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April 13, 2021

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Rocky View County
Subdivision and Development Appeal Board
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Our File: 60614-000

Attention: Clerk

Dear Sir or Madam:

RE: 4 708 Centre Street NE (Lot UNIT 3, Plan 0011878; NW-23-23-27-W4M) and located in the hamlet of Langdon

I represent Condo Corp.0711729 and Highway 560 Cannabis Inc., two of the appellants in this appeal. The purpose of this letter is to provide you with an outline of the submissions which I will be making at the hearing of this appeal, which is scheduled to be heard on April 15, 2021.

This appeal concerns the approval of a cannabis retail store at 4, 708 Centre Street NE in the hamlet of Langdon.

The appellants do not oppose cannabis retail stores in general, Highway 560 Cannabis Inc. being a cannabis retailer itself. The appellants oppose this specific approval. With all due respect to the Development Authority, this approval was directly contrary to Council's directions.

The proposed development requires considerable variances of the Land Use Bylaw, specifically the mandatory separation distances between cannabis retail stores and other types of development. These separation distances are not merely academic, they exist for very important reasons including protecting the surrounding community. This approval also fails to support the goals of the Langdon Area Structure Plan.

The appellants respectfully request that the SDAB allows their appeal and overturns the development permit.

The Variances

When the Municipal Planning Commission considered this application, administration recommended that the application be refused on the basis of two separation distances which were not met. In fact, there are three variances.

First and foremost, the subject site is only about 140m from another cannabis retailer, Highway

560 Cannabis. The two stores would effectively be in the same complex, their parking lots are even joined. The Land Use Bylaw requires cannabis retail stores to be separated from each other by at least 300m, this proposal does not even achieve half the required separation distance.

Second, the subject site is only about 100m away from Langdon Crossing Dental. This is a care facility (clinic) under the Land Use Bylaw.

The third relaxation is one that the Municipal Planning Commission does not appear to have been aware of. When the appellant 560 Cannabis Inc. obtained its approval in the fall of 2020, it was identified as being approximately 85 metres from a school. A relaxation was granted.¹ This is the Kidz Cave Academy, located at 6 Nesbitt Avenue, Langdon, AB, and it remains in operations today.² The proposed development is only approximately 80 metres from this facility.

The variances which would be required for the proposed development are set out in the following table:

Requirement	Actual Separation Distance
At least 300.0m (984.25 ft.) from another Cannabis Retail Store	140.0m (-160m) from Highway 560 Cannabis at Unit 5, 724 Centre St
At least 150.0m (492.13 ft.) from a parcel with a Care Facility (Clinic)	100.0m (-50m) from Langdon Crossing Dental at Unit 4, 720 Centre St
At least 150.0 m (492.13 ft.) from a parcel with a School	80m* (-70m) from Kidz Cave Academy at 6 Nesbitt Avenue

*Measurements taken using Google Earth

The following image is provided to really help understand the context of this proposed development. The important thing to note is that not only are these developments in very close proximity to one another, there are no intervening features, not even roadways:



¹ See Tab A for 560 Cannabis Inc.'s approval

² See Tab B for information about the Kidz Cave Academy

The Purpose of Separation Distances

The separation distances that apply to cannabis retail stores exist for a reason. When cannabis became legal, Alberta Health Services researched this issue and provided advice to municipalities in its report titled “AHS Recommendations on Cannabis Regulations for Alberta Municipalities”.³

On the subject of separating cannabis retail stores from each other, Alberta Health Services states in this report:

Density limits reduce neighbourhood impacts and youth access (Canadian Centre for Substance Abuse, 2015; Freisthler & Gruenewald, 2014). **Research on alcohol and tobacco use highlights the need for stronger controls on density and minimum distances** (Ammerman et al., 2015; Chen, Gruenewald & Remer, 2009; Livingston, 2011; Popova et al., 2009; Rowland et al., 2016;) **For example, the physical availability of medicinal marijuana dispensaries impact current use and increase frequent use** (Morrison et al., 2014). **Similarly with liquor stores, higher densities are associated with high-risk consumption behaviours—especially among youth, facilitating access and possession by adolescents, as well as increased rates of violence and crime** (Ammerman et al., 2015). **In addition, U.S. researchers have found that medical cannabis outlets are spatially associated with market potential which points to a form of “environmental injustices in which socially disadvantaged are disproportionately exposed to problems.”** Therefore, jurisdictions should ensure that communities with fewer resources (e.g., low income, unincorporated areas) are not burdened with large numbers of stores and prevent clustering among liquor, tobacco and cannabis stores (Morrison et al., 2014). Other US research shows that zoning laws for location are an effective way to prevent overpopulation of cannabis stores in undesirable areas (Thomas & Freisthler, 2016). Summary tables of some US state and city buffer zones can be found in Nementh and Ross (2014). [Emphasis added]

In Ontario, the Leeds, Grenville and Lenark Health Unit has also commented that the co-use of cannabis and alcohol can lead to increased harm, and has recommended that municipalities:

Discourage the co-use of cannabis and other substances by prohibiting co-location and enacting minimum distance requirements between cannabis and alcohol or tobacco retail outlets.⁴

The requirement that cannabis stores be separated from each other exists to protect young people from high-risk behaviours and to protect the surrounding communities from social problems. The proposed development is not only in the same complex as another cannabis store, it is also immediately adjacent to an existing liquor store and in the same complex as an existing vape shop. This proposed development creates a cluster of liquor, tobacco and cannabis stores, directly contrary to the recommendations of health authorities.

