



Campus Health Voice Project Initiatives Related to Recreational Cannabis at UBCO

2017-2019

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Introduction

Cannabis use among the Canadian population has increased over the past decade. Estimates of patterns of use vary for young adults. Among postsecondary students, data from the 41 Canadian campuses in the spring 2016 National College Health Assessment Survey indicated that 15.4% had used cannabis sometime in the past 30 days, and 2.5% reported using cannabis daily (ACHA, 2016). Predictors for cannabis use among university students in Canada have also been reported and include factors such as male gender, accessibility to drugs, low self-esteem, and low self-control (Mader et al., 2019) as well as living on campus (Adlaf et al., 2005). With the legalization of recreational cannabis in Canada, patterns of use can be expected to change as its use is normalized.

The legalization of recreational cannabis in Canada provided an opportunity for health promotion to support students' informed decision-making regarding cannabis use, and reduce the potential harms to individuals and the community which may emerge in campus settings. In response to this opportunity, the Campus Health Voice Project, with its mandate to support student health and wellbeing, undertook several initiatives to explore and address student needs related to recreational cannabis. This report outlines these activities leading up to and following legalization, and provides an overview of what we learned and recommendations for cannabis-related education and support for students on campus.

Background

Cannabis use has both benefits and risks. Although cannabis has been used to experience euphoria, relaxation, lowered inhibitions, increased energy, or for its medicinal benefits (Canadian Institute for Substance Use Research, 2018), it can also result in unpleasant symptoms such as anxiety or paranoia. Experiences related to cannabis use largely depend on how much cannabidiol (CBD) and tetrahydrocannabinol (THC) is present in what is being consumed (Atakan, 2012). Since 1980, the THC content of cannabis has increased while the CBD content has decreased, increasing the risk of mental health conditions such as psychosis, especially among youth (The Task Force on Cannabis Legalization and Regulation, 2016; Tikka & D'Souza, 2019).

A recent Canadian study found that chronic users of cannabis and those who increase their use into young adulthood are at risk for mental health and behavioural problems, polysubstance abuse, and lower levels of academic and professional achievement (Thompson, Leadbeater, Ames, & Merrin, 2018a; Thompson, Merrin, Ames, & Leadbeater, 2018b). As a result, cannabis use has been associated with a risk of lower income levels and negative health impacts (Thompson et al., 2018a, 2018b). For these reasons, experts have emphasized the need for early cannabis prevention interventions and harm-reduction education (Lede et al., 2017; Watson, Valleriani et al., 2019).

Recreational cannabis became legal in Canada on October 17, 2018. As is typical with many regulations in Canada, specifications regarding the sale of cannabis were to be regulated provincially (Tasker, 2018). With the legalization of recreational cannabis, universities were challenged to determine their approach to cannabis education and its use on campus. Universities across Canada took a variety of approaches, from complete prohibition to allowing consumption in designated areas (MacLeod, 2018). Prior to cannabis legalization, UBC's Policy 15 addressed designated smoking areas, sale and promotion of tobacco products, and the use of tobacco products on campus (UBC Board of Governors, 2018). In response to the legalization of recreational cannabis, UBCO approved a change to Policy 15 that enabled the consumption of cannabis on campus. At UBCO, half of the six smoking gazebos were designated as cannabis/tobacco smoking areas and half remained as tobacco-only smoking areas.

Campus Health Voice Project: Cannabis-related Initiatives

Between the fall of 2017 and spring 2019, the Campus Health Voice team led a number of cannabis-related initiatives. Each of these initiatives is shown in the following timeline and described below.

2017	2018	2019
<ul style="list-style-type: none">• Curious about cannabis: question text box (Sept- Dec, 2017)	<ul style="list-style-type: none">• Curious about Cannabis: Panel Presentation (Feb 2018)• Let's Talk Cannabis: dialogue #1 (July 2018)• Cannabis table and needs survey at Club & Course Exp (Sept 2018)• Dissemination of Canada's safer use guidelines (Sept-Dec 2018)• Let's Talk Cannabis: dialogue #2 (Oct 2018)• Gazebo observations: Phase 1 (Oct - Nov 2018)	<ul style="list-style-type: none">• Gazebo observations: Phase 2 (Feb- March 2019)• Reporting to DVC and DRT (Feb, 2019)

Figure 2: Campus Health – Timeline of cannabis-related activities.

