

### Legal Access to Non-Medical Cannabis: Approaches to Protect Health and Minimize Harms of Use

**Date:** May 29, 2017  
**To:** Board of Health  
**From:** Medical Officer of Health  
**Wards:** All

#### SUMMARY

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The Government of Canada, on April 13, 2017, introduced two pieces of legislation related to legalizing and regulating non-medical cannabis with the intent of bringing the legislation into force by July 2018. Bill C-45 (the *Cannabis Act*) and Bill C-37 (amendments to the *Criminal Code*) intend to restrict youth access to cannabis and regulate the production, distribution and sale of cannabis.

Under the proposed legislation, the federal government will be responsible for the production of cannabis, and the provincial and territorial governments are responsible for developing, implementing, maintaining and enforcing systems to oversee the distribution and retail sale of cannabis. The provinces may develop legislation requiring additional conditions on matters such as use in public places, growing cannabis at home, minimum age of purchase, and drug-impaired driving.

Toronto Public Health supports a public health approach to the legalization and regulation of non-medical cannabis. The purpose of this report is to bring a public health analysis to the proposed legislation and to recommend measures that can be taken to further protect health and minimize the harms of cannabis use when developing the legislative framework for non-medical cannabis. This report is only focused on non-medical cannabis as a separate regulatory system is already in place for medical cannabis.

#### RECOMMENDATIONS

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The Medical Officer of Health recommends that:

1. The Board of Health request the Government of Canada to:
  - a) Immediately decriminalize the possession of non-medical cannabis for personal use until legislation to legalize and regulate cannabis comes into force;

- b) Require comprehensive “plain packaging” rules for all cannabis product packaging and labelling as are currently being proposed in federal Bill S-5 - *An Act to amend the Tobacco Act and the Non-smokers' Health*;
- c) Establish measures for cannabis law enforcement such as equity training, to ensure fair treatment of population groups disproportionately represented in the criminal justice system;
- d) Strengthen regulations on marketing and promotion of cannabis with more comprehensive prohibitions that address advertising in movies, video games and other media accessible to youth; and
- e) Regulate edible forms of cannabis as per the recommendations made by the federal Task Force on Cannabis Legalization and Regulation.

2. The Board of Health request the Province of Ontario to:

- a) Set the minimum age of purchase for cannabis at 19 years of age to align with the minimum age for legal purchase of alcohol in Ontario;
- b) Establish a provincially-controlled agency for the retail sale and distribution of non-medical cannabis, separate from that for alcohol, and establish a comprehensive social responsibility program;
- c) Prohibit smoking and vaping of cannabis in public places in alignment with restrictions on tobacco use in the *Smoke-Free Ontario Act* and the *Electronic Cigarettes Act*;
- d) Prohibit cannabis use in motor vehicles similar to restrictions on liquor use in motor vehicles in the *Liquor Licence Act*;
- e) Establish requirements for cannabis law enforcement, such as equity training, to ensure fair treatment of population groups disproportionately represented in the criminal justice system;
- f) Conduct formal consultations with municipalities and local public health agencies in the development of provincial legislation related to non-medical cannabis;

3. The Board of Health forward this report to the Council of Ontario Medical Officers of Health, the Urban Public Health Network, the Council of Chief Medical Officers of Health, Canadian Public Health Association, the Association of Local Public Health Agencies, Federation of Canadian Municipalities, Association of Municipalities of Ontario, the Ontario Public Health Association, the federal Cannabis Legalization and Regulation Secretariat and the Ontario Legalization of Cannabis Secretariat, for information.

## **FINANCIAL IMPACT**

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There are no financial implications arising from this report.

## **DECISION HISTORY**

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At its meeting of October 24, 2005, the Board of Health approved the Toronto Drug Strategy report, which included a recommendation to support pending federal legislation to decriminalize the possession of small amounts of cannabis for personal use. This bill

did not proceed due to the dissolution of Parliament.

<http://www.toronto.ca/legdocs/2005/minutes/committees/hl/hl051024.pdf>

At its meeting on June 29, 2015, following from a recommendation from the Toronto Drug Strategy Implementation Panel, the Board of Health requested the Medical Officer of Health to report to the Board of Health in the first quarter of 2016 on cannabis legalization and regulation.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2015.HL5.14>

At its meeting on May 30, 2016, the Board of Health urged the federal Minister of Health to use an evidence-based, public health approach to develop a regulatory framework for non-medical cannabis; earmark funding for research on the potential health impacts of cannabis use; develop a data collection and monitoring system and provide guidance on an interim approach to managing cannabis sale and possession.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2016.HL16.8>

## COMMENTS

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On April 13, 2017, Bill C-45 “*An Act respecting cannabis and to amend the Controlled Drugs and Substances Act, the Criminal Code and other Acts*” was tabled by the Government of Canada and received first reading in the House of Commons. Bill C-45 proposes legislation for legal access to cannabis for non-medical purposes and to control and regulate its production, distribution and sale by enacting the “*Cannabis Act*.” Coordinating amendments to the *Controlled Drugs and Substances Act* and the *Criminal Code* were also read in the House on April 13, 2017 as proposed in Bills C-37 and C-46 respectively.

