



Discussion of Federal Task Force Recommendations on Cannabis Legalization

Presentation to the Cannabis Group at Ontario Ministry of Finance

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Purpose

- Discuss Ontario Public Health Association (OPHA) and the Ontario Public Health Unit Collaboration on Cannabis (OPHUCC) perspectives on the sale and distribution of cannabis in Ontario;
- Offer recommendations on ways to minimize harms of use and establish a responsible supply chain;
- Flag other areas for consideration; and
- Learn more about the Ontario government's plans.

Who We Are

OPHA

- Championing health promotion, prevention and protection for over 67 years.
- A member-based non-profit organization bringing together organizations and individuals from the different disciplines of public health as well as the non-profit, health care, academic and business sector.

Mission:

- *Provide leadership on issues affecting the public's health; and*
- *Strengthen the impact of people who are active in public and community health throughout Ontario.*

OPHUCC

- A group of substance misuse professionals from 32 health units in Ontario who have joined together to promote a comprehensive public health approach to marijuana legalization.

OPHA's Track Record

- Promote Healthy Public Policy
- Strengthen Public Health Workforce
- Expand Knowledge About Health
- Deliver Services and Programs
- Support Cross-Disciplinary Expert Networks
 - (e.g. Task Force on Cannabis, Alcohol Workgroup)
- Provide Expert Review and Advice to Government

Apply a Public Health Approach

- Use a public health approach to maintain and improve the health of the population.
- Apply principles of social justice, attention to human rights and equity, evidence-informed policy and practice, and addressing the underlying determinants of health.
- Use public health strategies:
 - Health promotion to reduce the likelihood of use and problematic use;
 - Health protection to reduce the harms associated with use;
 - Prevention and harm reduction to reduce the likelihood of problematic use and overdose;
 - Population health assessment to understand the extent of the situation, and the potential impact of the interventions, policies, and programs on the population (evaluation);
 - Disease, injury and disability surveillance to understand the effect on society and to evaluate the effects of these activities; and
 - Evidence-based services to help protect people who are at risk of developing, or have developed problems with substances .

Overarching Goals

OPHA calls for a regulatory regime that advances the goals outlined in the federal Task Force on Marijuana Legalization and Regulation's 2016 discussion paper:

- **Protect young Canadians** by keeping marijuana out of the hands of children and youth.
- **Protect public health and safety** by strengthening, where appropriate, laws and enforcement measures that deter and punish more serious marijuana offences, particularly selling and distributing to children and youth, selling outside of the regulatory framework, and operating a motor vehicle while under the influence of marijuana.
- **Ensure Ontarians are well-informed** through sustained and appropriate public health campaigns, and for youth in particular, ensure that risks are understood.
- **Establish and enforce a system of strict production, distribution and sales**, taking a public health approach, with regulation of quality and safety (e.g., child-proof packaging, warning labels), restriction of access, and application of taxes, with programmatic support for addiction treatment, mental health support and education programs.
- **Conduct ongoing data collection**, including gathering baseline data, to monitor the impact of the new framework.



Chapter 2. Minimizing Harms of Use

Harms to Youth

- Brain development is not complete until approximately age 25.
- Early and frequent marijuana use can alter the structure of the developing brain, adverse effects may be irreversible, with potential to seriously limit a young person's educational, occupational, and social development.
- Youth are at a higher level of risk for experiencing negative impacts from marijuana use and are more likely to use products in concentrated format with higher levels of THC.
- Consumption of higher THC levels may be associated with a greater chance of a harmful reaction and explain the rise in emergency room visits involving marijuana use.
- Regular exposure to higher THC levels may be associated with an increased risk for addiction.

Assess Life Course Impact

- 11% of women of childbearing age in Canada reported using cannabis within the past year. Legalization of recreational cannabis may result in increasing fetal and infant exposure with potential short and long-term effects
- An estimated 0.8% of the cannabis consumed by lactating mothers reaches the infant. Some evidence suggests that THC concentrates in breast milk due to its affinity for substances with a high fat content.
- Some evidence links prenatal cannabis exposure with impaired neurological development, cognitive functioning, and behavioural challenges throughout infancy, childhood, and persisting into adolescence.

