

## Newfoundland and Labrador Cannabis Policy Evaluation

### Needs Assessment Report WINTER 2021

**This Provincial Cannabis Policy Evaluation** project has been funded by and completed in partnership with:







Canadian Institutes of Health Research Instituts de recherche en santé du Canada



Newfoundland Labrador Department of Health and Community Services





#### STAYING CONNECTED

For further information about this project or The **NL Cannabis Policy Evaluation Team**, please connect with us



Check our website: http://bit.ly/CanEvalNL Follow us on Facebook: Partnerships for Cannabis Policy Evaluation - Newfoundland and Labrador Tweet us on Twitter: @ PCPENL Or email a Team Member at: caneval@mun.ca



Please Cite this report as: Donnan J., Bishop, L., Najafizada, M., and Blackmore, A. (March 2021). Newfoundland and Labrador Cannabis Policy Evaluation: Needs Assessment Report. https://www.mun.ca/pharmacy/research/cannabiseval/CannabisPolicy\_NeedsAssessmentReport.pdf

©2020. All images and other content reproduced herein is with permission from copyright holders or under Creative Commons License.

## TABLE OF CONTENTS

#### WHO IS ON THE TEAM?

| Partnerships for Cannabis Policy Evaluation |   |
|---|---|
| The Evaluation Team                         | 1 |

#### **EXECUTIVE SUMMARY**

| Canadian Cannabis Act                           | 6  |
|---|----|
| Cannabis Sales in NL                            | 7  |
| Why did we Conduct this Needs Assessment?       | 8  |
| How did we Conduct this Needs Assessment?       | 9  |
| What did we Find?                               | 10 |
| What were the Identified Evaluation Priorities? | 11 |

#### HOW DID WE CONDUCT A NEEDS ASSESSMENT?

| Review of National Survey Data                     | 13 |
|--|----|
| Workshops and Consultations                        | 14 |
| Radio Show, Social Media and Website Feedback Form | 15 |

#### WHAT WERE THE MAJOR THEMES AND FINDINGS?

| Overview of Findings                    | 16   |
|---|------|
| Background Data on Cannabis Consumption | 17   |
| Safe Access                             | 19   |
| Public Safety                           | . 26 |
| Education And Awareness                 | . 31 |

### WHAT ARE OUR PRIORITY AREAS OF RESEARCH?

| Current Priorities | . 38 |
|--------------------|------|
| Future Priorities  | . 39 |

#### REFERENCES



### THE EVALUATION TEAM

#### **PRINCIPAL INVESTIGATORS** Our team has three Principal Investigators

**Jennifer Donnan** is an Assistant Professor at the School of Pharmacy http://bit.ly/JDonnan

**Lisa Bishop** is an Associate Professor at the School of Pharmacy http://bit.ly/LDBishop



#### Maisam Najafizada is an Assistant Professor at the

Faculty of Medicine http://bit.ly/MNajafizada

### KNOWLEDGE USERS

Our team has two Knowledge Users

**Alison Tucker** is the Senior Manager of Public Health. **Debbie Curtis** is a Mental Health and Addictions Consultant

#### **CO-INVESTIGATORS** Our team has four Co-Investigators

Nicole Gill is the Director of Evaluation and Performance Improvement with the Newfoundland and Labrador Centre for Health Information. Hai Nguyen is an Associate Professor at the School of Pharmacy Tom Cooper is a Professor at the Faculty of Business Administration Angela Janes is a citizen partner

#### CITIZEN ADVISORY PANEL

Made up of members of the public, represents people who use cannabis medically and non-medically, and people who do not use cannabis. Chaired by Angela Janes

#### STAKEHOLDER ADVISORY PANEL

Represents people who are affected by cannabis policy in their jobs (e.g., government, healthcare, law enforcement, or cannabis sales). Chair: currently vacant.

## CANADIAN CANNABIS ACT

#### Cannabis was already being used by many Canadians before it became legal.

More than **1 in 5** Canadians reported using cannabis in the 2020 Canadian Cannabis Survey<sup>1</sup>

Non-medical use of cannabis became legal in October 2018, when The Cannabis Act (or Bill C-45) came into effect. The chief aim of the act is to protect public health and safety.

The Cannabis Act created new, national regulations for the legal sale and use of cannabis, such as:

#### Age:

Only people 18 years of age or older are permitted to use cannabis products

In NL, only those

19 years or older

are permitted to

use cannabis

products

#### **Quantity**:

A person may only possess 30 grams of cannabis, and each person can grow up to 4 plants for their own use

#### Packaging:

Products cannot be advertised in ways that appeal to children, or in areas accessible to children.

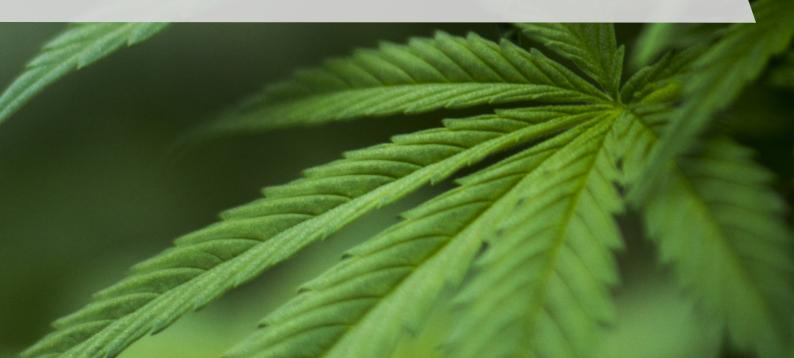
There must be warning messages about the risks and effects of using. Packaging must display the CBD and THC in the product.

