

Cannabis Legalization and Regulation

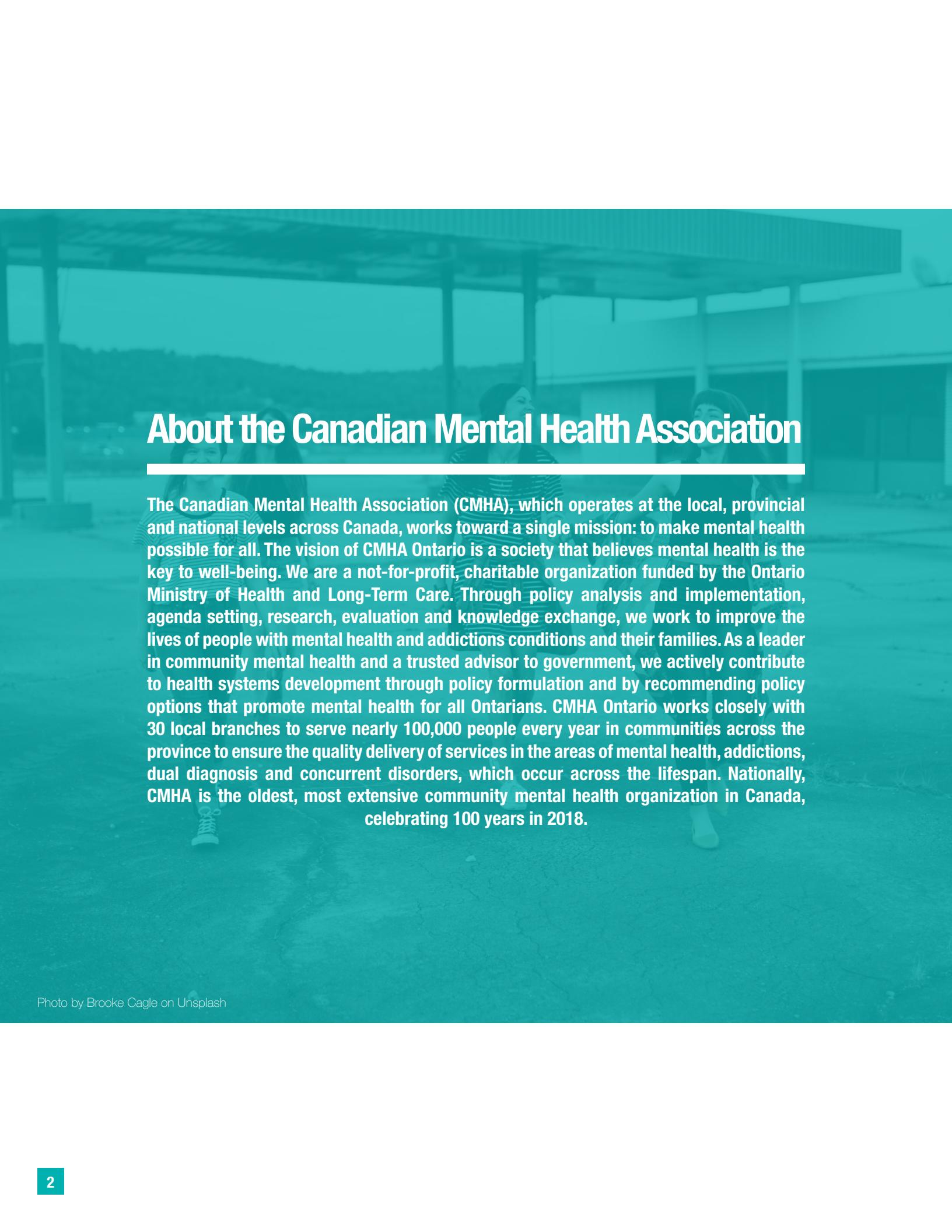
Canadian Mental Health Association Ontario

Government Submission: July 31, 2017
Public Release: August 14, 2017



**Canadian Mental
Health Association
Ontario**
Mental health for all

**Association canadienne
pour la santé mentale
Ontario**
La santé mentale pour tous



About the Canadian Mental Health Association

The Canadian Mental Health Association (CMHA), which operates at the local, provincial and national levels across Canada, works toward a single mission: to make mental health possible for all. The vision of CMHA Ontario is a society that believes mental health is the key to well-being. We are a not-for-profit, charitable organization funded by the Ontario Ministry of Health and Long-Term Care. Through policy analysis and implementation, agenda setting, research, evaluation and knowledge exchange, we work to improve the lives of people with mental health and addictions conditions and their families. As a leader in community mental health and a trusted advisor to government, we actively contribute to health systems development through policy formulation and by recommending policy options that promote mental health for all Ontarians. CMHA Ontario works closely with 30 local branches to serve nearly 100,000 people every year in communities across the province to ensure the quality delivery of services in the areas of mental health, addictions, dual diagnosis and concurrent disorders, which occur across the lifespan. Nationally, CMHA is the oldest, most extensive community mental health organization in Canada, celebrating 100 years in 2018.

