

Medical Health Officer Recommendations Recreational Cannabis Access & Use

Population and Public Health

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Recommendations to Support Municipal Bylaw Development Regulating Cannabis Access and Use

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Purpose

The purpose of this document is to ensure a consistent message is delivered when engaging with stakeholders with respect to issues on cannabis legalization. It provides recommendations compiled and approved by the Fraser Health Medical Health Officers (FHMHOs), based on limited cannabis research, experience from other jurisdictions, tobacco and alcohol policy, and other public health evidence. The focus of this document is to support recommendations and communication with FH municipalities; however issues under provincial and federal jurisdictions are also discussed. Currently, these recommendations do not address the cultivation or processing of cannabis products, but rather focus on accessibility, marketing and use. A summary table at the end of the document lists recommendations.

Context

The 2008-2012 Canadian Alcohol and Drug Use Monitoring Survey report prevalence rates in BC for the past year cannabis use to be at 13.8% and lifetime use at 48.7%. DOAP (2014) report lifetime cannabis use among adults in Fraser East (41.4%) Fraser North (44.6%) and Fraser South (45.6%).¹ McCreary Center Society adolescent health survey (2013) indicated a lifetime cannabis use among youth is approximately 26% provincially. Among those who had tried cannabis, the most common age for first doing so was 14 years (24%).²

Legalization of cannabis on July 01, 2018 was introduced by the federal government with multijurisdictional responsibility for implementation. Legalization is a public health approach which allows the introduction of various measures to control access, control quality, and reduce harm from substances. **FHMHOs support a public health approach to cannabis access and use, including an appropriate level of market regulation required to protect and promote health while maintaining access at levels that reduce stigma and criminal activity.** Some benefits of legalization include reduction of unsafe environments created by illegal distribution, decreased use of illegal substances and reduced enforcement costs. Some risks of increase legal access includes increased in impaired driving, increases in cannabis use disorders and increased poisonings, each of these issues with health system and social costs.

¹ BC Drug Use Epidemiology 2014. <http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Publications/Epid/Other/FinalDOAPReport2014.pdf>

² From Hastings Street to Haida Gwaii: Provincial results of the 2013 BC Adolescent Health Survey. https://www.mcs.bc.ca/2013_AHS_Reports

Tobacco and alcohol are already established as legal substances for sale in Canada. Regulatory frameworks controlling access, sales, and public consumption exist for these substances. Health promotion messaging focuses on cessation and limiting consumption and respectively. According to 2015 Canadian Community Health Survey data, 14.5% of British Columbians continue to smoke, which translates to nearly 700,000 people.³ Nearly eighty percent of British Columbians (76%) report currently drinking alcohol, with 23% reporting regular drinking above the Low-Risk Drinking Guidelines (LRDG) (monthly or more often).⁴ CARBC estimates ~25,000 hospital admissions and ~1,300 deaths attributable to alcohol in BC in 2014. While BC's smoking rate is one of the lowest in Canada, overall consumption level for alcohol is increasing substantially in BC compared to other provinces.

Current regulatory frameworks for tobacco and alcohol can inform our best advice to policy makers however, it is acknowledged that there is a relative lack of information on the health and social consequences of cannabis legalization. As an overarching principle, **FHMHOs recommend strict regulations of cannabis sale distribution and marketing as supported by evidence from current regulatory frameworks, which could be rolled back as health and safety information becomes available.**

Recommendations

1. Delay initiation of use:

Based on the increased likelihood of developing adverse health, education and social outcomes when using cannabis before age 25, FH-MHOs recommend:

1.1 Initiation of cannabis use should be delayed as long as possible

The Government of BC has announced that the minimum age to possess, purchase and consume cannabis at 19 years old. A minimum age of 19 is consistent with B.C.'s minimum age for alcohol and tobacco and with the age of majority in B.C. This outcome is consistent with FH-PPH recommendations to the Solicitor General in November 2018.

However, deferring cannabis use at least until after adolescence is advised⁵. Some research suggests that users who start young are more likely to develop related mental health and education problems, or experience injuries or other substance use problems. A contributing factor may be the impact of cannabis use on brain development, which is not completed until the mid-20s. The younger a person is when starting cannabis use, the greater the likelihood of developing health problems that are also more severe. Therefore, any reduction in use, particularly high risk use, is advised, particularly in those less than 25 years of age.