#### Food and Drink:

Food, drinks, skin creams and oils, and other extracts with cannabis in them were not legal until October 2019.

Many of the same restrictions on dried-flower cannabis applies to these products as well.

## EXECUTIVE SUMMARY



## WHY DID WE CONDUCT THIS ASSESSMENT?

### PURPOSE

A needs assessment was conducted to identify the successes and gaps in cannabis policy that focus on protecting public health and safety. The goal was to identify priority areas for policy evaluation that were of importance to Newfoundland and Labrador (NL)

#### We focused on the following provincial goals for our needs assessment:



Protecting public health by providing access to a safe supply of legal cannabis and encouraging low-risk use by those adults who choose to use it, while keeping it out of the hands of children

Promoting safety on our roads, in public places and in our workplaces

Keeping profits from the sale of cannabis out of the hands of criminals and supporting new business opportunities

## HOW DID WE CONDUCT THIS ASSESSMENT?

We used different ways to gather information and public opinions.

Reviewing findings from National Cannabis Surveys Workshops with stakeholders and the general public

One-on-one consultations

Speaking with citizens through a radio open line show

Observing discussions through social media Collecting feedback through our website

## WHAT DID WE FIND?

Three main priority areas emerged. These include safe access, education and awareness, and public safety.



### 乡 Safe Access

Access to cannabis through licensed sources can be challenging. We were able to include perspectives from four sectors: the consumer perspective, the retailer perspective, the healthcare perspective and the policy maker perspective



Public Safety

Education & Awareness

**Public Safety** 

Protecting people from unwanted cannabis exposure, encouraging workplace safety, reducing the risk of road related harms and preventing youth access were at the center of public safety discussions.



### **Education & Awareness**

Education was at the core of all issues related to improving public health and safety. Education strategies need to focus on school age youth, reducing stigma, cannabis for medical use, and empowering safe choices

## IDENTIFIED EVALUATION PRIORITIES

From the Needs Assessment we identified six priorities that will be addressed as part of this cannabis policy evaluation.



| 1  | 2  | 3   |
|--|--|---|
| BARRIERS AND<br>FACILITATORS<br>TO OPERATING<br>CANNABIS<br>RETAIL OUTLETS     | IMPACT OF<br>CANNABIS ON<br>YOUTH IN NL                      | INTENDED AND<br>UNINTENDED<br>HEALTH<br>CONSEQUENCES<br>OF CANNABIS |
|  |  |   |
| 4  | 5  | 6   |
| IMPACT OF<br>CANNABIS<br>LEGALIZATION<br>ON INDIGENOUS<br>POPULATIONS<br>IN NL | PUBLIC<br>EDUCATION,<br>AWARENESS<br>AND BEHAVIOUR<br>CHANGE | ACCESS TO<br>INFORMATION<br>ON CANNABIS<br>FOR MEDICAL<br>PURPOSES  |

# NEEDS ASSESSMENT APPROACH

## REVIEW OF NATIONAL SURVEY DATA

Two national surveys that focus on cannabis, the International Cannabis Policy Study (ICPS) and the Canadian Cannabis Survey (CCS), were explored in detail to see how cannabis use and perceptions in NL compare to those nationally.

**The ICPS** team (based at the University of Waterloo) conducts an indepth survey across Canada and internationally where cannabis is legalized. This survey is conducted annually since 2018 and covers five broad areas which include: consumption patterns; commercial retail environment; risk behaviours; perceptions of risk and social norms; and, effectiveness of specific regulatory policies. We were provided access to survey responses from NL residents to see how they compare to the rest of Canada.<sup>2</sup>

**The CCS** is carried out by Health Canada and has been conducted annually since 2017. It is an in-depth survey covering patterns of use, the cannabis market and public safety.<sup>3,4</sup> There are fewer people from NL who respond to this survey and access to respondent level data is not available at this time, so only aggregate data that is published on the Health Canada website was reviewed for this needs assessment.





## WORKSHOPS AND CONSULTATIONS

Two needs assessment workshops were conducted with more than 50 attendees. Additional one-on-one consultations occurred with fifteen individuals who did not attend the workshops.

#### Workshops:



Two workshops were conducted, one with stakeholders (representing policymakers, cannabis regulators, healthcare workers, law enforcement representatives, educators, cannabis retailers and cultivators) and the other with members of the general public (including people who had consumed cannabis and those who had not). Attendees included representation from all four regions of the province, as well as a balance of age and gender perspectives. All participants were provided with a workbook that outlined some basic information and statistics about cannabis in Canada. Participants were guided through discussions that focused on separate NL policy goals.



#### **One-on-one Consultations:**

One-on-one consultations were held with community stakeholders who were unable to attend the workshop, or to capture additional expertise and perspectives not fully represented in the workshops.

#### Radio Open Line Show:

The CBC NL hosts a daily open line radio show, called Crosstalk, over the lunch hour. Drs. Jennifer Donnan and Lisa Bishop were guests on the show on September 24th, 2020 to discuss "How do you feel about the recreational cannabis regulations in our province?" Phone calls were received from citizens across the province who shared their thoughts on legalizations and some of their perceived benefits and challenges with cannabis legalization.

