



To: *Cannabis Act* Legislative Review Secretariat;
legreview-examenleg@hc-sc.gc.ca

From: Vaughan Dowie, CEO Pine River Institute

Re: *Cannabis Act* Legislative Review (2022)

Date: November 17, 2022

BACKGROUND

In October 2018 the Government of Canada legalized and regulated non-medicinal cannabis. In the lead up to the legislation, there was much discussion about how to protect youth from the impact on legalization. The federal government stated that it was taking a public health approach and that the *Cannabis Act* had three main goals: to “keep cannabis out of the hands of youth, keep profits out of the pockets of criminals, [and] protect public health and safety by allowing adults access to legal cannabis¹.”

Now, four years after the legalization of cannabis in Canada, stakeholders are being asked to inform the review of the *Cannabis Act* to ensure that the law adapts to the current cannabis control situation and continues to meet Canadians' needs and expectations. This review is welcome.

Pine River Institute is pleased to offer our assessment of progress made on the Act's objectives so far and the areas of focus and action we believe are critical to improving the legislation.

INTRODUCTION- WHO WE ARE

Pine River Institute (PRI) is a live-in treatment centre and outdoor leadership experience for youth, ages 13-19 struggling with addictive behaviours and other mental health issues. We operate with the funding support of the Ontario Ministry of Health. As an Ontario organization, many of the examples that we will use in this document will reflect PRI's experience in our province.

¹ Health Canada. *Health Canada Releases Summary of Comments from Cannabis Regulatory Consultations*. (2018). Available online at: <https://www.canada.ca/en/health-canada/news/2018/03/health-canada-releases-summary-of-comments-from-cannabis-regulatory-consultations.html>

Pre-legalization, PRI participated in the consultations led by the Ontario Secretariat for the Legalization of Cannabis. In October 2017, we organized a symposium supported by St. Michael's Hospital, Toronto Metropolitan University, the Canadian Centre on Substance Use and Addiction, the Ontario Ministry of Health, and the Cannabis Secretariat of Health Canada. The symposium focused on the impact of cannabis on Ontario youth of the various public policy choices that were under consideration at that time (e.g. minimum age, retail options, public education approaches, and the state of treatment).

More than 16 years of rigorous impact assessments have shown that cannabis is traditionally the drug of choice for adolescents coming to PRI, with 75% of youth admitted to the program in 2021 stating it is their substance of choice. It is not unusual that youth entering our program have had experience with cannabis-induced psychosis. This is why we have paid particular attention to the modalities of legalization.

CANNABIS ACT – PROTECTION OF YOUTH

We know young people are at increased risk of experiencing harm from cannabis. There is ample research on the effects of cannabis on the adolescent brain, especially with early and frequent use which is shown to increase the risk of mental health problems include dependence and disorders related to anxiety and depression². The Government of Canada states on its own cannabis information website that studies show initiating cannabis at a young age – primarily before age 16 – increases the risks for a variety of adverse health outcomes such as related mental health and education problems, injuries or other substance use problems³.

The substance-using adolescents that we see at PRI are, by and large, poly-substance users, but the majority of youth entering the program identify cannabis as their primary drug of choice. These students meet the profile of problematic cannabis users: they began using at an early age, they are frequent users, and they also have other mental health issues. We see firsthand, that cannabis is not a benign substance for the adolescents in treatment in our program. But often, our youth don't know the dangers until it is too late.

While we did not oppose the legalization of non-medicinal cannabis, we believe there were some key areas that needed to be addressed to minimize potential harms. Pre-legalization, we focused on two elements as absolute requirements to best protect our youth. First, an effective public education approach must be developed and sustained to provide reliable information about the effects of cannabis on the developing brain.

