

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT

SUPPLEMENTARY AGENDA

THURSDAY, SEPTEMBER 6, 2017

<u>PAGE</u>	<u>CORRESPONDENCE</u>	<u>ACTION</u>
2-5	Northern Health – A Public Approach to Non-Medical Cannabis	Receive

NEW BUSINESS

ADJOURNMENT



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AUG 31 2018

REGIONAL DISTRICT OF
 BULKLEY NECHAKO

August 28, 2018

Dear Chair and Board,

Re: A Public Health Approach to Non-Medical Cannabis

Cannabis is the second most widely used psychoactive substance in Canada. Evidence suggests that the prohibition of cannabis is not achieving the intended objective of reducing use and associated harms, and that legalization with strict regulation would be more effective.¹ Dried cannabis, cannabis oils and seeds will be legalized in Canada on October 17, 2018.

Northern Health Medical Health Officers support a public health approach to cannabis access and use^{2,3} including legalization with an appropriate level of market regulation aimed at protecting and promoting health while allowing access at levels that reduce the black market. Some expected benefits of legalization include decreased use of cannabis among youth, safer products with known potency, advertising control, reduced stigma, and reduced enforcement costs. Some potential or theoretical risks of increased legal access may include increases in problematic cannabis use by adults, and increased rates of cannabis-impaired driving. We believe the opportunities for improved health outweigh these potential risks, and that these risks can be mitigated through appropriate education and regulation.

Multiple sectors of society, and all levels of government, have roles to play in a comprehensive public health approach to cannabis legalization. Local governments, in particular, can adopt regulations aimed at reducing youth exposure to non-medical cannabis, high-risk use in general (e.g., heavy or frequent use, use with other substances), and unwanted exposure to second-hand cannabis smoke and vapour. Local governments can also support increasing public knowledge and awareness, to support risk reduction and destigmatization, without normalization or promotion.

¹ Haden, M., Emerson, B. (2014). "A vision for cannabis regulation: a public health approach based on lessons learned from the regulation of tobacco and alcohol." *Open Medicine* 8(2)e73. Available online: http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Publications/Epid/Other/01_A%20vision_for_cannabis_regulation.pdf

² Canadian Public Health Association's position statement on *Legalization, Regulation, and Restriction of Access to Cannabis*. Available online: https://www.cpha.ca/sites/default/files/uploads/resources/cannabis/cpha_public_health_approach_cannabis_e.pdf

³ Canadian Chief Medical Officers and Urban Public Health Network. (2016). *Public health perspectives on cannabis policy and regulation*. Available online: <http://uphn.ca/wp-content/uploads/2016/10/Chief-MOH-UPHN-Cannabis-Perspectives-Final-Sept-26-2016.pdf>

Local governments' jurisdiction in zoning, land use, business licensing, building codes, nuisance by-laws, and enforcement, as well as their ability to advocate to higher levels of government, can all be leveraged to promote a public health approach to cannabis.⁴ Some specific areas of best practice⁵ where local governments can support a public health approach include:

1. Restrict public consumption of cannabis. By limiting where cannabis can be consumed, local governments can reduce unwanted exposure to second-hand cannabis smoke or vapour, and can reduce the visibility of cannabis consumption for youth, making it less normative, and more likely that youth delay initiation or never start:
 - Prohibit public cannabis consumption wherever tobacco consumption is already prohibited, ideally including workplaces, enclosed public spaces, health authority and school board property, transit shelters, common areas of apartment buildings and community care facilities, and areas frequented by children and youth, such as parks, beaches, pools, playgrounds, and sports fields; and,
 - Prohibit smoking/vaping lounges, including mobile units.
2. Allow local sales of non-medical cannabis in order to reduce the uncontrolled black market, but with certain limits intended to reduce exposure to youth and harmful patterns of consumption in the general population:
 - Adopt and enforce strict regulations prohibiting the sale of cannabis to persons under 19 years of age;
 - Require that cannabis retail staff undergo mandatory training regarding product potency and how to mitigate the associated risks of cannabis use;
 - Prohibit the sale of cannabis by vending machines or other self-service and/or dispensing devices;
 - Restrict public advertising of cannabis sales, such as sandwich boards, flyers, and sign spinners;
 - Prohibit cannabis sales where alcohol or tobacco is sold;
 - Establish a minimum separation of 300 metres between cannabis retail outlets, to limit overall density of cannabis availability in the community;
 - Establish a minimum separation of 300 metres between cannabis and alcohol outlets, to discourage the higher-risk use of cannabis and alcohol together;
 - Establish a minimum separation of 600 metres between cannabis retail outlets and schools, recreation centres, parks and other areas where children and youth frequent, to reduce the visibility and availability of cannabis to youth; and,
 - Limit hours of sale to at least correspond with alcohol sale policy, although greater restrictions would provide additional health benefits.
3. Visibly enforce laws against cannabis - impaired driving, including public awareness campaigns about roadside checks.

