Cannabis, Tobacco, Alcohol and Nicotine: Opportunities & Challenges for a Public Health Policy Framework Approach

Presented by:

Dr. Robert Schwartz, Dr. Michael Chaiton

TIME: 1:30 – 3:00 P.M.

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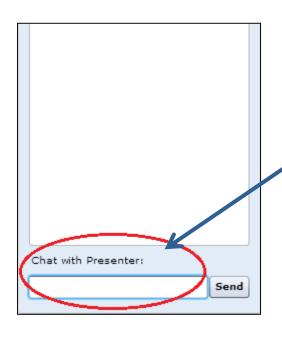
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Today's Speakers



Dr. Rob Schwartz

Executive Director of OTRU and Associate Professor at the Dalla Lana School of Public Health, University of Toronto, with interests in research, evaluation and knowledge exchange.

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Today's Speakers



Dr. Michael Chaiton

Scientist at OTRU and Assistant Professor at the Dalla Lana School of Public Health, University of Toronto. Michael's main areas of research include, smoking cessation, smoking co morbidities, and understanding the impact of widespread retail availability of tobacco.

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Generating knowledge for public health

Cannabis, Tobacco, Alcohol, Nicotine: Opportunities & Challenges for a Public Health Policy Framework Approach





A Common Public Health Oriented Policy Framework for Cannabis, Alcohol, & Tobacco in Canada? Canadian Journal of Public Health (forthcoming)

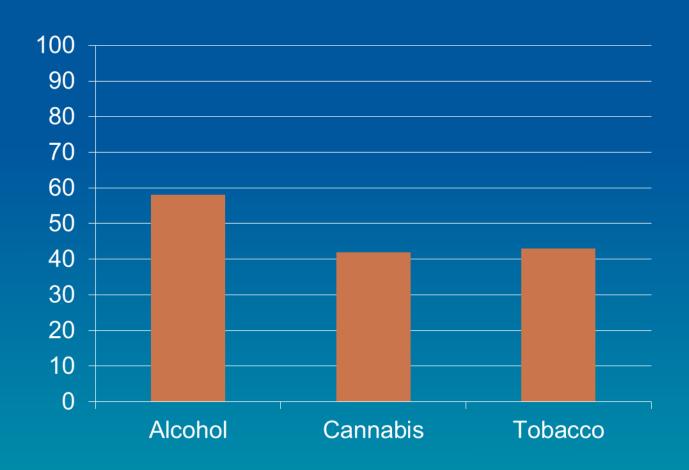
Maritt Kirst¹, Kat Kolar², Michael Chaiton³, Robert Schwartz³, Brian Emerson⁴, Elaine Hyshka⁵, Rebecca Jesseman⁶, Philippe Lucas⁷, Robert Solomon⁸ & Gerald Thomas⁹

Similarities and Differences

All are common, psychoactive drugs

 All have dramatically different policy structures.

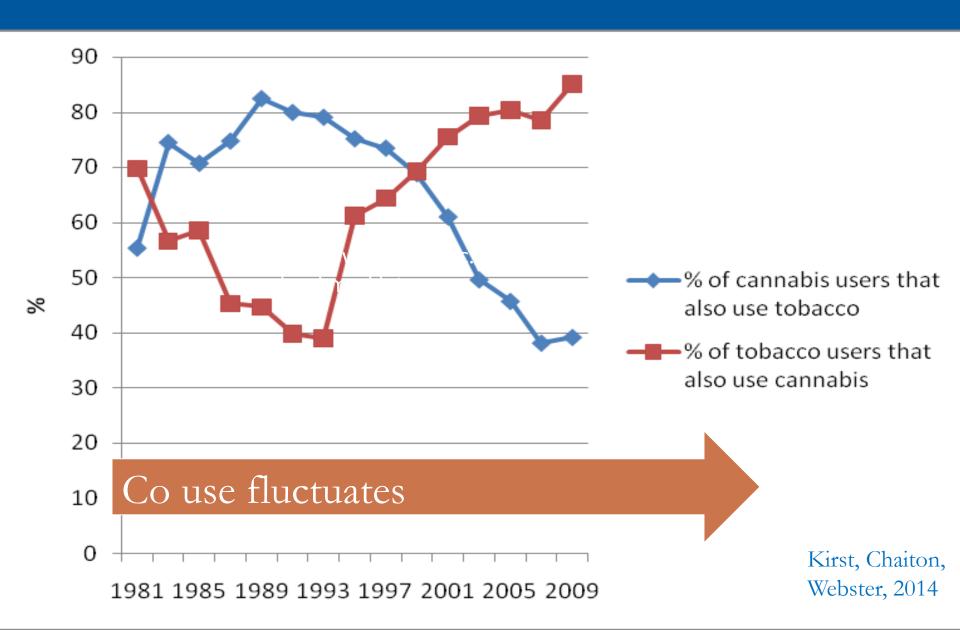
Prevalence of Ever Use



Co-Use

38% of current smokers used cannabis in the past year compared to 10% of never smokers

Co-Use



Mixing Tobacco and Cannabis

- Mull: chopped cannabis and tobacco
- Spliff: joint rolled with half and half
- Mokie: cannabis and tobacco in a waterpipe
- Batch: cannabis and tobacco ground up together
- Shotty: bong tube plugged with tobacco
- Rizzles: layers of cannabis and tobacco in a waterpipe
- Blunt: hollowed cigar filled with cannabis

Mixing Tobacco and Cannabis

31% of cannabis users report mixing



CAMH Monitor, Adults, 18+, 2015

Polling Question

Which is more harmful?

