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Families for Addiction Recovery

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Cannabis Act Legislative Review Secretariat
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To Whom it May Concern,

We are writing to provide feedback and recommendations as part of the Cannabis Act Legislative Review.

I am Dr. Toula Kourgiantakis, an Associate Professor at Université Laval. My research primarily focuses on youth mental health and addictions, family involvement in youth treatment, and equitable access to mental health and addiction services. In addition to my role as a researcher, I am a practicing social worker and family therapist with over 30 years of experience working with youth and their families. I've noticed a significant increase in the number of young people and families adversely affected by cannabis use in my practice, especially since its legalization. This trend is more pronounced now than at any point in my 30 years of clinical experience.

I am Angie Hamilton, a retired lawyer and the Co-Founder and Executive Director of Families for Addiction Recovery (FAR). FAR was founded in 2016 by parents of youth who have struggled with addiction from their early teenage years. FAR provides free peer support services to caregivers of those struggling with addiction across Canada using the Invitation to Change Approach (ITC). ITC is a non-confrontational, compassionate, and evidence-based approach. FAR also educates about addiction and advocates for protective health laws and protective drug policies, such as decriminalization and regulation. I am the parent of a child with addiction, a peer supporter with FAR, and I sit on many public health/government advisory panels. I am also a member of the Board of the Ontario Family Caregivers' Advisory Network.

We both support the decriminalization of cannabis, but we have concerns about how legalization has been implemented. This is due to the lack of clear and consistent regulatory measures across the country for youth protection, a key objective of the

Cannabis Act. In response to these concerns, in 2021, we partnered to conduct a research study funded by the Social Sciences and Humanities Council (SSHRC). The study, titled "*Examining Cannabis Use and Mental Health Concerns in Youth from the Perspectives of Youth, Parents, and Service Providers: A Community-Based Participatory Research Approach*," aimed to better understand how youth, parents/caregivers, and service providers perceive the use of cannabis in youth following its legalization.

We conducted interviews from March to October 2022 and met with 88 participants living in Ontario (n=26 parents, n=31 youth, and n=31 service providers). The service providers comprised social workers (55%), physicians (23%), psychotherapists (7%), nurses (6%), and other professionals in the mental health and addictions field in Ontario. Among our parent participants, 65% were supporting a son using cannabis at least once per week, 31% a daughter, and 4% a trans son.

The youth participants were aged between 16 and 24 years. Of these, 16% were aged 16-18, 29% between 19-20, and 52% between 21-24. Regarding gender, 55% identified as girls or female, 16% as boys or male, and 29% as trans or nonbinary. In terms of racial identity, 58% of youth identified as white, and 42% Black, Indigenous, or Person of Colour. For sexual orientation, 29% identified as straight, 20% bisexual, 19% pansexual, and 32% gay/lesbian or Queer.

Concerning cannabis use, 10% of youth participants reported using it once per week, 23% twice per week, 33% once per day, and 35% multiple times per day. Additionally, 52% reported having a diagnosed mental health concern, 48% reported using other substances, and 55% expressed concerns about their cannabis use.

Participants from all three groups raised many concerns about youth cannabis use. We will outline these below, supported by quotes from youth, parents, and service providers (Kourgiantakis, Hamilton et al., manuscript in preparation).

1. Risks and harms of cannabis on youth

Participants described having concerns about the pervasive adverse effects of cannabis use on youth, affecting multiple spheres. These include physical health, with issues such as respiratory problems, sleep disturbances, cannabinoid hyperemesis syndrome, cognitive impairments, memory issues, brain development concerns, and changes in appetite. They also mentioned mental health concerns like anxiety, depression, psychosis, irritability, low motivation, and mood swings. Participants also noted that there was limited information and guidance available from physicians and other healthcare professionals regarding how cannabis use negatively affects various mental illnesses, including bipolar disorder, PTSD, borderline personality disorder, and schizophrenia. Social or interpersonal effects were noted, such as isolation and strained relationships with peers and family. In the context of school and/or employment, concerns were raised about certain youth not being engaged in work or education, while others reported challenges with concentration that negatively

affected their work or school performance. Financial implications were also a concern raised by parents and youth. Many participants expressed additional worries about potential unknown adverse effects or risks of cannabis use.