³ See Tab C

⁴ See Tab D

AHS also commented on the impacts that cannabis stores can have on other uses in their areas, stating:

It is clear that locating cannabis stores away from schools, daycares and community centers is essential to protecting children from the normalization of Cannabis use (Rethinking Access to Marijuana, 2017). Therefore, municipalities should ensure that all provincially recognized types of licensed and approved childcare options are included in their regulations. For example, daycare facilities, account for 39.9% of licensed childcare spaces in the province. Pre-schools, out-of-school programs, family day-homes, innovative child care, and group family child care programs account for the remaining 60% of licensed child care in the province. Through business licensing and zoning, municipalities have the opportunity to protect all childcare spaces by including these locations in local buffer zones. **Many preschools and childcare facilities are already located in strip malls or community associations or churches adjacent to liquor outlets (bars or liquor stores). Cannabis stores should not be allowed to be located within a buffer zone of any type of childcare facility or school. AHS also suggests that municipalities include other places that children and youth frequent as part of minimum distance bylaws such as parks, churches, and recreation facilities** (Canadian Centre for Substance Abuse, 2015; Rethinking Access to Marijuana, 2017). [Emphasis added]

The Leeds, Grenville and Lenark Health Unit similarly noted that placing cannabis retail stores near areas that service young people could lead to a normalization of cannabis use and increase the use of this substance in that age group, and similarly recommended that cannabis be directed away from areas frequented by children.

There are a number of uses within and around the complex which are of the type that the health authorities have recommended ought to be separated from cannabis retail stores, including:

- The Kidz Cave Academy, discussed above⁵;
- Star Yoga, which is located in the same complex and offers classes for children⁶;
- Kimmers Country Market, a convenience store in the same complex which sells candy, snacks, and other goods which may attract young customers; and
- A residential district immediately adjacent to the subject site.

All of these uses have the potential to bring young people into the immediate vicinity of the proposed development. If this approval is upheld, these children will be seeing two cannabis stores in very close proximity to one another, potentially normalizing the use of cannabis for them contrary to AHS's recommendations.

⁵ See Tab B for information about the Kidz Cave Academy from the Kidz Cave Academy website

⁶ See Tab E for information about Star Yoga from the Star Yoga website

The Langdon Area Structure Plan

This proposed development fails to follow Council's directions as set out in the Langdon Area Structure Plan. The subject site is within the area that ASP designates as Highway Commercial. The objectives of the Highway Commercial area include:

- Create a welcoming gateway into the community.
- Provide a range of services that support the hamlet of Langdon and surrounding areas.

The proposed development achieves neither of these objectives, and in fact works against them. It would result in visitors to the community being greeted by multiple cannabis stores close together, a situation which AHS has noted could cause social problems. The residents of Langdon and the surrounding areas will not have a range of services, they will have an oversupply of a single service which excludes a large percentage of the population (youths).

The Direct Control District and the Appeal

The subject parcel is in a direct control district. The *Municipal Government Act* directs that when a SDAB is considering an appeal, the question it must consider is whether the Development Authority followed Council's directions. (MGA s.685(5))

In this instance, the Development Authority did not follow Council's express, unambiguous directions that cannabis stores be separated from one another.

This was not an appropriate situation to relax the separation distances. AHS has warned that allowing cannabis stores to exist in close proximity to one another can cause increased consumption and social problems, and that the problems are intensified when cannabis stores, liquor stores, and tobacco stores cluster together, which would be the case here. This cluster would be woven between other uses which attract young people.

Conclusion

The appellants, as stated above, do not oppose cannabis stores, but this is the exact wrong location to relax the separation distance between these uses. This approval was contrary to Council's express directions and creates an untenable situation for all involved. The appellants therefore request that the development permit be overturned.

