

Cannabis in the Community Report
2018



**Northwestern
Health Unit**

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Introduction

This report summarizes the results of Talk Public Health: the Northwestern Health Unit (NWHU) Online Discussion Panel and Cannabis in the Community online survey. The panel launched October 9, 2017 and ran until October 31, 2017. The survey was open from September 13, 2017 to October 31, 2017. The objectives of the panel and survey were to learn more about perceptions of cannabis in northwestern Ontario communities, and to gather information to be used in program planning.

Cannabis was selected as the focus for this online discussion panel and online survey to prepare for the upcoming changes to federal, provincial and municipal laws as Canada prepares for cannabis legalization. These changes will directly impact how cannabis is produced, distributed, marketed and consumed in our communities. As well, there is not a good source of local data on cannabis use. The limited data available is self-reported and the validity can be impacted by the illicit nature of cannabis use. The online discussion panel and online survey offered a promising opportunity to gather local qualitative data on cannabis use. NWHU wanted to examine how cannabis exists in our community to help us to inform the strategies we take to mitigate the harms related to cannabis use. It is important to understand the many different ways cannabis can impact communities and consider how municipalities can lead the way in supporting healthy outcomes.

Background – Cannabis in the Community

Cannabis refers to the dried flowers, fruiting tops, and leaves of the plant *Cannabis sativa* and contains chemical compounds that are unique to the plant, referred to as cannabinoids. Delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD) are the cannabinoids referred to most often when discussing cannabis. THC has psychoactive properties and leads to the psychoactive effects or “high” from cannabis use. The levels of THC and CBD can vary between plants, the part of the plant being used and the type of processing it undergoes. Cannabis can be inhaled into the lungs by smoking, by using water pipes or vapourizers, or it can be consumed orally through edibles, oils, tinctures, and pills. Both the cannabis product that is consumed and the method of consumption work together to affect the users’ mental processes such as mood, sensations of pain and pleasure, motivation, cognition and other mental functions (CCSA, 2015).

In April 2017, the federal government introduced legislation to legalize and regulate recreational cannabis in Canada by July 2018, under the proposed *Cannabis Act (Bill C-45)*. The objective of legalizing cannabis outlined by the Federal Task Force on Cannabis Legalization and Regulation is to put an end to the illicit cannabis market, to generate public revenues, and to reduce the harmful effects associated with the use of the substance (e.g. health effects, prosecution of users) (Government of Canada, 2016).

On September 8, 2017 Ontario’s Attorney General Yasir Naqvi, Finance Minister Charles Sousa and Health Minister Eric Hoskins issued a press release outlining the plan to legalize cannabis in Ontario. The plan proposed to prohibit the recreational use of cannabis in public places, cars and workplaces. On the basis of this information, since revised and updated in the Cannabis Act, 2017, the NWHU proceeded with data collection around public perceptions and potential policy issues.

Methodology

In order to gather information pertaining to Cannabis in the Community, the online discussion panel was implemented alongside an online survey for the wider public and community partners. For the sake of both clarity and ease, both the online survey and panel were promoted together through social media (paid and unpaid), website content and features, media release and email communications through staff to community partners.

The project team consisted of the Planning & Evaluation Specialist, the Substance Misuse Prevention lead, the Chronic Disease Prevention Manager, and the Epidemiologist.

Talk Public Health: NWHU Online Discussion Panel

The online panel is a group of Northwestern Health Unit (NWHU) catchment area residents who agreed to participate by providing feedback and giving opinions about public health policies that impact the health of individuals, families and communities across the region. The goal of Talk Public Health: the Northwestern Health Unit Online Discussion Panel is to provide an ongoing vehicle to determine participant's recommendations for moving key public health policy issues and health unit work forward.

The online panel ran from October 9, 2017 to October 30, 2017. During the panel, the participants learned about cannabis use, the health and social harms and costs of cannabis use, and potential policy tools for minimizing the harms that are associated with cannabis use. They took part in discussions, and made final recommendations about where the health unit should focus its energy with regards to cannabis policy.

