

Regulating recreational cannabis in BC: an approach that minimizes health and social harms

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**Canadian Mental
Health Association**
British Columbia
Mental health for all

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SUMMARY OF RECOMMENDATIONS

POSSESSION

CMHA BC recommends:

- that BC oppose the criminalization of youth for simple possession of cannabis;
- a regulatory scheme that directs youth to appropriate supports; and
- evidence-based regulatory alternatives to criminalization.

MINIMUM AGE

CMHA BC recommends:

- a minimum age of 19 to grow, buy or possess recreational cannabis; and
- evidence-based and factual education in order to reduce public harms associated with the recreational use of cannabis by youth and young adults.

RETAIL MODEL

CMHA BC recommends:

- a retail model that maximizes government control whenever possible; and
- exploring and implementing other retail regulations that reduce harms associated with recreational cannabis use, such as price control and separated sales.

CULTIVATION

CMHA BC recommends:

- considering the significant resources that would be necessary to enforce a prohibition on personal cultivation; and
- as a result, allow four plants to be grown for personal use.

CONSUMPTION

CMHA BC recommends:

- restricting the smoking and vaping of cannabis to the same areas where tobacco smoking is allowed; and
- developing a plan to address the impacts on people detained in psychiatric wards, other healthcare facilities and provincial correctional facilities.

DRIVING

CMHA BC recommends:

- zero tolerance for those with N or L licenses;
- expanding the immediate roadside prohibition scheme to include cannabis impairment;
- expanding field sobriety and drug recognition training; and
- evidence-based public education.

WORKPLACE

CMHA BC recommends:

- the adoption or development of guidelines for employers that address mandatory drug testing, zero tolerance policies, and the rights of those who use recreational cannabis versus medical cannabis or those with substance use issues.

EDUCATION

CMHA BC recommends a robust, evidence-based education plan focused on:

- youth and young adults;
- people with existing mental health issues;
- impairment and driving;
- risk reduction; and
- other groups like pregnant and breast-feeding people.

REVENUE

CMHA BC recommends that provincial revenue from cannabis be ear-marked for:

- research (25%);
- enforcement (25%);
- education (25%); and
- services for people with mental health and substance use issues (25%).



About the Canadian Mental Health Association in BC

OUR VISION: mentally healthy people in a healthy society

OUR MISSION: As the nation-wide leader and champion for mental health, the Canadian Mental Health Association (CMHA) facilitates access to the resources people require to maintain and improve mental health and community integration, build resilience, and support recovery from mental illness.

OUR MANDATE AND SCOPE

In BC, mental health, substance use and addictive behaviours are within scope of the Association.

OUR KEY VALUES AND PRINCIPLES

- Embracing the voice of people with mental health issues (in BC includes people with substance use problems and addictive behaviours, e.g., problem gambling)
- Promoting inclusion
- Working collaboratively
- Influencing the social determinants of health (e.g., housing, justice)
- Focusing on the mental health needs of all age groups
- Using evidence to inform our work
- Being transparent and accountable

CMHA BRANCHES IN BC*

CMHA has a network of 14 branches and a provincial office in BC that are separate legal entities that provide services to over 100 BC communities:

- Cariboo Chilcotin (Williams Lake)**
- Cowichan Valley (Duncan)**
- Kamloops
- Kelowna
- Kootenays (Cranbrook)**
- Mid-Island (Nanaimo)**
- North and West Vancouver (North Vancouver)**
- Port Alberni
- Prince George
- Shuswap-Revelstoke (Salmon Arm)**
- South Cariboo (100 Mile House)**
- South Okanagan Similkameen
- Vancouver-Fraser
- Vernon

The CMHA BC office covers areas of the province where there is no local branch, for example, the Greater Victoria Regional District.