3.1 Curious About Cannabis: Question Box Project

In the fall semester of 2017, fourth year nursing students conducted a project with Campus Health, wherein students (n = 95) were invited to share their questions and comments about cannabis. Although more than half the respondents were unaware of the upcoming legalization, most respondents were in favor of legalization. About 11% of respondents raised potential concerns about cannabis use on campus following legalization, while approximately half of respondents felt cannabis should be treated the same as alcohol. Many hoped to use cannabis on and off campus, and some hoped to be able to grow their own cannabis. There was a suggestion that UBCO open a cannabis bar, and that in doing so UBCO would set a precedent for other Canadian schools.



Students working with the Campus Health Voice Project (fall 2017).

3.2 Curious About Cannabis: Panel Presentation

On February 21, 2018, a panel was held on the topic of recreational cannabis in collaboration with the Institute for Healthy Living and Chronic Disease Prevention, UBC Wellbeing Okanagan, the Therapeutic, Recreational and Problematic Substance Use Lab, and Canadian Students for Sensible Drug Policy. The aim was to discuss possible implications of legalizing recreational cannabis, provide information to support informed decision-making regarding cannabis use, and to provide an opportunity for the UBC committee charged with revising Policy 15 to hear from students. The panel presenters were:

- Daniella Mitchell, BSN student, Campus Health
- Janine Mintz, BSN student, Campus Health
- Michelle Thiessen, BA, MA student Chair, Canadian Students for Sensible Drug Policy
- Ian Mitchell, MD, FRCP, Clinical Associate Professor Department of Emergency Medicine, Faculty of Medicine, UBC Vancouver; Southern Medical Program, Faculty of Medicine, UBC Okanagan
- Zach Walsh, PhD, Associate Professor Psychology, Irving K Barber School of Arts and Sciences, UBC Okanagan
- Shelley Kayfish, BSc, MA, CRSP, CRM Director, Campus Operations & Risk Management, UBC Okanagan; Member, Marijuana Policy Development Committee, UBC
- Michael Serebriakov, BA, JD Legal Counsel, Office of the University Counsel, UBC Vancouver Secretary, Marijuana Policy Development Committee, UBC

Over 110 people attended the panel presentation (65 attended in person, and approximately 55 via webinar). A survey was conducted during the event, which resulted in 44 responses (see Appendix A for the survey used at this event). Among those who responded to the survey, 52% indicated that they would use cannabis once it was legalized and 33.3% were in favor of allowing students to grow cannabis plants in their residence room. Although the majority (91%) of respondents indicated that they knew the health risks associated with cannabis use, most respondents desired more information on the relationship between cannabis and mental and physical health. Approximately 40% of respondents also showed interest in learning more about edibles, cannabis and addiction, and cannabis and co-use of

other substances. The panel presentations were recorded (<https://www.youtube.com/watch?v=pOTe7xplyoE>).

3.3 Let's Talk Cannabis Dialogues

From April to December 2018, Campus Health partnered with the Canadian Institute for Substance Use Research to conduct two 'Let's Talk Cannabis' dialogues. These dialogues were conducted to collect the thoughts and opinions of the campus community on cannabis legalization and to create a space for discourse. Each dialogue was conducted by fourth year undergraduate nursing students.



Let's Talk Cannabis dialogue, July 5, 2019.

Dialogue one.

The first dialogue was conducted by four facilitators on July 5, 2018 (see Appendix B for questions used to guide the dialogue). There were approximately 19 attendees, including current students (n = 8), a former student (n = 1), a staff and student (n = 1), staff (n = 6), and faculty (n = 3). This first dialogue fostered discussions on how recreational cannabis use policies should be implemented and communicated. Attendees thought cannabis policies should be accessible, offered in plain language, and communicated to students through student-led education sessions. Dialogue attendees also thought policies should define where cannabis could be used and how that would be enforced. It was further suggested that education strategies should include information on the risks and benefits of different methods of cannabis consumption, and how cannabis affects consumers and non-consumers as well as the campus community.

