

Legislative  
Assembly  
of Ontario



Assemblée  
législative  
de l'Ontario

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**Official Report  
of Debates  
(Hansard)**

JP-26

**Journal  
des débats  
(Hansard)**

JP-26

**Standing Committee on  
Justice Policy**

Cannabis, Smoke-Free Ontario  
and Road Safety Statute Law  
Amendment Act, 2017

2<sup>nd</sup> Session  
41<sup>st</sup> Parliament

Thursday 30 November 2017

**Comité permanent  
de la justice**

Loi de 2017 modifiant des lois  
en ce qui concerne le cannabis,  
l'Ontario sans fumée  
et la sécurité routière

2<sup>e</sup> session  
41<sup>e</sup> législature

Jeudi 30 novembre 2017

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Chair: Shafiq Qadri  
Clerk: Christopher Tyrell

Président : Shafiq Qadri  
Greffier : Christopher Tyrell

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

## STANDING COMMITTEE ON JUSTICE POLICY

Thursday 30 November 2017

## COMITÉ PERMANENT DE LA JUSTICE

Jeudi 30 novembre 2017

*The committee met at 0902 in committee room 1.*

### CANNABIS, SMOKE-FREE ONTARIO AND ROAD SAFETY STATUTE LAW AMENDMENT ACT, 2017

### LOI DE 2017 MODIFIANT DES LOIS EN CE QUI CONCERNE LE CANNABIS, L'ONTARIO SANS FUMÉE ET LA SÉCURITÉ ROUTIÈRE

Consideration of the following bill:

Bill 174, An Act to enact the Cannabis Act, 2017, the Ontario Cannabis Retail Corporation Act, 2017 and the Smoke-Free Ontario Act, 2017, to repeal two Acts and to make amendments to the Highway Traffic Act respecting alcohol, drugs and other matters / Projet de loi 174, Loi édictant la Loi de 2017 sur le cannabis, la Loi de 2017 sur la Société ontarienne de vente du cannabis et la Loi de 2017 favorisant un Ontario sans fumée, abrogeant deux lois et modifiant le Code de la route en ce qui concerne l'alcool, les drogues et d'autres questions.

**The Clerk of the Committee (Mr. Christopher Tyrell):** Good morning, honourable members. It is my duty to call upon you to elect an Acting Chair. Are there any nominations? Ms. Vernile.

**Ms. Daiene Vernile:** I would like to nominate my colleague Arthur Potts.

**The Clerk of the Committee (Mr. Christopher Tyrell):** Does the member accept the nomination?

**Mr. Arthur Potts:** I would accept.

**The Clerk of the Committee (Mr. Christopher Tyrell):** Are there any further nominations? There being no further nominations, I declare the nominations closed and Mr. Potts elected Acting Chair of the committee.

**The Acting Chair (Mr. Arthur Potts):** Just for the record, it's my first time.

**Mr. Randy Hillier:** We'll keep you in line.

**The Acting Chair (Mr. Arthur Potts):** I would like to call this meeting to order. We're meeting here today on the justice policy committee for hearings on Bill 174, An Act to enact the Cannabis Act, 2017, the Ontario Cannabis Retail Corporation Act, 2017 and the Smoke-Free Ontario Act, 2017, to repeal two Acts and to make amendments to the Highway Traffic Act respecting alcohol, drugs and other matters.

Our hearings will proceed on the basis of a five-minute presentation by each presenter and then on a rotating

basis, three minutes of questions from each party, and then we'll move to the next.

### CANNABIS FRIENDLY BUSINESS ASSOCIATION

**The Acting Chair (Mr. Arthur Potts):** Our first group up is the Cannabis Friendly Business Association: **Abi Hod.** I welcome you to the podium.

Please state your name for the record, and welcome.

**Ms. Abi Hod:** Good morning. My name is Abi Hod. I'm the owner of the Hotbox and director of the Cannabis Friendly Business Association.

To put this simply, from the top: The private dwelling consumption scheme that the province of Ontario is planning to roll out is simply not feasible for most Ontarians.

In the city of Toronto alone, condominium and shared-dwelling households represent over 50% of the housing market and is rapidly growing across the province. Some 28% of all Ontarians rent their homes, 90% of which are now non-smoking. Where is in-home cannabis consumption supposed to occur?

Currently, Ontario is home to over three million regular cannabis consumers—that's 22% to 25% of the population. This number is said to grow to 39% after legalization. That will be over five million regular cannabis consumers.

Are parents expected to smoke marijuana, with their children in the next room? People living with the elderly, or those with respiratory issues? Are landlords expected to allow cannabis smoke in apartments that have no-cigarette-smoking rules? Will this take into consideration neighbours, roommates and others living in close proximity to units occupied by cannabis consumers?

We then have to consider the vast tourism market. Millions of tourists visit our beautiful province every year. Many more will come to simply enjoy what they would come to expect of legal cannabis. Where will these tourists consume their cannabis—in their non-smoking hotel rooms?

People who live in urban centres simply do not have the luxury of private outdoor space. Our parks and streets and, worst of all, people's cars will become the consumption spaces if cannabis lounges are forced to lock their doors—not due to lack of respect for the rule of law, but simply out of necessity.

In fact, Denver, Colorado, which enacted the same policy at the beginning of legalization, saw citations for public consumption rise by 471% and now has reversed this bad policy, to allow cannabis lounges. In Amsterdam, legal coffee shops have peacefully existed since the 1980s.

In common-sense terms, this consumption ban will only encourage and lead to bad public health and safety policy and even worse personal decisions.

The province already has a solution for cannabis consumption in existence. We are home to seven cannabis lounges, which each serve an average of 10,000 cannabis consumers per month—all adults and, yes, we all card for ID. Cannabis lounges have existed in Ontario, primarily in Toronto, since the opening of my lounge, the Hotbox, in 2003, when Ontario's cannabis possession laws fell at the Ontario Supreme Court.

Since 2003, Ontario hasn't seen a lounge explosion. Currently, none of the lounges dispense cannabis, and all operate on a bring-your-own basis. The lounges do offer the free use of vaporizers, a far superior and safer consumption method to smoking. They also provide healthier-choices education, as well as offering a social setting, which is amazingly beneficial to our medical consumers, many of whom are seniors, veterans, the disabled and those suffering from debilitating chronic pain and ailments.

In 2012, Toronto licensing conducted its own investigation into cannabis lounges. The issue of licensing cannabis lounges had been brought to the city of Toronto, at which time a report was prepared and presented—you can see it in your booklet—to the licensing and standards committee.

**The Chair (Mr. Shafiq Qaadri):** One minute.

**Ms. Abi Hod:** It was determined that cannabis lounges provide safe spaces. Allowing these establishments to be properly licensed will ensure “that the city respects the rights of individuals who are legally permitted to consume marijuana for medical purposes, while ensuring that public safety and community order concerns are addressed.”

Furthermore, in the same report, the Toronto Police Service stated: “Though medical marijuana users are entitled to possess and consume their marijuana at home or at vapour lounges, the TPS believes there should be restrictions on smoking marijuana, including for medical purposes, in outdoor public spaces.”

Just a month ago, the city of Toronto passed a unanimous decision to look further into licensing lounges, and the federal task force on Bill C-45 made a recommendation to have lounges included in the framework.

In conclusion, Toronto municipal licensing, the Toronto Police Service, Toronto city council, the federal task force on Bill C-45 and the general public have all stated the need, want and necessity for cannabis lounges to exist.

**The Chair (Mr. Shafiq Qaadri):** Thank you, Ms. Hod, for your introductory remarks.

The floor now passes to the PC Party: Mr. Hillier.

**Mr. Randy Hillier:** Thank you very much, Abi, for your presentation and for being here today. Also, thank you for being a pioneer in the cannabis lounges.

There are a couple of key points that I think the government didn't realize in drafting up this resolution, but you point them out: A significant number of people will not have any accessible places. With so many homes being in apartments having no smoking permitted, there just isn't any place to use.

Maybe if you could just speak about these proposed licensing guidelines that you have included in your presentation, and if that's already under way—I think it is in most of the lounges.

**0910**

**Ms. Abi Hod:** These are guidelines that we personally have been using for the last 18 years, so—adult use. We don't allow any alcohol or any other inebriates, so we don't allow any other drugs on the property. Obviously, there has to be ventilation. At my lounge we only allow for vaporization inside. We're blessed to have a backyard patio, so we allow combustion on the backyard patio. All my staff is trained in CPR. We're also trained now in how to give naloxone for opioids. It's just important that the staff understands, if somebody overconsumes, what we do.

There are certain educational elements to having a lounge that, even if you were to give little pamphlets at the CCBO, aren't going to pass as well as having information given to you directly on safe use, safe consumption.

**Mr. Randy Hillier:** A number of the other provinces' legislation that has been advanced is permitting lounges, I believe Alberta, Newfoundland and Manitoba—

**Ms. Abi Hod:** And I believe Ontario has also said that they're going to look further into it. So it's not something that every province has discounted. I just think that we need to get to it sooner rather than later. I don't see a point of writing legislation and then in a year or two from now having to rewrite it. Let's just get it right from the start. We already have these places in existence. They're already operating. Now municipalities just need to create the licences—

**The Chair (Mr. Shafiq Qaadri):** Thirty seconds.

**Ms. Abi Hod:** —that they've already asked for.

**Mr. Randy Hillier:** Thank you very much. With 30 seconds, I think we'll pass it to the third party.

**The Chair (Mr. Shafiq Qaadri):** I appreciate your graciousness, Mr. Hillier.

Now to Mr. Natyshak, three minutes.

**Mr. Taras Natyshak:** Thank you, Ms. Hod. You had a final sentence, I believe.

**Ms. Abi Hod:** Can I say it?

**Mr. Taras Natyshak:** You absolutely can.

**Ms. Abi Hod:** Oh, God bless you.

**Mr. Taras Natyshak:** Yes.

**Ms. Abi Hod:** I implore the province to create a realistic and functional framework that will encourage safe consumption while protecting the public health and safety needs of its citizens. Thank you.

**Mr. Taras Natyshak:** Perfect closer. I'm from Essex, just outside of Windsor. We are a border town, bordering Detroit. The scenario which you present in terms of cannabis tourism is one that's a real consideration for our community because, of course, the age limit in Ontario is lower for alcohol consumption than Michigan and Ohio and we get a lot of tourists who are coming over to take part in that aspect of our society, but we can imagine that it will certainly be more or—

**Ms. Abi Hod:** Way more.

**Mr. Taras Natyshak:**—entice Americans to come over. The question is, where will they go? Unless they have friends who have a private residence there, where in fact will they be able to consume? I don't know if you're familiar with my friend Jon Liedtke and his dad—

**Ms. Abi Hod:** Of course.

**Mr. Taras Natyshak:**—at Higher Limits, but they have been in business for a while, and I think they're appreciated by not only the other local businesses but also by the police, because it offers a place to serve. What do you think about that scenario and how other areas may be affected and—

**Ms. Abi Hod:** Definitely.

**Mr. Taras Natyshak:**—just give me some—elaborate on that.

**Ms. Abi Hod:** I'll give you a bit of background on our lounge. We've been open since 2003. We're located in Kensington Market, a hotbed of tourism and a neighbourhood obviously well known for, I guess, alternative culture. Our BIA loves me. I'm an elected member of my BIA for the last 15 years. The police are very appreciative. In fact, Councillor Cressy, who's my city councillor—I had gone to see him with this almost exact presentation. He's the one who made the motion at city council on my behalf, and it passed. I brought our community police officer, Tony, with us, and his point was the car point, which I didn't even think of. When he's out—and he can't tell people to come to the lounge because he's a police officer. He'll roll up to their car—they're rolling in their car, right? Anyways, that's one point.

**The Chair (Mr. Shafiq Qadri):** Thirty seconds.

**Ms. Abi Hod:** But tourism—I would say in the summertime, we see that probably 50% of the people who roll through the Hotbox are tourists. That's from anywhere across Canada, the States and Europe. They come in, they can't consume in their hotel rooms, and also it's an experience, right?

**Mr. Taras Natyshak:** Great. Thank you so much.

**Ms. Abi Hod:** No problems, darling.

**Le Président (M. Shafiq Qadri):** Merci beaucoup, monsieur Natyshak. Maintenant je passe la parole à M<sup>me</sup> Des Rosiers.

**M<sup>me</sup> Nathalie Des Rosiers:** Merci. Thank you very much for coming and thank you for telling us more about the business and the advantages that you see. As you noted, the door has not been closed on cannabis lounges.

I'd like to hear a little bit more about how you resolved some of the issues about access for kids. I look in

the licensing guidelines; obviously, you card people. But do you have any concerns about being located close to schools? Do you have a position on this?

**Ms. Abi Hod:** Again, we're in Kensington Market.

**M<sup>me</sup> Nathalie Des Rosiers:** You are.

**Ms. Abi Hod:** Yes. At least once a week, there's a group of kids that roll through. There are about 100 of them. They drive my staff crazy. They're not allowed through the front door. We have a sign on the front door that says that you have to be 19 to enter. When they try to come in, we stop them and we say, "If your teacher allows you to come in, you have to come in five at a time with your teacher's supervision. Otherwise, no go."

I think that's all it really takes. As a 16-year-old, I couldn't go to a store and buy cigarettes; I couldn't go to the LCBO, right? It's just a matter of having a policy in place in your workplace that says that everyone gets carded. It's posted everywhere: up and down, when you come in at the front door, and then again when you pay to come into the lounge area, there's another sign; and my staff is instructed.

Because what we do isn't legal, nobody told me, "Oh, you're going to get a fine if you allow teenagers." I could technically allow teenagers in, but I choose not to.

**M<sup>me</sup> Nathalie Des Rosiers:** In the future, do you see the model that you have replicated elsewhere in the province?

**Ms. Abi Hod:** Yes, absolutely.

**M<sup>me</sup> Nathalie Des Rosiers:** The guidelines that you're suggesting here would be the ones—are there any other issues that you think we should pay attention to in developing guidelines?

**Ms. Abi Hod:** For 18 years, we've been perfecting this art form. When I started, there was no guideline. There was nobody else. There was one other place in Vancouver that was operating that I could look at, and they were my example. Throughout the last 18 years, we've worked out the kinks. We also have had to work with a legal framework that didn't exist.

**The Chair (Mr. Shafiq Qadri):** Thirty seconds.

**Ms. Abi Hod:** The guidelines that I've put in place are good in terms of air filtration. Also, pushing for vaporization would be a good thing. There's vape pen technology. Allowing lounges to dispense vape pens as well would be an excellent public health boon.

**The Chair (Mr. Shafiq Qadri):** Merci, Madame Des Rosiers, and thanks to you, Ms. Hod, for your deputation on behalf of the Cannabis Friendly Business Association.

#### ONTARIO CAMPAIGN FOR ACTION ON TOBACCO

**The Chair (Mr. Shafiq Qadri):** I would now invite our next presenter to please come forward: Mr. Michael Perley, director of the Ontario Campaign for Action on Tobacco. Welcome, Mr. Perley. Please be seated. You've seen the drill: five minutes for opening remarks, which begin now.

**Mr. Michael Perley:** Thank you, Mr. Chair and members of the committee, for the opportunity to present comments and recommend amendments on Bill 174 on behalf of the Ontario Campaign for Action on Tobacco and its partners.

The Ontario Campaign strongly believes that this bill will continue to protect Ontarians' health, reduce on-going pressures on our health care system, reduce the impact of tobacco industry products and begin the process of minimizing the health impacts of cannabis as it is legalized.

We have a number of recommendations for amendments to the bill and for further action via regulation once the bill becomes law, as follows:

—Regarding handling and display of vaping products in adult-only specialty vape stores, the regulations proposed in 2015 under the former Electronic Cigarettes Act but never enacted would have allowed such handling and display. All seven other provinces that have e-cigarette legislation now exempt specialty vape stores from the retail display ban. We support allowing handling and display in specialty adult-only stores, either via an amendment to this statute or by subsequent regulatory action.

—We have reservations about consumers being allowed to test products in-store. In our view, this issue can be best addressed via regulation following further consultation on the subject.

—There is already significant involuntary exposure to second-hand tobacco smoke in multi-unit housing. Many of the members are well aware of this issue. There will be additional involuntary exposure to second-hand cannabis smoke in apartments and condos, not to mention individual houses, once the product is legalized. We support allowing consumption of cannabis in designated outdoor areas adjacent to multi-unit housing.

—In 2005, Sandy's Law, passed by this Legislature, required the posting of warning signs regarding the dangers of alcohol consumption during pregnancy. I think you're all familiar with that law. We support the posting of similar warnings in multi-unit housing concerning the risks of exposure to both cannabis and second-hand tobacco smoke indoors.

**0920**

—We support a ban on all tobacco accessories, including flavoured rolling papers. You have an attachment to my presentation illustrating these papers that are now for sale at retail in Ontario. Four provinces—Quebec, Nova Scotia, PEI, and Newfoundland and Labrador—have already banned flavoured rolling papers. Illustrations are attached. They can be used for either rolling cigarettes or marijuana joints. We have also attached suggested language for such an amendment.

—We are concerned that the act as currently drafted treats heat-not-burn products such as Rothmans' IQOS device as vaping products rather than tobacco products. These devices, which vapourize tobacco rather than burn it, should be treated as tobacco products since they contain tobacco. The tobacco industry is lobbying the

federal government to have these products considered as vaping products. We must not allow devices containing tobacco to be treated as anything but tobacco products.

—All tobacco products, including chewing tobacco and other types of smokeless tobacco, should be banned on elementary and secondary school properties and in child care centres as a complement to the existing ban there on combustible products. Suggested language for this amendment is also attached to my presentation.

—Finally, the act should provide regulatory authority over both promotion of tobacco products and tobacco products themselves. Authority over promotion would allow the government to respond to new tobacco industry marketing strategies. Both BC and the Yukon have complete regulatory authority over tobacco promotion. Secondly, authority over products themselves would allow regulation of all additives in e-cigarettes, for example, some of which researchers have identified as toxic.

Another example would be to require a health warning on the cigarette itself, a measure that would help respond to contraband by further distinguishing between legal and illegal cigarettes. Language for both these amendments is also attached to the presentation.

**The Chair (Mr. Shafiq Qadri):** Thank you very much for your introductory remarks, Mr. Perley. We'll now pass it to the NDP: Mr. Natyshak.

**Mr. Taras Natyshak:** Thank you, Mr. Perley. Does your association take a position on the use of vaping products as a tobacco cessation product?

**Mr. Michael Perley:** I'd say that our partners have slightly varying opinions on that based on how they view the emerging evidence on the toxicity of vaping products. There's no question that those products are less toxic than cigarettes; let's be very clear about that. Then the question becomes: How are they best used? The Ontario Tobacco Research Unit at U of T has done research which has concluded that the only people who should be using vaping products are people who are using them to quit smoking.

I think that if we incline in one direction, it's certainly that they should be used as cessation devices. To present them any other way risks a number of possibilities. One is that people start to use them who don't smoke tobacco and then perhaps graduating from vaping devices not containing nicotine to vaping devices containing nicotine, or being exposed to nicotine vapour in places where they go to vape and then moving on to cigarettes. This is particularly a concern with young people. The evidence is not conclusive about this—I don't want to try and pretend otherwise—but it's a risk that we need some more work on.

If there's going to be a good use for vaping products containing nicotine, it should be for cessation. I think we all agree on that; the question is exactly how those products should be regulated.

**Mr. Taras Natyshak:** One of the questions that we heard, or a lot of the narrative yesterday, was focused on vaping and the need for folks to find their preferred vape



juice, as it were. In order to do that, they would be in consultation with their vape provider and go through and actually taste-test some of them. You're kind of alluding to not allowing that at the point of sale.

**Mr. Michael Perley:** No; I think I said in my presentation that we have reservations about it but we don't completely oppose it. We're not clear, for example, on how that would happen at retail. Would devices containing nicotine and not containing nicotine both be allowed to be tested? Maybe yes; maybe no. We need more evidence to indicate how that would work.

Is there an issue with dissemination of vapour in vaping shops that are usually located in larger buildings through those buildings' air circulation systems? Do other clients who are in the store who don't want to be exposed to nicotine vapour—don't they risk being exposed if people are testing vapour with nicotine in it? So there are a number of questions—

**The Chair (Mr. Shafiq Qadri):** Thank you, Mr. Natyshak.

The floor passes now to the government. Ms. Vernile.

**Ms. Daiene Vernile:** Good morning, Mr. Perley. Thank you for appearing before this committee and for offering your information this morning.

This is our second day of sitting. We seem to be hearing a lot of information that is conflicting. We've heard conflicting studies as to the impact on health when using either cannabis or vaping products. Can you guide and steer this committee on what we ought to believe?

**Mr. Michael Perley:** I think you're going to hear from Dr. Whatley from the OMA this afternoon, if I'm not mistaken, on the cannabis issue, so I'll defer to him on that.

In terms of the health impacts of cannabis, what we do know is that smoking cannabis, in terms of respiratory impacts and in terms of the toxic content—the non-THC/CBD content, I hasten to add—is very similar to smoking cigarettes, both in first-hand smoking and second-hand exposure. Some 30% of existing tobacco smokers smoke cannabis. Only 5% to 10% of non-tobacco smokers smoke cannabis. Some 30%—and this is a different 30%—of cannabis users roll their joints using tobacco to help combust the material. So there's a crossover in the cannabis smoking issue between the health impacts of smoking cannabis by itself or tobacco, which are very similar. Then you have the issue of some cannabis smokers combining tobacco in their joints with cannabis.

The health impacts of smoking—whether it's cannabis, tobacco or the leaves from your backyard—are very similar. The combustion of organic material produces the same kinds of carcinogens and toxics, whether it's cannabis, tobacco or grass in the yard. There is a definite problem there—a health issue.

In terms of vaping: As I said earlier, is there any question that vapes, to the extent that we know anything about them, are as toxic as cigarettes? There is no question that they are not as toxic as cigarettes. The question is, in what circumstances do you use them and for what? I defer to the Ontario Tobacco Research Unit at U of T

and its statement that the only use of vapes containing nicotine or otherwise that there should be is for people who want to stop smoking. That's their conclusion from the research.

The studies that have emerged since we last had this discussion in 2015 continue to indicate that there may be health effects associated with vaping. Are they as severe as tobacco? No, they are not, and they never will be. The question is, how severe do they have to be and what regulations do we need to put in place on the products and where they're used—

**The Chair (Mr. Shafiq Qadri):** Thank you, Madame Vernile.

To the PC side: Mr. Hillier.

**Mr. Randy Hillier:** Thank you, Michael, for being here today. In your presentation, you emphasized the concern about second-hand smoke in multi-unit residential buildings.

**Mr. Michael Perley:** Yes.

**Mr. Randy Hillier:** But of course, this legislation only permits the use of cannabis in private dwellings, so in those very multi-unit residential buildings.

We heard from the presenter before you about having safe, regulated, ventilated vaping lounges. It seems to me that that alternative would coincide with your concern about smoking in multi-unit residential buildings—that we do permit places for people who are cannabis users to get together and not impact others.

One other element you had in your presentation is about the new IQOS devices—the heat-not-burn tobacco. In your statement, it says that if it is a tobacco product, it ought to be defined as a tobacco product. That certainly makes sense. But we see in the Smoke-Free Ontario Act, in this act, that even items which aren't tobacco are defined as tobacco. The very vapes and vape products are defined as tobacco. I think there is a contradiction at play here, that we're defining things that aren't tobacco as tobacco and also possibly defining things that are tobacco not as tobacco. I take your point that we should have our definitions aligned with reality, that the words actually mean what they say they are.

**0930**

You seem also to be focused a lot on vapes, on the nicotine element, but I'm sure you're aware that the nicotine is not a harmful product, that it's the products of combustion in cigarettes that are—

**The Chair (Mr. Shafiq Qadri):** Thirty seconds.

**Mr. Randy Hillier:** The cancer-causing and the harm-related element is the combustion not the nicotine.

**Mr. Michael Perley:** There are some studies indicating some health impacts from nicotine. They're not as severe as the carcinogens or carbon monoxide or carbon dioxide or other toxics produced by combustion of cigarettes. But nicotine has its own issues. The recommendation generally, for example, is for pregnant women not to use nicotine replacement therapy during pregnancy. That's one recommendation that's out there.

**Mr. Randy Hillier:** You're in favour of the federal legislation which will be regulating the makeup so that we know what is in the vapour?

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Hillier, and thanks to you, Mr. Perley, for your deputa- tion on behalf of the Ontario Campaign for Action on Tobacco.

#### ASSOCIATION OF MUNICIPALITIES OF ONTARIO

**The Chair (Mr. Shafiq Qaadri):** Now I invite our next presenters from AMO, the Association of Muni- cipalities of Ontario: Lynn Dollin, president, and Mr. Craig Reid. Welcome, colleagues. Please begin.

**Ms. Lynn Dollin:** Thank you very much, Mr. Chair and members of committee. Good morning.

Bill 174 is broad legislation, but my time here is very short so my comments focus on issues that may impact a municipal government's ability to do its job and, in turn, affect our communities. These things are linked. Stable, properly resourced municipal governments and strong, healthy communities go hand in hand. No one will argue that municipal governments are the front line to the people. It is at the local and community level that the legalization of cannabis will be felt most keenly. It will be our services that are called upon daily. It will be council members who will hear first about how cannabis fits in our communities.

At AMO, we evaluate all policy changes through the lens of impact on existing local services, capacity to deliver and the cost of new services or changes in ser- vices that will bring. This is because local services provide the backbone for communities to flourish and if municipal councils are asked to do more with the same resources, our services are compromised and that stresses our communities.

No one argues that legalizing cannabis will increase demand in services such as policing, bylaw enforcement, public health and even fire inspections. Property taxpay- ers should not pay for any part of the federal and provincial legislative framework. These costs need to be fully funded by the governments putting new burdens on municipal governments. For example, one large police service board in Ontario estimates it will require an additional \$6.9 million per year to do training, purchase new roadside equipment for tests and revise new procedures alone. Applying this number to even the first 14 sites that are selected—not the entire province— would be about \$28 million.

We're asking members of this committee to write a provision—it could be a regulatory provision—which obligates the province to pay for our new costs. The government and this standing committee would send a strong message that the front-line worker will be support- ed financially. Without it and without cost recovery, the municipal governments will have to rob other services and investments to pay for it. You do not want us to say that roads cannot be repaired, that playgrounds and new child care spots will not happen because we have cannabis to deal with now. Do not let this be an unfunded mandate. Do not shortchange us with not enough cost recovery.

Cannabis is being positioned as an economic benefit. Just look at what is going on in the production side. The economic benefits of legalizing this product will be significant. We believe that there should be benefit to our own local economies. While this is outside of your scope of this bill, we will be advocating, as part of our federal consultation process, on the excise tax sharing. Communi- ties, not just the federal and provincial governments, should benefit from this new revenue source. Why? Because municipal governments have a major problem with the sustainability of our current infrastructure and services. Municipal governments in Ontario have an almost \$5-billion infrastructure gap, a piece of research that is well documented and has not been debated. We cannot fix this with only nine cents of every household tax dollar. Who gets the rest of the household tax dollar? The province and the federal government and not the front-line government.

Municipal governments cannot meet our capital needs and provide day-to-day services at the current level. Without new revenue sources, property taxes are the default solution if the value of property tax has no relationship to income.

You can appreciate why we are so keen to make sure that increased municipal costs from legalization are contained and paid for; otherwise, they are downloaded. You can also see why access to this new revenue can be directly invested through revenue sharing to make our communities better—not just infrastructure but programs to help youth, to help homelessness and other vulnerable people in our communities—

**The Chair (Mr. Shafiq Qaadri):** One minute.

**Ms. Lynn Dollin:** —which could counteract the fears of impacts that legalization brings. We should have options locally that could make a difference, and this should be funded by the revenue generated through the retail approach.