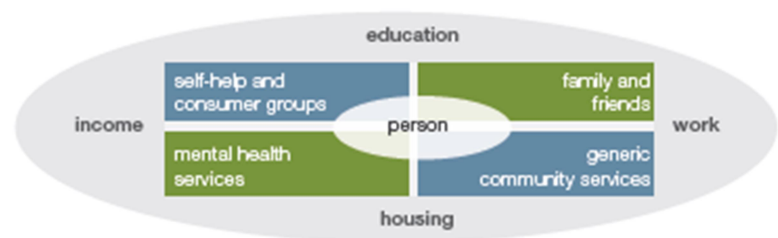
FRAMEWORK FOR SUPPORT

The Framework for Support is the central philosophy guiding the activities of the Canadian Mental Health Association. This philosophy holds that the person experiencing mental illness is at the centre of any supportive mental health system.

The Community Resource Base outlines a range of possible resources in addition to the formal mental health system that can provide support to a person with mental illness. Housing, income, work, and education represent four basic elements of citizenship.

The ultimate goal of the Framework is to ensure that people with serious mental health problems live fulfilling lives in the community. The Framework for Support is referred to as the most comprehensive model for mental health planning by federal and provincial governments, as well as by the Centre for Community Change in the US and the Government of Ireland.

COMMUNITY RESOURCE BASE



KNOWLEDGE RESOURCE BASE



PERSONAL RESOURCE BASE



* Contact information for each branch can be found at the end of this document

** Location of branch office

INTRODUCTION

CMHA BC recommends that BC take an approach to regulating recreational cannabis that minimizes any health and social harms related to its use. Such an approach should include robust public education based on evidence and not myths that perpetuate stigmatization connected to substance use. It should also ensure that those with problematic cannabis use (or underlying conditions for which they use cannabis to self-medicate) can access services that support their wellbeing without stigma. Finally, such an approach should recognize the differential impacts of criminalization on marginalized communities. CMHA BC's recommendations on specific issues related to the provincial regulation of recreational cannabis are set out below.

PERSONAL POSSESSION

While it is within federal jurisdiction, CMHA opposes the criminalization of youth for simple possession of cannabis. Instead, CMHA BC strongly supports a regulatory scheme that directs youth possessing cannabis to appropriate health, social and educational supports. Further, if there will be sanctions for youth found to be in possession of cannabis, we recommend that BC develop evidence-based regulatory consequences as an alternative to criminalization.

MINIMUM AGE

As acknowledged by the Canadian Paediatric Society, BC must strike an important balance when determining the minimum age to grow, buy and possess recreational cannabis:

On the one hand, prohibiting cannabis use until the mid-20s would protect adolescents during a period of critical brain development. On the other, adolescents and young adults are already experimenting frequently with marijuana. Aligning the legal age for cannabis use with that for other legally controlled substances, notably alcohol and tobacco, would help ensure that youth who have attained age of majority have access to a regulated product, with a known potency. Also, they would be less liable to engage in high-risk illegal activities to access cannabis.¹

In addition to the potential health and social concerns set out above, there is also wide-spread recognition that setting the minimum age too high will result in continued reliance on the unregulated illegal market.²

With these considerations in mind, CMHA BC recommends that BC set the minimum age at 19 years to match the provincial regulation of alcohol and tobacco. Further, it is the position of

¹ Christina N Grant, Richard E Bélanger, Canadian Paediatric Society, Adolescent Health Committee "Cannabis and Canadian Children and Youth" *Paediatrics & Child Health* Volume 22, Issue 2, 1 May 2017.

² Task Force on Cannabis Regulation and Legalization, "A Framework for the Regulation and Legalization of Cannabis in Canada" (December 2016) at 17 [Task Force].

CMHA BC that the best way to reduce public harms associated with the recreational use of cannabis by youth and young adults is for BC to invest in evidence-based and factual public education about the risks and myths related to using cannabis and other substances (see education section for more information).