³ Annual Report 2015 BC Vital Statistics Agency. Smoking Attributable Mortality; <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/statistics-reports/annual-reports/2015/pdf/annual-report-2015.pdf> (page 52) BC Vital Statistics

⁴ CPHO report on alcohol consumption in Canada (2015) <http://healthycanadians.gc.ca/publications/departement-ministere/state-public-health-alcohol-2015-etat-sante-publique-alcool/alt/state-phac-alcohol-2015-etat-aspc-alcool-eng.pdf>

⁵ Canadas Lower Risk Cannabis Use Guidelines. CAMH (2017)

https://www.camh.ca/en/research/news_and_publications/reports_and_books/Documents/LRCUG.KT.Professional.15June2017.pdf

2. Reduce exposure to environmental smoke:

Based on the principle of denormalization and knowledge that exposure/inhalation to the products of combustion are likely to lead to health effects FHMHOs recommend:

2.1 No smoking/vaping in outdoor public spaces such as parks, recreational areas and beaches

2.2 No smoking/vaping in multi-unit dwellings

2.3 No smoking/vaping lounges (including mobile venues)

Exposure to environmental tobacco smoke has been shown to have negative health effects. Smoking tobacco in fully or substantially enclosed public places (building, structure or vehicle), and workplaces (building, structure or vehicle) is prohibited through provincial legislation. Currently, tobacco smoking bylaws in FH communities vary, with most (but not all) communities prohibiting smoking in outdoor public spaces and all FH communities continuing to allow smoking in multi-unit dwellings.

At minimum, municipalities should be encouraged to align their cannabis smoking policy to current tobacco policy. Opportunities may exist to further limit exposure to all form of ETS (tobacco and cannabis) through recommendations to limit smoking in MUDs, enclosed vehicles with minor's present and outdoor public spaces where such regulations do not already exist. In this way, all smoking would be limited to private spaces, preferably well ventilated, outdoor private spaces. It is recognized that access to private spaces may not be equitably distributed in society. Enforcement of regulations related to smoking in public spaces should take this into account.

The Canadian government plans to make edible cannabis products publically available in July 2019. While edible cannabis products reduce potential risks associated with involuntary exposure/ inhalation of the products of combustion which are likely to lead to health effects, risks of overconsumption/poisoning, delayed onset of effect and intoxication exist with edible products. If edibles are proposed as an alternative to reduce environmental smoke exposure, these risks must be discussed.

Limiting public consumption of tobacco and cannabis can also support de-normalization of smoking practice and reduce smoking in youth. The tobacco literature shows that clean indoor air laws targeting public places that youths tend to congregate (e.g. concerts, sporting events, malls, and public transportation) are associated with reduced initiation and self-reported use of cigarettes among children and adolescents. Even broad workplace clean indoor air laws (affecting restaurants and the like) have been shown to influence the smoking behavior of youths by influencing antismoking norms. By limiting where cannabis can be consumed, regulators can reduce the exposure youths have to cannabis, perhaps making it less normative and more likely that youths delay initiation or never start at all.⁶

6. Developing public health regulations for Marijuana: lessons from alcohol and tobacco. AJPH. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4062005/>

3. Restrict marketing of cannabis products:

Based on the principle of de-normalizing cannabis use and restricting youth access to substances, FH-MHOs recommend:

3.1 Prohibit exterior display, advertisement, or promoted in a manner that is visible or accessible to minors,

3.1.1 No marketing to minors, including signage, online, product appearance (e.g. candies aren't attractive or look like regular candy), sponsorship and other venues.

3.1.2 Restrictions on the display, advertisement and promotion of tobacco and vapour products, including restrictions on the promotion or advertisement of tobacco or vapour products outside the retail store, including exterior signage, sandwich boards, flyers and sign spinners.

3.2 Packaging restrictions, including:

3.2.1 Plain, child proof packaging.

3.2.2 Limiting dose per package.

3.2.3 Labelling of THC content on all products, including edibles.

3.2.4 "Warning labels" on packages and in stores.

