



Springboard

Weed Out the Risk – An Anti-Crash Course on Cannabis and Driving

Educators' Guide

Discussion tools to help reduce the risk of injury and death

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Introduction for Educators

Thank you for choosing *Weed Out the Risk* (WOTR) to help educate your students about cannabis-impaired driving.

As a host of the WOTR program, you have received this package of supplemental educational tools which may be used in your classroom. The ideal time to begin using these materials is shortly following the program so that the program material is still fresh in the students' minds and they can benefit from a debriefing.

This guide contains a variety of materials and focuses on discussions relating to the program content. You will also find factual resources on a variety of subjects relating to drug-impaired driving. We have also included information about cannabis use, risks and misinformation commonly held by youth about cannabis.

As a teacher, you play a key role in guiding a discussion in which all of your students can participate. Impaired driving is a public health issue and you need not be an expert to support this discussion. All the materials that you will require can be found in this guide.

Let's get started!

As an educator, you know better than most that effective teaching means asking challenging questions, debating moral and ethical ideas, and discussing the pros and cons surrounding risky activities and behaviors.

This guide is a resource for educators to bring the messages from the presentation into the classroom. We hope it will help you get your students thinking about the seriousness of impaired driving and what they can do to stop it.

We know that impaired driving is wrong and criminal, and that it destroys lives and tears families apart. Population surveys show **the number of Canadians driving after using drugs is on the rise. In fact, driving after smoking cannabis is now more prevalent among some younger drivers than driving after drinking.** Survey data from a 2017 Centre for Addiction and Mental Health report showed that, among young Ontario drivers in grades 10-12, 4% drove within an hour after drinking, while 9% drove within an hour after smoking cannabis at least once in the past year.

Many young people think that driving under the influence of cannabis is risk-free. Yet, studies show that consuming cannabis can produce unwelcome effects behind the wheel. A report from Drug Free Kids Canada indicates that 32% of teens feel driving high is not as risky as drunk driving. 25% of high school seniors say they have ridden in a car with a high driver (PDFC Tracking Study, 2014).

Researchers at Dalhousie University in Halifax found that smoking cannabis three hours prior to driving nearly doubled the risk of a driver having a motor vehicle collision. The effects of cannabis behind the wheel, - including a shorter attention span, altered perception of time and distances, and slower reaction times - contribute to this increased collision risk.

Many young people also believe that they will never be caught or charged for driving high. Criminal code penalties apply to both alcohol and drug impairment; it is imperative that young people understand that while cannabis is now legal for those of age, it is never legal to be impaired while in operation of a vehicle. Police have the tools to determine if a driver is impaired by either alcohol or drugs (legal or illicit). The standard field sobriety test (SFST) and drug recognition evaluation can determine if a driver is under the influence based on their behavior and task-related tests. Furthermore, driving while high results in the same type of Criminal Code charges and penalties as driving while drunk.

This guide was designed for you to go through the discussions and activities at your own pace, and you can repeat them as the school year goes on. Undoubtedly, you will run into debates in which your students will give what they believe to be sound reasons for drinking or using cannabis while underage, drug use, and driving impaired or being a passenger in an impaired driver's vehicle. We ask that you not shy away from these discussions and use this guide to encourage your students to take a look at their values, decisions, and the potential repercussions of these decisions. This guide is not just about

the facts; it's about providing young people with the tools to make sound choices, especially when they feel pressured.

USEFUL TIPS FOR EDUCATORS

- Before moving forward with discussions with your students, consider your own attitudes and values about the subject. The program and the material in this guide is most effective if it is presented objectively, in a non-judgmental manner. The program is designed from a harm-reduction perspective, and this should always be taken into consideration.
- Make the sessions about the students! Make questions and discussions relevant and meaningful to students and what they experience day to day.
- Allow students time to discuss issues and unpack information. Allow them to speak freely and be open to their suggestions.
- Encourage personal goal setting in each student; this may look very different from student to student.
- Consider any outside circumstances behind student behavior. Challenges with family, school, social groups, personal stress, and individual context may all contribute to answers and reactions to the material and the activities in this guide.
- Be aware of cultural/ethnic/newcomer/literacy/religious issues which could affect the understanding or common behavior.

Covid-19: The Emotional and Mental Impact on Teenagers

It is extremely important to recognize the impact Covid-19 has had on teen's mental and emotional health. With extra-curricular activities having been cancelled, schools moved to on-line learning, family functions reduced or cancelled, retail being shut down and social interactions reduced or eliminated, teenagers have experienced an unprecedented level of social isolation. When life as we knew it before Covid slowly returns, it is imperative that teens understand their need for social interaction may be that much stronger. This in turn may lead to more partying, more rebellious behaviour and ultimately poor decision making. Students must be coached through their 'return to normal', acknowledge the risks in making poor decisions, and be supported by not only their families, but also by the educational system, as they negotiate their way back to 'normalcy'. Alcohol and drug consumption and driving impaired are of paramount concern.

Fact sheets to facilitate discussion

Information on impaired driving

What does “Impaired Driving” mean?

Impaired driving is driving while your ability is affected by alcohol and/or drugs. It is a crime under the Criminal Code of Canada. If convicted, you can lose your license, be fined, or spend time in jail. Your vehicle does not even have to be moving; you can be charged if you are impaired behind the wheel, even if you have not yet started to drive the vehicle.

Drinking and Driving

Drinking and driving is a deadly combination. One drink can reduce your ability to concentrate and react to things that happen suddenly while you are driving. The more alcohol in your blood, the more difficulty you have judging distances and reacting to sudden hazards on the road. To make matters even worse, your vision may become blurred.

Drugs and Driving

Any drug that changes your mood, or the way you see and feel, will affect the way you drive. This is not only true for illegal drugs. There are prescription drugs and some over-the-counter drugs that can also impair your driving ability.

Source: <https://www.justice.gc.ca/eng/cj-jp/sidl-rlcfa/>

Fact: Alcohol affects your judgement and lowers your inhibitions.

The amount of alcohol in a person’s body is measured by the amount of alcohol in their blood. This is called the blood alcohol concentration, or BAC. The amount of THC (or other drugs) is called the blood drug concentration or BDC.

For the purposes of law enforcement, BAC and BDC are used to define intoxication and provide a measure of impairment. In Canada, the maximum legal BAC for fully licensed drivers is 80 milligrams of alcohol in 100 milliliters of blood (0.08). However, in Ontario, you will also face serious consequences if your BAC is between 0.05 and 0.08. This is commonly referred to as the “warn range”. Driving with a BAC in excess of 0.08 is a criminal offence.

For THC (the psychoactive compound in cannabis), the prescribed blood drug concentration for tetrahydrocannabinol (THC) is 2ng – 5ng of THC per mL of blood and penalties are the same for testing ‘over’ for either THC, alcohol, or any combination of drugs and alcohol.

