Association of Local Public Health Agencies
Speaking Points
Standing Committee on Social Policy
Re: Bill 36, Cannabis Statute Law Amendment Act, 2018

PLEASE NOTE THAT TRANSCRIPT OF THE DEPUTATION IS ATTACHED

Thursday, October 11, 2018

Background

- I am the President of the Association of Local Public Health Agencies, better known as alPHa, and have served as a medical officer of health for over 30 years. With me is Loretta Ryan who is alPHa's Executive Director.
- alPHa represents all of Ontario's 35 boards of health and medical officers of health (MOHs)
- We enforce the current *Smoke-Free Ontario Act* and *Electronic Cigarettes Act, 2015* in all of Ontario's 35 health unit jurisdictions
- alPHa and the Council of Ontario Medical Officers of Health (COMOH) have filed submissions re: the proposed *Smoke-Free Ontario Act, 2017* Regulation 268/18 amendments
- We agree with the Attorney General that it is vital for the government proposed cannabis retail model to "protect our kids" (ON NR, Aug 13 2018)
- While we have raised many issues and concerns in our submissions, my remarks focus largely on one particular matter. We are concerned that Bill 36, as currently drafted, may have many unforeseen consequences, especially respecting the health, protection and well-being of our kids
- As regards our kids, our concerns centre on normalization of cannabis use by virtue of adopting a private cannabis retail model and allowing the smoking and vaping of cannabis where tobacco is consumed and the normalization of vapour products by eliminating the same display and promotion bans that are in place for tobacco products
- We believe these unforeseen consequences can be remedied by adopting the following recommendations, in no order of importance, which complement those found in our Regulation 268/18 submissions

Recommendations

Kids

- Ensure that AGCO effectively inspects all cannabis retail stores re: sales to kids and has sufficient capacity and resources do so
- Place limits on retail density and hours of operations, especially near places where kids frequent
- Set buffer zones around places where kids frequent, not just buffer zones around schools
- Ban cannabis and vapour product use in outdoor areas frequented by kids
- Restrict cannabis and vapour product signage near places where kids frequent
- Ban the display and promotion of vapour products
- Ban the sale of flavoured vapour products that are attractive to kids
- Implement a sustained evidence-based strategy to alert and inform kids, cannabis users and the public about human health harms associated with cannabis use

Other

- The public LCBO store retail model may have had some advantages from a density, siting and enforcement perspective but acknowledge curbing the illegal cannabis market may have taken longer to achieve
- Ensure the AGCO utilizes a uniform approach with respect to buffer zones of public health concern and in the public interest when siting and licensing cannabis retailers. In addition to places frequented by kids, these may include addiction, gaming, health care and mental health facilities, beer and LCBO stores, child care centres, and tobacco and vaping product retailers
- Notify local MOHs of any local applications for a proposed cannabis retail store authorization
- Allow municipalities to further restrict retail density, hours of operation and places of use when it is in the public interest to do so
- Ban water pipes and other cannabis and nicotine delivery devices in and public places and workplaces
- Apply automatic prohibitions to vapour products
- Identify clearly defined priorities and objectives, establish measurable indicators for those objectives, and build in the capacity and flexibility to adjust as needed based on the measured impact of reforms
- Ensure that cannabis legalization is cautiously implemented, continuously evaluated and adjusted as required

Evidence

The above recommendations are supported, in whole or in part, by the following evidence examples, again, in no order of importance, which complements the evidence provided by other “like-minded” deputants:

- Cannabis use carries significant health risks, especially if used frequently and/or use begins at an early age (CAMH, 2014)

