Board Report

June 22, 2018
CANNABIS UPDATE

Background
Cannabis is the most widely used illicit substance in Ontario with youth and young adults having the highest rates of use. Despite prohibition of cannabis, in 2017 about one-in-five (19%) of students in grades 7-12 in Ontario, report using cannabis in the past year (CAMH, 2017). There are health and social harms associated with the current system of criminal prohibition and the illegal market. Legalization, combined with strict regulation, provides an opportunity to minimize the harms associated with cannabis use (CAMH, 2012). This document will provide an update of the current status of recreational cannabis legalization and an overview of related key public health issues and approaches.

Current Status
In April 2017, the Federal government introduced Bill C-45, An Act respecting cannabis and to amend the Controlled Drugs and Substances Act, the Criminal Code and other Acts (Cannabis Act). The Federal government is currently working to strengthen the policies necessary to reduce risk of harms to the population prior to enactment. Bill C-45 was passed by both the Senate and House of Commons and received Royal Assent. Legalization of marijuana in Ontario will take place October 17, 2018.


Where You Can Use Cannabis
The recreational use of cannabis will only be legal in private residences. Recreational cannabis consumption, in any form, will not be allowed in public spaces, workplaces or motor vehicles.
Cannabis Sales
The Liquor Control Board of Ontario (LCBO) will be the only legal retailer and distributor of recreational cannabis in Ontario. Cannabis will also be available through an online order service operated by the LCBO, which is also expected to be available upon provincial roll out of implementation in 2018. Edible recreational cannabis products were excluded from the original Bill C-45 and will only become available in 2019.

Controlling Access
Adults who are 19 years old or older would be legally able to:
- possess up to 30 grams of legal dried cannabis
- share up to 30 grams of legal cannabis with other adults
- purchase dried or fresh cannabis or cannabis oil from a licensed retailer
- grow up to 4 cannabis plants per residence to a maximum height of 100 cm

Risk of Harm

Age of Initiation:
Research shows that the brain continues to develop until the age of 25. When cannabis is introduced early and frequently to the body, the developing brain may alter with some adverse effects being irreversible. Early cannabis use is associated with a higher likelihood of developing cannabis use disorder, mental health problems and use of other illicit drugs. One in six of those who initiate cannabis use in adolescence will become dependent (CCCSA, 2016). Research in this age group also suggests poor educational outcomes, reduced life satisfaction and achievement related to early cannabis use (CAMH, 2012).

Cannabis can be addictive:
Although the risk of addiction to cannabis is lower than it is for alcohol, tobacco or opioids, regular cannabis use can result in the long-term harm of addiction (George & Vaccarino, 2015).

Cannabis and Respiratory Effects:
Cannabis smoke contains many of the same cancer-causing toxins as tobacco smoke. Health risk of cannabis may be even greater with increased exposure of the toxins to the lungs as the result of deeper and longer inhalation, unfiltered “joints”, being smoked to a shorter butt length, and at a greater combustion temperature (CCCSA, 2016).

Driving While Using:
Using cannabis and driving a motor vehicle doubles the risk of a collision (CCCSA, 2017). Depth perception, concentration, a decreased reaction time and muscle tone (strength
and steadiness) are affected while using cannabis. Impairment is intensified when combined with alcohol. Enforcement officers (i.e. police), have the authority to detect drivers who are impaired by cannabis and lay drug impaired driving charges (CCSA, 2016).

**Cannabis and Maternal Health:**
Cannabis use during pregnancy should be avoided due to the ability of THC and other chemicals to pass through the placenta. Cannabis exposure while in the womb may affect the physical development, cognitive functioning, behaviour and mental health of the child (CCSA, 2016).

**Cannabis Use and Mental Health:**
There is a link between cannabis use and mental health. Those who initiate use early in life appear to be particularly vulnerable to psychosis and psychotic symptoms (CCSA, 2016).

