

Cannabis Policy and Regulation to Protect and Promote Health and Safety

The Health Officers Council of British Columbia

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Disclaimers:

This paper represents the views of the Health Officers Council of British Columbia. It does not represent the views of the organizations for which the members work or are affiliated.

This paper provides the initial best advice of the Council at the time it was prepared. Due to the early stage and rapidly evolving nature of this issue this advice may change consequent to evidence that may emerge or further discussions on this topic.

Introduction

The Health Officers Council of British Columbia (HOC) is pleased to provide input to the BC Government process to legalize and regulate cannabis. HOC is a registered society of public health physicians who, among other activities, advise on and advocate for public policies and programs aimed at improving the health of British Columbians.

Our recommendations are based on the report the Chief Medical Officers of Health and Urban Public Health Network to the federal Task Force.¹ HOC supports this report, which contains the background, rationale, references and a number of detailed recommendations, and we suggest the Province use it as a guide. The following are particularly important and relevant to provincial regulation of cannabis:

Principles

Explicit articulation of guiding principles is critical to guiding decisions about both regulatory and non-regulatory measures. We recommend that the following principles be adopted and explicitly articulated:

1. Promote and protect health and safety. This includes:
 - empowering and supporting autonomy of individuals to make informed decisions about use and potential benefits and harms;
 - holding individuals responsible and accountable for actions that harm others;
 - Showing compassion, without stigma or discrimination for people adversely affected by their use of cannabis and providing accessible, evidence-based services for people experiencing problematic use.
2. Proceed with much caution, and err on the side of more restrictive regulations. It is easier to loosen regulations than to tighten them afterwards, should evidence indicate that such loosening will not adversely affect health and safety.
3. Use available evidence to inform policy making.
4. Address determinants of health, equity, and support community development. This includes attending to social justice, racism, respect for human rights and freedoms, respect for spiritual and traditional practices, and consideration of issues that place marginalized populations at increased risk of cannabis-related harms.
5. Fund the regulatory regime and other public health and safety measures adequately.
6. Carefully evaluate, and be prepared to make course corrections.

¹ Chief Medical Officers of Health of Canada & Urban Public Health Network. *Public Health Perspectives on Cannabis Policy and Regulation*. <http://uphn.ca/> (bottom right hand corner). 2016

Purpose

We appreciate that the Province has stated that health and safety, protecting young people, and road safety are priorities, along with reducing criminal involvement. We suggest that an additional goal of improving equity also be a priority, as equity is strongly linked to health, while inequity is detrimental to health. These goals should be enshrined in legislation to ensure long term fidelity to the original purpose of this initiative.

Objectives

Explicit objectives are essential to keeping on track and evaluating results. We suggest the follow objectives:

Prevent cannabis related morbidity and mortality. This includes preventing:

- risky use (e.g., heavy/frequent use, concurrent use with alcohol, impaired driving, use of concentrated products) and harmful routes of consumption (e.g. smoking with tobacco; frequent or heavy smoking);
- child and youth developmental and school problems from cannabis use;
- poisoning and injury, including from false claims and unsafe products;
- aggravation of health inequities due to disproportionate adverse effects on vulnerable populations such as youth, people with mental disorders, pregnant women and their unborn children, and socio-economically marginalized communities, including many Indigenous communities;
- cannabis related work place problems; and
- harm related to illegal markets (e.g. sexual exploitation and violence).

Preventing morbidity and mortality can be achieved by:

- limiting demand, availability, and accessibility;
- increasing public awareness and knowledge;
- preventing and/or delaying onset of non-medical use by young people;
- preventing normalization without stigmatization i.e. avoiding cannabis use becoming normalized like alcohol; and
- having the least risky formulations of substances be the most accessible.

Unintended consequences of legalizing and regulating cannabis can be avoided by:

- preventing stigmatization/discrimination of people experiencing problematic use;
- improving equity by regulating production and distribution through business models and taxation schemes that create reasonably paid jobs and fair wealth distribution and that avoid wealth concentration in few people; and
- ensuring comprehensive evaluation including establishing specific measures and clear targets, getting good baseline data, regularly collecting data to monitor trends, and reporting.

