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CANADIENNE DE
SANTÉ PUBLIQUE

The Voice of Public Health
La voix de la santé publique

A PUBLIC HEALTH APPROACH TO CANNABIS

NORMALIZING CONVERSATION, NOT CONSUMPTION



WELCOME

We would like to begin by acknowledging that the land on which we gather is the unceded territory of the Coast Salish peoples, including the territories of the x^wməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), Stó:lō and Səlílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations



TODAY

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CLOSING AND NEXT STEPS



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1

OPENING AND INTRODUCTIONS

PARTICIPANT ROUNDTABLE
CONSULTATION OBJECTIVES
CONSULTATION GROUND RULES



PARTICIPANT ROUNDTABLE

OPENING AND INTRODUCTIONS

What is your name and role in your organization?

What connects you to the topic of cannabis use?



CONSULTATION OBJECTIVES

OPENING AND INTRODUCTIONS

Today's consultation is designed to meet the following objectives:

- 1) Reflect on personal thoughts related to cannabis legalization and cannabis use
- 2) Discuss current evidence base related to cannabis and a desired public health approach
- 3) Discuss current and desired approach to cannabis monitoring and surveillance in the community
- 4) Consider how health and social service providers can respond to cannabis use today and how legalization may impact how service providers can respond to cannabis use in the community in the future



CONSULTATION GROUND RULES

OPENING AND INTRODUCTIONS

Today's session is designed to enable dialogue between health and social service providers with diverse professions and backgrounds:

- 1) If you would feel more comfortable at another table, please feel free to relocate with discretion
- 2) If there is a conflict at the table that you would like help resolving, or is affecting your ability to participate fully, please feel free to speak privately with any of the CPHA or consultation team



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2

A PUBLIC HEALTH APPROACH TO CANNABIS

CPHA PROJECT
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HEALTH PROMOTION & HARM REDUCTION



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CPHA PROJECT

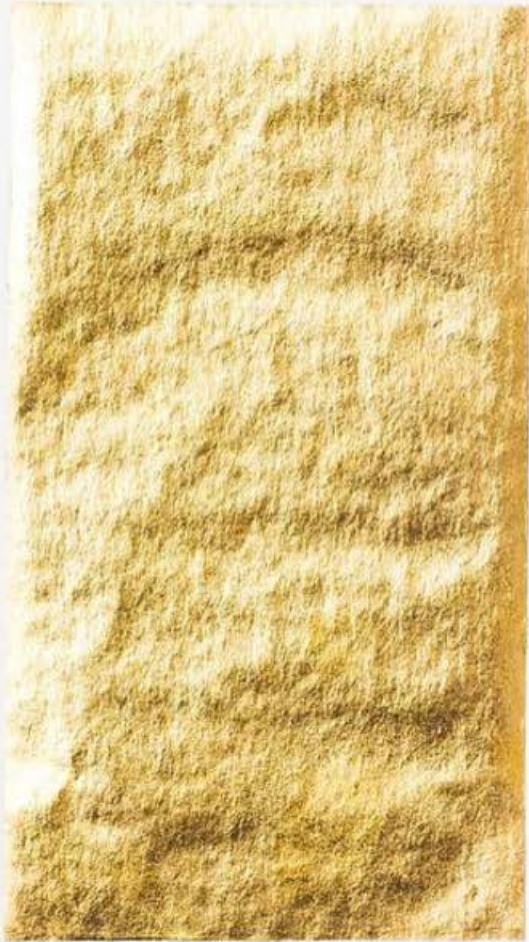
OCTOBER 2017 | A PUBLIC HEALTH APPROACH TO CANNABIS: COMMUNITY CONSULTATION



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CPHA PROJECT

A PUBLIC HEALTH APPROACH TO CANNABIS

The Government of Canada has announced that it will introduce legislation to legalize and regulate cannabis

The growing acceptance, accessibility, and use of cannabis raise important public health concerns

The Canadian Public Health Association is mobilizing a public health approach to cannabis legalization



CPHA PROJECT

A PUBLIC HEALTH APPROACH TO CANNABIS

Should the proposed Cannabis Act act come into law in July 2018, each province and territory will be left to make their own choices on several key items, for example:

Age: minimum age of 18 yrs (discretion to increase)

Personal cultivation: number of personal plants (4)
(further restrictions can be applied)

Consumption: where and how cannabis may be consumed
(restrictions and requirements to be set locally)



CPHA PROJECT

A PUBLIC HEALTH APPROACH TO CANNABIS

Current Bills (First Readings, April 13, 2017):

BILL C-45: An Act respecting cannabis and to amend the Controlled Drugs and Substances Act, the Criminal Code and other Acts

BILL C-46 - Impaired driving as it relates to substances including cannabis: An Act to amend the Criminal Code (offences relating to conveyances) and to make consequential amendments to other Acts



CPHA PROJECT

A PUBLIC HEALTH APPROACH TO CANNABIS

The goal for this project is to improve the capacity of the health and social service sector to respond to cannabis use (and other substances) in communities across Canada using a public health approach

The aim is to ‘normalize conversation, not consumption’



CPHA PROJECT

A PUBLIC HEALTH APPROACH TO CANNABIS

To assess the needs of health and social service providers and inform the design of capacity building resources, the project is mobilizing the following:

- 1) Ongoing environmental scanning
- 2) Key informant interviews
- 3) Community consultations
- 4) An 'Expert Reference Group'



CPHA PROJECT

A PUBLIC HEALTH APPROACH TO CANNABIS

CPHA project team: key informant interviews and ongoing environmental scanning to inform and create capacity building resources

Gestalt Collective (GC): content creation, design, facilitation and reporting for community consultations and Expert Reference Group engagements

Social Research and Demonstration Corporation (SRDC): project evaluation through data collection across all of the communities consulted and the Expert Reference Group



This is a pivotal time in the world of cannabis policy and research. Shifting public sentiment, conflicting and impeded scientific research, and legislative battles have fueled the debate about what, if any, harms or benefits can be attributed to the use of cannabis or its derivatives.

National Academies of Sciences, Engineering, and Medicine. 2017. The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research. Washington, DC: The National Academies Press.