Limit Unintended Exposure

Health Issues:

- Edible forms pose greatest risk to children who mistake them for regular food products— ingestion accounts for at least 75% of child exposures.
- Cannabis-related exposure in children 0-5 years of age increased 138% following medical marijuana legalization and 225% following recreational legalization.
- Hospital admissions for exposure to marijuana in children increased on average 26.5% in states after either medicinal or recreational legalization

Promising Practices:

- Use of mandatory childproof packaging for edible products.

Recommendations:

- Prohibit cannabis-containing products that could be attractive to minors (e.g., THC-infused candy or drinks).
- Enclose other edible products in childproof packaging.

Protect Occupational Health and Safety

Health Issues:

- The use of cannabis increases the likelihood of workplace incidents.

Recommendations:

- Adapt all relevant workplace tobacco and alcohol consumption policies to include cannabis consumption.

Limit Advertising and Marketing

Health Issues:

- Evidence from tobacco research shows advertising and promotion increases the likelihood that children and adolescents will start to smoke.
- Exposure to alcohol advertising and marketing increases the likelihood of underage drinking.
- Health Canada recognizes that tobacco packages have become powerful promotional vehicles for the tobacco industry and has stated that it is committed to introducing plain packaging as part of its continued efforts to protect Canadians against the dangers of tobacco use, it is prudent the same regulations be put in place for marijuana products.
- Clear and restrictive requirements for the mitigation of sale and promotion of products to youth, considerations for unintended exposure, and retail licensing requirements are recommended.

Advertising and Marketing (Cont'd)

Issue with Edible Products:

- The Centre for Addiction and Mental Health (CAMH) *Cannabis Policy Framework* has advocated for plain packaging with warnings about risks of use and clearly displayed THC and cannabidiol content as minimum requirements for regulation.
- Although plain and childproof packaging may mitigate some risks of unintended exposure through regulation, it is important to note that this does not adequately mitigate risks for edibles, whereby products may be indistinguishable from their non-cannabis counterparts out of their packaging.
- Additionally, regulations regarding edibles must consider the impacts of products manufactured to resemble candies, cookies, gummies, and other products typically marketed to children.
- Medicinal or therapeutic claims is also a concern for Health Canada and must be considered in the marketing and promotion of recreational cannabis products in proposed regulations.

Advertising and Marketing (Cont'd)

Recommendations:

- Prohibit advertising of and sponsorships associated with the sale of cannabis-containing products.
- Targeted health promotion and harm reduction messages describing the harms of cannabis consumption be developed and implemented, prior to the initial sale of these products.
- Cannabis containing products that could be attractive to minors (e.g. THC-infused candy or drinks) be prohibited.
- Adopt plain packaging regulations that restrict or prohibit the use of logos, colors, brand images, or other promotional information on packaging other than brand and product names displayed in a standard color and font style. Also require that packaging include health warnings

Use Taxation and Pricing

Health Issues:

- Higher THC products carry a higher risk of harm related to teen brain development, potential for over-consumption and increased risk of addiction and psychosis.
- Strong evidence from alcohol literature suggests that a decrease in price is associated with an increase in consumption and harm
- Higher pricing strategies are particularly effective in reducing consumption, especially high-risk populations, such as youth.
- Pricing that is overly high may promote the continuation of an illegal market to undercut regulated sales, and overly low pricing may promote increased use particularly among vulnerable high-user groups, and youth.
- Colorado and Washington State passed a 15% excise tax on wholesale products and a 10% sales tax.

Taxation and Pricing (Cont'd)

Recommendations:

- Establish (a) taxation rates based on an analysis of price elasticity for these product(s). (e.g. to ensure prices do not decrease relative to other goods over time).
- All tax revenues from the sale of cannabis and related products be directed back to support the establishment and management of the programs and activities necessary to manage its legalization and regulation.
- Establish a variable taxation rate system for all THC-containing products that is based on the concentration of THC, with higher-concentration products having a higher tax rate.
- consideration to the level at which minimum prices should be set to curb demand and reduce consumption (especially among youth) , while minimizing the opportunity for continuation of lucrative illicit markets.



