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 renormalizing all forms of smoking (including tobacco and waterpipes). This would be a step backwards for public health.

- In Canada, evidence indicating cannabis normalization is particularly strong among individuals aged between 15 and 44 years.²
- Prevalence rates for cannabis consumption have risen in Canada since the late 1970s.
- In 2012, the US Surgeon General declared a causal association between smoking in films and youth smoking initiation.
- An Ontario study showed co-use of cannabis and tobacco has increased among grade 7, 9, and 11 students. In 2011, 92% of tobacco users also used cannabis, up from 16% in 1991.³
- Tobacco related diseases kill 10 Albertans every day
- 2012 Alberta’s Chief MOH identified many hazards associated with water pipe smoking.

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.⁴
- 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.⁵
- Cannabis smoking is associated with cancer, respiratory problems and cardiovascular disease.⁶,⁷
Second-Hand Smoke

- In the early days, there was little data about harms of tobacco and few restrictions for tobacco use were put in place. Enacting strong regulations to keep citizens safe from second and third-hand cannabis smoke is the best option until further studies can be completed.
- Factors that impact the short-term effects of second-hand smoke include:
  - ventilation space,
  - volume of air,
  - amount of cannabis cigarettes lit at one time,
  - potency of the cannabis,
  - number of smokers.\(^2\)
- Evidence from several comparative studies concluded that cannabis smoke produces more changes to genetic material and is more toxic to living cells than tobacco smoke.\(^5, 6, 8, 9\)
- Second-hand exposure to cannabis smoke can result in a positive test for cannabis in body fluids, urine and blood, and can lead to psychoactive effects.\(^7\)
- Evidence suggests that even weak doses and exposure can result in positive tests and lead to psychoactive effects.\(^2\)
- There is no universal threshold that can differentiate between those who have actively smoked cannabis and are intoxicated, those who have actively smoked cannabis in the past and those who have been exposed to second-hand smoke.\(^2\)

Intoxication

- Cannabis can cause bad reactions: paranoia, panic, increased HR, confusion, nausea/vomiting.
- 20-30% of recreational users experience intense anxiety and/or panic attacks after smoking cannabis. Panic and phobic attacks are more common in new users and in novel/fun or stressful environments.\(^10\)
- Cannabis intoxication can produce vivid mental imagery, illusions and hallucinations, and can mimic behaviours associated with psychotic disorders.\(^11\)
- Simultaneous use of alcohol and cannabis has been found to approximately double the odds of impaired driving, social consequences, and harms to self.\(^12\)
- According to AHS treatment data, of those using AHS Addiction Services, more than half used cannabis, and of those who use cannabis, 90% have used alcohol and 80% have used tobacco (Alberta Health Services, 2017).

REFERENCES

6 Barry RA, Glantz SA. A public health analysis of two proposed marijuana legalization initiatives for the 2016 California ballot: creating the new tobacco industry. San Francisco (CA): Center for Tobacco Control Research and Education, Philip R. Lee Institute for Health Policy Studies, School of Medicine, University of California, San Francisco; 2016. Available: https://tobacco.ucsf.edu/sites/tobacco.ucsf.edu/files/u9/Public%20Health%20Analysis%20of%20Marijuana%20Initiatives%201%20Feb%202016.pdf
8 Maertens RM, White PA, Williams A, Yauk CL. A global toxicogenomic analysis investigating the mechanistic differences between tobacco and marijuana smoke condensates in vitro. Toxicology. 2013;308:60-73.
Government of the Northwest Territories Cannabis Engagement

Canadian Cancer Society Recommendation:
Implementation of a public health regulatory framework to reduce the impact of recreational cannabis legalization on tobacco use.

September 2017
Introduction

The Canadian Cancer Society, Alberta/NWT Division (CCS), appreciates this opportunity to provide feedback to the Government of the Northwest Territories in the course of its non-medical cannabis engagement, regarding effective measures to protect the health, safety and well-being of the people of the Northwest Territories. The CCS supports strict regulation of cannabis within a public health framework. Cannabis legalization has the potential to affect both cancer incidence rates and cancer treatment options and is thus an important issue for the Canadian Cancer Society and for the people it serves.