Strategies and Practices

A comprehensive public health and safety oriented approach to cannabis should include:

1. Health protection

Control Structure: Establish a control structure through an arm's-length from government agency with a clear mandate guided by public health and safety goals and objectives. This would allow for stability and clarity of focus, provide insulation from industry influence, and would resist pressures for revenue-generation that would undermine the protection of public health. Control supply through a government monopoly and supply management systems.

Product: Clearly inform users of the constituent concentrations. Packaging should be done in a way that makes single serving/single dose abundantly clear and warns about proper use and adverse effects, through labelling and other mechanisms. Subject all products to rigorous quality control standards.

For raw product sales, only bulk products for smoking, vaping, or personally processing into such products as edibles for personal use should be sold. Pre-packaged raw products such as cigarette type joints should not be allowed as these could facilitate marketing, promotion and glamorization of cannabis, as happened when tobacco began to be sold as cigarettes.

Processed products for ingestion should be required to follow food safety requirements, but should be considered drug containing products and be subject to stringent requirements to prevent them from entering the food supply system and being confused with food products. Define specifically in legislation the limited range of processed products that will be allowed in BC so that they can be tightly controlled. Limit the THC concentration of products sold in BC for non-medical purposes to those with a THC concentration of 15%.

Age: Brain development continues through youth into young adult-hood and is more vulnerable to the effects of psychoactive substances during this period. Higher minimum age for purchase of alcohol reduces the number of motor vehicle crash injuries and deaths. Based on current knowledge, the minimum age of purchase for alcohol, tobacco, and cannabis should be somewhere in early to mid-20s. However, logistics of enforcement, public acceptance, and the goal of undermining the illegal market need to be considered. If the province starts with a legal purchase age of 19, we recommend aspiring to a legal age of sale of 21, combined with a commitment to raise the tobacco and alcohol purchase age to 21. Exemptions for medically indicated use for those younger than the minimum age will be needed.

Retail: Ensure that retail outlets and points of sale are non-promoting in nature (e.g. minimal external displays, limitations on signage), with no point-of-sale advertising or promotions.

Retailers should not be allowed to sell cannabis with products not related to cannabis. In particular there should not be co-sale with tobacco and alcohol products.

Sales or other promotional events such as "happy hours" should be prohibited.

Clustering of retail locations should be avoided. Minimal distances from schools and alcohol outlets may decrease use among youth and use with alcohol.

Shops and consumption locations should be required to include health promotion messaging, have restricted hours of sale, and sell products from behind the counter only.

Pricing: Limit levels of consumption, and thereby harm, by maintaining prices at a highest level possible without encouraging an illegal market. Prices should be linked to THC concentration. This may be done through taxation and other measures.

Consumption: Smoking and vaping cannabis products should be restricted in the same way as tobacco smoking and vaping are to avoid modelling behaviour that could undermine tobacco reduction initiatives, and to prevent second-hand cannabis smoke exposure.

2. Health promotion

Promote equity by establishing a system that allows for a range of size of growers, including ensuring that smaller growers are able to make a reasonable living.

Enable people who choose to use cannabis to increase control over, and improve their health by providing them with the knowledge, skills, and abilities to use cannabis in ways the minimize health risks and maximize benefits. This includes evidence informed public education, and school-based education in all schools, as part of life skills education programs.

The proposed federal allowance of personal production will empower those interested with self-control over their own cannabis supply and will likely decrease harms associated with the illegal market by further undermining its customer base. Avoid overzealous enforcement of personal production limits to not perpetuate harms associated with arrests, charges and criminal records.

Enhance programs that shape the social and physical environments to support health and wellbeing such as supporting healthy pregnancies, enriching early childhood development, ensuring adequate support for child rearing, ensuring adequate housing, income and nutrition. These are not only important health promotion measures for primary prevention of problematic cannabis use, but important for preventing all problematic substance use.

Many factors associated with problematic drug use among youth are associated with other problems. These include housing instability, physical and sexual abuse, school and ethnic/cultural connectedness, a limiting physical or mental health condition or disability, and a family history of suicide attempts.² Problematic youth drug use often has roots in adverse early childhood experiences and/or socio-economic circumstances, and can in part be understood as a symptom of underlying biopsychosocial distress, rather than a condition simply caused by drugs. Prevention of problematic use of cannabis, as well as harms from other drugs, alcohol, and

² Smith, A., Peled, M., Poon, C., Kovaleva, K., Stewart, D., & McCreary Centre Society. *Blunt talk: Harms associated with early and frequent marijuana use among BC youth*. Vancouver, BC: McCreary Centre Society. http://www.mcs.bc.ca/pdf/blunt_talk.pdf. 2016.

tobacco requires continued attention to the determinants of child and youth health, including providing adequate resources and support to lead healthy and meaningful lives.