#### **Observations of Social Media Discussions:**

A provincial radio station, VOCM, posts a "Question of the Day" on a wide variety of issues of importance to the community. These questions generate significant conversation over their social media platforms where citizens convey their support for an issue or raise concerns. Since March 2020, comments shared pertaining to cannabis were observed to garner community thoughts and opinions.

#### Website Feedback Form:

It was recognized that not everyone would feel comfortable discussing cannabis with researchers, or in the presence of strangers. To gain a broader reach we also sought out anonymous feedback through a form posted on our website. This was then shared through social media and newsletters of relevant organizations within the province.

## ADDITIONAL METHODS OF DATA COLLECTION





14



# OUR FINDINGS



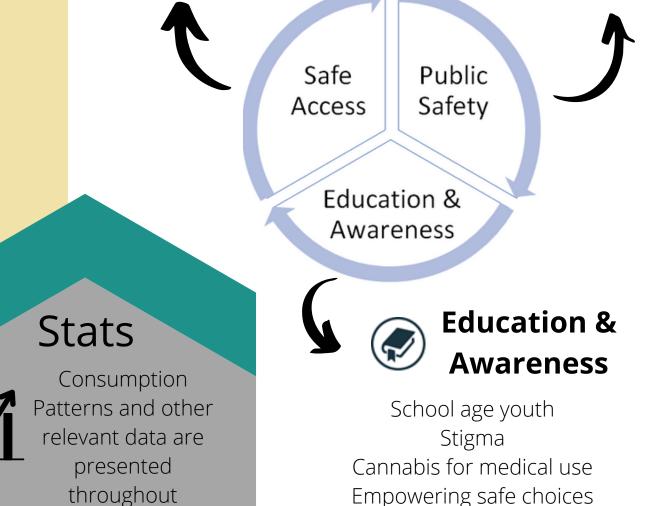
## **OVERVIEW OF FINDINGS**

### **Major Themes**



The Consumer Perspective The Retailer Perspective The Healthcare Perspective The Policy Maker Perspective **Public** Safety

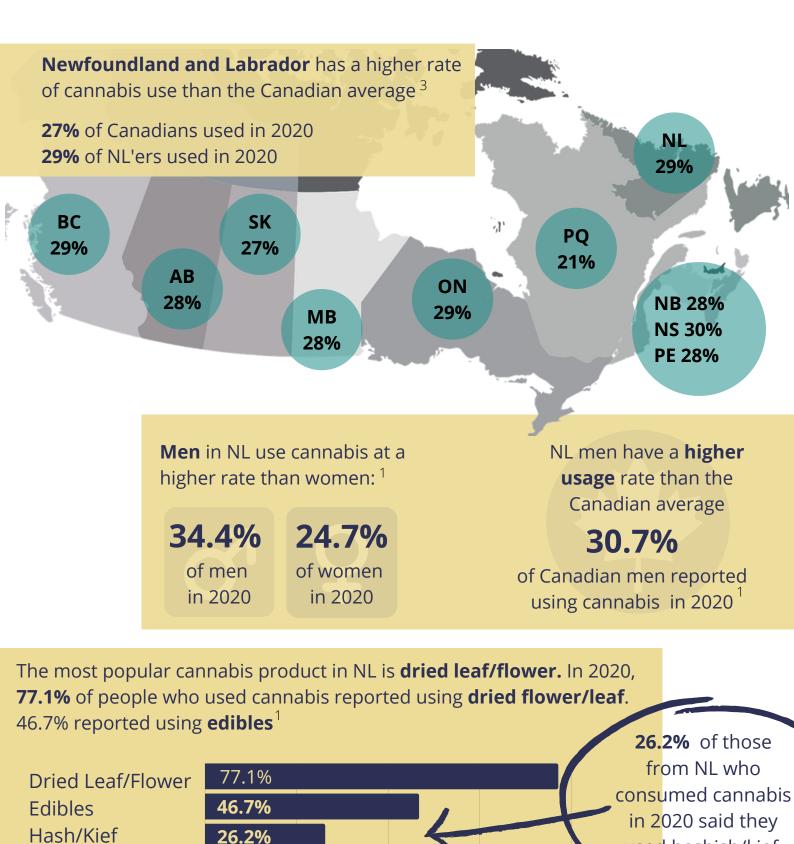
Workplace Safety Traffic Safety Youth Consumption **Public Exposure** 



Empowering safe choices

NL CANNABIS POLICY EVALUATION: NEEDS ASSESSMENT REPORT

### CONSUMPTION DATA CANNABIS USE IN CANADA AND NL



used hashish/kief

### CONSUMPTION DATA CANNABIS USE IN CANADA AND NL<sup>2</sup>

In 2020 about a quarter of Canadians reported cannabis use in the past 12 months, while rates were higher in Newfoundland and Labrador (29%). Rates since legalization and regulation have continued to increase.