CPHA PROJECT

A PUBLIC HEALTH APPROACH TO CANNABIS

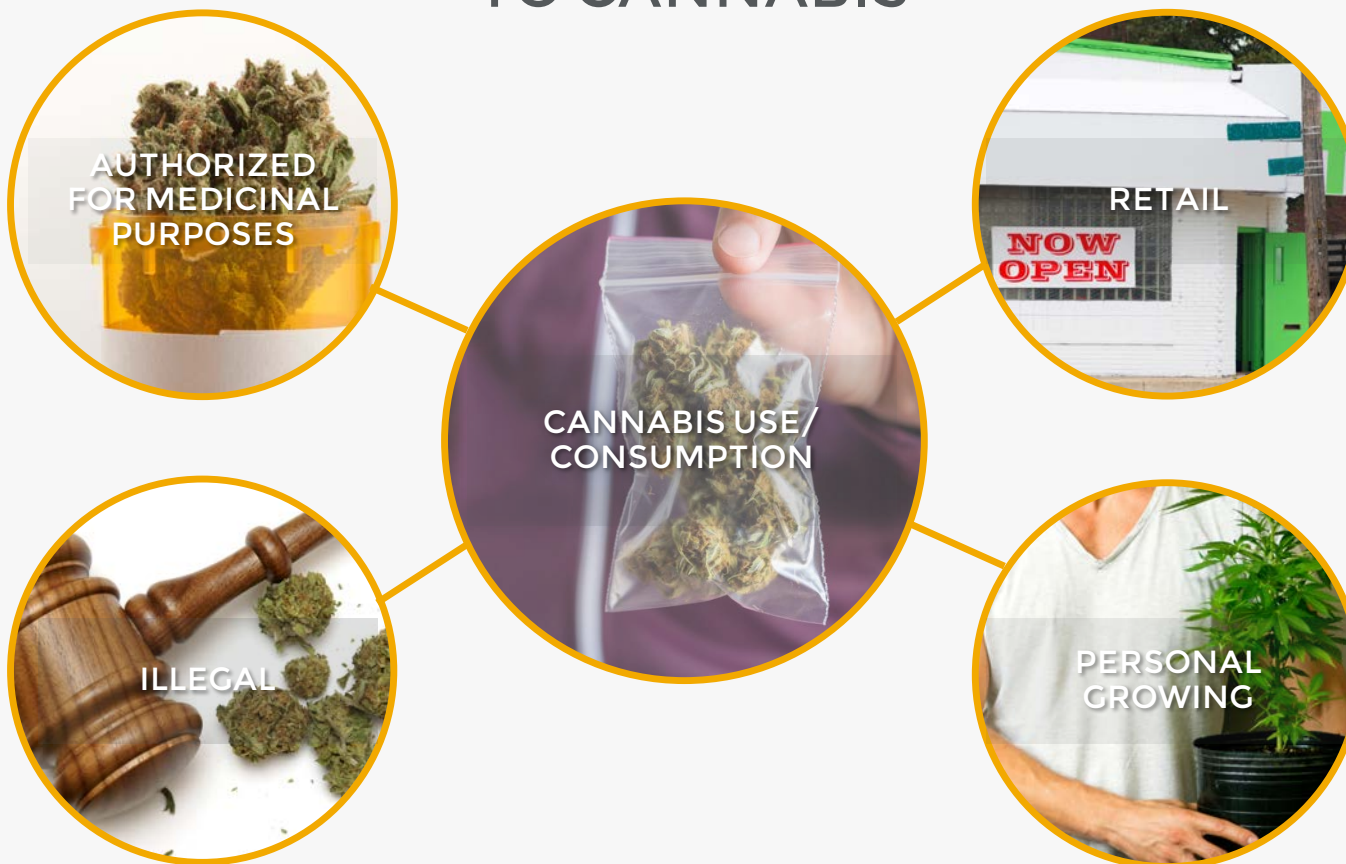
The project endeavours to mobilize the health and social service provider community to take a public health approach to cannabis, that:

- emphasizes evidence-informed, pragmatic initiatives
- takes into consideration social justice, equity, respect for human rights, efficiency, and sustainability
- recognizes that problematic substance use is often symptomatic of underlying psychological, social, or health issues and inequities



CPHA PROJECT

A PUBLIC HEALTH APPROACH TO CANNABIS





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CANNABIS PRIMER

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CANNABIS PRIMER

A PUBLIC HEALTH APPROACH TO CANNABIS

Cannabis is a plant that has many derivatives including marijuana, hash, hemp, and many more

The two main active ingredients in cannabis are:

- **THC (delta-9 tetrahydro-cannabinol or d-9-TCH):** the part of the plant that gives the "high"
- **CBD (cannabidiol):** analgesic, anti-inflammatory, and anti-anxiety properties without the psychoactive effects (the "high") that THC provides

The most common forms of cannabis are concentrates, edibles and flower

CANNABIS PRIMER

A PUBLIC HEALTH APPROACH TO CANNABIS

Flower:

Once a female cannabis plant has matured, growers trim the flowers to produce what are referred to as buds

The buds are coated with a crystal-like resin called trichomes and are rich with THC and CBD

There are two strains of flower – sativa and indica – and hybrids, which are a combination of the two strains



CANNABIS PRIMER

A PUBLIC HEALTH APPROACH TO CANNABIS

Concentrates:

Procured during an extraction process where the cannabis plants' cannabinoids and terpenes are separated from the plant matter resulting in a concentrate that is packed full of cannabinoids (more potent than flower)

Cannabis concentrates are categorized as either solvent or non-solvent based (refers to the extraction process)

- **Solvent concentrates** are extracted (most commonly) using butane, CO², alcohol or ethanol to produce shatter, wax, hash oil, tinctures and more
- **Non-solvent concentrates** are extracted naturally to produce (most commonly) ice water, hash and kief

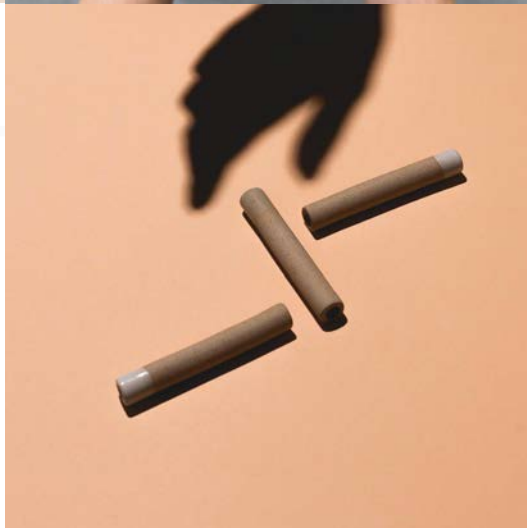
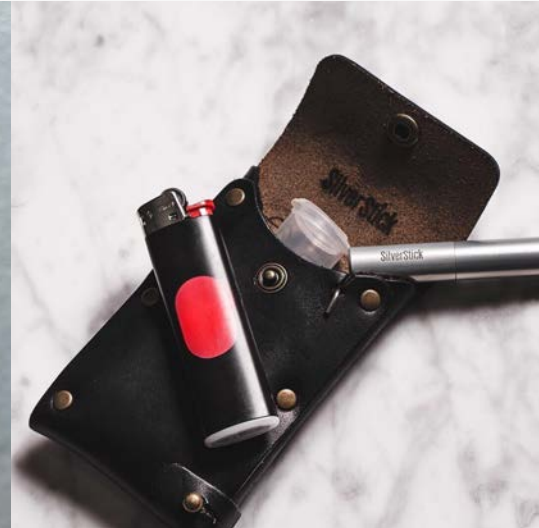
CANNABIS PRIMER

