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Chair

Mr. Bill Casey

Standing Committee on Health

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• (0835)

[English]

The Chair (Mr. Bill Casey (Cumberland—Colchester, Lib.)): We're bringing meeting number 68 of the Standing Committee on Health to order. We're studying Bill C-45, and our panel this morning will focus on edible products.

While I have a minute, I want to tell the committee—and I've been on a lot of committees—and yesterday was 12 hours straight. Nobody lost their focus, nobody lost their interest, everybody was paying attention, and I thought through this week that all members of the committee have done a really good job of asking the right questions and bringing the right issues up. I'm really pleased and proud to be part of this committee. I just wanted to say that this morning. I was thinking about it last night. In an awful lot of committees, people are not focused, and they lose interest at some point, but nobody has lost interest at all through this whole session, and it's been quite a marathon. I thank you all for doing that. It's been quite a week, and we're not done yet. We have edibles this morning.

To start our panel on edible products, we have three witnesses this morning. Dr. Ryan Vandrey by video conference from Maryland. He's an associate professor at Johns Hopkins University. From the Colorado Department of Public Health and Environment, we have Dr. Daniel Vigil, manager of marijuana health monitoring and research. From Sensible BC, we have Mr. Dana Larsen, director.

We're going to ask each one of you to make a statement that's a maximum of 10 minutes long. Then when we're done the three opening statements, we'll ask questions for the next little while. We'll start with Dr. Vandrey to make a 10 minute introduction.

Professor Ryan Vandrey (Associate Professor, Johns Hopkins University, As an Individual): I probably don't have 10 minutes here, but I'll give you the brief version. I'm a human cannabinoid researcher at Johns Hopkins. I've been doing cannabis research for 17 years now. Recently I've been focused on evaluating the dose effects of cannabis, their different routes of administration, including oral or edible cannabis products. We look at the pharmacokinetics and pharmacodynamic effects of cannabis through this route of administration. We've also done some product testing research, in which we evaluate the label accuracy of edible products sold in dispensaries in the U.S.

The Chair: All right thank you very much. We appreciate that. Is that everything you want to say in your opening statement?

Prof. Ryan Vandrey: That's it.

The Chair: We'll have some questions for you; don't worry.

Now we'll go to Dr. Daniel Vigil, manager of marijuana health monitoring and research at the Colorado Department of Public Health and Environment. Thank you for being here.

Dr. Daniel Vigil (Manager, Marijuana Health Monitoring and Research, Colorado Department of Public Health and Environment): Thank you, Mr. Chairman, committee. I also don't have an extensive opening statement. I'd be happy to answer any questions that you have. I'll just say a few brief things.

Concerning edibles, as opposed to smokable forms of marijuana, we have recognized a few different concerns that we think are important to address in policy. One is accidental exposure, either by children or by individuals who aren't aware that the product in front of them may have THC in it. The second is over-consumption, primarily by naive users who aren't familiar with the delayed effects of edible products. Then there are various concerns of contamination with microbials, residual solvents, or pesticides that perhaps could be concentrated in edible products.

Concerning accidental exposure, packaging, and.... The product forms are very important to not to appeal to children. Childproof packaging is very important. Labelling is also important, both on the product and the package, to make people aware that it's not, for example, a standard candy bar, that there's something different about it. For various potential contamination, good laboratory regulations are very important. I have plenty of information about some of the data we've seen etc., and again, I'd be happy to answer any questions that you have.

• (0840)

The Chair: Thank you very much.

These are the shortest opening statements we've ever had.

For Sensible BC, we move to Mr. Larsen.

Mr. Dana Larsen (Director, Sensible BC): Thank you very much. I'll take my full 10 minutes.

Thanks for having me at this committee. I've been a cannabis activist for all of my adult life. I run a cannabis dispensary, and I've probably sold more cannabis than all the other witnesses combined.

It's good to be here today, but I have my doubts that this committee will actually act upon the evidence being brought before them in the testimony they're hearing. I say that because I have been at this a long time. When I first got started as a cannabis activist in the 1990s, the government was introducing the Controlled Drugs and Substances Act to replace the Narcotic Control Act. At that time, there was a great deal of testimony and hearings, and about two dozen groups came forward who said that prohibition was a failure, the war on drugs was a failure, we should legalize, end prohibition, and approach things differently. The only groups that supported that legislation were the Canadian Association of Chiefs of Police and the Canadian pharmaceutical association. Everyone else was against it.

The government said it would pass this law and have a drug policy review afterwards. That review never happened. Canada's Senate took it upon itself, and it issued a comprehensive and detailed report on cannabis in 2002, a five-volume report that probably remains one of the best analyses of cannabis and cannabis policy today. That report was also completely ignored. I encourage committee members to take a look at that Senate report from 2002 because it is an incredible document. It recommended legalization of cannabis for all Canadians over the age of 16. These were Conservative senators, not a bunch of pot smokers, and they recommended legalization for everyone over the age of 16. That was ignored.

The year I was born, 1971, the Le Dain commission recommended decriminalizing cannabis possession and cultivation and working toward legalization. That was also ignored. For all my life, I've seen our government listen to testimony, do research, have studies, talk to people, and then ignore the results. I hope that doesn't happen here today.

The cannabis act is a bad piece of legislation. It is flawed in a great many ways. It doesn't even decriminalize the joint that I have in my pocket now, which I'm going to smoke after this committee hearing. The idea that we're going to have licit and illicit cannabis and that we're going to have the police trying to decide which cannabis is good and which is not good is simply not going to work.

In cities like Vancouver, where it's already effectively decriminalized, we're not going to see much of a change in policy. In northern areas, first nations communities, or the poor people who are demonized and affected most by cannabis prohibition, you can bet police will be going after them and asking where they got their cannabis from, telling them that it's illicit cannabis and that they're going to charge them with possession. It is absurd at a time when we're talking about decriminalizing all drugs that we're still not even decriminalizing cannabis possession under this legislation.

I was asked to speak today about edibles, but to me that's a category that's too restrictive. We should be also discussing hashish, tinctures, capsules, extracts, creams, drops, suppositories, all the many ways you can use cannabis. At my dispensary, we sell buds and all these other products, and the buds we sell are less than half of everything we sell. When I hear that in Ontario they're saying that they're going to set up these legal shops right next to the dispensaries to put them out of business, I think that's great; it's not going to affect my clients at all. Ninety-five percent of my customers will continue to shop with me even if there's a legal shop next door. It's simply not

going to have the range of products that are really available and necessary.

As an activist who wants to see better drug laws in Canada, I don't like this at all, but as a business owner, it's great. This is going to keep me and other dispensaries in business for many years to come. This will do nothing at all to shut down dispensaries or affect the black market.

We had a pretty major court case, the Owen Smith case, and Kirk Tousaw, who spoke yesterday, was the lead lawyer on that case. The courts ruled that medical patients have a right to access not only smokable buds but cannabis in all these other forms as extracts. Health Canada's response was to allow licensed producers to make cannabis extracts with no more than 3% THC, which is a complete disregard of both the letter and the spirit of that court decision. It's not surprising, because that has been the attitude of the government and Health Canada for years. Every time we get a court ruling against...to expand the cannabis access, the government and Health Canada take the most restrictive possible interpretation of that decision.

The result of this is that the government has lost control over cannabis, and it has lost control for many years now. We've been systematically dismantling Canada's cannabis laws for the last 20 years, beginning with the laws against bong, vaporizers, and pipes, which are still on the books under section 462.2. That law has never been removed, and yet it would be hard to find a city that doesn't have multiple bong shops in it today. We did that in the 1990s by simply defying the law and opening up bong shops. There were raids and conflict, kind of like now with dispensaries. After time, police and communities realized that the war on bong was a failure, that nobody wanted to see it happen, and they gave up. As a result, we have effectively legalized bong and pipes, seed banks, vapour lounges, and we're on the way to doing it with dispensaries as well. In many cities, we already have.

● (0845)

We're not, then, going to follow these laws. With large aspects of this legislation you're creating laws that are simply unenforceable and you are giving the police a task impossible to do.

I'm currently facing charges for giving away cannabis seeds. I've given away more than seven million viable cannabis seeds over the last two years. I've travelled to 22 cities across Canada in the last two years giving away seeds.

I was charged in Calgary in 2016 for giving away cannabis seeds. They've set aside a three-day trial for me at the end of October—three days in court in our justice system. It is letting alleged murderers and rapists go because they don't have space in our courts, but they're going to make three days for me for a trial for giving away low-THC cannabis seeds to those who want them. I believe those charges will be dropped before they go to trial, because what a waste of time this would be, but the fact is, our courts cannot handle the massive civil disobedience campaign that Canadians have been launching. It's simply not going to succeed.

I would like to remind the committee that the origins of Canada's cannabis prohibition in our drug war is not some well-intentioned effort to protect public health or protect children or any of that. Our war on drugs, the war on opium and the war on cannabis, began as a racist and ignorant effort to eliminate Chinese people and other racial communities from Canada. That's how it started; there's no question about that. There's no time since 1908, when the Opium Act was passed, or since cannabis prohibition came in the twenties and today, when these laws changed from being racist and ignorant and bigoted to being somehow well-intentioned and good for our communities. These laws are bad in their origins and continue to be terrible today.

The fact is that the war on drugs is really a war on plants, and cannabis may just be the world's greatest plant. There's no other plant that has the nutritional, industrial, social, and medicinal value that cannabis has.

The other aspect of this war on drugs and the war on plants is the fact that coca leaf, opium poppy, psilocybin mushroom, and peyote cactus are all also good plants with thousands of years of social and cultural use. The war on drugs is really a war against these plants and against nature, and it's time that it comes to an end.

Do you want to know who is to blame for the fentanyl crisis that we're experiencing across Canada? It's you. It's our Parliament, which has passed these laws that prohibit reasonable access to opiates. The fentanyl crisis is entirely the fault of Canadian policy.

We don't have a drug problem in Canada; we have a prohibition problem in Canada. When we end prohibition we will see the vast majority of the problems we associate with drug use go away.

Cannabis, in fact, is not a problem. Cannabis is part of the solution. In Vancouver we now have two sites that are offering free or discounted cannabis medicines to opiate users as a substitution project. There's evidence out of the U.S. showing that American states that have access to dispensaries have less opiate use and fewer opiate overdose deaths than those that do not.

I believe, from my personal experience and from the research, that cannabis dispensaries are saving lives every day in Canada. At my dispensary, people tell me that I helped them get off opiates, helped them improve their health, helped save their life. This happens all the time.

It's similar with alcohol. Many cannabis people find, when they're using alcohol, that they can get off alcohol by using cannabis. Cannabis is a substitute for more dangerous drugs in so many ways.

It's easy to regulate edibles and extracts. Give them childproof packaging. Make sure that the products are properly labelled and that the dosages are correct. It's easy to do; it's not complicated at all. Further, CBD should really be de-scheduled entirely and removed from the CDSA. CBD is highly beneficial. There is no psychoactivity at all; it's an incredibly safe medicine. There's no question that CBD should be removed from the CDSA and allowed entirely.

The fact is, we can buy enough alcohol, tobacco, or even aspirin.... Aspirin you can buy without any age limit at a corner store, and one bottle of aspirin can kill you. The idea that we're treating cannabis so severely and so restrictedly when other more dangerous substances

are allowed makes no sense at all. It really shows the failure of this legislation.

I would urge this committee to go beyond cannabis; to accept that cannabis is a good plant and that prohibition is wrong; to stop handing over this industry to the black market, as you've been doing for so many decades; and to recognize that it's not just cannabis. The whole war on drugs is an absolute failure, and it's time to legalize and regulate and put policies in place that are based on science. We've had this research for 40 years or more now. We know that the war on drugs is a failure. We know that cannabis is essentially harmless, and certainly less harmful than the alcohol or tobacco that is used every day.

That's what I have to say. Thanks for having me here. I hope that this committee will listen to the evidence presented and make some serious changes to this legislation. Thank you.

• (0850)

The Chair: Thank you very much. We appreciate your enthusiasm.

We're going to go to questions now. We're going to start with Mr. Ayoub. This will most likely be *en français*, so if you need translation, we have translation facilities here for you.

Mr. Ayoub, you have seven minutes.

Mr. Ramez Ayoub (Thérèse-De Blainville, Lib.): Thank you, Mr. Chair.

[Translation]

I want to begin by thanking you for your good comments. Yesterday was, indeed, a long day. I was a little concerned about not seeing my colleague opposite, the one who is always asking for more time to question witnesses, at the end of the meeting. Unfortunately, he missed a good part of yesterday's meeting. I am glad to see that he is in good shape today and that he will be able to ask good questions.

It's interesting to hear all the testimony. It can sometimes be quite different, even though the scope and purpose of our actions relating to the decriminalization and legalization of cannabis are the same, and the most important issue is protecting youth. It's important to ensure that the legalization of marijuana is done properly and that youth are prevented from using cannabis from an unknown origin or of an unknown quality. However, we know where the cannabis people are using now comes from: it comes from organized crime.

Today we are talking about derivatives and edible products. This is an important aspect, since youth can suffer the consequences in a major way. I would like to hear from the representative of the State of Colorado. I would like to know a little more about his experience with labelling, packaging and marketing. I would particularly like to know whether edible products are increasing the number of consumers of marijuana-based products, given that these products are more readily available and can be consumed in ways other than by smoking. Today, most people are aware that smoking is harmful. So there is already a restriction. However, there is no restriction on eating a cannabis muffin; many people eat muffins the morning. It's the same thing for candy.

I would like to understand Mr. Vigil's perspective on this. Mr. Vandrey could also answer my question.

[English]

Go ahead.

Dr. Daniel Vigil: Did you say there would be some translation available?

Mr. Ramez Ayoub: The translation is right here. I thought you were fully bilingual and that you were listening.

Dr. Daniel Vigil: Could you help me with that?

Mr. Ramez Ayoub: I thought that Mr. Vigil was having full, direct translation, but he didn't have his hearing apparatus.

Dr. Daniel Vigil: It was regarding increased rates of use among youth. Because smoking is harder to hide than eating, people would eat more cannabis and have more problems because of that. I think that was the question.

Mr. Ramez Ayoub: Mr. Vandrey, did you have a sense of my question? Maybe we can go ahead in the meantime.

Prof. Ryan Vandrey: Sure. I got the translation here. You brought up very important points. I think that testing and quality control are absolutely important in any kind of legislation.

The other thing is how these products are going to be produced and provided, through what vehicle. Is it a muffin, brownie, gummi bears, soda? Currently, in the U.S., in Colorado, you have an infinite number of consumable products. The appeal to children is certainly important, and I think that's clearly in the legislation here and that it is absolutely paramount to anything that you guys roll out.

The other thing, is how do you test it? If there is one method of testing for a brownie, can you do the same test in a gummi bear and get accurate results? We don't know the answer to that yet. I think science needs to be done to validate test methods through different vehicles for these products.

Packaging is absolutely important to prevent unintended consumption. A lot of the problems happen—and I believe Colorado has had this issue and I'll let Mr. Vigil talk about that more—when you get people who consume cannabis-containing products and they are not aware of it, and then they have adverse reactions and things of that nature.

Education about the time course and the delay and onset of effects and the magnitude of effects is key. The other thing that's actually really important also is education about who should or shouldn't be using cannabis. In contrast to what our Sensible BC friends here are saying, it's not a harmless drug, and people with a certain genetic background or family history of psychosis will respond to these substances differently than will other folks. People with cardiovascular disease are at higher risk of cardiovascular problems due to an increase in heart rate and cardiovascular stress.

There are very important considerations that have to be made when you roll out legalization of a drug like cannabis.

● (0855)

[Translation]

Mr. Ramez Ayoub: I would like to continue along the same lines.

We are moving forward in stages, since the regulations are not yet part of the bill. We are not yet intensively exploring edible products to market them. That will probably be the next step.

Do you think that proceeding in stages is a good approach?

[English]

Prof. Ryan Vandrey: It all depends on what the step is, don't you think? Without seeing exactly what you're talking about, it's hard for me to comment. If you're going to legalize smokable products and vaporization products first and then approach edibles, it all depends on what you ultimately do with edibles and on whether there's any public health benefit or harm of ingestible products versus inhalable products. When we're not talking about medicinal use, it takes on a different context, and so the thought process needs to be a bit different. That's the challenge here.

In the context of medicinal use, edible products are easy. You put them in a gel cap.

Mr. Ramez Ayoub: The question is whether this is more dangerous than smoking. Is the access easier when eating edibles than when smoking pot?

Prof. Ryan Vandrey: If it's sold in the store, access is the same. I don't think it's any more or less.... Access to the product is going to be determined by the way retail sales happen. If you're selling smokable products right next to edible products, it's the same. There may be some perception of less harm with edibles versus smokables due to pulmonary concerns, but there's no science—

Mr. Ramez Ayoub: Let me stop you there. I want to have an answer from Mr. Vigil.

Can you give me a short answer?

Dr. Daniel Vigil: Sure. In Colorado, we see a small portion of marijuana users who use only edibles, but the vast majority smoke. This goes for adolescents, high school students as well, in our surveys there. For the vast majority, their primary mode of use is smoking; we don't see a large portion using vaping or edibles.

The thought, as you may have alluded to was that it's easier to hide the latter and to be doing it during school, etc. Aside from a small number of cases, this isn't something that has been widespread.

● (0900)

The Chair: Time is up.

Ms. Gladu, you have seven minutes.

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Thank you, Chair. I think you did a marvellous job yesterday when we had all of our long sessions.

Thanks to all the witnesses who are here.

I don't know a lot about edibles, so I'm going to try to learn something from you. I've heard a lot of discussion that we should only be allowing edibles that don't appeal to children, but the only edibles I've heard mentioned so far are cookies, candies, gummies, cakes, milkshakes, suckers, and brownies.

My question for you, Mr. Vigil, is, what are the edibles that wouldn't appeal to children?

Dr. Daniel Vigil: That's a very good question, and I don't have a clear answer for you. I think packaging is very important, along with education, to not leave cookies lying outside of a package, as that would obviously be appealing. Not using the type of packaging that a child might want to really get into is important.

In Colorado, we had to put in place some regulations after the fact. They can't be in the shape of humans or animals or fruits; that's a start. But finding where the best line is ultimately is difficult.

Ms. Marilyn Gladu: Thank you; that's fine.

Concerning how much of a dose is reasonable, I've heard conversations suggesting that people sometimes take too much because of the delay time. What is the delay time, and how much is a reasonable dose for a person of x weight.

Mr. Vandrey?

Prof. Ryan Vandrey: In terms of the delay in time, typically you have the onset of effects of an edible after about 30 minutes. The peak effects happen about an hour and a half later and are sustained until about three hours after administration. The total duration of effects is about six to eight hours. That duration is determined by the dose.

Exactly what is a unit dose is an important question. In Colorado and in other states in the U.S., it's been established that 10 milligrams is a maximum dose, but lower doses are available as well. It's going to be different across individuals.

Body weight isn't necessarily an important characteristic in terms of defining the effect of a dose. There are sex differences in response to cannabis. Females tend to be more sensitive to its effects than males are. I don't think there's enough data to determine what an appropriate unit dose is.

In my lab, we've tested 10-, 25-, and 50-milligram doses in healthy adults. Ten milligrams produces a drug effect without a lot of impairment. But again, that's healthy young adults. In someone who's 65 or 70, that may be different. In someone who has a certain genetic predisposition, where they metabolize the drug differently, that may be different. Again, my studies were done with a total of 35 people, so it's hard for me to say exactly what that right dose is.

Colorado uses 10 milligrams. Perhaps Mr. Vigil can talk about any issues they've had with that unit dose in Colorado.

Ms. Marilyn Gladu: Before we go there, I want to ask you one more question.

One of the concerns we've heard about a home-grow is that there is no quality control, and so the potency can be different. If you're baking your brownies at home from your home-grow.... Have you any experience in terms of the relative percentage of overdoses or other problems we see with that?

Prof. Ryan Vandrey: The issue there is you have to test the product you're using to make the brownies, or whatever it is you're making. You have to know the potency in order to determine the dose you're putting into the product.

The other thing is you have to either make each individual brownie with a known amount of cannabis or have some kind of manufacturing process to ensure even distribution of the drug

throughout a batch. You can't just throw cannabis on a brownie sheet, cut it up, and expect the same amount to be in each brownie. There are clear manufacturing and testing practices that have to be put in place.

Home-grow doesn't have any of that. Your home-grow person is not going to be testing the potency of their plant material, testing each individual whatever-it-is that they make. That's a crapshoot in terms of dosing.

• (0905)

Ms. Marilyn Gladu: Absolutely. Out of control.

Prof. Ryan Vandrey: My guess is you're not going to roll out, at the national level, open retail sales of homegrown product. There need to be standards for manufacturing, production, and testing.

Ms. Marilyn Gladu: I hope we won't even allow it because of the hazard for the people in the home.

Mr. Vigil, do you have any experience from the Colorado time frame with people in the home-grows? I know you did that.

Dr. Daniel Vigil: We do allow a large amount of home-grow, in particular for medical patients, with an extended plant count. Unfortunately, our data is not able to distinguish whether a poison centre call or an emergency department visit is related to homegrown or store-bought. I would certainly agree with Mr. Vandrey that a regulated market is going to be safer from that standpoint.

Those individuals who are growing at home and making their own concentrates and edible products are very likely fairly experienced with it and less likely to get into problems over having too much.

The last point I want to make is this: where is the product that more naive users are using going to come from? The more availability there is on a regulated market, the less likelihood there is of that product coming from a black market, where it may be much less clear what's in it, and it is potentially more dangerous.

Ms. Marilyn Gladu: Do you have statistics on any of the medical calls resulting from edibles or overdoses from edibles, or anything from Colorado?

Dr. Daniel Vigil: Yes. We have seen an increase in poison centre calls and emergency department visits related to marijuana following legalization, and even somewhat prior with the commercialization of medical marijuana.

In the poison centre calls, we are able to distinguish edible from smokable. We can't do that right now in the emergency department visits. For adults, it's about equal numbers between edible and smokable products, which is actually disproportionate because more product is smoked in Colorado.

So there is some increased concern with edibles.

Ms. Marilyn Gladu: There is relatively more overdosing from edibles.

Dr. Daniel Vigil: Right. Then, of course, among children zero to eight, the majority are edible products.

Mr. Dana Larsen: Is it possible that people are just more comfortable going to a hospital and saying they use cannabis since it became legal than they were beforehand? Maybe there's not an increase in actual overdoses or people taking too much, but simply an increase in the number of people who are going to go to a hospital and talk about it. Beforehand, they could have been criminally charged if they said they were using cannabis.

Is that a possibility, or something you've looked at?

Dr. Daniel Vigil: Is it okay to...?

The Chair: No. Time's up. We have to go to Mr. Davies.

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you. Mr. Vigil, one of the premises of our question is that if we don't legalize edibles, people aren't going to be using them, manufacturing them, selling them, or distributing them. That's not the case, is it?

Dr. Daniel Vigil: No.

Mr. Don Davies: It's unlikely that whoever is producing these products now, particularly if there are criminal elements, is producing edibles in childproof packages. Would you agree with that?

Dr. Daniel Vigil: I agree, yes.

Mr. Don Davies: The Canadian task force that looked at this recommended, for a number of reasons, that this government legalize edibles, concentrates, and other non-smokable products precisely for those reasons. You're saying, if I understand your evidence correctly, that it's better to regulate those products so we can try to control dosage, childproof packaging, single-serving, stamped products to minimize the harm. Do I have that correct?

Dr. Daniel Vigil: Yes, that's correct.

Mr. Don Davies: We heard evidence that Colorado initially legalized edibles, had some problems with it, understood the problems, and came back and brought in further regulations on edibles. Is that correct?

•(0910)

Dr. Daniel Vigil: That's correct, yes.

Mr. Don Davies: How's it working now? Have they addressed some of those early concerns that originally happened from the legalization of edibles?

Dr. Daniel Vigil: In our most recent year of data for both poison centre and emergency department visits, we have had a slight decline. We hope that's related to regulation and public education. We can't be certain what the causes are, but we have seen a slight decrease and hope that continues.

Mr. Don Davies: Mr. Larsen, you sell products. We're talking edibles, and again, all I hear is about brownies and gummy bears. You described a range of products that under Bill C-45 would still be illegal. You mentioned creams, sprays, tinctures, patches, and tablets. These are all forms of cannabis that would remain illegal under Bill C-45.

Can you tell us, in terms of the products you sell: are these products unsafe? Do consumers want them? What percentage of your users prefer these products as opposed to smoking cannabis?

Mr. Dana Larsen: The ratio of extracts to buds is probably about 60:40. Of course, there are also smokable extracts as well—hash and shatter and things like that—which are also very beneficial but are used in a smoke format. People are more inclined to use edibles when they know it's a safe amount. People do not want to ingest vast amounts of THC and hallucinate. That's not what they're looking for. People tend to smoke because it's easily titrated. You have the amount you need and then you're done. With edibles, it can be a long wait.

Edibles can be very useful for pain relief and for longer-term effects, especially for medical users who don't want to be smoking constantly. They find the right dosage in an edible or suppository, which by the way is an incredible way of using cannabis, with very low psychoactivity and good to get a high dose, medicinally or otherwise. When they talk about legalizing—oh, we're going to sell it in liquor stores—are you going to sell cannabis suppositories in liquor stores?

We sell a cannabis cream called MJ creams. There's no psychoactivity at all; you rub this cream on your skin and it's great for psoriasis, eczema, and topical pain relief. This could be put on a baby or on anybody of any age. I don't see any reason to have an age limit on a cannabis-infused cream that has no psychoactivity.

We have to broaden the range of things that we're looking at. At our dispensary it is very rare for somebody to come back and say I took too much of the edible and I had a bad experience. We tell people, as doctors do with prescription drugs, start up with a lower dose. If that doesn't work, work your way up to a higher dose. Try a little more at a time until you reach the point where you're getting the effect you want, and then you've got enough.

If the government is not going to allow edibles and extracts, we're going to continue to sell them through dispensaries, through the black market. They'll be unregulated, but we do our best to make sure these products are safe and labelled. Given the constraints of legality, we do our best, and I think we do a pretty good job already: a lot of the fearmongering around edibles and extracts simply hasn't materialized in Vancouver, or Toronto, or other cities that have dozens and dozens of dispensaries. We're not really seeing a lot of problems coming out of this, and that's an unregulated, self-regulated market. If we have some proper rules in place, the problems will be minimal.

Mr. Don Davies: “Mr. Zaid, you put it well.”

He talked about how we want to limit the use, in uncontrolled fashion, of products of unknown providence.

Mr. Vandrey, you refer to it as a crapshoot. Would we prefer to keep this legal and have Canadians cooking their own edibles in their own kitchens, without any control over the concentration of the THC, for instance, in a tray of brownies? I fail to understand how that's a preferable public policy approach to edibles than putting it into the hands of a tightly regulated market where it's sold in retail fashion by people who can be advising the customers, as you just pointed out.

Mr. Dana Larsen: They're going to make their own edibles anyway, even in a fully legalized market. People enjoy making their own edibles—it's fun. It's like growing your own cannabis. It's an enjoyable activity to grow a plant in your garden, then harvest it and use it. People like that. Tomatoes, or zucchini, or cannabis, people enjoy it. People are going to make their own edibles even under legalization.

Most won't, they'll go buy it in a store because that's easier, but people brew their own wine and make their own beer, and there's nobody coming in and saying we're going to check the alcohol level of that beer and make sure it's at the right level. That doesn't happen, so I think a lot of these concerns are overblown.

I would prefer to see a legally regulated market that's open and accessible for regular Canadians to enter, as it is with other products. Until that day happens, edibles and extracts will continue to be available. We sell pure CBD tincture and pure isolative THC and CBD at dispensaries. We're years and years ahead of where the legal system is going to be, and you have a lot of catching up to do.

● (0915)

Mr. Don Davies: Bill C-45 legalizes dry flour and oil, but I'm not quite sure what that oil will be used for. What's your understanding, Mr. Larsen, of the oil that will be legal under this bill? How will people use it and can it be vaped?

Mr. Dana Larsen: My understanding is this legislation is only...3% THC is the limit that licensed producers are able to make for their extracts, and I think this is the same thing. There are going to be a lot of problems with this.

Vaping is very positive too, by the way, if you have concerns with people smoking. Those concerns are often overblown, but vaporizing eliminates most of them. There are no particulates—it's purely just the active ingredients steamed off the plant. You inhale them. It combines the benefits of smoking, which is a quick action, and being able to get your dosage precise without having any smoke involved. I think vaping should actually be encouraged and considered a better way of using it.