**Moving forward in Grey Bruce to promote a public health approach to cannabis legalization**

A public health approach to the regulation of cannabis aims to minimize the harms associated with cannabis use. The Grey Bruce Health Unit (GBHU) continues to work with local community stakeholders, as well as provincial partners, as steps towards legalization and regulation of cannabis continue to evolve. Strategies and partnerships underway thus far include:

- Formation of an internal Emerging Issue Cannabis Working Group to support cross-program collaboration among the many public health programs and services being impacted. The working group has developed a communication strategy to support staff education and awareness.
- A staff newsletter, called “C-Scoop”, will be distributed regularly to keep everyone informed of updates related to cannabis legalization.
- Exploring the possibility of an online cannabis learning module for all staff.
- A recently launched cannabis social media campaign on Facebook and Twitter is already showing significant engagement.
- A cannabis section has been developed for the GBHU website. This section will continue to be updated with links to federal, provincial and local resources. The GBHU is a member of the Ontario Public Health Collaborative on Cannabis (OPHCOC), where all health units are working together to promote a comprehensive public health approach to the issue of cannabis.
- A Cannabis Legalization Working Group has been established under the umbrella of the Community Drug and Alcohol Strategy; Reducing Harms in Bruce and Grey. The group includes membership from both school boards, OPP, EMS,
Hope Grey Bruce, Keystone, Georgian College and others. Plans are underway to host and facilitate cannabis education sessions for parents and community in the fall of 2018.

- The GBHU is a knowledge-user participant in a 2018 Locally Driven Collaborative Project (LDCP) for Cannabis being facilitated by Public Health Ontario. This research project will focus on reviewing best practices to reduce cannabis related harms amongst the 19-25 year old age group.

Dr. Ian Arra

Reference:


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Provincial Election - Ensuring “Health in All Policies”
The 2018 provincial election was an opportunity to remind all candidates that the
decisions they make as elected officials can have a significant effect on the health of
constituents and communities. As such, the Grey Bruce Health Unit encouraged all local
candidates to take a “Health in All Policies” approach in the lead-up to the 2018 election.

“Health in All Policies” asks elected officials to recognize the health impacts of decisions
while seeking ways to work together across sectors to ensure everyone has an equal
opportunity to live a healthy life. The accompanying resource and tool was designed to
guide the decision making of elected officials related to healthy communities. The Grey
Bruce Health Unit requests that when championing or creating healthy public policy, all
candidates assess the impact of decisions through their effect on nine separate
benchmarks:

- Natural Environments
- Food Systems
- Marginalized Populations
- Community Services
- Social Cohesion
- Transportation
- Age Friendly Communities
- Economic Development
- Built Environment

Each of the benchmarks were also the focus of social media postings encouraging voters
to ask their candidates their positions on each of these key concerns.
Health in All Policies

Let’s make a difference and prioritize
HEALTH IN ALL POLICIES

Helpful Resources:
http://iris.paho.org/xmlui/bitstream/handle/123456789/31313/9789275074541-eng.pdf?
sequence=1&isAllowed=y
https://www.nurseone.ca/~/media/nurseone/page-content/pdf-en/hiap-national_action_plan_e.pdf

For more information on this resource or on health in all policies, please contact Public Health:
Jason Weppler, Health Promoter
1-800-263-3456 Ext. 1408
j.weppler@publichealthgreybruce.on.ca

This document was adapted from Huron County.

Health in All Policies
All levels of government shape the health of a community through the design and delivery of policies. Health in all policies takes into account the health implications of decisions and seeks ways to work together across sectors to ensure everyone has an equal opportunity to live a healthy life.

Health Equity
All people have a fair chance to reach their full potential and are not disadvantaged by social, economic and environmental conditions. (National Collaborating Centre for Determinants of Health, 2014).
Using the Healthy Communities Tool

1. Title the worksheet with the program or policy that you are considering.

2. To the right are Indicators of Success and Key Considerations for each of the themes. Think about the impacts of your program or policy for each theme. Does it have a positive, neutral or negative impact?

3. Place a dot on the theme line in the negative, neutral or positive area. Join the dots on each theme line and the resulting shape should help you see an overall perspective of how the program or policy will impact your community.

4. If you have any questions about how to complete this tool, please contact public health at 1-800-263-3456 or j.weppler@publichealthgreybruce.on.ca. If you find any negative outcomes using this tool, you may need to consider a more in depth assessment such as a Health Impact Assessment.
Name of policy/program you are considering:
Sexual Health Rapid Review
The Grey Bruce Health Unit works to create supportive environments to promote healthy sexual practices and to provide access to sexual health services in Grey Bruce. Working collaboratively with community partners is essential to the success of these initiatives.

The delivery of public health services from a settings approach, requires flexibility in order to adapt the service delivery model as other systems and settings also change. Given the shifting landscape of healthcare and accessibility of sexual health services, Grey Bruce Health Unit sought to undertake a review of the sexual health services available to teens in Grey Bruce. The goal of the review was to gather, analyze and communicate data related to teen sexual health, and the sexual health services available to them, in order to:

- Anticipate trends and issues related to the sexual health of teens in Grey Bruce;
- Identify existing sexual health services accessible to teens;
- Identify strengths and gaps in sexual health services; and,
- Make recommendations for enhancing access to sexual health services, especially for priority population teens.

