



# INFORMATION REPORT

<b>TO:</b>	Mayor and Members Board of Health
<b>COMMITTEE DATE:</b>	September 17, 2018
<b>SUBJECT/REPORT NO:</b>	A Public Health Strategy for Non-Medical Cannabis (BOH18031) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
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<b>SIGNATURE:</b>	

## Council Direction:

Not Applicable.

## Information:

On October 17, 2018, it will become legal to buy, possess and use cannabis for non-medical purposes. Prohibition has not been successful in preventing use, limiting youth access or deterring crime. While legalization is a necessary step to reduce existing harms associated with criminalization, legalization needs to be accompanied by measures to reduce the health and social harms that can occur due to problematic cannabis use.

The Ontario Public Health Standards (2018) provide guidelines for a Public Health approach to reduce the burden of preventable injuries and substance use.<sup>1</sup> The guidelines state that the upcoming legalization of cannabis underscores the importance of public health issues related to cannabis use “including co-occurring disorders (for example, co-occurring psychosis), respiratory problems, impaired driving and injury.”<sup>2</sup>

The Guidelines task the Board of Health with:

- Preventing or delaying substance use;
- Preventing problematic substance use;

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- Reducing harms associated with substance use;
- Re-orienting health services to meet population needs; and/or,
- Contributing to the planning of and referral to treatment and other services to meet population needs.

In collaboration with our community partners and the public at large, Hamilton Public Health will work to reduce the preventable harms due to cannabis consumption, especially among those who are most vulnerable such as our youth. This report outlines the framework that is being used, and describes the actions that will be taken under each of the four pillars; prevention, harm reduction, treatment and enforcement (BOH160435).

In areas that have legalized or decriminalized cannabis there is mixed evidence regarding the impact of this transition on prevalence rates of cannabis use and its associated harms.<sup>3</sup> As well, research suggests a negative correlation between perception of risk and prevalence of cannabis use among adolescents.<sup>4</sup> Mixed effects have also been reported regarding the impact of cannabis use on other substances. Legal cannabis may be associated with increasing tobacco (mainly co-) use.<sup>5</sup> Sixty percent of adults (18 or older) using cannabis report concurrent tobacco use.<sup>6</sup> There is also potential for select acute harm outcomes, (e.g. cannabis-impaired driving, hospitalization, and poisoning calls), to increase, as experienced by Colorado and Washington following legalization.<sup>3,5</sup>

The legalization and regulation of cannabis in Canada may result in changes in the prevalence and location of cannabis use; however it is difficult to forecast the direction, scale and consequences.<sup>3</sup> Public Health will continue to monitor local effects of this policy change.

### **Health Impacts of Cannabis Use**

The overall health impacts for cannabis are smaller than for both legal drugs such as alcohol or tobacco, and other illicit substances. However, it remains considerable based on international and Canadian assessments.<sup>5</sup>

Research findings<sup>7-9</sup> show that:

- Use of cannabis in early adolescence increases the negative risks associated with cannabis use, such as the likelihood of addiction;
- Individuals who use cannabis frequently (e.g. daily or near daily) and over a long period of time tend to experience increased risks for brain functioning, mental health problems and dependence;
- Cannabis use during pregnancy can lead to lower birth weight and has been associated with mental health issues, short and long-term learning, development,

and behavioural issues including low IQ scores, and impulsivity and hyperactivity in childhood;

- Cannabis triggers and worsens psychosis in young people who are vulnerable to it;
- Use of cannabis is associated with increased motor vehicle risk (cannabis affects reaction time, attention and coordination); and,
- Cannabis smoke contains many of the same harmful substances as tobacco smoke and can result in respiratory complications such as chronic bronchitis.

High usage amongst youth is especially problematic as the brain continues to develop into a person's early 20s and cannabis can be harmful to brain development.<sup>7</sup>

The likelihood of an individual having a cannabis use disorder during their lifetime in Canada is 6.8%.<sup>10</sup> Approximately 50% of treatment seekers for cannabis use disorder also use tobacco.<sup>6</sup>

Over the last decade, the percentage of THC in cannabis (the psychoactive compound in cannabis responsible for producing the 'high') has increased from 3% to 16% or higher. Newer formulations or 'concentrates' made from butane hash oil extractions such as 'wax', 'shatter' and 'budder' can contain up to 90% THC.<sup>11</sup> The increase in THC content can result in higher levels of impairment and may account for increased cannabis-related emergency department visits and increases in fatal motor-vehicle accidents.<sup>4</sup>

The social and health harms to non-users also need to be considered. The majority of individuals in our society, four out of five, do not use cannabis but they remain susceptible to the potential harms associated with use.<sup>5</sup>

### **Overview of the Hamilton Public Health (HPH) Strategy for Addressing Cannabis Use**

Hamilton Public Health's Cannabis Strategy, driven by the 2018 Ontario Public Health Standards, is underpinned by data and evidence-informed practice, and combines a four pillared approach, also used by the Hamilton Drug Strategy.