² Health Canada. *Cannabis and Your Health*. Available online at: <https://www.canada.ca/en/services/health/campaigns/cannabis/health-effects.html>

³ Government of Canada. *Canada's Lower-Risk Use Guidelines*. Available online at: [Canada's lower-risk cannabis use guidelines - Canada.ca](https://www.canada.ca/en/health-services/health/cannabis/cannabis-use-guidelines.html)

Second, a commitment to invest in additional treatment resources for youth from the government proceeds of cannabis sales, whether that be through taxation or commercial activities.

In assessing the work that has been done on the implementation of the *Cannabis Act* and its dual objectives of protecting public health and maintaining public safety, it is clear that not enough has been done in these two crucial areas.

1. PUBLIC EDUCATION

Prior to the legalization of recreational cannabis, we advocated for a robust public education initiative that was sustained over time. Our experience has shown that too many youths are not aware of the possible harmful effects of cannabis use and we believed this would only be exacerbated by the normalization of use that legalization heralded. In 2018, the Government of Canada announced an investment of \$36.4 million over 5 years for public education and awareness campaigns. This was in addition to the \$9.6 million over 5 years that the government had previously announced. This was a welcome initiative. However, despite the funding announcements, four years into legalization there appears to be no organized, coordinated education campaign happening at the national or provincial level.

Obviously, one of the key places to reach youth with factual information is in the school system. In Ontario, cannabis education is, at best, being implemented sporadically and inconsistently. It is dependant on the approach of individual schools, and sometimes even individual teachers. Cannabis education is covered in the Ontario curriculum through the Health and Physical Education Curriculum (HPE), where it is only addressed specifically in the Grade 6 Health Living component of HPE⁴. In Ontario High Schools, students are required to earn only one HPE credit for their diploma. In practical terms, this means a student can take a physical education class in the first semester of grade 9 and then never take one again, which is what more than half of high school students choose to do. Therefore, learning about substance use, abuse and misuse as part of their education ends for the majority of Ontario students when they are 15 years old. Yet, in the 2021 Cannabis Survey, people between the ages of 16-24 reported cannabis use in the past year at a percentage that was approximately double that of those 25 years and older,⁵ making it clear that we are missing a critical education juncture in the public-school system by not having a standardized and

⁴ Halton District School Board. *Cannabis in Schools*. Available online at:

<https://www.hdsb.ca/students/Pages/Health%20and%20Well-Being/Cannabis-and-our-Schools.aspx>

⁵ Government of Canada. 2021 Cannabis Survey. Available online at: <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/research-data/canadian-cannabis-survey-2021-summary.html>

mandatory comprehensive cannabis education program. In Ontario, this gap is not filled by any other widespread and sustained public education approach aimed at youth.

There is evidence that some money for public education has been distributed to a few community agencies to expand already-existing programs and initiatives, but the government's own research shows that this has not been effective; Canadians are not seeing or hearing enough about cannabis. For example, as part of its approach to cannabis legalization, the federal government endorsed Canada's *Lower-Risk Cannabis Use Guidelines*, which were designed as an evidence-based means of educating the public and healthcare professionals to reduce cannabis-related harms. However, in the 2021 Canadian Cannabis Survey, only 8% of Canadians were aware of the *Lower-Risk Cannabis Use Guidelines*, and a further 13% were not sure if they had heard of the Guidelines, both decreases from 2020 (10% and 16% respectively)⁶.

In the same survey, Canadians were asked if they had seen or heard education campaigns, public health or safety messages about cannabis in various locations since the *Cannabis Act* came into force. More than a third (39%) of Canadians reported that they have **never** seen any education campaigns or public health messages regarding cannabis. The same survey showed that while 95% of Canadians believe there is a risk to smoking tobacco regularly, only 66% believed there was a risk in edible cannabis, and only 73% believed there is a risk to smoking cannabis. Moreover, 10% of youth (grades 7-12) answered that they believe there is “no risk” at all associated with regular cannabis use.

In the years since legalization, instead of strengthening the public education messaging around cannabis and cannabis use, knowledge of cannabis and its risks is actually declining. The percentage of respondents who reported seeing health warning messages declined from 38% in 2020 to 30% in 2021. The percentage who noticed **no** education campaigns whatsoever rose from 24% in 2019 to 39% in 2021⁷.

