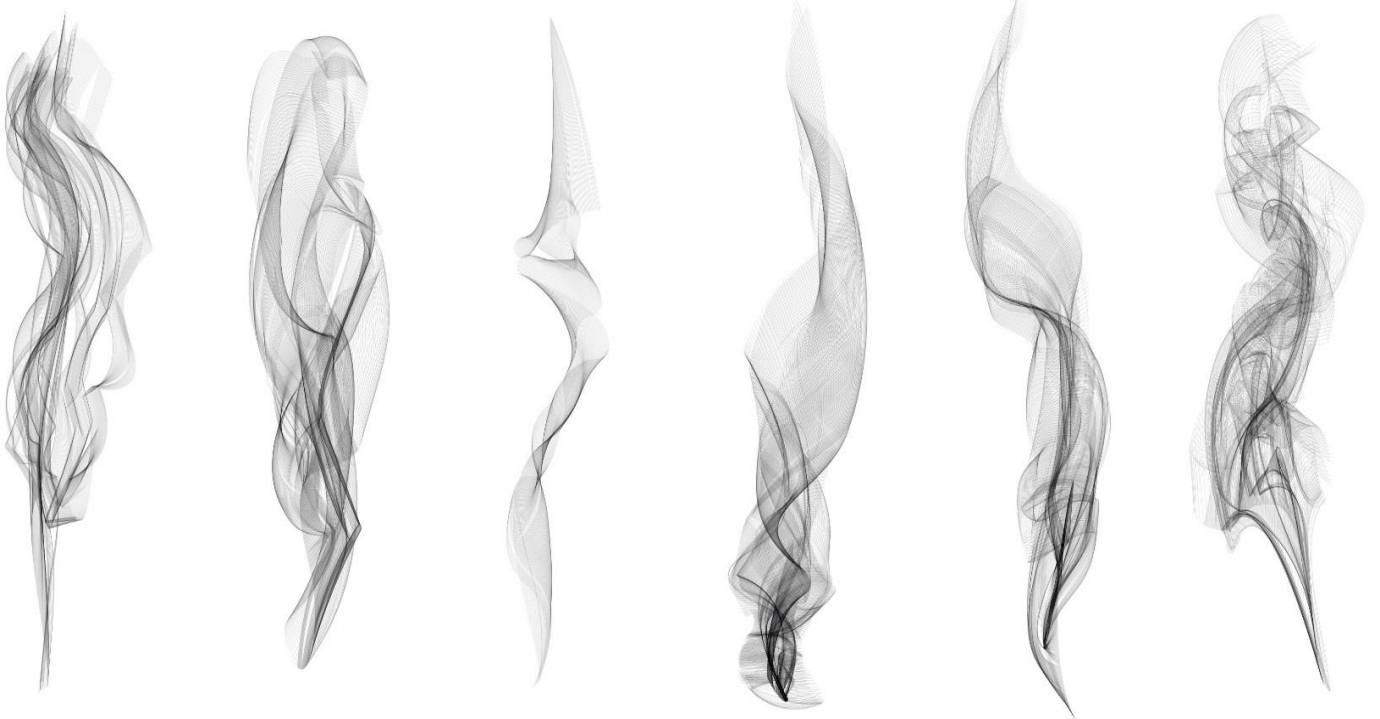


clearing the haze



Addressing Health Ethics Questions Raised by
Legalization of Cannabis

2018 NSHEN Annual Conference

October 24, 2018 10am-2pm

Live Stream or Alt Hotel – Halifax Airport



NSHEN's 2018 conference will once again be delivered as a web-based broadcast followed by in-person workshops in each zone, and for 2018 we will focus on the ethical concerns that arise for health care provision as the result of non-medical cannabis being legalized in Canada. The conference will provide an opportunity to articulate these concerns, identify the values that are reflected in various concerns, and investigate strategies for addressing the ethical questions that arise for health care providers.

The ethical challenges related to legalized cannabis are similar in certain ways to other questions that arise in the context of health care practice, and we will spend time exploring ethically relevant similarities and differences between these various situations. Finally, we will explore the role that stigma plays in relation to legal cannabis and how that relates to our ethical obligations to patients, families, and colleagues.

The objectives for the broadcast are:

- Describe ethical concerns and values related to legal cannabis
- Identify parallels between the ethics issues raised by legal cannabis and other health ethics discussions
- Explain the role of stigma in shaping the discussion about cannabis



Agenda

OCTOBER 24, 2018

10:00-10:25 **Welcome**

- Marika Warren, NSHEN Ethicist

10:30-11:10 **Background Information – Legislation and Evidence**

- Mary Ellen Gurnham, Interprofessional Practice and Learning, NSHA

11:15-11:35 **Simulated Conversations – Concerns about a colleague**

- Simulated clinician + Dan Steeves, Health Promotion Team Lead, NSHA

11:40-12:00 **Simulated Conversations – Patient needing assistance**

- Simulated patient + Linda Verlinden, Northwood

12:00-12:30

Lunch

12:30-1:10 **Panel – Ethical concerns about non-medical cannabis and how to address them**

- Julija Kelecevic, MD & Ethicist, Hamilton Health Sciences
- Barbara Whynot, Occupational Health & Safety, IWK Health Centre
- Marian Casey, Senior Director, Shannex Inc.
- Sherry Ryan, Director, Shannex Inc.