As tobacco is the leading cause of incidence and mortality of cancer and other chronic disease in Canada, provincial and territorial governments will need to consider the public health impact that new cannabis regulations will have on tobacco reduction. Tobacco use is responsible for 37,000 deaths in Canada each year and results in $4.4 billion of direct health-care costs. There is a strong association between cannabis and tobacco use and considerable potential for cannabis legalization to impact tobacco initiation and consumption. As a result it is vital that the GNWT prevent cannabis legalization from reversing gains made in tobacco reduction. With the GNWT currently strengthening and updating its tobacco control legislation, the timing could not be better to ensure that the new tobacco control legislation and the new cannabis legislation complement each other to prevent any unintended consequences of cannabis legalization. By giving thorough consideration to the impact of each piece of legislation upon the other, the GNWT will maximize the opportunity to reduce the use of and minimize the public health harms of both cannabis and tobacco in the territory.

We urge the GNWT to adopt a public health approach in order to improve, promote and protect health, to prevent and reduce cannabis-related incidence, morbidity and mortality and related burden of chronic disease, to enhance benefits and reduce harm, reduce inequities and to avoid the unintended negative effects of cannabis legalization. As the territory has some of the highest rates of consumption of tobacco and cannabis in Canada, it is essential that the GNWT take bold action to achieve the best results possible for its population’s health.

The Public Health Approach

Also recommended in The Final Report of the Task Force on Cannabis Legalization and Regulation, a public health approach emphasizes evidence-based initiatives and considers social justice, equity, respect for human rights, efficiency, and sustainability. This approach ensures that a continuum of interventions, policies, and programs is developed and implemented focusing on enhancing potential benefits and reducing harms. A public health approach is the best way to prevent associated chronic diseases, including cancer, and to protect everyone in the Territories from the dangers of dependence.

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Health protection to prevent and reduce the harms associated with cannabis use

a) Control supply through a government retail monopoly

- **The CCS recommends that the GNWT establish a government controlled retail structure guided by public health goals.** There is significant evidence from alcohol control indicating the need to implement a government monopoly retail system in order to adequately control product availability, reduce perceived acceptability and reduce consumption, particularly among youth. The government monopoly should be operationalized through an agency established at arm’s-length from government to allow for stability, sustainability and provide insulation from industry influence.

- **In the absence of a government-controlled retail system, the CCS recommends that all cannabis retailers be licensed, regulated and enforcement measures be managed and implemented by a suitable territorial government authority.** We recommend that all retailers be required to hold a territorial retail licence and that the following regulatory measures are included as a condition of licensing:
  - Retailers must obtain a valid licence from provincial licensing authority;
  - Retailers must post mandatory signage;
  - Retailers are prohibited from selling products to minors under the regulated minimum age;
  - Retail sales staff must be over the regulated minimum age;
  - Retail sales staff must complete annual mandatory training authorized by the licensing authority;
  - Retailers must request photo identification from anyone appearing under the age 30;
  - Minors are not permitted in stores;
  - Retailers cannot accept payments, rebates or credits for stocking products;
  - Retailers are only permitted to sell cannabis products and related paraphernalia;
  - Administrative authority to regulate physical location (i.e., zoning) of retailers;
  - Administrative enforcement regime includes graduated fines, ticketing and licence suspensions and includes the application of test shoppers.

The GNWT’s regulatory framework for alcohol retailing is a possible working model that could be used to develop a regulatory framework for retailing cannabis. The liquor retail licensing

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system includes strict requirements for retailers to follow which are actively enforced. These requirements are used to limit alcohol consumption and related harm. Fees collected from licensing can provide sustainable revenue to support active oversight and enforcement by regulatory agencies.

