Kazakoff, Laura

From: Correspondence Group, City Clerk's Office
Sent: Tuesday, April 28, 2015 5:14 PM
To: Public Hearing
Subject: FW: Citizen Feedback-s.22(1) Personal and Confidential

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From: 311 Operations
Sent: Tuesday, April 28, 2015 4:54 PM
To: Correspondence Group, City Clerk's Office
Subject: Citizen Feedback-s.22(1) Personal and Confidential

Hello,

311 has received the following feedback from a citizen.

Regards,
Joanne
311 Operations

CITY OF VANCOUVER

311

Citizen Feedback

Case number: s.22(1) Personal and Confidential

Case created: 2015-04-28, 01:13:00 PM

Incident Location

Address: , ,
Address2:
Location name:

Contact Details

Name: Brockhurst, Stephen (Mr)
Address: s.22(1) Personal and Confidential
Address2:
Phone:
Alt. Phone:

Request Details

1. Describe details (who, what, where, when, why): * Citizen would like to put forward his opinion. Citizen is a chemo patient and has a doctors prescription for marijuana use for pain due

to chemo. Citizen is upset that due to high living expenses and he cannot afford his prescription marijuana. Citizen also feels that dispenseries are charging more than they should be.

s.22(1) Personal and Confidential

Additional Details

Kazakoff, Laura

From: Correspondence Group, City Clerk's Office
Sent: Thursday, April 30, 2015 12:26 PM
To: Public Hearing
Subject: FW: Proposed Marijuana Dispensary Regulations

From: Merle Goertz s.22(1) Personal and Confidential
Sent: Thursday, April 30, 2015 11:47 AM
To: Correspondence Group, City Clerk's Office
Cc: s.22(1) Personal and Confidential
Subject: Proposed Marijuana Dispensary Regulations

Dear Council,

I would like you to reconsider the onerous fees you are proposing.

There needs to regulation as they seem to be sprouting up like weeds. No argument that Vancouver has the opportunity to be a leader.

I am a long term member of the Greencross Society and they have literally saved me life and given me a quality of life that almost negates 45 years of tobacco use on my lungs.

I use the Greencross as an example of the model we need.

I know that the material I buy is organic, tested on site and I have access to qualified advice on site from a medical professional.

This is all costs money and I know they do not work on a generous profit margin that would allow them to continue giving the same excellent service that they do at a reasonable price.

One of the aims should be to keep criminals out of the production and sale of marijuana. Forcing higher prices on the dispensaries will only encourage patients to return to criminal sources that are a detriment to Vancouver.

Have you been paying attention to the new shootings in Surrey?

One other point that I would like to add,

I find it very odd that you are proposing a 300 meter separation from any schools while here in the Westend the liquor store at 1655 Davie St. is closer then that to Lord Roberts. The Liquor store at 1155 Bute is closer then that to the preschool at Nelson Park. The liquor store at 1716 Robson street is closer to King George SS then that.

Again, you have the opportunity to do it right. Please don;t miss this opportunity.

Merle Goertz

Kazakoff, Laura

From: Correspondence Group, City Clerk's Office
Sent: Friday, May 01, 2015 10:06 AM
To: Public Hearing
Subject: FW: Adverse effects of cannabis

From: Mary Brett s.22(1) Personal and Confidential
Sent: Friday, May 01, 2015 3:18 AM
To: Correspondence Group, City Clerk's Office
Subject: Adverse effects of cannabis

Dear Correspondence Group, Vancouver,

I Chair a prevention charity in the UK called Cannabis Skunk Sense (CanSS www.cannabisskunkssense.co.uk.

I have spent many years studying the scientific research into the effects of cannabis. I was a biology teacher in a grammar school (selective on academic merit) for boys in the UK for over 30 years and was responsible for health education.

This is a link to our short account of how cannabis harms the brain and body:
http://www.cannabisskunksense.co.uk/the-facts/how-it-works-in-the-brain

And this is the link to all the evidence with references.
http://www.cannabisskunksense.co.uk/books-and-downloads/downloads

The vast majority of my students and their friends did not want to take drugs and wanted true scientific facts about drugs from me to use as a reason to say NO! Peer group pressure can be extrememly powerful.

It is imperative that anyone who is charged with making life-changing decisions such as allowing cannabis to become more freely available, reads the abundant scientific research evidence on the harms of cannabis. Wrong decisions have incalculable adverse consequences - especially for our children.

Yours sincerely, Mary Brett

Kazakoff, Laura

From: Correspondence Group, City Clerk's Office
Sent: Tuesday, May 12, 2015 11:32 AM
To: Public Hearing
Subject: FW: Citizen Feedback s.22(1) Personal and Confidential

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From: 311 Operations
Sent: Tuesday, May 12, 2015 11:23 AM
To: Mayor and Council (COV) - DL
Subject: Citizen Feedback- s.22(1) Personal and Confidential

Good morning!

3-1-1 received citizen feedback for Mayor and Council. Please review the document below for details.

Thank you!

