

# 8 Key Findings from the 2018 Community Cannabis Survey

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# 8 Key Findings from the 2018 Community Cannabis Survey

In the fall of 2018, the North Bay Parry Sound District Health Unit (NBPSDHU) surveyed residents of Nipissing and Parry Sound districts, aged 16 and older, to learn about their recreational cannabis use, attitudes towards cannabis, and knowledge of harm reduction messages related to cannabis. All survey data was collected before recreational cannabis was legalized in Canada on October 17th, 2018 meaning that these results can be used to evaluate the local impacts of cannabis legalization. Information collected through this survey can also inform local cannabis-related initiatives and resources.

Overall, 961 respondents from 35 local municipalities and First Nations responded to the survey. More than half of all respondents lived in the City of North Bay, with a large number of respondents also living in West Nipissing, the Town of Parry Sound, and East Ferris. The median age of respondents was 44 years.

This report highlights the eight key findings from the survey.

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## FINDING #1: Survey respondents reported higher cannabis use than the local population\*

**79%** of respondents reported using cannabis in their lifetime

**38%** of respondents reported using cannabis in the last year

**51%** of the local population reported using cannabis in their lifetime<sup>1</sup>

**11%** of the local population reported using cannabis in the last year<sup>1</sup>

\* The local population refers to individuals who live within the Health Unit region and who completed the Canadian Community Health Survey between 2009 and 2012.

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## FINDING #2: The majority of survey respondents who reported using cannabis first tried it at a young age



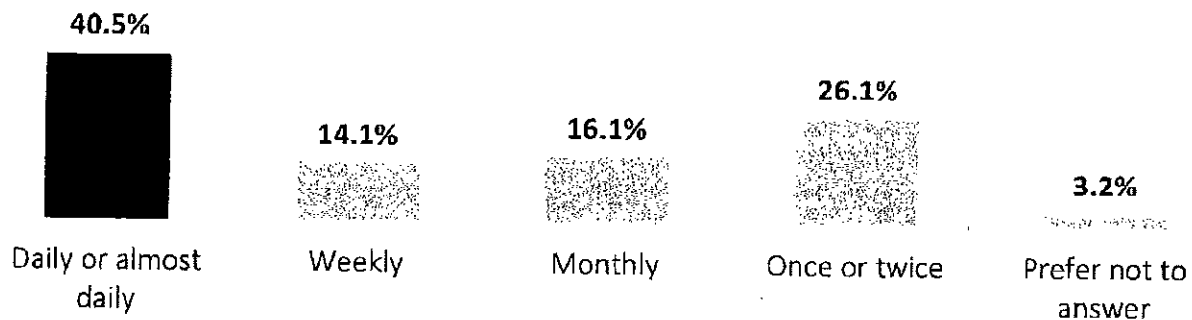
**74%**

of respondents who reported using cannabis tried it for the first time before the age of 19

***Did you know...***

Our brains develop until our mid-20s. Regular use of cannabis before then can affect memory, thinking, and attention. It increases the risk of mental health problems, dependence, and lung conditions. Avoid cannabis use until adulthood.

### **FINDING #3: Many of the survey respondents who reported cannabis use in the last year were daily or almost daily users**

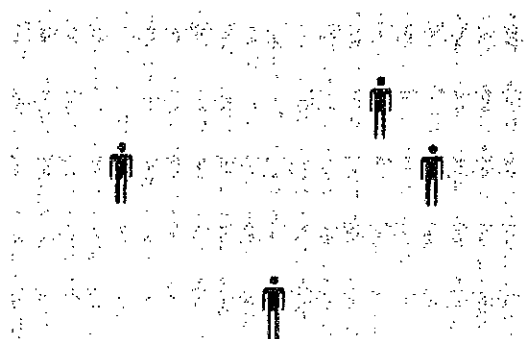


Male respondents were more likely to report daily or almost daily use while females were more likely to report using cannabis once or twice in the past year. Respondents aged 34 or younger were less likely to report daily or almost daily use when compared to respondents aged 35 and older.

