

**DECRIMINALIZATION OF CANNABIS**

**Recommendation**

Regional Councillor Frustaglio recommends:

That the following resolution be endorsed:

WHEREAS Health Canada has recognized that there are serious short-term and long-term health effects associated with cannabis use; and

WHEREAS scientific literature has shown that regular cannabis smoking can cause lung irritation, respiratory damage and effects similar to those caused by tobacco use; and

WHEREAS smoking cannabis exposes an individual to approximately 4000 chemicals, including many of the same carcinogens and mutagens found in tobacco smoke; and

WHEREAS a single cigarette of cannabis may expose an individual to more particulates than tobacco due to the lack of filtration and patterns of inhalation; and

WHEREAS the prevalence of cannabis use among youth in Ontario has steadily increased from 10% in 1991 to 29% in 2003; and

WHEREAS research has shown that two-thirds of Ontario students report that cannabis is easily attainable and only 25% strongly disapprove of trying cannabis; and

WHEREAS the Ontario Drug and Alcohol Treatment Registry has indicated that cannabis is currently the number one substance that youth are seeking treatment for; and

WHEREAS the World Health Organization has recognized that there is an increased risk of motor vehicle collisions among persons who drive when intoxicated by cannabis; and

WHEREAS the Regional Municipality of York Police Services Board adopted the position that it opposes the decriminalization of marijuana in Canada; and

WHEREAS healthy public policy related to cannabis use must aim to increase the health of Canadians by incorporating best practices in both prevention and harm reduction strategies; and

NOW, THEREFORE BE IT RESOLVED that the Council of the Regional Municipality of York ask the Federal Government to be mindful of these health issues when considering federal legislation which results in the decriminalization of cannabis in Canada;

AND FURTHERMORE that this resolution be distributed to the Federal Minister of Justice and Attorney General of Canada, the Federal Minister of Health, the Federal Minister of State for Public Health, the Provincial Minister of Health and Long-Term Care, the Federation of Canadian Municipalities, and local Members of Federal Parliament.

**Economic Impact**

N/A

### **Purpose**

To provide for Council's consideration a resolution adopted by Regional Council regarding the decriminalization of cannabis.

### **Background - Analysis and Options**

At its meeting of April 21, 2005, Regional Council adopted the above-noted resolution. It should be noted that York Region is asking the Federal Government to be mindful of these health issues when considering federal legislation respecting this matter.

### **Relationship to Vaughan Vision 2007**

This report recommends a change from the priorities previously set by Council.

### **Conclusion**

Council's endorsement of this resolution is requested.

### **Attachments**

Regional Council Extract.

### **Report prepared by:**

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Respectfully submitted,

Regional Councillor Joyce Frustaglio.



Clause No. 2 in Report No. 3 of the Health and Emergency Medical Services Committee was adopted, as amended, by the Council of The Regional Municipality of York at its meeting on April 21, 2005.

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**ALCOHOL AND CANNABIS USE IN YOUTH  
PREVALENCE, POLICY AND PREVENTION**

*(Regional Council at its meeting on April 21, 2005 amended the following Clause by substituting the following relating to the Decriminalization of Cannabis as recommendation 5:*

5. *WHEREAS Health Canada has recognized that there are serious short-term and long-term health effects associated with cannabis use; and*

*WHEREAS scientific literature has shown that regular cannabis smoking can cause lung irritation, respiratory damage and effects similar to those caused by tobacco use; and*

*WHEREAS smoking cannabis exposes an individual to approximately 4000 chemicals, including many of the same carcinogens and mutagens found in tobacco smoke; and*

*WHEREAS a single cigarette of cannabis may expose an individual to more particulates than tobacco due to the lack of filtration and patterns of inhalation, and*

*WHEREAS the prevalence of cannabis use among youth in Ontario has steadily increased from 10% in 1991 to 29% in 2003; and*

*WHEREAS research has shown that two-thirds of Ontario students report that cannabis is easily attainable and only 25% strongly disapprove of trying cannabis; and*

*WHEREAS the Ontario Drug and Alcohol Treatment Registry has indicated that cannabis is currently the number one substance that youth are seeking treatment for; and*

*WHEREAS the World Health Organization has recognized that there is an increased risk of motor vehicle collisions among persons who drive when intoxicated by cannabis; and*

*WHEREAS the Regional Municipality of York Police Services Board adopted the position that it opposes the decriminalization of marijuana in Canada; and*

***WHEREAS healthy public policy related to cannabis use must aim to increase the health of Canadians by incorporating best practices in both prevention and harm reduction strategies; and***

***NOW THEREFORE BE IT RESOLVED that the Council of the Regional Municipality of York ask the Federal Government to be mindful of these health issues when considering federal legislation which results in the decriminalization of cannabis in Canada;***