- When used frequently, cannabis is associated with increased risk of problems with cognitive and psychomotor functioning, respiratory problems, cancer, dependence, and mental health problems
- Kids are vulnerable to negative long-term effects of cannabis use, since their brains are still developing. Use of cannabis before age 25 can cause long term problems with attention span, memory, problem-solving and emotional control (CCSA, 2015)
- Several studies have suggested that cannabis use before the age of 18 increases the risk of developing schizophrenia (Lynch et al., 2012)
- Kids are particularly vulnerable to the effects of advertising and marketing (CCSA, 2015)
- E-cigarette use increases risk of using combustible tobacco cigarettes among youth and young adults (NASEM, 2018)
- A public health approach focused on high risk users and practices, allows for more control over the risk factors associated with cannabis related harm
- There is little evidence that illustrates safe recreational cannabis use for individuals and communities
- The evidence that is available indicates that legalization, combined with strict health focused regulation, provides an opportunity to reduce harms associated with cannabis use
- A legal and unregulated or under-regulated approach may lead to an increase in cannabis use. Striking the right balance is key to ensuring that a legalization approach results in a net benefit to public health and safety while protecting those who are vulnerable to cannabis related harms (CAMH, 2014)
- It is very difficult to tighten regulations once in place. It is best to take an approach that aims to prevent future harms, rather than adding regulations later. Efforts should be made to maximize benefits while minimizing harms, promoting health and reducing inequities for individuals, communities and societies (CCSA, 2015; Council of CMOHs of Canada 2016).
- Permitting cannabis to be consumed wherever tobacco use is permitted raises concerns regarding the risk of normalization, second -hand exposure/smoke and public impairment including: paranoia, panic, confusion, anxiety, and hallucinations (CAMH, 2014)
- As a handy reference, we have appended a table that compares Bill 36 with CAMH's Cannabis Policy Framework (CAMH, 2014)

Conclusion

- We are on the eve of expanding the accessibility and availability cannabis, a psychoactive drug, and vapour products, which are delivery devices for cannabis and nicotine, both of which are addictive
- We acknowledge that reducing or eliminating the illegal cannabis market is an important policy goal of the government
- However, we agree with the government that the protection of our kids is paramount, and should be as important if not more so than the economic interests of cannabis and vapour product retailers and suppliers

- We believe that the government values evidence-informed decision-making
- With these facts and values in mind, we believe the path forward is self-evident and the very future of the health and well-being of our kids is in your hands
- Good luck and best wishes with your deliberations
- Thank you for inviting us to today's public hearings

Appendix

Summary of Cannabis Policy Framework (CAMH, 2014) and Comparison with Bill 36

Cannabis Policy Framework	Bill 36
Establish a government monopoly on sales • Control board entities with a social responsibility mandate provide an effective means of controlling consumption and reducing harm	• Private retailers will be licensed by the AGCO • The Ontario Cannabis Retail Corporation will be the exclusive wholesaler and online retailer
Set a minimum age for cannabis purchase and consumption • Sales or supply of cannabis products to underage individuals should be penalized	• Minimum age set is 19 years of age
Limit availability • Place caps on retail density and limits on hours of sale	• No cap is set on the total number of licenses or authorizations • Ownership concentration limits for private retailers will be set • Additional store operating parameters will be established by regulation or by AGCO Registrar's standards
Curb demand through pricing • Pricing policy should curb demand for cannabis while minimizing the opportunity of lucrative black markets. It should also encourage use of lower-harm productions over higher-harm productions	• If the regulations so provide, the holder of a retail store authorization shall not sell cannabis or a prescribed class of cannabis at a price that is lower than the prescribed price for the cannabis or class of cannabis
Prohibit marketing, advertising and sponsorship • Products should be sold in plain packaging with warnings about risks of use	• The Registrar may establish standards and requirements respecting the advertising and promotional activities of holders of licences or authorizations
Clearly display product information • Products should be tested and labelled for THC and CBD content	• Detail regarding testing and labelling of THC and CBD not explicitly mentioned • Cannabis sold must display the prescribed cannabis retail seal
Developing a comprehensive framework to address and prevent cannabis impaired driving • Such a framework should include prevention, education and enforcement	• Not explicitly addressed • Municipalities will receive at least $10 000 in total over two years to help with costs associated with implementation of recreational cannabis legalization • The holder of a retail store shall not sell or distribute cannabis to a person who is or appears to be intoxicated • The holder of a retail store shall ensure that amount of cannabis sold to an individual in