Real legalization would mean that Canadian farmers are able to grow high-THC cannabis by the thousands of hectares. That is what we're working towards. When it comes, smoking buds will be less popular, but you'll be able to make extracts of pure THC or CBD or CBG or CBN or the other cannabinoids in any combination you want and vaporize or use those in a way that will be revolutionary and much safer than what we're doing now.

The Chair: Ms. Sidhu.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Mr. Chair, and thanks to all of you all for being here. There is a lot of new learning that I've never heard about before.

My question is for Dr. Vandrey. In your recent study on edible products and labelling, you said that only 17% of edible products had an accurate THC content listed, while 60% were “overlabeled”. What makes accurate labelling of THC content in edible products so challenging? Is it the result of a lack of regulation or of producers not having the resources to accurately provide that labelling?

Prof. Ryan Vandrey: I think it's a combination of the manufacturing practices not being careful enough to put a precise amount of product in each package or in each dose, as well as difficulties with the lack of standards for testing those products.

Ms. Sonia Sidhu: You've said “education”. Who should be or who shouldn't be using? You also mentioned cardiovascular stress for cardiovascular patients, so high THC or low THC means something...? What types of education tools do we need to be providing?

Prof. Ryan Vandrey: I think broad education needs to be disseminated regardless. In terms of THC content, you have to define a dose, and the dose depends on the individual and the reason they're using it. Right now, we're talking about non-medical use, so my presumption here is that you have people looking to get intoxicated. You're likely talking about doses that are higher than what potentially would be needed for medicinal uses, but as for what level that is, it's still up for debate and in need of more research.

As any good researcher will tell you, we need more research, but the fact of the matter is there are very few controlled studies of edible dosing with cannabis. What we've found in our laboratories is that we can give the same dose to 35 different people and half of them tolerate it very well and the other half get severely impaired. We have some individuals who vomit after a really high dose, and they consistently get sick when we vary the route of administration. It doesn't much matter if they smoke it, vape it, or eat it: at high doses of cannabis, they get the same types of effects. Some people are more sensitive to those effects than others.

Again, drawing a parallel with other things like alcohol, you can say the same thing. Some individuals can drink six beers and be fine, and others would be throwing up in the corner. How you manage this and how you factor it into regulation is that you want a unit dose that's low enough and is not going to make most people sick. Let the people who can tolerate higher doses consume more but do so in a manner such that they know what to expect and so it's consistent across episodes of use. When you go to the liquor store and buy a beer, the beer isn't 5% alcohol one time and 10% the next if you're buying the same beer. There's variety and there are differences in beer, but it's labelled with the alcohol content on it, and you need a similar set-up for cannabis.

● (0920)

Ms. Sonia Sidhu: I've heard that Colorado is using 10 milligrams. Is there any way to ensure the THC doses are evenly distributed?

Prof. Ryan Vandrey: Again, Colorado has their system for evaluating and testing those products and they put the ceiling on there. I'll let Mr. Vigil talk about that process, but as long as you get consistent dosing of 10 milligrams there.... We did not do our testing study in Colorado. It was conducted in California and in Washington state. Also, it was conducted only in medical cannabis dispensaries, not in non-medical retail, and it was done several years ago. I don't know where things stand now, but I think there needs to be a quality control regulatory agency in place to monitor this stuff and to make sure things are accurately labelled, the dose is appropriate, and all of that. Quality control is imperative.

Ms. Sonia Sidhu: Thank you.

My next question is for Mr. Vigil. In July 2016, the *Denver Post* published a report on the fivefold increase in children's admissions to hospital due to the ingestion of edibles. How can we protect our kids? What are the challenges with the packaging so that the kids aren't attracted to the packaging? Also, what about food safety? What do you think about other jurisdictions that combine edible production and food inspection regulations?

Dr. Daniel Vigil: First, concerning children and edibles, to answer an earlier question, the hospital data is a mix, I think, of causes. One is likely some increased exposure, but there's also very likely an increase in the willingness to admit to exposure or use. Of course, we've mentioned that childproof packaging is very important, as well as education for parents about how it is not okay to leave this out. It can be dangerous if children are exposed, so keep it in the childproof packaging once you get home.

For the appeal, again, that's not something that I can quickly give you a very clear answer on. I think it's very important to come up with good guidelines and balancing that with the fact that people want these products and want a variety of these products. If restrictions are too limiting, you'll see products that are outside of the regulated system. It's a tough balance. I don't have a clear answer for you on that.

Can you remind me of your last part of the question?

Ms. Sonia Sidhu: It was the food inspection.

Dr. Daniel Vigil: I think that varies from state to state. In Colorado, any edibles production falls under the general food inspection that they do for kitchens that produce any products that go on the shelves. They are subject to the food safety inspections. In

addition, all marijuana products are required to be tested for content of THC, CBD, and other cannabinoids, and for any microbial contamination, pesticides, and residual solvents.

The Chair: That completes our first round. Now we go to our five-minute round, starting with Dr. Carrie.

Mr. Colin Carrie (Oshawa, CPC): Thank you, Mr. Chair.

Again, it's a great panel. Thanks to all of you for being here.

I want to get right to my questions, because we know that this is rolling out in 288 days. There's not a lot of time, and I think it's really a really missed opportunity. We had Colorado here earlier saying that, really, before we get this rolled out, we should have our public education program in place, with really good factual information—which we don't see here—and data collection should be in place, along with treatment research and things along those lines. For the last two years, really, the Liberal government hasn't been doing anything, and again, we're jamming all of this into one week.

I want to particularly thank you, Mr. Larsen, for being here. I think you're the first person we've had here who is on the ground and actually integrating with and talking to the public about this very important issue and this transformative piece of legislation.

I'm going to throw out all my questions, and I'm going to throw all of them out to you, because I only have five minutes. I have four main questions that I'd like you to answer.

First of all, there are a lot of questions about cannabis from parents and educators. What do you do for your clientele on education? When they have questions for you, do you have basic scientific pamphlets and things along those lines? Where do you get your product? How do you assure quality control? Also, I'm curious as to what you would say a good age cut-off would be, and I'm not talking about medicinal use. I'm talking about recreational use.

Those are the four questions. I probably only have four minutes left for my time. Would you be able to comment on those four questions, please?

● (0925)

Mr. Dana Larsen: Sure. Can you give them to me one at a time again so that I don't forget all the questions?

Mr. Colin Carrie: First of all, what do you do for your clientele as far as education is concerned?

Mr. Dana Larsen: It depends on what they're coming in for, you know, but we try to guide them to the right product.

Sometimes people who are experienced with cannabis come in. They've used it a lot. They're just looking for a particular product. They don't need a lot of guidance.

We also get senior citizens who come in and say that they haven't used cannabis in 50 years but their grandson says it will be good for their arthritis or something. We don't typically stick a joint in their face. We normally give them edible products or CBD-based products or creams or tinctures or things that are going to have less psychoactivity and more of a medicinal effect. We try to guide them based on what they're looking for and what their experience is. Like for other things, we always tell them to start off with a small dose and then work their way up until they get to the point where they're getting the benefits or whatever it is they're seeking. That's the kind of guidance we try to give.

Mr. Colin Carrie: Is that a written type of guidance?

Mr. Dana Larsen: It's mostly oral. We have some written information and pamphlets and things like that too. It depends. A lot of it is just personal conversations with people in one-on-one discussions like you'd have with a pharmacist or a doctor in looking for guidance on cannabis. Sometimes they have a doctor's advice going in, but Canadian doctors don't really know a lot about cannabis or the endocannabinoid system, which is the part of our body's system that the cannabis interacts with, so mostly—

Mr. Colin Carrie: Do your employees have training?

Mr. Dana Larsen: Yes, we try to give them training. It varies. We make sure we talk to everybody. If they can't answer the question, we make sure we have somebody there who can.

Mr. Colin Carrie: Second, where do you get your product?

Mr. Dana Larsen: It's from the illegal market. By definition, we have no choice. There's no legal place for us to get it.

Some is from people who have been growing cannabis for years. Some of them are licensed under the medical program to grow their own cannabis and might have extra, which Health Canada wants them to destroy or dispose of if they have too much. Well, they dispose of it by selling it to a dispensary.

There are many people who make edibles, extracts, and things at home. A lot of them don't meet our standards. The majority of what gets brought to us we reject because it's not the right quality or doesn't meet our needs.

It comes from the black market, by definition, but we do our best to make that the lightest shade of grey it can possibly be.

Mr. Colin Carrie: I have two more questions.

You were talking about how you reject a lot of it. What do you do for quality control?

Then I have a really important question I'd like your opinion on: the age for recreational use. What do you think a cut-off age would be?

Mr. Dana Larsen: For quality control, it's a challenge, because we're not able to access Health Canada's certified labs. They will test our cannabis if we have someone send it in who is legally allowed to possess, but if I put it on my website that a lab tested our cannabis and say "here are the results", Health Canada will call that lab and say that they're going to lose their licence, that they can't test

dispensary cannabis. I can put out whatever results I want, but only I know if I'm telling the truth. I can't tell you which lab did the results. That leaves us in a very difficult position.

We also do our own study. The first thing we do when we get raw buds into our dispensary is look at them under a microscope. I would encourage members to do the same thing. You can see a lot in terms of mould, mildew, the quality of the trichomes and the resinous glands, if they're there and they're ripe. That's just the first step. If it most of it doesn't pass that, we will do a taste test on it. Someone will smoke a bit of it. You can tell if there are chemical contaminants and if it's been over-fertilized. Then we'll send it to a lab, if we can, and after that, if it meets all the standards, we'll put it on our shelves.

On edibles and other products, with edibles we typically supply our producers with our cannabis, with an extract, so that we know they're getting a standardized amount and we know where it comes from. We can give them the same strain or a very similar product to help them standardize what they're making. A lot of edibles makers don't use raw buds. They will use an extract so they can make something of a known potency and then put that into their product to help them standardize the dosages.

As to age limit, if I were in charge of the world, I'd make it 16 years old to buy cannabis from a legal place.... That being said, I'm happy with the limit being the same as alcohol. That's not a problem.

The one thing I see lacking in this legislation is that there is no allowance for a parent to give cannabis to their child. You can give alcohol to your children at pretty much any age. A lot of young kids have half a glass of wine with dinner, and we don't criminalize those parents. If those parents were to give their children cannabis or share a joint with their 17-year-old child or something, they could be criminalized and face some serious repercussions. I think that is an issue. To me, the use of cannabis by youth is a family issue to be determined at the family level. This legislation doesn't allow for any sort of family decisions on that, which I think is really a big problem.

• (0930)

Mr. Colin Carrie: You've been a great help. Thank you.

The Chair: Mr. Oliver.

Mr. John Oliver (Oakville, Lib.): Thank you very much for your testimony.

This is our last day of a full week of testimony on this bill from people in the industry and consumers from different walks of life. By the end of this week, we will have heard from 100 or more different witnesses. It's been excellent. If we had done this in our normal process, we would have been at it for about three months. This has really allowed us to delve deeply into the issues, and it's allowed us to compare and contrast testimony, which is often difficult to do when you have it stretched out so much.

When we come to clause-by-clause, I think the edibles will be the one that we're really reviewing. Right now, edibles are excluded from the legal definition of marijuana, so they wouldn't be permitted. I'm going to give you what I've heard in terms of the pros for including and the cons for excluding and ask you if there's anything I'm missing in this analysis.

On the positives for including edibles, I've heard it's public health: otherwise, we're encouraging smoking and ingesting of cannabis through smoking. Edibles give you a healthier alternative for ingesting cannabis. Second, what I've heard is that if we don't bring it into the legal market, it really does allow the black market or whatever market to really continue and to grow in that particular market space. I think Mr. Larsen spoke to that quite pointedly.

Those are the two reasons I've heard for inclusion.

On the reasons for excluding, I've heard that this is a social change, a social experiment for Canada, so go slow and see how what you have is working before you push on to a greater market. Kids' access and kids' accidental ingestion seems to be higher with edibles than with products that you need to smoke. Also, this is hard to regulate and hard to inspect. There's more complexity in edibles than in the more raw plant, although with the work they've done in Colorado, I think there are some pretty good and easily adapted regulations in place. The fourth point has been, "What the heck, it's easy to make at home, so if people want the edibles, they can go and get them."

Those are the pros and the cons. I rambled through them quickly, so is there anything else you think I should know as we're thinking about the pros and cons of edibles? Is there anything you'd add to those lists?

Dr. Daniel Vigil: I have a very slight clarification on your first point.

With edibles, you do avoid any of the possible pulmonary effects of smoking. There is one concern that I think is a bit greater with edibles, and that is driving. The fact is that with an inhaled product you can quickly recognize what the effects are and give yourself time to overcome those effects or get back to a safe place to be driving, but with edibles, it's possible that you would not realize that you haven't felt the full effects and potentially would get behind the wheel.

Mr. John Oliver: The variation in speed of the digestion is different.

Dr. Daniel Vigil: That's right.

Mr. John Oliver: Mr. Vandrey.

Prof. Ryan Vandrey: In the laboratory studies we've done where we acutely dose people with different routes of administration, I think it's important to note that when we give people smoked cannabis versus edible cannabis, the magnitude of drug effects and the types of effects are identical. It's really just the differences in the time course of the effects. I have not seen any evidence that eating it is more dangerous than smoking it, and I would disagree on the argument that you can't perceive the intoxication when you eat it. People are very aware that they're intoxicated.

The challenge is in detecting edible cannabis in a driver who is impaired versus not, but that's a problem across the board

independent of route of administration. It is a little different in edibles, in that you get lower blood concentrations.

Mr. John Oliver: Just quickly, for all three of you, would you recommend that Canada include edibles in their allowables, or would you support the slower pace that has been proposed in the legislation?

Mr. Larsen.

• (0935)

Mr. Dana Larsen: I support adding edibles and also other extracts as well, such as hashish and all those kinds of things, both smokable and edible. That has to be part of legalization; only allowing the buds is missing out on a large portion of this.

Yes, I absolutely think this should be included. On this go-slow thing, we've been going slow since 1971. It's time to act, not to go slow.

Dr. Daniel Vigil: I think ultimately they should be included, but it's very important to get it right. If that takes some time and some learning from the smoked market, I would be in agreement with that.

Prof. Ryan Vandrey: My personal recommendation would be in favour of regulation and quality control over all products. I think that's the greater public good, rather than just allowing one version and then continuing to have black market product available where you don't know what's in it. I think that makes the most sense.

The Chair: Thank you very much.

Mr. Webber.

Mr. Len Webber (Calgary Confederation, CPC): Thank you, Mr. Chair, and thank you to the panel.

My first question is for Dr. Vandrey. As a cannabis researcher, you mentioned that you evaluate label information on products to determine whether it is accurate or not. That is correct? For Colorado and Washington state licensed producers, have you found that their labelling is quite accurate?

Prof. Ryan Vandrey: Again, I have not conducted any testing in Colorado. The State of Colorado does their own testing. Maybe Mr. Vigil could talk about the outcomes of the tests they have done.

The testing I've done in Washington has been limited to medical cannabis dispensaries, which at the time was distinct from non-medical dispensaries testing. I believe that at that time the regulations over products being sold in medical cannabis dispensaries were not very rigorous, and the testing we found there indicated that most of the products were inaccurately labelled.

Mr. Len Webber: That's interesting.

Mr. Vigil, on accidental exposure, in your remarks, you mentioned incidents. Do you see a lot of that occurring in your neck of the woods?

Dr. Daniel Vigil: The term "a lot" is I think important to comment on, because we have seen an increase, as I mentioned, in both poison centre calls and emergency department visits, relative to other reasons that people are making those calls—

Mr. Len Webber: I'm referring specifically to accidental exposure for children—

Dr. Daniel Vigil: Right, so let's focus on the zero to eight-year age group for accidental exposure. With regard to poison centre calls, at the peak in Colorado, for one in 10,000 children there was a call related to marijuana. I'll also mention that outcomes related to that were not severe. The majority of those were just some concern—

Mr. Len Webber: Was that through ingestion of an edible?

Dr. Daniel Vigil: Some portion of those were about smokable marijuana. Children can pick up a bud and put it in their mouth as well. The majority were edibles.

Mr. Len Webber: What are your thoughts on home cultivation, at four plants per household? Do you think that should be allowed?

Dr. Daniel Vigil: I think it's going to happen whether you allow it or not, so, again, bringing something into the regulated market is probably better than having it unregulated.

In Colorado for home-grows, the real problem we've run into is extended plant counts and the ability for a caretaker in the medical realm to grow for multiple people, so you have these very large grows that on paper are legal but are really contributing to the black market and diversion.

Mr. Len Webber: Mr. Larsen, I don't know where B.C. is going to go with its distribution decisions, whether it will be with something like the LCBO. I don't even know whether or not they have a liquor control board in B.C., but you've heard where they're going here in Ontario. They've already started to shut down some dispensaries and to arrest the individuals inside. It has occurred in your environment as well, I'm certain.

If the B.C. government determines that you cannot do this, you indicate that you will continue to have customers shop with you anyway. I question that. I don't know if you have a storefront right now. I have no idea about dispensaries, Mr. Larsen, because I've never been in one and perhaps I'll come to visit yours just to learn some more about it. I just don't know how you will continue to operate if your government in B.C. decides to have it in a more controlled environment.

• (0940)

Mr. Dana Larsen: It's an interesting point. Let's make it clear. They are trying their hardest in Ontario to get rid of dispensaries already. They've been trying for a while and they are failing miserably.

There are dispensaries in every major city in Canada, and in most minor ones now, just as there are bong shops. I told you that bongs are illegal, too, and we fought, and we were raided, and people went to jail over bongs big time in the 1990s.

The problem you have in enforcing these laws is that the courts are not willing to give us severe penalties, and we have an overburdened justice system. They laid dozens of charges in Toronto and they've kept only a handful of them. In the Cannabis Culture raid when they went after Marc and Jodie Emery and a few others, not a single one of their suppliers was arrested or charged. They're selling cannabis from many companies that have labelling, websites, and phone numbers where you can call them, and people are selling extracts. They could easily, if they wanted to spend the time and effort, go after these people. They're not, because the police and our

justice system are not able to handle this kind of mass civil disobedience campaign that we're engaging in.

We like the phrase “overgrowing the government”. There are too many of us willing to go to the end on this for you to keep up. Do you really want to put me in jail for selling cannabis? Is that where you think I belong? I'm going to keep doing it, and that's going to be the only option. I'm going to keep giving away seeds, and I'm going to keep using cannabis.

Mr. Len Webber: Do you charge tax on your products—GST, PST?

Mr. Dana Larsen: Some dispensaries do, and some don't. We don't right now, but we're transitioning towards that, and I would be happy to do that. We're happy to follow reasonable regulations. I'm not an anarchist who doesn't want to follow the rules, but if the rules are saying that I can't operate and I can't exist, then of course we're going to break those rules.

Mr. Len Webber: Are you paying taxes? Do you file?

Mr. Dana Larsen: Oh, yes, we file taxes. All of our staff are registered. We do all the deductions and all those kinds of things as well as we can. I can't speak for every dispensary. There are hundreds across Canada. Some operate in many different ways than do others.

But you can't stop us. You don't have the capability and the policing and the courts to deal with what we're doing. That's why it's been so successful, and we're going to keep doing that.

The rules have to take that into consideration, that there is already a vibrant and dynamic cannabis industry, and we are committed to what we're doing. That needs to be incorporated into legalization or else you have to find a way to compete with us and produce better products at a lower price with a higher selection and higher quality. If you do that, we'll go out of business, and I will consider that a victory on my end. If my dispensary can't operate because there is better, cheaper, higher-quality cannabis available from a legal source, then I've won. I don't need to run a dispensary. I just want cannabis to be legal and available, so that's how I see it. But until that day comes, as long as my dispensary can provide products that aren't legally available, that people want to get, we'll keep doing that.

The Chair: And now I have to stop you.

Doug Eyolfson, it's your turn.

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Thank you very much.

I have the disadvantage of being down the list, which means that a lot of the questions I thought of have already been asked. I might have to expand on some of the stuff we've already talked about, so there may be a bit of repetition.

We had testimony yesterday from different international experts, in particular from Great Britain. They're watching us quite closely. Again, we're getting competing testimony from different corners about how to go ahead with this. It was pointed out that this is a fairly new thing we're doing. Only one nation on earth has ever legalized this. On a national level, we're number two. We've heard a lot of evidence saying that we should take a cautious, step-wise approach.

We are committed to regulating edibles. We just haven't started with that yet. We understand that Colorado had some challenges.

Mr. Vigil, I understand you had challenges with edibles in the beginning. Could you expand on some of the problems you had with edibles at the initial rollout and on whether or not you agree that it's a good idea for us to be rolling this out more gradually?

Dr. Daniel Vigil: Really, our primary concern initially was seeing an increase in calls to the poison centre and emergency department visits, in particular among younger age groups. We had a few cases of over-consumption leading to accidents. That was the impetus to try to increase regulation.

As to the delay in rolling it out, 288 days doesn't seem like enough time for you to get all of the edible regulations together. I'm not a legislator, so I don't know, but I guess I would recommend erring on the side of giving it more time, not only to work on the legislation but also to continue to learn more from other jurisdictions, like Colorado and the other states in the United States, that have legalized. I mentioned that we've seen, for one year, some decrease in those numbers. We'd like to see what happens with the data that's coming up next spring. The more of that information you have, the better decisions you can make.

• (0945)

Mr. Doug Eyolfson: Dr. Vandrey, we talked about packaging. You want to make it non-appealing and childproof for edibles, which I would agree with. Now, we had a discussion yesterday regarding plain packaging and some of the precedents set in the tobacco industry, particularly the success that Australia has had with decreasing smoking. Despite the misinformation from the tobacco industry about this, it does appear to have cut down smoking rates.

Would you recommend, not just in edibles but in basically all cannabis products, plain packaging—the way that we're going to be moving, and the way Australia has, with tobacco?

Prof. Ryan Vandrey: For cannabis, I think it would be very wise to learn from the lessons of tobacco and alcohol regulation, very clearly. Recognizing the harms with over-consumption, recognizing the harms with advertising—it's all relevant here. It seems silly to recreate the wheel for cannabis rather than to learn from or use alcohol and tobacco regulation as a model for how to best roll out cannabis, or to look at what's currently being done in Uruguay or in the states in the U.S. that have already legalized non-medicinal use. You have models there. You have regulations on the books in those states and in Uruguay. Look at what they've done and talk to them about what their limitations are, about what they would do if they could go back and change it. Potentially you could come up with a maybe slightly improved model.

The key here is that you really need to establish, and you need to have confidence in, what your unit dose will be and how you will

test and do quality control. If you solve those issues, then I think the rest of it should fall in place.

The Chair: Time is up.

Mr. Davies, you can have the last question.

Mr. Don Davies: Mr. Vigil, how long has Colorado been regulating edibles?

Dr. Daniel Vigil: They were part of our initial legalization passed in 2012. Dispensary sales were allowed to begin January 1, 2014.

Mr. Don Davies: It seems that everything I've heard about the experience of legalizing cannabis, whether in the Netherlands when they did it, or in Colorado, Washington, or Alaska, is that when you legalize, there is a spike in pretty much everything, and then it levels off, and then things drop.

Am I correct that that's sort of what happened in terms of the accidental ingestion? When it was legalized, I would presume, more people tried edibles because they were legal; some people had experiences with them; there were more poison control calls; it levelled off, and now you're seeing a drop. Is that correct?

Dr. Daniel Vigil: We're seeing a slight decline from the peak, but it still remains higher than it was previously. By the way, you say everything, but in terms of use, we have not seen increases in youth or adult use.

• (0950)

Mr. Don Davies: We heard evidence from Colorado that there was an increase immediately after legalization and then it started to drop after that. Am I wrong about that?

Dr. Daniel Vigil: There was not, according to our primary data sources.

Mr. Don Davies: In terms of regulations, you said we should go slowly. Could we not just adopt Colorado's regulations on edibles? Where are the gaping holes in Colorado's legislation, things we don't know?

Dr. Daniel Vigil: We don't think we've perfected it, and there are limitations within the system. For example, with our laboratory proficiency testing, we've had challenges. A lot of these come from the federal limitations. There are things, particularly pesticides, that for all other products are regulated at a federal level, and those resources aren't available to us for cannabis. There is a variety of ways in which we would not say that our system is perfect and adoptable.

Mr. Don Davies: Nothing is perfect; we're in politics.

In terms of getting the major things right, the single servings, the childproof containers, the no marketing to children, the stamped products, and some form of regulations about potency and dosage, I presume those are done in Colorado. Are they?

Dr. Daniel Vigil: Yes.

Mr. Don Davies: What are we waiting for? What else don't we know about the regulatory framework in Canada that would make it preferable to leave it totally unregulated right now, with none of those things, while we wait to learn exactly what about the regulations? I'm puzzled.

Dr. Daniel Vigil: You could certainly make a reasonable argument to regulate and to perhaps be more restrictive at first and to allow more later. I think the danger in having looser restrictions is that you would later see that you wanted to tighten those up.

I would not unwaveringly argue that you have to wait. I would say that if you can get very solid regulations in place and do that quickly, then it should be fine.

Mr. Don Davies: That's my question. Does Colorado have solid regulations or does it not?

Dr. Daniel Vigil: I think we have solid regulations. I think we have some room for improvement still.

Mr. Don Davies: Sure.

Mr. Larson, I think we've heard lots of evidence about the damage criminalization has done to Canadians. Many of the harms associated with cannabis are directly related to the criminalization of cannabis, not cannabis itself. Bill C-45, I think we all would acknowledge, makes progress, but it retains a criminalized approach. There are criminal sanctions for possession over 30 grams, criminal sanctions for growing over four plants of over 100 centimetres, criminal sanctions over selling, punishable by penalties of up to 14 years.

If criminalization has failed and caused harm, won't Bill C-45 continue to do that at least to some degree?

Mr. Dana Larsen: Absolutely. There is more criminalization in this bill than we already have in some areas, and that 14-year penalty also means there are no conditional discharges available as well, which I think is a big concern.

Speaking as a member of the cannabis movement, I know that we don't really need the government's help in getting high-quality cannabis products. We just want the government to stop arresting people, and that really should be the focus of this legislation. It's shameful to me that we haven't decriminalized cannabis possession already, that this wasn't a big priority and it hasn't happened yet, but that is the flaw in this legislation, and it's treating cannabis much more severely than alcohol is treated. Yet by any measure, cannabis is safer than alcohol, and I think that everybody who has testified would agree with that idea.

If we're going to restrict cannabis more than alcohol, that will drive people towards alcohol. If we're going to restrict advertising and packaging and all these things for cannabis more than we do for alcohol, that means we're saying we want people to drink alcohol instead of using cannabis, and I think it should be the other way around. The idea that we've made mistakes with alcohol and it's too available so we're going to tighten up with cannabis is absolutely backwards. Cannabis is safer and should be treated like that. To continue to criminalize people because of the cannabis they have on them, or any of this, is entirely the wrong way to go.

• (0955)

The Chair: Okay, thanks very much. That completes our normal round of questioning.

Ms. Marilyn Gladu: Yes, Chair, I'd like to move to seek unanimous consent to have another round, because we have about half an hour left.

The Chair: Do we have unanimous consent for another round?

We have unanimous consent.

Mr. McKinnon.

Mr. Ron McKinnon (Coquitlam—Port Coquitlam, Lib.): Thank you, Chair.

Mr. Larsen, I'd like to find the low-hanging fruit, if you will, about edibles. In your shop and in your experience with other shops, what do people want? What are the most popular products, say, perhaps, your top three sellers?

Mr. Dana Larsen: It really depends on what they're looking for. Some people just want to feel good and get high, and some people have a medicinal need. They have pain or they have cancer or a systemic ailment, and they need a different kind of treatment. So it really depends, but edibles are less used recreationally because of the fact that they can be stronger, and because of the difficulty of titrating the dose. Most people I know who use cannabis smoke it primarily or use extracts as well. That's something that I keep trying to bring up, that isn't part of this conversation, things like shatter or hash or other forms of inhalable cannabis that are made. Those are also very popular as well, and they allow you to smoke less cannabis to get the same effect. If we're concerned about smoking, if you have one hit off one thing or you have to smoke a whole bunch of something else, probably the stronger one is the safer one in that regard.

Mr. Ron McKinnon: We're trying to talk about edibles here.

Mr. Dana Larsen: With edibles, the question is what do people seek or why are they taking edibles?

Mr. Ron McKinnon: No, what are the most popular?

