

Submission from Smart Approaches to Marijuana Canada by Pamela McColl

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Senator Art Eggleton in committee April 19 2018: *Yes, it could be bad for you, particularly taken in excess, but isn't it right that the person who is considered an adult should have the right to make that kind of decision, **hopefully fully informed** and doing what is best for their own health?*

(Ms.) Anne MacLennan May 9, 2018 in committee: *We actually believe that with the **right public information**, that young adult at 18 could make the decision as to whether he or she should consume some amount of cannabis in whatever form.*

Senator Poirier: *You made a comment a few minutes ago about ensuring we have the right public information out there on the cannabis legislation. The task force you recommended to the minister was to provide Canadians with information to ensure they understood the regulatory system. However, we heard last week, from the Canadian Bar Association and also from other witnesses, that right now what many Canadians are hearing is that cannabis will be completely legal soon. This is not the case, since the bill still maintains a strong criminal regime in many aspects of possession, distribution and cultivation.*

When your report was done in 2016, the government clearly didn't take the time to properly inform Canadians. To ensure that Canadians are well informed of all the consequences, whether it's health, law or otherwise, should the government, in your opinion, delay the legislation to ensure we have the proper information out there for the people?

Ms. McLellan: *No. You have just heard from my colleague that, for other reasons, he doesn't think it should be delayed. We noticed as we began our round table discussions across the country that the commitment of the Government of Canada, and the mandate we were given, was to engage people on legalization, regulation and restriction of access. Unfortunately, there was a group of people — and to some extent the media, but not entirely — who focused on legalization, and they forgot about the rest of the mandates. Our report is actually all about regulation and, quite honestly, restricting access, especially to young people, who today have very easy access to product and nobody knows the quality of that product. I agree that, for whatever reason, people chose to focus on only one area of the mandate.*

*Our report is embedded in the other two words: restriction and regulation. **Public education will be key.***

Senator Poirier: To follow up on where you are — and Dr. Ware you can jump in — we know that, despite the millions of dollars the government announced in the budget, Health Canada has only spent \$295,000 on its official cannabis public education campaign. The campaign that was targeted especially to youth only began in March 2018. Last year they said Canada should boost spending on intensive public education to ensure research on the impact of marijuana and not wait until 2018. What are the consequences of the legalization of cannabis without youth fully understanding the risk? From what we are seeing here, not a lot of the money has come forward, and what has come forward only started in March 2018.

*Dr. Ware: First, I don't agree that youth are not understanding what is happening with cannabis. I think they are extremely engaged. They are tracking this, as Ms. McLellan said, through social media. This is a topic which is in the press almost every single day. It is dominating Twitter and social media platforms. The youth are engaged. **They are well aware of what the risks have been.** I think they were told for decades, and in fact when some of us were youths, about the harms of cannabis and marijuana and it continues to be used widely. I think the youth are aware. I think we underestimate their intelligence and awareness of the issues. If they are taught and tuning into the messages, including the dialogue in these chambers and what is being discussed in the public media, there is an opportunity for public education in every single intervention that we do. Everything single word we put out there will be heard by young people. Teaching them that cannabis use is an adult activity, that the longer they delay using cannabis the safer it is for their brains, teaching them about the potency — these are simple messages. The lower risk cannabis use guidelines, published by CAMH and endorsed by multiple medical associations, all speak to the reality of cannabis use by young people, and encourage and teach ways to reduce those. Those documents are out there. They have been disseminated and have been endorsed by the Canadian Medical Association. There is information out there. It is up to all of us, including parents, teachers and professionals, to distribute this information at every opportunity we have.*

Senator Larry Campbell: “Can you give me the source of the heart attacks from marijuana? In 40 years, I've never heard that one. In 40 years of being involved in this, I've never, ever heard that. Where does that come from?”

Are parliamentarians, are senators, are individual Canadians sufficiently informed on the health risks associated with marijuana/cannabis products to vote to support legalising at this time?

Witness after witness called before the Canadian Senate committees asked for more public education, more funding and more time to before implementation of this bill should it pass into law. This included requests for culturally specific programs and tools. There were multiple calls for allocation of funding for research to address the many things still left unknown about the extent of marijuana harms, especially in association with the use of high potency products - growing every increasingly to be the preferred product of users.

Not one witness, including no government representative, was able to substantiate that there has been broad-based, sustained public education, nor was a single witness able to demonstrate that the educational efforts that have been done are evidence based and or inclusive of all demographics. One of the reason Canada has high rates of the use of marijuana products is a serious long term lack of spending on public awareness, for parents, educators, medical professionals, for youth and young adults, along with many others - which has resulted in a lowering of perception of risk associated with use and the challenges we now face.