In 2020 the average age of initiation in Canada was 20 years. Similarly, the average age of initiation in Newfoundland and Labrador was 20.6 years

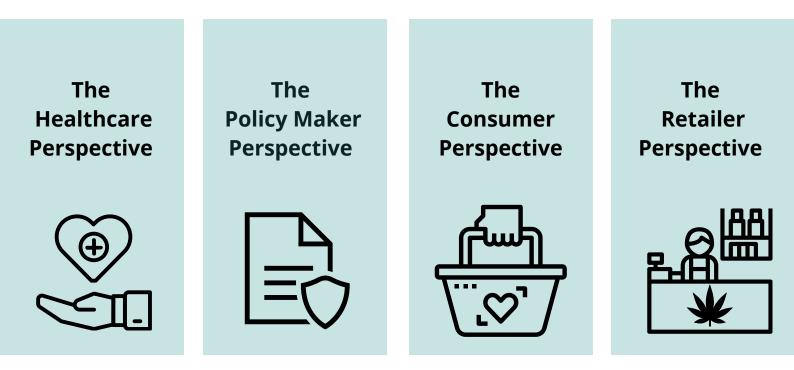
|      | Canada |      | NL   |  |
|------|--------|------|------|--|
| 2020 | 20     | 2020 | 20.6 |  |
| 2019 | 19.2   | 2019 | 19.3 |  |
| 2018 | 18.9   | 2018 | 18.5 |  |

|   | In 2020 the typical monthly spending reported by Canadians in the past<br>12 months was \$67, while in Newfoundland and Labrador, average<br>spending was \$90 |        |      | •    |  |
|---|--|--------|------|------|--|
|   |  | Canada |      | NL   |  |
| 0 | 2020   | \$67   | 2020 | \$90 |  |
|   | 2019   | \$64   | 2019 | \$81 |  |
|   | 2018   | \$73   | 2018 | \$97 |  |



Several perspectives were taken into account with Safe Access to Cannabis

This included perspectives from four sectors, outlining their individual needs within their perspectives of safe access to cannabis.



#### SAFE ACCESS THE HEALTHCARE PERSPECTIVE Limited Medical Review

When using Cannabis for medical purposes, there were several barriers to access identified. These included:

- Willingness of health care professionals: It was generally agreed that there are very few health care professionals who are willing, or who feel sufficiently knowledgeable, to support patient's use of cannabis for medical reasons.
- Formal position statements: It was noted that access to support for cannabis use has decreased since legalization. Many professional bodies have developed formal position statements on the lack of evidence for cannabis for most medical conditions and advocating for more support for physicians in this area.
- **Physician wait lists:** There are a small number of physicians dedicated to providing patient care using cannabis, but wait lists are long making this service inaccessible to many.
- Virtual physician consults: Services are available where people can access a physician virtually to get a cannabis medical use card, but it was noted these services do not offer full medical reviews and therefore do not look at the patient's full clinical history.
- **Price:** For patients who already have access to medical cannabis, some noted that the prices in the unlicensed market have dropped considerably since legalization and therefore they no longer purchase through the medical suppliers. Others indicate they still get cannabis through licensed channels, but they prefer to get it locally to avoid shipping time, therefore they no longer feel the need to consult health professionals in the process.

#### The Grey Area: What is Medical Advice?

Licensed cannabis retailers are not permitted to provide health advice, however there seems to be a grey area in what is considered medical information. While consumers have stated that they do not expect to get medical advice from cannabis store staff, they are interested to know the potential effects of specific cannabis products. For example will the product make you tired, calm, relieve pain, etc.

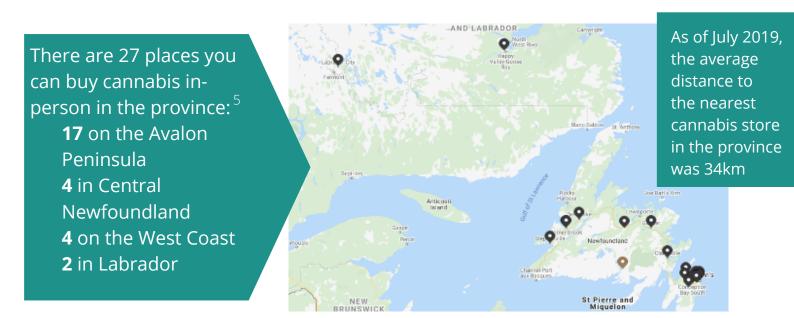
Communication

### SAFE ACCESS THE CONSUMER PERSPECTIVE



While everyone who participated agreed that cannabis legalization has improved Canadians' access to a safe supply of cannabis, several barriers to access still exist. Specific issues raised include:

- Limited access: While physical distance to a store was highlighted as a concern for many rural areas, some also struggled with access to the provincial online store (e.g., not everyone has access to credit cards or the internet, people experience delays in delivery).
- **Price:** The price of cannabis products was noted to be much higher in licensed stores.
- **Quality/Variety:** Cannabis products at licensed stores was said to be of variable quality and limited variety and often not in line with consumer needs. Although the meaning of quality was not consistent, the perceived quality of the products impacted where cannabis was purchased. Availability of only very low potency edible cannabis products, capped at 10mg per package in Canada, also meant that people either chose higher risk routes of administration (smoking or vaping) or purchase through the black market.<sup>4</sup>
- **Retailer product knowledge/Trust:** Participants noted a large variability in product knowledge among staff between different cannabis stores, which impacted the amount of guidance they received when selecting products. People also indicated that having a trusted person in the unlicensed market reduced the likelihood of going to a licensed store.