Dialogue two.

The second dialogue occurred on October 29, 2018 during THRIVE week, an event which aimed to promote mental wellbeing (see Appendix B for guiding questions). There were approximately 12 dialogue attendees including international and domestic undergraduate and graduate students, staff,

faculty, and an Interior Health tobacco reduction coordinator. During the dialogue, concerns were raised about the need for separate cannabis and tobacco gazebos. Attendees also wanted the location of gazebos to be reassessed, balancing the need to reduce exposure to second-hand tobacco and cannabis smoke while ensuring ease of access (specifically for those residing on campus) and the esthetic of the campus. Some participants thought that if the campus became smoke-free, those who smoke would continue to do so in more risky ways (e.g., cigarettes being used in fire-hazard areas).

Educational initiatives related to cannabis use were also suggested, such as substance use workshops and information on alternative coping mechanisms for negative emotions. Attendees also suggested several ways to create spaces on campus for people using recreational cannabis. Suggestions included: establish a process for how staff and faculty can support students under the influence of cannabis, destigmatize cannabis use, and provide a safe place for individuals experiencing cannabis intoxication. Attendees also wanted more information on cannabis policies and regulations. Attendees thought more dialogues would be beneficial, to meet information needs related to cannabis; they were able to engage in discussion about cannabis in a respectful and meaningful way, and became more informed as a result. Facilitators thought the dialogue was successful, reporting that it was harder to stop conversations than to start conversations.

3.4 Educational Initiatives

Several cannabis-related education initiatives took place throughout the fall semester of 2018. Beginning in September 2018, posters were placed across campus to raise awareness of Canada's low risk cannabis use guidelines (Fischer et al., 2017). There were three different formats: a harm reduction poster, a poster highlighting policies and regulations, and Canada's low risk cannabis use guidelines (see Appendix C). During the same time period, this information was shared on UBCO TVs and in an electronic newsletter (UBCO Life) along with information on how campus community members could provide feedback on Policy 15. In addition, a presentation on recreational cannabis was given to resident advisors on October 15, 2018.

3.5 Clubs and Course Expo

On September 12, 2018 Campus Health hosted a booth at the Clubs and Course Expo day. Cannabis surveys were distributed at this event, and 200 responses were collected (see Appendix D for questions used on the surveys). Of the 200 respondents, 77% thought they would use cannabis once it was legalized. Regarding campus policies, about half (51%) of respondents were in favor of having students grow a maximum of four cannabis plants in their residence rooms. Like responses at previous events, the majority of respondents indicated they knew the health risks associated with cannabis use, and also identified topics that they wanted more information about.

OVERVIEW OF CANNABIS INFORMATION NEEDS



3.6 Smoking Gazebo Observations

Campus Health, in partnership with UBCO Campus Operations and Risk Management, conducted two phases of observations of the smoking gazebos (Coppock, Hamilton, Potter & Bottorff, 2019). A brief summary is provided here highlighting findings related to cannabis use on campus. A full report of the gazebo observations is available from Campus Health.

Phase one.

The first phase of gazebo observations was conducted from October 17 - November 17, 2018, and consisted of 45 observations of six gazebos, three of which were designated for smoking cannabis (UNC, transit exchange, and Monashee). The average number of times cannabis use was observed is shown in Figure 1. In Phase 1, the UNC gazebo was used more often for smoking cannabis than the Transit Exchange gazebo and Monashee gazebo. Cannabis use was highest in the first week following legalization. On two occasions, a cannabis user was observed in the tobacco-only gazebos at EME and Kalamalka.