Mr. Dana Larsen: The most popular edibles are things that taste good. People like treats. They don't really want to take capsules or things if they can have something that's yummy. We definitely sell more things that are delicious than things that are less tasty, absolutely. That's just human nature.

Mr. Ron McKinnon: We can't really come up with legislation that says "let's regulate treats." We need something a little more specific, if you can.

Mr. Dana Larsen: You could put cannabis into all kinds of food products. Some people like to buy infused butter so they can add it to their own food and put it on toast or put it into foods themselves.

Mr. Ron McKinnon: Do you sell a lot of infused butter?

Mr. Dana Larsen: We sell infused butter; we sell infused oils; and we sell different kinds of edible products. We sell savoury things as well, but normally they're kind of snack foods.

Mr. Ron McKinnon: What are the top three edible products that you sell?

Mr. Dana Larsen: I'll have to think about that a little bit. We sell some drops that are very popular; those aren't really edibles. They're drops made with infused hempseed oil. They're like an edible.

I would say that cookies are incredibly popular, and people like different kinds of cookies. We sell a fair amount of CBD products that have very low or no psychoactivity but have medicinal benefit. CBD edibles are becoming more and more popular as well.

Mr. Ron McKinnon: Okay. With regard to home-grow or personal cultivation, one of the concerns is the potential for diversion to the illegal market. Do you see that the regulations limiting the number of plants and so forth are necessary to prevent that diversion, and will they in fact prevent that diversion?

Mr. Dana Larsen: It depends on what you mean by "diversion". It's hard to sell the cannabis you're going to get from four one-metre plants. You're not going to get that much, but certainly, sharing it with your friends, I think that'll happen.

If you really want to stop people from diverting cannabis, make it cheap. The only reason that people grow and sell cannabis is that it's very expensive and very profitable when this plant is worth \$5 to \$10 a gram. It doesn't matter if it's legal or not. If I can grow a plant in my home that's worth \$1,000 and then sell it... People are going to do that.

The way to stop diversion and to get people to not be doing that is simply to make cannabis much more affordable, to make the price lower, to where it should be for a natural product. It's the only plant we sell by the gram, and not by the pound, so I would like to see cannabis at \$1 a gram or something like that. It's still an incredibly high price for a little bit of plant matter, but if there's no profit in it, that would eliminate the vast majority of diversion. If legal cannabis maintains the same price structure as illegal cannabis, then the illegal market will continue. That's just how it's going to be because of the profitability. That's the real question.

I think most people growing four plants at home are going to grow it for themselves or to share with their friends and family. They're not going to be selling it, because the profit margin isn't that great for just a few plants. You're going to want to have a bigger grow to really satisfy the underground market. I think that's where most of the underground market will remain.

● (1000)

Mr. Ron McKinnon: Let's go back to packaging, if I have time. For the edible products you sell, what's the packaging like? Are these like home-cooked products or are they manufactured in some way?

Mr. Dana Larsen: It's sort of halfway between those things. We strive for a professional product, but it's very difficult to access mainstream bakeries or places to make products if you're going to be making cannabis products. As a result, we are forced into this kind of area where they're made at home or on a small scale. We use childproof packaging. We do our best to label our products with an accurate level of the cannabinoids that are in there, although that's a

challenge, simply because of the testing available and because dispensaries can't fully access that kind of testing.

Mr. Ron McKinnon: What do you think of—

The Chair: Your time is up.

Dr. Carrie.

Mr. Colin Carrie: Thank you, Mr. Chair. I'll be sharing my time with my colleague.

Again, Mr. Larsen, I'd like to direct this question to you, and again, thanks for being here. Obviously you're very knowledgeable, and I would think that your input and your knowledge about how things are today in Canada on the ground are very important.

I'm curious. As far as you or anybody involved in the production/distribution field goes, was anyone you know consulted in reference to the rollout of this as a public policy or the drafting of this bill? Was any consultation done by the government with anybody you know?

Mr. Dana Larsen: No. Do you mean the task force that was initially put together and that kind of thing? Some people were. I wasn't invited to speak to that task force. Some of my allies or friends were, but I found that just regular cannabis users aren't really in part of this discussion so much. I use cannabis every day. I used cannabis this morning before I came here, and I'm going to use some afterwards when we're done. I think that voice of the typical users is perhaps missing.

No, I haven't seen a lot of consultation among the cannabis community in that way.

Ms. Marilyn Gladu: I'd like to move:

That, pursuant to standing order 108(2), a minimum of 6 meetings be added to the committee's current study of Bill C-45, (An Act respecting cannabis and to amend the Controlled Drugs and Substances Act, the Criminal Code and other Acts), and that these meetings be scheduled following the appearance of the Minister of Health, Justice and Public Safety on the week of September 18th.

The Chair: Dr. Eyolfson.

Mr. Doug Eyolfson: I move that the debate be now adjourned.

The Chair: We now have a vote on that issue.

We're going to have a vote on Dr. Eyolfson's motion.

Mr. Colin Carrie: I'd like a recorded vote, please.

The Chair: All those in favour of the motion to adjourn debate?

(Motion agreed to: yeas 5; nays 4)

The Chair: The motion has succeeded, so we've adjourned the debate on that issue. We'll go back to the regular one.

You have a minute and a half to go.

Ms. Marilyn Gladu: All right.

Mr. Vigil, will childproof packaging keep 12- to 17-year-olds from being able to open those packages?

Dr. Daniel Vigil: Absolutely not. No.

Ms. Marilyn Gladu: So it's absolutely no protection at all.

What kind of recommendations would you have? We're trying with this bill to keep cannabis out of the hands of young children. The concern is that when people bring edibles into the house, they are attractive. They're candies or cookies or suckers, all the things that kids would want to have.

In light of the overdose situations we saw in Colorado, should people be locking them up?

Dr. Daniel Vigil: Yes, I think they should. As far as regulation is concerned, we don't regulate to that degree for products that people bring home. There is regulation that for home-grows they have to be locked in a locked area if anyone under 21 is in the home. Really, within that age range it becomes much more important to have education for parents and others who care for children, or who have children around, that if they're using these products, they should keep them locked up. Then, of course, there's the education for children about the possible dangers of using them.

• (1005)

Ms. Marilyn Gladu: Very good.

How much time do I have?

The Chair: You have 28 seconds.

Ms. Marilyn Gladu: I'll just end with a comment then.

Mr. Larsen, with all due respect, I find your lack of respect for the rule of law in this country disturbing. It's clear that it doesn't matter what we come up with in Bill C-45. You're going to do whatever you like and obey whichever laws you like, and I don't personally approve of that.

Thank you.

Mr. Dana Larsen: I believe in the Charter of Rights.

The Chair: Now we go to Mr. Davies.

Mr. Don Davies: Thank you.

Mr. Larsen, I want to thank you for being here. You're the only dispensary owner we heard from, out of all the witnesses we heard this week—the only person involved in the actual edible market and familiar with the products on a day-to-day commercial basis. I think it's very valuable to have your perspective here.

First, Mr. Larsen, if we don't legalize edibles, there will be no way to test the THC levels, the CBD levels, and all the other different compounds. Products will still be consumed by Canadians, it appears to me, who will have no real assurance of the content, since, as you said, you can't send these products to accredited Health Canada labs to make sure that these products are what they say they are.

Am I missing something there?

Mr. Dana Larsen: No, that's all accurate.

Mr. Don Davies: Okay.

You mentioned the issue of decriminalizing now. Have you faced any legal charges, or have people who are patronizing your store faced any criminal enforcement actions against them? If not, how

has the current criminalized environment affected you and the customers who come into your store?

Mr. Dana Larsen: Vancouver has had a more progressive attitude towards cannabis for quite awhile. Possession arrests are very, very rare in Vancouver compared with other jurisdictions. You'll be hearing from Hilary Black, who started Vancouver's first dispensary. That was about 20 years ago. We opened ours in 2008. We were the third one in the city. Now there are quite a few.

In Vancouver I've been breaking cannabis laws every day for pretty much all my life. The first time I was ever charged was for giving away low-THC cannabis seeds in Calgary last year. It really varies by jurisdiction. What we enjoy in Vancouver is certainly not the same as the rest of the country. The further north you go in Canada, the rate of possession and trafficking charges increases drastically. I believe that's largely because our first nations population also increases drastically the further north you go.

It really varies across the country how these laws are enforced, which is another example of how it's not just. I can do something in Vancouver that I can get away with, but if someone in another part of the country did the same thing, they'd find themselves in a very serious legal situation.

Mr. Don Davies: We heard Mr. Webber comment today that he's never been in a dispensary. I think he's probably not alone on that in this committee. I have the benefit of being in Vancouver, where I've had the ability to tour several dispensaries, including the Compassion Club and some licensed facilities.

We as parliamentarians are studying this bill, and we have to make recommendations to this bill about all sorts of issues. We have not toured dispensaries. We have not toured licensed producer facilities or compassion clubs. Do you think it would be helpful for the parliamentarians on this committee to actually get out in the community and tour some of these facilities in order to help us evaluate whether this bill is good as it is or whether it could be amended?

Mr. Dana Larsen: I think that would be very worthwhile. To get an understanding of what's really happening and of the limitations of the laws that you're trying to pass and the limitations of the ability to enforce the laws you're trying to pass, I think it would be very important to see what's actually happening at the grassroots level, and also really to see the people who are benefiting from accessing dispensaries and how it improves their lives and how it benefits our local communities.

There are all kinds of dispensaries. I'm not saying every one is run perfectly by any means, but from what I see, people are glad to have dispensaries. The dispensaries benefit them and provide a lot of positive results. I think it would be very worthwhile to see what's happening at the grassroots level and what people are doing and to understand that the current cannabis laws are already being ignored pretty much all across the country to varying degrees. If you're not going to take that into consideration when you pass these new laws, they're going to be a failure, because we will continue to ignore these laws, and the courts will back us up on that.

You talk about the rule of law. Some people would say that we have a moral obligation to break unjust laws, that when laws are punishing people who do not deserve to be punished, when laws are based on racial bigotry and ignorance of how these laws were founded, that we have a moral duty to break those laws. I personally am glad to have been able to provide cannabis medicines to those who need them. I believe I am improving people's lives every day, and we will continue to do so.

•(1010)

Mr. Don Davies: Some have suggested that once this legislation is in force and it legalizes simple possession and a few other things, that we as a Parliament should take steps to pardon those who have been convicted of crimes that this legislation will render to no longer be crimes. What's your view on that?

Mr. Dana Larsen: I think we should go further than that. If I were in charge, I would put GST on cannabis and for the first few years, I'd put that money into a fund to make reparations to those Canadians who have been unjustly imprisoned or had their lives negatively affected by cannabis prohibition.

I really think that the legalization of cannabis should begin with an apology to the cannabis culture and to cannabis users for a hundred years of punishment and incarceration and harassment and demonization that were entirely undeserved. Not for me personally but for the people in Canada who have suffered from this, I would like to see not only a pardon but an apology and some kind of restitution made. These laws have been unjust from the beginning and they remain so today. We've known for decades that these laws do not work and that they're a failure, and it's a real shame that people are still being arrested every single day.

A guy spent three nights in jail recently for a couple of grams of cannabis in Canada. It should be shocking to the conscience of parliamentarians that laws are in place that put people in jail for three days for a couple of grams.

They say that the time of greatest growth of cannabis use in Canada was in the 1960s, at a time when there was a six-month mandatory sentence for possession and a seven-year mandatory minimum sentence for growing or importing any quantity of cannabis. That was the time of the highest increase of cannabis use in our country's history. The idea that these laws have an impact on people's behaviour, and that if you say that you can't smoke cannabis anymore, we're all going to stop is entirely backwards. Now we're living under mandatory minimums that were passed by Stephen Harper in Canada. Those haven't stopped the proliferation of dispensaries at all.

I think you need to acknowledge the limitations of what Parliament and the police can do in this kind of a situation and write laws, craft laws, that acknowledge those and take those into consideration.

The Chair: Your time is up, Mr. Davies.

Now we go to Mr. Oliver.

Mr. John Oliver: Thank you very much.

One of the advantages of this model we're using is that it is an excellent model for us to hear from many witnesses in a condensed time frame. I think this is the seventh time we've actually been able

to do another round of questions, which often in our normal set-up we don't have time to do. It has been a good process for us.

I had a town hall in my riding of Oakville and had a good 100-plus people turn up, just people, the general public, who turned up to talk about the legislation and pros and cons. One gentleman really hit home with me. He was really concerned about second-hand smoke from marijuana. He was worried that if he was exposed to it and he got in a car and drove that he would show trace amounts, and he was worried about different health aspects of it.

Dr. Vandrey, I think you have done a study on second-hand smoke from cannabis on non-smokers. Could you share with the committee some of your findings from that study?

Prof. Ryan Vandrey: We ran a research study where we exposed people to second-hand cannabis smoke under different conditions. One was a ventilated room environment, and one was an unventilated environment, and then within the unventilated environment we varied the potency of the cannabis that people were smoking. We found a substantial impact of room ventilation on the amount of exposure.

In terms of drug testing, whether someone would test positive or not after exposure depended on how we were testing and what cut-offs were used, but we did find that in an unventilated environment positive tests would be possible for both urine and blood, as well as saliva or oral fluid. The duration when you could be positive depended on how you were tested and what cut-off was used.

Becoming positive under those circumstances was really limited to the unventilated environment, where the room air was dense with smoke. When the air conditioning or the HVAC system was turned on, people were not impaired and generally tested negative.

Second-hand smoke exposure is a real concern. It's a real thing, but it's hard to be impacted by that unknowingly. Indoor second-hand smoke regulations are appropriate, the same way they are for tobacco use. We have not done the parallel study with vaporization, so we don't really know the level of second-hand exposure with vaped cannabis versus smoked. Then there are obvious limitations beyond that. For the study we did, we exposed people for one hour, one time. That doesn't tell us anything about what happens if they are exposed for a longer period of time, or a shorter period of time but repeatedly. Again, this is an area where more science is needed, but our study demonstrated that you can get a slight intoxication and test positive in an extreme exposure environment.

•(1015)

Mr. John Oliver: Thank you very much for answering my question.

Those are my questions.

The Chair: That completes our additional round and our normal round.

On behalf of the committee, I want to thank all the panellists. You brought great perspective and different perspectives than what we'd heard, and we appreciate them very much.

I walked down Sparks Street the other night in a cloud of smoke, and I think if somebody had tested me, I would have tested positive by the time I got to the end of the street.

With that, I will suspend the meeting until 10:45. Thank you very much.

●(1015)

(Pause)

●(1045)

The Chair: Welcome to our Standing Committee on Health meeting number 68. We're studying Bill C-45, an act respecting cannabis and to amend the Controlled Drugs and Substances Act, the Criminal Code and other acts.

We're now going to focus our panel on medicinal marijuana. Our witnesses today are, from the BC Compassion Club Society, Hilary Black, founder, and Marcel Vandebek, administrator. From the Canadians for Fair Access to Medical Marijuana are Jonathan Zaid, executive director, and Daphnée Elisma, Quebec representative. From the Department of Health, we have Jacqueline Bogden, assistant deputy minister, cannabis legislation and regulation branch, and David Pellmann, executive director, office of medicinal cannabis.

We're going to ask each organization to give an opening statement of 10 minutes. You can share the time with each other, but the maximum is 10 minutes per organization.

We'll start with the BC Compassion Club Society.

Ms. Hilary Black (Founder, BC Compassion Club Society): Good morning, and thank you for having me here today.

My name is Hilary Black, and I'm the founder of the first medical cannabis dispensary in the country, founded in 1997. In the interest of disclosure, I am also employed by a licensed producer, but I am here today representing the BC Compassion Club Society, and thank you for having me.

Cannabis legalization will affect some of the most vulnerable members of Canadian society, critically and chronically ill patients. We are offering you seven recommendations in our submission to assist you in prioritizing patient needs. My comments today are focused on three main areas: transitioning the BC Compassion Club Society into the legal market; facilitating affordability; and supporting research. This submission additionally addresses the need for a legal range of products and advertising education restrictions. My colleague, Marcel Vandebek, will be making some comments about the need to eliminate barriers for small-scale growers.

We have been distributing medicinal cannabis openly and safely for over 20 years. We are a non-profit society with over 11,000 registered patients. We have a subsidized wellness centre. Last year alone we provided 3,400 holistic treatments like massage, counselling, clinical herbalism, and nutritional counselling for little or no cost to our membership. We are a front-line harm reduction organization. Our clients are often marginalized, have numerous diagnoses, mental health issues, and substance issues. They fall through the cracks of the health care system until we catch them.

We have developed a gold standard of education. We know how to maximize benefits, minimize risks, and avoid adverse effects. We offer each member a 60- to 90-minute intake and education session. This is not possible in a pharmacy. Our community supports us, our neighbours, businesses, local police, health care practitioners, and

patient organizations. We are a community. We have Christmas parties, picnics, and neighbourhood cleanups.

The courts have repeatedly commended our work. In 2002, the Special Senate Committee on Illegal Drugs toured our facility and recommended that our model be replicated across the country. I was nominated by Senator Pierre Claude Nolin—may he rest in peace—and received a Diamond Jubilee Medal recognizing our significant contribution to Canada. Our model is enshrined into Vancouver's city bylaws with incentives to encourage the replication of our services because our practitioners have up to a three-year wait-list.

Members of the task force visited us last September. You are all also invited to come and visit us. When they released their report, Anne McLellan said that what they learned there, putting aside certain issues of illegality, is that there can be a holistic, wellness-based, street-level approach that serves generally a highly marginalized population, and that this is a model that the report references and suggests the government should take a look at going forward.

Despite this extensive recognition from many levels of government, as cannabis is legalized, we are at risk of becoming more criminalized than we were for the past 20 years. We have a massive responsibility to ensure that the health care of our members is not interrupted, and we respectfully suggest that you share that responsibility with us.

We are a historical medical cannabis institution. We implore you to do everything in your power to protect the roots of this industry. Washington and Colorado prioritized transitioning long-standing medical cannabis dispensaries into the new framework, and we should be following suit.

For decades I have watched patients struggle, choosing between purchasing the medicine that allows them to function and other necessities, such as having groceries in their fridge. The problem is the status of cannabis. It's not an approved medicine. Access has been granted through the courts. It is again a category of one and not treated like other medications, although many patients access it through physician authorization.

This status is problematic for both tax and insurance. Both of these could be solved by creating a fast-tracked regulatory pathway for cannabis to be an approved drug or medicine. For good reason, we do not tax other prescription medications. The courts have stated in *Hedges v. Canada* that legislation imposing tax on medical cannabis resulted in confusion and uncertainty and needs work.

Another solution is to amend the Excise Tax Act to ensure medical cannabis is zero rated like other medical necessities and prescription medicines to relieve this unjust financial burden.

I'd like to introduce to you Mounia Lahbabi, who has worked at the House of Commons as a parliamentary assistant to MP Peter Julian for over 12 years. She has been prescribed cannabis for her medical conditions diagnosed while employed by the House of Commons, including Crohn's disease, osteoarthritis, and cervical degenerative disc disease. She exhausted standard medical treatments for these devastating conditions, which proved to be ineffective and have harmful side effects. Cannabis immediately eliminated the need for immunosuppressants, steroids, non-steroidal anti-inflammatories, and other pain medications. It relieves her symptoms, which include nausea, insomnia, and debilitating, unrelenting neuropathic and chronic pain. Without cannabis, she can't eat, can't sleep, and she can't function.

• (1050)

The costs of her medication are unaffordable, but she cannot go without it. Her family has racked up thousands of dollars in debt in order to afford her prescribed medical cannabis. Even though medical cannabis lacks a drug identification number, Sun Life, responsible for the administration of claims under the public service health care plan, informed Mounia that they are set up and ready to cover the costs of this necessary therapy once it is included in her plan.

Now I'd like to introduce you to Mandy McKnight. She's employed by the Canada Revenue Agency. Her son, Liam, is nine years old and diagnosed with Dravet syndrome, a catastrophic form of epilepsy for which there is currently no cure and the prognosis is unknown. Before trying cannabis, Liam had tried over 10 anti-epilepsy medications that failed to control his seizures. He was still suffering up to 80 seizures a day. The side effects from the benzodiazepines and barbiturates were severe, including brain atrophy. Since being prescribed cannabis when he was just five years old, Liam is doing remarkably well and his seizures are more controlled than on any other medication. The cost to the family is over \$1,000 a month plus HST. The alternative therapies, which are less effective and come with terrible side effects, cost between \$2,500 and \$3,000 a month, but they are covered.

Both Mandy and Mounia have had health claims for coverage rejected by their employer.

Give medical cannabis a drug identification number, or something akin to it, perhaps a cannabis identification number, to facilitate fair taxation and insurance. Take care of patients and Canada's public servants. It's the right thing to do. You could lead this government, the country, and the world by including cannabis in the federal public service health care plan. Treat patients with the dignity, compassion, and support that they deserve.

We have an opportunity to be world leaders, expanding the evidence base of benefits and the safety profile of medical cannabis. We are facing an opiate and overdose crisis, and cannabis has tremendous potential as a harm reduction tool. We urge you to invest significant resources in human clinical research in cannabis and cannabinoids, and to prioritize researching into the potential of cannabis in managing pain and as a harm reduction tool for addiction and substance abuse. The Compassion Club has acquired tremendous experience with people who are struggling with problematic substance use. In using cannabis as a harm reduction tool, we have

witnessed the potential of high-potency edibles and resins being substituted for recreational and medical opiates, methadone, alcohol, and cocaine. This country needs solutions to the opiate epidemic, and cannabis has incredible potential.

We implore this committee to do everything in its power to transition the community-based, long-standing, front-line harm reduction organization, the Compassion Club, and other long-standing medical cannabis dispensaries, which pioneered the medical cannabis movement and industry, into the new regulatory framework. Please consider the seven recommendations in this submission to improve the care of patients.

Thank you, and I'd like to introduce you to my colleague, Marcel Vandebek, who will be making some brief comments.

Mr. Marcel Vandebek (Administrator, BC Compassion Club Society): Good morning. My name is Marcel Vandebek. My role during the 19 years with the BC Compassion Club Society has included front-line dispensing of medicinal cannabis for five years, administrative duties for 15 years, and purchasing for 17 years. I have been working with suppliers of the BC Compassion Club to ensure a consistent supply of high-quality medicinal cannabis to our membership.

As my colleague Hilary said, we are a registered not-for-profit society focused on providing holistic health care for those who most need it. We work with small-scale growers, who cultivate specifically for our members at below-market pricing. They have cultivated specialty strains and have amassed a tremendous amount of expertise including that on organic cultivation methods. None are related to organized crime and all have taken on great personal risk to help us meet the needs of our members. We ensure the ideological values of the suppliers we work with and we reject the producers who are solely profit motivated. We have a strict cap on pricing which weeds out those who are not aligned with our mission, vision, and values, and we ask them for small things and donations.

For example, we have a cultivator named Joe, who lived with a serious disability, and grew organic cannabis for us. He used to donate thousands of dollars' worth of cannabis every Christmas to help us gift it to our members in order to help alleviate their financial hardship during the holiday season. He used the small profits to fund a summer camp for disabled children. Sadly, he was raided by the RCMP. He was never charged, but as a result, he was forced to end his summer camp. These are the good, honest, hard-working, law-abiding Canadians this government is looking at as the criminals who must have the industry taken out of their hands. In fact, they're people you should be bringing out of the shadows and into the light.

The current process for applying to be a licensed producer is inaccessible financially to small-scale producers and to small-business people, who are part of what is needed to fill the supply shortages in licit production. The pioneers of the medical cannabis movement and industry will not be included in the legal market unless you dissolve the onerous barriers to becoming licensed.

Thank you for the opportunity to speak to your committee today. We look forward to your questions.

• (1055)

The Chair: Thank you for your comments.

We're going to move to the Canadians for Fair Access to Medical Marijuana. Mr. Zaid, you have 10 minutes.

Mr. Jonathan Zaid (Executive Director, Canadians for Fair Access to Medical Marijuana): Thank you, Mr. Chairman and the standing committee, for your invitation to appear here today.

We will be speaking on behalf of two organizations, Canadians for Fair Access to Medical Marijuana, also known as CFAMM, and the Arthritis Society. I am the founder and executive director of CFAMM, a national non-profit organization focused on the needs of medical cannabis patients. The Arthritis Society is Canada's principal health charity providing education, programs, and support to the over 4.6 million Canadians living with arthritis. Over the past two years, the organizations have collaborated extensively on important issues surrounding medical cannabis research, access, and affordability. The brief submitted to the committee is a joint submission between the two groups, and any follow-up can be done with me or Janet Yale, CEO of the Arthritis Society. You may recall Janet recently appeared before this committee on other issues including national pharmacare. I would also like to introduce Daphnée Elisma, CFAMM's Quebec representative and a member of our patient advisory board. She'll present in French momentarily. First, I'd like to share a bit about my personal story.

So much of what we hear about cannabis is focused on the harms and risks, which of course are important issues, but my experience and the experience of many other patients is quite the opposite. On April 22, 2007, at the age of 14, I woke up with a constant headache that still remains today, 24-7. This neurological condition known as new daily persistent headache is said to be one of the hardest pain conditions to treat. After trying over 40 prescription medications and all other therapies, I was nearly ready to give up. I had no quality of life. I could not leave the house due to noise sensitivity and low energy. I dropped out of grade 8 and struggled throughout high school. I finally turned to medical cannabis. It helped reduce painful flare-ups and allowed me to sleep. Although not a cure, the effective symptom management enabled me to concentrate and be successful in my academic studies. I advocated for insurance coverage, and was the first in Canada to be successful in getting insurance coverage for medical cannabis in this manner.

Medical cannabis patients are often looked at as stereotypical stoners, yet to me, Daphnée, and the patients we represent, effective symptom management translates to increased quality of life and functionality. Cannabis is a medicine. There are over 200,000 authorizations for the use of cannabis as a therapy to manage a variety of health conditions, including seizures, pain, insomnia, nausea and vomiting, and side effects from prescription medications.

Although there is legal access to medical cannabis, many challenges are still associated with its use. We need more research. Access to various product forms and retail distribution is an important issue, and affordability remains one of the most pressing concerns facing patients.

As the government progresses with legalization, one of the primary goals is to reduce consumption. Although laudable for recreational purposes, the government's goal ought not to be to restrict access to medical cannabis, a medicine, but rather to ensure a safe, reliable, and affordable supply for those who medically require it.

We will be highlighting three issues today: the importance of a distinct regulatory framework, research, and affordability, which Daphnée will speak to. Although we need more research, a recent review by the U.S. National Academies found substantial evidence for the use of cannabinoids in conditions including chronic pain, MS, and chemotherapy-induced nausea.

The two most studied cannabinoids are THC and CBD. THC, the cannabinoid that causes the stereotypical high associated with cannabis, has medical properties including analgesia. CBD, a non-impairing cannabinoid, which has been shown to have anti-inflammatory and anticonvulsant effects, also limits the impairment and side effects caused by THC. Many patients use these two cannabinoids in combination to gain the most effective symptom management while limiting potential impairment. Again, for most people using cannabis for medical purposes, this is not about getting high, but rather effective symptom management and increased quality of life.

Cannabis is a legitimate medication and it must be treated that way. It is important that it be treated that way in a distinct regulatory framework. In crafting Bill C-45 we want to commend the government for recognizing the need to maintain a separate and distinct regulatory approach for medical cannabis, and we want to make sure that this is maintained. Beyond the government's constitutional requirements to provide reasonable access to cannabis for medical purposes, we believe cannabis and patients' needs are best suited to be addressed in a distinct regulatory framework. Moving forward beyond Bill C-45, it is important that the government prioritize and adequately support the needs of patients by addressing their unmet needs.

•(1100)

Of course research is a very important issue. There is an enormous deficit of properly funded research and Canadian clinical trials in the therapeutic use of medical cannabis. This creates barriers to patient access, as many physicians express reluctance to authorize medical cannabis in the absence of robust, peer-reviewed research.

The lack of scientific and clinical research has also been cited by Health Canada as a key reason why medical cannabis is not yet regulated as a therapeutic product, which affects the ability of patients to access medical cannabis through private or public drug plans. In particular, more research is needed in terms of dose, indication, and form. To that end, we have asked, as part of budget 2018, for the federal government to commit \$25 million over five years to support medical cannabis research. This investment would go a long way towards expanding the evidence base for medical cannabis, and it's a small amount compared to the \$274 million already proposed for enforcement.

