

Isfeld, Lori

From: Correspondence Group, City Clerk's Office
Sent: Saturday, June 13, 2015 11:31 AM
To: Public Hearing
Subject: FW: Final 10 Reasons Not To License Dispensaries
Attachments: SAMC-Information (6).docx

From: PAMELA MCCOLL s.22(1) Personal and Confidential
Sent: Friday, June 12, 2015 6:25 PM
To: Correspondence Group, City Clerk's Office
Cc: s.22(1) Personal and Confidential
Subject: Final 10 Reasons Not To License Dispensaries

From: "PAMELA MCCOLL" s.22(1) Personal and Confidential
To: mayorandcouncil@vancouver.ca
Cc: s.22(1) Personal and Confidential
Sent: Friday, June 12, 2015 6:20:55 PM
Subject: 10 Reasons Not To License Dispensaries

Final submission.

We have submitted substantial reasons why this proposal to license the dispensaries should not pass. We hope that you will have the time to review the points of our argument. As a summary we provide this last email. We are readily available should you have questions. We were unable to attend the public hearing due to security reasons but also because we do not think that the public hearing should have been held since the action you are considering taking would bring you in violation of federal law. We have submitted formal complaints to the Police Board and the Minister of Justice and we have received confirmation that our complaints were taken seriously and files have been opened for investigation. We have also written to multiple Ministers within the Federal Government and we would support any action they would take to remedy the continued unlawful operation of the promotion, advertising and trafficking of narcotics.

In closing we understand that the business community has not supported this proposal and that the Early Education community have written to advise that they were not given notice of this proposal. We may look to challenge the public process and the lack of time given for the public to respond. We were surprised to hear of the very little response from the general public, in consideration of the fact that 93% of Canadians do not use recreational marijuana, that there are approximately 40,000 holders of medical marijuana access cards in this country, and that 69% of women and 60% of men do not support the legalization of marijuana for recreational purposes. You will be undoubtedly hearing from them in the future if this goes ahead and their families, businesses, and the air they breathe is negatively impacted by licensing dispensaries.

Smart Approaches to Marijuana Canada
Advisory Council

A Letter to the Editor: Ten Reasons Not To License Illegal Dispensaries.

1. The public is unaware of the risks of harm associated with the use of marijuana. We are now with marijuana where we were in 1964 with tobacco. We have the science that establishes the risks but the public is not hearing that messaging. They are hearing the messaging of the wealthy and very vocal pot lobby who are willing to deny the risk of harm to profit from sales: Breathing second hand marijuana smoke could damage your heart and blood vessels as much as second hand cigarette smoke. Preliminary research – America Heart Association 2014.
2. Health Canada administers the MMPR providing Canadians with access to marijuana for medical purposes. There is no need for these retail outlets that will be selling product that is not tested for contaminants, salmonella, or E-Coli. In May 2015 Colorado Health Authorities seized \$110 million worth of marijuana, contaminated with pesticides. Washington test results show 13% of marijuana sold through legal operations are contaminated with bacteria. The dispensaries are not currently being inspected and it has been confirmed their product will not be inspected if they obtain licenses. This poses an unnecessary risk to the public health and safety.
3. The majority of individuals buying marijuana from dispensaries are purchasing it for recreational use or to sell to others. It's not the true medical cases anyone wants to stop, it's what law enforcement tells us are the 90% plus (as many as 99%) non-sick people who also come into the clinic feigning illness with a makeshift letter just to get drugs. Illicit drugs expose children to unhealthy environments, neglect and abuse, higher risks of early onset of use of alcohol and other drugs and violate their fundamental right to grow up safely and free from alcohol and other drugs. Protection from drugs is unquestionably a human rights issue.
4. In Denver, over 50% of those arrested admitted to being regular marijuana users (Health and Drug Free Colorado March 2012) There needs to be much more research on the costs of increased access to marijuana, including the increased burden on shelters and law enforcement agencies.
5. The public should be protected from unsubstantiated claims made in regards to the benefits of marijuana products that could delay individuals seeking and obtaining appropriate medical attention for legitimate health concerns. The public needs to be protected from false or misleading advertising.
6. Increased availability increases use by youth. Most users of marijuana for medical purposes started using before the age of 19. One study by researchers at the University of Colorado found that about 74% of teens reporting using marijuana they had obtained from a medical-marijuana license holder. In Colorado, 48.8% of adolescents admitted to substance abuse treatment obtained their marijuana from someone registered to use medically and had used it on average 50 times.
7. 2011 study in the Journal of Drug Policy Analysis after examining 1,655 medical marijuana applicants in California, few of them had a diagnosis of cancer, glaucoma, MS, or any other serious illness for which marijuana might provide some relief. In Colorado 1% of purchased marijuana for medical purposes is reportedly obtained by individuals with MS. The Colorado Department of Public Health and Environment and the Oregon Public Health Authority reported only a small proportion of medical marijuana users report use for cancer or HIV/AIDS or glaucoma. A study of California medical marijuana patients found that the average user was a 32