Chapter 3. Establishing a Safe and Responsible Supply Chain

Establish a Safe and Responsible Supply Chain

- A government controlled monopoly has been used on the production of various regulated substances to limit the influence of for-profit businesses.
- Alcohol literature indicates that government monopolies are better for protecting public health.
- A government controlled monopoly on marijuana production controls diversion, eludes advertising, slows product innovation, maximizes tax revenue, decreases market competition and increases retail price.
- Higher pricing strategies are particularly effective in reducing consumption, especially high-risk populations, such as youth.
- If governments initially choose a commercialized market, change to a more restrictive model will be difficult.

Attributes of Government Monopoly and Commercial Models.

Attributes	Strategy	
	Government monopoly	Commercial model
Production costs (without fees, taxes, regulation)	Low or medium	Very low
Product quality assurance and labelling	Very good	Good
Incentive for producers to promote use that is harmful to public health	Low	Very high
Government's ability to restrain suppliers promotion of harmful use	Very good	Low
Likelihood of promoting harmful use	Low or medium	Very high
Cost or effort for government control efforts	High	Low
Ability to generate government revenue	Very high	Fair

Caulkins et al. (2015)

Distribution Model

- A government owned and controlled store front system is the best model to emphasize health and safety over customer and profit generation and to prevent youth access through:
 - controlling availability and accessibility of marijuana;
 - providing adequate staff training;
 - providing evidence-based information on the potential health effects of using cannabis to consumers;
 - restricting and enforcing limitations on marketing and advertising;
 - establishing and maintaining a minimum price; and
 - ensuring marijuana is not sold alongside other products that can have synergistic effects when combined with marijuana (e.g., alcohol and tobacco).
- Experience from alcohol demonstrates that government ownership of alcohol outlets can regulate alcohol availability in a comprehensive way
- Off-premise monopoly systems limit alcohol consumption and alcohol related problems if alcohol control is a central goal, and that elimination of those monopolies increase total alcohol consumption
- It is difficult to change a policy to make it more restrictive once the use of a substance and its regulations have been socially embedded and accepted.

Retail Outlets

There are several safeguards that protect the health and safety of the public. Some of these regulations include:

- Limiting the number and type of retail outlets
- Restricting hours and days of operation
- Restricting locations of retail outlets
- Restricting density of retail outlets (geographic density or population density)
- Allowing for broad zoning powers at the municipal level
- Restricting the type of products that can be sold through outlets along with cannabis
- Restricting marketing, promotion and displays
- Training of staff/education of consumers at point of sale
- Training of staff/promotion of health risks through educational material at point of sale

Location of Storefronts

- In all of the U.S. states that have legalized cannabis there is a ban on co-location of sales with cannabis and alcohol.
- As cannabis is the most commonly used illegal substance among youth in Canada, strict regulations are needed around location parameters (e.g. schools, parks, alcohol stores, community centres).
- Co-location of sales might signify to some that co-use of cannabis and alcohol or tobacco is condoned or encouraged.
- Significant risk of co-use to public health and safety.
- Consider using bylaws to prevent the proliferation of storefronts, including stores selling cannabis or cannabis paraphernalia.

Retail Sale of Cannabis Products

Recommendations:

- Implement a government owned and controlled store front system in order to emphasize health and safety and to prevent youth access through:
 - controlling availability and accessibility of marijuana;
 - providing adequate staff training;
 - providing evidence-based information on the potential health effects of using cannabis to consumers;
 - restricting and enforcing limitations on marketing and advertising;
 - establishing and maintaining a minimum price; and
 - ensuring marijuana is not sold alongside other products that can have synergistic effects when combined with marijuana (e.g., alcohol and tobacco).

Restrict Places of Sale

Health Issues:

- Surveillance in Colorado demonstrated a dramatic rise in the number of cannabis dispensaries following legalization –more dispensaries than pharmacies.
- A few studies found that dispensaries were situated preferentially in neighbourhoods with baseline higher crime rates or greater disadvantage.
- Evidence suggests that the placement and density of dispensaries may influence risky use patterns, and potentially threaten marginalized populations the most.

