chemical compounds called cannabinoids, which act on receptors in the brain and have psychoactive or mind-altering effects.[1] The main chemical compound is delta-9 tetrahydrocannabinol, or THC.[2] It is responsible for the high that follows cannabis use.[3]

Current methods used to grow cannabis have led to higher concentrations of THC.[4] The average concentration of THC has gone from 3% in the 1980s to about 15% today, and some products, such as resins extracted from the cannabis flower, have levels as high as 80%.[5] There is variation in THC levels in cannabis edibles and other products which results in different effects and intensities for users.[6] The

[1]Canadian Centre on Substance Use and Addiction (2017). Canadian drug summary: cannabis. Retrieved from: http://www.ccdus.ca/Resource%20Library/CCSA-Canadian-Drug-Summary-Cannabis-2017-en.pdf

[2] World Health Organization. (2018). Management of substance abuse: cannabis. Retrieved from: http://www.who.int/substance_abuse/facts/cannabis/en/

[3]Centre for Addiction and Mental Health. (2012). Health information A- Z: cannabis. Retrieved from: http://www.camh.ca/en/hospital/health_information/a_z_mental_health_and_addiction_information/cannabis/Pages/default.aspx

[4]The Task Force on Cannabis Legalization and Regulation. (2016). A Framework for the legalization and regulation of cannabis in Canada. The final report of the task force on cannabis legalization and regulation. Retrieved from: https://www.canada.ca/en/services/health/marijuana-cannabis/task-force-marijuana-legalization-regulation/framework-legalization-regulation-cannabis-in-canada.html

[5]Ibid

[6] Ibid

stronger the concentration of THC, the lower the dose needed to reach the desired effect.[7] Higher potency may also result in greater harms to the person using it.[8]

Another chemical compound is cannabidiol, or CBD. CBD does not produce psychoactive effects but may moderate the effects of THC.[9] Cannabis can be used in various ways, such as:

- Inhalation – This can be done in a variety of ways:
  - Smoking it rolled in paper (also called a "joint," "blunt," or "spliff").
  - Combined with tobacco and smoked as a cigarette.
  - Inhaled through a vaporizer (also known as "vaping"), such as with an e-cigarette, water pipe (bong), and hookah, where the cannabis is heated below burning point and the vapors are inhaled.
  - Heating cannabis concentrates (a process called "dabbing").
- Ingestion – Cannabis is added to food and drink, such as candies, baked goods, juices, teas, tinctures, and ingestible oils.
- Applied to the skin – Cannabis is rubbed onto the skin through a lotion, cream, or oil.

Smoking is the most commonly reported way to use cannabis in Canada. The Canadian Cannabis Survey found that 93% of respondents said they smoke cannabis and 33% said they consume it in food.[10]

Synthetic cannabinoids, known as "Spice" or "K2", are substances that are developed in a laboratory and copy the effects of THC.[11] Synthetic cannabinoids are often presented as a legal substitute to cannabis and referred to as "legal highs" or "herbal incense."[12] Synthetic cannabinoids have been associated with panic attacks, hallucinations, seizures, and other health issues, and there is limited research to determine their immediate and long-term, health-related harms.[13]

# 2. Cannabis Use in Ontario

Canada has one of the highest rates of youth cannabis consumption in the world — among 15 to 19 year olds, about 23% are daily users — but Canadian youth use less of other substances, such as tobacco and alcohol, than youth in other countries.[14] [15] According to the 2016 National College Health Assessment,

[7] Ibid

[8] Ibid

[9] Health Canada. (2018). Drugs and medication: cannabis. Retrieved from: https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/about.html

[10] Health Canada (2017). Canadian cannabis survey. Retrieved from: https://www.canada.ca/en/health-canada/services/publications/drugs-health-products/canadian-cannabis-survey-2017-summary.html

[11] The Task Force on Cannabis Legalization and Regulation. (2016). A framework for the legalization and regulation of cannabis in Canada. The final report of the task force on cannabis legalization and regulation. Retrieved from: https://www.canada.ca/en/services/health/marijuana-cannabis/task-force-marijuana-legalization-regulation/framework-legalization-regulation-cannabis-in-canada.html

[12] Ibid

[13] Canadian Centre on Substance Use and Addiction. (2014). CCENDU Bulletin. Synthetic cannabinoids in Canada. Retrieved from: http://www.ccsa.ca/Resource%20Library/CCSA-CCENDU-Synthetic-Cannabis-Bulletin-2014-en.pdf

[14] UNICEF Office of Research (2013). 'Child Well-being in Rich Countries: A comparative overview', Innocenti report card 11, UNICEF Office of Research, Florence

19% of Ontario's post-secondary students used cannabis in the previous 30 days. More men (22%) used this substance than women (17%).[16]

In April 2017, the government of Canada introduced Bill C-45, the *Cannabis Act*, which would legalize and regulate the non-medical use of cannabis. Provinces are responsible for deciding aspects such as minimum age of legal use, and where cannabis can be purchased and used.[17] Bill C-45 is expected to become law in late 2018.

Cannabis legalization is a significant shift in substance-use legislation in Canada. Previously, it was classified as a schedule II drug, making it illegal to grow, possess, distribute, and sell cannabis for non-medical purposes.[18] In response to Bill C-45, Ontario passed Bill 174, the *Cannabis Act*, to support the legalization of non-medical use of cannabis and made related changes to the *Smoke-Free Ontario Act* and the *Highway Traffic Act*.

Health Canada defines non-medical use as "use for a range of non-medical reasons, such as for enjoyment, pleasure, amusement, or for spiritual, lifestyle, and other non-medical reasons."[19]

Legalization presents an opportunity to develop a health-focused response that aims to reduce the potential harms to people and communities associated with the use of cannabis,[20] including unique harms and risks which emerge in campus settings. The government of Ontario's *Safe and Sensible Framework to Manage Cannabis Legalization* identified the prevention of cannabis-related harms and harm reduction approaches as part of the province's overall response.[21]

Key surveys such as the *Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS)* and the *Ontario Student Drug use and Health Survey (OSDUHS)* provide campus professionals with useful insights to better understand substance use in student populations. According to the CSTADS, cannabis is the second most common psychoactive substance used by students in grades 7-12, after alcohol.[22] And the

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[15]Statistics Canada. (2015). Canadian tobacco, alcohol and drugs survey: summary of results for 2013. Ottawa, Ont. Retrieved from:healthycanadians.gc.ca/science research-sciences-recherches/data-donnees/ctads-ectad/summary-sommaire-2013-eng.php

[16]American College Health Association. (2016). American College Health Association-National College Health Assessment II: Ontario Canada reference group, executive summary spring 2016.Retrieved from: http://oucha.ca/pdf/2016_NCHA-II_WEB_SPRING_2016_ONTARIO_CANADA_REFERENCE_GROUP_EXECUTIVE_SUMMARY.pdf

[17]Government of Ontario (2017). Cannabis legalization. Retrieved from: https://www.ontario.ca/page/cannabis-legalization

[18]Canadian Centre on Substance Use and Addiction (2017). Canadian drug summary: cannabis. Retrieved from: http://www.ccdus.ca/Resource%20Library/CCSA-Canadian-Drug-Summary-Cannabis-2017-en.pdf

[19]Health Canada (2017). Canadian cannabis survey. Retrieved from: https://www.canada.ca/en/health-canada/services/publications/drugs-health-products/canadian-cannabis-survey-2017-summary.html

[20]Centre for Addiction and Mental Health. (2014). CAMH cannabis policy framework. Retrieved from: https://www.camh.ca/en/camh-news-and-stories/camhs-cannabis-policy-framework-legalization-with-regulation

[21]Government of Ontario (2017). *Ontario releases safe and sensible framework to manage federal legalization of cannabis.* Retrieved from: https://news.ontario.ca/mag/en/2017/09/ontario-releases-safe-and-sensible-framework-to-manage-federal-legalization-of-cannabis.html

[22]Canadian Student Tobacco, Alcohol and Drugs Survey (2015). Summary of results: Canadian student tobacco, alcohol and drugs survey. Retrieved from: https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey/2014-2015-summary.html

2017 OSDUHS results show that 37% of students in grades 12 used cannabis in the previous year, while 3% used synthetic cannabis in the previous year. Cannabis use among grade 12 students has remained stable since 2011.[23]

In addition to data on use, the OSDUHS collects vital information on perceptions of cannabis use among students. The 2017 results show that 35% of students think cannabis should be legal for adults and students in the older grades were more likely to share this view. As well, 4% of students said they would use more cannabis once legalized and 11% said they would use similar amounts to what they used before legalization.

