

Consultation paper: Cannabis Legalization in Ontario

Ontario Public Health Unit Collaboration on Cannabis

The Ontario Public Health Unit Collaboration on Cannabis is a group of substance misuse professionals from 34 health units who have joined together to promote a comprehensive public health approach to cannabis legalization.

This paper was developed by a sub-group of the Collaborative and endorsed by the following public health units:

Algoma Public Health, Brant County Health Unit, Eastern Ontario Health Unit, Elgin St. Thomas, Hamilton Public Health Services, Huron County Health Unit, Kingston, Frontenac, Lennox & Addington Public Health, Leeds, Greenville and Lanark District Health Unit, Middlesex-London Health Unit, Niagara Region Public Health, North Bay Parry Sound District Health Unit, Northwestern Health Unit, Ottawa Public Health, Oxford County Public Health, Peel Public Health, Perth District Health Unit, Peterborough Public Health, Porcupine Health Unit, Sudbury & District Health Unit, Thunder Bay District Health Unit, Timiskaming Health Unit, Wellington-Dufferin-Guelph Public Health, York Region Public Health

July 31st, 2017

Ontario Legalization of Cannabis Secretariat
Ministry of the Attorney General
720 Bay Street, 11th Floor
Toronto, On
M7A 2S9

Dear Cannabis Secretariat,

Re: Consultation on cannabis legalization in Ontario

Following the federal government's introduction of the *Cannabis Act* (Bill C-45) on April 13, 2017, the *Ontario Public Health Unit Collaboration on Cannabis* would like to take the opportunity to emphasize the importance of keeping the focus on the health of Ontarians as the Government of Ontario moves forward with the creation of a regulatory system for the distribution and sale of cannabis.

A public health approach to cannabis regulation will benefit our Province and the communities within it by allowing for more control over the risk factors associated with cannabis-related harm. We strongly request that the following evidence-informed recommendations be considered as the Government of Ontario moves forward with the creation of a cannabis regulatory system.

Minimum age for having, using and buying cannabis.

The Ontario Public Health Unit Collaboration on Cannabis recommends that the minimum age for cannabis to be sold in Ontario be aligned with that of alcohol and tobacco and be set at **a minimum** of 19 years of age. We also recommend that strong consideration be given to raising the minimum age of purchase, sale, possession and use of cannabis, alcohol and tobacco to 21.

Furthermore, we feel it is important that Ontario consult with the rest of the Canadian provinces and territories to ensure that the minimum age is consistent across the country. A consistent minimum age across all provinces and territories would eliminate cross-border variations which limit the effectiveness of minimum legal age regulations to protect young people.

Evidence shows that cannabis use carries significant health risks, especially for people who use it frequently, begin to use it at an early age or both. Furthermore, regular use of cannabis during adolescence is associated with changes to brain structure and function which may limit a young person's educational, occupational and social potential.⁽¹⁾ However, it is also essential to keep in mind that alcohol and tobacco are also clearly linked with youth related harms and that research has identified a legal age of access of 21 as best-practice population-level intervention to prevent or delay initiation of the use of these substances and related harms.^(2, 3)

Given that a significant portion of cannabis users are young adults (ages 18-29),⁽⁴⁾ it is also important to acknowledge that setting the age limit too high would likely serve to encourage young users to continue to rely on the illicit market;⁽⁵⁾ this would be at odds with the public health goal of reducing harms associated with cannabis use.

Where people can use cannabis.

We urge the provincial government to prohibit smoking and vaping of cannabis in public places in alignment with restrictions on tobacco use in the Smoke-Free Ontario Act and the proposed amendments to the Electronic Cigarettes Act. Cannabis smoke contains many of the same carcinogens as tobacco smoke ^(6, 7) and may also have additional substances due to pesticide use in the growing process. ⁽⁷⁾ Cannabis vaping products, while marketed to be “smoke free” may still generate smoke. ⁽⁸⁾ By prohibiting the smoking and vaping of cannabis in all places where the smoking of tobacco is prohibited, children, youth and adults in our communities will have a much lower second-hand exposure to the use of cannabis. In addition, lower public exposure to cannabis use may also serve to reduce the risk of increased youth uptake related to the normalization of cannabis use.

Exposure to any kind of smoke is harmful to health and like tobacco smoke, cannabis smoke can infiltrate private housing units from elsewhere in a building through windows, cracks and gaps and ventilation systems. ⁽⁷⁾ In light of this, landlords and property managers should be permitted to restrict tenants and condo owners from smoking cannabis in their units. In addition, condo boards or property management should also be able to restrict the smoking of cannabis in common spaces like rooftops, courtyards and balconies.

While protecting the public from second-hand smoke is of utmost importance, care should be taken to ensure that people living in multi-unit housing such as apartments are able to smoke in a designated place outside, away from entrances, exits, and air intakes, without risking repercussions. If this is not taken into consideration, then many people will likely choose to smoke cannabis inside their units and thus expose other residents of their household to the potential health harms associated with second-hand smoke.

Keeping our roads safe

Impaired driving is a leading criminal cause of death and injury on our roadways and cannabinoids are among the most common psychoactive substances found in deceased and injured drivers in Canada. ⁽⁹⁾ Thus we agree with the Government of Canada that there is a need to strengthen our impaired driving laws to better address drug-impaired driving.