#### **HPH Cannabis Strategy Goals:**

- To educate the public on safe, legal and responsible use of cannabis;
- To prevent or delay the onset of cannabis use;
- To reduce the likelihood of harm from use, problematic use and/or overdose;
- To promote a culture of moderation;
- To increase knowledge of the impacts of consuming cannabis while parenting or pregnant; and,

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- To equip trusted adults with the knowledge and resources to ‘start the conversation’ about cannabis use with youth.

### **1. Prevention:**

Multiple education/awareness campaigns targeting diverse and at-risk audiences (e.g. youth, trusted adults, pregnant/breastfeeding women and individuals with a history of mental illness). These wide-reaching campaigns will be held over the next two to three years. Prevention initiatives will use consistent, evidence-informed communication campaigns and will aim to educate diverse audiences on the potential health risks, responsible use and safety.

To deliver credible messaging, our strategy will incorporate the principles of cannabis risk messaging developed by the National Collaborating Centre for Environmental Health:<sup>12</sup>

- Be first, be right, be credible;
- Use simple, plain, appropriate language;
- Target audiences for information and education;
- Get the terminology right;
- Understand the limits of evidence and use wisely;
- Don’t stigmatize or normalize; and,
- Ensure that all individuals understand legal responsibilities and new Criminal Code offenses.

The cannabis strategy will utilize and disseminate existing resources when able and develop new resources only where needed to support local campaigns.

Hamilton’s Strategy aligns with and complements prevention work being done at the Federal and Provincial levels to increase awareness about cannabis and its impacts. Raising awareness of programs and resources geared to youth, parents and families with take place in alignment with the Hamilton Drug Strategy prevention activities.

### **2. Harm Reduction:**

Harm reduction aims to reduce the likelihood of harm from use, problematic use and/or overdose.

- a) Internal staff education: A campaign will be undertaken to inform both PHS and other City staff about cannabis health and harm reduction messaging for clients. Information will be tailored to staff portfolios and how they interface with the public.
- b) Promotion of Canada’s Lower-Risk Cannabis Use Guidelines as well as recommendations from the Canadian Nurses Association for reducing the harms of non-medical cannabis use (cite rather than Appendix B).

- c) Tailored harm reduction messaging for youth using strategies that youth have identified as effective: more fact-based information at an earlier age, information specific to cannabis (and not all drugs), and approaches that are aimed at reducing harms from cannabis use (rather than abstinence).<sup>13</sup> Parents and other trusted adults will be targeted since research indicates that youth are less likely to use cannabis when they have supportive adults in their lives.<sup>14</sup>
- d) Messaging around how to properly store cannabis and cannabis products to prevent accidental and intentional cannabis ingestion by underage children and youth.

### **Harm Reduction and Cannabis Distribution**

The Ontario government is introducing legislation for a private retail model that, if passed, would be launched by April 1, 2019. Public Health Services will work with Licensing and By-Law Services to ensure that a public health perspective that reflects best harm reduction practices is considered in by-laws drafted for private retail licenses and growth. Private retail models are profit-seeking and, despite strict government controls, may be at odds with public health objectives. Analyses suggest that increased cannabis use is correlated with cannabis commercialization rather than a change in legal status per se.<sup>15</sup>

There is ample research suggesting a positive association between alcohol outlet density and excessive alcohol consumption.<sup>16</sup> It is also widely acknowledged that limiting alcohol outlet density through the use of a regulatory authority (e.g. licensing and zoning) can reduce or control over-consumption of alcohol and related harms.<sup>16-18</sup> Therefore, there is reason to believe that limiting or controlling cannabis outlet density would have a similar impact.

Harms to vulnerable populations associated with proximity to and clustering of cannabis retail outlets can be reduced through controls on siting and separation from sensitive uses. Research on tobacco has shown that schools with a greater number of retailers surrounding them have higher smoking rates.<sup>19</sup> Research also indicates that there is a larger concentration of tobacco retailers in lower income neighbourhoods.<sup>19</sup> Public Health will work with Licensing and By-Law Services to discuss policies for:

- Specified areas where non-medical cannabis retail outlets can open.
- License restrictions for non-medical cannabis retail outlets to prohibit harmful density or growth.
- Separation distances from schools, parks, community centres, other cannabis-selling establishments.

### **3. Treatment:**

Treatment includes supporting innovative approaches to treatment and rehabilitation. Hamilton Public Health is working with the wider Hamilton Drug Strategy to:

- Conduct an environmental scan of addiction programs and resources in the City;
- Identify gaps in services;
- Raise awareness of services to agencies and individuals;
- Investigate screening and referral pathways for substance use utilizing a 'no wrong door' philosophy; and,
- Supporting individuals involved in the justice system with the treatment and resources they require.

