Canadian Cancer Society / Société canadienne du cancer

Submission to the Standing Committees on Social Development and Government Operations to consider Bill 6: Cannabis Legalization and Regulation Implementation Act

Canadian Cancer Society

May 2018

Introduction

The Canadian Cancer Society (CCS) appreciates this opportunity to provide input regarding *Bill 6: Cannabis Legalization and Regulation Implementation Act*.

In keeping with our previous submission (see attached) calling for the strict regulation of non-medicinal cannabis within a public health framework, we urge the reconsideration of some of the provisions that have been made in Bill 6.

As recommended in The Final Report of the Task Force on Cannabis Legalization and Regulation, a public health approach[1] emphasizes evidence-based initiatives and considers social justice, equity, respect for human rights, efficiency, and sustainability. This approach ensures that a continuum of interventions, policies, and programs is developed and implemented focusing on enhancing potential benefits and reducing harms. A public health approach is the best way to prevent associated chronic diseases, including cancer, and to protect everyone in the Territories from the dangers of dependence and substance abuse.[2,3]

Provisions regarding selling and distributing cannabis

Although there may be some apparent expediency in having an existing Government of the Northwest Territories (GNWT) structure/agency such as the Liquor Commission become responsible for distribution and sale of cannabis in the NWT through "cannabis stores", which will initially be the existing liquor stores, we strongly advise against this provision. **The co-location and sale of substances such as alcohol or tobacco with cannabis at any retail outlet will thwart any effort by the GNWT to protect public health in this context.**

In Canada, poly-substance use, particularly the use of cannabis, tobacco and alcohol, is quite common, particularly among youth.[4] This is considered a high-risk use behaviour and should be prevented.[5] For example, the concurrent and mixed use of tobacco and cannabis is associated with an increased risk of adverse health effects compared with using cannabis alone.[6] The co-location and/or close relative proximity of cannabis, tobacco and alcohol retail may create an environment for high risk substance use by increasing access, demand and acceptability within any population group. Additionally, the sale of any cannabis products with alcohol or tobacco may influence social norms of poly-substance

---

[1]. Canadian Public Health Association. *A Public Health Approach to the Legalization, Regulation and Restriction of Access to Cannabis. Submission from the Canadian Public Health Association to the Task Force on Marijuana Legalization and Regulation.* August 29, 2016.

[2]. Canadian Public Health Association. *A Public Health Approach to the Legalization, Regulation and Restriction of Access to Cannabis. Submission from the Canadian Public Health Association to the Task Force on Marijuana Legalization and Regulation.* August 29, 2016.

[3]. Chief Medical Officers of Health of Canada & Urban Public Health Network. *Public Health Perspectives on Cannabis Policy and Regulation.* September 26, 2016

[4]. Haines-Saah, R, Moffat, B, Jenkins, E., et al. *The Influences of Health Beliefs and Identity on Adolescent Marijuana and Tobacco Co-Use. Qualitative Health Research*, *24*(7), 946-956.

[5]. Fischer, Benedict. et al. *Lower-Risk Cannabis Use Guideline: A Comprehensive Update of Evidence and Recommendations.* American Journal Public Health. June 23, 2017.

[6]. Leos-Toro C, Reid JL, Madill CL, Rynard VL, Manske SR, Hammond D. *Cannabis in Canada - Tobacco Use in Canada: Patterns and Trends, 2017 Edition, Special Supplement*. Waterloo, ON: Propel Centre for Population Health Impact, University of Waterloo

consumption, particularly among youth who are new and novice users.[7] Restricting availability by limiting the number of retail outlets where products are sold would also play a role in reducing consumption and related harm.[8] The GNWT must regulate the physical availability of cannabis retail to ensure cannabis products are not sold at or near tobacco or alcohol retail stores.

Rather than distribute cannabis as proposed in Bill 6, the CCS recommends that the GNWT establish a government controlled retail structure guided by public health goals. There is significant evidence from alcohol control indicating the need to implement a government monopoly retail system in order to adequately control product availability, reduce perceived acceptability and reduce consumption, particularly among youth.[9] The government monopoly should be operationalized through an agency established at arm's-length from government to allow for stability, sustainability and provide insulation from industry influence.