Photo by Brooke Cagle on Unsplash

Executive Summary

As the Government of Ontario moves towards legalizing and regulating cannabis, the Canadian Mental Health Association (CMHA) Ontario Division and our local branches strongly advise an approach that considers public health as the primary objective. While legislation should address the addictions and mental health needs of Ontarians, legalization and regulation of cannabis provides an opportunity to broaden conversation about mental health and addictions. This is the time for rigorous public awareness campaigns that identify potential consumption harms, especially for youth and heavy users.

Aside from a public health approach, the legalization and regulation of cannabis provides additional opportunities for the Government of Ontario. The government can use this period of transition to further research cannabis use and examine the issue from a broader health equity lens. With these factors in mind, CMHA Ontario makes the following recommendations:



The Role of Community-Based Mental Health and Addictions Services

- The Government of Ontario should consult and partner with CMHAs and other community-based mental health and addictions service providers to develop and immediately implement a comprehensive public awareness campaign regarding cannabis-associated health risks.
- Cannabis-related revenue should be allocated to mental health and addictions services.
- Enhance access to treatment and expand treatment options, specifically for youth and heavy cannabis users. These include brief interventions for at-risk users, to more intensive interventions for heavy users.
- Provide further funding for new or existing services and community support programs, such as those offered by local CMHA branches.
- Education for youth should be a key component of awareness initiatives. This should start as early as possible with age-appropriate content, created with the input of youth, and delivered by trained facilitators.
- Education for those that distribute cannabis to consumers should be considered, and CMHA Ontario strongly encourages the use of a Cannabis Card program, similar to Ontario's Smart Serve program.



Minimum Age Requirements

- The minimum age to purchase cannabis should be 19 years of age. This should align with the legal age for purchasing alcohol in Ontario.
- Provide funding for extensive research examining the relationship between early onset use of cannabis on brain development, particularly with mental health and addictions issues.
- Remove criminalization for personal possession of cannabis, especially for youth, and ensure that there is a system that would allow for social services, counseling and education instead of criminal sanctions for personal cannabis possession in small quantities (30g or less).

Executive Summary



Regulation of Sales

- Establish a regulatory agency, such as a Cannabis Control Board, to issue permits, production, sale, service and consumption of cannabis in Ontario. This agency would be similar to the Alcohol and Gaming Commission or the previous Liquor License Board of Ontario.
- Apply advertising and marketing restrictions to minimize the profile and attractiveness of cannabis products, similar to the restrictions on tobacco products.
- Ensure appropriate and reasonable pricing to deter consumers from purchasing cannabis through illegal means.
- Limit availability by placing caps on retail density and hours of sale.
- Apply limits of allowable THC in products.
- Ensure revenues generated from cannabis sales are specifically directed to mental health and addictions services.
- Distribution of cannabis should include the provision of cannabis education through the implementation of a Cannabis Card program, similar to Ontario's Smart Serve program.



Road Safety

- Immediately develop a comprehensive public education strategy to send clear messages to Ontarians that cannabis use causes impairment, and the best way to avoid driving impaired is not to consume.
- Ensure there is zero-tolerance for the consumption of cannabis in any motorized vehicle, including both drivers of the vehicle and any passengers.
- Consider the use of graduated sanctions ranging from administrative sanctions to criminal prosecution depending on the severity of the infraction for impaired driving due to cannabis use.



Cannabis and the Justice System

- Prior to legalization, the Ontario Government should advocate with the Federal Government for decriminalization of personal possession of cannabis in small quantities (30g or less).
- Youth offenses pertaining to cannabis possession should be decriminalized. Criminal sanctions should be replaced with alternatives such as fines, community service, mental health and addictions service support and/or mandatory education.



Where Cannabis Can Be Used

- Ensure that the cannabis laws are consistent with existing alcohol and smoking legislation, such as the *Liquor License Act* and the *Smoke Free Ontario Act*.

Introduction

In April 2017, the federal government introduced the *Cannabis Act (Bill C-45)*, with the goal of legalizing cannabis across the country by July 2018. The proposed Act calls on provinces and territories to establish a framework to develop, implement and regulate certain aspects of cannabis legalization. It also recommends that legislation contain minimum conditions so that a public health approach and safety objectives are consistently addressed across the country. This allows provinces to adjust certain rules, such as distribution, possession, and raising the minimum age of purchase.

CMHA Ontario commends the Government of Ontario for taking steps to engage Ontarians around this issue, and will strive to be actively involved throughout the process. While cannabis legalization will impact many areas of society, we are pleased the discussion is viewed from a public health perspective. We strongly encourage the government to take into consideration the crucial role of mental health and addictions services during this time of change.

CMHA Ontario wishes to take this opportunity to provide our perspective and recommendations, and engage in the consultation process. We are pleased to see steps being taken to engage with Ontarians regarding this important issue. We would also like to highlight the role community-based mental health and addictions agencies play in health promotion, education and service provision during this time of change. CMHA Ontario has consulted with our branches across the province to inform this response through front-line community-based mental health and addictions service providers who have a strong understanding of the issues facing their communities. CMHA Ontario and representatives from our branches are pleased to provide feedback, and welcome any further consultation on the matter.