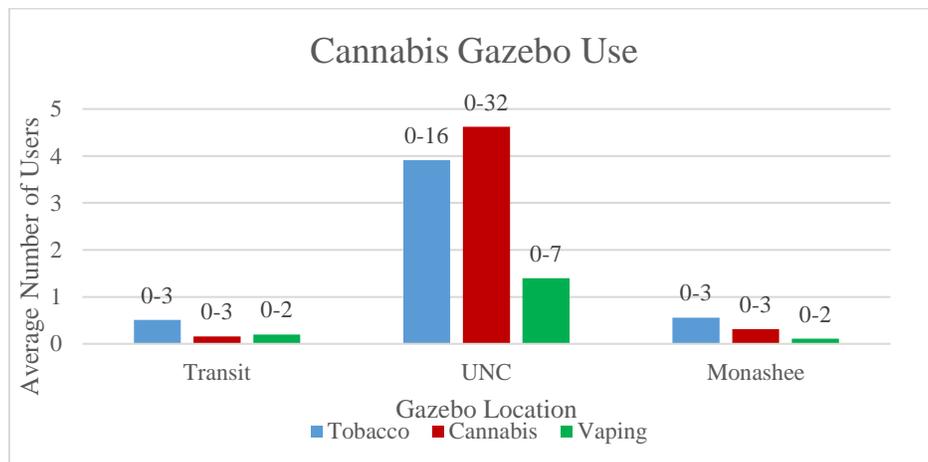


Figure 1: Phase One Results. (Coppock, Hamilton, Potter & Bottorff, 2019).

Phase two.

A second period of data collection occurred from February 26, 2019 - March 22, 2019, in which 33 observations of the six gazebos were completed. The UNC gazebo became inaccessible on March 15, 2019 due to construction, at which point data collection ceased for this gazebo. During Phase 2, 21 of the 33 observations took place before construction began. Overall, observations indicated that cannabis use declined significantly over the five months since legalization (Figure 2). Prior to construction, the number of cannabis users ranged from 0-4 at any one time at the UNC gazebo, followed by 0-3 users at the Monashee gazebo and very few at the Transit Exchange gazebo (0-1).

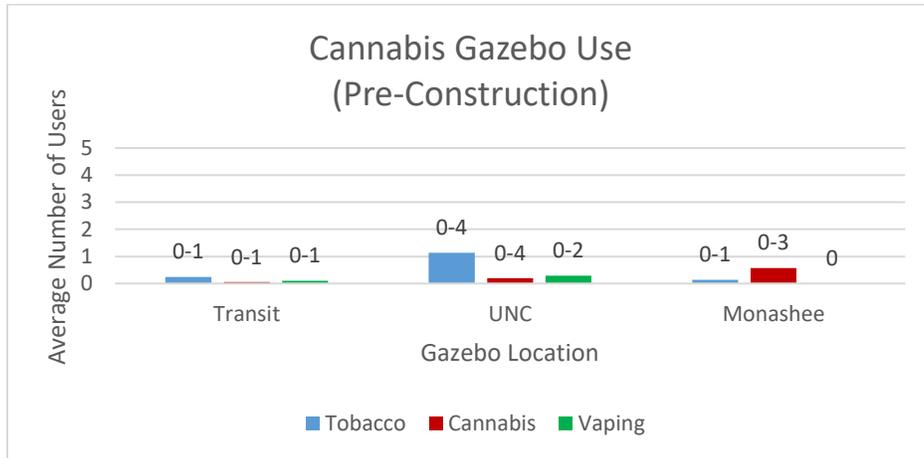


Figure 2: Phase Two Pre-Construction Results. (Coppock, Hamilton, Potter & Bottorff, 2019).

Once the UNC gazebo was no longer accessible, the Kalamalka gazebo was also designated for cannabis use (see Figure 3). In the 12 observations that occurred after construction began, the Transit gazebo became the most popular place for cannabis use and Monashee continued with similar use. Kalamalka may have been underutilized, as gazebo users reported they were not immediately aware of it as an option for smoking cannabis.

