



CANADIAN  
PUBLIC HEALTH  
ASSOCIATION

The Voice of Public Health

# DISCUSSING POT AND DRIVING WITH TEENAGERS

## A guide for adults

UPDATED MARCH 2018



# THE VOICE OF PUBLIC HEALTH

**The Canadian Public Health Association** is the independent national voice and trusted advocate for public health, speaking up for people and populations to all levels of government.

We champion health equity, social justice and evidence-informed decision-making. We leverage knowledge, identify and address emerging public health issues, and connect diverse communities of practice. We promote the public health perspective and evidence to government leaders and policy-makers. We are a catalyst for change that improves health and well-being for all.

We support the passion, knowledge and perspectives of our diverse membership through collaboration, wide-ranging discussions and information sharing.

We inspire organizations and governments to implement a range of public health policies and programs that improve health outcomes for populations in need.

## **OUR VISION**

A healthy and just world

## **OUR MISSION**

To enhance the health of people in Canada and to contribute to a healthier and more equitable world.

For more information, contact:

### **Canadian Public Health Association**

404-1525 Carling Avenue, Ottawa, ON K1Z 8R9

T: 613-725-3769 | F: 613-725-9826 | [info@cpha.ca](mailto:info@cpha.ca)

[www.cpha.ca](http://www.cpha.ca)

This discussion guide is part of the Pot and Driving campaign launched by the Canadian Public Health Association (CPHA) on November 21, 2005 with funding from Canada's Drug Strategy, Health Canada.\*

### 2018 Update

In April 2017, the Government of Canada introduced Bill C-45, the *Cannabis Control Act*. Bill C-45 will amend the *Controlled Drugs and Substances Act*, the *Criminal Code* and other Acts to legalize and regulate the production, distribution, sale and possession of cannabis in Canada. It also aims to provide a public health framework to help reduce the negative health and social outcomes related to cannabis use while minimizing the serious negative effects resulting from the criminalization of cannabis possession. Bill C-46 was introduced at the same time to amend the *Criminal Code* to strengthen the enforcement of existing laws around relating to cannabis- and other drug-impaired driving. This Act proposes to introduce more severe punishments for those who drive while under the influence of any drug, including cannabis, and allows law enforcement officers to conduct roadside intoxication tests. Provinces and territories have also introduced new legislation to address the legalization of cannabis.

This resource has been updated (March 2018) to reflect recent evidence as it relates to cannabis consumption and driving.

*Discussing Pot and Driving with Teenagers* can be used in conjunction with the following updated resources:

- A poster of airplane pilots smoking pot with the campaign message, “If it doesn’t make sense here, why would it make sense when you drive?”;
- 10 questions for teenagers; and
- A Frequently Asked Questions backgrounder.

These resources are available on CPHA’s website, <https://www.cpha.ca/resources>

\* The views expressed herein do not necessarily represent the views of Health Canada.

## THE EVIDENCE

Driving under the influence of alcohol and/or drugs continues to kill and injure more Canadians than any other crime.<sup>1</sup> Evidence indicates that driving under the influence of cannabis can double the risk of serious or fatal injury in a motor vehicle crash.<sup>2</sup> However, many young Canadians do not believe that cannabis impairs their driving ability;<sup>8,10,23,38</sup> in fact, their perception of harm associated with cannabis is decreasing.<sup>12</sup>

The evidence is clear that using cannabis affects motor coordination, short-term memory, concentration, information processing and decision-making, which all reduce the ability to drive safely.<sup>8</sup> If pot is consumed before driving, it can have specific effects, including:<sup>14,15</sup>

- A reduced or ‘drifting’ attention span, impairing the ability to be aware of numerous sources of information all at once;
- Slower reaction times, reducing the ability of the driver to respond quickly to sudden changes on the road, especially during unexpected events (e.g., when a sudden stop is required); and/or
- An altered perception and judgment of time and distance, reducing the driver’s ability to stay within one lane and increasing variation in following distances and speed.

### What do we mean by ‘pot’?

We use the word ‘pot’ in our materials to refer to any drug derived from the plant *Cannabis sativa*. Cannabis refers to various psychoactive preparations of the plant, including marijuana (made from the dried and crushed leaves and flower buds), hashish and hashish oil (made from the flower bud resin), and cannabis extracts (i.e., oils or wax). We chose ‘pot’ because it is short and easy to say; more importantly, we chose it because focus group participants were unanimous in saying it. Along with the word ‘weed’, ‘pot’ is the most common word used to refer to cannabis in both English and French Canada. Other common names for cannabis include: herb, ganja, grass, Mary Jane, and reefer.

## THE 10 QUESTIONS

In the 2005 youth focus groups led by CPHA, there were a number of widely held beliefs among participants and a range of issues relating to cannabis use and driving that were consistently raised. These comments became the basis for the 10 questions featured in this resource. Some questions take the point of view of a driver, others of a passenger. The responses to these questions suggest that we reconsider these widely held beliefs without judging individuals or groups who hold them. These responses are based on current research on impairment and accident risk.

