

Medical Officer of Health's submission to the Government of Canada in response to the consultation on the legalization and regulation of cannabis in Canada

Topic Area	Questions	Responses: Including Recommendations and Justifications
Minimizing Harms to Protect Canadians	1.1 - What is your view of the current legislative and regulatory restrictions in place to safeguard public health?	<p><u>Recommendations:</u></p> <p>Continue to restrict quantity of delta-9-tetrahydrocannabinol (THC) to:</p> <ul style="list-style-type: none"> • Edibles - 10 mg per package • Ingesting - Cannabis Extract 10 mg of THC per unit (such as a capsule) or dispensed amount 1000 mg of THC per package • Inhaling - Cannabis Extract: 1000 mg of THC per package • Topical Cannabis - 1000 mg of THC per package <p>Continue to prohibit promotion of cannabis, cannabis accessories or related services, especially in places where youth are permitted.</p> <p>Expand requirements for plain packaging and labelling for cannabis products to include restrictions on shapes and use of sprinkles.</p> <p><u>Justification:</u></p> <p>We would like to acknowledge Health Canada for recognizing the importance of setting out clear regulations and developing a legislative framework that aims to continue to protect the health and safety of Canadians. The continued restriction of the production and sale of cannabis edibles and extracts will be vital to mitigating harms from these products.</p> <p>Cannabis, in particular products that have high levels of THC, can cause negative health and social impacts. Through a public health approach to cannabis regulation, the costs associated with the negative impacts of cannabis use can be mitigated.</p> <p>High-potency cannabis use is associated with an increased severity of dependence, especially in young people.¹ People who use concentrates, such as hash oil, report more addictive behaviours and withdrawal symptoms.² High THC-content products are generally associated with higher risks of various acute and chronic mental and behavioural problem outcomes.³ It has also been reported that the use of high-potency cannabis confers an increased risk of psychosis compared with low-potency cannabis.⁴ Furthermore, there is a lack of evidence to support that THC</p>

		<p>restrictions have been a contributing factor for young people accessing cannabis from the illegal market. Public Safety Canada reports that “consumers are turning to the black market for a variety of reasons, including but not limited to: higher prices, limited selection, and a scarcity of licensed stores in their area. According to Statistics Canada a gram of legal cannabis costs 55 per cent more than illicit cannabis (\$10.30/gram vs. \$5.73/gram).”⁵</p> <p>Youth who are under the age of 25 are particularly vulnerable to the risks associated with cannabis use because of the impact it can have on brain development.⁶ Early and regular cannabis use during adolescence has several negative health effects on cognition, behaviour and development. According to the 2018 Canadian Cannabis Survey, respondents under the age of 25 reported greater use of cannabis concentrates, extracts and edibles than those aged 25 or older.</p> <p>The COVID-19 pandemic has had a significant impact on cannabis consumption patterns. One study found that, of those who had previously consumed cannabis, more than one-third (34%) said their consumption had increased during the pandemic.⁷ Respondents indicated stress, boredom and loneliness contributed to that increase.⁸ A recent study about what has changed since cannabis was legalized in October 2018, found that the legalization of cannabis was associated with an increase in overall consumption, especially among people aged 25 and older.⁹ The pandemic may have accelerated this trend. Young people, who are generally most likely to consume cannabis, were more likely to have increased their consumption since the start of the pandemic.¹⁰ Among respondents aged 15 to 29 who had previously consumed cannabis, 43% reported increasing their consumption during the pandemic.¹¹ Among those whose consumption had not changed, 25% had consumed cannabis five or more days per week in the previous 30 days, compared with 35% of those whose consumption had increased.¹²</p> <p>In relationship to the shape of cannabis products and accessories, we understand that the <i>Taking stock of progress: Cannabis legalization and regulation in Canada engagement paper</i> references restrictions to shapes that may reasonably be seen as appealing to a young person: “to mitigate this risk, the Act prohibits the sale of cannabis or cannabis accessories that have an appearance, <u>shape</u>, or another sensory attribute or function that appeal to youth”¹³, however the <i>Cannabis Regulations</i> do not outline “shape” restrictions. The <i>Regulations</i> set out requirements pertaining to how cannabis and cannabis products must be packaged and labelled prior to sale, distribution or export.</p>
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	<p>1.2 - What controls, if any, would you like to see changed and why?</p>	<p><u>Recommendations:</u></p> <p>Implement further restrictions to cannabis products to reduce the appeal towards young people, reduce accidental ingestion by children and risks of overconsumption. Include:</p> <ul style="list-style-type: none"> • Banning the words “candy” or “candies” on packages. • Banning the use of shapes, sprinkles and colours that may appeal to children (i.e. bright colours, real or fictional animals or humans, fruit). • Include a required list of health warning statements, including “not for kids”. <p>Prohibit any product that resembles or mimics familiar food items, or is associated with a well-known brand of food or candy and could be appealing to children, such as gummy bears, lollipops, well-known chocolate bar or cookie brands, etc.</p> <p>Require all edible products be stamped, marked or imprinted with the standardized THC symbol on at least one side of the edible product. Exception for products that are impracticable to stamp, mark or imprint, for example liquids.</p> <p>Prohibit the use of flavouring agents in cannabis extracts.</p> <p>Require labels for all cannabis-infused products intended for ingestion to include a health statement about the delayed</p>

