

WINDSOR-ESSEX COUNTY HEALTH UNIT

BOARD OF HEALTH

RESOLUTION RECOMMENDATION

October 19, 2017

Promoting a Local Public Health Approach to Legal Cannabis Regulation

ISSUE

In December 2015, the Government of Canada announced its commitment to legalize, regulate, and restrict access to cannabis in Canada and in April of 2017 the *Cannabis Act (Bill C-45)* was introduced with the intent to be put into effect by July 1st, 2018. While the intention of the Bill is to keep cannabis out of the hands of children and the profits out of the hands of criminals, there is no doubt that the legalization of cannabis will result in increased availability of cannabis in our community. In order to mitigate some of the unintended consequences of cannabis legalization, a public health approach to regulation must be implemented at all levels of government.

BACKGROUND

The proposed Cannabis Act introduced by the federal government in April set baseline regulations for the legalization and regulation of cannabis in Canada. Provinces and territories were then able to take additional actions to further regulate legalized cannabis. Recently, the Province of Ontario announced its proposed plan, outlined below:

- Restricting access to youth by setting a minimum age of access to 19 years and older (consistent with the minimum age for obtaining alcohol)
- Allowing adults (19 years or older) to legally possess or share up to 30 grams of dried cannabis (or equivalent).
- Prohibiting individuals under the age of 19 from possessing or consuming recreational cannabis.
- Enacting a distribution model similar to that of the Liquor Control Board of Ontario (LCBO).
- Restricting recreational cannabis use to private residences only; people would not be allowed to consume any form of recreational cannabis in public places, workplaces, or when inside a motor vehicle.

LOCAL CONTEXT

Currently, with recreational cannabis listed in the Controlled Substances Act, the Windsor-Essex County Health Unit already receives a high volume of complaints related to the smoking of cannabis in public spaces like festivals, parks, and playgrounds, as well as private spaces like multi-unit dwellings. According to data collected through the Windsor-Essex County Health Unit Community Needs Assessment (WECHU, 2016), 9.5% (approximately 28,900 residents) of Windsor-Essex residents 18 years and older self-reported using cannabis in the past year.

PUBLIC HEALTH CONCERNS

The negative health consequences of smoking cannabis are well documented as cannabis smoke contains a number of similar carcinogens, toxins, and irritants to those found in tobacco smoke (SHAF, 2016). In addition to the chronic disease risks tied to the inhalation of smoke, cannabis is unique in that it also possesses psychoactive properties from Tetrahydrocannabinol (THC) and other Cannabinoids, which are associated with changes to brain structure and function and may limit a young person's educational, occupational and social potential (Canadian Centre on Substance Abuse, 2015). Risk of injury from impaired driving is also a significant concern as cannabinoids are among the most common psychoactive substances found in deceased and injured drivers in Canada (Wettlaufer et al., 2017).

WINDSOR-ESSEX COUNTY HEALTH UNIT APPROACH TO CANNABIS LEGISLATION

In January 2016, the Windsor-Essex Board of Health passed a resolution in support of a public health approach to legalization which would include strong health-centered and age-restricted regulations to reduce the health and societal harms associated with cannabis use. Since this resolution, the Windsor-Essex County Health Unit has established a cross departmental working group with the initial goal of developing key messaging to share internally across divisions as well as externally to community partners in addition to promoting the Lower-Risk Cannabis Use Guidelines (CAMH, 2017). The Windsor-Essex County Health Unit has also provided feedback to the provincial government on regulations within their jurisdiction which would build on those which are proposed in the Act, many of which have been integrated into their proposed provincial regulatory framework. While most existing Smoke-free Space Bylaws in Windsor-Essex do include cannabis in their prohibition of smoking in public spaces, there are a number of other regulations to be considered at the local level which would mitigate the potential harms which may result from cannabis legalization.

PROPOSED MOTION

Whereas, the federal government has announced its intention to legalize recreational cannabis through the passing of the *Cannabis Act* prior to July 1st, 2018, and

Whereas, cannabis smoke contains many of the same carcinogens, toxins, and irritants found in tobacco smoke with the added psychoactive properties of cannabinoids like THC, and

Whereas, increased access to cannabis will result in increased risk for chronic disease, mental illness, and injury, and

Whereas, municipalities have control over the density and location of retail outlets through zoning, planning, and licensing regulations,

Now therefore be it resolved, that the Windsor-Essex County Board of Health for the Windsor-Essex County Health Unit encourages all Windsor-Essex municipalities to develop strict licensing, planning, and zoning regulations related to the location and density of cannabis retail outlets particularly in areas where vulnerable populations may be unfairly targeted.

FURTHER that staff of the Windsor-Essex County Health Unit work with enforcement agencies and municipalities to provide a public health perspective into decision making related to the enforcement of cannabis smoking in prohibited areas.