Yours very truly,

CARON & PARTNERS LLP

"Jennifer D. Sykes"

JENNIFER D. SYKES
JDS/kb
Enclosures



DEVELOPMENT PERMIT (Page 1 of 2)

Lall, Jaswinder K

Development Permit #: PRDP20202318

Date of Issue: Wednesday October 21, 2020

Roll #: 03223798

Your Application dated August 12, 2020 for a Development Permit in accordance with the provisions of the Land Use Bylaw C-8000-2020 of Rocky View County in respect of:

**Cannabis Retail Store (existing building),
tenancy and signage**

at UNIT 15, Plan 0711729, NW-23-23-27-04; 5, 724 CENTRE ST NE,

has been considered by the Municipal Planning Commission and the decision in the matter is that your application be **APPROVED** subject to the following conditions:

Description:

1. That a *Cannabis Retail Store* (existing building), tenancy and signage for "HIGHWAY 560 CANNABIS" may operate on Unit 5 – 724 Centre Street, in general accordance with the submitted Site Plan, application and includes:
 - i. Installation of one (1) storefront, mounted or hanging, facade sign; 0.61 m (2.00 ft.) x 2.44 m (8.00 ft.) in size.
2. That the minimum separation distance for the Cannabis Retail Store from a Health Care Site is relaxed from **150.00 m. (492.12 ft.) to 40.00 m. (131.23 ft.)** and from a School Site from **150.00 m. (492.12 ft.) to 85.00 m. (278.71 ft.)**.

Permanent:

3. That no Cannabis shall not be consumed in the *Cannabis Retail Store*.
4. That the hours of operation for the *Cannabis Retail Store* shall be between 10:00 a.m. and 9:00 p.m. seven days a week, except on December 25th when the *Cannabis Retail Store* shall be closed.
5. That the development shall be operated in perpetuity in accordance with the On-site Stormwater Management Plan approved for this site.
6. That the sign shall be kept in a safe, clean and tidy condition at all times. The signs shall not be flashing or animated at any time.
7. That no storage at any time shall be allowed in the front of the property.
8. That all business parking shall be limited to the existing shopping plaza parking stalls.
9. That the entire site shall be maintained in a neat and orderly manner at all times, to the satisfaction of the Development Officer.
10. That any waste containers, garbage or recycling shall be completely screened from view from all adjacent properties and public thoroughfares.
11. That any plan, technical submission, agreement, matter or understanding submitted and approved as part of the application, in response to a prior to issuance or occupancy condition, shall be implemented and adhered to in perpetuity.



DEVELOPMENT PERMIT (Page 2 of 2) PRDP20202318
Lall, Jaswinder K

13. That any other government permits, approvals, or compliances are the sole responsibility of the Applicant/Owner.
 - i. That the Applicant/Owner shall obtain any required Alberta Health Services approvals prior to the store opening.
 - ii. That the Applicant/Owner shall obtain any required licensing approvals through Alberta Gaming, Liquor and Cannabis (AGLC), if required, and shall operate in accordance with the provisions of that license.
14. That a Building Permit shall be obtained through Building Services, prior to tenant occupancy and/or interior bay renovations, using the Tenant Bay Development or Renovation Checklist.
15. That if the development authorized by this Development Permit is not commenced with reasonable diligence within twelve (12) months from the date of issue, and completed within twenty-four (24) months of the issue, the permit is deemed to be null and void, unless an extension to this permit shall first have been granted by the Development Officer.
16. That this Development Permit shall be valid until **October 21, 2023**.

Development Authority
Phone: 403.520.8158



Kidz Cave Academy
Fully Licensed & Accredited

"Where Quality of Care Matters"
Phone: 403-936-8562
kidzcadeacademy@gmail.com



Hours of operation:

Mon - Fri 6:30 AM - 6:00 PM

**DAYCARE
IN
LANGDON**

Book a tour by contacting us at
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kidzcadeacademy@gmail.com

Apply/Estimate subsidy
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Call Us: 1-403-936-8562 / [KIDZCAVEACADEMY@GMAIL.COM](mailto:kidzcadeacademy@gmail.com) / 6 HESSETT AVE RE LANGDON AB

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Kidz Cave Academy
Fully Licensed & Accredited

"Where Quality of Care Matters"
Phone: 403-936-8562
kidzcaveacademy@gmail.com



ABOUT

Welcome to Kidz Cave Academy

Our focus is helping children develop his/her personality. Mind and body to his/her full potential, as well as providing quality care and a safe environment.

Your child will gain an understanding of the world around them and will strengthen their social skills while learning to co-operate with other children. Knowledge and curiosity are developed through language stimulation, art music activities, and by the way of challenging simple problems. Creative and constructive activities are provided in both free and guided play.

Our goal is to partnerships with families in caring for their children. We believe that a secure, nurturing environment promotes well-being and respectful relationships, and we encourage interaction between children and adults, and between children of different ages.

Kidz Cave Goals

For the child to:
provide an environment that encourages and motivates on all levels: cognitive, social, emotional, and physical, and spiritual development.
provide a nurturing environment for children.
foster a sense of self-worth in each child.
recognize the importance of the individuality of each child.
treat each child with respect and understanding.
provide optimum nutrition for every child.
give the child optimum opportunity to experiment, explore and discover for himself/herself as much as possible in the environment.



