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How We Talk about "Pot" Matters: Risk Messaging around Cannabis Legalization

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CIPHI Annual Education Conference 2017 Richmond BC, Nov. 7th, 2017



Current State of Cannabis Legalization



- Bill C-45, "the Cannabis Act" 2017
 - Legalizes production, distribution and possession of cannabis,
- What will be legal in July 2018?
 - Can possess 30 g dried marijuana or equivalent in other classes of cannabis
 - Can share up to 30 g of dried cannabis or equivalent with other adults.
 - However, only dried cannabis, cannabis oil, fresh cannabis, cannabis plants and seeds can be sold.

Photo credit: By H. Zell - Own work, CC BY-SA 3.0, https://commons.wikimedia.org/w/index.php?curid=9421711

What about all the other products out there???

Product	THC Content*	What is it?	Mode of Use	Legal in 2018?
Cannabis oil	3-50%	Oil extraction	Ingested	Yes
Edibles	50-300 mg/item	Food, drink, candy	Ingested	Yes, made at home
Bubble Hash	20-60%	Ice water extraction of resin	Smoked or vaporized	Yes, made at home
Organic solvent extracts (butane hash oil, shatter, etc)	60-90%	Solvent extraction with butane, isopropyl alcohol, propane, etc.	Smoked, vaporized, or dabbed	No
Non-organic solvent extracts (shatter, wax, etc)	60-90%	Extraction with supercritical CO ₂	Smoked, vaporized, or dabbed	No
Rosin/Wax	50-70%	Concentrate created using heat and pressure	Smoked or dabbed	Yes, made at home
Tinctures	mg/bottle	Alcoholic extract; droppers	Sub-lingual	Maybe
Topicals	mg/bottle	Infused lip balm, lotions, personal lubricants	Skin	No

*Based on review of products available on several Canadian online cannabis retail sites.

Cannabis Risk Messaging Challenges

- How do we craft health communications that:
 - Adequately inform the user of risks to self and others?
 - Reduce harms to those who choose to use?
 - Do not rely on stereotypes, fear, or stigma?

- Return to risk communication basics...
 - "Be first, be right, be credible"
 - Simple, plain, appropriate language
 - Target audiences for information/ education

Risk messaging : What should we be talking about... and how?

- I. Getting the terminology right
- II. Understand the limits of evidence and use wisely.
- III. Neither stigmatization nor normalization
- IV. Limit or reduce harm for new and established users
- V. Ensure that all users understand legal responsibilities and **new** criminal offenses.
- VI. Ensure home growers know how to safely grow, process, store, and dispose of their cannabis.

I. Getting the Terminology Right

- Smoking of cannabis was widely introduced in the USA by immigrants from Mexico & South America 20th c.
- Aggressive US Government campaign to stigmatize cannabis by fanning fear of Mexican immigrants
 - Deliberate shift from "cannabis" to "marihuana" (unusual/foreign/dangerous).
 - Promoted stories about Mexican immigrants, people of colour, and "innocent" citizens under the influence engaging in crime, sexual violence, criminal insanity, etc.
 - An ugly but powerful tool of prohibition



I. Getting the Terminology Right



• Genus name: *Cannabis*

 Using formal terms emphasizes the regulatory aspect rather than a user-based or promotional aspect

Photo credit; Walther Otto Müller [Public domain], via Wikimedia Commons

I. Getting the Terminology Right

• Some terms <u>undermine</u> the goals of public health.

Questionable Terms		Better Alternatives?	
Weed, grass, pot, etc.	Vs.	Cannabis	
Smoke	Vs.	Use	
Recreational	Vs.	Non-medical, adult-use, commercial	
High (sounds fun!)		Impaired (sounds like jail!)	
Dispensary (medical, beneficial)	Vs.	Retail outlet (commercial, for profit)	

 Promotion/advertising of cannabis is/will be strictly regulated. Don't do the work of industry for them!

II. Understanding the Limits of Evidence

- Our knowledge of cannabis risks is incomplete:
 Legalization will greatly facilitate research
- Credibility: Public health still accused of "reefer hysteria."
- Stick to what we clearly know:
 - Inhaling particulates and polycyclic aromatic hydrocarbons (PAHs) is bad, regardless of what you are smoking!
 - Careless use and storage can lead to child/pet poisoning.
 - Driving while impaired is dangerous.

When you need to present health effects info:



- From the National Academies of Sciences, Engineering and Medicine (NASEM, 2017)
- Strength of evidence approach: rates health evidence as insufficient, limited, moderate, substantial, or conclusive.
- Allows us to present health information *in context* – avoid reefer hysteria!
- On the NCCEH Cannabis Page

III. Neither stigmatization nor normalization

- Prohibition and Commercialization
 bring the same ills.
 Chief MHOs and
 - Chief MHOS and UPHN (2016): we neither want to drive use underground, nor normalize/ promote substance use



Figure 1: "The Paradox of Prohibition" - adapted from Marks¹⁸

IV. Limit/reduce harm for new/established users

- New users:
 - Education regarding the diversity and potencies of products available (legally or not), including edibles.
 - Make low-potency products available
- Established users:
 - Try to improve habits;
 - E.g., using filtered devices for smoked cannabis greatly reduces pesticide residues passed in the smoke stream (Sullivan et al. 2013, J Toxicol)
 - Use other forms (e.g., edibles, vapes)?
 - Legalization and research **required** to make risk-informed recommendations.

