

Creating a Health Equity Model for Cannabis Businesses

Health equity is an essential characteristic of a society that values the health of all its members. Health disparities result from a complex network of social determinants of health, including, but not limited to, access to care, substance use and involvement, and physical environments.

The proliferation of cannabis businesses and over-criminalization of cannabis use have contributed toward widening gaps in health. Cannabis businesses have continued to multiply in low-income communities of color, reminiscent of problematic alcohol outlets and compound the deterioration of the health and vitality of surrounding neighborhoods. How these cannabis businesses are operated, and by whom, greatly affect the physical and sociocultural environment of these neighborhoods, influencing norms and values, social networks and interactions, and social and cultural expression. All of these factors are vital determinants of public health and safety. Unfettered commercialization of cannabis without consideration of these systematic and prevailing

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disparities will further compound the problems of those communities suffering under the inter-related social, economic, and health inequalities.

If the Los Angeles County (County) Board of Supervisors (Board) regulates cannabis and cannabis businesses, the Board must also address both the health equity and social justice issues inherent in drug policy. As the County's Office of Cannabis Management, in coordination with many County departments and other agencies, prepares to present a set of recommended regulations to the Board on commercial cannabis, it is imperative that all County agencies work in collaboration with the Department of Public Health and, to the extent it is feasible and appropriate, its Center for Health Equity, to ensure that measures to reduce the health disparities are explicitly and purposefully addressed in licensing, implementation, monitoring, and enforcement.

WE THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:

1. Direct the Countywide Coordinator of the Los Angeles County Office of Cannabis Management, in collaboration with County Counsel and the Director of the Department of Public Health, to incorporate appropriate health equity models to reduce the disparate impact of cannabis in any forthcoming proposed cannabis regulations for Los Angeles County (County). Such models should include, but are not limited to:
 - a. Discretionary hearing processes for cannabis retailers that will assess, among other factors, the impact a proposed cannabis retailer will have on the health outcomes of the surrounding neighborhood and

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community, including, without limitation, consideration of the overconcentration of offsite alcohol sales, lower educational attainment rates, crime rates, or other indicia of negative health outcomes that could be impacted by the siting of cannabis retailers in the community.

- i. The discretionary hearing process should empower the County hearing body to place conditions on the issuance of a cannabis retail license to mitigate any potential negative health outcomes, or to deny the issuance of the license if these conditions will not be sufficient to mitigate the impacts. The community should have an opportunity to participate in the public hearing process.
- b. Identification of an appropriate existing County hearing body or the creation of a new hearing body specific to cannabis with the requisite authority to carry out the discretionary hearing process identified in directive 1.a. above. Such hearing body should incorporate experts in the field of public health and health disparities.
- c. Establishment of a grant program to bolster positive youth development programs, substance use disorder programs, drug prevention programs and community development in high-need areas, prioritizing those areas most negatively impacted by health disparities caused by alcohol businesses and substance use.
- d. Strategic phased-in licensing scheme for cannabis businesses that will

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balance the need for a precautionary approach to licensing with the need to reduce illicit and unregulated cannabis products and businesses.

- i. The phased-in licensing scheme should incorporate appropriate monitoring and assessment of overall community impacts Countywide and the efficacy of the County's cannabis regulations before the total number of licenses is increased.
2. Direct the Chief Executive Officer, in collaboration with the Director of the Department of Public Health, to report back in writing in 60 days on funding and operational requirements necessary to strengthen the organizational capacity of the Department of Public Health's Center for Health Equity and other appropriate County agencies to prioritize and address health inequities, including those related to the commercialization of cannabis and cannabis use. This report should also include an assessment of the current organizational capacity of the Center for Health Equity and/or other County agencies to address health disparity related to cannabis use, and potential funding sources.

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