		<p>onset of impairing effects and information on accidental ingestion or overconsumption.</p> <p>Require that safer storage messaging accompany the product at point of sale. Messaging to address ways to reduce risk of unintentional exposure of this product to children, for instance: this product can cause harm if consumed by children, store in original packaging, store out of reach of children, store in locked area.</p> <p>Require that low-risk cannabis use guideline be provided to consumers who purchase cannabis-infused products by means of a website link provided on the product label.</p> <p>Require information on what to do in case of accidental ingestion or overconsumption on all cannabis-infused products, similar to requirements for non-prescription drugs.</p> <p>Create a centralized point of contact for poison control centres, such as a nation-wide, toll-free Poison Help Line that connects to the nearest regional poison control centre and subsequently, require cannabis-infused product labels to include this information.</p> <p>Prohibit the representation of a tobacco product, (i.e. cigarettes, e-cigarettes, cigar) or a tobacco company name or logo that manufactures tobacco products on all cannabis products.</p> <p><u>Justification:</u></p> <p>Currently federal regulations do include limiting the appeal of cannabis products to youth through packaging and labelling requirements and restrictions on promotional activities.</p> <p>As stated in the final report of the Task Force on Cannabis Legalization and Regulation, to protect the most vulnerable, the federal government should prohibit any product that is deemed "appealing to children", including products that resemble or mimic familiar food items.¹⁶</p> <p>The experience of Colorado and Washington States in legalizing cannabis has provided valuable lessons for how Canada can regulate cannabis and its related products. Following legalization, Colorado saw an increase of edible related cannabis overdoses and increased calls to regional poison control centres and emergency room visits for accidental ingestion by children.¹⁷ Stakeholders in Colorado expressed particular concerns about products that mimic popular brand-name snacks and candies as well as the packaging and attractiveness to youth. As such, Colorado implemented new</p>
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	<p>1.3 Are the current safeguards adequately restricting access and helping to protect the health of youth?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> Prefer not to say 	<p>Response:</p> <p>Not sure.</p> <p>Justification:</p> <p>Although current regulations have been effective in increased access to legal cannabis, access to the illegal market remains common.</p> <p>While it is encouraging that early indications show youth rates of use have not followed the uptrend observed in the general population and have remained relatively stable since the implementation of the Cannabis Act²⁷, research is still evolving on the specifics of how minors and legal age youth are accessing cannabis post-legalization. Furthermore, although trends have been reported to be stable, it is also important to note that as outlined in question 1.1, cannabis use increased among youth during the pandemic and locally, it is reported that most if not all youth live-in treatment facilities like the Dave Smith Youth Treatment Centre, cannabis has been the substance of choice for clients, and often a primary substance necessitating treatment (Executive Director Dave Smith Youth Treatment Centre).</p> <p>Thus, ongoing surveillance and monitoring of cannabis use trends among youth is imperative.</p>

		<p>Results from the 2019 National Cannabis Survey show that 52% of respondents of any age who have used cannabis in the past 12 months have accessed at least some of it through a legal source, compared to 23% prior to legalization (i.e. legal medical access).²⁸ Yet, procurement from illegal sources remains almost common (42%)²⁹ and, as indicated in question 1.1, this could be due to a variety of reason. Thus, to date illegal cannabis supply and sourcing remain generally common and resilient. Furthermore, as outlined in question 1.4, stronger measures are recommended in relation to vaping and flavouring agents.</p> <p>In addition, it will be imperative to monitor the impact of cannabis consumption rates with the recent announcement of the Uber Cannabis delivery system. According to the CBC news article “Marijuana was illegal four years ago. Now, Uber Eats delivers it in Toronto”, with the goal to allow consumers, who must be age 19 or older, to place orders on the Uber Eats app, which stores can receive and respond to by delivering purchased cannabis products. Although the goal is to “discourage impaired driving” and add “another initiative that can help combat the illegal cannabis market” it is important to monitor the impact as it may drive more people to purchase from the illegal market, as current costs coupled with added uber delivery fees may not result in attracting the consumer to purchase from a regulated source.</p> <p>Furthermore, although the consumer needs to be 19 years of age or older to purchase, and “the retailers then send staff certified under Ontario’s cannabis retail education program, CannSell, to drop off purchases to shoppers” there is an onus on the delivery person to check “age and sobriety” upon delivery. Currently, it is unclear on how sobriety checks will be standardized, what pieces of ID will be checked, and what happens as a result of purchasers not meeting the requirements of a sobriety check.³⁰</p> <p>Thus, continued surveillance, strict regulations on marketing, branding, promotions and delivery systems to minors and youth in the federal policy framework, enhanced by provincial and municipal regulations on retail access and public consumption, need to continue to be properly implemented, enforced, and evaluated.</p>
	<p>1.4 - Under the current framework, what presents the greatest risk to youth in accessing and</p>	<p><u>Greatest risks:</u></p> <p>Youth vaping, consumption of cannabis to cope with mental health problems, driving when using cannabis, consuming synthetic cannabinoids, access to misinformation, and the lack of coordinated access to mental health, substance use health</p>

