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Partners in Wellness

Public Health Newsletter for Northern Health Physicians

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Cannabis Legalization and Regulation

The Canadian government intends to legalize and regulate cannabis in July 2018. This move is widely supported by public health experts, and if governments adopt a comprehensive public health approach, this represents a significant opportunity to improve the health of the population and limit harms.

The status quo is that cannabis from uncontrolled sources is easily available and widely used, and both its risks and potential benefits are inadequately understood by the public, by health professionals, and by researchers. A tightly regulated and monitored legal market, coupled with greater investment in education, prevention, harm reduction, treatment, research, and evaluation, has the potential to reduce the overall harms of cannabis use, as well as eliminating the unnecessary harms that arise from criminalization and the black market.

This article aims to provide an introduction to the issues surrounding cannabis and the changing legal environment.

Direct Harms of Cannabis Use

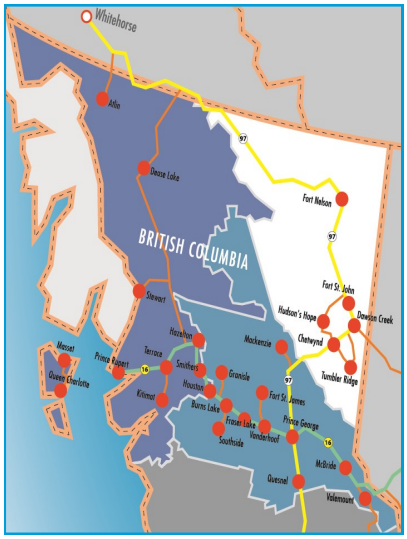
- **Motor vehicle collisions and other injuries** associated with impairment, particularly when used together with other impairing substances such as alcohol.
- **Acute and chronic psychotic disorders**, particularly when used heavily prior to the age of 15 by individuals with a family history of psychosis.
- **Toxic effects of smoke inhalation**
- **Developmental effects on fetuses**, including cognitive effects and reduced birth weight.
- **Accidental acute intoxication** of children and others who did not intend to consume cannabis, particularly from edible forms that are unsecured or unlabelled
- **Substance use disorder** and its accompanying negative social impacts.

Unintended Consequences of Cannabis Criminalization

- Cannabis is easier for youth to access than tobacco. 35% of youth aged 12-19 in northern BC have tried cannabis (McCreary Centre, 2016), which is more than the number that have tried tobacco.
- Potency has steadily increased over the past several decades. This is a common consequence of prohibition, as a more "condensed" product is easier to conceal from authorities. Moonshine and fentanyl are other examples.
- Cannabis is frequently contaminated with mould, pesticides, or other toxic compounds.
- People who develop addiction may be reluctant to seek help, for fear of the criminal and social sanctions they may face if they reveal their use.
- Unnecessary social harms from criminalization, resulting from imprisonment and lifelong criminal records, which disproportionately affect Indigenous and Black people.
- Research on the health effects of cannabis is difficult and incomplete.
- Unnecessary costs of enforcement strategies, which have not succeeded in reducing the use of or trade in cannabis.

Inside this Issue:

Notable Quotable:



Northwest

Atlin, Dease Lake, Houston, Hazelton, Masset, Kitimat, Port Clements, Prince Rupert, Smithers, Stewart, Terrace, the Village of Queen Charlotte

Northern Interior

Burns Lake, Fort St. James, Fraser Lake, Granisle, Mackenzie, McBride, Prince George, Quesnel, Valemount, Vanderhoof

Northeast

Chetwynd, Dawson Creek, Hudson's Hope, Fort Nelson, Fort St. John, Tumbler Ridge

MHO Contacts *during office hours*

Dr. Sandra Allison, Chief MHO
Ph: 250-565-7424; Cell: 250-612-2582
sandra.allison@northernhealth.ca

Dr. Raina Fumerton MHO-Northwest HSDA
Ph: 250-631-4261; Cell: 250-641-1758
raina.fumerton@northernhealth.ca

Dr. Andrew Gray MHO-Northern Interior HSDA
Ph: 250-565-7461; Cell: 778-349-4398
andrew.gray@northernhealth.ca

Dr. Jong Kim MHO-Northeast HSDA
Ph: 250-261-7235; Cell: 250-793-3751
jong.kim@northernhealth.ca

Dr. Ronald Chapman, MHO and VP Medicine
Ph: 250-649-7653; Cell: 250-961-3234
ronald.chapman@northernhealth.ca

After hours calls to UHNBC Switchboard 250-565-2000 and ask for MHO on-call

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Potential Risks associated with legalization and regulation

Legalization and regulation may also carry risks, particularly if cannabis use is actively promoted and regulation is too lax. This is most likely to occur when a for-profit industry, or a government seeking tax revenues, is allowed to market and encourage cannabis use: the logic of market growth requires increased consumption. We currently see this in the alcohol market, and to a lesser extent, in the tobacco market.