Advertising and packaging of cannabis products is under federal and provincial jurisdiction. Retail location and rules are under provincial and municipal legislation. Current tobacco legislation includes plain packaging, restrictions on the display, advertisement and promotion of tobacco and vapour products, warning labels and marketing to minors. One of the gaps with regards to advertising and promotion under the TVPCA and TVPCR is that there are currently no restrictions on the promotion or advertisement of tobacco or vapour products outside the retail store, including exterior signage, sandwich boards, flyers and sign spinners. At minimum, all jurisdictions should seek to restrict marketing of cannabis as per the current tobacco policy. Opportunities may exist to further limit marketing to youth and promotion or advertisement of tobacco or vapour products outside the retail store, though municipal regulation of exterior signage, sandwich boards, flyers and sign spinners.

Unlike tobacco, cannabis can be consumed in edible form requiring specific restrictions to the sale and marketing of edible products, including product appearance (e.g. candies aren't attractive or look like regular candy), and package labelling for a variety of edible products. Warning labels on edible products will require standardized messaging unique to this method of consumption.

4. Restrict accessibility to sales:

Based on the likelihood that with making access more challenging, overall consumption would be reduced, FH-MHOs recommend:

4.1 Do not sell cannabis with tobacco or alcohol

- **Maintain BCLCB as distributor only**

4.2. Regulate siting and density of cannabis outlets

- **Retailers not to be within 600 meters of schools, recreation centres and other areas where youth frequent.**

4.3 Limit hours of sale

- **At minimum, hours of sale should mirror current alcohol policy, however stricter limits would provide health and safety benefits.**

4.4 Ensure all recommendation restricting, age, hours of sale, price, packaging, marketing and any other relevant recommendation apply to any online sales of cannabis.

The B.C. government announced that the wholesale distribution of recreational cannabis will be handled by the government's Liquor Distribution Branch (LDB). FH-MHOs strongly recommend against selling cannabis in the same locations as tobacco or alcohol. The potential risk of increasing co-use of the products is an important concern as retail co-locations might be seen to condone and encourage co-use of cannabis and alcohol, which is particularly dangerous with respect to impaired driving. In addition, placing and selling cannabis in liquor stores would lead to a larger proportion of the population being exposed to displayed cannabis products, including many who might not otherwise encounter it.⁷ BCLCB should be maintained as a distributor only, with retail cannabis locations being separate from current alcohol and tobacco sales.

Retail location is under both provincial and municipal jurisdiction. FH-MHOs recommend that individual retail locations should be located at least 600 meters from schools recreation centres and other areas where youth frequent. Based on research to determine the distance of fast food outlets from schools, 600m was determined to be a distance that that the students were less likely to walk because the round trip would be 30min. In addition, cannabis and alcohol retail and be sited at a minimum density of 300 meters from each other. US jurisdictions have allowed municipalities to lower the distance between retail outlets to 100 feet (30 meters) at their discretion. This exemption does not apply to schools, playgrounds and sensitive users, for which Colorado, Portland, Seattle), limit the distance at 1000 feet (300 meters).

Evidence shows that limiting hours of sale for alcohol prevent excessive alcohol consumption and related harms. The Community Guide concluded that increasing hours of sale by 2 or more hours increased vehicle crash injuries, emergency room admissions, and alcohol-related assault and injury.⁸ Policies limiting hours of sale may apply to outlets that sell alcohol for consumption at the place of purchase (on-premises outlets, such as bars or restaurants) or elsewhere (off-premises outlets, such as liquor stores). Public health has called for stricter regulation on the sale and availability of alcohol in BC.⁹ Currently, liquor sales are currently limited to the hours of 9AM-11PM for most outlets. Store managers can change hours of sale within these limits. Cannabis sales should have similar or stricter limits. In US jurisdictions some municipalities have further limited hours of sale locally (Denver).

Licensing for online sales of alcohol is currently within provincial jurisdiction. FHMHOs recommend that all recommendations to sales and marketing be applied to online sales. Currently BC regulations limiting online sale and delivery of alcohol are less prohibitive then other jurisdictions (e.g. Ontario), which are limited to government sales.

