

# FAQ: What does Legalization of **Recreational** Cannabis in Canada mean for Salvation Army Programs?

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September 2018

Bill C-45, the *Cannabis Act*, is set to come into force and cannabis (marijuana) will become legal in Canada on October 17, 2018. While it will now be legal to use, possess and sell cannabis, this won't be without some serious restrictions. In other words, The Salvation Army's staff and clients are reminded that cannabis will still be considered a "controlled substance".

The full implications are not yet clear and the complete legal framework is still to be determined. But many provinces and municipalities have adopted legislation, bylaws and policies to address concerns expressed by citizens and community groups about access to cannabis and its potential impact on others.

**Below you will find some answers based on our current understanding of the law as it applies to our Ministry Units. Please note that answers may change as the legal landscape develops.** Ministry Units are advised to check back when issues arise for up-to-date information. For any questions/scenarios not covered here, please contact THQ Legal and THQ Social Services for clarification and support.

Medical Cannabis, used with a prescription, is a separate issue. Please refer to the FAQ on Medical Cannabis also in the Social Services Manual on Lotus Notes.



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# Implications for Salvation Army Stakeholders

## What's the short answer?

As a general rule, recreational cannabis, similar to the consumption of alcohol and smoking, may be prohibited and/or controlled by owners of private properties at their discretion. This means that, in most cases, The Salvation Army will prohibit cannabis consumption and growing on properties it owns and operates.

An exception may exist where The Salvation Army is acting as a landlord. Where residential tenancy rules apply, they may inform how we can and cannot prohibit cannabis. In such cases, Ministry Units should consult with the THQ Legal Department about implementing an appropriate response on a case by case basis. Where we operate but do not own the facility, it may depend on our lease agreement and THQ Legal should be consulted.

## What does this change mean for employees?

The Salvation Army continues to be firmly committed to maintaining a respectful, safe and healthy workplace and has the duty to address any substance use/dependence that may impair work performance. The THQ Employee Relations Department is currently working to draft a Territorial Workplace Policy Regarding Substance Dependence/Impairment to address this duty. In the meantime, you may also consult this resource from the Canadian Centre for Occupational Health & Safety: [www.ccohs.ca/products/publications/cannabis/](http://www.ccohs.ca/products/publications/cannabis/)

## What does this change mean for clients?

As a general rule, The Salvation Army will continue to prohibit recreational use of cannabis (along with drinking alcohol) in our Ministry Units. There may be exceptions to this wherever an accommodation request has been made and approved for use of medical cannabis (see the relevant FAQ's here), where residential tenancy rules apply, or where a funding agreement sets out specific expectations.

We know that many of our clients already use cannabis and we expect that legalization will not drastically change existing patterns of use. Depending on the type of service provided, The Salvation Army will take a pragmatic, behaviour-based approach to this change in legislation, addressing cannabis use and associated behaviours rather than policing possession and unnecessarily restricting access to services. The FAQs below will help clarify what this means. [↗](#)



# Rationale

## What is the logic behind our approach to client use?

The Salvation Army takes a compassionate, person-centred approach in all of its programs and services. This change in rules regarding cannabis use/possession is a legal issue rather than a moral one. We recognize that realities of trauma, discrimination, violence, isolation and other social factors have contributed to our clients' marginality and vulnerability and sometimes make it difficult to effectively deal with substance use issues. We aim to gracefully accept people where they are and walk with them respectfully and with dignity on a journey toward holistic health.

As The Salvation Army operates communal living spaces and other community-oriented services, it needs to create safe and healthy spaces for all, including staff and clients. As cannabis, especially cannabis smoke, can lead to potential allergic reactions, trigger relapses, and potentially cause second-hand intoxication or health problems, it is important that rules are in place to protect the health and safety of those who work for us and those we serve. Clients and staff should be reminded of these reasons when explaining the purpose of our approach to cannabis.

Please note that possession, use, sale, and growing of cannabis are separate issues. While Ministry Units should endeavor to discourage all four, staff should concentrate energies on addressing use and sale, particularly as it relates to behaviours that pose a threat to staff and client safety. See more about "possession" [below](#). [!\[\]\(e78f798d4ea5c530c9db49e7d26e6b95\_img.jpg\)](#)



# Logistics

## Does it matter in what form clients use cannabis?

No, not to The Salvation Army; all methods for using cannabis (smoking, vaping, water pipes, edibles, etc.) will not be permitted on site.

