

# **Cannabis**

## **Cannabis and Youth Project**

### **March 2006**

This presentation has been prepared by the Cannabis and Youth Project team, CAMH as a resource to provide an overview and summary of the issues. It is based on the most recent information and knowledge available but with the understanding that there are always new developments. This presentation is developed in anticipation of further legislative activity and the consequent interest in the topic of cannabis use. This presentation focuses primarily on issues relevant to youth and can be adapted for use with a variety of audiences.

## Slide 1



Even though cannabis may be considered less dangerous than other illegal drugs, like cocaine or crystal meth, it is still important to address, particularly as it is the most commonly used substance among young people after alcohol. In fact, it has surpassed tobacco according to the recent high school drug survey (OSDUS 2005), at 26% prevalence compared to 14% respectively.

### **Optional Exercise**

During the presentation, I would like you to make note of 3 arguments in favour of decriminalization and 3 arguments against decriminalization, then at the end, we will divide into two groups, one to put together the best 3 arguments in favour and one to put together the best 3 arguments against to present to the rest of the class.

### **Background**

This has been prepared by the Cannabis and Youth Project team, CAMH as a resource to provide an overview and summary of the issues. It is based on the most recent information and knowledge available but with the understanding that there are always new developments. This presentation is developed in anticipation of further legislative activity and the consequent interest in the topic of cannabis use. This presentation focuses primarily on issues relevant to youth and can be adapted for use with a variety of audiences.

## Slide 2

The slide features a purple header with the CAMH logo (Centre for Addiction and Mental Health) and the text "What is Cannabis?". Below the header, the title "What is Cannabis?" is centered. A bulleted list follows, describing marijuana and hash. The slide has a black footer bar.

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### What is Cannabis?

- Marijuana is a green, brown, or gray mixture of dried, shredded leaves, stems, seeds and flowers of the cannabis or hemp plant.
- Hash is dark brown or black and comes in solid chunks.
- Hash and hash oil are made from a sticky resin on the cannabis plant.

Cannabis has been used for several thousand years by many cultures.


**What is the difference between cannabis and hash?** (cannabis is a natural plant, but hash is produced from the plant resin).

### Slide 3



What is the main ingredient?

- THC (Delta 9 –Tetrahydrocannabinol)
- Cannabis contains an average of 0.5%-3% THC in natural state
- Genetic manipulation and new growing techniques have increased content to between 6%-30%
- Psychoactive effects last up to 2-7 hours
- Inactive metabolites may still be present up to 27 days after ingestion




**What is the main ingredient in cannabis?** (THC or Delta 9 –Tetrahydrocannabinol).

It is important to note that THC levels have increased gradually over the years. It is NOT a different drug than it used to be but a stronger version of the same drug.


Marijuana metabolites are fat soluble (may be stored in the fat cells of the body before fully metabolizing), and remain identifiable in the urine for days and sometimes even weeks after past use. This has implications for drug testing. If they are released from the fat, although the person may not be “high”, they would test positive in a drug test.

## Slide 4



What are 4 ways of consuming it?

- Smoking-as a joint, pipe, bong, water pipe or in a blunt
- Inhaling- hash oil using hot knives
- Eaten- in brownies or baked foods
- Drinking- an “herbal” tea



**What are 4 ways of consuming marijuana?** (smoking, inhaling, eating and drinking)  
In order to avoid the negative effects of smoking, some people believe that a water pipe or bong is less harmful, however various studies suggest that the water does not filter all of the toxic chemicals.


**WATER PIPE** - The idea of using a water pipe is to let the smoke pass through water before it reaches your lungs. This may "clean" the smoke from harmful toxins as much as possible. The smoke is cooled in this way however some studies suggest that more of the THC is absorbed by the water than other components of the smoke resulting in the need to smoke more in order to get high. It is not clear if this reduces smoking-related harms.

**BLUNT** – is a cigar which has been repacked with cannabis

**HOT KNIVES** – Requires 2 knives, something to heat them with (a kitchen stove or propane torch), a plastic bottle with the bottom cut off, a moderately heat-resistant plate. Knives are heated to the point where they're glowing red. One hot knife is touched to a SMALL bud on the plate so that it sticks to the knife, and then the other one is used to sandwich the bud, or bead of hash or hash oil between the two knives. Plumes of smoke will come up into the bottle, which is then drawn into one's lungs.


**EATING** - This topic can lead to questions about reducing harms. Since smoking-related harms are one of the most obvious negative consequences, students may ask about the advantages of eating marijuana. Eating does reduce the smoking-related harms but makes it more difficult to control the dose. Once you have ingested cannabis, you can not change your mind. If you are feeling too high or getting paranoid, you have no choice but to ride it out.

## Slide 5



### Physical Effects

- Heart rate and cerebral blood flow increases (increased risk of MI)
- Bronchial passages dilate
- Blood vessels in eyes enlarge
- Dry mouth
- Increased appetite
- Reduction of nausea
- Pain may be reduced



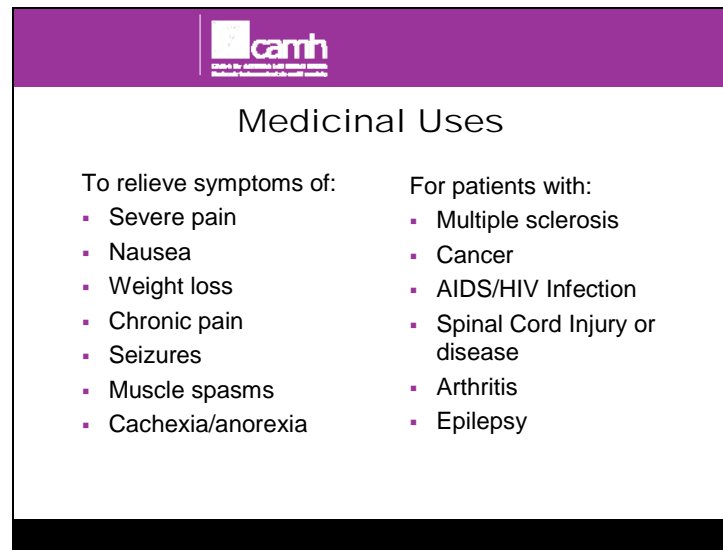
The physical effects of cannabis can vary. It could cause a heart attack, or reduce nausea and treat bronchial asthma.