Give us a call:
1-403-936-8562



Kidz Cave Academy
Fully Licensed & Accredited

"Where Quality of Care Matters"
Phone: 403-936-8562
kidzcaveacademy@gmail.com



OUR PROGRAMS

Infants:

- Nursery rhymes
- Music and movements
- Outdoor play
- Reading and Craft
- Baby games

Toddlers:

- Circle time
- Art and craft
- Sensory activities
- Free play exploration
- Gross/fine motor activities
- Introduction to shapes and colors

Preschoolers/Kindergarten:

- Quiet time activities
- Math and Science activities
- Alphabetical activities
- Introduction to early numeracy
- Art and craft
- Dramatic play
- Fine motor activities
- Gross motor activities
- Sensory activities
- Outdoor play
- Free play exploration



Give us a call:
1-403-936-8562



AHS Recommendations on Cannabis Regulations for Alberta Municipalities

Prepared on behalf of AHS by: Dr. Gerry Predy, Senior Medical Officer of Health/Senior Medical Director – Population, Public and Indigenous Health

The following includes information and recommendations that will help municipalities make cannabis policy decisions that promote and protect the health of its citizens. Alberta Health Services (AHS) supports an evidence-informed public health approach (Chief Medical Officers of Health of Canada, 2016) that considers health and social outcomes in the development of municipal cannabis policies and bylaws. Lessons learned from tobacco and alcohol have also been used to inform these positions.

SUMMARY OF RECOMMENDATIONS

Overall

Where evidence is incomplete or inconclusive, AHS is advising that a precautionary approach be taken to minimize unintended consequences. This approach is consistent with the recommendations of Federal Taskforce on the Legalization and Regulation of Cannabis (Government of Canada, 2016).

Business Regulation & Retail

- Limit the number of cannabis stores, and implement density and distance controls to prevent stores from clustering, while also keeping buffer zones around well-defined areas where children and youth frequent.
- Consider requirements for cannabis education and community engagement as part of the business licensing approval process.
- Limit hours of operation to limit availability late at night and early morning hours.
- Restrict signage and advertising to minimize visibility to youth.

Consumption

- Ban consumption in areas frequented by children.
- Align the cannabis smoking regulations with the *Tobacco and Smoking Reduction Act* and/or with your municipal regulations, whichever is more stringent.
- Ban smoking, vaping and water pipes in public indoor consumption venues.

Home growing

- Design a process to ensure households and properties are capable of safely supporting home growing.

Multi-Unit Housing:

- Health Canada (2017) has recommended a ban on smoking in multi-unit housing. AHS recognizes that there are potential health risks associated with second-hand smoke within multi-unit housing environments and therefore recommends municipalities consider bylaws that ban smoking in multi-unit housing.

Research and Evaluation

- Ensure mechanisms to share data across sectors and levels of government are established, and appropriate indicators are chosen to monitor the impacts of policy implementation on communities.

DETAILED RECOMMENDATIONS

The following sections provide evidence and additional details for each of the above recommendation areas.

Overall

Overall, AHS encourages municipalities to proceed with caution for two reasons. First, there is little reliable and conclusive evidence to support what safe cannabis use looks like for individuals and communities. Second, it's easier to prevent future harms, by removing regulations in the future once more knowledge exists, than it is to later add regulation. (Canadian Centre for Substance Abuse, 2015; Chief Medical Officers of Health of Canada, 2016).

Evidence shows commercialization of alcohol and tobacco has resulted in substantial population level morbidity and mortality as well as community level harms. This is of particular importance because adding cannabis use to a community adds multifactorial relationships to already existing social issues, as we know co-use or simultaneous use of cannabis, alcohol and/or tobacco, in some kind of combination is common (Barrett et al. 2006; Canadian Centre for Substance Abuse, 2007; Subbaraman et al. 2015). For example, simultaneous use of alcohol and cannabis has been found to approximately double the odds of impaired driving, social consequences, and harms to self (Subbaraman et al. 2015). According to AHS treatment data, of those using AHS Addiction Services, more than half used cannabis, and of those who use cannabis, 90% have used alcohol and 80% have used tobacco (Alberta Health Services, 2017). Further evidence indicates that legalization of cannabis may have negative impacts related to resource utilization, law enforcement and impaired driving cases, and self-reported cannabis-related risk factors and other substance use (Health Technology Assessment Unit, 2017).

Business Regulations & Retail Sales

Location and Number of Stores

Alberta Health Services recommends municipalities strengthen zoning regulations by using a combination of population and geographic based formulas to restrict the number and location of cannabis outlet licenses. In particular AHS recommends that municipalities:

- Limit the number of business licenses issued in the first phases of implementation.
- Implement a 300-500m minimum distance restriction between cannabis retail outlets
- Implement a 300m distance between cannabis stores and schools, daycares and community centers.
- Implement a 100m minimum distance from tobacco and liquor retailers, in addition to a square kilometer density restriction, adjusted for population, at the onset of legalization.
- Note: additional analysis may be needed to ensure that unintended consequences do not negatively impact existing communities (e.g., clustering, social and health harms, vulnerable populations).