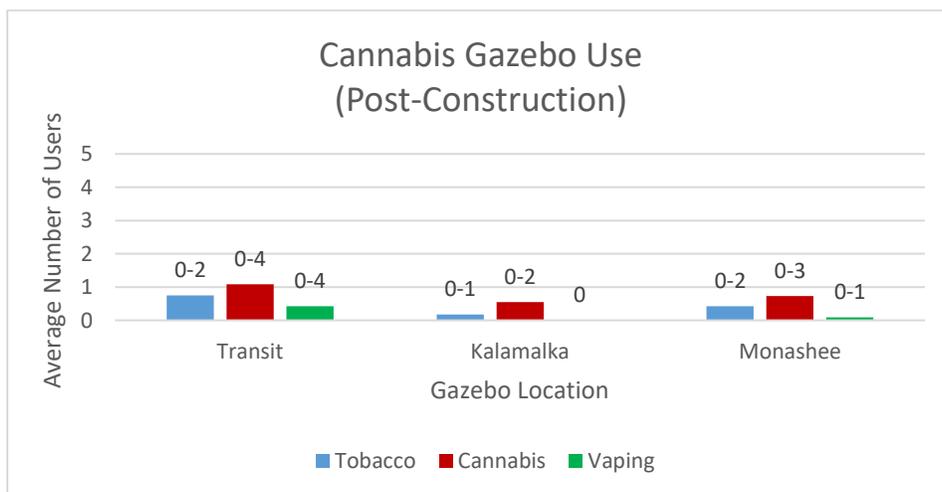


Figure 3: Phase Two Post-Construction Results. (Coppock, Hamilton, Potter & Bottorff, 2019).

Based on the gazebo observations, if each cannabis observation had been a different person, it would account for 2% of the UBCO community (UBC Okanagan Campus Facts, 2018). However, we observed a few regular users during these observation periods. It is also important to note, that our observations do not include students who may use cannabis in other settings (e.g., in their homes). We have been informed that there were 7 instances during the past academic year where cannabis smoking occurred in residence on campus.

In general, our observations indicated that is a relatively small number of people smoking/vaping cannabis on campus. We also noticed that cannabis users tend to stay in gazebos longer than tobacco users, using this time as an opportunity to socialize. There appears to be a social divide between people who chose to vape, smoke cigarettes, or smoke cannabis. When people inside the gazebo structures were smoking cannabis, tobacco users remained outside the structure. Cannabis users reported this was to avoid second-hand smoke from cigarettes, and cigarette smokers indicated they did not want to smell of cannabis.

Recommendations

Based on the key learnings from the Campus Health Voice initiatives, the following recommendations are offered to guide future cannabis-related education, awareness and harm reduction on campus.

- **Ongoing cannabis-related education**

Increased efforts are required to provide cannabis-related education and resources on campus. Cannabis use is a rapidly evolving field with new evidence becoming available almost daily. Edible cannabis will be introduced in the fall of 2019 and retail outlets for cannabis will be opening in the coming months in our surrounding community. These factors are all likely to influence our campus in unique ways, and provide important opportunities for education, harm reduction and prevention. To address student information needs resources should be directed to developing and delivering educational initiatives in collaboration with students to share evidence-based information about cannabis as well as developments and changes to policies and legislation. The findings from our needs survey provide a useful starting point for this effort. Further, our discussions with staff and faculty there was also an interest information related to cannabis use particularly as it related to responding to student issues related to cannabis use and the influence on academic performance.

Suggested strategies for meeting campus needs related to cannabis are:

- a) Disseminate information in a variety of formats, including a regular column in the UBCO Life student newsletter and UBCO Exchange staff and faculty newsletter, social media, posters in gazebos, strategic panel presentations etc.
- b) Establish a physical space where students can access up-to-date cannabis information and engage in discussions. This space could be run by student volunteers, such as Students for Sensible Drug Policy.
- c) Widely disseminate Canada's low risk cannabis use guidelines and information regarding UBC's Policy 15 at the beginning of the academic year (e.g., in Create bags and/or orientation programs, and posted in residences). For students, cannabis education should be incorporated into courses such as Health 101 and health professional programs. Incoming adolescent students should be a high priority given the risk of negative health outcomes associated with cannabis use at a younger age (Watson et al., 2019).
- d) Offer an elective undergraduate interdisciplinary course on the topic of cannabis

- Dialogues on recreational cannabis use on campus**

Providing opportunities to bring people together with the goal of listening to each other and gaining understanding into each other’s ideas and thoughts should continue to foster understanding about cannabis use and reduce stigma associated with its use. These dialogues should be open to the entire campus.
- Cannabis-related research**

