



## Town of Strathmore

# Land-use, Business Licensing & Public Consumption

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## OBJECTIVES

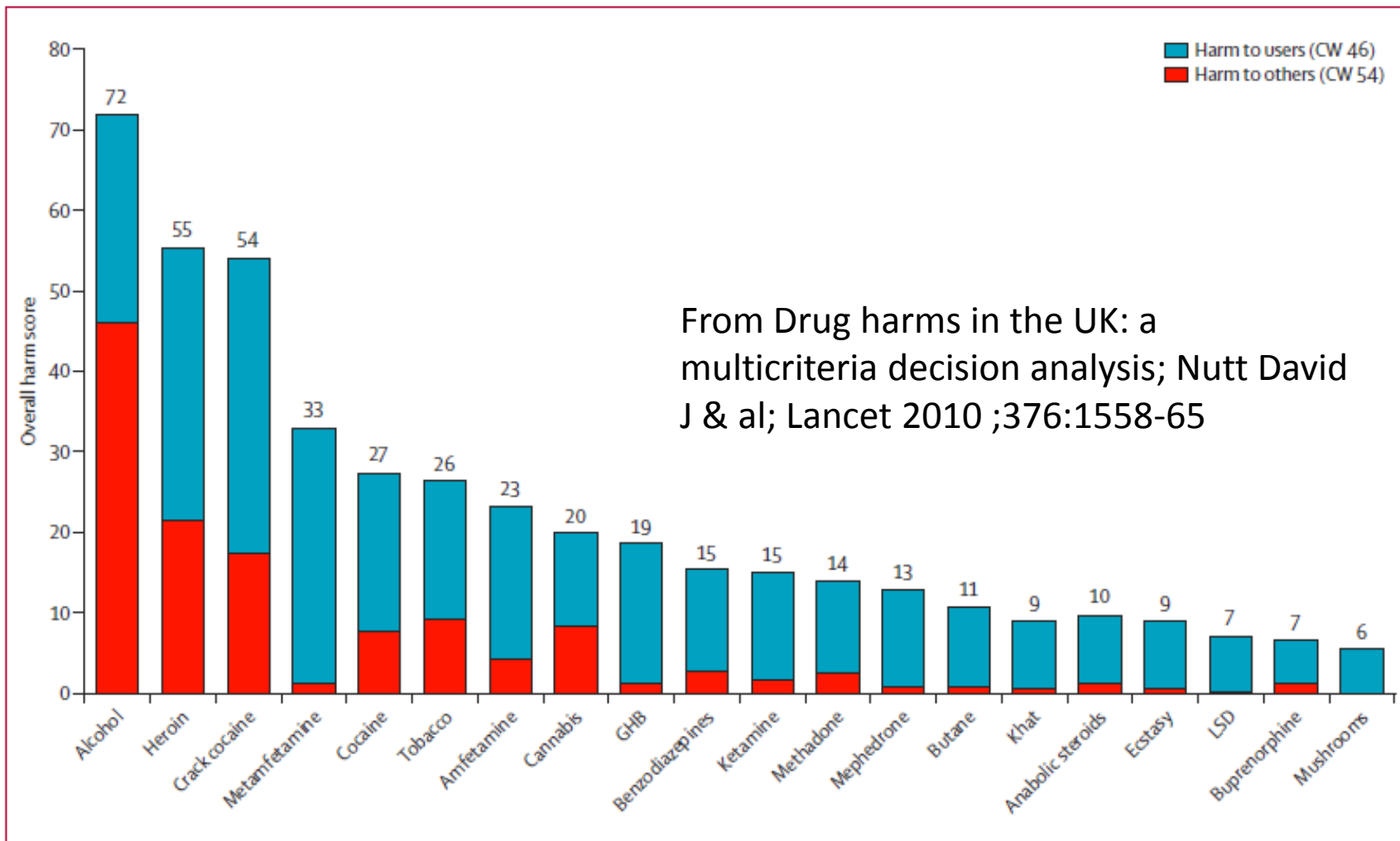
- Health effects
- Public health approach
- AHS recommendations