Information about blood drug concentration levels:

<http://gazette.gc.ca/rp-pr/p2/2018/2018-07-11/html/sor-dors148-eng.html>

Recognizing that even small amounts of alcohol can adversely affect driving skills and performance, most Canadian provinces and territories impose License suspensions on drivers with BACs in the warn range of .05 and over. Suspensions range from 24 hours to 7 days for a first infraction with escalating suspensions and other sanctions for repeat offences.

Young drivers in many provinces and territories have a .00% BAC/BDC requirement. They may range for the duration of the graduated licensing program or may extend until they are 21 years of age, depending on the jurisdiction. These special rules for young drivers reflect the very serious increased risks seen when young people mix drinking with intoxicants.

Federal Penalties for Drug-Impaired Driving

Penalties for drug-impaired driving		
New Summary conviction offence		
<ul style="list-style-type: none"> 2 nanograms (ng) but less than 5 ng of THC per millilitre (ml) of blood 	Maximum \$ 1,000 fine	
New Hybrid offences		
<ul style="list-style-type: none"> 5 ng or more of THC per ml of blood Any detectable level of LSD, psilocybin, psilocin, ketamine, PCP, cocaine, methamphetamine, 6-mam 5 mg/L of GHB 	First offence	Mandatory minimum \$1,000 fine
	Second offence	Mandatory minimum of 30 days imprisonment
	Third and subsequent offences	Mandatory minimum 120 days imprisonment
<ul style="list-style-type: none"> 50 milligrams (mg) of alcohol per 100 ml blood + 2.5 ng or more of THC per ml of blood 	First offence	Mandatory minimum \$1,000 fine
	Second offence	Mandatory minimum of 30 days imprisonment
	Third offence	Mandatory minimum 120 days imprisonment
Drug-impaired driving that does not cause bodily harm or death – Maximum penalties		
Summary conviction	18 months imprisonment	
Indictment	5 years imprisonment	
Drug-impaired driving causing bodily harm – Maximum penalty		
Indictment	10 years imprisonment	
Drug-impaired driving causing death – Maximum penalty		
Life imprisonment		

Source: Department of Justice, Government of Canada. Retrieved from: <http://www.justice.gc.ca/eng/cj-ij/sidl-rlcfa/>

The Facts about Road Crashes, Impaired Driving, and Canadian Youth

- Impaired driving remains a significant road safety, health and economic issue in Canada. In fact, according to a recent National News Article, Canada ranks number 1 among 19 countries for roadway deaths linked to alcohol impairment.
- On average, every year in Canada, **hundreds** of people are killed and **thousands** are seriously injured involving alcohol, drugs, or a combination of both, or nearly 60% of fatal collisions.
- Road crashes are the number one cause of death among young people in Canada and approximately 55% of these deaths are alcohol and/or drug-related.
- Survey data from the Centre for Addiction and Mental Health found that 4% of high school drivers reported drinking and driving and 9% drive after smoking cannabis (in the past 12 months).
- While young people are significantly overrepresented in alcohol-related deaths as drivers, they are overrepresented to an even greater extent as passengers. The impaired crash problem among youth is not simply a function of their immaturity and lack of driving experience; it also reflects their hazardous patterns of alcohol and drug use. A CAMH (2017) study shows that, the likelihood of riding in a vehicle with a driver who had been drinking or using drugs significantly increases with grade level.
- Canadian children and youth have one of the highest rates of cannabis use among developed countries. It's the drug they use most after alcohol. Most young people see cannabis as a benign drug, far less dangerous than alcohol. They think driving under the influence of cannabis is risk-free. CPHA (Canadian Public Health Association) reports that clinical evidence shows that smoking cannabis can produce unwelcome effects behind the wheel, including a shorter attention span, an altered perception of time and distances, and slower reaction times that impair the driver's ability to respond to sudden events in traffic.

The social costs, human tragedy and productive years of life lost among youth from road crashes are significant and 100% preventable.

Criminal Code Penalties for Impaired Driving Offences – Ontario

(For other provinces, please refer to page 17)

Penalties for impaired driving

If police determine that you are driving while impaired you will face penalties immediately. You will also face additional consequences later if you are convicted in court. The penalties you face can vary depending on your age, license type, the amount of alcohol or drugs in your system, and how many times you have been convicted.

Immediate Penalties

Ontario has tougher penalties for young and novice drivers who have alcohol in their system and will add matching penalties for drugs. There will also be new penalties for commercial vehicle drivers who have the presence of alcohol or drugs in their system.

Penalties for a BAC in the Warn Range, Failing a Standardized Field Sobriety Test, or Violating Zero Tolerance

If your blood alcohol concentration is 0.05 or higher, you fail a roadside sobriety test or you violate the zero tolerance requirements for young, novice, and commercial drivers that began on July 1, you will face:

1 st Offence	3 day license suspension, \$250 fine*
2 nd Offence	7 day license suspension, \$350 fine*, mandatory education program**
3 rd Offence	30 day license suspension, \$450 fine*, mandatory education program***, possible 6 months interlock, possible medical evaluation.

*Fines are in effect January 2019

** Mandatory education component required for 2nd offence in 10 years.

*** Mandatory education component required for 3rd+ offence in 10 years

You will also face a \$198 license reinstatement penalty for each offence, and you may also be charged under the Highway Traffic Act. If convicted you will face an additional suspension and a fine. Mandatory education, treatment, or medical evaluation may cost up to \$700.

If you are a novice driver with a G1, G2, M1, or M2 license and your license has been suspended three times for violating zero tolerance requirements for drugs and/or alcohol, you will have your license cancelled and you will have to retake all your driving tests.

Penalties for a BAC Over the Legal Limit, Refuse Testing, or Impairment

If you refuse to take a drug or alcohol test, you register a BAC over 0.08 or if a drug recognition evaluator determines that you are impaired, you will face:

Any offence	90 day license suspension, 7 day car impoundment, \$550 fine*, must attend mandatory education or treatment program, must use ignition interlock for at least 6 months.
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*Fines are in effect January, 2019

Additional Penalties if Convicted in Court

If you are a young or novice driver convicted in court for violating the zero tolerance requirements for drugs and/or alcohol, your driver's license will be suspended again for at least 30 days and you will receive an additional \$60-\$500 fine.