Amanda J.
3-1-1 Contact Centre
City of Vancouver
x 88636

CITY OF VANCOUVER

311

Citizen Feedback

Case number: s.22(1) Personal and Confidential

Case created: 2015-05-12, 09:13:00 AM

Incident Location

Address: , ,
Address2:
Location name:

Contact Details

Name: Simpson, Stephanie
Address: s.22(1) Personal and Confidential
Address2:
Phone:
Alt. Phone:

Request Details

1. Describe details (who, what, where, when, why): * Citizen is concerned with the number of dispenaries that have opened up on Fraser

st. It seems as though there are 3 or 4 of them every block. The area is very family oriented with a lot of young families and this type of activity ruins the community, attracting crime and other bad elements.

s.22(1) Personal and Confidential

Additional Details

Kazakoff, Laura

From: Correspondence Group, City Clerk's Office
Sent: Thursday, May 21, 2015 3:19 PM
To: Public Hearing
Subject: FW: Increasing number of marijuana storefronts in Kitsilano Neighbour - Too close to public schools - public meeting June 5th

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From: Jana Lyons s.22(1) Personal and Confidential
Sent: Thursday, May 21, 2015 3:04 PM
To: Correspondence Group, City Clerk's Office
Subject: Increasing number of marijuana storefronts in Kitsilano Neighbour - Too close to public schools - public meeting June 5th

Dear Mayor and Council,

I am writing to express my concern about the spread of medical marijuana shops in the Kitsilano area. This is a community and family neighbourhood. Currently, I can count at least 7 shops within the 10 block radius of my house and the two local elementary schools, Bayview and General Gordon. There are only 3 wine/beer shops in the same radius, one of which is government run. These stores are regulated provincially under strict legislation. (Also, please remember that the sale of no medicinal marijuana is still illegal under the federal legislation.)

Is it correct that the current or proposed requirement is that dispensaries be only 300 M apart? This is only a two block radius. Too close, too many, too much second hand smoke on the streets.

Please decrease the allowable density of storefronts (similar to liquor stores), look at creating zones or areas designated as 'drug free' close to elementary schools (and high schools for that matter) or community centres, and whether it be cigarettes or pot, smoking in public places should not be acceptable.

Sincerely,
Jana Lyons
s.22(1) Personal and Confidential

Kazakoff, Laura

From: Correspondence Group, City Clerk's Office
Sent: Monday, May 25, 2015 4:07 PM
To: Public Hearing
Subject: FW: Public hearing on medical marijuana dispensaries, June 10th

From: David Malmo-Levine s.22(1) Personal and Confidential
Sent: Monday, May 25, 2015 2:38 PM
To: Correspondence Group, City Clerk's Office
Subject: Public hearing on medical marijuana dispensaries, June 10th

Dear Your Worship and honourable council people,

It has come to my attention that you are planning to hold a hearing on the regulation of cannabis dispensaries. While I am in favour of regulation, agree with the "no corporations" approach and admire your bold action in the face of a repressive Federal Government, I have some concerns.

The regulatory model you propose is too restrictive, and will result in unnecessary suffering. I myself have had my small cannabis businesses destroyed twice by police (in 1996 and 2008) and I will probably have my new business (opened March 2015) destroyed again with your over-regulation. I haven't hurt anyone and I've helped many people and yet I still can't make my businesses work because the regulations are nearly as bad as the total prohibition. It's not fair to have one's life's work destroyed repeatedly just because the powers-that-be can't be bothered to look into the matter of cannabis's true nature and give it the attention it deserves.

The entire regulatory process relies upon a myth of cannabis's inherent harm to teens to justify over-regulation. I have reviewed these harms along with the City's proposal and recently published them on line here:

http://www.cannabisculture.com/blogs/2015/05/18/Impairment-Memory-Response-City-Vancouvers-Proposed-Medical-Marijuana-Regulations

To sum up the concerns outlined in more detail (with sources and citations) in the above link:

1) The harms you seek to prevent to justify the extreme regulations you propose are assumed/unproven harms, taken from some of the most shoddy research into cannabis in the entire history of cannabis research - one of the two reports cited from THE most discredited researcher in the field. The City uses these shoddy reports while ignoring multi-million dollar studies taken by the Canadian government (LeDain 1972 and the Senate Report 2003) that reveal no such inherent harms.

2) There is ample evidence that cannabis - when compared to the relaxant alcohol - results in a fraction of the social cost, and therefore should result in a fraction of the regulatory cost. Cannabis is actually similar to coffee beans, and a more just regulatory model would be the coffee bean model, with perhaps some allowance for a parental permission policy to be more able to sell it to the public.

3) The stigmatization surrounding cannabis and teen use is similar to the parental hysteria invoked by scapegoaters of yesteryear - those who attacked witches, Jews and Socrates did so claiming that these scapegoats would harm the young, and they were similarly without evidence of that claim. I wrote a history of the claims of "inherent harm to young people" - also looking at 24 studies on cannabis and youth - and published it online:

http://www.cannabisculture.com/content/2014/11/11/Does-Cannabis-Inherently-Harm-Young-Peoples-Developing-Minds

4) Similar stigma was used to reduce the number of cannabis cafes in Holland during the 1990's with similar results - no evidence of harm from cannabis, but lots of evidence of people's businesses destroyed by over-regulation.

5) By adopting the "upper middle class only" model of cannabis distribution, you insure there will still be plenty of poor pot dealers - harmless, helpful people - being caught in the policeman's destructive grip. And by treating cannabis as if it was a serpent that spits heroin instead of the soft drug that it is, you risk foisting stigma onto it's users, growers and dealers that will take another generation or more to remove - perhaps globally, as Vancouver is seen as a model for other cities to follow. You are about to do a very bad thing, and people will suffer because of what you do, but you don't have to do it.