Retailers highlighted barriers they faced to be able to offer a safe supply while meeting consumer needs. Retailers believed that NL was not a business-friendly jurisdiction, with financial barriers preventing individuals, in particular small local business entrepreneurs, from pursuing market entry. Some barriers noted by retailers and cultivators are:

- **Price/ Profit margin:** It was reported that the prices for some legal products are coming down, however, it is still not in line with the unlicensed market. The multiple layers of testing and approvals required for a product to get from plant to consumer adds additional costs that are put on the consumer. Despite the higher cost the profit margin remains low making it difficult to pay sufficient staff leading owners to work long hours.
- **Financial support:** Some small independent retailers highlighted the inability to access business bank accounts or loans. It was suggested that larger businesses had the benefit of scalability with multiple retail stores and partnering cultivation operations to offset overhead costs and make the operation viable. Small scale entrepreneurs were felt to be at a disadvantage compared to the larger companies for entering into legal business markets.
- **Regulations:** There are extensive regulatory and operational requirements to be approved to operate in the cannabis space (e.g. security systems, secure area for storing cannabis, etc.).
- **Enforcement:** Some stakeholders expressed concern that law enforcement did not penalize unlicensed businesses for operating without a license.
- **Product quality and variety:** Many participants felt that some of these unlicensed stores were able to offer great product variety and those products were often of better quality. This makes it difficult to remain competitive. These unlicensed stores appear professional therefore the public are often unaware that they are interacting with unlicensed stores and websites.

The supply, distribution and retail of cannabis in Newfoundland and Labrador is being regulated by the **NL Liquor Corporation (NLC)**. There are more than 20 retailers spread throughout the province and residents can also purchase cannabis safely and securely online. Purchasing cannabis from anyone other than the NLC or an NLClicensed retailer is illegal.<sup>6</sup>

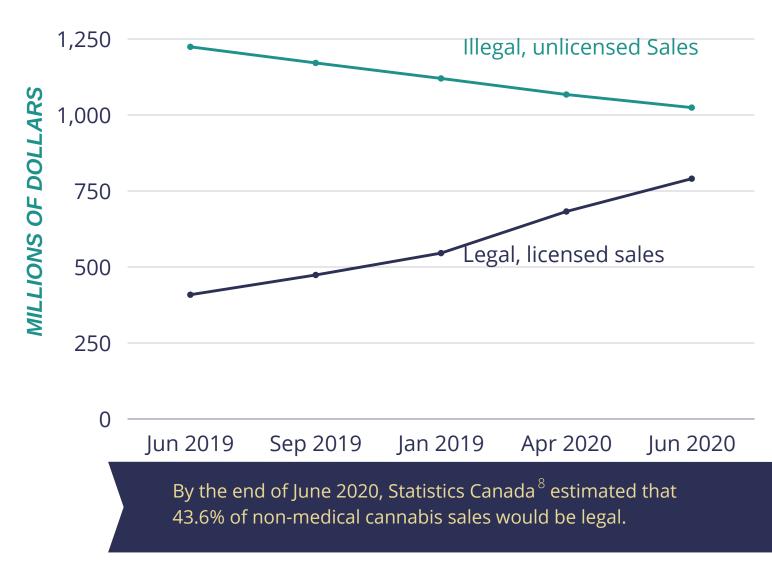


### SAFE ACCESS CANNABIS SALES IN CANADA

**One of the goals** of making cannabis use legal was to encourage Canadians to use cannabis from safe, licensed sources.

Many Canadians still buy their cannabis from unlicensed or "black market" sources. In 2019, Canadians spent about \$5.3 billion on nonmedical cannabis, most of which went to black market sources.

At the beginning of 2019,<sup>7</sup> researchers at Scotiabank estimated that over 70% of cannabis sales were from black market sources.



### SAFE ACCESS RETAILER AND CONSUMER SUGGESTIONS

Both consumers and stakeholders were keen to see a greater breadth of legal businesses either expand or develop within the cannabis industry.

They suggest that this would not only benefit the local market but also attract tourism business.

#### Some suggestions include:

Allow existing businesses to offer cannabis experiences through food and beverage products at cafes, restaurants, and bars

Allow businesses to offer dedicated outdoor spaces at their establishments for smoking or vaping cannabis

Create new business opportunities focused on support and education services, such as:

- Classes in cannabis cultivation and processing
- Cannabis cooking classes
- Personalized product selection, like cannabis sommeliers that could offer different cannabis experiences
- Retail products geared towards novice growers such as growing kits

Provide permits to sell cannabis to existing businesses (such as those that sell alcohol) to provide improved access in rural areas of the province



### SAFE ACCESS THE POLICY PERSPECTIVE

In addition to wanting to know if cannabis policy is meeting the needs of consumers, retailer, producers and healthcare professionals, the policy makers were keen to explore two specific issues:

**Effectiveness of the 4-tier retail model** - NL adopted a unique 4-tier inperson retail model (figure below). While tier 1 stores were the preferred scenario, it was recognized that this type of establishment would not be feasible in all areas of the province. Policy makers are interested to know how this model is working and how it may be improved.

