



doctors
of bc

SUBMISSION TO THE
GOVERNMENT OF BRITISH COLUMBIA
ON CANNABIS REGULATION

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Doctors of BC Position

Doctors of BC supports a public health approach to regulating non-medical cannabis in BC. To mitigate potential risks to health and safety, Doctors of BC recommends that the Government of British Columbia adopt a restrictive framework for the initial regulation of non-medical cannabis. Future changes to cannabis regulations should be based on evidence and careful evaluations of the impact of BC's regulatory regime. Revenue from the legal sale of cannabis should be allocated to support harm reduction activities and the ongoing implementation and evaluation of BC's regulatory system.

Doctors of BC believes that BC's regulatory framework for non-medical cannabis should prioritize the following objectives:

1. Discourage the use of non-medical cannabis.
2. Minimize the harms of non-medical cannabis, particularly for youth.
3. Reduce the prevalence of drug-impaired driving.
4. Ensure cannabis products are as safe as possible.

Doctors of BC Submission

Background

On September 25, 2017, the Government of British Columbia ("BC Government") launched a consultation process to seek stakeholder and public feedback on the provincial regulatory framework for non-medical cannabis. To guide the consultation process, the BC Government introduced a discussion paper titled *Cannabis Legalization and Regulation in British Columbia* (the "Cannabis Discussion Paper").⁽¹⁾

The Cannabis Discussion Paper provides background information and seeks feedback on topics including minimum age, personal possession limits, public consumption, drug-impaired driving, personal cultivation, and distribution and retail models.

Doctors of BC appreciates the opportunity to provide input into the development of the provincial regulatory framework for non-medical cannabis.

Minimum Age

Evidence suggests that the younger a person starts using cannabis, the greater the risks for a variety of adverse health and social outcomes.⁽²⁾ These outcomes may include injury, substance use, and mental health or education problems.⁽²⁾ A contributing factor is that cannabis can negatively impact brain development, which is generally not complete until a person is in their mid-20s.⁽²⁾

Unfortunately, cannabis use among youth (age 15-24) is significantly higher than that of the general population. For example, a 2012 survey suggests that in Canada, the average age of initial cannabis use is approximately 16 years of age.⁽³⁾ In a 2011 study, more than 25% of grade 12 students in BC reported using cannabis in the past month.⁽⁴⁾

Doctors of BC recognizes that although it would be ideal to restrict all youth from accessing non-medical cannabis, the setting of a high minimum age will likely result in young cannabis users continuing to purchase unregulated cannabis in the illegal market. Weighing these concerns, the Canadian Medical Association (CMA) recommends that the minimum age for purchasing non-medical cannabis be set at 21 years of age.⁽⁵⁾

In addition to setting a minimum purchasing age, Doctors of BC supports public awareness initiatives to educate youth, young adults, and parents about the impact of cannabis use on the developing brain. For example, education campaigns can target high schools and colleges/universities and emphasize how early initial use and higher intensity/frequency of use can magnify harmful health impacts.⁽²⁾

Note that physicians are also concerned about the risks of children ingesting cannabis edibles, resulting in accidental poisoning or overdose.⁽⁶⁾ Recognizing that the federal government is responsible for setting standards for the production, packaging and potency of cannabis products, Doctors of BC supports developing public education initiatives on safe storage and consumption practices for cannabis edibles.

For Consideration:

- In collaboration with medical, education and other stakeholders, develop public education initiatives to inform youth, young adults, and parents on:
 - o Impact of cannabis on the developing brain.
 - o Safe practices for the storage and consumption of cannabis edibles.

Personal Possession Limits

The federal Bill C-45 establishes a 30 gram limit on public possession of dried cannabis – the maximum an adult could legally buy and take home at any one time.* In order to discourage high frequency use among younger adults, the CMA recommends lowering the personal possession limit for young adults under the age of 25.