Between 1993 (just before privatization) and 2016, there was a 600% increase in the number of liquor stores in Alberta (208 stores in 1993, 1,435 stores in 2016). Privatization has also resulted in drastic product proliferation, with an increase from 2,200 products in 1993 to 23,072 products in 2016 (AGLC, 2016). Without more restrictive cannabis regulations, business owners will demand and industry will deliver a greater variety of cannabis products, likely resulting in an expansion of consumption in communities across Alberta. U.S. researchers predict a doubling of consumption rates over time as a result of legalization, which means an estimated 40 billion more hours of intoxication in the US (Caulkins, 2017). A privatized system without initial restrictive regulation will likely follow similar trends in Alberta, resulting in significant health and social impacts on communities.

Density limits reduce neighbourhood impacts and youth access (Canadian Centre for Substance Abuse, 2015; Freisthler & Gruenewald, 2014). Research on alcohol and tobacco use highlights the need for stronger controls on density and minimum distances (Ammerman et al., 2015; Chen, Gruenewald & Remer, 2009; Livingston, 2011; Popova et al., 2009; Rowland et al., 2016;) For example, the physical availability of medicinal marijuana dispensaries impact current use and increase frequent use (Morrison et al., 2014). Similarly with liquor stores, higher densities are associated with high-risk consumption behaviours—especially among youth, facilitating access and possession by adolescents, as well as increased rates of violence and crime (Ammerman et al., 2015). In addition, U.S. researchers have found that medical cannabis outlets are spatially associated with market potential which points to a form of “environmental injustices in which socially disadvantaged are disproportionately exposed to problems.” Therefore, jurisdictions should ensure that communities with fewer resources (e.g., low income, unincorporated areas) are not burdened with large numbers of stores and prevent clustering among liquor, tobacco and cannabis stores (Morrison et al., 2014). Other US research shows that zoning laws for location are an effective way to prevent overpopulation of cannabis stores in undesirable areas (Thomas & Freisthler, 2016). Summary tables of some US state and city buffer zones can be found in Nementh and Ross (2014).

It is clear that locating cannabis stores away from schools, daycares and community centers is essential to protecting children from the normalization of Cannabis use (Rethinking Access to Marijuana, 2017). Therefore, municipalities should ensure that all provincially recognized types of licensed and approved childcare options are included in their regulations. For example, daycare facilities, account for 39.9% of licensed childcare spaces in the province. Pre-schools, out-of-school programs, family day-homes, innovative child care, and group family child care programs account for the remaining 60% of licensed child care in the province.² Through business licensing and zoning, municipalities have the opportunity to protect all childcare spaces by including these locations in local buffer zones. Many preschools and childcare facilities are already located in strip malls or community associations or churches adjacent to liquor outlets (bars or liquor stores). Cannabis stores should not be allowed to be located within a buffer zone of any type of childcare facility or school. AHS also suggests that municipalities include other places that children and youth frequent as part of minimum distance bylaws such as parks, churches, and recreation facilities (Canadian Centre for Substance Abuse, 2015; Rethinking Access to Marijuana, 2017).

Business/Development License Application Processes

AHS suggests that a cannabis education component and community engagement plan be added to the application processes for retail marijuana business licenses. As cannabis legalization is complex, there are many new legal implications, and potential health and community impacts. Potential business owners should demonstrate a base knowledge of cannabis safe use and health harms, as well as the new rules. It is also important to foster a healthy relationship between cannabis retailers and the community with the common goal of healthy community integration. The City of Denver has implemented a community engagement requirement where applicants must list all registered neighborhood organizations whose boundaries encompass the store location and outline their outreach plans. Applicants must also indicate how they plan to create positive impacts in the neighbourhood and implement policies/procedures to address concerns by residents and other businesses (City of Denver, 2017).

Municipalities are encouraged to require applicants to outline proper storage and disposal of chemicals, as well as proper disposal of waste products. In addition, applicants should outline how they will be managing odor control to prevent negative impacts on neighbours.

Hours of Operation

AHS recommends restricting hours of operation as a means to reduce harms to communities (Rethinking Access to Marijuana, 2017). In regards to alcohol-related harm, international evidence on availability indicates that

longer hours of sale significantly increase the amount of alcohol consumed and the rates of alcohol related harms (Griesbrecht et al., 2013). The Centre for Addiction and Mental Health suggests restricting alcohol sales to 9 business hours per day, with limited availability late at night and in the early hours of the morning (D'Amico, Miles & Tucker, 2015). Most regulations in the US legalized states limit hours of operation to 10pm or midnight (California, 2017; Oregon, 2017; State of Colorado, 2017; Washington State Liquor and Cannabis Board, 2017). AHS recommends limiting the number of and late night/early morning hours of operation for cannabis stores (Griesbrecht et al., 2013; Rethinking Access to Marijuana, 2017).