However, this risk can be mitigated by appropriate regulation and public education. Experiences in other jurisdictions have found that when effective controls are put into place, the level of cannabis use in the population does not increase post-legalization.

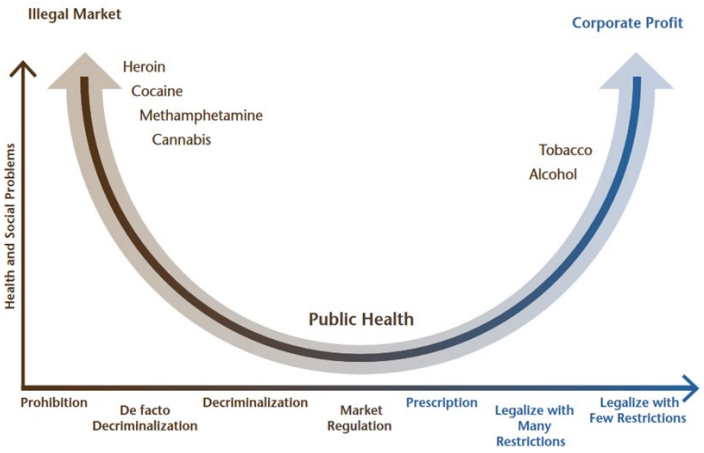

Figure: "The Paradox of Prohibition", reproduced without permission (CPHA, 2014).

Decriminalization vs. legalization and regulation

- **Decriminalization**: people who use a substance or are found to be in possession of small amounts would no longer face criminal penalties, such as incarceration. However, they may still face fines or other non-criminal penalties, and trafficking could still be criminalized, leaving the black market as the only source of the substance.
- **Legalization and regulation**: a substance becomes explicitly legal for direct sale to the general public, but only under certain conditions. Specific limits would apply to its production, distribution, and sale.

Public Health approach to cannabis legalization and regulation

Public health experts recommend the following strategies to minimize harms from cannabis use:

- Comprehensive supply chain regulation to minimize contamination, promote consistent potency, and enable product recalls where necessary
- State monopoly on distribution
- Arms-length public governance and oversight of distribution, with a mandate to promote and protect health rather than to generate revenue
- Limits on retail outlet density, hours, and prohibition of co-sale with alcohol or tobacco
- Prohibitions on providing cannabis to young people (ideally, a minimum age of 21)
- Minimum pricing, with tax revenues dedicated to health promotion and protection programs
- Limits on THC content (maximum 15%)
- Plain childproof packaging
- Mandatory labelling including potency and health warnings
- Including cannabis in existing efforts to reduce second-hand tobacco smoke exposure
- Public education on how to minimize harms from cannabis use
- Prevention efforts that target the broader psychosocial determinants of problematic substance use (which is much more effective than drug-specific education)
- Improved tools and laws to detect and reduce cannabis-impaired driving
- Ongoing surveillance and monitoring of cannabis use and its direct and indirect harms
- Ongoing evaluation of the effectiveness and equity of efforts to reduce harms

These strategies are discussed in detail by the Canadian Public Health Association, the Chief Medical Officers of Health of Canada, and the Urban Public Health Network (see references below).

Other potential benefits of legalization may include:

- Improved ability to study and limit the harms of cannabis
- Improved ability to study and realize any therapeutic benefits of cannabis
- Reduced stigmatization of people who use cannabis
- Reduced overall harms if people switch to cannabis from more dangerous substances, such as fewer fatalities from opioid overdose or motor vehicle collision linked to alcohol use

Upcoming legislative changes in Canada

While full details have not yet been announced, both the federal and provincial governments have declared an intention to follow public health principles in developing legislation around cannabis. The federal government's forthcoming *Cannabis Act* proposes federal regulation of cannabis production, prohibitions on selling or providing cannabis to people under the age of 18, and prohibitions on promotion/advertising. New offences for cannabis-impaired driving have also been proposed, and a public education strategy is under development.

As with alcohol and tobacco, the regulation of distribution will be up to the provinces and territories. The BC government recently completed a public consultation on cannabis regulation. Numerous public health professionals and academics submitted recommendations, including Northern Health's Medical Health Officers. An inter-ministerial working group is studying the issue, and details on the provincial government's legislative and regulatory intentions are expected within the next few months.