Presentations should be held to share the results of cannabis-related research conducted on our campus to provide opportunities for faculty, staff and students to hear about the latest findings, and to share these results with our surrounding community. Opportunities for students to be involved in cannabis-related research and contribute to knowledge development in this field should be supported.
- Monitor patterns of use and information needs**

Student institutional surveys should include questions on recreational and medical use of cannabis to monitor changes in patterns of use and information needs in response to the shifting landscape related to cannabis locally, provincially and nationally. Specifically, needs assessments should explore students’ beliefs and practices related to cannabis use for coping with stress and other emotions, and the incidence of harmful cannabis use behaviour. Patterns of smoking and vaping cannabis should be shared with the UBCO Standing Committee on tobacco and cannabis to inform discussions about a smoke-free campus.
- Create informal spaces for socialization**

Observations that gazebos are being used for socialization suggests that there may be a need for more informal, unstructured spaces on campus to encourage socialization without the pressure to smoking tobacco/cannabis or vaping. Indoor space for socializing are likely to be particularly important during the fall/winter term when weather is not conducive to using outdoor spaces.
- Providing alternative spaces for students**

Some campuses have begun to introduce “sober spaces” or designated areas (e.g., in residences or student groups) where substance use (drugs, alcohol) is not permitted and members encourage sobriety. These spaces have provided a useful resource for students who are combatting desire to use substances and for those who have no desire to do so.

In addition, some Canadian universities are providing recovery spaces for students who have experienced substance intoxication to ensure their safety while they “sober up.” These recovery spaces typically serve students who have consumed too much alcohol. However, students on our campus have suggested that there may need a “judgement-free” safe place for students in the event of overconsumption of cannabis.

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Appendix A

Cannabis Survey for the Curious About Cannabis Panel

Q1: I know the health risks associated with cannabis use

- Strongly agree
- Agree
- Somewhat agree
- Somewhat disagree
- Disagree
- Strongly disagree

Q2: I know the risks associated with driving after using cannabis

- Strongly agree
- Agree
- Somewhat agree
- Somewhat disagree
- Disagree
- Strongly disagree

Q3: I think that students should be allowed to grow the legal maximum of 4 plants in their residence rooms

- Strongly agree
- Agree
- Somewhat agree
- Somewhat disagree
- Disagree
- Strongly disagree

Q4: I think cannabis smoking should be restricted to current designated smoking areas (gazebos) on the UBC Okanagan campus

- Strongly agree
- Agree
- Somewhat agree
- Somewhat disagree
- Disagree
- Strongly disagree

Q5: I plan to provide feedback on the draft UBC policy related to cannabis

- Strongly agree
- Agree
- Somewhat agree
- Somewhat disagree
- Disagree
- Strongly disagree

Q6: Once cannabis has been legalized, I plan to use this substance

- Strongly agree
- Agree
- Somewhat agree
- Somewhat disagree
- Disagree
- Strongly disagree

Q7: What areas would you like more information about? Check all that apply

- Edibles
- Cannabis and mental health
- Cannabis and addictions
- Cannabis and co-use of other substances
- Health implications of using cannabis
- Other, please specify _____

Q8: How would you like to learn about the draft UBC policy related to cannabis? Check all that apply.

- Email communication
- Community forum
- Round table discussions
- Webinar
- Other, please specify _____

Appendix B

LET'S TALK CANNABIS

Dialogue #1

The following questions were used to guide conversations in small group settings:

Topic 1: How would you characterize what you have been hearing about cannabis from others?

Topic 2: What are some of your thoughts on the upcoming legalization of cannabis and why do you presently see things this way?

Topic 3: What do you see as appropriate applications of cannabis legalization to policy and practice around cannabis at UBC Okanagan? What concerns do you feel need to be heard?

Topic 4: What are some of your thoughts about UBC Okanagan's current smoking culture?

Dialogue #2

The questions used for the first dialogue were repeated for the second dialogue, with a revision to Topic 3.

Topic 1: How would you characterize what you have been hearing about cannabis from others? (Whether in dinner conversations, work settings, through the media, or in some other context)? In other words, what types of conversations or themes have you been hearing about cannabis?

Topic 2: Discuss some of your thoughts on the recent legalization of cannabis and why do you presently see things this way?