1:15-1:55 **Looking Forward, Looking Back: Stigma and Drug Policy in Canada**

- Daniel Buchman, Bioethicist, University Health Network

1:55-2:00 **Wrap up**

- Marika Warren, NSHEN Ethicist



Guest Speakers

Marika Warren – Ethicist, Nova Scotia Health Ethics Network, Halifax, NS

Marika Warren is an Assistant Professor in the Dalhousie Department of Bioethics and Network Ethicist for the Nova Scotia Health Ethics Network. Marika has a longstanding interest in the intersection of values and science and in how we translate values into practice, alongside a strong commitment to social justice. Marika's current work focuses on developing innovative ways to ensure that ethical commitments and values are reflected in healthcare practice, supporting providers in the challenging work of closing gaps that sometimes arise between how we believe we should behave and how we actually do act. Areas of particular interest include addressing stigma, promoting equity, and supporting decision making. Current projects include work on a public health ethics framework, policy regarding human milk sharing, medical assistance in dying, and simulating ethics consultations.

Daniel Buchman - Bioethicist, University Health Network, Toronto, ON

Daniel Buchman is a Bioethicist at the University Health Network in Toronto, Ontario, a Clinician Investigator in the Krembil Brain Institute, an Assistant Professor in the Dalla Lana School of Public Health, University of Toronto, and a member of the University of Toronto Joint Centre for Bioethics. In his research on the ethical dimensions of chronic pain, substance use, and mental illness, Daniel draws upon an interdisciplinary methodological toolkit including conceptual bioethics, theory-driven qualitative interviews and focus groups, surveys, and knowledge syntheses.

Julija Kelecevic – Regional Ethicist, Hamilton Health Sciences, Hamilton, ON

Julija Kelecevic is a Regional Ethicist working for Hamilton Health Sciences. In her role, she supports Brant Community Healthcare System, HNHB CCAC, Joseph Brant Hospital, Norfolk General Hospital and West Haldimand General Hospital. Prior joining HHS, Julija worked as a clinical ethicist for Alberta Health Services and as a bioethicist in Thunder Bay and the Northwest Ontario. Julija holds a medical degree from the University of Belgrade, Serbia and is finishing her PhD at the University of Alberta. Her primary research interests include cross-cultural ethics, interprofessional ethics, evaluation of clinical ethics consultations, innovations in education and medical humanities.



Guest Speakers

Linda Verlinden – Northwoodcare Inc., Halifax, NS

Linda Verlinden works as Client Relations Coordinator & Navigator for Northwoodcare Inc. in Halifax. A graduate from Cleveland State University with Certification in Patient Advocacy, Linda works closely with the clients, families and departments to ensure the clients' voice is heard. She assists individuals in the community to navigate through the Nova Scotia Health system when folks are struggling with where to begin. As the only Nova Scotia Department of Health recognized LTC Advocate in the East, Linda brings a broad knowledge base to this growing field.

Barbara Whynot – Occupational Health, IWK Health Centre, Halifax, NS

Barbara Whynot has been a Registered Nurse for 25 years with work experience in Obstetrics, Women's Health, EHS Lifeflight and SANE (Sexual Assault Nurse Examiner). For the past 5 years she has worked in Occupational Health, Safety and Wellness at the IWK.

Marian Casey – Senior Director, Shannex Inc., Halifax, NS

Marian Casey is the Senior Director Health Services, Policy and Practice and Ethics Coordinator at Shannex. As Ethics coordinator for Shannex, Marian chairs the Corporate Ethics Team which consists of Regional Ethics Chairs and other trusted partners including a pharmacist, physician and a family member. Marian served as the Director of Clinical Services for the enhanced care division at Shannex for the past seven years. Previous to this role she spent 10 years at the Nova Scotia Department of Health and Wellness and also worked approximately six years in long term care at Arborstone as a charge nurse and Director of Resident Care Services. Marian has also worked in various acute healthcare settings in the UK, Canada and Australia. She holds a Bachelor of Science in Nursing and a Master of Health Services Management and completed the Excelling in Leadership program at Dalhousie University.

Sherry Ryan – Director, Shannex Inc., Halifax, NS

Sherry Ryan, CPHR is the Director, Employee and Labour Relations for Shannex Inc. She has deep HR experience with many sectors from Healthcare, Financial, Manufacturing and Not for Profit. In addition to her role with Shannex, she is proud to be an Executive Board Member of reachability Association.