"I get like chest pains and lung pains and just pains everywhere. My heart rate sometimes like if I smoke a little too much, my heart rate can go to like 140, 150… and when I smoke, I cough a lot like no matter which method of smoking I'm using, I cough a lot, and um that also hurts me." (Youth 19)

"In the work I do, it's not taken seriously. I don't think the youth understand the damage that it's doing to their developing brain, that altered thinking, the demotivational aspect of it. Because they're smoking weed, they don't do anything. They don't want to leave the house." (Service Provider 4)

"We noticed that his behaviour was becoming so bizarre, and it was not him anymore. He was so agitated, he was so angry, he was losing weight, he was not sleeping, he was not eating, and I guess he started to develop psychosis at the time. He would smoke more like to calm himself. He believed that he was helping himself with cannabis and the more he smoked, the worse he was getting. He lost his job. He was in a relationship, and unfortunately, it's ended. And he lost his driver's license. He had an accident during the psychotic episode." (Parent 17).

2. Reduced stigmatization, minimization, and normalization of youth cannabis use

Many participants described a reduced stigmatization of cannabis use in general. They noted that its normalization and increasing perception of cannabis as "medicinal," and "natural" often makes it challenging for individuals to acknowledge and express concerns about its negative effects. Additionally, some participants highlighted that for youth belonging to equity-deserving groups, stigmatizing attitudes still persist.

"It's not stigmatized, in fact. It's treated as having a vitamin or a carrot juice, it's healthy, it's organic, it's from the ground. It's treated like it's perfectly normal." (Parent 4)

"I think just having it legalized makes the culture more acceptable which makes it more, more youth think that it's good to get into it." (Youth 18)

"I think the legalization is something that has made kids think that it's okay to do it." (Parent 19)

"It's far more outweighed by its positive stigma, the belief that it's helpful. That's it's a good social lubricant, that it has health benefits, that it's good for mental health, that it just helps you chill out, that it helps people break free of you know personality problems or structures or restrictions, that it's helpful for sleep, there are so many

things for which it's thought to be beneficial and positive and that's the most common dialogue that's out there, that's the most common narrative. The narrative that it's negative or dangerous is out there, it's just completely swamped by the positive narrative." (Service Provider 30)

"It seems to have been normalized for quite some time. Normalized and any harm is minimized. You know, this idea that it's a natural substance and you know, that's not going to bring you harm, and a narrative about it being medical. It just makes it - like, there's no harm." (Parent 10)

3. **Easy access to cannabis for youth since legalization**

Most participants highlighted the easy access and widespread availability of cannabis for youth, both above and below the minimum legal age (MLA). They pointed out the excessive number of cannabis stores, and the ease of purchasing cannabis, both online and in dispensaries without the need for showing identification. Furthermore, several participants suggested that there is a need to increase the MLA in Ontario to reduce access.

"I feel like, I feel like how the government legalized it, it made, it opened a lot more avenues for underage people to access it. And also legalizing it made it less looked down upon and less shunned." (Youth 24)

"There are cannabis stores everywhere. I'm astonished by the number of cannabis stores just on our street. When you walk down the street, the scent of cannabis is often in the air in Toronto, I now call it the new scent of Toronto. It has just so rapidly become something that is used so openly." (Parent 31)

It's really easy to get access to cannabis. I don't think it should be that easy. I think there should be more, I don't even know how to describe it, so like when I see like the LCBO like I know kids can get alcohol and fake IDs and all that stuff, but it seems like more controlled than the cannabis stores that are popping up. Like they almost just seem like candy stores, and I think it's just so accessible and there's so much so many like options out there." (Service provider 31)

4. **Cannabis is used as a maladaptive coping tool for mental health concerns**

Many participants identified cannabis as a commonly used but maladaptive coping mechanism among youth. They underlined that it is often used to manage anxiety, trauma, depression, emotional dysregulation, and other mental health concerns. Furthermore, participants highlighted the contrast between limited access to services that could help in developing adaptive skills and the readily available cannabis, which is frequently used to numb emotions or for self-medication. Participants also noted that service providers are not screening or evaluating cannabis use, thereby hindering

their ability to educate youth and parents about more adaptive coping skills and forms of harm reduction.

“I think it gets in the way of [youth] learning how to develop and use other skills and resources that might be available to them because they tend to rely on the cannabis as a way of doing that, it gets in the way of them fully taking advantage of other resources and skills that they might have.” (Service provider 1)

“I know it’s not good for my mental health all the time. Um, but I know for me the reason why I use is like to escape or you know if I’m feeling a very strong emotion um, I can go out like in my backyard, smoke and feel like I can calm myself down. It’s almost like a coping mechanism.” (Youth 22).