## Health Effects

The extent of risks and harms or benefits are unclear but cannabis isn't benign either



# Relative Harms to Users & Others of Drugs



**Figure 2: Drugs ordered by their overall harm scores, showing the separate contributions to the overall scores of harms to users and harm to others**  
 The weights after normalisation (0–100) are shown in the key (cumulative in the sense of the sum of all the normalised weights for all the criteria to users, 46; and for all the criteria to others, 54). CW-cumulative weight. GHB-γ hydroxybutyric acid. LSD-lysergic acid diethylamide.

# Health Effects



Health Technology Assessment Unit  
**UNIVERSITY OF CALGARY**  
O'Brien Institute for Public Health

## **NO EVIDENCE OF HARM**

- Overall health effects: arteritis
- Cancer: lung, head, and neck cancers

## **INCONCLUSIVE**

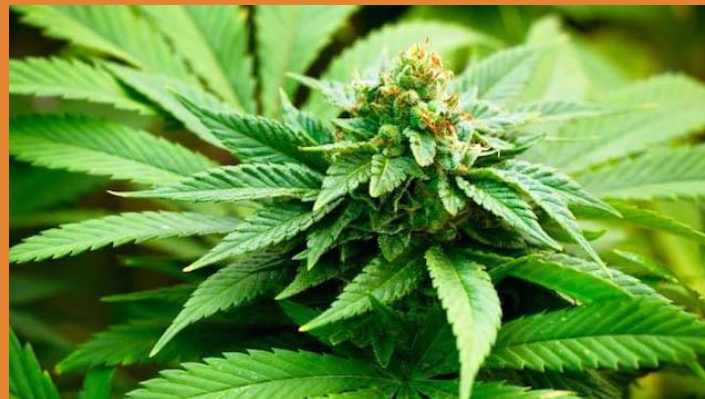
- Overall health effects: all cause mortality, atrial fibrillation, bone loss
- Mental health: psychosis in high-risk individuals, worse psychotic symptoms, suicide, depression, anxiety
- Cancer: bladder, prostate, penile, cervical, childhood cancers
- Brain changes: white matter, blood flow changes

## **EVIDENCE OF HARM**

- Overall: driving, stroke, pulmonary function, cross-interaction with drugs, vision
- Mental health: psychosis, mania, neurological soft signs, relapse, dependency
- Cancer: testicular cancer
- Social effects: impaired driving
- Brain changes: decreased glutamate, changes in dopamine, poorer global functioning
- Neurocognitive changes: reduced memory, decreased efficiency
- Harms associated with use during pregnancy