Guest Speakers

Mary Ellen Gunham – Interprofessional Practice, NSHA

Mary Ellen is Mary Ellen Gurnham is a committed health care leader and a champion of system improvement. As the Senior Director of Interprofessional Practice and Learning for the Nova Scotia Health Authority (NSHA), she is working with her team to create an environment that fosters collaborative, professional practice and learning across the continuum of services. Mary Ellen is the current national president of the Canadian Nurses Protective Society (CNPS). As a Registered Nurse and senior administrator, she prescribes to the tenets of evidence-based practice and decision-making to ensure the best outcome. Mary Ellen is the lead for the NSHA medicinal cannabis committee which has been tasked with the development of policy, education tools and the coordination of a multi-faceted communication plan that will speak to patients, caregivers and families.

Dan Steeves – Health Promotion Team Lead, NSHA

Dan is the Health Promotion Team Leader for the Nova Scotia Health Authority's Community Mental Health and Addictions Program, and he is also Co-Chair of Injury Free Nova Scotia. His career has included teaching children, adolescents and adults in a wide variety of settings including public schools, alternative schools and University. He has been an adolescent addictions counsellor as well as a substance abuse researcher. More recently, Dan has been exploring the culture of substance use in Nova Scotia and how it is impacting health, learning and communities.





NSHEN Ethics Education Evaluation

Please return to the workshop facilitator or fax to 902-494-7388

Event: Clearing the Haze – NSHEN conference

Name (optional): _____

Date: _____

	Strongly Agree				Strongly Disagree
1. I learned something new at the conference. What?	1	2	3	4	5
2. The conference topic was relevant to my work. How?	1	2	3	4	5
3. The facilitator(s) presented the material well. What was helpful?	1	2	3	4	5
4. Did you find that the method(s) used to present was effective? What worked best for you?	1	2	3	4	5
5. Given the topic, this conference was:	<input type="checkbox"/> a. Too short	<input type="checkbox"/> b. Right length	<input type="checkbox"/> c. Too long		
5a. If “a”, would you have been able to attend a longer conference?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Maybe		
6. On this topic, I would like to learn more about:					
7. Other ethics topics of interest to me:					

Your feedback is valuable to NSHEN to ensure we are meeting your ethics educational needs. We would appreciate if you would take a few minutes to share your opinions with us.







Clearing the Haze: Addressing Health Ethics Questions on Legalized Cannabis

October 24, 2018

Objectives

- At the end of the broadcast, participants will be able to:
 - Describe ethical concerns and values related to legal cannabis
 - Identify parallels between the ethics issues raised by legal cannabis and other health ethics discussions
 - Explain the role of stigma in shaping the discussion about cannabis

Agenda

• 10:00 Introduction and framing of discussion	• 12:30 Panel - Ethical concerns about non-medical cannabis and how to address them
• 10:30 Background information - legislation and evidence	• 1:15 Looking Forward, Looking Back: Stigma and Drug Policy in Canada
• 11:15 Simulated conversations	
• 12:00-12:30 Lunch	• 1:55 Wrap-up

Engagement



Photo by [Edwin Andrade](#) on [Unsplash](#)

- Polling (phone and online)
- Text message (902.221.5243)
- In-room questions

Polling – Poll Everywhere

- Send a text message to: 37607 (no charges beyond usual text/messaging rates)
- Content: NSHEN10
- OR
- URL for computer-based voting: PollEv.com/nshen10

What is the best Halloween candy?

Start the presentation to see live content. Still no live content? Install the app or get help at PollEv.com/app

Follow Up Workshops

- Central – November 6th
- Eastern – November 9th
- Western – November 14th
- Northern – November 16th

- Half day
- Case-based
- Zone-based networking

Thank You!



Photo by [Devin Avery](#) on [Unsplash](#)

- Presenters
 - Actors
- Participants
 - Krista Mleczko-Skerry
- Lisbeth Witthoefft Nielsen
 - Amanda Porter
 - Christy Simpson
- NSHEN Advisory Council



Clearing the Haze:
Addressing Health Ethics Questions Raised by Legalization of Cannabis

Background Information & Evidence

Presentation to: NSHEN
October 24, 2018
Mary Ellen Gurnham, Senior Director
Interprofessional Practice & Learning

Government of Canada policy objectives

- Public education
- Harm reduction
- Regulation of production
- Restrict access to youth
- Reduce criminal activity
- Reduce burden on policy & courts
- Maintain cannabis for medical purposes stream
- Ongoing data collection / evaluation



Nova Scotia Legislation

- You must be 19 to use, buy, grow or possess cannabis
- There are limits on how much you can possess in public (30 gms) but not in your home
- There are limits on how much you can grow (up to four plants per household)
- Smoke free places act applies to cannabis use (additional municipal by-laws)