No matter what age or license you have, if you are convicted criminally of impaired driving in court, you can face additional fines and jail time, plus:

First offence

- License suspension of at least 1 year
- You must attend a mandatory education or treatment program
- Requirement to use an ignition interlock device for at least 1 year
- You will need to have a mandatory medical evaluation that could result in an extended license suspension.
-

Second offence within 10 years

- License suspension of at least 3 years
- You must attend a mandatory education or treatment program
- Requirement to use an ignition interlock device for at least 3 years
- You will need to have a mandatory medical evaluation that could result in an extended license suspension

Third or more offence within 10 years

- Lifetime License suspension, which may be reduced after 10 years if you meet certain criteria to reduce the penalty
- Mandatory education or treatment programs
- Requirement to use an ignition interlock device for at least 6 years
- You will need to have a mandatory medical evaluation that could result in an extended License suspension

Note that refusing to provide a blood sample carries the same penalties as driving while impaired (BAC over .08).

Source: Ontario Ministry of Transport and Justice Canada

The Cost of Impaired Driving

Impaired driving can not only have deadly effects and cause suffering of individuals and their families, but perhaps not so well-known is the actual cost to an impaired driver who is convicted for even a first offense. This list itemizes the minimum costs in Ontario involved in an impaired driving conviction:

Item	Cost
Legal Costs	\$2,000 - \$10,000
Criminal Code Fine	\$1000
Back on Track	\$578
License Reinstatement Fee	\$198
Estimated Insurance Increase (\$6,000/yr. for three years)	\$18,000
Ignition Interlock	\$1500 average (varies with time, vehicle, etc.)
MINIMUM COST, APPROXIMATE	\$ 23, 500

Interlock program overview

You will be subject to Ontario's Ignition Interlock Program if you are:

- Convicted of an impaired driving-related offence under the *Criminal Code of Canada*
- Suspended three or more times within a 10-year period for any combination of:
 - driving with a BAC above zero while you are 21 years and under;
 - driving with a BAC above zero while you are a novice driver;
 - driving with a BAC above 0.05 (“warn range”);
 - driving with a BAC above 0.08 (“legal limit”);
 - failing or refusing to comply with a demand for alcohol or drug testing; and
 - driving impaired by a drug or a combination of a drug and alcohol

If you want to drive after your license is reinstated, you must have an ignition interlock device installed. You will need to register with an approved interlock service provider to have the device installed. It must be inspected regularly by the service provider.

If you choose not to install an interlock device, you **must not drive** until the condition is removed from your License.

The information noted above is specific to Ontario.

For further information about impaired driving penalties specific to other areas in Canada, please refer to the appropriate link to the province and territories online resources:

Yukon:

<http://www.roadsafety.gov.yk.ca/trans/transportservices/roadsafety/drugimpaired.html>

(Note – does not contain specifics about penalties at time of printing)

Northwest Territories:

<https://www.eia.gov.nt.ca/en/cannabis>

British Columbia:

<https://www2.gov.bc.ca/gov/content/safety/public-safety/cannabis>

Alberta:

<https://www.alberta.ca/impaired-driving-law-changes.aspx>

Saskatchewan:

<https://www.saskatchewan.ca/government/cannabis-in-saskatchewan/cannabis-and-driving>

Manitoba:

<https://www.gov.mb.ca/cannabis/knowthelaw/youcantdriveimpaired.html>

Quebec:

<https://encadrementcannabis.gouv.qc.ca/en/loi/#highway-safety>

Nunavut:

<https://www.responsiblenunavut.ca/en/facts/social-and-community-harm/drinking-and-driving>

(Note – does not contain specifics about penalties at time of printing)

New Brunswick:

<https://www2.gnb.ca/content/gnb/en/corporate/promo/cannabis.html>

Newfoundland and Labrador:

<https://www.servicenl.gov.nl.ca/drivers/impairreddrivinglaws/index.html>

Nova Scotia:

<https://novascotia.ca/cannabis/impaired-driving/>

Prince Edward Island:

<https://www.princeedwardisland.ca/en/information/finance/cannabis-and-driving>

Information on Cannabis and its Effects

*Fact: According to the 2017 Ontario Student Drug Use and Health Survey from the Centre for Addiction and Mental Health, 9% of drivers in grades 10 to 12 who use cannabis reported driving a vehicle within an hour after using at least once during the past year.

About Cannabis

What is cannabis?

Cannabis, hashish (hash), and hash oil come from cannabis sativa, a type of hemp plant. All three contain THC, a chemical that changes the way you think, feel, and act. The word “cannabis” is used to refer to all three.

- Cannabis is made from the dried leaves and flowering tops of the plant.
- At a certain stage in the growth of the plant, before the flowers are mature, they become coated with a sticky resin. The resin can be dried to make hash.
- Hemp can also be used to make rope, fabric, and paper. When it is grown for this purpose, the amount of THC is too small for someone to use it to get high.

What does cannabis look like?

- Cannabis is a green, brown, or grey mixture of dried and shredded hemp leaves, stems, seeds, and flowers.
- Cannabis is often rolled in paper so it looks similar to a cigarette. A common slang name for this is a joint.
- Hash is dark brown or black, and most often comes in solid chunks.
- Hash oil is reddish-brown or green but some more concentrated forms come in yellow

Street names:

Weed, loud, herb, chronic, jay, bud, blunt, bomb, doobie, hydro, sinsemilla, hash, joint, pot, grass, reefer, Mary Jane (MJ), ganja, homegrown, dope, spliff.

Did you know?

Cannabis is a genus of plants in the family Cannabaceae. The number of species within the genus is disputed. Three species may be recognized: [Cannabis sativa](#), [Cannabis indica](#), and [Cannabis ruderalis](#); *C. ruderalis* may be included within *C. sativa*; all three may be treated as subspecies of a single species, *C. sativa*; or *C. sativa* may be accepted as a single undivided species.

(Source: Geoffrey et al., 2004; USDA, 2017; ["Indica, Sativa, Ruderalis – Did We Get It All Wrong?"](#). *The Leaf Online*, 2015; ["Species of Cannabis"](#). *GRIN Taxonomy*, 2017)

Who uses cannabis?

- Almost half (44%) of Canadians say they have used cannabis at least once in their lifetime.
 - In 2017, 19% of Ontario students (grades 7–12) said they had used cannabis in the past year.
 - Cannabis is most likely to be tried initially in 7th or 8th grade.
 - 2% of Grade 7 students have tried cannabis in the past year.
 - By the time they have reached Grade 12, over one third (36.9%) of Ontario students have used cannabis in the past year.
 - About 3% of grade 12 students reporting using cannabis, use it daily.
-

True or False?

1. Cannabis is natural, so it can't be bad for you.
2. All cannabis is the same strength.
3. 9.8% of students who drive say they have driven after using cannabis.

Answers

1. False. A lot of natural things are poisonous, like snake venom and certain plants. When you smoke cannabis, it releases harmful chemicals into your lungs. Poison Ivy is natural, would you smoke that?
2. False. There is great variation in how strong cannabis can be.
3. True. And what many people don't know is that if you drive while you are high, you will be impaired.