	<p>consuming cannabis?</p>	<p>and treatment services continue to present significant risks for the health and safety of Canadian children and adolescents.</p> <p><u>Justification:</u></p> <p>According to the Canadian Centre on Substance Use and Addiction’s (CCSA) <i>Clearing the Smoke on Cannabis: Cannabis Use and Driving (2019)</i> report, driving while under the influence of cannabis is a common occurrence. It is noted that “cannabis use by drivers exceeds that of alcohol among nighttime drivers and cannabis is among the most frequently found drugs in drivers involved in serious crashes”. Furthermore, the incidence of driving after cannabis use, particularly among young Canadians, may be attributable in part to the fact that they do not necessarily perceive their driving ability to be adversely affected. In addition, many young people believe it is difficult for police to detect and charge drivers for driving while impaired by cannabis.³¹</p> <p>The Canadian Pediatric Society (2021) indicates that it is becoming more common for adolescents and young adults who use cannabis recreationally to employ a vaping device containing cannabis. Findings from the 2021 Ontario Student Drug Use and Health Survey (OSDUHS) indicate that with increasing grade, vaping and cannabis rates increase; conversely, feelings of being close to others in school decrease. Furthermore, among secondary school students, the most common ways of using cannabis are using it in a vaping device (17%), smoking it in a pipe/bong (17%), and eating it in a food product such as brownies or candy (15%).³²</p> <p>Vaping liquids commonly have added flavouring agents and may contain nicotine or cannabis (usually with higher concentrations of tetrahydrocannabinol (THC) than traditional dried cannabis). Flavourings and psychoactive substances (e.g., nicotine and THC) are dissolved in oil-based solvents, and high potency cannabis products can lead to adverse, acute mental health effects such as paranoia and psychotic symptoms.³³</p> <p>Therefore, we fully support Health Canada’s proposed amendments to the Cannabis Regulations to restrict flavours in inhaled cannabis extract products in order to reduce their appeal to youth and young adults in the following areas:</p> <ul style="list-style-type: none"> • restrictions on flavours in inhaled cannabis extracts, other than the flavour of cannabis; • rules for flavouring agents used to produce an inhaled cannabis extract; and,
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		<p>research to determine which channels are best suited to reach this demographic, i.e. TikTok, YouTube, etc..</p> <p>Regional coordinated access to programs and services is an essential component in supporting mental health, substance use health and access to coordinated and timely treatment services. In Ottawa and the surrounding region, 1Call1Click provides supportive, coordinated access and navigation services for mental health and addiction care offered by Kids Come First Health Team organizations in the Eastern region of Ontario for clients aged birth to 21 years of age⁴⁰, and AccessMHA makes it easier to find mental health and/or substance use health support, services and care.</p> <p>Thus, ongoing investments in the sustainability and expansion of these types of models are essential for allowing all clients in need of coordinated access to treatment services across Canada. Furthermore, it is imperative that there is active promotion of such services. Locally, there continues to be an ongoing commitment in actively promoting these services as key findings from a November 2021 local survey shows that one in four Ottawa residents (24%) wanted to talk to someone about their mental health and did not know who to reach out to. This is unchanged from 2020 (25%).⁴¹</p>
<p>Education and Awareness to Support Informed Choices</p>	<p>2.1 - To what extent have public education efforts delivered the appropriate messages and reached the appropriate audiences, including youth and young adults?</p>	<p>Recommendations:</p> <p>Continue to invest in population level and targeted education efforts to address:</p> <ul style="list-style-type: none"> • Unintentional cannabis poisonings (i.e. safer storage) • Operating a motorized vehicle if under the influence of cannabis • Cannabis use in pregnancy • Health effects of cannabis use at a younger age • Use of synthetic cannabinoids and high potency cannabis products • Cannabis use in the 55 plus age group • Stigma, substance use health and mental health <p>Impose a table format for the product information and health warnings for all cannabis-infused products, similar to the Drug Facts Table</p> <p>Implement recommendations, as outlined in question 1.2, and, in co-creation and ongoing collaboration with intended audiences, develop multilingual, low literacy resources to</p>