The following topics were discussed:

- Cannabis smoke-free spaces
- Production and distribution of cannabis
- Cannabis public health education
- Marketing of cannabis products

Similar to past online discussion panels, panelists were asked to complete two electronic surveys. The first survey was a panel experience and demographic survey, and the second was a final recommendations poll which allowed panelists to indicate the importance of cannabis policy tools.

Online Survey

The Cannabis in the Community online survey ran from September 13, 2017 to October 31, 2017. There were two versions of the survey – one for community partners and one for the general public.

The survey consisted of questions relating to perceptions of the health harms and benefits of cannabis, community issues and benefits from cannabis, community assets and barriers to dealing with cannabis use, and concerns regarding cannabis use. Questions were mostly open-ended and included demographic questions.

Promotion

The panel and online survey were promoted via the NWHU website and social media accounts, through regional media outlets and email circulation by NWHU staff.

Analysis

Analysis for the survey and discussion panel was conducted qualitatively. The survey, panel discussion and final poll responses were reviewed separately by the project team to pull out the major themes and trends. The team then met as a group to discuss similarities or differences in the key themes they had individually noted. Once compiled, the survey results and panel discussions were summarized by the Planning & Evaluation Specialist for this report.

Online Survey Results

The survey had 578 responses, with 484 responses from the general public and 94 responses from community partners. The majority of people who filled out the survey were between 18-39 years old; 63% were female and 35% were male; 16% of responders identified as Indigenous.

Community Partner Survey

When asked about health harms related to cannabis, 66% of partners listed mental health (including anxiety, depression, substance misuse and psychosis); 53.2% of partners listed lung problems and 34% listed behavioural problems as a harm. When asked to list any health benefits related to cannabis, 73% of partners listed pain management; 47.9% listed mental health benefits (including anxiety, depression, sleep, and relaxation); 35.5% said chronic disease treatment; and 31.3% listed an increased appetite as a benefit.

Partners were asked to provide a short example of how their organization or community have experienced harms or issues related to cannabis use. The top harm listed was crime or social issues at 29%, mental health issues at 22.2%, cannabis being a gateway drug at 11% and productivity issues at 11%. Partners who indicated that there were no community harms related to cannabis made up 13.3% of respondents

Partners were also asked to provide a short example of how their organization or community have experienced benefits related to cannabis use:

- 37.8% of partners listed there were no community benefits related to cannabis use;
- 35.6% listed pain management for clients as a benefit;
- 24.5% listed mental health and sleep/relaxation benefits for their clients; and
- 13.3% of partners indicated that cannabis use was a form of harm reduction from using other drugs or opioids.

Partners were asked to answer how cannabis use affects their community as a whole:

- 62% listed health effects which include: physical health problems, mental health issues, addiction, unhealthy coping, product safety and effects on youth development;
- 57% listed effects on society such as increased poverty, decreased productivity, cannabis leading to more illicit drug use and effects on relationships;

- 33% listed enforcement issues such as increased crime and decreased community safety, effects of criminalization on the individual, and wasting police resources; and
- 26.2% of partners said they didn't know how cannabis affects their community as a whole or could not list any effects.

Assets to addressing cannabis misuse were identified as: the mental health services available (e.g. community counselling, hospital addictions programs, Canadian Mental Health Association, mental health programs in hospitals) (44%) and a variety of social services available including Friendship Centres, Best Start Hubs, Street Patrol and more (37.7%). Partners also mentioned specific treatment programs such as Meno-Ya-Win Hospital or the Detox Centre (13.3%), and police (15.6%). Just over one quarter of respondents did not know of or could not list any community assets to address cannabis misuse.

Barriers to addressing cannabis use were identified as: misinformation and myths around cannabis (35%); lack of services or poor alignment of services in communities (28%); the illicit market and wide availability of cannabis (19%); the acceptance of its use (16%) and over-enforcement of the drug (14%).

Lastly, partners were asked what can be done to enhance those assets or reduce those barriers related to cannabis use: 51% stated regulation or legalization of cannabis; 45% mentioned more education on cannabis; and 28% mentioned enhancing or improved alignment of mental health, addiction or social services in the region.