CMHAs would also welcome the opportunity to participate in any provincial, regional and/or local planning tables that are convened to support the implementation of the *Cannabis Act* and its regulations.

The recommendations in our submission align with the CMHA National Cannabis Policy Plan.¹ Underpinning all of our recommendations are the following themes:

Focus on Public Health Approaches, Education and Harm Reduction

Taking a public health approach, and the development of a corresponding strategy, is needed to improve the health of Ontarians by minimizing the harms associated with cannabis use, and should be a priority. The development and implementation of widespread public awareness campaigns to educate the public on the potential harms and ways in which to minimize or reduce them. Public education is especially important for youth consumers.

Focus on Mental Health and Addictions

Cannabis legalization and regulation should be used as an opportunity to insert mental health and addictions initiatives into social standards. The creation of a new legal framework regarding cannabis provides a unique opportunity to ensure that mental health and addictions are placed on the federal and provincial radar, and that conversations continue about the links between mental health, addictions and cannabis use.

Focus on Research

While it should be noted that the links between cannabis use and mental health has been released by the Canadian Centre on Substance Use and Addiction and the Centre for Addiction and Mental Health, further research is still necessary. Continued research efforts are needed to have an accurate understanding of the effects of cannabis legalization on the health and wellness of Ontarians, and to strengthen the understanding of the links between cannabis use, mental health and addictions.

Focus on Health Equity

Health equity is concerned with creating equal opportunities for health for all with reducing unjust differences in health among population groups. Currently, there are systemic inequalities leading to the criminalization of marginalized groups for cannabis possession, which account for thousands of arrests and convictions every year.² The criminalization of cannabis possession heightens health and social harms. Arrests for cannabis possession continue to take place, often disproportionately impacting marginalized communities across the country. Given the plans for legalization of cannabis in 2018, decriminalization of cannabis for simple possession for the general population should be considered immediately in the coming months prior to legalization.³

The Role of Community-Based Mental Health and Addictions Services in Responding to Cannabis Use

The upcoming legalization of cannabis in Canada is not without risks and may lead to an increase in use among Ontarians. While there are important lessons learned from other jurisdictions, no country has conducted national long-term studies on the impact of cannabis legalization and regulation on their population. As a result, both the federal and provincial governments need to ensure there are safeguards in place, specifically as they relate to mental health and addictions service provision for cannabis users.

CMHA Ontario recognizes that the need for mental health and addictions related supports may increase with cannabis legalization. Research shows a correlation between chronic cannabis use and psychiatric symptoms, especially if there is a personal or family history, or if cannabis use is initiated during mid-teen years.⁴ Harm reduction and access to resources to support Ontarians to make informed decisions about cannabis use is a key component to ensure at-risk individuals are informed and able to access treatment. Public education initiatives are a key component to a health focused cannabis policy and should be a priority.

CMHAs across Ontario are well positioned to support the Government of Ontario in protecting the health and well-being of Ontarians as these changes come into effect. We can support in the development of public awareness campaigns and community service initiatives. We can also provide mental health and addictions services and supports to Ontarians facing cannabis addiction and misuse.

CMHA Ontario recommends that all cannabis related revenue be divided and allocated for mental health and addictions services. Currently, mental health and addictions receives approximately seven per cent of funding from the provincial health budget. CMHA Ontario supports the Mental Health Commission of Canada's recommendation to increase spending on mental health and addictions to nine per cent of the overall provincial health care budget. This increase is especially necessary during this period of transition where Ontarians may have additional needs. The revenue generated from cannabis sales in the province may assist in meeting current gaps in funding for the community-based mental health and addictions sector.

Recommendations:

- The Government of Ontario should consult and partner with CMHAs and other community-based mental health and addictions service providers across the province to develop and implement a comprehensive public awareness campaign regarding cannabis associated health risks.
- Enhance access to treatment and expand treatment options, specifically for youth and heavy cannabis users, ranging from brief interventions for at-risk users to more intensive interventions.
- Provide further funding for new or existing services and community support programs, such as those offered by local CMHA branches, which are dedicated to heavy users of cannabis, and those who may be living with mental health and/or addictions issues.

The Role of Community-Based Mental Health and Addictions Services in Responding to Cannabis Use

Recommendations:

- Education for youth should be a key component of awareness initiatives. This should start early with age-appropriate content, created with the input of youth, including those who use cannabis, and delivered by trained facilitators or peers. According to a survey by the Canadian Centre on Substance Use and Addiction on youth perceptions of cannabis, the legal consequences for cannabis possession were not clearly understood and many were unaware of what was legal and illegal. It is imperative that youth be involved in planning and education regarding legalization to make informed decisions about cannabis consumption.
- Education for those that distribute cannabis to consumers should be considered, and CMHA Ontario strongly encourages the use of a Cannabis Card program, as discussed in the Regulating Cannabis Sales section of this document on page 11.