	the cannabis retail store in a single visit…does not exceed the total amount of cannabis of any class permitted under the *Cannabis Act* (Canada) to be possessed by an individual in a public place
Enhance access to treatment and expand treatment options • Include a spectrum of options from brief interventions for at -risk users to more intensive interventions **Comparisons of alcohol and tobacco can be made to anticipate the financial impact of cannabis on healthcare and enforcement costs. According to the CCSA, 2018:** • Substance Use-related healthcare costs amounted to $11.1 billion or $345 per person in Canada. Alcohol and tobacco use contributed over 90% of costs. • Alcohol was responsible for the greatest costs to the criminal justice system at $3.2 billion or 35.2% of all criminal justice costs.	• Not specifically addressed • Municipalities will receive at least $10 000 in total over two years to help with costs associated with implementation of recreational cannabis legalization
Invest in education and prevention • Both general (e.g., lower risk cannabis use guidelines) and targeted initiatives (e.g., adolescents or people with a personal or family history of mental illness) are needed	• Not explicitly addressed • Municipalities will receive at least $10 000 in total over two years to help with costs associated with implementation of recreational cannabis legalization

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Transcript of Deputation:
Association of Local Public Health Agencies

The Chair (Mrs. Nina Tangri): Can I have the Association of Local Public Health Agencies please come forward? Thank you for joining us today. Please introduce yourselves.

Dr. Robert Kyle: Chair and committee members, good afternoon. I am the president of the Association of Local Public Health Agencies. My name is Robert Kyle. The association is better known as ALPHA. I have served as a medical officer of health for over 30 years. With me is Loretta Ryan, who is ALPHA's executive director.

ALPHA represents all of Ontario's 35 boards of health and medical officers of health. We enforce the current Smoke-Free Ontario Act and the Electronic Cigarettes Act, 2015, in all 35 health unit jurisdictions.

ALPHA and the Council of Ontario Medical Officers of Health, which is a section of ALPHA, have filed submissions with respect to the SFOA regulation 268/18, and they're in your package.

We agree with the Attorney General that it is vital for the government's proposed retail model to protect our kids. While we have raised many issues and concerns in our submissions, my remarks will focus largely on one particular matter: We are concerned that Bill 36, as currently drafted, may have unforeseen consequences, especially respecting the health, protection and well-being of our kids.

As regards our kids, our concerns centre on normalization of cannabis use by virtue of adopting a private cannabis retail model and allowing the smoking and vaping of cannabis where tobacco is consumed, and by the normalization of vapour products by eliminating the same display and promotion bans that are in place for tobacco products.

We believe the unforeseen consequences can be remedied by adopting the following recommendations, in no order of importance, which complement those found in our submissions.

Kid-specific recommendations include ensuring that AGCO effectively inspects all cannabis retail stores with respect to sales to kids, and has sufficient capacity and resources to do so.

Place limits on retail density and hours of operation, especially near places where kids frequent.

Set buffer zones around places where kids frequent, not just buffer zones around schools.

Ban cannabis and vapour product use in outdoor areas frequented by kids.

Restrict cannabis and vapour products signage near places where kids frequent.

Ban the display and promotion of vapour products.

Ban the sale of flavoured vapour products that are attractive to kids.

Implement a sustained, evidence-based strategy to alert and inform kids, cannabis users and the public about human health harms associated with cannabis use.

With respect to the public at large, we have some other recommendations.

The public LCBO store retail model may have had some advantages from a density, siting and enforcement perspective, but we acknowledge that curbing the illegal cannabis market may have taken longer to achieve.

Ensure that the AGCO utilizes a uniform approach, with respect to buffer zones, of public health concern and in the public interest when siting and licensing cannabis retailers. We've listed a number of places for consideration.

Notify local MOHs of any local applications for proposed cannabis retail store authorization.

Allow municipalities to further restrict retail density, hours of operation and places of use when it is in the public interest to do so.

Ban water pipes and other cannabis and nicotine delivery devices in and around public places and workplaces.