### Background

*Cannabis* can be used to treat bronchial asthma. A study conducted on patients with bronchial asthma compared the effects of 500 mg of smoked marijuana (2% delta-9-THC) with 500 mg of smoked placebo marijuana (0% delta-9-THC). The marijuana immediately treated the bronchospasm but the placebo marijuana showed a gradual recovery of 30-60 minutes. It was concluded that cannabis is an effective treatment for bronchial asthma (Tashkin, D.P., B.J. Shapiro, Y.E. Lee, and C.E. Harper. 1975. Effects of smoked marijuana in experimentally induced asthma. *American Review of Respiratory Disease* 112)

\* Please note that there are many other effective ways to treat asthma that do not cause smoking-related harms or the psychoactive effects of cannabis.

## Slide 6



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### Medicinal Uses

To relieve symptoms of:	For patients with:
<ul style="list-style-type: none"><li>▪ Severe pain</li><li>▪ Nausea</li><li>▪ Weight loss</li><li>▪ Chronic pain</li><li>▪ Seizures</li><li>▪ Muscle spasms</li><li>▪ Cachexia/anorexia</li></ul>	<ul style="list-style-type: none"><li>▪ Multiple sclerosis</li><li>▪ Cancer</li><li>▪ AIDS/HIV Infection</li><li>▪ Spinal Cord Injury or disease</li><li>▪ Arthritis</li><li>▪ Epilepsy</li></ul>

### **What are the different illnesses or symptoms that can be treated by cannabis?**

(This slide shows only the medical conditions that have been identified by Health Canada for those who wish to apply for a permit to use medical marijuana).


**What is cachexia?** (Cachexia is involuntary weight loss associated with disordered metabolism characteristic of certain diseases including cancer). **Anorexia**, the lack or loss of appetite, is the second most commonly reported symptom in patients with advanced cancer (65-85%). Studies have shown that appetite and ability to eat are the most important physical aspects of patients' quality of life.

THC in pill form is available (**Marinol**) but most users don't consider it to be as effective as smoking. Some have experienced paranoia or feeling high for long periods of time and others can't keep the pill down due to nausea.

### Background


There are many studies looking at the effectiveness of cannabis as a medicine and it appears to be useful in many ways. Concerns however are expressed about the lack of quality control, the smoking related harms, and the psychoactive effects. Some scientists believe that there are other medications that are just as effective and have a better risk profile. Research of this has been difficult since marijuana is an illicit substance

## Slide 7



### Health Risks


- Effects the respiratory and cardiovascular systems
- Increases the risk of head and neck cancer
- Chronic users of marijuana tend to be heavy smokers, compounding their health risks



As well as respiratory and cardiovascular problems, there is also the risk of head and neck cancer.

Tashkin, D.P., Fligiel S., Wu, T-C., Gong, H. Jr., Barbers, R.G., Coulson, A.H., Simmons, M.S., Beals, T.F. Effects of habitual use of marijuana and/or cocaine on the lung. Research Findings on Smoking of Abused Substances. *NIDA Monograph 99*. 1990

## Slide 8



Which is worse : cigarette smoke or cannabis smoke?

- When comparing cigarette smokers who smoked 20 or more cigarettes a day to marijuana smokers who smoked 3 to 4 joints per day:
  - the marijuana smokers coughed and wheezed as much as the cigarette smokers.
  - In both groups, about 1 in 5 complained of coughing up phlegm & suffering bouts of bronchitis. (Tashkin Study)
- Cannabis contains approx. 400 toxic chemicals with 4 x tar of inhaled cigarettes and 1/3 more tar retained

### **Which is worse for you: cigarette smoke or cannabis smoke?**


#### Background

Donald Tashkin, a lung expert at the University of California at Los Angeles, has been studying the respiratory systems of more than 130 regular marijuana smokers for 15 years. He has compared them to groups of people who smoke either just tobacco, tobacco and marijuana, or nothing at all.

While the cigarette smokers in the study smoked 20 or more cigarettes a day, the marijuana smokers seldom consumed more than three or four joints. Despite this, the marijuana smokers coughed and wheezed as much as the cigarette smokers. In both groups, about one in five people complained of coughing up phlegm and suffering bouts of bronchitis. It is thought that the pot smokers experienced many of the same problems despite smoking less since joints yield up to three times the tar of cigarettes because they are more loosely packed and don't have filters. The second reason is that marijuana smokers inhale more deeply and hold their breath longer.

Tashkin, D.P., Fligel S., Wu, T-C., Gong, H. Jr., Barbers, R.G., Coulson, A.H., Simmons, M.S., Beals, T.F. Effects of habitual use of marijuana and/or cocaine on the lung. Research Findings on Smoking of Abused Substances. *NIDA Monograph 99*. 1990

## Slide 9




### Emotional Effects

- Euphoria – pleasant sensations, feelings of well-being
- Relaxed, possibly sleepy
- May feel depressed, anxious, fearful or panicky
- Hallucinations, delusions have been reported with high doses

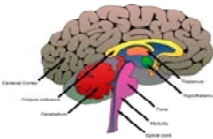
Similarly, emotional effects can vary as well. Some people experience a level of euphoria, while others experience anxiety and panic, particularly with heavier amounts.

## Slide 10




### Cognitive Effects

- Perceptions more intense
- Time and space distortions
- Diminished short-term memory
- Inability to pay attention and concentrate



The information on this slide is useful when looking at student use during the school day. Students may experience diminished short-term memory and have difficulty concentrating, which can affect their studies if they use during school.

## Slide 11

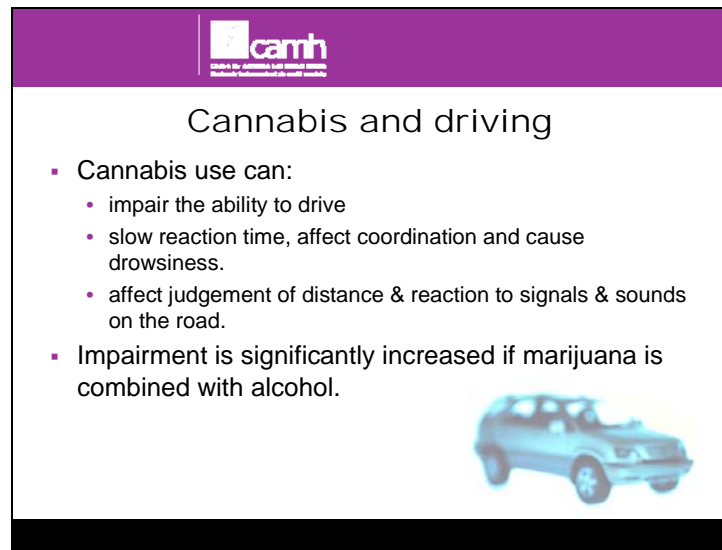



Acute Psychomotor Effects

- Diminished reflexes
- Problems with coordination
- Impaired ability to perform complex tasks
- Difficulty operating machinery, including driving a vehicle

This is another significant concern about marijuana use. People are at-risk if they engage in activities while high.