The proposed *Cannabis Act* is intended to restrict youth access to non-medical cannabis and protect them from the promotion and marketing of cannabis; reduce criminal activity by imposing serious criminal penalties for those who import, export or provide cannabis to youth; protect public health through product safety and quality requirements; permit legal production of cannabis and access to non-medical cannabis; and, enhance public awareness of the health risks associated with cannabis use.

The proposed *Cannabis Act* is informed by the recommendations in a report from the federal [Task Force on Cannabis Legalization and Regulation](#).<sup>1</sup> The Task Force was convened in June 2016 by the federal ministers of Justice and Attorney General of Canada, the Minister of Public Safety and Emergency Preparedness and the Minister of Health to consult with other governments, stakeholders and the general public. The Task Force recommended a public health approach to legalization and regulation of cannabis.

The Board of Health (BOH) also supports a public health approach to the regulation of non-medical cannabis as recommended by the MOH in a report to the May 2016 meeting of the Board. This report was also submitted to the federal Task Force during the public consultation phase of their work. The Medical Officer of Health (MOH) report summarized evidence on the health impacts of cannabis use, and recommended a

comprehensive approach to regulating cannabis building on the lessons learned from tobacco and alcohol.

The purpose of this report is to bring a public health analysis to the proposed legislation and to recommend measures that can be taken to further protect health and minimize the harms of cannabis use when developing the legislative framework for non-medical cannabis. Recommendations from the federal Task Force and public health bodies and experts have been considered in the preparation of this report. References to the health evidence are drawn from the May 2016 report from the MOH unless noted otherwise.

This report focuses on non-medical cannabis (hereafter referred to as simply cannabis) as a separate regulatory system is already in place for medical cannabis.

## Proposed Federal Legislation

Key aspects of the proposed *Cannabis Act* and proposed amendments to the *Criminal Code* can be found in Attachment 1. The table below provides a brief description of the key aspects considered in this report.

Table 1: Key aspects of the proposed federal legislation

Issue	Proposed Federal Legislation
Minimum age of purchase	18 years of age with the ability for provinces and territories to increase the age but not lower it.
Marketing and Promotion	Similar to regulations limiting tobacco promotion, encouraging cannabis consumption or making it appealing to those under 18 is prohibited.
Packaging and Labelling	Packaging and labelling of cannabis that encourages its consumption or is appealing to those under the age of 18 and the depiction of a person, character or animal associated with a brand to indicate glamour, a way of life or suggestive of an emotional state is prohibited.
Possession in a Public Place	Individuals 18 years of age and older are prohibited from possessing cannabis equivalent to more than 30 g of dried cannabis, and those 12 years or older but under 18 years of age are prohibited from possessing cannabis equivalent to more than 5 g of dried cannabis.
Growing cannabis at home	A maximum of four plants, no more than one metre in height, is permitted for personal use per residence regardless of the number of adults in the household.
Impaired Driving	Law enforcement can demand a roadside oral fluid sample from drivers to screen for THC <sup>1</sup> and also require the driver to undertake a drug evaluation test or order a blood sample. Penalties for drug-impaired driving are based on the levels of THC in blood within two hours of driving and include an offence for combined THC and alcohol detection in blood.

<sup>1</sup>Delta-9-tetrahydrocannabinol (THC) is the main psychoactive ingredient in cannabis.

Approaches to protect health and minimize harms of cannabis use related to the issues identified in Table 1 are discussed in the sections below.

## **Regulatory Roles and Responsibilities**

Designing a regulatory approach for cannabis is complex and needs to be evidence-informed. While the federal government has introduced legislation to legalize access to cannabis, the details on how it will be regulated at the federal, provincial and municipal level have yet to be developed. Lessons learned from the regulatory and public education challenges and successes for tobacco and alcohol provide guidance in building a strong regulatory framework for cannabis.

