

EXPLORING THE IMPACTS OF CANNABIS USE TO REDUCE OR MANAGE ILLICIT DRUG USE IN VANCOUVER, CANADA

JENNA VALLERIANI^{1,2}, REBECCA HAINES-SAAH³, TAYLOR FLEMING^{1,2}, MJ MILLOY^{1,2} AND RYAN MCNEIL^{1,2}

¹BC CENTRE ON SUBSTANCE USE

²FACULTY OF MEDICINE, UBC

³DEPARTMENT OF COMMUNITY HEALTH SCIENCE, CUMMING SCHOOL OF MEDICINE, UofC

⁴POPULATION AND PUBLIC HEALTH, UBC



DECLARATION

- I have written for cannabis focused publications (for pay) and spoken at industry and business events (travel only)
- CEO of the National Institute for Cannabis Health and Education, a nonprofit focused on cannabis policy and community engagement.
- Consulting and development of educational materials for various provincial retailers, universities and for CanSell in Ontario
- Advisor for Growtech Labs (no compensation of any kind)
- Project manager and lead researcher in 2016-7 for the CSSDP Youth Sensible Cannabis Education Toolkit - funded at arms length through an unrestricted grant by Canopy Growth Corp.

OBJECTIVES

- Discuss what cannabis substitution is and the role of community based distribution initiatives in Vancouver
- Draw on recently completed interviews with people who use drugs (PWUD) to examine emerging themes around cannabis as an adjunct therapy and access to cannabis for marginalized communities

**CANNABIS
SAVES
LIVES**

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How Much Should I Consume?
Every cannabis user has a different tolerance level. Some users feel the effects of cannabis in as little as 1-2mg THC while others need much larger doses to feel the effects. Here are some guidelines:

First Time User?

If you've never consumed a cannabis edible (even if you are a frequent cannabis smoker), we recommend you start with a 1-5mg THC dose.

Occasional User?

We recommend starting with a 5-10mg THC dose.



CANNABIS SUBSTITUTION

- the conscious use of one drug instead of, or in conjunction with another, in an effort to reduce negative outcomes (Reiman 2009)



BACKGROUND

- A growing body of evidence has existed for decades (e.g., Mikuriya, 1970) but renewed interest likely due to liberalization of cannabis laws and overdose crisis across Canada / US
- Canadian studies (BCCSU) with PWUD report that cannabis use may:
 - decrease frequency of crack use (Socias et al., 2017), lower the likelihood of injection initiation (Reddon et al., 2018) & increase retention in treatment for opioid use disorder (Socias et al., 2018)

CURRENT STUDY

- 25 in-depth, qualitative interviews with people who use drugs (PWUD) recruited from the DTES of Vancouver, Canada
 - use cannabis 3x week, used other street drugs regularly in last year, accessed at least once from a cannabis substitution program
 - Recruited through VANDU and OPS with the help of key community leaders
- 50+ hours of ethnographic fieldwork

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CANNABIS
SAFETY
GUIDE

How much cannabis should I consume?
Cannabis user has a different tolerance
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need much larger doses to feel the effects.
Here are some guidelines.

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90 mg THC | Indica
RASPBERRY
12.80 MB
119

CURRENT STUDY

- Innovative Cannabis Distribution Programs in the DTES
 - VANDU's Cannabis Substitution Project (Thursdays and Sundays)
 - OPS' High Hopes Foundation



Consume?
Is a different tolerance the effects of cannabis 2mg THC while others s to feel the effects, ies.

User?
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PARTICIPANT CHARACTERISTICS

(n=25)

Age	
<i>Mean</i>	46.27
<i>Range</i>	21-65
Gender	
<i>Men</i>	11 (44%)
<i>Women</i>	14 (56%)
Race or Ethnicity	
<i>White</i>	14 (56%)
<i>Indigenous</i>	6 (24%)
<i>Black/African Canadian</i>	3 (12%)
<i>Other</i>	2 (8%)

PARTICIPANT CHARACTERISTICS

Drug of Choice (not incl. cannabis)

<i>Heroin</i>	11 (44%)
<i>Cocaine/crack cocaine</i>	8 (32%)
<i>Methamphetamines</i>	4 (16%)
<i>Other</i>	2 (8%)