Source: The Centre for Addiction and Mental Health (CAMH) 2017 OSDUHS Survey

Cannabis and its Effects

Can you get addicted to cannabis?

Yes, you can. Some people have a hard time quitting and have to seek assistance or treatment.

They may feel they need the drug, and get anxious when they don't have any.

Some people who use a lot of cannabis every day and then quit suddenly may have problems sleeping. They may get anxious, irritable, or nervous without the drug. Or they may have an upset stomach or lose their appetite. These symptoms rarely last more than a few days.

Is cannabis harmful?

Yes. If you smoke cannabis, it can harm you. Many people don't know this, but cannabis smoke contains more tar and more of some cancer-causing chemicals than tobacco smoke.

Here are some other ways that cannabis use can harm you:

- To get the maximum effect, people who smoke cannabis often inhale more deeply and hold the smoke in their lungs longer than tobacco smokers do. This increases the risk of cancer.
- Smoking cannabis irritates your lungs and has been linked to chronic cough and bronchitis. It may also make asthma worse.
- In people at high risk of developing schizophrenia, cannabis may bring on symptoms earlier.
- If you're pregnant, the more cannabis you smoke, the more likely your baby will have problems (such as being too small).
- Using a lot of cannabis for a long time may make it harder to pay attention, remember things, and learn.
- Large doses of cannabis can lead to "toxic psychosis". This can cause people to hallucinate (see or hear things that aren't really there), become paranoid (feel like people are out to get them), and believe things that aren't true. These symptoms usually disappear within a week after the person stops using cannabis.
- Cannabis that you buy illegally may contain other drugs, harmful pesticides, or fungus.
- You may make decisions while using cannabis that you regret later.
- Cannabis affects your coordination and makes it harder to concentrate and react. This makes it dangerous to do things like ride a bicycle, drive a car, or operate machinery.

Fast facts

There are at least 400 chemicals in cannabis.

Did you Know?

If you smoke cannabis, the effects last for several hours. But the THC (the main active ingredient) is stored in your fat cells and can stay in your body for days or weeks!

How does cannabis make you feel?

Cannabis affects each person differently. How it affects you depends on:

- how strong it is
- how often you use it
- how you take it (inhale, vape, ingest)
- your mood and what you expect to happen when you take it
- whether you have drunk alcohol or used other drugs recently

If you use cannabis, you may:

- feel more relaxed and less inhibited—or more anxious, confused, panicky or even paranoid
- be more outgoing and talkative, and laugh more—or you may be quiet and withdrawn
- find that time seems to pass more slowly and distances become distorted
- have keener senses, such as sharpened hearing and vision
- have trouble keeping your balance
- have trouble concentrating: thinking clearly, remembering things that just happened, and doing some tasks (e.g. homework)
- want to eat a lot (get “the munchies”)
- have a sore throat and lungs
- have increased heart rate
- feel sleepy as the drug wears off
- hallucinate, especially if you use a lot of cannabis at one time
- have a dry mouth and/or red eyes
- have trouble with coordination
- have slow reaction time

CANNABIS FROM A GBA+ PERSPECTIVE

Historically there has been evidence gaps regarding the influence of sex and gender relating to cannabis, and a recent literature review on the health effects and medical/therapeutic application of cannabis provides “limited sex and gender analysis of effects; this is largely reflective of the gender-blind nature of the evidence”.¹

Rubino et al. (2015) note that basic science research on cannabis continues to focus on the male sex, typically including only male animals in pre-clinical research and male subjects in clinical research; and studies that do include females often fail to conduct a sex-based analysis.²

“Further research examining sex- and gender- differences associated with cannabis use and its effects is critical to inform cannabis policy, understand implications for medical use, and develop effective interventions at all levels (harm reduction, prevention and treatment)”.³

Some things we do know:

- Consumption rates of cannabis in Canada are higher in males than females (19% v. 11%) in the overall population.⁴
- The prevalence of past year use among males has increased, but no change among females.⁵
- While this use pattern continues to hold true in the adolescent population, it has been observed that the sex differences have decreased over time.^{6,7}
- Metabolism of cannabis is affected by muscle mass and fat distribution, leading to differences in metabolic rates between the sexes.⁸
- Men who use cannabis are more likely to report dependence or severe dependence on cannabis than women.⁹
- Male cannabis smokers exhibit higher circulating levels of delta-9-THC¹⁰, and show larger subjective effects than female smokers¹¹.
- Males also display more evident withdrawal symptoms.¹²
- Males are more likely to poly substance users and have a higher prevalence of panic disorder and personality disorders.¹³
- Among non-marijuana smokers, men are more sensitive to the subjective effects of delta9-THC alone than women.¹⁴
- Although there are no apparent gender differences in intoxication or plasma delta9-THC levels after smoking marijuana¹⁵
- Women report significantly more dizziness than men and are more susceptible to cannabinoid-induced hemodynamic changes (blood flow dynamics) and visuospatial memory impairment.¹⁶
- Girls reporting relatively poor mental health are more at risk than boys for frequent and heavy cannabis use.¹⁷
- Females transition from initiation to regular use faster than males (similar to other substances).¹⁸

- Male and female users report differences in forms of ingestion, effects and withdrawal symptoms.¹⁹

The Dangers and the Law

Is it dangerous to smoke cannabis and drive?

Yes. Cannabis makes it harder to concentrate, pay attention, and tell how far away things are; how long it affects you often varies dramatically from person to person. It also makes your hands less steady and slows your reaction time; this means you would not be able to react as quickly to a sudden, unexpected emergency. Your risks go up when you combine smoking cannabis with drinking alcohol. All these things may make it harder to drive safely. The police have both the means and the authority to test for impairment from drugs and alcohol under the current legislation, Bill C-46.

Can smoking cannabis affect my school performance?

THC may affect your memory, speech, and learning. Using cannabis regularly also affects your thinking and can make you less motivated.

Is cannabis legal?

If you are over the age of consumption (at least 18, but many places it is 19), it is legal to possess and use cannabis with certain restrictions. In the same way alcohol is legal, but with rules, so it is with cannabis.

If you are of age, you are allowed to purchase cannabis through an approved means (distribution varies by province/territory) and there are rules about where cannabis may be consumed. Each province and territory has established legislation around approved places of use.

For more information: <https://www.cpha.ca/provincial-and-territorial-cannabis-regulations-summaries>

If you are under the age of majority, possession of cannabis remains illegal. If caught in possession of, or using cannabis, the police (and designates, i.e. Provincial Offences Officers) are still able to impose sanctions as appropriate.

Did you know?