***Did you know...***

The more a person uses cannabis, the higher their risk of health and social problems. Daily or near-daily use can cause problems with memory, learning, and decision-making. Avoid frequent, daily, or near-daily use.

### **FINDING #4: Few survey respondents would give cannabis to a person under the age of 19**

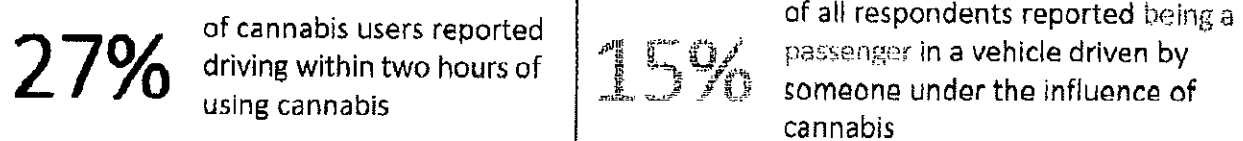


# 4%

of all respondents reported they would give cannabis to a person under the age of 19, the legal age for cannabis consumption in Ontario

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**FINDING #5: Several survey respondents reported either driving under the influence of cannabis or being driven in a vehicle by someone who was**

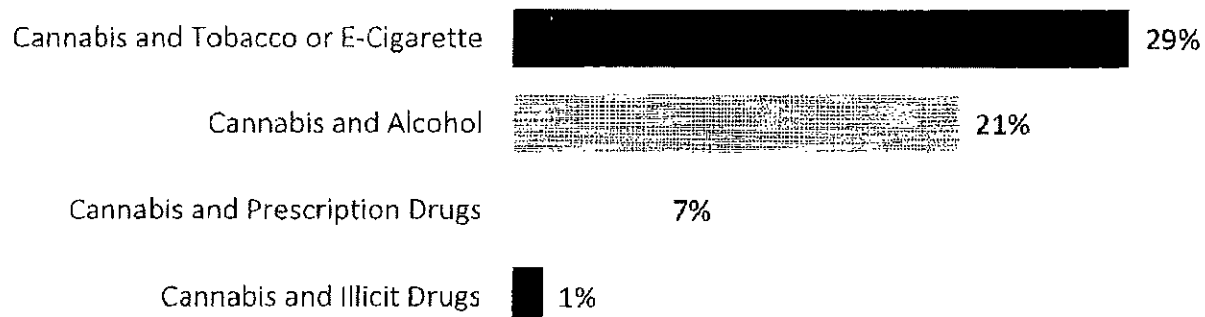


***Did you know...***

Cannabis impairs your ability to operate a vehicle and its effects can last up to six hours depending on the person and the product used. [Canada's Lower Risk Cannabis Use Guidelines](#) recommends not driving while still affected by cannabis.

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**FINDING #6: Nearly one third of cannabis users reported using cannabis and tobacco or e-cigarettes at the same time**



***Did you know...***

Using cannabis with alcohol can increase anxiety, nausea, vomiting, and fainting. Using cannabis with tobacco can increase harm to your lungs and lead to nicotine addiction. Avoid using cannabis with other substances.

## **FINDING #7: A large number of survey respondents were limited in their knowledge about cannabis**

Respondents were provided with cannabis-related statements and asked if they were true or false. Below are some statements, a note about whether they are true or false, and the percentage of respondents that correctly identified the accurate response.

Statement Given to Respondents	Percent Correct
Deep inhaling and breath holding increases your high [FALSE]	18%
Cannabis smoke has many of the same cancer-causing chemicals as tobacco smoke [TRUE]	37%
You can spread infections like meningitis and Hepatitis C by sharing joints, bongs and vaporizers [TRUE]	48%
Using cannabis may result in dependence or addiction [TRUE]	52%
Using high doses of cannabis can cause psychosis (i.e., losing touch with reality) [TRUE]	52%
Using cannabis while breastfeeding can cause harm to your baby [TRUE]	61%
Using cannabis while pregnant can cause harm to the fetus/child [TRUE]	67%

Among respondents, 2.8% correctly identified that when cannabis is eaten, it can take more than two hours before the full effect is felt. Similarly, 8.8% of respondents knew that when smoked or vaped, cannabis users typically feel the full effect within 15 to 20 minutes.