General Public Survey

When asked about any health harms related to cannabis that they are aware of, the general public listed effects on the brain (38.2%); lung-related issues (34.2%); and mental health effects, such as addiction, anxiety, paranoia, psychosis, schizophrenia, and depression (28.2%) as the top harms. Less than a fifth of respondents (17.3%) stated they were not aware of any health harms related to cannabis.

When asked about any health benefits related to cannabis, the general public listed: pain management (68%); management of chronic diseases such as seizures, cancer, and Parkinson's (46.4%); mental health benefits for anxiety, depression, harm reduction, and post-traumatic stress disorder (43.3%); relaxation and sleep (28.5%); and increased appetite (23.2%). Those reporting no health benefits related to cannabis was 4.4%.

The public was asked to provide a short example of how they or their community has experienced harms or issues related to cannabis use:

- 33% of people said there were no community issues related to cannabis use;
- 14% said the effects from criminalization are harmful on individuals;
- 13% mentioned the mental health effects; and
- 10% mentioned crime and violence in society and within families.

Other notable responses were that cannabis is a gateway drug and that there is a wrongful use of resources (i.e. law enforcement, social services, mental health services) related to widespread cannabis use.

The public was asked to provide a short example of how they or their community has experienced benefits related to cannabis use:

- 69% of people mentioned chronic disease or pain management;
- 48% mentioned mental health (anxiety, depression, post-traumatic stress disorder, etc.), sleep or relaxation benefits;
- 15% of people mentioned that cannabis was a better alternative than alcohol, prescription medication or opioids; and
- 19% of people didn't know of any benefits or said there were no benefits related to cannabis use.

Lastly, from a list of possible issues related to cannabis use, the public indicated they were most concerned with cannabis impaired driving (38%); underage cannabis use (37.7%); how cannabis is advertised (22.7%); and second-hand cannabis smoke (22.4%).

Over half of respondents (52%) said they were very unconcerned with violence related to cannabis; 43% were very unconcerned about public cannabis intoxication; 35% of people were very unconcerned about crime related to cannabis; and 33% were unconcerned about chronic cannabis use or chronic disease.

Online Panel Results

Panel results are summarized based on topic. Eleven members participated in the discussion threads. Sixty-four participant posts were made and the moderators posted 26 prompts or replies to participants.

Cannabis smoke-free spaces

Panelists noted that once cannabis is legalized and permitted to be consumed in one's home this may negatively affect indoor air quality if cannabis is smoked inside. A non-smoker should be protected from exposure to cannabis smoke or smell in a multi-unit dwelling. Panelists were split on whether cannabis smoke should be regulated in public areas – half were supportive of the public consumption ban and thought that if initial laws were strong and restrictive, they could be relaxed after implementation when it was determined what effects this would have on our communities. The other half said that having restrictions on where cannabis is consumed would continue the legacy and harms of the punitive cannabis laws that waste enforcement resources and have negative effects on the person being penalized. There was consensus that cannabis lounges, if permitted, should be located away from where youth frequent and impaired driving should be policed at the lounges the same way it is with alcohol at licensed premises.

Production and distribution of cannabis

Panelists were supportive of having a cannabis production facility (i.e. licensed grow facility) in the northwestern Ontario area if strict security measures were in place to ensure safety, and if it was located outside city centres which could be controlled by municipal zoning by-laws. It was thought that a licensed cannabis production facility would create economic advantages and local jobs. Most panelists thought that a LCBO-type storefront would offer enough government oversight to ensure cannabis distribution is well-monitored and safe. Some panelists questioned how online and storefront customers will be informed of safe product usage, including the pros and cons of purchasing different cannabis products (e.g. bud, oil, hash, rosin/wax, tinctures) and how to safely use them. At cannabis storefront locations it was assumed that staff would be trained on how to guide customers through the cannabis selection process, similar to how staff can help customers choose which bottle of wine to purchase at LCBO stores.

