

## Core knowledge content

The content in this section is meant to provide the teacher with the background information needed to prepare and teach the Grade 5-8 presentation on cannabis.

### Cannabis 101

#### What is cannabis?

Cannabis comes from the cannabis sativa plant that is used for its psychoactive and therapeutic effects. It comes in many forms, including as dried flowers and leaves; hash; extracts, such as oil, tinctures and edibles. There are many slang terms for cannabis used among youth, such as marijuana, pot, and bud. Cannabis contains hundreds of chemical compounds.

Cannabinoids are the active chemical compounds found in the cannabis plant. The most researched cannabinoids are THC and CBD. THC is responsible for the way your brain and body react to cannabis, including the “high”. Harmful effects may be greater when the strength of THC is higher. CBD is the cannabinoid that does not cause intoxication. It can be sometimes used for medicinal/therapeutic purposes, such as alleviating chronic pain conditions.

#### How is it used?

Cannabis can be consumed using a variety of methods such as smoking, vaporizing/vaping, dabbing, and drinking or eating. This is not a comprehensive list of how cannabis can be used, however these are the most common ways. Each method may result in a different onset and duration of felt effects.

##### *Smoking*

Cannabis is most commonly smoked as a:

- Joint (cannabis rolled in cigarette paper)
- Spliff (cannabis is mixed with tobacco and rolled in cigarette paper)
- Blunt (cannabis is rolled in cigar paper)
- Water pipe or bong (smoke is drawn through water before inhalation)

The THC content in fresh or dried herbal material can be up to 30%.

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### *Vaporizing*

Other common forms of inhalation include using through a vaporizer or vaping device to vape dried cannabis or liquid cannabis vapours. THC content can vary depending on the different form meaning dried or liquid.

### *Dabbing*

Dabbing refers to the practice of breathing in very hot vapours from heating cannabis concentrates such as hash, wax, tinctures and oils. These concentrates typically contain a high concentration of THC (up to 90%).

### *Drinking and eating*

Cannabis can be made into edible products such as brownies, chocolates, butters, and tea. Cannabis taken orally can take up to 4 hours to feel the “high”, which can potentially lead to overconsumption. The amount of THC varies in edible products, as it depends on the amount of cannabis extract added.

## Potential Health Harms

Parts of the cannabis plant such as the flowers and leaves of the cannabis plant are used for their ability to cause effects on the mind. It is important to keep in mind that cannabis use does have health impacts including short-term effects and long-term effects:

Cannabis can be harmful to mental and physical health, especially if someone uses:

- At an early age
- Frequently
- Large amounts
- With other drugs, like tobacco or alcohol
- Products that have higher THC

### What are the short-term effects of cannabis use?

Short-term effects of cannabis include:

- Feeling happy (euphoria)
- Relaxation
- Increased sociability
- Heightened sensation
- Problems with memory and learning
- Distorted perception (sights, sounds, time, touch)

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- Slows down reaction time
- Trouble with thinking and problem solving
- Body tremors
- Loss of motor coordination
- Increased heart rate
- Anxiety
- Can trigger psychotic episodes

### What are the potential long-term effects of cannabis use?

Using cannabis regularly (daily or almost daily) and over a long time (several months or years) can have long-term health effects including:

#### *Harm to the lungs and makes it harder to breathe*

Cannabis smoke contains many of the same harmful substances as tobacco smoke. Smoking cannabis deposits tar in the lungs, decreases oxygen available to the cells, causes coughing, and increases workload on the heart. It can result in chronic coughing, bronchitis and other respiratory issues. When smoked, cannabis contains 35 known carcinogens (substances capable of causing cancer in living tissue). Similar to tobacco, second hand smoke is a potential health harm. It is recommended that all individuals, especially high-risk groups avoid cannabis smoke exposure. High-risk groups include children and youth, pregnant women, older adults, individuals with asthma, individuals with chronic obstructive pulmonary disease, and individuals with heart conditions.

#### *Mental health*

Using cannabis regularly and continuously over time makes you more likely to experience anxiety, depression, psychosis, and schizophrenia. This is especially true for those who start using at a young age, use frequently, and/or have a personal or family history of psychosis and/or schizophrenia.

#### *Addiction*

Cannabis can be habit-forming (addictive). In general, 5-9% of cannabis users will develop dependence on cannabis. However, this number increases to 17% for individuals who started using cannabis during adolescence.

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### *Brain development*

Adolescents may be at higher risk for negative effects associated with cannabis use because their brains are still developing; a process that continues until the mid-20s. Young users are also at increased risk for poor academic performance, injuries and/or other substance use problems. Because youth are at higher risk for negative health effects, Canada's lower-risk cannabis use guidelines (2017) recommend abstaining from cannabis use. For those who choose to use cannabis despite known health risks, it is important to know that the negative effects can be reduced by delaying initiation of cannabis use.