Over the long term, as the Ontario framework takes hold, we believe we need to return to considering greater private entrepreneurial involvement in the market. We are asking that the bill be amended to commit the Legis- lature to review the system in two years. We're asking for this because of opportunities that could be available for small business people, farmers and others who should be able to participate in a legal, responsible and safe cannabis market.

I just want to close by saying that I would need to express my appreciation for the government's consulta- tion process. We have been often engaged in those discussions, both at the staff level and an elected level. I also want to say that we are trying very hard—

**The Chair (Mr. Shafiq Qaadri):** Thank you, Ms. Dollin. Passing now to the government side: Mr. Potts.

**Mr. Arthur Potts:** Thank you, Ms. Dollin. Thank you very much for being here, both of you, to bring the views of municipalities from across Ontario.

I want to address a couple of issues. The first is around the cost—obviously, with the excise costs—we're having a discussion with the federal government about how to

share that piece of it. They're offering 50/50, and we share your view that a disproportionate amount of the cost will come to the province and to municipalities. We're in those discussions. We obviously will be getting the lion's share of the HST. Yesterday, we heard from one shop that says that in six months, they turned over half a million dollars in HST, so there will be resources there, and I'm sure we'll be in a position to share.

Can you address, maybe, some of the cost savings that municipalities and policing might get as a result of—because it's gone legalized, it's also decriminalized, so police won't spend as many resources charging and prosecuting individuals.

**Ms. Lynn Dollin:** Thank you for the question. I would argue that there will not be cost savings in that manner because there still will be the issue about driving under the influence. There still will be the request that we close all of the illegal shops, and I can see that being a large portion of work, and also nuisance complaints. We already deal with several nuisance complaints, whether it be somebody burning a fire in their backyard and it's blowing over the neighbour's property; loud noise; music complaints—those are things that municipalities deal with all the time. I certainly can see an increase of those nuisance complaints when people are smoking cannabis.

**Mr. Arthur Potts:** Fair enough.

I also want to talk quickly about where your association is on lounges. The city of Toronto is looking to possibly license lounges for cannabis consumption. How would you feel about cannabis lounges and/or vaping lounges as part of the municipal makeup?

**Ms. Lynn Dollin:** Certainly, we can see the advantage of having a place where people could go where they maybe are not going to expose their children or to do away with some of the nuisance complaints with the backyards or the multi-unit residential places, but as we are with the retail locations that the province has been good enough to consult with municipalities over where they are located, we would certainly want to be able to control where those were located within our communities.

**The Chair (Mr. Shafiq Qadri):** Thirty seconds.

**Mr. Arthur Potts:** Ms. Hod was speaking about the social aspect of it. Toronto is known as the gathering place, and these could be gathering places. Is that something that would be important, getting people out of their houses into lounges where they could socialize?

**Ms. Lynn Dollin:** Again, as long as we had the opportunity to decide where those go so they don't end up next to a high school or next to a daycare, then I think that AMO would support that.

**Mr. Arthur Potts:** Thank you very much.

**The Chair (Mr. Shafiq Qadri):** Now to the PC side: Mr. Romano.

**Mr. Ross Romano:** I want to speak about the budgeting issue. Obviously, we know municipalities are required to pay for all city services relating to policing, fire, health bylaws—that all comes out of a municipal budget, but I want to focus on policing specifically.

I like the quote you used, that municipalities “are asked to do more with same resources,” but, in fact, over the last several years now, municipalities have been restricted by the provincial government significantly in the amount of resources they have to deal with their services, correct?

**Ms. Lynn Dollin:** Policing services are always stretched, particularly with another bill that's coming up that we're going to be talking about shortly, the Police Services Act amendments, which will cause costs to municipalities as well.

**0940**

**Mr. Ross Romano:** Okay, but across the board, services are restricted in terms of the level of provincial funding that you receive in municipalities, correct?

**Ms. Lynn Dollin:** We get nine cents of the tax dollar, and I don't know how you can do it—

**Mr. Ross Romano:** I'm just saying: It has been reduced.

**Ms. Lynn Dollin:** We are good at providing services that other levels of government require of us, but it comes at a cost.

**Mr. Ross Romano:** I appreciate that. The facts are what they are, so I'll move on. With respect to the level of training that will be required for police, there's apparatus—we don't know what it will be—that has to be purchased by the municipalities entirely, right?

**Ms. Lynn Dollin:** That's correct.

**Mr. Ross Romano:** In addition to that, they have to pay to train their officers to use those devices, and we don't know what that training program would look like yet because we don't know what apparatus will be used, correct?

**Ms. Lynn Dollin:** That's correct.

**Mr. Ross Romano:** In addition to that, officers will have to be trained as experts to detect impaired driving—and we don't know what that's going to look like, because we don't know what the legislation for impaired driving will look like, correct?

**Ms. Lynn Dollin:** That's correct.

**Mr. Ross Romano:** And all of that takes a significant amount of time for officers to obtain that training, correct?

**Ms. Lynn Dollin:** Yes.

**Mr. Ross Romano:** And a great deal of cost, and we have no idea what that cost is going to be because we don't know what the training is going to be that is required, given we don't know what the apparatus or the expertise is going to be.

**Ms. Lynn Dollin:** We've had some police services try to put a number on that, which I included in my notes.

**Mr. Ross Romano:** All right. In conclusion, obviously safety is the most paramount concern for all our municipalities and for our provincial government. Isn't it more important that we worry about safety over distribution?

**Ms. Lynn Dollin:** We are looking to make sure—that's why we're here—that we have those resources available to make sure that our communities are safe. Nobody wants safer communities than municipalities.

**The Chair (Mr. Shafiq Qaadri):** Thirty seconds.

**Mr. Ross Romano:** But as of right now, we don't have the knowledge of what will keep us safe and we don't have the money in the municipalities to ensure that safety can be made paramount. So don't we need to worry about that before we worry about distribution, specifically? Aren't money and safety more important?

**Ms. Lynn Dollin:** And that's why we're here: to say that we need some resources.

**Mr. Ross Romano:** Thank you.

**The Chair (Mr. Shafiq Qaadri):** To the NDP: Mr. Natyshak.

**Mr. Taras Natyshak:** Thank you very much for being here and presenting, and for your advocacy on behalf of our municipalities; I appreciate it.

Your consultation with the government on this bill: You would say that it was extensive or you're happy with the level of consultation you've received?

**Mr. Lynn Dollin:** Yes, we have had a fair amount of consultation on this bill. Certainly, we were very clear that when the retail outlets were put in our communities, we wanted to have a say in where those were located. That has been the action the government has taken to date.

**Mr. Taras Natyshak:** Through your consultation, did you present the government with a preferred rate of revenue sharing—any figure that you can show us that would come close to what your projected budgetary needs would be or revenue needs would be from the implementation of this new bill?

**Ms. Lynn Dollin:** What we told them was that we did not want this to be something that came out of the pockets of municipalities. We did not want property taxpayers to be paying for the implementation of cannabis in our communities. But we did not come up with a distinct figure.

**Mr. Taras Natyshak:** Did the government ever provide you with a projected estimate of their revenue in the first five years of implementation—any fiscal framework?

**Ms. Lynn Dollin:** I'll have Mr. Reid—he was in most of the meetings.

**Mr. Craig Reid:** We don't have that yet. The reason is because—I think you can appreciate—this is an evolving regime, whether it's distribution, safety or what have you. We're still trying to grapple with our costs, and I think the government is trying to grapple with theirs as well. What we're asking for, frankly, is that we find a way to cover our costs, whatever they may be, and to ensure that there's a benefit to communities and the local services that we deliver.

**Mr. Taras Natyshak:** I've seen articles that allude to the fact that the government potentially could not make any money in the first several years of the implementation of this bill. In asking at technical briefings from members of the government and policy specialists, they were unable to provide me with any type of projection on revenue, which is kind of scary because you've got a potentially \$22-billion nationwide industry and they're

putting together a marketplace for it without a comprehensive business plan, without any capital projections at all and without any revenue projections. It seems to me that that's a major point that has been missing and one that leaves a huge gap in terms of how we, in fact, pay for or subsidize some of the resources that you are going to need to provide.

I would hope that in your ongoing consultations you press the government as hard as you can to get some numbers out there so that we can all have a better picture of what this industry is going to look and what those revenue streams are going to look like.

**Ms. Lynn Dollin:** We have talked to other jurisdictions such as Colorado—

**The Chair (Mr. Shafiq Qaadri):** Thank you Mr. Natyshak, and thanks to you, Ms. Dollin and Mr. Reid, on behalf of AMO.

#### CANADIAN CANCER SOCIETY

**The Chair (Mr. Shafiq Qaadri):** I invite our next presenters to please come forward, representing the Canadian Cancer Society, Ontario provincial office: Mr. Finnegan, Ms. Gorman and Mr. Cunningham. Welcome, colleagues. Please be seated. You've seen the drill; I know you know it very well. Please introduce yourselves. Please begin.

**Ms. Kelly Gorman:** Good morning. My name is Kelly Gorman and I'm a senior manager of public issues at the Canadian Cancer Society. Here with me is my colleague Rob Cunningham, lawyer and senior policy analyst at the society. Thank you for the opportunity to speak on Bill 174.

Cancer is the single-largest killer in Canada and the disease that is most feared. About one in two Canadians will develop cancer in their lifetime, and one in four will die of this disease. The Canadian Cancer Society is focused on preventing cancer and ensuring that those living with cancer have access to the care and support they need.

Ontario has made great strides in protecting Ontarians from second-hand smoke, helping smokers quit and preventing youth from starting to smoke. However, 13,000 Ontarians die each year from smoking, and smoking continues to be the leading cause of cancer deaths in Canada. We must continue to implement policies and programs to help people quit and prevent youth from starting to smoke.

The harmful substances in second-hand cannabis smoke are largely similar to the substances in second-hand tobacco smoke. We also know that many people combine tobacco and cannabis when smoking cannabis. We are pleased to see measures in Bill 174 that will help protect Ontarians from exposure to second-hand smoke.

There is tremendous overlap between youth who smoke tobacco and youth who use cannabis. We recommend that the proposed youth education and prevention programs be used as an opportunity also to talk about the

harms of tobacco. This same recommendation applies to any public education campaign on cannabis.

As residents in multi-unit dwellings will be exposed to second-hand cannabis smoke, we would support the posting of signage warning of the risks of exposure to second-hand cannabis and tobacco smoke in multi-unit buildings.

Our youth volunteers were strong advocates for the banning of flavoured tobacco, and celebrated when the legislation passed. Unfortunately, the current legislation does not cover flavoured rolling paper. We do not think it was the intent to allow these products to be sold, and we would ask that this loophole be closed.

Youth prevention is a key factor in reducing tobacco use. We strongly recommend banning the use of all tobacco products, including chewing tobacco, on elementary and high school properties—not just smoking, as it is currently worded.

The number of youth using e-cigarettes is rising and this has the potential to undermine tobacco control efforts. Regulations are needed to prevent young people from using e-cigarettes. The society recognizes the potential benefits these products may provide to Ontarians trying to quit smoking, but there needs to be regulation. We support the regulation of e-cigarettes in this bill.

My colleague Rob will now speak to specific amendments and what is happening in other provinces.

**Mr. Rob Cunningham:** With respect to the amendments circulated to you, just to go through them, the ban on flavoured cigarette papers is already in place in four provinces: Quebec, Nova Scotia, PEI, and Newfoundland and Labrador.

Second, with respect to banning chewing tobacco and all tobacco use on elementary and secondary school grounds, it's in force in BC, Saskatchewan and the Yukon, and administratively in some other provinces.

Third, with respect to the definition of “tobacco product accessory,” there are some proposed amendments to ensure that cigarette papers, filters and tubes are included, which is followed by the accompanying provision, number 4, to ensure that the ban on display accessories in tobacco retailers applies to all accessories, whether or not they are tobacco-branded. There are eight provinces and territories that have already done that.

Next is to have regulatory authority over the promotion beyond retail. In the bill there is already regulatory authority at retail but not beyond that. BC and Yukon have that. Quebec has far greater restrictions on promotion beyond retail, as do other provinces than Ontario.

Finally is regulatory authority over the product itself. We see that in some other provinces. You would be able to deal with additives in e-cigarettes and also, as indicated, a potential marking on cigarettes can help not only from a health education point of view or messaging but also with respect to contraband prevention, to have a marking to distinguish between legal and illegal cigarettes. We see more discussion of that, and that would be helpful.

We look forward to your questions.

**0950**

**The Chair (Mr. Shafiq Qadri):** Thank you very much, colleagues, for your introductory remarks. To the PC side: Mr. Hillier.

**Mr. Randy Hillier:** Thank you very much for being here today and for your presentation. I was listening, and your statements and your presentation seemed to be at odds with, inconsistent with and even contrary to the presentation made on Bill S-5 by the Smoking and Health Action Foundation and the Non-Smokers' Rights Association, which proposed and recognized that there ought to be a continuum of restrictions and prohibitions on nicotine products. Listening to your presentation, do you think that this blanket approach in schedule 3 is just fine, that e-cigarettes and all products can be prohibited the way they are without recognizing that continuum that we heard at the Bill S-5 hearings?

**Mr. Rob Cunningham:** We support Bill S-5. It's going to change the regulatory framework with respect to e-cigarettes. Health Canada's approach is to make these available to cigarette smokers who are unable to otherwise quit.

Bill S-5 has regulatory authority with respect to flavours and additives, but there are no restrictions on flavours, and the government's proposed regulations with respect to e-cigarettes under Bill S-5 have nothing with respect to additives, so there's a gap there. There is potential for it to be strengthened, because certain additives are simply not needed with respect to e-cigarettes.

**Mr. Randy Hillier:** But you embrace the idea that there should be a continuum to recognize the different harm levels that different products provide, that there should be a continuum of regulations as well?

**Mr. Rob Cunningham:** The difference between cigarettes and e-cigarettes can be significant ones. Cigarettes are taxed; e-cigarettes are not. Cigarettes have graphic health warnings on the packages; that's not what Health Canada is proposing. There is a ban on flavours in cigarettes, but not with respect to e-cigarettes.

There are significant differences. There are differences with respect to messaging.

**Mr. Randy Hillier:** Okay.

**Mr. Ross Romano:** In your paper, you refer to there not being enough research or empirical evidence—those are my words—to prove or support the use of cannabis to effectively treat cancer. We also know that the Canadian Medical Association—in fact, I showed it to my friend from Windsor here. There was a Justice Phillips decision where—

**The Chair (Mr. Shafiq Qadri):** Thirty seconds.

**Mr. Ross Romano:** Actually, I'll move on.

The CMA is, generally speaking, opposed to the use of marijuana because of the lack of empirical data to support its use for cancer treatment and other medical treatments, correct?

**Mr. Rob Cunningham:** I'll let the Canadian Medical Association speak for themselves.

**Mr. Ross Romano:** The bottom line, though, is that more study is needed before cannabis can be used as a

cancer treatment. We don't know how it will interact with other drugs and so on and so forth. We don't know enough about it yet. We need more studies on it.

**Mr. Rob Cunningham:** We don't have a position on the legalization of cannabis. Our advice to individual Canadians is to consult with their doctor.

**Mr. Ross Romano:** We need to know more at the end of the day if it's going to be used as a treatment mechanism.

**The Chair (Mr. Shafiq Qadri):** To the NDP: Mr. Natyshak.

**Mr. Taras Natyshak:** Thank you very much for being here today. You mentioned that eight other provinces have enacted either similar amendments or variations of them. I'd like to know if you have data on what their effect has been on usage, particularly with youth, post-amendment—since they've put them in.

**Mr. Rob Cunningham:** We know that there has been good enforcement and compliance with respect to these displays at point of sale, specifically with respect to the accessories. The broader issue of banning tobacco displays, which is now enforced in all 13 provinces and territories, has gone very well, and there's very good evidence on that.

To narrow it down simply to the accessories—cigarette papers and tubes—it's harder to isolate that, particularly.

**Mr. Taras Natyshak:** Overall, then, have you seen tobacco usage rates in provinces like Quebec, I would ask—mainly Quebec—go down?

**Mr. Rob Cunningham:** We have, and it's encouraging. In fact, this was kind of a new, quiet revolution in Quebec. There's a change in the social acceptability.

It has gone down now in Quebec to 18%. The national average is 17%. They used to be much higher than the national average.

**Mr. Taras Natyshak:** Yes. What has that time frame been?

**Mr. Rob Cunningham:** It's over many years, but they have made significant progress, for example, in the last 14 years.

**Mr. Taras Natyshak:** What's our tobacco usage in Ontario?

**Mr. Rob Cunningham:** It's 16%.

**Mr. Taras Natyshak:** Okay. So we're lower than Quebec.

**Mr. Rob Cunningham:** Lower than Quebec and lower than the national average. British Columbia has the lowest in Canada.

**Mr. Taras Natyshak:** Does it? Okay.

You know what? I'm going to give you the rest of the time to point to any other points you might have missed.

**Mr. Odane Finnegan:** Just to respond to an earlier question: There is very little evidence on the efficacy of cannabis use for treatment, but the largest barrier to that has been the criminalization of marijuana. That's all I'll say.

**Mr. Taras Natyshak:** So the efficacy of—

**Mr. Odane Finnegan:** It's difficult to research something that's illegal.

**Mr. Taras Natyshak:** Oh, sure. We know that that's most definitely needed. But proponents, advocates and users of medicinal marijuana, I think, by and large—those that I've talked to—are now believers in the medicinal value—

**The Chair (Mr. Shafiq Qadri):** Thirty seconds.

**Mr. Odane Finnegan:** And we look forward to being able to, hopefully, translate anecdotal evidence into empirical evidence at a time when we can actually research, investigate and truly study the matter.

**Mr. Taras Natyshak:** Very good. Thank you so much.

**The Chair (Mr. Shafiq Qadri):** To the government side: Ms. Mangat.

**Mrs. Amrit Mangat:** Welcome to Queen's Park, and thank you for your presentation. I want to also thank your organization for their tremendous efforts to eradicate cancer in the province of Ontario.

I have heard that you believe that federal and provincial governments should adopt regulatory measures to prevent young people from using e-cigarettes. Can you tell us more about what those measures should look like?

**Mr. Rob Cunningham:** We need a comprehensive approach. Many of these provisions are in this bill, but there are a few gaps in the bill—and that is what we're recommending with respect to our particular amendments. There are eight provinces that have adopted e-cigarette legislation. Ontario's has not been proclaimed. We would urge that any regulations be adopted quickly after royal assent of this bill. There had been consultations already on what the Ontario government is proposing. A combination with respect to sales to minors, control over promotion, control over where it can be sold, control over where it can be used—these are all measures that could have an impact.

**Mrs. Amrit Mangat:** What are your thoughts about second-hand vaping? Do you think there is a health risk associated with that?

**Mr. Rob Cunningham:** Our recommendation has been that wherever smoking is banned, the use of e-cigarettes should also be banned. Second-hand vapour has harm—it's less harmful than second-hand smoke—especially when there are multiple users in a concentrated space. That's what all of the other seven provinces have done in their legislation with respect to e-cigarettes.

**Mrs. Amrit Mangat:** So how will this legislation help further protect our children and our young people?

**Mr. Rob Cunningham:** I think there are a number of measures. What we want to avoid in Canada is what we've seen in the United States, where the tobacco industry has used marketing and advertising to deter people from quitting. They have certain ads that have encouraged the use of e-cigarettes in places where smoking is banned, whereas smoke-free spaces can be a general encouragement for people to quit altogether.

We don't want kids to use these, and if we can have effective controls on promotion as well as effective controls on sale, that can make an impact.

**Ms. Kelly Gorman:** I think we'd also really support a public education campaign about tobacco and also around e-cigarettes. There's a lot of misinformation, I think, among even parents and youth.

**The Chair (Mr. Shafiq Qaadri):** Thirty seconds.

**Ms. Kelly Gorman:** We are definitely seeing an increase right now around youth using e-cigarettes and potentially then translating that into tobacco.

**Mrs. Amrit Mangat:** Thank you.

**The Chair (Mr. Shafiq Qaadri):** Mr. Potts?

**Mr. Arthur Potts:** We heard testimony yesterday that second-hand vape smoke is no different than theatrical smoke, so we've all been exposed to it at concerts, bars and other events. Do you differ from that view that second-hand vape is just theatrical smoke?

**Mr. Rob Cunningham:** I think we also have to look at the amount of exposure. If you're at a high school dance once or twice a year, that's very little exposure. If you're exposed to it on a daily basis, perhaps for the 40 hours of a workweek, that's very substantial, and that changes the analysis.

**The Chair (Mr. Shafiq Qaadri):** Thanks to you, colleagues, for your presentation on behalf of the Canadian Cancer Society.

#### BIKE LAW CANADA

**The Chair (Mr. Shafiq Qaadri):** Now I'd ask our next presenters to please come forward: Mr. Patrick Brown—I believe it's a different Patrick Brown—as well as Melissa Dowrie of Bike Law Canada, member of the coalition for vulnerable road user laws.

Welcome, colleagues. Please be seated. Your time begins now. Please introduce yourselves as well.

**Mr. Patrick Brown:** Thank you. Next to me is Melissa Dowrie from Bike Law Canada, and next to me is Heather Sim. Heather is part of our coalition requesting vulnerable road user protection laws.

I'm here today because—firstly, I'll introduce myself as the president of Bike Law, but I also initiated and participated during the coroner's review of cycling and pedestrian deaths in this province. I'm also the past chair of the Ontario Safety League and past director of Cycle Toronto, as well as the past president of the Ontario Trial Lawyers Association.

I represent today to you that you look at schedule 4. Part of this bill is in relation to road safety. I'm asking that you amend the bill and add new sections to incorporate what's called a vulnerable road user protection law. That law would simply mean an amendment to your existing bill where you would incorporate the sections of a present private member's bill, Bill 158, into Bill 174. At the back of the package I have provided you, I have given you the relevant sections of both Bill 174 plus the relevant sections of Bill 158.

#### 1000

The coalition that I have been a part of for over two years has been requesting a vulnerable road user protection law. It includes the major transportation associations in Ontario. It also includes the largest grassroots seniors' organization, being the United Senior Citizens of Ontario. I can tell you that in support of this bill, as well, and the amendments I am requesting, are the Ontario Brain Injury Association, the Ontario Trial Lawyers Association and the Ontario Safety League.

We commend the government for stepping forward with Bill 174 and seeking to increase penalties for careless driving and to address road violence. The updating of penalties has been long overdue. However, in order to make a fulsome and meaningful move and to answer the requests of the coalition, their supporters and the city of Toronto, which have passed a motion requesting that amendments to this bill be put forward, we are asking you to amend the present bill and incorporate Bill 158. We will be the first province in Canada that has a comprehensive and meaningful vulnerable road user law.

What is a vulnerable road user law? It's quite simply that if you're driving a vehicle and you kill or seriously hurt a pedestrian, cyclist or first responder—people who are not protected by two tonnes of steel around them and seat belts and airbags—if you hit them and kill them and you break the law, meaning that you violate the Highway Traffic Act, then you will be given an added penalty; that is, community service, licence suspension and a requirement to take a driver course.

Public Health Ontario told us in 2012 that although traffic collisions have declined in Ontario for the last four decades, unfortunately that has not declined the rate of injury and deaths with cyclists and pedestrians. In fact, it's increasing. Over 7,644 cyclists and pedestrians are taken to the emergency department every year. That's 20 every day, and it is increasing.

In the coroner's review that I initiated and participated in, 62% of cyclist fatalities were caused by driving conduct that was illegal—speeding, failing to yield, driver inattention—but only 23% of those were charged. Of those charged and convicted, very few faced any penalty other than a very, very small fine.

In my brief, I've given you a series of different cases reflective of the problem that is happening in Ontario on a daily and regular basis. For instance—

**The Chair (Mr. Shafiq Qaadri):** One minute.

**Mr. Patrick Brown:** Yes.

For instance:

—Ryan Carriere: killed, improper right turn, \$85;

—CL, serious brain injury, \$500 fine;

—Mr. Tushingam, killed on his bike, a \$500 fine;

and

—Heather Sim is here today. Her father, Gary Sim, was killed by an improperly right-turning vehicle. If that person is convicted, it will be a \$500 fine.

Unfortunately, this is no longer acceptable. There are many more other examples that are existing in our province.

As legislators and members of your communities, please send a message to Ontario that we will no longer tolerate increasing road violence for the vulnerable. The victims and their families who suffer from road violence will not be ignored or forgotten by our system, because they have been, to date. This system is broken. By amending this bill, you will not only be listening to all those organizations; you'll be addressing a request by the city of Toronto. But most of all, you'll send a message to the Sim family, to the Tushingam family—

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Brown. The time now passes to Mr. Natyshak.

**Mr. Patrick Brown:** —that they will not be forgotten.

**Mr. Taras Natyshak:** You've finished? Yes. Thank you so much for being here, and thanks for your advocacy. Bill 158, I believe, is a bill from my colleague Cheri DiNovo.

**Mr. Patrick Brown:** That is correct.

**Mr. Taras Natyshak:** And you worked closely with her in the crafting of the bill?

**Mr. Patrick Brown:** We did.

**Mr. Taras Natyshak:** Why do you see it as important to be placed within the context of this bill? What's the opportunity that the government is presented with here?

**Mr. Patrick Brown:** The government is stepping forward with this road safety bill. We applaud them for this. Right now, there's a big, big gaping hole. All this bill does is increase the fines and penalties for careless driving, but the majority of the people being charged are being charged with Highway Traffic Act offences that are not careless driving, such as with Heather's father. That's an improper right turn that killed him, and those people will continue to walk away with these small fines of \$500, \$700, \$85 unless this is adopted into the bill.

The other thing is that even on careless driving, which is in the present bill, they just plead down. They lawyer up, they plead down to a lesser included offence and they, again, walk away with a fine. What this bill would mean is some added penalties—meaningful penalties. We're not talking about putting people in jail for Highway Traffic Act offences. What we are saying is some reflection in the form of some deterrence, meaning community service, and that's in road safety. Also, is it that much to ask that they go and take a driver course before they get behind the wheel after they've killed someone and, as well, a licence suspension until that's done? That's why we feel incorporating those particular sections into this bill will make it a meaningful vulnerable road user protection law.

**Mr. Taras Natyshak:** How long have you been advocating for this type of legislation?

**Mr. Patrick Brown:** I've been doing it and representing families for over 20 years. We've been pushing this vulnerable road user law for over two and a half years.

**Mr. Taras Natyshak:** And has the government indicated any willingness to adopt it as a stand-alone bill?

**Mr. Patrick Brown:** They have been receptive. They have met us on a number of occasions, at the Attorney General's but also at the Ministry of Transportation, and

they have been receptive to listening to our requests for this.

**The Chair (Mr. Shafiq Qaadri):** Thirty seconds.

**Mr. Patrick Brown:** We're hoping that they will adopt this amendment and include it in this bill.

**Mr. Taras Natyshak:** I want to thank you again for your advocacy and I think it's an idea that has merit. My hope is that your testimony here today compels members of the committee to give it due consideration and, hopefully, we see it come to the light of day.

**Mr. Patrick Brown:** Thank you.

**Mr. Taras Natyshak:** Thank you.

**The Chair (Mr. Shafiq Qaadri):** To the government side. Madame Vernile.

**Ms. Daiene Vernile:** Good morning, Mr. Brown. You've got two other delegates here with you who have not spoken. Do you want to use our time together, our three minutes? I believe you said the person to your right—your name is Heather Sim?

