

Cannabis 101 + Harm Reduction

the Sensible Cannabis
Education Toolkit Series



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Nothing about us, without us.

This series is dedicated to young people who use drugs and the people who support them.

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Cannabis 101 + Harm Reduction



CANADIAN
STUDENTS
FOR SENSIBLE
DRUG POLICY

Canadian Students for Sensible Drug Policy (CSSDP) is a grassroots network of **youth and students** who are concerned about the negative impact our *drug policies* have on **individuals and communities**. We consider drug use a **health and human rights issue** rather than a *criminal-legal issue*. We advocate for **evidence-based responses** to *reduce and prevent the harms* associated with drug use and drug criminalization.



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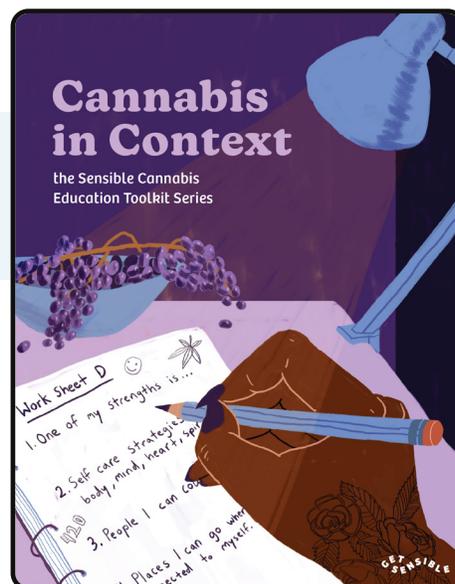
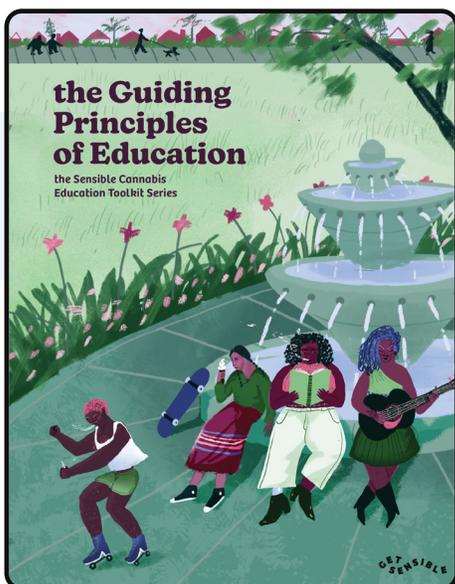
FOREWORD

This resource is broken into **three separate booklets**. The content draws directly from CSSDP’s **Sensible Cannabis Education Toolkit**, originally published in 2018 to help educators, parents and adults have *evidence-informed conversations* with youth. Recognizing that cannabis legalization is a *process* and not an *event*, it’s important to note that this booklet was **published in 2021** and the Cannabis Act and other related legislation is *subject to change*. We encourage you to **stay up to date** with revisions and updates to both *the Cannabis Act* **and** *your local cannabis legislation*.

Booklets 2 and 3 outline **core concepts** youth and adults can draw on to *familiarize themselves* with cannabis and cannabis use, and can additionally be used as **a resource** to assist in the *information delivery component* of a comprehensive cannabis education program.

Teaching youth the “facts” about cannabis *should not be* the only focus of cannabis education, but given the vast amount of resources – including *conflicting research, internet sources, and myths* – an overview of where the evidence sits is **essential to empowering youth** to make *informed decisions* and can also *guide conversations* with youth and adults. Topics addressed in Booklet 2 include: **“Cannabis 101 – What is it and How is it Used?”** and **“Harm Reduction – What is it and Why is it Useful?”**

We also encourage you to check out our two other booklets in this series:



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According to the Canadian Cannabis Survey, **before** legalization, 19.8% of youth age 15-17 used cannabis, while the corresponding **post-legalization** estimate from the third quarter release of the CCS (2019) was 10.4%.



While it is too soon to make concrete observations about the *impact of legalization* on youth use, it is notable that reported consumption has *fallen* across the **first year of legalization**. However, youth estimates that capture a wider range of *young people age 15-25* continue to suggest a consumption rate **2 or 3 times higher** than adults age 25 and older. Given that cannabis was the **most popular** illegal drug consumed by young people in Canada, as well as Canada's decision to *legalize and regulate non-medical cannabis*, the continued development of cannabis education for youth is of *critical importance*.

Introduction

Aligning with CSSDP's mandate to **support drug education efforts**, and building upon youth consultations on cannabis legalization conducted in Canada, the Toolkit responds to calls for the development of **realistic and evidence-based** cannabis education for youth. Created for educators, as well as parents, this resource aims to support adults in having **informed and non-judgmental conversations** with young people about cannabis.