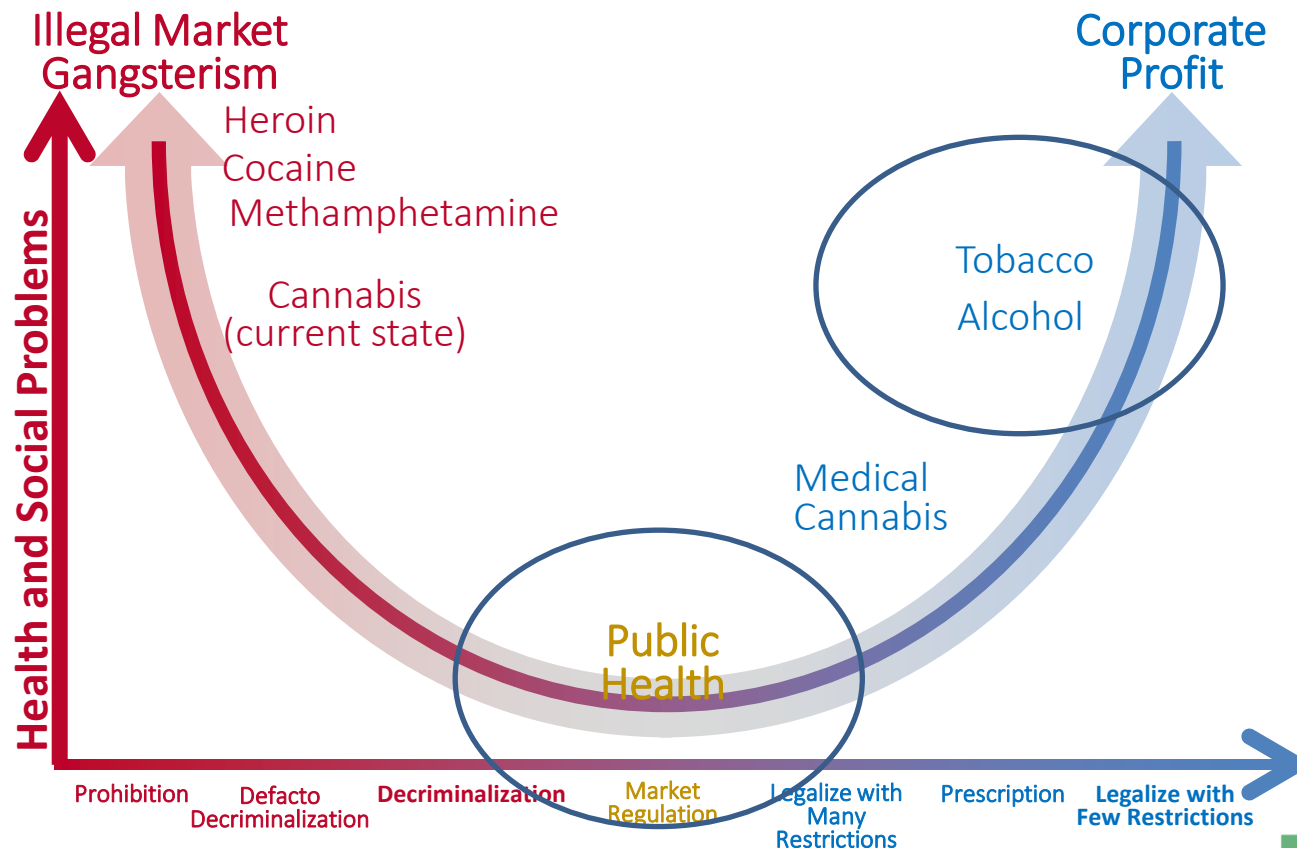
# Potency

- Potency today is much greater than in pre-2000
  - Due to growing methods and selective plant breeding
- THC consumption
  - Pre-2000 4.6mg/day
  - Today in WA 260mg/day
    - = 60x increase in daily THC consumption



# Public Health Approach

## The Paradox of Prohibition



Canadian Drug Policy Coalition, [www.drugpolicy.ca](http://www.drugpolicy.ca), concept from John Marks.



# Public Health Priorities

Minimize  
harm

Protect  
health & safety of  
Albertans

Prevent  
likelihood of use and  
problematic use

Assess  
population health  
outcomes

Address  
determinants of health  
& health equity

Provide  
services



## Municipal Government Act

### Municipal purposes

3 The purposes of a municipality are

(a.1) **to foster the well being of the environment,**

### Bylaws

7 A council may pass bylaws for municipal purposes respecting the following matters:

(a) **the safety, health and welfare of people** and the protection of people and property;

## Support for Municipalities

### **Municipal information package**

- Sent to mayors, council members and senior officials in mid-February
- Assist municipalities in making cannabis policy decisions that promote and protect the health of its citizens
- Evidence-informed public health approach
- Recommendations to help local leaders enact strong regulations that consider the potential health implications and unintended consequences on communities

# Retail

## Key public health considerations:

- Limit the number of cannabis stores, and implement density and distance controls to prevent stores from clustering, while also keeping buffer zones around well-defined areas where children and youth frequent.
- No co-location with alcohol, tobacco and pharmaceuticals.
- Consider requirements for cannabis education and community engagement as part of the business/development licensing approval process.
- Limit hours of operation to limit availability late at night and early morning hours.
- Restrict signage and advertising to minimize visibility to youth and dampen favorable social norms.