Years Using Cannabis

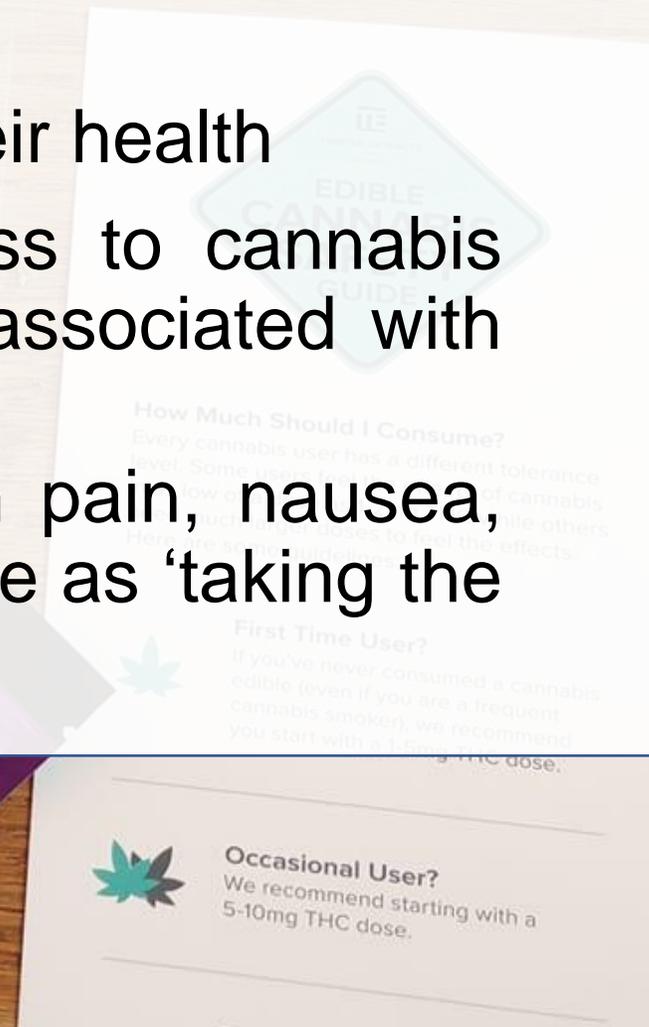
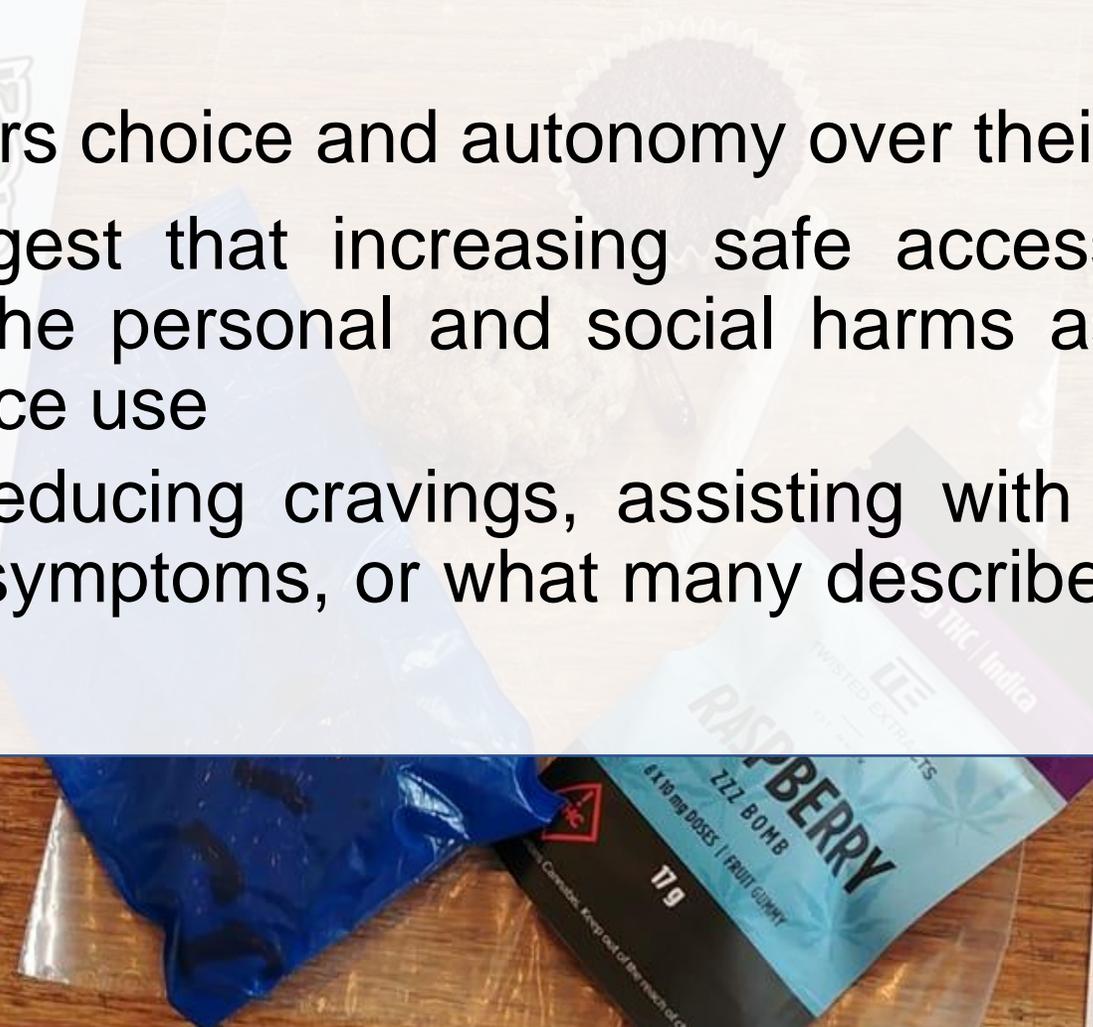
<i>20+ years</i>	17 (68%)
<i>10-19 years</i>	5 (20%)
<i>2-9 years</i>	2 (8%)
<i>1 year or less</i>	1 (4%)