Agriculture used to provide jobs to 70% percent of the population, and now provides jobs to less than 2% of the population. If there's a solution to poverty and homelessness, it lies in giving the medicine economy back to the farmers and gardeners, and allowing high-value medicine crops to be grown on a small scale, everywhere, and distributed through ma and pa cafes and dispensaries. The more retail outlets the better - lower prices, more jobs, less welfare, less harmless targets for punishment, cops freed up to go after harmful people or look for missing women and children.

Do you ever wonder why there are no "victim impact statements" at a cannabis-related trial? It's because there are no cannabis victims. There are no coffee bean victims either - just a few people who misuse coffee. I ask that you take a look at the intellection underpinnings of your discriminatory proposals. If you can't prove that cannabis is more harmful than coffee beans, perhaps it is time to treat it like coffee beans, and in doing so do more to reduce poverty and homelessness than any other single program you could possibly propose.

I trust you were serious when you said, Mr. Mayor, that you wished to end homelessness. According to the media, the number of homeless is on the rise. Making the cannabis market as inclusive as possible would actually have an impact on that statistic more than affordable housing ever could:

http://globalnews.ca/video/1898863/has-gregor-robertson-eliminated-homelessness

http://news.nationalpost.com/news/canada/vancouver-mayor-says-citys-warmer-weather-to-blame-as-he-fails-goal-to-end-homelessness-by-2015

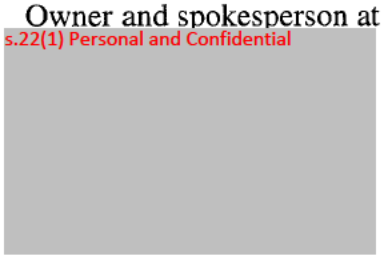
I shall attend your meeting and provide for you materials and a presentation that hopefully drive this point home in a way which will allow you the opportunity to do the right thing for all your constituents - not just the ones who go along with the scapegoating rituals of the day and have an extra 30-35 grand per year to consolidate the marketplace with.

Sincerely,

David Malmo-Levine

Owner and spokesperson at the Stressed And Depressed Association of Vancouver

s.22(1) Personal and Confidential



Kazakoff, Laura

From: Correspondence Group, City Clerk's Office
Sent: Friday, May 29, 2015 2:44 PM
To: Public Hearing
Subject: FW: The Compassion Club

From: Lew MacDonald s.22(1) Personal and Confidential
Sent: Friday, May 29, 2015 12:46 AM
To: Correspondence Group, City Clerk's Office
Subject: The Compassion Club

May 29, 2015

Dear Mayor and Council,

We are writing to express our support for the Compassion Club located at East 14th Avenue and Commercial Drive.

We have lived in the Cedar Cottage neighborhood since 1992 and, as parents, have owned a home located close to the Compassion Club since 2002. We are not members of the club and do not use its services, but do appreciate the club's presence in our community. The club provides a much-needed service to its members whom we have always found respectful. The club's storefront is also clean and well-maintained, which cannot be said for other businesses in the neighborhood.

Several cannabis dispensaries have opened in Vancouver in a relatively short period of time, and we understand the city is concerned about their operations. The Compassion Club predates these businesses and the legislation that has permitted their growth. The Compassion Club's not-for-profit cooperative model is qualitatively different from the profit-driven companies that are now cause for concern. This fact, and the long-standing service to the community that the Compassion Club has provided when few others existed, should be taken into consideration when considering any legal changes governing the operations of Vancouver's cannabis dispensaries.

The Compassion Club has become an important Cedar Cottage institution, and is a model business. It is our sincere hope that it continues to be a part of our community in the years ahead.

Yours truly,

Lew MacDonald and Carla Samra
s.22(1) Personal and Confidential

Kazakoff, Laura

From: Correspondence Group, City Clerk's Office
Sent: Monday, June 01, 2015 12:59 PM
To: Public Hearing
Subject: FW: Dispensaries

From: Judi Williamson s.22(1) Personal and Confidential
Sent: Friday, May 29, 2015 7:33 PM
To: Correspondence Group, City Clerk's Office
Cc: s.22(1) Personal and Confidential
Subject: Dispensaries

I don't approve of sleazy places but there are a few including Erbachay who maintain an upfront establishment. Medicinal use of cannabis is both beneficial and recognized by many health care professionals. The naivety surrounding the option is blind. Opiates are OK but medicinal marijuana has a stigma. That is stupid thinking.

Want to talk about it then contact me.

Judi Williamson

Kazakoff, Laura

From: Public Hearing
Sent: Tuesday, June 02, 2015 11:34 AM
To: Public Hearing
Subject: FW: cannabis regulation city hearing
Attachments: Haden - Emerson - A vision for cannabis regulation based on lessons from alcohol and tobacco - 2014.pdf

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From: Mark Haden s.22(1) Personal and Confidential
Sent: Monday, June 01, 2015 1:01 PM
To: Kuhlmann, Thor
Subject: FW: cannabis regulation city hearing

Hi Thor,
I have written an article on Cannabis Regulation – attached. Can I offer this to the city as part of the public process?
Cheers,
Mark

A vision for cannabis regulation: a public health approach based on lessons learned from the regulation of alcohol and tobacco

Mark Haden, Brian Emerson

Mark Haden, MSW, is Adjunct Professor at the University of British Columbia School of Population and Public Health and former Clinic Supervisor of the Raven Song Community Health Centre, Vancouver Coastal Health, Vancouver, BC. **Brian Emerson,** MD, MHSC, is Chair of the Psychoactive Substances Committee, Health Officers Council of British Columbia, and Medical Consultant with the Population and Public Health Division, BC Ministry of Health, Victoria, BC.