From a provincial standpoint it will be critical that all Ontario drivers, especially young drivers, are educated on the risks associated with driving under the influence of cannabis and are well informed of the updated impaired driving legislation ahead of legalization. We also recommend that the province prohibit cannabis use in motor vehicles similar to restrictions on liquor use in motor vehicles under the Liquor License Act.

In addition, we support the Canadian Association of Chiefs of Police recommendation for advanced funding for enhanced officer training (e.g. Drug Recognition Experts) and drug recognition technology investments to ensure a clear and reliable system for identifying, testing and imposing consequences for drug impaired driving prior to legalization. ⁽¹⁰⁾

Selling and distributing cannabis

The commercialization of psychoactive substances is a major public health issue. Evidence from North America's long experience with the tobacco, alcohol and medical drug industries, as well as the recent developments related to medical and non-medical cannabis in the United States, clearly demonstrate that commercialization increases prevalence of use, which in turn generates significant risks and harms for health.^(5, 11) Thus, it is important that Ontario avoid a commercial regulatory model, to whatever extent possible. Instead, we recommend that the province take a not-for-profit approach to cannabis regulation with the public health goal of reducing cannabis use within the population.

In order to establish a safe and responsible supply chain of cannabis in Ontario, we urge the Province to adopt a government owned and controlled store-front system.^(5, 12) A government monopoly on cannabis distribution would ensure direct control over the entire chain and can function as an effective prevention measure provided it is mandated to be socially responsible and it pursues public health objectives.⁽⁵⁾ In order for this model to operate effectively it will be important that the Province:

- Place limits on the density and location of storefronts, including appropriate distance from schools, community centres, public parks, etc.;^(12, 12)
- Curb demand through pricing - pricing policy should curb demand for cannabis while minimizing the opportunity for continuation of lucrative black markets. It should also encourage use of lower-harm products (i.e. lower THC content, higher CBD:THC ratio) over higher-harm products;⁽¹²⁾
- Adopt plain packaging;^(13, 14, 15)
- Prohibit the production and sale of products that are attractive to youth;^(6, 16)
- Require that all cannabis products be sold in a child-resistant container and be marked with a universal symbol indicating the container holds cannabis;⁽¹⁷⁾
- Avoid all forms of cannabis product promotion, including sponsorship, endorsement, branding and point-of-sale advertising;^(5, 12, 13, 16)
- Regulate edible forms of cannabis as per the recommendations made by the Federal Task Force on Cannabis Legalization and Regulation;⁽¹³⁾ and
- Ensure that retail outlets are staffed with knowledgeable employees who have been trained through a formal training program. The training should ensure that staff are capable of:
 - Enforcing the minimum-age restriction and helping prevent youth access;
 - Providing accurate information and advice about the products being sold, and the potential risks and harms of use;
 - Helping control overconsumption by informing consumers about appropriate and responsible use, and preventing sales to intoxicated consumers.^(5, 13)

We also agree with the Federal Task Force on Cannabis Legalization and Regulation that cannabis should not be sold alongside other products such as alcohol and tobacco. As discussed in the final report of the task force, this approach would avoid exposing a larger population to cannabis products, assist cannabis consumers who are trying to avoid alcohol and could help mitigate the risks of co-use on health and, with alcohol, the exponential effect on impairment.⁽¹³⁾

In addition, we have heard from our municipalities that they would greatly benefit from clear guidance from the provincial government in terms of setting limits on the density and location of storefronts (should this be necessary) ahead of legalization.

Public education

In order to ensure the public is fully aware of the health harms associated with cannabis use, we recommend the government develop and implement an evidence-informed public education campaign ahead of legislation. Both general (e.g. to promote lower-risk cannabis use and treatment options for people wanting to quit or reduce their use) and targeted (e.g. to raise awareness of the risks to specific groups, such as adolescents, those who are pregnant or breastfeeding and people with a personal or family history of mental illness) initiatives are needed. ⁽¹²⁾

It is also crucial that the Province commit to using a high percentage of revenue gains from the sale of cannabis products as a source of funding for prevention, treatment, harm reduction and enforcement. Significant funding towards population approaches for mental wellness, stress management and healthy coping strategies must also be considered. We also emphasize the need for investing in baseline surveillance systems and research, and the importance of a comprehensive policy monitoring and evaluation framework.

Finally, cannabis use or impairment in the workplace, especially in safety sensitive positions, can pose a danger to everyone in the workplace, including the person who is impaired. While substance use in the workplace is not a new issue, employer groups and workplaces would benefit from clear guidance from both the federal and provincial governments regarding measures (e.g. policies and procedures) to address cannabis use in the workplace. In addition access to programs and services to support employees with dependence or problematic substance use needs to be greatly increased. ⁽¹³⁾

Through effective, public health-focused policy interventions, Ontario will advance in its efforts towards achieving the goal to make “Ontario the healthiest place in North America to grow and grow old.”

Please do not hesitate to contact us should you wish to discuss our recommendations.

Sincerely,

Elena Hasheminejad on behalf of the sub-group of the *Ontario Public Health Collaboration on Cannabis*
elena.hasheminejad@york.ca

1-877-464-9675 x. 74603

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