# 3. Understanding Substance Use

Cannabis and other drugs such as alcohol and tobacco are psychoactive substances which, when taken into the body, alter mental processes such as cognition.[24] Psychoactive substance use falls on a spectrum. Movement along the spectrum is not necessarily linear; that is, a person may use substances differently at different points in their life. It is possible to introduce interventions to minimize risks and harms when problematic use occurs. Problematic use means use of substances in ways that are associated with physical, psychological, economic or social problems or use pose health or security risks to the person, and those around them.[25]

It is important to recognize that use of substances such as cannabis is not the same as being dependent or addicted. Rather, substance use can range from beneficial to problematic, as shown below:

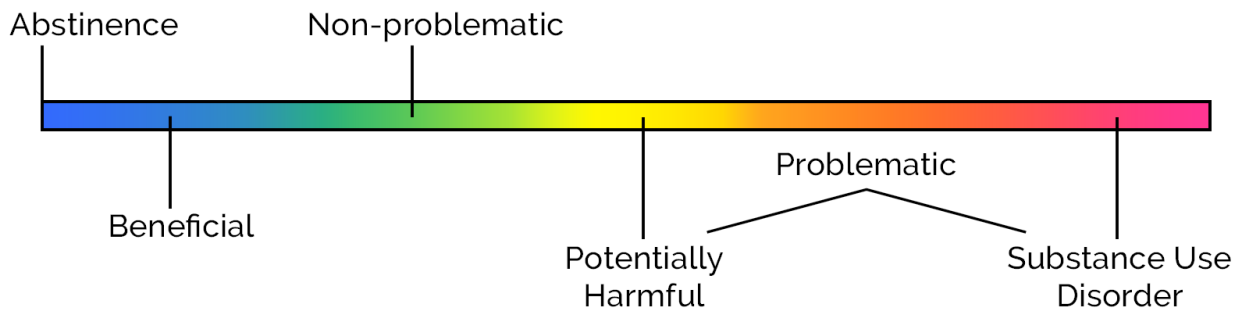
- **Abstinence:** No use.
- **Beneficial:** Use resulting in more positive than negative effects.
- **Non-problematic**: Use resulting in few health or social effects.
- **Problematic use:** Use resulting in potentially negative effects for the person, their friends, or family.
- **Substance use disorder:** Use that is compulsive or difficult to stop despite negative health and social effects.

[23]Boak, A., Hamilton, H. A., Adlaf, E. M., & Mann, R. E. (2017). Drug use among Ontario students, 1977-2017: Detailed findings from the Ontario student drug use and health survey (OSDUHS) (CAMH Research Document Series No. 46). Toronto, ON: Centre for Addiction and Mental Health.

[24]Canadian Public Health Association. (2014). Canadian Public Health Association discussion paper. A new approach to managing illegal psychoactive substances in Canada. Retrieved from: https://www.cpha.ca/sites/default/files/assets/policy/ips_2014-05-15_e.pdf

[25]Canadian Public Health Association. (2014). Canadian Public Health Association discussion paper. A new approach to managing illegal psychoactive substances in Canada. Retrieved from: https://www.cpha.ca/sites/default/files/assets/policy/ips_2014-05-15_e.pdf

**Figure 1:** Substance Use Continuum (adapted from *A path forward: A provincial approach to facilitate regional and local planning and action.*)[26]




Some people use cannabis for medical purposes. Cannabis has been endorsed for a broad range of medical conditions but evidence of its effectiveness to treat all these conditions is incomplete.[27] Sufficient evidence exists on the use of cannabis to treat end-of-life pain, chemotherapy-induced nausea and vomiting, and spasticity due to multiple sclerosis or spinal cord injury.[28]

In Canada, regulations governing access to medical cannabis have been in place since 2001. Since then, these regulations have changed numerous times. In their most recent version, introduced by the federal government in 2016, the *Access to Cannabis for Medical Purposes Regulations* allow medical use of cannabis when authorized and prescribed by a health care provider. Medical cannabis can be purchased from a producer that is licensed by Health Canada, or a person can produce their own cannabis based on the daily amount prescribed by their health care provider.[29]

Purchases from a licensed producer can be made online, by a written order, or through telephone, and are delivered by mail. Until legalization, only licensed producers are authorized to produce, sell, and mail cannabis to the public. "Dispensaries" or "compassion clubs" are not allowed to sell cannabis for medical or non-medical purposes.[30]

The legalization of cannabis will not change the rules and processes for accessing cannabis for medical purposes.[31]

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[26]First Nations Health Authority, British Columbia Ministry of Health & Health Canada. (2013). A path forward: A provincial approach to facilitate regional and local planning and action. Retrieved from: http://www.fnha.ca/documents/fnha_mwsu.pdf

[27] Perry, D., Ton. J., Beahm, N.P., Crisp, N.,...Lindblad.A.J.(2018). Simplified guideline for prescribing medical cannabinoids in primary care.*Canadian Family Physician, 64*.

[28]Perry, D., Ton. J., Beahm, N.P., Crisp, N.,...Lindblad.A.J.(2018). Simplified guideline for prescribing medical cannabinoids in primary care.*Canadian Family Physician, 64*.

[29] Government of Canada. (2016). Medical use of marijuana. Retrieved from https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-use-marijuana/medical-use-marijuana.html

[30]Government of Canada. (2018). Statement from Health Canada concerning access to cannabis for medical purposes. Retrieved from: https://www.canada.ca/en/health-canada/news/2016/08/statement-from-health-canada-concerning-access-to-cannabis-for-medical-purposes.html

[31]Government of Ontario. (2018). Cannabis legalization. Retrieved from: https://www.ontario.ca/page/cannabis-legalization

# 4. Understanding Substance Use Disorders and Problematic Substance Use

For some people, the use of substances such as cannabis can lead to problematic use. In some people, it can lead to a substance use disorder, the term used in the most recent version of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, the American Psychiatric Association's text of recognized mental illnesses.[32] Substance use disorder is a complex condition in which problematic patterns of substance use may interfere with a person's life and lead to physical and/or psychological dependence and withdrawal symptoms. It is commonly known as addiction or problematic use of substances (Figure 1), and can range from mild to severe.

The majority of students will not develop a substance use disorder when cannabis is legalized, but there are risks of harm associated with use. Signs and symptoms of problematic use among students include not showing up to classes or other activities, difficulty with memory or concentration, and putting substance use ahead of school work or other obligations.[33]

The 4Cs approach[34] is a simple way to describe problematic substance use that may have a negative impact on a person:

- **Craving**: Strong need to use the substance.
- **Control**: Difficult controlling how much or how often the substance is used.
- **Compulsion**: Feeling urges to use the substance.
- **Consequences:** Continuing to use the substance despite negative outcomes

About 9% of people who use cannabis will develop cannabis use disorder, and that number may increase to 16% among those who start using it as teenagers.[35] By comparison, the estimated risk of developing a substance use disorder with other substances is 68% for nicotine, 23% for alcohol, and 21%

[32]American Psychiatric Association.(2018). Diagnostic and Statistical Manual of Mental Disorders (DSM–5). Available at: https://www.psychiatry.org/psychiatrists/practice/dsm

[33]Government of Canada. (2017). Help a friend who is using or abusing drugs. Retrieved from: https://www.canada.ca/en/health-canada/services/substance-abuse/get-help/help-friend.html#a1