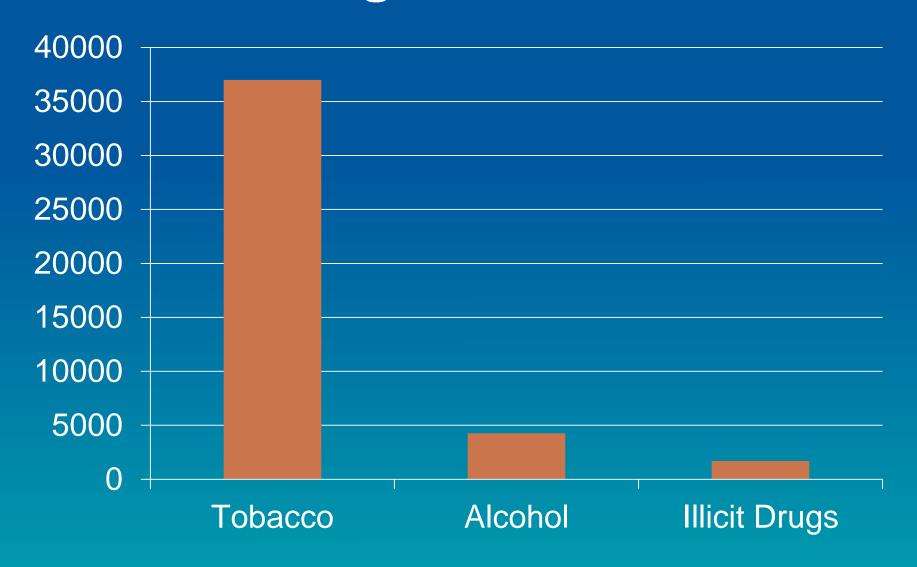
- Tobacco
- Cannabis
- Both about the same

Burning leaves

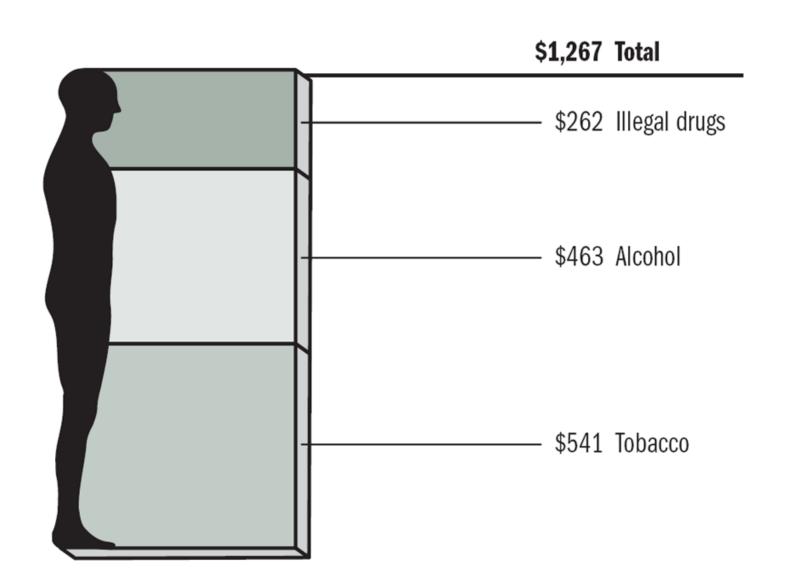




Mortality due to Tobacco and Illicit drugs in Canada



Per capita costs of substance abuse in Canada



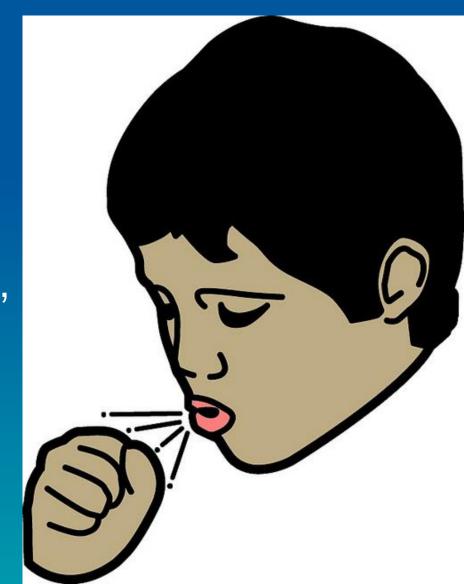
Cannabis Risks

Cause	Morbidity	Mortality
Motor vehicle	6,825-20,475	89-267
Accidents		
Use disorder	380,000	
Mental Health	106-186	
Cancer		130-280
Total	~400,000	119-547

Other risks

Respiratory:

chronic cough,
 wheeze, aggravation
 of asthma, sputum
 production, sore
 throat, chest tightness,
 shortness of breath
 and hoarse voice



Other risks

Cognitive:

- maternal exposure and youth exposure long term effects.
- Adult deficits
 dissipate over time.
 Confounding
 possible.