## **FINDING #8: The majority of survey respondents had not heard of *Canada's Lower Risk Cannabis Use Guidelines***

**92%** of respondents had not heard of *Canada's Lower Risk Cannabis Use Guidelines*

These guidelines were developed by the Centre for Addictions and Mental Health (CAMH) and include 10 ways to reduce the harms associated with cannabis use.

For more information about the guidelines, or other cannabis-related resources, visit the [cannabis page](#) on Health Unit's website.

<sup>1</sup> Public Health Ontario Snapshots. Canadian Community Health Survey (CCHS) 2009/2010 - 2011/2012 (Combined), Age-standardized rate. Statistics Canada, Ontario Share File, Distributed by Ontario MOHLTC. Available at: <https://www.publichealthontario.ca/en/DataAndAnalytics/Snapshots/Pages/Illicit-Drug-Use.aspx>



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## Cannabis By-law Development

### An Overview of Current Legislation and Next Steps

#### What is Cannabis?

Cannabis is a psychoactive drug that can be used for medical or recreational purposes. It comes in many forms including dried flowers and leaves, oil, hash and edibles. Cannabis contains two main compounds: tetrahydrocannabinol or THC (creates a high) and cannabidiol or CBD (medicinal component).<sup>1</sup>

#### Federal Legislation

##### Cannabis Act, 2018

The Cannabis Act allows "legal access to cannabis and controls and regulates its production, distribution and sale."<sup>2</sup> The Cannabis Act includes information on:

- legal production of cannabis<sup>2</sup>
- product safety and quality requirements<sup>2</sup>
- promotion and access to youth<sup>2</sup>
- public awareness of health risks<sup>2</sup>
- imposes criminal penalties<sup>2</sup>

##### Criminal Code of Canada

With the legalization of cannabis came changes to the Criminal Code of Canada around possession, trafficking and impaired driving offenses.<sup>3</sup>

#### Provincial Legislation

##### Cannabis Control Act, 2017

Controls the sale, distribution, and possession of cannabis in Ontario.<sup>4</sup> In Ontario you:

- must be 19 years of age to consume cannabis<sup>5</sup>
- can possess 30 grams of cannabis<sup>5</sup>
- can grow 4 plants per residence<sup>5</sup>

##### Smoke-free Ontario Act (SFOA), 2017

Smoking and vaping of any substance including cannabis is no longer permitted wherever smoking tobacco is not permitted. New prohibited locations include: school properties, restaurant and bar patios, and grounds/surrounding areas of a community facility.<sup>6</sup>

##### Cannabis License Act, 2018

The Cannabis License Act provides direction on cannabis retail licenses and store operation.<sup>7</sup>

#### A Snapshot of Cannabis Use



According to the National Cannabis Survey (2019) **1.8 million** Canadian respondents ages 15 years and older reported using cannabis on a daily or almost daily basis.<sup>8</sup>



Ontarians who reported cannabis use in the last three months increased from **14%** in the first quarter of 2018 to **20%** in the first quarter of 2019 according to the National Cannabis Survey (2019).<sup>8</sup>

Almost three-quarters of all Community Cannabis Survey (2018) respondents in the Nipissing and Parry Sound Districts reported trying cannabis **before age 19.**<sup>9</sup>



## Role of Municipalities

Municipalities can support the regulation of cannabis use by:

- proposing restrictions and regulations around retail density, location and zoning<sup>3</sup>
- enforcing laws and regulations<sup>3</sup>
- responding to nuisance complaints etc.<sup>3</sup>
- designating places of public use<sup>3</sup>
- regulating or prohibiting home cultivation<sup>3</sup>
- promoting economic development<sup>3</sup>
- planning and servicing for growing facilities<sup>3</sup>



## Cannabis By-law Development

Municipalities can create a cannabis by-law which extends beyond the minimum legislation set out by the province of Ontario. Cannabis by-laws can include:

- restrictions and prohibitions which exceed those outlined in the SFOA, 2017 on where individuals can smoke or vape cannabis in public. This includes, but not limited to, public spaces, beaches, walking trails, green spaces, outdoor fields and municipal properties.
- restrictions and regulations around retail density, location and zoning
- fines and enforcement with respect to the restrictions, prohibitions and regulations set out in the by-law

**Note:** Legal opinion is recommended when developing a cannabis by-law.

## Why Create a Cannabis By-law?



### Second-hand Smoke

Exposure to second-hand cannabis smoke can result in a positive test for cannabis in the body.<sup>10</sup> Although a limited number of studies around second-hand cannabis smoke exist some studies suggest that exposure to second-hand cannabis smoke may pose health risks for the general population.<sup>11</sup>



### Intoxication

Cannabis intoxication can cause paranoia, hallucinations and confusion. Intoxication can lead to riskier behaviours such as impaired driving as well as result in a greater number of accidental deaths (e.g., drowning).<sup>10</sup>



### Normalization

Public consumption of cannabis can lead to the normalization of cannabis use and the perception that it is no longer considered harmful. Children and youth often copy what they observe and are influenced by the normality of smoking.<sup>10</sup>

## How Can We Help?

Here are a few ways that the Health Unit can support the development of a cannabis by-law in your municipality. This includes:

- presentations to municipal councils
- providing sample by-laws and templates
- resources and guiding documents
- supporting with by-law development and review
- community consultation and/or education

## Contact Us!

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## Let's Talk Cannabis

### A Round Table Discussion

#### Cannabis in Your Community

1. What types of issues are you currently experiencing around cannabis in your municipality?
2. What types of future issues might you encounter around cannabis in your municipality?

#### Cannabis By-law Development

1. What do you think should be included in a cannabis by-law for your municipality?

Consider:

- Public consumption
- Zoning
- Retail location and density
- Enforcement

2. Review the cannabis by-laws provided.
  - a. What pieces of the by-laws reviewed are most relevant to your municipality?
  - b. What pieces of the by-laws reviewed are not as pertinent to your municipality?

#### Support

1. What types of things need to be in place for your municipality to develop a cannabis by-law?
2. What type of Health Unit support would be helpful in developing a cannabis by-law for your municipality?
3. What unanswered questions remain around cannabis and cannabis legislation for you?

# Public Consumption of Cannabis

## INFORMATION FOR MUNICIPALITIES

Regulations restricting public consumption of cannabis are important for reducing health and social harms in our communities. The following information provides municipalities important information to make healthy and evidence-informed decisions about public consumption of cannabis.

### Risk of Normalization

### Second-Hand Smoke

### Intoxication

## Risk of Normalization

- Normalization means becoming a 'normal part' of leisure and lifestyle and no longer considered potentially harmful
- Children tend to copy what they observe and are influenced by normality of any type of smoking around them.
- Normalization of cannabis is evident in society as discussion has shifted from a substance once considered harmful and privately used, to one that has a degree of acceptability in different spaces (i.e., parks, concerts).
- Cannabis use is gaining more social acceptance and associated disregard of potential harms.
- Cannabis users often do not believe there are any long-term risks or they think they can manage harms with moderate use.<sup>1</sup>
- Mixed interpretations about cannabis use and associated harms illustrate the expansion of normalization.<sup>1</sup>
- Normalization of cannabis has the risk of renormalizing all forms of smoking (including tobacco and waterpipes). This would be a step backwards for public health.
- In Canada, evidence indicating cannabis normalization is particularly strong among individuals aged between 15 and 44 years.<sup>2</sup>
- Prevalence rates for cannabis consumption have risen in Canada since the late 1970s.
- In 2012, the US Surgeon General declared a causal association between smoking in films and youth smoking initiation.
- An Ontario study showed co-use of cannabis and tobacco has increased among grade 7, 9, and 11 students. In 2011, 92% of tobacco users also used cannabis, up from 16% in 1991.<sup>3</sup>
- Tobacco related diseases kill 10 Albertans every day
- 2012 Alberta's Chief MOH identified many hazards associated with water pipe smoking.