Although we fully support enforcement and research into the risks associated with recreational cannabis use, we believe it's necessary for the federal government to invest in research specific to the medical use of cannabis. This is an urgent and vital step towards further understanding and recognizing the legitimate medical use of cannabis and ensuring the sustainability of a distinct regulatory framework.

In terms of improving access, in addition to the continuation of mail order and personal production, we believe that pharmacies should have exclusive authority to retail medical cannabis, and that further product forms should be made available. Sales through pharmacies would go towards improving affordability, including the elimination of sales tax based on the Excise Tax Act, and increasing the potential of insurance coverage.

Pharmacists will help ensure that patients across the country receive reliable education on safe and effective use from trained health care professionals with regulatory oversight. While retail and distribution decisions are largely provincial competencies, in order for pharmacy distribution to happen, the access to cannabis for medical purposes regulations will need to be amended.

I will now pass it to Daphnée to discuss affordability.

[*Translation*]

Ms. Daphnée Elisma (Quebec Representative, Canadians for Fair Access to Medical Marijuana): After over a decade at Health Canada and as a jurist, I advocate for patients who use medicinal cannabis. In fact, I use cannabidiol, or CBD, to successfully ease the complex regional pain syndrome that I suffer from as a result of breast cancer treatment.

The issue of low rates is a major challenge for the patients we are representing here today, as medicinal cannabis is the most effective medication to treat their illness.

First, we recommend that cannabis for medical purposes be tax-exempt. When a patient purchases prescription drugs and medical necessities, they are exempt under federal law. Since medicinal cannabis meets those criteria, the government should allow the removal of sales tax, making it more affordable.

Next, we are calling for policies and programs to facilitate the coverage of medicinal cannabis costs under public and private regimes. We recommend that the government approve cannabis as a therapeutic product, including giving it a drug identification number, to facilitate reimbursement.

Basically, patients who use cannabis to treat their physical or psychological condition feel discriminated against. The government makes a distinction between these patients and those who use conventional medications, such as opioids, to treat the same disease. As a result, the patient is often forced to use an opiate instead of cannabis because it is less affordable.

Taxation and non-reimbursement of medicinal cannabis represent undue hardship for patients. Improving the rights of patients who use medicinal cannabis must remain at the heart of the discussions.

I would like to thank committee members for giving me the opportunity to address them today.

•(1105)

[*English*]

The Chair: Thank you very much.

Now we go to Ms. Bogden. Welcome back.

Ms. Jacqueline Bogden (Assistant Deputy Minister, Cannabis Legalization and Regulation Branch, Department of Health): Thank you, Mr. Chair.

Thank you for the opportunity to appear before the committee again this morning. I will ask for the committee's understanding. I've had a bit of a cold in the last few days, so my voice is not as good as on Monday, but I will do the best I can.

My colleague Mr. David Pellmann is responsible for the office of medical cannabis. As public servants, we are responsible for administering, on behalf of Health Canada, the current regulatory framework that enables Canadians to have access to cannabis for medical purposes.

I'd like to provide the committee with an overview of the regulatory framework, focusing on four areas. One is how the current framework is designed, how it works, and the number of Canadians who presently benefit from it. Two, I will outline the robust requirements and controls that apply to licensed production of cannabis, which are designed to protect public health and safety. Three, I will describe some of the key improvements that Health Canada has made to the program over the last six months. Finally, I will outline why and how this framework would be preserved under the proposed cannabis act that is before you.

Canada has had a system of access to cannabis for medical purposes in some form since the late 1990s. The regulatory regime was put in place following a court decision that determined that the Government of Canada must provide some lawful means for Canadians to access and possess cannabis for medical purposes. The framework has evolved considerably over time as the government has introduced improvements and has responded to a number of court challenges and decisions.

Most recently, in April 2016, the Federal Court determined that the regulatory framework that was in place did not provide individuals with reasonable access to cannabis for medical purposes. In this instance, “reasonable access” was defined as having access to available and affordable cannabis.

In response to this decision, a little over a year ago, Health Canada introduced a new regulatory framework, which is called the access to cannabis for medical purposes regulations. Under this new regime, Canadians who have the authorization of their health care practitioner can access cannabis in one of three ways. The first is by purchasing quality-controlled cannabis from a federally licensed producer, where individuals register directly with the licensed producer and the product is delivered securely to their home, either through the mail or by courier. Individuals also have the option to register with Health Canada to produce a limited amount of cannabis at home, or to designate someone to produce it for them.

As I mentioned, Canadians must have the authorization of their health care practitioner in order to access cannabis for medical purposes. Health Canada believes that the decision to use cannabis for medical purposes is one that is best made by a health care practitioner and his or her patient.

On its website, Health Canada provides information designed specifically for health care practitioners. The department also works closely with provincial and territorial regulatory authorities, which in turn provide guidance to the health care practitioners in their jurisdiction.

Health care practitioners are authorizing cannabis as a treatment for a wide range of symptoms associated with medical conditions, including nausea in patients undergoing chemotherapy, loss of appetite and weight loss associated with HIV/AIDS, and pain and spasticity associated with multiple sclerosis and arthritis.

At this time, under the new regulations, there are more than 210,000 active authorizations for the use of cannabis for medical purposes. Of this number, 200,000 active registrations are with federally licensed producers, where individuals purchase their product directly from them, and 10,000 individuals are registered with Health Canada to produce a limited amount of cannabis at home, or to designate someone to do it for them.

The number of client registrations with licensed producers is continuing to grow, at a rate of approximately 9% a month, since licensed production began in 2013. The number of health care practitioners who are authorizing the use of cannabis has also grown steadily. There are now 10,000 health care practitioners authorizing use, which is double the number from June 2015.

I would now like to describe briefly the system of regulated production of cannabis in Canada. There are currently 58 producers

who are licensed to produce cannabis for medical purposes. These producers are the only legal commercial source for regulated, quality-controlled cannabis for medical purposes in Canada.

- (1110)

The regulatory framework sets out a series of strict requirements that must be met to protect the health and safety of Canadians and the integrity of the legal system. For example, licensed producers are required to use good production practices in their facilities, such as a sanitary program and a dedicated person responsible for quality assurance. They must test each and every lot for mould, bacteria, and other potential contaminants before those products can be released for sale to the public. Licensed producers must also test each lot for THC and CBD potency, and those results must be displayed on the label.

In terms of preventing diversion to the illegal market and ensuring the integrity of the legal system, all licence holders, directors of a corporation, and senior personnel in the facility must have a security clearance. This security clearance involves a criminal record check as well as a law enforcement record check to identify any known associations or affiliations with organized crime. In addition, all facilities must have physical security and inventory control measures to prevent theft or diversion.

These standards and controls are backed by rigorous compliance and enforcement. Last year, Health Canada inspected each facility an average of seven to eight times, conducting roughly 275 inspections. These inspections verify that good production practices are being met, the test results for all products that are produced, that only authorized pesticides are being used, and review inventory records and the security control measures that are in place in the facilities.

I will also note that Canada's system of regulated production of cannabis is recognized internationally. We receive frequent visits and calls from other countries for advice on our patient-focused approach, strict licensing regime, and compliance and enforcement program.

I will now outline some recent improvements to help ensure that Canadians continue to have reasonable access to cannabis and can have confidence in the quality-controlled supply of cannabis for medical purposes. In May of this year, Health Canada announced it will require all licensed producers to conduct mandatory testing of all cannabis products for the presence of unauthorized pesticides. In addition, Health Canada is conducting unannounced inspections of all licensed producers and randomly testing lots and products for unauthorized pesticides. Also in May this year, Health Canada added additional resources and introduced a number of improvements to streamline the licensing of producers and enable increased production of cannabis, while maintaining quality control and oversight. These measures will also help ensure that a legal, quality-controlled supply of cannabis would be available should the proposed cannabis act be approved by Parliament.

The question of whether to retain a separate framework for access to cannabis for medical purposes was a key question the government asked the task force of experts on cannabis legalization and regulation to consider. The task force consulted broadly and extensively with experts in public health, law enforcement, patients and advocates, including the others who have joined me at the table today, as well as licensed producers. During these consultations, the task force heard how cannabis is making a difference to Canadians living with serious health challenges such as cancer, HIV/AIDS, multiple sclerosis, arthritis, and fibromyalgia. It also heard about the role that cannabis can play in pain management and palliative care, and the relief that cannabis offers to children with severe forms of epilepsy. Based on its findings, the task force recommended the government maintain a separate medical access framework to support patients. It also recommended that the government monitor and evaluate patients' reasonable access during the implementation of this new legislation and evaluate within five years. The government has accepted the advice of the task force, and the proposed cannabis act that is before you will enable the framework to continue.

In closing, Mr. Chair, I wish to emphasize that Health Canada is committed to enabling Canadians to have reasonable access to cannabis for medical purposes. We will continue to monitor closely, as we do today, and be prepared to take additional measures if necessary. Finally, we will continue to seek the feedback of patients and producers to continuously improve how we administer, and ensure that Canadians are well served by, the program.

We would be happy to answer your questions. Thank you.

● (1115)

The Chair: Thank you very much.

Now we'll go to our first round of questions.

We'll start with Mr. McKinnon, for seven minutes.

Mr. Ron McKinnon: My first question is for Ms. Bogden. Mr. Zaid, in his presentation, has asked for a drug identification number to be assigned to cannabis. I was wondering how that would work, whether there are issues with that, and what would be involved.

Ms. Jacqueline Bogden: Cannabis can be classified as a therapeutic drug under the Food and Drugs Act. If a company wishes to market a drug in Canada, there is a process they can go through to apply to do so.

Health Canada would review the evidence that is put forward to verify the product's safety, efficacy, and quality. Part of the process involves presenting results of preclinical and clinical studies that have been conducted either in Canada or overseas and details regarding the production and packaging of the drug, and a number of other aspects.

At this time, cannabis itself, in its dried, fresh, or oil form, has not been authorized as a therapeutic product. No company has brought forward an application or the clinical evidence that would be required. However, I would point out that a number of cannabis-based drugs...there are in fact two that have been approved, have undergone the market authorization process, have received a DIN, and as such are available for sale and would be eligible for reimbursement from plans.

Mr. Ron McKinnon: Apart from those two products, a producer or manufacturer hasn't come forward and said, "Listen, we want a DIN for this product, and here is the evidence", and so on and so forth. Okay.

Mr. Zaid, can you give us any feedback regarding that? Have you talked to people about applying for such an identification number?

Mr. Jonathan Zaid: We'd absolutely love to see a drug identification number application put forward by a drug company, but one of the issues surrounding cannabis and what makes it unique is that it's a plant. It's not a patentable molecule, and that's typically what the therapeutic drug directorate regulates.

When talking about cannabis, there's a wide range of indications. Really, it does come back to the research. We need to focus on research specific to medical cannabis. The government has an obligation in this role, we believe, because of the limited patentability of cannabis, to really incentivize research and ensure that we have the research needed to get to that DIN. In the interim, we believe cannabis should be assigned a DIN or something equivalent to start facilitating reimbursement, as it's such a vital issue for patients across the country.

Mr. Ron McKinnon: It sounds like there's not enough research. It just needs people to enter the formal process to make that happen. You're not aware of anybody having started such a process?

Mr. Jonathan Zaid: No, not in terms of the application process, but there are definitely some ongoing small-scale clinical trials by some of the licensed producers. It's not nearly to the degree that we would like to see it. We'd also like to see the \$25 million invested in CIHR so they can grant it out, so that it's unbiased research and not necessarily sponsored by drug companies.

Really, it does come back to the research. Again, the patentability, as well as the wide range of indications, means that there's a lot of research to be done. It's expensive clinical research. The Arthritis Society held a forum a couple of years ago, brought all the researchers together, and created a report that set out a list of priorities. Now we have the priorities. We know what we need to study. We just need the funding to enable us to do that.

● (1120)

Mr. Ron McKinnon: I think Ms. Black would like to respond to this.

Ms. Hilary Black: There is quite a lot of great research around medical cannabis. It's in large-scale human clinical trials that is really where the dearth of research is. We have to remember that we're talking about a plant that's been prohibited for almost 100 years, so for people who have been wanting to research it, it's been impossible to find a legal, consistent supply. Also, it's very onerous and takes an extremely long time to get licensing, even for laboratories.

One of the things this government can do, besides funding research, is to encourage, facilitate, and expedite it in any way that's in your power to do so.

Mr. Ron McKinnon: You say there's a lot of research out there, but unless someone starts a process for an application, it's not going to do anything to achieve a drug identification number.

Ms. Hilary Black: As Jonathan said, there are some complications around cannabis because isn't patentable. My understanding would be that if the government allocated some resources and, from your side, encouraged research into the medical applications of cannabis rather than holding it back, then we would be able to start seeing more progress.

The Chair: Ms. Bogden, do you have a comment?

Ms. Jacqueline Bogden: I perhaps should have said in my first answer to the committee member's question, Mr. Chair, that the proposed cannabis act would provide greater flexibility for the minister to authorize different types of cannabis research than we do now. What I mean by that is it would improve the current process that requires individuals to seek an exemption in order to be able to do this kind of research.

I think one of the virtues of the proposed legislation is that it will enable and facilitate research. I perhaps should have mentioned that from the outset.

Mr. Ron McKinnon: Ms. Black, I believe you're asking for prescriptions to be issued instead of authorizations. You feel it would give better access to the product. Is that correct?

Ms. Hilary Black: Because of the current medical regulations at the ACMPR, we call the authorization to cannabis an authorization rather than calling it a prescription because it's like the chicken and the egg, back to the fact that it's not an approved medicine, so you can't technically call it a prescription because it isn't an approved medicine.

By calling it an authorization and not a prescription, that is the answer that many people come to on the dead end of trying to get insurance coverage, and that's the reason why the Tax Court said that GST is applicable to medical cannabis.

Mr. Ron McKinnon: My understanding, though, is the doctors are reluctant to issue prescriptions because they don't have the research to back them up. They don't know the specific medical consequences of particular potencies and so forth, so I would suspect they would be less likely to issue a prescription than they would to issue an authorization.

Ms. Hilary Black: I am not a physician, but I do communicate with many physicians regularly. I would suggest that the authorization form physicians currently have to fill out takes more time and is more onerous than filling out a prescription on a prescription pad.

I think whether we call it a prescription or an authorization, it's not going to address the issue of the research and education that is needed for physicians across the country.

The Chair: Time is up. Thanks very much.

We'll go to Mr. Webber.

Mr. Len Webber: Thank you to the panel for being here today. I also want to thank you, Ms. Black and Mr. Vandebeek, for the work you do and have done for the last 20 years. I am a strong advocate for medical marijuana.

My wife at 37 years old was diagnosed with stage 4 breast cancer and went through incredible chemotherapy and radiation. The nausea was intense. It was uncontrollable to the point where there was desperation. We had to go to the illicit market to get marijuana to try, and it worked. It worked for her nausea. Of course, back then we had no idea what was in it. Obviously, there was strong THC in it that caused a lot of bad experiences, but it took away her nausea. I think it is vital to Canadians to be able to go to an outlet where they can be prescribed the proper marijuana for patients who suffer like that. Again, I'm a strong advocate for that.

You talked about some of your young patients. Of course, Mr. Zaid, you're a young individual as well, requiring marijuana. I'm happy that you found something that helps your headaches, by the way.

I ask you both, are you not concerned about the strong scientific evidence of the correlation between use as a youth and mental issues because of the developing brain?

I'll start with Mr. Zaid.

• (1125)

Mr. Jonathan Zaid: First of all, yes, of course I'm concerned about that. I think it's a different context when we're speaking about medical use and other recreational use.

Again, I tried 40 prescription medications. Not one of those medications was ever studied in my condition, no research whatsoever. They had side effects that included death and cognitive impairment, and these were given to me without any of these types of questions.

I think it comes back to when you're suffering a medical condition, there are risks to alternative treatments and there are risks to not having effective treatments, and so for me, the risks really weren't comparable to the benefits that it could afford me. I think that's the issue with lots of patients.

The second aspect I would propose is also that we talk a lot about cannabis as a whole, but really there are hundreds of chemicals within the plant itself. There is some research that THC is concerning regarding adolescents' brain development, but lots of the pediatric patients are on pure CBD, and that research isn't correlated to brain development.

With those two aspects, the medical context as well as different cannabinoids that may be being used, I think there is definitely potential among young people.

Mr. Len Webber: Is it the CBD that helps you in your headaches, or is it a mixture of both, or is it the THC? What has helped you?

Mr. Jonathan Zaid: It's a mixture. During the day I usually use mainly CBD. I'm on cannabis right now. I don't think anyone would think I'm impaired. Most people wouldn't think I have a very severe chronic illness either. I have effective symptom management. I'm not high. I use a bit of THC at night. It helps me sleep, and that's such an important thing to having a healthy lifestyle. Overall, it's really effective in improving my quality of life.

Mr. Len Webber: Ms. Elisma, you mentioned that you're a cancer survivor, and in your presentation you said you continue to use CBD. I understand that marijuana is good for nausea and such, but why would you continue to take it after your treatments?

[Translation]

Ms. Daphnée Elisma: One thing I didn't mention earlier during my presentation is that, in addition to chronic pain, I developed very persistent migraines. My treatment consists of high doses of CBD mixed with THC. This allows me to have a better quality of life. I currently have no migraine problems. They have completely disappeared since I started treatment. I used several prescription drugs previously, including naproxen. These very powerful drugs caused health problems for me. When I turned to medicinal cannabis, my quality of life improved considerably. I want to continue this treatment for the rest of my life.

[English]

Mr. Len Webber: Thank you for that.

Ms. Bogden, you described licensed producers and the strict requirements they have to adhere to. I had the opportunity to tour a licensed facility north of Calgary. You described it accurately. It was like entering a federal prison to get in there to begin with, but yes, there were sanitary requirements. You could eat off the floor, it was that clean. It was very impressive. I encourage all of our members, if they have the opportunity, to tour one of these licensed producers.

With respect to comments you made about strict clearance for licensed producers, we've had a number of presentations here where people have recommended that we allow individuals who have had past experience, perhaps even marijuana convictions, to apply for licences and be accepted for that. What are your thoughts on that?

Ms. Jacqueline Bogden: We have a process around the security clearances that is in place principally for two reasons: to protect the integrity of the legal system as it stands now and to protect it against diversion. Very consciously we have made decisions around the requirements for security clearances for all of the key individuals in the organizations. It's an important feature of the system, and it would continue to be going forward if we want to ensure that the system isn't infiltrated by organized crime.

While we are certainly aware of the positions that others have put forward, and those will be taken into consideration as the regulations are designed in the future, I think we also need to remember the objectives the government has in protecting the integrity of the system.

• (1130)

Mr. Len Webber: Okay.

The Chair: Mr. Davies.

Mr. Don Davies: Thank you to all of the witnesses for being here.

Mr. Zaid, in what form do you ingest your cannabis?

Mr. Jonathan Zaid: I mainly ingest via vaporization as well as some capsules. I find that's the most effective for me. But I definitely would like to try other product forms, including sublingual tinctures and creams for nerve pain. These products aren't available within the system.

There was a Supreme Court case which ruled that patients should have access to a diverse range of products. Health Canada responded to that by allowing the sale of oils and capsules, but there is limited potency in the capsules, which is a big problem, and there still are not basic products like creams available. We would like to see a wider range of products.

Mr. Don Davies: Madame Elisma, how do you ingest your cannabis? Do you smoke it or do you take it in some other form?

[Translation]

Ms. Daphnée Elisma: Like Mr. Zaid, I use a vaporizer. I also use cannabis oil, which I buy from a licensed producer of course. It really helps me a lot in managing the symptoms of my pain. I sometimes use it dried, and sometimes I smoke it, depending on what I need during the day. That said, I mainly use it in a vaporizer and as an oil.

[English]

Mr. Don Davies: *Merci.*

Ms. Bogden, you testified about the licensed producer as a very... you called it a strict licensing regime. You test for pesticides and mould, CDB and THC levels, sanitation, and safety. There are inspections. None of that is being done for edible manufactures today, is it?

Ms. Jacqueline Bogden: Under the current system licensed producers are allowed to produce dried cannabis and cannabis oil, which can come in many forms.

Mr. Don Davies: I understand that. So edibles are not part of that regime. None of that testing regime you described applies to anybody making edibles in this country right now. Am I correct in that?

Ms. Jacqueline Bogden: Do you mean an individual who is allowed to produce a limited amount of cannabis at home?

Mr. Don Davies: Anybody who's making edible products for sale in this country illegally or otherwise is not subjected to that testing regime. That's what I'm trying to establish.

Ms. Jacqueline Bogden: No.

Mr. Don Davies: Right.

Ms. Black, one of your recommendations is:

Ensure legal access to cannabis products in all of its various forms and potencies, including but not limited to: herbal cannabis, capsules, tinctures, topicals, resins, finished edible products. Otherwise patients will continue to access them in the unregulated market. This move would bring federal policy in line with the recent Supreme Court ruling, *R vs. Smith* 2015.

Can you elaborate on that and maybe explain the reference to the *Smith* case?

Ms. Hilary Black: Certainly.

You heard from Kirk Tousaw yesterday evening. I wish he were here today to speak in more detail about that case. My understanding is that the spirit of that ruling essentially ensured that there's charter protection for patients to use cannabis in all its forms. We see at our organization that cannabis can be used in a very broad range of forms, many of which have been named here. I think that if all those products are not included in the legal market moving forward, if these regulations don't follow the spirit of that Supreme Court ruling, even though it's about patients but applying it to the recreational market, that again, we're just going to have all those products being produced in an unregulated environment.

One of my greatest concerns is that some cannabis concentrates for inhalation are currently made with carcinogenic solvents like butane. It's a solvent that people use to make inhalable extracts. If it's not produced correctly, carcinogenic remains can be left in the product. Potent, inhaled products are one of the most important things for the government to regulate.

• (1135)

Mr. Don Davies: In the BC Compassion Club study, what percentage of products are your patients and customers purchasing that fall into the edible concentrate and non-smokable form?

Mr. Marcel Vandebek: It's probably roughly about 30%. However, on the edibles, since the City of Vancouver had asked—demanded, essentially—that everybody stop having edibles for sale, we stopped carrying them. Obviously, we wanted to stay compliant with the city bylaws. In the last couple of years that number has been a little hard to figure out, but I'd say roughly 30% to 35%.

Mr. Don Davies: We've heard some testimony on labelling products. I'm wondering what advice you would give this committee on what kind of information should be on a package to help the consumer make an informed choice of cannabis product.

Ms. Hilary Black: I have some concerns about plain packaging requirements, one being that, again, it will give an advantage to unregulated producers to be able to create colourful or attractive packaging. Anything that you restrict in the legal market that the unregulated market can do is going to create an advantage. In our experience, it's very important to be able to have some product information. Also I think some sort of branding is necessary for consumers to be able to distinguish the producer, what company they're buying cannabis from. I think this place is where this committee will need to find a balance between labelling restrictions and being reasonable about it.

Again, if we look at the way we're able to package alcohol, which we know is more harmful than cannabis, you're able to have product information and some branding, some fonts and colours on the packaging. I think if we want to restrict things like cartoons or things that would specifically draw the attention of children, that's reasonable.

Mr. Don Davies: Thank you.

Dispensaries versus pharmacies, do you have any opinion on that?

Ms. Hilary Black: This is a very complex issue. For a long time, the governing bodies of the pharmacies were saying that they were very opposed to medical cannabis. It is not until quite recently that they have come along, realizing that there is quite a large and profitable business to be had being a distributor of medical cannabis.

I do believe that cannabis should be in pharmacies—that's one way to give equal access to patients across the country—but I absolutely do not think it should be exclusively in pharmacies.

Last year, I had the privilege of organizing a special meeting of patients for the task force on legalization with CFAMM and the Arthritis Society. We had a wonderful half-day meeting with a diverse group of patients, and there were only a few of them who wanted to access cannabis only within a pharmacy.

Mandy McKnight, who is here, will talk to you about the problems she has when she goes to get her pharmaceuticals for Liam in the pharmacy, and how what she really wants is something like what the Compassion Club has, which is a specialized medical cannabis storefront where people can come and we will spend 60 to 90 minutes educating them. We will spend the time talking about all the different possible products and how to take them very safely. We have the experience and expertise to take care of medical cannabis patients in a way that I think is superior to what any pharmacy can provide.

The Chair: Thank you very much, Mr. Davies.

Now we go to Mr. Ayoub.

Mr. Ramez Ayoub: Thank you, Mr. Chair.

I'm going to ask the question in French, so if you need to use the earpiece, please do so.

[*Translation*]

I would like to start with Mr. Vandebek.

You said earlier that you are making sure you sell cannabis at a price below market price. What do you charge per gram of cannabis?

[*English*]

Mr. Marcel Vandebek: It's roughly \$4.84 per gram. Normally, we purchase by the pound, so it's pro-rated.

[*Translation*]

Mr. Ramez Ayoub: Thank you. That largely answers my questions on that. I had heard that it was selling for up to \$10 a gram, and even more at different levels. It is important to make sure to eliminate the black and illegal market and organized crime. You also mentioned that your suppliers are clear and that they are not involved in organized crime. That's one of your findings. You are aware of this and approve of this way of operating. That's what I understood.

• (1140)

[*English*]

Mr. Marcel Vandebek: Yes.

[Translation]

Mr. Ramez Ayoub: Thank you.

Ms. Bogden, you said that there are 58 authorized producers and that 275 inspections have been made across Canada. Have you ever seen a breach that has permitted the infiltration of organized crime? Have any producers had their licence withdrawn or changed as a result of any infiltration by organized crime?

[English]

Ms. Jacqueline Bogden: That's a very good question. The answer is no. Part of that is in the design of the system, the various strict controls that we have up front in relation to security and who can be involved in this.

[Translation]

Mr. Ramez Ayoub: I have another question for you because of your answer.

I believe that Rick Barnum, the deputy commissioner and provincial commanding officer of the Ontario Provincial Police Investigation and Organized Crime Command, mentioned here in his testimony this week that there is no doubt that organized crime has infiltrated medical cannabis producers in Canada. Is it all producers or only a few? I don't know, but he was very assertive in his testimony.

What's your response to this?

[English]

Ms. Jacqueline Bogden: I can categorically say, with respect to the licensed producers, that this is untrue, to our knowledge. If anyone had evidence to the contrary, it would be very important to bring it to the attention of the RCMP and others, and ultimately us, if there was a concern of that kind.

[Translation]

Mr. Ramez Ayoub: Right.

Clearly, further research is needed to get an answer. I think Mr. Barnum's statement is certainly worrying.

I'll move onto something else now.

I fully understood what Ms. Black, Mr. Zaid and Ms. Elisma are asking. In terms of the drug identification number, the DIN, neither the industry nor the producers have made any such request.

If I've understood correctly, cannabis is in a different class. It's a plant product and, to some extent, a medicinal product. Although much scientific research has already been done, more needs to be done to demonstrate it administratively.

If you were asked to amend the bill so that it contains a customized process for cannabis, what would you recommend? What recommendations would you like to make to the government and the Minister of Health to change the process so that doctors can write a prescription instead of completing an authorization form? So, instead of a long form, there would be something quicker and standard, as there is for a drug.

[English]

Ms. Jacqueline Bogden: Thank you, Mr. Chair, for that question. That's a question that actually the task force on cannabis legalization

considered in its deliberations on the medical access system given the input and feedback that it received from patients and advocates about whether there couldn't be a separate pathway considered in order to be able to authorize these drugs, or a different way to do it. I think that after careful consideration and deliberation, the task force came to the conclusion that the system that exists now can work, that the government should do what it can to encourage research, including by making the changes that it is making through this legislation, which would encourage research at the preclinical or clinical level and at universities, or research that might be funded by licensed producers. The system that we have works, and by encouraging research, we will probably see increased research in those areas that will lead to market authorization for cannabis in its dried or other forms.

[Translation]

Mr. Ramez Ayoub: Until now, we have only been able to see a failure or at least a shortfall, since nobody, not even a producer, has made a request. I don't like to assume things, but in this case, I guess it's probably because they're already taking note of failure. Even before they apply, the producers know that they will not meet the eligibility requirements, which means that they aren't applying. Without an application from producers, there is no identification number, and doctors can't write a prescription, since they don't have assurance that the product is not a problem from a medical perspective. It is an endless cycle. Nothing will happen unless the process is changed.

The medical benefits of marijuana have already been recognized elsewhere. Here, however, there is an administrative shortfall, which needs to be addressed. Several years later, there is still no solution. It's a gap that needs to be addressed quickly.

That's what I would recommend if I were in your shoes.