## Limit Number of Stores

- Increased availability of medicinal dispensaries impacts current use and increases frequency of use (Morrison et al., 2014)
- Online sales are available
- Lessons learned from alcohol
  - 600% increase in the number of liquor stores since privatization in AB
  - Number & concentration of alcohol outlets likely have a significant effect on excessive consumption and alcohol-related harms
  - Research is clear, that as alcohol availability increases, so does the social and health harms to community.

## Retail Cannabis Licensing Objections

### AGLC does not regulate

- The number of cannabis stores in a municipality
- The location of stores and space between stores
- Municipal responsibility

Highlights the need for outlet density, and location of stores to be part of the municipal licensing process

## Limiting Stores

### Limit numbers by:

- Number of permits/business licenses
- Separation distance/density
- Combination of the above.

## Separation Distance & Density

- Important harm reduction tool to reduce
  - Access / availability
  - Exposure
  - Normalization
- Research on alcohol and tobacco use highlight the need for stronger controls on density and minimum distance
- Density limits reduce neighborhood impacts and youth access (CCSA,2015)

## AHS Recommendations on Separation Distance

300-500m distance  
between cannabis  
retail outlets

300m between  
schools, childcare &  
community centres

100m distance from  
liquor and tobacco  
retail

A square kilometer  
density restriction  
- reduce community  
impacts & youth access

Other places: parks, recreation facilities, places of worship



## Mapping Your Community

- Map buffer zones
  - Sensitive areas
  - Various distances
- Use to balance
  - Availability
  - Public health protection
  - Public engagement results



## Liquor Stores

### AHS recommends 100m

- An effective harm reduction policy
  - help discourage co-use
  - simultaneous use of alcohol and cannabis doubles the odds of impaired driving, social consequences and harms to self

## Limit Hours of Operation

- to limit availability late at night and early morning hours
- International evidence on alcohol availability shows that longer hours of sale increase the amount of alcohol consumed & rates of alcohol related harms.
- Most US legalized states limit hours to 10pm or mid-night.
- Edmonton administration recommends 11pm
- Chestermere / Red Deer supports a 10pm close
- Staggered close time can be beneficial from an enforcement perspective

Recommend 10pm close & consult with surrounding communities

AHS recommends municipalities implement regulations banning cannabis consumption in public places for the following reasons:

## Cannabis Consumption Bylaw

- ✓ Normalization
- ✓ 2<sup>nd</sup> hand smoke
- ✓ Intoxication
- ✓ Future Legislation