## Why is normalization of smoking cannabis a problem?

- Normalization leads to increases in rates of use (lessons learned from tobacco and alcohol).
- There are at least 33 known carcinogens in cannabis smoke.<sup>4</sup>
- Like tobacco smoke, cannabis smoke is a mixture of tiny particles in a gas-vapour.
- Both types of smoke have similar concentrations of particulate matter and toxicants, including carbon monoxide, hydrogen cyanide and nitrosamines, all of which pose health risks.<sup>5</sup>
- Cannabis smoking is associated with cancer, respiratory problems and cardiovascular disease.<sup>6,7</sup>

## Second-Hand Smoke

- On the whole, less than half of tobacco smoke-based regulations or smoke-free laws for enclosed work spaces put in place. Enforcing existing regulations to keep workplaces safe for workers and their health is a more immediate and cost-effective option until further smoke-free regulations are put in place.
- Factors that impact the third-hand effects<sup>1</sup> of second-hand smoke include:
  - Ventilation of space
  - Volume of smoke
  - Air circulation and ventilation system
  - Duration of exposure
  - Number of smokers
- Evidence from observational and laboratory studies confirms that second-hand smoke is a health hazard. It is responsible for a significant proportion of the health effects associated with tobacco smoke.
- Second-hand smoke exposure is associated with an increased risk of heart disease, lung cancer, and asthma, and can lead to reproductive effects.
- Studies with rats and mice and in the laboratory have found that second-hand smoke is linked to cancer and asthma.
- Research on the health effects of second-hand smoke in children has found that children who live with a parent who smokes have a higher risk of asthma and other respiratory problems than children who do not live with a smoker.

## Intoxication

- Cannabis can cause bad reactions: paranoia, panic, increased HR, confusion, nausea/vomiting.
- 20-30% of recreational users experience intense anxiety and/or panic attacks after smoking cannabis. Panic and phobic attacks are more common in new users and in novel/fun or stressful environments.<sup>10</sup>
- Cannabis intoxication can produce vivid mental imagery, illusions and hallucinations, and can mimic behaviours associated with psychotic disorders.<sup>11</sup>
- Simultaneous use of alcohol and cannabis has been found to approximately double the odds of impaired driving, social consequences, and harms to self.<sup>12</sup>
- According to AHS treatment data, of those using AHS Addiction Services, more than half used cannabis, and of those who use cannabis, 90% have used alcohol and 80% have used tobacco (Alberta Health Services, 2017).

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## APPENDIX

## Cannabis Retail Outlet Considerations for Municipalities

Regulating the availability of cannabis is important to reduce the negative impacts of cannabis use in Thunder Bay District communities.<sup>1</sup> Lessons from alcohol and tobacco have shown that increased availability to a substance results in increased consumption, which can lead to significant health and social harms and costs.<sup>2,3</sup>

The newly enacted Cannabis License Act, 2018 sets the Alcohol and Gaming Commission of Ontario (AGCO) as the regulator of cannabis retail outlets. For municipalities who have not opted out of having private cannabis retail outlets in their communities by January 22, 2019, the location of outlets will be determined by the AGCO with consideration to comments provided by municipalities. The legislation does not permit municipalities to utilize licensing or land-use by-laws to control the placement or number of cannabis retail outlets.<sup>4</sup>

Organizations such as the Association of Municipalities Ontario continue to advocate that municipalities are given greater opportunity to influence cannabis retail outlet locations and density.<sup>4</sup> Where municipalities are able to influence decisions about cannabis retail outlets, the following information may be helpful.