There are a number of sexual health services and service locations available for teens across Grey Bruce. However there are gaps and barriers to accessing services. The attached infographic depicts the areas of weakness as well as strengths and identifies next steps to create a system for teens accessing sexual health services. A particular focus will be placed on ensuring services are accessible and available to priority groups within the teen population.
Over the last decade, pregnancy rates for women aged 15-19 in Grey Bruce have fallen by nearly 50%. Rates during this time period have been nearly identical to the province.

Chlamydia rates are increasing in Grey Bruce, as they are in Canada and many other countries. Cases of gonorrhea in Grey Bruce are significantly lower than the rest of Canada.

SEXUAL HEALTH SERVICES
A number of community partners provide sexual health services that promote and support healthy sexual practices and that are available to teens in Grey Bruce.

Priority populations for sexual health services amongst teens

- Teens without a primary care provider;
- Teens who are not attending school;
- Teens who are struggling academically which may result in them being in a non-traditional classroom setting or attending an alternative school;
- Teens who engage in risk-taking behaviours such as using drugs or alcohol;
- Teens from households of lower socioeconomic status;
- Teens, particularly females, who were sexually active at a young age;
- Teens who are LGBTQ;
- Males.
SEXUAL HEALTH SERVICES IN GREY BRUCE

The sexual health supports most commonly requested by teens are available in the community.

**Contraception**
- With primary care prescription (no-cost)
- Public Health clinics (low-cost)

**Emergency Contraception**
- With primary care prescription (no-cost)
- Public Health clinics (low-cost)
- All pharmacies (at-cost)

**Pregnancy Testing, Counselling and Referral**
- Primary care (no-cost)
- Public Health clinics (no-cost)
- All pharmacies (at-cost)

**STI Testing**
- All primary care providers (no-cost)
- Public Health clinics (no-cost)

**No-cost Condoms**
- BWDSB secondary schools
- Public Health clinics
- Select primary care providers

**1:1 Sexual Health Information & Advice**
- Sexual Health Info Line & E-chat
- www.sexandu.ca
- Telehealth Ontario
- Public Health Info Line (client education and referral)
Improving Access to Sexual Health Services for Teens in Grey and Bruce

Community partners provide a mix of sexual health services for teens in Grey Bruce. However, access to service varies in each community and is dependent on a variety of factors:

**Facilitators of Access**
- Having a primary health care provider.
- Access to OHIP+ for no-cost contraception and emergency contraception (with a valid Ontario Health Card and a primary care prescription).
- Widespread coverage and hours of operation of local pharmacies for access to emergency contraception (“morning after pill”) and/or pregnancy test. No prescription required.
- No-cost condoms available at BWDSB secondary schools, public health, and select primary care providers.
- 1:1 telephone and e-chat support is available through Sexual Health Info Line (toll-free # and e-chat).
- Availability of reliable and good quality online resources to support healthy sexual practices like [www.sexandu.ca](http://www.sexandu.ca)

**Barriers to Access**
- Lack of transportation to access primary health care, pharmacy or sexual health clinic.
- Not having a valid Ontario Health Card and/or not having a primary care provider limits access to services of OHIP+ (e.g., no-cost contraception and emergency contraception).
- Insufficient funds to purchase emergency contraception and/or pregnancy tests at local pharmacies.
- Lack of awareness of where free condoms are available.
- Lack of knowledge of online and telephone supports for sexual health concerns.
- Lack of comfort in accessing primary health care providers for sexual health issues (e.g., contraception, pregnancy counselling).

**Recommendations**

- **Facilitators of Access**
  - Continue to monitor youth health and well-being including teen pregnancy and STI rates.
  - Conduct a local assessment of sexual health services available in each geographic community that involves community partners and teens.
  - Explore options to reduce transportation barriers for teens accessing sexual health services in their communities.

- **Barriers to Access**
  - Facilitate connections between service providers to ensure services are “teen friendly” (e.g., alternate booking options and flexible appointment times).
  - Partner to increase availability of no-cost pregnancy tests and condoms and to minimize prescription barriers for contraception.
  - Collaborate to ensure safe and confidential spaces are available for teens to access sexual health supports.

- **Increase teen awareness of, and confidence to access, sexual health services in their communities.**
  - Promote OHIP+ to remove cost barriers for teens accessing contraception and emergency contraception.
  - Promote reliable and accessible online, e-chat and telephone sexual health services for teens.