Cannabis Legalization and Regulation

Presentation to alPHa
Ontario Public Health Unit
Collaboration on Cannabis
February 24, 2017

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Overview

• The Ontario Public Health Unit Collaboration on Cannabis
• The Numbers and Health Effects
• Current Landscape
• Task Force Recommendations
  – Overview of process/report
  – Highlight 4 key recommendations: minimum age, retail, personal cultivation, impaired driving
• Wrap up
• Questions
Ontario Public Health Unit Collaboration on Cannabis

- Elena Hasheminejad (co-chair), Allison Imrie (member)

- Formed May 2016
- 32 health units participating
- Managers and front line staff
- TCAN and OPHA liaison
Cannabis Use – The Numbers
General Population

Past year use, Ontario, 2011/2012

• 12% reported using
• 15% of males and 8% of females
• 19-29 years reported highest use

(SOURCE: Canadian Community Health Survey, 2011/2012 data)
Cannabis Use – The Numbers

Youth

Past year use, Ontario, 2015

- 21% of grades 7-12
- 22% of males and 20% of females
- Use increases with grade level

Impaired driving

- 10% drove within an hour of using
- 12% rode in a vehicle with a driver (not cannabis specific)

(SOURCE: Ontario Student Drug Use and Health Survey, 2015)
Cannabis Use – The Numbers
Youth Perceptions

OSDHUS, 2015
• Perceived harm decreases with grade level
• Fairly easy or very easy to obtain cannabis

CCSA, 2017
• Less harmful than alcohol and other drugs
• Effects linked to how often, amount and person
• Driving impaired perceived to be dangerous
• Unaware of risk of addiction and withdrawal

(SOURCE: Ontario Student Drug Use and Health Survey, 2015 and Canadian Centre on Substance Abuse, Canadian Youth Perceptions on Cannabis, 2017)
Cannabis Use and Health Risks

• Respiratory diseases
  – Many of the same cancer-causing chemicals as tobacco smoke
  – Chronic bronchitis

• Mental health
  – Development of schizophrenia or other psychoses
  – Depression (regular users)

• Cognitive development
  – Impairment in learning, memory and attention

Cannabis Use and Health Risks

Injuries
- Increased risk of motor-vehicle collisions
- Effect worse when combined with alcohol

Unintended injuries
- Increased risk of overdose injuries among pediatric populations (unintended exposures in children)

Pregnancy and Breastfeeding
- Maternal cannabis smoking associated with lower birth weight
- THC can be passed from mother’s breast milk (moderate)

Cannabis Use and Therapeutic Effects

• Chronic pain
• Chemotherapy-induced nausea and vomiting
• MS spasticity symptoms (patient-reported)
• Short-term sleep outcomes in those with sleep disturbances

Current landscape

Canadian youth are the top users of Cannabis in the developed world

Common Perceptions (CCSA, 2017)
• Youth perceived positives effects more often than negative effects of cannabis use
• Common confusion around the legality of Cannabis
  – some felt cannabis was legal depending on age and amount in your possession
  – Appears that inconsistent reactions of police to cannabis and the legality of medical marijuana were, in part, leading to the confusion

Increase in illegal dispensaries/ Dispensary Robberies
• Toronto’s marijuana dispensaries had a turbulent 2016, and there are no signs 2017 will be different (CBC News, 2017)
• Only 38 providers are licensed by Health Canada
• 13 robberies since June 2016
Current landscape

• The Task Force on Cannabis Legalization and Regulation
  – On June 30\textsuperscript{th}, 2016 The Government of Canada launched a task force for the legalization and regulation of cannabis in Canada
  – The Task Force is chaired by the Honourable Anne McLellan, and vice chaired by Dr. Mark Ware
    • made up of 9 distinguished experts in public health, substance abuse, law enforcement and justice
    • launched a discussion paper and a public consultation where Canadians had the opportunity to share their input on all the key areas of inquiry
    • 9 public policy objectives were outlined, chief among these are “Keeping cannabis out of the hands of the children and keeping profits out of the hands of organized crime”
  – August 29\textsuperscript{th}, 2016 the public consultation closed – The Ontario Public Health Unit on Cannabis submitted a response (19 PHU participated)
Minimum Age: Key Evidence/Issues

Health Issues
• Brain development: age 25
• Early and frequent use

Judicial Issues
• Illegal market
• Cross-border variations
Minimum Age: Task Force Recommendation

Establish a federal minimum age of 18 for purchasing cannabis, and allow provinces/territories to harmonize with their minimum age for alcohol.
### Minimum Age: Consultation Responses