Topic 3: What are some of your thoughts about UBCO's current smoking culture?

Topic 4: Going forward, what next steps would you like to see UBC make in relation to cannabis?

Appendix C: Cannabis information disseminated on campus



CANNABIS HARM REDUCTION

- 1 START LOW, GO SLOW**

Begin with a low dose and wait for the felt effects before consuming more. Keep in mind that edibles can take up to 90 minutes for effects to be felt.
- 2 CONSIDER APPROPRIATE TIME AND PLACE**

The effects of cannabis (e.g., anxiety, paranoia) can vary according to your environment.
- 3 CHOOSE LESS RISKY CANNABIS PRODUCTS**

Consider a lower potency THC or high CBD strain to reduce the chance of a bad trip.
- 4 REDUCE THE AMOUNT AND FREQUENCY**

Keep frequency down to the occasional weekday evening or weekend to reduce risk of unhealthy usage patterns and preserve a lower tolerance.
- 5 CHOOSE SAFER METHODS OF CONSUMPTION**

Consider vaporizing to mitigate some of the risks of smoking. Edibles are also a good smoking alternative when dosed carefully.
- 6 AVOID HARMFUL SMOKING PRACTICES**

If you choose to smoke, avoid deep inhalation or holding in the smoke for as long as possible. DIY smoking devices out of aluminum cans and other materials can be harmful.
- 7 AVOID SYNTHETIC CANNABINOIDS (K2, SPICE)**

Synthetic products are not regulated and cause severe side-effects. Using a regulated plant product is safer and creates a more predictable high.
- 8 AVOID MIXING WITH ALCOHOL AND TOBACCO**

Greening out is the worst. Avoid dizziness and vomiting by drinking non-alcoholic beverages instead of alcohol when using cannabis.
- 9 CONSIDER YOUR RISK PROFILE AND FAMILY HISTORY**

Risk factors to consider before using cannabis include family history of mental illness or substance use disorder. Avoid using cannabis if you're pregnant.
- 10 ARRANGE ALTERNATE TRANSPORTATION**

Make plans to have a designated driver, take the bus, or grab a cab.



HEY UBC!



CANNABIS IS LEGAL OCTOBER 17!

HERE ARE SOME THINGS TO KNOW ABOUT THE NEW LAWS IN BC AND AT UBC



The legal age of consumption in B.C. is 19+, and there are harsh penalties for sharing with those under the legal age.



At UBC, cannabis smoking/vaping will be allowed in designated gazebos:
-Transit Exchange and EME building
-North of the UNC
-Monashee residence



Cannabis can be stored but not grown or smoked/vaped in UBC residences. Off-campus rental buildings may have their own cannabis policies.



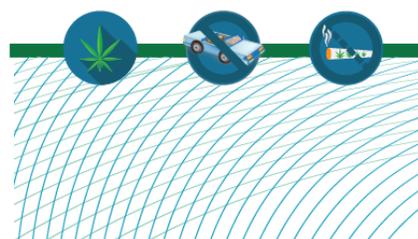
As always, driving high is not safe or legal. Arrange a safe mode of transportation if you plan to use cannabis.



Health risks of cannabis use

There is strong scientific evidence that cannabis use is associated with a variety of health risks. The risks depend on your constitution, which kinds of cannabis products you use and how or how often you use them. Some of the main health risks are:

- problems with thinking, memory or physical co-ordination
- impaired perceptions or hallucinations
- fatal and non-fatal injuries, including those from motor-vehicle accidents, due to impairment
- mental health problems and cannabis dependence
- chronic respiratory or lung problems
- reproductive problems.



Reducing health risks related to cannabis use

When choosing to use cannabis, you can actively take steps to reduce risks to your health. Below are 10 science-based recommendations for how to do so. These recommendations are aimed mainly at non-medical cannabis use.

Cannabis use has health risks best avoided by abstaining

To avoid all risks, do not use cannabis. If you decide to use, you could experience immediate, as well as long-term risks to your health and well-being. Any time you choose not to use, you avoid these risks.

Delay taking up cannabis use until later in life

Using cannabis at a young age, particularly before age 16, increases the likelihood of developing health, educational and social problems. Avoid cannabis use during adolescence. Generally, the later in life you begin to use cannabis, the lower the risk of problems.