Advertising and Signage

AHS recommends that municipalities include policy/bylaw considerations to limit advertising to dampen favorable social norms toward cannabis use (D'Amico, Miles & Tucker, 2015). Further, while it is important to implement the principles of Crime Prevention through Environmental Design (i.e., the physical space should be well lit, tidy, include proper parking etc.), the physical appearance should not encourage or engage patrons. A similar policy has been implemented in Denver, Colorado. This approach is supported by a large body of evidence related to alcohol and tobacco. (Joseph, et al., 2015; Hackbarth et al., 2001; Lavack & Toth, 2006; Malone, 2012).

Consumption

AHS recommends that municipalities align their regulations with the *Tobacco and Smoking Reduction Act*. In addition, municipalities may also want to consider enacting bylaws that consider banning tobacco-like substances such as shisha.

AHS recommends that municipalities implement regulations banning consumption in public places, as well as for public intoxication (see Alberta Liquor and Gaming Act). The rationale for this is two-fold: (i) cannabis is an intoxicating substance and should therefore be treated similarly to alcohol, and (ii) harms related to second and third-hand smoke, especially for children and youth. Second-hand cannabis smoke is more mutagenic and cytotoxic than tobacco smoke, and therefore second-hand inhalation of cannabis should be considered a health risk (Cone et al., 2011; Health Technology Assessment Unit, 2017; Maertens, White, Williams & Yauk, 2013).

Special attention should be directed at banning consumption in areas frequented by children, including: all types of parks (provincial, municipal, athletic parks, baseball, urban, trails/pathways, etc.), playgrounds, school grounds, community centers, sports fields, queues, skateboard parks, amphitheaters, picnic areas and crowded outdoor events where children are present (i.e., all ages music festivals, CFL football games, rodeos, parades, Canada Day celebrations, outdoor festivals, outdoor amusement parks (private), golf courses, zoos, transit and school bus stops, ski hills, outdoor skating rinks or on any municipal owned lands) (Rethinking Access to Marijuana, 2017). Public consumption bans should also be enacted for hospitals (all points of health care, urgent care clinics, clinics, etc.), picnic areas (alcohol limits for outdoor consumption). Currently, consumption of tobacco and tobacco-like products is not permitted on any AHS property.

Venues for consumption

Until adequate evidence-based rationale can be provided, AHS does not support having specific venues for indoor consumption (smoking, vaping, water pipes) as this would expose people to second-hand smoke, promote renormalization of smoking, reverse some of the progress made with public smoking bans, and present occupational health issues (i.e., second and third hand smoke exposures, and inadvertent intoxication of staff and patrons).

Home Growing

AHS recommends households interested in personally cultivating cannabis go through a municipal approval process and that owners have access to reference educational materials related but not limited to: mitigating child safety, security, water use, electrical hazards, humidity, and odor concerns. These materials will help ensure the property is capable of safely supporting home growing and help reduce the negative impacts to surrounding properties (Rethinking Access to Marijuana, 2017).

While allowing citizens to grow cannabis plants at home may provide more options for access, there are risks to public health and safety. Further, as Bill 26 currently reads, as it pertains to personal cultivation, municipalities can expect an increase in nuisance complaints. Cannabis is also known to be a water and energy intensive crop, as such; this impacts municipalities in a number of ways (Bauer et al., 2015; Cone et al., 2011; Health Technology Assessment Unit, 2017; Mills, 2012). For example, personal cultivation brings risks related to air quality, ventilation, mold, odors, pests, chemical disposal, indoor herbicide/pesticide use, increased electrical use and fire risk, and accidental consumption. Further, all of these risks are amplified when children are present in the home and/or multi-unit dwelling.

In Colorado, it is estimated that one-third of the total cannabis supply comes from personal cultivation as permitted to medical cannabis users (Canadian Centre on Substance Abuse, 2015). As such, municipalities alongside AHS should anticipate requiring additional resources as a system cost to be able to adequately respond to public health and community nuisance complaints. Furthermore there may be additional municipal human resource needs, as well as an increase in hazards, as it relates to indoor personal cultivation, impacting departments like waste services, fire, police and bylaw services. Finally, additional building codes and safety codes may be required in order to effectively manage and address hazards pertaining to heating, ventilation and air cooling systems, as well as building electrical.