In September 2016, CSSDP held a **youth round table** on cannabis legalization and regulation titled, "**Youth Speak: Cannabis Policy in the 21st Century.**"

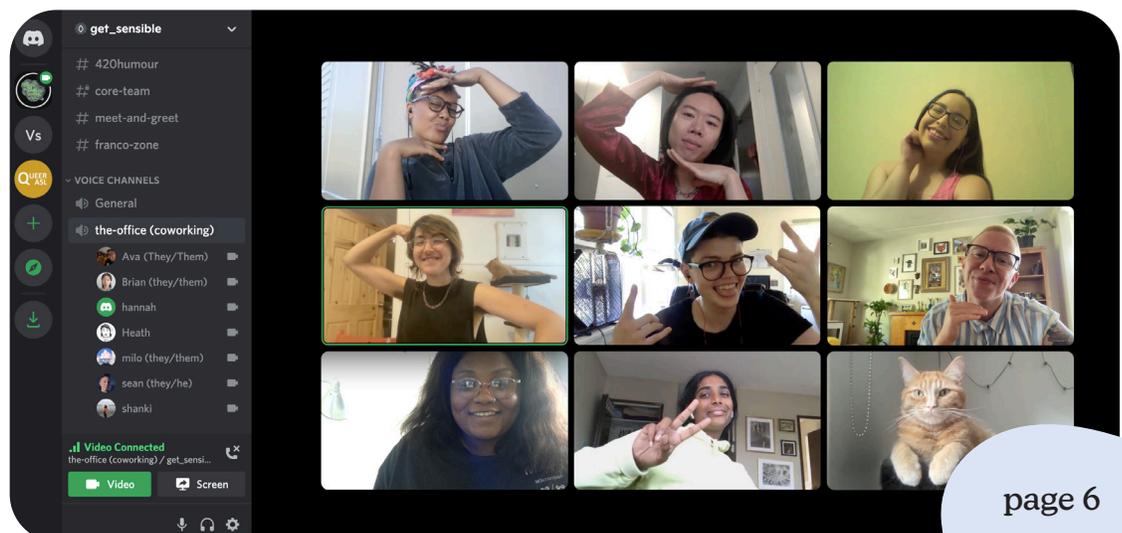
Attended by diverse young people in *Toronto, Ontario*, CSSDP gathered input for a *youth-focused* submission to the **Task Force on Marijuana Legalization and Regulation**. A consensus emerged among attendees that there is a lack of *evidence-based* cannabis education in their schools, families, communities, and online. Youth highlighted the need for education that prioritizes the development of youth's "**cannabis literacy**" by including evidence-based assessments of *risk and harm reduction principles*. Cannabis literacy refers to the **knowledge + skills** required to make **informed choices** around cannabis use. Youth described the need for drug conversations and education to *start sooner*, with age-appropriate content, and highlighted the importance of creating content *with the input of young people*, including those who use cannabis. Building upon the round table, the Toolkit was created as a first step towards *sensible* youth cannabis education.

Throughout the Toolkit and booklets, the term “youth” and “young people” is used to refer to those between the ages of 14-25, unless otherwise stated. Generally, the central purposes of drug education are to provide **accurate information** and **awareness of resources, develop decision making skills** and **health literacy**, **reduce risks** of consumption, and support *increasing* an individual’s **risk competency**. However, the Toolkit goes *beyond these mandates*.

While there is **no silver bullet approach** for **talking about cannabis with youth**, the Toolkit provides **guiding principles** and a **curriculum for youth cannabis education**.

The Toolkit was developed in consultation with CSSDP’s Board of Directors, national chapters, and an external Youth Content Review Team to ensure alignment with the concerns of *young people*. Authors drew extensively from the available scientific literature, as well as relevant resources from the drug policy community including *Students for Sensible Drug Policy’s “Just Say Know”* curriculum, the *Canadian Centre on Substance Use and Addiction’s “Clearing the Smoke”* series, the *Canadian Research Initiative in Substance Misuse CRISM’s “Lower Risk Cannabis Use Guidelines,” HereToHelp BC*, and more.

Further, CSSDP has hosted workshops *across Canada* to talk with **diverse groups of youth** and **people who work with youth** about the Toolkit – its messaging, its principles, and its scope. We have also presented this work to a **diverse range of key stakeholders**, including the *federal government, the Senate of Canada*, and as part of a side event with other youth groups at the *UN’s Commission on Narcotic Drugs*.



In this latest edition of the Toolkit, we've updated the **scientific literature** and **best practices** since the Toolkit's original publication in 2018.

We have integrated the feedback we received from our **workshops with youth** and individuals who work with young people and are excited to continue to build out this work, with the goal of promoting **sensible, evidence-informed** dialogue.

Over two years after legalization, education efforts must **continue to be updated** to not only meet the needs of a **diverse youth population** under a **new framework**, but also keep up with a **quickly changing** regulatory and research landscape.

CSSDP is a *proud recipient* of the federal government's **Substance Use and Addiction Program** grant in 2020, which will provide two-years of funding to advance **sensible cannabis education** for *young people*. These funds will allow us to facilitate a **national dialogue** with young people age 17-25 about cannabis both *in person and online*, with the inclusion of peer leaders to ensure **youth perspectives + approaches** are *centred and uplifted*. We are also working to *increase* the reach and distribution of these booklets and the toolkit. The full toolkit, which is *available online* at getsensible.org can be downloaded in **English, French, Mandarin, Punjabi** and **Spanish**. The booklet series is also available in print and copies can be requested online at <https://getsensible.org/get-toolkit/>.

We know there is *no single agreed upon* model to cannabis education and that **context matters**. Even if a particular approach is considered *exemplary* in one context, it should always **be adapted** to *local situations*, rather than simply replicated. As such, the Toolkit remains a **starting point** for the *development* of educational approaches, which will **allow for flexibility**, and **provide insight** into how youth cannabis education can be *operationalized in practice*, as well as further *refined and improved*.