Most panelists were supportive of allowing home cultivation of cannabis, with security measures to prevent accidental ingestion and youth access. Panelists were supportive of having commercially available edible products if they came from licensed producers and had appropriate labelling and warnings, especially if they could be transported off of the premise. Edible products often look like foods that are desirable for kids and youth to eat (i.e. brownies, gummies, and candy); the packaging of edibles would have to be secure and prevent accidental ingestions by kids, youth, or even pets. The location of commercial retailers should be away from where youth frequent.

Cannabis public health education

The following were suggested topics the NWHU should focus on for future public health education campaigns and strategies:

- New Ontario laws and how they will be implemented and enforced
- Tips/harm reduction strategies for novice users
- What you can expect to experience when you use cannabis
- Ways to prevent accidental ingestion of home-made edibles
- Cannabis Lower-Risk Usage Guidelines
- Cannabis impaired driving
- Cannabis use effects on mental health

Marketing of cannabis products

Panelists were divided when discussing the marketing of cannabis products. Several panelists thought that the marketing of cannabis should be modeled similar to that of alcohol. The goal of the marketing would be to inform customers about the product and give information on what flavours, smells and experience can be expected. Other panelists thought that marketing should initially be strict and modelled after tobacco, then in the future limits could be relaxed if necessary. The marketing should only be permitted at distribution facilities (LCBO-type storefronts) and only contain enough information for customers to choose strain, potency ratios, and product type. The consensus among that group was that cannabis marketing should not be targeted at youth or be allowed at community events or locations where youth are present.

Other discussion

There was some debate among panelists on cannabis potency and how products made in today's market are more potent than that from previous decades. It was discussed that high potency products are risky for novice users and it would be challenging to control the psychoactive feeling of being "high." There was discussion on how to best protect public safety. A couple of panelists discussed the relative risk of cannabis use compared to alcohol, tobacco and opioid use, and it was thought that health harms from those substances were significantly worse than the harms caused by cannabis. One other area of discussion was how cannabis use can have impacts on the developing youth brain. From research literature, it is documented that brain development in youth is not complete until the age 25. One panelist thought this was incongruent with the legislation that set the minimum age for usage at 19 years of age.

Final Poll

The Cannabis in the Community final poll indicated that panelists felt the health unit should work on supporting municipalities to:

- Strengthen municipal policy related to location of licensed cannabis production facilities
- Strengthen municipal policy related to location of commercial retailers that sell edible cannabis products
- Educate the public on the risks of cannabis use through awareness and skill-building activities
- Ban cannabis advertising at municipally sponsored events where children are present
- Ensure municipalities provide feedback on location for potential LCBO-type storefronts

Limitations

With self-completed surveys, there is a risk of social desirability bias. To mitigate this threat, participants were explicitly asked to provide accurate information and were advised that participation would not affect the services panelists receive from the NWHU. Also, within the panel discussion the topics that show up in early discussion posts may influence the responses of panelists who comment later on in same thread. Moderators tried to redirect conversation or offer prompts that encouraged participants to explore new ideas; however, both of these potential bias should be considered when summarizing and interpreting results.

Another thing to note is that panel and survey questions were developed in the midst of substantial policy changes and announcements, so some questions or feedback received may no longer be relevant at the date of report completion.

Discussion

Feedback from the general public, community partners and panelists on the perceived benefits of cannabis use includes coping with mental health issues (i.e. for relaxation, sleep, anxiety, etc.) and pain relief from chronic diseases. This is problematic, as these perceptions of the benefits of cannabis do not align with current research evidence. There is minimal/poor research evidence that cannabis can benefit mental health issues. Cannabis has limited benefit for pain and is generally recommended, for only specific types of pain, after conventional medical management has not been effective. The current research on cannabis also indicates that generally the harms of cannabis would outweigh any health benefits for many patients. Most people indicated that cannabis use is a form of harm reduction for alcohol and opioids and is less harmful on the individual and on society than the latter. All three groups of respondents were very concerned about youth access to cannabis and effects on youth (Meldon Kahan, 2014); (The College of Family Physicians of Canada, 2014); (G. Michael Allan, 2018).