“It's a lot easier to smoke a joint than it is to like meet a new therapist, or actually try and use like coping skills, and like to sit, to sit in those like nasty emotions like, it's right, it's I don't know if there’s enough of a pull for them to do it when it's like easier to smoke.” (Service provider 17)

“She is using it as a coping mechanism to the point where it became rather destructive. She described it as a way of quieting the voices. So, I think you're asking for my opinion of it. Well, destructive and detrimental to her and to our family unit, we've come far enough along to understand that it really is more of a coping mechanism that she uses, not necessarily the safest and the most ideal coping mechanism, but certainly something that she's gravitated towards and relies on.” (Parent 15)

5. **There is a lack of public education on cannabis harms/risks for youth**

Many participants reported that there is limited information available regarding the risks and harms of cannabis use. A significant number, including service providers, were also unaware of the Low-Risk Cannabis Use Guidelines (LRCUG). While the importance of harm reduction strategies was emphasized, most participants, including service providers, struggled to provide specific examples of how these harms are screened, assessed, and managed. There was a common theme that cannabis use is minimized or overlooked by service providers, particularly when it is not the primary concern raised by the youth. Parents, especially those of youth with complex mental health concerns, expressed concerns over the inadequate psychoeducation provided by psychiatrists and other service providers. Furthermore, many service providers admitted to feeling ill-equipped to effectively address cannabis use with their clients or patients, often downplaying its harmfulness, especially in comparison to other substances.

“I don’t screen unless they bring it up. I only ask about it if it's related to the actual presenting issue.” (Service provider 22)

"I think there needs to be more knowledge and education around cannabis use um, which is what prompted me to want to be in this study." (Youth 31)

"A lot of the youth seem to think it's natural and legal and, therefore, it's beneficial and I just think that there's not enough education about the side effects or the adverse effects that can happen, and that it is still you know a substance that can impair your thinking and you know you shouldn't be driving with it, that that kind of thing. It's kind of glorified as sort of a natural drug that everyone can use and it's fine and it's safe." (Service provider 31).

"It's very hard to find information for caregivers and resources that are available for the caregiver. Get information, to get resources, just to see, you know, how I can educate myself better, to get some more information so that it will help us to decide what steps we want to take to help him, and make sure that we're making an educated - when we're taking steps, we're making decisions, they're educated based on information and research. And we're not just making guesses. And we're not leaving it to others to make the decisions for us also." (Parent 10)

"I think there's a lot of misinformation you know, I see that the cannabis industry is using kind of the same [strategies] that the tobacco industry used. That there's a number of websites where they provide all these benefits that are not necessarily substantiated in any way, and I think you know there wasn't a really well thought out process when it was fully legalized. I think there's a lot of misinformation. You don't necessarily have professionals who make themselves available who have the knowledge to provide psychoeducation and really connect with these patients." (Service provider 25)

6. **Lack of training for service providers**

Many participants highlighted that there is inadequate training for service providers in addressing cannabis use with youth and/or caregivers. Numerous service providers admitted that they often do not screen, assess, intervene, or provide information about cannabis use, attributing this to a lack of confidence in their knowledge and skills. This gap prevents service providers from understanding the extent of cannabis use as a problem and its negative impact on various aspects of a youth's life. Furthermore, the absence of screening and identifying potential problems means that service providers are not engaging in discussions about harm reduction strategies and coping skills.

"I think that providers sort of need to be aware of all the different negative effects… some doctors don't even know that you can get like cannabis hyperemesis syndrome…I had a patient that like had a first break psychotic episode after using cannabis for the first time. I think that's minimized, um and I think all those things should be sort of general education for any provider working with youth." (Service provider 31).

"[Cannabis training]. It's non-existent. No training. I don't think it was mentioned in my master's." (Service provider 9)

"I don't feel like I've had any training with that specifically, yeah. In school, I don't even think much was covered." (Service provider 16)

"What I found unhelpful about the counsellor that I had was that she didn't work on anything with me." (Youth 19)

"At the medical education level, we could certainly get more exposure on it. Addictions, in general, is not an area that we get a lot of training in. It's not a significant focus of medical education." (Service provider 29)

7. Lack of accessible public services that address youth cannabis use

Most participants explained that, while there are general access issues for most mental health and addiction services in the public sector, these challenges are even more pronounced for youth seeking services specifically for cannabis use. They pointed out that services tailored specifically to cannabis-related issues are virtually non-existent. Furthermore, many of the available general mental health or addiction services do not adequately meet the needs of youth who are seeking help to reduce their cannabis use.