Under the proposed legislation, the federal government is responsible for:

- Regulating the production of cannabis;
- Creating minimum conditions for distribution and retail sale that provinces would be required to meet;
- Setting standards for health and safety;
- Establishing criminal prohibitions;
- Regulating how cannabis or cannabis accessories can be promoted, packaged, labelled and displayed; and,
- Regulating the types of products that will be allowed for sale. (The legislation limits legalization to fresh and dried cannabis, cannabis oil, and cannabis plants and seeds. Legal access to edible forms of cannabis is expected at a later date).

Provinces and territories will be responsible for licensing and overseeing the distribution and sale of cannabis subject to minimum federal conditions, and restricting where cannabis can be consumed. Provinces, together with municipalities, could set more restrictive regulatory requirements on matters such as minimum age of purchase, growing cannabis at home, personal possession limits and also amend provincial laws for impaired driving

## **Minimum Age of Purchase**

Setting a minimum age for legal purchase and consumption is an important policy measure to help prevent the potential harms of cannabis use in youth. In Toronto, youth use cannabis at higher rates than adults (23.5% for youth, 19% for adults), and nationally, cannabis use is highest among young adults in the 20-25 years age group.<sup>2,3</sup> Setting a minimum age should be informed both by the health evidence on the potential harms of use and by the broader social, cultural and policy context in which substance use occurs. The proposed legislation sets the minimum age of purchase at 18, which aligns with the recommendations of the federal Task Force. The Task Force recommended this age limit in recognition of the fact that youth in this age group are using cannabis and therefore regulation should ensure youth have access to a quality controlled product rather than pushing them into the illicit drug market to access cannabis.

Public health experts have mixed opinions on the minimum age of purchase for cannabis. The potential risks associated with frequent cannabis use are higher during adolescence and into the twenties while the brain continues to develop. There is also a higher likelihood of developing a dependence on cannabis with early onset of use (11 to 15 years of age).<sup>4</sup> However, research indicates that the risk of becoming dependent on cannabis is considerably lower than for tobacco or alcohol (9% for cannabis compared to 68% for tobacco and 23% for alcohol).<sup>5</sup> Some public health organizations propose the minimum age to be set at 21 while others, such as the Canadian Public Health Association and the Centre for Addiction and Mental Health, recommend aligning the minimum age with that for alcohol.

In Ontario, the minimum age for purchasing and consuming alcohol is 19 and it is recommended that this also be the limit for cannabis. Setting the same age limit will provide clear and consistent messaging for youth, and ensure youth have access to a regulated product.

### **Production, Distribution and Retail Sale of Cannabis**

The distribution and retail sale of cannabis will be regulated by the provinces and territories. The proposed *Cannabis Act* does not outline conditions or requirements for provinces as to types of retail outlets, retail model or distribution system. However, the federal Task Force made several strong recommendations, including:

- “No co-location of alcohol or tobacco and cannabis sales, wherever possible. When co-location cannot be avoided, appropriate safeguards must be put in place;
- Limits on the density and location of storefronts, including appropriate distance from schools, community centres, public parks, etc.;
- Dedicated storefronts with well-trained, knowledgeable staff; and,
- Access via a direct-to-consumer mail-order system.”

Maintaining strong regulatory controls on the availability of cannabis will be essential to minimizing harms. The Province has the opportunity to establish strong health protective regulatory mechanisms for the distribution and retail sale of cannabis in Ontario. A key principle guiding this effort should be ensuring the sale of cannabis is not profit-driven. Limits on the number of retail locations and hours of sale are also likely to be effective in reducing harms. Research on tobacco and alcohol find that higher retail outlet density is associated with increased consumption and health harms.<sup>6,7,8</sup>

The Province has not specified a model for selling cannabis. Due to the health and safety concerns of mixing alcohol and other drugs, separate government sales outlets for cannabis should be established. A government-controlled (e.g. Crown corporation) retail and distribution monopoly that is guided by public health objectives and social responsibility would help ensure outlets are an appropriate distance from sensitive areas such as schools and parks should be considered. Further, prohibiting sales on university and college campuses to align with current tobacco sales restrictions should be established. health protective measures for cannabis use (e.g. opening hours, product display and placement, verification of the legal age for purchase).<sup>9,10</sup> It is therefore recommended that the Province establish a provincially-controlled agency for the retail sale and distribution of non-medical cannabis, separate from that for alcohol.

## Marketing and Promotion

Evidence on tobacco advertising shows that it has an impact on youth smoking and that comprehensive advertising bans are most effective in reducing tobacco use and initiation.<sup>11</sup> The proposed legislation for cannabis maintains existing promotion and marketing rules in place for tobacco, including restrictions on point of sale promotion. It is recommended that these restrictions be strengthened by including restrictions on advertising in movies, video games and other media, including on-line marketing and advertising, accessible to youth.