The GNWT's regulatory framework for alcohol retailing is a possible working model that could be used to develop a regulatory framework for retailing cannabis. The liquor retail licensing system includes strict requirements for retailers to follow which are actively enforced. These requirements are used to limit alcohol consumption and related harm. Fees collected from licensing can provide sustainable revenue to support active oversight and enforcement by regulatory agencies.

In the absence of a government-controlled retail system, the CCS recommends that all cannabis retailers be licensed, regulated and subject to enforcement measures such as those laid out in Bill 6, to be managed and implemented by a suitable territorial government authority.

Provisions regarding buying, possessing, using and growing cannabis

CCS urges the GNWT to increase the age of authorized use in Bill 6, from age 19 to age 21. The GNWT has the opportunity to be a Canadian leader in demonstrating its commitment to the protection of the health of its youth from the harms of smoking. The alarmingly high and stubborn rate of tobacco consumption in the NWT, compared to the national average, behooves the GNWT to have stronger protection for its youth as compared to the rest of Canada. CCS also recommends that the GNWT **set equivalent minimum age of purchase and use for cannabis and tobacco, and ensure active enforcement of regulations prohibiting the sale of cannabis and tobacco products to minors is fully implemented.**

Canada's rate of cannabis use among youth is one of the highest among developed countries.[10] Current Canadian estimates show that in 2015, past year cannabis use among individuals aged 15 years and

---

[7]. Haines-Saah, R, Moffat, B, Jenkins, E., et al. *The Influences of Health Beliefs and Identity on Adolescent Marijuana and Tobacco Co-Use*. Qualitative Health Research, *24*(7), 946-956.

[8]. Giesbrecht, N., et al. *Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies.* 2013. Toronto: Centre for Addiction and Mental Health.

[9]. Giesbrecht, N., et al *Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies.* 2013. Toronto: Centre for Addiction and Mental Health.

[10]. Haines-Saah, R, Moffat, B, Jenkins, E., et al. *The Influences of Health Beliefs and Identity on Adolescent Marijuana and Tobacco Co-Use*. Qualitative Health Research, 24(7), 946-956.

older was about 12% (3.6 million), an increase compared to 2013 when the rate was 11%.[11] Canadian youth have the second highest rates of cannabis use worldwide, with France surpassing Canada by only 2%.[12]

Cannabis use in the NWT is dramatically higher than the national average with 21% of people in the NWT age 15 and over having tried cannabis at least once in the last year. Moreover, outside of Yellowknife, consumption rates are as high as 34%, which is almost triple the national average. Of even greater concern, cannabis use by youth in the NWT (ages 15 to 24) is at 40%.[13] Of note, also, is the difference in the consumption rates between NWT Non-Indigenous residents at 13% and Indigenous residents at 30%.[14]

With alarmingly high consumption rates of both tobacco and cannabis amongst NWT youth, there is a very real risk that the legalization of non-medical cannabis may increase cannabis use and its associated harms among youth.

A minimum purchase and consumption age has the potential to be an effective strategy for controlling the sale and use of cannabis among youth as initiation of use usually occurs during the adolescent years.[15] When considering minimum age for consumption and sale of cannabis, an equivalent minimum age should also be implemented for tobacco use and sales.
Higher minimum age for purchase and consumption of alcohol and tobacco have illustrated positive public health effects. Research from the United States has indicated that a higher minimum age of legal access to tobacco products (e.g., age 21) will likely prevent or delay initiation of tobacco use by adolescents and young adults. Most tobacco users initiate use and become nicotine dependent during adolescence - Canadian research indicates youth initiation of tobacco peaks at the age of 13 and 14 years.[16] The risk of cannabis dependence is also associated with early-onset use.[17] Research indicates that if the minimum age of legal access to tobacco products was raised to 21, the result would be a substantial reduction in smoking prevalence—a projected 12 percent decrease.[18] As well, higher minimum legal drinking age is considered to be effective in decreasing alcohol consumption and related harms among younger drinkers.[19]

---

[11] Government of Canada. *Canadian Tobacco Alcohol and Drugs (CTADS), 2015 Summary*. March 2017 https://www.canada.ca/en/health/services/canadian-tobacco-alcohol-drugs-survey-/2015-summary.html.