For underage minors, the federal Bill C-45 currently allows the possession of up to 5 grams of dried cannabis or equivalent amounts of other cannabis products. To discourage minors from using cannabis, the Cannabis Discussion Paper highlights the possibility of adopting cannabis possession restrictions for minors similar to current laws for alcohol.⁽¹⁾

It is noted that current possession limits do not consider the range of potency of different cannabis products. Recognizing that THC-based measures would likely be difficult to enforce, Doctors of BC supports the adoption of standards to increase transparency and standardization of THC content in cannabis products. The development of personal possession limits may need to consider the variable potency of cannabis products.

Finally, in the application of personal possession limits, the BC Government may need to provide practical methods for law enforcement to differentiate between medical and recreational cannabis users.

* For context, one cannabis joint typically contains 0.33 grams to 1 gram of cannabis.

For Consideration:

- Reduce personal possession limit for young adults below 25 years of age.
- Provide practical methods for law enforcement to differentiate between medical and recreational cannabis users.

Public Consumption

Second hand cannabis smoke contains many of the same toxins, including carcinogens, found in directly inhaled cannabis smoke.⁽⁵⁾ Doctors of BC believes that at minimum, restrictions on the public smoking/vaping of cannabis should match those of current smoking/vaping laws that prohibit smoking/vaping in areas such as workplaces, enclosed public spaces (including clubs/bars and concerts), on health authority and school board property, and in other prescribed places such as transit shelters, and common areas of apartment buildings and community care facilities.⁽¹⁾

Recognizing that municipalities can establish stricter smoking/vaping restrictions, Doctors of BC supports the adoption of provincial laws to prohibit smoking and vaping of all kinds, including cannabis, in places such as public parks, outdoor restaurant/bar patios, and playgrounds across BC.

For Consideration:

- Enact cannabis smoking and vaping regulations that, at a minimum, match current restrictions on the public smoking or vaping of tobacco.
- Adopt provincial laws to prohibit smoking and vaping of all kinds, including cannabis, in places such as public parks, outdoor restaurant/bar patios, and playgrounds across BC.

Drug-impaired Driving

Doctors of BC is a strong proponent of policies to address drug-impaired driving.[†] Studies suggest that cannabis can negatively impact a person’s peripheral vision, awareness of the passage of time, motor control, and balance. Driving is an exercise in timing, multitasking, and situation awareness – all functions that are adversely impacted by cannabis.⁽⁷⁾ In jurisdictions, such as Washington State and Colorado, there is a growing recognition of the need to address the risks of drug-impaired driving.

Doctors of BC recognizes that unlike measurements of blood alcohol, there is currently insufficient scientific evidence to link a particular blood THC level with impairment. Moreover, the federal government continues to test oral fluid screening devices for their accuracy and reliability. While consideration is given to evidence-based per se limits and improved reliability of testing methods, the BC Government may need to consider alternative methods of detecting drug-impairment in drivers, such as Standard Field Sobriety Test and/or Drug Recognition

[†] In 2014, Doctors of BC passed resolutions calling on BC and federal governments to improve policies/legislation for drug-impaired driving and to develop improved screening tools to detect drug-impaired drivers.

Expert training. Additionally, the BC Government will need to consider how drug-impaired driving laws will be applied to drivers using cannabis for medical purposes.

In recent years, the BC Government has launched public education campaigns and implemented policy measures such as zero tolerance for Graduated Licensing Program (Learner and New) drivers, Immediate Roadside Prohibition, and Administrative Driving Prohibition to address alcohol impaired driving. Where evidence supports the efficacy of such initiatives in the context of drug-impaired driving, such measures should be considered.

For Consideration:

- Develop effective evidence-based legislation, enforcement, and penalties.
- Develop public education campaigns and consider policy measures such as zero tolerance for Graduated Licensing Program drivers, Immediate Roadside Prohibition, and Administrative Driving Prohibition to address drug-impaired driving.