A PUBLIC HEALTH APPROACH TO CANNABIS

Edibles:

Any food or beverage that contains cannabis, whether or not the cannabinoids are bioavailable

Most often, edibles are infused using ingredients high in fat like butter or olive oil that enable extraction of the plant's properties





CANNABIS PRIMER

A PUBLIC HEALTH APPROACH TO CANNABIS

There are three basic cannabis delivery methods, each with a variety of techniques using different forms of cannabis and hardware or tools to facilitate consumption:

- 1) Inhalation
- 2) Oral or Ingestion
- 3) Topical



HAND PIPE



ROLLING PAPERS



G-PEN



WATER PIPE



HOOKAH



VAPORIZER



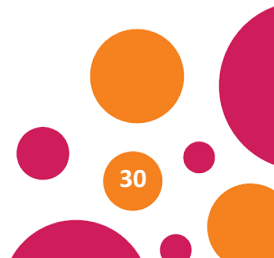


CANNABIS PRIMER

A PUBLIC HEALTH APPROACH TO CANNABIS

Inhalation Delivery Methods

- Most common way people use cannabis with many strains and products to choose from (e.g. cannabis flowers, concentrates and oils)
- THC and other cannabis compounds are absorbed into the system through inhaling vaporized or combusted cannabis into the lungs
- Onset of effects is rapid with most people feeling “high” within 5-10 minutes of inhalation
- Strain genetics and personal body chemistry make this unique for everyone





CANNABIS PRIMER

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Oral / Ingestion Delivery Methods

- Ingestible products include cannabis-infused edibles and beverages
- During consumption of cannabis products, cannabinoids are absorbed through the digestive tract and metabolized by the liver
- Due to cannabinoids and other compounds needing to be broken down in the digestive system, onset of effects can take up to 2 hours (much longer than inhalation)
- There are many factors that can affect the experience with edibles including whether someone has eaten recently, how much, comfort level with cannabis and the potency of the product ingested



CANNABIS PRIMER

A PUBLIC HEALTH APPROACH TO CANNABIS

Oral Delivery Methods

- The fastest and most effective method of medicating is oral-mucosal, administered under the tongue and into the lining of the mouth
- Absorbed into the body versus swallowed and digested
- Cannabis tinctures are the most common products to use oral-mucosal delivery
- Due to the rapid onset of effects, this is the preferred delivery method for many serious medical conditions like epilepsy and nervous system disorders



CANNABIS PRIMER

A PUBLIC HEALTH APPROACH TO CANNABIS

- Oral / Ingestion Delivery Methods
- C-45 does not allow for food-based or drink-based edibles to be marketed and sold
- Tinctures (taken orally or sublingually) will be allowed and are currently being sold



BODY CREAM



BATH SOAK



PLEASURE OIL



SALVE



CREAM



SHAMPOO





CANNABIS PRIMER

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Topical Delivery Methods

- Common topical products include balms, oils, rubs, salves and creams
- Topical cannabis products are applied and absorbed through the skin
- The effects of the cannabinoids and other compounds are localized and cannot enter the bloodstream so there is no “high” from these products
- Topical products can offer relief from pain, inflammation and skin conditions like eczema



CANNABIS USE DEMOGRAPHICS



CANNABIS USE DEMOGRAPHICS

A PUBLIC HEALTH APPROACH TO CANNABIS



43%

Percentage of Canadians (15+) that report using cannabis in lifetime

12.2%

Percentage of Canadians (15+) that report using cannabis in past year

1.8%

Percentage of Canadians (15+) that report using cannabis daily

3.2%

Percentage of Canadians (15+) that report using cannabis at least weekly



CANNABIS USE DEMOGRAPHICS

A PUBLIC HEALTH APPROACH TO CANNABIS



16.1%

Percentage of male
Canadians (15+) that report
using cannabis in past year

2.4%

Percentage of male
Canadians (15+) that report
using cannabis daily

In all age groups except 15 to 17, males were more likely
than females to report past-year use.