A key recommendation of the federal Task Force was for governments to adequately resource the monitoring and enforcement of marketing and promotion restrictions. Further, funding for research on the impact of marketing and promotion is essential for making evidence-informed amendments to regulations and to develop prevention strategies, and federal funding should be targeted to this area.

## Packaging and Labelling

Federal regulations on standards, conditions and restrictions related to packaging and labelling would be developed following passage of the legislation. The proposed *Cannabis Act* prohibits packaging and labelling of cannabis in a way that could be appealing to young people.

A key omission in the Act is a requirement for the “plain packaging” of retail cannabis products (i.e. standardized font, style, etc., prohibiting display of brand names, logos or promotional images, and sufficient space for health warnings and product information, such as THC potency). The federal Task Force recommended plain packaging as a means of restricting branding and marketing to youth. In July 2016, the BOH requested the federal Minister of Health to enact legislation to require plain and standardized packaging for all tobacco products in Canada and this requirement should be extended to include all cannabis products. In a recent report, the Smoke-Free Ontario Scientific Advisory Committee identified plain packaging as a highly impactful tool for reducing tobacco use.<sup>11</sup>

It is therefore recommended that the Government of Canada and the Province regulate comprehensive "plain packaging" requirements for all cannabis products.<sup>10,12</sup>

## Criminal Penalties and Law Enforcement

While cannabis is being legalized there will still be criminal and civil penalties in place for specific infractions. Penalties range from ticketing to a maximum of 14 years imprisonment depending on severity of the infraction. There are also new offences for selling or providing cannabis to youth under age 18 and using youth to sell cannabis. Cannabis possession offences by individuals from 12 to 17 years of age are subject to sentencing under the *Youth Criminal Justice Act*. It is estimated that 25% of those arrested for cannabis-related offences in Canada are aged 15 to 19.<sup>13</sup>

One of the federal government's main reasons for legalizing non-medical cannabis was to reduce the impacts of criminalization for Canadians. Even in the context of

legalization some groups may continue to experience criminalization. Findings from the recently released Ontario Human Rights Commission report, *Under suspicion: Research and consultation report on racial profiling in Ontario* (2017), reveal widespread racial profiling in policing.<sup>14</sup> Further, racialized groups are over-represented in the criminal justice system.<sup>15,28,29</sup> A disproportionate number of the arrests for cannabis possession under the current system are among members of racialized and vulnerable communities.<sup>27</sup>

Racism and racial discrimination are social determinants of health and therefore measures should be put in place, before the new cannabis legislation is enacted, to ensure that racialized and other vulnerable groups are not disproportionately impacted within the new legal framework. It is recommended that training of law enforcement on the application of the proposed impaired driving legislation and other civil and criminal penalties related to cannabis possession should include appropriate measures to ensure fair treatment of population groups disproportionately represented in the criminal justice system.

## **Smoking and Vaping in Public Places**

Key public health concerns related to cannabis use in public places are exposure to second-hand cannabis smoke and social exposure of youth to smoking. Research on tobacco use indicates that social exposure to tobacco use and smoking is associated with likelihood of use.<sup>11</sup> It is unknown whether exposure to second-hand cannabis smoke has the same health effects as second-hand tobacco smoke although, cancer-causing chemicals have been found in cannabis smoke. It is therefore imperative to regulate cannabis use in public places, at a minimum, with the most health protective regulatory restrictions in place related to smoking or vaping of other substances such as tobacco.

Regulation pertaining to the use and consumption of cannabis in public places is expected to be developed, implemented and enforced by provinces and territories. Smoking or vaping of cannabis in federally regulated workplaces and public places under federal jurisdiction is prohibited in the proposed federal legislation

The *Smoke Free Ontario Act* (SFOA) prohibits smoking or holding lighted tobacco in any enclosed workplace, any enclosed public place such as school property, and specifically designated outdoor places such as children's playgrounds, publicly owned sport fields and bar and restaurant patios. The restrictions extend to common spaces such as hallways or elevators in multi-unit residential buildings, colleges and universities and hotels. Designated smoking areas with more than two walls and a roof are prohibited under the SFOA. City of Toronto by-laws provide additional protections by prohibiting smoking within a nine metre radius of any entrance or exit of a public building, on public squares, swimming beaches and some park amenities.

Toronto Public Health regularly responds to concerns about exposure to second-hand tobacco and cannabis smoke from residents in multi-unit housing. There are no enforcement tools (municipally or provincially) to address cannabis smoke in these private dwellings. Toronto Public Health is currently exploring policy options to increase the availability of smoke-free multi-unit housing.