	<p>communicate the potential health effect of unintentional cannabis use and poisonings.</p> <p>Continue investments in research, population health surveillance (including collection and reporting on demographic factors, such as race, gender etc.) and public education campaigns related to edibles, extracts and topicals.</p> <p><u>Justification:</u></p> <p>Data supports that overall cannabis awareness efforts have been effective. According to the 2021 Canadian Cannabis Survey (CCS), 78% of respondents agreed (somewhat or strongly) that they have access to enough trustworthy information about the health risks of cannabis use to make informed decisions. There is also some promising data on the knowledge or beliefs regarding cannabis-associated harms by age groups; youth respondents (those aged 16 to 19 years) were found to be more knowledgeable on certain harms (such as risks of cannabis smoke, risks of developing mental health problems, and risks of using cannabis at a younger age) compared to older age groups (those aged 25 years and older).⁴² It is encouraging to note that both the CCS and the CADS suggest that the average age of initiating cannabis use has slightly increased over time.</p> <p>Locally, targeted campaigns and promotional materials were well received. The “Toke Joke, Blunt Fact campaign” targeted young adults, and the ‘Blunt Fact” campaign focused more on the general public. Resources were developed geared to specific target audiences, including targeting older adults to encourage them to discuss their cannabis use with their health care providers, and targeting parents and caregivers to promote safer storage practices. There also continues to be active promotion of the lower risk cannabis guidelines.</p> <p>Despite these efforts, we are experiencing:</p> <p>An increase in unintentional cannabis poisoning: (Refer to 1.2 for additional recommendations and justification)</p> <p>Unintentional cannabis poisoning in Canadian children is on the rise, mostly after legalization of cannabis edibles. In October 2018, Canada legalized the sale of dried cannabis flower to adults for non-medical use. In January 2020, the sale of edible products was approved. Some provinces, including Ontario, allowed the sale of a wide variety of edibles whereas Quebec prohibited the sale of edibles. In a study by Dr. Daniel T. Myran (2022), it was found that during the first period of legalization, hospitalization rates for cannabis poisoning in children were 2.6 times as high as those</p>
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		<p>before legalization.⁴³ During the second period of legalization, hospitalization rates in provinces that allowed the sale of edibles was 7.5 times as high as before legalization, whereas the hospitalization rate in Quebec was 3.0 times as high as before legalization.⁴⁴ Data from this study indicates that legalization was associated with marked increases in hospitalizations for cannabis poisoning in children, and most significantly with the legalization of edible cannabis products.⁴⁵</p> <p>Consider imposing a table format for the product information and health warnings for all cannabis-infused products, similar to the Drug Facts Table.</p> <p>This recommendation is based on changes recently introduced by Health Canada to improve the safe use of non-prescription drugs by making drug labels easier to read and understand.⁴⁶</p> <p>Increase in cannabis use and driving</p> <p>According to the CCSA's <i>Clearing the Smoke on Cannabis: Cannabis Use and Driving (2019)</i> report, driving while under the influence of cannabis is a common occurrence. It is noted that "cannabis use by drivers exceeds that of alcohol among nighttime drivers and cannabis is among the most frequently found drugs in drivers involved in serious crashes."⁴⁷ Furthermore, the incidence of driving after cannabis use, particularly among young Canadians, may be attributable in part to the fact that they do not necessarily perceive their driving ability to be adversely affected. In addition, many young people believe it is difficult for police to detect and charge drivers for driving while impaired by cannabis.⁴⁸</p> <p>In Canada, prudent regulatory and public health measures to deter cannabis-impaired driving may be able to prevent increases in cannabis-impaired driving and its consequences since the legalization of recreational cannabis.⁴⁹ However, a multi-disciplinary response is required for optimal detection and deterrence. Substantial uncertainty exists concerning the optimal use of available measures and tools for detecting cannabis-impaired driving.⁵⁰ However, despite the uncertainty regarding test accuracy, messaging that reinforces to the public that impaired driving will be detected and penalties enforced is likely to be effective in deterring cannabis-impaired driving.⁵¹ Other deterrence activities can also influence impaired driving rates, and engaging health care providers in the reinforcement of the message to reduce problematic alcohol use and other risky behaviours has been effective and may be drawn upon to address cannabis use and driving.⁵²</p>
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Thus, it is recommended that there be further educational efforts targeting youth and young adults about the impacts of cannabis use and driving.

Cannabis use in pregnancy

According to the CCSA's report (2022) *Clearing the Smoke on Cannabis Use During Pregnancy and Breastfeeding*, despite evidence suggesting that cannabis use can negatively affect pre- and postnatal development among children, there has been an increasing belief that cannabis is harmless and can relieve some of the symptoms of pregnancy, such as morning sickness, nausea and vomiting, anxiety, and sleep disorders.⁵³

This belief may be being promoted by healthcare providers, the cannabis industry, and nonmedical employees at retail cannabis dispensaries.⁵⁴ It is also common for pregnant women to seek information about cannabis and pregnancy from family and friends as well as from the internet and social media. However, a great deal of inaccurate information is circulating on untrusted online sources about the potential positive effects of cannabis on some of these pregnancy symptoms and, as a consequence, many pregnant women report using cannabis during pregnancy to alleviate morning sickness, pain and mood disorders.⁵⁵

Substantial evidence highlights an elevated risk for low birth weight in infants from mothers who used cannabis during pregnancy⁵⁶, and the Canadian Pediatric Society supports mandating package warnings for all cannabis products, including known and potential harmful effects of exposure (e.g., to young children and the fetus during pregnancy).⁵⁷ In relationship to breastfeeding, THC is found in the breastmilk of women who smoke cannabis. Thus, if the person consuming cannabis is experiencing effects, it is reasonable to conclude that the breastfed child may also. It is unclear if CBD also passes into the breastmilk of women using cannabis or CBD-containing products.⁵⁸

Therefore, it is recommended that research on cannabis use in pregnancy and lactation continue, and targeted education efforts be made for people in pre-conception, pregnancy and the post-partum period.

Health effects of cannabis use at a younger age

The potential health effects of cannabis use in the developing brain have been well documented. There is also strong evidence to support links between cannabis use and worsening mental health. As outlined in question 1.4, more than two years into the COVID-19 pandemic, many people in Canada are still reporting significant