year old white male with a history of alcohol and substance abuse and no history of life-threatening illnesses.

8. US States with medical marijuana laws also show higher average use by adolescent, and lower perception of risk from use, than nonmedical marijuana states. Canada has the highest rate of marijuana use of any industrialized country. (Unicef report) The Canadian courts have rules that marijuana delivery should be controlled. Licensing dispensaries is not adequate control.

9. The push back has begun in areas of the world that have experimented with dispensaries: 345 Cities with Bans or Moratoriums against dispensaries of medical marijuana in California 46 cities allow (some of these limit dispensaries to industrial zones- no commercial or residential areas) (SEATTLE STOPPED ISSUING LICENSES TO DISPENSARIES IN 2013). San Jose has pushed dispensaries to industrial zones.

10. Experience talks. Colorado bans – as of 2015 321 total jurisdictions 228 or 71% prohibit any medical or recreational marijuana business, 67 or 21% allow any medical and recreational business, 8% allow either medical or recreational but not both. The Governor and the Attorney General have repeatedly stated the experiment was a mistake and advised others that it is not worth it.

Pamela McColl

Member of the Advisory Council of Smart Approaches to Marijuana Canada
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Smart Approaches to Marijuana Canada (SAMC) Mission:

The mission of Smart Approaches to Marijuana Canada (SAMC) is to promote a health-first approach to marijuana policy that neither legalizes marijuana, nor demonizes its users. SAMC's commonsense, third-way approach to marijuana policy is based on reputable science and sound principles of public health and safety. At SAMC we reject dichotomies — such as “incarceration versus legalization” — that offer only simplistic solutions to the highly complex problems stemming from marijuana use. Our aim is to champion smart policies that decrease marijuana use, like prevention and early intervention. Yet in rejecting legalization, we also do not believe that low-level marijuana users should be saddled with criminal records that stigmatize them for life.

SAMC's Vision is to:

- inform the public on the science of today's marijuana;
- have an honest conversation about reducing the unintended consequences of current marijuana policies, such as lifelong stigma due to criminal records;
- prevent the expansion of a Big Tobacco-like industry that will target children and vulnerable populations;
- promote scientific research on marijuana in order to obtain scientifically-approved, cannabis-based medications.

SAMC Will Advocate For:

- a complete Health Canada assessment of the impact of marijuana use on Canadian society;

- a public health campaign focused on the harms of marijuana, including the devastating impact on mental and physical health, especially for youth;
- sensible policies that do not legalize marijuana

SAMC's Actions Will Consist Of:

- conducting information briefings for the public and decision makers about the science of today's marijuana and the evidence of effectiveness for different law makers;
- engaging with the media, key stakeholders, the business community, families, and other sectors of society on the issue of smart marijuana policy;
- advocating, alongside leaders in the medical and scientific fields, for smart marijuana policies that do not legalize nor demonize marijuana;
- advocate for medical education addiction and the harms of marijuana.