[34]Centre for Addiction and Mental Health. (2007). Addiction: An information guide. Retrieved from: https://www.camh.ca/en/hospital/health_information/a_z_mental_health_and_addiction_information/drug-use-addiction/Documents/addiction_guide_en.pdf

[35]Anthony, J.C. (2006). The epidemiology of cannabis dependence. In R.A. Roffman & R.S. Stephens (Eds.), Cannabis dependence: Its nature, consequences and treatment (pp. 58–105). Cambridge, UK: Cambridge University Press

for cocaine.[36]More than one in 20 Canadians between the ages of 15 and 24 met the criteria for cannabis use disorder in 2012 and the peak age for the disorder is between 16 and 18 years old.[37]

Screening and assessments tools* which are grounded in research and proven to be reliable and valid, can help service providers understand where a student might be on the substance use continuum. Some of these can also identify if the substance use is affecting the person's life, if they meet the criteria for cannabis use disorder, and appropriate interventions to help them reduce their use. Below are commonly used assessment tools in Ontario:

| Tool | Information |
|---|---|
| Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) | ASSIST is designed primarily for use by primary healthcare providers but has also been found useful for those in other fields who work with people who use substances. It includes cannabis-related questions. |
| Global Appraisal of Individual Needs (GAIN)-SS | GAIN instruments can be used to identify those who have a substance use disorder in a variety of clinical settings. |
| CRAFFT | CRAFFT is used with adolescents and young adults (12- 21 years) and can be completed as a self-administered questionnaire in clinical settings. Brief advice/interventions are recommended based on the person's risk level. |

*Costs may be attached to using some of these tools.

## 5. Public Health and Harm Reduction Approaches to Cannabis Use

A public health approach promotes the health and well-being of the whole population and works to help all groups of people have an equal chance of having good health.[38] Taking a public health approach to

[36]Lopez-Quintero C, Pérez de los Cobos J, Hasin DS, Okuda M, Wang S, et al. (2011). Probability and predictors of transition from first use to dependence on nicotine, alcohol, cannabis, and cocaine: Results of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). Drug and Alcohol Dependence 115: 120- 130
[37]Pearson, C., Janz, T., & Ali, J. (2013). Health at a glance: Mental and substance use disorders in Canada. (Statistics Canada Catalogue no. 82-624-X).
[38]Canadian Public Health Association. (2014). Canadian Public Health Association discussion paper. A new approach to managing illegal psychoactive substances in Canada. Retrieved from: https://www.cpha.ca/sites/default/files/assets/policy/ips_2014-05-15_e.pdf

cannabis use means working to reduce harms while also using targeted measures for those who are at higher risk of harm due to their cannabis use.[39]

The strategies used in a public health approach are health promotion and protection, prevention, harm reduction, and evidence-based services to support those who have developed or are at risk of developing a substance use problem.[40] Addressing the risk and protective factors that determine the health of populations is also part of a public health approach(see section 2, subsection 3, for examples of risk and protective factors among post-secondary students).[41]

The legalization and regulation of cannabis provides the opportunity for cannabis use to be treated as a health issue rather than as a criminal one.

As previously noted, harm reduction is part of a public health approach to address cannabis use. Harm reduction refers to any efforts to minimize the harms associated with substance use.[42] It operates on the premise that some people will use substances, and that those who use them may not be able or want to stop using them.[43] Harm reduction is grounded in the belief that people have the right to choose how they live their lives and that they deserve respect.[44] The focus is on promoting safer use of substances to prevent harm.[45] For more information on harm reduction approaches when working with students see Section 2.

[39]The Task Force on Cannabis Legalization and Regulation. (2016). A framework for the legalization and regulation of cannabis in Canada. The final report of the task force on cannabis legalization and regulation. Retrieved from: https://www.canada.ca/en/services/health/marijuana-cannabis/task-force-marijuana-legalization-regulation/framework-legalization-regulation-cannabis-in-canada.html

[40]Canadian Public Health Association. (2014). Canadian Public Health Association discussion paper. A new Approach to managing illegal psychoactive substances in Canada. Retrieved from: https://www.cpha.ca/sites/default/files/assets/policy/ips_2014-05-15_e.pdf

[41]Canadian Public Health Association. (2014). Canadian Public Health Association discussion paper. A new approach to managing illegal psychoactive substances in Canada. Retrieved from: https://www.cpha.ca/sites/default/files/assets/policy/ips_2014-05-15_e.pdf

[42]International Harm Reduction Association. (2010). What is harm reduction? A position statement from the International Harm Reduction Association. Retrieved from: https://www.hri.global/contents/1269

[43]Ibid

[44]Canadian Nurses Association & Canadian Association of Nurses in AIDS Care. (2012). Joint position statement. Harm reduction. Retrieved from: https://cna-aiic.ca/~/media/cna/page-content/pdf-en/jps_harm_reduction_2012_e.pdf

[45]Canadian Nurses Association & Canadian Association of Nurses in AIDS Care. (2012). Joint position statement. Harm reduction. Retrieved from: https://cna-aiic.ca/~/media/cna/page-content/pdf-en/jps_harm_reduction_2012_e.pdf

# 6. Prohibition/ Legalization Paradox

Existing laws and measures to regulate many psychoactive substances were developed in the 20th century; these laws were developed based on fear, racism, political and moral perspectives, and existing knowledge at the time.[46] But evidence shows that the criminalization of cannabis has not stopped people from using it.[47]

In Canada — where production, distribution, sale, and possession of cannabis was against the law up until 2018 — more people use this substance than in countries that embrace a less stringent approach.[48] In effect, these laws have actually increased associated social harms. For example:

- Thousands of Canadians are arrested each year, impacting their ability to get and keep jobs;
- Certain groups are disproportionately targeted with charges of cannabis possession; and
- Prohibition has fueled the illicit drug market, and associated crime and violence.[49]

Figure 2 presents a model for cannabis policies and their effects on physical and social well-being. In this model, legalization of cannabis without regulation results in increased commercial markets, which contribute to increased health and social harms. In Colorado and Washington, where cannabis is legalized, there was growth in the cannabis edibles market. In Colorado, the edibles market expanded because of lack of regulation for edibles, and edibles appealed to those who did not want to smoke. This resulted in unintentional overconsumption and overdose.[50] On the other end of the curve, total prohibition results in an unregulated criminal market, which also results in increased health and social harms.

In the middle of the curve is legalization with strict regulation, which is associated with fewer social and health harms. Within this type of regulatory framework, a public health approach can be used to reduce cannabis-related risks and harms to the whole population, including targeted interventions for high-risk groups.

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[46]Canadian Public Health Association. (2014). Canadian Public Health Association discussion paper. A new approach to managing illegal psychoactive substances in Canada. Retrieved from: https://www.cpha.ca/sites/default/files/assets/policy/ips_2014-05-15_e.pdf