When we talked to young Canadians in focus groups, we did not express opinions about pot and driving. We were interested in learning about their attitudes and beliefs, and not interested in trying to influence those beliefs. Talking and listening is a very good place to start the discussion on pot and driving, and using our 10 Questions is one way to do that.

Our 10 Questions are an informal way of asking youth if they think:

- Pot has an effect on a person's driving behaviour and on specific driving skills.
- If so, do these effects increase the chances that a driver will be involved in or cause a vehicle collision, either due to his/her own actions or the actions of other drivers? In other words, does pot increase what is referred to as 'crash risk'?
- If pot is mixed with alcohol, does the crash risk increase?
- Are there other contributing factors – such as driver experience, past experience with the drug or difficult road conditions – that make pot a source of risk for drivers?

## COMMON VIEWS ON POT AND DRIVING

As with any open discussion, focus group participants described a range of ideas, opinions and experiences. In our FAQ backgrounder, we address these and many other issues such as law enforcement.

The beliefs we frequently heard in our focus groups, which are still relevant, are:

- Driving high is not a problem.
- I don't know anyone who was in an accident because of pot.
- Pot makes you more aware and focused on driving.
- You compensate for the effects of the pot on your driving by slowing down.
- If you are stopped by police and they suspect you are high and impaired, they have no way to prove it.
- They're legalizing pot so it can't be all that dangerous to drive high.
- Passengers don't feel at risk if they think you're a good driver.
- Driving drunk isn't a good idea because it's dangerous and you can get charged and lose your license.
- When you're high, you're more afraid of other drivers than how it affects your own driving.
- Pot doesn't cause accidents, drivers do.

## APPROACH AND RESPONSE

Our research tells us the approach you take in having a conversation with youth needs to be straightforward and reasonable; avoid moral undertones. As public education on pot and driving increases, it is important to recognize that youth may have their own perspectives and beliefs relating to the harms associated with pot consumption and driving based on their past experiences. Informing youth of the facts will help give them the tools to make informed decisions when it comes to pot and driving, either as a driver or passenger.

## CONFIDENTIALITY, CONSENT AND DISCLOSURE

Before starting the discussion on pot and driving, you should first consider issues around confidentiality, consent, disclosure and support.

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## 6. Strength

### *How strong is your pot?*

The legalization of pot will regulate production and ensure quality control of the pot distributed to government-licensed outlets. Pot strength will vary depending on the grower, how it was grown, and the strain. The strength of the pot can make a big difference on your driving, especially if you only use it occasionally.

The type of pot consumed and how it is consumed affects the timing, duration, and intensity of the high felt by the person consuming it. There are also a number of individual factors that can influence the effects of pot, like how often a person consumes it. This can impact the ability to drive safely, especially if you are not familiar with consuming pot.

Generally, it is advised to “start low and go slow” if consuming, and to wait at least six hours before driving after smoking pot, and at least eight hours after ingesting it.

### **Discussion points**

- Do people who consume the same amount/type of pot seem to have the same high? If no, how do the highs seem to differ?
- What would you tell your friend who wants to consume the same amount of pot as someone who consumes more often than he/she does?

### **Why did we ask this question?**

Consuming high doses of pot is an established motor vehicle crash risk factor,<sup>2,31</sup> and, as with alcohol, there is evidence of a dose-related relationship between pot and impairment of the skills needed for safe driving.<sup>32</sup> Unlike alcohol, THC concentrations in pot can vary significantly, and there is also a degree of variability in the effects on impairment between consumers. For example, the same dose of pot could have less of an

effect on a more regular user than on an infrequent user. Because of this variation, caution is warranted, especially to avoid over-consuming if a person is not familiar with pot and its effects.

### **What does the evidence say?**

There are a number of individual factors that can impact the length and intensity of impairment when consuming pot,<sup>8,1</sup> including:

- the dosage, strain of pot, and THC potency consumed;
- the frequency of use, sensitivity and tolerance;
- body composition (i.e., amount of fatty tissue);
- co-consumption with prescription medication or alcohol; and
- health status and family health history.

How pot is consumed will also influence the length and timing of the high. For example, when pot is smoked, THC quickly enters the bloodstream and the consumer can feel high within minutes, whereas the high felt from edibles can take longer to peak (up to four hours) and last for a longer period of time (up to 10 hours).<sup>30</sup> After dabbing, or consuming hash oil, a consumer can feel high more quickly because hash oil is much more potent (up to 60-80% THC<sup>30</sup>). This makes it challenging to establish the exact relationship between dose and risks.<sup>8</sup> Because the effects from smoking pot gradually wear off over two to four hours, and longer when it’s ingested, it is recommended to wait *at least* six hours before driving after smoking cannabis and *at least* eight hours after ingesting it.<sup>30</sup>

## NOTES

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