**Ms. Heather Sim:** Heather Sim, yes.

**Ms. Daiene Vernile:** Heather, what do you want to share with us?

**Ms. Heather Sim:** Basically, what happened with my father was we walked away from that—we lost him that day and the driver drove away and went on with his life as usual. There was no licence suspension. He is still on the roads right now. If he was able to do something like that, I don't think he's a safe driver. I have to ask why would we not add these? Why would we not expect these people to have a licence suspension after killing somebody? Why would we not expect them to take some sort of driver safety training courses? I think it's a small thing to do.

**Ms. Daiene Vernile:** May I ask where and when this occurred?

**Ms. Heather Sim:** June 30 of this year, at Jane and Alliance. My father was driving past a plaza and the driver came up right beside him and just turned into the plaza—turned into him, hit him and killed him.

**Ms. Daiene Vernile:** I'm sorry to hear that.

**Ms. Heather Sim:** Thank you.

**Ms. Daiene Vernile:** And beside you, we have?

**Ms. Melissa Dowrie:** My name is Melissa Dowrie. I am the director of Bike Law Canada and I work closely with Patrick Brown here.

**Ms. Daiene Vernile:** I want to thank you all very much for being here today and for sharing your information. Thanks.

**The Chair (Mr. Shafiq Qaadri):** To the PC side. Mr. Romano.

**Mr. Ross Romano:** I have a bit of a background from a legal perspective. I've worked in the courts for a number of years. Some of the points you raise I've noticed from both the prosecution side and the defence side. I can certainly say without any hesitation that careless driving itself under the Highway Traffic Act is the most difficult offence to prosecute and the easiest offence to defend, from both angles.



I'm sure you appreciate, though, that in terms of what permissions there are for provincial government in terms of sentencing with respect to those particular offences, a lot of that is capped by the federal government, ultimately. For instance, the punishments for careless driving are amongst the most severe in the Highway Traffic Act: six months' potential jail time, driver's licence suspension and a fine. The only ones that I can think of that are worse are driving with no insurance, which is just a \$5,000 fine, or driving under suspension, which for a first offence is \$1,000 fine and upwards of six months in jail. But those are the caps and those are ultimately essentially federally regulated, correct?

**Mr. Patrick Brown:** There's nothing regulating from the federal government on an amendment to the Highway Traffic Act or the Provincial Offences Act to include this type of sentencing provision by the Ontario government. The federal government deals with Criminal Code offences, and we're not dealing with that today. We're not talking about Criminal Code offences in relation to fatalities, drunk driving, hit-and-runs. We are talking about the provincial Highway Traffic Act, so I think it's quite enabling for the Ontario Legislature to pass this type of law. I don't think you're restricted in any way by—

**Mr. Ross Romano:** It's just inherent in what a justice of the peace has the authority to sentence, and most of our traffic courts have justices of the peace. That's where part of that difficulty arises.

But the federal government, as well as the provincial government—and I'll speak more specifically provincial with respect to its crown attorneys who are prosecuting offences. On the whole, they have the ability to also take an offence—any traffic offence that resulted in a fatality could also result in a Criminal Code charge that the crown attorneys locally would prosecute with respect to, let's say, criminal negligence causing death.

**The Chair (Mr. Shafiq Qaadri):** Thirty seconds.

**Mr. Ross Romano:** So there is an avenue through that where the province might be able to assist more in creating Criminal Code charges as opposed to simply regulating in the Provincial Offences Act. Have you considered that as maybe a—

**Mr. Patrick Brown:** Unfortunately, very few, if any, are charged under the Criminal Code with driving offences. Even when they are, as you've indicated, in the recent case they found it not be a marked departure by picking up a bottle off the ground and running up on a sidewalk and killing, and that was thrown out. So the majority of charges are under the Highway Traffic Act when people are killed by driving offences, and as a result of that, that's why we feel that there's a very, very big hole in our system in order to take care of people—

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Romano, and thanks to you, Ms. Sim, Ms. Dowrie and Mr. Brown, for your deputation on behalf of Bike Law Canada.

The committee is in recess till 2 p.m. this afternoon.

*The committee recessed from 1011 to 1400.*

**The Chair (Mr. Shafiq Qaadri):** Thank you, colleagues. I reconvene the Standing Committee on Justice Policy on Bill 174, as you know, with reference to the Cannabis Act.

#### FRIENDS AND FAMILIES FOR SAFE STREETS

**The Chair (Mr. Shafiq Qaadri):** We'll call our first afternoon presenter to please come forward: Ms. Kasia Briegmann-Samson, spokesperson for Friends and Families for Safe Streets. To you and to all colleagues, as you know, you'll have five minutes to make an opening address and a three-minute rotation with each party for questions. As always, the timings will be enforced with military precision. Please begin now.

**Ms. Kasia Briegmann-Samson:** Thank you. My name is Kasia Briegmann-Samson. I'm here with Jess Spieker, my colleague. We're here on behalf of Friends and Families for Safe Streets, or FFSS, a road safety advocacy and support group.

We are requesting that you strengthen the road safety section of Bill 174 by incorporating into it the provisions of a genuine vulnerable road user law. We believe that your doing so will save lives.

FFSS was founded in 2016 when, following the life-altering loss of partners and friends in senseless, preventable collisions, a group of us turned our grief and anger into action. Our members include survivors of traffic collisions and friends and families whose loved ones have been killed or injured in crashes.

We support the Legislature taking measures to reduce the staggering rate of deaths and injuries on Ontario roads. However, there are many gaps. A vulnerable road user law fills these gaps. It provides important legal protection to people travelling on foot, on bike, or using mobility devices—anyone using our streets without the protection of airbags and steel cages. Such laws create a culture of safety and deterrence and provide a legal tool for collisions that result in serious harm by giving courts an option between a criminal conviction and an inconsequential fine.

We witnessed last week how judges are reluctant to apply criminal charges to drivers when Gideon Fekre was found not guilty of dangerous driving after he drove onto a sidewalk, killing Kristy Hodgson, who was walking with her dogs.

The following are our three recommendations for amending schedule 4 of Bill 174. The first point has two parts. First, courts should apply a broader range of increased penalties, including community service, longer licence suspensions, driver re-education and income-contingent fines when a vulnerable road user is killed or seriously injured as a result of a driver's Highway Traffic Act violation. Secondly, the increased penalty must apply to a broader range of Highway Traffic Act offences, not solely careless driving, when a vulnerable road user is killed or seriously injured.

Non-monetary penalties such as community service, longer licence suspensions, driver education and retesting are proactive and instructive, leading to changes in future behaviour and driving culture. It is unconscionable that after fatally striking members of our families and communities with their vehicle, a driver is legally permitted to drive home and continue their unsafe driving behaviours and routines.

Monetary fines should reflect the harm caused and ability to pay; for instance, a maximum fine should be set at a percentage of weekly earnings. Penalties related to the vulnerable road user law should apply to the full range of infractions listed under private member's Bill 158, the Protecting Vulnerable Road Users Act, 2017, as drivers often plead down when charged with careless driving, leaving many loopholes, enabling avoidance of the proposed new fines.

Next, Bill 174 should indicate that courts must consider whether a driver killed or seriously injured a vulnerable road user in imposing penalties following an HTA conviction. Bill 174 currently indicates that a court "may consider" whether a person was a vulnerable person, such as a pedestrian or cyclist, during sentencing. We recommend this language be strengthened and there be a requirement, not merely a suggestion, that the status of a vulnerable road user be weighed in sentencing.

Lastly, Bill 174 must compel convicted drivers who have killed or seriously injured a vulnerable road user to appear in court to hear the victim impact statement. This is a basic requirement of justice. For those of us who have been through a court process following a catastrophic injury or death, it is particularly shocking that a driver who is convicted is not obliged to appear in court when a victim impact statement is read. We agonize over how to capture the impact of a loved one being killed or of a life-altering injury. Compelling convicted persons to face the anguish and pain they cause would humanize the process and be a strong and true deterrent for drivers—

**The Chair (Mr. Shafiq Qaadri):** Thank you, Ms. Briegmann-Samson. The floor now passes to Mr. Hillier with three minutes for the PC Party.

**Mr. Randy Hillier:** Thank you and thanks for your presentation. We've got no questions at this time.

**The Chair (Mr. Shafiq Qaadri):** We pass it now to the NDP. Mr. Natyshak.

**Mr. Taras Natyshak:** Thanks for being here, thanks for your presentation, thanks for your advocacy. I've got three minutes, so I'm going to give you two minutes to finish summarizing your presentation. If you want, pick the best parts, and then I've got a one-minute question.

**Ms. Kasia Briegmann-Samson:** Thank you. I was almost done. I did go through the three points in our proposal, and I wanted to finish just by saying that as you consider everything that has been presented to you, please remember that behind every statistic is a life that is catastrophically altered or has ended. Toronto traffic fatality number 39 of 2012 wasn't just a number, he was my husband, Tom Samson, the father of our two children who are now growing up without him.

**Mr. Taras Natyshak:** Thank you. I'm sorry to learn that. You have colleagues from Bike Law Canada that presented just this morning, and they had a very similar request of the government and of this committee to consider stronger laws around careless driving provisions. Are you familiar with Bill 159, crafted by my colleague Cheri DiNovo from the NDP?

**Ms. Kasia Briegmann-Samson:** Yes, I am.

**Mr. Taras Natyshak:** Would you think it would be adequate and appropriate for the committee to consider amending schedule 4 by including the provisions of Bill 158 into that schedule?

**Ms. Kasia Briegmann-Samson:** Yes, I do. Schedule 4 of Bill 174, as it stands, is a step in the right direction, but there are many, many gaps that private member's Bill 158 would fill.

**Mr. Taras Natyshak:** You would approve if this committee added that schedule to the bill?

**Ms. Kasia Briegmann-Samson:** Absolutely. That's what we are advocating for. We would like to see Bill 158 folded into Bill 174, if you will—or incorporated into it.

**Mr. Taras Natyshak:** I tend to absolutely agree with you. Thank you so much.

**The Chair (Mr. Shafiq Qaadri):** To the government side, Mr. Potts.

**Mr. Arthur Potts:** Welcome, and thank you so very much for being here. My condolences for the loss of your husband. It's made your testimony here very, very powerful for all of us. We appreciate the advocacy on behalf of the victims, particularly.

A couple of things you have mentioned which are unique: the concept of income-contingent fees and fines particularly; I understand that. If someone is a multi-billionaire, it doesn't really matter if you slap them with a \$50,000 fine, where it would work with somebody else. I get that deterrent piece, and I appreciate you bringing that concept forward.

With the bill that we have and the changes that we're making, one of the biggest concerns that prosecutors and police were telling us about is that to prove careless driving you had to prove intent. What this bill does is it takes that intent piece out, so the likelihood of conviction for careless driving is now higher. You won't get them being pled down because of the unlikelihood of conviction.

The bill, as it stands now, goes a long way to where Ms. DiNovo's bill wants to, because we also think that judges should have or do have the authority to do many of the things that her bill is suggesting, particularly at the stage of suspension of a driver's licence. The bill specifically—this version—says up to five years; community service has always been an opportunity that judges can apply; retraining, we know we do this with demerit points. It may be that they're reluctant to do retraining if someone is only at a three-point or a six-point demerit system after a conviction. Do you get that sense in the bill, as it is currently stated, that we think we'll be getting a lot more charges laid, stuck and convicted on careless,

which is up to two years in jail, a five-year suspension and community service?

**Ms. Kasia Briegmann-Samson:** Well, from my understanding, the idea of proving intent is attached to the dangerous driving charge, which is a criminal charge. That's the charge that's very, very difficult to have stick and get a conviction on. With careless driving, that's one charge in the Highway Traffic Act in a whole list. For example, charges that are excluded are turn not in safety, stop from start not in safety, which is the charge against the driver that killed David Delos Santos last month, I believe.

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**The Chair (Mr. Shafiq Qaadri):** Thirty seconds.

**Ms. Kasia Briegmann-Samson:** So Bill 158, or incorporating of vulnerable road user law, would cover all those loopholes where drivers do plead down to a lesser charge.

**Mr. Arthur Potts:** I appreciate that clarification. Thank you very much.

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Potts, and thanks to you, Ms. Briegmann-Samson, for your deputation and presentation on behalf of Friends and Families for Safe Streets.

#### SCHIZOPHRENIA SOCIETY OF ONTARIO

**The Chair (Mr. Shafiq Qaadri):** I now invite our next presenters to please come forward. From the Schizophrenia Society of Ontario: Erin Boudreau and Antonella Scali. Welcome. Please be seated. You've seen the drill. I'd invite you to please begin now.

**Ms. Erin Boudreau:** Thank you, Mr. Chair. My name is Erin Boudreau. I'm the manager of policy and community engagement with the Schizophrenia Society of Ontario. Co-presenting with me today is Antonella Scali, policy analyst with the organization. Thank you for the opportunity to present on Bill 174, specifically schedule 1, the Cannabis Act, and schedule 2, the Ontario Cannabis Retail Corporation Act.

SSO is Ontario's only not-for-profit charitable health organization dedicated to supporting individuals, families, caregivers and communities impacted by schizophrenia and psychosis province-wide for the past 38 years. Our key considerations on this topic have been informed in part by individuals living with mental illness, their families and caregivers, health care providers and community front-line workers.

Research finds that individuals with schizophrenia and other psychotic disorders experience higher rates of substance use compared to the general population. Substance use can complicate and exacerbate symptoms of psychotic disorders like schizophrenia and can adversely affect the course of treatment and rates of relapse for some people.

Research has consistently found an association between cannabis use and increased risk for developing psychosis and, in some cases, schizophrenia in those who

are vulnerable, such as people who may have a pre-existing genetic risk.

The association between cannabis and developing psychotic symptoms or a lasting psychotic disorder is increased the earlier one begins to use—that is, before the age of 18—and the more frequently they use and the higher the THC level in the cannabis. This increased vulnerability of youth is said to be related to the fact that the human brain continues to undergo important developmental processes until about the mid-twenties, making it more susceptible to the potential negative impacts of cannabis than the mature brain. The risk of relapse of psychosis is also increased if a young person continues to use while in treatment.

Further studies are required to determine the extent of the effect of cannabis on mental health to further identify high-risk groups particularly susceptible and how best to support youth who are adversely affected by cannabis use.

**Ms. Antonella Scali:** We know that the sentences for youth convicted of a cannabis possession charge have included probation, fines and custody. These are penalties that could have a lasting impact on a person's life. Diversion and decriminalization is critical for ensuring young people avoid entering the criminal justice system, so we're pleased to see this included in the legislation.

Finally, in Ontario the need for increased investment in community mental health and addiction services, a traditionally neglected area of health, is clear. What is unclear, however, is if this system is prepared to respond to possible increases in mental health issues, including cannabis use disorder as a result of a potential influx in cannabis use, and if the federal and provincial governments are prepared to make crucial investments.

To support the implementation of Bill 174, we recommend the following:

- Investment in a comprehensive prevention strategy targeted to youth and families and people who work with these groups, including education about associated risks, as well as available resources.

- Proceeds from revenue from cannabis sales should be earmarked for investment in community mental health and addictions programs, services and supports. This should include: targeted investment in treatments for concurrent disorders, cannabis use disorder and youth-specific services; investment in supportive housing, employment supports, income and food security and other opportunities for people with mental illness and addictions; redirecting resources that are saved from processing cannabis-related possession charges to mental health and addictions diversion programs; and earmarking a portion of revenue from cannabis sales for research to improve scientific understanding of the relationship between substance use and psychotic disorders and other mental illnesses, and to improve treatments for both.

- We support equipping police with the tools they need to better facilitate a referral pathway for youth.

- The province should consistently monitor and gather data on the impacts of regulations, including intended impacts like the reduction of the illicit cannabis

market, and unintended impacts, including increases in the use of hospital and community health care services due to cannabis use, in order to make adjustments to regulations and to target education campaigns and prevention strategies accordingly.

In closing, SSO strongly believes that legalization must be supported by effective targeted public awareness campaigns, prevention strategies and investment into timely quality mental health and addictions care. Regulations alone cannot address the potential harms associated with cannabis use.

We look forward to the opportunity to work with the government as it moves forward on implementing legislation. Thank you, Mr. Chair.

**The Chair (Mr. Shafiq Qadri):** Thank you, Ms. Boudreau and Ms. Scali. We'll now go to the NDP: Mr. Natyshak, three minutes.

**Mr. Taras Natyshak:** Thank you very much for your presentation—very thorough, and I would agree with everything you said. It's right on the mark.

Where do you see that this bill falls short of some of the goals that you've stated and some of the actions that should be taken? And where do you see that it actually could prove to be effective?

**Ms. Antonella Scali:** I think we would highlight the need to ensure that investment is earmarked for mental health and addictions services. We already know that people who we serve often wait on wait-lists for counselling, therapy supports and other community treatments and supports. We would want to ensure that there's that opportunity for investment there.

We also think that to ensure diversion, police should be equipped to be able to understand what programs are available for referring youth, and that those pathways are very clear and very easy to access.

**Mr. Taras Natyshak:** One of the criticisms that I have of the government's plan is that their projected revenue targets are non-existent. We don't really know if the government is going to make money or lose money or break even on this. I believe they are assuming that there is a market out there, and if they capitalize on it and are involved in it and it's now a market that is just like any other, that ultimately they'll make money. But we really don't know. There has never been a formal business plan or any type of plan that we can see, so it's difficult.

I'm frustrated to not see where any revenue could be pointed toward to achieve the goals that you have stated, because I believe that they're important goals and I believe that they're valuable and merited targets for us to achieve. For a point of information, that's what I would hope that the government comes out with at some point to give our province and those who are involved on the ground in those areas a sense of what they can expect for assistance, because I think it's important.

With that, thank you very much for your presentation. I appreciate it.

**The Chair (Mr. Shafiq Qadri):** To the government side: Madame Vernile.

**Ms. Daiene Vernile:** Good afternoon and welcome to Queen's Park. Thank you very much for being here and

for your presentation. Was there anything else that you wanted to add, or did you get through everything?

**Ms. Erin Boudreau:** We completely got through everything.

**Ms. Daiene Vernile:** Okay. This bill that we're proposing is going to give police and prosecutors in the court system the opportunity to refer underage people who are caught with cannabis, to redirect them to prevention and education programs rather than hauling them before the justice system. What are your thoughts on that?

**Ms. Erin Boudreau:** We think that is absolutely fantastic and we are in support of that. Further to Antonella's point, we want to ensure that our officers are equipped with the knowledge and skills to be able to identify somebody who might be experiencing, in this case, a drug-induced psychosis, for example, and that they have the knowledge and tools to know where and how to refer somebody into an approved program to support that person and, ultimately, divert their entry into the criminal justice system.

**Ms. Antonella Scali:** We would also recommend, of course, that the programs are well researched, they're based on best practice, ideally co-developed by people with lived experience and delivered by community mental health and addictions—

*Interjections.*

**Ms. Daiene Vernile:** Forgive me, Chair. I'm having a hard time hearing the presenters because of our colleagues there on the Conservative side. I wonder if you gentlemen could keep it down so we could listen to what's being said over here. Thank you.

If you could continue.

**Ms. Antonella Scali:** Thank you. I was just pointing out that we would like to ensure that those programs are based on best practice, that they are co-developed by people with lived experience and delivered by community mental health and addictions agencies that are well known in communities. Those would be other thoughts that we would put toward that plan.

**Ms. Daiene Vernile:** You talked about an education and prevention strategy. What would that look like to you?

**Ms. Erin Boudreau:** Again, developed in conjunction with persons with lived experience: We would want to make sure that we are reaching our public schools to reach youth as early as possible, to really emphasize that early intervention point. We want to make sure that police know such education programs are available as well and also that families are aware of all of the information that they should need to recognizing signs.

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**The Chair (Mr. Shafiq Qadri):** Thirty seconds.

**Ms. Antonella Scali:** To add to that, we'd want people to understand the risks so that they can make educated decisions, and we'd want to ensure that people know where to go if they do need help and how to get that help. That would be a good point. Also, understanding what the law says—for people and youth to understand what those changes are for them.

**Ms. Daiene Vernile:** Thank you for your advocacy.

**The Chair (Mr. Shafiq Qaadri):** To Mr. Romano.

**Mr. Ross Romano:** With respect to the issues we've heard—and there have been a lot of them—that suggest that for young persons there are developmental challenges with respect to brain development that marijuana use or cannabis use can certainly cause an additional risk to or a greater risk to. Given those concerns, has your organization considered that perhaps the legal age for use or purchase should be 21 and not 19?

**Ms. Antonella Scali:** We've had to balance the point about the potential risks, and, again, there are certain groups that are more vulnerable, so education is number one for us, so that people can make educated, informed decisions. With that in mind, we also have to think about ensuring that people don't get caught up in the criminal justice system because of substance use issues. Our position is supportive of the age group based on balancing those two things and reinforces our recommendations to ensure that education and awareness is prevalent so people can make the right choices.

**Mr. Ross Romano:** Okay. It sounds like there might be room for you to feel that way, but it really stems on the level of education. I guess we'll talk about education, then, more specifically. I agree with you: Education awareness monitoring is substantially important, and it is the most critical factor, especially when dealing with young people, but across the board. Don't we need to first know what the model for education awareness monitoring is going to be before we start giving this substance to young people—I won't say "youth" by definition, but certainly young people—and the general public? Aren't we putting the cart before the horse by giving the people the drugs before we know what the education process is going to be?

**Ms. Antonella Scali:** Well, that's why we're here, because we know that that needs to happen in conjunction and that it needs to happen sooner than later.

**Mr. Ross Romano:** Yes. Fair enough.

That's at the end of the day, because, obviously, you want to ensure that—we already know this is happening. The federal government has said it's going to happen, but we want to make sure it happens safely.

Sorry; I guess—I think for the record you need to answer.

**Ms. Antonella Scali:** Thank you.

**Mr. Ross Romano:** So, yes?

**Ms. Antonella Scali:** Yes. Thank you.

**Mr. Ross Romano:** Thank you very much. I appreciate your presentation.

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Romano, and thanks to you, colleagues from the Schizophrenia Society of Ontario, Ms. Boudreau and Ms. Scali.

ELECTRONIC CIGARETTE  
TRADE ASSOCIATION OF CANADA

**The Chair (Mr. Shafiq Qaadri):** Our next presenters, please come forward. They are Daniel David and Mike

Meathrel of the Electronic Cigarette Trade Association of Canada. Thank you, gentlemen. Please be seated.

You've seen the drill: Five minutes of opening remarks beginning now.

**Mr. Daniel David:** Greetings, Mr. Chairman. I want to thank the committee members for inviting us to present our thoughts on Bill 174, specifically on section 3.

We are here as representatives of the Electronic Cigarette Trade Association of Canada or ECTA for short. ECTA is a self-regulatory organization for the vapour products industry, active since 2011. During this time, we have developed and implemented strict but appropriate self-regulation and compliance standards, setting the highest level of quality, professionalism and responsibility for the industry. In fact, many of our oldest standards are now soon to be enforced by federal legislation more than four years after our program initially launched.

ECTA has been self-regulating the vape industry longer than any provincial or federal government in Canada.

**The Chair (Mr. Shafiq Qaadri):** Sorry. Could you just introduce yourself for the purposes of the permanent record, Hansard?

**Mr. Daniel David:** My name is Daniel David. I'm the chair of the Electronic Cigarette Trade Association of Canada.

**Mr. Mike Meathrel:** I'm Mike Meathrel, vice chair of the Electronic Cigarette Trade Association of Canada.

**The Chair (Mr. Shafiq Qaadri):** Thank you for that. Go ahead.

**Mr. Daniel David:** We have unique experience and perspective when it comes to balancing the opportunities of tobacco harm reduction and regulation to protect consumers, youth and the general public.

For example, some of our standards and policies include:

- mandatory e-liquid testing at accredited laboratories, with strict contaminant limits;
- additional hardware and battery safety warnings;
- CCCR-compliant labelling standards;
- easy-to-use compliance guides, label templates and retail checklists;
- semi-annual audits on marketing, labelling and test results; and
- certification and accreditation courseware, which is launching in early 2018.

Our first concern regarding this omnibus bill is that despite good intention, we believe there is not enough time for government and policy-makers to adequately consult, debate and fully understand all the issues impacting multiple industries and millions of consumers in Ontario. We encourage the government not to rush this legislation or its regulation, as we have seen the needless harm that can result when tobacco regulation is broadly applied to vape products. Quebec is a good example of how insufficient consultation, limited time and a general misunderstanding of vape products can lead to business closures, job losses, reduced consumer access and even a constitutional battle.

We fully understand that removing schedule 3 from this bill is highly unlikely at best. However, it is our position that schedule 3 and related elements of this act should be removed and replaced by purpose-built legislation for vapour products.

Section 4 of schedule 3 covers display and promotion for vape products and tobacco products in the same broad manner. While we fully support heavy display and promotion restrictions on products that kill 50% of long-term, regular users, the same should not apply to vape products estimated to be 95% less harmful by the Royal College of Physicians and Surgeons. Most modern vape devices can be extremely complicated pieces of technology, with tens of thousands of models and components requiring visible displays and extensive demonstration.

As with the Electronic Cigarettes Act, it is our understanding that the government likely intends to propose a display-and-promotion exemption within the regulations for vaping product retail spaces, so long as the products are not visible from outside of that space. Considering this, we would like to ensure that regulators understand that anything less than full exemptions for in-store display and promotion in age-restricted vape shops would be catastrophic to the industry and would severely limit consumer access.

Another highly concerning piece of this legislation under section 9 is the intent to prohibit the sale of vapour products prescribed by regulations as being flavoured. The importance of e-liquid flavours cannot be overstated, and approximately 99% of all e-liquid on the market is flavoured. E-liquid recipes have become quite complex and are created by combining numerous concentrates and flavour molecules at different ratios. As a result, tobacco-flavoured e-liquid often shares some of the same molecules or concentrates used in dessert and candy flavours. This common connection, combined with the subjective nature of taste, means that there is virtually no way to restrict certain flavour profiles while permitting others. Further, the federal legislation fully addressed the youth appeal concern by restricting descriptive names, images, brand elements and other types of promotion, making further provincial regulation on this redundant. We firmly believe that the federal legislation more than covers the youth appeal concern of e-liquid flavours, so we are requesting that point 2 of section 9 is simply removed.

Section 12 covers the prohibition on using cannabis, tobacco and vape products. We fully support prohibiting the use of combustion products in order to protect the public from exposure to toxic second-hand smoke.

**The Chair (Mr. Shafiq Qadri):** Thirty seconds.

**Mr. Daniel David:** However, with numerous studies on vapour emissions which demonstrate no apparent risk to bystanders, we believe it is inappropriate to apply the same prohibition to vapour products without exception.

We're not asking that vaping is allowed everywhere. We are asking that this committee consider a single justified exemption which fully maintains the purpose of this legislation. It is our request that the committee consider an exemption to allow the use of vapour products within age-restricted vape shops.

With science rapidly developing and evolving, we would also like to request that regular legislative and regulatory reviews are undertaken.

**The Chair (Mr. Shafiq Qadri):** Thank you, Mr. David.

We'll pass to the government side: Mrs. Mangat.

**Mrs. Amrit Mangat:** Thank you, Mr. David, for your presentation. When it comes to second-hand exposure, how can we protect Ontarians from inhaling these unregulated substances?

**Mr. Daniel David:** Currently, the proposal to essentially prohibit its use in virtually all indoor public places and in any establishments certainly does that. As it relates to typical vapour products like electronic cigarettes, there certainly is no evidence that there is any potential harm to bystanders from second-hand exposure, which is why we are asking for indoor vaping in vape shops.

**Mr. Mike Meathrel:** Can I just add to that? We actually have scientific data that we can send to the committee. We've had air quality tests done in vapour stores. All the compounds found were, in the largest amount, 98% less than the occupational health and safety awareness. We did a complete spectrogram on all of the compounds. Everything was 98% or less, considered safe in an environment.

