

October 12, 2018

Mr. Eric Rennie, Clerk
The Standing Committee on Social Policy
99 Wellesley Street West
Room 1405, Whitney Block
Toronto, Ontario M7A 1A2

E-mail: erennie@ola.org

Re: Bill 36, Cannabis Statute Law Amendment Act, 2018

Dear Mr. Rennie,

As the City of Ottawa's Medical Officer of Health, I welcome the opportunity to provide recommendations to the Standing Committee on Social Policy regarding Bill 36, *Cannabis Statute Law Amendment Act, 2018.* 

In considering our response, Ottawa Public Health (OPH) staff have taken the opportunity to review and analyse the best available research on cannabis, and lessons learned from the regulations of tobacco and alcohol. Cannabis is a drug that can cause negative health and social impacts, the misuse of which could have the effect of increased costs to society, and to the healthcare system in Ontario.

My staff have developed our recommendations with an eye to better protecting the health and safety of the population. Through such a public health approach, we believe that the result could be a decrease in the costs resulting from the negative impacts of cannabis use. Accordingly, I am pleased to submit my recommendations for the implementation of cannabis legalization, specifically with respect to the use and sale of cannabis in Ontario, as described below.

Recommendation 1: Ensure public places are free from the public consumption of all forms of cannabis.

As previously recommended to the Government of Ontario, I support keeping public places free from cannabis consumption as a necessary measure to protect public health and to ensure public safety. Cannabis is a psychoactive drug that impairs a person's attention, judgement and response time in much the same way as alcohol. Further, cannabis smoke contains tar, fine particulate matter, and many of the same





harmful chemicals and cancer causing agents as tobacco smoke.<sup>1, 2, 3</sup> This places individuals and others subjected to cannabis smoke at risk for immediate harm or injuries. As well, the role modelling of cannabis consumption can have negative consequences on youth's behaviour during their impressionable developmental stages. All U.S. jurisdictions that legalized cannabis have prohibited the public consumption of all cannabis products. The Government of Ontario should restrict the public consumption of all forms of cannabis in the same manner as it prohibits the public consumption of alcohol.

In the absence of restricting cannabis consumption in all public places, as an alternative I recommend that the Government of Ontario prescribe these additional public places in the *Smoke-Free Ontario Act, 2017* as prohibited places for smoking and vaping:

- Post-secondary campuses;
- Outdoor construction sites;
- Outdoor spectator events, festivals, fairs;
- Outdoor fruit and vegetable markets;
- 9 metres of doorways of workplaces and public places.

## Recommendation 2: Establish retail outlet restrictions that protect public health and safety.

In February 2018, Ottawa Public Health (OPH) and the Ottawa Board of Health put forward recommendations to the Government of Ontario supporting the development a government-controlled retail system for cannabis. Government-controlled models are better positioned to control factors that can emphasize public health and safety and prevent youth access. In order for a privatized system to be effective in protecting public health and safety and preventing youth access, the privatized system must make a long-term commitment to implementing evidence-informed policies that focus on protecting health, minimizing harms, and preventing the normalization and commercialization of cannabis use. Doing so will contribute to preventing initiation and increased use, particularly among vulnerable populations.

Research demonstrates that a sales-driven or privatized system results in greater access, higher density of outlets, extended hours of sale, reduced vigilance to reduce service to minors or intoxicated patrons, and increased promotion or advertising.<sup>4</sup> In the case of alcohol, these outcomes have resulted in an increase in alcohol use and

alcohol-related harms, particularly among youth and young adults, which leads to increased costs to government.<sup>4</sup>

I recommend that the Government of Ontario apply additional restrictions for retail outlets that protect public health and safety, including:

- Establish limits on density and number of retail locations, based on population;
- Implement density and distance controls to prevent clusters of cannabis retail locations;
- Establish buffer zones of cannabis retail locations for additional sensitive areas (including recreation and community centres, public parks,) and alcohol or tobacco retailers;
- Restrict promotion and displays, including restrictions to point of sale display and promotion;
- Set hours and days of operation in such a way that balances the need to reduce access to the illegal market with the need to prevent overavailability and increased consumption; and
- Establish and maintain pricing policies, including minimum pricing, pricing based on THC content, and indexing prices to inflation.

These restrictions are supported by the following evidence<sup>5</sup> from tobacco retail:

- The widespread availability of tobacco and alcohol products normalizes use and undermines health risk messaging. Availability provides the contextual cue that tobacco and alcohol are commonplace. Contextual cues play a significant role in determining risk perception.
- Frequent cues (e.g. seeing products in many outlets) prompt impulse buys among experimental and occasional smokers and smokers trying to quit. For former smokers receiving cues to smoke in places where they regularly shop also contributes to high levels of return to smoking.
- Easy access to tobacco reduces the total cost (price plus time, distance and transportation) to use. More than one third of smokers and a higher proportion of young smokers said they would smoke less if they had to travel further to buy cigarettes.

Recommendation 3: Regulate the sale of cannabis accessories.

I recommend that the Government of Ontario regulate the visible display of cannabis accessories (e.g. bongs, rolling papers, pipes) and restrict sales to minors. Such regulations are consistent with a public health strategy of denormalization, which has been a successful strategy for tobacco control. I also recommend that public health measures for the retail sale of cannabis products be coupled with strict enforcement to ensure compliance with the policies.

## Recommendation 4: Allow for municipal licensing and zoning.

Bill 36 currently prohibits municipal licensing and zoning of cannabis retail stores under the *Municipal Act, 2001* and *Planning Act*, respectively. **I recommend the Government of Ontario amend the** *Municipal Act, 2001* **and** *Planning Act* **to authorize municipalities to license and impose restrictions on cannabis retail stores. In addition to provincial regulations, municipal restrictions can minimize potential harms by controlling availability, accessibility and density through zoning, licensing requirements, and hours of sale, which aligns with a public health approach to legalizing cannabis. As noted above (see recommendation 2), such restrictions reduce availability and contribute to de-normalization.<sup>5</sup>** 

Recommendation 5: Require employee training and point of sale information to consumers.