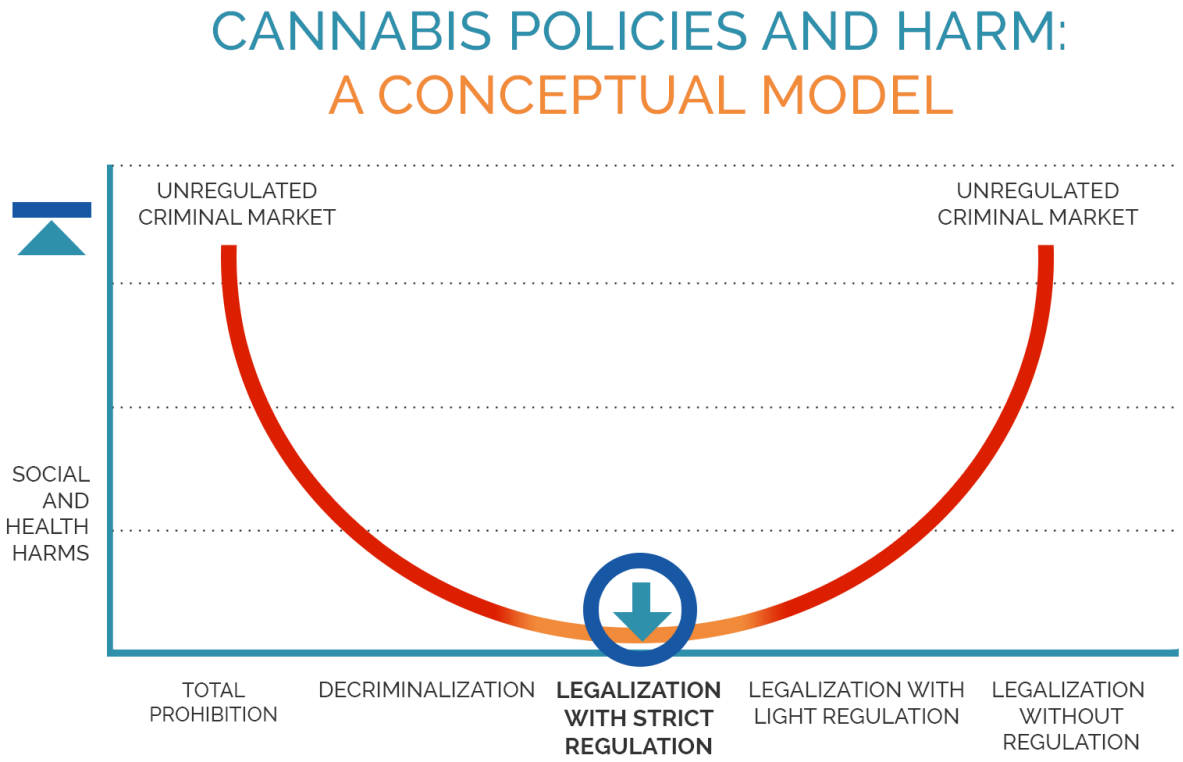
[47]Centre for Addiction and Mental Health. (2014). CAMH cannabis policy framework. Retrieved from: https://www.camh.ca/en/camh-news-and-stories/camhs-cannabis-policy-framework-legalization-with-regulation

[48]Centre for Addiction and Mental Health. (2014). CAMH cannabis policy framework. Retrieved from: https://www.camh.ca/en/camh-news-and-stories/camhs-cannabis-policy-framework-legalization-with-regulation

[49]Centre for Addiction and Mental Health. (2014). CAMH cannabis policy framework. Retrieved from: https://www.camh.ca/en/camh-news-and-stories/camhs-cannabis-policy-framework-legalization-with-regulation

[50]The Task Force on Cannabis Legalization and Regulation. (2016). A framework for the legalization and regulation of cannabis in Canada. The final report of the task force on cannabis legalization and regulation. Retrieved from: https://www.canada.ca/en/services/health/marijuana-cannabis/task-force-marijuana-legalization-regulation/framework-legalization-regulation-cannabis-in-canada.html

**Figure 2:** Cannabis policies and social/health harm: A conceptual model. Adapted with permission from Apfel.[51]




# SECTION 2: Cannabis Use on Campus

There are conflicting messages surrounding cannabis, including regarding its potential harms and benefits, which can make it difficult to provide appropriate messages and support for post-secondary students.[52] This section will help campus professionals provide information to students about the risks of cannabis use and intervention strategies to reduce harms.

[51]Apfel. F. (2014). Cannabis: from prohibition to regulation. When the music changes so does the dance. AR Policy Brief 5. Barcelona: ALICE RAP (Addictions and Lifestyles in Contemporary Europe – Reframing Addictions Policy). Retrieved from: http://www.aie.nl/wp-content/uploads/2014/05/AR-Policy-Paper-5.pdf

[52] Healthy Minds, Healthy Campuses (2016). *Clearing the Air: Lower-Risk Cannabis Use on Campus.* Accessed from: https://healthycampuses.ca/wp-content/uploads/2015/01/Cannabis-Guide-2016.pdf

# 1) Reasons for Cannabis Use and Non-use

The reasons for using cannabis non-medically, as well as the choice not to use cannabis, are complex and can be different for each person.[53] According to the Canadian Centre on Substance Use and Addiction, some of the most common reasons for cannabis use, specifically among youth, include:

- It is easy to access
- To overcome routine or boredom
- To fit in with their peers
- To feel good (improve their mood, appetite, and sleep)
- To be more sociable
- To feel excitement or pleasure
- To cope with sadness, anger, and anxiety
- It is available and acceptable
- It helps them gain an alternative perspective of their experiences

Youth report not using cannabis for the following reasons:[54] [55]

- Fear of legal and parental consequences
- Negative effects on the body and mind
- To avoid social consequences and stigma
- To avoid stereotypes of cannabis users

# 2) Cannabis Use Among Adolescents, Youth, and Frequent Users

While the impacts of cannabis on public health are significantly lower than those of tobacco and alcohol, cannabis consumption is not without risks, especially if used frequently or if use begins earlier in life.[56] Frequent use of cannabis (typically defined as daily or near-daily use) is associated with health complications, including mild impairments to memory, attention, and other cognitive functions, especially the younger a person begins to consume it. And those who start using cannabis early and use it frequently are at risk of having negative impacts later in life. [57]

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[53] McKiernan, A., & Fleming, K. (2017). *Canadian Youth Perceptions on Cannabis*, Ottawa, Ont.: Canadian Centre on Substance Abuse.

[54] George, T., & Vaccarino, F. (Eds.). (2015). *Substance abuse in Canada: The Effects of Cannabis Use during Adolescence.* Ottawa, ON: Canadian Centre on Substance Abuse.

[55] McKiernan, A., & Fleming, K. (2017). *Canadian Youth Perceptions on Cannabis*, Ottawa, Ont.: Canadian Centre on Substance Abuse.

[56] Centre for Addiction and Mental Health. (2014). *Cannabis Policy Framework.* Retreived From: https://www.camh.ca/en/camh-news-and-stories/to-2016/camhs-cannabis-policy-framework-legalization-with-regulation

[57] George, T., & Vaccarino, F. (Eds.). (2015). *Substance abuse in Canada: The Effects of Cannabis Use during Adolescence.* Ottawa, ON: Canadian Centre on Substance Abuse.

An additional health risk is associated with the consumption of burned cannabis. Smoking is the most hazardous method of cannabis use, and can cause respiratory health problems, such as cough, wheeze, worsening of asthma symptoms, sore throat, chest tightness, and shortness of breath.[58] Alternatives (such as vaporizers or edibles) are not risk-free, but they can reduce the risks associated with smoking cannabis. For more information about lower-risk practices see sub-section 5.[59]

In adolescence and early adulthood, the brain goes through a maturation process that includes refinements and reorganization of the brain's circuitry. Cannabis use can negatively affect this process.[60] Those who start using cannabis early (such as in adolescence) are at higher risk of harm.[61] Although there is not enough evidence of a cause-and-effect relationship, early and frequent use of cannabis is a risk factor for developing mental illness, including psychosis.[62] For more information about these links see Section 2.

Driving under the influence of substances, including cannabis, contributes to fatal road crashes and, in Canada, young people are the largest group of drivers in fatal car crashes who test positive for drugs. [63] Young Canadians (ages 15–24) were more than twice as likely as older Canadians to report driving after using cannabis.[64] In 2017, a Health Canada survey showed that many people are unaware of the potential risks of cannabis-impaired driving.[65] While significant steps have been made to inform young adults in Canada about the harms of drinking and driving, students in Ontario were more likely to report driving after using cannabis than driving after drinking.[66] Campus messaging and harm reduction initiatives should provide accurate information and education regarding the risks of driving after using cannabis.

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[58] McInnis, O., & Plecas, D. (2017). *Clearing the Smoke on Cannabis. Respiratory effects of Cannabis Smoking.* Canadian Centre for Substance Abuse. Retrieved from: http://www.ccdus.ca/Resource%20Library/CCSA-Cannabis-Use-Respiratory-Effects-Report-2016-en.pdf

[59] Fischer, B., Russell, C., Sabioni, P., van den Brink, W., Le Foll, B., Hall, W. et al. (2017). Lower-risk cannabis use guidelines (LRCUG): An evidence-based update. *American Journal of Public Health, 107*(8).