[12] McKiernan, A. Fleming, K. *Canadian Youth Perceptions on Cannabis,* Ottawa, Ont.: Canadian Centre on Substance Abuse. January 2017, http://www.ccsa.ca/Resource%20Library/CCSA-Canadian-Youth-Perceptions-on-Cannabis-Report-2017-en.pdf

[13] 2012 NWT Report on Substance Use and Addiction, Department of Health and Social Services; Canadian Data:2012 Canadian Community Health Survey, Statistics Canada.

[14] 2012 NWT Report on Substance Use and Addiction, Department of Health and Social Services

[15]. Haines-Saah, R, Moffat, B, Jenkins, E., et al. *The Influences of Health Beliefs and Identity on Adolescent Marijuana and Tobacco Co-Use.* Qualitative Health Research, 24(7), 946-956.

[16]. Statistics Canada. *Youth and Tobacco.*2006.Health Canada. *http://www.hc -sc.gc.ca/hc-ps/pubs/tobac-tabac/youth-jeunes/index-eng.php*

[17]. Anthony J. *The epidemiology of cannabis dependence.* In: Roffman R, Stephens R, eds. *Cannabis Dependence: Its Nature, Consequences and Treatment*. Cambridge, UK: Cambridge University Press; 2006.

[18]. Institute of Medicine, Board on Population Health and Public Health Practice. *Public health implications of raising the minimum age of legal access to tobacco products*. Washington, DC: National Academies Press; 2015. Available from: http://iom.nationalacademies.org/Reports/2015/TobaccoMinimumAgeReport.aspx.

[19]. Giesbrecht, N., et al. *Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies.* 2013. Toronto: Centre for Addiction and Mental Health.

A significant body of evidence from tobacco and alcohol control illustrates enforcement of youth access laws influence risk perceptions, social norms, and health behaviours regarding alcohol and tobacco use. Adolescents who perceive enforcement of youth access laws to be strong and consumption to be socially unacceptable also believe products are less available and less common within the community and amongst their peers – these beliefs and perceptions influence consumption of alcohol and tobacco.[20,21] **Schedule C of Bill 6, *Amendments to the Motor Vehicle Act*, already sets out that a driver who is not yet the age of 22, will face the surrender or suspension of a driver's licence due to alcohol and/or drugs.**

As a result, in this context, a common minimum age for the purchase and use of tobacco and cannabis should be applied. If minimum age is altered from the currently proposed minimum of 19, then a phased approach could be applied with the age of access increasing over time to allow for improved acceptability and compliance.

The recommendation from the US states which have legalized cannabis, is to start prudently with the option of relaxing the regulation later on. Setting the minimum age at 19 in NWT would not be following this principle. It would be preferable to start at age 21, and then to relax the regulation later if appropriate.

There is no legal impediment to set a tobacco age or cannabis age higher than the age of majority. The age of majority in Ontario and PEI is 18, but the tobacco and alcohol ages are 19. The age of majority in Saskatchewan is 18, but the alcohol age is 19. Thus, there is no reason why the minimum cannabis age must be the same in all provinces or territories. Even if some provinces/territories adopt a minimum age of 18, other province/territories can implement age 21. For tobacco and alcohol, the minimum ages vary depending on the province/territory. For tobacco, there is a minimum age of 19 in seven provinces and territories, and age 18 in five others (the Yukon has no minimum tobacco age). For alcohol, there is a minimum age of 19 in ten of 13 provinces and territories, and 18 in Alberta, Manitoba and Québec. It is already the case that B.C. and Saskatchewan have a higher alcohol age (19) than Alberta (age 18).

The Canadian Medical Association has expressed strong support for a minimum age of 21 for both cannabis and tobacco. In the case of having access to medical cannabis, an exception could be made by providing a person younger than 21 with a medical authorization.