**Cannabis revenues
should be divided
and allocated
on safeguarding
public health**

25%

For the development of programs
designed to help cannabis users facing
mental health and addictions problems

25%

Public awareness campaigns on the
potential impacts of cannabis use,
particularly youth and heavy users

25%

For research on the potential harms
and benefits of cannabis usage

25%

For enforcement-related issues such
as the monitoring of advertising

Setting a Minimum Age for Purchase of Cannabis

Cannabis is the most commonly used illegal drug in Canada, where more than 40 per cent of Canadians have used cannabis in their lifetime, and about 10 per cent of the population having used within the past year.⁵ In June 2016, a discussion paper developed by a nine-member Task Force on Cannabis Legalization and Regulation included the objective to protect young people by keeping cannabis out of the hands of children and youth.

Despite this goal, research shows that cannabis use in Canada is most common between adolescents and young adults, with approximately 40 per cent of youth aged 18-29 in Ontario have used cannabis within the past year.⁶ Because youth usage is higher than adults, persons under the age of 25 represent the population of cannabis users who are charged with a cannabis possession offence.⁷ As a result, it is important to balance issues of health and access, and ensure that there is an appropriate minimum age that does not encourage young people in Ontario to purchase cannabis through illegal means.

Frequent cannabis use can harm a developing brain and there is no evidence that supports a specific age when cannabis use is safe for young people. The Canadian Medical Association reported support for a minimum age of 21. The Ottawa Public Health Agency has stated that 25 should be the minimum age, given the potential for cannabis to have negative impacts on the developing brain.⁸ However, there are concerns that a higher minimum age may contribute to young people accessing cannabis from illegal sources. Establishing a higher minimum age standard will be less effective in undermining the black market, and may leave youth both criminalized and reliant on it.

It is also important to consider the evidence that suggests that cannabis consumption may have negative impacts on mental health, including links to depression, anxiety and psychosis. The research regarding cannabis use and the development of mental health issues varies, with some studies revealing correlations, particularly with youth and the development of psychotic disorders.⁹

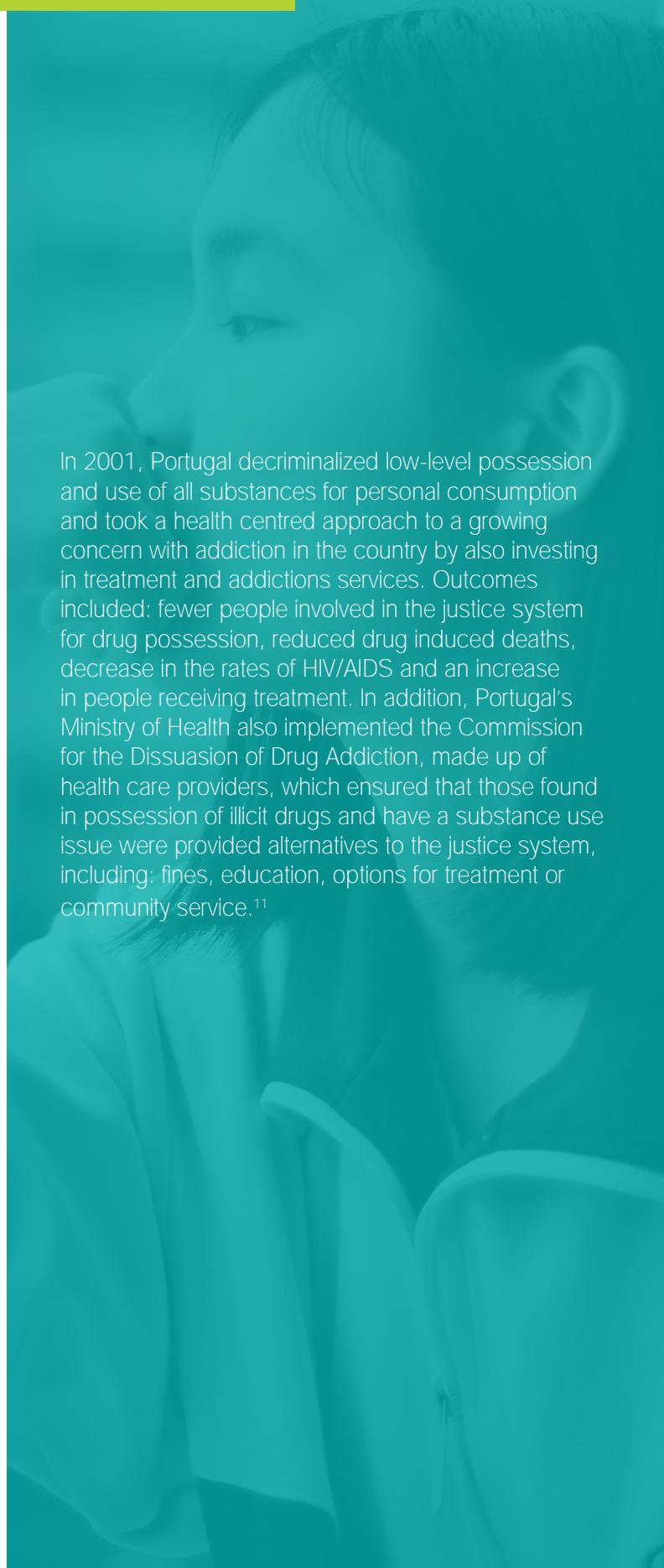
No matter the mental health issue or illness of concern, evidence-based research providing a direct causal relationship to cannabis use is lacking. While some mental illnesses may have stronger links to cannabis use than others, more research is needed in this area. However, it should be noted that "cannabis use has potentially adverse effects among those who are already vulnerable to mental illnesses, including teens."¹⁰ As a result, education and health promotion, and access to community-based mental health and addictions supports is an essential component when considering cannabis use with youth.

