



THE BUMPY ROAD TO CANNABIS LEGALIZATION: **Full of Pot Holes**

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WHAT BEGAN AS A FEDERAL ELECTION PROMISE IN 2015...

- Since 2016 Injury Free Nova Scotia has hosted community conversations across the province
- We are not “anti” legalization.
(**Legalization?** Yes but **Commercialization?** No)
- Our focus is lowering harms of cannabis consumption, especially for children and youth.
- We want to share what we know and what Nova Scotians have shared with us.
- We want to hear your thoughts and concerns as workplace health and safety partners.

Some Sizeable Potholes

Potholes of broad concern to Nova Scotians

- Medical Cannabis
- Taxation
- Co-Location with Alcohol
- Marketing/Packaging

Potholes of specific concern to Employers

- Challenges to keeping drug impairment out of the workplace

Medical Cannabis



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- Not currently legal but exemption for Medical Cannabis. With a prescription from a medical doctor, cannabis can currently be bought from a cannabis dispensary in Nova Scotia.
 - Under legalization, the federal government has provision for both medical and non-medical cannabis.
 - Difference from alcohol post-prohibition
 - Lessons learned from our “***Cannabis Attitudes in Nova Scotia***” survey in 2015



Why **Medical Cannabis** and not just **Cannabis** in a legalized environment?

- Lobbying pressure from consumers/**patients** for continued insurance coverage

- Lobbying pressure from **cannabis industry** for continuation of “medical” brand which >>>>consumer goodwill (ability to charge more for products distinguished as medical?)



Risks to categories of **Medical** and **Recreational** Cannabis

- Medical: message given that Medical Cannabis is safe, tested, effective in treatment of medical issues
- Recreational: message given that Recreational Cannabis is harmless, “just for fun” /Recreation league hockey
- We don't say “recreation” alcohol



Cannabis is a drug not currently tested in a way that applies to other “medicine”.

For that reason and a few others, legalization has been pursued by the federal government as the right course of action:

- Take the money of the cannabis industry away from organized crime
- Prevent people from experiencing criminal charges for possession of cannabis, alleviating pressure on the court system
- Enable thorough research to be done on cannabis that could not be done while it was illegal, to determine its effectiveness, risks

Taxation



- Ottawa estimates \$1B a year in tax revenues from cannabis sales
- Federal Excise Tax of 10% on each gram of cannabis (\$1 up to first \$10 sale) and plans on 50/50 split of revenues with provinces that generate the sales
- Provinces want more than 50% from the excise tax revenues as well as the provincial sales tax revenue to offset the costs they incur to implement legalized cannabis.
- Municipalities are lobbying for tax revenues to cover their increased costs

Pricing of Cannabis needs to be at a point that will move consumption from the illegal market/organized crime (that was a major point for legalization in the first place)

Government-run Cannabis can help lessen harms to our community, but joining cannabis and alcohol sales together will increase harms to our community.



Co-Location with Alcohol





While Nova Scotia is among those provinces (Ontario, Quebec, New Brunswick, P.E.I. and Yukon (?)) pursuing government-run cannabis stores, Nova Scotia is currently the only one with plans to co-locate cannabis with alcohol. Other provinces, as Ontario, indicate specifically

“Cannabis will not be sold in the same stores as alcohol”.

(planning private-industry run: Alberta, Manitoba, Newfoundland and Labrador, Saskatchewan?, Northwest Territories? and Nunavut? B.C. = hybrid)

HARMS in Co-location

Evidence points to the risk of co-locating cannabis with alcohol

- Encourages the mixing of the two drugs which greatly increases risk of harm
- Encourages the “normalization” of cannabis as a consumer good as it is now linked with the consumer good of alcohol that has become normalized in our society. Encourages new consumers. More consumers more harms.
- Alcohol, although a drug, is sold in many urban settings along with food, and is often linked for purchase. Now food, alcohol and cannabis linked in these settings.

Marketing/Packaging





Plain packaging with ingredient list, potency, dosage and harms information informs the consumer but does not entice new consumers to the product.

Evidence confirms that marketing and “lifestyle branding” is very effective in raising consumption levels of tobacco, establishing brand loyalty, and is currently very effective with alcohol.

Aligning cannabis sales under the same physical umbrella as alcohol increases risk of similar approaches to advertising for both drugs.

Challenges for Employers:

Keeping Drug Impairment out of the Workplace





Case Study

Jacobs Industrial

Vs.

**International Brotherhood
of Electrical Workers
Local 353**



A worker's employment was terminated when he refused to undergo a drug and alcohol test following a motor vehicle incident. The oil refinery site where the employee worked was highly safety-sensitive but the union argued it was not reasonable to require him to undergo the tests given the circumstances of the incident.

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- The incident occurred in the refinery parking lot.
 - The employee hit a parked car while he was driving a pickup truck in reverse.
 - He then left without reporting the incident.
 - The employer immediately conducted an investigation in accordance with its policy, concluding that the incident was the employee's fault (which the employee admitted) and that drugs and alcohol could not be ruled out as a possible cause.
 - The employee had been requested, in accordance with policy, to undergo drug and alcohol testing, but he refused to do so.

Arbitrator Conclusion: For the Union Post-incident testing was not justified

Random Drug testing: Key considerations

- Careful assessment required - is business a truly safety-sensitive environment?
- Testing for drugs and alcohol only to be implemented as part of a carefully considered policy
- Clear understanding - how and why testing will occur accomplish
- Where testing is determined by employer as required, goal should be to design an approach that minimizes privacy invasiveness of the testing, while still contributing to goal of maintaining a safe workplace.

Challenges for Employers

Without the kind of research that normally goes into determining what becomes a “medicine”, (effectiveness, harms) **medical** cannabis is currently, and will continue, after legalization, to be treated as a medicine, by those with a physician’s prescription for it. That makes it a consideration for coverage under group health plans.

Under legalization non-medical or **recreational** cannabis is legal, and without research to determine what becomes IMPAIRMENT, creates challenges to manage. Although THC can stay in the blood system for 24-48 hours, this does not equal impairment.

Testing

- Determined “case by case”, with no current standard. It is being *built* now.
- No simple plan exists for employers to follow.
- Remember that impairment on the job site is nothing new.
- This is a new old drug that you need to incorporate to your evidence-based policies for the job site.
- Take what you already do for alcohol and other drugs and apply what you already do to cannabis
- Everyone is figuring it out as they go, until the courts start to make a precedent. That was the process for alcohol in the past as well.

Preparing for the Legalization of Cannabis

- Look at your workplace policies and training and make sure they cover expectations, investigations and discipline pertaining to drugs and alcohol. Both management and employees need to understand the rules when cannabis is legalized.
- If your workplace policy only prohibits “illegal drugs” and “alcohol” it may need to be amended to reflect the legalization of cannabis.

- An individual using “**medical cannabis**” is doing so in accordance with a doctor’s prescription and may not experience any impairment or “high” related to use. An ability to obtain information from the employee’s doctor will be important in determining if the level of impairment can be accounted for in the workplace.

Note: You can not ask “why” the medical cannabis has been prescribed but you should be able to ask “What are the expectations of impairment?”



Questions?



Thank you for your participation today. For anyone interested in the slides, they will be available on the Injury Free Nova Scotia website

www.ifns.ca

Under the Cannabis section