Competing interests: None declared.

Funding: None

Disclaimer: The opinions stated in this commentary are those of the authors and not of their institutions.

Correspondence: Mark Haden, 3155 W 6th Ave., Vancouver BC V6K 1X5; mark@markhaden.com

➢ THERE IS GROWING EVIDENCE AND AWARENESS THAT the prohibition of cannabis is not achieving its purported objective of reducing use and potential harms, and instead has had considerable adverse consequences.[1–3] Uruguay, Colorado, and Washington State are jurisdictions where regulatory regimes not based in criminal law have recently been established for cannabis. However, there is widespread uncertainty regarding the potential benefits and harms of a non-prohibition–based regulatory framework for cannabis. This paper addresses this uncertainty by proposing a public health–oriented model for cannabis regulation that is derived from evidence-based recommendations for public health approaches to alcohol and tobacco control.

Lessons learned from alcohol and tobacco control: a proposed regulatory model

A large body of research on alcohol- and tobacco-control measures to protect public health has been distilled in two key international evidence-based documents: *Alcohol: No Ordinary Commodity*, by Babor and colleagues[4] and the WHO Framework Convention on Tobacco Control (FCTC).[5] Drawing upon these sources, we constructed comparative tables organized according to the public health–oriented regulatory framework for psychoactive substances proposed by the Health Officers Council of British Columbia.[6] This framework proposes controls with respect to availability, accessibility, supply, purchase, consumption, and use, as well as measures to reduce demand.

Tables 1 through 4 list evidence-based regulatory strategies for alcohol and tobacco from Babor and colleagues[4] and the FCTC[5]; these recommendations are also summarized in Box 1. In this article, we examine

Box 1
Summary of evidence-based regulatory strategies*

Availability and accessibility (see Table 1)

- ➢ Establish a government monopoly for retail sales.
- ➢ Place a ban on sales.
- ➢ Limit the hours and days of sales and restrict the number and density of commercial outlets.
- ➢ Prohibit sales to young people.
- ➢ Use pricing and taxation to influence consumption patterns.

Purchase, consumption, use (see Table 2)

- ➢ Establish a minimum purchase age.
- ➢ Limit maximum purchase quantities.
- ➢ Set minimum purchase quantities.
- ➢ Restrict smoking so that non-smokers are not affected.
- ➢ Implement impaired-driving measures.

Supply (see Table 3)

- ➢ Regulate product constituents and emissions.
- ➢ Ban modification of products to appeal to young people.

Demand (see Table 4)

- ➢ Prohibit or strictly limit product promotion.
- ➢ Include prominent health warning labels.
- ➢ Require disclosure of information about ingredients and emissions.

* From Babor and colleagues[4] and the WHO Framework Convention on Tobacco Control[5]

how these measures could be applied to cannabis. Where there are gaps in the regulatory recommendations, we propose measures that would be consistent with the objective of protecting public health.

Availability and accessibility

Control structure. Experience has shown that a government monopoly can be effective in limiting alcohol consumption and related harms by (1) reducing the profit motive to promote sales and thereby encourage consumption; (2) reducing the political influence of special interests that would benefit from relaxed restrictions on availability; (3) limiting the number of sales outlets and their hours and days of business; and (4) having better-trained staff to reduce the likelihood of sales to minors.[7] (See Table 1.)

We suggest that jurisdictions develop similar legislation and regulatory oversight with respect to cannabis, such as by establishing a governing body (e.g., a provincial "Cannabis Control Commission") with a clear mandate explicitly guided by public health goals. Generating government revenue should not be a primary driver of the policies of such a commission, which should operate at arm's-length from government to

Table 1

Availability and accessibility: evidence-based regulatory strategies for alcohol and tobacco

Policy category	Alcohol*	Tobacco†
Government monopoly on retail sales	Moderate effectiveness in limiting consumption and harm. Beneficial effects are increased by public health and public order goals.	Not mentioned.
Ban on sales	High degree of effectiveness in reducing consumption and harm, but often with adverse side-effects related to the black market, which is expensive to suppress. Ineffective without enforcement.	Not mentioned.
Hours and days of sale restrictions	Moderate effectiveness where changes in trading hours meaningfully reduce availability or where problems such as late-night violence are specifically related to hours of sale.	Not mentioned.
Restrictions on density of outlets	Moderate effectiveness for both consumption and social problems. Changes to outlet numbers affect availability most in areas with low prior availability, but bunching of outlets into high-density entertainment districts can be associated with public order problems and violence.	Not mentioned.
Sales by young people	Not mentioned.	Prohibit sales by people under a certain age. (Article 16, s. 7)
Taxes as a means to influence price	High degree of effectiveness in reducing consumption and harm. Effectiveness depends on government oversight and control of the total supply.	Implement tax and price policies that contribute to the health objectives aimed at reducing consumption, particularly by young people, and prohibit or restrict tax and duty-free importation by travellers. (Article 6, s. 1, 2)
Minimum price	No controlled studies / insufficient evidence. The logic of this strategy is based on price theory, but there is very little evidence of effectiveness. Competition regulations and trade policies may restrict implementation unless the minimum price is achieved through taxation policy.	Not mentioned.
Differential price by beverage	Limited effectiveness. Higher prices for distilled spirits shifts consumption to lower-alcohol content beverages, resulting in lower overall consumption. Evidence for the impact of tax breaks on low-alcohol products suggests a benefit.	Not mentioned.