Access for people living in Indigenous communities - policy makers wanted to ensure that the voices of indigenous peoples were represented in the policy evaluation and to identify if they had safe access to cannabis.

| Tier 1       | Tier 2       | Tier 3        | Tier 4        | Online       |
|--------------|--------------|---------------|---------------|--------------|
| 15 stores    | 0 stores     | 1 store       | 11 stores     | 1 store      |
| Stand alone  | Store in a   | Cannabis      | Store where   | Online sales |
| stores.      | store.       | counter.      | other things  | operated by  |
| 19+ only can | 19+ only can | Products not  | are sold.     | the NLC      |
| enter        | enter        | in view.      | Cannabis not  |              |
| Cannabis and | Cannabis and | Minors can    | in view.      |              |
| accessories. | accessories. | enter but not | Minors can    |              |
|              |              | purchase.     | enter but not |              |
| This is the  |              | Cannabis and  | purchase.     |              |
| preferred    |              | accessories.  |               |              |
| model.       |              |               |               |              |
|              |              |               |               |              |
|              | Drivato      | Sellers       |               | Public       |
|              | Privale      | sellers       |               | Public       |



Protecting the safety of the public was identified as an area of concern.

This included encouraging workplace safety, reducing road-related harms, preventing youth access, and protecting people from unwanted exposure.



### PUBLIC SAFETY CANNABIS AND THE WORKPLACE

Workplace safety appeared to be generally well-regulated, especially with supports in place from Workplace NL. However, two issues were identified:

**1)** Not all workplace policies consider cannabis use for medical purposes. While zero-tolerance policies may be warranted in some settings, others may want to consider more flexible policies to support their employees' health. Some suggest that finding ways to assess work performance may serve as a better indication of impairment rather than quantitative measurements such as those used in urinalysis or blood sampling.

**2)** The zero-tolerance policies for cannabis in some workplaces, in particular on rotational worksites, have been noted to lead to the unintended consequences of individuals choosing higher risk substances (e.g. cocaine) as they are cleared from the body quicker.

**15%** reported using cannabis before work

10% 5% reported less than once a month reported weekly or

reported weekly or more often

The majority of people who reported using cannabis in the past 12 months had not used cannabis to get "high" within two hours before or at work in the past 12 months (69%), 13% reported they had not been employed in the past 12 months, while 15% reported using Cannabis prior to work. **Ten percent** reported using cannabis before or at work rarely (less than once a month), and **five percent** used cannabis before or at work weekly or more often.<sup>8</sup>

In 2020, most people (82%, down from 87% in 2019) indicated they had not been absent from work as a result of their cannabis use and a further 17% (up from 11% in 2019) stated they were not employed.<sup>9</sup>

NL CANNABIS POLICY EVALUATION: NEEDS ASSESSMENT REPORT

### PUBLIC SAFETY CANNABIS AND YOUTH

**Youth consumption** was considered to be problematic, as rates of use have increased since legalization. Participants were concerned that the normalization of cannabis use through legalization may in fact lead more youth to experiment.

Additionally, while cannabis cannot be sold to minors, having it readily available from trustworthy sources makes it more accessible to people of all ages. However, there is insufficient data available on youth cannabis consumption in NL since legalization to see actual trends.

The traditional view of cannabis use within **Family Law** cases was also highlighted. Evidence of parental cannabis use has been used to attempt to remove guardianship over children. This was noted to have significant impact on the social, emotional, and financial health of families.

of Canadian youth aged 16-19 years report using cannabis in the past 12 months in 2019 and 2020.<sup>9</sup>

**24%** of NL youth in grades 7-12 report using cannabis in the past 12 months in 2018 and 2019.<sup>9</sup>

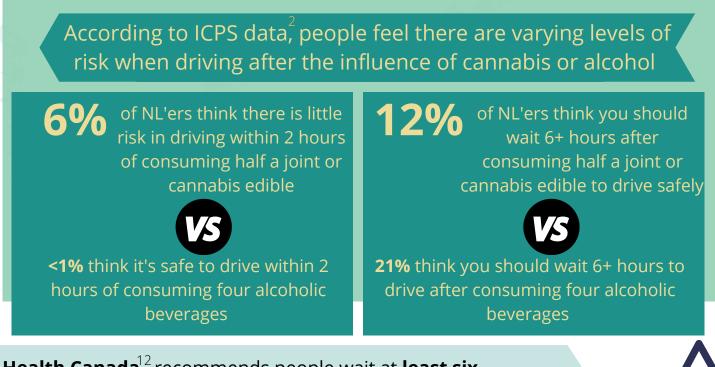
In 2020, Cannabis use in the last 12 months among students in grades 10–12 (36.8%) is about **five times** higher than students in grades 7–9 (7.9%).<sup>10</sup>

### PUBLIC SAFETY CANNABIS AND DRIVING

**Traffic safety** was a main concern as impaired driving is still prevalent in society and can have devastating impacts. Over **1 million** Canadians reported being a passenger in a vehicle driven by someone who had used cannabis within 2 hours of driving.<sup>11</sup> **13% of cannabis consumers** with a driver's license reported driving within 2 hours of using cannabis.<sup>11</sup>

Several people raised concerns over the lack of guidance with respect to driving for those who require frequent cannabis doses for medical conditions. Guidance for both patients and law enforcement is needed.

Identification of impairment and the need for a better measurement to detect impaired driving is needed. This must take into consideration regular use, medical use, and consumption of small frequent doses.



**Health Canada**<sup>12</sup> recommends people wait at **least six hours** after using cannabis before they drive a car or other vehicle. **Edibles** can take a long time to start working, so the **Canadian Public Health Association** recommends waiting **eight hours** after eating cannabis.<sup>13</sup>

### PUBLIC SAFETY PUBLIC EXPOSURE

**Public exposure** to second-hand smoke from cannabis was a concern expressed by many. Despite the regulations that cannabis should not be used in public, along with the Smoke Free Environment Act which promotes smoke-free environments, people continue to smoke cannabis in public places.