The Province amended the SFOA (via Bill 178) to add a section which applies smoking prohibitions to "prescribed products and other substances". This amendment received Royal Assent in June 2016 but has not yet been implemented. The amendment could allow for the inclusion of cannabis as a substance that would be prohibited for smoking in places where tobacco use is also prohibited in Ontario. In addition, the Province enacted the *Electronic Cigarettes Act* in 2016 which includes prohibitions on use of e-cigarettes (i.e. vaping) in various public places that have not yet come into effect. These regulations could apply to vaping of cannabis. Ensuring that new prohibitions on public cannabis smoking also mirror those for cigarette smoking in City of Toronto bylaws will provide the broadest protection from second-hand cannabis smoke. The Province should support municipal bylaws on cannabis use to further strengthen protection in municipal jurisdictions.

It is recommended that the Province align regulations for cannabis smoking and vaping in public places with those for tobacco as specified in the SFOA. Further, the Government of Canada should consider incorporating the health protective restrictions found in the SFOA and the City's bylaws when developing their regulations on cannabis use.

## **Growing Cannabis at Home**

Under the proposed legislation, people will be allowed to grow small amounts of cannabis for personal use. Municipalities will be responsible for enforcing safety standards related to home growing, and addressing health concerns. The federal Task Force and other organizations identify mould, odour, electrical hazards, fire and the likelihood of children's exposure to cannabis, as issues of concern related to cultivation of cannabis in residential buildings.<sup>1,19,20</sup> Most of these issues are of particular concern in multi-unit housing where the activity in one unit may affect their neighbours.

The Chief Medical Officers of Health of Canada, the Urban Public Health Network and the Canadian Public Health Agency recommend that home-growing be allowed with certain prohibitions, such as limits on growing higher-THC-concentration products and on sharing cannabis with children.<sup>12, 21</sup>

Home growing of cannabis for non-medical purposes poses some challenges at the municipal level in enforcing safety standards and addressing health concerns. Therefore, detailed regulations for cultivation at home should be developed by the Province in consultation with municipalities and local health units.

## **Impaired Driving**

Driving while impaired by cannabis is a key public health concern. Motor-vehicle accidents are the main contributor to Canada's burden of disease and injury from cannabis.<sup>10</sup> Research has found that many Canadian youth consider cannabis to be "less impairing" than alcohol.<sup>16</sup> However, the psychoactive effects of cannabis can negatively affect the cognitive and psychomotor skills needed for driving, especially in occasional cannabis smokers. In addition to strengthening penalties for impaired driving under the *Criminal Code*, public education on the risks associated with driving after

cannabis consumption will be essential to deter cannabis-impaired driving. The federal government has indicated that it will undertake a public education campaign on impaired driving.

The Province should also consider additional restrictions and strategies to their impaired driving legislation to align with the proposed federal regulations on drug-impaired driving. For example, similar to restrictions for alcohol-impaired driving, the Province should consider instituting a suitable “zero tolerance” limit for cannabis-impaired driving for new drivers and those under 19 years of age. Further, cannabis use in motor vehicles should be prohibited similar to restrictions in the *Liquor Licence Act* on alcohol consumption in motor vehicles.

The federal Task Force highlighted concerns about roadside drug screening technology for detecting THC levels and reliability of predicting impairment based on THC in bodily fluids. These concerns about roadside drug screening have been raised by others, including the American Automobile Association Foundation for Traffic Safety, which evaluated impaired driving data from the United States.<sup>17,18</sup> Public Safety Canada has completed a pilot project on the use of devices that test oral fluid for the presence of certain drugs. Results from the pilot project, which have not yet been released, will be used to inform the development of national standards for the use of drug screening devices for cannabis. As per recommendations by the federal Task Force, the federal government should make further investments for research and refinements to technology to better link THC levels with impairment and crash risk.

## **Public Education**

Evidence-informed public education will be imperative for implementing an effective health promoting regulatory framework for cannabis.

Toronto Public Health partners with schools and community agencies to support evidence-informed health promotion strategies that promote mental health, enhance resiliency, and reduce risk factors for substance misuse. Utilizing multiple strategies, TPH provides advice on cannabis and other substances through substance misuse prevention programming to university and college students, a peer leadership harm reduction program which reaches students in grades 7 to 12, and by engaging parents and caregivers through youth parenting programs. Education on the health effects of cannabis use during pregnancy and breastfeeding is also provided through TPH's prenatal and postnatal programming.