## Slide 12



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### Cannabis and driving

- Cannabis use can:
  - impair the ability to drive
  - slow reaction time, affect coordination and cause drowsiness.
  - affect judgement of distance & reaction to signals & sounds on the road.
- Impairment is significantly increased if marijuana is combined with alcohol.



Evidence now indicates that cannabis use increases collision risk. After alcohol, cannabis is the psychoactive substance most frequently found in dead and injured drivers. Epidemiological studies demonstrate that people who drive under the influence of cannabis are more likely to be involved in collisions, including fatal ones. Cannabis is often used together with alcohol, and this combination is particularly hazardous, since the effects of both drugs on collision risk appear to be additive.

## Slide 13




Addiction Issues



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## Slide 14



### Is Cannabis Addictive?

- Physical dependence (ie. withdrawal symptoms) is not essential to being diagnosed as an addiction
- Marijuana dependence appears to be less frequent and severe than dependence on other drugs eg. alcohol or nicotine
- Regular, heavy use may lead to tolerance & over the long-term can cause dependence


### **How many of you would say that cannabis is addictive? How many of you would say that it is not addictive?**

A large body of evidence now demonstrates that cannabis dependence, both behavioral and physical, does occur in about 7-10% of regular users, and that early onset of use, and especially weekly or daily use, is a strong predictor of future dependence (Kalant, 2004)

Physical dependence (ie a withdrawal symptom) is frequently present, and may constitute an important factor preventing successful cessation of drug use, but it is not essential for the diagnosis of dependence. The important thing to note is that despite the fact that some users may not be physically dependant, people do become chronic users and people do have difficulty quitting. Those who continue to use despite obvious negative consequences are behaving in an addictive manner.


Marijuana dependence appears to be less severe in terms of physical withdrawal (cravings, physical sickness) and psychological effects (such as depression), when compared to other drugs such as alcohol or tobacco.

## Slide 15




### Is Cannabis Addictive?

- When regular smokers quit they:
  - have more difficulty sleeping
  - increased craving
  - are more aggressive
  - are more irritable
- These symptoms rarely last more than a few days



These are very mild physical symptoms when compared to other drugs. They can however, make it more difficult for people to quit.

## Slide 16



### Treatment

- Heavy users are more likely to seek treatment for problems related to their marijuana use
- People often report failed attempts to quit
- Report a loss of drive and interest in sustained activity
- Most common reason for treatment in the CAMH youth treatment population


29.5% of new clients in treatment for substance abuse in Ontario identified cannabis as a problem substance (Datis 99-2000 in Rush, 2002:26)

In terms of age of clients in substance abuse treatment, 61.5% of clients under the age of 16, 78.1% of clients age 16-17 and 56.3% of clients age 18-24 listed cannabis as a problem substance. In contrast, only 9.6% of clients age 45-54, 2.3% of clients age 55-64 and 1.1% of clients age 65 and over listed cannabis as a problem substance when they entered treatment. (Rush, 2002:26)

## Slide 17



## Slide 18

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### Adolescent Use and Risks


- Adolescence is a time for experimentation and risk taking behaviour
- Most individuals are resilient and successfully develop necessary life skills for adulthood
- For some individuals, the use of cannabis or other substances may have a negative impact on development and achievement, however, typically this is linked to wider psycho-social factors/environment.

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Experimentation is normal during adolescence. Most won't have any problems but a certain percentage of people will.


DATIS data indicate that cannabis problems are much more prevalent among youth, young adults and persons involved with the correctional system in Ontario. The Role of Cannabis in the Demand for Substance Abuse Treatment Services in Ontario and a Consideration of the Potential Effects of Cannabis Decriminalization, Discussion Document, June 2004

## Slide 19




### Effects on School and Social Life

- Lower grades
- Psychological (depression and anxiety)
- Reduced ability to learn and remember information
- Reduced coping skills
- Reduced persistence




Studies have demonstrated the correlation of the above points to marijuana use but have not been able to prove cause and effect. This is due to the difficulty in conducting a controlled study on an illicit substance and does not rule out marijuana use as playing a role.

## Slide 20



### Is Cannabis a "Gateway Drug"?

- Users are more likely to use hard drugs than non-users however most users do not go on to harder drugs
- Almost all hard drug users used marijuana first but also smoked tobacco and drank alcohol
- More frequent marijuana users are more likely to use hard drugs
- There is no evidence for a causal effect (all observed associations)



Marijuana is viewed by students as being relatively harmless, easily accessible and inexpensive. It is not surprising that most people who use hard drugs, used marijuana first. Most people who use hard drugs (eg. heroine, cocaine) also used alcohol first but people do not refer to alcohol as a gateway drug.

It does not appear that cannabis is the cause or even that it is the most significant predictor of serious drug abuse; that is, care must be taken not to attribute cause to association.

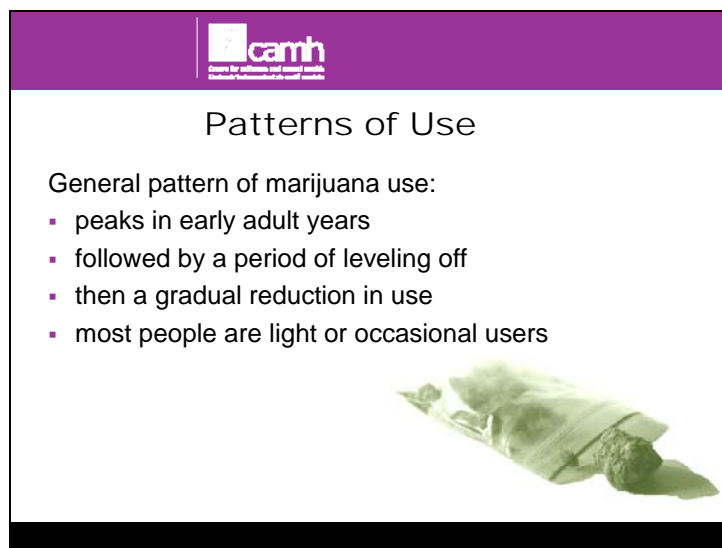
## Slide 21




Prevalence Rates

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## Slide 22




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### Patterns of Use

General pattern of marijuana use:

- peaks in early adult years
- followed by a period of leveling off
- then a gradual reduction in use
- most people are light or occasional users




Some people will become dependent and have problems related to marijuana use but most people will not.