All employees of a cannabis retailer should be required to complete a mandatory employee training program, similar to the Liquor Control Board of Ontario's mandatory training for alcohol sale. The program should include relevant health information, such as the effects of cannabis use, consumer information (product details and method of use), responsible use, as well as measures to prevent youth access and promote social responsibility.

Other Canadian provinces, including Alberta and British Columbia, have created mandatory training programs. Training programs can ensure that staff have appropriate training and access to reputable information about the health effects and products, and ensure staff understand their responsibilities. Cannabis retail employees are an important point of contact to consumers and therefore, employees are well positioned to provide evidence-based information and recommendations that contribute to informed decision-making and harm reduction practices by the consumer.

A comprehensive approach for retail sale includes the integration of education and enforcement.<sup>7, 8, 9, 10</sup> Evidence<sup>11</sup> suggests that mandatory education training must be

coupled with effective enforcement, as compliance with policies relating to age restrictions is dependent on employee:

- Awareness and understanding of the laws;
- Knowledge and skill to ask for identification and refuse sales to minors; and
- Motivation to comply.

Further, cannabis retailers should display signage indicating age restrictions and consumer information about health risks associated with cannabis use and the Lower Risk Cannabis Use Guidelines. In developing this information, the Government of Ontario should consult with public health authorities, as public health is well positioned to provide evidenced-based information to support informed decision making by consumers.

## Recommendation 6: Ensure adequate funding for enforcement.

To ensure a comprehensive approach to legalization, I recommend the Government of Ontario dedicate adequate funding to the Alcohol and Gaming Commission of Ontario to inspect private retailers. Inspections should include compliance to anti-diversion measures, including physical security and storage standards, and rules of operation to protect youth, such as youth access and identification compliance.

Recommendation 7: Initiate a subsequent consultation on all forthcoming regulations.

With the announcement that authorized cannabis retailers will commence operations as of April 1, 2019, I recommend that the Government of Ontario initiate comprehensive consultations on all forthcoming regulations under provincial cannabis legislation, including regulations governing public health and safety related obligations of authorized cannabis retailers.

In addition, the retail sale of cannabis infused products (e.g. edibles), scheduled to commence in October 2019, presents potential impacts to public health. To establish regulations that consider public health and safety, I recommend the Government of Ontario initiate a subsequent consultation legislation and regulations pertaining to cannabis infused products in advance of October 2019.

Thank you again for this opportunity to provide comments and recommendations to the recommendations to the Standing Committee on Social Policy regarding Bill 36, *Cannabis Statute Law Amendment Act, 2018.* Should you have any questions or wish

to discuss the recommendations, please contact me at <u>vera.etches@ottawa.ca</u> or by telephone at 613-580-6744 ext. 23675.

Sincerely,

Vera Etches, MD, MHSc, CCFP, FRCPC Medical Officer of Health Ottawa Public Health



## References

- 1. Douglas IS, Albertson TE, Folan P, Hanania NA, Tashkin DP, Upson DJ, Leone FT. Implications of marijuana decriminalization on the practice of pulmonary, critical care and sleep medicine. A report of the American thoracic society Marijuana Workgroup. Annals of the American Thoracic Society. 2015; 12: 1700-1710.
- 2. McInnis O, Plecas D. Clearing the smoke on cannabis: Respiratory effects of cannabis smoking An update. Canadian Centre on Substance Abuse. 2016. Available from: <a href="http://www.ccsa.ca/Resource%20Library/CCSA-Cannabis-Use-Respiratory-Effects-Report-2016-en.pdf">http://www.ccsa.ca/Resource%20Library/CCSA-Cannabis-Use-Respiratory-Effects-Report-2016-en.pdf</a>.
- 3. Moir D, Rickert WS, Levasseur G, Larose Y, Maertens R, White P, Desjardins S. A comparison of mainstream and sidestream marijuana and tobacco cigarette smoke produced under two machine smoking conditions. *Chem Res Toxicol*. 2008;21(2): 494-502. doi: 10.1021/tx700275p
- 4. Popova, S., Patra, J., Sarnocinska-Hart, A., Gnam, W.H., Giesbrecht, N., Rehm, J. (2012). Cost of privatisation versus government alcohol retailing systems: Canadian example. Drug and Alcohol Review; 31, 4-12
- 5. Tilson, Melodie. Non-Smokers' Rights Association. Reducing the Availability of Tobacco Products at Retail: Policy Analysis. April 2011.
- Ontario Agency for Health Protection and Promotion (Public Health Ontario). Evidence to Guide Action: Comprehensive Tobacco Control in Ontario (2016) Smoke-Free Ontario Scientific Advisory Committee. Toronto, ON: Queen's Printer for Ontario; 2015.
- 7. Blewden MB, Spinola C. Controlling youth access to tobacco: A review of the literature and reflections on the New Zealand programme of controlled purchasing operations. Drug and Alcohol Review 1999; 18(1):83-91.
- 8. Stead LF, Lancaster T. A systematic review of interventions for preventing sales to minors. Tobacco Control 2000; 9(2):169-176.
- 9. Stead LF, Lancaster T. Interventions for preventing tobacco sales to minors. The Cochrane Database of Systematic Reviews 2005; Issue 1. Art. No.:CD001497. (2008 Update, Issue 3).
- 10. DiFranza JR. Which interventions against the sale of tobacco to minors can be expected to reduce youth smoking? Tobacco Control 2012; 21(4):436-442.



