



Addendum: Board of Health Meeting

Meeting # 07-18

Thursday, October 18, 2018

1:30 p.m.

Boardroom, Public Health Sudbury & Districts

ADDENDUM – SEVENTH MEETING
BOARD OF HEALTH
OCTOBER 18, 2018

7.0 ADDENDUM

DECLARATION OF CONFLICT OF INTEREST

i) Smoke-Free Ontario Act / Bill 36 Cannabis Statute Law Amendment Act

- Briefing note from the Medical Officer of Health and Chief Executive Officer dated October 18, 2018
- alPHa deputation to the Standing Committee on social policy dated October 11, 2018

Briefing Note

To: René Lapierre, Chair, Board of Health
From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer
Date: October 18, 2018
Re: Cannabis Legalization and Public Health Sudbury & Districts

☒ For Information

☐ For Discussion

☐ For a Decision

Issue:

The Federal *Cannabis Act 2018* sets out the legislative framework to legalize cannabis in Canada effective October 17, 2018. In Ontario, Bill 36, the *Cannabis Statute Law Amendment Act, 2018*, amends various Acts and enacts one new Act in relation to the use and sale in Ontario of cannabis and of vapour products. Public Health Sudbury & Districts is mobilizing to ensure its enforcement and health promotion roles are activated to protect and promote health in our service area.

Recommended Action:

That the Board of Health for Public Health Sudbury & Districts receive for information this update on the implications of and the organization's response to Bill 36, the *Cannabis Statute Law Amendment Act, 2018*.

Background:

On June 21, 2018, the Federal *Cannabis Act 2018* received Royal Assent and came into force on October 17, 2018. The Federal Government states that the *Cannabis Act 2018* aims to protect youth, keep profits from organized crime and to protect public health and safety by regulating access to legal cannabis.

On September 27, 2018, the Ontario Government tabled Bill 36, the *Cannabis Statute Law Amendment Act, 2018*. Bill 36 enacts the *Cannabis Licence Act, 2018* and makes amendments to the *Cannabis Act, 2017*, the *Ontario Cannabis Retail Corporation Act, 2017* and the *Smoke-Free Ontario Act, 2017*. Bill 36 passed and received Royal Assent on October 17, 2018.

2018–2022 Strategic Priorities

1. Equitable opportunities
2. Meaningful relationships
3. Practice excellence
4. Organizational commitment

With the passage of Bill 36, amendments to the *Cannabis Act, 2017* and the *Smoke-Free Ontario Act, 2017* align the prohibition of places of cannabis use (recreational and medical) with those of tobacco smoking and the use of electronic cigarettes (i.e. enclosed workplaces and public places, and other specified places).

With the passage of Bill 36, section 11 of the provincial *Cannabis Act, 2017* is repealed allowing individuals to consume cannabis in public places. Amendments to the *Smoke-Free Ontario Act, 2017* mean that people are permitted to consume cannabis in public if they are not within prohibited areas. Currently, there are no municipal bylaws prohibiting people from consuming cannabis in public places.

With the passage of Bill 36, amendments to the *Smoke-Free Ontario Act, 2017* create rules for displaying and promoting vapour products that are separate from the rules for displaying and promoting tobacco products. These rules are subject to regulations under the *Smoke-Free Ontario Act, 2017*. These regulations were finalized by government on October 17, 2018 and include the provision that retailers that are not specialty vape stores (e.g. convenience stores) can promote vapour products, subject to applicable federal law, but cannot display vapour products.

Implications and Organizational Response to Bill 36:

Bill 36 has implications for the health of the public and for programs and services delivered by local boards of health. The attached memo dated October 17, 2018, notes government supports and resources that are forthcoming to support public health's role.

Public Health Sudbury & Districts submitted comments about Bill 36 to the Ministry of Health and Long-Term Care along with many other boards of health and our provincial association, alPHA.