Apply the automatic prohibitions to vapour products.

In terms of implementation, identify clearly defined priorities and objectives; establish measurable indicators for those objectives; build in the capacity and flexibility to adjust as needed, based on the measured impacts on reform; and ensure that cannabis legalization is cautiously implemented, continuously evaluated and adjusted as required.

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In terms of evidence to support these recommendations, I have listed some. They complement what's in your package, and I'm not going to walk through them, in the interest of time. So let me come to our conclusion.

We are in the eve of expanding the accessibility and availability of cannabis, a psychoactive drug, and vapour products, which are delivery devices for both cannabis and nicotine, both of which are addictive.

We acknowledge that reducing or eliminating the illegal cannabis market is an important policy goal of the government. However, we agree with the government that the protection of our kids is paramount and should be as important, if not more so, as the economic interests of cannabis and vapour product retailers and suppliers.

We also believe that the government values evidence-informed decision-making.

With these facts and values in mind, we believe the path forward is self-evident and the very future of the health and well-being of our kids is in your hands.

Good luck and best wishes with your deliberations. Thank you for inviting us to today's public hearings.

That's it, Madam Chair.

The Chair (Mrs. Nina Tangri): Thank you very much for your presentation.

I'll begin with the opposition: Sara Singh.

Ms. Sara Singh: Thank you so much for the presentation. I think you raised some really interesting points that we need to elaborate a little further on. Perhaps you can share with us why you feel that the LCBO model would have helped to increase public safety and ensure that access is limited to those who are accessing it through that venue.

Dr. Robert Kyle: A couple of things: First of all, when you look at the Cannabis Licence Act, it's all about licensing, authorizations and so forth. It's a far more detailed and far more complex scheme than my understanding of the public LCBO store model.

Secondly, a go-slow approach may have helped mitigate, at an earlier stage, the whole normalization, if you will, of cannabis use, which we have argued is, if not an unforeseen consequence, certainly a likely consequence of adopting a retail type of model.

Lastly, because of a go-slow approach and a limited number of stores, on a municipality by municipality basis, if you're a local MOH or you're a local public health unit, you are not going to be hit up with quite a number of applications at a concentrated period of time, where you are going to be delivering the same message multiple times in your own jurisdiction, which would focus on setbacks beyond just schools, which are in the legislation.

I think a go-slow "build" kind of approach would have helped to mitigate the normalization process. It may be easier from a licensing, authorization and enforcement perspective, and it would have streamlined input by local stakeholders with respect to siting issues.

Those are some of the reasons. But we do acknowledge, of course, that it would take longer to curb the illegal cannabis market.

Ms. Sara Singh: Would it be a recommendation, then, Robert, that the approach be maybe licensing a certain number of stores per year, to ensure that we are going slowly, and increasing access at a pace that we can keep up with?

Dr. Robert Kyle: I think that our members would support that rather than making it wide open. But again, it's a question of balance, isn't it? You want to make it available on the one hand, but you want to curb the illegal market on the other hand. It's a balancing act. I think that "Go slow, learn as you go along and don't leave it wide open" makes a lot of sense in terms of our members' views.

Ms. Sara Singh: Thank you.

The Chair (Mrs. Nina Tangri): Go ahead, Doly.

Ms. Doly Begum: Thank you very much. You mentioned products—that e-cigarette advertising, for example, has a risk to kids. Was there any research done that looks into it, or any surveys?

Dr. Robert Kyle: I'd have to dig into the evidence in our submissions, and off of the top of my head, I can't provide you with that. But we'd be happy to get back to the committee on that.

The Chair (Mrs. Nina Tangri): You have one minute.

Ms. Sara Singh: I suppose with respect to vaping and advertising for vaping products—are there avenues we can explore that would allow consumers to access vaping products while protecting young people? Do you have recommendations on what avenues we could explore?