• (1145)

[English]

Ms. Jacqueline Bogden: Perhaps what I would offer for the committee is that while cannabis for medical purposes has been used, as the other panellists acknowledged, for a very long time, the regulated system of access that we have in place in Canada was created only at the very end of 2013. So we are three years in to the establishment and to growing and developing a licensed industry that's capable of producing quality-controlled cannabis. I think it's reasonable to appreciate that it will take a bit more time. As other panellists have indicated, licensed producers have, in their own right, been funding research in conjunction with universities across the country. We do have close to 12 universities that are undertaking research, preclinical, clinical, and other research, in the area of cannabis for medical purposes.

It's emerging. It's starting. Perhaps we can give it time to see if it will succeed. The process we have in place for approval of drugs works.

The Chair: Your time is up.

That completes our first round of seven minutes. We'll now go to a round of five minutes, and we're going to start with Ms. Gladu.

Ms. Marilyn Gladu: Thank you to all of our witnesses. I'm well acquainted with the excellent controls in the medical cannabis regime.

I have a question for Ms. Bogden.

We had a witness last night allege that, because of the way we've implemented medical marijuana in Canada, it is causing us to violate three international treaties. Is that even true?

Ms. Jacqueline Bogden: I'll acknowledge, of course, that Canada is signatory to three international conventions, is quite aware of our obligations, and takes those obligations quite seriously. With this new legislation, I think the government made it pretty clear that its intention is to put public health and safety first. That's why it's seeking to put in place a new, more effective control framework.

We recognize, of course, that there will be questions raised about our international obligations. I think our focus right now at this point in time, given that the legislation has only been introduced and that this study has just begun in Parliament, which is an important part of our democratic process, is on reaching out to those international partners, explaining the content of the legislation, what the government's objectives are, and what it is that we're seeking to do so it is well understood.

I think that we're also trying to help our partners understand the situation that exists in Canada today in terms of youth use, in terms of the illegal market and what that represents, and that is, I think, the focus of our efforts at this point in time.

Ms. Marilyn Gladu: Okay. So you don't think we're out of compliance now, that it's just a question of whether the legislation will complicate that.

Ms. Jacqueline Bogden: I'm not the best person to.... It's not my background to express an opinion or advise you on whether we are or we aren't in compliance at this point.

Ms. Marilyn Gladu: Let me switch gears, then.

One of the things that we've heard consistently is that we need to have public awareness and education on cannabis and on its impacts, and it should be directed at parents and at youth. What is the current status of the development of the public awareness program within the Department of Health in the rollout?

Ms. Jacqueline Bogden: Proactive public education and awareness activities are very important, and the government considers that a central feature of its approach to protecting health and safety and minimizing the risk of cannabis use. That's why the government made an initial investment of \$9.6 million in the most recent budget, so that we could begin those public education and awareness activities now.

A significant focus of our efforts at this point in time is to reach out to young people, to parents of young people, and to others who influence them to encourage them to have conversations about the risks of cannabis use and the dangers to their safety of driving or driving with others who might be impaired.

• (1150)

Ms. Marilyn Gladu: Are there specific programs? Are there specific packages people can access?

Ms. Jacqueline Bogden: Sure. One good example, which you might have heard about earlier this week, would be from Drug Free Kids Canada. Health Canada has been working with them. They produced a quite excellent guide for parents.

Ms. Marilyn Gladu: Yes, we heard about them. They've gone to 100,000, I think, parents to do that.

Ms. Jacqueline Bogden: Yes, they have.

Ms. Marilyn Gladu: What about the young people, the education for them?

Ms. Jacqueline Bogden: We have produced a number of information pieces for them that are available on our website. We've been promoting that through social media since last January with a very high take-up rate through all of the ways that we can. Kids like to get their information on their mobile devices. We're very cognizant that we need to do that. We're in the midst of preparing some educational videos now that would be available on YouTube, which is also another way—

Ms. Marilyn Gladu: Excellent.

Ms. Jacqueline Bogden: —that kids really like to be able to get that kind of information.

We are really being focused on presenting the facts. We've done some public opinion research on young people and how they like to get information. They really want to have the facts and make up their own minds. They don't want preachy messages. We're going to make every effort to engage youth in the further development of our campaign.

Ms. Marilyn Gladu: Okay, very good. Thanks.

I have one last question, and this one I think is for Ms. Black.

One of the concerns I have is that when recreational cannabis becomes legal, it looks to me like the same situation will happen as when pharmaceutical drugs, which used to be behind the counter, end up being available in all the pharmacies anywhere, and health benefit companies quit covering them. Do you think there is a potential for that to happen with medical cannabis?

Ms. Hilary Black: I'm afraid I don't totally understand your question, because cannabis doesn't currently have any coverage. Can you reframe the question for me so I can try to do a better job of answering it?

Ms. Marilyn Gladu: This is news to me. No health benefit company will reimburse?

Ms. Hilary Black: There are very few. Jonathan is a bit more of an expert in that. A small handful of patients across the country have managed to advocate for themselves to acquire cost coverage for their medical cannabis, but it's very rare. This is why a lot of the recommendations that Jonathan and I are both making are to make systematic changes, including my suggestion that the federal government include medical cannabis in the health plan for its own employees as a leadership initiative. This is one of the greatest struggles patients are facing. Two federal employees in the room today are going massively into debt and looking at remortgaging their homes to be able to acquire the amount of medicine they need.

Ms. Marilyn Gladu: That's very good. Thank you.

The Chair: Thank you very much.

We'll now go to Ms. Sidhu.

Ms. Sonia Sidhu: Ms. Bogden, you said that cannabis could be classified as a therapeutic product with a drug identification number if a business applies. Is it a hard process to apply for? We heard from witnesses earlier that there is an educational certificate when they are doing it. Is there a system set up for them when they are applying for that licence? I imagine more companies might be willing to do so. Is educating for the...?

Ms. Jacqueline Bogden: Do you mean on how to apply to market a drug in Canada?

Ms. Sonia Sidhu: Yes, when they are applying for that licence.

Ms. Jacqueline Bogden: When they're applying to market the drug... I'm not responsible for that program in particular, so I—

Ms. Sonia Sidhu: Is there an educational campaign?

Ms. Jacqueline Bogden: To help companies apply? I don't believe so, but I would imagine—I'm almost certain—information would be available on Health Canada's website about how to apply to seek market authorization, and the requirements that companies have to fulfill in submitting the application.

I mentioned some of the requirements already such as the need for preclinical and clinical studies. That's the actual research that will demonstrate the efficacy, quality, and safety of the product. They also have to provide details on how it will be produced, packaged, labelled, additional information about the therapeutic claims, and any side effects of the drug. Those are the kinds of things they need to submit.

I'm sure information is available to them, and public servants are usually pretty good at helping people when they need information to apply. I would imagine that we try to be as helpful as we can.

• (1155)

Ms. Sonia Sidhu: I also heard authorization number and DIN. Right now, there's a prescription fee on DIN. Is a fee available for authorization numbers? With a DIN for medical marijuana, will there be any extra prescription fees?

Ms. Jacqueline Bogden: Right now, under the—

Ms. Sonia Sidhu: I'm talking about after it becomes legal.

Ms. Jacqueline Bogden: Will there be an additional fee? Maybe I'll answer your question by saying how it is now. If a person wishes to access cannabis for medical purposes, they go to their doctor and get a document that the doctor will fill out. We provide an example, or we'll take something as long as they give the right information. That's a medical authorization. It's not a prescription, as Ms. Black explained earlier.

A prescription can only be used for a drug authorized for sale in Canada. We have an equivalent, which is a document the doctor signs and dates and indicates the period of time. That clearly indicates how much they're authorized to use. The individual would take that to a licensed producer to register, and then be able to access cannabis.

Ms. Sonia Sidhu: In maintaining quality control is a recall process in place?

Ms. Jacqueline Bogden: In the event that it's necessary, absolutely. There are rules in the regulations that would give Health Canada the power, if it needed it, to require a mandatory recall. In most of the instances, the recalls we've seen since the system began are when companies discover instances or concerns and undertake a voluntary recall. They're quite conscious of their obligations under the regulations and not putting public health and safety at risk, and so they will initiate those recalls as a precautionary measure. In any instances we've uncovered through our inspections, that's how it has happened.

Ms. Sonia Sidhu: How can we regulate a similar price? Someone said that it's \$4.54 per gram, and we also heard that it's \$10 per gram. Is there any system in place?

Ms. Jacqueline Bogden: In terms of the prices of licensed producers, the first thing I would say is that we keep a very close eye on availability, pricing, and the variety of cannabis that's available on the market. Licensed producers are required to report to us—I think David will help me—on a monthly basis.

Mr. David Pellmann (Executive Director, Office of Medical Cannabis, Department of Health): Yes.

Ms. Jacqueline Bogden: It is through that collecting of systematic data and a number of other sources that we keep an eye on what is going on.

In terms of the price that's available now from suppliers, the average price is about \$9, but licensed producers offer a range of products that can be between \$4 and \$18 per gram, depending on what the product is and the format in which it is sold.

The Chair: Thanks very much.

Now we go to Dr. Carrie.

Mr. Colin Carrie: Thank you very much to the witnesses for being here today. It's very good testimony.

I want to express the importance of the difference between medicinal and recreational marijuana that you pointed out, because I think everybody around the table wants to ensure the health and safety of Canadians. However, many people using medicinal marijuana are very ill. Before this business, I was a chiropractor, and I saw a lot of people with chronic pain who, after years of non-steroidal anti-inflammatories, had chosen to move into marijuana, with many fewer side effects and much better results. There is definitely a really good role here in our health care system.

Again, looking at the health and safety of Canadians... People brought up home cultivation and quality control inspection. I know Health Canada... Even with a huge bureaucracy, we've had issues. You mentioned recalls. There has been marijuana made available to patients that had fungicides, pesticides, and carcinogens in it. The worry is that, even with medicinal marijuana, there seems to be a challenge to make sure that it's inspected and that it's safe.

I want to ask you about homegrown and about quality control. How do you manage that? Is there a difference between home-growing for medicinal use and home-growing for recreational use? Do you have comments on that?

• (1200)

Mr. Jonathan Zaid: In terms of medicinal use, we definitely have comments. Health Canada has taken steps over the past six months to a year to allow patients who are authorized to home-grow to submit their products to a lab for testing. Of course, there are issues with affordability. Testing at a lab is difficult for patients, and lots of people are producing at home because of affordability, so it's inaccessible in lots of ways, even though we commend them for taking that step because, before, patients had no testing abilities.

In terms of the health and safety risks, I would say that, as we move out of prohibition, a lot of this should fall under bylaws, safety codes, and those kinds of things, to ensure that people have safe wiring and no fire risks, but it definitely can be done safely. People need to have proper education on how to do it.

Mr. Colin Carrie: All right.

Madam Black, do you have a comment on that?

Ms. Hilary Black: No, I think Jonathan covered it.

Mr. Colin Carrie: One of the things we've heard from Colorado... When we were talking about recreational use, the comment was, "When we did it, it was like flying a plane while building it." One of the things they advised us to do was not to do the same, to slow down and make sure we get it right. They recommended that we have things in place like public education, baseline data and data collection abilities, and treatment research.

I notice in your recommendations that both of you are recommending more money for research. With 288 days, a lot of the witnesses are wondering if this is an opportunity lost.

I was wondering if you could comment, because you are on the ground. You're helping patients. Do you have access to programs through Health Canada or the government, if you are trying to educate your patients, if it's anything from how to do a proper homegrown, for example, to how to utilize it? Data collection...so that when you're dealing with patients you can actually say that patient A has had vaporized marijuana, versus smoked marijuana, versus edible marijuana. What are the dosages? What kind of effects are out there? You can look at this as a baseline so that the recreational market can utilize that data and make sure that it's even safer...labelling and recommendations moving forward.

Do you guys have access to those types of programs or funds at this time?

Ms. Hilary Black: At this time for the Compassion Club, no. We have been engaged in civil disobedience for 20 years, so we don't engage in official research with the government in any way. We don't receive any kind of government subsidies. Speaking of subsidies, I want to segue a bit to let you know that employees of the Compassion Club generally earn less than \$25,000 a year. We're talking about people who are working for very little to provide these additional health care services.

As for data collection, because we haven't had access to cannabinoid testing, we haven't been able to collect data that will give us correlations between cannabinoid profiles and symptom management. What we are able to do within our own little bubble is to keep immaculate records of what the clients are consuming. Anything that a patient is consuming we know about. All the way back to if they registered with us 18 years ago, we have a profile of every single thing they ever procured from us. If there is any feedback about what worked for them or didn't, we can put it down in their patient profile. We haven't brought all of that data together, but we've created it in a way to create specialized patient service on a one-on-one basis. I would say that we are an organization that is ripe for working with a research organization, because of the huge patient base and the incredible amount of experience we have.

Mr. Colin Carrie: I think you have valuable experience. There are 288 days left before this moves in, and I think you would agree with Colorado that it would be good if we had these resources and baseline data available as we move forward.

Ms. Hilary Black: Even more so than data, what is important is the common-sense education around maximizing benefits and minimizing risk, and that's a place where we have a tremendous body of knowledge. There are pretty simple recommendations you can give people on how to avoid adverse effects from ingesting cannabis, and how to make sure they're not driving or operating machinery while impaired. These are things we have been navigating for 20 years.

• (1205)

Mr. Colin Carrie: Thank you for doing that.

The Chair: Now we go to Mr. Oliver.

Mr. John Oliver: In the questioning, Ms. Bogden, we heard from witness after witness. It's been a long journey since we saw you Monday morning, but the importance of public education in getting this going is absolutely paramount, so it's great to hear about the initiatives that are there. You are right. We heard a very good presentation from a group that produced quite an excellent document, which I'm going to take home with me. In the presentation, they had you speaking to youth about marijuana in a very thoughtful way, and I thank you for that.

Bill C-45 is quiet, though, on public education. I think some jurisdictions suggested that they were mandated to use a percentage of the proceeds from the sale of marijuana or cannabis for education. Are you happy with Bill C-45 as it is now? Does the educational component, the public health message, reside elsewhere in the health department? Will it be a continuing ongoing strategy for health or does it need to be in the bill itself?

Ms. Jacqueline Bogden: As I said in the answer to a question from another member, public education is a very important part of the government's strategy. Taking a public health approach to cannabis or tobacco is about maximizing public education and minimizing the risks of use. In answer to a question from one of the other honourable members, I talked about the work we have under way. We are talking to young Canadians about cannabis to make sure that they're thinking about the health risks. That's part of the work we're doing now. In the weeks and months ahead, if this bill is passed by Parliament, we will perhaps be working in concert with other partners to get additional information out.

Mr. John Oliver: Whether the bill passes or not, given the prevalence of the use of marijuana in youth, I'd say that in getting those public messages out, the more you do and the sooner you do it, the better.

Moving to another topic, I understand from the BC Compassion Club Society, in their recommendation number five, that licensed manufacturers are not yet permitted to produce edibles. Is that right?

Ms. Hilary Black: This is where there is some confusion. Licensed producers are able to distribute cannabis oil that is not for inhalation, but that is used for consumption. You can take the oil directly—

Mr. John Oliver: You can buy the oil.

Ms. Hilary Black: —on a spoon or syringe, or you can take it home and produce baked goods out of it.

Mr. John Oliver: However, in terms of some of the other things we've heard from other jurisdictions, like Colorado, where there's quite a robust market....

Ms. Hilary Black: No. When we're talking about edible products, other than infused oils, they are not currently allowed from the licensed producers.

Mr. John Oliver: There has been a very prevalent concern raised by witnesses that edibles should be part of Bill C-45 and for some very good public health reasons. The first is that otherwise people are primarily going to be smoking and inhaling and second is that the black market, or the other market, has competing goods in this area.

What we heard on Monday was that it was too soon. The experience in Colorado was that launching edibles would take some time and there are complex regulations, so it wasn't included. However, it's been three years now and I'm sure that the medical marijuana users have been advocating for manufactured edibles for sometime now, for three or four years.

It leads me to wonder what's happened. Why hasn't Health Canada addressed this? Is it you just don't think it's an important component of the market? Why haven't you addressed it for the medical marijuana group? Then you would have had the regulations and things ready for recreational.

Ms. Jacqueline Bogden: I guess what I would offer is that enabling the production of cannabis oil.... When the licensed industry first began, it was only for dried cannabis and enabling licensed producers to begin producing cannabis oil is a relatively recent addition to the system, which is in part in response to a Federal Court decision. It was the summer of 2015—a year before I started this job; have I got that right?—we have really focused on....

We put those regulations in place, which allow producers to produce cannabis oil, as Ms. Black mentioned, in a variety of different forms and have been working with those who are interested in increasing the supply of that. There has really been a focus on enabling those licensed producers that want to increase that so we can ensure that....

• (1210)

Mr. John Oliver: I know you've been down there, so I think you'd agree that in Colorado, they have an incredibly diverse range of edible products.

Ms. Jacqueline Bogden: Absolutely.

Mr. John Oliver: Why haven't you allowed that to develop or why hasn't Health Canada come out with the guidelines around that, for at least medical marijuana consumption?

Ms. Jacqueline Bogden: As I said, we haven't contemplated authorizing a broader range of products.

Mr. John Oliver: Why is that?

Ms. Jacqueline Bogden: I think we were focused on enabling the cannabis oil and building that industry, by putting those regulations in place. We were focused on that. Our minds might have turned to looking at other products. Then with the change of government and the commitment to legalizing and becoming strictly regulated, I think we put some energy and attention into supporting the government on that.

Mr. John Oliver: There's no other reason why you wouldn't be proceeding with edible products then?

Ms. Jacqueline Bogden: No, absolutely not.

I think we recognize, as many of the witnesses before this committee have this week, that we should be doing everything possible to enable people to consume cannabis in ways that will be safer and will minimize the harms. That is why this legislation contemplates bringing into force regulations for products such as edibles or concentrates and other things. That's contemplated by this bill.

The Chair: Thank you very much.

Go ahead, Mr. Davies.

Mr. Don Davies: Ms. Bogden, the curiosity to me is that yes, the legislation contemplates edibles, but it doesn't legalize it. We're the health committee and you're the ADM of Health, is it not the case that smoking cannabis is the least healthy way of ingesting cannabis?

Ms. Jacqueline Bogden: Absolutely.

Mr. Don Davies: However, ironically in Bill C-45, the focus of it first and foremost is to break out smoking cannabis, which is the least healthy way to do it and leave aside edibles and other products that many patients prefer because they don't have to smoke. We're leaving that for a future day down the road. That strikes me as perverse from a health point of view.

Ms. Jacqueline Bogden: May I respond to that?

Mr. Don Davies: Yes, please.

Ms. Jacqueline Bogden: The legislation contemplates a range of products. When the legislation comes into force, there will be dried cannabis, which as some of the panellists here today have acknowledged, people are consuming it by vaporizing it and things like that. More important, it will also enable people to access cannabis oil, which is produced under strictly regulated circumstances. You can ingest it by drinking it. You can put it in your tea or bake it into baked goods. There are many different ways that people consume it. Therefore, it's very important that as of next July people will have access to a regulated, quality controlled supply of cannabis oil, which is a healthier way to do that, if they choose to ingest it.

Mr. Don Davies: My understanding is that the problems with the oil, when it comes to vaping, is that the THC percentage of 3% means that vaporizing THC at that concentration is not sufficient to give people the concentration of THC they need.

By leaving that oil to be produced by Canadians, I guess in their kitchens, means that we really don't control, then, the mould, the sanitation, the concentration, the dosage, and the childproof containers, and that those products may end up in.... I guess that is my point.

Ms. Jacqueline Bogden: Could I respond to that, Mr. Chair?

Mr. Don Davies: Ms. Bogden, I want to address a couple of questions to Ms. Black in my limited time.

Ms. Black, I want to ask you about advertising. One of your recommendations is to ensure that advertising restrictions do not unduly limit the capacity for service providers to provide education and convey product characteristics and help instill consumer confidence in this new regulation. We've heard some testimony that really sends a very dire message to this committee about advertising, that we don't want it in sports facilities, we don't want it on billboards, and we don't want to convey lifestyle advertising. I understand that.

What do you mean by the recommendation in your testimony?

• (1215)

Ms. Hilary Black: Thank you for the question. Before I answer it, may I clarify something for you on your previous question?

Mr. Don Davies: Yes.

Ms. Hilary Black: The restrictions, as I understand them.... I simply want to be clear that the restrictions in the oils that are currently available are not for vaporizing. Those are for ingestion only.

I also want to make a comment that inhalation is a very important mode of administration and it can be done very safely when a vaporizer is used properly. I want to make sure that we're not demonizing it in terms of patients using inhalation since the

immediate onset of symptom relief is very important. My understanding is that the restriction in the ACMPR currently is 30 milligrams of THC per millilitre—I'm not quite sure where the 3% number came from—and 30 milligrams of THC is quite a lot. When I am teaching patients how to use cannabis for the first time, if they're using oil, I have them start with 2.5 milligrams and wait until the next day before they increase it.

I just wanted to clarify that.

In terms of advertising, from the Compassion Club perspective we would like to be able to do more patient outreach. We have always worked very hard to be compliant with every bylaw, every little law we can possibly be compliant with, while we break the big ones. We don't do any patient outreach into other patient groups that could really benefit from our services because we don't want to be contravening any of the advertising regulations.

Two years ago we received a letter from Health Canada that was fairly heavy-handed in terms of informing us that relative to the menu that we had on our website and on our telephone line, if we didn't immediately cease and desist, there would be millions of dollars' worth of fines and years in jail, so we immediately complied. Most of the other unregulated dispensaries in Vancouver and the online ones have not complied in the same way that we have. As a result, we are losing revenue quite significantly, which is impacting our ability to provide patient services.

I suggest that the same thing will happen with the legal market. If the legal market is handcuffed in terms of being able to talk about the effects of the products, or able to talk about the qualities of the products, or even the nature of the company that has produced them, you're going to give a substantial advantage to players who are producing cannabis in an unregulated market.

Mr. Don Davies: Thank you.

Just quickly, is—

The Chair: Sorry, your time is up.

I do want to give Ms. Bogden a chance to answer a question.

I think you wanted to make a comment a while ago, Ms. Bogden.

Ms. Jacqueline Bogden: Actually, I think Ms. Black provided the precision that I wanted to, that the cannabis oil is quality controlled and is actually ingested, that it wouldn't be inhaled, and that 30 milligrams per millilitre is actually a significant quality-controlled dose that would be available.

The Chair: That brings to an end our normal circuit of questions, but I have a question for Ms. Black.

In your opinion, why will nobody apply to have medical marijuana listed and assigned a number?

Ms. Hilary Black: This is not my area of expertise, but from a layperson, my understanding is that when you are applying for a drug approval status and you have to go through human clinical trials, you have to do that with each individual active ingredient in the medicine you're looking to get approval for. Cannabis has over 80 active cannabinoids. Then there is a whole other class of active ingredients called terpenoids, or terpenes, which are responsible for the flavour and the smell that distinguish the strains. Emerging evidence is showing us that the terpenes also interact with our endocannabinoid system and have therapeutic effects.

My understanding is that cannabis is a very complex plant and doesn't fit easily into the pathway in the way that we regulate pharmaceutical medicines, which are often single active ingredients. It's a plant that has many different active ingredients. Again, it's not my area of expertise, but I also understand that you have to go through clinical trials for each one of the indications that you're seeking approval for, and cannabis is used for an incredibly wide range of symptoms.

The Chair: Thanks very much.

Ms. Hilary Black: Maybe we'll be able to put our heads together to see if we can come up with a solution and find a way forward.

The Chair: Well, if we can help you, we'd like to do that.

Now, I'm getting all kinds of signals from others here, hand signals and....

• (1220)

Ms. Marilyn Gladu: You know what I'm going to say. We have some time remaining, so I'd like to seek unanimous consent, and here's the twist, to have each party have five minutes to ask questions.

The Chair: You'd like each party to have five minutes to ask questions. If you want to, we'll go back to round one, which is five-minute questions.

Ms. Marilyn Gladu: I would accept it.

The Chair: Is there unanimous consent?

There's no unanimous consent, so we can't do it.

Ms. Marilyn Gladu: All right.

The Chair: That brings our meeting to a close.

On behalf of the committee, I want to say you've been great witnesses. I especially want to thank Mr. Zaid and Madame Elisma for sharing their personal stories with us. These are the stories that really mean something to us. You've made a difference by coming today and testifying, so I want to thank you all for your testimony, on behalf of all of the members of the committee.

I hereby suspend the meeting, and we will come back at 1:45.

• (1220)

_____ (Pause) _____

• (1345)

The Chair: I'll call our meeting back to order.

This is meeting number 68 of the Standing Committee on Health in the 42nd Parliament.

Pursuant to the order of reference of Thursday, June 8, 2017, we're studying Bill C-45, an act respecting cannabis and to amend the Controlled Drugs and Substances Act, the Criminal Code and other acts.

We welcome our guests. The focus of our meeting on this panel is municipalities: the impact on municipalities and the challenges they will face.

From the Alberta Urban Municipalities Association, we have Ms. Lisa Holmes, president. From Cannabis Culture, we have Jodie and Marc Emery. By video conference, from the Federation of Canadian Municipalities, we have Brock Carlton, chief executive officer, along with his friend, Bill Karsten, second vice-president. Mr. Karsten is also a councillor from the Halifax Regional Municipality. They're both in Fort McMurray, and we'll be hearing from them shortly.

Welcome to you all.

The way we start is we offer each organization 10 minutes for an opening statement, and then we go to questions.

We'll start, in the order that I introduced you, with the Alberta Urban Municipalities Association.

Mayor Holmes, you have 10 minutes.

Ms. Lisa Holmes (President, Alberta Urban Municipalities Association): Good afternoon, and thank you for the opportunity to address your committee today.

My name is Lisa Holmes. I am the mayor of Morinville, Alberta, and the president of the Alberta Urban Municipalities Association, which is also known as AUMA.

AUMA is an association of all urban municipalities in Alberta, spanning all types of villages, towns, and cities, including Edmonton and Calgary, that are collectively home to almost 90% of Alberta's population.

AUMA was the first provincial association of municipalities in Canada to take action on addressing the potential health and safety implications coming from the legalization of cannabis. Several years ago, we struck a working group to develop recommendations relating to medical cannabis production facilities and actions to address illegal grow ops. Since then, and since the announcement of the government's desire to legalize cannabis, we have been working with other associations across Canada to proactively identify the importance of an integrated approach between the federal, provincial, and municipal governments on the implementation of Bill C-45. It is our desire to find ways for our three levels of government to collectively ensure appropriate systems are in place to educate the public, restrict inappropriate usage, address health and safety issues, and enable coordinated enforcement.

Our concern is with the timing of these conversations taking place. AUMA strongly supports a slower timeline for implementing this legislation, given the complex nature of the health and safety issues that need to be resolved and the need for comprehensive and coordinated legislation by all three levels of government. The speed at which the federal government intends to move ahead puts our local communities at risk. The federal government must lead this process at a much more measured pace and allow both provincial and municipal governments to work together to create an appropriate framework for each province.

The provincial regulations, including those related to alcohol and drugs, traffic safety, and employment standards need to be developed well in advance of the federal implementation date. To be frank, with this issue, we at AUMA do not feel that municipalities are being treated as an equal partner at the planning table, and it is imperative that all three levels of government be given appropriate time and support in order to prepare all of the required regulations and bylaws that are necessary for the areas we are each responsible for.

Municipalities will be at the front line of this. We are the level of government that's within the local community. We are operating closest to the people, and we will be the ones that have to implement, enforce, and address the impacts of this new regulatory regime. Our members are concerned about the downloading of these new duties related to cannabis legislation without the accompanying resources to ensure that the duties, particularly enforcement, can be effectively conducted. Funding and resources must be made available to municipalities to develop capacity and to offset administrative costs around licensing, education, inspection, and enforcement. Equipment and training costs related to enforcement must be fully funded through either a cannabis tax or by the federal or provincial government so costs are not downloaded onto our local communities.

With respect to health and safety matters, AUMA supports the federal task force recommendation around minimum age of purchase, advertising and promotion, packaging and labelling, and public education strategies, provided municipal governments are engaged in any of these matters impacting them as legislation and regulations are developed.

Public education, with respect to potential risks and harms of cannabis must be a political and policy priority for the federal government. We support early and intensive public education as well as an approach to packaging, marketing, and advertising similar to that of tobacco in order to limit the appeal of cannabis to youth.