1430

**Mrs. Amrit Mangat:** Thank you.

**The Chair (Mr. Shafiq Qadri):** To the PC side, Mr. Hillier.

**Mr. Randy Hillier:** Thank you very much for being here today. I share your view that schedule 3 ought not to even be in this bill and should be debated and examined on its own instead of along with Highway Traffic Act amendments and the creation of a cannabis retail corporation.

I should just point out here that Public Health England has stated—and I can share this with the committee—that promoting e-cigarettes as widely as possible is a solution for smoking and is therefore likely to generate significant health gains in the UK. That's what Public Health England is saying. Further to the point, it has been demonstrated that the vape steam is not smoke. It's not a product of a combustion and not toxic.

In your view—you're the trade association—do you and your retailers view vaping products—how do they view vaping products? Are the consumers coming there looking for new ways to do tricks with smoke or with vapes, or do they have another purpose for going into a vape store?

**Mr. Daniel David:** Well, certainly the vast majority of people who come into vape stores to purchase products are smokers who are looking for a less harmful alternative. That is the primary reason people vape. On occasion, there are people here and there who like to play around, and it turns into a bit of a hobby, but again, it is a small minority.

**Mr. Randy Hillier:** But people coming in are looking for a way to reduce the harm to themselves from smok-

ing, finding a way to quit smoking. The available evidence is from the UK. Dr. John Britton told this committee two years ago that in the UK, more people have quit smoking using a vaporizer—

**The Chair (Mr. Shafiq Qadri):** Thirty seconds.

**Mr. Randy Hillier:** —than all other forms of nicotine replacement drugs, hypnosis, Nicorette gums—all other forms combined. There were more people quitting smoking with vapes. I think we should be looking at ways to facilitate their use instead of looking at ways to prohibit or restrict people from finding a less harmful way, and a way that will improve their lives.

**The Chair (Mr. Shafiq Qadri):** To Mr. Natyshak of the NDP.

**Mr. Taras Natyshak:** Thank you very much for your submission. We've heard a lot about vaping. It's been the majority of the content, I think. It's really interesting because it's "the cannabis bill," but there's a lot about vaping. So there's obviously some interest there, and we should take a look at it.

Schedule 3, section 12 deals with the prohibitions around where you can vape. What specifically are you looking for in that section?

**Mr. Daniel David:** The exemption that we're looking for is for vapour product shops that restrict entry to—

**Mr. Taras Natyshak:** Just vapour product shops.

**Mr. Mike Meathrel:** Just to test the product.

**Mr. Daniel David:** Vapour product shops are defined as selling a majority of their products being vape devices or e-liquids, vape-related products—

**Mr. Taras Natyshak:** You want people to be able to go into a vape shop, test it out, try it out and to be able to freely smoke in, essentially, a public place.

**Mr. Daniel David:** To vape in a vape shop. Essentially, the only people going into vape shops are vapers or smokers anyway, with the odd exception of family members or relatives who come in and pick something up briefly. But yes, we're looking for that.

**Mr. Mike Meathrel:** The success to a vaper leaving tobacco is choosing the right device and then finding a flavour that works. Those two really need to be consulted on by somebody who knows what they're doing and can actually show them what different flavour profiles are there. That's where the success comes from. I think you've heard a lot of that this week from end-users. It's finding that flavour.

**Mr. Taras Natyshak:** Okay. So in all other aspects of the bill regarding vaping—you're okay with how the bill is presented?

**Mr. Mike Meathrel:** Well, the areas where I get concerned have an economic impact on business. We have presented what we feel are the economic impacts. The other issues can be worked; we can live with them as an industry, yes.

**Mr. Daniel David:** Certainly, the flavours, like we said, that are redundant—we definitely need exemptions for display and promotion. Some of the exemptions even for use in hotels and other establishments where there are exemptions for cannabis use and tobacco use—there are

not any exemptions for vaping use, for some reason. That seems to be an oversight as well. But we go into that a little bit further in the submission. Those are the major issues.

**The Chair (Mr. Shafiq Qadri):** Thirty seconds.

**Mr. Taras Natyshak:** I thank you very much. We're learning a lot here, and I appreciate your submission.

**The Chair (Mr. Shafiq Qadri):** Thank you, Mr. Natyshak, and thanks to you, colleagues, Mr. David and Mr. Meathrel from the Electronic Cigarette Trade Association of Canada.

#### REGISTERED NURSES' ASSOCIATION OF ONTARIO

**The Chair (Mr. Shafiq Qadri):** Our next presenters are from the RNAO: Ms. Seidman-Carlson and Ms. Jeffery. Welcome.

I'm detecting the absence of Dr. Grinspun, but nevertheless, please begin.

**Ms. Lisa Levin:** Yes. Thank you. We did indicate that she wasn't able to attend.

Good afternoon. My name is Lisa Levin. I'm the director of nursing and health policy with the Registered Nurses' Association of Ontario. With me today is Nicole Jeffery, implementation specialist with our tobacco intervention team.

Thank you for this opportunity to present the view of Ontario's registered nurses, nurse practitioners and nursing students to the Standing Committee on Justice Policy.

Our written submission to this committee contains the following 16 recommendations.

We recommend that the Ministry of Health be the lead agency to drive optimal public health outcomes through legislation, regulation and public policies to reduce harm from alcohol, cannabis, tobacco and other harmful substances.

We support legalization of cannabis with strict regulation as the optimal approach to decrease health and social harms.

We support the minimum age for non-medical cannabis purchase, possession, consumption and distribution in Ontario of 19 years old.

We also recommend—like the others—that public education strategies be developed that are broad-based and informed by evidence from the Lower-Risk Cannabis Use Guidelines.

We recommend that the province study and implement evidence-informed prevention and health promotion programs for cannabis use that are non-stigmatizing and include youth and young adults with lived experience in the planning, implementation and evaluation of initiatives.

We recommend creating an exemption for the consumption of cannabis in outdoor designated smoking areas on the properties of multi-unit housing, so long as there is proper signage and the activity occurs a regulated distance away from entrances, exits and outdoor playgrounds.

We recommend providing specific regulatory authority for multi-unit housing decision-making bodies to create outdoor designated cannabis smoking areas on their properties.

**Ms. Nicole Jeffery:** We recommend requiring signage warning of the risks of exposure to second-hand cannabis and tobacco smoke be posted in the common areas of all multi-unit housing in Ontario.

We recommend providing a more seamless and effective approach to enforce the ban on smoking of both cannabis and tobacco in public places and workplaces by enabling tobacco enforcement officers to also enforce the restriction on consumption of non-medical cannabis in public places, in addition to police officers.

We recommend establishing requirements for equity training for the criminal justice system, including law enforcement, to ensure fair treatment of racialized and marginalized populations.

We welcome the creation of the Ontario Cannabis Retail Corp. and urge the province to:

- prohibit marketing, promotion, sponsorship and advertising of cannabis;

- ensure products are sold in plain packaging with clear information about the characteristics of the product and warnings about health risks;

- curtail high-risk products such as higher-potency formulations and products designed to appeal to youth;

- limit availability;

- conduct storefront sales from behind the counter by staff trained in challenge-and-refusal protocols; and

- curb cannabis demand through an effective pricing and tax structure.

We also recommend that additional stand-alone cannabis stores be opened in northern Ontario by July 2018.

We urge the province of Ontario to implement the comprehensive strategy outlined in the Smoke-Free Ontario Modernization report.

We recommend ensuring that the use of heated tobacco products be prohibited

We recommend broadening the definition of “tobacco product accessory” to include water pipes and hookahs, rolling papers and any other accessory that is prescribed by regulation.

Finally, we support the zero-tolerance approach to prohibiting driving after alcohol and/or drug use for novice drivers with a graduated licence, drivers aged 21 years and under, and commercial drivers.

Thank you.

1440

**The Chair (Mr. Shafiq Qadri):** Thank you. The time now passes to the PCs: Mr. Romano.

**Mr. Ross Romano:** Just on your last recommendation: You referred to driving prohibitions when using alcohol or drugs—cannabis, specifically—for people under the age of 21. I’m curious: You also support the idea of a 19-year-old limit on purchase for cannabis. Is it fair to say that 21 would be acceptable as well?

**Ms. Lisa Levin:** It’s a fine balance that we have to take between the fact that 25% of Ontario’s youth under

the age of 19 consume or smoke cannabis, and the impact upon health with the developing brain.

We agree with the 19 years of age, because we’re concerned about the impact of those above 19 seeking black market alternatives that could be laced with harmful substances—and just the fact of having a black market. That’s why we support the 19 in terms of the age.

**Mr. Ross Romano:** I appreciate that, but I think we can all agree that the statistics we have today are based on black market use, obviously.

**Ms. Lisa Levin:** Yes.

**Mr. Ross Romano:** So you kind of really can’t rely on that as an effective measure—

**Ms. Lisa Levin:** I would think, if anything, they’re an underestimate.

**Mr. Ross Romano:** Right. Generally speaking, if the age was 21—I’m not suggesting that your position on 19 is wrong. I’m just saying that if the age was 21, would you really have that much of a problem with it, given the obviousness of the black market use anyway?

**Ms. Lisa Levin:** I think we would have a problem with it, because that would be two years’ worth of individuals who would be going to the black market.

**Mr. Ross Romano:** Okay. I won’t ask you to draw the connection to driving under 21 versus 19, then. I won’t put you in that position.

I also want to speak with you just with respect to the issue of awareness in education. Obviously, we want to make sure, if you’re going to use the product, that you use it safely, specifically cannabis use. You obviously clearly agree with that.

**Ms. Lisa Levin:** We do, yes.

**The Chair (Mr. Shafiq Qadri):** Thirty seconds.

**Mr. Ross Romano:** Isn’t it imperative that we ensure that those safety measures are in place before we’re distributing the product?

**Ms. Lisa Levin:** I know you asked that question earlier. We agree that public education needs to be in place simultaneous with, if not earlier than, the legalization of cannabis for recreational use.

**Mr. Ross Romano:** Thank you.

**The Chair (Mr. Shafiq Qadri):** To the NDP: Mr. Natyshak.

**Mr. Taras Natyshak:** Thank you very much for your presentation. Thanks for being here. I’m wondering if you could elaborate on your recommendation 10, “establishing requirements for equity training for the criminal justice system, including law enforcement, to ensure fair treatment of racialized and marginalized populations.” What would that look like, and why is it important?

**Ms. Lisa Levin:** The reason that’s important is that Toronto’s black population has disproportionately been subject to being arrested for possession of cannabis. So, 25% of people arrested for cannabis in Toronto between 2003 and 2013 were black; however, only 8.4% of Torontonians are black. That’s just one statistic. We find there is definite discrimination, when it comes to the prosecution of individuals, in law enforcement for racialized and marginalized populations.



The equity training would be for the criminal justice system—for police officers, law enforcement and the courts as well—to understand the differences and the social determinants of health of different populations, and also clearly looking at what factors contribute to an arrest—why you would seek out certain individuals over others.

**Mr. Taras Natyshak:** You recommended that the Ministry of Health be the driver of the education component at the outset of your testimony here today.

**Ms. Lisa Levin:** We recommended that the Ministry of Health own the portfolio of cannabis, and not the Ministry of the Attorney General.

**Mr. Taras Natyshak:** Then who would you recommend do the equity training?

**Ms. Lisa Levin:** That would include the Ministry of Health, but they would need to work collaboratively with the Ministry of the Attorney General.

**Mr. Taras Natyshak:** Okay. Is there anywhere that that's in practice in any other fields or any other areas currently that you know of?

**Ms. Lisa Levin:** Equity training?

**Mr. Taras Natyshak:** Yes. Does the Ministry of Health do that with members of the RNAO?

**Ms. Lisa Levin:** I know that there's a lot of training that's done on equity throughout the health system. We have about 50 best practice guidelines, so I don't even know if we have one—we probably have one on equity.

**Mr. Taras Natyshak:** So there's something to build on, then.

**Ms. Lisa Levin:** There's a lot to build on, for sure. Yes.

**Mr. Taras Natyshak:** Thank you so much.

**The Chair (Mr. Shafiq Qaadri):** To the government side, Mr. Dickson.

**Mr. Joe Dickson:** Good afternoon, ladies. Welcome. I don't want to show any bias. However, I happen to be married to an RN, for 50-odd years, and she's still training me. It looks like you're still educating the world as well.

I ask the first question in jest: You ask a minimum age of 19. Have you ever considered a minimum age of 100?

**Ms. Lisa Levin:** That's a whole other piece of legislation, I think.

**Mr. Joe Dickson:** I'll go on to the next question. I'll go on to the next one for you. It's a concern when there's an illegal market amongst young people. I mean, you're leading the way. You're one of the beacon lights that are shining out there.

In Ontario, we're planning a public information campaign, which will be under way. It's hand in hand with the federal government. I know you would be aware of it. It's just to raise awareness of the transition, of all of these new measures that will take effect. What are, in your mind, some of the key issues and the key areas of a provincial cannabis framework that the province will need to focus on? You put it back on us. Now, we will have to do it right, so you tell us.

**Ms. Lisa Levin:** Well, you heard earlier from the schizophrenia society that it's important that you include youth in the development of the campaign. In terms of the content, we would want it to discuss and educate individuals on the risks associated with cannabis use on the brain—especially the younger you are, the higher the risk; also that there are different strengths of cannabis and different levels of THC and to be looking for those as well. There is a myth out there that you actually drive better when you're impaired from cannabis, so clearly, we need to dispel that myth.

The other thing we wanted to mention, though, is that health care providers also need to be educated on this new use. The funding for education that we do on tobacco is going to be cut—

**Ms. Nicole Jeffery:** March 31, 2018.

**Ms. Lisa Levin:** So we want the government to consider reinstating that, because you're really going to need it for this purpose.

**Mr. Joe Dickson:** That certainly has to be part of the package; there's no question. When we say nurses play an important role in helping to counsel parents through cessation programs—

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Dickson. Thanks to you, colleagues from the RNAO.

#### HIGHER LIMITS CANNABIS LOUNGE

**The Chair (Mr. Shafiq Qaadri):** Will our next presenter please come forward, Mr. Jon Liedtke of the Higher Limits Cannabis Lounge? Mr. Liedtke, are you here? Ah, right on cue. Please. You've seen the drill. You have five minutes of opening remarks, and then questions by each party. Please begin.

**Mr. Jon Liedtke:** Good afternoon. Thank you very much for the opportunity to come and present and discuss. I had prepared statements and I was going to add to them, but I'd like to just give you a little story about what happened today. A lot of your provisions address driving and using cannabis. So today, I chose not to. I didn't drive here. I took Via Rail.

I asked Via Rail, "May I please take my medicine? I need to take my medicine today." I was told no. I asked for an accommodation: "Please, is there not a way I can use my medical vaporizer to take my medicine?" "No." Then I was told, "Maybe, maybe you can. Speak with the service manager." I spoke with the service manager. He agreed so long as Moncton said yes. Moncton said yes, and I was excited. It was a good day for medical cannabis rights. About 40 minutes later, the service manager came and told me, "No. The higher-ups told me you can't do that. You're not taking your medication."

I wasn't allowed to—forbade. I didn't get a chance to take my medication today, so I apologize if I'm rambling a little bit or if I go off. It's upsetting. That's discrimination that I'm facing today. You guys haven't legalized cannabis yet, nor have you set out the regulations. I tried to follow what the law says: "Don't drive." I still couldn't take my medicine. Your regulations, while they

make sense in a lot of aspects, don't go far enough in certain aspects. I own a cannabis lounge in Windsor, Ontario. We provide a safe space for people to consume their medication. We're in compliance with all regulations, all legislation. I do my best to be a good corporate community citizen. It's difficult and it's hard at times, but it's a trying time to operate in this middle ground, this grey work. But we do our best, and we're fully compliant with everything that comes at us because that's what you should do.

**1450**

This legislation seeks to, one, sort of shut us down. You don't license cannabis lounges. You don't provide for the ability for a cannabis lounge to be licensed for consumption. There have been presenters earlier today—Abi Hod from the Cannabis Friendly Business Association—who noted that the Toronto Police Service has said that there is a need for consumption lounges. The city of Toronto licensing is looking into it. There is a need for these spaces.

Let me give you some numbers. Since we opened two years ago—we opened up January 15, so we're approaching our two-year anniversary. I didn't think we would see this day, quite frankly. It's surprising. I came from journalism. I didn't expect to get into private business ownership. We have had 60,000 people come through our doors in Windsor, Ontario—60,000. It's a big number for us. That's bigger than a lot of the attractions in the city. Mr. Natyshak would know that our Canadian Club Brand Centre, for example, only sees 15,000 people per year come through—before it closed; excuse me. That's a different story.

We're providing a safe space for people to take their medication. I'm sure it has been noted earlier today that there are a lot of people who, under this new legislation, won't be able to take their medication at home: students, for example. People who live in apartments and condominiums, for example, might not be able to, if new regulations come through in terms of their own leasing and in terms of their bylaws with the condominium. There are students who live in dormitories—the list goes on and on. People need places to take this substance currently as a medicine, as medicine.

You're going to legalize it, and I don't know if you know, but in Windsor, within three and a half hours of my business, there are 7.5 million Americans, within a three and a half hour drive, who consume cannabis. Some 15 million Americans are within that three and a half hour drive, and they're going to come to Windsor. This is because of what the law is going to be. You're going to legalize this. The feds—you guys are setting up the regs. They're going to come over. If 1% of those people come to Windsor on a Friday night, and again, Mr. Natyshak knows—1990; remember those days on Ouellette Avenue?

**Mr. Taras Natyshak:** I don't remember them.

**Mr. Jon Liedtke:** Oh, excuse me. Well, on Ouellette Avenue, I'll let you know—

**Mr. Taras Natyshak:** I was there. I just don't remember them.

**Mr. Jon Liedtke:** In 1990 we saw an influx of—on average, there were 20,000—

**The Chair (Mr. Shafiq Qadri):** One minute.

**Mr. Jon Liedtke:** —20,000 licensed seats on Ouellette Avenue. Americans come to Windsor to get drunk. They are 19 years old, they want something to do and they can't do it at home. You're giving them a huge incentive to come to Windsor and you're not giving them anywhere to consume it. So there will be, what? If 1% of those 7.5 million come over on a Friday night to have some fun, that's 75,000 people that Windsor police are going to have to deal with, on the streets, smoking. I don't think that's what you intend, but it's the repercussions of what you're going to be doing.

We need licensed cannabis lounges—I'll be very quick—and you need to also allow for us to sell cannabis on-site, the way you would, at a bar or a restaurant, purchase alcohol. It's just sensible. You need to reform the AGCO to the ACGCO: Include cannabis in its mandate and hire some inspectors and put in some regulations so I can operate like a real business should, please. Thank you very much. It's upsetting that you won't do that at the outset.

Beyond that, I also believe that you need to have a harmonized sales model, but I don't want to get into a big back-and-forth debate about that. If you're going to use the LCBO, you're going to use the LCBO.

**The Chair (Mr. Shafiq Qadri):** Thank you, Mr. Liedtke. Mr. Natyshak?

**Mr. Taras Natyshak:** Thanks for making the trip up here. I am sorry that you experienced what you experienced. It's one of the issues that the federal government and this government have to deal with. It's a reality.

**Mr. Jon Liedtke:** Yes.

**Mr. Taras Natyshak:** I wonder how the government is going to respond to this. They need to.

**Mr. Jon Liedtke:** Me too.

**Mr. Taras Natyshak:** The reality of Windsor—you pointed to the 1990s. There was just a massive influx of Americans that came in. One of the aspects was the value of our dollar, and we're back to that era now, so we can definitely anticipate a huge volume of Americans coming in. Your point is well taken.

**Mr. Jon Liedtke:** If I can just add very quickly, Michigan is legalizing cannabis. If they follow through with their vote, they are setting their age at 21, which is creating the same incentives for 19- and 20-year-old Americans: Come to Windsor. Come get drunk. Come get high. That's what will be said amongst that age group. So I'm asking you, as a Windsorite, to please provide me the tools to be a responsible business owner and to make my streets safe.

**Mr. Taras Natyshak:** Just two other questions real quick. What has your interaction been with the local Windsor police during the operation of your business?

**Mr. Jon Liedtke:** We are regularly in contact. We have conversations with the head of the drugs and guns unit, and they respect what we do. We provide a safe space for people to consume cannabis, which is, of

course, in their purview, but what they appreciate about us is the fact that it's a safe space, off the streets. Now when they drive by an alley, for example, and see someone there, they know, "This is something I should probably investigate," rather than it being—when I was in a band and I would smoke a joint behind the bar, they'd come and find out, "Oh, I've wasted 10 minutes to find out you're a valid medical marijuana user."

**Mr. Taras Natyshak:** There's a Conservative MLA in Alberta, Ron Orr, who just said that the legalization of cannabis in Canada is going to create a communist revolution. Do you believe that's imminent?

**Mr. Jon Liedtke:** No, I do not believe that a communist revolution is imminent due to the legalization of cannabis, but it seems as if that member might have been consuming the substance himself.

**Mr. Taras Natyshak:** I appreciate your testimony. Thanks for being here.

**The Chair (Mr. Shafiq Qaadri):** I'm glad that's clarified.

To the government: Mr. Potts.

**Mr. Arthur Potts:** Thanks for coming. I'm sorry that you had an unfortunate experience, and I'm certainly glad that you took the effort to come here by train. You don't normally drive under the influence, and I appreciate that. That's very important. We've heard testimony from others—the Prince of Pot, for instance—that it doesn't affect driving behaviour, but I think you might disagree with the Prince of Pot on that.

**Mr. Jon Liedtke:** It comes down to impairment. We have police officers who are trained to detect levels of impairment. When people take prescription drugs, for example, they're not told, "You cannot drive a car." It really comes down to whether or not you believe you are capable with it. If an altercation does occur or if an accident occurs, then it's up to the police officer to deal with that. I believe that our police officers are trained and should be more equipped to deal with recognition of whether or not people are impaired by the influence.

**Mr. Arthur Potts:** I appreciate that very much.

Obviously, discrimination on the basis of a handicap or a medical condition is against the Human Rights Code.

**Mr. Jon Liedtke:** Yes, but the Human Rights Code doesn't apply to Via Rail.

**Mr. Arthur Potts:** It doesn't? Okay—Canadian human rights code, as well, though.

**Mr. Jon Liedtke:** Yes.

**Mr. Arthur Potts:** Good point.

Do you think people should be able to smoke medical marijuana on a train?

**Mr. Jon Liedtke:** I think that a reasonable accommodation would be to allow for a vaporizer, or, potentially, we end up going back to the days of old, and maybe Higher Limits could open up a cannabis lounge in the back, in a caboose or something—but have a dedicated room where someone can take their medication.

**Mr. Arthur Potts:** I'm interested in your lounge experience, as well. Ms. Hod was talking to us earlier about it. You have employees?

**Mr. Jon Liedtke:** Yes.

**Mr. Arthur Potts:** Do you vape or smoke in your lounge? Is there an option?

**Mr. Jon Liedtke:** We allow medical users to take their medication as per federal court rulings—which is, basically, you can consume your medication how you see fit.

Under the Ontario Human Rights Code, as an employer, I allow my patrons who come in—I accommodate their medical request to consume in their way and my employees to—

**Mr. Arthur Potts:** The number one reason we don't allow smoking in bars is because of the impact it has on employees. How do you protect your employees from the impacts of second-hand vape or smoke from marijuana?

**Mr. Jon Liedtke:** I would love to see some evidence as to the impact from second-hand vaping—

**Mr. Arthur Potts:** Or smoking, because, obviously, you have combusted marijuana—

**Mr. Jon Liedtke:** Oh, I do. I would love to see some Canadian-conducted research on the matter. It's great that under legalization we're going to have these opportunities, but I do believe that a blanket ban at the outset would be infringing on medical users' rights.

This comes down to a very delicate act. You need to weigh which rights are more important: the medical rights of patrons or the rights of employees.

**Mr. Arthur Potts:** But we're going down to a space of legalization for recreational use, and I'm assuming you allow people to recreationally use on your properties.

**Mr. Jon Liedtke:** No. Under the Canada Health Act, I'm forbidden from asking to see someone's medical status, so we operate as a medical cannabis lounge. So, no, I'm not recreational.

**Mr. Arthur Potts:** You don't know whether your patrons—because they could have purchased it legally as recreational, but you're not going to ask them for a medical licence.

**Mr. Jon Liedtke:** I'm not legally allowed to ask someone's status.

**The Chair (Mr. Shafiq Qaadri):** To the PC side: Mr. Hillier.

**Mr. Randy Hillier:** Thank you, Jon. It's good to see you here at Queen's Park once again.

**Mr. Jon Liedtke:** It's good to see you again, sir.

**Mr. Randy Hillier:** Your story about Via Rail is important, and I think it's an important illustration because of what else we have heard today. We know that the prohibition right now that's proposed under Bill 174 is that cannabis use will be confined strictly to private dwellings, without exception for any social interaction in any other cannabis lounges or public places. We've also heard from many—the Canadian cancer association and the Ontario Campaign for Action on Tobacco—a desire to limit it even further and not permit it in multi-unit residential buildings. As well, we already know that there are restrictions by private landlords.

1500

The available space to actually use or consume the cannabis—or even vapes, for that matter, or anything—

becomes very, very minimal, and no allowance is being made for somebody like yourself. We drive people to do things that they otherwise would not do, like ingesting cannabis in a car while they're driving, because they can't use it on a train or a bus or whatever other mode of transportation. I think it's very short-sighted.

I do appreciate your comments about the vape lounge. We heard it earlier from Abi as well. I think it's something that this government needs to realize: With a province of over 13 million people, there are lots of different, unique circumstances, and our legislation ought to permit those unique circumstances and not drive people to do a wrong thing that they don't want to do.

**Mr. Jon Liedtke:** I would agree. I think that people need safe places to consume cannabis. That's all that this comes down to. You're legalizing a substance, and not everyone will have the right to consume it in their own homes. As such, they need a place to consume it. It's really simple. There's a reason you don't let people drink beer in a park.

**Mr. Randy Hillier:** This is what we're essentially doing with alcohol. You can only drink it out on the road or on the sidewalks—

**Mr. Jon Liedtke:** In this case, what's going to happen is that if you close down my business, my customers will be smoking on the sidewalk outside. Then they'll come inside and they'll enjoy my space. Because I can tell you, we won't be closing down. We will be compliant. We're just going to be interacting in a very different fashion—and it will be on the committee.

**The Chair (Mr. Shafiq Qaadri):** Thanks to you, Mr. Liedtke, for your deputation on behalf of Higher Limits Cannabis Lounge.

#### ONTARIO MEDICAL ASSOCIATION

**The Chair (Mr. Shafiq Qaadri):** I now invite our next presenter to please come forward. I believe he is on standby.

Welcome, Dr. Whatley—it's good to see you again—and colleagues from the Ontario Medical Association. You've seen the drill: five minutes of opening address, to be followed by questions. Please begin now.

**Dr. Shawn Whatley:** Thank you, Mr. Chair. My name is Dr. Shawn Whatley. I'm the president of the Ontario Medical Association and a family doc in Mount Albert, Ontario. With me today is Katherine Patterson from our health policy department.

The OMA represents Ontario's 30,000 practising physicians, and advocates on behalf of the medical profession and the people of Ontario in the pursuit of good health and excellence in health care. We appreciate the opportunity to present to this committee.

The OMA supports much of Bill 174 and the intent of this legislation to establish protection around the legalization of recreational cannabis. The province has, for the most part, introduced appropriate safeguards, given the evidence that is currently available.