Nova Scotia Legislation continued

- When in your car, same rules apply as for alcohol (closed, sealed package and out of reach)
- NSLC is the only authorized retailer
- The legalization of recreational cannabis will not impact those who are authorized to use cannabis for medical purposes



**Cannabis stats at a glance:
Use in Canada v. NS**

Cannabis use	CANADA	NS
Lifetime	42.5	48.3
12 months	12.2	14.8

Cannabis use disorders	CANADA	NS
Lifetime	6.8	9.5
12 months	1.3	2.5 ^F

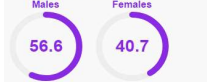
Cannabis use by sex, Lifetime — 2012

Total, 15 years and over (%)

Canada

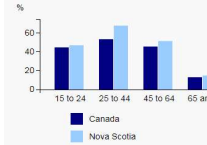


Nova Scotia



Cannabis use by age, Lifetime — 2012

Both sexes



Source: Cannabis Stats Hub (Statistics Canada)
<https://www150.statcan.gc.ca/n1/pub/13-610-x/13-610-x2018001-eng.htm>



**Cannabis stats:
use and habits
across Canada**

- Greater use in NS compared to rest of Canada
- Sales for NSLC on October 17 = \$660,000 in revenue (Alberta gov's online store = \$730,00)

National Cannabis Survey 2nd quarter, 2018

Statistics Canada is conducting the National Cannabis Survey, every three months throughout 2018. These data represent Canadians 15 and older, and reflect their cannabis use and related behaviours in the past three months.

- 5% of Canadians reported being a passenger in a vehicle driven by someone who had consumed cannabis within 2 hours of driving.
- 14% of cannabis users with a valid driver's license reported driving within 2 hours of using.

Use by province and territorial capitals 2nd quarter, 2018

Percentage of Canadians 15 years and older who have consumed cannabis in the past three months.

Province/Territory	Percentage (%)
National Average	16%
Yukon	23%
Northwest Territories	27%
Alberta	17%
Manitoba	16%
Saskatchewan	10%
Ontario	15%
Quebec	11%
Atlantic Provinces	18%
N.S.	21%
P.E.I.	19%

Cannabis product use by gender

Product	Male (%)	Female (%)
Direct flower or leaf	90%	83%
Edibles	34%	43%

Did you know? Over the past three months...

- 62% of individuals who used cannabis once or twice spent smoking.
- 28% of weekly/monthly users spent between \$1 and \$100 on cannabis.
- 48% of daily and almost daily users spent over \$250 on cannabis.



The NSHA must prepare itself in its role:

- as a **provider** of health and wellness services
- as a public space
- as an **employer** with a large workforce
- as an organization with a mandate to promote health, safety and wellness.



The NSHA will be guided by our policies

- Drug and Alcohol Policy
- Smoke and Tobacco Reduction Policy
- Scent Awareness Policy
- Patient Use of Cannabis for Medical Purposes



Policy Highlights

Drug and Alcohol Policy

- All NSHA **team members** must report to work **fit for duty** and remain **fit for duty**, including while on call
- NSHA will support **employees** by focusing on prevention, education, and early intervention to address any concerns related to **team member** substance use
- Employees who **Return to Work** must submit to testing, as deemed necessary by an Occupational Health, Safety, and Wellness **representative** in collaboration with People Services, Human Resources, Professional Practice, and the Substance Abuse Expert (SAE) and/or Treatment Provider



Policy Highlights

Smoke and Tobacco Reduction Policy

- Supports Nova Scotia’s Smoke Free Places Act that states smoking, including tobacco and cannabis, is not permitted in workplaces, businesses and health care facilities
- Smoking and tobacco use of any kind is not permitted on NSHA property or NSHA leased property. This includes smoking cannabis, vaping, e-cigarettes and other commercial tobacco use like chewing



Policy Highlights

Scent Awareness Policy

- NSHA communicates and collaborates with **team members and patients** to provide a **workplace** and care environment that aims to reduce overall exposure to scented products
- **Team members** with known allergic reactions or medical conditions related to scents and/or chemical odors requiring accommodation must notify OH&S and their immediate **supervisor/manager**
- **Team members** are expected to use **unscented personal products** and are not permitted to wear perfume, cologne, after shave, use essential oils, including scented natural products or scented lotion in the **workplace** at any time



Policy Highlights


Patient Use of Cannabis for Medical Purposes

- Patients must have secured the product from a licensed producer and have documentation of same
- Patients must bring in their own supply
- No smoking or vaping
- Continued use of cannabis for medical purposes must be authorized by the physician/nurse practitioner
- Cannabis must be in a locked unit and in the possession of the patient/family – each facility may determine the best way to accomplish this
- Patients admitted to Mental Health and Addictions will not be authorized to continue to use cannabis for medical purposes - may be prescribed a synthetic form




What it means for patients

- **No one is permitted to smoke on our property.** Patients who choose to smoke/vape cannabis (or tobacco) cannot expect any NSHA team member to accompany them to an off-site location or assist them with those activities
- **Patients who are *authorized** to use cannabis for medical purposes **can only use cannabis oil** while on NSHA property.
- They must also ensure cannabis products are kept safe and secure



Reducing the harms: non-medical cannabis

How to reduce the harms of non-medical cannabis use



Minimize respiratory complications
Don't inhale cannabis with tobacco. If you do, share inhalers and use them regularly to keep your lungs healthy.