3. Harm-reduction

Adopt and implement the lower risk cannabis use guidelines that have been published.³ These should be tailored to higher risk populations such as youth, people with low literacy, and include gender and cultural considerations. Incentivizing lower risk products, such as lower concentration products will likely assist with reducing harm. It will be important to determine the best ways to minimize harms of smoking and of non-smoked products such as edibles.

4. Injury and disease prevention

Prevent impaired driving and other negative consequences including injuries incurred while under the influence. Impaired driving measures to consider include having “zero tolerance” for drivers with learner and novice licences. The high risk of combining alcohol and cannabis needs to be highlighted with detection of both products meriting more severe penalties.

Monitor for diseases potentially related to cannabis consumption e.g. smoking related diseases and psychoses, and institute prevention measures.

5. Emergency preparedness and response

Be prepared for potential product hazards and the need to recall contaminated products.

6. Services for people who develop problems

Treatment for people with problematic substance use is already insufficient in comparison to the enormity of the need, and the health and social consequences of these health issues. This is in part a reflection of historical and current societal stigmatization and discrimination of people with these problems, including prohibition and criminalization of currently illegal drugs. The BC Government should anticipate an increased demand for services to assist people deal with problematic cannabis use and should further invest in evidence based interventions, while disinvesting in programs that have little evidence of efficacy.

7. Intersection with provision of cannabis for therapeutic/medical purposes

Ensure that unapproved claims of health improvement or health benefit are prohibited in the retail environment. Make available, for both patients and providers, accurate information about indications, adverse effects, risks of use and ways to mitigate risks overall.

³ Fischer, B., Russell, C., Sabioni, P., van den Brink, W., Le Foll, B., Hall, W., Rehm, J. & Room, R. (2017). Lower-Risk Cannabis Use Guidelines (LRCUG): An evidence-based update. *American Journal of Public Health*, 107(8). DOI: 10.2105/AJPH.2017.303818.
http://www.camh.ca/en/hospital/about_camh/newsroom/news_releases_media_advisories_and_backgrounds/current_year/Pages/Public-health-guidelines-aim-to-lower-health-risks-of-cannabis-use.aspx

8. Health Assessment, Surveillance, Research and Evaluation

This is a large scale societal experiment and uncertainty of the impact of cannabis regulation underscores how critical it is that it be rigorously evaluated. Baseline data is needed before regulations around cannabis change so that the desired pre and post-intervention information can be properly captured. There must be adequate resources dedicated to monitoring and research to detect problems early, make course corrections, and document and successes.

9. Working with Indigenous Communities

Indigenous governments will likely have important responsibilities and roles to play in this initiative, and their engagement will be essential. However, we do not comment further on these issues as we have not engaged with representatives of Indigenous governments in preparation of this paper. We recommend that the BC Government actively engage with Indigenous communities in view of the potential far reaching impacts of this policy change.

Conclusion

We agree that cannabis prohibition and criminalization are not working and are harmful, and are concerned about the high rates of use by Canadian youth, the imposition of criminal records for cannabis offences, and the fueling of organized crime with profits of cannabis sales.

We agree that a more productive approach is to legalize, regulate, and tax cannabis, provided it is done by adopting a strong public health and safety orientation. We are encouraged that the federal and provincial governments are emphasizing prevention, health protection and health promotion. We suggest that this orientation could be strengthened by explicitly adopting the public health oriented principles, goals, objectives, strategies and practices outlined in this paper and as further elaborated in the paper by the Chief Medical Officers of Health and Urban Public Health Network.⁴ Furthermore, we emphasize that entrenching these elements in legislation and official policy documents is important to ensure fidelity to this approach long into the future.

⁴ Chief Medical Officers of Health of Canada & Urban Public Health Network. *Public Health Perspectives on Cannabis Policy and Regulation*. <http://uphn.ca/> (bottom right hand corner). 2016