## Separation Distances & Public Consumption

Like Alcohol

Like Tobacco

Schools

Daycares

Parks & Recreation

Sidewalks

Events

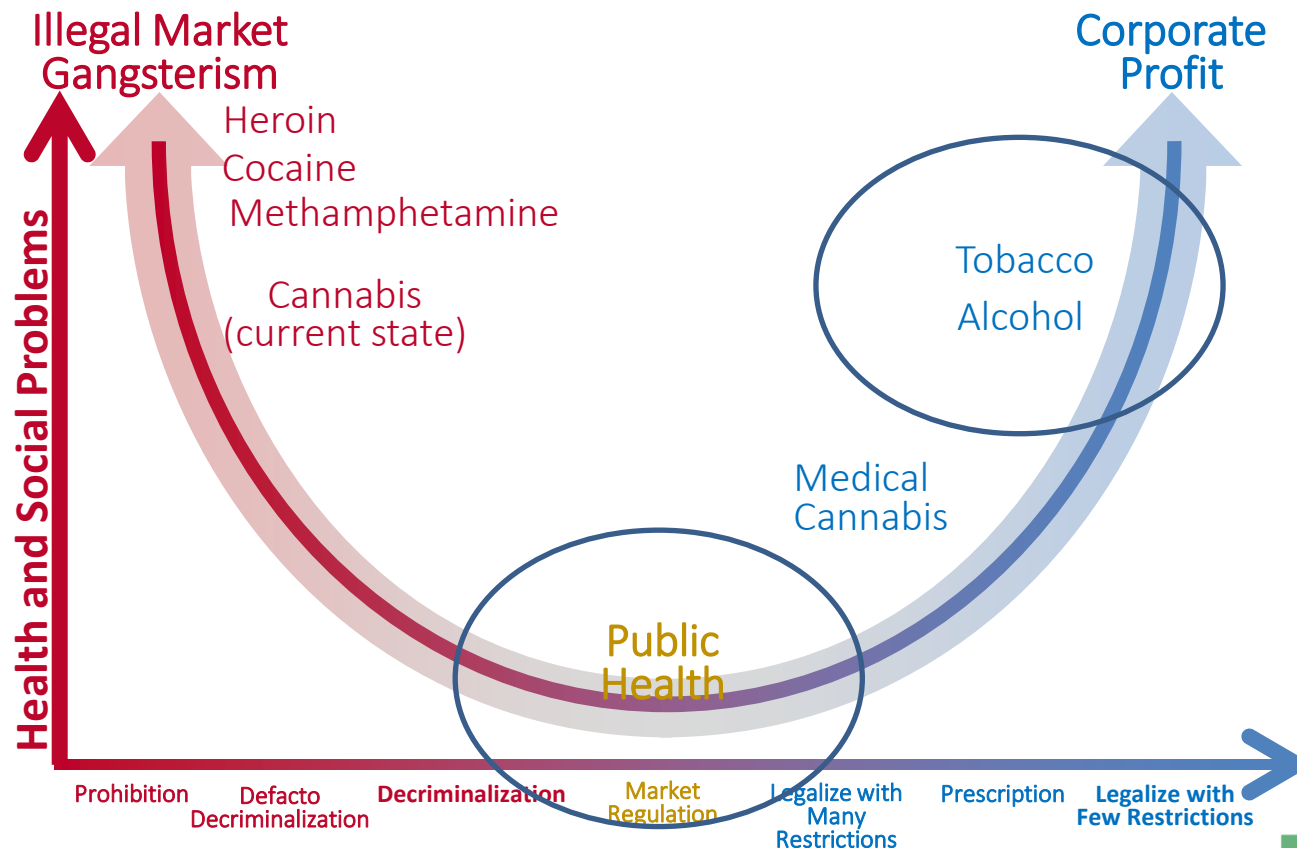
Other places where  
children and youth  
are present

## AHS Recommendations – Summary

- Limit the number of cannabis stores, and implement density and distance controls to prevent stores from clustering, while also keeping buffer zones around well-defined areas where children and youth frequent.
- Consider requirements for cannabis education and community engagement as part of the business licensing approval process.
- Limit hours of operation to limit availability late at night and early morning hours.
- Restrict signage and advertising to minimize visibility to youth.
- Ban public consumption & increase protection from exposure to smoked/vaped tobacco & tobacco like substances (shisha).

# Public Health Approach

## The Paradox of Prohibition



Canadian Drug Policy Coalition, [www.drugpolicy.ca](http://www.drugpolicy.ca), concept from John Marks.



**Thank you**

**Questions?**



## Advertising and Signage

- AHS recommends that municipalities include policy/bylaw considerations to limit advertising to dampen favorable social norms toward cannabis use
- While it is important to implement the principles of Crime Prevention through Environmental Design the physical appearance should not encourage or engage patrons.