Don't drive while high
It's not safe to drive if you're high. Wait until you're sober and have a clear mind to drive. If you're not sober, use a designated driver or public transport.

Share with care
Always use an accurate scale to measure cannabis. Don't share your cannabis with anyone who is pregnant, breastfeeding, or taking any medications.

Use caution when ingesting cannabis
Start low and go slow. Start with a small amount and wait at least 30 minutes before taking more.

Don't use cannabis & alcohol at same time
Mixing non-medical cannabis with alcohol can increase the risk of impaired judgment, memory, coordination, or falling.

Avoid using amounts that are large or highly concentrated
Do not use large amounts of cannabis or highly concentrated products. This can increase the risk of impaired judgment, memory, coordination, or falling.


18+ Delay use until you're at least 18 years of age
Delaying use until you're at least 18 years of age can reduce the risk of impaired judgment, memory, coordination, or falling.

Stop when you're out of control
If you're using cannabis and you're out of control, stop using it. If you're out of control, stop using it.

Keep cannabis out of reach
Keep cannabis out of reach of children and pets. If you're out of control, stop using it.


Vulnerable groups should abstain from use
People with a history of mental health issues, pregnant women, and people taking medications should abstain from using cannabis.

Borrowed from the Canadian Nurses Association
Adapted from the Centre for Addiction and Mental Health (CAMH) from "Canada's Lower-Risk Cannabis Use Guidelines: Full Report" (All rights reserved © Centre for Addiction and Mental Health, 2017).
Original reference: Parke, B., Bouchard, C., Salmela, P., Van Der Brink, W., LeFoll, B., Hall, W., Bohm, J., & Sothmann, R. (2017). Canada's Lower-Risk Cannabis Use Guidelines. *American Journal of Public Health*, 107(8) and adapted from <https://www.camh.ca/en/media/7145.pdf>—reports and books—research/canada-lower-riskguidelines-cannabis.pdf



What it means in the workplace

- Cannot use or be impaired at work
- No consuming cannabis before or during shifts or on breaks
- Anyone possessing cannabis or distributing, transferring or offering it for sale while at work will be disciplined up to and including termination
- Mechanisms will be in place to allow for the confidential reporting of concerns regarding another team member's fitness for duty



Testing for impairment



The future...

- Safety
- Evidence
- Social impacts
- Research is needed..

Canadians still split on cannabis legalization, Forum Research Poll finds

About 52 per cent of those surveyed approve of legalized marijuana and only 34 per cent said they felt "positive" about the drug.

Canada's giant public health 'experiment' with legalized cannabis begins



Health experts closely watching youth, seniors, pregnant women, people prone to mental illness

Ottawa moves to pardon Canadians convicted of pot possession as legalization takes effect

Researchers gear up for cannabis legalization

The community is eager to track the wide-ranging social, economic and health impacts of this historic shift in public policy.

By BRAD GIBBS | APR 03 2018



Online Resources

Legalization of Recreational Cannabis

- [NS Provincial Cannabis Website](#)
- [NSHA/Dalhousie University Guide to information and research about cannabis use and health](#)

Regulatory Information

- [Access to Cannabis for Medical Purposes Regulations](#)
- [Health Canada website: Medical Use of Cannabis](#)
- Health Canada website: [Cannabis in Canada – Get the Facts](#)
- [College of Physicians and Surgeons NS: Professional Standard Regarding the Authorization of Marijuana for Medical Purposes](#)
- [Canadian Medical Protective Association: Medical marijuana: Considerations for Canadian doctors](#)
- [Centre for Addiction and Mental Health](#)
- [Canadian Public Health Association](#)



Online Resources – con't

Legalization of Recreational Cannabis

Regulatory Information

- [Ontario College Of Nurses: Medical Marijuana FAQ](#)
- [Canadian Nurses Protective Association: Cannabis for medical purposes: Legal implications for nurses](#)
- [Important Regulatory Update: RN Role in Administering Medical Marijuana](#) (CRNNS)
- [Caring for Clients Authorized to Use Medical Marijuana: A Practice Guideline](#) (CRNNS)
- [Centre for Addictions and Mental Health: Cannabis Policy Framework \(2014\)](#)
- [Recommendations for a Regulatory Framework for Cannabis Legalization: Issued by the IWK Health Centre](#)