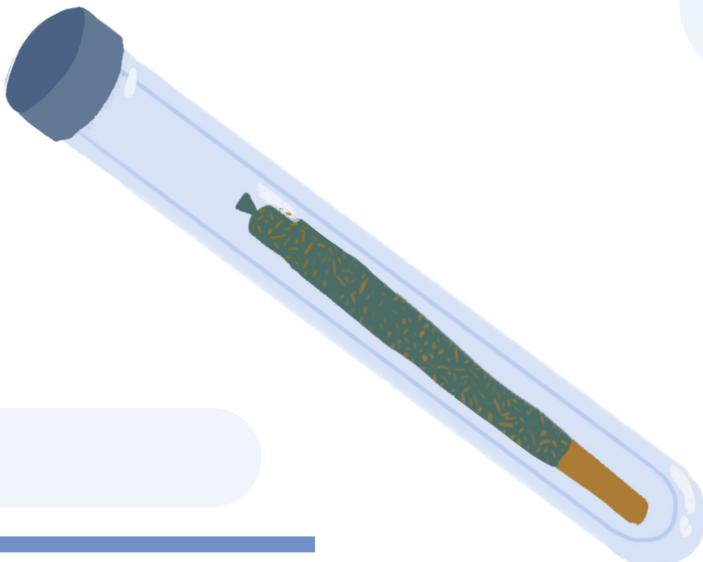
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Cannabis Education

Booklet 2 - Cannabis 101 + Harm Reduction

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BOOKLET 2

Cannabis 101 + Harm Reduction

SECTION 1

Cannabis 101 - What is it and How is it Used?

Learning Outcomes

By the end of this section, you will:

1. Learn about how cannabis *interacts* with the **endocannabinoid system**.
2. Learn about the *most common* **cannabinoids** (including *THC, CBD, and CBN*).
3. *Understand* what cannabis is, including its **effects, terpenes, and flavonoids**.
4. Understand a *variety* of ways cannabis is **commonly prepared + consumed**, including differences in *onset and duration of felt effects*.

Cannabis

Cannabis is a generic term used to refer to a *genus of flowering plant* in the plant family **cannabaceae**. It is the scientific name for a family of plants commonly known as "*marijuana*." Cannabis has a *long history of use* by humans for **fiber** (hemp), **seed oils, seeds, medical treatment, and recreation**.

SLANG TERMS for CANNABIS and its FELT EFFECTS

Common Names for Cannabis



- Bud
- Chronic
- Dagga
- Dank
- Dope
- Herb
- Ganja
- Grass
- Green
- Kush
- Marijuana
- Mary Jane
- Pot
- Loud
- Skunk
- Weed



Common Slang for Felt Effects

- Baked
- Blazed
- Blitzed
- Buzzed
- Burnt
- Cheechd
- Cross Faded
- Faded
- Fried
- High
- Lifted
- Lit
- Ripped
- Roasted
- Stoned
- Toasted



The Endocannabinoid System

When thinking about the **effects of cannabis** on the body, it is *important to note* that the human body is equipped with an **endocannabinoid system** – *specialized receptors* that are present throughout the *central nervous system* and located in *peripheral tissues* and the *immune system*. This system has been referred to as the “**master regulator**” for its *homeostatic role* (i.e., ensuring stability or balance) in the body’s drive to “relax, eat, sleep, forget, and protect.” In short, the endocannabinoid system is a signaling system found throughout the body which helps to **regulate many aspects** of the body’s *internal workings* including **immune function, appetite, metabolism, energy regulation, and pain**. The endocannabinoid system plays an important *regulatory function* in many different parts of one’s body, which is why it can play a role in **managing symptoms** such as *chronic pain* or *nausea*. The body’s own *natural* cannabinoids **can activate** this system, as can *components* of the cannabis plant (e.g., THC).



Cannabinoids - THC, CBD, and CBN

Cannabinoids (such as *THC* and *CBD*) are the **active chemical compounds** found in the cannabis plant. There are *more than 80 different cannabinoids* found within the cannabis plant. The cannabinoid that is *mostly known* for its psychoactive effect is called **THC**, or **delta-9-tetrahydrocannabinol**. A variety of effects, such as the *medicinal effects* of cannabis, also involve a *range* of other cannabinoids, such as **CBD (cannabidiol)**, **CBN (cannabinol)**, and other plant molecules (**terpenoids** and **flavonoids**, which are *not* considered cannabinoids). The terpenoids and flavonoids in cannabis are responsible for *flavour* and *aroma*, and are also **relevant to the felt effects of cannabis**, such as whether a strain produces a calming or sedative effect. Each strain has its own terpenoid and flavonoid profile which *contributes to* its aroma and effect. For example, **limonene** is a terpene responsible for a *lemon-like aroma* and is known to have *uplifting effects*, and is also found in foods such as *oranges* and *lemons*. Taken together, these molecules contribute to cannabis’ overall effect.