These health and safety issues span the production, distribution, and consumption of cannabis. For example, municipalities had been advocating for sufficient fire and building code changes to regulate the growth of cannabis, particularly in residential properties, so that current and prospective property owners are protected from the adverse effects that a home-grow can create.

As well, the sale of cannabis products needs to be carefully considered to ensure it eliminates the illegal drug market while not occurring in a way that is dangerous to youth or others in our communities. Municipalities will work with you to do that by setting out restrictions on where cannabis is publicly consumed. However, around 96% of the urban municipalities in Alberta have yet to enact

bylaws or policies that regulate the use of cannabis in their communities because the lack of information and certainty around what will be included in the regulations, both federally and provincially, don't allow us to move forward. Most of the municipalities that have started to work on this have only extended their current policy and bylaw around smoking to include smoking cannabis products. There is a significant amount of work we have to do, and municipalities will be left with little or no time after the federal and provincial frameworks are adopted to put our own bylaws and policies in place that are necessary to keep our communities safe.

• (1350)

Again, it is our belief that production, distribution, and consumption of cannabis raise significant health and safety concerns in the local community. Given that actual enforcement will take place at the local level, the federal government should engage with municipal governments and police forces to determine the best method of achieving their overarching objective to minimize harm. AUMA did a survey of our membership and found the number one issue that urban municipalities in Alberta are concerned about regarding this legislation is public safety issues such as impaired driving and policing and enforcement. Given the limitations within the current testing available for cannabis impairment, AUMA believes the additional rules to discourage drug-impaired driving, such as a per se limit, should not be put in place until there is a robust body of evidence and a reliable testing mechanism to support the measurement of impairment at a time a person is driving. We recommend the federal government invest in research to better link drug levels with impairment and crash risk, and a national comprehensive public education strategy to send a clear message that cannabis causes impairment and that the best way to avoid driving impaired is not to consume.

In Alberta, our protective services do not just include the RCMP, but also municipal police forces, community peace officers, and bylaw officers. All these groups must be a component of the enforcement activities and require funded training and equipment relating to traffic so they can detain potential offenders until other law enforcement agencies can validate and, if necessary, lay charges. The training and equipment required is very expensive and that is not a cost our municipalities, especially the small ones, can absorb. It is concerning to us as municipal elected officials to hear from the RCMP that we contract to police our communities that it will not have enough time to train its officers before the July 2018 implementation date. Without that training and the equipment necessary for the enforcement of these regulations, the laws, and the bylaws, there is a lack of confidence from Alberta municipalities that we can meet one of our core mandates: ensuring the highest degree of safety and security for our community.

Again, I offer our suggestion that the federal government take a measured and phased-in approach to cannabis legislation. This approach is essential as we are working within a complex environment and, although many of us are trying to predict what will happen, none of us can claim to know exactly what outcomes will arise as a result of this legislation. This approach will provide opportunity to adjust strategies as required after all three levels of government and the stakeholders have the time to assess how this legislation and corresponding regulations will impact them. Our main ask is simple: slow down, learn from other jurisdictions, and provide time for all of us to get this right the first time.

I appreciate this opportunity to bring forward the comments from AUMA, and I'm available if you have questions. Thank you.

• (1355)

The Chair: Thank you, Mayor Holmes.

Now we go to Cannabis Culture for 10 minutes. I believe, Marc Emery, you're going to open for five minutes and then share five minutes.

Mr. Marc Emery (Cannabis Culture): I look forward to the five, Mr. Chair, and thank you for inviting us.

We are from Cannabis Culture, which has been an activist organization since 1994 that has been dedicated to overgrowing this government, which in our language is to legalize this government. I said "overgrow", not "overthrow".

With all due respect to the fact that this is the health committee, marijuana is one of the safest substances on earth. I walk down Sparks Street, and marijuana is safer than every product they're selling there. It's safer than candy. It's safer than eating at McDonald's. It's safer than prescription drugs, tobacco, and alcohol, all of which are commonly available on this street. It's safer than cheerleading in high school. It's safer than football in high school. It's safer than hockey in high school. You could rarely make a more safe choice than choosing to use cannabis for whatever reason.

That's why I think it's wholly unworthy of a parliament to spend a whole week discussing the health concerns of a substance that has not killed anybody while being supplied by the free market—some call it the black market—for the last 50 years. Imagine. Can you conceptualize any other product that hasn't killed anyone in 50

years? Cars kill people all the time. Alcohol, tobacco, prescription drugs, and foods kill people. Obesity kills people.

Of everything you do in society out there, exercising your own bodily autonomy, guaranteed to us by the Supreme Court in the Morgentaler case to control our own bodies, there are few things you could take that are not more harmful than cannabis. In fact, even government-approved water in Walkerton, Ontario killed eight people, so water is more dangerous than marijuana, realistically.

This should be at the justice committee. The reason is that I've been in 36 prisons and jails for pot. I was exiled by my own government for five years to the United States for selling seeds by mail. Can you imagine? This country was founded on agriculture and farming, yet I spent five years in jail, co-authorized by my own government, because I sent seeds to willing adults to plant plants. We've come to this. The justice committee should be looking at this because 2,400,000 Canadians have been criminalized with charges of cannabis offences since 1965.

There is nothing else in this country remotely close to 2.4 million people getting charged for doing something they love, which is growing, selling, or consuming marijuana and harming no one else. If we have organized crime in there, it's because you created it. Had you not criminalized marijuana, nobody would be handling marijuana except organized regular retailers in our usual business regime. So you're the problem. You're at fault. We've had prohibition for 93 years. I've never seen Parliament modernize or ameliorate those terrible things in any of that time.

I spent three months in Saskatoon Correctional Centre for passing one joint. I was sent to the United States for five years for sending seeds to Americans, and we have done every manner of disobedience. As I said, I've been arrested probably 27 or 28 times, and I've been jailed 36 times. I've been jailed in nine out of 10 provinces for my activism. I've seen prisons in this country. We need to get rid of this criminalization...and the legalization that everybody really wanted when we thought we were electing Mr. Trudeau and his platform...was simply the way it was brought in.

In 1923 the justice minister got up in Parliament and told the Speaker that they had added a new drug to the schedule, and that was it. There was no other discussion, nothing else. So you can legalize it in the exact same way, "Mr. Speaker, we've removed cannabis from the schedule." That's the only legalization that's really permissible. It's the only one that's really legalization. Everything else is a recriminalization. In fact, I dare say, there are more criminal offences in the new cannabis act than there currently are in the existing legislation, so you're broadening it to include more people with more offences, and virtually everybody who needs to be legalized, all the growers in this country, all the sellers, and all the consumers, will still be criminalized under this cannabis act. Only licensed producers, a very small minority, are going to be allowed to grow marijuana. You can't possess marijuana that doesn't even come from a licensed producer or some Ontario government monopoly, Quebec government monopoly, or New Brunswick government monopoly.

Before at least we were only criminalized. Now we're going to be criminalized and exploited by our own governments. We're going to be used as a cash cow, have our own culture usurped from us and handed over to a bunch of bureaucrats and politicians who probably never smoked pot in their lives, don't understand anything about these people, and don't understand anything about us. It's a total insult to about five million Canadians who adore this plant, love this plant, use this plant, consume it, sell it, grow it, and have been involved their whole lives, like I have, in this plant, and to listen to this kind of discussion....

The government that has oppressed us is going to come and be our liberators and hand it to us and dole it out like we're children. Children. We're being condescended to in the worst possible way. We're adults. We make choices. If you're concerned about children, great. Deal with that, but for most of the country who smoke marijuana, they're 18 years old to 80 years old.

• (1400)

Thank you, Mr. Casey. That's five minutes. I'll let my wife continue. She's going to tell you how great marijuana is.

Ms. Jodie Emery (Cannabis Culture): Mr. Chair, I'd like to thank you for inviting me to speak here. I represent, I believe, the victims of prohibition while I'm here.

We've heard from a lot of experts, bureaucrats, and a lot of people who have a lot to say, and it's fantastic that we're having this discussion. The idea that we're sitting here today talking about legalization in this country means a lot to me. I campaigned for the Liberals as a nomination candidate because I believed in legalization.

Not only am I currently a victim of prohibition myself, out on bail before you here after being arrested six months ago, but prior to that I was a drug war widow. I spent years with my husband taken away from me and imprisoned in a foreign country he had never been to, with the Drug Enforcement Administration saying very clearly that it was because of his legalization activism and because he gave millions of dollars to legalization reform groups around the world. That was the DEA's own chief, Karen Tandy, and it's a press release you can easily see. He says it was for seeds, but the U.S. government says it was for legalization activism.

We're here to talk about legalizing cannabis, which means we should not have any law enforcement concerns. If it's going to be legal, law enforcement should focus on actual crimes with real victims, such as rape, assault, murder, theft.

I have law enforcement family members. My aunt and uncle are in Alberta with the RCMP and work with MADD. My sister is with the Vancouver Police Department. I care about law enforcement. I care about the laws. I care about this country and our citizens, but our country, these laws, and our citizens are being harmed by this prohibition and by any criminalization of cannabis. Even if cannabis were dangerous, even if it killed people every day and contributed to rape, assault, and murder of our young adults all across this country the way alcohol does, it shouldn't be illegal. We should have the free choice to consume, grow, or share a plant that isn't just benign or neutral, but as you've heard, it actually helps people. It saves lives.

I know we have only a few minutes here, but I want to cite.... If you read my brief.... I submitted 10 pages...reduced to five.

Let's look at the actual health impact of cannabis. *The American Journal of Medicine* in 2013 and the *Journal of Health Economics* in 2017 said that cannabis use reduces obesity, that it results in healthier, thinner, consumers. The *Journal of the American Medical Association* in 2015 said that cannabis is medicine. The *Journal of the American Medical Association* in 2012 said that a 20-year study found no damage to lungs from cannabis. This is backed up by Dr. Donald Tashkin, whom the U.S. government asked to prove that it causes lung cancer. They found it actually prevents it. You can go to cancer.gov. The U.S. government says that cannabis and cannabinoids attack and kill cancer cells. They shrink brain cancer cells—that's in the *Molecular Cancer Therapeutics* journal of 2014. You have the *American Journal of Public Health* in 2014 saying that cannabis access reduces suicide rates.

My father took his life when I was nine. This gold necklace here was his. I was on anti-depressants for many years, and they caused me harm. We heard just yesterday that anti-depressants increase suicide rates by 33%. That's why I got off anti-depressants and I use cannabis instead. I use illegal cannabis, because I'm out on bail, so I'm not allowed to go to a dispensary.

I'm going to show you a marijuana joint. This is what we're here to talk about. This is cannabis, and it's not hurting anybody. But I've been inside the U.S. prison system, and I'll tell you that I didn't cry for myself or my husband as victims of prohibition; I cried for the children, the mothers, and the families who were there visiting their loved ones, the little babies who saw their daddy on the other side of the visiting room. They asked, "Why is my daddy here? He didn't hurt anybody. They say prisoners are bad, but my dad, he's not bad, is he?" The moms are trying not to cry, and these little kids are saying, "Mom, please don't cry. Please be brave." These are the victims of cannabis prohibition. Cannabis prohibition has far more victims and far more devastation than cannabis ever could.

Right now we have a drug crisis in this country. It's the opioid crisis. None of you here have not heard of it. You have the United States National Institute on Drug Abuse saying that cannabis dispensaries reduce opioid deaths. You have so much evidence showing that. Even the Harvard study in *Frontiers in Pharmacology* says that it improves cognitive functioning. The American Psychological Association in 2015 said that teens, even chronic users, do not have later issues. The British journal.... They find cannabis is the safest substance.

I get emotional here, because I followed the law. Every year my husband was incarcerated I had to cross that U.S. border knowing that they could ask me if I use pot and that I could be denied the ability to see my husband. I managed to get through, because I followed the rules as closely as I could.

•(1405)

Then we decided to engage in peaceful civil disobedience, just like Dr. Henry Morgentaler, who received the Order of Canada for breaking the law to provide a much needed service. Civil disobedience is the only way we've managed to change these laws in this country with respect to cannabis.

The Chair: Ms. Emery, I really appreciate your passion and your commitment to this and you're going to have lots of chances to answer questions and provide information, but I have to move along to the other speakers.

Ms. Jodie Emery: Absolutely. Thank you so much for your time.

The Chair: We appreciate your contribution.

Now we're going to the Federation of Canadian Municipalities for 10 minutes. I'm not sure, are you going to divide the time or is one....

Mr. Karsten.

Mr. Bill Karsten (Second Vice-President, Federation of Canadian Municipalities): Thank you very much, Mr. Chair, for having us here today. Certainly, we also want to thank you for the important work that you and your committee are doing.

As we know, Mr. Chair, we are here today to discuss the legislative and regulatory realities of legalizing recreational cannabis in this country because there's no doubt you will agree this needs to roll out safely and effectively for all Canadians. However, there's absolutely nothing automatic about this. This will require strong coordination across all orders of government and the role of local governments, I believe, is critical.

FCM's national board met this week in Wood Buffalo, Alberta, and trust me when I say that Bill C-45 loomed high on the agenda. Further to that meeting, I have clear recommendations to share with you today. I will share a little of the 10 minutes, but before I do that, I would like to introduce to you FCM's chief executive officer, Brock Carlton, and I'd like to pass the next few minutes over to him. Brock.

Mr. Brock Carlton (Chief Executive Officer, Federation of Canadian Municipalities): Thanks very much, Bill.

As you may know, FCM's 2,000 member municipalities represent 90% of Canadians in every region, province, and territory, big cities, rural towns, northern and remote areas. Our communities are where people live, work, and raise their families. Often when federal plans move forward, this is where the rubber hits the road.

[Translation]

Clearly, it is in our communities that cannabis will be sold and consumed. As a result, municipal governments will be at the forefront of regulation when it comes into effect across Canada. FCM members are already your eyes and ears. We know how the regulation of cannabis, both medicinal and illegal, is applied in a market that is evolving rapidly. We know how change can improve or disrupt cities and communities across Canada. Canadians need

some local expertise to help shape the regime relating to recreational cannabis.

Locally, implementing this new regime will be a monumental task, one that is heavily dependent on future action of the federal, provincial and territorial governments. This is another good reason to ensure that the municipalities will participate in this process and will therefore know what is expected of them.

•(1410)

[English]

In my 20-plus years at FCM, I've seen it time and again. When the federal government systematically engages with local governments, Canadians win. It's true for infrastructure, economic growth, public safety, and it will be true for recreational cannabis. It's important to understand that FCM is ready and a willing partner in moving forward safely and effectively.

I now would like to turn it back to Vice-President Karsten to talk about our specific recommendations.

Mr. Bill Karsten: Thank you, Brock.

Committee members, the fact is that passing Bill C-45 will trigger an extensive implementation process across all orders of government, and I'd like to place emphasis on what our member from Alberta said, "all orders of government". Municipalities will have to adapt local bylaws, rules, and programs as a direct result for things like zoning, land use, business licensing, enforcement, and much more. But much of this work will stem from regulatory frameworks that federal, provincial, and territorial governments still have to design and build.

FCM is pleased and proud that we have published a legalization primer for our members from coast to coast to coast, and a fuller guideline and guidebook is being initiated and is on its way to our members. These tools will help our municipalities from coast to coast to coast get moving on issues that they can address immediately and build work plans for the remainder. But for the work plans to succeed, municipalities need clarity and engagement on a whole range of various issues.

Our first recommendation is that the federal government coordinate with all orders of government to develop its regulatory framework for Bill C-45. We believe the key to meeting a July 2018 launch timeline safely and effectively—again I emphasize safely and effectively—will be concurrent legislative, regulatory, and bylaw development by all orders of government. We'll inch forward locally, based on what we see our federal, provincial, and territorial partners doing. Those partners still have important decisions to make in areas such as minimum age for consumption and what kind of retail distribution model to use.

There is also much uncertainty in the area of shared responsibility for shared impact that I would like to share with you. It's a short list of things like the personal cultivation issue, workplace health and safety issues, public education, nuisance issues, municipal zoning, municipal authority to zone in cases where federal production facilities may exist, and actually others that we haven't mentioned in the list here today.

The federal government has formalized its consultation with the provinces and territories through a working group. We understand that, and that is a great first step. However, FCM would welcome sustained municipal engagement with this group to align the needs of all governments.

As part of this coordination, our second recommendation to you, sir, and to your committee, is to prioritize decision points that prevent local governments from moving forward with implementation work. To prioritize those decision points is critical to us safely and effectively moving this forward.

There are areas where decisions at the federal, provincial, or territorial levels will drive the local response, such as provincial retail distribution models, rules around personal cultivation, as I've mentioned, first nation and municipal boundary overlaps, which has been raised by some of our members, the authority to prohibit cannabis use and sales where applicable, and municipal options if cannabis becomes legal federally without provincial or territorial laws and regulations in place.

We believe the federal government should proactively engage with all orders of government in the coming months to ensure roles and responsibilities are very clearly defined.

Our third recommendation is for federal funding to defray start-up costs for local implementation. There is absolutely no doubt that there is an expectation that municipalities will be on the front lines of enforcing issues, such as local zoning, density bylaws, things like rules around minimum age of purchase, personal cultivation, issues like possession limits, smoking restrictions, and public nuisance complaints that are bound to happen. Also, as alluded to earlier in the other presentation, there are safety concerns related to the building code. We believe these are appropriate roles for municipalities, and municipalities alone. However, growing into them will definitely impose immediate costs. Municipalities generally simply don't have the fiscal flexibility to invest what's needed under the required timeline.

●(1415)

I'm pleased to point out that one of your committee members is in fact a former councillor in a municipality and that other members of Parliament have also served in that capacity.

The federal task force acknowledged that implementation will require new capacity. I would urge federal leadership to ensure all governments grow this capacity before legislation comes into force, before cannabis revenues start flowing. I will point out that we were pleased to see that the government did announce funding this week for training.

Our fourth recommendation is for a smart revenue-sharing model that includes all orders of government. The administration and enforcement will impose ongoing costs on local governments. We are looking at additional staff time, resources for training, for public health, for licensing, administration, for bylaws, etc. There's a lot more we could add, obviously. We are equally as passionate about our points and our information as other speakers, so our final recommendation is to ensure that slower than hoped cannabis revenues don't jeopardize the regime's safety and effectiveness. That is our final recommendation.

A primary objective of the cannabis act is to deter criminal activity. As experts say, the way to starve the black market is to keep the price of legal cannabis low. For this reason, the parliamentary budget officer warned that revenue from cannabis sales may start out slow, small, between \$356 million and \$959 million per year, but local governments, regardless of what that number is, will still face significant administrative and enforcement costs. We therefore need to know that federal support will be available if cannabis revenues take time to catch up.

Mr. Chair, we can summarize our recommendations in two ideas: the government should engage municipalities in building its regulatory frameworks and revenue models, and any cannabis regime sustainability depends on equipping local governments with the tools they need to administer and enforce it out of the gate and long term.

We're proud that the municipal sector has a track record of delivering local solutions to national challenges. We look forward to working with the federal government throughout the progression of the cannabis act. We thank you for your time, and we would also be happy to take any questions you may have. Thank you.

The Chair: Thank you for your presentation and all your points of view.

We'll now go to questions for a seven-minute round, and we'll start with Dr. Eyolfson.

Mr. Doug Eyolfson: Thank you all for coming.

I commend the FCM and the AUMA for their work on this. Quite frankly, I'm happy to see that both your organizations had the foresight to be thinking of this beforehand and for coming here to talk to us and to give us input on how this needs to be done. This is in contrast to the provinces, which have reported in the press that they will have trouble meeting our timeline. We invited all of them. All but Saskatchewan declined to appear here. As the only one that showed up, Saskatchewan said it wasn't a priority for them at all, and it really wouldn't be doing anything on this except for the fact that we have a timeline on them that they have to deal with.

In contrast to what we've seen in the way of input from the provinces, I thank you for your foresight in thinking about this beforehand and coming here today.

As for the costs, I was going to quote some of the figures, but you have already talked about what we have committed to help with law enforcement and training. We do understand that there's going to be costs to this borne by law enforcement, provinces, and municipalities. That is why we've committed...and I keep having to look at these numbers because I cannot commit them to memory. It's \$274 million for law enforcement and border efforts, and another \$161 million for the training of front-line officers in recognizing impaired driving. We know that this is going to stretch your resources.

There will be other costs as well. Right now, as the system goes, we have people who are being arrested and charged, and in the courts. We know that's expensive. We know that's costing a lot of money.

I'll start with you, Ms. Holmes. Would you not agree that that money in the system is going to be saved? Is that not going to be a substantial savings to our system, when we're no longer arresting people and charging them with simple possession?

• (1420)

Ms. Lisa Holmes: To be honest, I don't see myself as an expert in the number of cases that would be before a criminal court in Alberta, so I can't say whether or not there would be a significant cost. On the concern that we have, we have addressed that we think there will be costs when it comes to enforcement in regard to training and equipment, but beyond that, there will be additional costs as well. For example, smaller municipalities have completely different capacities for absorbing these types of legislative changes than larger cities have. We're going to need training even for municipal councillors on how to create the bylaws they're going to have to put in place for this to happen. There are costs beyond enforcement. That being said, I would anticipate there would be savings, but I can't tell you what the amount would be.

Mr. Doug Eyolfson: Certainly.

Federation of Canadian Municipalities, what are your thoughts on that?

Mr. Bill Karsten: Our position is that legalization simply will not reduce the workload of our local police services. In fact, with the different issues coming forward, the workload will expand. The work hasn't yet been done on breaking down what savings there might be. Overall, we believe there will be significant costs associated with enforcing all the new rules on impaired driving, personal cultivation, possession limits, providing cannabis to minors,

those types of issues. At the end of the day, we believe there will be significant cost increases.

Mr. Doug Eyolfson: Are you saying it's going to increase the workload despite the fact that officers are not going to be arresting people for simple possession?

Mr. Bill Karsten: Yes, we truly believe that, based on the other issues that will compound their workload.

Mr. Doug Eyolfson: What would increase their workload to the point that it would more than counterbalance the savings from not arresting people for possession?

Mr. Bill Karsten: We have given considerable thought to that, certainly, on the impaired driving issue and the testing that needs to be done. When it comes to capital costs, equipment may need to be bought. We recognize that the federal government has contributed some money, and that's appreciated, but we don't believe that's going to cover all those costs.

Mr. Doug Eyolfson: That's understandable.

Let's talk about impaired driving. We know that impaired driving due to cannabis is an issue right now.

• (1425)

Ms. Jodie Emery: When you're finished, I would like to add some information about impaired driving.

Mr. Doug Eyolfson: Okay, but I want to finish this line of questioning first.

We know impaired driving is an issue and we know it's out there. Right now we don't have the tools to deal with it, despite the fact that we know it's widespread. We don't even quite know the extent of it. Would it not be an advantage to your law enforcement officials and to your municipalities that we are introducing a way to deal with a problem we haven't been equipped to deal with up to now?

Ms. Lisa Holmes: The way that I look at it when it comes to impaired driving, yes, we do have an issue with it now, but right now, the average person considers that cannabis is illegal. When it's legalized, the public education campaign in regard to impaired driving is going to be key, because there will be an increase, no question. A concern that we have is that we are not confident that there is going to be technology in place on July 1 that our local police detachments will be able to use to deal with this.

I'll give you an example on the increase in workload from what I have been told by RCMP officials in Alberta. This is an example of how it would impact Morinville. If a community peace officer who is able to enforce traffic law pulled over someone suspected of being impaired by cannabis, they would have to call in the RCMP to take the person to a hospital to get a blood test to determine whether or not the person was impaired, because right now we don't have technology in place to do roadside screening. It would involve an RCMP officer—I only have nine RCMP officers in a municipality of 10,000—who would have to go and sit in the hospital in a different municipality and wait to find out whether or not the person was impaired. That's as far as I understand it.

Therefore, I have significant concerns about the increase in impaired driving that we're going to see, the lack of public education, and the absence of proper enforcement tools.

Mr. Brock Carlton: You won't see an increase in impaired driving because of cannabis.

The Chair: Time's up, but, Ms. Emery, you wanted to make a comment.

Ms. Jodie Emery: I understand that driving and cannabis is a major issue and a concern. I'm not advocating impaired driving. However, the National Highway Traffic Safety Administration of the United States released a report in 2015 called "Drug and Alcohol Crash Risk: A Case-Control Study", and did not find an increase in crash risk associated with THC. Even more recently, in July 2017, the *American Journal of Public Health*—as we are here at the health committee—found that changes in motor vehicle crash fatality rates for Washington and Colorado were not statistically different from those in similar states without recreational marijuana legalization. This is a recent study, so please do look this up.

I'm not encouraging impaired driving, but the vast majority of cannabis consumers are not driving impaired. Their judgment is not impaired as with alcohol. With alcohol, you think you can drive and you know you can't. With cannabis, you know when you can't and you won't drive. We also have to consider the hundreds of thousands of medical marijuana patients in this country who are unable to drive, contribute, or work if they don't use cannabis. If you criminalize those who drive under the influence of cannabis, you're going to criminalize every patient and poor medical user across this country.

What we're also finding is that this targeted harassment, as we've admitted, would require taking someone to a hospital, using a needle, and drawing their blood against their will when they don't get to give consent, and for what: to prove that they've consumed cannabis, or to prove that they're impaired? Impairment is proven by performance, whether you're driving on pharmaceutical drugs with a label that says not to operate heavy machinery or vehicles while using those pills, whether you're driving angry because you had a fight, or whether you're driving and texting. Texting has proven to increase crashes. We know it, and it happened immediately. We could immediately say that cellphones and texting create distracted driving and create increased crashes on the road. It's demonstrable. It's proven.

With cannabis, you can't prove it, and that's why the police and law enforcement are falling all over themselves trying to figure out how to find a test and how to set a blood limit. As an official endorser of Washington state's Initiative 502 campaign, I was part of the legalization, along with my husband's prosecutor—so you can find common ground with people who worked against you before—but they admitted that they only had a blood level for cannabis because having that would encourage the public to support the initiative.

What we have to acknowledge is that decades of prohibition and misinformation generated by the government and fear about driving with cannabis are actually discouraging people from finding out the truth about cannabis.

As I said, the *American Journal of Public Health* studied this extensively in 2017, as did the National Highway Traffic Safety Administration in 2015. Cannabis is not a crisis for the roads. Police should be focusing on alcohol and truly dangerous drugs.

Thank you.

● (1430)

The Chair: Thank you very much.

Now we'll go to Ms. Gladu.

Ms. Marilyn Gladu: Thank you to our witnesses.

Of course, that's contrary to testimony we heard from Washington where impaired drug driving increased from 8% to 17% when it was legalized. Colorado saw a 32% increase. There was an increase overall in the U.S. in fatalities due to drug driving.

However, my question is for Ms. Holmes.

I thought you very nicely pointed out the difficulty in the rushing of this legislation that is happening. With only 288 days left before the government wants to legalize marijuana, we have to finish updating Bill C-45. Then the provinces have to come with their legislation that chooses what they're going to do in the areas that we've given flexibility on, and then municipalities have to decide how they're going to implement that, all without any funding in all the areas that you've talked about.

The first and most important thing that we heard was that public education about the hazards of impaired drug driving has to get to parents and youth, as well as to society. How much public education has the federal government provided to your municipality, and how much funding for this initiative have they provided?

Ms. Lisa Holmes: At this point, specifically to the Town of Morinville, we have not received public education funds or any sort of tools. That being said, I know AUMA has been working hard at developing tool kits, and so has the FCM, in order to support municipalities in these areas, as we feel it is a local issue as much as it is a federal one.

Ms. Marilyn Gladu: Thank you.

My question is for Bill Karsten with respect to home grow ops.

We heard testimony that there's a lot of concern with home grow ops. They are 24 times more likely to have fires. There are issues with electricity stealing and mould. One issue that was raised was that of property owners in Ontario or Quebec who would not be able to prevent somebody who was renting from them from growing, smoking, or consuming cannabis on their premises. Is this a similar concern to the ones you were indicating?

Mr. Bill Karsten: Personal cultivation is an area that could have many new implications for municipalities across the country and those need to be properly understood. At this point, it's not clear how this aspect of the legislation will be managed, but we foresee municipalities having to respond to health and safety and nuisance types of concerns as well, as you alluded to.

The message I'd like to go back to is much like the other question. I don't necessarily think there should be a debate about impaired driving or determining all these things at the committee level. As an organization of municipalities from coast to coast I believe we need to send the message that we need to be involved with the federal government in the regulatory framework. FCM's proud to send out a primer to all our members and a guidebook or guideline will be coming out. Understand we deal on a national level with the federal government now; our staff has had several meetings.