### Background

Treatment providers or other professionals who mostly see young people who are having problems with marijuana may challenge this. It is not worth spending too much time arguing the degree that cannabis may be addictive.

## Slide 23




### Canadian Addiction Survey 2004

- 44.5 % of Canadians report using cannabis at least once in lifetime
- 70% of those between 18-24 report using cannabis at least once in lifetime


Almost half of Canadians have tried marijuana at least once in their lifetime, with the majority trying it between the ages of 18-24.

## Slide 24



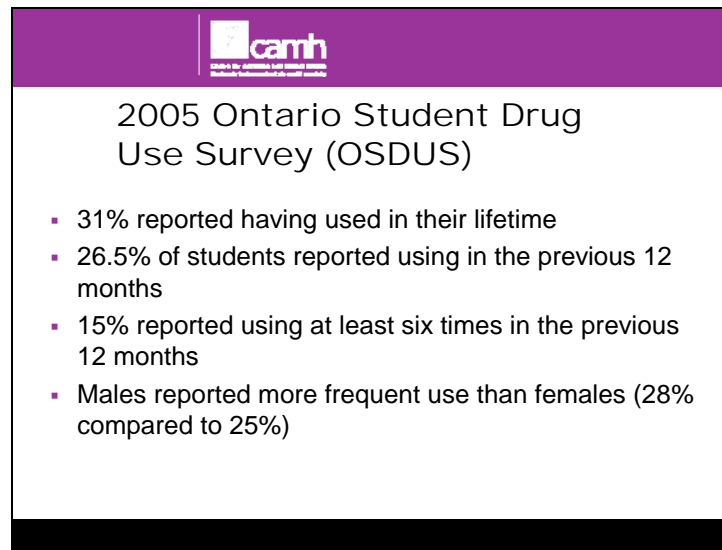
### Canadian Addiction Survey 2004

- 14.1% of Canadians report using cannabis at least once during the previous year
- 30% of 15-17yr olds and 47% of 18-19 yr olds have used in the past year
- Beyond age 45, less than 10% have used in the past year




The past year use is much higher among young people, but this use diminishes with age.

## Slide 25



The slide features a purple header with the CAMH logo and the text "2005 Ontario Student Drug Use Survey (OSDUS)". Below the header, a white box contains a bulleted list of survey findings. The slide is framed by a black border at the bottom.

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### 2005 Ontario Student Drug Use Survey (OSDUS)

- 31% reported having used in their lifetime
- 26.5% of students reported using in the previous 12 months
- 15% reported using at least six times in the previous 12 months
- Males reported more frequent use than females (28% compared to 25%)


There is some good news in the 2005 survey concerning cannabis:  
26.5% (29.6% in 2003) used cannabis at least once in the previous year.  
15% (16.5% in 2003) report using cannabis six times or more during the past year.

### Background

In comparing cannabis use rates of youth with those in other countries, the Senate Special Committee on Illegal Drugs determined that cannabis use among high school students in Canada was probably among the highest in the world (Senate, 2002:108). This observation was recently confirmed by the World Health Organization with survey data from 2001-2002 which consistently placed Canadian youth at or near the top in terms of lifetime and past year use of cannabis.


The Role of Cannabis in the Demand for Substance Abuse Treatment Services in Ontario and a Consideration of the Potential Effects of Cannabis Decriminalization, Discussion Document, June 2004

## Slide 26



### 2005 OSDUS


- Use increases by grade going from 3% in grade 7 to 46% in grade 12
- 3% of all students did so daily.
- 1 in 12, or 8%, of users reported symptoms of dependence



Past year use increases by grade going from 3% in grade 7 (6.2% in 2003) to 46% in grade 12 (45% in 2003).

3% of students reported daily use and 1 in 12, or 8% of cannabis users (10% in 2003) report symptoms of dependence.

## Slide 27



### Cannabis & Driving

- About one-in five drivers in grades 10-12 reported driving within one hour of using cannabis at least once during the past year.
- 22% of students reported that they were passengers in a vehicle driven by someone who has used cannabis prior to driving.

The percentage of people who reported driving within one hour of using cannabis is significantly higher than those who reported drinking and driving (20% compared to 14%).

OSDUS 2005

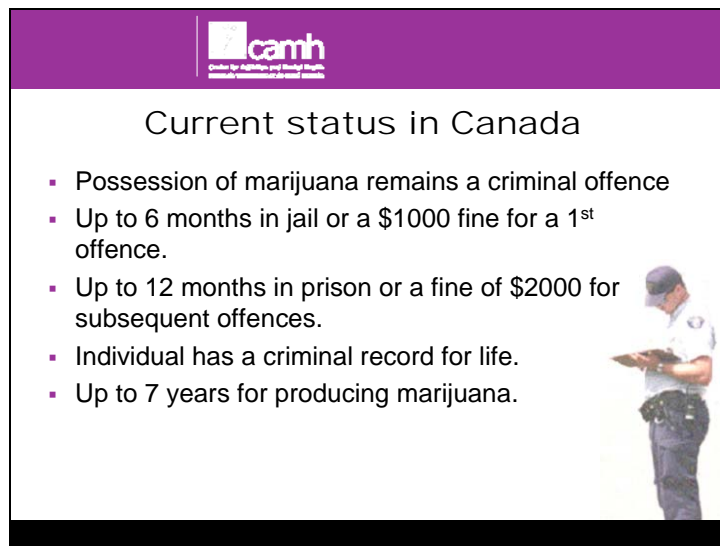
## Slide 28



Current Legislation




## Slide 29



Current status in Canada


- Possession of marijuana remains a criminal offence
- Up to 6 months in jail or a \$1000 fine for a 1<sup>st</sup> offence.
- Up to 12 months in prison or a fine of \$2000 for subsequent offences.
- Individual has a criminal record for life.
- Up to 7 years for producing marijuana.



