

INFLUENCING CANNABIS POLICY MAKING: A PUBLIC HEALTH APPROACH

CPHA Cannabis & Public Health Forum

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Disclosure Statement

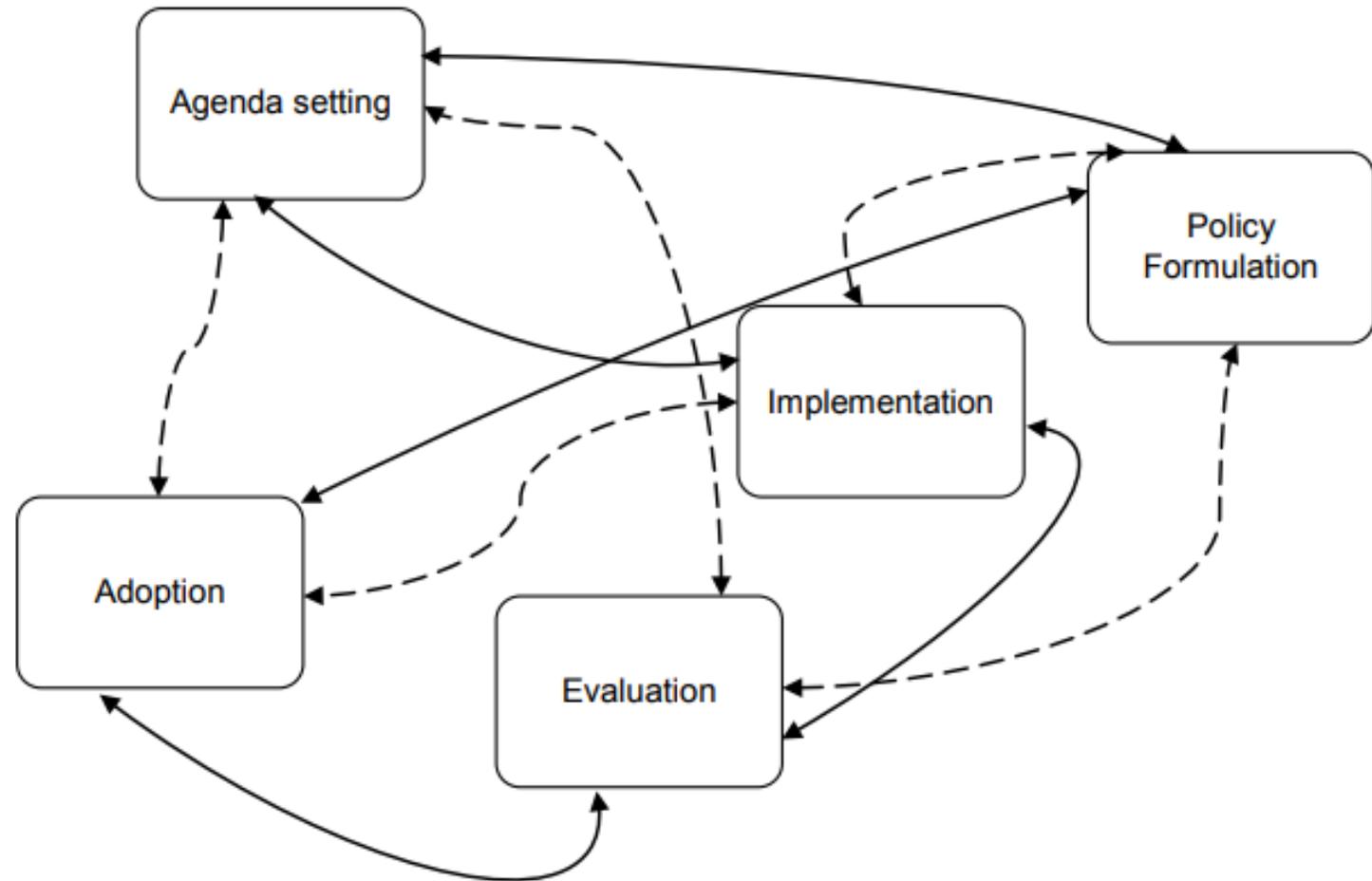
- **Presenter: Michelle Kilborn**
 - I have no affiliation (financial or otherwise) with a cannabis producer, processor, distributor or communications organization.