FURTHER that staff of the Windsor-Essex County Health Unit utilize the Lower-risk Cannabis Use Guidelines set out by key national stakeholders, like the Centre for Addictions and Mental Health and the Canadian Public Health Association, in the development of a comprehensive public education and awareness campaign.

AND FURTHER that this resolution be shared with the Honorable Prime Minister of Canada, local Members of Parliament, the Premier of Ontario, local Members of Provincial Parliament, Minister of Health and Long-term Care, Federal Minister of Health, the Attorney General, Chief Medical Officer of Health, Association of Local Public Health Agencies, Ontario Boards of Health, Ontario Public Health Association, the Centre for Addiction and Mental Health, and local community partners.

APPENDIX A

Resolution Recommendation - Promoting a Local Public Health Approach to Legal Cannabis Regulation

Supplementary Document

The provincial government has released a safe and sensible framework to manage the legalization of cannabis in response to the proposed *Cannabis Act* by the federal government. The framework includes raising the minimum age of use, purchasing, and possession to 19, restricting the sale of cannabis to LCBO-style stand-alone stores only, and prohibiting any individual under the age of 19 from using, purchasing, or possessing cannabis. Currently, with recreational cannabis listed in the Controlled Substances Act, the Windsor-Essex County Health Unit already receives a high volume of complaints related to the smoking of cannabis in public spaces like festivals, parks, and playgrounds, as well as private spaces like multi-unit dwellings. In addition to the proposed changes the province of Ontario has outlined in their framework, there are a number of additional measures to be taken at the local level in order to minimize the risks associated with legalization in Windsor-Essex.

The following supplementary information has been provided to share additional information related to the proposed resolution and accompanying “Whereas” statements.

Whereas, the federal government has announced its intention to legalize recreational cannabis through the passing of the Cannabis Act prior to July 1st, 2018.

The proposed *Cannabis Act* introduced by the federal government in April of this year would set baseline regulations for the legalization and regulation of cannabis in Canada. These regulations, to be further refined by provinces and territories, currently include:

- Restricting access to youth by setting a minimum age of access to 18 years or older.
- Allowing adults (18 years or older) to legally possess or share up to 30 grams of dried cannabis (or equivalent).
- Eliminating criminal records for young persons (12-18 years) for possession of up to 5 grams of dried cannabis (or equivalent).
- Permitting adults to grow up to four plants per residence for personal use.

The Province of Ontario has proposed new legislation modifying these regulations, including:

- Restricting access to youth by setting a minimum age of access to 19 years and older (consistent with the minimum age for obtaining alcohol)
- Allowing adults (19 years or older) to legally possess or share up to 30 grams of dried cannabis (or equivalent).
- Prohibiting individuals under the age of 19 from possessing or consuming recreational cannabis.
- Restricting recreational cannabis use to private residences only; people would not be allowed to consume any form of recreational cannabis in public places, workplaces, or when inside a motor vehicle (Akhigbe, J., Ebbadi, V., Huynh, K., Leckie, J., Major, M., Robinson, C., Suarly M., Wasserstein, D., 2017).

In Ontario, cannabis retail outlets will follow a distribution and retail model to that which is in place for alcohol with the addition of online sales being permitted. Any existing illicit cannabis dispensaries will be shut down and sale through a retail storefront will be limited to an initial 80 stand-alone, provincially regulated stores which will be physically separate from existing LCBO locations. An additional 70 locations will be added in subsequent years to permit up to 150 locations across Ontario.

Whereas, cannabis smoke contains many of the same carcinogens, toxins, and irritants found in tobacco smoke with the added psychoactive properties of cannabinoids like THC.

Similar to tobacco smoke, cannabis smoke is an irritant to the throat and lungs and contains volatile chemicals that raise concerns about cancer and lung disease. Cannabis smoke contains carcinogens, including 50 percent more benzoprene and 75 percent more benzathracene than cigarette smoke. Cannabis smoke leads to four times the deposition of tar compared to cigarette smoke because of the deeper, longer inhale of the smoke (National Institute on Drug Abuse, 2017).

The carcinogenic properties in cannabis smoke suggest that it may be a cause of cancers in of the lung, mouth, tongue, esophagus and bladder.

Acute effects of cannabis, especially in strains in which the THC potency is high, include:

- Increased anxiety depression and psychotic symptoms;
- Increased dependency (especially in new or naïve users);
- Impaired cognitive functions, especially attention and memory;
- Increased risk of psychotic symptoms (i.e., impaired perceptions or hallucinations); and
- Increased risk of low birth weight babies (Hall, 2015).

Whereas, increased access to cannabis will result in increased risk for chronic disease, mental illness, and injury.

Chronic Disease

Marijuana smoke is associated with airway inflammation and resistance, as well as lung hyperinflation. One study indicated that individuals who smoke marijuana are more likely to report symptoms of chronic bronchitis than those who do not smoke (National Academies of Sciences, Engineering, and Medicine, 2017).