*Effectiveness statements are based on Babor and colleagues, table 16.1, p. 240.[5]
†Paraphrased from the WHO Framework Convention on Tobacco Control.[6]

allow for stability and clarity of focus, to provide insulation from industry influence, and to resist the pressures of revenue-generation imperatives that would undermine the protection of public health.

The commission would control cannabis production, packaging, distribution, retailing, and revenue allocation and would play an important role in reducing demand. Processing and packaging would be done according to set standards in commission-licensed facilities. Direct sales from producers to retailers or consumers would not be allowed.

Provision to consumers. Cannabis would be sold only through commission-operated or licensed outlets explicitly designed and required by law to support public health objectives. To minimize cannabis promotion, a standardized, neutral (i.e., bland-looking) and non-promoting environment for cannabis sales would be required. The clustering of cannabis outlets would not be allowed, as an aggregate presence could have undesirable effects on neighbourhoods, and outlets would be prohibited within 500 metres of a school, playground, or alcohol retail outlet.

Health promotion messages would be prominently displayed, and would include information about the laws against and risks of driving or operating heavy machinery while intoxicated. Information and referral mechanisms for cannabis dependency treatment would also be standardized and prominently displayed.

In line with evidence in relation to alcohol on the effectiveness of restricting the hours of sale (see Table 1), the hours of business of cannabis outlets would be limited.

Price. There is strong evidence that taxation and price are important elements of a strategy to reduce alcohol consumption and tobacco use (see Table 1). Pricing and taxation policy should be balanced to establish a pricing structure that competes with the illegal market and allows for the needs of patients using cannabis for therapeutic purposes, while ensuring a sufficiently high price to restrict youth access and limit overall consumption.

Purchase, consumption, use

Purchase. A minimum purchase age for alcohol and tobacco products has been found to be an important strategy for controlling these substances (see Table 2). Similarly, the model for cannabis regulation that we propose would require sales to be limited to those over a specified age (e.g., 19). Purchases could involve filling out a form to access behind-the-counter cannabis; this could include a declaration that the cannabis is intended only for the purchaser or for others of legal age. Also, rationing has been found to be moderately effective, especially for heavy drinkers (see Table 2), and so we propose that customers would be allowed to make purchases only up to a certain amount (e.g., 10 grams a day). This small volume would also prevent the purchased cannabis from being diverted to young people or traded in an unregulated market.

Cannabis use locations. The public use of alcohol and tobacco is contentious, and issues related to the public use of cannabis will no doubt arise in cannabis public use policy. Although public drinking is widely restricted in Canada, there is insufficient evidence of the public health effectiveness of bans on public drinking (see Table 2). With respect to tobacco, restrictions on the location of use are driven by the health hazards of environmental (second-hand) tobacco smoke. Given our lack of knowledge about the effects of environmental cannabis smoke—two recent reviews[2,8] of health effects contain no mention of the specifc effects of cannabis smoke—and the public health concern about exposure to any type of smoke, we propose that cannabis smoking be restricted to licensed locations or to private homes. The health of workers at cannabis use locations could be protected by providing separate, ventilated spaces for customers and prohibiting cannabis smoking by workers on shift.

Cannabis lounges should have a standardized, neutral, external and internal appearance, should be free of promotional materials or activities, and should display health promotion and referral information prominently. These locations would thus also offer the opportunity for public health promotion by providing a central, accessible, and social venue through which information dissemination and demonstration of potential harm reduction and health promotion approaches can occur, such as encouraging the use of smokeless modes of cannabis consumption that may reduce exposure to particulates.[9]

To support the public health objective of separating cannabis, alcohol, and tobacco consumption, no alcohol or tobacco use should be permitted in public cannabis use locations.

Consumption locations would obtain their supply from the commission, would be permitted to sell to customers, would have restrictions on the size of the

outlet and its days and hours of operation, and would be required to establish "good neighbour" agreements. Training would be required in recognizing and intervening with people experiencing problems related to their consumption patterns. No "special price reductions" or "happy hour discounts" would be permitted.

Supply

Although Babor and colleagues[4] and the FCTC[5] provide no guidance with regard to public health–oriented regulatory recommendations for the supply of alcohol and tobacco, supply management is an implicit feature of the government monopoly favoured for public health

Table 2

Purchase, consumption, use: evidence-based regulatory strategies for alcohol and tobacco