8.3%

Percentage of female
Canadians (15+) that report
using cannabis in past year

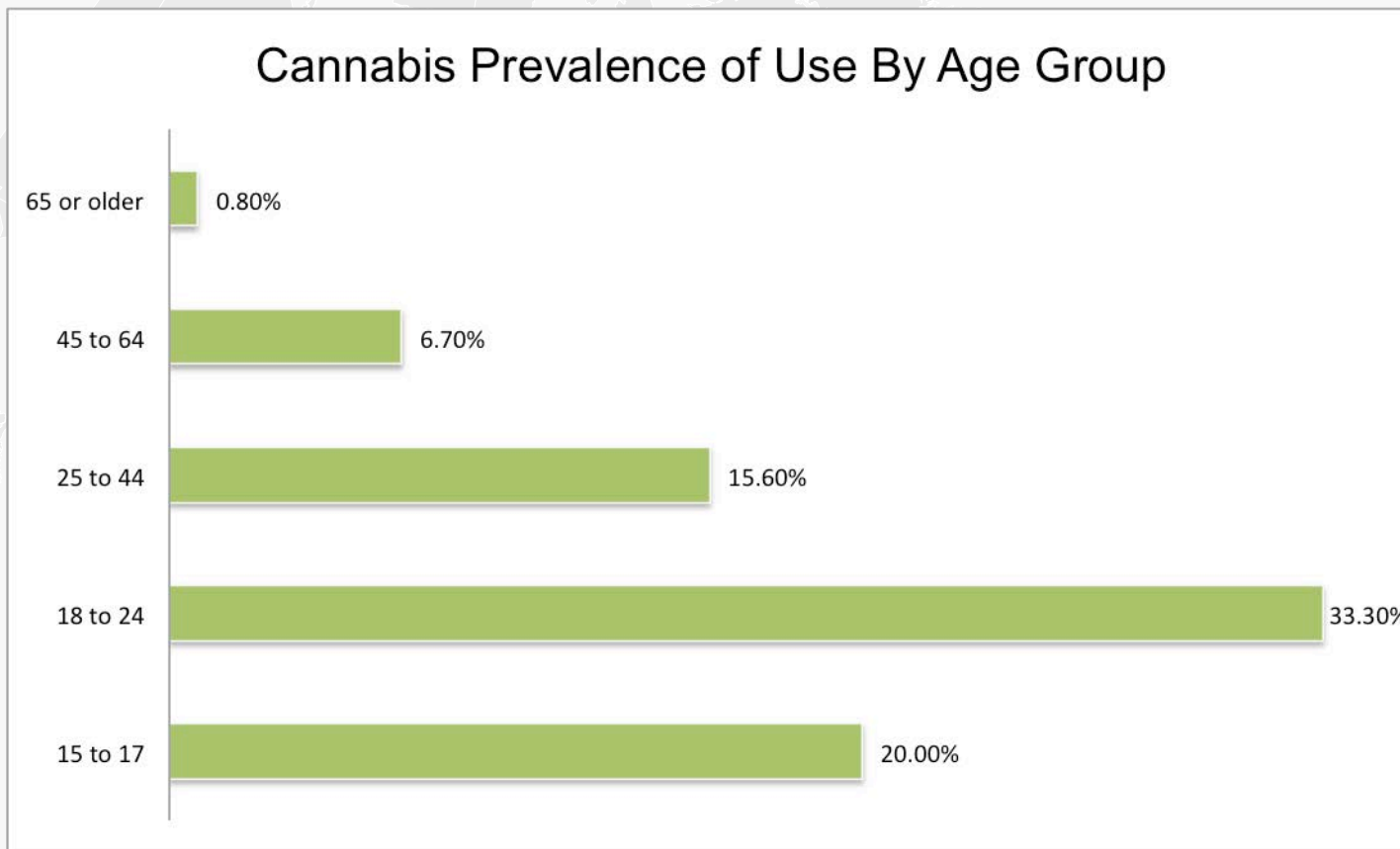
1.2%

Percentage of female
Canadians (15+) that report
using cannabis daily



CANNABIS USE DEMOGRAPHICS

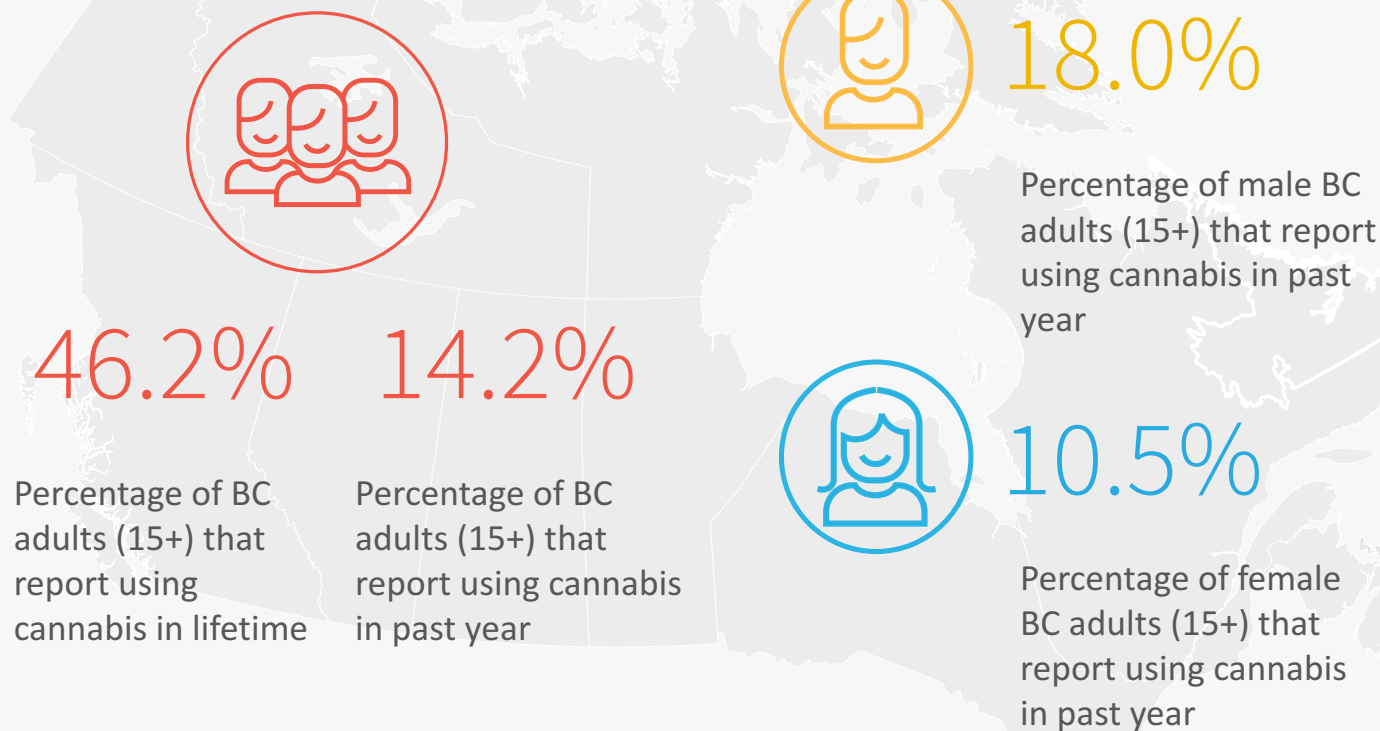
A PUBLIC HEALTH APPROACH TO CANNABIS





CANNABIS USE DEMOGRAPHICS

A PUBLIC HEALTH APPROACH TO CANNABIS





CANNABIS USE DEMOGRAPHICS

A PUBLIC HEALTH APPROACH TO CANNABIS

- BC Youths (15 – 24):
 - 28% of BC youths have used cannabis in the past year
 - 30.8% of males and 25% females used in the past year
 - 11% reported cannabis abuse or dependence at any point in their lives



CANNABIS USE DEMOGRAPHICS

A PUBLIC HEALTH APPROACH TO CANNABIS

- Vancouver Youths (Grades 9-12, 2013):
 - 17% of youth had tried cannabis (2013), down from 24% in 2003
 - 49% were 15 or older the first time they used cannabis (up from 34% in 2003)
 - 54% of those who had tried cannabis had used it in the past month (2013)
 - 9% had driven after using cannabis



CANNABIS USE DEMOGRAPHICS

A PUBLIC HEALTH APPROACH TO CANNABIS

Cannabis dependence is characterized by a recurrent pattern of use where at least three of the following occur in a 12 month period:

- Increased tolerance
 - Withdrawal
 - Increased consumption
 - Unsuccessful attempts to quit
 - A lot of time lost recovering or using
 - Reduced activities
 - Continued use despite
- persistent physical or psychological problems cause or intensified by cannabis use