Due to the immune-suppressing effects of THC, smoking marijuana could increase susceptibility to lung infections (e.g., pneumonia) in individuals with immune deficiencies. Damage to lung tissues and small blood vessels may also results from regular cannabis use. Moreover, a cannabis user is

more likely to acquire respiratory infections because of the effect of cannabis smoke on the respiratory system response.

In addition, associations have been found between cannabis use and heart health, specifically high heart rate and blood pressure. Research has also found a significant increase in the risk of heart attack in the hours after cannabis use. There may also be an increased risk of stroke and heart disease (Centers for Disease Control and Prevention, 2017).

Mental Illness

In addition, the Centre for Addiction and Mental Health (CAMH) reports people with mental illness are more than seven times more likely to use cannabis weekly compared to people without a mental illness. This is of concern, as cannabis use could exacerbate symptoms of mental illness. Researchers also indicate that individuals with mental illness were 10 times more likely to have a cannabis use disorder. This association between mental illness and cannabis use remained consistent across age groups (CAMH, 2013).

The relationship between cannabis use and mental illness is most evident in users with pre-existing genetic or other vulnerabilities to psychiatric disorders, and those with substance use disorders. In addition to causing anxiety and paranoia, cannabis use has also been shown to cause acute psychotic reactions in non-schizophrenic people, especially at high doses (NIDA, 2017). Moreover, cannabis users are significantly more likely to develop chronic mental illness (e.g., schizophrenia) than non-users (Centers for Disease Control and Prevention, 2017).

Injury

Cannabis use has short-term negative impacts on reaction time, short-term memory, decision making and motor coordination, all of which impact an individual's ability to effectively operate a motor vehicle. Cannabis use has been shown to have short-term negative impact on driving performance (Canadian Drug Policy Coalition, 2017). Risk of injury from impaired driving is a significant concern as cannabinoids are among the most common psychoactive substances found in deceased and injured drivers in Canada. Data suggests that just under half of all those who use cannabis have driven under the influence (Wettlaufer et al., 2017).

In addition to injuries caused by motor vehicle incidences, the legalization of cannabis may lead to more pediatric cannabis exposures. Research done before and after the legalization of cannabis in Colorado indicate that more children were exposed to the drug after the drug was legalized, leading to more calls to poison-control centres and more emergency room visits by these patients (National Academies of Sciences, Engineering, and Medicine, 2017).

Whereas, municipalities have control over the density and location of retail outlets through zoning, planning, and licensing regulations

The proposed changes to the legislation in Ontario speak to some licensing regulations and planning, although further details will need to be determined. The new legislation proposes:

- The province will pursue a coordinated strategy with municipalities, local police, the OPP and federal government to shut down existing illegal retailers.

- The LCBO will oversee legal retail of cannabis through stand-alone stores, in addition to a highly-monitored online order service.
- Approximately 150 standalone stores will be opened by 2020, including 80 by July 1st, 2019 throughout the province.
 - Online servicing will be available province-wide beginning July, 2018 (Akhigbe et al., 2017).
- Municipalities will work with the provincial government to further refine their proposed framework to meet the needs of each location.

Although best practices regarding zoning, planning, and licensing regulations for cannabis have not yet been thoroughly studied, research and recommendations have been made with regards to restrictions on the density of alcohol outlets and fast food restaurants. For example, substantial research conducted internationally indicates that increasing the numbers of alcohol outlets and extending hours of sale results in an increase in alcohol consumption and associated harms (e.g., violence, assault, injuries and public disturbances) (Livingston, 2012; Canadian Public Health Association, 2011). This is especially true of adolescents, as the impact is more prominently seen among young drinkers (Popova, Giesbrecht, Bekmuradov, & Patra, 2009).

The Ontario Public Health Association (OPHA) recommends restricting the density of alcohol outlets based on population. In addition, OPHA recommends researching the impact of changes in hours and days of sale at current alcohol outlets and adjust if a correlation is found with an increase in alcohol-related problems (OPHA, 2015). Moreover, the U.S. Centers for Disease Control and Prevention recommend States and localities reduce alcohol outlet density by limiting the number of outlets per geographic unit; limiting the number of outlets per population; establishing a cap on the percentage of outlets per total retail businesses in a specific area; and limiting the location and operating hours of these outlets (Jernigan, Sparks, Yang, & Schwartz, 2013). Municipalities in the province of Quebec have begun to implement zoning by-laws and regulations regarding fast food outlets in proximity to schools. A study confirmed that the majority of students considered the convenience of fast food establishments close to their school when choosing locations to dine. The municipalities in the province have proposed these fast-food establishments must be located at least 500 meters from any school property. The public health professionals in each of these cases noted the importance of sound public health theory supporting the need for zoning regulations when presenting to councilors and city officials (Association pour la Santé Publique du Quebec, 2011). These current recommendations for alcohol and fast food sale provide an outline for local regulations related to cannabis retail outlets once legalization occurs.

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