Objectives

- Discuss and apply the stages of policy making as they relate to specific examples
- Identify issues that arise and strategies to address when advocating for a public health approach to cannabis legalization at the municipal level
- Identify, compare and summarize lessons learned from various jurisdictions' experiences in influencing cannabis policy making from a public health approach.

Policy Making

Stages of Policy Making

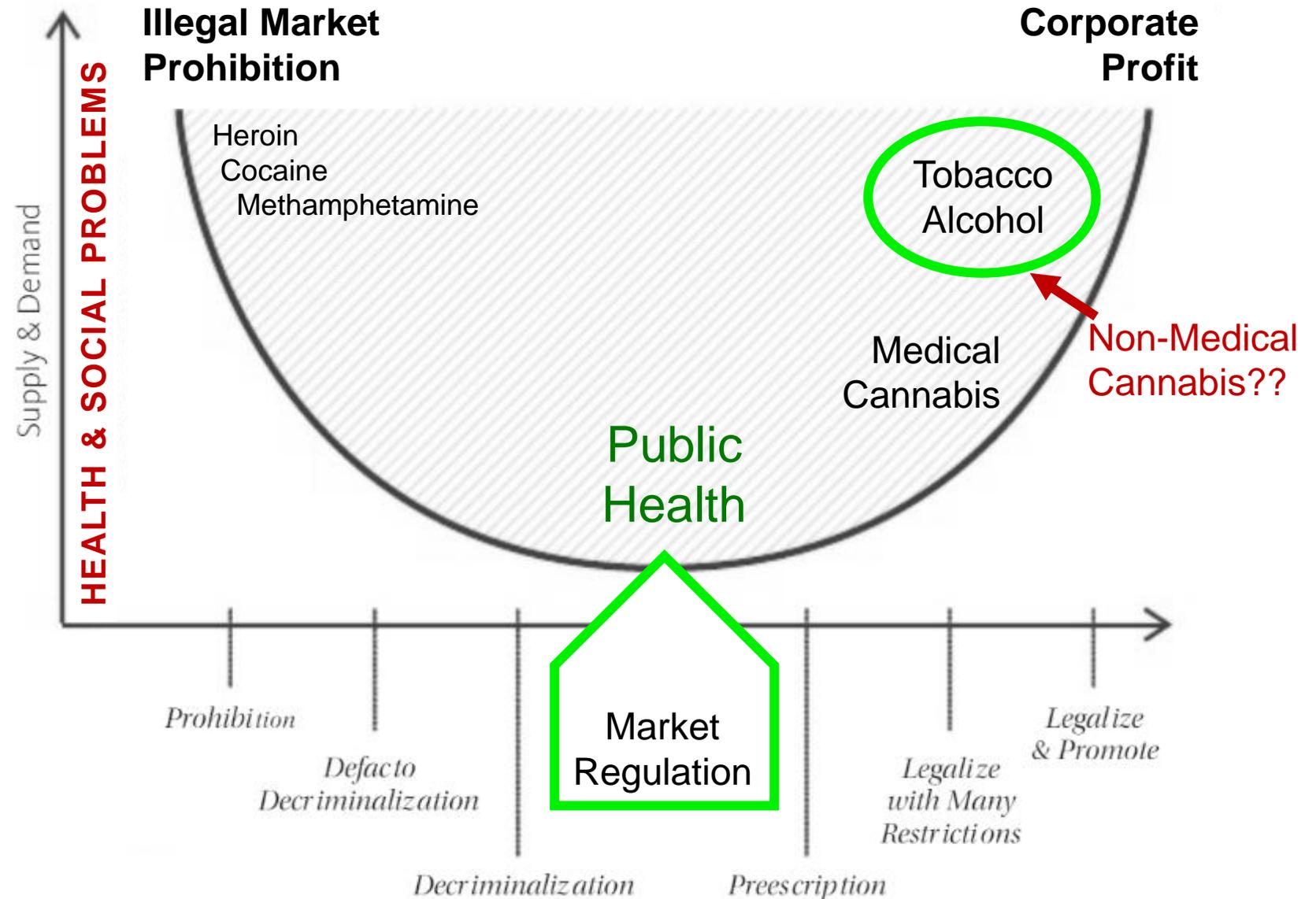


Stage	Information to be transmitted by public health actors
Agenda setting	<p>Problem structuring</p> <ul style="list-style-type: none"> • Identifying a problem situation and collecting evidence indicating the magnitude of the problem. This information is intended for decision makers as well as other stakeholders. • Documenting the importance of a problem and its determinants. • Challenging frameworks.★ • Identifying the decisive, relevant data for characterizing the problem.★
Policy formulation	<p>Forecasting</p> <ul style="list-style-type: none"> • Indicating which levers and policies will allow for intervention. • Determining the consequences of existing or proposed policies and documenting their impact on health and its determinants (using, for example, tools such as health impact assessments).★ • Detailing the impacts of each option.★ • Documenting and specifying the future costs and benefits of all strategic scenarios using information generated by forecasting.★
Implementation	<p>Monitoring</p> <ul style="list-style-type: none"> • Documenting the consequences of previously adopted policies and participating in their implementation.★ • Producing analyses, but also applying technical skills, expert knowledge and practical experience, with an emphasis on the possibility of applying the evidence gathered across different contexts.★
Policy evaluation	<p>Evaluation</p> <ul style="list-style-type: none"> • Developing monitoring mechanisms.★ • Revealing discrepancies between the policy's expected and actual results.★ • Performing complex evaluations.

Adapted from Sutcliffe & Court, 2005, and from Babu et al., 1996.

Public Health Approach

The Paradox of Prohibition



Agenda Setting: Challenging Frameworks

