

# one more kid

*Public Health Plan for Cannabis Legalization*



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PRI CANNABIS LEGALIZATION SYMPOSIUM 2017

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# One More Kid: An Ontario Public Health Plan for Cannabis Legalization

*2/3 KIDS SEEKING TREATMENT NOT GETTING IT*

The **treatment deficit for kids** with drug or alcohol dependence: at least **2/3** students in Ontario schools **who seek treatment and qualify for treatment** aren't getting treatment. As Canada legalizes **cannabis**, let's make it Ontario's goal to help more of those untreated kids — the 2 out of 3 . Let's try to help just one more. One more kid who gets their life back; one more family who gets their kid back. One more kid.



Allow me to back up for a moment. We have heard from the justice ministers on cannabis legalization — in 2016 from a former federal Justice Minister-led task force, and very recently from Ontario's Attorney General, on how to best execute the legal part. They both included some generalizations about public health and

education, but it reads like an inventory of risks, without more. Imagine the RCMP managing a junior hockey league. Wrong skillset.

I can say with experience that Justice Ministries are virtuosos within their bailiwick of legislating and regulating. So too with *informing* public policy with rigour, precision, and risk management. But when tasked with designing and running the federal gun registry, it turned out to be outside their wheelhouse, to disastrous effect.

We've now heard from the lawyers, says the lawyer. The many parts of our many governments need to prepare our society for new access to an old drug about which we may be misinformed. We desperately need to hear from the the teachers, the nurses, the counsellors and doctors and paramedics, genius advertisers and researchers, managers, senators and mothers.

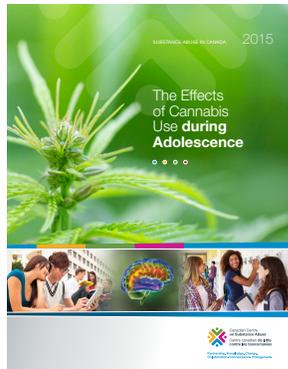
For now, however, the lawyers have the pen. It's a common refrain. When Colorado and Washington State legalized recreational cannabis, guess which departments were **over**-budgeted? The Attorneys General in those states didn't come close to spending their original budget allocations. Because it turns out that cannabis legalization requires public health and education solutions more than anything having to do with law, order, regulation, and economics.

Our job at this symposium is to educate the public through the media and directly; and to give all governments a shove. The Attorneys General have spoken about the rules, but there still ain't no public health plan in Ontario, for something that's birthing in nine months.

How could that be? The short answer is fiscal federalism. It's the feds fault that Queen's Park looks unprepared for this federal policy. But the feds are up against a united front: all provinces but one have Liberal or NDP Governments. They're probably making huge demands on the federal Treasury. There is always a game of chicken that gets played when it comes to fiscal federalism negotiations. The communiqué arising from all the Health Ministers meetings in Edmonton, when

translated from the language of diplomacy to the colloquial, reads: “Justin, show us the money.”

However, I sense little public pressure to kick a robust public health and education policy into gear. So many dollar signs in our eyes, so much histrionic change, we can't see that quiet, isolated, angry, fearful kid in the corner who needs our help.

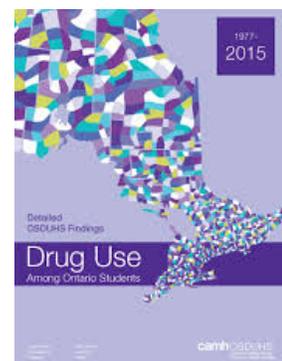


I'm going to address a couple **big problems**. Kids consuming cannabis early and often get brain damage. We heard that today from the Canadian Centre on Substance Use and Addiction, at this symposium. So we urgently need to inform kids and parents. Not warn. Inform. They're going to make the choice, just like we did, when it came to sex, drugs, and booze.

