
January 30, 2023

**Middlesex-London Health Unit – 2022/2023 Cannabis Program and Response to the Legalization of Non-Medical Cannabis
2022 City of London Reimbursement and 2023 Funding Proposal – Cannabis Legalization Implementation Fund (CLIF)**

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 promotion, health harms 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; and,
- Cannabis

Cannabis, like alcohol, are normative substances. Cannabis use has continued to increase, along with associated harms of use. During the COVID-19 pandemic, the sale of cannabis increased significantly compared to the years prior to the pandemic ([Myran et al., 2021](#), [Statistics Canada, 2021](#)). During the COVID-19 pandemic, cannabis use increased among Canadian adults, and a significant increase in cannabis consumption was observed among those aged 15 to 35 who used cannabis compared to older age groups ([Statistics Canada, 2021](#); [Statistics Canada, October 2020](#)). More Canadians aged 15 and older reported using cannabis daily or almost daily in late 2020 compared to the beginning of 2019 and 2020 ([Rotermann, 2021](#)). Since legalization, there has continued to be an increase in the number of legal cannabis retail outlets operating within the City of London; these retailers also sell vapour products that are used to consume cannabis. At the same time, with the relaxation of COVID-19-related restrictions on large outdoor gatherings, the number of inspections required at outdoor events has, and will continue to increase. MLHU COVID-19 recovery planning has identified that trends in substance use, including cannabis, have been negatively impacted during the pandemic. There are known risks related to increased use and over-reliance on cannabis use for stress relief ([Canadian Centre on Substance Use and Addiction, 2020](#)). From a youth/young adult perspective, alcohol and cannabis are in the top three most commonly used substances among grades 7 to 12 students in Ontario ([OSDUHS, 2021](#)). Evidence shows there are many short-term and long-term harms associated with alcohol and cannabis use especially among youth ([Drug Free Kids Canada, 2019](#), [Canadian Centre on Substance Use and Addiction, 2015](#)).

The following are areas of focus of cannabis program work at the Middlesex-London Health Unit, with target populations/stakeholders including youth, young adults, parents, schools, healthcare providers, retailers, and operators of 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. Enforcement Officers, funded by the CLIF funding, continue to be required to respond to complaints and enforce cannabis consumption in public spaces (places of entertainment) and inside schools and on school grounds. Enforcement Officers also inspect cannabis retail outlets for their compliance with vapour product sales' signage requirements and smoke-free/vape-free provisions in London.
- Funding is required to support the development and implementation of a tailored public education and social marketing campaign targeting older youth/young adults and evidence-informed messages related to substance use and mental health and well-being. Funding from CLIF will be supplemented by funds from the Health Unit's Substance Use Program Team.
- The age-standardized rate for emergency department (ED) room visits related to cannabis poisonings was significantly higher in Middlesex-London compared to Ontario ([Public Health Ontario, 2020](#)). An Ontario study found many ED visits/hospitalizations related to cannabis poisonings involved children under the age of 10 with the average age of those affected being three years and nine months old ([Myran DT, Cantor N, Finkelstein Y, et al., 2022](#)). Several studies in Ontario have found cannabis poisonings have been increasing, are more severe and are seeing more intensive care admissions since the legalization of cannabis edibles. Ontario saw nine times more emergency department visits per month for cannabis poisonings in young children after Canada legalized non-medical cannabis ([Ibid.](#); [Sick Kids, 2021](#); [Ontario Poison Control \(n.d.\)](#)). Funding from CLIF will support the development and implementation of tailored messaging for parents to address this growing concern. CLIF funding will be supplemented by funds from the Health Unit's Substance Use Program Team.

Table 1. Middlesex-London Health Unit Cannabis Funding Request for 2022 Expense Reimbursement & 2023 Funding Proposal - Cannabis Legalization Implementation Fund

City of London Cannabis Funding	2022 Funding Request	2022 Actual Jan 1 - Dec 31	2022 Variance from requested	2023 Funding Request	COMMENTS
Staffing Costs					
Tobacco Enforcement Officers - 2.0 FTE	171,262.00	124,012.62	47,249.38	117,620.67	*In 2022, only 1.0 FTE Health Promoter position was filled due to reduced capacity in 2022 from ongoing pandemic response and recovery. Approved at mid-year report to allocate this funding line to public education and material development. Research completed, but unable to implement in 2022. Plans to develop/implement in 2023 (see above).
Health Promoter - 2.0 FTE*	167,416.00	87,638.06	79,777.94		
Program Assistant - 0.5 FTE	33,729.00	39,427.23	-5,698.23		
Program Supplies					
Signage (SFO)	5,000.00	6,713.63	-1,713.63	2,500.00	** Phase 1): YouNeedtoKnow Cannabis campaign July 2022 to Sept 2022 was implemented. Research initiated in 2022 to inform an older youth/young adult campaign. Plans to develop/implement in 2023 (see above). An emphasis for 2023 will be an expansion on messaging related to unintentional cannabis poisonings by children that was initiated in Q4 of 2022.
Public Education and Material Development **	40,000.00	30,328.23	9,671.77	3,746.80	
Travel					
Travel	6,000.00	6,419.76	-419.76	5,000.00	
	\$423,407.00	\$294,539.53		\$128,867.47	

The total amount for reimbursement from the City of London for 2022 CLIF-related expenses is \$294,539.53. Proposed funding request for 2023 is \$128,867.47.