Welcome to today's webinar:

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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- 1
- 2
- 3
- 4
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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.

robert.schwartz@utoronto.ca
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.

Michael.chaiton@utoronto.ca
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

- Alcohol: 60%
- Cannabis: 40%
- Tobacco: 40%
38% of current smokers used cannabis in the past year compared to 10% of never smokers.
Co-use fluctuates

Kirst, Chaiton, Webster, 2014
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

Source: http://www.urbandictionary.com/
Mixing Tobacco and Cannabis

31% of cannabis users report mixing

15% of non tobacco smoking cannabis users report mixing
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

$1,267 Total

$262 Illegal drugs

$463 Alcohol

$541 Tobacco
## Cannabis Risks

<table>
<thead>
<tr>
<th>Cause</th>
<th>Morbidity</th>
<th>Mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor vehicle Accidents</td>
<td>6,825-20,475</td>
<td>89-267</td>
</tr>
<tr>
<td>Use disorder</td>
<td>380,000</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>106-186</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td>130-280</td>
</tr>
<tr>
<td>Total</td>
<td>~400,000</td>
<td>119-547</td>
</tr>
</tbody>
</table>

Other risks

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

CCSA, 2016
Other risks

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

CCSA, 2016
Vaporizers

• Some suggestion that vaporizers reduce some of the respiratory effects

• 22% of cannabis users used an e-cigarette to smoke cannabis in 2015

CAMH Monitor, Adults, 18+, 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
## Contentiousness and importance

<table>
<thead>
<tr>
<th></th>
<th>Alcohol</th>
<th>Tobacco</th>
<th>Cannabis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Most Contentious</strong></td>
<td>Advertising, maintenance</td>
<td>Penalties, reduced risk products</td>
<td>Maintenance</td>
</tr>
<tr>
<td><strong>Least Contentious</strong></td>
<td>Penalties</td>
<td>Mass media, advertising</td>
<td>Mass Media</td>
</tr>
<tr>
<td><strong>Most important</strong></td>
<td>Taxation, product regulation, availability, advertising</td>
<td>Taxation, product regulation</td>
<td>Availability, advertising, youth access</td>
</tr>
<tr>
<td><strong>Least important</strong></td>
<td>Abstinence</td>
<td>Penalties</td>
<td>Penalties</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th></th>
<th>Alcohol</th>
<th>Tobacco</th>
<th>Cannabis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Damage to physical health</td>
<td>80</td>
<td>100</td>
<td>20</td>
</tr>
<tr>
<td>Impairment of mental functioning</td>
<td>65</td>
<td>0</td>
<td>30</td>
</tr>
</tbody>
</table>

*CAMH Cannabis Policy Framework*
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

Fischer et al, CJPH 2011
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.

CCSA 2012
Low Risk Tobacco Smoking Guidelines
## Risk Comparison (cont’d)

<table>
<thead>
<tr>
<th></th>
<th>Tobacco</th>
<th>Cannabis</th>
<th>Alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How much</strong></td>
<td>Any</td>
<td>?</td>
<td>&gt;2 /day</td>
</tr>
<tr>
<td><strong>How often</strong></td>
<td>Ever</td>
<td>&gt; Almost daily</td>
<td>&gt;5 days/week</td>
</tr>
<tr>
<td><strong>Any good?</strong></td>
<td>No</td>
<td>Maybe</td>
<td>Maybe</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th></th>
<th>Tobacco</th>
<th>Cannabis</th>
<th>Alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>For profit</td>
<td>No</td>
<td>No</td>
<td>Restricted</td>
</tr>
<tr>
<td>Availability</td>
<td>Least</td>
<td>More</td>
<td>Most</td>
</tr>
<tr>
<td>Cost</td>
<td>Highest</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Advertising/Promotion</td>
<td>None</td>
<td>None</td>
<td>Restricted</td>
</tr>
<tr>
<td>Use in public</td>
<td>None</td>
<td>Not smoked</td>
<td>Restricted</td>
</tr>
<tr>
<td>Minimum Age</td>
<td>21/25</td>
<td>21/25</td>
<td>21/25</td>
</tr>
</tbody>
</table>
Thank-you!

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michael.chaiton@camh.ca
Questions

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Thank you for participating

Your feedback is important to us!

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