Public Health Sudbury & Districts tobacco **enforcement** officers will be responsible for enforcing cannabis restrictions related to places of use under the *Smoke-Free Ontario Act*.

- Staff have completed Ministry of Health and Long-Term Care enforcement training and have been working closely with City of Greater Sudbury and Greater Sudbury Police Services to clarify cannabis enforcement roles and responsibilities and coordinate public messaging. Staff will continue to work with municipalities to support the development and amendment of local smoking by-laws to include vaping and cannabis.

The Ontario Public Health Standards require boards of health to implement **programming** to prevent or delay substance use, to use a public health approach to strengthen community capacity and minimize the harms and negative health impacts associated with cannabis consumption, and to work with partners to address the impacts of substance use.

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- *Surveillance:* Available data on cannabis use is understood to be under-reported due to the illegal status of cannabis. In 2019, a Rapid Risk Factor Surveillance System module related to cannabis will be developed to provide data that will be important to program planning.
- *Harm reduction:* The Centre for Addiction and Mental Health' (CAMH) Lower-Risk Cannabis Use Guidelines (LRCUG) will be promoted to support a harm reduction approach to cannabis consumption.
- *Education and awareness:* Activities to date include the following -
 - *Cannabis telephone line:* A dedicated information line has been established and promoted through social media and in local newspapers or newsletters in Markstay-Warren, French River, Manitoulin Island and Chapleau. Staff are supported by a Q and A that is kept up to date.
 - *Website:* Comprehensive cannabis information is posted on Public Health Sudbury & Districts website.
 - *Be Cannabis Wise awareness campaign:* Four key messages include "Delay Use Until Later in Life", "Don't Use If You're Pregnant Or Plan To Become Pregnant", "Start Low And Go Slow" and "Don't Drive High". Key messages are being shared via social media, community bus shelters, bus backs, inside bus panels, media sign on Paris and the Kingsway, MacMedia venues and Public Health Sudbury & District Office locations.
 - *Directors of Education:* **Be Cannabis Wise** campaign key messages and the cannabis information line are shared with Directors of Education for dissemination throughout the school boards.
 - *Smoke-free advocacy:* Local post-secondary institutions (Collège Boréal, Laurentian University and Cambrian College) are encouraged to implement 100% tobacco and smoke free campuses, inclusive of cannabis.
 - *Priority populations:* Resources for priority populations including youth and pregnant/breastfeeding mothers are developed.
 - *Workplaces:* Supporting workplaces in policy development and skill building approaches related to cannabis.

Financial Implications:

While the number of routine inspections under the Smoke-Free Ontario Act, 2017 are not expected to increase significantly compared to work already being done under current legislation, the number of complaints received are expected to increase related to the following:

- New restrictions on places of use related to vaping and cannabis.
- New set-back requirements from school and community centre properties, as well as restaurant and bar patios related to smoking of tobacco or cannabis, and vaping.
- Calls from the public regarding neighbours smoking cannabis in their own unit of a multi-unit dwelling, or on their private property. Though a private residence is not a prohibited place, staff currently receive similar calls from the public regarding tobacco smoke.

2018–2022 Strategic Priorities

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Programming in support of the Smoke-Free Ontario strategy is 100% funded by the Ministry of Health and Long-Term Care. Public Health Sudbury & Districts intends to submit a request for one time 100% funds to the Ministry of Health and Long-Term Care as part of the Annual Service Plan to offset costs related to implementation of cannabis legislation and staff time for awareness raising via the third Quarter Standards Activity Report.

Ontario Public Health Standard:

Chronic Disease Prevention and Well-Being

School Health

Substance Use and Injury Prevention

Strategic Priority:

#3 Practice Excellence

Contact:

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2018–2022 Strategic Priorities

1. Equitable opportunities
2. Meaningful relationships
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and Long-Term Care**

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October 17, 2018

MEMORANDUM

TO: Medical Officers of Health, Chief Executive Officers, Board of Health Chairs

SUBJECT: Smoke-Free Ontario Act, 2017, Vapour Products and Cannabis: Amendments and Implementation Supports

Dear Colleagues,

I am pleased to provide you several updates on legislative and regulatory amendments as it relates to cannabis and vapour products and implementation supports for local boards of health.