## When we say “not on Salvation Army property,” what does that include?

Generally speaking, this includes all buildings and outdoor areas that The Salvation Army owns or leases, Salvation Army vehicles, and vehicles parked on Salvation Army leased or owned property. Substance Use policies should include these parameters.

## Can a client be admitted to our program while under the influence of cannabis?

This may depend on the type of program. In many cases, staff cannot effectively assess whether clients are under the influence of intoxicating substances. Staff should limit service restrictions and similar consequences to any client behaviours that pose a danger to self or others, rather than basing these decisions on appearances/assumptions. Testing for substance use (e.g. breathalyzers) is rigorously limited to the programs and services where it is strictly necessary (e.g. certain Corrections & Justice programs). Issues like disturbing the peace, acting in violent and aggressive ways, and otherwise posing a threat to others/the community should be addressed according to behaviour-based (rather than zero-tolerance) policies and procedures for inclusion and exclusion, and police should be called when it is unsafe for staff to intervene. See more about a “behavior-based” approach [below](#).

In the rare and specific cases where funders (e.g. Correctional Service Canada) require testing for substance use (via breathalyzers or urine samples for example), questions about how they intend to address legalized cannabis must be directed to them, with support from THQ Legal and THQ Social Services.



## **What sort of behavior might we expect of recreational cannabis users and how should we address it?**

Cannabis users may experience a range of effects, from typically feeling more relaxed to certain psychotic symptoms in extreme circumstances. [See Government of Canada's Fact Sheet on Health Effects of Cannabis [here](#).] Salvation Army staff are not usually mental health workers and should therefore not rely on perceptions but instead on objective, behavior-based criteria when determining an appropriate response.

With cannabis, and in various matters related to substance use, Ministry Units should manage any client behaviours which do not pose a threat to safety in such a way as to allow clients to maintain access to the service. In some cases, this may mean letting clients sleep off the effects of cannabis in a safe location and checking on them in case their condition worsens. Rather than taking a zero-tolerance stance on cannabis-related behaviours, wherever possible, Ministry Units should have in place a system for escalating interventions. [For example, see the Behaviour-Based Follow-Up table in the Social Services Manual on Lotus Notes].

## **Can we prohibit possession?**

Practically speaking it would be very difficult to effectively eliminate possession in many Salvation Army programs, given the variety of forms cannabis may take (e.g. leaves, buds, cigarettes, oils, edibles, etc.). There would need to be a clear rationale for enforcing a prohibition on possession (as in an addiction treatment program, youth program, or at a Moms & Tots camp, for example). Possession of cannabis could, for the most part, be treated in the same way as cigarettes where we prohibit selling and sharing in order to minimize friction between clients. Ministry Units must not police possession nor search/seize client belongings unless there is a clear danger to staff/client safety.

It is not The Salvation Army's role to search client belongings for cannabis or to confiscate it from clients. Signage should still indicate that cannabis (like alcohol) is prohibited on Salvation Army property, but where clients admit to or are observed carrying cannabis, they should be asked to be very discreet with it and to find somewhere else to store it, off-site. Especially in the case of an emergency shelter (an essential service), possession should not be grounds for restriction/exclusion.



## **What about growing?**

For both liability and community safety issues, The Salvation Army will not permit growing cannabis plants on its property, except where a medical accommodation request has been formally made by Health Canada, and, upon seeking advice from their Division and THQ Legal, the Ministry Unit has agreed to allow it (in exceptional circumstances only). Where a Ministry Unit is subject to residential tenancy rules, they should consult with both THQ Legal and the Territorial Director of Risk Management on this issue since it involves insurance considerations and other hazards.

## **Can we store cannabis for clients?**

Generally speaking, The Salvation Army will only store medical cannabis since it is a prescribed medication and should be treated like all other prescription medications. [See the FAQ's on medical cannabis for related issues]. Recreational Cannabis is not as easily recognizable as alcohol, is not stored in similarly sealed containers, nor can it be as easily disposed of, so Ministry Units should not open themselves to risk by storing it.