THC THC THC THC THC THC THC THC THC THC

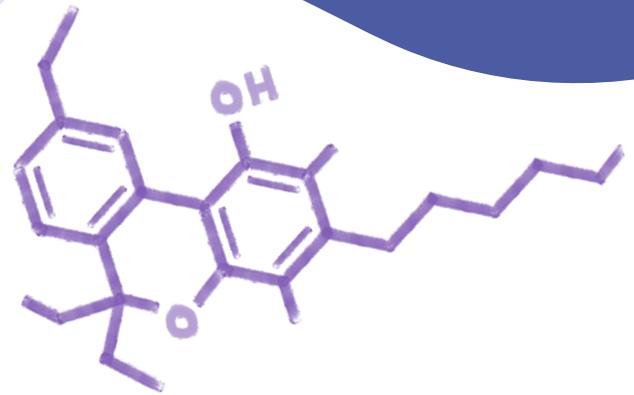
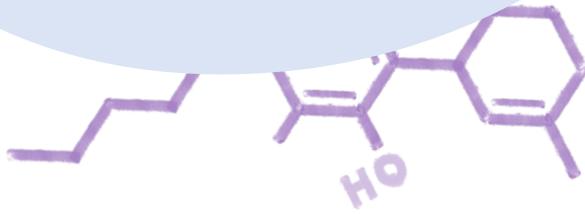
THC is the short term for **delta-9-tetrahydrocannabinol**. THC was originally identified as the *compound* that accounts for *virtually all* the **pharmacological activity** of cannabis. It is the **primary psychoactive component** of the cannabis plant responsible for the “high” from using cannabis. The euphoric effects of cannabis are *primarily attributed to THC*, but other cannabinoids have also been shown to have varying levels of psychoactivity. **Psychoactive substances** refer to substances that, “when taken or administered into one’s system, *affect mental processes*” such as cognition. The *degree* of psychoactivity can usually be determined by the **quantity of THC** in the product, however, other factors (including the *presence of other psychoactive cannabinoids*, such as CBN, as well as the *effects of terpenes*) may also play a role.

CBD CBD CBD CBD CBD CBD CBD CBD CBD CBD

Cannabidiol, or CBD, is usually the next cannabinoid of interest in cannabis strains, particularly for those who use it *medically*. CBD **mitigates some** of the psychoactive effects of THC, including *intoxication* and *sedation*, + may contribute **anti-inflammatory, anticonvulsant, anti-psychotic, anti-oxidant, neuroprotective, immunomodulatory, and anti-carcinogenic** properties. The presence of CBD in cannabis can *alter the felt effect*; a strain variety which contains CBD and *little or no* THC would *not* make someone feel “high.”

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CBN CBN CBN CBN CBN CBN CBN CBN CBN CBN

Cannabinol, or CBN, is the **degradation product** of THC (produced when THC is *heated* or *exposed to oxygen*), and is *most often* found in **aged cannabis products**. CBN *elevates* the **effects of THC** and shares *some* characteristics with CBD. For example, CBN has **anti-convulsant + anti-inflammatory properties** with *little to no* psychoactivity, as well as a more **sedative effect** *particularly* when combined with THC.

Cannabis Chemovars

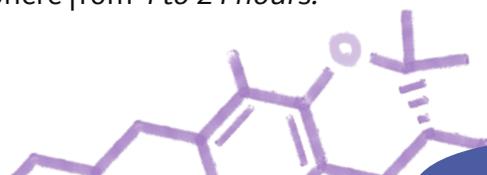
Some people are surprised to learn there are a *vast number* of cannabis chemovars (also referred to as “**cultivars**” or “**strains**”) available that have different profiles *and* effects. You can think of them as the **different varieties of cannabis**. There are two main *sub-species* commonly discussed: **cannabis indica** and **cannabis sativa**. Generally, strains are divided into *three main categories*: sativas, indicas, + hybrids. **Sativas** are strains which are more *cerebral, energizing, and stimulating*, whereas **indicas** produce effects which are more *sedating and relaxing*. **Hybrids** are *cross-breeds* and contain *both* indica and sativa elements, and different combinations may produce *varying effects*. Importantly, research is beginning to **shift away** from the use of these *simplistic categories* and turning towards how **terpenoids and flavonoids** are responsible for, and contribute to, the felt effects of cannabis.

Effects of Cannabis

Cannabis **affects people very differently**, as it comes in a *variety* of **distinct strains** that produce *different effects*. As a rule of thumb, new users generally feel the effects *more intensely* than experienced users. For some, the use of cannabis **can be relaxing + enjoyable**. For others, it may result in feelings of **tiredness or anxiety**.

Cannabis has *varying* felt effects, but *most common* include feelings of **euphoria, heightened sensory perception, elation, and appetite stimulation**. The effect can depend on a *variety of factors* such as *how often* an individual uses cannabis, *how long it has been* since they last used cannabis, *the strain* of cannabis, and the *mode of administration* (e.g., infused food products versus smoking), among other factors. Commonly reported *negative or less enjoyable effects* include feelings of **panic or fear, trouble concentrating, decreased coordination, and decreased interest in completing tasks**.

Feelings of **anxiety + panic** are among the *most common acute physical issues* following cannabis use, reported by roughly *1 in 4 users*, and experienced *more frequently* among inexperienced users. Physical symptoms that may be experienced *can* include **nausea, vomiting, dizziness, drowsiness, dry-mouth, increased blood pressure, increased heart rate, and heart palpitations**. Symptoms tend to reach their *maximum within two hours*, but may last *up to 8 hours* depending on dose. Symptoms from **edible cannabis** may last up to anywhere from *4 to 24 hours*.



Although the estimated *lethal dosage* of cannabis *far exceeds* that of any user and there are **no documented deaths from a cannabis overdose** when used by teenagers or adults, consumption of cannabis may induce several *unwanted, adverse* **physical + psychological reactions**. These adverse effects tend to be *dose-dependent*, and may vary according to other factors including *age, personality traits*, and *predisposition to mental illness*.