There was also agreement among survey respondents that although there are some agencies in the region to help with cannabis misuse and addiction, there is still a shortage of services in our region and a lack of alignment of services. Both the general public and community partners agreed that the effects of legalization of cannabis use would be less harmful on society and individuals than the effects of criminalization of cannabis use. Cannabis impaired driving and increased crime or social issues (i.e. effects on relationships, productivity) were listed as areas of concern amongst respondents. Most people indicated that regulation and legalization of

cannabis was a way to ensure product quality and community safety, as well as lessen the effects of criminalization on individuals and unnecessary use of enforcement resources.

Furthermore, the survey indicated that more information is needed on cannabis. For example, partners and the public listed benefits and harms of cannabis that are inconsistent with the research evidence on cannabis, specifically in terms of mental health. This was also seen in panel responses, where people indicated many areas for public health education.

The panelists were generally in support of cannabis legalization. Similar to survey respondents, panelists were mostly concerned about youth access and exposure to cannabis and cannabis impaired driving. Opinions were split on topics such as home cultivation, distribution models, and marketing/labelling of cannabis products.

Based on all of the feedback gathered, next steps for the Northwestern Health Unit include the following actions.

Healthy public policy development

It is still yet to be seen what impacts legalizing cannabis will have on our communities, as there are many factors to consider. Municipalities can use healthy public policy tools and by-laws, informed by experience with alcohol and tobacco, to impact community planning and decrease potential cannabis harms for their residents. The health unit will support municipalities to take a public health approach to cannabis legalization. It is easier to prevent future cannabis harms, by removing regulations in the future once more knowledge exists, than it is to add regulations later (Canadian Public Health Association, 2017).

The health unit will do this by:

- Supporting municipalities to enhance provincial legislation ensures future cannabis production, distribution or consumption facilities are located in areas that protect public health and limit youth exposure to cannabis (ex: zoning recommendations that include minimum distances, hours of sale, and density limits for cannabis potential retail, distribution and consumption sites)
- Supporting municipalities to limit youth exposure to cannabis marketing at municipal events and properties
- Continuing to advocate for a public health approach to cannabis policy at the Municipal, Provincial and Federal levels

Education, awareness and skill building opportunities for targeted groups and the general public

The legalization of cannabis will undoubtedly make cannabis more accessible in our communities. The health unit will work to communicate clear, factual and consistent information about the potential risks associated with cannabis use and discourage cannabis normalization. Public education, awareness and skill building opportunities will help community residents exercise control over their own health when choosing to use or not use cannabis (Centre for Addiction and Mental Health, 2014).

The health unit will do this by:

- Continuing to educate the public and community groups on the potential health harms of cannabis use through awareness campaigns; topics identified in this report include risks of cannabis impaired driving as well as the risks of early and frequent use of cannabis among youth
- Continuing to promote Canada's Lower-Risk Cannabis Use Guidelines and encouraging moderation for those who choose to consume cannabis
- Supporting community members, especially families and youth, with skill-building opportunities that help resiliency, which in turn reduces early aged cannabis use

Creating supportive environments

The Northwestern Health Unit, with our stakeholders and community partners, will continue to support safe living and working conditions in our communities as cannabis legalization unfolds.

The health unit will do this by:

- Continuing to work with law enforcement to reduce impaired driving incidents involving cannabis
- Continuing to work with health care services to support pregnant women and those with underlying mental health conditions as it relates to cannabis use
- Continuing to work with schools to support youth and young adults to prevent and delay cannabis use onset
- Continuing to protect community members from the risks of cannabis second hand smoke in homes, workplaces, vehicles and community spaces
- Supporting the surveillance and analysis of cannabis legalization with municipal, provincial and federal partners by providing population health assessment data

Next Steps

This report and summary of the Cannabis in the Community survey and online panel will be shared on the health unit website and social media platforms and shared with the panelists via email. The results will also be made available on the extranet for the next online discussion panel along with the archived content and discussion threads from past panels.

Next steps for cannabis-related planning will include continuing to monitor federal and provincial legislation and public health education on cannabis related issues and Canada's Lower-Risk Cannabis Usage Guidelines. The NWHU will continue to inform and support municipalities in healthy public policy related to cannabis and ensure a public health approach to cannabis legislation.

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