RETAIL MODEL

Research related to alcohol use indicates that there is a correlation between increased government control and the ability to uniformly enforce regulations aimed at reducing health-related harms.³ However, CMHA BC also recognizes the need to ensure that access to legal, regulated cannabis is broad enough to displace the illegal market. With this in mind, CMHA BC recommends that BC utilize a retail model that maximizes government control whenever possible, recognizing that private retail might be necessary in rural communities, and that responds to local community input. All retailers should be licensed by a provincial agency similar to BC's Liquor Control and Licensing Branch.

Further, BC should explore and implement other retail regulations that reduce harms associated with recreational cannabis use. Research examining the impacts of alcohol regulation suggests that separating the sale of cannabis from liquor and tobacco sales and exploring minimum pricing tied to THC content may be effective options.⁴ Such options should be explored and balanced against the need to ensure competitiveness to displace the illegal market.

PERSONAL CULTIVATION

CMHA BC recommends that BC consider the significant resources that would be necessary to enforce a prohibition on personal cultivation, resources that would be better allocated to public education and services to support those with problematic substance use. With this in mind, CMHA BC recommends that BC allow four plants to be grown for personal use with no additional province-wide limitations.

PUBLIC CONSUMPTION

CMHA BC recommends that BC take an approach to public consumption based on evidence of health risk and not on subjective opinions of "nuisance". To do otherwise is to risk the continued stigmatization of people who use substances like cannabis. In this context, CMHA BC recommends that BC restrict the smoking and vaping of cannabis products to the same areas where tobacco smoking is allowed so that there is one set of regulations to enforce. Simply adding the smoking and vaping of cannabis to the Tobacco and Vapor Products Control

³ Scott Macdonald et al, Centre for Addictions Research of BC, "Legalization of Cannabis in Canada: Implementation strategies and public health" CARBC Bulletin #16 (August 2016) [CARBC].

⁴ CARBC; Task Force at 26.

legislative scheme would ensure that cannabis could not be smoked or vaped on school property, healthcare facility property, or in enclosed public spaces and workplaces.

CMHA BC also recommends that BC develop a plan for how the limitation of cannabis smoking and vaping will impact people detained in psychiatric wards, other healthcare facilities and provincial correctional facilities (experience with the increased prohibition of tobacco smoking in BC suggests this may be an important issue). Such a plan must be compassionate and recognize the need for increased support for certain co-existing conditions.

DRUG-IMPAIRED DRIVING

CMHA BC recommends that BC treat cannabis-impaired driving, whether the result of recreational or medical use, similarly to how it treats drivers impaired by alcohol, with a focus on functional impairment. Specifically:

- BC should expand the graduated licensing scheme restrictions by having a zero tolerance approach for those with N or L licenses (assuming that testing capabilities allow for the detection of cannabis use within a reasonable timeframe before driving and not days before).
- BC should expand its current immediate roadside prohibition scheme to drivers impaired by cannabis, with police having the discretion to pursue administrative penalties (fines, prohibitions, license reinstatement fees, etc.) instead of criminal charges in appropriate cases, particularly for youth.
- Because current technology does not allow for accurate biological testing for cannabis impairment, BC should invest in field sobriety and drug recognition training. Funding additional research to develop appropriate technology to ensure reliable and bias-free impairment testing should also be a priority.
- BC should fund an evidence-based public education campaign on the risks of cannabis intoxication and driving (see education section for more information).

WORKPLACE CONSIDERATIONS

Cannabis use in connection to employment will likely be an important issue for BC to prepare for and address, both in terms of ensuring safety in the workplace and protecting employee rights. CMHA BC suggests that BC adopt or develop guidelines for employers that address mandatory drug testing, zero tolerance policies, and the rights of those who use recreational cannabis versus medical cannabis and those who experience addiction.⁵ Such guides should be based on human rights principles and accurately reflect the need to treat problematic substance use and medical use as disability-related accommodation issues.

⁵ See for example, Ontario Human Rights Commission, “Policy on drug and alcohol testing” (2016): <http://www.ohrc.on.ca/en/policy-drug-and-alcohol-testing-2016>.