Common Methods of Consumption

Cannabis is consumed using a **variety of methods**, each of which may result in a *different onset* and *duration of felt effects*.

INHALATION INHALATION INHALATION INHALATION

Consuming cannabis by **smoking or vaporizing** is typically the *most common method* of consumption, likely due in part to the *quick onset* of effects. **Onset of effects:** Rapid, from *30 seconds to 15 minutes*
Duration: Between *30 minutes to 2 hours* depending on strain and dosage; may last up to *8 hours*.

JOINTS

Individuals can **smoke** cannabis in *many forms*. For example, many will roll cannabis into a **“joint”** or *cigarette form* using a paper which can be made from *bamboo, rice, or hemp*, among other materials. A typical joint contains anywhere from **0.5 to 1 gram of cannabis**.

SPLIFFS

“Spliffs” are *joints* which contain *both tobacco and cannabis* and are rolled in a similar paper. Heavy *long-term use* of cannabis *without harm reduction techniques* may lead to **respiratory irritation**, and this risk is *elevated* in users who **also smoke tobacco**. Tobacco may also provide a **head rush**, and smoking tobacco generally has been shown to contribute to *serious adverse health consequences*.

BLUNTS

“Blunts” are rolled with **tobacco leaf/paper**, or can be a **hollowed-out cigar** filled with cannabis. While blunts can *range in size*, they are typically filled with *much more cannabis* than a joint, and depending on the exterior wrapping used, **can be flavoured**. The added tobacco leaf can provide a **head rush** effect similar to smoking a *spliff*.

PIPES AND WATER PIPES

Other *common forms* of inhalation include smoking smaller amounts using a **glass pipe** or **water bong** which may result in *less respiratory irritation*. Both **glass pipes** and **water pipes** come in a *variety of styles and designs*, and some incorporate **the use of water**. Water pipes can come in slightly different variations, *including water bongs*. **Water bongs** pass the smoke *through water*, which is said to **reduce exposure** to *harmful compounds*. Additionally, the water helps to **cool the smoke** which *lessens the irritation* on one’s respiratory system.



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These come in a variety of *styles and types*, including those with multi-chambers, percolators, and are made from a *variety of materials* including **glass, acrylic, + ceramic**.

CONCENTRATES (INCLUDING "DABS")

Dabbing is used to refer to the practice of **melting a cannabis concentrate** over a heat source and **inhaling the subsequent vapor**. While the term "dabs" is often used to refer to the *practice itself*, it is also increasingly used as an *umbrella term* for **all cannabis concentrates**. In the latter, dabs can refer to a number of *cannabis-derived substances* such as **wax, shatter, resin, or rosin**, where the main difference is the *method* used to make them. The process of administration involves a device similar to a *water bong* called a "**dab rig**" or a **concentrate vaporizer**. Dabs have risen in popularity because they contain *much higher concentrations* than botanical cannabis (unaltered cannabis flower), as some concentrates contain as much as **70-90% THC**. However, *lower doses* are needed to achieve the desired effect or high.

VAPORIZING

Rather than *burning* the cannabis and *inhaling the smoke*, many people who use cannabis prefer to use **a vaporizer** which heats botanical cannabis to a temperature that *releases the active ingredients* into a smoke-like vapor which *can be inhaled*. Vaporizing *mitigates* some of the harms associated with smoking, such as *the carcinogens* and other *by-products* inhaled from burning cannabis and paper. This is therefore considered **a less harmful method** of consuming cannabis, particularly for people who *use regularly*. Some people who use cannabis also prefer vaporizing because it is **cost efficient**, using *less cannabis per dose* than smoking, as well as drastically *reducing the scent* of burning cannabis.

Importantly, there are a *variety* of different **products + technology** that are covered under the broad term "**vaporizing**". Vaporizing can refer to the process of *loading dried cannabis* into a device as described above, but it can also be used to refer to *disposable or rechargeable cartridge-based* "**uape pens**".



Vape pens may be used by some people who use cannabis to vaporize **cannabis concentrates and botanical cannabis**, the former *much stronger* in effect. Additionally, there is **risk associated** with vape pens and cartridges **sourced from the illicit market**, which are *unregulated* and as such, may have *dangerous additives or chemicals*.

INGESTION INGESTION INGESTION INGESTION

Broadly, **ingestion** refers to the **oral consumption** of cannabis products, such as *infusions into edible chocolates, oils, or beverages*.

EDIBLES

Onset: Depends on a *variety of factors* such as contents of stomach + metabolism. Users *typically* experience the effects in **30 minutes to 1.5 hours**.

Duration: Between **1 to 6 hours**; may last **up to 24 hours**, *depending on dose*.

Edibles refer to **cannabis-infused food products** such as *cookies, brownies, coconut oils, and butters*. When cannabis is **ingested**, the effects take *substantially more time* in terms of onset, and the effect is often described as being *more of a physical effect, more intense, and longer lasting* than smoking. **Precautions must be taken** when ingesting cannabis for the first time. **Starting slowly** with edible products is *important* because of the delayed onset of effects. Ingestion can provide some **benefits over smoking**, including a *reduction in throat + lung irritation*. The *strength* of an edible product is dependent on the **strength and dose** of the cannabis infused product.