Here's another **big problem**. Cannabis is addictive, like any other psychoactive substance, but that evidence-based proposition is denied by too many. Just like it was denied by many that opioids weren't addictive, when prescribed for chronic pain. About 20,000 Ontario kids today use cannabis daily. Daily. Almost 15,000 kids are what scientists and doctors would call “dependent,” and what I'd call addicted. We need the Prime Minister and the Premier to say it out loud: cannabis can be addictive.

**Treatment Deficit.** How many get treatment? About 4200 students received treatment in 2015. 15,000 of cannabis dependents qualified for treatment. 114,600 students reported symptoms of drug use problem. Only 4200 got treatment. Again, this is kids in school. These numbers don't include kids who drop out.

When a teen decides that they're sick, self-identifies as dependent, and seeks out help, there is no where to go, for too many. We know thanks to CAMH studies on student use of drugs that kids who actually need and seek treatment don't get it. More than 2 out of 3 kids cannot get treatment; kids who need it, seek it, deserve it. Maybe way more than 2/3



but at least 2/3 cannot get treatment. Because there aren't enough spots in treatment centres funded by OHIP.

We know that treatment works. That's what Dr Mills presentation suggested right here just minutes ago. But if your child wants to go to PRI, eg., they need get on a wait list for ... at least 1.5 years. That's plenty of time for kids to get very sick, to run away, to get lost in the youth justice system, to die. The nature of addiction is that it can be progressive: untreated, it tends to get worse over time.

And then there are up to 100,000 Ontario kids who may objectively **need** treatment but just don't **want** it. They believe the delusion that they're managing their substance just fine thank you very much.

Our general population remains wet behind the ears on the subject of cannabis effects, and downright ignorant on basic facts regarding addiction and treatment. There is a profound need for public education on the foregoing and a public health policy that borrows from best practices globally.

What should be in that public health/education plan?

- (a) cut the youth treatment deficit, by 2020: if only 1 out of 3 kids who need and want treatment actually get it, based on 2015 numbers, let's make it our goal that 2/3 seeking treatment get admitted within 6 months of waving the white flag; that's 2/3 kids untreated down to 1/3.
- (b) take from Colorado and Washington State public health and public education frameworks, with lessons learned from both. Combining those states total public health/education budgets would equal what Ontario's budget ought to be, to achieve *per capita* parity. *Eg.*, Ontario should budget \$21M for public education on cannabis in 2018/19.
- (c) revisit the current federal budgetary allocation for public education on cannabis — less than \$10M a year over five years. The parking garage renovation at 22 Sussex Drive is estimated at over \$50M.

(d) over-regulate on youth usage, to begin with, including de-licensing for companies marketing to youth, with timetables for deregulation on young adult

markets once industry benchmarks met. Governments ought to co-opt the industry rather than regulate in isolation; use carrot and stick, to leverage the public interest rather than merely entrenching targets for industry to avoid/litigate: history teaches us that governments will always lag behind free enterprise ingenuity (Joe Camel), so **get the industry on board to agree that youth are**

**off limits;**

- (a) regularly review the majority age for cannabis use via an independent body akin to what was created in Colorado;
- (e) avoid the counterproductive method of funding programs through a dedicated cannabis tax revenue fund, as required by Wash/Colorado state laws; and
- (f) governments should assume all financial responsibility for public health regarding substance use for youth through indirect taxation and funding from the general revenue fund.

Lastly, any claim that Ontario is strapped for cash, when it comes to a robust public health plan, may be true, but it won't fly. It won't fly because of the overinflated expectations regarding cannabis tax revenue.

And it won't fly because everyone knows that if a Government wants to prioritize something, it does just that. (Harper on anti-terrorism; McGuinty on classroom size and green energy). It's just the way governments work. Ontario has a \$141 Billion annual budget. Half measures will avail us nothing. We stand at the precipice of cannabis legalization and a treatment deficit for all young Canadians. Our call to action today to governments is: get it right, hurry up, help our kids, just one more kid. Just one more kid who wants to get their life back; just one more family who gets their kid back.