- **Control physical availability of cannabis and prohibit the co-location and sale of tobacco, alcohol and cannabis at any retail outlet.** In Canada, poly-substance use, particularly the use of cannabis, tobacco and alcohol, is quite common, particularly among youth. This is considered a high-risk use behaviour and should be prevented. For example, the concurrent and mixed use of tobacco and cannabis is associated with an increased risk of adverse health effects compared with using cannabis alone. The co-location and/or close relative proximity of cannabis, tobacco and alcohol retail may create an environment for high risk substance use by increasing access, demand and acceptability within any population group. Additionally, the sale of any cannabis products with alcohol or tobacco may influence social norms of poly-substance consumption, particularly among youth who are new and novice users. Restricting availability by limiting the number of retail outlets where products are sold is associated with reducing consumption and related harm. The GNWT must regulate the physical availability of cannabis retailers to ensure cannabis products are not sold at or near tobacco or alcohol retail stores.

b) **Set equivalent minimum age of purchase and use for cannabis and tobacco, and ensure active enforcement of regulations prohibiting the sale of cannabis and tobacco products to minors is fully implemented.** Canada’s rate of cannabis use among youth is one of the highest among developed countries. Current Canadian estimates show that in 2015, past year cannabis use among individuals aged 15 years and older was about 12% (3.6 million), an increase compared to 2013 when the rate was 11%. Canadian youth have the second highest rates of cannabis use worldwide, with France surpassing Canada by only 2%.

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Cannabis use in the NWT is dramatically higher than the national average with 21% of people in the NWT age 15 and over having tried cannabis at least once in the last year. Moreover, outside of Yellowknife, consumption rates are as high as 34%, which is almost triple the national average. Of even greater concern, cannabis use by youth in the NWT (ages 15 to 24) is at 40%. Of note, also, is the difference in the consumption rates between NWT Non-Indigenous residents at 13% and Indigenous residents at 30%.

With alarmingly high consumption rates of both tobacco and cannabis amongst NWT youth, there is a very real risk that the upcoming legalization of non-medical cannabis may increase cannabis use and its associated harms among youth.

A minimum purchase and consumption age has the potential to be an effective strategy for controlling the sale and use of cannabis among youth as initiation of use usually occurs during the adolescent years. When considering minimum age for consumption and sale of cannabis, an equivalent minimum age should also be implemented for tobacco use and sales.

Higher minimum age for purchase and consumption of alcohol and tobacco have illustrated positive public health effects. Research from the United States has indicated that a higher minimum age of legal access to tobacco products (e.g., age 21) will likely prevent or delay initiation of tobacco use by adolescents and young adults. Most tobacco users initiate use and become nicotine dependent during adolescence - Canadian research indicates youth initiation of tobacco peaks at the age of 13 and 14 years. The risk of cannabis dependence is also associated with early-onset use. Research indicates that if the minimum age of legal access to tobacco products was raised to 21, the result would be a substantial reduction in smoking prevalence—a projected 12 percent decrease. As well, higher minimum legal drinking age is considered to be effective in decreasing alcohol consumption and related harms among younger drinkers.

A significant body of evidence from tobacco and alcohol control illustrates enforcement of youth access laws influence risk perceptions, social norms, and health behaviours regarding alcohol and tobacco use. Adolescents who perceive enforcement of youth access laws to be strong and use to be socially unacceptable also believe products are less available and less common within the community and amongst their peers – these beliefs and perceptions influence consumption of

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13 2012 NWT Report on Substance Use and Addiction, Department of Health and Social Services; Canadian Data:2012 Canadian Community Health Survey, Statistics Canada.
alcohol and tobacco. As a result, in this context, a common minimum age for the purchase and use of tobacco and cannabis should be applied. If minimum age is altered from the current minimum of 18, then a phased approach could be applied with the age of access increasing over time to allow for improved acceptability and compliance.

The recommendation from the US states which have legalized cannabis, is to start prudently with the option of relaxing the regulation later on. Setting the minimum age at 18 or 19 in NWT would not be following this principle. It would be preferable to start at age 21, and then to relax the regulation later if appropriate.