It is clear that the education and training that was promised to protect youth has not materialized in an organized way. For a public education campaign to be effective it must have a clear message and it must be sustained over time such as campaigns to discourage drinking and driving, urge the use of seatbelts etc.

Except for the messages linked to avoid driving when intoxicated, other messages on how to use cannabis safely do not appear to be heard by or available to our youth.

⁶ IBID

⁷ Government of Canada. *Taking Stock of Progress: Cannabis legalization and regulation in Canada*. Available online at: <https://www.canada.ca/en/health-canada/programs/engaging-cannabis-legalization-regulation-canada-taking-stock-progress/document.html>

The results of this are an upsurge in emergency department visits by youth in Ontario due to cannabis-induced episodes of severe vomiting (hyperemesis) and cannabis-induced psychosis and poisoning^{8,9} as well as widespread misconceptions about the safety of cannabis use. For example, the 2021 Ontario Student Drug Use and Health Survey (OSDUHS) which surveyed Ontario youth in grades 7-12 found that over one-quarter (27.2%) of secondary school students believe that it is safer to drive a vehicle under the influence of cannabis than under the influence of alcohol¹⁰. The 2019 Canadian Student Tobacco, Alcohol, Drugs survey showed that 47% of youth surveyed (approximately 1 million), did not believe that smoking cannabis regularly was a “great risk” to their health¹¹.

We know that for some individuals, cannabis is not a benign substance. We know that early and frequent use can exacerbate these issues and these are often the youth that we see in treatment. Clearly this message is not being heard and the lack of public education is contributing to negative health effects in Canadian youth as well as perpetuating the myth that cannabis is innocuous.

2. REINVESTMENT OF INCOME GARNERED FROM THE SALE OF CANNABIS

Provincial and territorial governments appear to be content receiving the fruits of cannabis sales without making clear commitments about reinvesting all or part of that revenue into increased treatment capacity. That is certainly a missing piece here in Ontario.

During Canada’s first month with legal recreational cannabis, there were only about 100 licensed stores and sales were just \$42 million. But the industry grew quickly, and Canada now has more than 3300 licensed stores. Monthly recreational cannabis sales hit \$395 million in July 2022, just over half the size of Canada’s Beer Stores.¹²

⁸ *Changes in Emergency Department Visits for Cannabis Hyperemesis Syndrome Following Recreational Cannabis Legalization and Subsequent Commercialization in Ontario, Canada*. Available online at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9482056/>

⁹ Augur, N, Luu, T, Ayoub A. *Cannabis-related Hospitalizations Among Youth in Canada Before and After Cannabis Legalization*

Available online at: <https://pubmed.ncbi.nlm.nih.gov/33060465/>

¹⁰ The Centre for Addiction and Mental Health. *OSDUHS Report, 2021*. Available online at: <https://www.camh.ca/-/media/files/pdf--osduhs/2021-osduhs-report-pdf.pdf>

¹¹ Government of Canada. *Canadian Student Tobacco, Alcohol, Drug Survey (2019)*. Available online at: <https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey/2018-2019-summary.html>

¹² Armstrong, Michael J. *After four years of legal cannabis, provinces should review their policies*. Available online at: <https://theconversation.com/after-four-years-of-legal-cannabis-provinces-should-review-their-policies-191931>

Ontario's cannabis excise taxes in 2021-22 totalled \$215 million, double that of the year before. Profits at the Ontario Cannabis Store hit \$184 million. With approximately \$121 million in Ontario sales tax, it is estimated that there was a cash haul of \$520 million in 2021-22. This means the provincial government received about 30 cents out of every dollar residents spent on legal recreational cannabis last year¹³.