This is the current legislation regarding cannabis.

Source: Controlled Drugs and Substances Act  
<http://laws.justice.gc.ca/en/C-38.8/229593.html>

## Slide 30



Outcome...


- **\$400-\$500 million** - The estimated costs of cannabis enforcement per year
- **700,000** - Canadians who have criminal records for possession of marijuana
- **77 %** of all 2001 drug-related offences in Canada involved cannabis
- **54 %** of all 2001 drug related offences were for possession of cannabis

Despite the above statistics, most people caught in possession of marijuana will: not be charged, or will be offered diversion pre-trial and have the charges dropped if they attend, or will receive an absolute or conditional discharge.

Consequently, many young people believe that they won't be charged and that marijuana is legal.

Source – statistics Canada and the report of the Senate Special Committee on illegal drugs

## Slide 31




### Concerns about the system

- Being prosecuted and convicted for an offence in criminal court bears a criminal record and stigma that can have far-reaching consequences in an individual's life.
- The harm caused by a criminal conviction outweighs the harm of taking the drug.
- On the otherhand, the sentences for producing marijuana are too lenient and not an effective deterrent.


A conviction can prevent people from getting certain jobs or crossing the border. The current sentence for possession of small amounts outweighs the harm of taking the drug, particularly when one compares it to the harm caused by alcohol or tobacco. On the otherhand, the sentences for production are too lenient.

## Slide 32



### Concerns about the system


- The current law is unevenly applied. In about half the incidences where police are involved, no charge is laid eg. in large urban centers, police are less likely to charge for possession of small amounts and the accused is more likely to receive a discharge if they go to court.
- According to public opinion polls, the majority of Canadians are against incarceration for possession of small amounts of marijuana.



The current law is unevenly applied due to individual discretion and different enforcement standards. Uneven enforcement violates the principle of equal treatment under the law.

Public opinion polls consistently indicate that the vast majority of Canadians are against incarceration for the possession of small amounts for personal use.

## Slide 33



### Does it Work?

- Possession charges use a great deal of police resources even though a small percentage of users are charged.
- There is no evidence that harsh cannabis laws deter people from using cannabis, in fact evidence points to the opposite.
- Some evidence has shown that the majority of people convicted for cannabis use continued using it

Enforcing strict possession laws use up a lot of resources and do not appear to deter people from using. In fact, international studies have indicated that in countries and states where marijuana is decriminalized, rates of use are often lower than in countries with strict possession laws.

## Slide 34



The slide features a purple header with the CAMH logo and the text "Centre for Addiction and Mental Health". The main content is on a white background with a black border. The title "Practices in Other Countries" is centered. Below it is a bulleted list of four categories of cannabis laws in other countries.

**Practices in Other Countries**

- Full prohibition: criminal law/enforcement of cannabis use (US, Canada, Sweden)
- De facto decriminalization: Criminal law, but diversion/discretion in CJS (Germany, Switzerland, Austria)
- De jure decriminalization: Non-criminal forms of legal control, e.g. cautions or "expiation notices" (Australia, England, Spain)
- Legalization: Consistent non-application or absence of legal control (Netherlands, Belgium, Switzerland [proposed])

It is helpful to look at how other countries are responding to the use of cannabis, ranging from prohibition to de facto and de jure decriminalization to legalization.

With "De facto decriminalization," cannabis possession is still a criminal act, but is not enforced. With "De jure decriminalization," cannabis possession is illegal, but not criminal. This allows for the continued criminal prosecution of many or most actions relating to an illicit substance like cannabis, such as trafficking, while issuing a fine for the possession of small amounts for personal use.

"CJS" – Criminal Justice System

"Expiation Notice" – directs an offender to pay an administrative fee (or fine), thereby expiating the offence and avoiding a criminal prosecution.

## Slide 35



The slide has a purple background. The title "Cannabis Reform" is in white text, and "Milestones in Canada" is in white text below it. The CAMH logo and name are in the bottom left corner.

**Cannabis Reform**

Milestones in Canada

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## Slide 36



### Human Rights & Medical Use

- **August 2000** -- Ontario's Court of Appeal rules that banning marijuana for medicinal purposes violates the Canadian Charter of Rights and Freedoms.
- **July 2001** - Canada legalizes the use of marijuana by people suffering from terminal illnesses and chronic conditions



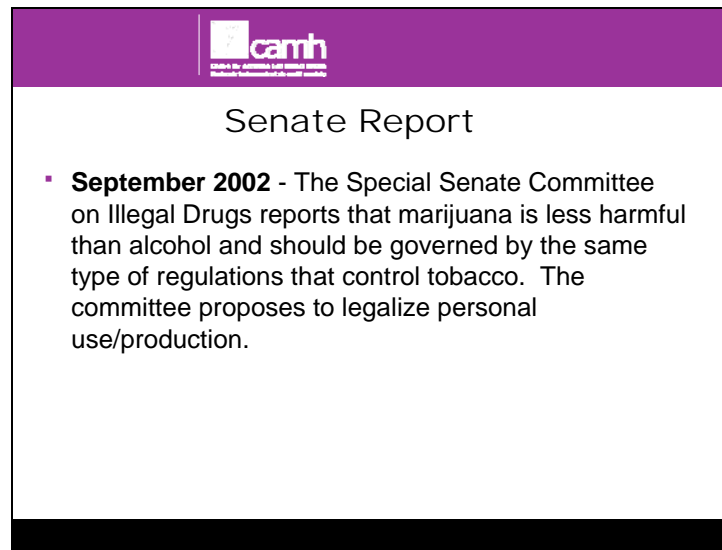
Note: The slides outlining the influential court decisions could be deleted if you want to shorten the presentation. It may be enough to say that the courts have had a great deal of influence as a result of decisions related to the medical use of marijuana.

### Case law

There have been several case law developments dealing with the offence of possession of cannabis.

-R.v.Parker (2000) Decision of the Ontario Court of Appeal dealing with the medical use of marijuana. The court concluded that the broad prohibition of possession of marijuana was contrary to section 7 of the Canadian Charter of Rights and Freedoms and was not saved by section 1. It declared the prohibition of the possession of marijuana to be unconstitutional and of no force and effect. However, the court suspended the declaration of invalidity for one year to give parliament the opportunity to amend the law to include adequate exemptions for medical use. In response, Health Canada adopted the Marijuana medical Access Regulations (MMAR).