There is no legal impediment to set a tobacco age or cannabis age higher than the age of majority. The age of majority in Ontario and PEI is 18, but the tobacco and alcohol ages are 19. The age of majority in Saskatchewan is 18, but the alcohol age is 19. Thus, there is no reason why the minimum cannabis age must be the same in all provinces or territories. Even if some provinces/territories adopt a minimum age of 18, other province/territories can implement age 21. For tobacco and alcohol, the minimum ages vary depending on the province/territory. For tobacco, there is a minimum age of 19 in seven provinces and territories, and age 18 in five others (the Yukon has no minimum tobacco age). For alcohol, there is a minimum age of 19 in ten of 13 provinces and territories, and 18 in Alberta, Manitoba and Québec. It is already the case that B.C. and Saskatchewan have a higher alcohol age (19) than Alberta (age 18).

The Canadian Medical Association has expressed strong support for a minimum age of 21 for both cannabis and tobacco. In the case of having access to medical cannabis, an exception could be made by providing a person younger than 21 with a medical authorization.

Clearly, the distinctively high rates of tobacco and cannabis consumption in the NWT warrant exceptional, prudent and bold measures of intervention such as increasing the age of consumption to 21.

c) **Use taxation and other price controls to limit consumption and support prevention.** Taxation should be a cornerstone of the territory’s strategy to reduce cannabis use, as its effectiveness in reducing consumption with other substances has been well documented. Applying evidence-informed pricing strategies from other substance control areas such as tobacco is important. For example, taxes are the single most effective measure to reduce tobacco use. The federal

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government’s task force report on cannabis legalization has recommended that an evidence-based tax rate be implemented for cannabis products which would focus on preventing and reducing consumption while at the same time restraining the illicit market.  

d) **Allocate a significant portion of any new cannabis tax revenue to prevention, research, programming and education.** Cannabis use (specifically high-risk use) can negatively impact the health of its users, including mental, physical and cognitive functioning. Some studies suggest regular use in adolescence increases the risk for developing depressive, anxious and manic symptoms, and major depression and bipolar disorder. While there is evidence to raise concern about the adverse health effects of cannabis use, there is still more to learn. From a public health perspective, there are important knowledge gaps including but not limited to impacts (beneficial and adverse) of various aspects of legal regulation, such as impacts on normalization, drug substitution effects, and commercialization. Earmarked funds from cannabis tax revenue will provide ongoing revenue stream for cannabis research. Furthermore, cannabis legalization may increase demand due to decreased perceived harm of cannabis in response to the policy change. Therefore it is essential to invest in effective prevention programs and initiatives to reduce cannabis use. The Federal Task Force on Cannabis Legalization and Regulation recommended that a significant portion of cannabis revenues should be applied to the research, prevention and treatment of cannabis use disorders.

e) **Prevent renormalization of smoking behaviours and protect the public from exposure to second hand smoke by including ‘tobacco-like’ provisions such as those found in the Alberta Tobacco and Smoking Reduction Act to prohibit all forms of smoking including cannabis in public spaces and workplaces.** Public smoking bans are a cornerstone of the tobacco control effort and they have contributed to the reduction of tobacco use while protecting non-users from harmful second hand smoke. Any erosion of public smoking bans that may result from cannabis legalization could represent a setback for tobacco control. Existing public smoking bans should be protected and extended to include the use of cannabis.

Second hand cannabis smoke contains many of the same carcinogenic substances and harmful toxic chemicals as second hand tobacco smoke. Smoke-free public spaces regulations provide the public, especially vulnerable populations, with protection from health impacts of second

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hand smoke. Restrictions on the public consumption of tobacco play an important role in reducing overall smoking rates, improving indoor air quality, preventing renormalization of smoking and supports cessation attempts. Similar smoking bans should be implemented for cannabis use to reduce health impacts of second hand cannabis smoke, and avoid renormalization of smoking behaviour. Public combustible use of cannabis may increase unhealthy modelling of smoking behaviour, which may inherently stimulate demand and associated harm.