In the Canadian market, one of the *new products* available include **cannabis beverages**. While it may seem intuitive to think of cannabis beverages as *similar* in onset and effect to edibles, these products often use **nanoemulsion** (e.g. a process which *absorbs the active ingredients* into the body *more quickly* without requiring external oils or fats – commonly used in *pharmaceutical + cosmetic* industries), and take effect *more quickly* – in about **ten minutes**, and the effect can last **between 2-4 hours**. However, strength *per beverage* vary across products – ranging from **0-2 mg of THC to 10 mg of THC** (maximum).

INGESTIBLE OILS

Onset: Similar to above; **30 minutes to 1.5 hours**.

Duration: Between **1 to 6 hours**, *depending on dose*.

Oils are a method of **concentrated extraction**, typically by using *solvent-less, supercritical CO2 extraction* and **combined with a carrier oil** such as coconut, MCT, sunflower or olive oil. They can offer *more precise dosing and longer lasting effects* than inhalation, and similar to edibles, are absorbed into the body through the *digestive tract*. Many prefer to **add drops to food or beverages** like orange juice, coffee, or tea, and the onset and duration is *still similar* to that of edibles.

There are other ways cannabis may be consumed and used, and we have only focused on some of the most common methods.

SECTION 2

Harm Reduction - What is it and Why is it Useful?



Learning Outcomes

By the end of this section, you will:

1. Understand what **harm reduction** is
2. Understand *practical ways* to **reduce the harms associated with cannabis use**, through *both abstinence* and the **reduction of risky behaviours** for youth who are *already using cannabis*

What is Harm Reduction?

Harm reduction is a *community philosophy* that attempts to *reduce the harms of drug use* **without necessarily reducing drug use itself**. Harm reduction *acknowledges* that there are **inherent risks** involved with a *range of behaviours* and that there are ways to **reduce those risks**. Harm reduction can also be understood in the context of a range of activities **other than drug use**, as simple as *using sunscreen* or *wearing a helmet*.

“Taking a pragmatic approach to this generally understood phenomenon, harm reduction avoids taking a uniform stance that substance use is bad, but instead focuses on getting accurate and unbiased information on the harm of use to potential users, in order to help them make informed decisions about whether to use, and if they choose to use, what precautions to take to minimize their risk.”

Reducing Cannabis-Related Harms

In order to ensure cannabis education is **suitable for all young people**, discussing strategies to *reduce the harms of cannabis use* is of critical importance to **supporting responsible + safe use** among those youth who may choose to use cannabis. In 2017, the **Canadian Research Initiative in Substance Misuse (CRISM)** released an evidence-based guide on how to *improve health* and *minimize risk* for Canadians who use cannabis. The following discussion relies on CRISM's "**Lower-Risk Cannabis Use Guidelines**" (*LRCUG*), however, it is **tailored to youth** based on feedback from our *content committee and contributors*.

While *abstinence* and *delaying the use* of cannabis have been framed as harm reduction tools for young people, these **may not be realistic** for all youth and are somewhat **out of alignment** with the outlined definition of harm reduction. The harm reduction strategies below can arm young people with some *practical tips* to **mitigate** or **reduce the potential harms** associated with cannabis use, and **need not be mutually exclusive** from encouraging young people to wait *as long as possible* to initiate cannabis use.



The 10 PRINCIPLES of CANNABIS HARM REDUCTION

1. Start low and go slow

“Start low and go slow” refers to always *beginning with low doses* and **waiting** for the felt effects *before consuming more*. If someone has *never* used cannabis before, the effect may be *stronger* than for those who are occasional or frequent users of cannabis. Additionally, this **applies to other cannabis products**, *particularly food products* such as edibles, where an individual may have to wait **up to one hour (or more)** for the felt effects. Consuming *too much* cannabis can be **uncomfortable + unpleasant**, and may **elevate feelings of anxiety**. If this does happen, it could be helpful to *stay hydrated, eat some food, and/or sleep it off*.

2. Consider appropriate time and place

It is important to *exercise judgment* around **where + when it is appropriate** to use cannabis, which can help us think about what *responsible* cannabis use looks like. For example, using cannabis *before* school or work might **impede on responsibilities, make one less attentive**, and it may **make short-term recall more difficult**. It can be important to also be *aware* of one’s **setting** + whether it’s **appropriate** to use cannabis there.

3. Choose less risky cannabis products

If youth *do* choose to use cannabis, being aware of **what products** they are using and *choosing lower risk products* can help *mitigate* potential discomfort or harm. **Avoiding high potency cannabis products**, such as *cannabis extracts*, can help reduce harms, and **using products that contain CBD** has been shown to *counteract* some of the psychoactive effects of THC.

4. Choose safer methods of cannabis consumption

Smoking is the *most common* method of use among people who use cannabis. Smoking cannabis, which **combusts and burns** the plant material, poses *more health risks* to the respiratory system than other modes of administration. Safer methods can include **vaporization, water bongs, or food products**, which *mitigate* some of the risks of smoking. *Vaporizing*, for example, **avoids** many of the **harsh chemicals** found in *combusted* plant product.

CSSDP's

Cannabis 101 + Harm Reduction

Additionally, individuals may use a **variety of materials** to consume cannabis, such as *aluminum pop cans, plastic bottles, and aluminum foil* – and when heated, these materials can **give off harmful chemicals**. It's important to consider that the *actual materials or equipment* used to smoke cannabis can *also be harmful*.