CANNABIS USE DEMOGRAPHICS

A PUBLIC HEALTH APPROACH TO CANNABIS

Cannabis abuse* is characterized by a recurrent pattern of use where at least one of the following occurs:

- Failure to fulfill major roles at work, school, or home
- Use in physically hazardous situations
- Recurrent cannabis related problems, or continued use despite social or interpersonal problems caused or intensified by cannabis use

* By definition, those who meet the criteria for cannabis dependence are excluded from meeting the criteria for cannabis use



CANNABIS USE DEMOGRAPHICS

A PUBLIC HEALTH APPROACH TO CANNABIS

- In Canada, relative to other developed countries, there is a higher proportion of cannabis users among youth aged 15-25
- Youth who consume on a regular and heavy basis before age 15 are at a greater risk of negative physical and mental health outcomes
- The risk (negative physical and mental health outcomes) remains elevated until brain maturation at age 25
- Delaying the onset of cannabis use has been shown to reduce the risk of future substance dependence and other associated challenges



RESEARCH EVIDENCE



RESEARCH EVIDENCE

A PUBLIC HEALTH APPROACH TO CANNABIS

- While there is some evidence for the association between cannabis use and health risks or harms, the evidence is not conclusive and ranges from moderate to substantial
- We do not know the amount of cannabis needed to cause these health or therapeutic effects
 - For example, is it only for daily/heavy users?
 - If you stop using, do health or therapeutic effects disappear?



RESEARCH EVIDENCE

A PUBLIC HEALTH APPROACH TO CANNABIS

Some of the areas where we have **moderate evidence** to support an association between cannabis use and health risks and harms:

- Impairment in the cognitive domains of learning, memory, and attention (acute cannabis use)
- A small increased risk for the development of depressive disorders
- Increased incidence of social anxiety disorder (regular cannabis use)

The Health Effects of Cannabis and Cannabinoids: Committee's Conclusions. January, 2017. The National Academies of Sciences, Engineering, Medicine. Washington, DC



RESEARCH EVIDENCE

A PUBLIC HEALTH APPROACH TO CANNABIS

Some of the areas where we have **moderate evidence** to support an association between cannabis use and health risks and harms:

- Increased incidence of suicidal ideation and suicide attempts with a higher incidence among heavier users
- Worsening of negative symptoms of schizophrenia (e.g. blunted affect) among individuals with psychosis
- Increased symptoms of mania for those with bipolar disorder

The Health Effects of Cannabis and Cannabinoids: Committee's Conclusions. January, 2017. The National Academies of Sciences, Engineering, Medicine. Washington, DC



RESEARCH EVIDENCE

A PUBLIC HEALTH APPROACH TO CANNABIS

Some of the areas where we have **moderate evidence** to support an association between cannabis use and health risks and harms:

- Increased risk of overdose injuries, including respiratory distress, among pediatric populations in U.S. states where cannabis is legal
- Better cognitive performance for people with psychotic disorders and history of use

The Health Effects of Cannabis and Cannabinoids: Committee's Conclusions. January, 2017. The National Academies of Sciences, Engineering, Medicine. Washington, DC



RESEARCH EVIDENCE

A PUBLIC HEALTH APPROACH TO CANNABIS

Some of the areas where we have **substantial evidence** to support an association between cannabis use and health risks and harms:

- Worse respiratory symptoms and more frequent chronic bronchitis episodes (long-term cannabis smoking)
- The development of schizophrenia or other psychoses, with the highest risk among the most frequent users
- Increased risk of motor vehicle crashes
- Lower birth weight of offspring*

The Health Effects of Cannabis and Cannabinoids: Committee's Conclusions. January, 2017. The National Academies of Sciences, Engineering, Medicine. Washington, DC



RESEARCH EVIDENCE

A PUBLIC HEALTH APPROACH TO CANNABIS

Some of the areas where we have **substantial evidence** to support an association between cannabis use and health risks and harms:

- Lower birth weight of offspring*
- This conclusion relied on primary studies and one of two systematic reviews published in 2016
- A second systematic review and meta-analysis on this topic controlled for tobacco use and did not find a statistically significant effect of cannabis on birth weight

Conner SN, Bedell V, Lipsey K, Macones GA, Cahill AG, Tuuli MG. Maternal marijuana use and adverse neonatal outcomes: a systematic review and meta-analysis. *Obstet Gynecol.* 2016;128(4):713-23.

Gunn JK, Rosales CB, Center KE, Nunez A, Gibson SJ, Christ C, et al. Prenatal exposure to cannabis and maternal and child health outcomes: a systematic review and meta-analysis. *BMJ Open.* 2016;6(4):e00986.



RESEARCH EVIDENCE

A PUBLIC HEALTH APPROACH TO CANNABIS

Possible therapeutic effects of cannabis use currently being studied include:

- Treatment for chronic pain
- Treatment of nausea
- Improving short-term outcomes for those with sleep disturbances
- Treatment of multiple sclerosis-related symptoms

The Health Effects of Cannabis and Cannabinoids: Committee's Conclusions. January, 2017. The National Academies of Sciences, Engineering, Medicine. Washington, DC



ACTIVITY 1: (10 MIN) REFLECTION ON CURRENT RESPONSE TO CANNABIS

- Read the questions and capture your thoughts in the space provided
- Be prepared to submit your notes to the facilitators



BREAK



HEALTH PROMOTION AND HARM REDUCTION



HEALTH PROMOTION & HARM REDUCTION

A PUBLIC HEALTH APPROACH TO CANNABIS

Experts identify the need for an approach to cannabis related health promotion messaging that (CPHA, 2017; Rottach et al., 2009):

- Includes harms, but does not exaggerate or fixate on them
- Focuses on the place of cannabis in a person's life and their goals with use



HEALTH PROMOTION & HARM REDUCTION

A PUBLIC HEALTH APPROACH TO CANNABIS

- Harm reduction refers to the policies and practices focused on reducing the problematic effects of alcohol and other drug use (Erickson et al., 2002)
- Harm reduction is the only global drug policy response that has proven to save lives and money at the same time as increasing quality of life (Stone & Sander, 2016)
- Examples of familiar harm reduction interventions: seat belts, air bags, helmets, Smart Serve, needle exchange programs, smoke-free public spaces



HEALTH PROMOTION & HARM REDUCTION

A PUBLIC HEALTH APPROACH TO CANNABIS

- A focus on the harms not on the substance
- Acceptance that there are benefits and consequences of substance use
- A focus on decreasing more immediate harms versus striving for a drug free society
- The need to give people choice and access to a broad range of options for safety and health
- A focus on what the person sees as their most immediate need
- Acceptance that small gains add up over time
- Recognition that people know what is best for them
- Recognition that people are doing the best they can with what they have