Online Resources – con't

Legalization of Recreational Cannabis

Position Statements

- [Canadian Nurses Association: Role of RNs and NPs in the use medical cannabis](#)
- [Canada's Lower-Risk Cannabis Use Guidelines](#) Canadian Institutes of Health Research (CIHR).
- [Centre for Addiction and Mental Health](#)
- [College of Family Physicians of Canada: Medical Marijuana Position Statement \(2013\)](#)
- [IWK Division of Child and Adolescent Psychiatry Position Statement \(Cannabis\).pdf](#)
- [Canadian Pediatric Society- Cannabis and Canada's children and youth](#)
- [Canadian Psychiatric Association: Implications of Cannabis Legalization on Youth and Young Adults](#)
- [Nova Scotia College of Pharmacists: Position Statement Pharmacy Practitioners' Roles and Responsibilities Regarding Cannabis](#)
- [Canadian Pharmacists Associated Cannabis Product Monograph](#)



Online Resources – con't


Legalization of Recreational Cannabis

Continuing Education/References

- [Information for Health Care Practitioners – Medical Use of Cannabis](#)
- [Pharmacist's Letter Canada: CE- Medical Marijuana](#)
- [Pharmacist's Letter Canada: Comparison of Cannabinoids](#)
- [Canadian Pharmacists Association: CE Medical Cannabis](#)
- [Canadian Pharmacists Association: Medical Cannabis O & A](#)
- [Canadian Pharmacists Association: Cannabis For Medical Purposes: How to Start the Conversation](#)
- [Canadian HealthCareNetwork.ca, Pharmacy Practice Plus: Clinical Feature : Medical Marijuana.pdf](#)
- [Advancing Practice CE: Medical Cannabis Certificate Program](#) (registration required)
- [Rx Files: Pain and Cannabinoids](#)
- [Canadian Nurses Association Webinar- Cannabis in Canada Implications for Nursing in a Changing Legal and Health-Care Landscape](#)
- [College of Family Physicians of Canada: Authorizing Dried Cannabis \(Medical Marijuana\) For Chronic Pain or Anxiety: Preliminary Guidance](#)
- [Canadian Centre on Substance Use and Addiction: Talking Pot With Youth: A Cannabis Communication Guide for Youth Allies](#)









Clearing the Haze: Simulated Conversations

October 24, 2018



Objectives


<ul style="list-style-type: none">• Interaction 1: Concerns About a Colleague<ul style="list-style-type: none">• Provide suggestions regarding how to address professional practice concerns• Demonstrate how to explore the values that might be motivating concerns	<ul style="list-style-type: none">• Interaction 2: A Patient Needs Your Help<ul style="list-style-type: none">• Identify some of the differences that might feel ethically relevant for health care providers• Demonstrate how to work through concerns with a patient
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Note

The opinions expressed by the participants in these simulated conversations are not necessarily their own.

These interactions are semi-scripted, with content designed to spur discussion and reflection.



Thank You

- We extend our deepest gratitude to our simulated patient, Kelly Furlotte, and simulated colleague, Lowell Blood, and to our actual health care providers Linda Verlinden and Dan Steeves.
- Thanks are also due to Jacquie Thillaye with the Centre for Collaborative Clinical Learning and Research for support in case development and training.

Conversation 1

- Cheryl is a patient with limb-onset ALS and whose prognosis is currently months to years.
- Cheryl is currently receiving home care services. Linda is her primary home care nurse and has worked with Cheryl for a few months now.
- Today Cheryl has a question for Linda...

Poll Everywhere

- From your perspective, what helped this conversation go well?

What helped this conversation go well?

Start the presentation to see live content. Still no live content? Install the app or get help at PhET.co.uk/app


Observations and Discussion

Conversation 2

- Karl is a psychologist working in an outpatient clinic who recently attended an information session about policy reviews being undertaken in response to legalization of cannabis.
- Dan was the presenter at the session, and a couple of days later Karl comes to him with a question...

Poll Everywhere

- From your perspective, what helped this conversation go well?



What helped this conversation to go well?



Start the presentation to see this content. Still no live content? Install the app or get help at [Poll Everywhere.com/app](https://poll Everywhere.com/app)

Observations and Discussion



NSHEN Nova Scotia Health Ethics Network
2008 - 2018

Panel Discussion



Panelists

Barbara Whynot, Occupational Health and Safety – IWK Health Centre

Sherry Ryan, Director, Employee and Labour Relations - Shannex


Julija Kelecevic, Regional Ethicist – Hamilton Health Sciences Centre

Marian Casey, Senior Director Health Services, Policy and Practice and Ethics Coordinator – Shannex



Overview

- Two questions:
 - What are the ethical concerns that you have encountered regarding legal cannabis?
 - How have you responded to these ethical concerns?
- Panel discussion
- Q & A with audience



Question

- What ethical concerns have you encountered regarding legal cannabis?