## Slide 37

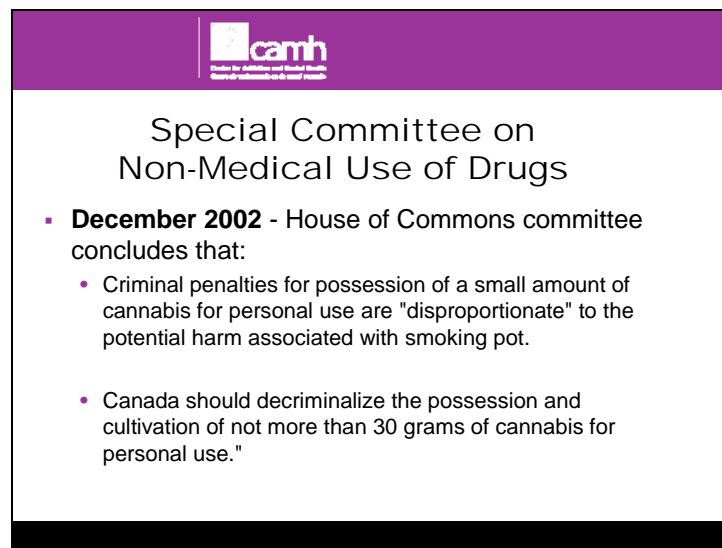


The slide features a purple header with the CAMH logo and the text "Centre for Addiction and Mental Health". The main content is on a white background with a black border. The title "Senate Report" is centered. A single bullet point is listed on the left side.

**September 2002** - The Special Senate Committee on Illegal Drugs reports that marijuana is less harmful than alcohol and should be governed by the same type of regulations that control tobacco. The committee proposes to legalize personal use/production.

**September 2002** - The Special Senate Committee on Illegal Drugs reports that marijuana is less harmful than alcohol and should be governed by the same type of regulations that control tobacco.

## Slide 38




The slide features a purple header with the CAMH logo and the text "Centre for Addiction and Mental Health". The main content is on a white background with a black border. The title "Special Committee on Non-Medical Use of Drugs" is centered. A bullet point is listed on the left side, followed by two sub-bullet points.

**December 2002** - House of Commons committee concludes that:

- Criminal penalties for possession of a small amount of cannabis for personal use are "disproportionate" to the potential harm associated with smoking pot.
- Canada should decriminalize the possession and cultivation of not more than 30 grams of cannabis for personal use."


In December 2002, the House of Commons committee concluded that the criminal penalties for the possession of a small amount of cannabis for personal use are "disproportionate" to the potential harm associated with smoking pot.

## Slide 39



### Status Quo

- **January 2003**- an Ontario judge ruled that Canada's law on possession of small amounts of marijuana was no longer valid.
- **October 2003** - A court ruling on medical marijuana effectively re-instates existing laws on possession of marijuana.



The decision in January 2003 ruled that possession laws were no longer valid. This was due to a previous court ruling relating to medical use that said the laws were unconstitutional and the governments failure to address this. Once that issue was dealt with, in October 2003, the possession laws were declared to be valid once again. This sent confusing messages to many people in Ontario who thought that marijuana was legalized. The October decision did not receive the same attention and some people are still unsure of the legal status.

### Case Law


R. v. J.P. (2003) Decision of the Ontario Superior Court of Justice dealing with the recreational use of marijuana. The Court referred to the Parker decision that declared section 4 (possession) of the Controlled Drugs and Substances Act invalid in relation to cannabis. That declaration was suspended for one year from 31 July 2000. The court found section 4 invalid as of 31 July 2001 for the following reasons; the response to Parker was to adopt the MMAR, in which there is no prohibition against marijuana possession: in addition, Parliament at no time re-enacted section 4 as it relates to marijuana; thus, neither the Act nor its regulations set out a prohibition and a punishment with respect to the possession of marijuana.

## Slide 40



The Cannabis Reform Bill (now called C-17) was reintroduced for debate on November 1, 2004

## Slide 41

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Centre de toxicomanie et de santé mentale

### Purpose

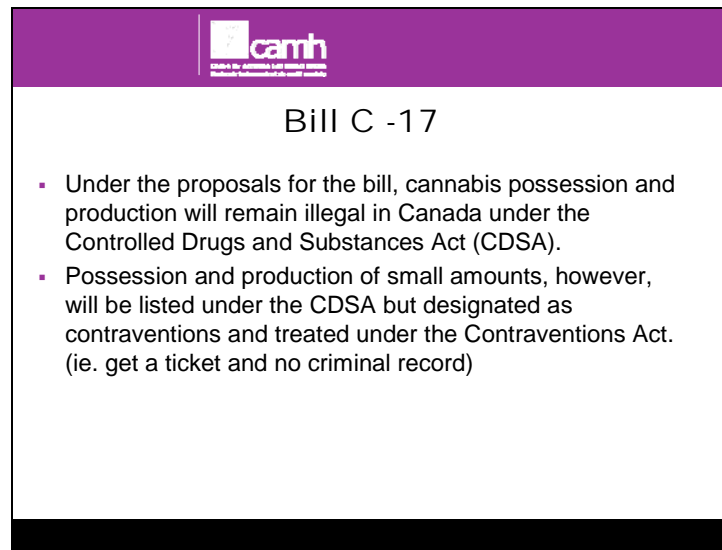
- Emphasizes a public health approach/policy
- Reduce the expense of the criminal process
- Discourage the use of cannabis by higher rates of enforcement for possession. (net widening effect)
- Address the current differential treatment (Health Canada Website)

This slide has a purple header with the CAMH logo. The main content is on a white background with a black footer. The title "Purpose" is centered. Below it is a bulleted list of four points. The fourth point includes a small reference to the Health Canada Website.

The new legislation focuses resources on prevention and treatment and creates more consistency in enforcement. By removing simple possession from the criminal justice system and instead issuing fines, police will have more resources to reach a greater number of people (“net widening” effect).