Legislative and Regulatory Amendments

Earlier today, Bill 36, the *Cannabis Statute Law Amendment Act, 2018* was passed and received Royal Assent. Bill 36 amended the *Smoke-Free Ontario Act, 2017* to prohibit the smoking of cannabis in the same places where smoking tobacco and the use of electronic cigarettes (vaping) is prohibited. Amendments also create rules for displaying and promoting vapour products that are separate from rules for displaying and promoting tobacco products, and make those rules subject to the regulations. These amendments and all other provisions within the *Smoke-Free Ontario Act, 2017* were proclaimed into force.

The legislative changes can be found here:

EN: <https://www.ola.org/en/legislative-business/bills/parliament-42/session-1/bill-36>

FR: <https://www.ola.org/fr/affaires-legislatives/projets-loi/legislature-42/session-1/projet-loi-36>

Related amendments to Ontario Regulation 268/18 under the *Smoke-Free Ontario Act, 2017* were also finalized by the government. These include the following rules for the display and promotion of vapour products at places where they are sold or offered for sale:

- Specialty vape stores can only display and promote vapour products within the retail establishment, and the retail establishment must comply with several

conditions (e.g., no minors allowed entry, establishment must be a building or located inside a building, customers can only enter establishment from the outdoors or the areas of an enclosed shopping mall that are open to the public, and the establishment cannot be a thoroughfare);

- Retailers that are not specialty vape stores (e.g., convenience stores) cannot display vapour products, and can only promote vapour products, if the promotion complies with federal law; and,
- Wholesalers, distributors and manufacturers can display and promote vapour products, as long as the display or promotion complies with federal law.

In addition, Ontario Regulation 268/18 is amended to:

- Replace references to “medical cannabis” with “cannabis”;
- Update references to relevant federal legislation respecting medical cannabis and vapour products;
- Clarify that rules for the display and promotion of tobacco product accessories do not apply to vapour products manufactured or sold for use with tobacco, but packaged without a tobacco component;
- Exempt the use of an electronic cigarette in a specialty vape store for the purposes of sampling a vapour product, if certain conditions are met;
- Provide an evidentiary rule for proving in a prosecution that a substance is cannabis; and
- Provide certain exemptions from the prohibition on consuming cannabis in a motor vehicle, motorized snow vehicle and boat.

In addition, amendments to Ontario Regulation 79/10 under the *Long-Term Care Homes Act, 2007* were recently finalized to provide clarity on requirements relating to medical and recreational cannabis in long-term care homes.

You should expect to see the regulatory amendments noted above on e-laws in the next 1-2 business days.

Implementation Supports

By way of this memo, the ministry is officially releasing the following amended protocols and guidelines:

- **Tobacco, Vapour and Smoke Protocol, 2018**
- **Tobacco, Vapour and Smoke Guideline, 2018**

The protocols and guidelines named above are now in effect and replace the previous versions: Tobacco Protocol, 2018 and the Electronic Cigarettes Protocol, 2018.

Related updates have been made to the Ontario Public Health Standards: Requirements for Programs, Services and Accountability (Standards). Attached are the four standards that have been amended.

The ministry will also release several other resources for boards of health. See **Appendix A** for further details.

In addition, the ministry has developed resources that boards of health can utilize in the development of their own materials and initiatives with respect to cannabis. These resources are attached to this memo and include:

- Cannabis key messages, including Questions and Answers (Q&A), on the health harms of cannabis use;
- Information sheet on the health harms associated with cannabis use;
- Information sheet on the differences between recreational and medical cannabis; and
- A list of cannabis resources that have been developed by stakeholders and can be shared publicly.

We look forward to working with you to implement the above amendments to the *Smoke-Free Ontario Act, 2017* and Ontario Regulation 268/18.