<table>
<thead>
<tr>
<th>Organization</th>
<th>Minimum Age Suggested</th>
<th>Variation across Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Task Force</td>
<td>18</td>
<td>Provinces/Territories</td>
</tr>
<tr>
<td>Ontario Public Health Unit Collaboration on Cannabis</td>
<td>21</td>
<td>Consistent</td>
</tr>
<tr>
<td>Centre for Addiction and Mental Health (CAMH)</td>
<td>18/19 align with alcohol</td>
<td>No comment</td>
</tr>
<tr>
<td>Canadian Public Health Association (CPHA)</td>
<td>19</td>
<td>Consistent</td>
</tr>
<tr>
<td>Canadian Medical Association (CMA)</td>
<td>21</td>
<td>Consistent</td>
</tr>
<tr>
<td>Chief Medical Officers of Health of Canada and Urban Public Health Network</td>
<td>Mid-20s</td>
<td>Provinces/Territories</td>
</tr>
</tbody>
</table>

Some organizations commented on specific regulations (quantity and potency) for those under 25 years.
Establishing a safe and responsible supply chain

• Production: regulated by federal government
• Distribution: regulated by provinces/territories

• Retail
• Personal cultivation
Retail: Key Evidence/Issues

• Government vs private
• Lessons from tobacco and alcohol on health impacts:
  – Locations and density
  – Hours and days of sale
  – Price
  – Ability to regulate and enforce
• Concerns with co-location of alcohol, tobacco and cannabis
Retail:
Task Force Recommendations

• Retail sales should be regulated by provinces and territories in collaboration with municipalities

• Other recommendations:
  – No co-location of alcohol or tobacco and cannabis sales
  – Limits on the density and location of storefronts
  – Dedicated storefronts with well-trained staff
  – Access via direct-to-consumer mail-order system
## Retail: Consultation Responses

<table>
<thead>
<tr>
<th>Organization</th>
<th>Retail Model</th>
<th>Variation across Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Task Force</td>
<td>No recommendation</td>
<td>Varied; decided by provinces and territories</td>
</tr>
<tr>
<td>Ontario Public Health Unit Collaboration on Cannabis</td>
<td>Government monopoly</td>
<td>Established at federal level and consistent</td>
</tr>
<tr>
<td>Centre for Addiction and Mental Health (CAMH)</td>
<td>Government monopoly;</td>
<td>No recommendation</td>
</tr>
<tr>
<td>Canadian Public Health Association (CPHA)</td>
<td>E-commerce</td>
<td>No recommendation</td>
</tr>
<tr>
<td>Canadian Medical Association (CMA)</td>
<td>E-commerce and outside health care structures (e.g., liquor stores)</td>
<td>Established at federal level and consistent</td>
</tr>
<tr>
<td>Chief Medical Officers of Health of Canada and Urban Public Health Network</td>
<td>Government monopoly and e-commerce</td>
<td>Provincial/Territorial</td>
</tr>
</tbody>
</table>
Personal Cultivation: Key Evidence

From a public health perspective, home cultivation presents the following challenges:

– Potential for increase access among children and youth
– Significant challenges in regulating potency, quality and labelling;
– High cost and effort for government to control and regulate marijuana production;
– Increased challenges in regulating commercial production and preventing diversion;
– Inability to generate government revenue to support health promotion initiatives
– Lack of authority to inspect homes to ensure safe production; and
– Potential health impacts in the surrounding environment and risks to property from home growth, including fire and mould
## Personal Cultivation: What We Know

<table>
<thead>
<tr>
<th></th>
<th>Washington</th>
<th>District of Columbia</th>
<th>Oregon</th>
<th>Colorado</th>
<th>Alaska</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal cultivation</strong></td>
<td>Not permitted (remains illegal)</td>
<td>Up to 6 plants — up to 3 mature — per adult (Maximum of 12 plants per residence — 6 being mature — in a single house or rental unit)</td>
<td>Up to 4 plants per residence (regardless of the number of adults residing at the residence)</td>
<td>Up to 6 plants — up to 3 mature — per adult, in a fully enclosed, locked space (Maximum of 12 plants per residence, regardless of the number of adults living in the residence)</td>
<td>Up to 6 plants — maximum of 3 mature — per adult</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>N/A</td>
<td>Indoor only — within the interior of a house or rental unit</td>
<td>Indoor and outdoor permitted</td>
<td>Indoor and outdoor permitted</td>
<td>Indoor and outdoor permitted</td>
</tr>
</tbody>
</table>
Personal Cultivation: Task Force Recommendations

• A limit of four plants per residence
• A maximum height limit of 100 cm on the plants
• A prohibition on dangerous manufacturing processes
• Reasonable security measures to prevent theft and youth access
• Oversight and approval by local authorities