### ISSUE

### CONSIDERATIONS

High retail outlet density can contribute to increased consumption and harms<sup>5,6,7,8</sup>

Reduce cannabis retail outlet density through minimum distance requirements between cannabis retail outlets and limits on the overall number of outlets<sup>9</sup>

Example: The City of Calgary has enacted a 300m separation distance between cannabis stores.<sup>10</sup>

Retail outlet proximity to youth-serving facilities can normalize and increase substance use<sup>11,12</sup>

Prevent the role-modeling of cannabis use and reduce youth access through minimum distance requirements from youth-serving facilities such as schools, child care centres and community centres<sup>1,12</sup>

Example: The State of Washington has enacted a 1000ft (300m) separation distance requirement between cannabis retail stores and youth-serving facilities.<sup>13</sup>

Co-use of cannabis and other substances increases the risk of harm such as impaired driving<sup>1</sup>

Discourage the co-use of cannabis and other substances by prohibiting co-location and enacting minimum distance requirements between cannabis and alcohol or tobacco retail outlets<sup>1,9</sup>

Example: KFL&A Public Health recommend a 200m separation distance between cannabis retail outlets and alcohol or tobacco retail outlets<sup>14</sup>

Retail outlet proximity to other sensitive areas may negatively influence vulnerable residents<sup>8,9</sup>

Protect vulnerable residents by limiting cannabis retail outlets in low socioeconomic neighborhoods and enacting minimum distance requirements from other sensitive areas<sup>4,9</sup>

Example: The City of Vancouver has restricted medical cannabis retail outlets to commercial zones instead of residential ones.<sup>15</sup>

Longer retail hours of sale significantly increases consumption and related harms<sup>9,16</sup>

Reduce cannabis consumption and harms by limiting late night and early morning retail hours<sup>4,16</sup>

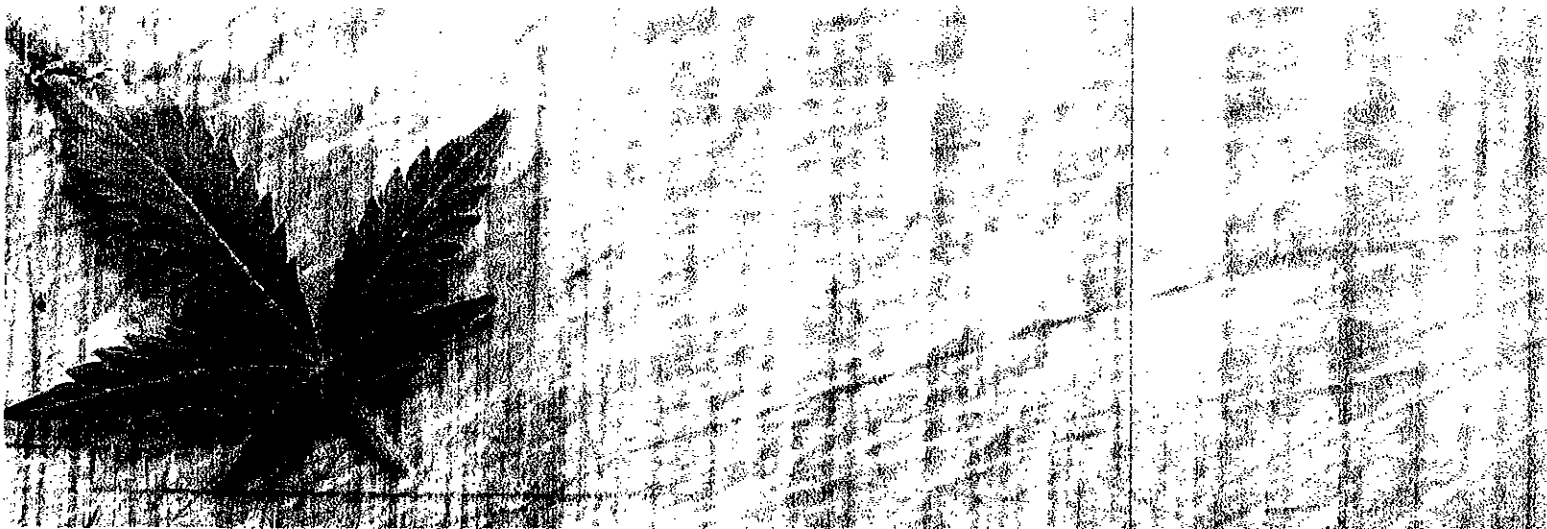
Example: The Centre for Addiction and Mental Health recommends that cannabis retail hours reflect those established by the LCBO<sup>16</sup>