EDUCATION

CMHA BC recommends that a robust public education plan must be a key component of BC's role in minimizing harms from the recreational use of cannabis. Such education must be evidence-based, balanced in terms of information on risk, and must not take a solely abstinence-based approach. Further CMHA BC recommends that BC undertake the following:

- Education specifically aimed at youth/young adults and their families regarding the particular evidence-based impacts of cannabis use on this age group as well as potential underlying motivations for use. Existing resources like “Cannabis and Youth: A Parent’s Guide”, developed based on focus group input from diverse parents and youth, provide a solid foundation on which to build this education.⁶
- Health-related education aimed at those with existing mental health issues who might experience specific impacts related to cannabis use.
- Education aimed at the public perception and understanding of the impacts of cannabis use on safe driving and other safety sensitive tasks, including when used in combination with other substances such as alcohol (BC’s distracted driving campaign may provide a successful example to learn from to shift perceptions of risk).
- Wide-spread public education on topics like the different impacts of THC and CBD, understanding potency, less risky products, and less risky ways to ingest cannabis products.
- BC should explore the educational needs of other targeted populations, including those who are pregnant or breastfeeding.

The www.heretohelp.bc.ca website provides a strong foundation and structure for the hosting of public education materials. It uses a collaborative model and has significant reach. The “Cannabis and Youth: A Parent’s Guide”, for example, has been viewed more than 75,000 times (most of which are unique viewers).

REVENUE FROM CANNABIS SALES

While it is unclear how much provincial revenue will result from the legal sale of recreational cannabis and there will no doubt be increased regulatory and enforcement costs for the province and local governments, CMHA BC recommends that BC ensure that a significant portion of the provincial revenue from its sale be earmarked for public education, research on the health and social harms of the new regulatory scheme, and on services to support people

⁶ Centre for Addictions Research of BC, the F.O.R.C.E. Society for Kids’ Mental Health, CMHA BC, “Cannabis and Youth: A Parent’s Guide” (2012): <http://www.heretohelp.bc.ca/sites/default/files/cannabis-use-and-youth-a-parents-guide.pdf>.



with mental health and substance use issues. CMHA BC suggests that BC should split any revenue from the sale of recreational cannabis as follows:

- 25% for enforcement;
- 25% for mental health and substance use services;
- 25% for public education; and
- 25% for research to better understand the impact of legalizing recreational cannabis on public health.

Dr. Nancy Hall Speaking Up Speaking Out Fund MAKING A DIFFERENCE BY INFORMING PUBLIC POLICY

Nancy Hall was a health researcher, educator, mediator, writer, presenter, and most importantly a friend and a voice with and for people with a mental illness. She had the courage and conviction to expect governments and communities to do the right thing for their citizens.

Nancy was a longtime friend and advocate of the Canadian Mental Health Association and with encouragement from us and others she applied for the position of Mental Health Advocate. She was the first and only advocate appointed by a Minister of Health in BC. Nancy took the 18 month position in August 1998 and the position ended in 2001.

When Nancy passed away in 2011, the Canadian Mental Health Association created the Dr. Nancy Hall Speaking Up Speaking Out Endowment Fund. It is named in her honour for the voice she brought to the Canadian Mental Health Association by speaking out on issues, assisting with policy papers, presenting at inquiries and just being available as a trusted advisor. Her energy was tireless and her enthusiasm was infectious. Over the last decade Nancy had worked on many projects for the Canadian Mental Health Association and her contribution will live on in this endowment.

The Association has committed to growing the endowment to \$1 Million. The Fund will support the Canadian Mental Health Association's continued work in public policy and systemic advocacy at the provincial level and provide an informed independent voice on the impact of the public mental health system on the lives of people with mental illness and substance use problems and their families.

The Canadian Mental Health Association also established an annual provincial award—the Dr. Nancy Hall Award for Public Policy Leadership. The award recipient is honoured at the BC Division annual meeting and a \$500 gift designated for the recipient's charity of choice.

You can read more about Dr. Nancy Hall's work and legacy at www.cmha.bc.ca/nancy-hall