

From: Denise Bowen
To: [Sarah Kay](#); [Jennifer Franki-Smith](#)
Subject: submission to the standing committee
Date: Thursday, May 10, 2018 5:07:22 PM
Attachments: [Cannabis Act Presentation.docx](#)

Good afternoon Sarah and Jennifer,

RNANT/NU had made an oral submission at the Cannabis Act meeting last week. I have appended a written submission, recognizing that it is late, but I thought I would send it anyway.

Thank you

Denise Bowen MN, RN
Executive Director

RNANT/NU
Box 2757 Yellowknife, NT X1A 2R1
Tel: (867) 873-2745 ext: 23
Fax: (867) 873-2336
Email: ed@rnantnu.ca
www.rnantnu.ca



REGISTERED NURSES ASSOCIATION
OF THE NORTHWEST TERRITORIES AND NUNAVUT

This communication is intended for the use of the recipient to whom it is addressed, and may contain confidential, personal and/or privileged information. Please contact me immediately if you are not the intended recipient of this communication, and do not copy, distribute or take action relying on it. A communication received in error, or subsequent reply, should be deleted or destroyed.

Thank you for the opportunity for the Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) to provide a written submission to the Standing Committee on Social Development and Government Operations, as they review The Cannabis Legalization and Regulation Implementation Act, or Bill 6.

The purpose of the Cannabis Act Bill C-45, federally, is to: protect public health and public safety; reduce access to young persons; deter illicit activities; decrease the burden on the justice system and increase awareness of the health risks. Further to this federal act, the Northwest Territory will regulate how legalized cannabis will be produced, sold, where it can be consumed, identify limits to the growth or personal plants and if warranted raise the legal purchase age above the federally mandated age of 18. The Territory has been given the responsibility for education and awareness of the health risks of cannabis use.

RNANT/NU is supportive of the legislative purpose, particularly in public safety, protecting public health and more importantly reducing access to young people. RNANT/NU uses a harm reduction perspective when viewing the legislation and regulation.

To provide some context, the most recent Canadian Alcohol and Drug Use Monitoring Survey note a rise in cannabis use from 11% to 12%. That may appear to be a small percentage, but the actual number paints a different picture:

11% = 3.1 million people; 12% = 3.6 million (2.2 million males; 1.4 million females)

Of significance, is fact that Canada has the world's highest rate of non-medical cannabis use among youth, a rate 2.5X higher than Canadian adult usage. Statistics Canada, in 2017, found in the age group 15-19; 21% use cannabis on a regular basis; ages 20-24; 30% use cannabis on a regular basis and 25 and older; 10% use cannabis on a regular basis. In 2014, Grade 9 and 10 students in the Northwest Territories were surveyed on their cannabis use, and were compared to overall Canadian youth use statistics, the report showed the following:

That in their lifetime Gr 9 and 10 students:

24% of males had used cannabis (Canada 23%)

39% of females had used cannabis (Canada 23%)

And in the past 30 days:

15% males had used (13% Canada)

26% of females had used (13% Canada)

Existing evidence shows:

Respiratory effects with smoking- coughing, wheezing shortness of breath on exertion, chronic bronchitis and lung cancer, related to the ingestion of tar and other irritants. Vaping possibly reduces, but not eliminates, some of the harms of cannabis inhalation. The rate of lung cancer is doubled in comparison to non-smokers, as cannabis users tends to inhale deeply, hold their breath longer, and use unfiltered joints.

Cardiac Complication-new research shows a correlation between cannabis use and an increase in angina and heart attacks in predisposed people.

Cognitive effects- including difficulty with attention, problem solving, impaired judgment, decision-making and the ability to learn. In adults these effects appear to be short-term however there is a significant amount of research indicating in youth who use cannabis chronically, the effects are long-term. Research has established that people who begin using cannabis in their early teens do poorly on tests measuring memory, abstract thinking, have declining IQ's and poor impulse control, when compared to adolescents using cannabis as late teens and young adults. This early use group leave school earlier and attain a lower level of education.

Mental health-growing evidence links to the development of depression anxiety and an increase suicide, and again this is particularly prevalent in young adolescents. In a small but important group of people, cannabis use is associated with the development of psychiatric disorders such as psychotic breaks and schizophrenia, particularly in adolescent with a predisposition (family history, epigenetics). About 9% of cannabis users develop dependence (68% for tobacco, 23% for alcohol and 21% for cocaine). The United States report a 40% dependence rate in people who start regular cannabis use in their early teens.

Accidental Overdose Injuries- most often occur with the ingestion of cannabis infused candies and baked goods. Overdose results in drowsiness, lethargy, decreased breathing, dizziness, agitation, nausea, vomiting, high heart rate and seizures. Other jurisdictions with a longer history of legalized cannabis have seen increased pediatric patient admission for accidental overdoses related to ingestion of edibles (brownies, gummies, etc.). Education campaigns are needed to raise awareness that it may take as long as 30 minutes to 2 hours for the high effect to occur with edibles, and that the high may last up to 8 hours. (Start low and go slow).

Pregnant women - cannabis use has been linked to low birth rate in infants and appears to have long lasting effects on the child's behaviour, mental health and ability to learn. Children exposed to cannabis before birth are more likely to smoke, experience substance abuse, and have higher delinquency rates.

Driving under the influence- there is significant evidence showing that cannabis impaired driving is harmful, yet many cannabis users are not convinced of this (50%). Studies show that you are twice as likely to get in a motor vehicle accident after smoking cannabis that when you are sober. In the United States it is the second most common drug found in the bloodstream, (alcohol is #1) of drivers involved in fatal crashes. In Ontario a 2011 study reported that 12.4% of drivers in Grades 10-12 have driven under the influence of cannabis, in the previous year.