Other considerations: prohibit unlicensed sale (although share is inevitable), establish guidelines to ensure cultivation is in spaces not visible or accessible to children, and regulate the market to enable a legal source for starting materials (e.g. seeds, seedlings, plant cuttings)
## Personal Cultivation: Consultation Responses

<table>
<thead>
<tr>
<th>Organization</th>
<th>Personal Cultivation</th>
<th>Variation across Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Task Force</td>
<td>Recommended (with conditions)</td>
<td>No recommendation – however highlights importance of enabling legal access on a national level</td>
</tr>
<tr>
<td>Ontario Public Health Unit Collaboration on Cannabis</td>
<td>Not Recommended</td>
<td>Consistent</td>
</tr>
<tr>
<td>Centre for Addiction and Mental Health (CAMH)</td>
<td>No Recommendation</td>
<td>No Recommendation</td>
</tr>
<tr>
<td>Canadian Public Health Association (CPHA)</td>
<td>Permitted under specific control</td>
<td>No Recommendation</td>
</tr>
<tr>
<td>Canadian Medical Association (CMA)</td>
<td>Not Recommended</td>
<td>No Recommendation</td>
</tr>
<tr>
<td>Chief Medical Officers of Health of Canada and Urban Public Health Network</td>
<td>Limited amounts of growing</td>
<td>Consistent - with delegations to provincial and territorial governments</td>
</tr>
</tbody>
</table>
Impaired Driving: Key Evidence

• Cannabis impairs psychomotor skills and judgement
• Evidence has been gathered over many years to arrive at an established metric for alcohol intoxication (BAC) – these types of data do not exist for cannabis
• The level of THC in bodily fluids cannot be used to reliably indicate the degree of impairment or crash risk
• More research needed to define an acceptable per se limit for THC
• When police offer suspects that a person is impaired:
  – Standardized Field Sobriety Tests (SFST) – a roadside test administered by officer
  – Strongest evidence to determine impairment can only be provided through the evaluation of highly trained and qualified Drug Recognition Expert (DRE)
Impaired Driving: Key Evidence

- DRE training is expensive, time consuming, requires travel to the United States and is currently only available in English
- Few officers have been trained, resulting in insufficient capacity to deal with the current rates of drug-impaired driving
- Recent public opinion research has shown a disturbing trend among youth of a lack of understanding of the effects of cannabis use and impairment
- In 2015, police reported 72,039 impaired driving incidents – almost 3,000 drug-impaired driving incidents were reported (4% of all impaired driving incidents)
Impaired Driving:
Task Force Recommendations

- Work with provinces and territories to develop a national, comprehensive public education strategy
- Invest in:
  - research to better link THC levels with impairment and crash risk to support the development of a per se limit
  - law enforcement capacity, including DRE and SFST training and staffing
  - data collection and ongoing surveillance and evaluation in collaboration with provinces and territories
- Determine whether to establish a per se limit; re-examine if correlation found
- Roadside drug screening device
Impaired Driving:
Task Force Recommendations

All governments in Canada consider the use of graduated sanctions ranging from administrative sanctions to criminal prosecution depending on the severity of the infraction (e.g., zero tolerance for new and young drivers).
Impaired Driving: Consultation Responses

• Develop a comprehensive framework which includes:
  – Prevention
  – Education
  – Enforcement

To address and prevent marijuana-impaired driving with a focus on groups at higher risks of harm, such as youth

• Standardized roadside sobriety tests, tools, and devices be developed and implemented for us in all Canadian jurisdictions
Other Consultation Responses

• Reallocate resources currently dedicated to the enforcement of marijuana infractions to public health, education and treatment programs (CMA, 2016)

• All individuals charged with impaired driving should have a specialist assessment to determine whether a substance use disorder is present.
  – Individuals with substance use disorders should have immediate access to addiction treatment, mental health services and social stabilization (CMA, 2016)
Other Consultation Responses

• CAMH (2016) recommends a two tiered model with:
  – saliva-based roadside testing
  – severe penalties in case of documented impairments and accidents

Other: Canadian Association of Chiefs of Police
• Strongly recommends that government increase investment in Drug Recognition Experts (DRE’s) and associated officer training
• Training and accreditation take place in Canada
Wrap up

• The Ontario Public Health Unit Collaboration on Cannabis was pleased with many of the recommendations
  – For example: Advertising and Marketing

• The collaborative will continue to meet bi-monthly, with the steering committee meeting monthly
  – Next Steps
    • Establish a 2017 work plan
    • Advocacy to the federal and provincial government
    • Coordinated Key Messages
    • Keeping abreast with the evidence

• A summary of the Federal Task Force recommendations
Questions?

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