Personal Cultivation

The federal Bill C-45 permits adults to grow up to 4 cannabis plants per household, up to a maximum plant height of 100 centimetres. In this regard, the CMA recommends prohibiting the home cultivation of cannabis for non-medical use due to the following risks of home cultivation, including:⁽⁵⁾

- High humidity and temperatures, risk of fire, and the use of hazardous chemicals such as pesticides.
- Lack of quality control regarding contamination and potency of the product.
- Access to cannabis by children (e.g. accidental ingestion or overdose) and underage youth.

To some extent, a registration and inspection system could mitigate some of the risks outlined above. However, the cost and complexity of such programs is expected to be high and it is uncertain how effective these compliance regimes would be.

For Consideration:

- Prohibit the home cultivation of cannabis for non-medical use.

Distribution & Retail Model

The Cannabis Discussion Paper introduces three main ways of warehousing and distributing cannabis to retailers in BC: government distribution, private distribution, and direct distribution. Whichever model is chosen by the BC Government, the distribution system must have the capacity and tools to ensure that cannabis products adhere to the highest health and safety standards.[‡]

[‡] Although outside the scope of this submission, Doctors of BC supports the CMA's recommendation for the federal government to prohibit flavouring and shapes, the marketing and advertising of cannabis, and enforce packaging requirements including plain packaging, potency labelling, and health warnings.

In terms of retail, Doctors of BC believes that cannabis should be sold in a manner that does *not* encourage or normalize its use. For this reason, Doctors of BC supports regulations separating cannabis items from other consumer products. Furthermore, the CMA recommends restrictions on cannabis storefront densities, hours of sale, and minimum distance from schools, parks, playgrounds, and colleges and universities.⁽⁵⁾

Moreover, the CMA recommends prohibiting health care settings, such as pharmacies, from selling non-medical cannabis. For example, according to a 2016 CMA survey, the majority of physicians are opposed to selling non-medical cannabis in pharmacies due to concerns about lending cannabis the credibility of a pharmaceutical medication.⁽⁵⁾

In addition, Doctors of BC recommends that the sale of cannabis be separated from the sale of alcohol. This is due to growing evidence suggesting that combining cannabis and alcohol results in impairment even at doses which would be insignificant if the substances were used on their own.⁽⁸⁾

Finally, regardless of retail model, the BC Government must ensure that retail staff understand and apply regulations governing the sale of non-medical cannabis. Inspections will likely be required to ensure regulatory compliance and to ensure that cannabis is not sold to underage minors.

For Consideration:

- Develop capacity and tools to ensure that cannabis products distributed to BC retailers adhere to the highest health and safety standards.
- Enact retail regulations to separate cannabis from other consumer products and place restrictions on storefront densities, hours of sale, and minimum distance from schools, parks, playgrounds, and colleges and universities.
- Prohibit non-medical cannabis sales within health care settings, such as pharmacies.
- Adopt restrictions to separate the sale of cannabis from the sale of alcohol.
- Ensure retail staff understand and apply regulations governing the sale of non-medical cannabis.

Research & Surveillance

In the future, changes to cannabis regulations should be based on robust evidence and evaluations of the impact of BC's regulatory regime on non-medical cannabis. To facilitate this, Doctors of BC recommends that the BC Government, in collaboration with the federal government and other provinces, develop surveillance tools to track data on adverse outcomes, such as psychotic episodes, hospitalizations, emergency room visits, accidental ingestions/poisonings, and drug-impaired driving incidents.

For Consideration:

- In collaboration with the federal government and other provinces, develop public health surveillance tools to track data on adverse cannabis-related outcomes in BC.

Conclusion

Doctors of BC supports a public health approach to regulating non-medical cannabis in BC. To mitigate risks to public health and safety, Doctors of BC recommends developing an initial regulatory framework for non-medical cannabis that is more restrictive than permissive. In the future, changes to regulations, whether to make them more permissive or restrictive, should be based on evidence and careful evaluations of the impact of BC's regulatory regime. Revenue from the legal sale of cannabis should be allocated to support harm reduction activities and the ongoing implementation and evaluation of BC's regulatory system.

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