And although health harms are less with cannabis, than with alcohol and tobacco, it worthwhile to repeat:

Cannabis use is NOT without risk or harm, particularly in youth.

The Canadian Nurses Association has developed a one-page document on reducing the harms of non-medical cannabis and recommends the following:

1. Delay use until early adulthood.
2. Minimize frequency of use
3. Try to stop when use becomes hard to control
4. Minimize respiratory complications
5. Avoid large amounts that are highly concentrated.

The Acts currently does not speak to the use of edibles and high potency cannabis products such as shatter, batter wax or honey. If you smoke or vape cannabis you are inhaling upwards of 10-17% THC, the active component, that gives the “high”, in the high potency products it is upwards of 90% potency. Currently the legislation and regulations speak only to the products of cannabis seeds, dried cannabis and cannabis oils, however within a year, edibles and high potency forms may be legalized or regulated federally in Canada. It would proactive of this government to get ahead of the curve on this. You only need to look to the United States to see the spread of edibles, THC laced sodas and waters, and high potency products. California has recently amended their legislation to regulate the production and selling of the high potency products, which removes it from the illicit market.

6. Refrain from using non-medical cannabis with alcohol.

Note: The choice of this government to sell cannabis in the current liquor stores is hazardous, as it encourages the two products to be used together and exposes cannabis to people who may not have used it before. Alcohol and cannabis together is known to cause anxiety, nausea and vomiting and fainting, plus it synergistically increases impairment or the high.

7. Avoid driving while high.

8. Share with care

Sharing joints, e-vaping, or other implement use can lead to the transmission of infections including meningitis, influenza and other pathogens. Consider, the recent death of a person from highly invasive strep infection. Strep infection can be spread by sharing utensils.

9. Vulnerable groups such as pregnant women and those with a family history of psychotic illness should abstain.

10. Use caution when ingesting cannabis
-

RNANTNU is recommending the following government purposefully chose to:

1. Divert monetary gains from the sale of cannabis from the general revenue to targeted public health education campaigns that promote harm reduction, mental health and addictions awareness and treatment.

There are examples the government draw on. The public campaign against smoking tobacco has made great strides, and this governments multi-strategy butt-head campaign was very successful. New Brunswick has lead the way in recently adopting legislation that will see 2% of the revenue from cannabis sales go to the Province to support education and awareness. Colorado had an aggressive education strategy, funded by the government, to inform people on the harms of cannabis use in minors, implemented at the time of legalization.

2. Proactively set a direction to work with the federal government to fund continued research into the medical and non-medical use of cannabis.

The government should be commended on Part 6 section 28 (2) of the Act which allows for minors to purchase and carry medical marijuana for medical conditions. Medical marijuana has been shown to be helpful in many illness, specifically in mitigating seizures in children. The concern is that with the legalization of recreational cannabis, that research funding for medical cannabis will dry up, and the community who would access medical cannabis will be left alone” to figure it out themselves” not knowing product type, dosages, routes, timing. Research into the harms of recreational cannabis is needed as there is much we do not know, such as: is second hand smoke harmful? Who is more susceptible to the complications of cannabis use? Is there a better method of medical marijuana for pain control?

We are not without examples of research success in our own territory. The Aurora Research Institute is positioned, if funded, to undertake research on cannabis use in the NT; the Tlicho government, several years ago, developed and implemented a hugely successful action research project and public awareness campaign to lower the rates of sexually transmitted infections in their communities. The SPOR unit, located in the Tlicho lands may want to investigate cannabis use in the north.

3. Prepare for the introduction of edibles and high potency products.

We don't know enough about THC dosages, and what would be harmful to at 15-year-old, or a 19-year-old or a 29-year-old. Is it safe at 10% THC is edibles, or is 20% safe? Potency is an issue. In Colorado there is no limit on THC potency, and the potency levels have steadily increased in the products sold. The manufactured edible potency of THC can reach as high as 62%. California and Colorado both regulate edibles and high potency products which leads to a safer product.

4. Re-consider where cannabis can be sold, knowing the that alcohol and cannabis don't mix.

In considering if cannabis can be sold outside of the current recommended liquor store and mail order system, controls should be in place that address concentration levels of cannabis stores, and the proximity of stores to schools, playgrounds and sport facilities. (Colorado in 2016, had 2,849 marijuana businesses, 424 retail marijuana stores, 322

Starbucks, 202 McDonalds) The cannabis industry through regulation needs to be held accountable for the impact of its product, including packaging and education efforts that make the product unappealing, and difficult to access for minors.

5. Appoint on the Cannabis Advisory Committee, a healthcare professional or health promotion specialist who is not employed by the GNWT.
6. In the development of penalties and convictions, to consider restorative justice methods for youth, so as not to disadvantage them in their future life.

The federal and territorial Acts, and regulations have certain public safety and public health advantages.:

- ✓ Cannabis production, quality and sales will be regulated, providing for a safer product.
- ✓ Cannabis can be openly studied, and we will learn more about its qualities, benefits and harms.
- ✓ Public awareness and harm reduction campaigns can help people make informed decisions about cannabis use.
- ✓ It will reduce burdens on the justice system, and hopefully removes or reduces the illicit cannabis drug trade.
- ✓ Revenue from taxes on production and sales is welcome.
- ✓ Our own legislation allows for plebiscites which offers local control.
- ✓ Most importantly, the new legislation will reduce, restrict, and lawfully monitor access to minors; the most vulnerable to cannabis harm population.

Respectfully submitted by,

Registered Nurses Association of the Northwest Territories and Nunavut.