

December 14<sup>th</sup>, 2020

## Middlesex-London Health Unit – 2020/2021 Cannabis Program and Response to the Legalization of Non-Medical Cannabis Funding Proposal – Cannabis Legalization Implementation Fund

Cannabis for non-medical purposes became legal in Canada in October 2018. Public health work related to cannabis has historically been included within the broader program area of “substance use”. With the legalization of non-medical cannabis in 2018 and the legalization of cannabis edibles, oils and extracts in October 2019, there is increased and dedicated attention to this topic required from both a health and policy perspective.

New and emerging research indicates that much of the health-related harms of non-medical cannabis use fall into the following categories:

- Respiratory effects: smoking and negative respiratory symptoms from both smoking and vaping;
- Cannabis use disorder: problematic pattern of cannabis use leading to clinically significant impairment or distress;
- Mental health issues: increased risk of schizophrenia and psychosis;
- Cannabis and driving: increased risk of motor vehicle collision;
- Effects on the brain: long-term effects of cannabis on the brain can include an increased risk of addiction and harm to memory, concentration, intelligence, and decision-making. The effects on brain development are of particular concern for youth and young adults, since the brain is not fully developed until around the age of 25 years.
- Health effects on pregnancy and children: heavy use during pregnancy can lead to lower birth weights of the baby and has been associated with longer-term developmental effects in children and adolescents, such as decreased memory function and negative impacts on the ability to pay attention and problem-solve.

Since legalization, there has been an increase in the number of legal cannabis retail outlets operating within the City of London, which also sell vapour products that are used to consume cannabis, and the number of inspections required at outdoor events has increased. In 2020, the COVID-19 pandemic required our community to physically distance, stay home, and to limit close, social interactions. The pandemic has altered individual’s normal routines and contributed significantly to feelings of increased stress, anxiety, and poorer mental health. During these difficult times, individuals may turn to substance use for temporary relief. There are risks related to increased use and over-reliance on cannabis use for stress relief ([Canadian Centre on Substance Use and Addiction, 2020](#)). In May 2020, COVID-19 recovery planning was initiated to assess and/or anticipate community impacts and emerging public health issues and needs post-pandemic. Plans are under development that outline public health strategies and activities that would help to meet these needs; one of the established priority areas is to address substance use, including cannabis use.

These areas are the focus of cannabis program work at the Middlesex-London Health Unit, with target populations/stakeholders including: youth, parents, young adults, schools, hospitals, workplaces, healthcare providers, retailers, municipalities and places of entertainment. The smoking and vaping of medical and non-medical cannabis is regulated provincially by the *Smoke-free Ontario Act, 2017*. The promotion and enforcement of the *Smoke-free Ontario Act, 2017* and responding to complaints and inquiries about exposure to second-hand smoke and vapour from cannabis use is also a component of this program. Additional Tobacco Enforcement Officers are required to respond to complaints and enforce cannabis consumption in public spaces and to inspect cannabis retail outlets for their compliance with vapour product sales requirements in London. In addition, some funding is required to increase program assistant staff capacity to manage the call volume of the Health Unit’s Smoke-Free Information Line (our inquiry and complaint line). Funding is also required to increase health promotion capacity to lead the development and implementation of tailored public education and social marketing initiatives with targeted messages for older youth/young adults, older adults, and evidence-informed messages related to substance use and mental health and well-being. Lastly, greater expectation has been placed on public health to monitor the trends associated with the use of cannabis and the impact of legalization on the health of our community, placing increased demands on the Health Unit’s Public Health Surveillance and Assessment Team.

**Table 1. Middlesex-London Health Unit Cannabis Funding Request 2020/2021– Cannabis Legalization Implementation Fund**

<b>City of London Cannabis Funding Request 2020</b>	<b>Actual</b>	<b>Projected</b>	<b>Funding Requested</b>	<b>Funding Requested</b>	<b>Funding Requested</b>
<b>Staffing Costs</b>	<b>Jan 1 to Oct 30</b>	<b>Costs - Oct 31 to YE</b>	<b>City of London -2020</b>	<b>City of London -2021</b>	<b>City of London -Total</b>
Tobacco Enforcement Officers - 2.0 FTE	125,569.50	41,856.50	167,426.00	169,074.00	336,500.00
Health Promoter - 1.0 FTE*	41,714.05	0.00	41,714.05	90,152.00	131,866.05
Program Assistant - 0.2 FTE	10,487.11	2,265.29	12,752.40	13,334.00	26,086.40
<b>Program Supplies**</b>					
Signage	0.00	0.00	0.00	5,000.00	5,000.00
Public Education and Material Development	0.00	0.00	0.00	20,000.00	20,000.00
<b>Travel</b>					
Travel	4,913.00	983.00	5,896.00	6,000.00	11,896.00
	\$182,683.66	\$45,104.79	<b>\$227,788</b>	<b>\$303,560</b>	<b>\$531,348</b>

\*due to COVID redeployments, we did not have a 1.0 FTE Health Promoter in the cannabis program for 2020

\*\*due to COVID redeployments and the public health capacity required to respond to COVID-19 within our community, health promotion cannabis program-related initiatives were impacted in 2020.