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City of Hamilton Public Health Services Office of the Medical Officer of Health 110 King Street West, 2nd Floor Hamilton ON L8P 4S6

July 31, 2017

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

Dear Cannabis Secretariat,

With the introduction of the federal *Cannabis Act* and the anticipated legalization of cannabis use by July 2018, City of Hamilton appreciates the opportunity to participate in Ontario's consultation process. The City supports a public health approach to revising the legal framework for recreational cannabis use. This approach focuses on the principles of prevention, harm reduction, treatment, and enforcement of regulation with the goal of minimizing cannabis-related health and social harms.

City of Hamilton respectfully submits the following ideas for consideration as the province decides how it will regulate cannabis.

(1) Setting a Minimum Age for Having, Using and Buying Cannabis

Youth who use cannabis are at greatest risk of cannabis related harms. Cannabis use interferes with adolescent brain development, which continues into the mid-twenties. Regular use during this time can impact memory, attention, and educational achievement. Youth who use cannabis are also more likely to develop dependence or mental health problems. (George & Vaccarino, 2015)

- Consider increasing the minimum legal age for cannabis, alcohol, and tobacco. Setting the minimum legal age of access at 21 would reflect best-practice. Evidence from the regulation of tobacco and alcohol indicate that setting a higher minimum age helps to delay the initiation smoking or drinking, with an increase to age 21 having the greatest impact. (Kwan, Stratton, & Bonnie, 2015; Giesbrecht et al, 2013) A minimum legal age of 21 for cannabis would reflect the consensus of Ontario's boards of health, and would also be aligned with the minimum legal age used by American states that have legalized recreational cannabis use. (Ontario Public Health Unit Collaboration on Cannabis, 2016)
- If the minimum legal age for alcohol and tobacco is not increased to 21 set
 the minimum legal age at 19 to provide consistency with the minimum legal
 ages for sale of tobacco and alcohol. Setting a higher legal age for cannabis
 may generate confusion or send the message that alcohol and tobacco are less
 harmful than cannabis, which is incorrect. Additionally, a higher minimum legal age

would prevent cannabis-using youth from accessing the legal market, facilitating continued dependence on illicit sources.

• Support regulations regarding a minimum legal age with appropriate enforcement, in a manner that minimizes harms to youth. As recommended by the federal Task Force on Cannabis Legalization and Regulation, non-criminal approaches should be used to discourage cannabis use by underage youth and more severe sanctions should be reserved for adults who provide cannabis to youth. (Task Force on Cannabis Legalization and Regulation, 2016)

(2) Deciding Where People Can Use Cannabis

- Restrict smoking or vapourizing of cannabis in a similar manner to tobacco smoke. Cannabis and tobacco smoke contain many of the same carcinogenic compounds, prompting concerns about second-hand exposure in addition to the known harms of first-hand exposure. (McInnis & Plecas, 2016) This creates a strong public health rationale for prohibiting inhaled cannabis use in smoke-free spaces defined by the Smoke-Free Ontario Act. Having a harmonized approach for tobacco, electronic cigarettes, and cannabis would also simplify public education and enforcement activities.
- Include prohibitions on cannabis use in future smoke- or vapour-free places.
 This would maintain a consistent approach for tobacco, cannabis and electronic cigarettes should the province decide to expand its list of smoke-free places. Reducing the number of places where cannabis use is permitted protects the public's health and plays an important role in denormalizing cannabis use and the act of smoking more generally.
- Prohibit public intoxication from cannabis use in a similar manner to alcohol. A prohibition on being 'high' in public would further contribute to the denormalization of cannabis use. Ontario should invest in developing appropriate enforcement mechanisms, such as reliable sobriety tests.

(3) Keeping Our Roads Safe

Cannabis is an important contributor to drug-impaired driving. Impaired driving continues to be a leading criminal cause of death and injury. (Perreault, 2016) Cannabis use impairs the skills necessary for driving and more than doubles the risk of a fatal automobile collision. Cannabis-impaired driving is increasingly common, and cannabis is one of the most common psychoactive substances found in dead and injured drivers. (Wettlaufer et al, 2017)

- Develop a comprehensive framework to address and prevent cannabisimpaired driving. This framework should include elements pertaining to prevention, education and enforcement, as has been recommended by the Centre for Addiction and Mental Health (CAMH). (Crépault, Rehm, & Fischer, 2016)
- Commit to investing in research, technology, and training to develop enforcement mechanisms for cannabis-impaired driving. The development of reliable roadside sobriety tests or per se limits on blood cannabis levels would

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facilitate enforcement and serve as a deterrent to cannabis-impaired driving. (Canadian Centre on Substance Abuse, 2017)

- Prohibit use of cannabis (smoked, vapourized or ingested) while in a motor vehicle. The *Liquor License Act* prohibits alcohol consumption in motor vehicles as a means to prevent drink-driving. A similar prohibition for cannabis would reduce opportunities for drug-impaired driving.
- Ontario should develop a comprehensive provincial campaign to raise awareness of the harms of cannabis-impaired driving. This strategy should include messages for the general public, as well as targeted messages for youth and new (trainee) drivers. All groups should be warned about prohibitions on drugimpaired driving, so that such prohibitions are able to serve their deterrence function.