The *Cannabis Act* states that people must be 18 years of age to have and buy cannabis, but provinces will be allowed to raise the minimum age. *In considering the numerous health and social implications, as well as the current evidence, CMHA Ontario recommends the minimum age to purchase cannabis be 19 years.*

Setting a Minimum Age for Purchase of Cannabis

Recommendations:

- The legal age to purchase cannabis, at a minimum, should align with the legal age for purchasing alcohol in Ontario: age 19.
- In order to reduce the potential harms, cannabis education is a necessary component in the legalization and regulation process. CMHA Ontario recommends developing a robust public education campaign to increase public awareness surrounding the potentially negative impacts of early onset cannabis use on the maturing brain.
- Provide funding for extensive research examining the relationship between early onset use of cannabis on brain development, particularly with mental health and addictions issues.
- Allocate funding for the development of more widespread community resources for youth in order to ensure mental health and addictions supports are accessible when they are needed.
- The Government of Ontario should advocate with the Federal Government to remove criminalization for simple possession of cannabis, especially for youth. This would limit interactions between cannabis users and the criminal justice system and reduce the burden on the system, across policing, courts and corrections services. CMHA recommends further research into a model similar to the Portugal's decriminalization policy for young people that would allow for social services, counseling and education instead of criminal sanctions for underage cannabis possession.



In 2001, Portugal decriminalized low-level possession and use of all substances for personal consumption and took a health centred approach to a growing concern with addiction in the country by also investing in treatment and addictions services. Outcomes included: fewer people involved in the justice system for drug possession, reduced drug induced deaths, decrease in the rates of HIV/AIDS and an increase in people receiving treatment. In addition, Portugal's Ministry of Health also implemented the Commission for the Dissuasion of Drug Addiction, made up of health care providers, which ensured that those found in possession of illicit drugs and have a substance use issue were provided alternatives to the justice system, including: fines, education, options for treatment or community service.¹¹

Regulating Cannabis Sales

According to the Centre for Addiction and Mental Health, it is unlikely that legalization alone will reduce the health risks and harms of cannabis. It is necessary to also regulate sales in order to mitigate risks and ensure that there is a comprehensive plan for selling and distributing cannabis. Health and safety rules, training requirements for staff and regulation regarding the production and sale of cannabis should be key components.

Much like the Alcohol and Gaming Commission, or the previous Liquor License Board of Ontario, CMHA Ontario recommends that Ontario establish a Cannabis Control Board to be the regulatory agency responsible for issuing permits and regulating the production, sale, service and consumption of cannabis in Ontario to promote responsible use. Such a regulatory agency must also oversee the production of cannabis to establish and ensure quality control, in a similar fashion to Vintners Quality Alliance (VQA), which is the provincial authority on the standards for the production of wine in Ontario. CMHA Ontario believes that in order to provide a health focused cannabis control system, the government must establish a monopoly on sales where revenues from the sale of cannabis are directed to mental health and addictions services and supports. Control board entities with a social responsibility mandate provide an effective means of controlling consumption and reducing harms, and this should be prioritized over the interests of the private sector cannabis industry.¹² Furthermore, CMHA Ontario supports the strict advertising regulations and limitations for the cannabis industry as we believe that public health interests must take precedence over the interests of the cannabis industry.