SAM Canada's Inaugural Council Includes:

Nancy Morrison
 Pamela McColl
 Wayne Jeffery MD
 David Berner
 Chuck Doucette retired RCMP
 Meldon Kahan MD
 Harold Kalant, MD PhD
 Nancy Lee
 Elizabeth Osuch, MD
 Candace Plattor, MA, RCC
 Andra Smith MD
 Charles Ratzlaff, PhD
 Philip Seeman PhD
 Jim Stimson
 Connor Feisenmaier
 Duncan Feisenmaier

Marijuana and Public Health:

People often refer to their own experiences with marijuana, rather than to what science has taught us. No matter what people think about the drug and the policies surrounding it, it is vitally important to be well-versed in the science and public health and safety impacts of marijuana use and addiction:

- Today's marijuana is four to five times stronger than it was in the 1960s and 1970s.
- One in eleven adults and one in six adolescents who try marijuana for the first time will become addicted to marijuana.¹
- Because their brains are in development, marijuana acutely affects young people before age 25. Marijuana use directly affects memory, learning, attention, and reaction time. These effects can last up to 28 days after abstinence from use.²

¹ Wagner, F.A. & Anthony, J.C. (2002). From first drug use to drug dependence; developmental periods of risk for dependence upon cannabis, cocaine, and alcohol. *Neuropsychopharmacology* 26.

² Hall W & Degenhard L. (2009). Adverse health effects of non-medical cannabis use. *Lancet*, 374.

- Marijuana use can contribute to psychosis, schizophrenia, anxiety, and depression.³
- Marijuana use can reduce IQ by six to eight points among those who started smoking before age 18.⁴

Marijuana and the Criminal Justice System

Statistics show that very few people are actually in prison for simple marijuana-only possession. Majority of offenders in Canada who are sentenced to prison have a prior criminal history or are found in possession of marijuana while committing other serious offences such as impaired driving or domestic violence. For instance, in 2011 in British Columbia, only 3% of founded cases of marijuana possession were cleared by a charge. And of that 3%, only seven cases (1.3% of the 3%) resulted in a custody sentence.⁵

Marijuana and Big Business

Tobacco companies lied to Canada for more than a century about the dangers of smoking. They deliberately targeted kids and had doctors promote cigarettes as medicine. And today we are paying the price. Tobacco use is our nation's top cause of preventable death and contributes to about 37,000 deaths each year. Tobacco use costs our country at least \$17 billion annually — which is about 3 times the amount of money our state and federal governments collect from today's taxes on cigarettes and other tobacco products. If it is legalized, marijuana will be commercialized just as tobacco was. The examples of tobacco and alcohol should teach us that legalizing any third substance would be a public health.

³ Andréasson S, et al. (1987). Cannabis and Schizophrenia: A longitudinal study of Swedish conscripts. *Lancet*, 2(8574).

⁴ Meier, M.H. (2012). Persistent cannabis users show neuropsychological decline from childhood to midlife. *Proceedings of the National Academy of Sciences*.

⁵ Pauls, K., et al. (2013). The nature and extent of marijuana possession in British Columbia. University of Fraser Valley Center for Public Safety and Criminal Justice Research.

Isfeld, Lori

From: PAMELA MCCOLL s.22(1) Personal and Confidential
Sent: Saturday, June 13, 2015 12:00 PM
To: Correspondence Group, City Clerk's Office
Subject: Fwd: Minister - Letter Request for Assistance to an important matter
Attachments: SAMC-Information.docx

From: "PAMELA MCCOLL" s.22(1) Personal and Confidential
To: s.22(1) Personal and Confidential
Sent: Saturday, June 13, 2015 11:57:01 AM
Subject: Fwd: Minister - Letter Request for Assistance to an important matter

Dear Premier of BC.

I am sure you are well aware of the proposal that would see Vancouver Mayor and Council license illegal marijuana operations in Vancouver. I have filed a complaint with the Provincial Attorney General, with the Minister of Health, and the Minister of Education. The dispensaries have been advertising in local media and with the help of the BC Ministry of Health and Health Canada this is now coming to a close. I am writing to you to ask that you read the following letter. I have worked on the issue of marijuana for several years and I spoke in Vienna in March at the United Nations. It is my opinion, and the opinion of the national organization on whose advisory council I sit, that this plan poses a threat to public safety and health. As 14 licenses have already been issued or are pending it is our position that the City of Vancouver may have already put itself in conflict with the BC Charter and the Vancouver Charter. What they are proposing to do is a dangerous step and could well have dire consequences on the public, especially on the young. Please see letter below as well as the attached letter to Jessica McDonald of BC Hydro.