The Hamilton Drug Strategy will be making a presentation on the overall drug strategy to the Board of Health in December, and will include further information on areas of action related to cannabis treatment.

### **4. Enforcement:**

One of the main reasons cited for legalizing non-medical cannabis is to protect youth. To keep youth (12-18) out of the justice system, Ontario has established a diversionary program for young people caught in possession of cannabis. The City of Hamilton Police currently consider pre-charge diversion for youth involved in non-violent, petty-related crime such as substance use. The enforcement pillar of the Drug Strategy is exploring the opportunity to advocate for funding and expansion of diversion programs, opportunities to incorporate enhanced addiction information into enforcement training, as well as the possibility of developing a diversion screening tool to better direct individuals to appropriate care.

Once provincial enforcement of cannabis has been clarified, enforcement-related departments and organizations engaged with the Hamilton Drug Strategy will collaborate to develop a comprehensive approach to cannabis enforcement in Hamilton.

### **Public Health Initiatives Completed To Date**

Hamilton Public Health prevention initiatives that have already been undertaken in preparation for cannabis legalization include:

- Ongoing Public Health Services staff education;
- Updating City of Hamilton policies to incorporate elements of new legislation;
- Developing substance-related screening questions and resources for pregnant women;
- Promoting resources for use in schools and workplaces in Hamilton;

- Public education campaigns (e.g. ‘Smoke is Smoke’, ‘Impaired is Impaired’);
- Participating in public education initiatives (e.g. Town Hall, website updates);
- Working with landlords to include cannabis in lease agreements, including City Hamilton Housing (through collaborative efforts between the Mental Health & Harm Reduction and Tobacco Teams); and,
- Informing senior leadership of municipal government’s responsibilities regarding legal cannabis as well as policy and regulatory options.

**Monitoring & Evidence-Informed Decision Making**

In preparation for legalization, Canada has engaged in a number of monitoring and research activities:

- Development and implementation of a core and expanded set of baseline data indicators;
- Canadian Cannabis Survey/National Cannabis Survey;
- Canadian Surveillance System for Poison Information;
- Development of a National Drugs Observatory; and,
- Development of a National Research Agenda on cannabis for non-medical purposes.<sup>20</sup>

Hamilton Public Health conducts periodic population health assessments. The tables below depict the number of emergency department visits for cannabis in 2017.

<b>Table 1:</b> Number and rate of ED visits for acute cannabis poisoning, City of Hamilton*, 2012-2017			<b>Table 2:</b> Number and rate of ED visits for mental and behavioural disorders due to the use of cannabis, City of Hamilton*, 2012-2017		
Year	Number	Crude Rate	Year	Number	Crude Rate
2012	21	3.9	2012	255	47.1
2013	25	4.6	2013	279	51.0
2014	34	6.2	2014	274	49.7
2015	41	7.4	2015	207	37.2
2016	51	9.1	2016	227	40.4
2017	68	12.0	2017	300	52.8

\* Based on residence of the patient, not where the ED visit occurred.  
Source: IntelliHelath, MOHLTC

Hamilton Public Health seeks to understand the social and health impacts of cannabis for Hamiltonians. Indicators such as frequency, potency, and modality of use in our community (especially among young people), harm indicators (collisions, dependence, treatment) and social equity indicators (how or if different populations experience

different impacts) will be explored and monitored where able. This information will be used by staff and the broader Hamilton Drug Strategy to further identify areas for action and tailor activities to areas of highest need.

## **Conclusion**

Paracelsus, the father of toxicology, stated "*All things are poison, and nothing is without poison, the dosage alone makes it so a thing is not a poison.*" As legalization approaches, we have a responsibility to work towards a culture of moderation and to educate our citizens on safe, legal and responsible cannabis use. The harms and risks from use, especially to a smaller subset of vulnerable groups, are significant and need to be addressed.

Hamilton Public Health Services is utilizing a comprehensive cannabis strategy that complements federal and provincial initiatives. An ongoing and sustainable collaborative approach will ensure that cannabis continues to be perceived as a health matter while no longer being treated as a crime. This strategy will include prevention, harm reduction, treatment, and enforcement initiatives, along with monitoring of local use and social and health harms related to cannabis so that Hamilton remains "the best place to raise a child and age successfully."

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[https://www.inspq.gc.ca/sites/default/files/publications/2233\\_legalization\\_non\\_medical\\_cannabis\\_0.pdf](https://www.inspq.gc.ca/sites/default/files/publications/2233_legalization_non_medical_cannabis_0.pdf)

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## **Appendices and Schedules Attached**

Appendix A to Report BOH18031 – Canada's Low Risk Cannabis Use Guidelines