***AND BE IT RESOLVED FURTHER that this resolution be distributed to the Federal Minister of Justice and Attorney General of Canada, the Federal Minister of Health, the Federal Minister of State for Public Health, the Provincial Minister of Health and Long-Term Care, the Federation of Canadian Municipalities, and local Members of Federal Parliament.)***

The Health and Emergency Medical Services Committee recommends the adoption of the recommendations contained in the following report, March 9, 2005, from the Commissioner of Health Services, with the addition of Recommendation Nos. 4 and 5 as follows:

4. **WHEREAS** alcohol continues to be the primary drug of choice for youth in Ontario, and  
**WHEREAS** impairment by alcohol is an important factor in influencing both the risk of a motor vehicle collision as well as the severity of the resulting injuries, and  
**WHEREAS** the World Health Organization has recognized that hazardous drinking among youth increases the likelihood of future health problems, and  
**WHEREAS** scientific studies have shown that there are serious short-term and long-term health effects associated with hazardous drinking, and  
**WHEREAS** scientific research has shown that 70% of Ontario youth drink alcohol and 27% drink alcohol in excess, and  
**WHEREAS** scientific research has shown that binge drinking among Ontario youth has increased over the last ten years, and

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**WHEREAS** the appointed Provincial Alcohol Review Panel that will make recommendations on the sale and distribution of alcohol does not include a health representative, and

**WHEREAS** one of the principles of the review is "convenience, variety and competitive prices for consumers", which could result in increased distribution and access of alcohol by youth (e.g. alcohol sales at corner stores)

**WHEREAS** increased access and consumption of alcohol in Ontario will ultimately lead to increased alcohol-related health effects and harm, and

**NOW, THEREFORE BE IT RESOLVED** that the Council of the Regional Municipality of York urge the Province of Ontario in Canada to include evidence and research of health prevention measures that will be important to control and foster responsible alcohol consumption, as part of their Alcohol review,

**AND FURTHERMORE** that this resolution be distributed to the Association of Municipalities of Ontario, the Provincial Minister of Health and Long-Term Care, and local Members of Provincial Parliament.

5. **That the proposed resolution circulated at this meeting entitled 'Decriminalization of Cannabis' be referred to staff for review and forwarded to Regional Council for consideration at its April 21, 2005 meeting.**

#### 1. **RECOMMENDATIONS**

It is recommended that:

1. The Health Services Department continue to work with other community agencies to secure additional funding from the Federal and Provincial governments for initiatives addressing alcohol and cannabis use in youth.
2. Health Canada be requested to put strong emphasis on resources for initiatives targeting excessive alcohol use and cannabis use in youth.
3. This report be forwarded by the Regional Clerk's Office to the York Regional Police Services Board.

## 2. PURPOSE

The purpose of this report is to provide the Health and Emergency Medical Services Committee and Regional Council with additional information on alcohol and cannabis use in youth. This report will also provide information on provincial and federal alcohol and cannabis policies.

## 3. BACKGROUND

On February 3, 2005, Health and Emergency Medical Services Committee received a report entitled *Substance Use by York Region Youth*. At that time staff were directed to prepare a subsequent report to address alcohol and cannabis use among youth and issues surrounding the decriminalization of cannabis.

According to the *Mandatory Public Health Programs and Services Guidelines* set forth by the MOHLTC, 1997, York Region Health Services has a mandate to address both substance use prevention and harm reduction.

## 4. ANALYSIS AND OPTIONS

### 4.1 Prevalence of Alcohol and Cannabis Use in Youth

As discussed in the February report, the Ontario Student Drug Use Survey (OSDUS) is a provincial survey conducted every two years from 1977–2003 with students ages 10–18. This survey is the most accurate estimate of substances use and trends for York Region students.

The most recent OSDUS report has shown concerning trends in alcohol and cannabis use among youth. Excessive use of alcohol (binge drinking and drinking to drunkenness) by students in Ontario has increased over the last 10 years. For example, approximately 27% of students reported binge drinking (consuming five or more drinks on one occasion) at least once during the month before the survey was conducted.

OSDUS also shows that 30% of Ontario students (from grade 7–12) reported using cannabis in the past year and two-thirds felt that it is easily available to them. This reflects a long-term trend in Ontario—as use and availability increase, perceptions of risk and disapproval decrease.

### 4.2 Drug Policy

Drug policies can be grouped into three broad categories: prohibition, decriminalization and legalization. Prohibition makes it a criminal offence to possess, grow/produce, or sell a particular drug. For example, heroin and cocaine are prohibited drugs in Canada.

Under decriminalization policy, it remains a criminal offence to produce or supply a drug, but civil penalties are imposed for possession and/or use of specified amounts. Legalization is defined by the removal of both criminal and civil sanctions associated with the use of a drug. Caffeine and herbal supplements are examples of drugs that are legal in Canada.