Cannabis is widely perceived as a safe recreational drug, but it is not harmless. Research shows that repeated exposure to cannabis during adolescence can have detrimental effects on the brain and cognitive function¹⁴ and is consistently connected to poorer mental health outcomes¹⁵. The Canadian Paediatric Society cautions that cannabis use in youth is strongly linked to "cannabis dependence and other substance use disorders; the initiation and maintenance of tobacco smoking; an increased presence of mental illness, including depression, anxiety and psychosis; impaired neurological development and cognitive decline; and diminished school performance and lifetime achievement."¹⁶ Agencies like PRI deal with the spill-over consequences of these areas, yet the government has not increased funding to treatment organizations to offset inflation and allow us to use that lift to raise compensation levels .

Addictions and mental health care have been chronically underfunded historically. There is a lack of parity with physical health care which has resulted in low funding rates and contributed to a huge workforce shortage. The mental health & addictions sector is in a human resources crisis with agencies like PRI struggling to hire and retain qualified staff. This crisis has been exacerbated by health human resources shortage resulting in alarming vacancies in our sector.

When you normalize a mind-altering substance like cannabis, there are inevitably some people who will fall victim to problematic cannabis consumption and it is not conscionable for governments to continue to make money off this product without a strategy to reinvest in treatment into victims.

As we have said, there is a link between frequent cannabis use and youth psychosis. Earmarking recreational cannabis taxes for investment in addictions and mental health treatment could help offset the potential health consequences of cannabis legalization, while still retaining its benefits to communities.

¹³ IBID

¹⁴ Camchong J, Lim KO, Kumra O. *Adverse effects of cannabis on Adolescent Brain Development: A Longitudinal Study*. Available online at: <https://pubmed.ncbi.nlm.nih.gov/26912785/>

¹⁵ Hines, L. Freeman, T. Gage, S. *Association of High-Potency Cannabis Use With Mental Health and Substance Use in Adolescence*. Available online at: <https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2765973>

¹⁶ Canadian Pediatric Society, 2016. *Cannabis and Canada's children and youth* [position statement]. Available online at: www.cps.ca/en/documents/position/cannabis-children-and-youth

CONCLUSION

We commend Health Canada for conducting this review, it is most timely. As the federal government reviews the impacts of legalization to date, **we call on them to be specific and transparent about their investment approach to both public education aimed at adolescents and treatment programs for youth struggling with substance use and mental health issues.**

Despite the hundreds of millions of dollars governments are collecting on cannabis sales, there have been no standards regarding the reinvestment of this income to pay for substance use prevention and treatment. We believe it is wrong that any government should profit from this endeavour while investing almost nothing in either public education or treatment.

If the government is truly committed to their stated goal of protecting youth from potential harms associated with cannabis use, they will commit to two critical deliverables in their ongoing efforts to minimize the risks legalizing cannabis places on our youth:

1. A national and vociferous public education strategy and awareness campaign. This campaign could be coordinated by the Federal Government with the participation of the provinces and territories. In that way we can achieve consistent messaging and approach across the country. Of course, provinces and territories can and should supplement it with their own efforts within their jurisdictions. This campaign must be sustained over time to ensure that young people understand at a very early age that the use of cannabis is not risk free. We must acknowledge that Canadian youth are currently using cannabis at some of the highest rates in the world and should ground these tools in the inclusion of strategies to mitigate the potential harms of those who choose to use it.
2. A firm and public commitment to reinvest some of the proceeds the government has realized from taxation and distribution of cannabis to enhance services for youth in need of substance use treatment.

In separate correspondence **we will call on the government of Ontario to hold their own Legislative Review of the *Cannabis Act*** in order to determine whether the health and safety of Ontarians are being protected within the framework of the provincial regulations around the sales and use of cannabis.

Four years into being one of the few countries with legalized recreational cannabis, Canada must set an example for others to follow. An investment in the prevention and treatment continuum is necessary to fulfill the government's commitment to putting public health first, and ensuring that we keep our promise to protect our youth from the potential harms of cannabis.