Multi-Unit Housing

Existing tools for managing the issue of cannabis consumption and personal cultivation in multi-unit housing will likely not be sufficient to manage this issue. It will be important to recognize the negative health effects of second and third-hand smoke and risks related to personal cultivation when considering municipal regulations for multi-unit housing.¹ Other changes that are needed to address both indoor consumption and personal cultivation in multi-unit housing include:

- additional building codes and safety codes to effectively manage and address hazards pertaining to heating, ventilation and air cooling systems, as well as building electrical,
- appropriate language in bylaws as they pertain to alcohol and/or public intoxication.

Health Canada (2017) has recommended a ban on smoking in multi-unit housing. AHS recognizes that there are potential health risks associated with second-hand smoke within multi-unit housing environments and therefore recommends municipalities consider bylaws that ban smoking in multi-unit housing.

Finally, as mentioned above, AHS Environmental Public Health is not currently in a position to effectively respond to the anticipated number of nuisance complaints received if smoking cannabis is allowed in multi-unit housing, both in terms of staffing, as well as in terms of enforcement. AHS encourages municipalities to plan for additional human resources if pre-emptive measures are not considered.

Additional Considerations

Education and Awareness

Evidence-informed public education and consistent messaging will be critical for promoting and protecting health of citizens. Many areas of education and awareness will be needed including: new/amended bylaws and regulations, home growing rules, and health impacts. As messages are developed it is important that municipalities, along with other stakeholders provide balanced, factual and unsensational messages about cannabis use and its impacts on communities (Canadian Centre on Substance Abuse, 2015).

Public education alone is only effective at creating awareness in a population. Comprehensive, multi-layered strategies that include social normative education, harm reduction, fact based information and targets multiple environments and populations should be used (Chief Medical Officers of Health of Canada, 2016). As municipalities move through this process it is important to note that public education should not be used as a substitute for effective policy development with strong regulations to protect communities from harms.

Capacity to Administer and Enforce

Regulatory frameworks are only successful if there is the capacity to implement them. Other jurisdictions have reported significant human resource needs to administer new regulations. For example, the City of Denver added over 37 FTEs across sectors including administration, health-related issues, public safety, and inspections (Canadian Centre on Substance Abuse, 2015).

Research and Evaluation

Moving forward, Alberta Health Services would like to strengthen their partnerships with municipalities to set up data sharing mechanisms between sectors. A key lesson learned from some US jurisdictions is to ensure mechanisms to share data across sectors are established (i.e., public health, transportation, public safety, seed-to-sale tracking, finance, law enforcement) (Freedman, 2017). This has been shown to help identify problematic trends sooner and more efficiently. Further, AHS encourages municipalities to advocate for provincial legislation to support data sharing and system integration.

Lessons learned from Washington State and Colorado indicate that baseline data was difficult to come by. Therefore, it is recommended that all levels of government and school boards review data collected and wherever possible separate variables that relate to cannabis use from other aggregate level data.² Further, monitoring impacts will be important to determine if policy goals are being met and to identify unintended consequences more quickly.

Notes

¹ (a) Health Canada has recommended a ban on smoking in multi-unit housing. (<https://www.canada.ca/en/health-canada/programs/future-tobacco-control/future-tobacco-control.html>).

(b) Real scenario: Consider a mom with 2 young children in an apartment complex. A neighbour is (legally) smoking pot in their suite. It is coming into her suite and believes it is negatively affecting her and her 2 small children. She is on a limited budget and does not have the resources to move. The landlord tells her that the neighbour is doing nothing wrong and police advise her there is nothing illegal about it. She has read the public health information and knows about the potential harms of cannabis. She then calls the municipality. Municipalities will need to have mechanisms in place to handle the potential increase in cannabis-related calls and mitigation strategies to address the complaints.

² Many preschools and childcare facilities are already located in strip malls adjacent to liquor outlets (bars or liquor stores). Cannabis stores should not be allowed to be located within a shopping complex that has any type of childcare facility.

Childcare programs in Alberta as of June 2017

Type	# of regulated spaces	% of spaces	# of programs/locations	% of programs	% of locations
Day care	47,155	39.9%	842	18.8%	33%
Day home	11,773	10.0%	67 agencies with est. 1,962 locations (Based on 6 children per home)	3%	43.8%
Pre-school	17,699	15%	686	27%	15.3%
Out of School	40,817	34.6%	958	37%	21.4%
Innovative childcare program	604	0.5%	22	1%	0.5%
Group family childcare program	40	0.03%	5	0%	0.1%
Total	118,088		4,475		

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PUBLIC HEALTH PERSPECTIVES ON CANNABIS LEGALIZATION IN ALBERTA

Written Submission to:

Alberta Cannabis Secretariat

Submitted on behalf of AHS by:

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Date: July 31, 2017

PUBLIC HEALTH APPROACH

Alberta Health Services (AHS) supports an evidence-based public health approach to the development and implementation of legislation for the legalization and regulation of cannabis in Alberta. This means promoting and protecting the health of Albertans, and considering the impact on the health of our most vulnerable populations.

