

FAQ

Facts and Figures

More than 9 in 10 Canadians support nurses providing education to help them to better understand the risks and harms of recreational cannabis use⁵.

In Atlantic Canada 83.8% rated themselves as knowledgeable/somewhat knowledgeable about the effect of cannabis on things such as brain development, pregnancy, mental health and driving⁵.

Cannabis use is common, 10% to 15% of the general adult population report using cannabis in the past year and usage is even more common among adolescents and young adults³.

In New Brunswick 27.1% of students in grades 7-12 have used cannabis in the past year. This figure is above the Canadian average of 19.3%⁶.



Non-Medical Cannabis Use

What is the current legal context?

Legalization and regulation of Cannabis is planned for October 2018. This piece of legislation is referred to as the Cannabis Act, or Bill C-45. It will allow for national use by individuals 18 and over, personal possession of up to 30 grams, and up to four plants per household for personal cultivation. However, provinces and territories can further restrict possession, sale and use.

In New Brunswick (NB) the legal age to purchase cannabis has been set at 19 and cannabis will be sold at Cannabis NB retail stores. Cannabis will be taxed, and the current agreement indicates that the federal government will receive 25% of the revenue and the province will keep the rest. A gram of cannabis is expected to be priced at around \$10¹.

The sale of edibles containing cannabis will be permitted within one year following legalization.

Why Legalization?

Legalization can be seen as a positive option for cannabis for a few reasons. Legalization will allow for:

- regulation of the quality and potency
- removes social harms (restrictions that a criminal record places on a person's opportunity for employment, volunteer work, travel and more)
- decreased costs by having fewer people in the criminal justice system and lowering law enforcement costs²

Legalization does not reduce the health risks and harms, but it does provide the opportunity to mitigate them².

What are the health risks and harms of cannabis use?

Cannabis use is associated with various health risks and harms. Current research indicated that those include^{2,3}:

- acute cognitive and psychomotor impairments
- impaired brain development
- dependence
- mental health issues
- psychosis
- respiratory effects
- poorer pregnancy outcomes
- motor-vehicle accidents^{2,3}

Youth, pregnant women and individuals with mental health issues or history of psychosis or family history of psychosis are at increased risk of health risks and harms^{2,3}. Nurses should screen these clients for use during the assessment process and facilitate conversations about their risks.

For more information on the health effects of cannabis please see www.canada.ca/content/dam/hc-sc/documents/services/campaigns/27-16-1808-Factsheet-Health-Effects-eng-web.pdf

The evidence does indicate that the associated health risks and harms are modifiable and education on harm reduction measures should be provided as needed^{2,3}.

Facts and Figures

Cannabis use that begins early in adolescence and that is described as frequent and continues over time has been associated with increased risk of harms and some of those harms may not be fully reversible. Adolescence is a critical time for brain development as the brain is not fully developed until around age 25⁹.

About 1 in 5 people seeking substance use treatment have cannabis related problems³.

Among youth, driving after cannabis use is more prevalent than driving after drinking².

Delta-9-tetrahydrocannabinol (THC) is the primary psychoactive component in cannabis which causes users to feel “high”. Users report various effects from its consumption, from relaxation and laughing, to paranoia and confusion depending on the potency and person⁷.

Higher THC content generally leads to more intense psychoactive effects. THC content can vary from 10 to 20%. This is a significant jump from the 1970 when THC levels ranged from 2 to 8%⁷.

Cannabis concentrates or synthetics can contain up to 80-90% THC. High THC content has been identified as a factor contributing to acute and chronic adverse outcomes, including mental health problems and dependence³.



SMOKING

⇒ The “joint” is the most recognizable form of cannabis consumption. The dried bud and leaves of the cannabis plant are rolled up like a cigarette and smoked. Sometimes, the tobacco of a cigar is replaced with cannabis to make a a “blunt”.

⇒ **Pipes and bongs:** Various smoking apparatus are implemented to smoke cannabis bud, with some using water filtration to lessen the impact on lungs.

⇒ **Hashish:** Also known as “hash”, this thick, sappy resin is derived from cannabis bud and leaves and smoked in many of the same ways. Hash oil is another common liquid derivative.

VAPORIZING

⇒ “Vaping” has become increasingly popular in recent years for both cannabis and tobacco smokers. Vaporizers heat cannabis to just below its combustion point so a vapor is released and inhaled, rather than smoke. The health implications of vaporizing are the topic of much debate, but research is still in its infancy.

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EDIBLES

⇒ “Edibles”: Cannabis can be infused in cookies, brownies, candies and all sorts of foods and beverages, which are often preferred by those wanting to avoid smoking. Overconsumption can be a real problem with edibles, since potency can vary across different products.

⇒ **Cannabis oil:** A concentrated and distilled form of cannabis which usually diluted with other oils. It became legal for medical use in Canada in 2015, and appeals to many health-care providers because its dosage can be more precisely controlled.

The Many Forms of Cannabis Consumption





I'M IN CONTROL.



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What is NANB's guidance regarding non-medical cannabis use?

NANB supports a harm reduction approach to non-medical cannabis use.

What is a harm reduction approach?

"Harm reduction is any policy or program designed to reduce drug-related harm without requiring the cessation of the drug use. Interventions may be targeted at the individual, the family, community or society"⁴. Harm reduction programs have been applied to address alcohol use, sexual practices, smoking, gaming and others. Harm reduction focuses on decreasing the adverse consequences while building a non-judgmental, supportive relationship ^{2,4}. The values of harm reduction align with the primary values in the *Code of Ethics for Registered Nurses* (2017)².

What are the harm reduction guidelines for non-medical cannabis use?

Harm reduction guidelines for non-medical cannabis use are available. Below are links to evidence-based harm reduction guidelines.

- [Canada's Lower-Risk Cannabis Use Guidelines \(CAMH\)](#)
- [Reducing the Harms of Non-Medical Cannabis Use \(CNA\)](#)
- [Lower-risk- non-medical cannabis use \(New Brunswick Department of Health\)](#)

Want to know more?

For additional information see:

- [Harm Reduction for Non-Medical Cannabis Use \(CNA\)](#)
- [Health Canada Proposed Approach to the Regulation of Cannabis.](#)
- [CADTH Evidence Bundle](#)
- [Information for health care professionals and consumer information](#)
- [Canadian Cannabis survey 2017](#)
- [Government of Canada. \(2017\). Health effects of cannabis.](#)
- [Canadian Center on SubSTANCE Use and Addiction. \(2016\). Clearing the smoke on cannabis.](#)
- [Drug Free Kids. \(2017\). Cannabis talk kit - Know how to talk with your teen.](#)
- [I'm In Control GNB](#)
- [Cannabis in Canada: Implications for Nursing in a Changing Legal and Health-Care Landscape](#)

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