Question

- How have you addressed these ethical concerns?

Panel Discussion



Photo by [Harli Marten](#) on [Unsplash](#)

Questions From the Audience

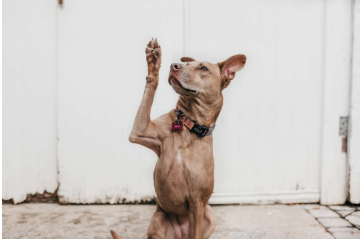


Photo by [Camylla Battani](#) on [Unsplash](#)

NSHEN Nova Scotia Health Ethics Network
2008 - 2018

Wrap Up



Evaluations






Photo by [William Iven](#) on [Unsplash](#)



Resources

- NSHA
 - OP3 site for policies
 - <https://library.nshealth.ca/Cannabis>
- Other articles mentioned
 - Available by request from NSHEN



Follow Up Workshops

- Central – November 6th
- Eastern – November 9th
- Western – November 14th
- Northern – November 16th

- Half day
- Case-based
- Zone-based networking

Thank You!

Looking Back, Looking Forward:
Stigma and Drug Policy in Canada

Daniel Z Buchman
Bioethicist | University Health Network
Clinician Investigator | Krembil Brain Institute
Assistant Professor | Dalla Lana School of Public Health
Joint Centre for Bioethics
University of Toronto

Acknowledgements

- Dr Rebecca Haines-Saah

Objectives

- **Identify** some of the ethical judgements that have been made about cannabis and its use since the 19th century
- **Describe** how drugs and people who use drugs have been classified, categorized, and stigmatized through drug policy in Canada
- **Provide** some prediction regarding what we might expect regarding ethical questions related to legal cannabis

“The *pharmakon* will always be understood as both an antidote and a poison.”

–Jaques Derrida, *The Rhetoric of Drugs*, 1990

Stigma occurs “when elements of labeling, stereotyping, separation, status loss, and discrimination co-occur in a power situation that allows the components of stigma to unfold.”

Link & Phelan (2001, p.367)

Pharmakoi (noun)

Greek for **scapegoat** or **outcast**

Looking **Back**



William Hogarth, *Gin Lane*, 1751

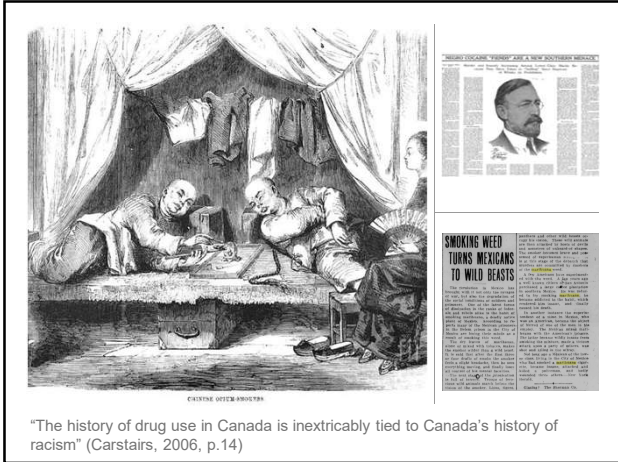
A Brief Social and Moral History

- Most substance use was not considered a social or **moral** problem in the 1700-1800s
- Various opiates/opioids, oral cannabis, and other tinctures were **prescribed** or available at pharmacies
- Medical professionals began to have increasing **power** and influence
- A "white middle-class morality" of **self-control** and abstinence became increasingly influential

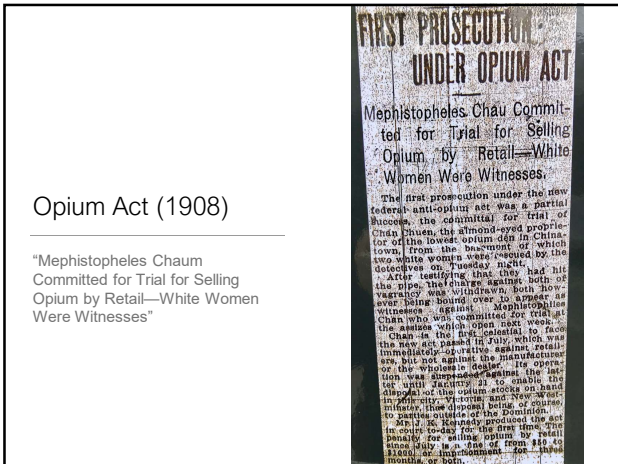


http://i.chessbase.com/wws/med/orig/101410/Bayer_Heroin_BottleSquare.jpg

Boyd (2017); Buchman, et al. (2017); Carstairs (2006); Courtwright (2001); Solomon & Green (1982)