That said, the OMA does have some concerns around the health impacts of cannabis use that should be

addressed. For my appearance today, I will speak to the issues that impact physicians and public health, specifically around cannabis.

The province has outlined that one of the key goals of this bill is to protect youth and to establish safeguards around recreational cannabis use. In order to achieve this goal, a minimum age to purchase, possess and use recreational cannabis must be set. For this, the province must focus first and foremost on the health impacts and risks of using recreational cannabis.

It is known that the brain continues to develop through early adulthood until the age of 25. There is also strong evidence that demonstrates that cannabis use impacts brain development. Adopting a minimum age of under 25 ignores scientific evidence around the negative health impacts on brain development. Therefore, the OMA urges the government to increase the minimum age to 25.

The OMA would like to take this opportunity to reinforce the need for education and training for the public as well as for those who will enforce legislation. We strongly advocate for public education campaigns to be developed and deployed before recreational cannabis becomes legal. The key message should be that recreational cannabis is an inherently harmful substance, and that the health risks caused by recreational cannabis use can best be avoided by abstaining.

This messaging should underpin a comprehensive education and safety framework around cannabis that focuses on prevention and increasing awareness of the health and safety risks associated with cannabis use. The OMA and other key stakeholders should be informants of this framework.

We must also consider second-hand smoke. We know that exposure to smoke and second-hand smoke, including recreational cannabis smoke, can trigger acute and chronic health issues. For this reason, the OMA supports the implementation of strong restrictions on where recreational cannabis can be used. The recommendations in this bill are thorough, but they do not reflect the realities of a harm-reduction approach. For instance, individuals who decide to smoke recreational cannabis in a multi-unit dwelling will expose other residents to second-hand smoke. The province must address the issue of second-hand smoke exposure to individuals living with recreational cannabis.

Finally, the OMA feels it's important to note that there is a need for more research on cannabis and at this time there is a gap in knowledge. For instance, there's a lack of research on the effect of recreational cannabis on children.

When considering medical cannabis, it's critical to emphasize that physicians receive requests from patients for prescriptions. Given the lack of evidence and knowledge around dosing, drug interactions and the prescription process, this puts many docs in a very difficult position. As such, the OMA would like to reiterate the importance of further research to inform broader clinical evidence for prescribing, coupled with education programs to support prescribers and patients.

Thank you so much for the opportunity to speak to you. I welcome your questions and discussion.

**The Chair (Mr. Shafiq Qaadri):** Thank you, Dr. Whatley. We'll pass to the government side: Mrs. Mangat.

**Mrs. Amrit Mangat:** Thank you, Dr. Whatley, for your presentation. It's my understanding that your organization has submitted a report to the Ministry of the Attorney General about the importance of public education. Right?

**Dr. Shawn Whatley:** Have we submitted a report?

**Ms. Katherine Patterson:** We submitted a report to the Ministry of the Attorney General earlier this year on recreational cannabis, and a key proponent of that was an outline of the detailed framework of safety and education.

**Mrs. Amrit Mangat:** Can you please speak a little louder?

**Ms. Katherine Patterson:** Yes. Sorry. Is this better?

**Mr. Joe Dickson:** Could you move the microphone over a little bit, just so we can hear you?

**Ms. Katherine Patterson:** Is this better?

**Mr. Joe Dickson:** That's even better. Thank you.

**Ms. Katherine Patterson:** The OMA did submit a document to the Ministry of the Attorney General earlier this year, and a component of that document outlined a safety and education framework. It goes into detail about who the audience should be, the general public, as well as focused campaigns on those who are susceptible to recreational cannabis use and the mental health impacts, as well as addiction.

**Mrs. Amrit Mangat:** As you know, if this legislation is passed, it would ban the use of recreational cannabis in public places, in motor vehicles and workplaces. Do you think this approach addresses the public health concerns?

**Ms. Katherine Patterson:** We do. As noted in Dr. Whatley's presentation, we appreciate the thorough restrictions that are put in place. Our one concern is around multi-unit dwellings and for those living with an individual who is a recreational cannabis user who doesn't have the opportunity to use it outside and their exposure to second-hand smoke.

**Mrs. Amrit Mangat:** My colleagues have questions.

**Mr. Arthur Potts:** If I could, Chair: Just from a medical perspective, do you think it's safer for people to be vaping marijuana or smoking marijuana? Is it safer to vape products or smoke tobacco, and are you concerned about the health effects of vaping vapour as a second-hand issue for people?

**Dr. Shawn Whatley:** The big issue in vaping is there isn't a lot of research around this yet. We think it's probably more damaging—

**The Chair (Mr. Shafiq Qaadri):** Thirty seconds.

**Dr. Shawn Whatley:** Smoking is worse.

**Mr. Arthur Potts:** But are you concerned about second-hand vaping smoke? You don't have a lot of evidence but—

**Dr. Shawn Whatley:** Not enough evidence.

**Mr. Arthur Potts:** Not enough evidence; okay. I've heard that the smoke you see in the theatre is identical to vaping. It would come in much greater volumes in a theatre and we're not restricting that. Why would we restrict it for someone in a vaper—

**Ms. Daiene Vernile:** How often are you in the theatre, though?

**Mr. Arthur Potts:** I'm not debating with you, my dear, as much as I love you.

**The Chair (Mr. Shafiq Qaadri):** Thank you, colleagues. To the PC side: Mr. Romano.

**Mr. Ross Romano:** Thank you for your presentation. We'll start off with brain development. The studies show that brain development can still be stunted up to the age of 25. That's sort of the key concern area with marijuana use or cannabis use. The age that's being suggested here is 19, and there have been other presentations we've heard referring to black market use. We want to curtail black market use, but we know that exists now and that's what the studies are based on. My question specifically is, if we know brain development is going to be stunted before 25, why aren't we talking about 25, then, as the age when people should be permitted to purchase it?

**Dr. Shawn Whatley:** And that's what we're saying in our submission. We suggest that it should be 25. Sorry if that wasn't clear.

1510

**Mr. Ross Romano:** Okay. Thank you. Maybe I'm just repeating it for the sake of hearing my own voice.

The education and awareness component of things: Obviously, it's imperative that if people are going to use it, they need to know how to use this product safely and responsibly. That's the whole purpose of the education side of things, correct?

**Dr. Shawn Whatley:** Well, we want to make it clear that it is an inherently harmful product. That's the cornerstone of the education.

**Mr. Ross Romano:** Fair enough. And that is not only for health reasons but also for safety reasons?

**Dr. Shawn Whatley:** Absolutely.

**Mr. Ross Romano:** Okay. And the fact that we are looking at how you're going to access that product before we're looking at how we're going to educate and keep people aware of that product—that's a big problem, isn't it?

**Dr. Shawn Whatley:** It is for us. It's an opportunity to do better, I think.

**Mr. Ross Romano:** Okay. So from your perspective, until there is a sound understanding as to when will it be permitted, how will it be permitted, perhaps where will it be permitted, how are we going to educate and how are we going to fund all of those initiatives—those discussions all have to take place long before we worry about where you're going to get it.

**Dr. Shawn Whatley:** Ideally.

**Mr. Ross Romano:** Okay. Thank you.

**The Chair (Mr. Shafiq Qaadri):** To the NDP, Mr. Natyshak.

**Mr. Taras Natyshak:** Thank you very much for your presentation, Dr. Whatley, and to your colleague. The

age of 25 specific to cannabis use—where are you pulling that data from, and its effect on youth?

**Dr. Shawn Whatley:** Maybe I'll let Katherine answer that.

**Ms. Katherine Patterson:** There is a lot of medical evidence that points to brain development and specifically, I believe, around the frontal lobe. It's still developing until the age of 25.

**Mr. Taras Natyshak:** Okay, but are those studies correlated with cannabis use? Where does that come in? Are you pulling it from the effects of alcohol on a developing brain? Specifically, I just want to know where the science is around cannabis and the developing brain.

**Dr. Shawn Whatley:** We know that cannabis use increases the risk of psychosis, especially in young people, but in our formal submission, which will be coming in later today, we'll have a whole list of the articles if you want to dig into the medical science behind it.

**Mr. Taras Natyshak:** I would like to just see that they exist, because you had also mentioned the need for further research to inform clinical evidence around the medicinal use and the dosages, so if something exists already, would they not have also evaluated dosages, on the developing brain and otherwise? I'm just wondering if we as a province haven't accessed the available information to inform us about what exactly that age should be. That's just for my information right now.

Your colleagues who are in the schizophrenia society, as well as the RNAO, have contemplated the age and have come to the conclusion that there's a balance that has been struck between the age of consent, as it were, and also the criminal justice system and exposing youth to the punitive aspects of this. Have you weighed those considerations and come out with any type of determination?

**Dr. Shawn Whatley:** We took a public health and harm-reduction approach for our submission.

**Mr. Taras Natyshak:** They tend to lean on the need and the use for adequate information and awareness campaigns to be able to dissuade youth from using it. Do you think that we could do a good enough job in a public campaign to dissuade youth from accessing cannabis?

**Dr. Shawn Whatley:** It remains to be seen, but it seems reasonable to try.

**Mr. Taras Natyshak:** Sure; yes. I hope we do.

**Dr. Shawn Whatley:** Me too.

**Mr. Taras Natyshak:** Thanks.

**The Chair (Mr. Shafiq Qadri):** Thanks, Mr. Natyshak, and thanks to you, Dr. Whatley and Ms. Patterson, on behalf of the Ontario Medical Association.

#### ONTARIO TOBACCO RESEARCH UNIT

**The Chair (Mr. Shafiq Qadri):** I now invite our next presenter to please come forward: Dr. Robert Schwartz of the Ontario Tobacco Research Unit at the U of T. Welcome.

**Dr. Robert Schwartz:** Thank you.

**The Chair (Mr. Shafiq Qadri):** Please be seated and please begin: five minutes.

**Dr. Robert Schwartz:** Thank you very much. Thank you for having me here with you today. I'd like to focus my comments primarily on one thing and then mention two additional points as more minor points. What I'm going to focus my talk on today is about the hazards of the smoking of cannabis, or marijuana. I've distributed an article that I had published in the Canadian Medical Association Journal that talks about the need to legalize cannabis, but without the smoke. The sound bite that I have for that is, "Take the smoke out of dope," if you will.

I'm the executive director of the Ontario Tobacco Research Unit. For close to 25 years, we've been doing research, evaluation and monitoring of the tobacco control policies of the Smoke-Free Ontario Strategy. We are very, very concerned with the smoking of anything.

We know—and this is laid out clearly in the CMAJ article—that the smoking of marijuana is what causes two thirds of the known mortality from using this product. Smoking of anything—and the Canadian Medical Association has been record on this for a few years already—is extremely harmful to one's health. So it's quite shocking to me, as the executive director of the Ontario Tobacco Research Unit, that as we legalize cannabis, we are saying virtually nothing about the risks of smoking cannabis.

In this bill, the proposal is to actually ban the use of cannabis in any form, if I understand it correctly, anywhere except inside private residences. If what people are going to be doing is smoking marijuana in private residences, they're causing great harm not only to themselves, but to their family members, to their friends and to their neighbours.

Somewhere between a quarter and a third of Ontarians live in multi-unit dwellings. We know from the data from the CAMH Monitor that about a third of those people are exposed on a regular basis to second-hand smoke. Until now, we have assumed that that smoke was from cigarettes. As you may be aware, we've been hearing more and more complaints about the smoking of marijuana in multi-unit dwellings.

This isn't just an aesthetic thing; it's not just a matter of not liking the smell. Second-hand smoke is extremely dangerous. The Surgeon General of the United States has stated very clearly that there is no safe level of exposure to second-hand smoke.

I would encourage the committee to address the problem of the smoking of marijuana and to put something into this bill that will protect Ontarians from being exposed to the harms of the smoke of marijuana.

I would add that it would be most useful if there would be something said about the sale of marijuana such that in the sale of marijuana in the government-owned stores, as is being proposed here, the sale of combustible marijuana be regulated or extremely restricted, and other forms of using cannabis be more available, more promoted.

**The Chair (Mr. Shafiq Qadri):** One minute.

**Dr. Robert Schwartz:** Maybe it's a price difference. Maybe it's warning labels. Maybe it's supply. There are

all kinds of ways and policy tools that are available in order to diminish the proportion of users of cannabis who are smoking. I've seen nothing about that.

What are the safer ways? Vaping is going to be safer. I hesitate to say that because we know that the vaping of e-cigarettes is not completely harmless. We know that, but it's certainly less harmful and, by everything we know, far less harmful than smoking of either cigarettes or cannabis.

Edibles are something that the federal government and I believe the provincial government are shying away from. There are potential problems of dosage and lagging effects. However, it is quite likely that if properly regulated—

**The Chair (Mr. Shafiq Qaadri):** Thank you, Dr. Schwartz. To the PCs: Mr. Hillier.

**Mr. Randy Hillier:** Thank you. It was a pleasure to listen to you. I think your point is well taken and should be maybe emphasized a little bit and put in context.

1520

The government, with Bill 174, is making the least harmful ways of ingesting cannabis on the same plane as the most harmful ways. Smoking cannabis is permitted, and vaping is on the same restriction level, but less harmful. I think I can paraphrase this right: We ought to be facilitating less harmful ways of ingesting cannabis or encouraging people not to use combustible anything for smoking, but we're still at the point where even the least harmful—things like edibles—are not permitted at all. It's just the most harmful ways of ingesting cannabis. Is that—

**Dr. Robert Schwartz:** From what I understand, edibles are not going to be permitted at this point—

**Mr. Randy Hillier:** That's right.

**Dr. Robert Schwartz:** —that oils and vaping products will be allowed.

**Mr. Randy Hillier:** They will be, but they will have the same restrictions as smoking combustible cannabis. But you recognize it's less harmful.

What do you say about the other presenters that we've had today? We're driving people to do it only in their private dwellings and not giving any other spaces to them—or the other spaces that we're giving are more problematic. Smoking cannabis in your car will be permitted. That clearly offers up some road safety concerns.

**The Chair (Mr. Shafiq Qaadri):** Thirty seconds.

**Mr. Randy Hillier:** Also, as we heard, people who take medical cannabis can't use it on the Via train but would be able to use it their car. Have you got any comments on that—as a vape product on the train, for example?

**Dr. Robert Schwartz:** Yes. I think that in public places, we're better off not having it vaped either. Vaping is not harmless. The second-hand effects of vaping are not well known. I would say that if people are going to be allowed to use cannabis in private dwellings, they're much better off to have it vaped than smoked at this point—

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Hillier. To Mr. Natyshak of the NDP.

**Mr. Taras Natyshak:** Thank you, Dr. Schwartz, for being here. Have you seen a reduction in the use of combustible tobacco with the advent of vaporizing technology?

**Dr. Robert Schwartz:** We certainly cannot say that in Ontario or in Canada.

**Mr. Taras Natyshak:** Who's studying that? Who is looking at that?

**Dr. Robert Schwartz:** We have ongoing data from population surveys: the CAMH Monitor, CTADS—the Canadian Tobacco, Alcohol and Drugs Survey—and the Canadian Community Health Survey. We cannot detect at this point any correlation between increased vaping use and decreased cigarette use. In fact, regular vaping is not a very prevalent activity right now in Canada.

**Mr. Taras Natyshak:** So there are just as many people smoking today as there were prior to the advent of vape technology?

**Dr. Robert Schwartz:** We've seen over the years a pretty steady, very slow decrease in tobacco use of about a half a percentage point per year. We haven't seen any dramatic change in that over the past few years, nor have we seen a dramatic increase in the number of people who regularly vape. It's really important to distinguish between occasional vaping experimentation and regular ongoing vaping, defined as vaping at least weekly in the past month.

So the answer to your question is a definitive “No.” We don't have that data. We don't see that in the data that we have.

**Mr. Taras Natyshak:** Has the Ontario Tobacco Research Unit publicly advocated for a safer method? Have you said to the general population, as you've stated here, that vaping is safer than combustible tobacco?

**Dr. Robert Schwartz:** In studies that we have conducted and reports that we have published, we have summarized the evidence, which suggests, from everything we know, that vaping is likely considerably less dangerous than smoking tobacco cigarettes.

**Mr. Taras Natyshak:** Are you recommending that the government penalize either through some aspect of criminality, financially or otherwise, the combustion of tobacco?

**The Chair (Mr. Shafiq Qaadri):** Thirty seconds.

**Mr. Taras Natyshak:** Is that what you're saying? How would you enforce that and how would you differentiate between somebody smoking regular tobacco as opposed to vaping? How are you going to dissuade them from doing that if there isn't a punitive measure?

**Dr. Robert Schwartz:** I think that, gradually—and in the executive steering committee's report to the Ministry of Health, which was published and it's on the website—and I was on that executive steering committee—we've recommended moving toward a tobacco end-game, meaning that by 2035, there will no longer be—

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Natyshak. To the government side: Madame Vernile.

**Ms. Daiene Vernile:** Mr. Schwartz, did you want to finish?

**Dr. Robert Schwartz:** I was just saying that by 2035, we would have the prevalence of combustible tobacco use at under 5%. The recommendations are for a gradual process using policy measures to decrease the use of combustible tobacco—absolutely.

**Ms. Daiene Vernile:** Mr. Schwartz, this is our second day of hearings from delegates such as yourself. We've heard a great deal on the debate between smoking versus vaping cannabis and the debate between vaping versus smoking cigarettes, and which of all of these is more harmful to your health. You have suggested that you want to see some protections in Ontario against second-hand cannabis smoke. I'll give you an example, a comparison. If you've got a parent who smokes cigarettes and they're in their home, and there might be a child there, we don't protect against that. We have no way of knowing if that's going on. How do we protect against second-hand cannabis smoke?

**Dr. Robert Schwartz:** My argument is that we should be protecting against both tobacco and cannabis smoke in the home.

**Ms. Daiene Vernile:** You were on a minister's executive steering committee on smoke-free modernization. In your report, you recommended regulating vaping in a way similar to smoking and restricting vape products to only those who are currently smokers. Do you still stand by that?

**Dr. Robert Schwartz:** Yes. This would be invoking a precautionary principle since the science does indicate that vaping of e-cigarettes is not harmless. We don't know exactly how much harm it does, but there are suggestions of respiratory and cardiovascular effects of vaping, and new studies are coming out all the time. Therefore, we believe that if you're not a smoker, you should not vape.

There is a broad consensus in the scientific community about this. Even those people who are deemed to be in the pro-vaping camp will generally agree that if you're not a smoker, you should not take up vaping. Therefore, I do believe that we should regulate vaping products so as to encourage smokers who are not able to otherwise quit smoking—

**The Chair (Mr. Shafiq Qadri):** Thirty seconds.

**Dr. Robert Schwartz:** —to switch to vaping, and in such a way that non-smokers are not encouraged to pick it up.

**Ms. Daiene Vernile:** You're well aware that there's a great deal of conflicting information out there and conflicting studies. Help us clear the smoke, as it were, to focus on facts versus fake news.

**Dr. Robert Schwartz:** We try really hard not to take a stance on this and to review the evidence in a balanced way. I believe that that balance does demonstrate—

**The Chair (Mr. Shafiq Qadri):** Thank you, Madame Vernile, and thanks to you, Dr. Schwartz, for your deputation on behalf of the University of Toronto's Ontario Tobacco Research Unit.

## ONTARIO PHARMACISTS ASSOCIATION

**The Chair (Mr. Shafiq Qadri):** Now I invite our next presenters to please come forward: Andrew Gall and Allan Malek of the OPA, the Ontario Pharmacists Association.

Gentlemen, I know you know the drill very well: five minutes for an opening address. Please be seated and please begin, officially, now.

**Mr. Andrew Gall:** Good afternoon, committee. My name is Andrew Gall and I'm the CEO of the Ontario Pharmacists Association. Thank you for the opportunity to present today as you discuss and hear from stakeholders regarding Bill 174.

The Ontario Pharmacists Association is Canada's largest advocacy organization for pharmacy professionals, representing 10,000 pharmacists and technicians who work in more than 4,500 community pharmacies, family health teams, hospitals, long-term-care homes and other settings across the province. We're a diverse group, but we share a common goal: to improve the health outcomes of Ontario patients by meeting their needs and providing safe access to quality and continuous care.

Today, I'd like to speak about medicinal cannabis and why it should be dispensed by a pharmacist like all other medications in Ontario. Currently, a patient fills a prescription for medicinal cannabis from a licensed producer and receives it via mail order. Unlike with all other prescriptions, patients are forced to bypass their trusted pharmacist in order to gain delayed access to medicinal cannabis. For Ontarians in the broader health care system, omitting pharmacists is not only a missed opportunity, but also a potential safety risk.

### 1530

As a medication expert on patients' health care, the pharmacist understands the impacts of introducing medicinal cannabis onto the patient's existing medication profile.

Ontario patients rely on their pharmacists to inform and advise them on how medications work and how they can potentially interact with each other. Pharmacists have access to a patient's full medication history, know their allergies and serve as a patient's last line of defence against harmful drug/drug interactions. It is on this basis that the dispensing of medicinal cannabis should be a leading public policy objective.

It is good public policy but, most importantly, it is good for Ontario patients. And Ontarians agree. In a recent survey conducted with more than 800 individuals, seven out of 10 Ontario adults say patients should be able to obtain medicinal cannabis from a pharmacist—like they do with all prescription products—so that they have increased access to the advice, guidance and information they want and need.

Globally, in countries where they are also liberalizing their cannabis laws, they are looking to pharmacies to dispense medicinal cannabis. Ironically, today, pharmacies in Germany are importing cannabis for medicinal purposes from Ontario producers while Bill 174 and federal legislation C-45 still do not permit patients to



receive seamless care with respect to medicinal cannabis from their own pharmacies.

We, therefore, urge the Ontario and federal governments to work together to amend existing regulations so that pharmacists can dispense medicinal cannabis to ensure Ontarians' continued health and safety.

At this time, I'd like to introduce Allan Malek, OPA's executive vice-president and chief pharmacy officer, to expand on some of the clinical considerations of medicinal cannabis and how it differs from recreational cannabis.

**Mr. Allan Malek:** Thank you, Andrew. There are important differences between recreational and medicinal cannabis products.

Existing recreational products do not necessarily encompass all medicinal cannabis products, and the selection of that right product at the right dose and at the right formulation is highly individualized and critical to properly treating a patient's condition.

For example, oils that are high in the non-psychoactive CBD compound can help control seizures in children with epilepsy, and these are used orally, while the psychoactive THC combined with CBD can be useful in treating chronic pain and spasticity in multiple sclerosis, and these can be ingested or inhaled. Health providers are learning more and more every day about the clinical uses of cannabis, including its potential application as an opioid-escape drug in the treatment of chronic pain.

Just as the controlled sale and distribution of recreational cannabis can be entrusted to government-owned and LCBO-run retail outlets, the controlled dispensing, guidance and monitoring of medicinal cannabis prescriptions—

**The Chair (Mr. Shafiq Qaadri):** One minute.

**Mr. Allan Malek:** —need to be entrusted to medication experts: Ontario's pharmacists. Quite simply, it's a matter of common sense, and more importantly, it's about patient safety.

Omitting pharmacists from the controlled dispensing and monitoring of medicinal cannabis also bypasses its capture in the patient's medication profile. For people living with multiple and sometimes complex health conditions, this can be problematic as critical drug-drug interaction checks may not get done.

Finally, on proposed changes to the Smoke-Free Ontario Act, the OPA supports the recommendations and comments put forth earlier today by Mr. Michael Perley, as well as Dr. Robert Schwartz, on behalf of the Ontario Campaign for Action on Tobacco and OTRU. Furthermore, as a member of Health Minister Hoskins's executive steering committee on Smoke-Free Ontario modernization, we endorse the committee's final report and all of its broad recommendations that impact tobacco and cannabis, including all combustible forms, and support a bold move to a truly smoke-free Ontario—

**The Chair (Mr. Shafiq Qaadri):** Thank you, colleagues from the OPA.

To Mr. Natyshak of the NDP.

**Mr. Taras Natyshak:** Were you completely finished?

**Mr. Allan Malek:** I have about four lines left.

**Mr. Taras Natyshak:** Give it. Go.

**Mr. Allan Malek:** Thank you.

This includes our ask of government to expand coverage for pharmacist-administered cessation counselling for all people who smoke, not just those covered by the ODB, and soon by OHIP+. Pharmacists can and should be doing more.

Finally, we look forward to working collaboratively with government and our health care partners to ensure patients are getting the highest possible quality of care, and this includes pharmacists' dispensing of and counselling on all prescription medications, including medicinal cannabis, and guidance and advice on important public health matters such as smoking cessation. Thank you.

**Mr. Taras Natyshak:** Thank you very much. Can you tell us here how someone accesses their current medicinal cannabis? How do they get it? How does it end up in their mailbox, as it were?

**Mr. Allan Malek:** How do they get it? First, for medicinal cannabis, it would be pursuant to a medical order—a prescription, if you will—from a medical practitioner, and that would be based on a clinical condition that that prescriber has identified. This order is then provided to the patient. The patient then registers with a licensed producer. A selected product is chosen, between the licensed producer and the patient, and then the product is mailed via mail order, registered mail, to the patient's home.

**Mr. Taras Natyshak:** The consultation on the dosage and the requirements around how to take the medicine is done at the initial consultation with the physician?

**Mr. Allan Malek:** It's entirely possible. In some cases, we've seen a medical order that's basically saying that the patient may benefit from medicinal cannabis. That's all that seems to be required. Any decisions in terms of dosing, formulation, which ratios—those are decided between the licensed producer and the patient.

**Mr. Taras Natyshak:** Okay. I'm just trying to envision it.

**Mr. Allan Malek:** So am I.

**The Chair (Mr. Shafiq Qaadri):** Thirty seconds.

**Mr. Taras Natyshak:** You talk about how we currently access our pharmaceuticals: I walk into the drugstore and get my prescription filled. The point of contact with my pharmacist is a valuable interaction, and I think that there's some value in having that as your prescription expires, in the consultation process. I think there's some merit there, and we should take a look at it. Thanks.

**The Chair (Mr. Shafiq Qaadri):** To the government side: Mr. Colle.

**Mr. Mike Colle:** I'm about to get a shingles shot sometime today at my local drugstore. I won't name the brand. I also got my flu shot there. So I think you're very important partners in our health care system.

**Mr. Allan Malek:** Thank you.

**Mr. Mike Colle:** One thing I'm interested in in particular is—I have a constituent who has MS. They have been acquiring their oil tincture—I guess it's a CBD compound—from a medicinal cannabis shop. She's afraid that if this new legislation comes in, she might not have access to that oil-based cannabis by-product, which calms her. With MS patients, their nerves are very frayed and extremely sensitive. She finds that it helps her to deal with the pain.

I know you've already referenced it. Can you tell me what your perspective on that is, as a pharmacist?

**Mr. Allan Malek:** Quite simply, I think that what we are all looking for—health providers and, I would most certainly think, government—is a steady supply and ready access. Quite frankly, when someone is needing a medicinal cannabis product—to the previous question—we don't want to see anyone having to wait for their product.

In terms of accessing the oil, my question might be about the nature of this medicinal cannabis shop, since the only legal mechanism is through these licensed producers and the mail order route. The street shops are not deemed official medicinal shops.

But, that said, we would expect that pharmacies would be able to access, through the producers, all of the same products that patients have been relying on up until this point.

**Mr. Mike Colle:** I guess that's the complexity in this whole new field that government is entering as a result of the federal legislation.

**The Chair (Mr. Shafiq Qaadri):** Thirty seconds.

**Mr. Mike Colle:** How do we deal with these issues that have been dealt with on the street, and now we're trying to regulate and control it? I just hope that somehow, we can get our pharmacists involved in dispensing—maybe not the combustible type of cannabis but certainly some of the by-products that are medically effective.