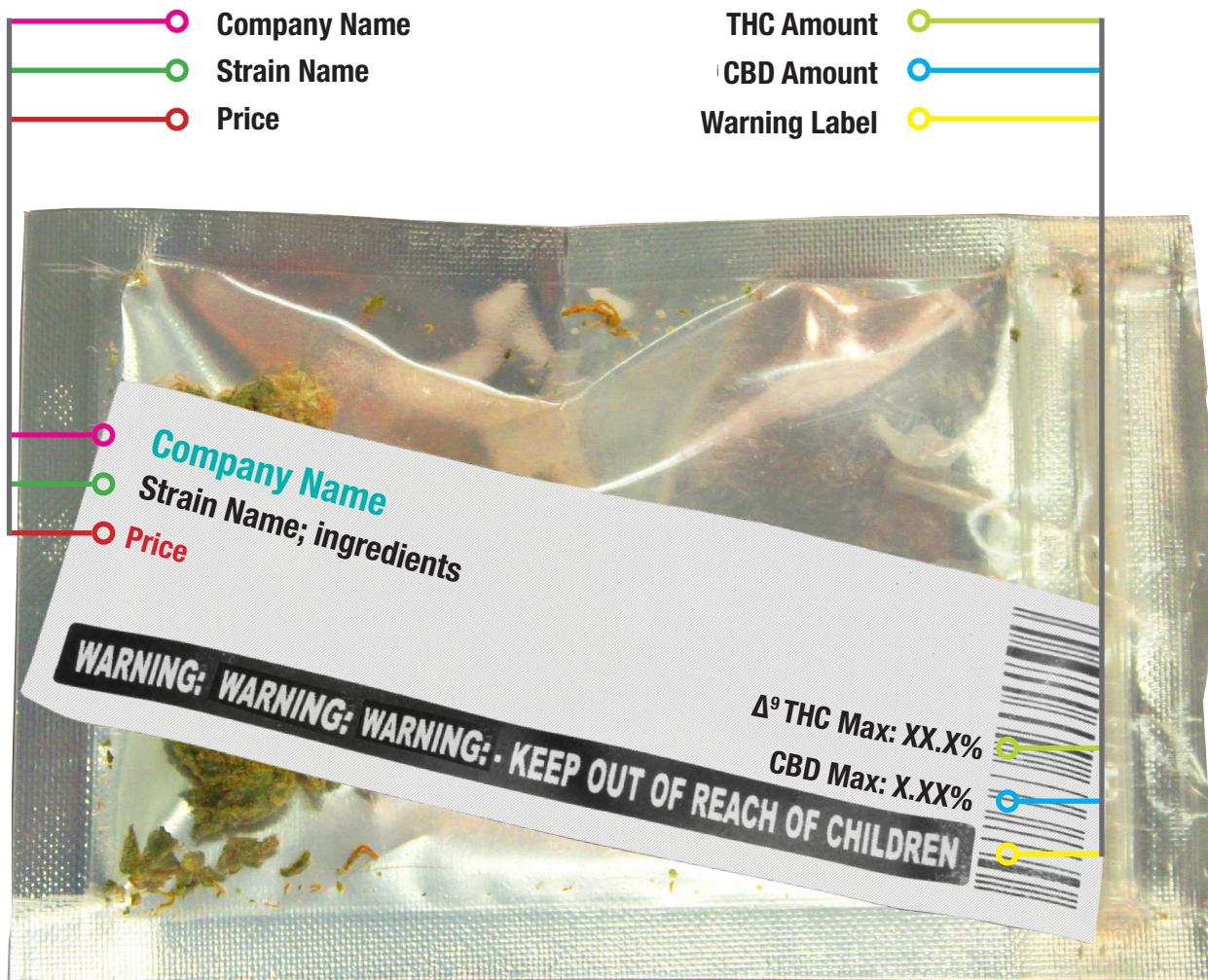
CMHA Ontario supports the proposed Cannabis Card program, as put forth by CMHA National's Cannabis Policy Plan. A Cannabis Card program could operate in a similar manner to the Ontario Smart Serve program. A Cannabis Card program could provide training to cannabis retail staff to inform customers of the potential harms and benefits of cannabis, including mental health and addictions information, road safety, and the current laws and regulations. The program would ensure safe sale of cannabis, create informed staff and spread knowledge to cannabis users.

Recommendations:

- Apply advertising and marketing restrictions to minimize the profile and attractiveness of cannabis products (i.e.: sponsorships, endorsements or branding) similar to the restrictions on promotion of tobacco products.
- Ensure appropriate and reasonable pricing to deter consumers from purchasing cannabis through illegal means.
- Limit availability by placing caps on retail density and limiting hours of sale.
- Distribution of cannabis should include the provision of cannabis education to patrons through the implementation of a Cannabis Card program, similar to Ontario's Smart Serve program.
- Provide funding for extensive research examining the relationship between early onset use of cannabis on brain development, particularly with mental health and addictions issues.

Regulating Cannabis Sales

Cannabis products should require plain packaging that includes the following information:



Please note: The image above is only to illustrate the type of information on cannabis products. It is not intended for commercial use.

¹CBD is the abbreviation for Cannabidiol, the cannabinoid second only to THC, or Tetrahydrcannabinol, which is the principle psychoactive chemical in most cannabis. Recently, research has shown CBD to have analgesic, anti-inflammatory, and anti-anxiety properties without limited psychoactive effects that THC provides.

Road Safety

From a public health perspective, the impact of cannabis on the operating of motor vehicles may be the most concerning in the debate on cannabis legalization. Data from 2012 revealed that 2.6 per cent of drivers disclosed driving after consuming cannabis within the past year, translating to an estimated 10.4 million trips on Canadian roads, with youth aged 18-19 most likely to report driving after using cannabis.¹³

Despite the concerns regarding impairment and an increased risk in accidents, cannabis remains difficult to detect and accurately measure. In addition, current cannabis testing can only detect the presence of THC in the body, but may not necessarily correspond with actual impairment. CMHA Ontario also notes that the distinction between the effects of THC and CBD is necessary for effective policy development on road safety and impaired driving, especially as it relates to medical cannabis users.