Policy category	Alcohol*	Tobacco†
Legal purchase age	High degree of effectiveness in reducing traffic fatalities and other harms with minimal enforcement, but enforcement substantially increases effectiveness and cost.	Prohibit the sales of tobacco products to persons under a set age. These measures may include signage about the prohibition of tobacco sales to minors, requiring identification, banning direct access such as to store shelves, and ensuring that vending machines are not accessible to minors. (Article 16, s. 1)
Rationing	Moderate effectiveness, especially for heavy drinkers.	Not mentioned.
Size of purchase limitations	Not mentioned.	Prohibit sale of individual cigarettes or small packets that increase affordability for minors. (Article 16, s. 3)
Bans on public consumption	No controlled studies / insufficient evidence. Bans affect young or marginalized high-risk drinkers and may displace harm without necessarily reducing it.	Implement measures providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and other public places. (Article 8, s. 1, 2)
Driving-related measures	• Sobriety checkpoints: moderate effectiveness. Police campaigns are typically effective only in the short term. Deterrence is proportional to frequency of implementation and high visibility. • Random breath tests: high degree of effectiveness. Effectiveness depends on the number of drivers directly affected and on the extent of consistent and high-profile enforcement. • Lowered BAC limits: high degree of effectiveness. The lower the BAC limit, the more effective the policy. Very low BAC limits ("zero tolerance") are effective for youth and can be effective for adult drivers, but BAC limits below 0.02 are difficult to enforce. • Administrative licence suspension: moderate effectiveness. When punishment is swift, effectiveness is increased. Effective in countries where it is applied consistently. • Low BAC for young drivers: high degree of effectiveness. Clear evidence of effectiveness for those below the legal drinking or alcohol purchase age. • Graduated licensing for novice drivers: moderate effectiveness. Can be used to incorporate lower BAC limits and licensing restrictions within one strategy. Some studies note that "zero tolerance" provisions are responsible for this effect. • Severity of punishment: lack of effectiveness / limited effectiveness. Mixed evidence concerning mandatory or tougher sanctions for drunk-driving convictions. Effects decay over time in the absence of renewed enforcement or media publicity. • Mandatory treatment of drunk-driving repeat offenders: limited effectiveness—punitive and coercive approaches have time-limited effects, and sometimes distract attention from more effective interventions.	Not mentioned.

BAC = blood alcohol concentration
* Effectiveness statements are based on Babor and colleagues, table 16.1, p. 240.[4]
† Paraphrased from the WHO Framework Convention on Tobacco Control.[5]

purposes and has been strongly recommended as a component of a public health approach to tobacco.[10,11]

Production. To control supply, the commission would be the only organization authorized to purchase cannabis from licensed growers, to import it into a province, and to supply retailers. Supply management systems similar to agriculture marketing boards could be established to manage the supply and protect small producers. People would be allowed to grow cannabis for their own personal consumption but not to resell it; this would be similar to the home brewing of beer and wine, which does not require a licence. To legally grow cannabis for the purpose of selling it would require a licence and adherence to processes to ensure quality and safety. This model of for-profit private growers with controlled distribution and retailing is similar to the provincial or state alcohol monopolies and models that have been proposed for tobacco.[10,11]

Many public health problems are determined by social and economic factors,[12] particularly unequal wealth distribution.[13] An equitable approach to the distribution of cannabis-related wealth that supported many small-scale growers and producers and prevented large concentrations of wealth by multinational corporations would be consistent with the promotion of public health goals: the formulation of cannabis policy should be alert to the potential for multinational corporations to economically exploit the legitimization of the cannabis trade and subsequently exert profit-motive-driven pressure on public health policy related to cannabis control.

Product. The FCTC requires that constituents and emissions of tobacco products be regulated (see Table 3). Similar requirements should be applied to cannabis. The concentration of the psychoactive ingredient delta-9-tetrahydrocannabinol (THC) has been noted to have increased over the years,[14] likely for a variety of reasons (e.g., increased effect per dose, easier storage and transport). This parallels the availability of concentrated alcohol products that emerged during the Prohibition era, when illegal dealers preferred to import and transport spirits rather than beer and wine because moving smaller volumes helped them avoid detection.[15] Concentrated products increase the risk of harm and are often not preferred by users. It has been observed in the Netherlands, where cannabis is de facto legal, that users prefer relatively lower THC concentrations.[16] In this model, retailers could sell a variety of strains with clearly labelled concentrations of THC in both smokable and edible products.

Only bulk products should be made available, to allow individuals to determine their dose rather than being exposed to a predetermined per-unit dose, as is the case with manufactured cigarettes. This would also prevent the potential for attractively marketing cannabis as cigarette-like products. Processed products (e.g., tinctures, cookies) packaged in child-proof containers and prepared according to specific regulatory requirements should also be available to avoid the harms of smoke inhalation.

Demand drivers

Promotion and packaging. Recommendations to limit advertising, promotion, and sponsorship as a means of reducing psychoactive substance use and harms are well supported by research evidence (see Table 4). This suggests that one of the most important lessons of the

Table 3

Supply: evidence-based regulatory strategies for alcohol and tobacco

Policy category	Alcohol*	Tobacco†
Government control of production and manufacturing	Not mentioned.	Not mentioned.
Regulation of product constituents	Not mentioned.	Establish guidelines for testing and measuring contents and emissions, and for regulation of contents and emissions. (Article 9)
Regulation of product so it is not attractive to youth	Special or additional taxation on "alcopops" ("coolers") and other youth-oriented beverages: limited effectiveness—evidence that higher prices reduce consumption by young drinkers without complete substitution; no studies on impact on harms.	Prohibit manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products that appeal to minors. (Article 16, s.1)

*Effectiveness statements are based on Babor and colleagues, table 16.1, p. 240.[4]
†Paraphrased from the WHO Framework Convention on Tobacco Control.[5]

commercialization of tobacco and alcohol is that product promotion is a significant driver of consumption and related harms. Branding of products is critical to promotion—and, once branding is allowed, promotion is very difficult to prevent. Therefore, all branding and promotion of cannabis products should be prohibited, and plain packaging should be required (i.e., no logos, brand names, or colourful packaging).