Reported Uses of Cannabis (check as many as apply)

<i>Pleasure/to have fun</i>	24 (96%)
<i>Pain</i>	22 (88%)
<i>Reduce the use of other drugs</i>	22 (88%)
<i>Nausea</i>	11 (44%)
<i>Appetite/Weight</i>	8 (32%)
<i>Other</i>	4 (16%)

CANNABIS AS AN ADJUNCT THERAPY

- Most of (convenience) sample are actively using other substances
- Cannabis offers choice and autonomy over their health
- Findings suggest that increasing safe access to cannabis may reduce the personal and social harms associated with other substance use
 - utility for reducing cravings, assisting with pain, nausea, and other symptoms, or what many describe as 'taking the edge off'.



About the last two or three weeks I was there [at the hospital] I just went on to methadone - I was all trying to slow down and by the time I left there, I never looked back. But the methadone didn't always work, so I started smoking weed. At first, I just smoked weed off and on, you know, take it or leave it, right. But I started to depend on it a little bit more for stability and started using more often when I needed it. – white woman, 52 years old

CANNABIS
Saves
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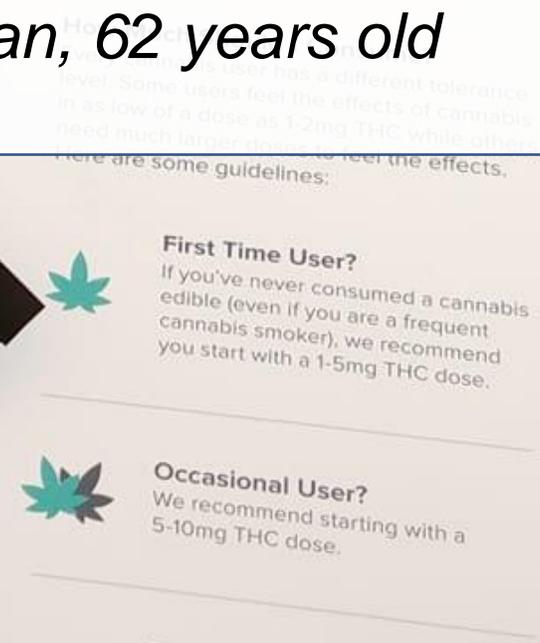
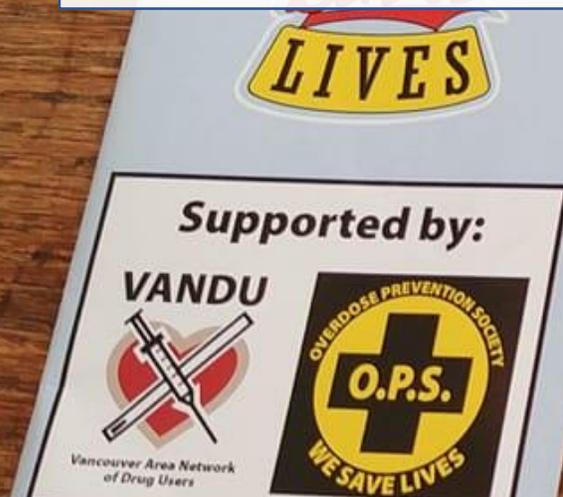
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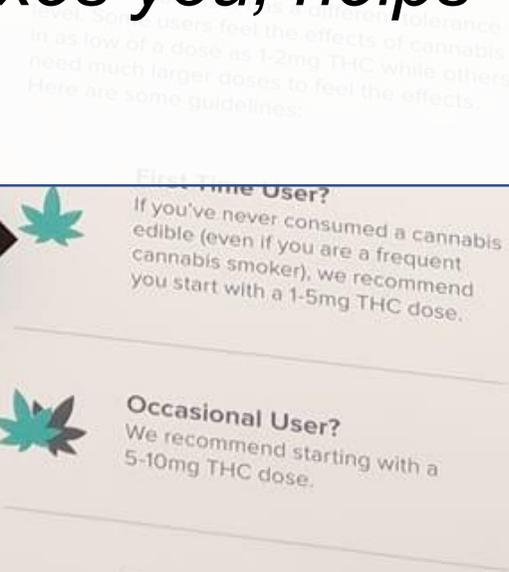
We recommend starting with a 5-10mg THC dose.