References

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Counselling your patients about non-medical cannabis use

Similarly to alcohol, patients should be queried about their cannabis use, with a focus on detecting and addressing high-risk use. People who choose to use cannabis should be counselled to reduce risks by following **Canada's Lower Risk Cannabis Use Guidelines**.

Summary of recommendations from Canada's Lower Risk Cannabis Use Guidelines

- Cannabis use has health risks best avoided by abstaining
- Delay taking up cannabis use until later in life
- Identify and choose lower-risk cannabis products
- Don't use synthetic cannabinoids
- Avoid smoking burnt cannabis—choose safer ways of using
- If you smoke cannabis, avoid harmful smoking practices
- Limit and reduce how often you use cannabis
- Don't use and drive, or operate other machinery
- Avoid cannabis use altogether if you are at risk for mental health problems or are pregnant
- Avoid combining these risks

People can also reduce the risk to others by ensuring that their cannabis is stored securely, away from the reach of children, and by not smoking cannabis indoors where the smoke may expose others.

These guidelines are published by the Canadian Mental Health Association and endorsed by the Canadian Public Health Association. Read more about the guidelines:

Public brochure: http://www.camh.ca/en/research/news_and_publications/reports_and_books/Documents/LRCUG.KT.PublicBrochure.15June2017.pdf

Evidence summary for health professionals: http://www.camh.ca/en/research/news_and_publications/reports_and_books/Documents/LRCUG.KT.Professional.15June2017.pdf

Academic publication: http://ajph.aphapublications.org/doi/10.2105/AJPH.2017.303818\

Cannabis use for medical purposes

Scientifically, the medical benefits of cannabis are less well-established than the harms, but this research is also in its infancy. The known medical benefits of cannabis have been exaggerated by some advocates, but there is some evidence that cannabis and/or cannabinoids may be effective for treatment of:

- chronic pain,
- chemotherapy-induced nausea,
- multiple sclerosis spasticity symptoms,
- sleep disturbance associated with obstructive sleep apnea, fibromyalgia, chronic pain and multiple sclerosis,
- HIV/AIDS-related wasting syndrome,
- Tourette syndrome,
- epilepsy, and
- symptoms of anxiety or post-traumatic stress disorder.

Access to cannabis in Canada for medical/therapeutic purposes has been granted as a result of court cases; it is not a medicine approved by Health Canada, though physicians have a role in authorizing its use by their patients. In the context of cannabis legalization, the federal government has signalled its intention to leave the existing medical cannabis system essentially unchanged in the short term.

For more information on the medical use of cannabis, consult Health Canada's web site at https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-use-marijuana/information-medical-practitioners.html.

For more information on the health effects of cannabis, consult the 2017 report of the National Academy of Sciences, Engineering and Medicine, *The health effects of cannabis and cannabinoids*: http://nationalacademies.org/hmd/~/media/Files/Report%20Files/2017/Cannabis-Health-Effects/Cannabis-conclusions.pdf

Submitted by:
Dr. Andrew Gray Northern Interior Medical Health Officer

Influenza Update

Influenza is circulating, but only at low levels. A(H3N2) has been the dominant strain so far this season, but it is too early to say if this will remain the case. A (H1N1) and B strains are also currently circulating in BC.

Vaccine effectiveness (VE) is expected to be fairly high for A (H1N1) and B strains, but there is concern that it may be fairly low for A (H3N2) strains.

In light of this, the Association of Medical Microbiology and Infectious Disease (AMMI) Canada recently published updated guidance on the use of antivirals (https://www.ammi.ca/Update/79.ENG.pdf):

- Antiviral (oseltamivir or zanamivir treatment may be considered for individuals at high risk of serious influenza complication (hospitalization or death) **regardless of whether they received the 2017-18 season's influenza vaccine**.
- Where influenza is reasonably suspected on clinical grounds, antiviral treatment of high-risk individuals should not await the diagnostic test result and should be initiated as soon as possible, ideally within the first 12 to 24 hours of influenza-like illness (ILI) onset, irrespective of influenza vaccination status.
- Effectiveness is reduced when treatment is initiated >48 hours after illness onset but may be considered at clinician discretion.
- Clinicians may consider personalized plans for timely antiviral drug access and use for patients at highest risk of serious influenza complications (in particular, elderly adults and people of any age with cardio-pulmonary conditions or severe immunodeficiency states).
- Where appropriate, this may include advance prescriptions to be filled and initiated for chemoprophylaxis or treatment in relation to an ILI that is likely due to influenza.

For dosage regimens and further details, please refer to the AMMI Canada Foundation Document on the use of antiviral drugs for influenza (https://www.ammi.ca/Content/Guidelines/Flu%20%28published%20version%29%20FINAL.pdf).