[60] Canadian Psychiatric Association. (2017). *Implications of Cannabis Legalization on Youth and Young Adults.* Retreived from: https://www.cpa-apc.org/wp-content/uploads/Cannabis-Academy-Position-Statement-ENG-FINAL-no-footers-web.pdf

[61] George, T., & Vaccarino, F. (Eds.). (2015). *Substance abuse in Canada: The Effects of Cannabis Use during Adolescence.* Ottawa, ON: Canadian Centre on Substance Abuse.

[62] Ben Amar M, Potvin S .(2007). Cannabis and Psychosis: What is the Link? *Journal of Psychoactive Drugs;* 39 (2), 131-42

[63] Health Canada. (2018). *Drug Impaired Driving*. Retrieved from: https://www.canada.ca/en/services/policing/police/community-safety-policing/impaired-driving/drug-impaired-driving.html

[64] Canadian Centre for Substance Use and Addiction. (2018). *Impaired Driving in Canada.* Retrieved from: http://www.ccdus.ca/Resource%20Library/CCSA-Impaired-Driving-Canada-Summary-2018-en.pdf

[65] Health Canada (2017). *Canadian Cannabis Survey — 2017 summary.* Retrieved from: www.canada.ca/en/healthcanada/services/publications/drugs-health-products/canadian-cannabis-survey-2017-summary.html.

[66] Boak, A., Hamilton, H. A., Adlaf, E. M., & Mann, R. E., (2017). *Drug use among Ontario students, 1977-2015: Detailed OSDUHS findings (CAMH Research Document Series No. 46)*. Toronto, Ont.: Centre for Addiction and Mental Health.

Given the high rates of cannabis use among youth and the concerns related to the effects of cannabis on brain development and driving ability, youth are a priority population that needs targeted health promotion interventions and messaging.

# 3) Cannabis and Mental Health

As discussed in the previous section, there is consistent evidence that links frequent, early onset cannabis use with negative effects, including mental health problems. And while there is no evidence at this time that cannabis causes mental illness, research shows that it is a risk factor for the development of psychosis,[67] especially if there is a personal or family history of psychosis, or cannabis is used frequently.[68] One study found that those who use cannabis regularly as adolescents have twice the risk of psychotic symptoms or of a schizophrenia diagnosis in adulthood compared to those who do not use it.[69] For young adults who have psychosis, ongoing cannabis use can worsen symptoms over the long term.[70] Recent research also found that high THC content in cannabis products is linked to a higher risk of developing psychotic symptoms.[71] Some studies have suggested that cannabis may also increase the risk of anxiety and depression.[72]

More research is needed to better understand the relationship between mental illness and cannabis use. In the meantime, there are essential components of a campus strategy to address cannabis use among post-secondary students. These components include education, health promotion, and harm reduction strategies that encourage reducing cannabis use and that increase access to community-based mental health and addictions supports.

**Risk and protective factors**

There are factors that can potentially increase the risks of problematic substance use, such as low self-esteem, stressful life events, and lack of connection to a community. These risk factors can result in negative health effects, including an increased risk of developing substance use problems.

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[67] McInnis, O. & Porath-Waller, A. (2016). *Clearing the Smoke On Cannabis: Chronic Use and Cognitive Functioning and Mental Health*. The Canadian Centre on Substance Use. Retrieved from: http://www.ccdus.ca/Resource%20Library/CCSA-Chronic-Cannabis-Use-Effects-Report-2016-en.pdf

[68] Degenhardt, L., & Hall, W. (2007). The relationship between cannabis use and psychosis: epidemiological evidence and biological plausibility. *Advances in Schizophrenia and Clinical Psychiatry,* 3, 2–7.

[69] Hall, W. (2015). What has research over the past two decades revealed about the adverse health effects of recreational cannabis use? *Addiction*, 110(1), 19–35.

[70] Canadian Psychiatric Association. (2017). I*mplications of Cannabis Legalization on Youth and Young Adults*. Retreived from: https://www.cpa-apc.org/wp-content/uploads/Cannabis-Academy-Position-Statement-ENG-FINAL-no-footers-web.pdf

[71] Di Forti, M., Marconi, A., Carra, E., Fraietta, S., Trotta, A., Bonomo, M.,& Stilo, S.A. (2015). Proportion of patients in south London with first-episode psychosis attributable to use of high potency cannabis: a case-control study. T*he Lancet Psychiatry*, 2(3), 233–238.

[72]Lev-Ran, S., Roerecke, M., Le Foll, B., George, T.P., McKenzie, K., & Rehm, J. (2014). The association between cannabis use and depression: a systematic review and meta-analysis of longitudinal studies. *Psychological Medicine,* 44(04), 797–810.

Young people transitioning from secondary school to university or college face unique challenges that can affect their mental health, such as moving away from their social support structures, developing new routines and social networks, and adapting to independent life.[73] As a result, these transitional-age youth, who are typically between 16- and 25-years-old, often need help to cope with the challenges they face during this period.

On the other hand, protective factors (such as education and supportive relationships) can have positive impacts on a person's health and mitigate their risk of mental health problems. While the chart below is not a comprehensive list of risk and support factors, it provides an overview of the campus supports that can enhance these protective factors.

**Figure 3: Risk Factors and Protective Factors that Impact Student Mental Health**[74]

| Risk Factors | Domain | Protective factors |
|---|---|---|
| Low self-esteem<br>Cognitive development<br>Poor physical health<br>Poor language skills<br>Negative attitude towards education | **Student** | Positive social and emotional skills<br>Cognitive skills<br>Positive mental and physical health<br>Positive attitude towards education |
| Family conflict<br>Childhood abuse, trauma, or neglect<br>Adverse experiences in youth<br>Caregiver with mental health or problematic substance use | **Family** | Positive and stable home environment<br>Financial support from family<br>Supportive of post-secondary education |
| Bullying<br>Early initiation of problem behaviour or substance use<br>Interactions with peers with negative attitude towards education | **Peers** | Positive and supportive social network<br>Opportunities for healthy social interactions |

[73] Centre for Addiction and Mental Health. (2016). *Transition-Age Youth Evidence Brief. Mental Health Promotion, Prevention, and Early Intervention through Campus Interventions and Integrated Service Centres.* Retrieved from: http://eenet.ca/sites/default/files/TAYEnglish_EENetEvidenceBrief_Final.pdf

[74] Adapted From: Public Safety Canada. (2018). *School-Based Drug Abuse Prevention: Promising and Successful Programs.* Retrieved from: https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/sclbsd-drgbs/index-en.aspx#ch01a

| | | |
|---|---|---|
| Knowledge of, and access to, campus supports<br>Disconnection from campus community | **Campus environment** | Presence of campus approaches and strategies aimed at reducing substance use<br>Access to campus supports<br>Positive relationships with educators and staff<br>Healthy campus environment<br>Opportunities for involvement in campus activities |
| History of trauma (e.g., abuse, death of a loved one)<br>Difficult school transition<br>Socioeconomic challenges | **Life events** | Supportive and stable relationships<br>Developed coping skills<br>Support available during critical life events |
| Discrimination<br>Lack of access to the social determinants of health<br>Lack of access to support services | **Societal** | Inclusion and community<br>Access to support services<br>Economic security |

# 4) Language and Stigma

Stigma is one of the largest barriers to accessing treatment for problematic substance use.[75] The creation of a new legal cannabis framework in Canada offers a unique opportunity to encourage de-stigmatizing conversations about substance use on campus so students can speak openly and make informed decisions about consuming psychoactive substances.

The language used is an important component in reducing stigma and breaking down the negative stereotypes associated with substance use. For example, the words used by healthcare professionals and other supports can contribute to suboptimal care.[76] By choosing to use non-stigmatizing language, students who are experiencing challenges may face less stigma and fewer barriers to accessing help.