**Mr. Allan Malek:** You're absolutely right. We certainly do not support any form of combustible cannabis, even for medicinal purposes, due to the harms that come from that. But we believe that the pharmacy is the most logical place—

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Colle.

The floor now passes to Mr. Hillier of the PCs.

**Mr. Randy Hillier:** Thank you very much for your presentation. You've been on Minister Hoskins's steering committee on Smoke-Free Ontario. You're making a request here which Bill 174 expressly prohibits. Pharmacies are not allowed to be engaged in the selling or the distribution or the sale of smoking cessation devices, such as vapes. So when you say in your presentation that you should be doing more with smoking cessation, are you specifically requesting that pharmacies be permitted to engage in that marketplace with vaporizers?

**Mr. Allan Malek:** To clarify, what we are asking for is the ability to distribute medicinal cannabis products in the format that has been approved for medicinal use. We

are not talking about any form of sale, or any involvement in the sale, of recreational cannabis products. To our understanding, Bill 174 will specifically call out vaping products and others, but it also calls out, in certain spots, medicinal cannabis. That's the area that we are asking to participate in.

**Mr. Randy Hillier:** Yes, I understand. Right now, you're prohibited from being engaged in the dispensing or distribution of medicinal cannabis. We get that.

**Mr. Allan Malek:** Correct.

**Mr. Randy Hillier:** We also understand that you don't want to be promoting or doing combustible cannabis, looking at oils and whatnot, which would be, again, in line with vaporizers.

But also, in your presentation, you quite clearly say you want to be able to do more in administering smoking cessation counselling and products.

**Mr. Allan Malek:** Correct.

**Mr. Randy Hillier:** Is that including vaporizers for smoking cessation?

**Mr. Allan Malek:** No. Let me clarify that. We're not looking at selling or retailing smoking products. We are talking solely about pharmacy services that are hinged on counselling and smoking cessation.

**The Chair (Mr. Shafiq Qaadri):** Thirty seconds.

**Mr. Randy Hillier:** What has been the response? Bill 174 is completely absent of medicinal cannabis as far as distribution. I think it's a worthwhile endeavour to explore, and I don't see any drawbacks in having pharmacies being engaged in that business. What has been the response from the minister on Bill 174?

**Mr. Allan Malek:** Right now, the messaging is that the current model for distribution, which is set at the federal level—

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Hillier and thanks to you, Mr. Gall and Mr. Malek, from the Ontario Pharmacists Association.

I now invite our next presenters to please come forward, from the Ontario Public Health Association: Ms. Walsh, Ms. Suarly and Ms. Hasheminejad. Please come forward.

Are they here?

*Interjection.*

**The Chair (Mr. Shafiq Qaadri):** I see. Do we, by chance, have the Ontario Public School Boards' Association—Ms. French and Mr. Hick?

*Interjection.*

**The Chair (Mr. Shafiq Qaadri):** All right. We will be in recess for about, I suppose, five or 10 minutes, until our next presenters show up.

*The committee recessed from 1543 to 1553.*

#### ONTARIO PUBLIC HEALTH ASSOCIATION

**The Chair (Mr. Shafiq Qaadri):** Thank you colleagues. We reconvene. Our next presenters are the Ontario Public Health Association: Ms. Walsh, Ms. Suarly and Ms. Hasheminejad. As you may have seen, you have five minutes' opening address, and then there

will be rotating questions from each party. Please begin now.

**Ms. Pegeen Walsh:** Good afternoon, Mr. Chairman and committee members. Thank you for the opportunity to appear today. My name is Pegeen Walsh. I'm the executive director of the Ontario Public Health Association. I'm joined today by the co-chairs of the OPHA's cannabis task group, Michelle Suarly and Elena Hasheminejad.

The Ontario Public Health Association, or OPHA, is a non-profit, non-partisan organization that brings together those from the public, community health, academic, voluntary and private sectors who are committed to improving people's health. Many of our members, whether they are public health nurses like my colleagues here or from other fields, are working on the front lines to promote and improve public health in their communities.

Our cannabis task group has been calling for a public health approach to the legalization of recreational cannabis to mitigate the potential harms, especially to young people. That's why we're supportive of this legislation, as it reflects many of the recommendations we have been advocating for. My colleagues and I would like to speak to those aspects that are important for a public health approach and signal six areas for further consideration.

**Ms. Elena Hasheminejad:** We are pleased that the bill has among its key purposes to protect public health and safety, in particular to protect youth and restrict their access to cannabis. Provisions in the act that are important for achieving this include having a separate government-owned and controlled retail system, selling cannabis in a location separate from alcohol; restricting the use of recreational cannabis in public places, workplaces and cars; measures that make drug-impaired driving laws even tougher; and diverting youth offenders from the justice system into education and prevention programs. However, here are the six areas for further consideration.

The allowance of online sales: We recommend against online sales. This could increase access to youth, remove point-of-sale education and create potential enforcement challenges to ensuring that the product does not end up with minors. We understand that US jurisdictions that have legalized cannabis do not permit online sales.

Home cultivation: We recommend prohibiting home cultivation, and re-examining this again in the future. This would promote public health and safety and protect youth by restricting their access. In addition, the proposed legislation does not have guidelines and requirements for pesticide use, mould prevention and testing for the presence of hazards.

**Ms. Michelle Suarly:** Age: We recommend 21 as the legal age for purchase to help reduce the negative effects that early and regular cannabis use can have on cognition, behaviour and development. This would also be in line with the recommendations of the executive steering committee for Smoke-Free Ontario's modernization.

There is a lack of measures to support smoke-free multi-unit housing. From a health equity perspective,

individuals with low incomes often have fewer housing options and may be faced with second-hand smoke exposure. Provisions need to be added so that landlords and property managers are permitted to restrict smoking cannabis in their units and in common spaces, as second-hand smoke can travel.

There's not enough public awareness about the harmful effects of cannabis. Further research is needed to more fully understand the impact, be it on youth brain development, on pregnant or breast feeding women, or other areas. We're pleased to see that the act empowers the minister to approve education and prevention programs. We urge the government to get this under way now, and we would be pleased to assist.

The government had announced its intention to reinvest revenues from the sale of cannabis into activities that would protect and support public health, especially for youth, and to promote community safety, prevention and harm reduction. We recommend that the bill include provisions for such reinvestment.

**Ms. Pegeen Walsh:** Lastly, we urge legislators to keep in mind a health equity lens and to recognize the role played by the social determinants of health. Those who are most likely to be affected by the legalization of recreational cannabis may also be those who are most vulnerable and marginalized. Appropriate strategies will need to be available to mitigate these impacts.

In conclusion, we're pleased to see that this legislation has at its core a public health approach and we urge your committee to consider the additional measures we are recommending to further promote public health and safety.

Further recommendations related to legalization of the recreational use of cannabis can be found in our position paper the Public Health Implications of the Legalization of Recreational Cannabis. Thank you for your consideration.

**The Chair (Mr. Shafiq Qaadri):** Thank you, colleagues, for your opening remarks. We'll now pass it to the government side: Ms. Mangat.

**Mrs. Amrit Mangat:** Thank you, Ms. Walsh, for your presentation. In order to meet the federal timeline, our government is very closely working with municipalities. This also includes that retail stores are appropriately located within school distance. Do you have any distances in mind as to how far or how close they should be located?

**Ms. Elena Hasheminejad:** I think that from a local perspective in some of our public health units we have been looking at that. There have been certain recommendations that have been put forward, but from our understanding, through evidence, there hasn't been something that has been outlined as of yet to give it. But we know that we really do want to reinforce that storefronts are not near schools, daycare centres, parks and recreational centres, but we have not come to terms with an exact number to enforce that.

**Mrs. Amrit Mangat:** So it means that you and your members are supportive of the government's approach?

**Ms. Elena Hasheminejad:** Yes—for a monopoly. Yes, of course we are.

**Mrs. Amrit Mangat:** It's my understanding that you are a strong supporter of our government's efforts to reduce the smoking rate. What else would you recommend that our government should be doing?

**Ms. Pegeen Walsh:** Are you talking about tobacco use?

**Mrs. Amrit Mangat:** Yes.

**Ms. Pegeen Walsh:** We're excited by the recommendations that have come out of a steering committee that has been set up by the government to look at the modernization of tobacco control. Having reviewed those recommendations, we feel that it would be important for the government to implement the range of things that are being put forward.

**Mrs. Amrit Mangat:** My colleague has a question.

**Mr. Arthur Potts:** From a public health perspective, how do we feel about people who are vaping in their homes as a place to do it—vaping marijuana as an alternative to smoking marijuana, which wouldn't have the same impacts on neighbours and children and that type of thing?

**Ms. Elena Hasheminejad:** That's a very good, interesting point. I know that from a harm-reduction perspective, we do understand that vaping is another lower-risk measure of using cannabis. In regard to homes, I think it comes back to that we still need a little bit more evidence on what second-hand effects have on individuals. At this point, we don't have—

**Mr. Arthur Potts:** We've heard quite clearly that it's much safer. There may still be some harm—

**The Chair (Mr. Shafiq Qadri):** Thirty seconds.

**Mr. Arthur Potts:** —but it's much safer. Isn't that enough to put us over that edge, to say, "You know what? Let's encourage that. Let's get more evidence and maybe later we can do more restrictions if necessary, or improve the products"?

**Ms. Pegeen Walsh:** If I may, I think looking at the same kind of restrictions around where tobacco use can occur so that we're not seeing vaping as—we've worked so hard to—

**Mr. Arthur Potts:** If we could ban tobacco use in people's homes—smoking—ban it in their homes, wouldn't that be a better thing from a public health perspective?

**Ms. Elena Hasheminejad:** From a public health perspective—

**The Chair (Mr. Shafiq Qadri):** Thank you, Mr. Potts. To the PC side: Mr. Hillier.

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**Mr. Randy Hillier:** Thank you for your presentation. I just want to ask: Prior to making up your presentation today, have you examined or looked at the proposed legislation in any of the other provinces, like New Brunswick, Alberta or Manitoba?

**Ms. Elena Hasheminejad:** Yes, very briefly. Not in depth, but we have been keeping an eye on what has been put forward.

**Mr. Randy Hillier:** Have you seen things that are, in your view or estimation, improvements in other provinces that are maybe omitted from or lacking in this legislation?

**Ms. Elena Hasheminejad:** We were pleased to see that the province of Quebec had moved forward with prohibiting personal cultivation—at-home cultivation. That is something that we recommend as well. We don't believe that this is something that should be enforced right away. I understand that the province of Quebec has introduced that.

**Mr. Randy Hillier:** In New Brunswick, along with others, they have explicit provisions in their legislation that mandate government responsibility for education, awareness and monitoring. Bill 174 is absent on all those. Does that give you any cause for concern that the government is getting into the retail distribution of cannabis but it's not taking on the responsibility for monitoring, education or awareness?

**Ms. Elena Hasheminejad:** We strongly do recommend that education, monitoring and research are all key components that need to be enforced. In fact, from a local perspective, we know that many of our local public health units are starting to look at education, and we would like to continue to do so before legislation even begins.

**Mr. Randy Hillier:** I find it absolutely astonishing that we haven't embraced that responsibility within our legislation, especially on the monitoring. You make the recommendation that you believe that the age ought to be 21. We know that there is a significant amount of evidence that early and frequent use of cannabis at an early age—the evidence certainly suggests that there can be significant impacts. But, again, there's no monitoring on this. In your amendments, will you be proposing amendments to address that?

**Ms. Michelle Suarley:** Yes. Actually, in our position paper that we referenced, we did a whole section on monitoring and surveillance. That's something that we advocated for when we spoke at the House of Commons earlier this year.

**Mr. Randy Hillier:** What has been the response from the ministry back to you on those suggestions?

**Ms. Michelle Suarley:** We heard that there are things that are currently in place, but more things could certainly be done in that respect to capture more things, to get more accurate numbers.

**Mr. Randy Hillier:** So no commitment to improve education or monitoring—

**The Chair (Mr. Shafiq Qadri):** Thank you, Mr. Hillier. To Mr. Natyshak of the NDP.

**Mr. Taras Natyshak:** Thanks so much for being here. Could you just go over once again your ideas around the prohibition of online sales and what your recommendation is there?

**Ms. Elena Hasheminejad:** Yes. Some of the biggest lessons that we've learned from, let's say, Colorado and Washington is to take a more strict approach and then look at re-evaluating. If there are things that we would like to lessen, we would do that at a later point.

Right now, for online sales we're just saying that we don't believe that this would be the direction to move into. There still needs to be a lot of education around not only the harm but the laws around it, especially for youth. If one of the main things is to protect youth and restrict access, we believe that online sales may just open another door for that.

**Mr. Taras Natyshak:** So you don't believe that the adequate protections and security mechanisms built into a website are going to be there to be able to prohibit youth from accessing it through a website?

**Ms. Elena Hasheminejad:** We believe that at a later point they should be re-evaluated and re-examined after we understand what the implications of cannabis can be within our province. Then if we see, in that approach—and that could be looked at again, but we believe that to start off, this is a big, historical change, and we think that taking a more strict approach would keep the—

**Ms. Pegeen Walsh:** Reduce the harm.

**Ms. Elena Hasheminejad:** —yes, reduce the harm and keep cannabis out of the hands of youth.

**Mr. Taras Natyshak:** You mentioned a health equity lens. Can you elaborate a little bit on what that looks like and how it would be implemented?

**Ms. Pegeen Walsh:** Yes, of course.

Did you want to?

**Ms. Elena Hasheminejad:** Thank you. I think a health equity lens is a very important concept in public health. We understand, through different topic areas, that those who may be more disadvantaged may be the ones who get the most harm, so we want to keep that lens at the forefront as we move forward with this.

**Mr. Taras Natyshak:** Where does that exist currently in other facets of health care?

**Ms. Elena Hasheminejad:** We're looking at public health in general, even something like—if we're looking at other substances right now, when we have that harm-reduction lens, we're looking at opioids or other things that are happening in our community. I think the focus is increasing access for those who may be vulnerable. I think that we need to keep that lens at the forefront. That's what the essence of having a public health approach is.

**Mr. Taras Natyshak:** Okay. Thanks so much for being here.

**Ms. Elena Hasheminejad:** Thank you very much.

**The Chair (Mr. Shafiq Qadri):** Thank you very much, Mr. Natyshak, and thanks to you, colleagues from the Ontario Public Health Association—Ms. Walsh, Ms. Suarly and Ms. Hasheminejad—for your presentation.

#### ONTARIO PUBLIC SCHOOL BOARDS' ASSOCIATION

**The Chair (Mr. Shafiq Qadri):** The next presenter is the Ontario Public School Boards' Association.

Just to let colleagues know, we do have an imminent vote, as I understand it. Once the bells start ringing, we will recess for 10 to 15 minutes or so.

We do have our next presenters: Laurie French and Rusty Hick of the Ontario Public School Boards' Association.

Please join us. Advance apologies for the probably part one/part two of your testimony—which looks like it may happen in a second. Please be seated. Your five-minute opening address begins now, please.

**Mr. Rusty Hick:** Good afternoon. My name is Rusty Hick. I am the executive director of the Ontario Public School Boards' Association, or OPSBA, as we're known. I'm joined by our president, Laurie French, who is also a public school board trustee with the Limestone District School Board. We want to thank you for this opportunity to address the Standing Committee on Justice Policy to speak to the proposed amendments included in Bill 174.

OPSBA represents public district school boards and public school authorities across Ontario. Together, our members serve the educational needs of almost 70% of Ontario's elementary and secondary school students. We advocate on behalf of the best interests and needs of the public school system in Ontario. OPSBA believes the role of public education is to provide universally accessible education opportunities for all students regardless of their ethnic, racial or cultural backgrounds, social or economic status, individual exceptionality or religious affiliation. Part of our advocacy is to monitor provincial legislation that could impact our student, staff and education communities.

We recognize that Bill 174 includes implementation components that stem from federal legislation, and we are all working towards a July 2018 deadline. Today, we want to spend our brief time with you outlining our areas for partnership and how we believe education is a critical component for the successful implementation of the legalization of recreational cannabis.

It is important to note that many of the actions and changes concerning legalization of cannabis will align with current education and school board practices for tobacco and alcohol that are already applicable to students and employees in our province. This is, of course, with the exception of use for medical reasons.

Today we want to talk about some specific things: the concept of youth prevention programs and how we can support youth with a circle of care; changes to the Education Act that will be required; the linkages between regular cannabis use, adolescent brain development and mental health and addictions; site locations for the stand-alone stores that will be selling cannabis and paraphernalia in our communities; and future revenues from the sale of cannabis and where these monies might be directed.

Now I would like to turn it over to OPSBA president Laurie French.

**Ms. Laurie French:** Thank you, Rusty.

Good afternoon. I would also share with the committee that I'm a registered nurse, and so I approach this with both an education and a health care lens. I chair the school health and wellness committee with the Canadian School Boards Association, as well. They share the views that we're presenting today.

School boards are united in a common purpose. We want to maximize the opportunities for success for each and every student. We also want to ensure that our employees have a safe working environment. We're actively supporting and sharing with you the views of our member school boards and sharing information with them as it becomes known.

*Interruption.*

**The Chair (Mr. Shafiq Qaadri):** There's no vote: The House is adjourned.

**Mr. Mike Colle:** Just go ahead.

**Ms. Laurie French:** Thank you.

As Rusty indicated, we're particularly interested in the concept of youth education or prevention programs.

We note that under the new Cannabis Act, there's a provision to support youth, young adults and other vulnerable populations through integrated prevention and harm-reduction strategies. This includes allowing police to confiscate small amounts of cannabis from young people under 19 without bringing them into the justice system or laying charges. We suggest that the education sector be part of the discussion about these programs. If this involves a current student, how will youth be directed to a program, and how would their school community be notified and involved? Support must involve as many caring adults as possible.

The new act requires updates to the Education Act, of course, so that cannabis possession, use or selling in schools would be considered for a possible suspension or expulsion. It would also be added to the code of conduct governing all persons in a school.

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This inclusion makes sense and would be added to the list—

**The Chair (Mr. Shafiq Qaadri):** One minute.

**Ms. Laurie French:** —that currently includes alcohol and illegal drugs. Public education to understand the law and what is legal or illegal must be part of the introductory information.

We would also want to ensure that the use of cannabis cannot be allowed on any school-related field trip, extracurricular activity or board-related outing.

We have questions about the changes needed to update the health and physical education curriculum, as well.

There will need to be a focus on developing an integrated, incremental and age-appropriate curricular approach regarding drugs and substance use starting in elementary school.

We are also very curious as to the actual date of implementation of July 2018 and what this means. School boards often have summer school, and we need to ensure that we're prepared.

We have been informed by our Ministry of Education that future additional stakeholder meetings will be occurring, and we will be actively participating in those discussions.

We are concerned about the short timelines and the supports needed for all those involved in our schools.

Mental health and addictions is a serious problem in our country, and school boards see this first-hand in many of our students. Public awareness campaigns need to include evidence—

**The Chair (Mr. Shafiq Qaadri):** Thank you, Ms. French and Mr. Hick.

**Ms. Laurie French:** Thank you.

**The Chair (Mr. Shafiq Qaadri):** We'll pass it to the PCs: Mr. Romano. I apologize for all the interruptions. Go ahead.

**Mr. Ross Romano:** Thank you for the presentation. I've got a very generalized question here, but cigarettes and tobacco use has been legal for obviously a very long time and the age is 19. Alcohol, another one, you can use it, and the age is 19. So it doesn't affect specifically students because of the age group, but obviously you see that in education, you see that with high school students. You probably get lots of reports from teachers catching people at dances and so on and so forth. You probably see students in the smoking section areas around the property hiding their cigarettes. That's a fair statement, correct?

**Mr. Rusty Hick:** Yes, it is. It is a fair statement. I think that the possession of a cigarette or tobacco has a different age from actually purchasing, but nevertheless, smoking is not allowed on school property. That's right.

**Mr. Ross Romano:** Right, so smoking and drinking, yet you're finding students do that anyway, even though they're not allowed to do it until they're 19.

**Mr. Rusty Hick:** I think young people around the world do do that. Yes.

**Mr. Ross Romano:** Okay. Now I'm curious with respect to the types of reporting you get from your teachers. How many times are you hearing—or maybe let me rephrase: You will hear more often of cigarette or alcohol use than you would of cannabis use at the present time. Correct?

**Ms. Laurie French:** I would say yes.

**Mr. Rusty Hick:** I would say, as a former high school principal, superintendent and director, that suspension for cannabis use is probably higher than it is for alcohol, to be perfectly honest.

**Mr. Ross Romano:** But I think what you had indicated—and I apologize—

**The Chair (Mr. Shafiq Qaadri):** Ms. French.

**Mr. Ross Romano:** Ms. French, you feel though, that yes—I think that was your statement; I don't know if that's captured on the record. But you feel that, yes, marijuana use is less predominant than alcohol and cigarette use.

**Ms. Laurie French:** We would hope.

**Mr. Ross Romano:** The question is this then: Now that we know that it is officially going to be legalized or decriminalized by the federal government, the fact that people can get out and access it now—

**The Chair (Mr. Shafiq Qaadri):** Thirty seconds.

**Mr. Ross Romano:** —before we know what the educational requirements and what the awareness levels are going to be, how we keep our roads safe, how we

keep our children safe, isn't that pretty scary that we're going to be making it accessible before we know all those other critical elements in terms of health and safety?

**Ms. Laurie French:** Yes, but I would say those concerns could be there at any time, that it's about understanding what supports are in place and the guidelines that we need to support implementation and protect students.

**Mr. Ross Romano:** But that needs to be done before we're putting it in people's hands.

**Ms. Laurie French:** Correct. That's what we're advocating for.

**Mr. Ross Romano:** Thank you.

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Romano. To the NDP: Mr. Natyshak.

**Mr. Taras Natyshak:** Thank you very much for your presentation. Thanks for being here.

You've raised some good questions and some important concerns that the committee, I don't think, has touched on yet specifically around the need to update our curriculum in school, around education awareness. We haven't seen any language around what that will look like, so that's important for us to start to consider.

I guess that dovetails with the comment around education being essential, and I would imagine that you're alluding to our public school system being an important component of that educational endeavour. Is that what you're saying?

**Ms. Laurie French:** It is, and we're certainly already in conversations with the Ministry of Education to be able to plan for some of those education strategies.

**Mr. Taras Natyshak:** The circle of care: What is that?

**Ms. Laurie French:** The circle of care?

**Mr. Taras Natyshak:** Yes, you had mentioned the circle of care. Was that you, Rusty, who said that?

**Mr. Rusty Hick:** We're talking about the number of adults who would support students who potentially are on the path to addiction; so knowing that there are caring adults in our education communities, our schools. But the police, if they're involved, if health care workers are involved, that service—there is an ability to work together in the best interests of our kids.

**Mr. Taras Natyshak:** Okay. A question outside of what you had presented: How do you currently deal with, if you do, students who have medicinal prescriptions to ingest cannabis? How is that dealt with currently?

**Ms. Laurie French:** There are different policies and procedures associated with medicinal use, so that has really been treated separately from this.

**Mr. Taras Natyshak:** So if a student requires his or her medicine, there's a specific policy around where and when they can take that?

**Ms. Laurie French:** There are protections in place for that, absolutely.

**Mr. Taras Natyshak:** It's interesting, because we heard of a gentleman this afternoon who took the Via train and was not allowed to take his prescription. We're

finding some disparity there between the rules—where they're enforced and how they're enforced.

**Mr. Rusty Hick:** If I may, the experience that we've heard about from our school boards is that it would be in the form of an oil or something on a student to prevent whatever it is that the doctor had prescribed it for, not someone lighting up and smoking in a school.

**Mr. Taras Natyshak:** Sure. Okay. Thank you very much.

**The Chair (Mr. Shafiq Qaadri):** To the government side: Madame Vernile.

**Ms. Daiene Vernile:** Good afternoon, and welcome to Queen's Park. Ms. French, you were mid-sentence when we cut you off. Do you want to use our time just to finish? Because I know you've got a few more points to make. I'd like to hear it.

**Ms. Laurie French:** Sure, I'm happy to.

Mental health and addictions is a serious problem in our country, with school boards seeing this first-hand in some students. Public awareness campaigns need to include evidence-based research regarding neurotoxic effects on adolescent brain development and the link from regular cannabis use. We strongly recommend that education, outreach, training and professional development include this information in particular. Students, their parents and caregivers need good information to make informed decisions to support a healthy lifestyle.

We were happy to see that the Association of Municipalities of Ontario spoke with you earlier today. We've been in communication with them ourselves about the consultation and decision-making for site locations. We and our member boards have been very vocal about ensuring retail outlets are not located close to schools. While we know this will be more challenging in urban areas, school boards and trustees must be part of the discussions between the government and municipalities about the locations of stores. I have sent a letter myself to my AMO counterpart asking about this and will be encouraging local trustees as well to outreach to their municipal partners to be able to look at that process in each of their communities.

Sufficient notice must also be given to school boards and communities about a potential site. That's important to us. We do support the requirement that before final decisions are made, there will be an opportunity for the public to ask questions about the proposed retail outlet locations.

Finally, something else I would add—and thank you for the opportunity—we realize that revenue amounts may not be known right away, with start-up and implementation costs, but we recommend that consideration be given to diverting a portion of profits or a percentage of taxation to public awareness, prevention and the promotion of healthy lifestyles. This was also part of the declaration signed by the Canadian School Boards Association and is important in the messaging across the country.

**Ms. Daiene Vernile:** It sounds like, generally, you are supportive of the measures that we have within Bill 174.

**Ms. Laurie French:** We're working very closely with both of the ministries to understand—and make sure that they're serving—and to advocate for the pieces that we've outlined today.

**Ms. Daiene Vernile:** There is a piece in there whereby youth who are underage who may be caught with a small amount of cannabis, rather than putting them through the court system, they would be sent to education. What are your thoughts on that?

**Ms. Laurie French:** That's important. It's our job to educate students. We need to keep them in school. We need to have processes that support that.

**Ms. Daiene Vernile:** Thank you very much for being here today.

**Ms. Laurie French:** Thank you.

**The Chair (Mr. Shafiq Qadri):** Thanks to you, Ms. French and Mr. Hick, for your deputation on behalf of the Ontario Public School Boards' Association.

#### MR. ROWAN WARR-HUNTER

**The Chair (Mr. Shafiq Qadri):** Now I call on our next presenter, Mr. Rowan Warr-Hunter. Welcome. Please be seated. Your five minutes begin now.

**Mr. Rowan Warr-Hunter:** Thank you, Mr. Chair. Through you, I'd like to thank all of the committee members for allowing me the opportunity to speak today. My name is Rowan Warr-Hunter and I'm a former smoker. I've now been smoke-free for over six years, thanks to vaping. Sadly, I know that if schedule 3 of Bill 174 was law in 2011, I would still be smoking today. So I'm here today to ask this committee to recommend that the government remove schedule 3 of this bill and create a new bill to properly regulate vapour products in this province in their own category, separate from tobacco, and with appropriate restrictions which will protect youth while still allowing adult tobacco smokers access to these harm-reduction products.

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By subjecting vapour products to the same restrictions as tobacco, it creates the impression that the risks are also the same, which we know not to be true. Regulations for vapour products should take into consideration their harm-reduction potential instead of only focusing on their potential harm.

The intent of this bill, I have been told, and we've heard numerous times, is to protect youth. Unfortunately, in the effort to prevent youth uptake, many of the restrictions in this bill will prevent adult smokers from making a successful transition, and may even cause vapers to return to tobacco use.

I fully support restricting the sale of all vapour products to adults only. That has been the standard across the industry since day one. The members of this committee might be surprised to learn the fact that, at least until recently—and possibly still, depending on which tobacco enforcement officer you ask—it was still legal to sell vapour liquid to anyone in this province. This is a prime example of why legislation should not be forced through.