Clearly, the distinctively high rates of tobacco and cannabis consumption in the NWT warrant exceptional, prudent and bold measures of intervention such as increasing the age of consumption to 21.

---

[20]. Institute of Medicine, Board on Population Health and Public Health Practice. *Public health implications of raising the minimum age of legal access to tobacco products*. Washington, DC: National Academies Press; 2015. Available from: http://iom.nationalacademies.org/Reports/2015/TobaccoMinimumAgeReport.aspx.

[21]. Giesbrecht, N., et al. *Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies.* 2013. Toronto: Centre for Addiction and Mental Health

Provisions related to smoking cannabis in public

CCS recommends the expansion of the definition of "public place" as set out in the Bill to include more outdoor spaces such as restaurant and bar patios, parks, playgrounds, sports fields and any other municipal or provincial place where the public gather and to align with tobacco restrictions.

CCS urges the GNWT to prevent renormalization of smoking behaviours and protect the public from exposure to second hand smoke by including 'tobacco-like' provisions such as those found in the Alberta *Tobacco and Smoking Reduction Act* to prohibit all forms of smoking including cannabis in public spaces and workplaces**.** Public smoking bans are a cornerstone of the tobacco control effort and they have contributed to the reduction of tobacco use while protecting non-users from harmful second hand smoke. Any erosion of public smoking bans that may result from cannabis legalization could represent a setback for tobacco control. Existing public smoking bans should be protected and extended to include the use of cannabis. Public combustible use of cannabis may increase unhealthy modelling of smoking behaviour, which may inherently stimulate demand and associated harm

Second hand cannabis smoke contains many of the same carcinogenic substances and harmful toxic chemicals as second hand tobacco smoke.[22] Smoke-free public spaces regulations provide the public, especially vulnerable populations, with protection from health impacts of second hand smoke. Restrictions on the public consumption of tobacco play an important role in reducing overall smoking rates, improving indoor air quality, preventing renormalization of smoking and supports cessation attempts.[23,24,25] Similar smoking bans should be implemented for cannabis use to reduce health impacts of second hand cannabis smoke exposure, and avoid renormalization of smoking behaviour.

The GNWT has proposed that the Workers' Safety and Compensation Commission (WSCC) will be responsible for regulating cannabis at worksites to protect employees and ensure workplace health and safety. During public consultation, there has been discussion regarding the authorization of establishments for the consumption of cannabis. Public establishments providing indoor space for the smoking of cannabis such as "cannabis cafes" would be untenable if any worker were to be employed. No worker should have to be exposed to any second hand smoke especially to continuous high concentrations of smoke. Any establishment with a high concentration of active cannabis smoking would also have the difficult if not impossible task of preventing cannabis smoke from infiltrating the remainder of the structure that is not the cannabis establishment as well as the outdoors surrounding the establishment where nonsmokers passing by would be inhaling second hand cannabis smoke. We urge the GNWT to address any possible harmful exposures of any form of second hand smoke in the workplace. No worker in the GNWT should be forced to breathe second hand smoke on the job.

---

[22]. David, M, William S. R, Genevieve, L., et al. *A Comparison of Mainstream and Sidestream Marijuana and Tobacco Cigarette Smoke Produced under Two Machine Smoking Conditions.* Chemical Research In Toxicology. 2008; *21*(2), 494-502.
[23]. U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General—Executive Summary.* U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2006.
[24]. Brownson, R.C, Hopkins, D.P, Wakefield M.A., et al. *Effects of smoking restrictions in the workplace.* Annu Rev Public Health 2002; 23:333–348.
[25]. Hahn, E.J, Rayens, M.K, Butler, K.M., et al. *Smoke-free laws and adult smoking prevalence*. Prev Med 2008;47:206–109.

Conclusion

CCS applauds the strides the GNWT has made towards creating a regulatory framework that will comply with the Federal Government's directive while protecting the public health and safety of its citizens. However, we urge the GNWT to bolster the provisions of Bill 6 to improve the protection of NWT youth and prevent the uptake or the increase in uptake of cannabis and tobacco by youth and to improve the protection of nonsmoking citizens from second hand cannabis and tobacco smoke.