5. Utilize *safer smoking* practices

This can include *avoiding* things like **deep inhalation** or **holding in the cannabis smoke** as long as possible, which can *increase the toxic material* absorbed by the lungs and body. A *majority of THC* in cannabis smoke is **absorbed in the first few seconds** so holding one's breath **does not** lead to an *enhanced effect*.

6. Reduce the amount of cannabis + how frequently it's used

Using cannabis *frequently*, such as on a **daily basis**, demonstrates *stronger links* to more **social and health risks**. Encourage using cannabis *less frequently*, such as on **weekends or a couple days a week**. **Often not captured** by these discussions around daily use is the idea that some people may use just a *little bit* in the evenings *before bed*, while others may use *chronically throughout the day*. While using less frequently is a **harm reduction strategy**, using *lower amounts* can also be considered harm reduction.

7. Use products derived from the *cannabis plant*, rather than *synthetic cannabis*

While *not as popular* among youth in Canada, **synthetic cannabis**, commonly called "**K2**" or "**spice**," has been shown to lead to *severe health issues*, and in some cases, *death*. Simply **avoid synthetic cannabis** products **altogether**, and use natural cannabis instead, which is *less risky*.



8. Stick to just *one substance*

Encourage youth to **avoid mixing cannabis with tobacco**, where using tobacco with cannabis can *increase the harms* of smoking. Smoking tobacco **increases the risk of cancer, cardiovascular diseases, + respiratory diseases**, among other diseases, and *long-term exposure to second hand smoke* from tobacco also **causes cancer**. Additionally, those who smoke **both cannabis and tobacco** often *consume more* than those who smoke tobacco or cannabis alone. Using **cannabis with alcohol** typically *elevates the felt effects* of cannabis. If using cannabis, it's best **not to also mix substances** – using cannabis and alcohol together can lead to **increased impairment, dizziness, and vomiting** (or what is referred to as "*greening out*").

9. Have a plan for transportation before using cannabis

Driving impaired by cannabis can *increase one's risk* of an accident. Recent *self-report studies* demonstrate that youth acknowledge cannabis as *less impairing than alcohol*, but the **actual risk** of impairment is often *understated and misunderstood*. It is recommended to **wait at least six hours** (or more) after using cannabis before driving, and also be aware that **combining alcohol and cannabis elevates impairment**.

“Using **weed as harm reduction** helps me get through the days I’m **struggling with depression + PTSD**. Even if it’s harming my lungs a bit, **that’s worth it** if it’s keeping me more **mentally stable and able to be around day to day**.”

- Roundtable Participant

Always **have a plan for transportation** before using cannabis (e.g., public transportation, calling a cab, friend, or parent). In addition, individuals should **avoid getting in the car** with anyone who has **used cannabis recently** and *may be impaired*, as well as **avoid using cannabis in vehicles**.

10. Consider any factors that may elevate risk

Risk profiles and **vulnerabilities** are important when considering whether to *engage in cannabis use*. For example, if a young person or a family member has a **history of psychosis** or **substance use disorder**, the risk of cannabis-related mental health problems *increases*. Additionally, **pregnant women** should consider **avoiding non-medical cannabis use** because of the *potential harms* to the developing baby, which are *not yet fully understood*.

What is a ‘substitution effect’?

Some youth have reported using cannabis **in lieu of** or **as a substitution for other, more harmful drugs**. However, *research is preliminary and growing* in cohorts of adults. The idea of **substitution** - or the *conscious choice* made by users to use a *less harmful drug*, “**instead of**, or **in conjunction with**, another due to issues such as: *perceived safety; level of addiction potential; effectiveness in relieving symptoms; access and level of acceptance*”. Canadian youth, for example, often frame **alcohol as more harmful than cannabis**, **cannabis as less impairing**, and report **replacing alcohol with cannabis**, although *more research is needed* to understand this relationship.

BOOKLET 2 CONCLUSION

This booklet series, which also includes **Booklets 1 + 3**, has provided a summary of vast amounts of information around *cannabis* and *youth*. The legalization and regulation of non-medical cannabis markets presents a *significant opportunity* to change the way we **approach cannabis education with young people** in Canada. These changes are an *opportunity* to **move away from abstinence-only** cannabis education and to **develop new approaches** that *resonate with young people*. Key to these approaches will be the creation of programs that serve youth who *do not* use cannabis, as well as those *who do*. In any drug education program, young people's **right to education and health services**, as well as **privacy**, should be respected. Educators and parents also need support.

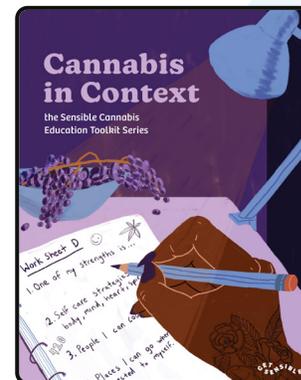
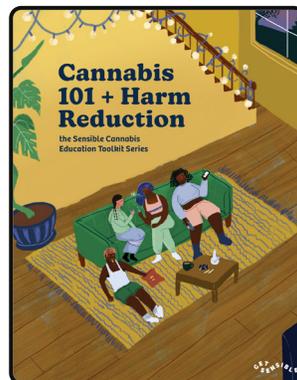
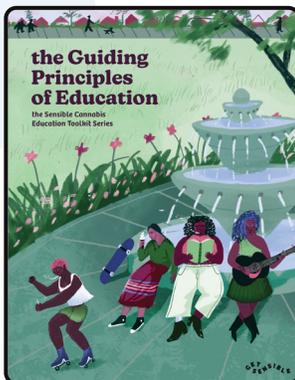
The **Sensible Cannabis Education Toolkit**, and subsequent tearaway booklets, began from the *ground up*, acknowledging that there is **no secret recipe** for cannabis education.