HEALTH PROMOTION & HARM REDUCTION

A PUBLIC HEALTH APPROACH TO CANNABIS

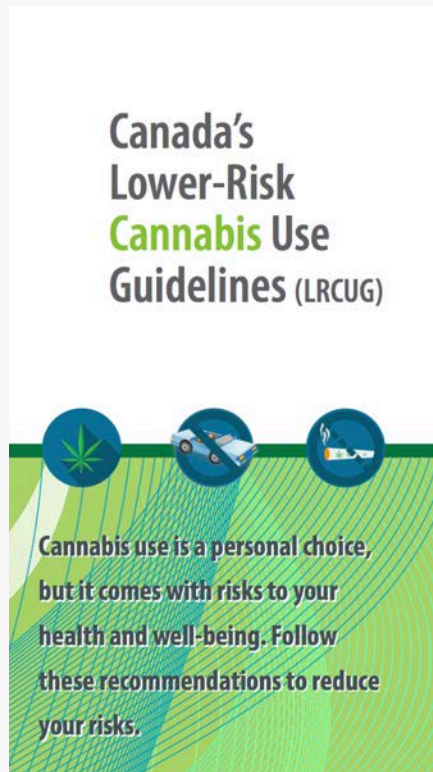
Examples of cannabis harm reduction strategies (Centre for Addictions Research of BC, 2012):

- “Before you start be clear about why you want to use; be sure you trust your source; try a small amount to test the strength”
- “When using cannabis be discreet; avoid cannabis smoke if possible; prevent burns on your lips or fingers; take shallow puffs, not deep inhalations; leave tobacco out of the mix”
- “If eating or drinking cannabis take your time”
- “Cannabis and driving don’t mix, stay away from the steering wheel”



HEALTH PROMOTION & HARM REDUCTION

A PUBLIC HEALTH APPROACH TO CANNABIS



Canada's Lower-Risk Cannabis Use Guidelines (LRCUG):

- Published June 23rd 2017 in American Journal of Public Health
- Brochure for the public currently available on Centre for Addiction and Mental Health website



HEALTH PROMOTION & HARM REDUCTION

A PUBLIC HEALTH APPROACH TO CANNABIS

Recommendations from Canada's Lower Risk Cannabis Use Guidelines (LRCUG):

1. Cannabis use has health risks best avoided by abstaining
2. Delay taking up cannabis use until later in life
3. Identify and choose lower-risk cannabis products
4. Don't use synthetic cannabinoids
5. Avoid smoking burnt cannabis—choose safer ways of using



HEALTH PROMOTION & HARM REDUCTION

A PUBLIC HEALTH APPROACH TO CANNABIS

Recommendations from Canada's Lower Risk Cannabis Use Guidelines (LRCUG):

6. If you smoke cannabis, avoid harmful smoking practices
7. Limit and reduce how often you use cannabis
8. Don't use and drive, or operate other machinery
9. Avoid cannabis use altogether if you are at risk for mental health problems or are pregnant
10. Avoid combining the risks identified above



HEALTH PROMOTION & HARM REDUCTION

A PUBLIC HEALTH APPROACH TO CANNABIS

Considerations for a public health approach to regulation:

- Production, distribution and consumption of cannabis are interrelated
- Regulation “should avoid trivialization” and not produce setbacks in other areas of public health (e.g. renormalizing smoking)
- Goals of commercialization conflict with goals of public health (i.e. profit and market share vs. harm reduction and use reduction)



HEALTH PROMOTION & HARM REDUCTION

A PUBLIC HEALTH APPROACH TO CANNABIS

Good To Know Colorado: Marijuana in Colorado,
Colorado Department of Public Health and Environment,
United States

- State-wide public awareness campaign informing residents and tourists of Colorado specific cannabis laws, harm reduction and health promotion messages, health effects and youth prevention
- In collaboration with:
 - Local media vendor
 - Focus group research with target audiences
 - Youth advisory committee



HEALTH PROMOTION & HARM REDUCTION

A PUBLIC HEALTH APPROACH TO CANNABIS

Good To Know Colorado: Marijuana in Colorado,
Colorado Department of Public Health and Environment,
United States

- A prospective cohort study found accurate knowledge of cannabis laws increased significantly following this campaign (Brooks-Russell et al., 2017)
- Content of the media campaign was most salient among cannabis users



ACTIVITY 2: (25 MIN) DISCUSSION OF CANNABIS PROGRAMS & SERVICES IN THE COMMUNITY

- Identify a recorder and reporter
- Discuss the questions as a group
- Capture the key points made by the group on the worksheet provided (recorder)
- Be prepared to share with the large group (reporter)
- Submit one completed set of worksheets to the facilitator



LUNCH



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AN INFORMED APPROACH TO CANNABIS PROGRAMS & SERVICES

CANNABIS USE MONITORING AND SURVEILLANCE



CANNABIS USE MONITORING AND SURVEILLANCE

AN INFORMED APPROACH TO CANNABIS PROGRAMS & SERVICES

- Most surveys available capture prevalence data (first use, past year use, ever-use)
- Some surveys explore additional use data (three month use patterns, daily use) and methods of use (edibles and vaping)
- Some surveys ask questions around attitudes and perceptions towards cannabis
- Overall the surveys are limited in their ability to capture data relevant for local program use so require local adaptations



CANNABIS USE MONITORING AND SURVEILLANCE

AN INFORMED APPROACH TO CANNABIS PROGRAMS & SERVICES

- Canadian Community Health Survey (CCHS)
- COMPASS
- Canadian Tobacco Alcohol and Drugs Survey (CTADS)
- CAMH Monitor
- Canadian Student Tobacco Alcohol and Drugs Survey (CSTADS)
- Ontario Student Drug Use and Health Survey (OSDUHS)
- BC Adolescent Health Survey
- Health Behaviour for School Aged Children (HBSC)
- National College Health Assessment Survey (post-secondary institutions)



CANNABIS USE MONITORING AND SURVEILLANCE

AN INFORMED APPROACH TO CANNABIS PROGRAMS & SERVICES

Canadian Community Health Survey (CCHS)

- Began in 2000 with its main goals being the provision of population-level information on health determinants, health status and health system utilization
- This series of surveys is a joint effort of Health Canada, the Public Health Agency of Canada, Statistics Canada, and the Canadian Institute for Health Information (CIHI)
- The CCHS comprises two types of surveys:
 - An annual component on general health
 - A focused survey on specific health topics