- Identifying decisive, relevant data for characterizing the problem

EXAMPLE

- Problem: Minimum Age for Purchase & Possession
 - Jurisdictional scan
 - Recommendations from public health/medical associations
 - Relevant research related to health harms, normalization, cross-border travel

There was opportunity here to set the agenda and influence which policy options are considered

POLICY FORMULATION: Consequences & Impacts

<i>EXAMPLE</i>	Problem: Minimum Age for Purchase & Possession		
	18 years of age	21 years of age	25 years of age
Risks	<ul style="list-style-type: none"> -Developing brain -Cross-border travel (BC/SK =19) -Conflicting messaging of harms 	<ul style="list-style-type: none"> -Illicit cannabis demand remains for under 21 population -Developing brain 	<ul style="list-style-type: none"> -Significant demand/exposure for illicit cannabis remains -public safety/social justice objectives difficult to achieve -fewer opportunities for regulation of use for <25
Benefits	<ul style="list-style-type: none"> -Deters reliance on illicit market -Reduces exposure to other drugs mixed with cannabis -Aligns with current min. age -Reduces youth criminal records 	<ul style="list-style-type: none"> -Deters 21+ seeking illicit cannabis -reduces profits to criminals -balance between concerns for health, safety, social justice 	<ul style="list-style-type: none"> -minimizes harm to brain development -clear message about harms
Evidence	Existing studies (cannabis, alcohol & tobacco), impact assessments, case studies, surveys, jurisdictional scans, industry counter-messaging	Existing studies (cannabis, alcohol & tobacco), impact assessments, case studies, surveys, jurisdictional scans, industry counter-messaging	Existing studies (cannabis, alcohol & tobacco), impact assessments, case studies, surveys, jurisdictional scans, industry counter-messaging

Implementation

(Participating in Implementation)

**Policy Decision:
Min. Age 18**

**Operational
Decision
Points**

- Type of ID accepted
- Checking ID – mandatory for all, those that look under 25?
- Where to check? – upon entry, point of purchase
- ID scanning?
- Employee training
- Oversight, audit, monitoring, reporting

How will this be implemented and enforced?