Here are some final key points that summarize and tie together our approach to youth cannabis education:

- **‘Youth’ encompasses a large, diverse group of people:** Age, gender, socio-economic status, race or ethnicity, community norms, sexual orientation, and attitudes towards cannabis use mean different components of personal and social identity may lead to reduced or exacerbated vulnerabilities, understandings, and use patterns – education should reflect these differences.
- **Abstinence-only or fear-based approaches do not work + leave many youth in the dark:** We need to stop relying on and start rebranding programs that are rooted in this approach, and create education that serves both non-users and users.
- **Engage youth and do not leave youth out of the process:** Give young people the opportunity to talk about their experiences with cannabis. Engage with youth respectfully and acknowledge their capacity to make decisions for themselves. Provide opportunities for youth to be involved in creating, assisting, or leading cannabis education where appropriate.



If you are looking for the *other* booklets in this series, please **check out our website** where you can access digital copies/request print copies to be sent to your mailing address - <https://getsensible.org/get-toolkit/>

Thank you for supporting **CSSDP** + the **Get Sensible** project.

Spread the word and remember...
stay sensible gang!

MORE INFO

Scientific References

All the information we've discussed in this booklet comes from our **original Sensible Cannabis Education Toolkit** (available for *digital download* at <https://getsensible.org/get-Toolkit/>). *Extensive scientific research* was put into the Toolkit's creation. All **academic sources** can be found by scanning the **QR code** below.



Download the
complete Toolkit
and Academic
Citations here!

Additional Resources

There is **no one size fits all** approach to cannabis education, so here is a list of **additional resources** that might better *suit different contexts*:

Reports

- **"The Health Effects of Cannabis + Cannabinoids: Current State of Evidence"**, National Academies of Science, Engineering and Medicine
nap.edu/read/24625/chapter/1
- **"Using Evidence to Talk about Cannabis"**, International Centre for Science in Drug Policy
icsdp.org/cannabis_claims_reports
- **"Canadian Youth Perceptions on Cannabis"**, Canadian Centre on Substance Use and Abuse
ccsa.ca/Resource%20Library/CCSA-Canadian-Youth-Perceptions-on-Cannabis-Report-2017-en.pdf

Legislative

- Introduction to the Cannabis Act, Government of Canada**
canada.ca/en/services/health/campaigns/introduction-cannabis-act-questions-answers.html
- Backgrounder: The Cannabis Act, Government of Canada**
canada.ca/en/health-canada/news/2018/06/backgrounder-the-cannabis-act-the-facts.html
- Cannabis in the Provinces and Territories**
canada.ca/en/health-canada/services/drugs-medication/cannabis/laws-regulations/provinces-territories.html

Youth Harm Reduction

- Karmik (Vancouver, BC)**
www.karmik.ca/
- TRIP! Project (Toronto, ON)**
www.tripproject.ca/trip/
- GRIP (Montreal, QC)**
www.grip-prevention.ca/

Indigenous Youth-led Resources:

We Matter Toolkit for Teachers

www.wemattercampaign.org/toolkits/teachers

We Matter Toolkit for Support Workers

www.wemattercampaign.org/toolkits/support-workers

We Matter Toolkit for Youth

www.wemattercampaign.org/toolkits/youth

Practical Guides + Resources

- Cannabis and Youth: A Certificate for Youth Workers (free)

youthrex.com/cannabis-and-youth-certificate/

- Cannabis Use and Youth: A Parent's Guide, HereToHelp BC

heretohelp.bc.ca/workbook/cannabis-use-and-youth-a-parents-guide

- Cycles (a film-based teaching resource), UBC School of Nursing

uic.ca/research/centres/cisur/publications/helping-schools/cycles/index.php

- Lower Risk Cannabis Use Guidelines, CRISM

crism.ca/wp-content/uploads/2018/03/LRCUG-2017.pdf

- Factsheet for Parents and Caregivers, SACY

usb.bc.ca/Student_Support/Safe_Caring/SACY_Substance_Use_Health_Promotion/Cannabis-Corner/Documents/sbfile/181002/parents.pdf



THANK YOU!

We'd like to give a *big shout out* to the **Get Sensible's creative team**, which includes:

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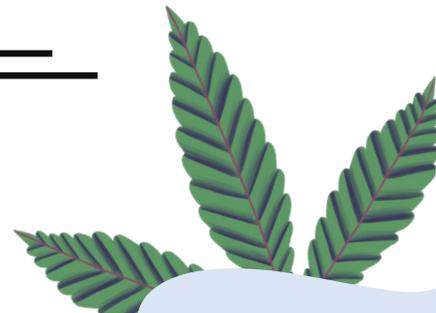
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Illustrator



We're *incredibly proud* of what we've accomplished with this campaign, and none of it would have been possible without the contributions of *each and every young person* who **shared their time, perspectives, and expertise** with us throughout the course of this project, including our **Peer Leader team**, our **workshop participants**, and **CSSDP members across the country**.

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Notes



Notes





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