It is a good idea to use neutral and precise language when talking about substance use as well as "people first" language that focuses on the individual. For example:

[75] John F. Kelly, Richard Saitz & Sarah Wakeman (2016) Language, Substance Use Disorders, and Policy: The Need to Reach Consensus on an "Addiction-ary", *Alcoholism Treatment Quarterly.* 34(1), p116-123.

[76] Van Boekel, et al. (2013). Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: systematic review. *Drug and Alcohol Dependence. 131 1-2, 23-35.*

| Instead of: | Say: |
|---|---|
| Drug user | Person who uses drugs |
| Stoner/pothead | Person who uses cannabis |
| Drug abuser/addict | Person with a drug use problem/person with a substance use disorder |
| Drug habit | Regular substance use |
| Addicted to X | Has an x 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[77] |

# 5) Education, Harm Reduction, and Skills for Engaging with Students

While cannabis use may be harmful, many people also report positive benefits, whether it is with medical or recreational use. It is important to foster an environment where students can talk about both the risks and benefits of cannabis use. The aim is to help students make informed decisions, offer easy access to screening and assessment for potential substance use problems, and provide referrals if they need treatment.

Addressing issues related to cannabis use on campus should be viewed within a public health framework that supports cannabis literacy. It is important to note that taking an "abstinence only" approach to substance use education has proven to be ineffective in reducing cannabis use.[78] In addition, strict or punitive policies related to substance use have also proven to be ineffective.[79]

Harm reduction is a pragmatic, evidence-based approach that can provide students with information and skills to minimize risks and make informed choices about cannabis consumption.[80] Harm reduction has been effective with many populations, including students. For example, one study showed that harm reduction interventions can reduce the frequency of risky behaviours among students aged 18-28

[77] Adapted from CCSA (2017) and Health Canada (2018)
[78] Canadian Students For Sensible Drug Policy. (2018). *Sensible Cannabis Education: A Toolkit for Educating Youth.* Retrieved from: https://cssdp.org/youthtoolkit/
[79] Simons-Morton B, et al. (2010). Cross-national comparison of adolescent drinking and cannabis use in the United States, Canada, and the Netherlands*. International Journal of Drug Policy.* 21(1):64-9
[80] Canadian Students For Sensible Drug Policy. (2018). *Sensible Cannabis Education: A Toolkit for Educating Youth.* Retrieved from: https://cssdp.org/youthtoolkit/

who identify as heavy cannabis users.[81] Other effective interventions related to substance use combine support, resources, and educational opportunities.[82]

For students who choose to use cannabis, there are evidence-based tools that can help them make informed decisions to reduce potential harms. . See below for the ten recommendations in the Lower-Risk Cannabis Use Guidelines developed by the Canadian Research Initiative in Substance Misuse." [83] They are:

**Abstinence**

Recommendation 1: As with any risky behaviour, the safest way to reduce risks is to avoid the behaviour altogether. The most effective way to avoid any risks of cannabis use is to abstain from use.

**Age of Initial use**

Recommendation 2: Studies show that initiating cannabis at a young age—primarily before age 16—increases the risks for a variety of adverse health outcomes. The younger a person is when starting cannabis use, the greater the likelihood of developing health problems that are also more severe. Therefore, deferring cannabis use at least until after adolescence is advised.

**Choice of cannabis products**

Recommendation 3: Higher THC potency is strongly related to increased acute and long-term problems, such as mental health problems, dependence or injuries. It is advisable to use cannabis containing high CBD:THC ratios.

Recommendation 4: Recent reviews on synthetic cannabinoids indicate markedly more acute and severe adverse health effects from the use of these products (including instances of death). The use of these products should be avoided.

**Cannabis use Methods and Practices**

Recommendation 5: Regular inhalation of combusted cannabis adversely affects respiratory health outcomes. While alternative delivery methods (such as vaporizers or edibles) also carry risks, it is generally preferable to avoid routes of administration that involve smoking

Recommendation 6: People who smoke cannabis should avoid practices such as "deep-inhalation" as it can increase the intake of toxic material into the pulmonary system.

[81] Fischer, B. Jones, W, Shuper,P, Rehm, J. (2012). 12-month follow-up of an exploratory 'brief intervention' for high frequency cannabis users among Canadian university students. *Substance Abuse Treatment Prevention Policy.* (7)1

[82]The Canadian Centre for Substance Use. (2014). Substance Use Prevention and Health Promotion. Retrieved from: http://www.ccsa.ca/Resource%20Library/CCSA-Substance-Use-Prevention-Health-Promotion-Toolkit-2014-en.pdf

[83] Fischer, B., Russell, C., Sabioni, P., van den Brink, W., Le Foll, B., Hall, W. et al. (2017). Lower-risk cannabis use guidelines (LRCUG): An evidence-based update. *American Journal of Public Health, 107*(8).

**Frequency and Intensity of use**

Recommendation 7: Frequent cannabis use is strongly associated with higher risks of experiencing adverse health and social outcomes related to cannabis use. Users should be aware and vigilant to keep their own cannabis use occasional (e.g., use only on one day/week, weekend use only, etc.) at most.

**Cannabis Use and Driving**

Recommendation 8: Driving while impaired from cannabis is associated with an increased risk of involvement in motor-vehicle accidents. It is recommended that users categorically refrain from driving (or operating other machinery or mobility devices) for at least 6 hours after using cannabis.

**Special-Risk Populations**

Recommendation 9: There are some populations at probable higher risk for cannabis-related adverse effects who should refrain from using cannabis. These include: individuals with predisposition for, or a first-degree family history of, psychosis and substance use disorders, as well as pregnant women.

**Combining Risks or Risk Behaviours**

Recommendation 10: While data are sparse, it is likely that the combination of some of the risk behaviours listed above will magnify the risk of adverse outcomes from cannabis use. Preventing these combined high-risk patterns of use should be avoided by the user and a policy focus.

**Additional Harm Reduction Strategies**

Additional harm reduction strategies can be summarized by **"not too much, not too often, and only in safe situations."**[84] These strategies are:

**Not too much**

- Take it slow, as it's difficult to know the THC levels in a cannabis product.
- Know your product and your supplier. Purchase from government-licensed stores, when possible.

**Not too often**

- Use cannabis occasionally rather than frequently. Especially avoid daily use.

**Only in safe situations**

- Avoid consuming cannabis with tobacco products.
- Avoid combining cannabis with other substances (such as alcohol or other drugs).
- Know the cannabis laws before you possess or consume it.

[84] Adapted from Healthy Minds, Healthy Campuses. (2015).*Clearing the Air: Lower-Risk Cannabis Use on Campus.* Retrieved from: https://healthycampuses.ca/resource/clearing-the-air-lower-risk-cannabis-use-on-campus/

**When engaging with students in an open conversation about cannabis keep the following in mind:**

- 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.
- Be calm, relaxed, and positive. Avoid using shaming, scare tactics, or guilt. Instead, be curious, respectful, and understanding.
- 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.

# SECTION 3: Developing, implementing, and evaluating a cannabis-use framework for your campus

This section discusses how a campus may approach the development, implementation, and evaluation of a cannabis-use framework that emphasizes lower-risk use and harm reduction. Each institution is different and your campus may already be working on a framework or have recently implemented one. But if your institution is just starting to look at developing a cannabis-use framework, this section offers some considerations. Keep in mind that this framework should be part of a general substance use and mental health framework for your campus and if your institution already has a framework and lower-risk guidelines related to tobacco and alcohol use, they should be used to shape the cannabis-use framework.

## Step 1: Considerations for Your Campus

The strategy and time it will take to develop a cannabis-use framework for your institution will depend on a variety of factors, including the prevalence of cannabis use in your institution as well as the size and type of campus.

*Stakeholders*

Development and implementation of a campus cannabis framework will more likely be effective if someone within the campus champions the effort and helps start the process with a goal, objective, a timeline, and a directive to bring stakeholders together as a committee. This committee should consist of individuals who represent your institution's administration, the student union, faculty, security, health and safety, clinical services, unions, and maintenance. Consider also tapping into the considerable expertise offered by community health and mental health organizations (such as public health units, the Canadian Centre on Substance Use and Addiction, and the Canadian Mental Health Association).