May 8 2018 in committee: Senator Omidvar: *Would you not agree that alcohol leads directly to expressions of violent behaviour, whereas I have not actually heard that cannabis leads to violent behaviour?*

Dr. Madras: *There is more and more evidence now that cannabis-induced psychosis leads to violence and cannabis withdrawal state can lead to increased violence. The data is very new. It's just coming on board, but I would not say that there is no evidence in this case. It's beginning to grow.*

If Bill C45 is allowed to immediately become law, will Canadians be informed on the risks established by the evidence of science that is available and acknowledged by Health Canada? The following is from Health Canada's consumer web page for marijuana for medical purposes - accessed on May 10 2018.

*Health Canada - When the product should not be used: Cannabis should not be used if you: are under the age of 25, are allergic to any cannabinoid or to smoke, have serious liver, kidney, heart or lung disease, have a personal or family history of serious mental disorders such as schizophrenia, psychosis, depression, or bipolar disorder, are pregnant, are planning to get pregnant, or are breast-feeding, **are a man who wishes to start a family**, have a history of alcohol or drug abuse or*

substance dependence. The use of this product involves risks to health, some of which may not be known or fully understood.

Serious Warnings and Precautions - Smoking cannabis is not recommended. Do not smoke or vapourize cannabis in the presence of children. Keep any fresh or dried marijuana and cannabis out of the reach of children. Cannabis (marihuana, marijuana) contains hundreds of substances, some of which can affect proper functioning of the brain and central nervous system.

Ref - <https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-use-marijuana/licensed-producers/consumer-information-cannabis-marihuana-marijuana.html>

Another Health Canada webpage lists further warnings and states: Short term effects on your body can also include: If smoking; decreased blood pressure, which can cause people to faint; increased heart rate, which can be dangerous for people with heart conditions and can lead to an [increased risk of heart attack](#); Cannabis use can also result in psychotic episodes characterized by: paranoia, delusions, hallucinations.

The long-term effects of cannabis on your brain can include an increased risk of [addiction](#). Long-term cannabis use can also harm your: memory, concentration, [intelligence \(IQ\)](#) ability to think and make decisions. Effects appear to be worse if you: [start using early in adolescence](#), use frequently and over a long period of time. These [effects can last from several days, to months or longer](#) after you stop using cannabis. They may not be fully reversible even when cannabis use stops. Other long-term effects of smoking cannabis are similar to the effects of smoking tobacco.

Just like with tobacco and alcohol, a pregnant woman or new mother's use of cannabis can affect her fetus or newborn child. The substances in cannabis are carried through the mother's blood to her fetus during pregnancy. They are passed into the breast milk following birth. This can lead to health problems for the child. Cannabis use during pregnancy can lead to lower birth weight of the baby. It has also been associated with longer-term developmental effects in children and adolescents, such as: decreases in memory function, ability to pay attention, reasoning and problem-solving skills, hyperactive behaviour, increased risk for future substance use.

Cannabis impairment and safety risk: [Impairment can last for more than 24 hours after cannabis use](#), well after other effects may have faded. The THC in cannabis can [impair your ability to drive safely](#) and operate equipment. It can also increase

the risk of falls and other accidents. This is because THC can affect your: Coordination, reaction time, ability to pay attention, decision-making abilities, ability to judge distances. Cannabis use can increase the risk of accidents that lead to injury or death during high-speed activities, such as: driving, skiing, biking. People who use cannabis regularly may have [trouble with certain skills needed to drive safely](#). This may persist for weeks after their last use. Combining alcohol with cannabis greatly increases the level of impairment.

Combining cannabis with other psychoactive substances, especially ones with sedative effects such as opioids and benzodiazepines, can increase the effects of the drugs. This could increase the risk of injury or harm, particularly with activities like driving. Ref: <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/health-effects/effects.html>

In April of 2018 Stats Canada released their first quarter national cannabis survey:

Do Canadians feel as though the upcoming legislation will change their cannabis use and habits? When asked if their use of marijuana would change once the federal legislation passed, 6% of Canadians who had not used marijuana in the three months preceding the survey said that the legalization would likely encourage them to try the drug, while 24% of regular users said the legislation would likely increase their consumption.

Do Canadians who use cannabis drive under the influence? Among those who used cannabis in the three month time period, 14% of participants with valid driver's licenses admitted to driving within two hours of use, while 23% of weekly/daily users admitted to the same.