Other ways you can reduce the impact of influenza on your patients:

- Make sure your high-risk patients, and their close contacts, get **vaccinated**! It's not too late, and even if VE is low for A(H3N2), protection against the other strains is still worthwhile. Review our October 2017 newsletter at https://physicians.northernhealth.ca/PhysicianResources/PublicHealth.aspx for all the details on this year's influenza vaccine.
- **Pre-sign**, now, the *Regional Order Set: Oseltamivir for Influenza Outbreak Declared by Medical Health Officer*, for all your patients in long-term care facilities. That way, if an influenza outbreak occurs, staff will be able to initiate antiviral treatment or prophylaxis promptly.
- **Testing** outpatients with non-severe ILI for influenza is generally not necessary, as it will not change management in most cases. If antivirals would be indicated for influenza, they should be started immediately, without waiting for test results. The following patients generally should be tested:
  - Severe or unusual cases of ILI (e.g. requiring hospitalization)
  - Inpatients in acute care facilities and residents of long-term care facilities who develop ILI

Submitted by:
Dr. Andrew Gray
Northern Interior Medical Health Officer

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The Truth and Reconciliation Commission:
Calls to Action Relating to Justice

The Truth and Reconciliation Commission's report was released in December 2015. The report details 94 Calls to Action (recommendations) for Canadians to redress the legacy of residential schools (Actions 1-42) and advance the process of reconciliation (Actions 43-94). This newsletter series will walk through the 94 Calls to Action to support Northern physicians and other providers to learn about the legacies and take actions towards reconciliation in their practices, relationships, and communities.

The categories to redress the legacy of residential schools include; child welfare, education, language and culture, health, and justice. This issue we highlight the remaining 14 Calls to Action specific to justice. Others will be shared in upcoming newsletters.

To learn more about the Truth and Reconciliation Commission and the Calls to Action, visit http://nctr.ca/

29. We call upon the parties and, in particular, the federal government, to work collaboratively with plaintiffs not included in the Indian Residential Schools Settlement Agreement to have disputed legal issues determined expeditiously on an agreed set of facts.
30. We call upon federal, provincial, and territorial governments to commit to eliminating the overrepresentation of Aboriginal people in custody over the next decade, and to issue detailed annual reports that monitor and evaluate progress in doing so.
31. We call upon the federal, provincial, and territorial governments to provide sufficient and stable funding to implement and evaluate community sanctions that will provide realistic alternatives to imprisonment for Aboriginal offenders and respond to the underlying causes of offending.
32. We call upon the federal government to amend the Criminal Code to allow trial judges, upon giving reasons, to depart from mandatory minimum sentences and restrictions on the use of conditional sentences.
33. We call upon the federal, provincial, and territorial governments to recognize as a high priority the need to address and prevent Fetal Alcohol Spectrum Disorder and to develop, in collaboration with Aboriginal people, FASD preventive programs that can be delivered in a culturally appropriate manner.
34. We call upon the governments of Canada, the provinces, and territories to undertake reforms to the criminal justice system to better address the needs of offenders with Fetal Alcohol Spectrum Disorder, including …
35. We call upon the federal government to eliminate barriers to the creation of additional Aboriginal healing lodges within the federal correctional system.
36. We call upon the federal, provincial, and territorial governments to work with Aboriginal communities to provide culturally relevant services to inmates on issues such as substance abuse, family and domestic violence, and overcoming the experience of having been sexually abused.
37. We call upon the federal government to provide more supports for Aboriginal programming in halfway houses and parole services.
38 We call upon the federal, provincial, territorial, and Aboriginal governments to commit to eliminating the overrepresentation of Aboriginal youth in custody over the next decade.
39. We call upon the federal government to develop a national plan to collect and publish data on the criminal victimization of Aboriginal people, including data related to homicide and family violence victimization.
40. We call on all levels of government, in collaboration with Aboriginal people, to create adequately funded and accessible Aboriginal-specific victim programs and services with appropriate evaluation mechanisms.
41. We call upon the federal government, in consultation with Aboriginal organizations, to appoint a public inquiry into the causes of, and remedies for, the disproportionate victimization of Aboriginal women and girls. The inquiry's mandate would include an investigation into missing and murdered Aboriginal women and girls and links to the intergenerational legacy of residential schools.
42. We call upon the federal, provincial, and territorial governments to commit to the recognition and implementation of Aboriginal justice systems in a manner consistent with the Treaty and Aboriginal rights of Aboriginal peoples, the Constitution Act, 1982, and the United Nations Declaration on the Rights of Indigenous Peoples, endorsed by Canada in November 2012.

Submitted by:
Dr. Sandra Allison Chief Medical Health Officer