#### **4.2.1 Alcohol Policy**

Alcohol is an example of a drug that is decriminalized. Although it is not a criminal offence to use alcohol, strict regulations exist to control the use of this drug. Criminal consequences exist for situations where the inappropriate or excessive use of this substance affects the health and well-being of other individuals, such as driving while impaired.

On January 11, 2005 the Provincial government announced the appointment of an expert panel to review the distribution and sale of beverage alcohol in Ontario. The panel's report, to be submitted to the government by spring 2005, will be based on five guiding principles:

- Safeguarding socially responsible consumption, storage, distribution and sale of beverage alcohol
- Convenience, variety and competitive prices for consumers
- Maximizing value to tax payers
- Ensuring responsible reuse and recycling practices
- Promoting Ontario's products

The panel currently does not include a representative from public health, health or social services. However, the panel will receive and review input from the public and stakeholders. Public health input would be important in order to consider evidence and research of prevention measures, and to control and foster responsible alcohol consumption. Changes to the current system could lead to increased access and ultimately increased consumption of alcohol. The Ontario Public Health Association has written a response to the Province that states that "more private retailers pushing product would boost sales to youth and increase consumption overall, leading to greater public harm". The Health Services Substance Abuse Prevention Program (SAPP) is keeping abreast of the review process and identifying possible roles of the local public health unit.

#### **4.2.2 Cannabis Policy**

Cannabis is currently a prohibited substance under the *Controlled Drugs and Substance Act (CDSA)*. In July 2001, the legislation was amended to permit the medical use of marijuana. Canadian Drug Policy as it relates to cannabis has been actively debated in the House of Commons and Senate for over 32 years. In 2002, the House of Commons Special Committee on Non-Medical Use of Drugs released a report recommending a renewed federal drug strategy including some form of decriminalization of possession and cultivation of small amounts of cannabis. Several Cannabis Reform bills have been unsuccessfully introduced to the House of Commons surrounding the decriminalization

issue. Most recently, Bill C-17 was introduced by the Minister of Justice to the House of Commons on November 1, 2004. This bill proposes that persons caught with 15 grams or less of cannabis will face a fine, rather than a criminal charge. This bill represents one of many suggested changes in the renewed National Drug Strategy.

#### **4.2.2.1 National Drug Strategy – Health Canada**

On May 27, 2003 the Minister of Health announced the Federal Government's commitment to a renewed Canadian Drug Strategy. The goals of this strategy are:

- Decrease the number of people – particularly youth – who abuse drugs
- Decrease the number of young Canadians who experiment with drugs
- Decrease the incidence of communicable diseases, such as hepatitis and HIV, that are associated with substance abuse
- Increase the use of alternative justice measures, such as drug treatment courts
- Decrease the illicit drug supply
- Decrease the avoidable health, social, and economic costs of substance abuse

The government proposed to accomplish these goals through:

- Community-based initiatives to address a range of prevention, health promotion, treatment and rehabilitation issues
- Public education campaigns on substance abuse with the specific focus on youth
- New funding for research activities, on drug trends to enable more informed decision-making
- A biennial, national conference with all stakeholders to set research, promotion and prevention agendas
- Proposed legislative reforms regarding marijuana
- New resources to help decrease the supply of illicit drugs

The Minister also stated that “an important part of our drug strategy will focus on strong, public education messages to inform Canadians of the negative health effects of marijuana”.

#### **4.2.2.2 Position Statements on Cannabis Decriminalization**

Various organizations have made public statements about the proposed changes to the legislative status of cannabis.

On July 23, 2003, the York Region Police Services Board adopted a report and the position that it opposes the decriminalization of marijuana in Canada and advised the Ontario and Federal Governments, the Ontario Association of Police Services Boards and the Canadian Association of Police Boards of its position. This position states that these changes will “undermine the primary aims of Canada’s Drug Strategy”. The report outlines concerns for public safety (such as impaired driving and messaging to youth) and law enforcement (effects on cannabis grow operations and demand on police services). These concerns are also based on the premise that decriminalization of cannabis will increase demand for cannabis.



The Centre for Addiction and Mental Health (CAMH) released a position statement on October 25, 2004 supporting the decriminalization of cannabis. The CAMH believes that the CDSA has become an inappropriate control mechanism. Its position makes reference to "the available scientific knowledge on the effects of cannabis use, the individual consequences of a criminal conviction, the costs of enforcement and the limited effectiveness of the criminal control of cannabis use... While harmful health consequences exist with extensive cannabis use, CAMH believes that the decriminalization of cannabis possession will not lead to its increased use".

The Canadian Medical Association's position states that "the government must take a broad public health policy approach to address cannabis use. Focusing on the decriminalization issue alone is inadequate to deal with the complexity of the problem. Changes to the criminal law affecting cannabis must not promote normalization of its use, and must be tied to a national drug strategy that promotes awareness and prevention, and provides for comprehensive treatment. Under such a multidimensional approach the CMA would endorse decriminalization".