The percentage of Canadians that use marijuana is 14%. Ref: <https://datac.ca/first-quarter-national-cannabis-survey/>

Evidence statements based on systematic scientific literature reviews performed by Colorado Department of Public Health report: *Time to wait before driving: We found SUBSTANTIAL evidence that delaying driving for at least 6 hours after smoking less than 18 mg THC allows THC-induced impairment to resolve or nearly resolve for users who use less-than weekly. We found SUBSTANTIAL evidence that delaying driving at least 8 hours after oral ingestion of less than 18 mg THC allows THC-induced impairment to resolve or nearly resolve for users who use less-than-weekly.* Ref: <http://mccagueborlack.com/emails/pdfs/marijuana-health-concerns-colorado-2016.pdf>

The majority of cannabis dispensaries in Colorado recommended cannabis products for morning sickness and their recommendation for use was based predominantly on personal opinion.” Recommendations from Cannabis Dispensaries About First-Trimester Cannabis Use VOL. 131, NO. 6, JUNE 2018 OBSTETRICS & GYNECOLOGY

May 8 – in committee Senator Eggleton: *I would like to pose a question to Dr. Madras. We are experiencing in this country a very high usage, one of the highest in the Western world in terms of cannabis, particularly with young people, teenage up to 25 years. We’ve also experienced substantial arrests for cannabis usage and possession, disproportionately, I might add, for minority communities. All of these feed a \$7-billion illicit drug industry in this country. So we’re looking for solutions to better deal with the health issues here. We’re looking to remove that illicit market over time. At the same time, we don’t want to be putting our young people in jail and giving them criminal records. So you’re against legalization. What are you for? What would you suggest is the answer to this? Because the traditional “Just Say No” to drugs or the war on drugs obviously isn’t working in this country.*

Dr. Madras: *“Yes. I think that’s a very valid question. I’d like to respond with a few points that I think have to be made. Number one is that legalizing a drug can certainly, with regard to tobacco and alcohol, which are legal and widely available, cause a lot of physical, especially with regard to alcohol, brain consequences. The ratio of costs to our government at the federal, state and local, the health care costs, is approximately 10 to 1 compared to the taxation revenue. For every dollar we collect in taxes, we are spending close to \$10. That’s an estimate. It certainly varies. We’re spending \$10 in terms of the consequences. So to assume that legalization and taxation is going to cure the problem or alleviate it or mitigate it, I think, is not a narrative that I would subscribe to at this point. So the question is what does one do?”*

One de-normalizes chemical coping and chemical reward. We did not have a society for almost a century that leaned on illicit drugs for chemical coping and chemical reward. We did not normalize this. The assumption that we are facing is that it is impossible to go backwards, to reverse the history. Kids are going to use, and that’s the end of it. I think there is enough public health information and enough information on adverse consequences to begin to develop a very significant campaign. As you can see from this session, and I’m sure some of your previous sessions, this is always going to be disputed because advocates are far more vocal and far more dismissive of the scientific data than are the people on the front lines of the science.

The second issue is we talk about the war on drugs. We recognize, without a shadow of a doubt, the racial disparities that it has its impact on, but I would like to give you one example of why supply reduction does work. In 2006, we had a fentanyl crisis in the United States that no one remembers. I remember it because I was very close to this issue at the time I was serving in government. There were approximately 1,000 deaths due to fentanyl. When one super lab in Mexico was taken out, fentanyl deaths went back to baseline, which was very low. So the idea that supply reduction, which is a part of the so-called war on drugs, doesn't work I think is folly. There are many ways in which you reduce supply, and you do reduce consumption."

Conclusions:

Senators have unfortunately not heard much from the international community, given that no other nation (Uruguay aside) has legalized marijuana. It would be valuable to learn from nations who have realized success in both maintaining low rates of use or correcting trends. Sweden and the UK, in-particular have direct experience in curbing rates of use under a prohibition model. Those who comply with the UN drug conventions and spend heavily on drug prevention and education enjoy the lowest rates in the world, while those who fail to implement and spend suffer the highest rates.

Portugal - Minister of Health testimony before the Canadian Senate May 3 2018 Mr. Cardoso: *I mentioned we have in fact an increase in the consumption of cannabis in lifetime prevalence. That's easy to understand. In a lifetime in adults, between 15 and 74, also in the youth, prevalence is decreasing. All other drugs are decreasing, the prevalence is decreasing, in the last years. What I mentioned is about the discussion all over the world about legalization. Even here in Portugal, people understand if they are legalizing the substance, probably the risk is not so high. We have an increase of consumption in the last two or three years.*

Senator Seidman: *The discussion of legalization. Thank you.*

There has been much discussion in the Social Affairs Committee on racial profiling in relation to drug arrests, and little if no discussion of the rates of use in various population groups and health consequences, including hospital admission data related to marijuana use that in places such as Colorado, or the role the marijuana industry and the illicit market have played in targeting specific consumer groups. Racial profiling by law enforcement is not a valid argument to legalize drugs.