What are the opportunities to influence using public health lens?

Evaluation

(Baseline Data, Indicators & Monitoring)

- *How will you measure the impact of this policy decision?*
- *What are the potential impacts on the community?*
- *What are the long term implications?*



- Match indicators to objectives
- Baseline measures
- Help develop monitoring mechanisms
- Addressing gaps
- Identifying discrepancies → policy amendments?

Public Health Priorities

Minimize
harm

Protect
health & safety
of Albertans

Prevent
likelihood of use
and problematic
use

Assess
population health
outcomes

Address
determinants of
health & health
equity

Provide
services

Case Study 1: Cannabis Cafes & Lounges

Case Study 1

Currently in Province XYZ, it is unclear if cannabis cafes & lounges are going to be part of Phase II legislative and regulatory amendments. How can public health professionals influence policy making and ensure decision makers include public health principles when considering policy options?

A. Is this a public health issue? Why is it a problem or concern? What is the relevant information needed to characterize this as an issue? What is the rationale for cafes/lounges?

Case Study 1

Currently in Province XYZ, it is unclear if cannabis cafes & lounges are going to be part of Phase II legislative and regulatory amendments. How can public health professionals influence policy making and ensure decision makers include public health principles when considering policy options?

B. Risks – Benefits – Evidence

- Policy Option 1: Cafés /Lounges – bring your own
- Policy Option 2: Cafés /Lounges – retail commercially produced cannabis
- Policy Option 3: No cafés/lounges

Case Study 1

Currently in Province XYZ, it is unclear if cannabis cafes & lounges are going to be part of Phase II legislative and regulatory amendments. How can public health professionals influence policy making and ensure decision makers include public health principles when considering policy options?

C. What monitoring and evaluation strategies will be important to determine impact? What needs to be in place to reveal discrepancies between policy objectives and actual results?

Municipal Policy Influence

Municipal Policy Influence

- Identifying key players & early collaboration
- Municipal information package:
 - Education and awareness
 - Building understanding of a PH approach
 - Research and evidence
 - Policy analysis – recommendations for bylaw consideration
 - Potential operational considerations
- Municipal council/committee meetings



Municipal Policy Influence

Business Licensing

INFORMATION FOR MUNICIPALITIES

Regulations regulating hours of operation of cannabis stores and making community connections are important considerations for reducing health and social harms in our communities. The following information provides municipalities important information to make healthy and evidence-informed decisions about business licensing regulations for non-medical cannabis.

Hours of Operation

- AHS recommends limiting the number of and late night/early morning hours of operation as a means to reduce harms to communities.^{1,2}
- In regards to alcohol-related harm, international evidence on availability indicates that longer hours of sale significantly increase the amount of alcohol consumed and the rates of alcohol related harms.¹
- The Centre for Addiction and Mental Health suggests restricting alcohol sales to 9 business hours per day, with limited availability late at night and in the early hours of the morning.³
- Most regulations in the US legalized states limit hours of operation to 10pm or midnight.^{4,5,6,7}

Community Connections

- AHS suggests that a community engagement plan and cannabis education component be added to the application processes for retail marijuana business licenses.
- The City of Denver has implemented a community engagement requirement where applicants must list all registered neighborhood organizations whose boundaries encompass the store location and outline their outreach plans.⁸
 - Applicants must also indicate how they plan to create positive impacts in the neighbourhood and implement policies/procedures to address concerns by residents and other businesses.
- AHS suggests that the education component include demonstrating a base knowledge of cannabis health harms and lower-risk use, new rules (federal, provincial, municipal) and environmental health (safe storage, disposal, etc).

What is a public health approach to cannabis legalization?