- Research shows that you have a greater chance of having a car crash when you drive after using cannabis. After alcohol, cannabis is the second most common drug found in dead and injured drivers.
- Mixing cannabis and alcohol is more dangerous than using each drug separately. Mixing even small amounts of cannabis and alcohol can make it dangerous to drive. Many impaired drivers test positive for cannabis and alcohol together.
- While cannabis may be legal in Canada, it should be noted that there may be issues with crossing the US border with certain cannabis charges, such as impaired driving or possession for the purpose, as the border is Federal jurisdiction and the legalization movement in the United States is done state by state.

Reducing risks and getting help

How can I reduce my risks?

- Don't drive when you are high. To reduce risk even more, don't drive for several hours after using cannabis.
- Don't get into a car with someone who has been using cannabis.
- Don't mix cannabis with alcohol or other drugs, legal or illicit.
- Don't use cannabis before or during school.
- Understand that smoking cannabis could have legal consequences if you are under age.
- Choose not to use cannabis.
- Get help if you think your cannabis use is getting out of control.

CAMH's Canadian Lower Risk Use Guidelines for Cannabis – Youth specific:

<https://www.camh.ca/en/health-info/guides-and-publications/lrcug-for-youth>

Study: What Canadian Youth Think About Weed

Excerpt from the study by Canadian Centre on Substance Abuse

(To be used as background information for teachers)

Key Findings

The data revealed a number of factors that influence the decisions of youth to either use or not use cannabis. Decisions to not use the drug were influenced by concerns about health risks, poor academic performance and negative impacts on relationships with family members. Family relations were also a significant influence on decisions to use cannabis: in particular, the parent-child relationship is believed to be absent or disengaged among cannabis-using youth, with the parents not openly communicating their positions on the drug to their children. Youth also held a strong belief that all youth are using cannabis all of the time.

The study's participants perceived a number of negative and positive effects associated with cannabis. In terms of negative effects, cannabis was believed to result in dependency, a loss of focus, laziness and a number of physical problems. Interestingly, youth also perceived cannabis to affect youth on an individual basis — that is, cannabis affects each person differently and so it is not accurate to try to describe universal outcomes. It is hypothesized that this perception is ultimately used to minimize any negative effects associated with using cannabis because the negative effects are attributed to the individual rather than the cannabis. With regard to the drug's perceived positive effects, the youth involved in the study stated that cannabis helps people focus, relax, sleep and improve their creativity. They also believed that cannabis produced a range of health benefits, from treating mental health issues to curing cancer.

Youth also held the perception that cannabis does not change people in a long-term, negative way; instead, any long-term changes are attributed to the individual and not the drug. As a result, cannabis was not seen as a causal factor in the problems youth may experience with the drug. Along with the notion that there are individual differences in how cannabis affects youth, this notion that cannabis does not have long-term effects further minimizes any negative associations with its use.

Participants also reported a perception that cannabis is safe and poses minimal risk to youth, with this perception particularly evident when discussing the use of cannabis while driving. While some participants suggested that cannabis makes drivers more focused, others thought that such use is dangerous because it impairs the driver, not unlike alcohol. Youth also commonly expressed the belief that cannabis is not and should not be considered a drug because it is argued to be natural, safe and categorically distinct from "hard drugs." For example, participants suggested that a drug is defined as something that alters the user's perceptions and is manufactured. As a result of this

conceptualization, participants clearly demonstrated confusion in understanding why cannabis was illegal.

Youth also expressed frustration and confusion about the inconsistency in police reactions to cannabis. For example, they could not make sense of how the same substance could result in legal sanctions in some contexts (e.g., being caught with a large quantity of cannabis), but not others (e.g., being caught with a small quantity of cannabis). To further complicate the situation, youth appeared to have difficulty positioning the role of medically authorized cannabis in their understanding of the drug's legal context. Youth perceived the medical use of cannabis to raise a double standard in which cannabis is good for you if you are sick, but not (i.e., illegal) if you are healthy.

Finally, this research identified some key considerations that youth perceived would be helpful for future cannabis-related prevention efforts. Specifically, youth felt that (a) there should be an increased focus on cannabis content in prevention programs and materials; (b) prevention efforts should be delivered earlier; (c) those delivering the prevention message should have firsthand experience with the drug as well as an ability to connect with youth; and (d) approaches aimed at reducing the harms associated with cannabis use would be valuable.

Source: <http://www.ccsa.ca/Resource%20Library/CCSA-What-Canadian-Youth-Think-about-Cannabis-Report-in-Short-2013-en.pdf>

Supplemental Information and Resources – current as of time of printing

Pot vs. Alcohol

<https://www.pbs.org/newshour/nation/pot-getting-potent>

Cannabis and Driving

<https://www.canada.ca/en/services/policing/police/community-safety-policing/impaired-driving/drug-impaired-driving/infographic-01.html>

What is Cannabis

<http://www.ccdus.ca/Eng/topics/cannabis/Cannabis-Communication-Guide/Pages/default.aspx>

<https://www.drugfreekidscanada.org/order-cannabis-talk-kit/>

<https://cpha.ca/sites/default/files/uploads/resources/cannabis/evidence-brief-youth-13-17-e.pdf>

<http://www.ccsa.ca/Resource%20Library/CCSA-Canadian-Youth-Perceptions-on-Cannabis-Report-2017-en.pdf>

<https://www.cpha.ca/sites/default/files/uploads/resources/cannabis/ccsa-canadian-drug-summary-cannabis-2017-en.pdf>

Who Uses

<http://www.camhx.ca/Publications/OSDUHS/2017/index.html>

Harm Reduction

<http://www.ccsa.ca/Resource%20Library/ccsa-11340-2006.pdf>

<http://www.ccsa.ca/Resource%20Library/CCSA-Cannabis-Communication-Guide-2018-en.pdf>

Lower Risk Guidelines for Cannabis Use

(Youth)

https://www.camh.ca/-/media/images/all-other-images/research-lrcug-for-youth/lrcug_for_youth-eng.pdf?la=en&hash=15D9E4FBB8DBA73B665C3267E64FE233F937A298

(Professionals)

https://www.camh.ca/-/media/files/lrcug_professional-pdf

Poly Drug Use (Alcohol and Cannabis focus)

<https://www.projectknow.com/research/mixing-alcohol-and-marijuana/>

<https://adai.washington.edu/marijuana/factsheets/alcohol.htm>

<https://www.colorado.gov/pacific/marijuana/mixing-marijuana-other-substances>

<https://www.alcohol.org/mixing-with/marijuana/>

<https://www.psychologytoday.com/ca/blog/ending-addiction-good/201405/the-dangers-combining-alcohol-and-marijuana>

https://tonic.vice.com/en_us/article/aey385/what-mixing-weed-and-alcohol-does-to-your-mind