In its 2017 budget, the Government of Canada committed \$9.6 million over five years for public education and awareness campaigns, including impaired driving. Public education strategies must be informed by the *Lower Risk Cannabis Use Guidelines* which recommends a broad-based public health approach.<sup>25</sup>

## **Other Considerations**

### **(a) Edible Forms of Cannabis**

The proposed legislation to legalize access to cannabis does not include cannabis-based edible products. Edible products include forms in which cannabis is consumed

orally such as cannabis-infused cookies, brownies, beverages, gummies and chocolate. The federal government has indicated it will legalize edible products once the proposed *Cannabis Act* comes into force, and that regulations for edibles have been developed based on recommendations by the federal Task Force.

Although research on edibles is limited, the psychoactive effects of orally consumed cannabis are known to be different from smoking cannabis because of how it is metabolized in the body.<sup>22</sup> Smoking cannabis induces psychoactive effects within minutes, whereas, it is known to take about 40 minutes to feel the effects when cannabis is orally consumed.<sup>22</sup> Moreover, the psychoactive effects are known to diminish within two to three hours after smoking but the psychoactive effects can be longer from edibles increasing at two to four hours. The potency or levels of THC in blood may also reach higher levels when cannabis is orally consumed, however, there can be considerable variation among individuals.<sup>22</sup>

Accidental consumption of edibles by children, overconsumption due to delay in feeling the psychoactive effects and standardization of THC content in edibles pose challenges in ensuring the safety of edibles. Lessons learned from the United States underscore the importance of not only comprehensive regulations but also clear and proactive public education about the potential risks of consuming edibles, and preventing exposure to children.<sup>23</sup>

The federal Task Force recommended, in addition to the proposed labelling requirements for cannabis, that edibles should be sold in standardized serving sizes, labelled with a universal THC symbol and product potency, not be mixed with tobacco, nicotine, caffeine or alcohol, contain warnings to keep out-of-reach of children, and other labelling requirements that apply to food and beverage products.

The federal Task Force's recommendations are based on the new regulatory requirements from jurisdictions in the United States that have legalized the sale of edible cannabis products. It is recommended that the Government of Canada develop regulations as per the Task Force recommendations.

#### (b) Research and Evaluation

In May 2016, the BOH supported a recommendation from the MOH urging the federal Minister of Health to earmark funding for research related to the full range of potential health impacts of non-medical cannabis use and, in consultation with relevant stakeholders, to develop and fund a comprehensive monitoring system for cannabis, including the collection of baseline data prior to implementation of a regulatory system.

Health Canada has recently launched the *Annual Cannabis Use Survey* to gather information on factors, including frequency of use, purchasing behaviour, combining use with other substances and driving after use, from respondents 16 years of age or older. The Canadian Institutes for Health Research has also launched a new catalyst grant for population health research on the impact of cannabis legalization. The Canadian Centre on Substance Use and Addiction, in collaboration with multidisciplinary experts and stakeholders, has identified priority areas for cannabis

research in its National Research Agenda on the Health Effects of Non-medical Cannabis Use.<sup>24</sup>

In addition, Toronto Public Health is surveying residents to better assess risk perception and public awareness of the long-term health effects of regular cannabis use in adolescents and young adults and of cannabis use during pregnancy and breastfeeding. These research efforts will identify gaps to address through health promotion, and policy development.

### **An Interim Approach**

The federal government plans to pass the *Cannabis Act* in July 2018. In the meantime, individuals continue to be arrested for possession of cannabis. A recent report on cannabis law reform in Canada draws attention to how criminalization of cannabis use and possession impacts the social determinants of health, and calls for immediate decriminalization of cannabis.<sup>26</sup> A significant number of young Canadians will continue to obtain criminal charges before cannabis is legalized. Based on current rates, there will be approximately 59,000 charges and 22,000 convictions for simple possession before cannabis is legalized in Canada.<sup>26</sup> The consequences of having a criminal record include impacts on access to employment, housing, social stigmatization and economic status.<sup>26</sup>

Given that cannabis possession will soon be made lawful in Canada, it is recommended that the Board of Health urge the federal government to immediately decriminalize the possession of non-medical cannabis for personal use.

Finally, the Province has established a Legalization of Cannabis Secretariat to lead policy and program development, and they have had preliminary meetings with municipalities and public health units. The complexity of building a legal framework for cannabis, and the significance of its impact on public health demands that the Province undertake a comprehensive consultation process. It is therefore recommended that the Province conduct formalized consultations on regulation of cannabis with municipalities, public health and other stakeholders.