We've had the Electronic Cigarettes Act, 2015, on the books since 2015, yet, depending on who you ask, it could technically still be legal to sell vapour liquid to anyone in the province. We need to make sure that this legislation is going to address the most obvious and important issues before passing it into law.

I feel that in its current form, this legislation actually does more harm than good. Again, my main request to this committee is to recommend that schedule 3 be removed from this bill completely. In the event that schedule 3 remains in this bill, I would like to propose several changes that would help address some of the most serious issues with the regulations:

First, I would propose a mandatory annual review of the legislation in order to stay current with the latest scientific studies, and allow for the legislation to be changed accordingly.

Second, I would propose an exemption to section 4 concerning display and promotion of vapour products, to allow adult-only establishments to display and educate consumers about them.

Third, I propose that section 9, point 2, concerning flavoured vapour products be removed.

Fourth, I propose an additional exemption under section 13 to allow for the use of vapour products in adults-only establishments, such as dedicated vape stores.

I feel that without these amendments, this bill will cause the demise of hundreds of small businesses across the province and, consequentially, thousands of jobs. Even worse, without these stores and their employees helping smokers make a successful transition away from tobacco, my biggest fear is that this bill will cause vapers to go back to smoking, and discourage current smokers from even attempting to make the switch.

Please seriously consider the changes I have proposed, and keep in mind that by the time our 14 minutes together today are up, another Ontarian will have died from tobacco-related causes.

Thank you again for your time, and I welcome any questions you may have.

**The Chair (Mr. Shafiq Qadri):** Thank you, Mr. Warr-Hunter.

To the NDP: Mr. Natyshak.

**Mr. Taras Natyshak:** Thank you, Mr. Warr-Hunter. Your presentation was pretty concise. You hit all the marks that I think you wanted to. I'm reluctant to even ask you a question, other than saying congratulations on quitting smoking and kicking that habit.

**Mr. Rowan Warr-Hunter:** Thank you.

**Mr. Taras Natyshak:** One question is, how many different types of juice were you required to taste-test before you finally found one that you liked and stuck with?

**Mr. Rowan Warr-Hunter:** I was actually fairly lucky. When I first started, I thought that I wanted it to taste like tobacco. But within about a week, my sense of taste and smell started to improve and return, and then I realized that tobacco really doesn't taste so great. Pineapple was the first flavour that really did it for me. I had



great success vaping pineapple flavour, but I have vaped just about every flavour you can imagine. It's nice to be able to mix it up and not be stuck with one flavour.

**Mr. Taras Natyshak:** Thanks again for your presentation.

**Mr. Rowan Warr-Hunter:** Thank you.

**The Chair (Mr. Shafiq Qaadri):** To the government side: Ms. Mangat.

**Mrs. Amrit Mangat:** Thank you, Mr. Warr-Hunter, for your presentation, and thank you very much for sharing your experience with us.

I'm going to read some data. In Canada, data from the 2014-15 Canadian Student Tobacco, Alcohol and Drugs Survey reported that 27% of grades 10 to 12 students said they had tried e-cigarettes, and 9% reported using e-cigarettes in the previous 30 days. Additionally, 47% of students in grades 6 to 12 believed it would be very easy to get an e-cigarette.

It's really alarming. What is your response to these trends?

**Mr. Rowan Warr-Hunter:** Definitely. As I said, I fully support restricting the sale of vapour products to adults only. I think it is the government's responsibility to ensure that we're doing the best we can to keep these products out of the hands of children and youth.

At the same time, I would refer you to some of the links that I've provided, which show that there's very strong evidence, over the past four or five years especially, that smoking rates are declining in the UK and the United States.

In Ontario, since I quit in 2011, we have seen a full 5% drop in smoking prevalence, according to the Propel study from the University of Waterloo. That only goes back to 1999, but we haven't had a 5% drop over that period of time since 1999. I would say that if vapour products, which really started to become widely available around 2011, were causing people to start tobacco, we wouldn't be seeing such huge drops in the smoking prevalence.

I completely agree that we want to keep it out of the hands of kids, but I don't believe that it is actually a cause for concern that kids will start smoking tobacco. I believe there's lots of evidence to the contrary, actually.

**Mrs. Amrit Mangat:** My colleague has a question.

**The Chair (Mr. Shafiq Qaadri):** Mr. Potts.

**Mr. Arthur Potts:** Thank you very much for the leadership of not selling to kids in your own stores.

You talked about these regulations needing to be changed. This is, in fact, a bill which sets a framework—

**The Chair (Mr. Shafiq Qaadri):** Thirty seconds.

**Mr. Arthur Potts:** In the regulations, we're anticipating working with the Canadian Vaping Association—I believe you're on the board—to put regulations in place which will preserve the ability to demonstrate, to show, to display such—would you be comfortable knowing that these regulations are coming, in consultation with the association?

**Mr. Rowan Warr-Hunter:** I definitely would support exemptions in the regulations to allow us to continue to

help smokers make the switch. Like I said, my concern is that every 14 minutes, another Ontarian is dying from tobacco use. We know that vaping is safer.

**The Chair (Mr. Shafiq Qaadri):** To the PC side: Mr. Hillier.

**Mr. Randy Hillier:** Thank you, Rowan. That was a marvellous presentation—flawless.

**Mr. Rowan Warr-Hunter:** Thank you.

**Mr. Randy Hillier:** One of the elements of your presentation that should be emphasized is that there is confusion out there in the marketplace, and confusion amongst people—you alluded to some people not knowing whether vape juice could be sold or not. I think a lot of that confusion has been an unintended consequence of combining and defining vapes as tobacco, and adding more confusion to everyone.

You've been vaping for six years now, I think you said?

**Mr. Rowan Warr-Hunter:** Yes, just over six years.

**Mr. Randy Hillier:** You know a number of other people who vape?

**Mr. Rowan Warr-Hunter:** I have thousands of successful switches.

**Mr. Randy Hillier:** Do you know of anybody who took up vaping who wasn't previously a smoker?

**Mr. Rowan Warr-Hunter:** I have met a few people who decided that they wanted to try vaping who weren't already tobacco smokers or weren't currently tobacco smokers, but that is an extremely, extremely small percentage of the vaping population. I would say that 99% or more of folks who are vaping in Ontario today are either trying to get away from tobacco or have already been successful in getting away from tobacco through vaping.

**Mr. Randy Hillier:** It's interesting. I think your story about trying tobacco-flavoured first is one that resonated with me, because that's what I tried first. You're trying to get off smoking, and you don't know what all these flavours are, so you try tobacco. You soon realize that was not a very good choice—or maybe it is a good choice, because you immediately go looking for something else.

**Mr. Rowan Warr-Hunter:** Yes.

**Mr. Randy Hillier:** But if there weren't those other flavours, would you have stayed with vaping if there was only that tobacco—

**Mr. Rowan Warr-Hunter:** It's very unlikely. Like I said, I've gone through so many different flavours. Sometimes I'll change flavours, in the course of a day, three or four times, even. To get stuck with only one flavour, or a limited choice of flavours, would definitely hurt people's chances of success.

**The Chair (Mr. Shafiq Qaadri):** Thirty seconds.

**Mr. Randy Hillier:** I should just address Mr. Potts's point. The legislation that's in front of us prohibits all these things. Let's not get confused that the government may create exemptions. The exemptions are not on the table for us to discuss or to vote on. The prohibitions are on the table, and that's the only thing that we have to vote on.

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**Mr. Rowan Warr-Hunter:** That is correct. The Electronic Cigarettes Act, 2015, is currently still on the books so if we want to work regulations, we could have worked the regulations through that.

**The Chair (Mr. Shafiq Qadri):** Thank you, Mr. Hillier, and thanks to you, Mr. Warr-Hunter. Those 14 minutes are now expired.

#### TOO FAR – TOO FAST COALITION

**The Chair (Mr. Shafiq Qadri):** We'll now call our next presenters to please come forward: Too Far – Too Fast, Mr. Patterson and Ms. Robertson, if they are present. Welcome, Mr. Patterson. Do you have a colleague coming?

**Mr. Brian Patterson:** No, so, she was unable to make it down from Ottawa.

**The Chair (Mr. Shafiq Qadri):** Good, please begin.

**Mr. Brian Patterson:** It's my pleasure to have an opportunity to speak today on the significant issues around Bill 174. As many members here know, the attendance of the Ontario Safety League and, by extension, our many partners in Too Far – Too Fast, is not uncommon in this room or to the members of this Legislature.

But I have to start by saying I sympathize with the provincial government. I know the legalization of cannabis—with all its health and safety risks, with all its unforeseen expenses and unintended consequences—was not on your radar two years ago. I understand this legislation was foisted upon you, with very little opportunity to provide input. The federal government seems driven by the desire to tick off an election promise.

As a result, it has taken a huge chunk of time and government resources to accommodate this unrealistic federal agenda. I sympathize, and I'm on the record as saying that I think Bill 174 is one of the best to come out of provinces at this point, but when you're handed the mess that you were handed, I think it's incumbent upon the safety league to not blame anyone, but to put our position forward.

When we look at all of the provinces, we feel it's important that none pushed back in the early stages of this process as to the timeline. There is no credible reason for the mad panic of legislative drafting that is being spearheaded across the country from Ottawa to accommodate an arbitrary deadline of July 2018. This rush will lead directly to serious health problems with our young people, serious safety problems on our roads and an enforcement nightmare for our police and municipalities. It is going too far and it is going too fast with cannabis legalization. It's time that we start listening to the health and safety experts.

Here we are today, debating a bill that will expand access overnight, essentially, to a product that has been proven to be toxic, addictive and harmful to youth and threatens the safety of our roads. Here we are today, discussing measures that will allow 19-year-olds to

legally use a product that has been proven to put their cognitive development in danger.

We are here debating a bill that will supposedly toughen drug-impaired driving penalties—and I think we've done a good job there—even though we have no device available to law enforcement right now that will measure cannabis impairment at the roadside. We're not confident that it will stand up in court. We may end up with a precedent set across the country in relation to the cannabis use and driving that will be a boon for those who want to drive impaired by drug and make it very difficult for both crown and police forces to enact that legislation. We don't, even today, have sufficient numbers of officers trained to detect drug impairment. We are not ready and will not be ready in July 2018. That's what the police tell us.

These are just the most obvious problems with the framework legislation before you. You don't have to scratch the surface to find many more. There is no plan or resources to step up drug-impaired driving education. The intent, I guess, is to simply use the one that we're using now—two completely different problems. There is no plan or resources to raise awareness of the dangers of cannabis to young people, or diversion for that matter, although I understand there's going to be a public service campaign that may or may not be fully funded. There is no plan or resources to seriously confront the illicit market that will surely thrive in areas that are not going to be served by the Ontario Cannabis Retail Corp. There is no evidence worldwide that illegal sale of drugs was in any way impacted.

**The Chair (Mr. Shafiq Qadri):** One minute.

**Mr. Brian Patterson:** At the end, I would ask the committee to read the comments. We would ask that you increase the minimum legal age to 21 to meet the safety standards and align Ontario's legislation date and official launch when we are sure that enforcement and other training tools are ready for us on the road.

I want to close by quoting Dr. Diane Kelsall: "From my perspective, from my colleagues' perspective, this legislation is being pushed through.... We're just very worried that they're conducting a national experiment and unfortunately the guinea pigs are kids" across this country.

**The Chair (Mr. Shafiq Qadri):** Thank you, Mr. Patterson.

To the government side: Mr. Potts.

**Mr. Arthur Potts:** Thank you, Mr. Patterson, for being here, in your Royal Canadian Military Institute tie, I believe. Good to see you here.

I appreciate the advocacy that the Ontario Safety League has done over the years—water safety, road safety, personal safety and health safety. And, of course, this bill touches all three of those in a very profound way.

We've been talking a bit about roadside safety checks and impairment from marijuana, but I know you would be just as concerned about people operating marine vehicles and such. You've been a great advocate for life jackets and floatation devices.

You do know, of course, that we do plan a very sophisticated educational campaign as we roll this whole bill out. You're absolutely right: The timelines have been thrust upon us, and we have to respond.

How would you think about the distribution network? How else could we do it? We're talking about 40 stores now and moving up to I believe it's 175. How else could we be accommodating these tight timelines with the feds?

**Mr. Brian Patterson:** I think the feds have handed you a series of timelines that are completely unworkable, in that they understand it to be unworkable—the ability to use Canada Post or related distribution, the checks and balances on that distribution. But right now, as we've been here in the past, it's the ability to sell drug paraphernalia in corner stores, the ability to create a secondary market for people to purchase a legitimate product from a regulated venue and then sell it. I don't know what it's going to be like up in Ottawa or any of the border communities, where you could just simply cross the border and buy significant product.

**Mr. Arthur Potts:** Certainly, retailing in a government-controlled store, where people have a sense of safety amongst the products that are being sold—that they're not going to be laced with serious drugs like fentanyl or other things, that you're getting a good, clean product, because it's coming from clean manufacturing—should do much, we believe, to remove some of the black market. You can continue the mail-ordering systems; we're encouraging people. I don't think that's widely understood. You can continue to mail order and get a good product that you can rely on. I think that's part of the way we'll address it, provided the pricing and the service and the opportunities are fine. Do you not see how these kinds of government stores should attack the black market?

**Mr. Brian Patterson:** I think the government stores are going to be able to do that in a very big way—

**The Chair (Mr. Shafiq Qaadri):** Thirty seconds.

**Mr. Brian Patterson:** —but unfortunately, the feds have also said that you can grow it at home, you can have mixed product on the street, where there is no federal testing laboratory to ensure—I grew up in a family where there was a big abattoir component. My dad was a director there, and the health inspectors for Ontario kept that food system clear, clean. That's why it's the gold standard today. I don't know why the feds have not put into place any federal testing facility that will ensure that the product that comes out will be—

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Potts.

To the PC side: Mr. Romano.

**Mr. Ross Romano:** I want to talk about a few areas here in terms of the federal government's versus the provincial government's responsibilities. You've very clearly referred to a problem you have with the federal government and the timelines they have thrust upon the provinces. Now, specifically on the province's obligation—obviously, you've cited health and safety. Those are both priorities that the province must ensure. It's the

province's job to ensure there's an education awareness program. It's the province's job to make sure that the roads, highways—that young people, that everybody using it does it in a safe process and that there's a proper awareness campaign. You can agree with all of that.

**Mr. Brian Patterson:** I do.

**Mr. Ross Romano:** It's also the province's job, sadly, to deal with how it will be distributed. We all recognize that as well, right?

**Mr. Brian Patterson:** I do.

**Mr. Ross Romano:** But I'm going to challenge you on your statement that we're forced to respond. I'm going to suggest to you that we're not forced to respond at all, because cannabis use, according to the feds, is not a legal right; it is simply not going to be criminalized any longer. So we don't have to respond to anything. What we have to do, I'm going to suggest to you, sir, is make sure that health and safety is dealt with before distribution. Wouldn't you agree with that statement?

**Mr. Brian Patterson:** I do, in the sense that the federal timing has been thrust upon all provinces. We're going to end up with a patchwork. It already has started. I think Ontario has done their best with that patchwork on the timeline. But I have yet to appear in front of a committee where someone does not quietly believe that July is set in stone and that we have to come into compliance.

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**Mr. Ross Romano:** But aside from that, it's not our job to make sure there's a way to access marijuana just because the federal government has suggested that it's going to be decriminalized as of July 2018. You don't have to tell people how they're going to access it. People access it today, and it's already criminal. Correct?

**Mr. Brian Patterson:** Correct.

**Mr. Ross Romano:** So we don't have to create a mechanism. You're familiar, obviously, with the safety laws. You're familiar, I'm sure, that impaired driving, the federal government said—

**The Chair (Mr. Shafiq Qaadri):** Thirty seconds.

**Mr. Ross Romano:** —numerous years ago that there was a regime where you could have your licence not suspended for your first conviction if you got on the Back on Track program. Ontario didn't buy into that until only about five or six years ago. We went for almost a decade without that legislation. We don't have to do it now. We have to prioritize health and safety. That's my suggestion.

**Mr. Brian Patterson:** I think we have to be ready for this mess that's going to occur in July because that train seems to be roaring down. I think the province—

**Mr. Ross Romano:** But health and safety first.

**Mr. Brian Patterson:** But I think the province has an obligation to be the regulator of that distributed product.

**The Chair (Mr. Shafiq Qaadri):** To the NDP: Mr. Natyshak.

**Mr. Taras Natyshak:** Thank you, Mr. Patterson, for being here. Thanks for your testimony.

Carrying along the same line: Do you think it would be prudent for the provincial government not to enact

some form of regulatory regime, given the federal legislation coming down?

**Mr. Brian Patterson:** I think it's critical that the province does enact a regulatory regime that ensures the testing, clearance and protection of product on the marketplace. If I compare this to alcohol—I wonder why we have completely tested product for sale across this province and we've suddenly said, "You can have a still at home and produce your own alcohol and distribute it to your neighbours." We don't allow that. We understand where the health problems are. I think the province is the right group to do the testing and ensure that those standards are maintained across the province so that we don't have problems like have been suggested with mixed product—the inability to understand how much THC is in the product and, of course, as occurred in Colorado, a huge spike in young people and children arriving in an emergency ward because they've incorrectly consumed the product.

**Mr. Taras Natyshak:** Do you think it would be responsible for the province to do nothing?

**Mr. Brian Patterson:** I think it would be irresponsible of the province not to act on this file.

**Mr. Taras Natyshak:** Give us some more thoughts on anything that you didn't touch on in your presentation.

**Mr. Brian Patterson:** The critical thing, I think, is that there's time to take a bit of a slower approach. I think we're going to have it regulated. My big concern is that we could end up with bad case law right off the bat.

The fact that we've tried to accommodate everyone—the last time I was in Ottawa, we suddenly started talking about micro-cultivated marijuana manufacturing, to avoid big marijuana manufacturing. We've never seen any change that is this risky to health and safety in the province foisted on the members of this province and everybody in Canada by this federal government. I have to commend the colleagues I work with in other branches who have tried to do their best over the last 18 months. They were really handed a problem, and they've done their best.

**The Chair (Mr. Shafiq Qadri):** Thirty seconds.

**Mr. Taras Natyshak:** Do you believe that there is some positive societal benefit to eliminating the prosecution and criminalization of possession of small amounts, for adults?

**Mr. Brian Patterson:** Yes, I think the public has told us in the work that we've done that the decriminalization is a different thing to wide distribution that can result in significant health and safety issues. The decriminalization is not the problem.

When pediatric doctors across the province—

**The Chair (Mr. Shafiq Qadri):** Thanks to you, Mr. Patterson, for your deputation on behalf of Too Far – Too Fast.

MR. SHAUN McQUEEN

**The Chair (Mr. Shafiq Qadri):** Our next presenter is Mr. Shaun McQueen.

Welcome, Mr. McQueen. You've seen the drill: five minutes for your opening address. Please begin now.

**Mr. Shaun McQueen:** Thank you for the opportunity to speak on Bill 174, specifically related to vaping products in schedule 3. My name is Shaun McQueen. I am the co-owner of the Vape Store. My wife and I opened our first vape store in 2014, with one employee. Since then, we have opened four vape stores and have grown to 11 employees.

Vape stores represent approximately 1,500 jobs in Ontario that were created in an emerging market. We created skilled jobs, paid above minimum wage, provided health benefits to our employees and, in the absence of regulations, we have been self-regulating as a company and part of this industry since the day we opened. We adopted self-imposed age restrictions to 19 when they did not exist. We chose to buy hardware from Canadian importers. We chose to buy e-liquids that were tested and manufactured to known standards. We looked to industry associations, like the ECTA and CVA, for information when there were no regulations available. We did what was right, and we're proud of it.

All of our customers are over 19 years of age, and 95% of them have successfully transitioned from smoking to vaping. Many of them have eliminated nicotine addiction from their lives completely. This is a massive accomplishment, and there is even more opportunity to reduce the smoking rate further in Ontario.

There are over 400 vape stores in Ontario; representing well over 600,000 vapers. There are hundreds of devices on the market. With their technological advancements and features, they are complex in comparison to smoking. Their safe and proper operation is critical.

There are many necessary steps in selling a vaping product:

—We need to have a dialogue with our customers, to understand their habits and their goals.

—We need to display and show our products so that we can find the right device for our customers.

—We need to show them how to operate the device safely, and go through the device settings.

—We need to instruct them on how to assemble and disassemble the device for maintenance.

—We need to show and assist in replacing worn parts, such as coils and seals.

—We have to work through nicotine strength and flavour selection, to provide new vapers with the best opportunity for success. What works for one does not work for all, and many vapers cycle through a series of flavours until they find what works best for them.

All of these critical and necessary steps will go away with the implementation of Bill 174. Without the ability to apply these steps in the sale of vaping products, we compromise safe operation and impede the success of our customers in achieving a less harmful method of nicotine delivery. Ultimately, the customers will become frustrated and uninformed, and will regress back to smoking.

Schedule 3 does not recognize the critical differences required at retail for vaping products versus cigarettes,

and does not acknowledge any of the harm reductions associated with vaping as an alternative to smoking. Vaping isn't smoking, and if we continue to regulate vaping in the exact same way that we choose to regulate smoking, we're educating the people of Ontario, specifically adult smokers, that smoking and vaping are the exact same thing.

Health Canada's Bill S-5 recognizes vaping as a less harmful method of nicotine delivery for adult smokers. Health Canada has been working with the industry to create standards for e-liquid manufacturing and vaping product devices, to ensure Canadians have safe access to vaping products.

I'm requesting that this committee add amendments that would permit the display, promotion and demonstration of products in age-19-plus vape stores; permit flavour testing in age-19-plus vape stores; and see schedule 3 aligned with the goals of Health Canada's Bill S-5.

**The Chair (Mr. Shafiq Qadri):** One minute.

**Mr. Shaun McQueen:** These amendments would allow the training and education required at retail to promote a safe transition from smoking to a less harmful method of nicotine delivery, which we call vaping. Thank you.

**The Chair (Mr. Shafiq Qadri):** Thank you, Mr. McQueen.

We'll move now to the PC side: Mr. Hillier.

**Mr. Randy Hillier:** Thank you very much for your presentation, Shaun—

**Mr. Shaun McQueen:** Thank you.

**Mr. Randy Hillier:** —and for providing the committee with further evidence that I think is important to fill in the gaps that the government has missed with Bill 174 and their attack on vaping. Really, the antithesis of smoking is vaping. From everything we've heard through studies, through anecdotal evidence and from submissions, people use this as a way to stop smoking.

You say you have four stores?

**Mr. Shaun McQueen:** That's correct.

**Mr. Randy Hillier:** You also state that there are over 600,000, vapers in the province.

**Mr. Shaun McQueen:** There are more than 600,000, yes.

**Mr. Randy Hillier:** Right. So that's 600,000 people who, in effect, have either stopped or have reduced their tobacco consumption.

1650

**Mr. Shaun McQueen:** That's our observation with my four stores, yes.

**Mr. Randy Hillier:** I'll ask you the same question I asked—have you ever come across anybody coming into your stores to start vaping who wasn't a smoker?

**Mr. Shaun McQueen:** No, I have not personally come across that in my stores. I spend a lot of time in my stores and I serve a lot of customers.

What we do and have done is that we've always served 19-plus. We implemented that from day one. We had to make our own signs; they didn't exist. At age 19, what we find is that people who are coming to us have

already made decisions about smoking long ago and they're coming to us as smokers at age 19. That's what we're observing.

**Mr. Randy Hillier:** Even though the age restriction is 19 for smoking or for purchasing tobacco products, we know that there are people far younger than 19 who take up smoking.

**Mr. Shaun McQueen:** That decision for smoking happens much younger, between the ages of 15 and 17. We're receiving them at 19, when they're of age to smoke and they've made their decision. They're coming to us to quit.

**The Chair (Mr. Shafiq Qadri):** Thirty seconds

**Mr. Randy Hillier:** I think that's something that the committee ought to consider as well. I don't know what the answer is. For youth, before they get completely hooked on smoking, vaping may be something we ought to consider if they're already a smoker. I'll leave that for the committee to ponder.

**The Chair (Mr. Shafiq Qadri):** Mr. Natyshak.

**Mr. Taras Natyshak:** Mr. McQueen, your presentation was so concise and so clear that I have no questions for you. But I thank you for being here and thank you for taking the time to present to us.

**Mr. Shaun McQueen:** Thank you.

**The Chair (Mr. Shafiq Qadri):** To the government side: Madame Vernile.

**Ms. Daiene Vernile:** Thank you, Mr. McQueen, for being here. You said that you serve 19-plus in your stores, but are children allowed in your stores?

**Mr. Shaun McQueen:** At this time, children are permitted to enter our stores, but we only serve age 19-plus. But we do not have children in our stores. There are people who stop by who are buzzing through to get a bottle of juice and they might have their child with them. We would be completely open to restricting access completely to those under 19.

**Ms. Daiene Vernile:** So this is what Bill 174 is suggesting: that we conceal the products, much the way we do with cigarettes. Would you be in favour of that?

**Mr. Shaun McQueen:** No, I wouldn't be in favour of concealing the products. I would be in favour of concealing visibility into my store, but we need access to the products to teach people how to use them. I would be in favour of restricting access of people under 19 years of age into my store and covering the windows so that children couldn't see in, but I would not be in favour of covering my products out of visibility from adult smokers.

**Ms. Daiene Vernile:** But you don't want children to see the products. You're in agreement with that?

**Mr. Shaun McQueen:** I'm in agreement with that.

**Ms. Daiene Vernile:** Okay. I want to read you a comment from the World Health Organization and then get your feedback on this. This is a report that they issued. It says:

"While e-cigarettes represent an 'evolving frontier filled with promise and threat for tobacco control,' regulations are needed to:

“—Impede e-cigarette promotion to non-smokers and young people;

“—Minimize potential health risks to e-cigarette users and non-users;

“—Prohibit unproven health claims about e-cigarettes; and

“—Protect existing tobacco control efforts from commercial and other vested interests of the tobacco industry.”

Would you agree or disagree with any of those points?

**Mr. Shaun McQueen:** From what I understood, I believe I would agree with most of those points. I think if you reference Bill S-5, which I did put a link to in my presentation, I think that Bill S-5 has considered all of those aspects and has done a fantastic job of outlining the framework of a bill that would represent that very well.

**Ms. Daiene Vernile:** I want to get your comments on one last quote here. This is from the Canadian Lung Association:

“The Canadian Lung Association’s Position Statement on Electronic Cigarettes....

“Based on the current scientific evidence and recommendations from the World Health Organization, Health Canada and the US Food and Drug Administration”—

**The Chair (Mr. Shafiq Qadri):** Thirty seconds.

**Ms. Daiene Vernile:** —“the Canadian Lung Association has determined electronic cigarettes are potentially harmful to lung health and are not an approved smoking cessation product aid.”

I’m going to guess what you’re going to say that. Do you agree or disagree with that statement?

**Mr. Shaun McQueen:** I don’t agree with that statement. I agree, if you look at introduction of harm—that statement’s written from that perspective—but if you look at an adult smoker who is introducing harm to their lungs through combustion of cigarettes, the viewpoint shifts the other way and says that we’re reducing harm as opposed to introducing harm.

**The Chair (Mr. Shafiq Qadri):** Thanks to you, Mr. McQueen, for your presence and deputation.

MR. ALAN WAYNE SCOTT

**The Chair (Mr. Shafiq Qadri):** I now invite our next presenter to please come forward, Mr. Alan Wayne Scott. Welcome, Mr. Scott. Please be seated. Your five minutes begins now.