Ref: <http://mccagueborlack.com/emails/pdfs/marijuana-health-concerns-colorado-2016.pdf> See Hospital Association Admission Reports/Colorado Dept. of Health. Admissions by race.

Inequalities and prejudicial application of the laws in Canada must be addressed and corrected for laws pertaining to drugs and for all laws without question.

A 2004 survey from Nunavut showed 84.6% of men aged 15 to 19 stated they had used illegal drugs during the year, primarily cannabis. Among girls and women was lower at 69.3 per cent for girls aged 15 to 19. These rates of use are well above rates for other regions. Statistics in 2013 reveal the per capita rate of cannabis offences in Nunavut where five times higher than for Canada as whole.

A study reported in the Canadian Medical Association Journal outlined the substantiated risks of suicide that follows marijuana use and how this related to the Indigenous populace. Here is a region with high rates of suicide and marijuana use and their communities remain vulnerable to the risk of not implementing both supply and demand reduction adequately, and of not providing infrastructure, treatment centers or resources to cope with that the many problems and costs that follow drug use.

No Canadian should be subjected to risky, experimental public health policy, no one should be subjected to the guess work of Bill C45.

Ref: <http://www.cmaj.ca/content/185/10/E433.full.pdf+html>

[Ref:http://www.nunatsiaqonline.ca/stories/article/65674cannabis_regulation_nunavut_must_take_its_time](http://www.nunatsiaqonline.ca/stories/article/65674cannabis_regulation_nunavut_must_take_its_time)

Suggested Amendments:

1 - Cannabis may be not sold to persons that Health Canada, decides that for health reasons must not use cannabis which include, but not limited to, those so currently specified on the Health Canada website being a person including under the age of 25

2 - The Act will not come into force until Statistics Canada determines that a majority of Canadians in all demographics and in all regions of Canada understand the majority of health risks associated with the use of cannabis identified by Health Canada.

3 - Ensure that all for-profit cannabis companies include in all marketing and promotional materials filed with all applicable securities commissions — and on all sold products — the WARNINGS that consuming cannabis increases risk as per Health Canada reports. These warnings will not be limited to finished product but be applicable to all marijuana seeds, marijuana plants and marijuana products.

4 - A commission be authorized to study and determine levels and limits of THC for all marijuana product, and see the completion of the Health Canada November 23 1999 Risk Assessment conducted on THC levels and that the commission review the merits of placing all marijuana products used for any purpose under a Rev-Aid standard drug screening distribution protocol to best protect the any high risk consumer as is afforded other drugs with risky reproductive health side effect profiles.

May 9 in committee - Senator Seidman: ***“I was concerned to read on page 24 of the task force report that currently, “There is insufficient evidence to identify a safe THC potency limit.”***

5 - Amend the bill to prohibit the smoking or vapourizing of marijuana in the homes of Canadian children. Bring the laws that protect Canadians from exposure to second and third hand smoke in the workplace environment to be applied equally to all children in acknowledgement of the principle of equality under the law, and the Charter provisions of security of self and the principles of The Rights of the Child Treaty, to which Canada is a member.

6 - Address the issue of the diversion of drugs out of this country before legalization in order to prevent greater diversion by the illicit market who will look to new markets as the opening of legal distribution channels puts pressure on their operations.

“BC to Beijing: China presses Canada over illicit marijuana import, internal memo reveals: “Statistics Canada recently said that about \$1.2 billion worth of cannabis — or 20 per cent of Canada’s total pot production — was sold illegally beyond the country’s borders last year. Various sources have said over the years that most of Canada’s illicit pot ends up in the United States, but reliable information about exports — including their destination — has been scarce. A Public Safety Canada report last year noted the RCMP has estimated that between 50 and 80 per cent of cannabis grown in British Columbia was destined for U.S. markets. Another estimate put the percentage at 70 per cent.

Ref: <http://nationalpost.com/news/b-c-bud-to-beijing-china-presses-canada-over-illicit-marijuana-imports>

A coroner's report released about his death ruled Dubois accidentally drowned. That report included statements from boys he was with earlier in the day who said he suffered a bad reaction to marijuana, which the coroner concluded was a contributing factor in his death.

<http://www.cbc.ca/news/canada/saskatoon/saskatchewan-coroner-concerns-1.4409530>

HavenRichardDubois2000-2015

It is with great sadness that the family of Haven Richard Dubois, born June 6, 2000 died tragically on May 20, 2015.

Haven was a beautiful, active boy and would have celebrated his birthday soon. He was involved with Church activities, mixed martial arts, skateboarding and basketball. His smile, laughter and sense of humour will be forever missed by his huge family.