Recommendations

- Establish detailed recommendations regarding the location and operation (refer to criteria established in Washington State), including limits on the distance between retail operations and areas where minors congregate.

Restrict Places of Consumption

Health Issues:

- Combustion remains the most common form of recreational cannabis use. This has public health implications for places of consumption much like cigarette smoking.
- Risks of both second-hand smoke exposure and potentially second-hand intoxication with cannabis.
- Both Colorado and Washington states have formal policies of no allowable public use.
- Colorado has banned on-site consumption at dispensaries, places that sell alcohol and cigarettes, and special licensing requirements for legal use venues.

Recommendation:

- All relevant smoke-free bylaws for public spaces should be adapted to include cannabis consumption.

Support Public Education

Health Issues:

- There is a decreased perceived risk of harm with cannabis use among youth.
- Driving while intoxicated with cannabis increases the risk of motor vehicle accidents.
- Research is needed to improve methods to change attitudes and beliefs of youth and other frequent users.

Recommendations:

- Develop health promotion campaigns on the impact of recreational cannabis use.
- Invest in evidence-based health promotion, prevention, awareness and education, targeted at both youth and parents, with a secondary focus on other vulnerable groups (pregnant and lactating women, people with personal or family history of mental illness, and individuals experiencing issues with substance abuse) as well as harm-reduction messaging for those who choose to use marijuana
- Introduce programs to prevent and delay cannabis use among youth to improve impaired driving rates.
- Use funding from cannabis-product taxation to provide Ontarians with reliable information on the risks associated with cannabis use.
- Develop and implement targeted health promotion and harm reduction messaging describing the harms of cannabis consumption, prior to the initial sale of these products (e.g. messages about the risks of daily cannabis use and poor mental health outcomes; and driver education programs).

Undertake Surveillance

Health Issues:

- Colorado and Washington encountered challenges in monitoring impacts because no baseline data existed (e.g. marijuana was not reported separately from other illegal substances in many data systems).
- Surveillance data can be used to inform any policy changes that need to be made and to reduce any negative impacts.

Recommendations

- Establish a rigorous surveillance system to gather baseline data on current cannabis use, and collect data on an ongoing basis to monitor the impact of a regulatory frame – work .

Invest in Research

Health Issues:

- There are several gaps in research and evidence
 - lack of evidence in the method of cannabis.
 - Monitoring how legalizing recreational cannabis may affect the prevalence of the drug in the general driving population.
 - knowledge about the impact of cannabis legalization on crime.
- Ongoing data collection is needed to monitor and better understand the short and longer-term health impact of policies and guide best-practice policy development.
- The criminal status of marijuana has limited research opportunities up until now, leaving many gaps in knowledge, such as the full range of risks and therapeutic uses.
- Many recommendations for a regulatory framework have been made based on evidence borrowed from alcohol and tobacco research.

Recommendations:

Undertake further research to investigate areas such as:

- Cannabis use and the impact on fertility.
- Maternal cannabis use during pregnancy and risk of preterm birth, stillbirth, miscarriage, and other impacts on maternal, newborn, and child health.
- Impacts of infant cannabis exposure through breastfeeding following maternal use.
- Relationship between cannabis use and development of extra-pulmonary conditions,
- Interactions between cannabis use and pharmaceuticals.
- The acceptable exposure limits, safety standards, and best practices as it relates to the manufacturing of cannabis products.
- Improved testing methods for determining cannabis levels and/or impairment level.
- Determining if a difference exists in the health effects of in heavy, regular, or occasional cannabis use.

Other Comments

- Build on experience and lessons learned from Smoke-free Ontario
 - Effectiveness of a comprehensive strategy (e.g. included pricing, policies, regulation, youth-led prevention and health promotion strategies, provincial steering group, research, evaluation and surveillance and capacity building).
- Follow through on government's commitment to a provincial alcohol strategy.
- Consider ways OPHA and Ontario's public health system can provide support.
- Apply a health equity lens to understand those that are most likely to be most adversely effected.
- Recognize the role played by the determinants of health and support corresponding strategies (e.g. poverty reduction).