...once I got down to 5 mls [of methadone] - I coasted at that for five weeks and then I went down to 4 mls for four weeks, 3 mls for three weeks, all the way down to 1, and you skip over 1 'cause if you don't you're stuck at 1 ml for the rest of your life...there was discomfort, yes, a little bit of withdrawals, of course there is. There was some discomfort 'cause it gets into your bones and it hurts but it's more like having a nasty flu, and cannabis helps with those things. It was my lifeline. It was my relief for those days, made it bearable. – white woman, 62 years old



When I quit doing the booze and cocaine, I find what helped me was to keep busy, keep smoking weed for sure...the weed is a plus, it helps relax you cause you get tense...you get waves.... where you feel like using and you get all oh I can't, I want to use but I can't...Well that weed just kind of brings you down to relax you and helps you to forget about it... it kind of takes the edge off a little...I would smoke more weed in place of it which helped me sleep too. Cause your nerves and your mood swings are going crazy, right, so it affected my sleep and weed it relaxes you, helps you sleep. – Indigenous man, 33 years old



ACCESS

- Substitution Programs greatly improve access for PWUD on the DTES
- Legal avenues inaccessible
- “*Lowest barrier access*”

It [High Hopes] makes it affordable enough that I never had to go more than like a day without it, at the most, and its always there. If I ever can't afford more, I just ask, and I get it. – white woman, 52 years old



I can't say I've completely eliminated it [other drug use] because I did a needle, a shot... like some days ago. But it's gotten a lot better now that I have access to weed... I can't always afford to go to the dispensary to get weed. So when I can't afford it, I come to the program, that helps me out a lot. Like quite a lot. Who can afford to buy weed every single day? ... Like the decent weed...is always more expensive, right. And that's the weed that actually can help me out the most. – white woman, 40 years old



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I'm worried what will happen to it [the substitution program] in the future. That's what worries me, if I already can't afford what I need as it is now, yeah it's gonna suck when the government gets their greedy little hands all over it... and they'll be like if you have to order it online then there's shipping costs. You need an address, you need a credit card. If you are able to go into a store, is that gonna be a \$10 gram kind of thing, you know, or \$11 a gram and now it's as high as \$15 so I mean I just can't. — black woman, 32 years old



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CONCLUSION

- PWUD report using cannabis **instrumentally** to reduce or manage drug use, particularly to assist with withdrawals, craving, and to manage issues such as chronic pain and sleep
- Compassionate access, **attending to poverty**, and considering PWUD that could likely benefit from cannabis as an adjunct therapy or as part of routine care could be important for future work examining utility as harm reduction tool among this group
- Substitution Programs are a **critical low barrier option** for people in DTES – opportunity to support their scale up as model spreads to other cities in Canada



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Reddon H., et al. Cannabis use is associated with lower rates of injection drug use among street involved youth: A longitudinal analysis. *Drug Alcohol Rev.* 2018; 37(3):421-428.

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thank you

jenna.valleriani@bccsu.ubc.ca