		<p>mental health and substance use health concerns and the mental health and substance use health impacts of COVID-19 are interconnected. People who report problems occurring with substance use have been more likely to report mental health concerns and vice versa, and COVID-19 is expected to have long-lasting impacts on mental health and substance use health.</p> <p>Provincially, OSDUHS data shows that one in seven (14%) secondary school students report that they used cannabis to cope with a mental health problem at least once in the past year.⁵⁹</p> <p>See question 1.4 re: synthetic cannabinoids.</p> <p>Cannabis use in 55 plus age group</p> <p>Since the body's ability to process drugs and substances changes with age, people over 55 may be more sensitive to cannabis and have a higher risk of having side effects.⁶⁰ This is especially true when people have certain medical conditions such as liver disease, kidney damage or heart or blood vessel disease. Further, consuming cannabis while taking prescription or non-prescription health products can increase the risks of side effects.⁶¹</p> <p>Thus, this age group, who may have consumed cannabis products in their youth, could benefit from targeted messaging reflecting that cannabis products are stronger today than they were decades ago.⁶² Furthermore, adoption of recommendations outlined in question 5.2, and targeted messaging promoting lower risk cannabis use are recommended.⁶³</p> <p>Address stigma, substance use health and mental health</p> <p>Align efforts to promote substance use health and mental health. As outlined in Ottawa Public Health's 2019-2022 Strategic Plan: Strategic Priority relating to Mental Health and Substance Use Health⁶⁴ report, the increase in mental health and substance use health challenges, at least partly, are a result of the unintended consequences of the measures required to mitigate the spread of COVID-19, which resulted in service reductions across the social and health system and increased social isolation. Thus, it is vital to consider physical health, mental health and substance use health when planning for recovery from the pandemic. As we work towards recovery from the pandemic, all levels of government and funders of health care – federal, provincial, regional and local, have a role to promote mental health, substance use health, and address harms that can develop from substance use.</p> <p>The COVID-19 pandemic has impacted us in significant ways. We have all been affected by the closure of schools and businesses, and the challenges that come with physical distancing and wearing</p>
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	<p>a mask in our daily lives. In June 2020, 9% of Ottawa residents reported consuming more cannabis.⁶⁵</p> <p>Ottawa Public Health (OPH) continues to be committed to monitoring the health and social impacts of COVID-19 to understand how Ottawa residents are managing, and to use this information to work with the community to provide supports where needed.</p> <p>One of the tools OPH has used to shape our understanding of these impacts is a population-level survey of Ottawa residents. The survey has been conducted at regular intervals. The November 2021 survey reflects a point in time when COVID-19 cases were stable, and the province was in a re-opening phase. Some key findings showed that:</p> <ul style="list-style-type: none"> • One in four Ottawa residents (26%) rated their mental health and emotional well-being as 'fair' or 'poor' (vs. 6% in 2015-16 and 9% in 2017-18). • Stigma continues to be a barrier for people with mental health conditions, and especially for those with substance use health conditions. For example, less than half of Ottawa residents (46%) agreed they would hire someone with a substance use disorder, and 62% agreed they would feel comfortable working with someone with a substance use disorder.⁶⁶ <p>Developing Resources:</p> <p>Implement recommendations as outlined in question 1.2 and, in co-creation and ongoing collaboration with intended audiences, develop multilingual, low literacy resources to communicate the potential health effect of unintentional cannabis use and poisonings. This recommendation stresses the importance of active engagement with people with lived and living experience when developing resources. This level of engagement will foster trust and result in the development of resources that better suit the needs of the population.</p> <p>Ongoing Research:</p> <p>Continue investments in research, population health surveillance, and public education campaigns related to all cannabis products including edibles, extracts and topicals.</p> <p>This recommendation has been put forward to the federal, and provincial governments in many submissions, and are based on lessons learned from Colorado and Washington as well as regulations from tobacco and alcohol. Conducting research to assess the health impacts of the proposed legislation, as well as</p>
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		<p>monitoring the prevalence, rate of use and impact (on different populations) of the different types of cannabis and the related health outcomes, such as overconsumption and mental health and behavioral consequences of cannabis use, will provide needed information to inform future policy requirements and/or needed shifts in policies.</p>
	<p>2.2 - What additional measures or areas of focus could be considered to continue to close the gap between perception of risks and harms and scientific evidence?</p>	<p><u>Recommendations:</u></p> <p>Further restrict marketing cannabis, and cannabis related accessories, including vape products to youth.</p> <p>Targeted public health messaging to adolescents about the dangers of synthetic cannabinoids (Spice, K2, etc.)</p> <p><u>Justification:</u></p> <p>There is substantial evidence indicating that promotional activities, particularly those targeting youth, can have a significant impact on the appeal, social acceptance, and "normalization" of a particular product and, in turn, its level of use.</p> <p>Several surveys point to a decline in smoking over time, as adult consumers shift away from traditional dried flower and hashish towards other products, such as edible and vaping products.⁶⁷</p> <p>Public education and awareness efforts are recommended on the effects of vaping cannabis and the delayed effects of edibles. In addition, as recommended in question 4.1, align cannabis regulations with nicotine regulations, especially in relationship to vaping and flavorings, with the adoption of the stronger regulations.</p> <p>Among teens treated in an emergency department for drug-related symptoms, those who used Spice, K2, or other synthetic cannabinoids were more likely to experience seizures and coma compared with those who used natural cannabis.⁶⁸ Synthetic cannabinoids, whether taken alone or with other substances, are associated with severe neuropsychiatric effects on adolescents and require higher acuity care than adults. Synthetic cannabinoids stimulate the same brain receptors as THC, the active ingredient in cannabis, but are much more potent.⁶⁹</p>
<p>Progress Toward Establishing a Safe and Responsible</p>	<p>3.1 - Do adult Canadians have sufficient access to a quality-controlled</p>	<p><u>Recommendation:</u></p> <p>Provide recommendations for maximum density for locations of retail store front sites where cannabis is sold and explore mechanisms to implement limits in collaboration with provincial jurisdictions.</p> <p><u>Justification:</u></p>