"If there was like a site that I could stay at that I would be able to like get off of smoking weed and vaping… I would hope that they would teach like you know coping mechanisms and sort of look at the issues of why people smoke weed and deal with those issues like individually. And just help me access services that I can access like once I leave the program… I just think that could be really helpful to anyone who wants to stop. But like I feel like it needs to be a program that's specifically for you know smoking weed and/or vaping." (Youth 19)

"There are virtually no services. There's a real resistance to a mother saying my child is not well, and I need help. There does not seem to be awareness of [cannabis] within the medical profession. And we had to fight with her GP for a referral to [addiction service]. We were told she was just a normal teenager. I'm like, oh my god! So, we really did not receive services until we fought and fought and fought for them." (Parent 13).

"There has to be in-person services for youth. It has to be consistent. The virtual thing is just, especially for kids with ADHD, it's such a disconnect. I mean, our son did virtual with a psychiatrist at CAMH, and it was supposed to be a weekly check-in. He'd literally talk to my son for 5 minutes and mark it down as a session with client. That's not a service." (Parent 4)

"I find there aren't a lot of services and I think they sometimes cater to a very different, population. I think we have to be very careful when and sort of lumping you

know the young 16 to 24-year-old [with older groups]. We do need different services for youth." (Service provider 14)

Recommendations

One of the primary objectives of the Cannabis Act is to protect youth through public education and by reducing their access to cannabis (Government of Canada, 2018). Canada has one of the highest rates of cannabis use in the world (United Nations Office on Drugs and Crimes, 2022), with the highest prevalence rates among youth aged 16-19 (37%) and young adults aged 20-24 (50%) (Health Canada, 2022). For young adults, aged 18-24, most studies show an increase in usage rates since legalization (Fischer et al., 2021; Hammond et al., 2021; Nguyen & Mital., 2022; Zuckermann et al., 2021). For youth under 18 – namely, who used cannabis more frequently pre-legalization and those who had never used cannabis before legalization – the rates have increased (Gueye et al., 2021; Nguyen et al., 2023; Vignault et al., 2021).

Moreover, emergency department visits due to cannabis-related injuries (both intentional and non-intentional) have seen a significant rise post-legalization (Andrews et al., 2022; Auger et al., 2021; Coret & Rowan-Legg, 2022; Kim et al., 2023; Myran et al., 2022a, 2022b, 2023; Yeung et al., 2021; Zhang et al., 2022). Cannabis is now the leading cause of pediatric poisoning, a trend attributed to commercialization (Myran et al, 2023).

The observations made by our participants align with the findings of other studies, highlighting that accessing cannabis has become significantly easier since its legalization (Boak et al., 2022; Nguyen et al., 2022; Wadsworth et al., 2022). Furthermore, nearly half of Canadians report that they have not seen any public health messages about cannabis, which is one of the objectives of the Cannabis Act (Health Canada, 2022). A recent report by the Canadian Centre on Substance Use and Addiction (CCSA, 2023) noted that the scarcity of information on risks and harms of cannabis impedes Canadians' ability to make well-informed health decisions. In 2016, the Government of Canada formed a Task Force to develop a framework for the legalization and regulation of cannabis. This Task Force recognized the risks of cannabis use, especially for youth, and recommended a public health approach that "delays the age of initiation, reduces the frequency of use, reduces higher-risk use, reduces problematic use and dependence, expands access to treatment and prevention programs, and ensures early and sustained public education and awareness" (Health Canada, 2016, p.15). Despite the Government of Canada's commitment to a public health approach, there have been shortcomings in implementing what was recommended. Based on the available evidence, we believe that the Cannabis Act's objective of protecting youth has not been achieved to this point. This is also a finding of a scoping review currently under review titled "Understanding Youth Cannabis Use in Canada Post-Legalization: A Scoping Review on a Public Health Issue" (Kourgiantakis et al., 2023).

Consequently, we have compiled a list of recommendations to work towards achieving this objective. Many of these recommendations are consistent with those made by the

Canadian Pediatric Society (2023) and the Canadian Centre on Substance Use and Addiction (CCSA, 2023).

1. Increase public education and prevention programming
   Increase public education on the risks and harms of cannabis use through primary health clinics, hospitals, schools, community centres, and through online and broadcast public service announcements. Address misinformation and myths, and provide clear messages to youth, families, and the general public about the risks associated with cannabis use. Research and invest in prevention programs with a particular emphasis on youth. The Cannabis Act states that one of its purposes is to "enhance public awareness of the health risks associated with cannabis use" (Government of Canada, 2018). This requires greater attention and prominence.