Health promotion, harm reduction and prevention to reduce the likelihood of high-risk cannabis use

Evidence linking cannabis to cancer is limited compared to the irrefutable link between cancer and tobacco. Often times the risks associated with cannabis are indirect. ‘High-risk’ cannabis use is a term used to describe consumption behaviours that have been proven to result in a far greater likelihood of addiction or other personal and societal harms. A high-risk cannabis use behavior is the mixed use and concurrent use of cannabis and tobacco. These consumption behaviours are of greatest concern from a public health perspective and from the perspective of cancer prevention. The following policy recommendations would help deter high-risk cannabis use.

a) Implement evidence-informed health promotion programming to prevent and reduce high-risk and problematic cannabis use: A health promotion process enables people to increase control over and improve their health, via consideration of prerequisites for health including shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity. Implementing programming that helps shape social and physical environments to support health and wellbeing are important health promotion measures for primary prevention of high-risk cannabis use. This includes evidence informed public education, and school-based education in all schools, as part of comprehensive life skills education programs. The prevention of high-risk cannabis as well as helping to prevent other drug, alcohol, and tobacco use will require continued and improved attention to the determinants of child and youth health.33

b) Disseminate evidence-informed harm-reduction information and develop and implement harm-reduction strategies:

• Widely disseminate lower-risk cannabis use guidelines.\textsuperscript{34} Guidelines should be tailored to vulnerable populations such as youth, people with low literacy, and include cultural and gender considerations.\textsuperscript{35}

• Incentivize and support lower-risk products and methods of consumption, such as lower concentration products, avoidance of poly-substance use (cannabis use with tobacco and/or alcohol) and non-combustible consumption of cannabis.\textsuperscript{36}

• Prohibit the sale of cannabis products mixed with tobacco and tobacco products that are intended to be used with cannabis such as tobacco blunt wraps. Cannabis users are more likely to engage in poly-substance use with other substance such as tobacco and alcohol.\textsuperscript{37} Canadian data shows that nearly one-third of youth cannabis users mull or mix tobacco with cannabis, and 31 percent of users are not regular smokers.\textsuperscript{38} The concurrent and mixed use of tobacco and cannabis is associated with an increased risk of adverse health effects compared with using cannabis alone.\textsuperscript{39} This is considered a high-risk use behaviour and should be prevented and avoided.\textsuperscript{40} Allowing blunt wraps to be sold has the potential to further increase the high-risk mixed use of cannabis and tobacco.

c) Develop and implement injury and disease prevention programming:

• Combustion is the main source of carcinogetic compounds related to cannabis use. To help prevent cancer and other chronic diseases, develop and implement strategies and measures that will prevent and reduce the use of combustible cannabis products.\textsuperscript{41}

• Prevention programming could also include strategies to prevent drug-impaired driving which lead to motor vehicle collisions injuries and fatalities.

d) Strengthen and implement support and treatment systems and services for people with mental health issues/disorders and problematic substance use due to cannabis use: Treatment systems for people with mental health issues/disorders and problematic substance use are already insufficient in comparison to the need.\textsuperscript{42,43} The GNWT should anticipate an increased demand for services related to high-risk and problematic cannabis use outcomes and must invest in evidence based interventions. This includes accessible and appropriate tobacco cessation services.


\textsuperscript{37} Haines-Saah, R, Moffat, B, Jenkins, E., et al. The Influences of Health Beliefs and Identity on Adolescent Marijuana and Tobacco Co-Use. Qualitative Health Research, 24(7), 946-956.


e) Develop, implement and support federal services and programming for people who use cannabis for therapeutic purposes: There is a need, by patients and health care providers, for accurate information about indications, potential adverse effects, risks of different modes of use and ways to mitigate risks of medical and non-medical cannabis use. The GNWT has a role to play in supporting the development and dissemination of information for health care providers and patients.

f) Implement and adequately resource provincial monitoring, evaluation and research to understand the effects and impact of interventions, policies, and programs on the population: Adequate resources must be dedicated for monitoring and research so that problems can be detected early and corrections implemented with successes documented and amplified. This should be implemented before regulations around cannabis change so that pre and post-intervention information can be properly captured and utilized.

Conclusion

The Canadian Cancer Society applauds the GNWT for its thorough deliberations in the development of a non-medical cannabis legalization framework. We encourage the GNWT to strictly regulate the use of cannabis by adhering to a public health approach and urge the consideration of the above recommendations to prevent and reduce harms associated with cannabis use, particularly among NWT youth, and to improve the quality of life for all people of the NWT.

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