<p>Supply Chain</p>	<p>supply of legal cannabis?</p> <ul style="list-style-type: none"> ○ Yes ○ No ○ Do not know ○ Prefer not to say 	<p>Yes, the legal cannabis industry has been successful in providing adult consumers with consistent and reliable access to cannabis products. The expansion of available product classes, as well as ongoing growth in the number of license holders and retail access points across Canada has provided adult consumers with access to a broad range of legal cannabis products. Across Canada, approximately 3,200 retail stores have been authorized by the provinces and territories to sell cannabis.⁷⁰ Additionally, online sales are available in each of the 13 provinces and territories, providing access to adults in regions that are geographically distant or lacking in brick-and-mortar retail stores.⁷¹</p> <p>In Ontario, the minimum age for a person to purchase tobacco and alcohol, as well as buy, use, possess and grow recreational cannabis, is 19 and older.⁷²</p> <p>Policy recommendations outlined for reducing harms related to alcohol can be applied to cannabis. The World Health Organization states that “Public health strategies that seek to regulate the commercial or public availability of alcohol through laws, policies, and programs are important ways to reduce the general level of harmful use of alcohol. Such strategies provide essential measures to prevent easy access to alcohol by vulnerable and high-risk groups. Commercial and public availability of alcohol can have a reciprocal influence on the social availability of alcohol and thus contribute to changing social and cultural norms that promotes harmful use of alcohol. The level of regulation on the availability of alcohol will depend on local circumstances, including social, cultural and economic contexts as well as existing binding international obligation. Furthermore, restrictions on availability that are too strict may promote the development of a parallel illicit market. Secondary supply of alcohol, for example from parents or friends, needs also to be taken into consideration in measures on the availability of alcohol.”⁷³</p> <p>Locally, the residents of Ottawa currently have access to the Ontario Cannabis Store and, to date, there are approximately 118 cannabis store front locations in Ottawa. In Ontario, the proposed cannabis retail store cannot be located less than 150 metres from a school or private school, as defined in the <i>Education Act</i>, and if the retailer is operating a cannabis business and another business, there must be separation between the cannabis business and other businesses.⁷⁴ If an existing retail space is renovated to create two or more spaces, the space that is intended to be a cannabis retail store must adhere to all the eligibility requirements set out in the <i>Cannabis Licence Act, 2018</i> and regulation. Furthermore, hours of</p>
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		<p>operation are limited to between 9:00 a.m. and 11:00 p.m. on any given day.⁷⁵</p> <p>Although there is a need to create a balance between accessibility to regulated sources of cannabis products, there is also a need to consider density of storefront locations. Currently, there are no restrictions on density and, if drawing upon recommendations for alcohol sales, which have been declared effective for reducing alcohol related harms, is to “reduce physical access to alcohol by reducing numbers of outlets or limiting hours and days of sale”⁷⁶ cannabis store locations need to be considered. Furthermore, continued monitoring and evaluation of hours of operation needs to be considered.</p>
	<p>3.2 - What alternative measures, if any, could the government consider to further strengthen and diversify the legal market?</p>	<p><u>Recommendations:</u></p> <p>Explore current pricing options of cannabis products so retailers remain competitive with the illegal market.</p> <p><u>Justification:</u></p> <p>There is limited information regarding the price point of cannabis through the illegal market. However, in a recent CBC news story, Sean Kady, who owns Cosmic Charlies at the corner of Queen Street West and Niagara Street, a cannabis dispensary west of downtown Toronto, indicated that "Our cheapest ounce is about \$100 and you can get the same ounce about the same quality from these black markets for about 50 to \$70,"⁷⁷ and as outlined in question 1.1, according to Statistics Canada a gram of legal cannabis costs 55 per cent more than illicit cannabis (\$10.30/gram vs. \$5.73/gram).⁷⁸</p> <p>Thus, there is a need to make ongoing efforts to change the public perception of the benefits of purchasing through a regulated source versus the illegal market. Currently, price point seems to be a driver, along with the public perception that the quality and risks linked to the illegal market are minimal, versus paying more for regulated products. Ongoing surveillance of the illegal market, and competitive pricing are essential to the success and sustainability of the regulated market.</p>
	<p>3.3 - What alternative measures, if any, could the government consider to better meet the</p>	<p><u>Recommendation:</u></p> <p>Continue to engage with Indigenous, racialized and underrepresented people through meaningful consultations and engagement to continually foster best practices in the implementation of the cannabis licensing program</p> <p><u>Justification:</u></p>

	<p>needs of racialized, under-represented, or Indigenous communities within the cannabis licensing program?</p>	<p>Continued dialogue with these key stakeholders is essential to foster trust and make evidence informed decisions for the cannabis licensing program.</p>
	<p>3.4 - To what extent have the current restrictions on home cultivation of four plants or less supported the safe and responsible production of cannabis?</p>	<p><u>Recommendation:</u></p> <p>Continue to limit home cultivation to a limit of four (4) plants or less.</p> <p><u>Justification:</u></p> <p>The current limit of four (4) plants meets the needs of the average consumer. Almost one in ten Canadian cannabis consumers reported home cultivation of cannabis in 2020, with modest increases following legalization and most growing within the non-medical limit of four plants. Home cultivation was less common in provinces where home cultivation was prohibited,⁷⁹ and according to the CCS survey, less than 10% of past-year consumers of cannabis for non-medical purposes reported home cultivation as their "usual" source. Among those who reported plants grown in or around their residence, the average number of plants grown was 3.6.⁸⁰</p> <p>There is little evidence to suggest that home cultivation of cannabis for non-medical purposes has resulted in an increase of illegal activity or diversion to the illegal market.⁸¹</p>
<p>Protecting Public Safety</p>	<p>4.1 - What are your general impressions of legal retailers' progress to-date in capturing the legal market? Please explain.</p>	<p><u>Recommendations:</u></p> <p>Implement consistency between the various smoke free regulations across Canada, i.e. in <i>Ontario the Smoke Free Ontario Act (SFOA)</i> and the <i>Federal Cannabis Act</i> in relationship to vape display and flavor requirements, implementing the stronger of the 2 restrictions.</p> <p>Implement a requirement for a formalized 2-way process between different levels of government, for example municipalities and provincial regulators, to strengthen surveillance systems pertaining to cannabis-related infractions.</p> <p><u>Justification:</u></p>