CANNABIS USE MONITORING AND SURVEILLANCE

AN INFORMED APPROACH TO CANNABIS PROGRAMS & SERVICES

COMPASS

- Is a nine-year study started in 2012-13 about youth health behaviours funded by the Canadian Institutes for Health Research (CIHR) and Health Canada
- Started in Ontario but has expanded to BC, Quebec, and the territories covers 70 schools



CANNABIS USE MONITORING AND SURVEILLANCE

AN INFORMED APPROACH TO CANNABIS PROGRAMS & SERVICES

Canadian Tobacco Alcohol and Drugs Survey (CTADS)

- The Canadian Tobacco, Alcohol and Drugs Survey (CTADS) is a biennial general population survey of tobacco, alcohol and drug use among Canadians aged 15 years and older
- The CTADS is conducted by Statistics Canada on behalf of Health Canada



CANNABIS USE MONITORING AND SURVEILLANCE

AN INFORMED APPROACH TO CANNABIS PROGRAMS & SERVICES

CAMH Monitor

- The CAMH Monitor, first conducted in 1977, is the longest ongoing addiction and mental health survey of adults in Canada
- The survey is designed to serve as the primary vehicle for monitoring substance use and mental health problems among Ontario adults
- The CAMH Monitor provides epidemiological trends in alcohol, tobacco, and other drug use, problem use, public opinion regarding drug issues and policies, and mental health among Ontarians

CANNABIS USE MONITORING AND SURVEILLANCE

AN INFORMED APPROACH TO CANNABIS PROGRAMS & SERVICES

Canadian Student Tobacco Alcohol and Drugs Survey (CSTADS)

- Formerly the Youth Smoking Survey (YSS), is a biennial survey administered to students in grades 7-12 across Canada
- CSTADS is implemented with the cooperation, support and funding of Health Canada. CSTADS collects data on topics such as:
 - Tobacco use
 - Alcohol use
 - Drug use
 - Bullying
 - School connectedness
 - Mental health



CANNABIS USE MONITORING AND SURVEILLANCE

AN INFORMED APPROACH TO CANNABIS PROGRAMS & SERVICES

Ontario Student Drug Use and Health Survey (OSDUHS)

- The Ontario Student Drug Use and Health Survey (OSDUHS) is a population survey of Ontario students in grades 7 through 12
- The OSDUHS began in 1977 and is the longest ongoing school survey in Canada, and one of the longest in the world
- This self-administered, anonymous survey is conducted across the province every two years with the purpose of identifying epidemiological trends in student drug use, mental health, physical health, gambling, bullying, and other risk behaviours, as well as identifying risk and protective factors



CANNABIS USE MONITORING AND SURVEILLANCE

AN INFORMED APPROACH TO CANNABIS PROGRAMS & SERVICES

BC Adolescent Health Survey

- The BC Adolescent Health Survey (BC AHS) is a questionnaire used to gather information about young people's physical and emotional health, and about factors that can influence health during adolescence or in later life
- The BC AHS is conducted by the McCreary Centre Society in collaboration with the provincial government and public health system, and with the cooperation of BC's school districts

CANNABIS USE MONITORING AND SURVEILLANCE

AN INFORMED APPROACH TO CANNABIS PROGRAMS & SERVICES

Health Behaviour for School Aged Children (HBSC)

- The HBSC research network is an international alliance of researchers that collaborate on the cross-national survey of school students
- The HBSC collects data every four years on 11-, 13- and 15-year old youths health and well-being, social environments, and health behaviours



CANNABIS USE MONITORING AND SURVEILLANCE

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National College Health Assessment Survey (post-secondary institutions)

- The ACHA-National College Health Assessment (NCHA) is a research survey available for purchase that can collect data about students' health habits, behaviors, and perceptions on a wide range of health issues including but not limited to:
 - Alcohol, tobacco, and other drug use
 - Sexual health
 - Weight, nutrition, and exercise
 - Mental health
 - Personal safety and violence



CANNABIS USE MONITORING AND SURVEILLANCE

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Screening tools that measure misuse patterns:

- Cannabis Use Disorder Identification Test - Revised (CUDIT-R): a brief screening / assessment tool that can be used with adolescent and adult clients in your practice
- Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): a screening / assessment tool for all substances that can be used in primary and general medical care settings



CANNABIS USE MONITORING AND SURVEILLANCE

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There is a need for local data to be captured at an early stage on different populations (regions, socio-economic status, cultures, age groups), social context for use (peers), personal context for use, emerging methods of use)