Because the technology to detect an individual's level of impairment due to cannabis is still in development at this time, CMHA Ontario recommends a zero-tolerance policy for cannabis consumption in any motorized vehicle in order to ensure road safety during this time of transition. A zero-tolerance policy would include both the driver of the motorized vehicle, as well as any passengers in the car. It is important that a clear message be sent to the public as soon as possible regarding zero tolerance for impaired driving due to cannabis use. Significant progress has been made in this area by public awareness campaigns regarding the dangers of alcohol impaired driving by organizations such as Mothers Against Drunk Driving (MADD). CMHA Ontario urges the provincial government to prioritize public awareness and education campaigns to accurately reflect the severity of the potential impacts of cannabis impaired driving prior to cannabis legalization.

As such, CMHA Ontario offers the following recommendations, which are largely a replication of the recommendations made by the Task Force regarding cannabis-impaired driving, and CMHA National's Cannabis Policy Plan.¹⁴

Recommendations:

- Invest immediately and work to develop a comprehensive public education strategy to send a clear message to Ontarians that cannabis use causes impairment, and the best way to avoid driving impaired is not to consume. The strategy should also inform Ontarians of:
 - The dangers of cannabis-impaired driving, with special emphasis on youth
 - The applicable laws and the ability of law enforcement to detect cannabis
 - The increased risk of combining cannabis and alcohol use
- Ensure there is zero-tolerance for the consumption of cannabis in any motorized vehicle, including both drivers of the vehicle and any passengers.
- The government should consider the use of graduated sanctions ranging from administrative sanctions to criminal prosecution depending on the severity of the infraction for impaired driving due to cannabis use.

Cannabis and the Justice System

Decriminalization is the removal of criminal penalties for drug law violations, usually possession for personal use of small quantities. Benefits of this model include a reduction in the number of people arrested and incarcerated, an increased uptake into substance abuse treatment and protecting people from the wide range of health and social consequences of a criminal conviction.¹⁵

CMHA Ontario supports the decriminalization of cannabis for personal possession of small quantities (30g or less) prior to legalization. In a July 2017 meeting of the Council of the Federation, provincial premiers stated that the federal government must provide provinces more clarity and guidance surrounding the legalization of cannabis, and they may need more time for proper consultation, planning and implementation, which would delay the timeline for legalization.¹⁶ During this time, many individuals may become in conflict with the law for personal possession of cannabis. In the interim period prior to legalization, CMHA Ontario is recommending the decriminalization of personal possession of small quantities of cannabis (30g or less).

Issues of equity are at the core of the proposed decriminalization for cannabis possession prior to legalization. In 2016, there were approximately 55,000 cannabis-related offenses, with 81 per cent for possession.¹⁷ It is estimated that there is an arrest for cannabis possession approximate every nine minutes in Canada. According to Bill Blair, Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, a disproportionate number of those arrests are among "minority communities, Aboriginal communities, and those in the most vulnerable neighbourhoods."¹⁸ Numerous advocates, politicians and health care practitioners, including Toronto's Medical Officer of Health, have also aligned for this approach and are calling for the decriminalization of cannabis use prior to the 2018 legalization date.¹⁹

In addition to decriminalization of cannabis possession prior to legalization, CMHA Ontario also encourages the government to consider the Task Force recommendation regarding youth and supports the view that criminalization of youth should be avoided where possible. Currently, the legal treatment of cannabis can be unclear due to a wide allowance for police discretion. A first conviction for youth with possession of less than 30 grams of cannabis is a fine of \$1,000, six months in jail, or both, and can result in a criminal record.²⁰ CMHA Ontario recommends that alternatives to criminalization be considered in cases of youth found in possession of cannabis.

Research consistently reveals that increasing sanctions will not reduce crime, and criminal records impact not only the criminalized, but the surrounding families and communities. *Given the inevitable changes to the law in the near future, CMHA supports decriminalization leading up to legalization, as well as alternatives to the justice system for youth found in possession of cannabis, such as police referrals to community-based mental health and addictions programs.*

Recommendations:

- The Ontario Government should, immediately, advocate with the federal government for the decriminalization of personal possession of cannabis in small quantities (30g or less).
- Youth offenses pertaining to cannabis possession should be decriminalized. Criminal sanctions should be replaced with alternatives such as mandatory education, fines, community service, mental health and addictions services and supports, and/or education.

Where Cannabis Can Be Used

The *Cannabis Act* places restrictions on where people can use cannabis, and CMHA Ontario recommends that cannabis consumption aligns with existing legislation that governs where Ontarians can consume alcohol and smoke cigarettes, such as the *Liquor License Act* and the *Smoke Free Ontario Act*. This would prohibit smoking and vaping of cannabis in all enclosed workplaces and public places, as well as other designated places in Ontario, such as outdoor patios, playgrounds, or publicly owned sports fields. The *Liquor License Act* further notes that, "No person shall have or consume liquor in any place other than, (a) a residence; (b) premises in respect of which a license or permit is issued; or (c) a private place as defined in the regulations." Exceptions may be possible for medical cannabis users with respect to consuming edible cannabis products. However, all smoking and vaping should be prohibited as per the *Smoke Free Ontario Act*.

Recommendations:

- Ensure that the cannabis laws are consistent with existing legislation that governs where Ontarians can consume alcohol and smoke cigarettes, such as the *Liquor License Act* and the *Smoke Free Ontario Act*.
- Ensure there is zero tolerance for the consumption of cannabis in any motorized vehicle, including both drivers of the vehicle and any passengers.