Source: [http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/2003/2003\\_34bk2\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/2003/2003_34bk2_e.html)

## Slide 42

The slide features a purple header with the CAMH logo (Canadian Centre for Substance Abuse) and the text "Bill C -17". Below the header, the title "Bill C -17" is centered. A bulleted list follows, detailing the bill's impact on cannabis possession and production under the CDSA and Contraventions Act.

camh  
CANADIAN CENTRE FOR SUBSTANCE ABUSE

### Bill C -17

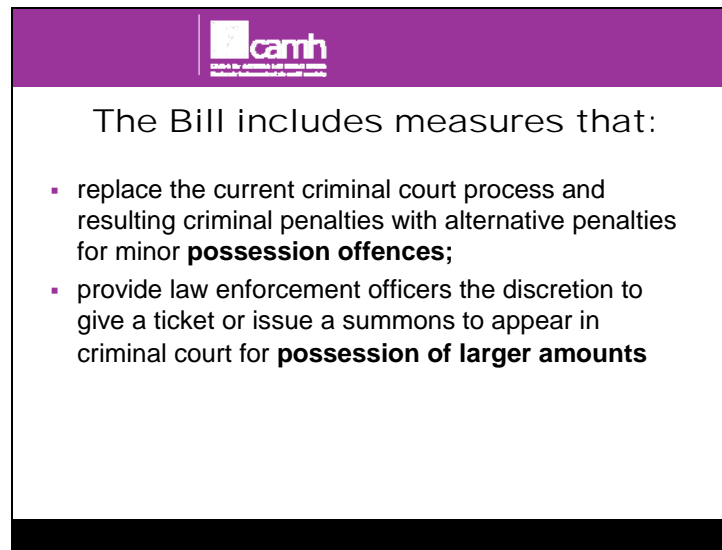
- Under the proposals for the bill, cannabis possession and production will remain illegal in Canada under the Controlled Drugs and Substances Act (CDSA).
- Possession and production of small amounts, however, will be listed under the CDSA but designated as contraventions and treated under the Contraventions Act. (ie. get a ticket and no criminal record)

"Decriminalization" is defined as the removal of a behaviour or activity from the scope of the criminal justice system - it could be argued that this is precisely what Bill C-17 is attempting to accomplish in relation to the possession of small amounts of cannabis, because the criminal justice system (criminal courts) would no longer have jurisdiction over these offences once they are designated as contraventions. However, if one interprets decriminalization as meaning that the act is no longer prohibited or illegal, this term would not apply to the proposed legislation, as the behaviour in question is not removed from the scope of the criminal law.

"Depenalization" - The modification of the sentences provided in criminal legislation for a particular behaviour. Depenalization is probably the term that best describes what Bill C-17 proposes in relation to the offence of possession of small amounts of cannabis and production of three marijuana plants or fewer.

The information below was drawn from the Canadian Foundation for Drug Policy Report on Bill C-17 available at <http://www.cfdp.ca/>

## Slide 43

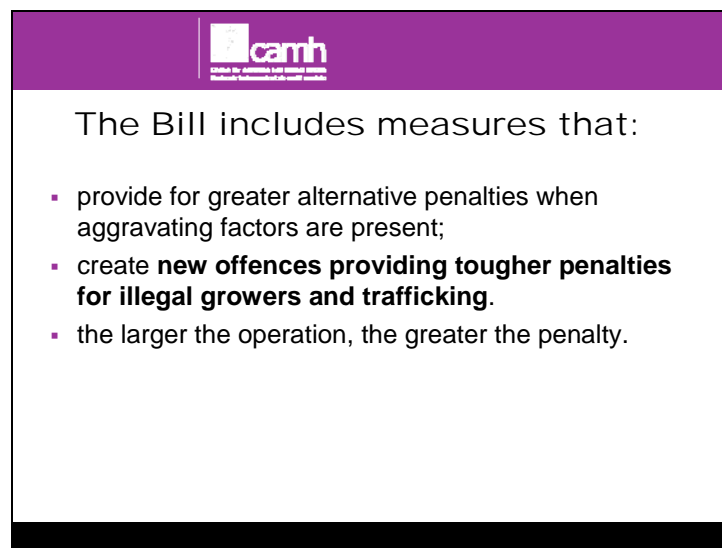
The slide features a purple header with the 'camh' logo and the text 'Centre for Addiction and Mental Health'. The main content is on a white background with a black border. It contains a title and a bulleted list of two items.

The Bill includes measures that:

- replace the current criminal court process and resulting criminal penalties with alternative penalties for minor **possession offences**;
- provide law enforcement officers the discretion to give a ticket or issue a summons to appear in criminal court for **possession of larger amounts**

Those individuals with small amounts for personal use will not have a criminal record. On the other hand, the law does give the discretion to the police to take someone to court if they have larger amounts.

## Slide 44


The slide features a purple header with the 'camh' logo and the text 'Centre for Addiction and Mental Health'. The main content is on a white background with a black border. It contains a title and a bulleted list of three items.

The Bill includes measures that:

- provide for greater alternative penalties when aggravating factors are present;
- create **new offences providing tougher penalties for illegal growers and trafficking.**
- the larger the operation, the greater the penalty.

This Bill is aimed at making life more difficult for larger grow-operations. This is meant to target organized crime by discouraging large well- financed operations.

**Slide 45**



Possession Offence Summary

Offence	Adult/Youth
15 grams or less of marijuana	\$150/100
1 g or less of hash	\$300/200
As above with - aggravating factors	\$400/250
Between 15 & 30 g of marijuana – police discretion	\$300/200 or 6 months/\$1000 & criminal charge

These are the different fines. In the next slide, we will see some examples of “aggravating factors.”


**Aggravating Factors:** In cases of possession of 15 grams or less of marijuana or one gram or less of hashish where aggravating factors exist, the fines are \$400 for an adult and \$250 for a youth.

**Police Discretion:** Possession of between 15 grams and 30 grams of marijuana. A police officer would decide if the person should receive a ticket or issue a summons for a summary conviction.

The ticket fine would be \$300/\$200.

Summary conviction penalty would be up to 6 months imprisonment and/or up to a \$1,000 fine.

## Slide 46




### What aggravating factors?

- While operating a motor vehicle, railway equipment, airplane or vessel
- While committing an indictable offence
- When in or near a school that is attended primarily by persons under the age of 18


Why would it using cannabis near a school be considered an “aggravating factor?” (to avoid trafficking marijuana to minors).

## Slide 47




### Trafficking

- Current penalties for trafficking in cannabis will not change.
- Trafficking & possession for the purpose of trafficking in 3 kg. or less of hashish or marijuana is an indictable offence punishable by imprisonment for up to five years less a day.
- Over 3 kg. = up to life in prison




The penalties for trafficking cannabis will not change.