2. Enhance service provider training and education
   Enhance training and education for service providers to ensure they are effectively screening for cannabis use. In addition, service providers should be knowledgeable about Canada's Lower-Risk Cannabis Use Guidelines (LRCUG), LRCUG for Psychosis (LRCUG-PSYCH) and LRCUG For Youth. They must be capable of explaining these guidelines to patients/clients to provide harm reduction strategies. Finally, service providers need the skills to assist youth in developing adaptive coping mechanisms.

3. Reduce youth and young adult access to cannabis
   Reduce access to cannabis by limiting the number and location of retail outlets. For example, Quebec has 90 cannabis stores compared to 1552 in Ontario (Myran et al., 2023). Additionally, apply enforcement actions against unregulated dispensaries, as well as regulated dispensaries that violate regulations, particularly those selling to individuals under the legal age of purchase, including online sales.

4. Prohibit promotion and commercialization
   There was an increase in cannabis use in young people which has been associated with commercialization (Myran et al., 2022a, 2022b, 2023). We recommend prohibition of cannabis promotion and commercialization, as both conflict with principles of public health.

5. Restrict THC potency
   Most youth are using cannabis products with THC levels exceeding 20% (Health Canada, 2022). Implement restrictions on the THC potency of cannabis products. Canada's Lower-Risk Cannabis Use Guidelines (LRCUG) identify increased potency as a risk factor for cannabis harms (CAMH, 2019) and LRCUG-PSYCH identify increased potency as a risk factor for psychosis (Fischer et al., 2023). Limiting THC potency is also a recommendation by the Canadian Pediatric Society (2023).

6. Prohibit edibles that appealing to children/youth
   Prohibit the sale of edibles that are appealing to children and youth, such as sweets. This regulatory approach, implemented in Québec to protect children and youth (Québec, 2023), is also a recommendation by the Canadian Pediatric Society (2023).

7. Ensure fully funded outpatient and residential services for cannabis use disorders accessible to youth and their families
   Currently, there are long waitlists for publicly funded therapy, with very limited services specifically addressing cannabis use in youth and young adults. It's essential to create cannabis use services that are accessible, compassionate, evidence-based, and available on demand for youth and families supporting a young person adversely affected by cannabis use. A program akin to the Tobacco Cessation Program at the Centre for Addiction and Mental Health (CAMH) is necessary not only to provide evidence-informed cannabis services, but also to train other agencies, primary health clinics, and hospitals in treating cannabis use disorders (TEACH). Additionally, funded and trained peer support for youth and families should be made available.

8. Restrict public consumption
   Limit the public spaces where cannabis can be consumed to reduce children and youth's exposure to cannabis. This helps decrease both implicit and explicit messaging that suggests cannabis is natural and harm-free.

9. National cannabis strategy
   Develop a national public health strategy for cannabis that outlines methods to reduce the cannabis use rates and minimize cannabis-related harms, particularly among youth and young adults. Additionally, fund a national cannabis community of practice for relevant stakeholders.

10. Fund cannabis research focused on youth and young adults
    Fund research projects on cannabis similar to The Canadian Alcohol Policy Evaluation (CAPE), which is "an ongoing research project that provides rigorous assessments of how well provincial, territorial and the federal government in Canada is implementing policies proven to reduce harm from alcohol use" (Canadian Institute for Substance Use Research, n.d.). Increase funding for cannabis research specifically targeting the following gaps: qualitative and mixed method research, research on specific subgroups of vulnerable youth, research on the experiences and perspectives of families supporting youth using cannabis, research on prevention, education and training, and research on evidence-based interventions for cannabis use disorders.

11. Inclusion of Families and Caregivers
    Include families and caregivers of those affected by cannabis use, along with organizations representing them, in services, treatment, legislative reviews, research, and the development of policies.

12. Dedicated funding
    Another crucial recommendation is that all government profits from cannabis sales be allocated to prevention, education, harm reduction, treatment, and research of cannabis use disorder, and other cannabis-related harms, with a priority on treatment. In Québec, the Société québécoise du cannabis (SQDC) asserts that its profits are utilized for cannabis prevention and research (SQDC, 2024).

In summary, we hope that our feedback will be considered in the legislative review report, as protecting youth is a fundamental objective of the Cannabis Act. Adopting an evidence-based public health approach that emphasizes health promotion, protection, and prevention, coupled with accessible, compassionate, evidence-based treatment available on demand, is essential to minimizing the harmful impacts of cannabis on youth and young adults.

Thank you for your time.

Sincerely,

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