A public health approach strives to maximize benefits and minimize harms of substances, promote the health of all individuals of a population, decrease negative impacts on vulnerable populations, and ensure harms from interventions and legislation are not disproportionate to harms from the substances themselves.⁹

- A precautionary approach with stricter regulations is important for reducing health and social problems over time in our communities.
- Begin with a more restrictive framework and easing restrictions as evidence indicates.



Land Use

INFORMATION FOR MUNICIPALITIES

Regulations restricting density and location of cannabis retail outlets are important for reducing health and social harms in our communities. The following information provides municipalities with important information to make healthy and evidence-informed decisions about land use regulations for non-medical cannabis.

Location and Number of Stores

- AHS recommends municipalities limit the number of cannabis retail outlets, and implement density and distance controls to prevent stores from clustering, while also keeping buffer zones around well-defined areas where children and youth frequent. In particular AHS recommends:
 - Limiting the overall number of business licenses issued in the first phases of implementation.
 - Implementing a 300-500m minimum distance restriction between cannabis outlets.
 - Implementing a 300-500m minimum distance between cannabis stores and schools, daycares and community centers.

Co-location with Alcohol Outlets

- AHS recommends that municipalities:
 - Do not allow co-location, clustering or adjacency between cannabis and alcohol retailers.
 - Implement a 100m minimum separation distance from liquor retailers, in addition to a square kilometer density restriction, adjusted for population.
- Simultaneous use of alcohol and cannabis has been found to approximately double the odds of impaired driving, social consequences, and harms to self.¹
- Preventing clustering among liquor, tobacco and cannabis stores can have a positive impact on communities with few resources and vulnerable populations.²

Why are density limits and separation distances important?

- These are important harm reduction tools to reduce access, exposure and normalization of cannabis.
- Density limits reduce neighborhood impacts and youth access.^{3,4}
- Locating cannabis stores away from schools, daycares and community centers is essential to protecting children from normalization of cannabis use.⁵
- In Canada, evidence indicating cannabis normalization is particularly strong among individuals aged between 15-44 years.⁶
- Alcohol policy research provides important lessons on the impact of availability. Alberta has seen a 600% increase in the number of liquor stores in the province since privatization (208 stores in 1993 vs. 1,435 stores in 2016) and a drastic product proliferation (2,200 products in 1993 vs 23,072 in 2016).⁷
- A substantial increase in the number of alcohol outlets results in increases in alcohol consumption and associated harms. The impact of outlet density on high-risk drinking among younger drinkers is especially pronounced.^{8,9}
- The average separation distance from cannabis dispensaries to schools reported in a study that listed 12 US cities was approximately 250m.¹⁰
- Shorter separation distances/higher densities are associated with high-risk consumption behaviors, especially among youth, and facilitating greater access and possession by adolescents.¹¹

Public Consumption of Cannabis

INFORMATION FOR MUNICIPALITIES

Regulations restricting public consumption of cannabis are important for reducing health and social harms in our communities. The following information provides municipalities important information to make healthy and evidence-informed decisions about public consumption of cannabis.

Risk of Normalization

- Normalization means becoming a 'normal part' of leisure and lifestyle and no longer considered potentially harmful.
- Children tend to copy what they observe and are influenced by normality of any type of smoking around them.
- Normalization of cannabis is evident in society as discussion has shifted from a substance once considered harmful and privately used, to one that has a degree of acceptability in different spaces (i.e., parks, concerts).
- Cannabis use is gaining more social acceptance and associated disregard of potential harms.
- Cannabis users often do not believe there are any long-term risks or they think they can manage harms with moderate use.¹
- Mixed interpretations about cannabis use and associated harms illustrate the expansion of normalization.¹
- Normalization of cannabis has the risk of normalizing all forms of smoking (including tobacco and waterpipes). This would be a step backwards for public health.

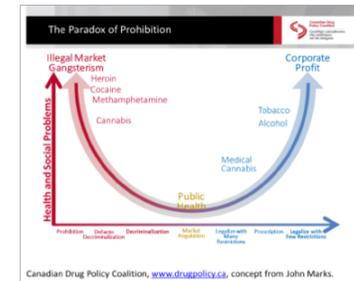
Why is normalization of smoking cannabis a problem?