### RESOURCES

Association of Municipalities Ontario - Municipal Governments in the Ontario Recreational Cannabis Framework

Alberta Health Services - Recommendations on Cannabis Regulations for Alberta Municipalities

Federation of Canadian Municipalities – Municipal Guide to Cannabis Legalization



## FCM's Municipal Guide to Cannabis Legalization Now Available

# What You Need to Do to Focus Action in Ontario

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## Introduction

Legalized non-medical cannabis will have many impacts on municipal governments and the communities they serve. Community and neighbour concerns related to safety enforcement, nuisance, public health and economic development are just some of the issues municipal governments will need to deal with.

In partnership with AMO and municipal governments across Canada, the Federation of Canadian Municipalities (FCM) has released a guide ([EN](#) [FR](#)) to legalized non-medical cannabis to help communities understand the impacts and choices they will face. The guide helps municipal governments understand their responsibilities regarding legal cannabis as well as policy and regulatory options to respond to local interests.

FCM developed this guide for municipalities in all jurisdictions across Canada. General considerations and specific examples from municipal governments in various provinces and territories will help councillors and officials tailor their actions on cannabis to their local circumstances. Understanding Ontario's context will help councillors and staff to make effective decisions on local needs.

The guide lays out a number of issues, considerations for local governments and councils and potential responses in areas such as:

- Federal framework
- Land use management
- Business regulation
- Public consumption
- Cannabis in the workplace for municipal employers
- Enforcement issues. ■

## Ontario Context:

Ontario's *Cannabis Act* and *Smoke Free Ontario Act* and Ontario Government action to date set out requirements and a regional context which will affect what municipalities can and cannot do in relation to cannabis in the province. For instance, Ontario has raised the minimum age for possession to 19. It is 18 under federal law. The following are specific Ontario policies that municipalities need to be aware of as they develop a local strategy to be ready for legalized cannabis. ■



## Ontario Cannabis Retail Corporation (Ontario Cannabis Store)

Ontario has chosen to regulate cannabis through a provincial monopoly, opening 40 storefronts in communities across the province when legalization takes effect. Outlets may increase to up to 150 by 2020. Online sales by the Ontario Cannabis Store will be available to all Ontarians regardless of their locale.

A provincial monopoly means that Ontario municipalities will not regulate cannabis retail outlets the way they license private businesses. Ontario will administer these outlets, their policies and manage staff in compliance with provincial and federal laws and corporate responsibility practices. As requested by AMO, the provincial government has committed to respect municipal land use by-laws, seek all necessary permits and consult with municipalities regarding appropriate locations for these stores in a community.

However, licensing of grow operations remains a federal responsibility and municipal governments need to consider where to best locate these facilities if they are approached by a licensee. These facilities can generate significant economic activity and jobs for a local economy and impact municipal service needs. A considered planning approach to manage these facilities, their benefits and impacts is advisable. 📄

### Municipal To Do:

To prepare for the expansion of the outlet network in the coming years, AMO suggests municipalities start to define areas that they believe are appropriate or inappropriate for these uses in cooperation with other local groups and organizations such as school boards and health units.