Many felt that people who use cannabis were either unaware of the regulations and equate it to tobacco smoking, or choose not to adhere to the regulations.

The potential health risks to children and adults who are inadvertently exposed was a concern. It was not only the potential for intoxication that was raised, but also unwanted exposure to strong scents which are not permitted in many public spaces.

> 19% of Canadians reported secondhand tobacco smoke exposure in the home and 5% while in a car<sup>1</sup>



A higher proportion of those using cannabis in the past 12 months reported exposure to second-hand cannabis smoke or vapour in the home (38%) and in the car (10%) compared to people who did not use cannabis in the past 12 months (11% and 3%, respectively).<sup>1</sup>

Canadians in the 2020 CCS were asked about locations of exposure to second-hand cannabis smoke or vapour in the past 30 days. The most common location was a public place, with 36% of Canadians reporting exposure. This was similar among both those who used cannabis in the past 12 months and those that did not.<sup>1</sup>





Several Target Areas for Education and Awareness were identified:

Innovative awareness and educational strategies need to target all segments of the population, including youth, the general public, and professionals (e.g., health workers, police, social workers, teachers). Data from the ICPS survey<sup>2</sup> showed that in both 2018 and 2019 about 45% of people in NL could not remember seeing any cannabis education campaigns or public health messages, showing significant room for improvement.

Using many different channels of communication was suggested. This will help to broaden knowledge, change attitudes and behaviors surrounding cannabis.

### Education and Awareness for:

- School Age Youth
- Cannabis Related Driving Laws - Cannabis Use in Public



#### Access to Information for:

 Medical Purposes
 Positive & Negative Health Effects





- Reducing Stigma
   Encouraging Low
  - Risk Use



### SCHOOL AGE YOUTH

#### Cannabis education for school age youth was identified as a gap in NL.

While many resources and materials are made available to teachers, parents/guardians and mentors of youth on provincial government and school district websites, there is no formalized approach to delivery.

Given that cannabis is a newly legalized substance, little has been done to integrate updated cannabis information and messages into the established curriculum on substances of abuse.

In high school, there are no courses that are taken by all students, so even where it has been introduced, it is not received by all students. It was noted that not all educators feel prepared to talk about cannabis with students, and feel they do not have the answers when responding to student questions.

It was noted that a curriculum needs to be created to focus on harm reduction, and not a complete abstinence approach. Abstinence education which focuses on all the harms has proven ineffective, and may in fact alienate some students who require cannabis medically or who have a trusted guardian or adult in their lives who use cannabis.







### ACCESS TO INFORMATION FOR MEDICAL PURPOSES

### There was a recognized gap in access to information for medical cannabis consumers.

Most healthcare professionals are generally uncomfortable providing advice for using cannabis, so better training of healthcare workers will help increase access to medicinal cannabis. Educating medical professionals on cannabis products, use, and effects will not only improve their comfort level to prescribe cannabis but also enable them to provide patients with reliable information.



### STIGMA

#### Stigma was still prevalent, despite legalization.

There is still a perceived fear of being stigmatized for using cannabis, so many people hide their use. However, there were also concerns that legalization has "normalized" use, especially among youth. Providing better education and awareness to the general public will help improve everyone's comfort level and de-stigmatize cannabis use.



### CANNABIS RELATED DRIVING LAWS

### Increasing the awareness of cannabis-related driving laws was identified as a priority.

Cannabis-impaired driving has significant safety implications for the general public, with the potential for increased motor vehicle accidents. There were concerns that people who use cannabis are driving while impaired because they are not aware that cannabis is prohibited in vehicles, in the same manner as alcohol.



### CANNABIS USE IN PUBLIC

### Increasing the awareness of cannabis use in public was a concern that was expressed by many.

There were concerns that cannabis was being used in public places and therefore unintentionally exposed others (including children) to cannabis. Although the regulations around cannabis use in public aligns more closely with alcohol, many felt that people equate it to tobacco smoking and either disregard or are unaware of public use regulations. However, consumption in public was felt to be partially due to the lack of designated places to use cannabis.



### **GREATER ACCESS TO INFORMATION**

### Greater access to information about ingredients and products and the positive and negative health effects was identified as a gap.

There was a lack of reliable information being provided by both legal and illegal retailers, with the potential for misinformation to be conveyed to consumers. Sometimes people were unaware of the difference between legal and illegal retailers when purchasing from either storefronts or online. Education should focus on the products, the components and strengths, the methods of consumption, and the positive and negative health effects.

### FOCUSING ON ENCOURAGING LOW-RISK USE

### Focusing on encouraging low-risk use was suggested as the most effective approach for an educational strategy.

This emphasizes low-risk use, which will help minimize potential health and safety consequences.<sup>14</sup> The intent is to provide evidence-based recommendations to enable people to reduce their health risks associated with cannabis use.



# PRIORITIES

### **CURRENT PRIORITIES** Priorities to be addressed as part of this evaluation



#### Impact of Cannabis Legalization on Youth in NL

Objective: To understand how cannabis legalization impacts the health and safety of youth and young adults in Newfoundland and Labrador and explore their education needs.