Drugs and Driving

<https://www.theglobeandmail.com/cannabis/article-how-will-canadas-new-drugged-driving-rules-actually-work/>

https://www.thestar.com/news/insight/2014/11/03/drug_use_tests_for_canadian_drivers_coming_soon.html

<http://www.rcmp-grc.gc.ca/ts-sr/aldr-id-cfa-aldr-eng.htm>

<https://www.justice.gc.ca/eng/csj-sjc/pl/charter-charte/c46.html>

<https://www.justice.gc.ca/eng/cj-jp/sidl-rlcfa/index.html>

Potency/Cannabis Information – some mental health related

<https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/cannabis>

<https://www.camh.ca/-/media/files/guides-and-publications/dyk-cannabis.pdf>

<https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/health-effects/mental-health.html>

<https://cmha.ca/news/mental-health-and-legal-cannabis-in-canada>

Approved Screening Devices – Roadside testing

<https://www.theglobeandmail.com/drive/culture/article-will-it-be-legal-to-have-marijuana-in-my-car/>

<https://www.cbc.ca/news/canada/marijuana-faq-legalization-need-to-know-1.4862207>

<https://www.justice.gc.ca/eng/cj-jp/cannabis/>

Penalties for Impaired Driving

<https://www.justice.gc.ca/eng/cj-jp/sidl-rlcfa/>

<http://www.mto.gov.on.ca/english/safety/impaired-driving.shtml>

Distribution

<https://potbyprovince.ca/#Top>

<https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/laws-regulations/provinces-territories.html>

<https://www.cpha.ca/provincial-and-territorial-cannabis-regulations-summaries>

Speaking with Youth

<http://www.ccsa.ca/Resource%20Library/CCSA-Cannabis-Communication-Guide-2018-en.pdf>

<https://www.drugfreekidscanada.org/order-cannabis-talk-kit/>

<https://www.canada.ca/en/health-canada/services/substance-use/talking-about-drugs/talking-with-teenagers-about-drugs.html>

<http://www.thecoolspot.gov>

Cannabis Stats

<https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/research-data.html>

<https://www150.statcan.gc.ca/n1/daily-quotidien/181017/dq181017c-eng.htm>

<https://www150.statcan.gc.ca/n1/daily-quotidien/180418/dq180418b-eng.htm>

Press hub coverage of Cannabis Issues

<https://nationalpost.com/category/cannabis>

<https://www.theglobeandmail.com/cannabis/>

<https://www.thestar.com/news/cannabis.html>

Legislative Information

(Task Force)

<https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/laws-regulations/task-force-cannabis-legalization-regulation.html>

(Cannabis Act)

<https://laws-lois.justice.gc.ca/eng/acts/C-24.5/>

(Proposed Cannabis Act Changes – addition of edibles, extracts, and topical)

<https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/resources/proposed-regulations-edible-cannabis-extracts-topicals.html>

<https://www.canada.ca/en/health-canada/news/2018/12/health-canada-launches-public-consultations-on-the-strict-regulation-of-additional-cannabis-products.html>

(C-46 Impaired Driving)

<https://www.justice.gc.ca/eng/csj-sjc/pl/charter-charte/c46.html>

(Cannabis in the Provinces and Territories)

<https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/laws-regulations/provinces-territories.html>

Refusal skills: How to say no

Quick quote: Be who you are and say what you feel because those who mind don't matter and those who matter don't mind. - Dr. Seuss

Saying no can sometimes be hard, but you might be surprised how easy it gets with practice. If you know you are going to be some place where you might be offered alcohol or other drugs, try to plan your response in advance. The following are options you can use.

- *Be direct:*
 - Say “no thanks”; sometimes it’s just that easy.
- *Repeat yourself:*
 - Be firm in your position and continue to repeat your response, “no thanks”.
- *State why or give a reason why you choose not to use:*
 - Try saying, “no thanks, I have to be up early tomorrow” (or I have a game tomorrow, or I have to be home early, or I got caught the last time).
- *Turn the tables:*
 - If the person won’t let up try turning the tables and ask, “why do you care if I do or don’t”. Be confident in your response.
- *State the truth:*
 - People don’t like being accused of peer pressuring others, so try stating the obvious, “wow, the peer pressure in this room is pretty strong”, then smile and walk away.
- *Walk away:*
 - It is always an option to not respond and just walk away.
- *Change the subject:*
 - Try suggesting something better to do with your time, “no thanks, do you want to _____”.
- *Be proactive:*
 - If you know you are in a situation where you are likely to be offered alcohol or other drugs, leave before you ever get to that point.
- *Accept the person, reject the behavior:*
 - If the person is giving you a hard time try telling the person, “I respect your choice to do drugs, respect mine not to”.

Source: AADAC, OYZ Refusal Strategy Tool Kit: <https://drugfree.org/>

CLASSROOM ACTIVITIES

Writing Exercise on the Impact of Impaired Driving

Imagine that you are Sarah, the passenger in *Braking Point*, going to Josh's party. You accept a ride with your friend Jake. Jake has been smoking pot and this time, rather than being pulled over, a collision occurs and the effects are life changing.

Write a letter to your Dad and take into consideration the impact that your decision to get into that car will have on him for the rest of his life.

After the exercise follow up with these discussion questions.

1. How do you feel after writing the letter?
2. What could you have done differently when your friends were pressuring you to use cannabis?
3. Why do you think you got in the car with Jake? Did the fact that it was "only" weed contribute to this decision? If he was drunk, would you have made a different decision? If so, why?
4. When you realized that Jake had been smoking pot and was going to drive, what are some other things you could have done instead of accepting the ride home?
5. After viewing the WOTR material and working through this guide, have your thoughts on drug-impaired driving changed at all? If yes, how so?

Role-Play Activity

The time allotted for this activity could vary based on the time that is available.

During this role-play activity, students have an opportunity to explore communication about decision making and impaired driving. They will work in small groups to write and perform a role-play about one minute in duration.

1. Split the class into small groups of 4-6 people.
2. Hand out the role-play scenario to each group (page 26). This may mean that more than one group receives the same scenario.
3. Allow students five minutes to prepare their script.
4. The “actors” can read their lines from a sheet of paper (they don’t have to memorize them).
5. Ask each group to perform their role-play. After each one, ask the group the following questions:
 - What did you think?
 - What did they do well?
 - Could they have done anything differently?

For resources to support this activity, see the fact sheets included in this guide:

- Cannabis facts
- Short and long-term effects of cannabis use
- Activity on designated drivers
- Criminal code penalties for impaired driving offences
- The cost of impaired driving

Adapted from “Cycles”- (Developed by Barbara Moffat and Joy Johnson)

<https://www.uvic.ca/research/centres/cisur/assets/docs/cycles-guide.pdf>

Role-Play Scenarios Worksheet

Scenario 1:

Your friend Jeremy picks you up and you go to Carl's house to watch a game on TV. While watching the game, Carl brings out a case of beer that his older brother bought for him and passes them out. Towards the end of the game, you notice Jeremy is starting to get loud and slur his words. It's time to go home and Jeremy gets his keys out to drive you both home. What would you do?