Ms. Marilyn Gladu: The other question I have has to do with treatment. We've heard a lot about how, especially with youth, there's a 30% greater increase in schizophrenia, psychotic disorders, depression, and there are folks who are addicted to cannabis and we need treatment for that.

How well are the municipalities across Canada set up to address the increase that's expected?

Mr. Bill Karsten: Obviously, it's a very important question.

Unfortunately, we are not the sector experts on that particular issue. I would hope that each province is looking to their public health folks and their health departments on how to best deal with that. We really don't have the expertise here.

Ms. Marilyn Gladu: Ms. Holmes, I have the same question for you.

Ms. Lisa Holmes: As it stands today, the municipalities in Alberta are not responsible in essence for that type of issue, because it is health related. That being said, every issue is a local issue and everything will lie at our feet when it comes to the end. We will have to work through our FCSS, our family community support services departments, to find some sort of tools to be able to work through this. We'll just be offering to the province the same thing we're offering to you. We will work with them on anything they need to make sure they have the regulations in place for those things to be addressed.

• (1435)

Ms. Marilyn Gladu: Okay.

I have one more municipal question and then I'm going to turn to the Emerys. Do you municipalities feel that you have enough flexibility under Bill C-45 to choose where marijuana can be sold and consumed?

Mr. Bill Karsten: That's one of the issues we have looked at, but not understanding what the retail model is going to be from province

to province, this is where it becomes somewhat important. Truthfully, I don't like to sound like a worn-out recording, but we need to have the information. We need to be involved. As I'm a councillor in Halifax, yes, we have started some of that work, but some of that work we're doing is quite costly, because we're doing work we don't know if we're going to utilize or not.

It's crucially important for me to continue that theme that we can be ready. We've said that from the outset, that we believe as the Federation of Canadian Municipalities that we can be ready as willing and able partners—

Ms. Marilyn Gladu: Okay. I'm running out of time. Can I get an answer from Ms. Holmes on this one, on the flexibility?

Ms. Lisa Holmes: Sure. As it stands right now, as Bill was saying, we don't know the details around what we will be able to do. We're hoping, working with the province, that we will be able to establish the municipality with some autonomy with regard to where the facilities will be located, where production facilities will go.

There is also the question of municipalities that do not want to have either production or distribution facilities, so we're asking for that.

Ms. Marilyn Gladu: This question is for the Emerys.

If Bill C-45 is passed in its current form, will you abide by this new law or continue in civil disobedience?

The Chair: Give a very short answer.

Ms. Jodie Emery: I'm choosing to follow the law as much as I can, because I only engaged in opening dispensaries in April last year and that's what I'm currently charged with. I potentially face life in prison as I sit here before you, which would certainly cost the taxpayers a lot more.

I want to add that with municipalities, we should be looking at allowing the storefronts to operate similarly to caffeine, which is an addictive stimulant drug that I can get for free right in the back of the room, or like alcohol if I want to open a bar or a restaurant to provide alcohol or a craft brew. The municipal regulations in licensing shouldn't be that restrictive or prohibitive or even costly if done right.

The Chair: Thanks very much.

Mr. Davies.

Mr. Don Davies: Thank you to all the witnesses for being here.

I want to start by saying that since the Le Dain commission in the early 1970s, the issue of legalization of cannabis has been on the public policy agenda for decades. I have no illusions that we wouldn't be sitting here today talking about a form of what I'm going to call decriminalization and not legalization of cannabis without the work of many people who have sacrificed a lot.

Mr. and Ms. Emery, I can't think of any two people who are more important to hear from on this legislation than you. I know you've dedicated your lives to this subject, and at great personal cost and sacrifice. I want to just make that comment.

Ms. Emery, I want to start with you about the broad scheme of the bill. You have described this bill as, "This is not legalization. It's Prohibition 2.0...". Can you please explain that?

Ms. Jodie Emery: There are three reasons Canadians came around to support legalization. Number one is that we shouldn't criminalize our fellow Canadians who are otherwise law-abiding. They should not be banned from travelling to the United States, lose their job for failing a drug test, or have their kids taken away by the Children's Aid Society. None of that criminalization or harm should happen to peaceful, non-violent Canadians.

Number two, this industry already exists. It's worth billions of dollars. The Fraser Institute and many others have analyzed it and said that cannabis should be legal because it already exists. It's already being grown, sold, shared, and consumed. It's in every movie and TV show. It's everywhere. It's normalized, except with the government. We should allow the existing industry to come out of the shadows and into the light.

The third reason to legalize is that law enforcement has spent billions of our tax dollars on going after people for pot. I'd much prefer that money go toward health care, education, social housing, anything, or allowing our law enforcement to focus on serious crimes that have victims.

Bill C-45, as presented, will not offer amnesty or pardons to people who have been convicted. It will not allow people like my husband and me to be free from a criminal record. It will not allow the existing industry to transition into legality. In fact, it introduces tougher new penalties and prohibits those who have been victimized by prohibition from being allowed to transition. We're being locked out from participating and locked up for being unable to participate.

Although the third reason for marijuana legalization is law enforcement spending, on Friday we saw an announcement of a quarter of a billion dollars of additional tax money going toward marijuana law enforcement. Legalization is supposed to mean you no longer have to enforce a law against it. We know that marijuana law enforcement is extremely costly, and many police officers don't even want to enforce the law, which is why they often don't charge some people but do charge others.

As Mr. Bill Blair, who is not with us right now, has admitted, marijuana prohibition and law enforcement target people of colour, indigenous groups, the poor, and the marginalized. This bill will not legalize anything we've been fighting for.

• (1440)

Mr. Don Davies: The other witnesses have pointed out that the bill still contains a criminalized model, where if you have more than 30 grams in your possession in a public place, you can be subject to criminal sanction. If you have more than four plants over 100 centimetres, you can be arrested and serve time for selling and other kinds of offences.

Mr. Emery, Justin Trudeau, our Prime Minister—on "getting it right"—is quoted as saying, "We have to create an entire system that

controls and regulates marijuana, and that will include medical marijuana and properly licensed dispensaries."

Are we getting it right?

Mr. Marc Emery: Goodness, no. It's all wrong. In fact, to answer your colleague's question about whether I will continue to break the law, absolutely. Breaking the law is the only way that Cannabis Culture has been able to get any kind of improvement in its status over the last 20 years. For example, Parliament banned all books and magazines about marijuana in 1987. That law lasted seven years, until some colleagues and I started distributing books and magazines in front of police stations. We finally got charged for giving out pamphlets to high school students. We went to Justice Ellen MacDonald in the Superior Court and she struck that down.

Then I started distributing pamphlets encouraging everybody to sell bongs and pipes, which were all illegal. Now we have a thriving industry across Canada. I started selling seeds, which were and probably still are illegal, and I sold millions of them to Americans and Canadians so we could bypass this government. I thought the only way to really make pot legal was if marijuana was everywhere and everybody had it, and then the government would be helpless, which is really why we're here, because we won. We've accomplished that. Marijuana is everywhere. People are growing it; there are stores opening, and we don't care if we go to jail or if you charge us. We're going to do our thing because we love cannabis and we're in the cannabis culture.

I'm going to continue to break these laws because they're terrible. This law criminalizes everybody who it's supposed to be legalizing, and then enriches the government monopolies that are being proposed. We have wealthy stock market production companies that don't have any relationship to cannabis but just raise money on the stock market. They somehow get hand in glove with the Liberal government and are now operating and selling marijuana even though people I know who have been doing it 10, 20, or 30 years are not going to be offered any such invitation.

Mr. Don Davies: I'm curious about your opinion on this. We've already heard that Ontario, and I think you mentioned Quebec, and possibly New Brunswick are moving to a government monopoly system that will clearly freeze out dispensaries. I'm wondering what you think about that. Will it—

Mr. Marc Emery: That won't be supportable. I will encourage everybody to boycott the government stores. We will physically try to stop people from going in. We're going to advise them that they're traitors if they go to the government shops, because these are the people who have oppressed us for 50 years.

Are you going to give your money to the very enemy who has beaten us, killed our animals when they've raided us, rounded up our kids, taken away our cat, taken away our plants, and taken away our livelihood? Are you kidding me?

We can never let the government be the profiteers of marijuana after all the years that they've abused us, exploited us, and persecuted us. It's pure sadism. This cannabis law is pure sadism. The one you're proposing and the one we've had for 50 years is just punishing Canadians for no valid reason.

Mr. Don Davies: I'll move to production, because the task force said:

Decisions on production, distribution and retail have clear implications for businesses hoping to enter the cannabis industry, including how to ensure a diversity of participants. It is apparent that there is significant interest and speculation about the potential for new revenues....

Supply chain management...has significant implications for consumers and communities. Price, product quality and accessibility can all be affected, depending upon what route the Government chooses to take.

They recommended using "licensing and production controls to encourage a diverse, competitive market that also includes small producers".

Do you see Bill C-45 accomplishing that recommendation?

Mr. Marc Emery: Bill C-45 accomplishes no objective whatsoever that is desirable. The thing is, it's staring us all in the face. If we want the price to plummet to the point that money is not even a factor with marijuana; if we want all Canadians to be treated fairly before the law; if we want to restore civil liberties; if we want to take away all the police power we have given the police for 30 or 40 years to wiretap, to surveil, to pose as drug dealers, to do all this sort of stuff that's costing billions of dollars, then just take cannabis out of the schedule. Just remove it from the schedule, tell everybody that otherwise you have to be law-abiding, be peaceful, pay your taxes, pay your employees well, and obey all municipal regulations.

Basically just treat it like any other normal industry. After all, it hasn't killed anybody for 50 years. There isn't any other industry in this country that's like that. They all put out pollution that kills, or the cars that kill, or the foods that kill, or their drugs that kill, or the tobacco that kills, or the alcohol that kills. Heck, everything is killing Canadians except cannabis, and you want to treat it as though it's plutonium. It's insane.

• (1445)

Ms. Jodie Emery: I'd like to add that one of the major issues of Bill C-45 is that the federal government controls the production.

You've all heard of B.C. Bud. Cannabis has been growing all across this country for a very long time, and the provinces deserve and should have the power and the ability to license their own production agents themselves. If the provinces have to wait on the federal government to supply cannabis, the provincial government stores are not going to have any product on the shelves.

We saw Nevada declare a state of emergency, asking for more pot growers to come forward because they sold out in one week. We're seeing it happen all over the world. You need a lot of supply; you need it everywhere. You need to allow municipalities to license their own craft growers, as they do craft breweries. You need to allow

provinces to do it, and you need to allow the federal government to let it happen.

If the production is controlled federally, distribution provincially, storefronts and policing municipally, of course you have a big disaster coming, but—

Mr. Marc Emery: Only government could think of that plan. The marketplace would look at it in horror. It will never work.

Ms. Jodie Emery: Also, I'd like to add that if you do allow the provinces the control over setting up pot monopolies, as you could call them, instead of allowing Canadian citizens, innovators, entrepreneurs, small business owners to create jobs, create tax revenue, and give back to the community, you're going to force every taxpayer to subsidize a multi-hundred-million-dollar government bureaucracy that the government itself admits they will not be able to make money from. They're going to lose money.

Again, they don't even know what the product is. Why can they not allow the people who have grown and sold and loved this plant to come forward and come out of the shadows? Why do you continue to criminalize us?

Mr. Marc Emery: What have you had against us for 50 years, is the big thing.

The Chair: Thanks very much.

We'll move to Mr. McKinnon, now.

Mr. Ron McKinnon: I think we'll move to municipal issues for a while.

Mayor Karsten, you spoke in terms of needing an extensive implementation process, co-ordinating with all levels of government and so forth. Certainly, that's been under way ever since this process began. I know that Parliamentary Secretary Blain has consulted across the country, with both provincial partners as well as municipal, so I think that is under way.

Other things like prioritizing decision points, federal funding and so forth, are really out of the scope of what this committee is commissioned to do. Our job is to examine Bill C-45, which deals really with the treatment of marijuana in terms of whether it's legal or not. It doesn't deal with impairment issues. Impairment issues are dealt with in Bill C-46, the study of which is going to be under way soon. Bill C-46 does provide additional mechanisms, additional tools, for detecting and processing impairment situations.

I'd like to correct the record. Ms. Gladu said that in Colorado the impaired driving rate increased. We have a letter from the Governor of Colorado and the Attorney General for Colorado too, the Attorney General of the United States, saying that in the first six months of 2017 impairment actually decreased by 21%. I take note of Ms. Emery's reference to the national highway safety board, which indicates not a major increase at least in impairment offences, so I would suggest that impairment is probably not the issue to talk about in respect to legalization.

To be more specific, right now in British Columbia we have situations where illicit growers will rent a property and turn it into a grow op, which is not appropriate for the property, not appropriate for the landlord, so policing grow ops does become an issue and I think that with this new legislation, that sort of thing will cease. I would suggest to you that's a case where this legislation will reduce the load on municipalities so I would ask all three of you witnesses if you would like to testify to that.

Starting with Mayor Karsten, please.

• (1450)

Mr. Bill Karsten: Thank you very much, Mr. McKinnon. I have to say right up front, thank you very much for the promotion. I'm a councillor in the City of Halifax, and Mike Savage, a former member of Parliament, would not be pleased with me suggesting that I'm the mayor of Halifax.

Mr. Ron McKinnon: Who's on the election?

Mr. Bill Karsten: Touché.

Sir, thank you for those comments. One thing about the Federation of Canadian Municipalities, it has great respect for the work the federal government is doing on all the files and I certainly wouldn't want to be combative in responding to your points. They're well taken.

The issue, I think, in terms of when you suggest that yes, we have talked and have had meetings with folks like Mr. Blair etc., we view those more as preliminary consultations as opposed to the ability to really sit down at the table and understand this as it evolves week by week. That's still a message we have in terms of needing to be at the table and involved all the time.

It's a very interesting point that you make in terms of the variance between the two companion pieces of legislation, Bill C-45 and Bill C-46. We will be providing additional information on FCM's position in a forthcoming submission to the House of Commons justice committee that will be specifically addressing Bill C-46.

Mr. Ron McKinnon: Actually, Mayor Holmes please.

Ms. Lisa Holmes: I would concur with Councillor Karsten. I think there is a significant difference between sitting at the table as a partner versus being asked for information as a stakeholder, which is what I consider municipalities are doing.

In regard to our invitation here or the meetings we've had with Mr. Blair, we receive a lot of information at the meetings we have with different parliamentarians, but we don't get to have a conversation about what our ideas are and how we think things can move forward. Legislation is set; regulations are set. We offer our input through a survey or some sort of letter. We're really asking for a different model. We're asking for the opportunity to sit at the table and tell you about the concerns that we have. That's not just with the federal government; it's with the province as well. In Alberta they've created the cannabis secretariat, which is administration from the different ministries, but, again, we are just asked to come and present to them what our concerns are. There's no dialogue back and forth. That's where I think the issue was.

In regard to building code safety, we are definitely advocating to the Province of Alberta that they make significant changes. That will

allow us, once they've done that, to change the bylaws that we have to be able to enforce those changes. It's just part of that.

Mr. Ron McKinnon: The point I'm trying to make here is that we need to get this legislation done as correctly as we can so that we have a defined train from which to proceed for defining building code changes, for defining provincial regulations, and for working out the retail model, which will be a provincial responsibility as well. Until we get this right, or as right as we can get it, all this stuff kind of hangs in the balance, right?

Ms. Lisa Holmes: Yes.

Mr. Marc Emery: I have a good solution.

Our Canadian farmers currently grow cannabis on thousands and thousands of acres in Saskatchewan, Manitoba, and Alberta. They use it for seeds, but it's the same plant. It's marijuana. They can grow this marijuana. They can grow marijuana that would sell in our stores, or any stores, for \$20,000 a tonne. That's 2¢ a gram. It could be sold for \$1 or \$2 a gram, but at a tremendous profit to all our farmers across the Prairies who have enormous amounts of land that can be used to grow marijuana.

At that point no one would grow it in their homes. Growing it in your home is expensive. It requires electricity. It's an unnecessary use of urban space. Essentially, if you just legalize marijuana the way you're supposed to and let anybody grow it who's in a position to grow it on an economy of scale, the price will plummet. No one will grow it in their home anymore. I'm looking for the day when legalization takes all the money out of marijuana.

Mr. Ron McKinnon: Thank you.

I would like to hear from Mayor Holmes, please.

• (1455)

Ms. Jodie Emery: I know one concern is grow ops in houses.

Mr. Ron McKinnon: Pardon me, I'd like to hear from Mayor Holmes.

Ms. Jodie Emery: Oh, I'm so sorry.

Ms. Lisa Holmes: The concern that I have in regard to this is the information. Yes, it does need to be brought forward to this committee, and you need to make decisions, and then the province will make their decisions, and the municipalities will make their decisions. What we're saying is that things are done in a silo. The province is not here. They're not discussing these changes with you. Alberta, specifically, because that's why I'm here, will have to come at some point and take what you've done and interpret it in whatever is going to happen to them, and then there's going to be things specific to Alberta we're going to have to deal with at the municipal level.

The ask that we have is we have those conversations together to try to get everything in place before July. The way that it's working right now in the timing, we don't anticipate that will happen. The conversations will happen here, and the province will get around to getting it done when they can, and then come July, we won't have anything ready at the municipal level.

Mr. Ron McKinnon: We did invite them, so....

The Chair: You time is up, Mr. McKinnon. Thanks very much.

That completes our first round of seven-minutes. Now we're going to go to the second round of five-minutes starting with Dr. Carrie.

Mr. Colin Carrie: Again, thanks to all our witnesses. This has been a great panel.

I guess I'm looking at 288 days. This started out as an election promise, and I think it was very poorly thought out. At the end of the day, I think everyone, all the witnesses, want to look after the health and safety of Canadians, particularly our kids. We've heard from other jurisdictions, and what I'm really seeing is a disconnect here. In the United States, with Colorado and Oregon, it seems it was the people up. There were referendums, and it moved up through the process. Here we have a government that wants to do it top down.

Mayor Holmes, we've heard that a lot. The jurisdictions that have done this are telling us quite clearly, "Before you do this, make sure you have public education in place, data collection, research and development, treatment prevention, workplace safety, and all of these things in place." It seems that the government doesn't realize that a lot of that stuff they're downloading to the provinces, the territories, the municipalities, and indigenous people without giving them the back and forth, like you were saying, to be a partner at the table. The federal government doesn't even have its law in place, and now they're expecting the status quo on the ground to adapt and everybody to just to fall in line, and we're going to be happy on July 1, and we'll get this all figured out.

I was wondering if there are any programs where municipalities can go to the government. They made these announcements, and they're great at announcements, but are there any practical things that you can work with? I couldn't even imagine what it's going to be costing you guys. For these things, public education and data collection, are there any programs where you can get funds and help from the federal government to implement what you need to have implemented in just 288 days?

Ms. Lisa Holmes: As far as I know, no, there aren't. The thing we are most concerned about is the enforcement side. There is not the ability for us to have funding, except for what was announced last week. There are concerns in regard to public education, absolutely, and also, as I said, capacity for staff, for the people who are making the decisions to understand what the impact will be. There is a general discussion of the fact that this is an interesting topic. It's not the number one priority of municipalities in Alberta, but it's the number one thing I talk about, because I think people have the most misinformation about this. They just don't understand what they are going to deal with. They are scared that this deadline is looming and they're not going to have their communities and their citizens protected in time.

Mr. Colin Carrie: Even if you look at some of the science out there.... I think it was Ms. Emery who brought up the per se limits or something, and whether they'll even hold up in court. You say you have nine RCMP officers, and my understanding is they have officers called DREs. I forget what it stands for.

Ms. Jodie Emery: Recognition....

Mr. Colin Carrie: They have recognition experts who have been seen by the Supreme Court. These are trained officers who deal with impairment. Whether you are impaired on alcohol, cannabis, prescription drugs, glue, or gasoline, that seems to be the issue,

but there's no money put forward—they've announced it—to have these officers on the ground, because we don't even know what these blood levels mean or if they're ever going to do anything.

What do you foresee to be the costing for your officers and the training that needs to be done on the ground? Do you see a time limit to actually get in place the things that we need to do before this rolls out, to protect the health and safety of Canadians?

Ms. Lisa Holmes: The concern I have is that I'm not sure the technology exists. I haven't been told whether it is there. If it is, that's fine. Then we need to have the technology purchased and rolled out into each municipality, along with the training. We were assured, at a meeting with Mr. Blair, that the training is being brought forward from the United States and adapted to Canadian needs, and then it will be presented to the RCMP. What I have been advocating for here, though, is that we need to make sure that this extends to all levels of enforcement in a municipality, and that every single person who will be having a conversation with someone they believe is impaired will be trained to do it respectfully, so we won't be in a circumstance where someone is pulled off the street by someone who doesn't understand what the changes are.

• (1500)

Mr. Colin Carrie: Thank you very much for that.

I want to ask Mr. Emery, the way they're rolling this out.... I've heard from some people who say that this is actually going to make things worse. We've been hearing from a lot of people that, if we are going to go down this route, we should slow down and make sure that we are not going to make this worse, and that this is doable for the provinces, territories, and people on the ground who are distributing marijuana, the medical marijuana market and things like that. Do you think there is any room for decriminalization if we started right away and just said, "Okay, look, let's breathe for a moment. Let's decriminalize it, for a certain amount, maybe make it a ticketable offence for now, or whatever the comfort is"? Is there any room for anything like that?

Mr. Marc Emery: Our objective is that there be no punishment of any kind for the use of cannabis, any more than there is for responsible use of alcohol or a home brew in your own home. I can own a vineyard. With my criminal record, I can't seemingly get a licence to produce marijuana, but I can still go out and start my own brewery. I could still start my own vineyard. I can do a lot of things with alcohol, tobacco, and a number of harmful substances, but I am not going to be permitted, under this law, to participate in the marijuana industry.

One thing you mentioned was public education. I sure hope a public education campaign is not going to be done by the same government that lied to the Canadian public for 50 years and demonized us to make people fear us, when there was nothing to fear about cannabis users or cannabis growers. If we were legal, we wouldn't be growing it in homes or in facilities we've rented from other people. It would be grown out on our Canadian farms and we'd let our Canadian farmers grow it and supply us.

Soon, CBD is going to be in everything you buy. It's going to be in your yogourt and in your milk because it's non-psychoactive and it's a cannabinoid product that's immeasurably valuable to everybody. It's anti-anxiety, and everybody is stressed out and anxious. It calms you and soothes the body, and it's not psychoactive. It's an aspect of marijuana that, if you took it every day, your life would be greatly improved. You're going to see it industrialized in our foods. Anything you consume daily eventually is going to have CBD.

We're going to see an enormous amount of innovation, but we need to free the market properly in order for all this to happen. Let our farmers grow it. Let them extract it. Let us put it in our foods, the CBD. You won't be growing in homes anymore. Very few people will be smoking it after 10 or 20 years, because much more sophisticated techniques are going to come along so people can benefit.

The Chair: The time is up.

Now we go to His Worship Mayor Ayoub.

Mr. Ramez Ayoub: Thank you, Mr. Chair.

I'm going to ask the question in French.

[*Translation*]

In fact, I am a former mayor, and I salute my colleagues. You never forget your roots.

In my region, 45% of youths 15 to 24 years of age use cannabis. I am in Quebec, in the northern suburb of Montreal. The average in Quebec is 35% for that same age range.

Leadership means having goals, achieving them and being able to deal with urgent situations. I'm not talking about the benefits and dangers of marijuana. There is a complete array. There is a whole range of topics.

However, many people have told us that marijuana use is dangerous for youth under the age of 25. That is exactly why regulation on legalization is coming. The goal is to reduce as much as possible the use of marijuana with unknown content among young people, as a matter of urgency. What's more, organized crime provides the bulk of it.

I would like to hear what my fellow mayors have to say. When citizens and parents come to see you and tell you that half their families are at risk of smoking or using marijuana and they have no way to control it, do you feel a sense of urgency? I would like to hear your opinion on this.

• (1505)

[*English*]

That is for anyone who wants to can answer.

Madam Holmes.

Ms. Lisa Holmes: I agree with you and I have to say that it doesn't take someone coming to talk to me about that. It doesn't require a parent. I'm the mother of a 13-year-old boy, so I am very clearly aware of what the concerns are. That's why I'm imploring you to get it right, because I know that, yes, there are people in circumstances, and we've heard from the Emerys about some of the people that are going through struggles in regard to the current legislation and how this is being done. That being said, we need to make sure we're not rushing into something that's going to create more problems, that's going to cause issues with people feeling comfortable in their communities. It's not just the users. It's also the people who live there who may be renting a home to someone who's going to be growing marijuana, or who will be living in a circumstance where they feel they're just not comfortable around people who are using it, and that is the case.

I do agree that there is a level of urgency, but I also believe there is time for us to be able to have conversations about what we all need in this process.

Mr. Ramez Ayoub: Thank you.

Mr. Karsten, do you have an answer for that, any concerns on that?

Mr. Bill Karsten: Yes. Thank you very much.

I think Ms. Holmes expressed my sentiments well. In my case, it's more about getting it right for my three granddaughters, because anything I try to do at the municipal level, I frame on the basis of this being all about the future.

We at FCM still are in a position, and we've said this from the outset, that the legalization of cannabis is in fact a federal decision, and as you know, it is something that was committed to in 2015. We in the municipal sector feel that we are still committed to ensuring it is implemented, as long as we can be involved and it is done in a safe and effective way.

[*Translation*]

Mr. Ramez Ayoub: Many people mentioned it, when this was the case in Colorado and in Washington State.

Do you think that the legalization of marijuana will mean that, overnight, the majority of drivers on the road will have marijuana in their systems? Are the majority of citizens going to start growing marijuana in their apartments? Will most people start using marijuana all of a sudden because it's legal?

I don't know everything, but I'm personally convinced this won't happen. Alcohol, cigarettes and many other products are legal and have negative effects. People know about the dangers associated with their use. So I don't think it will be the end of the world the day that marijuana becomes legal or that everything will suddenly crumble.

We need infrastructure. That's what we're doing, and we want to consult as many people as possible. Your government is holding consultations like never before in the past 10 years. We want to make positive progress and ensure the safety of our children, in particular. That's what I can add.

I have no other questions, Mr. Chair.

[English]

Ms. Jodie Emery: I would like to address this.

With teenage use, the *Journal of Adolescent Health* in 2017 reported that teens do not experience an increase in psychotic symptoms with cannabis alone. It happens that when they use tobacco or alcohol along with cannabis, that can aggravate the symptoms. It's a very small percentage of people, already predisposed, who might be aggravated.

The British Association of Psychopharmacology in 2016 said there's no IQ loss in teenagers, that even long-term chronic users of marijuana do not suffer any decrease in IQ. We can see over history the increase in use of marijuana, but schizophrenia rates do not go up, IQ rates do not go down, and as I said, the American Psychological Association in 2015 said that even chronic teenage users don't have any further health problems later on in life.

I'd like to touch on growing in the home, since this touches municipalities. The reason people are growing in houses is that it's valuable. It's risk and reward. The more you prohibit or over-regulate something, the more people are going to try to get around that, or it will increase the value.

With growing in houses, however, in February of last year, Federal Court Justice Michael Phelan analyzed growing inside the home and found that, despite the testimony of Len Garis and other law enforcement officials, cannabis growing in the home can be done safely and in most cases is done safely. That's why he offered a federal injunction to provide permission to patients to grow cannabis in their home.

When I came into this building, I noted that there's a giant green wall with plants on it. That's a hydroponic system. It's an indoor growing operation right here in this very building, but it's done safely. The vast majority of consumers, growers, and even sellers of cannabis do not want mouldy bud. They do not want bad conditions in the home. The worst cases you find with grow ops that do damage and destruction are not among patients and advocates, but profiteers.

The only reason those profiteers are even involved in the growing and selling of cannabis is that when government over-regulates it and criminalizes it, it increases the penalties and it increases the reward. Just make it extremely cheap and extremely available. Organized crime is not going out there selling you sugar, because it's available everywhere, and if we had cannabis just as available, you would take away the profit motive from organized crime and they'd have to find some other job to do.

● (1510)

The Chair: Mr. Karsten.

Mr. Bill Karsten: Thank you very much for the opportunity to respond.

Mr. Ayoub, I appreciate the question and I concur. That is pretty much evidenced by what the parliamentary budget officer suggests. I don't think everyone's just going to go into a car and smoke marijuana. I agree with you, sir.