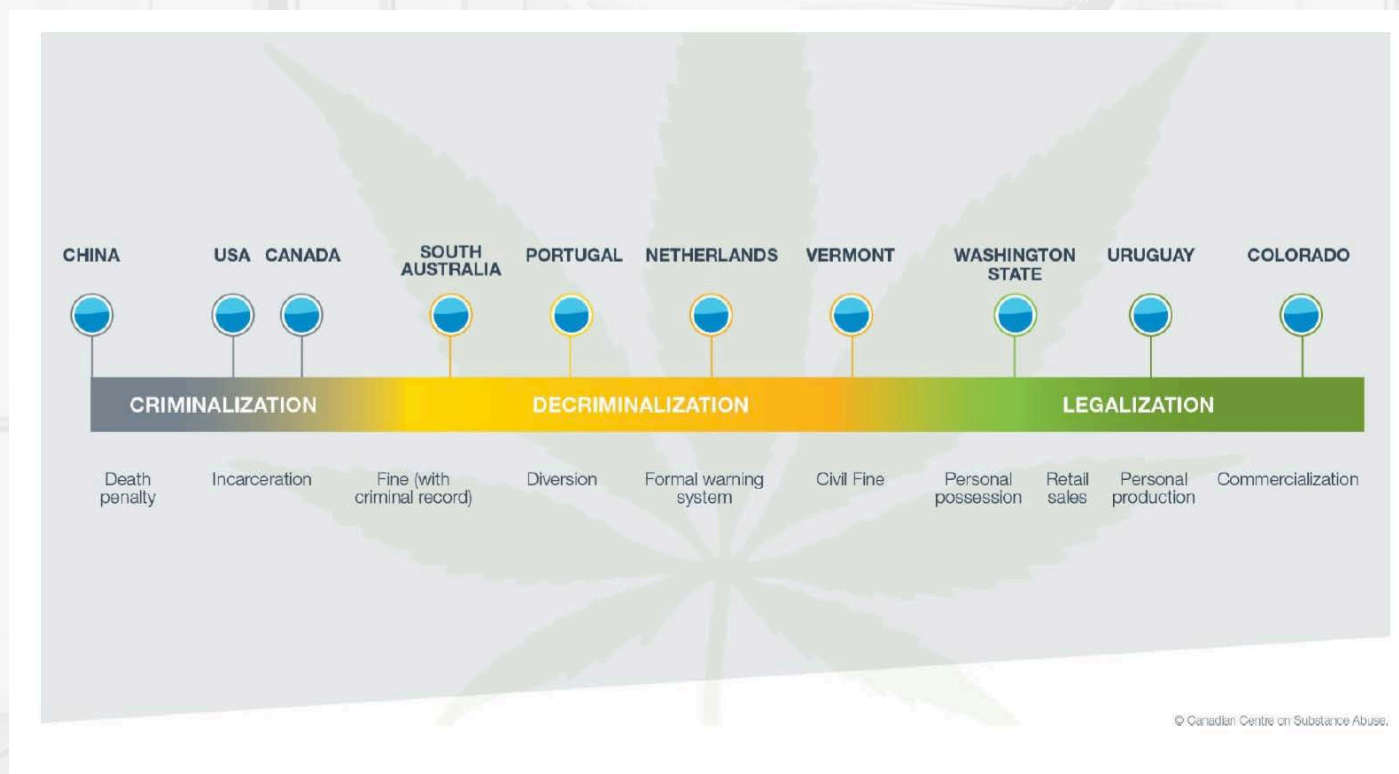
CANNABIS USE MONITORING AND SURVEILLANCE

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*Ideally, what would you like to know about
cannabis use in your community?*



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Cannabis Regulatory Approaches. Canadian Centre on Substance Abuse, 2015



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The following places have legalized cannabis:

- Colorado
- Washington State
- Oregon
- Alaska
- Washington, DC
- Uruguay

Cannabis Regulatory Approaches. Canadian Centre on Substance Abuse, 2015



CANNABIS USE MONITORING AND SURVEILLANCE

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- Regulations continue to evolve
- The report suggests for people to consult with the respective jurisdictional regulatory authorities for additional details and to ensure currency of information

Cannabis Regulatory Approaches. Canadian Centre on Substance Abuse, 2015



CANNABIS USE MONITORING AND SURVEILLANCE

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Preliminary evidence from **Colorado** has demonstrated that legalization has had mixed impacts for public health, for example:

- A slight decrease in use among youth
- Higher rates of poison-control calls and ER visits from out of state visitors



CANNABIS USE MONITORING AND SURVEILLANCE

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Two recent reports have been published in
Washington State

- **Washington State Marijuana Impact Report (Aug 2017):**
The aim is to depict where the state stands after two years of commercialization (2014 – 2016)
- **Washington State Institute for Public Policy (Sept 2017):**
Report focuses on initial results of outcome analyses examining the effects of Initiative-502 implementation



CANNABIS USE MONITORING AND SURVEILLANCE

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Washington State Institute for Public Policy (WSIPP)
(Sept 2017, second required report):

- Following the passing of Initiative 502 (I-502) legalizing limited possession and private use of marijuana by adults in Nov. 2012, WSIPP was directed to conduct benefit-cost evaluations of the implementation of I-502 by examining outcomes related to:
 - *Public health, public safety, substance use, the criminal justice system, economic impacts, and administrative costs and revenues*



CANNABIS USE MONITORING AND SURVEILLANCE

AN INFORMED APPROACH TO CANNABIS PROGRAMS & SERVICES

Washington State Institute for Public Policy (WSIPP)
(Sept 2017, second required report):

- Report results focuses on initial results of outcome analyses examining the effects of I-502 implementation on:
 - Youth and adult substance use
 - Treatment admissions for cannabis abuse
 - Drug-related criminal convictions



CANNABIS USE MONITORING AND SURVEILLANCE

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Washington State Institute for Public Policy (WSIPP)
(Sept 2017, second required report):

- The amount of legal cannabis sales is the primary predictor examined in the outcome analyses of this report
- Findings reported represent an intermediate step towards the broader, more comprehensive benefit-cost analysis

CANNABIS USE MONITORING AND SURVEILLANCE

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Washington State Institute for Public Policy (WSIPP)
(Sept 2017, second required report):

- Two main analysis strategies:
 - **Between State:** examined the effect of I-502 on cannabis abuse treatment admissions, comparing Washington State to similar non-legalizing states before and after I-502 enactment
 - **Within State:** examined how local differences in the amount of legal cannabis sales affected cannabis abuse treatment admissions, youth and adult substance use, and drug-related criminal convictions



CANNABIS USE MONITORING AND SURVEILLANCE

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Primary findings:

- It was found that cannabis abuse treatment admissions were not affected by I-502 enactment
- The amount of legal cannabis sales generally had no effect on outcomes
- One exception was that adults 21 and older in counties with more retail cannabis sales were more likely to report using cannabis in the past 30 days and to report using it heavily



ACTIVITY 3: (20 MIN) DISCUSSION OF CANNABIS MONITORING AND SURVEILLANCE IN THE COMMUNITY

- Identify a recorder and reporter
- Discuss the questions as a group
- Capture the key points made by the group on the worksheet provided (recorder)
- Be prepared to share with the large group (reporter)
- Submit one completed set of worksheets to the facilitator



BREAK



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SANTÉ PUBLIQUE

4

A COMMUNITY RESPONSE TO CANNABIS

DISCUSSION



DISCUSSION

A COMMUNITY RESPONSE TO CANNABIS

What would you need to support your work in the context of legal cannabis?



DISCUSSION

A COMMUNITY RESPONSE TO CANNABIS

How might you continue this conversation together?



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5

NEXT STEPS AND CLOSING

CPHA PROJECT
CONSULTATION EVALUATION



CPHA PROJECT

NEXT STEPS AND CLOSING

- Reports will be produced following each community consultation
- Data from community consultations will inform resource development



Summer/Fall 2017 & Winter 2018

- Data from each consultation will be anonymized and uploaded online for communities to access
- All communities will be able to see all the National data

Winter/Spring 2018

- CPHA: Gathers all data from all consultations
- Analysis of reports for main themes and findings
- Discussions with Expert Reference Group regarding findings

Spring/Summer 2018

- CPHA: draft learning tools and resources based on the findings
- CPHA: pilot test of content/tools at 2-4 case study community consultations across Canada

Summer/Fall 2018

- CPHA: Refine tools and upload online for community access



Public, provincial consultations in BC are underway and will go until November 1:

- <http://engage.gov.bc.ca/BCcannabisregulation>



EVALUATION

NEXT STEPS AND CLOSING

Take three Post-It Notes from the note pad provided and please complete the following sentences (one per paper):

- Post-It #1: Today I learned...(pink)
- Post-It #2: After today I will...(green)
- Post-It #3: In the future I would like...(blue)



EVALUATION

NEXT STEPS AND CLOSING

Post-consultation survey



THANK YOU

NEXT STEPS AND CLOSING

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