### **Pregnancy/Breastfeeding**

There is no known safe amount of cannabis use in pregnancy and when breastfeeding. Cannabis use may affect the ability to become pregnant and may increase the risk of preterm birth. Smoking cannabis can reduce the supply of oxygen and nutrients to the fetus resulting in consequences to the fetus. When breastfeeding, THC passes into the breast milk and into a baby's fat cells and brain. Until further information about potential harms is available, it is recommended that women stop using cannabis while they are pregnant or breastfeeding.

## **Reasons for Cannabis Use and Non-Use among Youth**

### **Individual motives for cannabis use**

#### *Enjoyment and pleasure*

The most common reasons given by youth for cannabis use include general enjoyment, being social, getting 'high', and to relax.

#### *Experimentation*

First time cannabis use among youth is often the result of experimentation and curiosity. Young people who indicate that experimentation is the primary motivator may discontinue use after trying cannabis, tend to use less frequently, and are less prone to developing substance use disorders compared to individuals who use cannabis for coping and recreational purposes.

#### *Conformity*

Youth are motivated to use cannabis for the purpose of 'fitting in' with peers. Research indicates that youth are drawn to network with peers that have the same desires and

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interests. Therefore, youth who are interested in cannabis use are more likely to connect with those that are interested in or are already using cannabis.

### *Coping*

Youth state that they use cannabis for the purpose of stress and tension reduction. Youth who use cannabis primarily as a coping technique tend to have worse mental health, and experience more distress and stressful life events than their peers who use cannabis for recreational or social reasons.

### *Medical Use*

Youth report using cannabis to self-medicate for depression, anxiety, sleep issues, physical pain and to help with concentration.

## **Social factors influencing cannabis use**

### *Family and parental network*

Factors such as family structure (i.e., divorce, separation, single parent), and family quality and management practices (i.e., supervision, communication, parenting style, parental substance use) are major contributing factors to cannabis use among youth. In Canada, adolescents with a disrupted family status are approximately 65% more likely to use cannabis than youth from intact families.

Youth from dysfunctional families often have more stress in their lives and are more prone to adopting poor coping strategies when faced with stress, especially if there is a lack of family support. Furthermore, if adults in their lives are using cannabis to deal with stress, youth can be influenced to expect stress-relieving properties from cannabis.

### *Peer network*

Peer pressure and peer preference need to be considered when discussing how peer networks influence cannabis use. Peer pressure assumes that youth are being pressured into engaging in cannabis use. Peer preference suggests that individuals with an interest in using cannabis seek friends who support this choice. Therefore, peer networks may create a more conducive space for youth to do what they already want to do.

### *Social norms*

There are 5 indicators that signal the normalization of recreational and occasional cannabis use:

1. Increasing access and availability
2. Increasing prevalence of use

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3. Increasing tolerant attitudes towards people who use cannabis
4. Cultural accommodation
5. Policies of legalization and regulation of cannabis markets

Since social acceptance of cannabis use is increasing more generally in North America, norms around appropriate cannabis use need to be promoted. Appropriate cannabis use norms should cover the topics of cannabis use and driving, mindfulness of appropriate times and places for use, respecting the rights of others (specifically non-users) and always storing cannabis responsibly.

### Reasons youth do not use cannabis

#### *Psychological and physical harms*

Research indicates that non-users expect more negative consequences, including cognitive and behavioral impairment, than those that use cannabis. The primary factor listed for abstaining include concerns about psychological and physical harm. However, it should be noted that more recent studies indicate that youth generally think of cannabis as 'safer' with minimal harms, particularly when compared to alcohol, tobacco, or other drugs.

#### *Lack of interest*

Among individuals who discontinued use, many state that they do not have interest or do not enjoy the sensation of being 'high'.

#### *Avoidance of social consequences*

Studies show that cannabis use and frequency of use peaks at the age of 18. After this age, youth that discontinue use state that the reasons include legal and employment consequences. Among non-users, disapproval from family and parental networks, and the stigma of being a 'drug user', are cited as main reasons for abstaining.

### How adults can help reduce use

Adults in a young person's life have the ability to influence their decisions about cannabis use. A young person is less likely to use cannabis if they have just one of the following:

- a supportive teacher
- a parent/guardian who is available if they need to ask for help
- clear family rules

A parents' opinion matters. If a parent feels that cannabis use is wrong, their child is far less likely to use it.

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### Refusal Skills

- Say “no”. Be assertive and clear.
- Walk away
- Broken record – You may be asked several times - keep repeating “no”.
- Say “no” different ways. For example, “I’m not interested” or “I don’t want to”
- Give an excuse or explanation if you want. For example, “I don’t want to smoke weed because I don’t want to become addicted.”
- Offer an alternative activity. For example, “I don’t want to smoke weed; how about we go to the mall?”
- Reverse the pressure. For example, “Why are you pressuring me?”

### Historical and Legislative Background

#### Federal legislation

On October 17, 2018, the Federal Government of Canada legalized recreational cannabis under the Cannabis Act. This makes Canada the first G7 nation to legalize recreational cannabis, and the second country (after Uruguay) to make such changes. These changes marked the end to the ninety-five year prohibition of cannabis in Canada, as cannabis was first added to the list of prohibited drugs under the Opium and Drug Act back in 1923. Cannabis edibles, extracts and topicals became legal in Canada on October 17, 2019.