## CONTACT

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## SIGNATURE

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Dr. Eileen de Villa  
Medical Officer of Health

## ATTACHMENTS

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Attachment 1: Summary of the Proposed Federal Legislation for the Legalization and Regulation of Non-Medical Cannabis

## REFERENCES

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1. Health Canada. 2016. *A Framework for the Legalization and Regulation of Cannabis in Canada: The Final Report of the Task Force on Cannabis Legalization and Regulation*. Retrieved on May 10, 2017 at <http://healthycanadians.gc.ca/task-force-marijuana-groupe-etude/framework-cadre/index-eng.php>
2. Boak, A., Hamilton, H.A., Adlaf, E.M., & Mann, R. E., (2015). *Drug use among Ontario students, 1977-2015: Detailed OSDUHS findings*. CAMH Research Document Series No. 41. Toronto, ON: Centre for Addiction and Mental Health.
3. Health Canada. 2017. *Backgrounder: Legalizing and Regulating Cannabis- the facts*. Retrieved on May 10, 2017 from <https://www.canada.ca/en/health-canada/news/2017/04/backgrounder-legalizingandstrictlyregulatingcannabisthefacts.html>
4. Schlossarek, S., Kempkensteffen, J., Reimer, J. & Verthein, U. (2016). Psychosocial Determinants of Cannabis Dependence: A Systematic Review of the Literature. *European Addiction Research* 22: 131-144.
5. Lopez-Quintero C, Pérez de los Cobos J, Hasin DS, Okuda M, Wang S, et al. (2011). Probability and predictors of transition from first use to dependence on nicotine, alcohol, cannabis, and cocaine: Results of the National Epidemiologic Survey on Alcohol and

Related Conditions (NESARC). *Drug and Alcohol Dependence* 115: 120-130, as cited in Centre for Addiction and Mental Health. (2014). *Cannabis Policy Framework*. Toronto: ON.

6. Babor T., et al. (2003, 2010). *Alcohol: No Ordinary Commodity: Research and Public Policy*. Oxford Press:WHO. Oxford.

7. Campbell, C., Hahn, R., Elder, R., Brewer, R., Chattopadhyay, S., Fielding, J., Naimi, T. (2009) The Effectiveness of Limiting Alcohol Outlet Density As a Means of Reducing Excessive Alcohol Consumption and Alcohol-Related Harms. *American Journal of Preventative Medicine*. (6):556–569.

8. Novak SP, Reardon SF, Raudenbush SW, Buka SL. (2006). Retail tobacco outlet density and youth cigarette smoking: a propensity-modeling approach. *American Journal of Public Health* 96:670-676.

9. Institut national de santé publique du Québec (INSPQ). 2016. *Legalization of Non-medical Cannabis: A Public Health Approach to Regulation*. Retrieved from the Institut national de santé publique du Québec website on May 2, 2017  
[https://www.inspq.qc.ca/sites/default/files/publications/2233\\_legalization\\_non\\_medical\\_cannabis\\_0.pdf](https://www.inspq.qc.ca/sites/default/files/publications/2233_legalization_non_medical_cannabis_0.pdf)

10. Centre for Addiction and Mental Health. 2014. *Cannabis Policy Framework*. Retrieved on April 18, 2017 at  
[http://www.camh.ca/en/hospital/about\\_camh/influencing\\_public\\_policy/Documents/CAMHCannabisPolicyFramework.pdf](http://www.camh.ca/en/hospital/about_camh/influencing_public_policy/Documents/CAMHCannabisPolicyFramework.pdf)

11. Smoke-Free Ontario Scientific Advisory Committee, Ontario Agency for Health Protection and Promotion (Public Health Ontario). *Evidence to guide action: comprehensive tobacco control in Ontario (2016)*. Toronto, ON: Queen's Printer for Ontario; 2017.

12. Canadian Public Health Association. 2016. *A Public Health Approach to the Legalization, Regulation and Restriction of Access to Cannabis*. Retrieved on May 10, 2017 at  
[file:///C:/Users/sudha\\_000/Documents/Sudha%20Documents/CPHAcannabis\\_submission\\_e.pdf](file:///C:/Users/sudha_000/Documents/Sudha%20Documents/CPHAcannabis_submission_e.pdf)

13. The Canadian Bar Association. 2016. *Legalization, Regulation and Restriction of Access to Marijuana Response to Discussion Paper*. Retrieved on May 10, 2017 from  
<https://www.cba.org/CMSPages/GetFile.aspx?guid=c0efad9e-31b6-4cf1-9ab4-858743eec975>