IV. Limit/reduce harm for new/established users

- For ALL users: easy access to information or treatment in case of problems
 - Advice on using/storing products in the home.
 - Children and pets, but also other adults!
 - Promote the use of **poison control centres** for accidental poisonings or other adverse events.
 - Put local PCC number on every label!
 - Serves dual function of connecting patients to treatment AND collecting surveillance data.



- How to find treatment/tools for cannabis use disorder

IV. Limit/reduce harm for users

- Canada's Lower-Risk Cannabis Use Guidelines
- Recommendations to incorporate into messaging that will (hopefully) result in fewer adverse effects for users.

NCCEH Cannabis Page



Cannabis use and health

Cannabis use is common, especially among adolescents and young adults. There are well-documented risks from cannabis use to both immediate and long-term health. The main risks include cognitive, psychomotor and memory impairments hallucinations and impaired perception; impaired driving and injuries (including fatalities); mental health problems (including psychosis); dependence; pulmonary/bronchial problems; and reproductive problems.

Why Lower-Risk Cannabis Use Guidelines?

Cannabis has been illegal for decades, but Canada is moving toward legalizing and regulating use and supply. The main goals of this policy are to protect public health and public safety. Towards that end, education, prevention and guidance on cannabis use-related harms and problems in the population. Extensive data show that cannabis use has inherent health risks, but users can make choices as to how and what they use to modify their own risks. The main objective of Canada's Lower-Risk Cannabis Use Guidelines (IRCUG) is to provide science-based recommendations to enable people to reduce their health risks associated with cannabis use, similar to the intent of health-oriented guidelines for low-risk dirinking, nutrition or sexual behavior.

How were the LRCUG developed?

The scientific version of the Lower-Risk Cannabis Use Guidelines was published in the American Journal of Public Health in 2017 (see "Reference" on back), where all data and sources can be found. The original LRCUG had been tabled in 2011; the current version has been updated by an international team of addiction and health experts.

Who are the LRCUG for?

- The LRCUG are a health education and prevention tool for: • anyone who is considering using cannabis or has made
- the choice to use, as well as their family, friends and peers.
 any professional, organization or government aiming to incompare the health of Canadians who use canadians
- to improve the health of Canadians who use cannabis through evidence-based information and education.

FAST FACTS

- Canada has among the highest cannabis use rates in the world.
- Fatal and non-fatal injuries from motor-vehicle accidents, as well as dependence and other mental health problems, are the most common cannabis-related harms negatively impacting public health.
- About 1 in 5 people seeking substance use treatment have cannabis-related problems.

V. Ensure that users understand legal responsibilities



- Two objectives of legalization:
 - Avoid criminalizing cannabis users, including youth.
 - Cut off funding to organized crime.
- However, it's not the Wild West either...
 - Public must be educated regarding new responsibilities and new criminal offenses related to legalization.

An example....

- Colorado's "Good to Know" program
- Includes
 - Laws & penalties
 - Safe use
 - Tips for tourists
 - Health effects
 - Youth prevention

Be safe. Be educated. BE RESPONSIBLE.

Marijuana is legal in Colorado. But if you choose to use, there are a few things you need to know.

LEARN BEFORE YOU USE

www.goodtoknowcolorado.com

- Slick, simple, easy to use and understand!
- Great slogan: non-judgmental.

VI. Ensure home growers know how to safely grow, process, store, and dispose of their cannabis.

- Many home growers will be first timers, and may not have access to good advice
- Personal cultivation entails a number of EH risks:
 - In appropriate use of pesticides; humidity control and mould; disposal of mouldy plants; safely installing equipment; use of solvents to make concentrates
- Upcoming NCCEH webinar on Cannabis Legalization and Environmental Health (January 2018).

In summary

- Cannabis will be legal to use in Canada next year
- Getting cannabis messaging right requires:
 Observing those risk communication principles
 - Choosing our terminology with care
 - Presenting health risks credibly and with context
 - Between "Reefer Madness" and "Dazed and Confused"
 - Promoting lower-risk use wherever possible.

THANK YOU!

For more information, please visit the NCCEH Cannabis Topic Page, or reach out! <u>www.ncceh.ca</u> <u>www.ccnse.ca</u> Angela.Eykelbosh@bccdc.ca Anne-Marie.Nicol@bccdc.ca





Production of this document has been made possible through a financial contribution from the **Public Health Agency of Canada** .



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