Scenario 2:

Your father did the laundry last week and found a joint in your jeans pocket. You've never talked to your parents about smoking weed. What conversation do you have with your father?

Scenario 3:

You're home studying. You see your neighbor, Dan, out on the back deck. He's sharing a joint with his girlfriend who happens to be your best friend. Then, 30 minutes later, you see them both heading out the front door. Dan has car keys in his hand and it looks like his recent cannabis use had an effect on him. What would you do?

Scenario 4:

You're at a party and it's getting late. There has been a lot of weed passed around and most of the partiers have been drinking a lot. You notice one of the girls in your class passed out on the living room sofa. When you try to shake her awake, you can't wake her up. What do you do?

Scenario 5:

You're at a party and Sandy is the designated driver for the evening. People are having fun drinking and smoking joints. Friends keep passing Sandy a joint because they think that everyone drives better after smoking weed. Sandy decides to go ahead and smoke the joint. She seems fine when it is time to go home but you are definitely in no shape to drive. What do you do?

Scenario 6:

Your best friend, Sarah, just called you in tears to let you know she was pulled over by the police and charged with impaired driving. She doesn't know what's going to happen to her if she goes to court and is convicted. What could happen?

Adapted from "Cycles"- (Developed by Barbara Moffat and Joy Johnson)

<https://www.uvic.ca/research/centres/cisur/assets/docs/cycles-guide.pdf>

My Beliefs – Questionnaire

1. I believe that alcohol is a drug.

True False

2. I believe none of my behavior or attitudes change when I drink.

True False

3. I believe that some prescription and non-prescription drugs can affect my driving ability.

True False

4. I believe I can have a couple of drinks and still be a good driver.

True False

5. I believe everybody who drinks alcohol forgets parts of the party.

True False

6. I believe alcohol is a stimulant.

True False

7. I believe I can be charged with impaired driving only if I register over .08 BAC on a breathalyzer.

True False

8. I believe my drinking is my business and no one else's.

True False

9. I believe that one drink will not hurt anyone.

True False

10. I am able to predict and control the amount I drink at all times.

True False

Source: New foundland & Labrador Safety Council, Think First

(After students complete this questionnaire, review Common Myths About Alcohol on page 35. Then discuss their answers and have them determine the correct answers according to what they have learned so far.)

Common Myths about Alcohol

Alcohol is a drug.

TRUE: Alcohol is a drug – and one of the deadliest. It's a powerful drug that impairs coordination, vision, thinking and judgment and slows reaction time. It's also the drug of choice for teens.

Teens can't become alcoholics because they haven't been drinking long enough.

FALSE:

You can develop alcoholism at any age. It depends how much and how often you drink. Also, heavy drinking and binge drinking by anyone can be very harmful, whether or not they're alcohol-dependent.

Even one drink can affect your driving.

TRUE:

People have trouble judging how seriously alcohol has affected the mind. That means many individuals who drive after drinking think they can control a car – but they're wrong. This can have deadly consequences.

It's just beer. It can't permanently damage you.

FALSE:

Any kind of alcohol can cause serious damage. Alcohol abuse can damage your brain, heart, liver, stomach and other critical organs, and take years away from your life.

You'll be more affected by spirits than by beer or a glass of wine.

FALSE:

A drink is a drink. A 12 - oz. bottle of beer (5% alc./vol.), a 5 - oz. glass of wine (12% alc./vol.), or a 1.5 - oz. serving of spirits (80 - proof, 40% alc./vol.) – each have the same alcohol content.

The worst outcome of drinking too much is a raging hangover.

FALSE: If you drink a lot of alcohol quickly, it can build up in your body so much that you can die from alcohol poisoning within only a few hours. As well, you're more prone to injury, which can be serious or fatal. Also, anyone who drinks and drives could severely injure or kill someone – including themselves.

If someone passes out after drinking, it's best to let them sleep it off.

FALSE:

If someone passes out, never leave them alone. Have someone call 911 for medical assistance. Be sure to roll them onto their side, with their head on its side as well, until help arrives.

Source: <http://www.lcbo.com/content/lcbo/en/responsibility/responsibility/talk-to-kids-about-alcohol.html#WXJPiYTyszZ>

Test Your Knowledge on Drug-Impaired Driving

Questions

1. Driving while impaired by cannabis greatly increases your risk of being involved in a motor vehicle collision.

True or False

2. Smoking cannabis can affect a person's ability to drive.

True or False

3. Driving while under the influence of drugs can impair a driver's:

- a) Reaction time
- b) Ability to see clearly
- c) Ability to divide attention
- d) Ability to respond to unexpected events
- e) All of the above

4. Police have a test that can reveal if a driver is impaired by drugs.

True or False

5. If someone in Canada gets caught by the police for driving while impaired by drugs, the penalties are different than the penalties for driving while impaired by alcohol.

True or False

6. Certain drugs prescribed by your doctor can impair your ability to drive.

True or False

7. If a driver is impaired by drugs it is very obvious and would be easy to detect.

True or False

See answers on next page.

Answers for page 34

1. True. Research has found that driving within five hours of smoking cannabis greatly increases the risk of a crash that can result in injury or death. Some studies show up to five times greater probability of collision. The most common drug found in drivers aged 16–19 is cannabis (60.8%). This age group is more likely to have cannabis in their system than any other age group. Source: <https://www.mcgill.ca/newsroom/channels/news/young-canadians-face-heightened-crash-risk-after-consuming-cannabis-new-study-finds-290574>

2. True. Research shows cannabis increases impairment.

3. e) All of the above. Research shows that cannabis impairs a driver's tracking and reaction time, as well as a driver's ability to see clearly, divide attention, and handle unexpected events.

4. True. The test is called Drug Evaluation and Classification, and research has shown that Drug Recognition Evaluators (DRE) are accurate over 95% of the time in detecting drug use. The 12-step evaluation is conducted by a trained officer and includes eye examinations and a series of motor coordination tests. To confirm results, drivers must provide a sample of urine, saliva, or blood when demanded by a DRE.

5. False. The penalties are the same as for alcohol-impaired driving:

- First offence: \$1,000 fine, 12-month License suspension, and a possible jail sentence of up to 18 months.
- Second offence: minimum 30 days in jail and a two-year License suspension.
- Third or subsequent offence: minimum of 120 days in prison, three-year driving prohibition.
- Causing bodily harm or death while driving impaired: maximum 10-years in prison or life sentence.