The downside of wide representation on a committee can be a lack of focus and ownership of the framework.[85] This can be compounded by the significant time that can pass between its development and implementation. This challenge can be minimized by setting a specific and reasonable timeline, such as six months for six meetings, to work out a framework suitable for submission to the institution's governing body or legal department. Consultation with the student population throughout the process of development, implementation, and evaluation is also critical to the framework's successful implementation.

*Review the current climate*

Your committee's first step in developing a cannabis framework will be to examine your institution's policies regarding cannabis and compare them to those of other institutions. It would also be good practice to align your cannabis framework with existing campus policies regarding substance use. Consider using a survey to gauge cannabis use levels, attitudes towards and beliefs about cannabis, and campus support for a framework. This will also help gather baseline measures on which to build future evaluations. Understanding rates of cannabis use and other attitudes on your own campus will help you develop a framework that is specific to your campus.

*Medical use*

Your campus' student and employee accommodation policies related to the use of cannabis for medical purposes should be revisited to see if they require any changes in relation to new cannabis legislation.

*Incorporation of harm reduction lens*

[85] Leave the Pack Behind (2011). *Tobacco-free Campus Guide.* Retrieved from: https://www.leavethepackbehind.org/wp/wp-content/uploads/2014/08/Tobacco_Free_Campus_Guide_web_final.pdf

Cannabis education design should include student focus groups to ensure that the resulting policies and education are relevant to them. For example, findings that there may be a lack of awareness of the negative effects of cannabis would point to the need for education about the health and legal consequences of using cannabis.

This awareness could be achieved by targeting students' personal priorities and making the potential for long-term consequences clear. For instance, an education campaign could illustrate how the biological effects of cannabis on the brain and body can affect academic and athletic performance. A social norm campaign could provide information on the actual prevalence of drug use among youth on campus, thus busting the myth that "everyone is doing it."

Education should be one piece of a multifaceted approach to prevention. Many youth claim that a lack of information about the positive effects of cannabis makes the information about the harmful effects appear overstated, leading youth to disregard negative claims entirely.[86] Presenting a balanced approach that shows the research on the harms as well as the potential subjective benefits of cannabis (such as relaxation, stress reduction, etc.) would be more persuasive.

Students would also benefit from evidence and guidelines on how to reduce their risk of harm if and when they use cannabis.[87] Some students will choose to use cannabis regardless of the risks, so resources would be better spent to decrease risky behaviour rather than trying to encourage abstinence.[88] [89]

# Step 2: Developing a Cannabis-Use Framework

Your campus cannabis frameworks should be guided by the following considerations:

1. The campus culture and context.

[86] McKiernan, A. (2017). *Canadian youth perceptions on cannabis*. Canadian Centre on Substance Abuse. Accessed from: http://www.ccsa.ca/Resource%20Library/CCSA-Canadian-Youth-Perceptions-on-Cannabis-Report-2017-en.pdf

[87] Canadian Research Initiative in Substance Misuse (2011). Lower Risk Cannabis Use Guidelines. Accessed from: http://crismontario.ca/research-projects/lower-risk-cannabis-use-guidelines

[88] Leslie, K. M. (2008). Harm reduction: An approach to reducing risky health behaviours in adolescents. *Paediatr Child Health*, *13*(1), 53-6.

[89] Poulin, C. (2006). *Harm reduction policies and programs for youth*. Canadian Centre on Substance Abuse.

a. Timing of use. For example, there is mounting evidence that specific events are associated with higher rates of student drinking and cannabis use, such as orientation week, Halloween, homecoming, and St. Patrick's Day.[90] [91] [92]

b. Prevalence of use. Different campuses and different student populations will have different rates of use. Aside from pre-legalization data from surveys such as the National College Health Assessment, consider using a campus-wide survey to find out the attitudes towards cannabis and usage among students and staff. This information will help inform an education and harm reduction strategy and messaging. In light of the lower prevalence of cannabis use compared to alcohol, messages and placement need to be carefully planned. More targeted messaging, using conversational and motivational approaches, could be used to address those considering use or currently using cannabis in potentially harmful ways.

c. Identification of champions on campus. Recruiting a member of the campus community who has experience with cannabis use, both positive and negative, and who is trusted by the student population is recommended to deliver education and harm reduction messaging. Messages about safer cannabis use can be disseminated in different settings and through various vehicles, similar to those employed in communications about low-risk drinking[93].

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

   a. Using a harm reduction approach. Harm reduction balances control and compassion within a framework of respect for individual rights. The Lower-Risk Cannabis Use Guidelines [72] can be adapted for students.

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[90] Neighbors, C., Lee, C. M., Lewis, M. A., Fossos, N., & Larimer, M. E. (2007). Are social norms the best predictor of outcomes among heavy-drinking college students?. *Journal of studies on alcohol and drugs*, *68*(4), 556-565.

[91] Kilmer, J. R., Walker, D. D., Lee, C. M., Palmer, R. S., Mallett, K. A., Fabiano, P., & Larimer, M. E. (2006). Misperceptions of college student marijuana use: implications for prevention. *Journal of studies on alcohol*, *67*(2), 277-281.

[92] Buckner, J. D., Henslee, A. M., & Jeffries, E. R. (2015). Event-specific cannabis use and use-related impairment: the relationship to campus traditions. *Journal of studies on alcohol and drugs*, *76*(2), 190-194.

[93] Healthy Minds, Healthy Campuses (2016). Balancing our Thinking around Drinking: Low-Risk Alcohol Use on Campus. Accessed from: https://healthycampuses.ca/wp-content/uploads/2015/01/Low-Risk-Drinking-Guide-2016.pdf

b. Building capacity. Increase the capacity of campus staff to address cannabis use among students. Providing staff, such as faculty and residence advisers, with evidence-informed tools and resources on cannabis will equip them to inform students.
c. Cultivating a sense of community. Promoting a spirit of openness and exchange is critical to community-building, by nurturing a sense of connectedness and empathy so that students don't feel alienated and alone.[94]

3. The academic and personal development of students.
    a. Providing students with tools to manage stress and mental health challenges. As discussed earlier in this guide, many students report using cannabis to manage their boredom, loneliness, stress, anger, or anxiety. For this reason, they need alternative approaches to manage negative emotions and to communicate about their difficulties.[95]

**Applying the Legislative Framework to Your Campus**

Your campus policies related to cannabis use need to align with, and be informed by, federal and provincial cannabis legislation. For a campus cannabis framework to be successful, those who are developing and implementing it will need to engage members of the community (such as students, student associations, faculty, support staff, and the external community) at all stages of the process. Campuses are encouraged to reflect on their mandates and responsibilities and to maximize their opportunities to educate and support their communities.