Pamela McColl
Smart Approaches to Marijuana Canada

June 13th. 2015

Dear Minister of Education: Province of British Columbia Hon. Peter Fassbender:

We come to you asking for your help in stepping into a situation that we see will impede BC children and youth from completing their education.

It is well established that the majority of marijuana purchased through marijuana dispensaries is obtained for recreational use or purchased to resell to minors. Researchers at the University of Colorado found that about 74% of teens reporting using marijuana they had obtained from a medical-marijuana license holder. The Colorado Teacher's Union opposed the move to legalize marijuana because they understood the potential negative impact it would have on education.

In Colorado, 48.8% of adolescents admitted to substance abuse treatment obtained their marijuana from someone registered to use medically and had used it on average 50 times.

"It's not the true medical cases anyone wants to stop, it's what law enforcement tells us are the 90% plus (as many as 99%) non-sick people who also come into the clinic feigning illness with a makeshift letter just to get drugs." R.Weiner, former White House Drug Policy Spokesman.

The Colorado Department of Public Health and Environment (2011): In Colorado, 2% reported using for cancer, less than 1% reporting for HIV/AIDS or glaucoma. There is massive abuse of a system designed to help the truly sick or dying. Offering legitimacy through licensing illegal dispensaries will tip a lowering of the perception of risk associated with the use of marijuana. A move to more permissive attitudes regarding the use of marijuana will hurt youth.

The youth market is 2.5 times the market for adults. Every consideration regarding the licensing of dispensaries must show concern for the impact these operations will have on the young.

Adults can obtain marijuana for medical purposes under the federal MMPR program and there is no need for these storefront illegal dispensaries. The product these outlets are selling is not tested now nor will it be going forward. These products pose a risk for outbreaks of E-coli, Salmonella, and bacterial infections.

The 98 marijuana dispensaries are deemed illegal entities by the Federal Government. If this plan is enacted – Vancouver's Mayor and Council will place Canada in a compromised position with their international partners in drug harm prevention. A government body has no jurisdiction to encourage anyone to break federal laws pertaining to the access of narcotics. This move also has the potential to place them in violation of the BC Charter and the Vancouver Charter. License applicants must abide by the laws of Canada and the Province of BC – which is a bar they cannot meet.

The UN Convention on the Rights of the Child Article 33: Member States shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties....Further to point 4, reverse the emerging trend in increases in abuse and neglect, both to the unborn child, and those who are growing up in families where illicit drugs are used regularly. “They must not lose sight of the fact that illicit drugs are dangerous – that is why the world agreed to restrict them.” Antonio Maria Costa, Executive Director of UNODC March 2007.

No country, other than Uruguay (pending legalization) have legalized recreational or marijuana for medical purposes, other than Canada – who now has the highest rate of use by youth in the industrialized world (Unicef report) Sweden, Norway and Iceland have very low rates of use through prohibiting the use of marijuana and heavily financing prevention programs – not moving to the legalization.

Dr. Daly of Vancouver Coastal Health who supports the Vancouver plan to license the illegal dispensaries: “Most public health physicians believe that the best way to decrease the harms associated with any psychoactive substance – whether it’s illegal drugs like heroin, cocaine, marijuana or alcohol, tobacco or even prescription drugs – is they should all be legal but very strictly regulated.” Courier May 13, 2015.

“Illicit drug use exacerbate and perpetuate poverty, fuelling criminality, corruption, and violence and thus draining community’s resilience and the precious resources of society at large. Illicit drug use causes problems to the users themselves. And it causes harm to the family, friends and colleagues around the user as well as to society at large. The social harm by illicit drugs, their harm to the individual’s health and well being, and to the public and global health, all create a burden on the economy of any society. Property damage, crime, violence and absenteeism from work causing productivity losses are all aspects of harm to economic sustainability and prosperity. Considering negative impacts such as low quality of life or depression, it is a reason to intensify prevention and early care in order to reduce the economic costs.