14. Ontario Human Rights Commission. 2017. *Under Suspicion: Research and consultation report on racial profiling in Ontario*. Available online: [www.ohrc.on.ca](http://www.ohrc.on.ca)

15. African Canadian Legal Clinic (2011). *Criminal Justice Policy Paper*. Available at:  
[www.aclc.net/wp-content/uploads/Policy-Papers-1-11-English-FINAL.pdf](http://www.aclc.net/wp-content/uploads/Policy-Papers-1-11-English-FINAL.pdf)

16. McKiernan, A., & Fleming, K. 2017. *Canadian Youth Perceptions on Cannabis*. Ottawa, Ont.: Canadian Centre on Substance Abuse.
17. Paul Armentano. 2013. Should Per Se Limits Be Imposed For Cannabis? Equating Cannabinoid Blood Concentrations with Actual Driver Impairment: Practical Limitations and Concerns. *Humboldt Journal of Social Relations*—Issue 35 (4-5 -53).
18. AAA Foundation for Traffic Safety. 2016. *An Evaluation of Data from Drivers Arrested for Driving Under the Influence in Relation to Per se Limits for Cannabis*. Retrieved on May 10, 2017 at <https://www.aaafoundation.org/sites/default/files/EvaluationOfDriversInRelationToPerSeReport.pdf>
19. Canadian Association of Chiefs of Police (CACP). 2017. *CACP Discussion Paper - Recommendations of the Task Force on Cannabis Legalization and Regulation*. Retrieved on May 10, 2017 at [https://cacp.ca/index.html?asst\\_id=1332](https://cacp.ca/index.html?asst_id=1332)
20. Canadian Medical Association (CMA). 2016. *CMA Submission Legalization, Regulation and Restriction of Access to Marijuana*. Retrieved on May 10, 2017 from <https://www.cma.ca/Assets/assets-library/document/en/advocacy/submissions/2016-aug-29-cma-submission-legalization-and-regulation-of-marijuana-e.pdf>
21. Chief Medical Officers of Health of Canada & Urban Public Health Network. 2016. *Public Health Perspectives on Cannabis Policy and Regulation*. Retrieved on May 10, 2017 from <http://uphn.ca/wp-content/uploads/2016/10/Chief-MOH-UPHN-Cannabis-Perspectives-Final-Sept-26-2016.pdf>
22. Barrus, D.G., Capogrossi, K.L., Cates, S.C., Gourdet, C.K., Peiper, N.C., Novak, S.P., Lefever, T.W., and Wiley, J.L. (2016). Tasty THC: Promises and Challenges of Cannabis Edibles. *RTI Press Publication No. OP-0035-1611*. Research Triangle Park, NC.
23. Wang, G.S., Le Lait, M.C., Deakyne, S.J., Bronstein, A.C., Bajaj, L., and G. Roosevelt, 2016. Unintentional Pediatric Exposures to Marijuana in Colorado, 2009-2015. *JAMA Pediatrics*. 2016;170(9)
24. Canadian Centre on Substance Abuse. 2017. *National Research Agenda on the Health Effects of Non-medical Cannabis Use*. Retrieved on May 10, 2017 from <http://www.ccsa.ca/Resource%20Library/CCSA-National-Research-Agenda-Non-Medical-Cannabis-Use-Summary-2017-en.pdf>
25. Fischer, B., Jeffries, V., Hall, W., Room, R., Goldner, E., Rehm, J. (2011). Lower risk cannabis use guidelines: A narrative review of evidence and recommendations. *Canadian Journal of Public Health* 102: 324-327
26. DeVillier Michael. 2017. *Cannabis Law Reform in Canada: Pretense & Perils*. Hamilton Canada: McMaster University, The Peter Boris Centre for Addictions Research.

27. Maclean's. April 14, 2017. *A bad trip: Legalizing pot is about race*. Retrieved on May 12, 2017 from <http://www.macleans.ca/politics/ottawa/a-bad-trip-legalizing-pot-is-about-race/>

28. Correctional Service Canada. June 2004. *A Profile of Visible Minority Offenders in the Federal Canadian Correctional System*. Retrieved on May 15, 2017 from [http://www.csc-scc.gc.ca/research/r144-eng.shtml#LinkTarget\\_24654](http://www.csc-scc.gc.ca/research/r144-eng.shtml#LinkTarget_24654)

29. Government of Canada. September 2013. *Aboriginal Offenders - A Critical Situation*. Retrieved on May 15, 2017 from <http://www.oci-bec.gc.ca/cnt/rpt/oth-aut/oth-aut20121022info-eng.aspx>