⁴ Federation of Canadian Municipalities. (2018). *Municipal Guide to Cannabis Legalization: A Roadmap for Canadian Governments*. Ottawa, ON: Federation of Canadian Municipalities.

⁵ Recommendations are derived from Peloquin R, Scarr J. (2017). *Cannabis Regulation and Youth: A Jurisdictional Review*. Vancouver: Child Health BC, and Tyler, I., Schwandt, M., Padhi, S. (2018). *Recommendations to support municipal bylaw development regulating cannabis access and use*. Surrey, BC: Fraser Health Authority.

4. Collaborate or coordinate with the health sector to support education and awareness of the risks of cannabis use, and ways to reduce these risks:
 - Develop, endorse, and/or collaborate in public education campaigns with tailored and relevant messaging, targeting youth especially, including information about cannabis laws, risks, safer use, and resources for treatment;
 - Promote messages aligned with *Canada's Lower Risk Cannabis Use Guidelines* to support cannabis users to make healthier choices and reduce risks associated with cannabis use, including: delay initiation until adulthood, limit frequency and quantity per use, use a lower THC content, do not drive or operate machinery within 6 hours of use, do not use with other substances (e.g., alcohol), and do not use if pregnant; and,
 - Invest in, collaborate on, or otherwise support data collection and analysis regarding cannabis availability, use, and related harms, in order to evaluate the effectiveness of various strategies to reduce harms from cannabis use.

Several of the above restrictions are already required under provincial and/or federal law, but local government can reinforce and strengthen these restrictions through setting higher standards, imposing additional penalties, and of course enforcement actions. We recommend consulting the *Municipal Guide to Cannabis Legalization*, published by the Federation of Canadian Municipalities, which provides extensive practical guidance on these matters.

We also understand that certain specific recommendations may not be feasible in very small communities, e.g. relating to the physical separation of cannabis retail from alcohol retail, or from areas where youth congregate. We still encourage local governments to follow the spirit, if not the letter, of the recommendations, e.g. striving for whatever physical separation is possible.

Northern Health Medical Health Officers strongly caution against pursuing economic gain from the legalization of non-medical cannabis use. When cannabis production and sales are significantly motivated by revenue generation, this creates an incentive to encourage greater cannabis consumption by the public, and a disincentive to establishing appropriate restrictions on cannabis availability. Promoting and protecting health should be the primary concern, whereas revenue generation should be a secondary consideration.⁶ To the extent that revenue is generated, we recommend that it be used to fund educational campaigns, health promotion activities, and/or data collection and analyses that support the overall public health-related goals of cannabis legalization.⁷

We also recommend taking care to ensure that policies, bylaws, enforcement strategies, and related activities do not impose disproportionate burdens on more marginalized groups, who may, for instance, face limited opportunities to participate in the cannabis or general economy, or who may not have access to private spaces in which to consume cannabis.

Finally, we would like to note that alcohol, tobacco, and opioids continue to cause a greater overall burden of disease and injury than cannabis does. We encourage local governments to take the opportunity from the upcoming legislative changes to cannabis, to review how the harms associated with other substances, might also be reduced through local government action. For example, restrictions on public consumption should include cannabis, tobacco, e-cigarettes, and other combustible products; and many of the strategies we recommend to reduce harmful levels of

⁶ Canadian Chief Medical Officers and Urban Public Health Network. (2016). *Public health perspectives on cannabis policy and regulation*. Available online: <http://uphn.ca/wp-content/uploads/2016/10/Chief-MOH-UPHN-Cannabis-Perspectives-Final-Sept-26-2016.pdf>

⁷ Peloquin R, Scarr J. *Cannabis Regulation and Youth: A Jurisdictional Review*. Vancouver: Child Health BC 2017.

cannabis consumption through reasonable limits on access, also apply to alcohol. Many local governments in northern BC have already taken positive steps to reduce the negative impacts of these substances, and we thank you for this effort.

Cannabis legalization represents both a challenge and an opportunity for local governments to foster the development of healthy, vibrant communities across BC. We hope you find the above recommendations useful as part of a public health approach to substance use. For more information, or to further discuss your community's approach to non-medical cannabis or other substances, be welcome to connect with your local Medical Health Officer or Environmental Health Officer.

Sincerely,



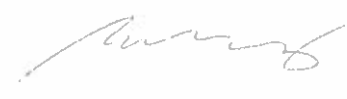
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Key resources:

Canadian Public Health Association: *A Public Health Approach to the Legalization, Regulation, and Restriction of Access to Cannabis* (available online: https://www.cpha.ca/sites/default/files/uploads/resources/cannabis/cpha_public_health_approach_cannabis_e.pdf)

Centre for Addiction and Mental Health: *Canada's Lower Risk Cannabis Use Guidelines* (available online: <https://www.camh.ca/-/media/files/pdfs---reports-and-books---research/canadas-lower-risk-guidelines-cannabis-pdf.pdf>)

Federation of Canadian Municipalities: *Municipal Guide to Cannabis Legalization* (available online: <https://fcm.ca/Documents/issues/Cannabis-Guide-EN.pdf>)