**Mr. Alan Wayne Scott:** Thank you very much. First off, I’m going to apologize. I’ve been battling cancer for the last seven years. I just had a third operation earlier in the summer, and I haven’t rehabilitated my ability to communicate as well as I’d like.

I welcome the opportunity to address the committee, but I’m not sure if what I’m here to speak about is something that you actually want to hear about. I’m going to talk about the way this bill is being used as sort of an omnibus bill, and there is a Highway Traffic Act issue that is part of the bill. I noticed, I guess about a month ago, that Minister Del Duca had a press

conference discussing the idea that with this law, if it is put in place, we would suddenly have a \$50,000 fine for motorists who are convicted of careless driving in this province.

A little history leading up to this: Two years ago, a group of people and groups that are dedicated to improving the lot of vulnerable road users in our province—pedestrians, cyclists, seniors, children; the folks who are getting picked off on our roads—we went to Minister Del Duca and we presented a vulnerable road user plan, a comprehensive way of dealing with some of these issues. It would have some impact, if not really teeth. I should say I have never driven a motor vehicle. I’ve lived in this province for 67 years now, and I vowed when I was 16 years old, when I became age-eligible to drive, that I would not avail myself of that privilege because I didn’t want to take the health and safety of my neighbours for granted, which I see a lot of motorists doing.

Over the years, we’ve seen the damage that unrestricted motor vehicle use has had on our province. I think it’s very cynical that the minister has brought forward this bill where he chose this idea of charging people \$50,000 if they’re convicted of careless driving. It makes good headlines, but it does nothing for vulnerable road users. Basically what it does is, most of these charges are pled down to something less. Again, it’s a sexy headline, but very little else will be done.

I just hope that if this goes ahead, everybody will realize that this is an election ploy to let people in that vulnerable road user community know that we are not forgotten. At least that’s what they are attempting, but it doesn’t work. We may be second-class citizens—that’s the way I’ve been treated all my life by all levels of government because I do not drive. Unless you’re in that predicament, or what many people see to be a predicament, you don’t feel or you don’t notice that bias. It is always there; it’s been there my whole life.

I just wanted to put that forward so that we don’t just go doing things and kind of leaving people who are dying on our roads, through no fault of their own, to their own devices as our political realm continues to cater—

**The Chair (Mr. Shafiq Qadri):** Thirty seconds.

**Mr. Alan Wayne Scott:** —to the auto-added nature of our society. As I said, I’ve never driven a car, but I’ve done hundreds of thousands of kilometres of goods deliveries in this province by using my feet, my tricycle and bicycle and public transit. I worked for 25 years as a courier in the city and—

**The Chair (Mr. Shafiq Qadri):** Thank you, Mr. Scott.

1700

**Mr. Alan Wayne Scott:** Thank you.

**The Chair (Mr. Shafiq Qadri):** The time goes to the NDP: Mr. Natyshak.

**Mr. Taras Natyshak:** Thank you for your presentation, Mr. Scott. Schedule 4 of the bill imposes a penalty of \$50,000 on careless drivers who cause bodily harm, but it is not a true vulnerable road users’ law that road safety advocates such as yourself have been demanding.

Are you familiar with my colleague Cheri DiNovo's Bill 158?

**Mr. Alan Wayne Scott:** Yes, I am.

**Mr. Taras Natyshak:** And would the provisions of that bill, if they were to be implemented and amended to be a part of Bill 174—do you think that would go a long way to protecting vulnerable road users?

**Mr. Alan Wayne Scott:** It wouldn't go all the way, but it would certainly be a lot better than this hollow gesture that we are seeing now.

**Mr. Taras Natyshak:** So you would advocate for us, as members, to consider that as an amendment to this bill?

**Mr. Alan Wayne Scott:** Yes, I would. As I say, it would be a good start. It is not a perfect solution, but there's so much more that needs to be done. I think we all know that. It's just, how do we do it?

**Mr. Taras Natyshak:** I simply want to thank you for being here. That's the only question I have. I think I got the answer I was looking for. I wish you well on your rehabilitation.

**Mr. Alan Wayne Scott:** Thank you very much.

**The Chair (Mr. Shafiq Qaadri):** To the government side: Mr. Potts.

**Mr. Arthur Potts:** Mr. Scott, thank you for being here. Thank you for being an advocate for biking and walking. You've been doing this for quite a while, and you've not driven a car. I think that's very impressive. I totally agree with you that we need to change the car culture in our community. I've been noticing more—I live in downtown Toronto, and I was a bicyclist before I was a driver. I ride a motorcycle more now than I drive, but I still ride my bike quite a bit when I get the chance.

I've been noticing on the TTC as I come into here how often cars are blowing by TTC doors, and it's becoming a very serious matter. People are being hurt or getting close to hurt, so I share your view that we need to change the culture.

We have been asked by victims to bring in this law. I appreciate that you think it's hollow, primarily because of the plea-bargain aspect. We think this is going to not allow people to plea-bargain down. They bargain down because there's very little—if you can't prove intent—likelihood of conviction. This removes that requirement of intent so that there will be a very stiff penalty associated with someone who makes a Highway Traffic Act wrong and hurts somebody seriously or kills them, so that they could go to jail, which they couldn't have otherwise. They could face a five-year suspension of their licence, which they wouldn't have. They could face up to \$50,000.

That goes, we think, a long way to addressing the kinds of concerns that victims have been coming to ask us about. Is there more that we can do with the Cheri DiNovo bill? That's to be seen. It may be that that becomes a lesser opportunity, that a judge would say, "Well, let's just go to that bit," and not be as harsh.

So I'm quite confident that what we've done here is going to go a long way to helping the victims of car

violence in our city. I just want to tell you, I appreciate very much the advocacy you've done.

Anything you want to add to what I've said?

**Mr. Alan Wayne Scott:** Well, I don't agree. See, this is the problem. I know you say you're a cyclist. Unless you don't have another option, you really don't understand the perspective I'm bringing to this. In all my life, everything I've needed I've had to carry with me on my bicycle. It's a different way of living, totally.

What is being proposed in this bill I call cynical, because I know how Del Duca has responded to all of these different groups. We came to him with ideas on how to do this, how to protect people and how to make motorists realize what they've done when they have killed somebody, what the impact is. This does nothing—

**The Chair (Mr. Shafiq Qaadri):** To the PC side: Mr. Hillier.

**Mr. Randy Hillier:** Thank you, Mr. Scott. We've got no questions at this time. Thank you.

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Scott, for your deputation and presence.

MR. CLINTON LADEROUTE

MR. DAVID SWEANOR

**The Chair (Mr. Shafiq Qaadri):** I now invite our next presenter to please come forward: Mr. Clinton Laderoute. Welcome. Please be seated. Your five minutes begin now.

**Mr. Clinton Laderoute:** Hello. Thank you for having me here today. I would like to introduce Mr. David Sweanor, a long-time advocate of tobacco harm reduction here in Canada. I invited him here to share some of my time with me. I just have a little quick introduction here, and then I will be handing off to my colleague.

My name is Clinton Laderoute and I am an ex-smoker. I am shocked and extremely disappointed at the relentless attacks this government has been putting on vaping and the vaping industry with this legislation. This is even after Public Health England concluded that vaping is about 95% better for you than smoking tobacco.

I was a two-pack-a-day smoker, smoking for 20 years. Vaping flavours helped me quit smoking within 48 hours after starting vaping while all other smoking cessation tools failed and made me go back to smoking tobacco.

I have been tobacco-free now and involved in the vaping industry for about five years, and in that time I have helped thousands of people quit tobacco and have also seen about a 70% to 75% success rate of them staying off tobacco while using the vape as a harm-reduction and cessation tool.

I can say from experience that vaping is the best and most successful tool available on the market. This is also why I have decided to invite Mr. David Sweanor, a tenured and respected advocate for tobacco harm reduction and the vape industry, to share my time today.

I thank you for your time. I hand it over to my colleague.

**Mr. David Sweanor:** Thanks, Clinton. There was a communication snafu. I really wanted to be in front of the committee so I really appreciate this opportunity.

As some of you may know, I've worked on reducing smoking in Ontario, nationally and globally for over a third of a century. I have various appointments, including the head of the advisory board for the Centre for Health Law, Policy and Ethics at the University of Ottawa, and lots more. Mr. Google will tell you about all of them. Much of it is in material I have sent to this committee.

I think it's really important that we not look at this as countering a threat but seizing an opportunity. As has been mentioned, smoking is killing about 13,000 Ontarians a year. It's the smoke; that's what is killing people. Smokers don't want to smoke; the majority are wanting to quit. We're dealing with issues of addiction, we're dealing with problems in neuroscience, genetics etc. that are keeping people getting the nicotine they need from a really dirty delivery system.

Substitution works. The lowest rate of smoking anywhere in the OECD by far is Sweden, and that's because they've got a substitutable product. They have a non-combustion product people are using. Disease rates are massively lower. Japan has by far the most rapid decline in smoking we're seeing anywhere in the world today. That's because they've got a substitution product: They've got a heat-not-burn product. Somewhere around 15% of their cigarette market has disappeared just in the last year. We've never accomplished that anywhere in my history of working on tobacco control.

In the UK, we've had real, serious consideration of all the facts on this. The British Medical Association, as you'll see with material I just sent around yesterday, has now come onside that this makes a lot of sense. They're joining the Royal College of Physicians, Public Health England, Cancer Research UK, Action on Smoking and Health, all the major groups, and they're seeing results, which you'll also see in a presentation I've sent from Martin Dockrell to the Australian parliamentary committee. He's the lead person on tobacco control for Public Health England.

We have seen a big increase in the promotion of vaping by giving people honest information. We have seen vaping take over from anything else as a leading method that people use to try to quit smoking. We've seen a big increase in the success rate of quitting smoking. We've seen a significant change in trends in consumption; prevalence is falling rapidly.

**The Chair (Mr. Shafiq Qaadri):** One minute.

**Mr. David Sweanor:** What should we do? Ideally, remove schedule 3 and take time to think about it. Bring in expertise and really understand what's happening in this market. To the extent that you can't do that, at the very least, throw in a definition of heat-not-burn products. They're not caught under your law. That's where the market is going; that is what's working in Japan. Dare Philip Morris to give people less hazardous products; it's their technology.

Change the stuff on promotion. You want to encourage people to switch to less hazardous products, not get

in the way. Deal with the prohibition on sale. Make it possible that things like drugstores or hospitals, if they want to sell the sort of products that are going to be coming on to the market, can do that, that we don't have an absolute prohibition and have to go back to the Legislature on that. Make sure the flavours are available.

When you're dealing with issues about vaping in public areas, take a lead from what we've seen in the UK, who are saying that we're not seeing health risks here, so let's not do something that inadvertently prevents people from quitting smoking.

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Sweanor and Mr. Laderoute.

To the government: Mr. Potts.

**Mr. Arthur Potts:** Thank you, Mr. Laderoute, for both being here and sharing your time with Mr. Sweanor. I just met Mr. Sweanor today for the first time. We were emailing back and forth yesterday. I looked you up on Mrs. Google. There's a very impressive resumé and I appreciate very much you having a chance to share.

You said something to me in the hallway which struck me earlier; maybe you can share it with the committee. Inadvertently, by putting the restrictions we seem to be putting on vaping products and IQOS cigarettes, for instance—IQOS is a heat-not-burn product—we're actually doing a favour for the tobacco industry. We may be aiding and abetting the continued sale of burning cigarette products to the detriment of the health of Ontarians. Could you expand on that?

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**Mr. David Sweanor:** Sure. There's a long history of this. I've been involved in suing tobacco companies; it's one of the reasons I'm involved in as much philanthropy as I am now. There is a strong case—if anybody is familiar with product liability law—to go after somebody who is selling an unreasonably hazardous product. To do that, you need to show that there was a reasonable alternative. So you can't sue people for not putting seat belts in their cars if you've banned seat belts.

We have the ability to say to these companies, "You knew that there were far-less-hazardous products. You knew they were acceptable to consumers. You didn't do enough to move your consumers to them, and that's why another 13,000 Ontarians are going to die this year." That's huge liability. You don't want them coming back and saying, "We weren't allowed to sell it. We weren't allowed to tell people about it. We weren't allowed to communicate. We would have if we could have, but they wouldn't let us." Don't let them get that easy out.

**Mr. Arthur Potts:** If we had an opportunity in drugstores, for instance, even in government marijuana stores, to indicate very clearly through educational materials that vaping marijuana was better than burning and smoking marijuana, you would see that as a positive move forward, certainly in drugstores across the province.

**Mr. David Sweanor:** Yes. It's all about risk reduction. Everything we engage in in life has risks. We can do things to reduce those risks. We've done it with automobiles—dramatically. We've done it with pharma-



ceuticals, with industrial machinery, with children's pyjamas. Here we have our leading cause of preventable death, and it's almost entirely preventable simply by dealing with the delivery system. And we are giving a free ride to the companies that are selling cigarettes by preventing them from—

**The Chair (Mr. Shafiq Qaadri):** Thirty seconds.

**Mr. Arthur Potts:** And Clinton, do you think it's necessary that you stop vaping in order to complete your harm-reduction technology? Is that a goal of yours, or do you see yourself vaping the rest of your life?

**Mr. Clinton Laderoute:** No. The only reason I actually vape to this day is because I am involved with the industry. Had I not chosen to go the vaping industry route and maybe just took on another job somewhere else, I probably would be done vaping by now, because I don't actually need it. I'm not even addicted to it anymore—

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Potts.

To the PC side: Mr. Romano.

**Mr. Ross Romano:** Mr. Sweanor, you were saying something earlier and the time police sort of caught you there. So I'm wondering if you could just go ahead and take the three minutes I have. It's yours for the both of you to share.

**Mr. David Sweanor:** I would make a pitch—and I think I'm allowed to do this; I'm well past the age of 60—and say that we do have an amazing opportunity. I've known all my life that, as Sir George Young used to say when he was a junior minister of health in UK, the big advances in health are not going to come from incisions on an operating table, but decisions at a cabinet table. It's policy. It's policy that has increased our life expectancy as much as it has: 85% of the increase in life expectancy in Canada since 1900 is because of basic public health measures. That's because of regulation. That's because of the sorts of things that governments can do, whether it be sanitation or industrial standards or vaccination programs.

We have an opportunity here to do that. When we look at our biggest cause of preventable death, I would say, "Seize that opportunity. Don't get so scared about what might go wrong." What we do is we get so tied up with the idea of potential unintended consequences that we ignore the real problem, which is the unintended consequence of our fear of unintended consequences, which is 13,000 more deaths per year. We have the opportunity to do something really significant.

We know that we've got products that are massively less hazardous than smoking. We know that if we move in that area, we will get further products that will reduce risk even more and be less addictive. That allows consumers to do what they want. They want to be able to get off cigarettes. Most of them also want to get off nicotine. Give them the ability to control that, and we get there.

We've done it before. In the 1940s, our leading cause of cancer death in Ontario was stomach cancer; we got refrigerators. People could change their lifestyles in ways

they wanted, they changed their diets in ways they wanted. Stomach cancer is, mercifully, rare.

We can do it again. Let's not get caught up in the details of everything that might go wrong—some theoretical minor concern. Let's deal with the really big problem. Let's monitor those things. Let's have intelligent regulation. But let's not get in the way of a public health breakthrough.

**The Chair (Mr. Shafiq Qaadri):** Thirty seconds.

**Mr. Ross Romano:** Actually, you know what? I will ask one question, for either one of you. Is it not cheaper to vape than it is to smoke as well? If you smoke two packs of cigarettes a day versus if you're vaping—

**Mr. David Sweanor:** Massively.

**Mr. Ross Romano:** I know that's a major difference from a health consideration, but—

**Mr. David Sweanor:** When you consider that many of the people who smoke are among our lowest socio-demographic groups, this is money that would otherwise be spent on food.

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Romano. To the NDP, Mr. Natyshak.

**Mr. Taras Natyshak:** I'm inclined to give you another three minutes to just continue with this stream of thought. You're on a roll here, so tell us how this thing plays out. How do we get to—

**Mr. David Sweanor:** And that's without caffeine.

We have the ability to empower people, and that's what public health is all about. If we look at the Ottawa charter about meeting people where they are, empowering them to make better decisions about their own health—and consumers are already telling us what they want.

The data I've seen all my career is that somewhere around 80% of the smokers in Ontario are saying, "I don't want to smoke." And what are we doing? We're scaring the bejesus out of them about alternatives. They're not using those products. They think they're more risky. Why would we do that? Why don't we empower them and give them the information they need?

When we talk about things like trying to increase the disposable income of people living in poverty—great idea. When you talk to vapers, including people I know, who talk about things like how often they would go into a store and they had to decide between cigarettes and food—and cigarettes always won, because cigarettes are addictive. When they moved to vaping, instead of spending \$80 a week on cigarettes, they end up spending \$25 every two weeks vaping—my cleaning lady. That allows a huge increase in quality of life.

And it isn't that we're having to force them. A lot of what we try to do is forcing people to do something; we use coercion. This is about empowering. This is about allowing people to do what they want to do.

In the history of public health, our biggest breakthroughs come from giving people enough information to make an informed decision. Give them the ability to act on it. We get revolutions from that.

I would add one other thing now, which is “nudge.” Deal with things like differential marketing. Do not treat them the same. Do not send a message that smoking and vaping are equally hazardous. Do what we did with things like leaded and unleaded gasoline. Give people a reason to move to the less hazardous product.

**Mr. Taras Natyshak:** Thank you very much.

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Natyshak. I will observe that it must be fairly late in the day. It’s not usual that members of Parliament cede so much time to others for speaking purposes.

In any case, Mr. Sweanor and Mr. Laderoute, thank you for your deputation.

#### MR. ALBERT KOEHL

**The Chair (Mr. Shafiq Qaadri):** We will now have the final presenter of the day, Mr. Albert Koehl. Mr. Koehl? I know my colleagues will be quite disappointed if you’re absent. Give us a moment.

#### *Interjection.*

**The Chair (Mr. Shafiq Qaadri):** I believe that’s efficiency. You have five minutes to make your opening address. Please begin now.

**Mr. Albert Koehl:** My name is Albert Koehl. I’m an environmental lawyer and a member of the vulnerable road user coalition. In 2012, I was on the Chief Coroner’s expert panel on road safety. My comments are focused on the proposed changes to the penalty provisions for careless driving under the Highway Traffic Act.

When someone dies on our roads or is seriously injured, the law can’t make it right. You can’t restore a loved one to his or her family or make up for the suffering of a person who has been seriously injured. But what you can do is impose more meaningful penalties that say to families that the death of your loved one matters, and that say to an injured person that they matter. And what you can do is impose penalties that send a stern message to motorists before someone gets behind the wheel of a car, before someone texts or drives 60 in a 40-kilometre zone, that the vehicle they are controlling can be deadly.

Under the Highway Traffic Act, as it stands now, we too often see a motorist fined a few hundred dollars even when someone is killed or seriously injured. These fines are simply an added indignity to the families of victims or an injured person. These fines undermine the public’s confidence and respect for our courts, for our laws, and for you as legislators.

You have an opportunity to change the law in a meaningful way to bring some measure of dignity to victims and their families, and to spare others from similar grief.

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There are three obvious problems with the changes currently proposed to the Highway Traffic Act:

(1) Higher fines up to \$50,000 in themselves are not a solution. For one, a judge or a justice of the peace isn’t going to impose a big fine on someone who can’t afford to pay it—a big fine on someone with deep pockets also

is not particularly meaningful—and a fine doesn’t make someone a better driver.

(2) The higher fines for a charge of careless driving can only be imposed for a conviction for careless driving. We know, however, that careless driving charges will often be reduced on a guilty plea to a related offence, such as “turn not in safety.” You only have to walk over to the Old City Hall to know why that happens, because it’s a very hectic court with long lists and with the incentive for prosecutors to plead out particular careless driving charges, which are harder to prove and can result in lengthy trials.

(3) The higher fines alone don’t recognize the disproportionate number of road victims who are pedestrians and cyclists, what we call “vulnerable road users.” Not only are they disproportionately represented in the road casualty toll, but their numbers appear to be growing in cities all across Canada and the US. Last year, as those who live in Toronto know, we had a record number of pedestrian deaths—a record over 10 years. Over the last 25 years, we’ve seen a significant reduction, thankfully, in the number of motorists who have been killed in collisions in the city, but the number of pedestrians hasn’t declined.

So the question is, of course, if we can make the roads safer for motorists, why not also for vulnerable road users—including, unfortunately, a very high number of senior citizens in our city and across Ontario.

The amendments that we’re proposing, as the vulnerable road user coalition, to Bill 174—we believe you can build on this. Road safety is not a partisan issue. You can build on this by implementing some of the changes proposed in Bill 158, which was the Protecting Vulnerable Road Users Act:

(1) Create a new regime of penalties for offences where vulnerable road users are killed or injured.

(2) Include in this regime not just careless driving but related offences, ones that are considered included offences—not making a safe turn, or related charges, and there’s a whole number of them—to which an accused could otherwise plead guilty.

(3) Add penalties, including licence suspension, more driver training, community service, all designed to send a strong message to other motorists.

Finally, (4) Require the convicted—

**The Chair (Mr. Shafiq Qaadri):** Thirty seconds.

**Mr. Albert Koehl:** Yes. Require the convicted offender to attend court to listen to the victim impact statement of the grieving family.

A vulnerable road user law is not the only answer but part of a broader strategy that includes lower urban speed limits, better road design, bike lanes, wider sidewalks, mid-block crossings and so on.

No penalty will make it right for a family that has lost a loved one, but the penalty can help us approach an appearance of justice and send the right message to motorists before they get behind the wheel of a car.

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Koehl.

Mr. Romano: three minutes.

**Mr. Ross Romano:** I struggle. I've been involved in this profession for quite some time—the legal one, that is. There were some comments earlier with respect to the similar issue as to the onus of proof somehow needing intent. Obviously, you recognize intent as not a requirement for a careless driving conviction.

I'll tout my great city of Sault Ste. Marie, and the landmark case *R. v. Sault Ste. Marie* establishing absolute liability and strict liability offences.

Would you suggest that these ideas that you're putting forward in terms of additional offences would follow that similar regime, being, I would assume, given the gravity, a strict liability offence?

**Mr. Albert Koehl:** Yes. Based on *Sault Ste. Marie*, and based on the nature of the penalties that are being proposed, some type of defence of reasonable care would be available to an accused.

**Mr. Ross Romano:** Okay. With respect to reasonable care or due diligence as a defence on that strict liability type of offence, do you not see the criminal side of the coin, whereby—the provincial crowns obviously can utilize the discretion in the circumstances where there is a fatality as a result of a careless charge. If there was a reasonable prospect of conviction in a POA court on a Highway Traffic Act offence, there's a reasonable prospect, or an argument to be made that there's a reasonable prospect, of a conviction in a criminal court. So why wouldn't we just pursue the charge of criminal negligence causing death?

**Mr. Albert Koehl:** That's what we're trying to address. There's a huge gap between the criminal law—which, as you know, requires intent, some deliberate conduct—and highway traffic, which are generally carelessness, negligence, inattention. But there is that huge gap, and we saw that this past week where someone was charged with dangerous driving—drove up on the sidewalk and killed a woman and her dog—and was acquitted despite that conduct. Probably, under the Highway Traffic Act, it might have had a different result, but also it's then a way of having—if you have a new regime, that makes it more meaningful, in terms of the public saying a meaningful penalty has been imposed. But there is a huge gap right now between deliberate conduct under the Criminal Code and careless conduct—or you might call it negligent conduct or inadvertence—under the HTA.

**Mr. Ross Romano:** Just for discussion purposes, though—but that intent isn't required in the criminal courts either, right? There is imputed intent, whether it be recklessness or—and that applies to criminal negligence as well.

**The Chair (Mr. Shafiq Qadri):** Thank you, Mr. Romano. To Mr. Natyshak of the NDP.

**Mr. Taras Natyshak:** Thank you, Chair. Thank you, Mr. Koehl. Just for the record, you are familiar with my colleague Cheri DiNovo's Bill 158. You alluded to it.

**Mr. Albert Koehl:** Yes.

**Mr. Taras Natyshak:** And you also alluded to the fact that it would go some way to addressing the gaps that you just identified?

**Mr. Albert Koehl:** Absolutely. I think Bill 158 really could be a model across Canada.

**Mr. Taras Natyshak:** And you are suggesting to this committee that we consider implementing the provisions built into 158 or even the entirety of the bill and amend Bill 174 to carry the same provisions?

**Mr. Albert Koehl:** I think it would be a great addition for Ontario, for road safety, for Bill 158 to amend the Highway Traffic Act in all of its provisions. I think it's a very strong bill and it would make a big difference.

**Mr. Taras Natyshak:** I happen to completely agree with you and therefore I will end my line of questioning. Thanks so much for being here.

**The Chair (Mr. Shafiq Qadri):** Thank you, Mr. Natyshak. To the government side: Madame Vernile.

**Ms. Daïene Vernile:** Thank you, Chair.

Welcome. Thank you very much for being here, Mr. Koehl. I very much enjoyed listening to your insights and your recommendations. I will share with you that I am a big fan of walking. When it wasn't getting dark so early on and it wasn't so cold outside, when we were done here, I would typically walk between eight to 10 kilometres every night. I'm a big fan of walking.

However, being from Kitchener-Waterloo and coming here to Toronto now to serve as an MPP, it's taken a bit of getting used to on the roads here in Toronto. Drivers here are very aggressive, so I think that we're coming from the same place, where we want to see safer roads here in Toronto and across Ontario.

You talked about fine deterrents. You would like to see a new regime of penalties. When I look at what we have in Bill 174, where we're talking about increasing penalties, including having careless driving causing death and bodily harm, some of the toughest penalties we've seen in Ontario, we're doing that to send a strong message to drivers to drive more responsibly. Tell me the difference between what you are talking about, your regime for penalties, versus what's in Bill 174.

**Mr. Albert Koehl:** Right. Specifically, number one, we say not just fines, because fines are problematic for a number of reasons. Whether someone can pay and having a big number doesn't really change the regime in terms of what a judge or justice of the peace will do. Secondly, in a lot of cases, and sort of what the other member had alluded to, judges will often not send a person to prison for what is considered inadvertent conduct. So what we're saying is that what's in between, the other elements that we're adding, for example licence suspension—well, probation. First it's probation that is part of that. Licence suspension, driver training—in other words, the person is retrained, essentially, for whatever the offending conduct was. There could be some community service as part of that.

In addition to that, what we would add is to require the offender to attend court and to listen to the victim impact statement. As you know, often that's not the case.

Those are the additions that we're adding to add some meaning to the penalty. When we say community

service, licence suspension or probation or all of those things, that's to fill the gap.

**The Chair (Mr. Shafiq Qaadri):** Thirty seconds.

**Ms. Daiene Vernile:** You talk about training, driver training, community service. Judges already have the discretion to be able to order that. Do you think that we need to do a better job of letting them know that they should be moving in that direction?

**Mr. Albert Koehl:** Absolutely. That's why I think a different regime that recognizes our most vulnerable road users—pedestrians, cyclists and so on—if we recognized them, then I think we're sending the message to judges as well that they need to do a better job at dealing with this type of offence, given how many more people are

walking now and how many more people we want to walk and to cycle.

**The Chair (Mr. Shafiq Qaadri):** Thank you, Madame Vernile, and thank you, Mr. Koehl, for your deputation and presence.

Colleagues, the deadline for written submissions is in 31 minutes today. The deadline for filing amendments is 2 p.m. on Monday, December 4. The next meeting is Thursday, December 9, at 9 a.m. in this room—

*Interjection.*

**The Chair (Mr. Shafiq Qaadri):** Sorry; on December 7 at 9 a.m. for clause-by-clause consideration. Committee is now adjourned.

*The committee adjourned at 1730.*







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