References

- ¹ Canadian Mental Health Association, National. (Pending publication in 2017). Cannabis Policy Plan.
- ² Statistics Canada. (2013). Drug Related Offences in Canada. Retrieved from: <http://www.statcan.gc.ca/pub/85-002-x/2015001/article/14201-eng.htm>
- ³ Centre for Addiction and Mental Health. (2014). Cannabis Policy Framework. Retrieved from: https://www.camh.ca/en/hospital/about_camh/influencing_public_policy/documents/camhcannabispolicyframework.pdf
- ⁴ Hall, W. (2015). What has research over the past two decades revealed about the adverse health effects of recreational cannabis use? *Addiction*. 30, 110.
- ⁵ Government of Canada. (2016). Towards the Legalization, Regulation and Restriction of Access to Marijuana – Discussion paper. (2016). Retrieved from: <http://healthycanadians.gc.ca/health-systeme-sante/consultations/legalization-marijuana-legalisation/document-eng.php>
- ⁶ Ialomiteanu AR, Hamilton H, Adlaf EM, Mann RE (2014). CAMH Monitor eReport 2013: Substance use, mental health and well-being among Ontario adults, 1977-2013. CAMH Research Document Series No. 40. Toronto: CAMH.
- ⁷ Task Force on Cannabis Legalization and Regulation. (2017). A Framework for the Legalization and Regulation of Cannabis in Canada. Retrieved From: <https://www.canada.ca/en/services/health/marijuana-cannabis/task-force-cannabis-legalization-regulation.html>
- ⁸ Ottawa Public Health. (2017). Ottawa Public Health Recommendations on Marijuana Legalization. Retrieved from: cloud.org/documents/3131475-Ottawa-public-health-recommendations-on.html
- ⁹ Radhakrishnan et. al. (2014). Gone to Pot- a Review of the Association Between Cannabis and Psychosis. *Frontiers in Psychiatry*. 5:1
- ¹⁰ Goodman & George. (2015). Is there a Link Between Cannabis and Mental Illness? The Effects of Cannabis During Adolescence. Canadian Centre on Substance Abuse. Retrieved From: <http://www.ccsa.ca/Resource%20Library/CCSA-Effects-of-Cannabis-Use-during-Adolescence-Summary-2015-en.pdf>
- ¹¹ Drug Policy Alliance. (2015). Drug Decriminalization in Portugal: A Health-Centered Approach. Retrieved from: <http://www.drugpolicy.org/resource/drug-decriminalization-portugal-health-centered-approach>
- ¹² Centre for Addiction and Mental Health. (2014). Cannabis Policy Framework. Retrieved from: https://www.camh.ca/en/hospital/about_camh/influencing_public_policy/documents/camhcannabispolicyframework.pdf
- ¹³ Beirness & Walker. (2016). Clearing the Smoke on Cannabis: Cannabis Use and Driving – An update. Canadian Centre on Substance Abuse. Retrieved from: <http://www.ccsa.ca/Resource%20Library/CCSA-Cannabis-Use-and-Driving-Report-2015-en.pdf>
- ¹⁴ The Final Report of the Task Force on Cannabis Legalization and Regulation. (2017). Retrieved from: <http://healthycanadians.gc.ca/task-force-marijuana-groupe-etude/index-eng.php>
- ¹⁵ Drug Policy Alliance. (2015). Approaches to Decriminalizing Drug Use and Possession. Retrieved from: https://www.unodc.org/documents/ungass2016/Contributions/Civil/DrugPolicyAlliance/DPA_Fact_Sheet_Approaches_to_Decriminalization_Feb2015_1.pdf
- ¹⁶ Harris, K. (2017, July). Federal-Provincial Showdown Looms Over Legal Pot Deadline. CBC. Retrieved from: <http://www.cbc.ca/news/politics/premiers-courts-cannabis-1.4210895>
- ¹⁷ Statistics Canada. (2017). Police-reported crime statistics, 2016. Retrieved from: <http://www.statcan.gc.ca/daily-quotidien/170724/dq170724b-eng.htm>
- ¹⁸ Larsen, D. (2017, March). 22,400 pot possession arrests under Trudeau so Far. Vancouver Sun. Retrieved from: <http://vancouversun.com/news/community-blogs/22400-pot-possession-arrests-under-200trudeau-so-far>
- ¹⁹ Powell, B. (2017, June). Toronto's Public Health Chief Wants Pot Possession Decriminalized. The Toronto Star. Retrieved from: https://www.thestar.com/news/city_hall/2017/06/05/torontos-public-health-chief-wants-pot-possession-decriminalized-now.html
- ²⁰ Legal Rights for Youth. (2016). Being Charged with a Crime. Retrieved from: <http://www.legalrightsforyouth.ca/crime/being-charged-with-a-crime>

Contact Information

Uppala Chandrasekera

Director, Public Policy

416-977-5580 ext: 4151

uchandrasekera@ontario.cmha.ca

Joe Kim

Director, Communications

416-977-5580 ext: 4141

jkim@ontario.cmha.ca