⁷ Public health perspectives on cannabis policy and regulation. UPHN. <http://uphn.ca/wp-content/uploads/2016/10/Chief-MOH-UPHN-Cannabis-Perspectives-Final-Sept-26-2016.pdf>

⁸ Community Guide. <https://www.thecommunityguide.org/sites/default/files/assets/Alcohol-Limits-Hours-Sale.pdf>

⁹ Public health approach to alcohol policy (2008.) <http://www.health.gov.bc.ca/library/publications/year/2008/alcoholpolicyreview.pdf>

5. Limit single purchase amounts though packaging and price

Based on the likelihood that concentration of product made available at one time would reduce use and reduce risk of overdose:

5.1 Limit amount that could be sold in one encounter (e.g. 100 mg equivalent of THC).

5.2 Limit serving size to 10mg.

5.3 Set appropriate price point through regulation and taxation.

Smart serve programs across all provinces function to support compliance with regulations and limit intoxication. Most smart serve programs limit one's ability to buy 2 drinks at one time. Smart serve is provincially regulated, and similar programs are being proposed for cannabis sales in Ontario and other provinces.

Most studies found that raising cigarette prices through increased taxes is a highly effective measure for reducing smoking among youth, young adults, and persons of low socioeconomic status. However, there is a striking lack of evidence about the impact of increasing cigarette prices on smoking behavior in heavy/long-term smokers, persons with a dual diagnosis or Aboriginals.¹⁰

With respect to taxing alcoholic beverages, there are other measures affecting the economic availability of alcohol such as minimum prices for alcoholic beverages or regulation of discount prices. Until recently, however, the primary research and policy attention has been directed towards tax levels, and the effects of tax and price changes are often not clearly distinguished. The impact of changes in prices of alcoholic beverages on alcohol consumption and related harm has been more extensively studied than any other potential alcohol policy measure. When other factors remain unchanged, an increase in alcohol prices generally leads to a decrease in alcohol consumption, and a decrease in alcohol prices usually leads to an increase in alcohol consumption. Studies have found that increases in prices of alcoholic beverages disproportionately reduce alcohol consumption by young people, and also have a greater impact (in terms of alcohol intake) on more frequent and heavier drinkers than on less frequent and lighter drinkers. Changes in alcohol prices have also been found to influence drinking to the point of intoxication.¹¹

10 Effects of tobacco taxation and pricing on smoking behavior in high risk populations: A knowledge synthesis. (2011). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3228562/>

11 Pricing of Alcohol. http://www.euro.who.int/__data/assets/pdf_file/0004/191371/11-Pricing-of-alcohol.pdf

6. Public education and safety messaging should include the following key messages:

Based on current knowledge of the health and safety risks of cannabis use, FHMOS recommend emphasizing the following key messages:

- **Delay initiation.**
- **Limit frequency and quantity per use.**
- **Use lower THC content.**
- **Don't drive or operate heavy machinery within six hours of use.**
- **Don't use with other substances (e.g. with alcohol).**
- **Do not consume if pregnant.**

Important health messages can be disseminated by municipalities, organizations and individuals. Based on the CAMH Lower Risk Cannabis use guidelines, science-based recommendations should be provided to enable people to reduce their health risks associated with cannabis use. Currently, Canada has among the highest cannabis use rates in the world. Fatal and non-fatal injuries from motor-vehicle accidents, as well as dependence and other mental health problems, are the most common cannabis-related harms negatively impacting public health. About 1 in 5 people seeking substance use treatment have cannabis-related problems. Acute health effects of cannabis can include: Impairment, confusion, anxiety, fear, paranoia, delusions, hallucinations, decreased blood pressure, and increased heart rate. Chronic health effects of cannabis may include; psychological and physical dependence, bronchitis, lung infections, chronic cough, impairment of attention, memory and the ability to process complex information. There is also evidence that use of cannabis can accentuate symptoms of schizophrenia.¹²

7. Establish appropriate controls for the access and consumption of edibles

The Government has indicated that it intends to add cannabis edible products and cannabis concentrates to the list of products permitted for legal sale following the coming into force of the proposed legislation, once appropriate regulatory controls are developed. It was announced in October 2017 that federal rules for edibles legal sale of edibles will be announced in July 2019. Under the current rules, it will be legal ,on July 2018, to alter cannabis at home in order to prepare varying types of cannabis products (e.g., edibles) for personal use provided that no dangerous organic solvents are used in the process.

Public education will be required specific to the risks of consuming edible cannabis products, specifically the risks of overdose related to delayed onset of effect unique to this method of consumption. To help users manage their consumption and limit the risk of unintentional overdose, FH-MHOs recommend production controls to ensure consistent dosing, limits to dose per serving to ensure dose control as well as appropriate warning labels.