The Cannabis Act “creates a strict legal framework for controlling the production, distribution, sale and possession of cannabis across Canada.” The Cannabis Act aims intends to:

1. prevent youth from accessing cannabis
2. prevent criminals from profiting off cannabis
3. protect public health and public safety by permitting adults to access legal cannabis

The Cannabis Act also creates two new criminal offences, with maximum penalties of 14 years in jail for:

- giving or selling cannabis to youth; and
- using a youth to commit a cannabis-related offence

Provinces and territories are responsible for developing, implementing, maintaining and enforcing systems to oversee the distribution and sale of cannabis. They are also able to add their own safety measures, such as:

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- increasing the minimum age in their province or territory (but not lowering it)
- lowering the personal possession limit in their jurisdiction
- creating additional rules for growing cannabis at home, such as lowering the number of plants per residence
- restricting where adults can consume cannabis, such as in public or in vehicles

### Provincial legislation

In Ontario, the minimum age to buy, use, possess and grow recreational cannabis is 19, which is the same minimum age for the sale of alcohol and tobacco. Adults 19 and over are able to purchase cannabis online through the Ontario Cannabis Store and/or in-person through private retail stores as of April 1, 2019. Adults 19 and over can purchase up to 30 grams of dried recreational cannabis for personal use at one time. Further, adults 19 and over will be able to grow up to four plants per residence (not per person).

Medical cannabis is subject to different rules than recreational cannabis and will not be affected by the legalization of recreational cannabis.

It is also illegal to drive drug-impaired and there is a zero tolerance of having any cannabis in your system for young, novice and commercial drivers. This applies to motorized vehicles including cars, trucks, boats, snowmobiles and off-road vehicles. No one can consume (smoke, vape or eat) cannabis in a vehicle or boat that is being driven or will be driven. Penalties of driving impaired include an immediate license suspension, financial penalties and possible jail time. Exceptions may apply for passengers who are medical cannabis users, and vehicles and boats with permanent sleeping and cooking accommodations

### Smoke-Free Ontario Act 2017 dictates where cannabis can be smoked or vaped.

Public places where it's prohibited to smoke cannabis under Smoke-Free Ontario Act 2017 include:

- All enclosed public places and workplaces in Ontario including bars and restaurants, places of work and workplace vehicles
- Restaurant and bar patios, and within 9 metres of these patios
- Indoor common areas in condos, apartment buildings and university/college residences
- Non-designated guest rooms in hotels, motels and inns
- Schools, on school grounds, and all public areas within 20m of these grounds
- Children's playgrounds and public areas within 20m of playgrounds



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- Child care centres, in places where home child care is provided, or where an early years program is provided
- 9 metres from the entrance or exit of hospitals (public/private), psychiatric facilities, long-term care homes, independent health facilities
- Outdoor grounds of hospitals (public/private) and psychiatric facilities
- Publicly-owned sports fields, nearby spectator areas and public areas within 20m of these areas
- Reserved seating areas at outdoor sports and entertainment locations
- Grounds of community recreational facilities, and public areas within 20m of those grounds
- Sheltered outdoor areas with a roof and more than two walls which the public or employees frequent, or are invited to (such as a bus shelter)

In Niagara, there is bylaw that prohibits the use of tobacco, cannabis and vaping products from being smoked or vaped in the following public spaces in the Niagara region:

- Beaches
- Recreation trails
- Within nine metres of an entrance or exit of a publicly accessible building or workplace
- Parks, playgrounds and sports fields
- Splash pads and outdoor pools
- Arenas and recreation centres
- Outdoor areas of municipal and regional buildings
- Bus shelters

### Where to get help

- [Community Addictions Services of Niagara](#) (CASON) (905) 684-1183
- Teacher/Principal/VP
- Child and Youth Worker
- Public Health Nurse
- Doctor
- Parents

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### Resources

[Canada Goes from Weed Prohibition to Legalization in 95 Years](#)

[Canadian Students for Sensible Drug Policy: Sensible Cannabis Education](#)

[Canada's Lower-Risk Cannabis Use Guidelines \(2018\)](#)

[Cannabis](#)

[Cannabis in Canada—Get the Facts!](#)

[Cannabis Legalization](#)

[Cannabis Legalization and Regulation](#)

[Cannabis \(Marijuana\) Niagara Region](#)

[Centre for Addiction and Mental Health \(CAMH\) - Addiction](#)

[Centre for Addiction and Mental Health \(CAMH\) – Information for Children and Youth](#)

[Current Cannabis Laws – Government of Canada](#)

[Drug Free Kids Canada – Cannabis Talk Kit: Know How to Talk with your Teen](#)

[Government of Canada, National Anti-Drug Strategy](#)

[Government of Ontario- Cannabis Legalization Information](#)

[Ontario Ministry of Education – Legalization of Cannabis Educator Resources](#)

[Smoke Free Ontario Act, 2017](#)

[Talking Pot with Youth – A Cannabis Communication Guide for Youth Allies](#)