**Slide 48**




### Marijuana Cultivation

- Currently, production of marijuana is a single offence punishable by up to 7 years of imprisonment.
- The proposed legislation will create four separate offences with penalties that better fit the seriousness of the crime



The proposed legislation will create four separate offences with penalties that better fit the seriousness of the crime, outlined in the next slide.

**Slide 49**




### Cultivation Offence Summary

Offence	Adult/Youth
1 to 3 plants	\$500/250 -no criminal record
4 to 25 plants	\$25,000 and/or 18 months on summary conviction or up to 5 years as an indictable offence-criminal record
26 to 50 plants	up to 10 years as an indictable offence-criminal record
More than 50 plants	up to 14 years as an indictable offence-criminal record

And here are the different penalties corresponding to the number of plants.

## Slide 50




### Aggravating Factors

- In addition, cases involving more than three plants, a judge would have to provide reasons why imprisonment was not imposed where any of the following aggravating factors was found:
  - a risk of danger for children in the building where the operation exists;
  - use of traps (set to protect the premises from intruders or police);

Similar to possession laws, the severity of the penalties for cultivation depend upon aggravating factors.


## Slide 51



### Aggravating Factors

- use of explosives (for example, as a booby trap or to destroy evidence);
- use of land belonging to others (for example, farm land); and
- operation creating a safety hazard in a residential area

## Slide 52




### Nonpayment of Fine

- a person who does not pay the fine will not face a criminal conviction;
- a person who challenges a ticket in court, even if they are found guilty, will not face a criminal conviction;
- fines assessed in court will not be higher than those set out on the ticket;
- fines not paid will be collected according to the same provincial rules governing parking or speeding tickets.


Fines will be issued and collected similar to parking tickets and speeding tickets. There can still be problems, however. For example, in Australia, approximately half of all fines are being contested in court, which is creating a backlog in the courts and using up the resources it was meant to save. This has since been addressed, however, through a number of measures including education programs regarding the consequences of failure to pay.

## Slide 53



### Reporting to Parents

- The parent or guardian of anyone under 18 would be notified that the youth has received a ticket or has been charged.



The parent or guardian of anyone under 18 would be notified that the youth has received a ticket or has been charged.

## Slide 54




### Reporting to Foreign Governments

- Police are prohibited from sharing information about Canadians caught with small amounts of marijuana with authorities in the United States or other foreign governments or agencies.



Police are prohibited from sharing information with foreign governments; however, the Americans may undertake their own efforts to acquire this information.

## Slide 55




### Safe Schools Act (2000)

- Suspension is mandatory for:
  - possessing alcohol or illegal drugs (marijuana is still illegal)
- Expulsion is mandatory for:
  - trafficking in weapons or illegal drugs

The response to cannabis in the schools would not change since cannabis remains illegal, even if it is decriminalized.

## Slide 56



Will decriminalization increase use?

- Numerous international studies suggest that there is no correlation between cannabis use and the severity of cannabis use penalties.
- Reducing the punitive nature of cannabis possession law and control in Canada is very unlikely to suggest to people that cannabis use is broadly tolerated or encouraged


Many people think that decriminalization will increase the use of marijuana; however, Single et al. (2000) looked at cannabis use in both the U.S. and Australia and compared prevalence rates in jurisdictions that had decriminalized with those that maintained criminal penalties for cannabis possession. After careful study the authors determined that citizens who lived under decriminalization consumed cannabis at rates less than or comparable to those who lived in regions where the possession of cannabis remained a criminal offence.

## Slide 57



Before I discuss our position, I would like you to discuss the pros and cons of cannabis reform based on my presentation and other knowledge you may have on the subject. I will arbitrarily divide you into two groups, one in favour of decriminalization and the other against. Each team will have 15 minutes to come up with at least three main arguments. Then, we will come back together and each team will have 10 minutes to give their arguments without any rebuttals. Then I will share with you CAMH's position.

## Slide 58



### CAMH Position

- Some level of substance use in our society is inevitable
- Although there are health and behavioural risks, most use is sporadic
- Criminal sanctions exact a disproportionate toll on individuals relative to dangers
- Criminal sanctions not effective in controlling substance use

Here is a summary of some of the key points of our position (for the full position paper, see the public policy link on the resources slide):

CAMH discourages cannabis use. CAMH emphasizes that the most effective way of avoiding cannabis-related harms is through not using cannabis, and encourages people to seek treatment where its use has become a problem.

Cannabis is not a benign drug. Cannabis use, and in particular frequent and long-term cannabis use, has been associated with negative health and behavioural consequences, including respiratory damage, problems with physical coordination, difficulties with memory and cognition, pre- and post-natal development problems, psychiatric effects, hormone, immune and cardio-vascular system defects, as well as poor work and school performance. The consequences of use by youth and those with a mental disorder are of particular concern. However, most cannabis use is sporadic or experimental and hence not likely to be associated with serious negative consequences.

## Slide 59



**CAMH**  
Centre for Addiction and Mental Health

### CAMH Position

- Support the removal of criminal sanctions for possession of small amounts of cannabis
- Redirect resources to treatment and prevention

CAMH thus concurs with similar recent calls from many other expert stakeholders who believe that the control of cannabis possession for personal use should be removed from the realm of the CDSA and the criminal law/criminal justice system. While harmful health consequences exist with extensive cannabis use, CAMH believes that the decriminalization of cannabis possession will not lead to its increased use, based on supporting evidence from other jurisdictions that have introduced similar controls.

## Slide 60



**CAMH**  
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### Resources

- [www.camh.net/about\\_addiction\\_mental\\_health/cannabis\\_dyk.html](http://www.camh.net/about_addiction_mental_health/cannabis_dyk.html)
- [www.camh.net/public\\_policy/cannabis.html](http://www.camh.net/public_policy/cannabis.html)
- [www.camh.net/news\\_events/osdus2005\\_highlights.html](http://www.camh.net/news_events/osdus2005_highlights.html)
- [www.hc-sc.gc.ca/ahc-asc/pubs/drugs-droques/straight\\_talk-parlons\\_franchement/index\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/pubs/drugs-droques/straight_talk-parlons_franchement/index_e.html)
- [www.potanddriving.cpha.ca](http://www.potanddriving.cpha.ca)
- [http://ottawa.ca/residents/health/living/ad\\_youth/drive\\_high\\_en.html](http://ottawa.ca/residents/health/living/ad_youth/drive_high_en.html)