Labelling about product constituents and health risks are considered important to prevent the harms of tobacco (see Table 4). For cannabis, the packaging should describe the concentration of important constituents and the strain, and should include dominant, standardized warning labels that mention the respiratory irritation of inhaling smoke, using cannabis with alcohol, using cannabis while driving or operating other machinery.

Public education. Demand could be tempered through evidence-based public and school education, but such efforts should avoid large public anti-cannabis prevention campaigns, which have been shown to have the potential to unintentionally stimulate interest in and actually increase the use of cannabis.[17,18]

Table 4

Demand: evidence-based regulatory strategies for alcohol and tobacco

Policy category	Alcohol*	Tobacco†
Restrictions on promotion (marketing, advertising, sponsorship, labelling, etc.)	Legal restrictions on exposures: limited/moderate effectiveness. There is strong evidence of a dose-response effect of exposure on young people's drinking, but evidence of only a small or insignificant effect on per-capita consumption from partial advertising bans; advertising bans or restrictions may shift marketing activities to less regulated media (e.g. Internet). Legal restrictions on content: no controlled studies / insufficient evidence. Evidence that advertising content affects consumption, but no evidence of the impact of content restrictions as embodied in industry self-regulation codes. Alcohol industry's voluntary self-regulation codes: lack of effectiveness. Industry voluntary self-regulation codes of practice are ineffective in limiting exposure of young persons to alcohol marketing, nor do they prevent objectionable content from being aired.	Comprehensively ban advertising, promotion and sponsorship, including cross-border bans. If this is not possible, apply restrictions, including the prohibition of all forms of advertising, promotion, and sponsorship that promote a product by any means that is false, misleading, deceptive, or likely to create an erroneous impression about its characteristics, health effects, hazards, or emissions; require that warnings accompany all promotion; restrict the use of incentives that encourage purchase; require the disclosure of expenditures by the industry on promotion; restrict promotion on radio, television, print media the Internet; restrict sponsorship of international events. Ensure that product packaging and labelling do not promote a product by any means that are false, misleading, deceptive, or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions, including by any means that directly or indirectly creates the false impression that one product is less harmful than others. These may include terms such as "low tar," "light," "ultra-light," or "mild". (Articles 11 and 13)
Bans on price discounts and promotions	No controlled studies / insufficient evidence: only weak studies in general populations of the effect of restrictions on consumption or harm; effectiveness appears to depend on availability of alternative forms of cheap alcohol.	Prohibit distribution of free products. (Article 16 s. 2)
Warning labels and signs	Lack of evidence of benefit. Labels and signs raise public awareness but do not change drinking behaviour.	Ensure that each package and any outside packaging and labelling carry health warnings describing the harmful effects and other appropriate messages. (Article 11 s. 1, 3, 4)
Information about product on packages	Not mentioned.	Each package and outside packaging and labelling shall contain information on relevant constituents and emissions. (Articles 10 and 11)

* Effectiveness statements are based on Babor and colleagues, table 16.1, p. 240.[4]
† Paraphrased from the WHO Framework Convention on Tobacco Control.[5]

Dedicated revenue

The revenue raised from cannabis regulation should be used for health and social initiatives such as early childhood development, education, housing for marginalized people and improving mental health and addictions services.

Conclusion

Public support for cannabis "legalization" is growing, in part because of increasing recognition of the lack of effectiveness and the harms of cannabis prohibition, together with the pressing need for proactive measures based on a public health approach. Otherwise, a commercial exploitation model may result, such that public health and social problems similar to those associated with alcohol and tobacco will be repeated.

In Canada there are legal mechanisms that could allow a cannabis regulation pilot project in a province without violating federal laws, such as by obtaining a Controlled Drugs and Substances Act[19] section 56 exemption (see Box 2) and/or using the exemption and regulation provisions of section 55. Such exemptions could allow a province to establish a province-level scientific project, explicitly guided by public health oriented goals and objectives, with allowance for specific demonstration sites in accepting communities.

Changes to cannabis regulation will require detailed analysis grounded in the experience with alcohol and tobacco as described by Rolles,[20] and must include rigorous evaluation to monitor for unintended consequences, potential harms, and anticipated benefits of a new regime.

Box 2

***Controlled Drugs and Substances Act*, section 56[19]**

➢ The Minister may, on such terms and conditions as the Minister deems necessary, exempt any person or class of persons or any controlled substance or precursor or any class thereof from the application of all or any of the provisions of this Act or the regulations if, in the opinion of the Minister, the exemption is necessary for a medical or scientific purpose or is otherwise in the public interest.

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Kazakoff, Laura

From: Correspondence Group, City Clerk's Office
Sent: Tuesday, June 02, 2015 1:49 PM
To: Public Hearing
Subject: FW: Marijuana Dispensaries

From: Lorna James s.22(1) Personal and Confidential
Sent: Tuesday, June 02, 2015 8:54 AM
To: Correspondence Group, City Clerk's Office
Subject: Marijuana Dispensaries

I would like to address my thoughts about the medical marijuana dispensaries in Vancouver. I am a 60 year old woman who has smoked marijuana for over 45 years of my life and will continue to do so for the rest of my life. To date I have been a criminal for doing so, and I feel strongly that marijuana should be completely legal as it is in the state of Washington.