Some key areas that the campus framework should consider are:

1. Minimum age
    a. Purchasing, possessing, consuming, sharing, and growing cannabis will be legal for those who are 19 and older in Ontario. This aligns with the province's alcohol and tobacco age limits.
2. Possession
    a. For those 19 and older, possession of up to 30 grams of dried cannabis will be legal.
3. Places of use

[94] Healthy Minds, Healthy Campuses (2016). *Clearing the Air: Lower-Risk Cannabis Use on Campus.* Accessed from: https://healthycampuses.ca/wp-content/uploads/2015/01/Cannabis-Guide-2016.pdf

[95] Griffin, K. W., & Botvin, G. J. (2010). Evidence-based interventions for preventing substance use disorders in adolescents. *Child and Adolescent Psychiatric Clinics*, *19*(3), 505-526.

a. The use of cannabis for non-medical purposes will be prohibited in all public places, workplaces, motor vehicles, and watercraft.
b. Non-medical cannabis use will only be permitted in private residences, including the outdoor space of a home, or in a unit or on a balcony of a multi-unit residence, subject to a building's rules or a rental lease.
    i. Residences
        1. Individual campuses will be able to decide if on-campus student residences will be considered private residences. If these residences are currently smoke-free, the campus can decide if non-medical cannabis will be permitted. This is consistent with the *Smoke-Free Ontario Act* (2017), which regulates the smoking and vaping of tobacco and medical cannabis.
        2. Private landlords may have the right to prohibit smoking or vaping of cannabis inside their properties. The *Smoke-Free Ontario Act* bans smoking cannabis in common areas of apartment buildings in the same way as it bans tobacco in these places.
        3. If a residence on campus allows consumption of non-medical cannabis, the smoking and vaping of non-medical cannabis will still be prohibited in all indoor common areas, including elevators, hallways, parking facilities, party or entertainment rooms, laundry facilities, lobbies, and exercise areas.
        4. There are no provincial restrictions on student residents of multi-unit dwellings consuming cannabis in outdoor common areas, unless a postsecondary campus further restricts this. Private landlords could also seek independent legal advice on restricting use in these areas.
    ii. Workplaces
        1. Workers, including students participating in experiential learning opportunities, are prohibited from consuming cannabis at any site that is a workplace, according to the *Occupational Health and Safety Act*.
        2. Under the *Occupational Health and Safety Act*, anyone who is performing work when they are unable or unfit to do so safely can be considered a hazard to the workplace, themselves, or others.

Employers, supervisors, and other workers are required to address such a danger to protect workplace health and safety.

3. Campus policy should address how the institution will respond in cases where an employee is believed to be using or is under the influence of cannabis.
4. Campuses should revise their existing policies on substance use in the workplace to reflect new legislation.

iii. Growing cannabis

a. The provincial legislation currently permits adults to grow a total of up to four cannabis plants per single residence. However, this could change depending on the final approval of the federal bill and its related amendments with respect to growing cannabis.
b. A campus may have numerous residences on its properties where cannabis could be grown legally. As such, it is up to the campus administration to decide if this will be permitted on campus residence dorm rooms and to state so in its cannabis policies. Residence gardens are considered to be public spaces.

4. Enforcement
    a. There will be limited spaces where cannabis can be used legally on any postsecondary campus in the province.
    b. Campuses need to consider how they can best educate security and student services employees about the new cannabis legislation and related campus policies.
    c. Legal advice should be sought when developing/amending campus cannabis policies.
    d. The *Smoke Free Ontario Act* imposes penalties for consuming non-medical cannabis in public. These include a fine of up to $1,000 for a first offence and up to $5,000 for subsequent offences. Campuses need to decide if penalties will be imposed and through which process they will do so.
5. Retail and distribution
    a. Recreational cannabis will only be sold through the Ontario Cannabis Store and its online network.
    b. The Government of Ontario selected store locations based on established guidelines, including minimizing proximity to elementary and secondary schools.

# Step 3: Implementing and Evaluating Your Framework

For a campus cannabis-use framework to be implemented effectively it must be the result of a process that involves as many partners as possible who are invested in its success. Mechanisms also need to be in place to monitor and respond to feedback throughout this process.

All members of the community, including staff and students, need to be educated on the details of the framework using a variety of channels, including the school's website, social media, student and staff handbooks, and orientation materials. Simple messages will help drive home the importance of the framework and of everyone's cooperation.

Consider doing an education blitz at the beginning of each academic term. A graduated but consistent approach to education and health promotion will be most effective, as is use of different strategies. For example, awareness campaigns can be used alongside social media promotion during orientation week.

Part of ensuring that your cannabis-use framework is effective will involve focusing on the safety and wellbeing of all community members. To do this, your institution will need to develop an evaluation process that measures indicators of implementation success. This evaluation could be integrated with your broader evaluation of programs/initiatives, including those related to substance and alcohol use, and mental health. Such indicators could include:

- 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 (for example, students, staff, men, women, various age groups).
- Framework objectives met.
- Level of support for potential changes to the framework.

Finally, for any framework to be considered effective, it should be well received by all its constituents. It is important to continue revisiting and updating it when input is received from campus members, whether faculty, academic advisors, counsellors, student services professionals, or students.

**CONCLUSION**

This guide is a living document. The recommendations are based on current evidence, but cannabis use in Canada is a changing landscape. As more research emerges, some of the recommendations in this guide may change. This document will also be updated as new resources that may be helpful to you are created. As campuses begin to develop their policies and frameworks related to cannabis use, we would like to include them in this document as well. We are always excited to hear of new developments and ideas from campuses, so please send them to us at info@campusmentalhealth.ca.

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**Additional resources:**


1) "Substance Use Continuum Model." The Caring Campus Project. http://caringcampus.ca/resources/
2) "Sensible Cannabis Education: A tool-kit for Educating Youth." Canadian Students for Sensible Drug Policy: https://cssdp.org/sensiblecannabistoolkit
3) "Language of Addiction. Words Matter Fact Sheet." - The Canadian Centre on Substance Use and Addiction. http://www.ccsa.ca/Resource%20Library/CCSA-Language-of-Addiction-Words-Matter-Fact-Sheet-2017-en.pdf
4) "Substance Abuse in Canada: The Effects of Cannabis Use in Adolescence." The Canadian Centre on Substance Use and Addiction. http://www.ccsa.ca/Resource%20Library/CCSA-Effects-of-Cannabis-Use-during-Adolescence-Report-2015-en.pdf
5) "Canada's Lower-Risk Cannabis Use Guidelines." The Canadian Research Initiative in Substance Misuse. http://crismontario.ca/research-projects/lower-risk-cannabis-use-guidelines
6) "Substance Use Prevention and Health Promotion." The Canadian Centre on Substance Use and Addiction: http://www.ccsa.ca/Resource%20Library/CCSA-Substance-Use-Prevention-Health-Promotion-Toolkit-2014-en.pdf
7) Clearing the Smoke on Cannabis. Chronic Use and Cognitive Functioning and Mental Health. The Canadian Centre on Substance Use: http://www.ccdus.ca/Resource%20Library/CCSA-Chronic-Cannabis-Use-Effects-Report-2016-en.pdf
8) "Parents: Help your teen understand what's fact and fiction about marijuana."The Canadian Centre on Substance Use and Addiction and Parent Action on Drugs. http://www.ccdus.ca/Resource%20Library/CCSA-Marijuana-Fact-and-Fiction-Infographic-2016-en.pdf
9) " Using Evidence to Talk About Cannabis." International Centre for Science in Drug Policy. https://d3n8a8pro7vhmx.cloudfront.net/michaela/pages/61/attachments/original/1440691041/Using_Evidence_to_Talk_About_Cannabis.pdf?14406910412001
10) "Cannabis Legalization. Learn What Will and Won't be Legal in Ontario." Government of Ontario. https://www.ontario.ca/page/cannabis-legalization
11) "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
12) "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/
13) The Centre for Innovation in Campus Mental Health resources webpage. http://campusmentalhealth.ca/resources/resource-finder/

# About Our Partners

### Canadian Mental Health Association | Ontario

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 achieves its mission by being a leader in the evolution of Ontario's mental health and addictions system. We contribute our knowledge, resources and skills to provincial policy development and implementation. We promote mental health in collaboration with others. We further equitable access to mental health services and champion the reduction of mental health disparities. And we serve our branches in building their governance and leadership capacities.
CMHA Ontario is a dedicated partner within the network of Canadian Mental Health Associations at the national, provincial and local level. 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.

http://ontario.cmha.ca

### Centre for Addiction and Mental Health (CAMH)

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health teaching hospital and one of the world's leading research centres in its field. The Provincial System Support Program (PSSP) at CAMH works with communities and service providers across Ontario to move evidence to action to create sustainable, system-level change and to mobilize implementation support for *Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy*. With offices in Toronto and across the province, PSSP is on the ground, collaborating with stakeholders to build a better system through our work in implementation, knowledge exchange, evaluation, information management, health equity and engagement.

https://www.camh.ca/pssp/


**Ministry of Advanced Education and Skills Development**

https://www.ontario.ca/page/ministry-advanced-education-and-skills-development