## **Can we confiscate cannabis from a client?**

No. As with storage above, Ministry Unit staff should not open themselves to risk or suspicion by confiscating cannabis from clients. There may be exceptions to this where a client is entering a drug treatment program, for instance, and cannabis is turned over at intake. In such cases, there should be policies in place to ensure this is done safely and securely, including that staff obtain client consent to dispose of it.

## **Can we confiscate cannabis if it's over the legal allowable limit?**

No. It is not The Salvation Army's role to enforce the possession limit allowed under the legislation (30g). Where a client appears to have a large stash, they should be asked to leave and return without it.

## **We suspect clients are selling cannabis to others. What should we do?**

Sharing cannabis is allowed under the new legislation and certain provinces may allow individuals to become licensed sellers of cannabis. This will make it difficult for staff to be sure that they're witnessing an illegal activity. Still, where policies and client agreements have been updated to prohibit the sale of cannabis on-site, warnings and/or service restrictions can be imposed for suspected selling of cannabis on-site. [↗](#)



# Operational Practicalities

## Is there anything we need to know about administering medication to people using cannabis?

In general, clients should be allowed to administer their own medication in accordance with their prescription, unless the medication is being handled by a healthcare professional (e.g. nurse, doctor). Where a Ministry Unit suspects a client is taking their medication not in accordance with their prescription (e.g. under the influence of alcohol or cannabis), we should express concern and suggest they connect with their health provider to confirm that what they are doing is okay; we might also ask if they give their permission for us to enquire on their behalf. Where a client ignores our concerns and proceeds to take their medication, they should be carefully monitored and if they seem in distress, 911 should be called. Not following their prescription may contravene our program policy and may be grounds for a warning and/or service restriction. Again, we would meet the person where they are and come to an appropriate client-centered solution, respecting clients' rights to make decisions about their health and bodies.

## Do we need to update any other Ministry Unit policies to reflect the new legislation?

Review your existing policies and procedures for any relevant changes based on the advice above. For example:

**Substance use policy or “House Rules”** would now include ‘no use of alcohol, cannabis, or illicit drugs on Salvation Army property, except where a specific medical accommodation has been approved.’ The property parameters listed [above](#) should also be included.

**Smoking policy** will need to be specific now that only **tobacco** smoking will be permitted in designated areas on Salvation Army property; smoking and vaping of cannabis or other herbal products will not be permitted (with the possible exception of a specific accommodation made for a person using cannabis for medication purposes).

**Human resources policies** may need to be updated to reflect the forthcoming Territorial Workplace Policy on Substance Use/Impairment.





**Admission criteria** should now address cannabis in a manner similar to alcohol (no longer an illegal but still a controlled substance), as well as your behaviour-based policies for addressing use and sale of cannabis on site. [Note: Ministry Units using bed bug tents to heat client belongings should remind clients to remove cannabis (without consequences) from their belongings before heat treatment.]

**Lease agreements** where Ministry Units are subject to residential tenancy legislation may need to be altered and there may be rules requiring a phased-in rather than an immediate change. THQ Legal should be consulted.

**Client belongings policies** may need adjustment to address possession rules, procedures for when staff find cannabis among client belongings after departure/discharge, and how to dispose of it in special, program-specific circumstances. Ministry Units should not assume responsibility for storage and/or loss.

**Accompaniment or Outreach policies** that currently take observations of clients' cannabis use in the community as a factor in determining access to service should be revised so that only use on Salvation Army property is a consideration (since it is no longer necessarily illegal beyond where private property owners and municipalities have restricted it).

### **Does our staff need any extra training?**

Whenever there is a new policy or a change in policy, it is advisable to train staff as to what it means in their day to day work. An online training module from the Canadian Centre for Occupational Health & Safety will shortly be available to all Salvation Army staff on our Health & Safety e-learning site at [Salvationist.ca](https://salvationist.ca).

### **I've got other questions about this, who should I ask?**

Don't hesitate to get in touch with THQ Social Services or THQ Legal if you have other questions about how to respond to the legalization of cannabis in your Ministry Unit. [↗](#)