		<p>In Ontario, all cannabis retailers are required to obtain licensing from the Alcohol and Gaming Commission of Ontario (AGCO) in order to operate cannabis stores. AGCO holds the mandate to inspect and report provincially whereas municipal Bylaw officers inspect and enforce the SFOA. Municipal Bylaw officers report any issues that they receive to AGCO, however there is a lack of a formalized process between municipal SFOA and provincial cannabis regulators.</p> <p>Cannabis retail requirements fall under the relevant provincial legislation, including the <i>Cannabis Control Act</i> and the <i>Cannabis License Act</i> regulations. In addition, they may be subject to federal requirements pursuant to the <i>Cannabis Act</i>.</p> <p>To date there are approximately 118 cannabis store front locations in Ottawa. To open a retail store and sell recreational cannabis, the following licenses and an authorization are required from the AGCO. These licenses are:</p> <ul style="list-style-type: none"> • Retail Operator License • Retail Store Authorization • Cannabis Retail Manager License <p>The City of Ottawa opted-in to the provincial system, thus may not create a licensing system respecting the sale of cannabis nor pass a bylaw that distinguishes land or building use for cannabis from any other kinds of use.</p> <p>In relationship to advertising and promotion, under the <i>Cannabis License Act, 2018</i> (CLA) and Regulation 468/18, the Registrar has the authority to establish standards and requirements with respect to a number of areas, including advertising and promotional activities. In addition, cannabis retail store operators are subject to the federal <i>Cannabis Act</i> and its regulations, which outline permissible and prohibited advertising and promotional activities.</p> <p>July 1, 2020 amendments to the <i>Smoke Free Ontario Act</i> exempt cannabis retail stores from the ban on the display of vapour products and clarify that cannabis retail stores may sell flavoured cannabis vape products.⁸² Thus, there are discrepancies between what is permissible under the SFOA versus the <i>Cannabis License Act</i>. Furthermore, the inspection of cannabis retail stores is under the jurisdiction of the AGCO, and specialty vape shops under SFOA.⁸³</p>
	4.2 - What additional steps or measures	See 3.2 and 5.3, as we address considerations for strengthening the legal market, which would in turn combat the illegal market.

	<p>should the government consider to combat the illegal cannabis market?</p>	
<p>Access to Cannabis for Medical Purposes</p>	<p>5.1 - What are your views on the current medical access program for cannabis?</p>	<p><u>Recommendations:</u></p> <p>Maintain the medical access program for cannabis and invest in further research on the effectiveness of cannabis and cannabinoids for medical treatment.</p> <p>Implement additional targeted education for pregnant individuals and prescribers.</p> <p><u>Justification:</u></p> <p>There is good quality evidence suggesting that cannabis and cannabinoids are effective for the relief of nausea and vomiting, certain types of pain, and the stimulation of appetite.⁸⁴ However, research to date does not indicate that cannabis and cannabinoids are always the most appropriate drugs to use for these purposes compared to newer pharmaceutical drugs for nausea and pain relief.⁸⁵</p> <p>Although not fully understood, there are many potential risks of using cannabis in pregnancy, including miscarriage, early birth, and having a baby that is smaller than usual for the number of weeks of pregnancy.⁸⁶ Some pregnant individuals may begin using cannabis to treat pregnancy-related symptoms, like nausea. BORN data showed a 10.2 percent risk of preterm birth among reported cannabis users compared to a 7.2 percent risk in non-users with similar risk factors.⁸⁷</p> <p>Registered users also had a 19.3 percent risk of their baby needing neonatal intensive care unit, compared to 13.8 percent for non-users with the same risk factor.⁸⁸</p>
	<p>5.2 - Is a distinct medical access program necessary to provide individuals with reasonable</p>	<p><u>Recommendations:</u></p> <p>Maintain a distinct medical access program for cannabis.</p> <p>Further engage pharmacists in the role of dispensing and counselling of medical cannabis by allowing them to dispense medical cannabis.</p> <p><u>Justification:</u></p>