¹² Canadas Lower Risk Cannabis Use Guidelines. CAMH (2017)
https://www.camh.ca/en/research/news_and_publications/reports_and_books/Documents/LRCUG.KT.Professional.15June2017.pdf

8. Establish and maintain adequate surveillance systems

Currently there is little information on the health and social effects of cannabis use at the population level. A robust system for regular and transparent monitoring and reporting on cannabis-related driving infractions, ER visits, injuries, cannabis induced psychosis, violence and other social risks is needed federally and provincially. Timely data will allow citizens, health and safety officials to adapt their policies as needed to promote and protect the wellbeing of the population and to guide ongoing practice and policy making regarding cannabis in Canada and BC.

9. Reinvest proceeds/profits into primordial prevention of substance use in youth

Given an intention of legalization is to reduce youth access to cannabis and improve community safety, government proceeds from sales should be redirected into health promotion activities such as community programs, including job opportunities, physical activity, youth mental health and resiliency support, parenting supports, parental education and income.

10. Trauma informed enforcement of policies through social justice/equity lens to all new cannabis related by-laws, services and programs, including:

- Recommending that individuals be pardoned for previous possession charges/convictions as they may be disproportionately represented, racialized and experience limited opportunities to participate in the cannabis or general economy.
- Ensuring that policies, bylaws, etc. do not create higher risk for some groups.

Summary Table

		BC Tobacco Policy	BC Alcohol Policy
0.0	FHMHOs recommend regulations of cannabis sale distribution and marketing as supported by evidence from current regulatory frameworks, which could be rolled back as health and safety information becomes available.		
1. Delay initiation of use			
1.1	Initiation of cannabis use should be delayed as long as possible.	Min age 19	Min age 19
2. Reduce exposure to environmental smoke			
2.1	No smoking/vaping in outdoor public spaces such as parks, recreational areas and beaches	Consistent with some municipal regulations	Consistent with provincial public liquor laws
2.2	No smoking/vaping in multi-unit dwellings	Consistent with public health recommendations for tobacco (in Fraser, no municipality restricts smoking in MUDs)	NA
2.1	No smoking/vaping lounges (including mobile venues)	Consistent with Provincial restriction on no smoking in enclosed spaces	NA
3. Restrict marketing of cannabis products			
3.1	Prohibit exterior display, advertisement, or promoted in a manner that is visible or accessible to minors,	Current legislation still allows exterior signage, sandwich boards, flyers and sign spinners at retail locations	
3.2	Packaging restrictions	Dose and serving size limited; some limitations on packaging; warning labels mandated	Dose and serving size limited; some limitations on packaging; no labelling
4. Restrict accessibility to sales			
4.1	Do not sell cannabis with tobacco or alcohol	NA	NA

4.2	Regulate siting and density of cannabis outlets - Retailers not to be within 600 meters of schools, recreation centres and other areas where youth frequent	Unlimited	
4.3	Limit hours of sale	Unlimited	9-11 though provincial licencing
4.4	All recommendation restricting, age, hours of sale, price, packaging, marketing and any other relevant recommendation apply to any online sales of cannabis.	Note federal regulation of on-line cannabis sales	Currently allow any licenced distributor to include on line sale or delivery according to licence
5. Limit single purchase amounts though packaging and price			
5.1	Limit amount that could be sold in one encounter (e.g. 100 mg equivalent of THC)	Unlimited	Max sales for online only – in store purchase unlimited
5.2	Limit serving size to 10mg		Concurrent servings limited though SmartServe
5.3	Appropriate price point	Taxation(more researched)	Price regulation (more researched)
6.0	Public education and safety messaging should include the following key messages <ul style="list-style-type: none"> • Delay initiation • Limit frequency and quantity per use • Use lower THC content • Don't drive or operate heavy machinery within six hours of use • <i>Don't use with other substances (e.g. with alcohol)</i> 	PSAs focus on cancer risks	PSAs Focus on no use during pregnancy , drinking and driving and more recently moderation/responsible use
7.0	Establish appropriate controls for the access and consumption of edibles		
8.0	Establish and maintain adequate surveillance systems		
9.0	Reinvest proceeds/profits into primordial prevention of substance use in youth		
10.0	Trauma informed enforcement of policies through social justice/equity lens to all new cannabis related by-laws, services and programs		