The Ontario Public Health Association has not yet made a statement on the decriminalization of cannabis. The Ontario Public Health Marijuana Working Group (which SAPP participates in) has recently submitted a research paper on issues regarding marijuana use. This group has been asked to present a position paper on the decriminalization of marijuana to the OPHA Board of Directors in November 2005.

#### **4.3 Health Services Substance Abuse Prevention Program**

According to the Mandatory Public Health Programs and Service Guidelines set forth by the MOHLTC, 1997, York Region Health Services has a mandate to address both substance use prevention and harm reduction.

SAPP focuses on effective health promotion messaging to prevent and reduce the harm associated with substance abuse (including alcohol and cannabis). This program is based on evidence based research and best practice.

The Health Canada document *Preventing Substance Use Patterns Among Young People, A Compendium of Best Practices, 2001* evaluated substance use prevention programs in Canada and looked at best practices. The most successful programs incorporated the principles of: a strong framework, accountability, understanding and involving young people and creating an effective process. For instance, effective programs focused on the factors that most directly contributed to substance abuse programs or promoted health in youth. This study also found that program activities need to complement community efforts and be based on reliable and ideally local information. The York Region SAPP continues to incorporate these best practices into programming.

#### **4.3.1 Alcohol Programs and Initiatives**

Since 2002, SAPP has closely monitored the trend of increased high risk drinking in youth. Several health promotion strategies have been implemented to support the education and reduce the harm associated with excessive drinking. For instance in 2002, the Youth Media Campaign of Ontario was formed, a provincial coalition on the issue of excessive use of alcohol by youth. SAPP held an executive position on this coalition.

In 2004, additional federal funding allowed for the hiring of a coordinator and the formation of a youth committee. SAPP actively supports this youth committee and several York Region youth are participants.

Other initiatives include training programs for school board administration, teachers and parents. These workshops provide information and strategies on reducing the risk of harm associated with excessive alcohol use.

#### **4.3.2 Cannabis Programs and Initiatives**

SAPP has several initiatives targeted at prevention and harm reduction associated with cannabis use. For example in 2003 the *Youth Summit on Cannabis* was held in York Region. This event provided an opportunity for youth and experts to participate in a forum that examined the perceptions, beliefs and concerns surrounding cannabis use. Experts present included addiction specialists, doctors, clinicians, researchers and police.

Based on the alarming rates of youth reporting driving under the influence of cannabis (20% of students reported having driven within one hour of smoking cannabis, OSDUS), SAPP is currently developing a health promotion campaign targeting the harm associated with cannabis use and driving.

#### **4.4 Relationship to Vision 2026**

This initiative is consistent with several goals outlined in York Region's Vision 2026 document. SAPP contributes to safe and secure communities and promotes wellness through partnering with major York Region institutions.

### **5. FINANCIAL IMPLICATIONS**

The Substance Abuse Prevention Program utilizes the skills of 1.5 Public Health Nurses, 1.0 Health Educator and a fraction of management and clerical time to service York Region program needs. Annualized staffing costs are estimated at \$217,000, along with approximately \$14,000 in program costs, all of which is included in the Council approved 2005 Business Plan and Budget. This estimate does not include any support corporate costs.

As increasing trends of binge drinking and cannabis use in York Region youth continue, the demands on the SAPP will also increase. As a result, additional funding will be required to maintain programs at current service levels. Proposed changes to provincial alcohol policy and federal cannabis policy could create an even greater need for substances abuse prevention and harm reduction programs targeted at youth.

The SAPP will continue to work with other community agencies to secure additional funding from the Federal and Provincial governments for alcohol and cannabis prevention programs.

It is also recommended that Health Canada be requested to put strong emphasis on resources for initiatives that target excessive alcohol use and cannabis use in youth.

## **6. LOCAL MUNICIPAL IMPACT**

SAPP offers services that target substance use in youth including education, advocacy, initiatives and consultation to all nine area municipalities in York Region.

## **7. CONCLUSION**

Through combining best practices and evidence based research, York Region SAPP provides programs that focus on prevention and harm reduction among youth. With increasing trends of substance abuse among youth in Ontario, compounded with possible changes to alcohol and cannabis policy, greater demands will be placed on SAPP resources. The most successful substances abuse programs in Canada have achieved their goals of long-term sustainability and community integration (Health Canada, 2001). To this end, SAPP will continue to work with other community agencies to secure additional funding from the Federal and Provincial governments for alcohol and cannabis prevention programs. In addition, it is recommended that Health Canada be requested to put strong emphasis on resources for youth initiatives that target excessive alcohol and cannabis use in youth.

The Senior Management Group has reviewed this report.