Vaporizers

- Some suggestion that vaporizers reduce some of the respiratory effects
- 22% of cannabis users used a e-cigarette to smoke cannabis in 2015

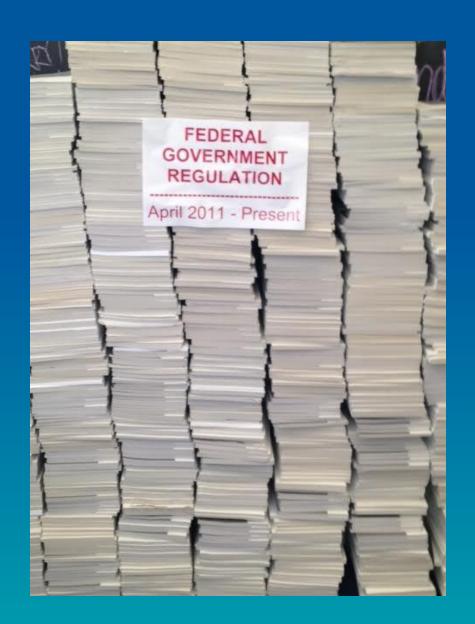


Medical marijuana and tobacco

- Mixed efficacy
- Prevalence of smoking is 51% among medical marijuana users
- 13.5% of current smokers used medical marijuana in the past year compared to 1.9% of never smokers



Regulatory frameworks



A common public health-oriented policy framework?

 Pre- meeting survey: Perceptions of similar type policies options by substance type from participants

Polling Question

On a scale of 1 to 5 (where 5 is most important), how important is it to limit the sale of tobacco to tobacco only stores (akin to LCBO outlets)?

- 1
- 2
- 3
- 4
- 5

Polling Question 2

On a scale of 1 to 5 (where 5 is most important), how important is it to limit the sale of cannabis to cannabis only stores (akin to LCBO outlets)?

- 1
- 2
- 3
- 4
- 5

Cantantiquenace and impartance

Contentiousness and importance			
	Alcohol	Tobacco	Cannabis
Most Contentious	Advertising, maintenance	Penalties, reduced risk products	Maintenance
	D 141	B. 4	N.A. N.A. III

Least

Least

important

advertising

Abstinence

Penalties

Mass Media

Mass media, Penalties Contentious advertising Most Taxation, product Taxation, important regulation, product availability, regulation

Availability, advertising, youth access **Penalties**

Tobacco

- Well established set of policies supported by international bodies (WHO, FCTC)
- Emerging gaps (protection, product regulation, etc)
- More "revolutionary" policies needed to become unstuck
- Public Health framework

Cannabis

- Adverse consequences are preventable
- Legislative frameworks have not kept up
- Public Health oriented approach is needed

Public Health Approach

CPHA, 2014. A NEW APPROACH TO MANAGING ILLEGAL PSYCHOACTIVE SUBSTANCES IN CANADA

Population Approach

 Places health promotion, health protection, population health surveillance, and the prevention of death, disease, injury, and disability as the central tenet of all initiatives.

Public Health Approach

 Ensures that a continuum of interventions, policies, and programs are implemented that are attentive to the potential benefits and harms of substances, as well as the unintended effects of the policies and laws implemented to manage them.

Risk Comparison

	Alcohol	Tobacco	Cannabis
Damage to physical health	80	100	20
Impairment of mental functioning	65	0	30

Low Risk Cannabis Use

- Not before young adulthood
- Frequent use not daily or near daily
- Not smoked
- Not higher potency
- Not before driving (3 -4 hours)
- Not by people who have cardiovascular problems, psychosis or are pregnant

Low Risk Drinking Guidelines

 10 drinks a week for women, with no more than 2 drinks a day most days

 15 drinks a week for men, with no more than 3 drinks a day most days

 Plan non-drinking days every week to avoid developing a habit.

Low Risk Tobacco Smoking Guidelines



Risk Comparison (cont'd)

	Tobacco	Cannabis	Alcohol
How much	Any	?	>2 /day
How often	Ever	> Almost daily	>5 days/week
Any good?	No	Maybe	Maybe









Public Health Approach to Tobacco

Potential benefits and harms:

- No real known benefits
- Perceived benefits to smokers are not real
- Perceived economic benefits are not such
- Perceived harms of contraband potential if more stringent regulation are not real

Unintended Effects of Current TC Policies

- 1 out of every 5 still using
- Higher prevalence amongst disadvantaged
- Vested commercial interests
- Governments addicted to revenues

Outlining Public Health Approach: Rationalized Regulation of 3 Substances

	Tobacco	Cannabis	Alcohol
For profit	No	No	Restricted
Availability	Least	More	Most
Cost	Highest	High	High
Advertising/Pr omotion	None	None	Restricted
Use in public	None	Not smoked	Restricted
Minimum Age	21/25	21/25	21/25

Thank-you!

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Questions



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