

Results of BCITSA-solicited Feedback to Draft BCIT Cannabis Use Policy

Background

On April 3, 2018, BCIT released Draft Policy 7200 (Cannabis Use) for Community Review. In order to ensure a more fulsome consultation, BCITSA created a feedback process for BCIT students to make their opinions known. Of 248 respondents, opinions were evenly split between those who accepted the Draft Policy and those who opposed it. Primary concerns of those who supported the Draft Policy were generally related to smell and impairment. However, there were very few comments from those who supported the Draft Policy. Of those who opposed the policy, their concerns generally fit into three key themes.

Key Themes:

1. Medical Use

Many of those who commented were surprised that BCIT would seek to govern medical decisions that are properly left between physician and patient.

Commenters expressed concern about the double standard that does not require any reporting of other prescription medications far more likely to impair, such as opioids. Further concerns were also raised about the privacy implications for students to be forced to disclose that they are receiving medical treatment in the first place.

2. Unfair Treatment of Recreational Use

A number of comments were received that pointed out that the recreational use of cannabis, soon to be legal, is being treated far more restrictively (in the form of outright prohibition) than either alcohol (consumption permitted in licensed areas) and tobacco (outdoor use permitted an acceptable distance from building entrances and air intakes).

Many of those who commented suggested that it was inconsistent to allow for alcohol and tobacco consumption with reasonable limitations, while ruling out any accommodation for those who wish to engage in the lawful consumption of cannabis.

3. Enforcement

Finally, enforcement-related issues were raised. Comments followed two general themes. First, there were questions with respect to how impairment would be proved under this policy. Some responses highlighted the uncertainty around how this would be measured, while others expressed specific privacy-related concerns (e.g. forced urine and/or blood tests). Second, there were concerns about how the policy would be enforced once BCIT came to a decision that someone had, in fact, breached the policy. While there appears to be clarity about how staff might be disciplined, responses indicated that there was far less clarity on what sort of discipline students would face under this policy.

BCITSA Staff Feedback

BCITSA staff conducted its own review of the Draft Policy independent of the student feedback survey. Staff concerns largely mirrored the concerns submitted by students. Additional concerns are as follows:

1. THC vs. CBD

The Draft Policy does not differentiate between recreational cannabis (generally higher THC content) and medicinal cannabis (generally higher CBD content). Given that medicinal cannabis products have low THC content, they have a tendency either not to impair at all, or to cause minimal impairment. The fact that the policy effectively treats both in the same manner risks a misunderstanding of the nature and applications of medicinal cannabis.

2. Terminology

- a.** The definition of Cannabis is excessively long.
- b.** In the definition of Impairment, the reference to inability to function “normally” is unclear and inappropriate.
- c.** In the fourth paragraph of the ‘Cannabis Prohibition’ section, the term ‘must be responsible’ is unclear.
- d.** In the ‘Community Responsibilities’ section, the term ‘apparently impaired’ is overly broad and difficult to understand.
- e.** The reference in the ‘Special Situations’ section to the ‘need’ to use medical marijuana misconstrues how medical decisions are made. There is rarely, if ever, a ‘need’ to use that specific form of treatment, but if a patient makes a choice to follow a particular treatment or pain

management plan, they should not be stigmatized or otherwise disadvantaged for having done so.

3. Other Overreach

- a. Controlling people's off-campus use of a legal substance is beyond the reach of a BCIT Policy. However, ensuring individuals are not excessively impaired on campus is a legitimate interest. It may be that a separate policy dealing with on-campus impairment, regardless of the form it takes, would be a better vehicle to address this matter.
- b. The 'Community Responsibility' section requiring everyone to take reasonable steps to prevent an impaired or apparently impaired person from operating a motor vehicle ultimately imposes an unfair duty of care on every single member of the BCIT community. This is in spite of the fact that very few of them have any training that would enable them to properly discharge such a duty. Furthermore, it would create the perception of an on-campus 'snitch' culture. This duty properly belongs with SSEM and should not be extended to the community at large.

4. Medical Use

The section on medicinal use is not particularly well crafted and does not belong in a policy primarily dealing with recreational cannabis use. This entire section ought to be removed from the policy altogether. In addition to concerns raised in the student feedback section, the requirement to disclose the use of a medical treatment is a serious breach of privacy and may also be unlawful.

5. Addictions

This section misunderstands the very nature of addiction and presumes both individual understanding of their addiction and agency in the decision-making process, neither of which may exist in a number of circumstances. This section ought to be either removed or reconsidered.

6. Enforcement

Further to the concerns raised by students, this Policy must include a clear Procedure to outline precisely how it is to be enforced.

Recommendations

1. BCITSA recommends that implementation of the Draft Policy be delayed until it can be restructured to focus solely on the recreational use of cannabis on

campus. Standalone policies dealing with impairment and support for persons with addiction should be adopted separately.

2. In the event that Recommendation 1 is not adopted, we strongly urge that there be a mandatory review of this Policy after 12 months, with full stakeholder feedback.