Illicit drugs are a human rights issue. They are especially a Child Rights. Illicit drugs expose children to unhealthy environments, neglect and abuse, higher risks of early onset of use of alcohol and other drugs and violate their fundamental right to grow up safely and free from alcohol and other drugs. Protection from drugs is unquestionably a human rights issue.” IOGT

Breathing second hand marijuana smoke could damage your heart and blood vessels as much as second hand cigarette smoke. Preliminary research – American Heart Association 2014. Children who have a history of asthma are prone to severe asthma attacks following exposure to marijuana smoke either via inhalation or contact with contaminated clothing.

New York Times Jan.2 2015 In Washington the black market has exploded since voters legalized marijuana in 2012 with scores of legally dubious medical dispensaries opening. The US Senate Caucus on International Narcotics Control by Take Back America Campaign: Marijuana is a factor in over 50% of crime. June 2014. Health and Drug Free Colorado March 2012 - In Denver, over 50% of those arrested admitted to being regular marijuana users.

On April 28th. Vancouver BC Councillor Jang asks why daycares have not been included in the provisions for proximity regulations that had been afforded public schools:

Response from Dr. Ballem City Manager Vancouver: “Every time we add another criteria it makes it much more complex – in fairness to this sector (illegal marijuana stores) – trying to make it transparent and fairly reasonable for them to decide what are the sensitive uses they have to adhere to. Stick to best practices.”

Washington Best Practice Appendix A

Requires 1,000 ft. (300 m) from school, playground, recreation center, child care, a public park, public transit center, library, or game arcade. Colorado requires 1,000 (300 m) from school, preschool, child care establishment, medical marijuana center, or alcohol or drug treatment facilities.

“Marijuana stores operating in proximity to schools, parks, and other areas where children are present send the wrong message to those in our society who are the most impressionable. In addition, the huge profits generated by these stores, and the value of their inventory, present a danger that stores will become a magnet for crime, which jeopardizes the safety of nearby children.” Melinda Haag

“What is already known is that in casual users, THC can disrupt focus, working memory, decision making and motivation for 24 hours. The fact that we can see these structural effects in the brain could indicate that the effects of THC are longer lasting than we previously thought, Dr. Gilman Harvard Medical School. Today’s marijuana is an addictive substance whose average potency has dramatically increased from 3% THC in the 1990’s to 20 and higher today. This high potency marijuana affects the brain – especially in adolescents – impairing intelligence and learning outcomes.

“The best quantifiable evidence the state has yet to indicate that marijuana is a significantly growing problem from the 2012-2013 report that documents why 720 students were expelled from public schools across Colorado.” Denver Post. Colorado Public Radio December 15, 2014 “Arrests for pot-related incidents spiked nearly 40% at Denver Public Schools following the opening of recreational marijuana stores in January.”

In just one year when Colorado legalized marijuana (2013), past month marijuana use among college age 18-25 years use increased 8.4%. In just one year when Colorado legalized marijuana (2013), past month marijuana use among college age 18-25 years use increased 8.4%. RM

It was reported in the media that operators from the Vancouver dispensaries have been making presentations in Vancouver classrooms. Drug prevention should be left to evidence based programs. Here are some statements by individuals who have or could be selling marijuana to Canadians:

Vancouver marijuana dispensary operator David Malmo-Levine. How to talk to your parents about cannabis: 2) Does it harm the developing minds of young people? The short answer is that there's no evidence that it does.

October 30, 2014 The Guardian.com blog of Jody Emery: "There are no long-lasting negative impacts (underlined) from consuming cannabis, and most of any discomfort fades away following, a long, deep sleep."...If young people do manage to get into a marijuana stash, intentionally or accidentally, parents should remember that cannabis is one of the safest substances known to man, with no toxicity and no long term effects (underlined)."

"People have been consuming cannabis around the world for the last 5000 years and there's no known reports of cannabis causing illness or causing death. " Brendan Kennedy Privateer Holdings ABC Australia Documentary Cannabis Inc. Privateer Holdings is the parent company of Tilray one of the licensees under the Federal Government's MMPR.