"The history of drug use in Canada is inextricably tied to Canada's history of racism" (Carstairs, 2006, p.14)



Opium Act (1908)

"Mephistopheles Chau Committed for Trial for Selling Opium by Retail—White Women Were Witnesses"

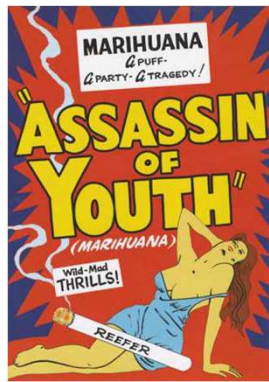


Legislating Substance Use and Stigma

- **Marijuana** added to the Opium and Drug Act in 1923
- No evidence of parliamentary debate or discussion that it was a **dangerous** drug
- "...a solution without a problem" (Giffen, et al., 1991)
- *Opium and Narcotic Drug Act* (1929)
- *Controlled Drugs and Substances Act* (1996)



1936



1937

The War on Drugs (1971)

- **Creation** of the US Drug Enforcement Agency
- Led to mass **incarcerations** for minor drug offences
- People of racialized backgrounds are **disproportionately** represented in prisons
- **Trillions** of dollars have been spent
- Has had a marginal effect on global drug supply while having negative effects on **human rights**, health, security, and development (IDPC, 2018)



Commission of Inquiry into the Non-Medical Use of Drugs (The Le Dain Commission, 1969-1972)

- Concerned about the impact of **criminal** drug convictions "on young lives"
- Recommendations included:
 - The **repeal** of the prohibition against the possession of cannabis
 - Cannabis be **removed** from the Narcotic Control Act
 - A legal **distribution** system similar to alcohol

Canadian panel urges legalized marijuana

OTTAWA (AP) — A majority report by a Canadian inquiry into nonmedical drug use yesterday recommended legalization of simple possession of marijuana or hashish.

Three of the five commissioners, including Chairman Gerald Le Dain, recommended to Parliament repeal of the present prohibition against possession of cannabis, a term for marijuana or hashish.

Two others differed. Marie-Andree Bertrand, an associate professor of criminology at the University of Montreal, recommended a system of legal distribution comparable to the way alcohol now is sold.

Ian L. Campbell, dean of arts at Sir George Williams University, Montreal, recommended that possession of marijuana or hashish still be prohibited, with fines of \$25 for first offenders and \$100 for repeaters.

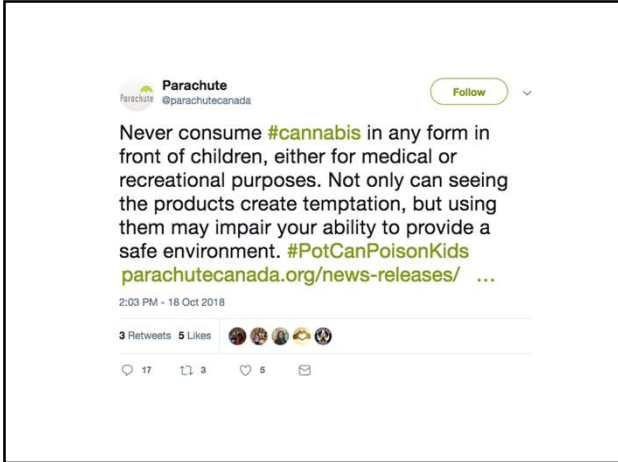
THE COURIER-JOURNAL, THURSDAY, MAY 18, 1972

Where We Are Today

- Canada remains engaged in drug prohibition and **criminalization**
- People who use drugs are 'sick' or 'weak' or both
- People who are multiply disadvantaged bear the greatest **burdens** of drug prohibition
- Harm reduction** is growing in acceptance, but barriers to implementation remain

Boyd (2018)

Looking **Forward**




Legalization and Stigma

- Legalization might help **reduce** cannabis-related stigma
- Use of **legal** substances (e.g., alcohol and tobacco) in high volumes are highly stigmatized
- There is still **moral opprobrium** attached to the use of specific drugs, used in specific ways, in specific amounts, and by specific populations
- This has **social justice**-related implications for populations who are multiply disadvantaged

Toward Harm Reduction in Practice and Policy

- Potential **harm reduction** policy options include:
 - Decriminalization/legalization of personal use
 - Access to a safe and legal drug supply
 - Interventions in acute care settings





Conclusions

- Much of the societal **harms** associated with substance use is due to stigmatization and criminalization
- Legal and moral distinctions about substances are not based on **principle or pharmacology**, but rather social, cultural, political, and historical processes
- The **stigmatization** of people who use drugs remains a major moral problem
- Legal cannabis may reduce stigma, but it will not **eliminate** it entirely

Thank You

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