Source: <https://www.justice.gc.ca/eng/cj-jp/sid-rlcfa/>

6. True. Just because the drug was prescribed to you by your doctor does not necessarily mean it is okay to drive after use. Given the properties of some prescription drugs, it might not be safe to operate a vehicle after consumption. Be sure to read the label and speak to your pharmacist. The effects of some prescription drugs can last for several hours.

7. False. Impairment by some drugs, such as sedatives, might not be obvious and the effects of some sleep medications can linger into the next morning. Effects include slowed reaction time, sleepiness, poor psychomotor performance, impaired coordination, reduced ability to divide attention, increased errors, and difficulty following instructions.

Source: Canadian Centre on Substance Abuse 2016

Activity

Signs of intoxication List 9 common signs of intoxication

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

See next page for answers.

Signs of Intoxication – Answers

Alcohol-related answers

1. Someone with slurred or slowed speech. 2. A person who is overly friendly. 3. Someone talking loudly, bragging, or using foul language. 4. An aggressive manner, argumentative, and possibly yelling. 5. Difficulty lighting a cigarette or opening a bottle. 6. Spills their drink and/or misses their mouth. 7. Glassy eyes, dilated pupils, sleepy look, and bobbing head. 8. Drinking at a fast pace. 9. Staggering, swaying, or the inability to walk.

Cannabis-related answers

1. Red, itchy eyes. 2. Intense concentration on one thing or zoning out. 3. May be more outgoing 4. May be more talkative 5. May giggle more 6. May be sleepy or very relaxed 7. May become clumsy. 8. Forgetful. 9. Fine motor control loss

QUIZ – Test your knowledge about impaired driving

1. Beer is less intoxicating than other types of drinks. True False

2. A cold shower, fresh air, and a cup of coffee will help to sober someone up.
True False

3. Everyone reacts differently to alcohol and drugs. True False

4. Binge drinking is drinking 5 drinks in one sitting. True False

5. When someone is heavily intoxicated it is best to give them a glass of water and have them lie down for a while to sleep it off. True False

6. The worst that can happen from using too much is a hangover in the morning.
True False

7. If you only use a little, you don't have to worry about being over the legal limit to operate a vehicle. True False

8. It's okay to smoke weed and drive because it makes you pay more attention to the road. True False

9. Police can check for alcohol impairment but are not able to detect drug impairment.
True False

10. A new driver is able to have alcohol or drugs in their system while driving.
True False

Answers on next page

Quiz answers for page 38:

1.False 2.False 3.True 4.True 5.False 6.False 7.False 8.False 9.False 10.False

Exercise on designated drivers

Ways to avoid riding in a vehicle driven by an impaired driver:

1. Know the public transit hours and have a list of taxi companies with phone numbers.
2. Plan for a sober friend or family member to pick you up and bring you home.
3. Make arrangements ahead of time to stay the night if you know you will be drinking.
4. Arrange for someone in your group to be the sober designated driver.

List 4 other ways to avoid impaired driving

1. _____
2. _____
3. _____
4. _____

What makes a good Designated Driver (DD)?

1. Reliable 2. Able to not drink or use drugs 3. Responsible 4. Able to say NO

What needs to be decided ahead of time when it comes to getting home safe?

1. Who the designated driver will be (take turns every time you go out, be fair). 2. When will you leave, and what you will do if some of the group are not ready to go. 3. Who pays for things like gas and parking (the driver, or do you share the cost?).

What must the passengers do?

1. Be ready to leave at the agreed time. 2. Not get sick in the car. 3. Not be rude to the designated driver. 4. In the event that the designated driver drinks alcohol, have a backup plan (e/g/ money for taxi or transit).

Designated Driver Activity

Even though you have agreed to be the Designated Driver or have decided not to use alcohol or drugs, your peers may still pressure you to drink or smoke pot. In groups, ask students to write down the five ways to refuse or say “no”. Bring the groups together and find out how many different answers they thought of.

Discussion questions on driving impaired by alcohol and/or drugs.

1. Do people you know or your friends ever get into a vehicle with someone who was impaired by alcohol and/or drugs?
2. Do you think they knew that the driver had been drinking and/or had smoked pot? What are the signs to look for?
3. Do you think doing drugs and driving is as bad as drinking and driving? Why or why not?
4. What are some common distractions that we face on the road? If you are driving, how does drug use affect how you react to these distractions?
5. What would you do if you were at a party and someone offered you cannabis?
6. If your ride home got high on cannabis, would you feel safe getting a ride home from them?
7. If you are impaired by alcohol or drugs, could you accurately decide if your driver was drunk or high before getting into a vehicle with them?
8. Did you know you can be charged if you smoke cannabis and drive, or if you possess cannabis? What are the penalties?
9. Would you get onto a plane if you knew the pilot was high? Why or why not? Is there a difference between that and getting into a vehicle?
10. What are the measures that you can plan ahead before leaving your home so that you can return safely? And what if at the end of the night you need to come home, how can you be sure that you'll get home safely?

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- ¹ Centre of Excellence for Women's Health. (2018). *Sex, Gender and Cannabis*. Retrieved from: <http://bccewh.bc.ca/wp-content/uploads/2018/02/TGSInfoSheet-SexGenderCannabis021418.pdf>
- ² Rubino, T., Parolaro, D., (2015). *Sex-Dependent Vulnerability to Cannabis Abuse in Adolescence*. *Frontiers in Psychiatry*. Vol 6. P. 56.
- ³ Centre of Excellence for Women's Health. (2018). *Sex, Gender and Cannabis*. Retrieved from: <http://bccewh.bc.ca/wp-content/uploads/2018/02/TGSInfoSheet-SexGenderCannabis021418.pdf>
- ⁴ Statistics Canada. (2019). *National Cannabis Survey – 4th Quarter 2018*. Retrieved from: <https://www150.statcan.gc.ca/n1/daily-quotidien/190207/dq190207b-eng.htm>
- ⁵ Statistics Canada. (2017). *Canadian Tobacco and Alcohol Drug Survey*. Retrieved from: <https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2017-summary.html>
- ⁶ Johnson, R.M., et al. (2015). *Past 15-year trends in adolescent marijuana use: Differences by race/ethnicity and sex*. *Drug and alcohol dependence*, 2015. 155: p. 8-15.
- ⁷ Statistics Canada, Canadian Tobacco, Alcohol and Drugs Survey (CTADS). 2013-2017, Statistics Canada: Ottawa, ON.
- ⁸ Centre of Excellence for Women's Health. (2018). *Sex, Gender and Cannabis*. Retrieved from: <http://bccewh.bc.ca/wp-content/uploads/2018/02/TGSInfoSheet-SexGenderCannabis021418.pdf>
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