Frequent or long term marijuana use may significantly increase a man's risk of developing the most aggressive type of testicular cancer. This cancer tends to strike early between the ages of 20 and 25 and accounts for about 40% of all testicular cancer cases.

Adolescents who smoke marijuana every weekend over a two year period are nearly 6 times more likely to drop out of school than non-smokers, more than 3 times less likely to enter college than non-smokers, and more than 4 times less likely to earn a college degree. (RS)

Office of National Drug Control Policy: McLean Hospital Mass – the study found that college students who used marijuana regularly had impaired skills related to attention, memory, and learning, 24 hours after they last used the drug. Short-term effects of marijuana use include memory loss, distorted perception, trouble with thinking and problem-solving and anxiety. Students who use marijuana may find it hard to learn, thus jeopardizing their ability to achieve their full potential.

We found substantial evidence for association between marijuana use and memory impairment lasting at least seven days after last use, as well as the potential for acute psychotic symptoms immediately after use. "A definitive 20-year study into the effects of long-term cannabis use has demolished the argument that the drug is safe." Author of the study - Professor Wayne Hall a drug advisor to the World Health Organization.

Dr. Bertha Madras Harvard Medical Schools Department of Psychiatry: Marijuana disorder is associated with higher mortality. It has lasting adverse effects on the future of young adults through

increases of anxiety, panic, depression, psychotic symptoms, cognitive losses, and neuropsychological decline and causes various adverse health effects, such as psychosis (Madras 2013).

In my twenty years of research on human cells, I have never found any other drug including heroin, which comes close to the DNA damage caused by marijuana. Dr. Akira Miroshima, authority on cytogenetics and formerly of Columbia University of College of Physicians and Surgeons.

Chronic cannabis use is associated with psychiatric, respiratory, cardiovascular, and bone effects. It also has oncogenic, teratogenic, and mutagenic effects all of which depend upon dose and duration. A.S. Reece Chronic Toxicology of Cannabis March 2011- 5198 papers were screened.

The Canadian College of Family Physicians issued guidelines for issuing marijuana: The guidelines provided to Canada's 30,000 primary-care doctors, say patients under 25, those with substance abuse, cardiovascular or respiratory disease, and women who are pregnant, planning to become pregnant or breastfeeding should not be prescribed medical marijuana. The Vancouver Plan limits access to minors.

Adolescents who use marijuana heavily have up to an 8 point drop in IQ and this risk is also dose-dependent (Meier et al, 2012) Dr. Nora Volkow, New England Journal of Medicine 2014: Epidemiologic and preclinical data suggest that the use of marijuana in adolescence could influence multiple addictive behaviors in adulthood.

The Marijuana Report 12/31st 2014: Colorado monthly marijuana use is 72% greater than the US total among people aged 12 and older according to the National Survey on Drug Use and Health. Past month use in Colorado increased 22% between 2012 and 2013, one year after the state legalized recreational marijuana in 2012 but one year before recreational pot shops opened for business in January 2014.

An estimated 27% of Canadians aged 15 and older who used cannabis in the past three month reported that they used it every day. More than 6% of Canadian high school seniors reporting smoking marijuana on a daily basis. (CCSA)

The addiction rate for marijuana users is 1 in 2 for daily users in comparison to 1 in 6 for regular youth users and reduces to 1 in 11 for adults. (Level of THC in the product also must be factored in). The higher the level of THC the greater the risk of addiction.

“Those treated for addiction to cannabis (marijuana) had a higher mortality rate (3.85 times higher than controls), higher if compared to death rate risk of cocaine use disorder (2.96), alcohol use disorder (3.83).... Callaghan et al.

“The idea that freedom is merely an ability to act upon one’s whims is surely a very thin and hardly begins to capture the complexities of human existence; a man whose appetite is his law strikes us not as liberated but enslaved. And when such a narrowly conceived freedom is made the touchstone of public policy, a dissolution of society is bound to follow. No culture that makes publicly sanctioned self-indulgence its highest good can long survive.... Theodore Dalrymple Don’t Legalize Drugs Spring 1997 City Journal

**Sincerely,
Pamela McColl
Smart Approaches to Marijuana Canada
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