#### Access to Information on Cannabis for Medical Purposes

Objective: To explore barriers and facilitators for access to information and support for people who use or wish to use Cannabis for medical purposes.



#### Barriers and Facilitators to Operating Cannabis Retail Outlets

Objective: To identify the barriers and facilitators to providing safe access to cannabis through retail Cannabis stores under the private or public framework in NL.



#### Impact of Cannabis Legalization on Indigenous Population in NL

Objective: To understand how Cannabis legalization impacts the health and safety of indigenous populations in NL and explore their access and education needs.



#### Public Education, Awareness and Behaviour Change

Objective: To assess Cannabis awareness and perceptions in the general public, and to explore mechanisms to raise awareness and affect behaviour change regarding Cannabis use.



#### Intended and Unintended Health Consequences of Cannabis Legalization

Objective: To assess the intended and unintended health and safety consequences from Cannabis health policy, including:

- Characterizing Cannabis use in the perinatal period
- Measuring impact of Cannabis legalization on road safety
- Exploring the relationship between cannabis legalization and use of more harmful substances
- Exploring the health consequences of consuming Cannabis from unregulated sources

### FUTURE PRIORITIES

Priorities outside the scope of this evaluation



Implementation and Evaluation of a Cannabis Education Strategy for School Age Youth



Improving Patient Access to Medical Cannabis Information and Support

### ADDITIONAL PRIORITIES

Priorities outside the expertise of this team



**Cannabis Workplace Policies** 



Impact of Cannabis Legalization within the Legal Justice System (particularly family law)



Measurement and detection of cannabis impaired driving

### REFERENCES

**1)** Health Canada. Canadian Cannabis Survey 2020. Available from: https://epe.lac-bac.gc.ca/100/200/301/pwgsc-tpsgc/por-ef/health/2020/114-19-

e/CCS2020\_DetailedTables\_ENG.pdf

**2)** Hammond D, Goodman S, et al. International Cannabis Policy Study. University of Waterloo. Available from: www.cannabisproject.ca

**3)** Health Canada. Canadian Cannabis Survey 2020. Available from: https://health-infobase.canada.ca/cannabis/

**4)** Health Canada. Canadian Cannabis Survey 2019. Available from: https://epe.lac-bac.gc.ca/100/200/301/pwgsc-tpsgc/por-ef/health/2019/130-18-

e/CCS2019\_DetailedTables\_ENG\_LAC.pdf

5) Statistics Canada. The Retail Cannabis Market in Canada: A Portrait of the First Year. Available from: https://www150.statcan.gc.ca/n1/pub/11-621-m/11-621-m2019005-eng.htm
6) Government of Newfoundland and Labrador. Cannabis in Newfoundland and Labrador: Purchasing Legal Cannabis. Available from:

https://www.gov.nl.ca/cannabis/purchasing-cannabis/

**7)** Cosh George, David. Pot sector's 'teething pains' to lower sales by 30%: Scotia. Feb 2019. BNN Bloomberg. Available from: https://www.bnnbloomberg.ca/canadian-pot-sector-s-teething-pains-to-lower-sales-by-30-scotiabank-1.1210088

**8)** Statistics Canada. Table 36-10-0124-01 Detailed household final consumption expenditure, Canada, quarterly (x 1,000,000). doi.org/10.25318/3610012401-engHealth Canada. Cannabis. 2020. Available from: https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis.html

9) Health Canada. Canadian Cannabis Survey 2020. Available from:

https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/researchdata/canadian-cannabis-survey-2020-summary.html

**10)** Canadian Centre on Substance Use and Addiction. Provincial Patterns and Trends in Cannabis Use among Youth: Newfoundland and Labrador. 2020. Available from:

https://www.ccsa.ca/sites/default/files/2020-02/CCSA-Provincial-Patterns-Trends-Cannabis-Use-Youth-Newfoundland-and-Labrador-Report-2020-en\_0.pdf

**11)** Statistics Canada. Cannabis Legalization: What has Changed. 2020. Available from: https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2020014-eng.htm

**12)** Health Canada. Canada's lower-risk cannabis use guidelines. 2020. Available from: https://www.canada.ca/en/health-canada/services/drugs-

medication/cannabis/resources/lower-risk-cannabis-use-guidelines.html

**13)** Canadian Public Health Association (2018). Frequently asked questions about pot and driving. Available from:

https://www.cpha.ca/sites/default/files/uploads/resources/cannabis/Pot%20+%20Driving%202 018/pot+driving\_faq\_e.pdf

**14)** Fischer B, Russell C, Sabioni P, et al. Lower-Risk Cannabis Use Guidelines: A Comprehensive Update of Evidence and Recommendations. Am J Public Health 2017; 107: e1– 12.

### STAY CONNECTED



http://bit.ly/CanEvalNL



caneval@mun.ca



@PCPENL



Partnerships for Cannabis Policy Evaluation - Newfoundland and Labrador



Acknowledgements: We would like to thank several individuals whose efforts supported the needs assessment and this report. These include: Sandy Brennan, Debbie Curtis, Kristine Day, Dale Humphries, Angela Janes, Nicole Pittman, Omar Shogan, and Tanisha Wright-Brown. We also thank Dr. David Hammond and the ICPS team for access to their survey data. Special thanks to our advisory panels and needs assessment participants.

NL CANNABIS POLICY EVALUATION: NEEDS ASSESSMENT REPORT