## Cannabis Consumption and Smoke Free Ontario Act Rules

Ontario is restricting non-medical cannabis consumption to private dwellings. Non-medical users will be unable to use cannabis in workplaces, vehicles or on public property. Medical cannabis users will be subject to rules and regulations for cannabis use (smoked or vaporized) in environments such as vehicles when they are passengers.

The Ministry of the Attorney General is considering some limited exemptions for hotel rooms, stationary boats, long-term care facilities and other environments. Owners and operators of multi-unit dwellings will have the ability to designate outdoor consumption areas through proposed regulations. 📄

### Municipal To Do:

As owners and operators of housing and long term care homes, municipal governments may wish to consider facility practices, employee safety and tenancy agreements to protect tenants, staff and property.

## Consumption Venues – Cannabis Lounges

Cannabis consumption is restricted to private residences in Ontario. However, Ontario has approved that it may consider regulatory authority to allow cannabis consumption venues at a future time and has recently sought feedback on this proposal. AMO has supported this proposal where a municipal government is able to control whether it is desirable in a community and where and under what circumstances it may be able to operate. 📄

### Municipal To Do:

Municipalities should begin to consider appropriateness of these facilities in their communities and what criteria to apply.



## Policing and Enforcement and Support for Municipalities from the Provincial Excise Duty Share

The FCM guide does not cover policing, however, it acknowledges this activity will have a major impact on communities and municipal government budgets. Ontario has responded to concerns from AMO and our members regarding the impact of cannabis legalization on municipal government fiscal sustainability with a recent funding approach to support municipalities through the transition.

The approach provides \$40 million provided over two years distributed to all municipal governments as follows:

- Per household formula allocation – adjusted to provide a minimum of \$10,000 to each municipality
- Split 50/50 between Upper Tier and Lower Tier municipal governments
- To be provided soon after Royal Assent of the federal Cannabis Act
- Eligible categories such as policing and by-law and/or public health enforcement, paramedic costs, and streamlined reporting requirements will be established
- Municipal avoidance of the costs for policing impairment evaluation certification and public health education

If Ontario's share of the Federal Excise Duty exceeds \$100 million in the first two years of legalization, the government has committed to sharing the surplus with municipalities on a 50/50 basis.

Looking forward, Ontario has committed to engage AMO in developing the province's approach to federal Excise Duty Sharing after the current two-year agreement. Canadian youth use cannabis at amongst the highest rates in the world and the legal, regulated system aims to reduce youth access. Long-term, AMO believes there is a strong case for investments in local youth skills building and engagement activities to strengthen communities.

Finally, Ontario's legislation also allows a council to request that municipal enforcement staff be designated to carry out some policing duties

associated with illegal storefront enforcement where it is in the municipal interest. ■

### Municipal To Do:

Work with municipal staff, police, public health, and any other local organizations to gather information about how activities may change when cannabis is legal. Ask what the incremental impact is on the activity (i.e. what activities will increase demanding more resources than previously and why)? Will there be current activities that may diminish over time as experience with the legalization grows? How can you track these activities and costs?

Finally, AMO believes over the long-term there is a strong case for investments in local youth services (such as skills building and recreation). What needs does your community foresee?

## Provincial Offences Act Fines and Youth Justice

Many fines under the Ontario *Cannabis Act* are Provincial Offences and municipalities will prosecute them and administer the courts at the local level. *Provincial Offences Act* fine revenues are payable to the municipal government.

One of the main objectives of legalizing non-medical cannabis is to protect youth. Federally, young people possessing up to five grams of cannabis will not face prosecution under the justice system. Ontario has chosen to lower that limit and will set up a diversionary program for youth caught in possession of cannabis to keep these young people out of the justice system. The province will operate this diversion system. ■

### Municipal To Do:

Assess the legislation for new impacts on municipal courts services and prosecutions.