	<p>access to cannabis for medical purposes, or can access needs be met through the non-medical framework? Please explain.</p>	<p>It has been suggested that cannabinoids may be useful when combined with other drugs to provide more effective therapeutic effects.⁸⁹</p> <p>Thus, continued access to the medical stream would allow healthcare practitioners to help support the holistic medical needs of the client, and help clients make informed decisions about the use of cannabis and cannabinoids for medical purposes.⁹⁰ Additionally, by maintaining the medical stream, there is more opportunities for clients to interact with pharmacists to discuss possible pharmaceutical interactions of cannabis use and other prescribed and over the counter drugs.⁹¹</p> <p>Prescribers often initiate cannabis as third- or fourth-line adjunctive therapy on top of other medications, compounding the potential for drug interactions and adverse effects.⁹²</p> <p>“Determining a safe and effective cannabis dosage requires appropriate and informed contextualization within the patients’ overall medication regimen.”⁹³ This is a role uniquely suited to pharmacists, supported by their ongoing relationships and frequent touchpoints with their patients. “In the current medical stream, patients have latitude in selecting the potency of the cannabis authorized to them by their prescriber. Cannabis effects are individualized in patients, so the current approach to dosing and titration is highly patient specific, involving a “start low go slow” dosing strategy, including patient self-titration.”⁹⁴</p> <p>Currently, patients authorized by their health care provider are still able to access cannabis for medical purposes by:</p> <ul style="list-style-type: none"> • Buying directly from a federally licensed seller • Registering with Health Canada to produce a limited amount of cannabis for their own medical purposes • Designating someone to produce it for them • Subject to the legal age limit in their province or territory, they are also able to buy cannabis at provincial or territorial authorized retail outlets or through provincial or territorial authorized online sales platforms⁹⁵ <p>Thus, through the current options, there is limited need for interaction with the pharmacist, even though pharmacists can provide support and guidance to patients and prescribers with respect to these individualized dosing strategies. Furthermore, as outlined in question 2.1, the role of the pharmacist would also be very important with cannabis use and the aging population.</p>
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	<p>5.3 - Are there specific reforms that you would recommend?</p>	<p><u>Recommendation:</u></p> <p>Invest in further research to assess the safety and efficacy of cannabis to meet Health Canada standards for the addition of a Drug Identification Number (DIN) for medical cannabis use.</p> <p><u>Justification:</u></p> <p>It is understood that currently, cannabis authorized for medical purposes does not meet the safety and efficacy standards required by Health Canada, Food and Drug Regulations. Thus, medical cannabis is not sold as a medication in Canada and does not have a DIN.</p> <p>However, there are cannabinoids with a DIN sold as medications in Canada, such as Oral Cesamet (Nabilone), used to treat severe nausea and vomiting associated with cancer treatment, and Sativex (Nabiximols), an extract of cannabis used to treat spasticity and neuropathic pain in multiple sclerosis and for pain relief in advanced cancer.⁹⁶</p> <p>Research is lacking in the use of cannabis for certain medical conditions. Advancing research, and the potential addition of DIN may result in extended drug coverage and drive people to purchase from regulated sources.⁹⁷</p>
<p>General Comments</p>	<p>6.1 - What are your views on the impacts of legalization of cannabis on the environment, small businesses and social and economic impacts on diverse groups of Canadians, in accordance with the Government of Canada's commitment to implementing Sex- and Gender-Based</p>	<p><u>Recommendations:</u></p> <p>Continue to invest in research on impact of industrial hemp growth on the environment and public health.</p> <p>To reduce potential unintentional access of cannabis products to children, include safer storage and disposal education of cannabis at point of sale.</p> <p><u>Justification:</u></p> <p>Climate change from carbon emissions and rising energy demands pose a serious threat to public health. Although emerging evidence supports that industrial hemp has numerous bioenergy applications, and that:</p> <ul style="list-style-type: none"> • it can be used for bioenergy production as an alternative to fossil fuels to capture and utilize carbon • production of bioethanol and biodiesel from industrial hemp has strong potential to reduce greenhouse gas emissions and improve the Canadian economy • industrial hemp has unique potential for growth in Canada.⁹⁸

	<p>Analysis Plus (SGBA+)?</p>	<p>Hemp growing also has some negative environmental impacts, particularly in relationship to fertilizer use.⁹⁹ Thus, it is imperative that policy changes to improve Canada’s economy also continue to factor in potential environmental and public health impacts.</p> <p>As outlined in question 1.2, unintentional cannabis ingestion has increased since legalization of edibles. Thus, in addition to recommendations outlined in question 1.2, adopt regulations to include safer storage and disposal teaching at point of sale.¹⁰⁰</p>
	<p>6.2 - Please provide additional comments you would like to share on the administration and operation of the Cannabis Act and its Regulations that were not addressed in the previous sections. In particular, we are interested in hearing from you on additional impacts the Cannabis Act has had since its implementation , including trends that you have observed and evidence sources that substantiate such trends. Please include additional sources of</p>	<p>Additional comments and feedback:</p> <p><u>Recommendations:</u></p> <p>Create a systematic collection of racial data in the criminal justice system to identify and address racial disparities in cannabis-related charges.</p> <p>Invest in research to better understand whether demographic factors, such as race, influence case outcomes, which is important in evaluating whether changes associated with cannabis legalization are experienced equitably.</p> <p><u>Justification:</u></p> <p>Although there has been a dramatic reduction in cannabis possession charges following legalization, this has been seen more in adults aged 18 and older than in youth aged 12–17. In relationship to youth:</p> <ul style="list-style-type: none"> • Across the provinces and territories, there was variation in post-legalization treatment of youth charged with cannabis possession • Youth were also more likely to face criminal charges instead of diversion or informal caution prior to legalization than following legalization • Although there were fewer incidents, youth cases were more likely to result in criminal charges • Youth possession cases were less likely to be resolved informally • There were fewer trafficking and sales charges for youth compared to adults. Unlike cannabis possession, declines in trafficking and sales charges are greatest for young offenders 12–17 years of age.¹⁰¹

	information or data that should be considered to support the legislative review.	
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