Identify and choose lower-risk cannabis products

High-potency cannabis products, with high tetrahydrocannabinol (THC) content, are more likely to result in harms. Some products contain a higher dose of cannabidiol (CBD), which counteracts some of THC's adverse effects. This means that products with high CBD-to-THC ratios reduce some of the risks. Know what you're using. Ideally, choose cannabis products with lower risk of harms.

Don't use synthetic cannabinoids

Compared with natural cannabis products, synthetic cannabis products (e.g., K2 or Spice) can lead to more severe health problems, even death. If you use, give preference to natural cannabis products and abstain from synthetics.

Avoid smoking burnt cannabis—choose safer ways of using

Smoking burnt cannabis, especially when combined with tobacco, can harm your lungs and respiratory system. Choose other methods, such as vaporizers or edibles instead—but recognize that they also come with some risks. For example, edibles are safer for your lungs, but you may consume larger doses and experience more severe impairment because psychoactive effects are delayed.

If you smoke cannabis, avoid harmful smoking practices

If you smoke cannabis, avoid "deep inhalation" or "breath-holding." These practices are meant to increase psychoactive experiences, but they increase the amount of toxic material absorbed by your lungs and into your body.

Limit and reduce how often you use cannabis

Frequent cannabis use (i.e., daily or almost every day) is strongly linked to a higher risk of health and social problems. Limit yourself—and ideally your friends or others you may be using with—to occasional use, such as on weekends or one day a week at most.

Don't use and drive, or operate other machinery

Driving while impaired by cannabis substantially increases your risk of being involved in a motor-vehicle accident resulting in injury or death. Don't use and drive, or use other machinery. Wait at least six hours after using cannabis—or even longer if you need. Combining cannabis and alcohol further increases impairment, so be sure to avoid this combination if you plan to drive.

Avoid cannabis use altogether if you are at risk for mental health problems or are pregnant

Some individuals should not use cannabis because of specific risk profiles. If you or an immediate family member has a history of psychosis or substance use disorder, your risk of cannabis-related mental health problems increases, and you should abstain from use. Pregnant women should not use cannabis because it could harm the fetus or newborn.

Avoid combining the risks identified above

The more of these risky behaviours you engage in when using cannabis, the higher your risk of harms. For example, initiating cannabis use at a young age and smoking high-potency products every day puts you at much higher risk of both immediate and long-term problems. Avoid combining these high-risk choices.

Fischer, B. et al. (2017). Lower-Risk Cannabis Use Guidelines (LRCUG): An evidence-based update. *American Journal of Public Health*, 107(8). DOI: 10.2105/AJPH.2017.303818.

Appendix D

Cannabis Survey for the Club and Course Expo Booth

Q1: Once cannabis has been legalized, I plan to use this substance.

- Strongly agree
- Agree
- Somewhat agree
- Somewhat disagree
- Disagree
- Strongly disagree

Q2: I know the health risks associated with cannabis use

- Strongly agree
- Agree
- Somewhat agree
- Somewhat disagree
- Disagree
- Strongly disagree

Q3: I know the risks associated with driving after using cannabis

- Strongly agree
- Agree
- Somewhat agree
- Somewhat disagree
- Disagree
- Strongly disagree

Q4: I think that students should be allowed to grow the legal maximum of 4 plants in their residence rooms

- Strongly agree
- Agree
- Somewhat agree
- Somewhat disagree
- Disagree
- Strongly disagree

Q5: I plan to provide feedback on the draft UBC policy related to cannabis

- Strongly agree
- Agree
- Somewhat agree
- Somewhat disagree
- Disagree
- Strongly disagree

Q6: If you plan to provide feedback on the draft UBC policy related to cannabis, how best would you like to participate? Check all that apply.

- Email communication
- Community forum
- Round table discussions
- Webinar
- Online questionnaire
- Other, please specify _____

Q7: What areas would you like more information about? Check all that apply.

- Edibles
- Cannabis and mental health
- Cannabis and addictions
- Cannabis and co-use of other substances
- Health implications of using cannabis
- Other, please specify _____