Dr. Robert Kyle: I don't. All I would say is, the point we are trying to make is that by making cannabis available widely through the retail model, coupled with allowing it to be smoked or consumed where tobacco is consumed, you are normalizing its use. So anything that the committee or the government or the Legislature can do to apply a child-and-youth lens to that, to mitigate the normalization, I think would be a welcome step. I think that the display and promotion of vaping products would contribute to mitigating, if you will, the normalization that's going to happen as a result of the approach that is being adopted.

The Chair (Mrs. Nina Tangri): Thank you very much. I'd like to go to the government side: Robin Martin, MPP?

Mrs. Robin Martin: Hi. Thank you for the presentation, Robert. As you said, it's a question of balance. The government has certainly been working hard on this legislation and the regulations to strike the appropriate balance. I am not sure if everybody is

aware, but there is a two-year review built into the legislation. Part of that is that we're trying to get the balance right. We're all learning about what will happen and what will occur, so we expect that there may be some changes required. At least we're building in a chance to revisit some of these issues as we see them.

We do believe that the protection of our children is the most important thing. The only reason really to be concerned about the economic interests of people who are selling the product is to make sure that they are able to achieve the number one thing that the legalization of marijuana is supposed to do, which is to undermine the illegal markets and all of the bad that goes with that.

I guess, in looking at the balance, what I wanted to ask you—you've acknowledged that undermining the market is an important objective. Is there anything else that you can suggest to us beyond what you've already said about how we can better protect children and youth in the circumstances?

Dr. Robert Kyle: I guess the short answer is: If there were, I would have included it. It strikes me—and we all have had to scramble because of the tight timelines and so forth, so if I've missed some details in the legislation, I apologize. I'm delighted there is going to be a two-year review.

When I read the government's news releases regarding the retail model and the protection-of-kids commitments, it seemed to me to centre mainly on restricting sales to kids under 19 years of age and the penalties that are going to be put in place with respect to infractions as a result of the retail model. It seemed to focus largely on that piece.

We think that another consideration is not only the sales piece but also—and you've heard this from others—the normalization piece. It's the subtle things. It's products that

are attractive to youth. It is the siting of retail places that are frequented by youth beyond schools: arcades, amusement parks, parks—the list goes on—and things of that nature.

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I think that we've tried to be fairly inclusive in terms of our recommendations. I think I heard from the previous deputation about the impact at the storefront with respect to in-shop sampling. I am sure there are other things that perhaps are not included in our submission that you will hear from others.

I think the main point is, beyond just restricting sales, having tough penalties and, hopefully, having robust and effective inspection of retail stores, that you consider the impact of the normalization, and if not now, when you do your review in two years. It strikes me that the balance you've tried to create may not have taken the normalization of cannabis use into account.

The Chair (Mrs. Nina Tangri): Just one minute.

Mrs. Robin Martin: If I could just follow up, I am struggling to understand the difference between legalization and normalization. I know what the words mean, but once we have legalized the product—which is a fait accompli; the federal government is proceeding in that direction—how do we not normalize consumption? I know we've done a similar thing with alcohol consumption. It is effectively normalized. Even though it's sold in public retailers, it is normalized, unfortunately. In some ways, it's a problem for our society at large, because these are products which also can harm people. So I'm struggling with how you'd like us to un-normalize—

Dr. Robert Kyle: I think alcohol is a discussion for another day; I would argue we've gone way too far. I think there is very compelling evidence that alcohol use leads to a whole host of human health effects.

I think the point is, whether you are looking at cannabis, or nicotine for that matter, and the devices that are used to aid their consumption, there is one thing about putting rules in place with respect to current users. We are talking a new generation and we are talking about being on the eve of, “What messages do we send to our kids with respect to both cannabis and nicotine use?”

When I was growing up, many decades ago, I recall going to many places where, if you were watching a hockey game or whatever, that’s the smoke room. You were exposed to the smoke room and it was normal. I am very pleased that with the Smoke-Free Ontario Act and the restrictions that are currently in place, we’re not going way, way back to a time when it was the Wild West with respect to tobacco.

The Chair (Mrs. Nina Tangri): I am going to have to stop you there. We have used up our time. Thank you very much for presenting to us today. We appreciate it.