If you have any questions please do not hesitate to contact the ministry at TobaccoEnforcement@ontario.ca.

Sincerely,

Original signed by

Roselle Martino
Assistant Deputy Minister
Population and Public Health Division

Appendix A: Resources to be made available for boards of health

Resource	Description
Automatic Prohibition Order Request Checklist	A checklist with key information and supporting documents required to support submission for an Automatic Prohibition Request to the Ministry of Health and Long-Term Care.
Disclaimer	To be posted on Boards of Health website to notify prospective buyers of tobacco retail dealer premises to contact local boards of health to confirm premises conviction history.
Fact Sheets	<p>The following revised fact sheets will be released:</p> <ul style="list-style-type: none"> • Child Care Centres and Home Child Care • Children's Playgrounds • Community Recreational Facilities • Duty Free Retailers • Enclosed Public Places • Enclosed Workplaces • Flavoured Tobacco Products • Government Buildings and Properties • Home Health Care Workers • Hospitals and Hospital Properties • Hotel, Motels, and Inns • Multi-Unit Dwellings • Post-Secondary Institutions • Residential Care Facilities • Residential Hospices • Restaurants and Bars including Patios • Tobacco and Vapour Product Retailers • Tobacco Manufacturers • Tobacconists • Traditional Use of Tobacco by Indigenous Persons • Schools • Smoking and Vaping in Vehicles and Boats • Specialty Vape Stores • Sporting Areas • Vapour Manufacturers and Wholesalers, and Distributors • Waterpipe Use in Enclosed Public Places, Enclosed Workplaces, and Other Places or Areas
Public Health Unit Inspector and Enforcement Manager Training Resource	Updated training resource on the Smoke-Free Ontario Act, 2017 (SFOA, 2017); Enforcement Approaches; and Roles and Responsibilities of Boards of Health under the SFOA, 2017 (presented at the in-person and webinar training sessions).
Questions and Answers	Consolidated responses to over 150 questions asked during the in-person and webinar training sessions for Public Health Unit Inspectors and Enforcement Managers.
Signage	No smoking, No vaping, and No smoking and No vaping

	signage to be delivered to Boards of Health.
Tobacco Inspection System Template	Template for Public Health Inspectors to manually record additional information on inspections while enhancements to the Tobacco Inspection System are underway.
Tobacconists and Specialty Vape Store Registration Materials	Supporting documents for Boards of Health including Letters, Application Forms, and Registration Guidelines for Tobacconists and Specialty Vape Stores.
Vendor Training Resource	This training resource is for store owners, employers and employees who sell tobacco related products and/or vapour products. It is intended to help store owners, employers and employees understand the requirements of the SFOA, 2017 regarding the sale, supply, display and promotion of tobacco products and vapour products.



Association of Local
PUBLIC HEALTH
Agencies

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

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 <ul style="list-style-type: none"> Control board entities with a social responsibility mandate provide an effective means of controlling consumption and reducing harm 	<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Sales or supply of cannabis products to underage individuals should be penalized 	<ul style="list-style-type: none"> Minimum age set is 19 years of age
Limit availability <ul style="list-style-type: none"> Place caps on retail density and limits on hours of sale 	<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Products should be sold in plain packaging with warnings about risks of use 	<ul style="list-style-type: none"> The Registrar may establish standards and requirements respecting the advertising and promotional activities of holders of licences or authorizations
Clearly display product information <ul style="list-style-type: none"> Products should be tested and labelled for THC and CBD content 	<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Such a framework should include prevention, education and enforcement 	<ul style="list-style-type: none"> 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 <i>Cannabis Act</i> (Canada) to be possessed by an individual in a public place
<p>Enhance access to treatment and expand treatment options</p> <ul style="list-style-type: none"> • Include a spectrum of options from brief interventions for at -risk users to more intensive interventions <p>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:</p> <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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
<p>Invest in education and prevention</p> <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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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