The budget officer warns, and it was alluded to earlier, that revenues from cannabis sales may start out small. I want to suggest, however, as I alluded to, that when it comes to local governments, we will still face the significant administration and enforcement costs.

I'd like to present to you, in 30 seconds or less, the fact that in Colorado, municipal governments collected sales tax directly on cannabis. These are the kinds of conversations we need to have. It's just not right to roll it out, then come back to the municipalities and tell them that this is the way it's going to be, without our being involved.

They received an additional 15% of the state's marijuana tax cash fund. There were other examples, such as Washington state. The point is, the costs to municipalities, regardless of how the sales or retail end evolves, are going to be relatively large up front. That's what we want to have the conversation about.

The Chair: Thanks.

Mr. Brock Carlton: May I just add one thought?

The Chair: Yes.

Mr. Brock Carlton: We have to understand that we're talking about two things when we talk about costs. We're talking about the start-up costs, all the work that needs to be done to prepare for the arrival of this legislation, the policing, bylaws, etc., and then there are the ongoing administrative costs, which will continue in perpetuity as the law is implemented.

We have to make sure we're not losing sight of those two different kinds of costs that are going to be incurred by the municipalities.

The Chair: Thanks very much. We have to move along now to Ms. Gladu.

Ms. Marilyn Gladu: Thank you, Chair. I'm going to be sharing my time with Dr. Carrie.

I'm going to follow up on the comments from the Federation of Canadian Municipalities with respect to the smart revenue-sharing model. I agree that if municipalities have to bear a lot of the costs of putting this system in place, there should be something in Bill C-45 that would actually make it clear how the revenue is going to be split.

Do you have a recommendation? Would you like to see a one-third, one-third, one-third among municipal, provincial, and federal? What would you recommend?

Mr. Bill Karsten: May I go first?

Ms. Marilyn Gladu: Sure.

Mr. Bill Karsten: At this point, we've not had enough conversations on the potential taxation models to prefer a specific model. I think you know where I'm going with this, that even though there's not a specific model in mind, we are asking that support be provided to municipalities for the ongoing costs of legalization through some sort of revenue-sharing model. Determining how to tax and what form this revenue-sharing takes is one of the many issues that, quite frankly, does require further discussion. This is why FCM continues to call on the federal government, through those consultations that we have, to engage all orders of government. You've heard that message certainly from Ms. Holmes now and from us, that implementation cannot proceed locally without further direction from not only federal, provincial, and territorial partners, but also the municipalities.

• (1515)

Ms. Marilyn Gladu: Yes, it doesn't sound as if it's going to happen in 288 days.

The other thing I wanted to follow up on was you made a comment about how some municipalities may want to prohibit cannabis sales. I just wanted to make you aware that we had testimony from Justice that said if it's legalized at the federal level, that will make it impossible for any municipality to ban it in their municipality, because that would be a violation of everybody's rights and it wouldn't survive a court challenge. I just wanted to put that out for you.

I'm going to turn it over to Dr. Carrie at this point.

Mr. Colin Carrie: Thank you very much.

I have some questions with regard to the border issue and trade. We are undergoing NAFTA negotiations with our biggest trading partner, the Americans, but I've heard a concern that we're out of sync with our greatest trading partner. I was wondering if you thought that it should be made a priority, that we should be explaining what we're doing in this regard because right now, if the Americans just ask you, they can stop you from going into the U.S. and this trade issue is all about jobs and the economy. I was wondering if that affects the municipalities.

Also, Mr. Emery, I think you're quite aware that very high-profile Canadians who have admitted to smoking marijuana have no problem going back and forth to the U.S. How does that make you feel?

Mr. Marc Emery: That's unusual. If a border official does a Google search and finds that you've got any relationship with marijuana, they're likely to bar you from entering, at least at that time, and for up to 30 days and possibly permanently. There are lots of examples of Canadians now permanently barred. The former mayor of Grand Forks, Brian Taylor, found himself barred from going back there. He used to go over there to buy milk and eggs, amazingly, and I don't know why that's reasonable, but it's so close to Grand Forks that he used to go. Now he's barred from doing so because he's had a relationship with marijuana; he's advocated as mayor.

The border states of Washington, Vermont, Maine, New York, Wisconsin, and Minnesota all have medical marijuana or legalization regimes. The entire border with the exception of Idaho and Montana, and Pennsylvania, which is not so much on a border but across the

lake, are the only three states left that don't have some kind of medical or legal regime going on in the United States, so this argument that we're going to have a trade problem is diminished. What we're going to have is a border problem.

One of the things they haven't thought of with the Ontario monopoly is that every employee who works for the Ontario cannabis control board is going to be barred from entering the United States. So as long as part of their employment they're willing to admit they're never going to the United States again, then that's fine. I'm sure they'll get employees. We in the free market already acknowledge this, that we're not going to be able to travel to the United States if we have a relationship with cannabis that's in any way public. I suspect every government employee who wants to work for a marijuana shop might want to consider if they have family in the United States or if they ever go to the United States because they're going to be barred.

Mr. Colin Carrie: Mayor Holmes, do you think this should be a priority issue discussed maybe between our Prime Minister and the American President about how this will affect our border? I'm hearing from Canadians who are worried. A lot of snowbirds who own property in the United States go down south and they're worried about getting stopped when it's legal, if there's a swab or a random test that the Americans are doing. If they have a cookie or something at a party, even inadvertently, this could be a big issue. Are there any concerns municipally?

Ms. Lisa Holmes: It's not an area that I have any knowledge of, aside from watching the TV show *Border Security*. I think Mr. Karsten might have more.

Mr. Colin Carrie: Are there any other comments?

The Chair: The time is up.

We have to go to—

Mr. Colin Carrie: Is he allowed to finish?

The Chair: Oh, I'm sorry.

Mr. Karsten.

Mr. Bill Karsten: Thank you, Mr. Chair.

I was just going to say maybe the mayor has a little too much time on her hands to be watching that show.

We don't really have a position on that either, Mr. Carrie. I appreciate the question. Because we're talking U.S. versus Canada I have to get this in, that every model in every state that's been researched by our policy folks has a specific carve-out or designated fund for municipalities. I had to slip that in.

The Chair: You did.

We're going to Ms. Sidhu now for five minutes.

Ms. Sonia Sidhu: Mr. Chair, I'm sharing my time with John.

This bill enables revenue sharing with the provinces and territories; however, the legislation is going to be a finance issue. My question is for the FCM.

How is smoking tobacco and drinking alcohol presently calculated for apartment buildings? What would the process be to add cannabis smoke to tobacco restrictions?

• (1520)

Mr. Bill Karsten: I'm pleased to jump in. This is not necessarily based on the policy work that FCM has done, but I can speak for my municipality. Having been a councillor, now into my fourth term, it would take a complete workup by staff on a bylaw, some of which could potentially involve the public hearing process and that sort of thing. Again, it's a matter of knowing what's allowed through the regulatory framework that would enable us to go forward with that.

Ms. Sonia Sidhu: In your document, "Cannabis Legalization Primer", how can municipalities get ready? You suggest a municipality consultation as a way to get ready. Do you know how many municipalities have taken that advice?

Mr. Bill Karsten: I don't have the number here today. We can certainly try to get it passed on to the chair and your committee for next week. We do know, and I know that's in the abstract, that there have been many members, many communities, and many municipalities.

Ms. Sonia Sidhu: Thank you.

I'll pass it over to John.

Mr. John Oliver: Thank you very much for sharing your time.

Thank you for your comments and testimony today. I just wanted to say, in the last few minutes of our week-long session on this, thank you to the clerk and his staff. I was doing some research to see how many witnesses have come to speak to an act before. The Fair Elections Act had 74. Bill C-51, the Anti-terrorism Act, had 75. Bill C-2, an act to amend the Controlled Drugs and Substances Act had 20. After that, it's lower numbers. I think we might have hit the benchmark with over 100 witnesses on this topic, which speaks to the importance of it to Canadians and the social change that's coming with it.

My comment, for the Emerys and for others who have been part of this very strong culture in trying to create change, is that the purpose of the act is to prevent young persons from accessing cannabis, to protect public health and public safety by establishing stricter product safety and product quality requirements, and to deter criminal activity by imposing serious criminal penalties.

If you read the bill, the goal is not about recreational marijuana users, by optimizing their experience and optimizing their choices. It's a very different lens. I think that's the social difference or maybe the philosophical difference. I understand and hear your frustration. I hear the background that you're coming from, but the act would address different social agendas than the one you've been speaking to.

Mr. Marc Emery: Well, then it's inadequate, simply put. However, here's the thing. What's also important is that there's no apology. The government has to admit that this policy's been wrong for 50 years and that demonizing, persecuting, arresting, and charging 2.4 million Canadians was wrong-headed. It was counter-

productive and didn't do anything good for anybody, except the police, who benefit by all these things.

There's one thing I would like to point out. You're only a youth, at ages 15, 16, and 17, for three years and then for another 70 years, on average, you're an adult. From age 18 to 85, which is the average length of life in this country now, you're an adult, so you shouldn't be writing laws for the three years prior to becoming an adult for 70 years. You should be writing the law for the adults; the autonomous adults who can get themselves abortions and who can fill themselves with alcohol. I can buy all the alcohol I want and fill my house with it. I can do a lot of things that are very dangerous and this government and this free democratic society allows me to do them. That's great because most people handle responsibility well when it's given to them.

However, in this act, it's the opposite. It's like we're children. We're being condescended to constantly and told absurd, ridiculous things, like your plant can't be higher than this. Who can control nature like that? These are plants. They grow, right? They're going to be all sorts of sizes and stuff like that.

Mr. John Oliver: Thank you. I hear your reaction. I just wanted to make sure we clearly understood the intent.

Mr. Marc Emery: You said you were going to legalize. You didn't say this was a halfway measure to get somewhere. This was promised as legalization by the Prime Minister during the last election.

Mr. John Oliver: I have a question for the municipalities.

I've heard a couple of areas of concern. A lot of the issues you raised are with the provincial legislation yet to come. We're really dealing with some fairly limited, blunt tools at the federal level. Are there any last words you would give to the committee as we're wrapping up this week that would facilitate your ability to prepare now, based on the federal act? You have drafts of the federal act in front of you. To the extent they impact municipalities, you've got a pretty good read of what's coming at the federal level.

I understand you have a lot of detail yet for the provinces that you need to distil and understand, but is there any last federal direction that you're looking for clarity on, or areas that you're concerned about other than the timing?

• (1525)

Mr. Bill Karsten: Is that for Lisa?

Mr. John Oliver: Yes, it's for Lisa and for you, sir.

Mr. Bill Karsten: Lisa, do you want to go first? I can't see you.

Ms. Lisa Holmes: Sure. Thank you, Bill.

In regard to the ask, I guess, I would like it to include a municipal revenue source in order for us to be able to cover the costs that we're going to incur for this. That's a really strong point that's been made by FCM over and over again. I'd also like some assurances that we're going to be able to get the training in place, and that it's going to happen and be covered through all municipal police enforcement services.

I would also ask that you implore the province to sit down and have a conversation about what it should look like in a year, and in five years, so that we're able to sit and ask: what is the outcome of this and how can we all work together to get there?

Mr. John Oliver: Thank you.

Mr. Bill Karsten: Thank you very much for that question. Just in response to Lisa's comments, I would piggyback on that and say sure, let's have a continuous conversation over the next five years, but we also need to start a dialogue and conversation immediately.

I don't want to repeat a lot that I've said, but certainly we have said all along that we want to engage as partners, and we can do the job if given the tools, information, and resources to act now.

Hopefully you folks are going to get your chance to hop on flights soon and get back to your respective hometowns, but I want to leave you with what I hope is a very valid and strong point, which is that there are many examples and data that we can draw on from our neighbours in the south.

Denver is a municipality with just under 700,000. The costs associated with public health, education, and enforcement totalled \$7 million at the start-up. The projected numbers for 2016 for that one municipality alone were \$9 million. That is the plea, for us to be engaged with you as a national organization on an ongoing basis immediately, and to please consider start-up costs and the ongoing model to provide municipalities with the funds they need.

Thank you.

Mr. John Oliver: Thank you very much.

The Chair: We'll move along to Mr. Davies, for the last question of the week.

Mr. Don Davies: Ms. Emery, I want to direct this question to you as someone who has operated a dispensary.

Prime Minister Trudeau also said this: "The challenge of getting this important initiative right is one of ensuring that we are broadly listening to partners, to folks from the medical marijuana industry, to municipal partners, to provinces, and of course drawing on best practices from around the world.... We're going to get this right in a way that suits Canadians broadly...."

I want to ask you a question about edibles, concentrates, and other products that Bill C-45 will continue to make illegal. We've heard evidence before this committee that Colorado, Washington, and Alaska have all legalized edibles. Colorado appears to have a very mature and thoughtful regulatory regime for those products.

Here's what the task force said about edibles:

In weighing the arguments for and against limitations on edibles, the majority of the Task Force concluded that allowing these products offers an opportunity to better address other health risks. Edible cannabis products offer the possibility of

shifting consumers away from smoked cannabis and any associated lung-related harms. This is of benefit not just to the user but to those around them....

They said:

...access to a broad range of cannabis products is possible via the illicit market, including through dispensaries and online retailers.

They recommend that the government:

[r]egulate the production of cannabis and its derivatives (e.g., edibles, concentrates) at the federal level, drawing on the good production practices of the current cannabis for medical purposes system....

Do you see the omission of edibles and concentrates from this bill as a good or bad thing?

Ms. Jodie Emery: I think Canadians should have the free choice to consume cannabis however they would like. I know that the Supreme Court of Canada sided with edible producers who literally made cookies and sold them in a dispensary—that's *R. v. Smith*—determining that cannabis patients do need access to oils, tinctures, extracts, hashish, whatever it may be.

Edibles are extremely valuable. We know that in Toronto, when the police cracked down last year, they really targeted edibles, and seniors are the ones who are hurt most, elderly people, grandparents, who come in. They're tired of these pills that they're on, and they're tired of not being able to sleep. All they know is that a couple of bites of a cookie at night after dinner helps them feel better. No law should prohibit someone from having access to that.

If you'd like to see what branding and advertising in edibles looks like, go to a cannabis event. Just follow my social media, if you like, or check online, and you'll find that there are these marijuana events everywhere. There's an event called The Karma Cup that just happened. You can see there are dozens and dozens of brands that are sophisticated. They have logos. They have products. They put a lot of time and effort into this because the producers of edibles in this country are not shady dealers on the street corner trying to get kids to use pot. They're conscientious Canadian citizens who are trying to provide a much-needed service.

Edibles have to be legal. I personally don't believe the federal government should be managing all these little details. I think cannabis should be removed from the CDSA, and let everybody figure it out as they may. But edibles must be legal. They must be allowed.

● (1530)

Mr. Don Davies: Thank you.

Mr. Emery, the task force also said this about e-commerce mail order:

Consideration should also be given to ensuring that online retail sales have appropriate consumer safeguards. To accommodate those who may not have access to storefronts (e.g., small communities, rural and remote locations, mobility-challenged individuals) a direct-to-consumer mail-order system for non-medical cannabis should be considered.

You're probably aware that Bill C-45 does not contain a permanent national e-commerce platform. Is that a positive or negative thing in your opinion?

Mr. Marc Emery: A lot of these things depend on your interpretation as representing the free market/black market. I would say that's more business for us if the government wants to neglect that area.

What we're really looking for in legalization is a reduction in the price over time because something that's legal should be cheap. Right now the price of marijuana is artificially high, and all the derivatives are way too high. People are spending far too much money on marijuana, and that's created a lot of the problems. It's attracted gangs and it's attracted criminals. It's attracting government. All I've heard from these fellows from the municipalities is, "How can we gouge the public for more money? We need more money." Somehow, legalization is going to cost every single bureaucracy more than it did before. The cities are going to spend millions, and the cops are going to spend millions more. You'd think we were doubling up on the criminalization, which we may well be doing, and that's why we have to spend all this money.

It doesn't sound like legalization from anything I've heard from a municipality, from a provincial government, or from anybody here. It sounds like you're all into control and gouging as much money out of a vulnerable population of pot smokers as you can possibly get.

That, to me, is the real reason for this legislation. It's not to legalize pot. If it was to legalize pot, Mr. Trudeau would say, "Mr. Speaker, we have a majority, and we've just removed cannabis from the schedule. My health minister will direct that and, from now on, the provinces are free to regulate it." That would be the whole legalization campaign. Instead, you have 300 pages of a cannabis act that recriminalizes everybody and makes a huge bureaucracy of government at all levels, which we don't need. It spends a lot more money and gives police more power. That sounds like prohibition.

Mr. Don Davies: Thanks.

The Chair: The time is up.

Mr. Don Davies: Mr. Chair, I'd like to move my motion now, if I may.

As I gave notice yesterday, I would like to move:

That, pursuant to Standing Order 108(2), this Committee meet for an additional two days for the purpose of the consideration of Bill C-45, An Act respecting cannabis and to amend the Controlled Drugs and Substances Act, the Criminal Code and other Acts; and that the Chair be empowered to coordinate the witnesses, to a minimum of 32 witnesses (8 per stakeholder group), the resources, and scheduling necessary to complete this task in accordance with the following guidelines: —

The Chair: Just a minute. Let's excuse the witnesses. They've been here a long time. Then we'll continue on with your issue. Is that all right with you?

Ms. Jodie Emery: I have all the time in the world. I'm unemployed.

Mr. Don Davies: You said, Mr. Chair, that I was the last speaker, so whether they're sitting there or not doesn't seem to really matter.

The Chair: I think we should thank the witnesses for their contributions. They've all made a unique contribution, every one of them. We value them all. It was very important testimony today, so on behalf of all the members of the committee, I want to thank you all for your contributions and your information.

With that, go ahead, Mr. Davies.

Mr. Don Davies: I'll continue reading:

1. Witnesses are to represent the following stakeholder groups in four two-hour panel blocks per day:
 - i. Existing Canadian licensed producers and dispensaries;
 - ii. Producers of edible cannabis products and other non-smokable forms of cannabis;
 - iii. Ordinary Canadians who made a written submission to the Committee regarding Bill C-45;
 - iv. Young Canadians, 15 to 24 years old.
2. That witnesses for each panel block be allotted as follows: 2 Liberal, 1 Conservative, 1 NDP.
3. That witnesses be directed to prepare oral remarks for 10 minutes in length, and that the witnesses be invited to submit written statements prior to appearing;
4. That the meeting be held prior to September 30, 2017.

Mr. Chair, I'm going to speak to my motion and give the rationale behind it.

Bill C-45 is groundbreaking legislation in many respects. It changes a century of legal, social, economic, and cultural policy in this country. It's 131 pages long and contains 226 clauses, plus schedules. It deals with a number of complex issues about cannabis decriminalization. It involves cultivation, possession, age of access, health impacts, enforcement, production, packaging, labelling, international implications, edibles and concentrates, education, research, and other issues.

In June the Liberals proposed five days of hearings to be conducted the week before Parliament resumed. They solicited the opinion of Canadians over the summer when Canadians are probably least engaged in public policy. They have scheduled these hearings before Canadians could even be fully engaged. In many respects the hearings are over before most Canadians are really engaged in them.

Scheduling the entire week of hearings before the House of Commons resumes avoids scrutiny in the House of Commons and restricts the ability of MPs to raise evidence in the House of Commons questioning the ministers and government as responsible government should allow us to do. It restricts the committee's ability to properly follow up on issues that arise from the testimony. We've heard a lot of testimony this week that raises many issues which I think MPs on all sides of the table would like to be able to follow up on.

At that time in June, both the New Democrats and Conservative opposition objected to those five days. We said we would need more days. I want to pause to emphasize that this committee is the only phase of the legislative process where Parliament hears from the public, from stakeholders, from experts. It's the only opportunity for public input, and I believe it's very important to hear those views as we do our jobs and study this bill.

In June when the opposition objected to the limitation of five days of hearings, the Liberals agreed, saying they were open to holding more hearing days if needed. Now, today, after five days of hearings, it's obvious that there are glaring holes in this bill, that many issues have been raised, and that, most important, there has been an absence of critical voices.

First of all, we have not yet heard a word from young people. We haven't had one witness, age 15 to 24. Yet we have heard from all sorts of people about how important it is we get this cannabis legislation right for young Canadians, to know precisely the health impacts on developing brains, and to talk to young people in a manner they will accept and understand. We're charged with protecting the health of young Canadians, and yet we don't bother to hear any of them tell this committee how they feel about this issue.

Second, we haven't heard a word from ordinary Canadians. There were many ordinary Canadians who wrote this committee with submissions and requested to appear, but we didn't schedule a single one of them.

Third, we haven't heard from licensed producers themselves, the very people who have been growing cannabis legally in this country for the past 10 years.

Fourth, we've heard a lot of evidence—and I think some exaggeration and maybe even some mythology—about the impacts of edibles, but we haven't heard from a single edible and concentrate manufacturer or industry.

• (1535)

Quite honestly, I think these are glaring errors, yet for some reason I believe the Liberals do not want to hear from a single one of those groups.

Mr. Chair, the New Democrats support legalization. We broadly support this bill. Frankly, we believe this bill can be brought into force by next July, and we're willing to work with the government to do so. We want to work with the government to fix the holes in this bill that we've already identified: the absence of edibles and concentrates, the fact that there's a lack of a national e-commerce platform, the fact this legislation does not deal with pardons, the fact that we have border issues and international considerations, the fact that it still criminalizes many Canadians, including maintain a maximum penalty of up to 14 years in prison for Canadians. There are all sorts of aspects to this bill that I think require further scrutiny.

It is not the New Democrats' intention to be deleterious or to delay in any way the government's stated objective of hitting July 1. That's why, in the context of my motion in the text, I said that we could hold those two days by September 30. We know that the ministers are scheduled to appear next week, on Tuesday. We know that after that process we're going to need at least a week or two to prepare the

many amendments before we start the clause-by-clause examination of this bill, in which we'll go through the entire bill line by line and discuss and debate and move amendments. We'll be into October, no matter what. I think it's eminently reasonable to schedule two more days of hearings to hear from those groups that are so important to hear from prior to September 30, so that we can make sure we have the broadest, most comprehensive evidence and information that we can get before this committee while still allowing the government to meet its stated objective.

I'll conclude by saying it's my understanding the Liberals are going to vote against this motion. They're going to have to tell Canadians, explain to them, why the voice of youth is not important to inform this bill, why the voice of ordinary Canadians is not important. I want to stop and say on that point that this bill isn't for producers. It's not for dispensary owners. It's not for edible cannabis manufacturers. This bill is for the millions of Canadians who voted in the last election for the promise of the legalization of cannabis, and to proceed with this bill without hearing from them is unacceptable.

The government side may argue that they heard from the task force. That was to inform the process. Who I want to hear from on this legislation are those people. Now that legislation has been drafted and tabled before Parliament, they have a right to now offer their comments on the actual proposals that have come before us, particularly when the government has ignored several recommendations of the task force in this legislation.

I really hope the Liberal government will see fit to include these important voices. If not, I hope they have a good explanation as to why these important voices are not important to be heard at this committee.

I will conclude here. The difference is this: it's not enough to say that people can contact MPs on their own, or we can hold town halls, which many of us have done or are doing. To testify at this committee is to testify in front of the entire health committee, in public, recorded, televised, and in both languages. That provides a unique opportunity to hear that voice that is not fully accommodated in any other fashion.

For all those reasons, I would urge my colleagues to support this very reasonable motion, so that we can bring Canadians the best, safest, and healthiest cannabis legislation that we can possibly craft as Canadians.

Thank you, Mr. Chair.

• (1540)

The Chair: Ms. Sidhu.

Ms. Sonia Sidhu: Mr. Chair, I'll be speaking against this motion.

I want to remind this committee, and my colleague Mr. Davies, who is in favour of this motion, that we set up five days of uninterrupted study, which we are doing, and our government ran a campaign on this issue in 2015. In 2015, the cannabis task force worked for six months, consulted over 30,000 Canadians, and travelled across the country and to other jurisdictions. The committee heard over 100 witnesses this week, including over 40 hours of testimony from government, law enforcement, the medical community, researchers, and scientists. The committee also received hundreds of written submissions. Over the summer, all three parties worked to build their witness list in preparation for this study. In addition, provinces and territories are undertaking their consultations.

I just want to thank you, Chair, and thank you all, colleagues. I think it's an important piece of legislation and we should move forward.

• (1545)

The Chair: Dr. Carrie.

Mr. Colin Carrie: Mr. Chair, I want to thank Don for bringing this forward. Well said, Don. Thank you for that.

He reiterated that in June, we did vote against this. The Liberals wanted to kind of pigeonhole us into five different days with different topics, and we did want to hear from different groups. Don has brought forward the names of some of those groups. At the end of the day, Canadians expect us to be looking after their health and safety. That's what this committee is all about.

If you listen repeatedly to the Liberal talking points, they're consistently that they want to keep this out of the hands of kids and they want to keep the proceeds away from organized crime. We've heard from witnesses throughout, even from Liberal members, that it's obvious there are huge gaps in this bill. If we don't get it right, we've heard it over and over again that this could actually make things worse for everybody in Canada.

I know we're going to hear the government come out and say it has heard so many witnesses—the number of witnesses and that—and it's going to compare it to other studies it did. I'm not interested in that. Sometimes these other studies were shut down as well. We were promised that the Liberals were open to more witnesses.

What this has done for me is it has really given me perspective on how complicated this issue is, and how different levels of government need to get their boots on the ground. They have to get these all prepared. As my Liberal colleagues have noticed, there are huge gaps in this bill. We need a bit more perspective, and we need to make sure we get it right. That's the least we can do for Canadians.

Don, we'll be supporting your motion.

The Chair: Ms. Gladu.

Ms. Marilyn Gladu: Mr. Chair, I also want to speak in support of the motion.

I was very disappointed this morning when I suggested adding more meetings for more witnesses that the Liberals shut that down. They keep saying they're not rushing, but it looks like they're rushing. We haven't heard from Uruguay, the only country in the

world other than us that has ever legalized marijuana, and we should at least hear what it has to say.

There are a number of other things that have come out through the testimony that have pointed out gaps we would need to close, such as the border issue, the international treaty issue, a number of different things that are not addressed, the revenue sharing, things that we would need to hear more testimony on.

Thank you, Don, for bringing that forward. I will be supporting it.

The Chair: Mr. Davies.

Mr. Don Davies: Briefly, in response to Ms. Sidhu's comments, the original motion by the Liberals was to have five days of hearings only. After deliberation, this committee changed that motion to say that there would be an initial five days of testimony plus the possibility of additional days, if necessary. The Liberals agreed to that. Now, after five days of hearings, the Liberals are saying that there is no more possibility of further days of hearings. If anything, it's the Liberals who are backtracking on the commitment made in June.

Also, I'd like to say that hearing from Canadians on the task force is not the same as hearing Canadians comment on the drafted legislation, particularly when the legislation deviates from the task force recommendations. My one example is edibles. The task force said that, for various reasons after listening to 30,000 Canadians and studying the experience for the jurisdictions, they came to the considered and evidence-based position that this government should legalize edibles. That's what Canadians told them, and then the government tabled legislation that ignores that. I want to hear what Canadians have to say about that.

Finally, again, I don't need 50- and 60-year-olds telling me how to talk to 16- to 18-year-olds. I want to hear from the 16- to 18-year-olds what they think about cannabis. To shut out and not hear those voices puts us at risk of doing a great disservice to all the concerns people have stated about the health of young Canadians.

I'll just stop there. I'm happy to proceed to a vote, if my colleagues want that.

The Chair: All right, seeing no more speakers, I'll call for a vote.

Mr. Don Davies: I'd like a recorded vote, please.

Mr. Colin Carrie: I have a point of order, Mr. Chair.

The Chair: Yes.

Mr. Colin Carrie: Here in the health committee we have certain members who are part of this committee. I think it was tabled in the House. I think that, officially, Mr. Kang is still a member of this committee. I'm not sure if the Liberal government can substitute another Liberal member. I know Mr. McKinnon is here, and I appreciate his very good input into the committee.

Technically speaking, can the government party actually substitute a member in for an independent, and then does that member actually have the right to vote? Could you let us know the rules on that?

• (1550)

The Chair: My ruling is that he can be substituted. Mr. McKinnon is legitimate as a voting member of the committee.

Mr. Davies.

Mr. Don Davies: I'm sorry, Mr. Chair, but I'm requesting a recorded vote, please, on my motion.

The Chair: Okay. We'll go to a vote.

(Motion negatived: nays 5; yeas 3)

The Chair: That's the end of meeting 68.

Thanks very much, everybody.

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