I do not take the "Legal" pharmaceutical prescriptions that my medical doctor is quick to prescribe for arthritic pain. The ill side effects that these drugs produce does not allow me to take them. Unfortunately my regular doctor is very conservative and because there haven't been the necessary studies done on the properties of marijuana she will not endorse a prescription for me.

Therefore last year I did find an alternative medical doctor willing to write me the RX for medical marijuana for one year; I had to pay $350.00 for the medical consultation. Now I am being told unless my regular doctor endorses the RX; I once again will have to go underground and feel like a criminal to get my medicine.

Why marijuana is not legal is hard for me to understand. Having grown up in a family of severe alcoholism and watched many loved ones die from siroccos of the liver it seems to me the government should really look at the ill side effects of a potent drug such as alcohol ask why is this legal? I have never heard of a single report of a person dying from an overdose of marijuana.

I am a full time working citizen who contributes to the tax paying system. I fully support the dispensaries that are available to us. However I would like to see marijuana completely legalized as it is in Washington so I can go and by my products anytime and anywhere I wish to. It only makes economic sense to legalize this multi-billion dollar a year industry so we can all benefit from it. I hope the government will listen to those of us who are law abiding citizens and to stop treating marijuana as an illegal substance.

Sincerely,
Lorna James

Kazakoff, Laura

From: Correspondence Group, City Clerk's Office
Sent: Wednesday, June 03, 2015 3:21 PM
To: Public Hearing
Subject: FW: Cannabis Dispensary in my building

From: Grant Casey s.22(1) Personal and Confidential
Sent: Wednesday, June 03, 2015 12:45 PM
To: Correspondence Group, City Clerk's Office
Subject: Cannabis Dispensary in my building

Hello Mayor and Council,

In the last week a pot dispensary (The Healing Tree) opened up in one of the commercial spaces in the building where I own a condo. This franchise is directly adjacent to the residential entrance, sharing the same entry alcove.

The constant pot smoking in the unit pollutes the outside entryway, the lobby of the building through which residents and visitors must walk, and is even detectable in the parkade.

Please consider not allowing these dispensaries to operate in residential buildings. We already have reported the disturbance to surrounding units to the police and this will continue.

Thanks, Grant Casey

Kazakoff, Laura

From: Correspondence Group, City Clerk's Office
Sent: Monday, June 08, 2015 9:14 AM
To: Public Hearing
Subject: FW: Regulation of Retail Dealers – Medical Marijuana-Related Uses

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From: Sandra MacPherson s.22(1) Personal and Confidential
Sent: Friday, June 05, 2015 5:08 PM
To: Correspondence Group, City Clerk's Office
Cc: Public Hearing
Subject: Regulation of Retail Dealers – Medical Marijuana-Related Uses

Dear Mayor and Council –

I am writing s.22(1) Personal and Confidential **concerning the location of a new medicinal marijuana dispensary at 512 Beatty Street.** That location is at one of two commercial units located within my building. The dispensary which opened May 29, occupies the first and basement level floors with direct access to common property. That is, their unit doors are directly across the hall from residential tenants. About 8 feet from one to the other.

On opening day The Healing Tree (THT) opened to the public. When I went down to collect my mail on the first floor I immediately noticed a strong smell of marijuana. I spoke with another resident who happened upon the opening and entered the premises to what was definitely smoke filled. Other residents complained of the smell, as well. While THT has temporarily shut their premises (the 30th), I could still smell pot in the garage (below basement level) for 2 to 3 days afterward. Another basement resident confirmed that to me. Personally, I found that the lingering and continuous smell of marijuana caused me anxiety.

I have read the City's Report: Regulation of Retail Dealers – and would like to address the issue of clustering in the neighbourhood. The proximity of Cannabis Culture at 307 West Hastings is below the 300m minimum distance. Other long-standing marijuana-related businesses exist within/at/or just beyond the boundary – New Amsterdam Cafe, Red Med, Ganja Yoga.

Concerning the distance from "discretionary impact on youth facilities" – Covenant House for Homeless Youth is less than the 300m suggested minimum distance. While post-sceondary, VCC is below that as well. Projections of younger families moving into the neighbourhood will be supported by a new elementary school to be located at the Firenze building, just behind the 600 block Beatty.

I would like to point out other considerations of character for the neighbourhood, that may not match up with THT. Beatty block often plays host to community events in the City. The Chinese New Years Day Parade starts on this block, Beatty has been included as part of the route for Vancouver Marathon, the November 11 Veterans Parade begins at 500 Beatty block, various sporting events have held Family outings in the area including most recently the FIFA Women's tournament Fun Zone to be held at the parking lot at 600 Beatty. I've seen families bring down the hibachi for a BC Lions pre-game tail gate at the Easy Park facility along 500 Beatty.

512 Beatty Street is the Healing Tree's third location in Vancouver. According to their website, investment opportunities for other locations are available. With the unregulated nature of this industry, I see THTs expansion less about the altruist nature of helping medicinal users and more about grabbing territory and expanding market share of potential recreational users.

I hope that Mayor and Council will consider the impact to this historic 500 Beatty block. Individuals who may be inconvenienced by the potential closure of The Healing Tree's 512 Beatty location can always walk the two blocks to Cannabis Culture (since year 2000). Or, if they prefer, Healing Tree now offers delivery and mail order service.

I appreciate this opportunity to let you know my feelings.

Sincerely,
Sandra MacPherson
s.22(1) Personal and Confidential