(4) Regulating Cannabis Sales in Ontario

Commercialization of cannabis within a legal framework poses a risk to public health. Vendors in a commercial cannabis market have an incentive to promote cannabis consumption; this promotion has led to increased prevalence of cannabis use in other jurisdictions. (Institut National de Sante Publique du Quebec, 2017) Greater cannabis use increases the likelihood of cannabis-related health and social harms.

- Establish a monopoly on cannabis sales through a government-owned and controlled storefront system, similar to the Liquor Control Board of Ontario. An analogous cannabis control board should be given a social responsibility mandate, and should work to curb demand through controlled pricing and limited availability (hours and retail density). (Crépault, Rehm, & Fischer, 2016) Retail outlets should also be located away from schools, public parks and other areas used by children and youth. Retail staff should receive training that enables them to enforce the minimum legal age and provide customers with accurate information about the health and social consequences of cannabis use.
- If Ontario opts not to establish a monopoly on sales, limit the availability of cannabis in private retail outlets. Online sales should be prohibited. Clear limits should be set for the density and location of cannabis storefronts, and guidance regarding enforcement should be provided to municipalities. A restrictive licensing system should be established, with revenues from licensing fees invested into substance use prevention, including education and enforcement.
- Do not permit cannabis to be sold alongside tobacco or alcohol. Selling cannabis in the same retail outlets as alcohol or tobacco facilitates co-use of multiple substances, which can have adverse health effects beyond the use of cannabis alone. Combined cannabis-tobacco or cannabis-alcohol products should not be permitted to be sold for the same reason.
- Enforce a comprehensive ban on the promotion of cannabis or cannabis-containing products. This prohibition should include bans on sponsorship, endorsements, branding, point-of-sale advertising and display of cannabis paraphernalia. Therapeutic claims regarding recreational cannabis should not be permitted.

- If Ontario opts not to establish a comprehensive ban, prohibit marketing techniques (including particular product formulations) that are intended to appeal to children and youth. Children and youth are especially vulnerable to the impact of substance marketing, and are also at greatest risk of cannabis related health and social harms. (Giesbrecht & Wettlaufer, 2016)
- Ensure that product packaging and labelling requirements protect public health. Cannabis products should only be sold in plain (unbranded) packaging, and the package should include warning messages about the health effects of cannabis use. Product composition data (i.e. THC and CBD content) should be plainly visible and understandable. Child-proof packaging should also be required for edible products to protect against accidental ingestion by children. Consideration should also be given to how the product and its packaging are disposed of.
- Dedicate provincial resources to support and empower the municipal and public health personnel who will enforce cannabis regulations. As an example, the role of Tobacco Control Officers could be expanded to include cannabis-related enforcement, or dedicated 'Cannabis Control Officers' could be recruited and trained. Municipal powers to investigate and address cannabisrelated offences should be clearly established by provincial regulation.
- Recreational marijuana regulation should remain with the province to prevent
 a patchwork of municipal regulations including inconsistency among the
 individual licensing requirements and enforcement of municipal licensing bylaws. As
 this is new federal legislation, the province has the opportunity to develop a
 consistent and uniform regulation framework which will aid in better monitored,
 enforced and maintained regulations.
- If the province opts to devolve responsibility for enforcement to the municipality proper resources, including funding, to develop, monitor and enforce, municipal bylaws will be required. Under a new licensing bylaw, the municipality would require authority at a minimum to:

Outline areas of the City to permit recreational marijuana establishments;

Restrict the number of licenses issued by the City;

Create separation distances from schools, community centres and parks, other marijuana-related establishments;

Deny a licence application based on a public hearing or lack of good neighbour agreement;

Regulate promotional displays, advertisement and signs;

Regulate the visibility of the product from inside and outside the establishment;

Regulate disposal of product;

Regulate or require specific amounts of security;

Regulate or prohibit the sale of food – marijuana infused products; and

Regulate access to minors.

 Depending on the framework of the federal government, a licencing bylaw would require separate licences for: retail marijuana stores, retail marijuana product manufacturing, retail marijuana cultivation, retail marijuana infused products and/or retail marijuana testing facilities. This would require amendments to the City of Hamilton's zoning bylaw, and the creation of a new inspection process.

(5) Planning Public Education

- Develop and implement an evidence-informed provincial public education campaign. Key messages concerning the health and social effects of cannabis use should be disseminated using general and targeted approaches, including as part of the health curriculum in schools. Cannabis use should be denormalized in a manner that addresses the stigma associated with drug use.
- Develop programs to promote safe practices related to personal cannabis cultivation in the home. Program components should address topics such as fire safety, mould prevention, and risks to children living in the home.
- Adequately train participants in the retail cannabis market to facilitate compliance with the law. Training resources should be made available to store operators and staff, whether they are affiliated with private retail outlets or a government-run storefront.
- Use revenues from cannabis sales to support education that cuts across the spectrum of substance use, misuse, and abuse. Upstream factors that contribute to substance-related harms (such as mental wellness, stress management, and healthy coping) should be addressed as part of an educational strategy.
- Invest in cannabis-related surveillance systems that facilitate evaluation of the cannabis policy framework. Ongoing monitoring and evaluation is essential to ensure that cannabis regulations are having their intended effect and that health and social harms are mitigated.

City of Hamilton appreciates the opportunity to participate in Ontario's consultations regarding cannabis legalization. We hope that the province will build on the proposed federal regulatory framework in a manner that protects and promotes the public's health.

Sincerely,

Elizabeth Richardson, MD, MHSc, FRCPC

Medical Officer of Health Public Health Services

City of Hamilton