- Normalization leads to increases in rates of use (lessons learned from tobacco and alcohol).
- There are at least 33 known carcinogens in cannabis smoke.²
- Like tobacco smoke, cannabis smoke is a mixture of tiny particles in a gas-vapour.
- Both types of smoke have similar concentrations of particulate matter and toxicants, including carbon monoxide, hydrogen cyanide and nitrosamines, all of which pose health risks.³
- Cannabis smoking is associated with cancer, respiratory problems and cardiovascular disease.^{4,5}

A Public Health Approach¹ to Cannabis Legalization

A public health approach strives to maximize benefits and minimize harms of substances, promote the health of all individuals of a population, decrease inequities, and ensure harms from interventions and legislation are not disproportionate to harms from the substances themselves.

A public health lens to cannabis legalization also involves taking a precautionary approach to minimize unintended consequences. This precautionary approach helps minimize unintended consequences, especially when evidence is incomplete and/or inconclusive. In addition, it is easier to prevent future harms, by removing regulations in the future once more knowledge exists, than it is to later add regulation.¹



- The outcome of a public health approach shows how health/social harms and supply/demand are related.
- Harms related to substances are at a maximum when governance and control are at the extremes. Note that harms are similar to prohibition if commercialization/privatization is at the extreme.
- Lower health and social harms occur when a public health approach is used. (Note: the curve doesn't go to zero—there are always problems associated with substance use, but they can be minimized).
- Legalizing cannabis without considering the key elements of a public health approach may result in greater social and health harms.

Key considerations when developing policy from a public health lens includes:

- Minimizing harms
- Protecting health and safety of citizens
- Preventing the likelihood of use and problematic use
- Assessing population health outcomes
- Providing services
- Addressing the determinants of health and health equity

¹ Chief Medical Officers of Health of Canada & Urban Public Health Network. (2016). Public health perspectives on cannabis policy and regulation. Available from <http://cphn.ca/wp-content/uploads/2016/03/Chief-MOH-UPHN-Cannabis-Prevention-Final-Sept-16-2016.pdf>

Municipal Policy Influence

Ongoing Case by Case Analysis

- Analysis of administration's report or draft bylaws
- Provide a specific response
- Repeat and re-package key messages from recommendations
- In-person presentations AND/OR letters to councilors/mayor



Policy Debate

Land Use

- No. & density of stores
- Separation distances (sensitive areas, store to store)
- Co-location

Business Licensing

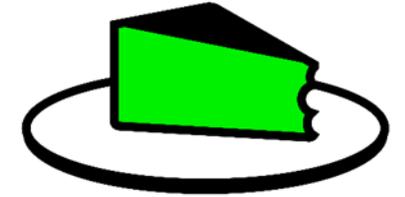
- hours of operation
- community engagement

Public Consumption

- normalization, 2nd hand smoke, intoxication, future legislation
- buffer zones: schools, daycares, parks & rec, sidewalks, events, children & youth

Case Study 2: Public Consumption

Case Study 2: Public Consumption – New Classes



In 2017, City ABC passed municipal bylaws that prohibited smoking/vaping cannabis in public places. With the pending legalization of the new classes of cannabis, city council are discussing if further amendments to their bylaws are needed. You have been asked to prepare a presentation for the local Medical Officer of Health to provide information to mayor and council that highlights the public health implications of this issue. Outline public health's key messages.

- **characterize the problem (public health lens)**
 - **risks, benefits, evidence to include**

Lessons Learned

Some Lessons Learned

- Mapping is important – then compromise
- Balancing ‘business friendly’ with public health & safety
- What are the neighbours doing?
- Phase 1 / Phase 2 dynamic
- Alcohol OR tobacco dilemma
- Enforcement perceptions
- Health equity
- Strict regulations? ... but it’s legal!
- Partners and relationships are key
- Presenting health information vs. “lobbying”
- Monitoring/evaluation



Drug Safe

Cannabis

Thank you

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