A public health approach strives to maximize benefits and minimize harms of substances, promote the health of all individuals of a population, decrease inequities, and ensure harms from interventions and legislation are not disproportionate to harms from the substances themselves.¹ The outcome of a public health approach (see Figure 1) shows how health/social harms and supply/demand are related. Harms related to substances are at a maximum when governance and control are at the extremes. Lower harms occur when a public health approach is used.

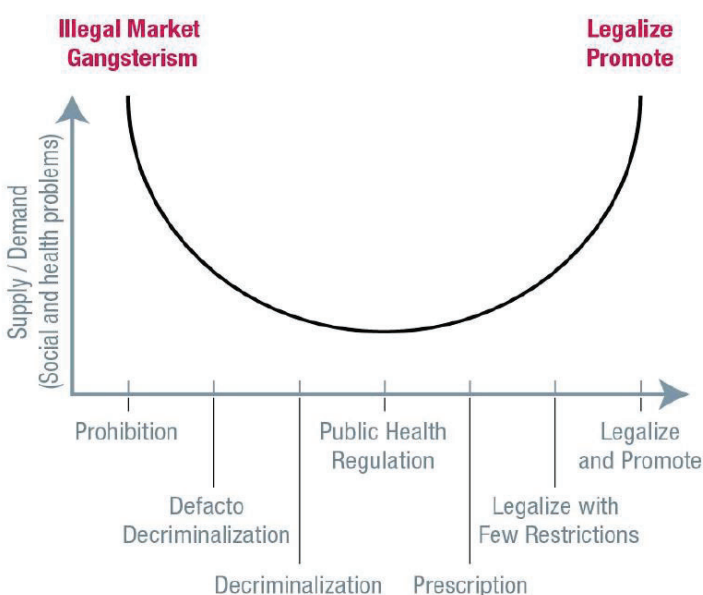


Figure 1. “The Paradox of Prohibition” Marks (1990)¹

Legalizing cannabis without considering the key elements of a public health approach is likely to result in greater social and health harms. Key considerations when developing policy from a public health lens includes:

- Minimizing harm
 - Consider the risks of cannabis use including the risks of harms to youth, risks associated with patterns of consumption (e.g., frequent use, co-use with alcohol and tobacco, harmful routes of consumption, consumption of concentrated products, increases in proportion of population consuming), and risks to vulnerable populations (e.g., youth, people with mental health problems, pregnant women, socio-economically disadvantaged populations).
- Protecting the health and safety of Albertans
 - Carefully consider evidence related to the public consumption of cannabis, workplace safety, and the scientific and legal issues associated with impaired driving.
- Preventing the likelihood of use and problematic use
 - Ensure early and on-going public education and awareness that seeks to delay use by young people, and prevent normalization.
- Assessing population health outcomes
 - Include baseline understandings of current situation; potential impact of policies and programming; disease, injury and disability surveillance (effects on society).
- Providing services
 - To assist those who are most at risk of developing or have developed substance use issues, expand access to treatment and prevention programs.
 - Consider the ongoing public health costs and ensure that public health programs are adequately resourced to address the risks.
- Addressing the determinants of health and health equity
 - Consider issues of social justice, racism, human rights, spiritual and cultural practices, as well as populations vulnerable to higher risk of cannabis-related harms.
 - Complete a health equity impact assessment to ensure unintended consequences of legalization are minimized.

It is also critical to begin conservatively and establish more restrictive regulations as it is very difficult to tighten regulations once in place. As there is little research on the impact of legalization on health and social outcomes, proceeding cautiously with implementation will help ensure that the promotion and protection of the health and safety of Albertan remains the priority.

As recommended by the Chief Medical Officers of Health of Canada,¹ the overarching goal to this legislation should be to improve and protect health—maximizing benefits, minimizing harms, promoting health, and reducing inequities for individuals, communities and society. This goal needs to be applied at every stage of the policy development process.

HARMS OF USE

While there is evidence that there is less impact on public health than alcohol and tobacco, cannabis still has significant health risks which include increased risk of some cancers, mental health issues, and

functional changes (e.g., memory loss) as well as social effects such as impaired driving.^{2,3,4} These health risks are more prevalent with frequent (daily or near-daily) and early age use. Recent research has reported significant increases in marijuana-related hospitalizations, emergency department visits, and calls to the regional poison center following legalization of marijuana in Colorado.⁵ Many reports also identify cannabis use being associated with an increased risk of motor vehicle collisions.^{6,7,8}

In addition, there are disproportionate impacts among vulnerable populations that need careful consideration. Lower-risk guidelines for cannabis use should be adopted as outlined by Fischer et al. (2011)⁹ focusing on populations that are more vulnerable to poor health outcomes such as youth, those with lower literacy and education, as well as gender specific populations. These lower risk guidelines¹⁰ have been endorsed by the Centre for Addiction and Mental Health, Canadian Public Health Association, Canadian Medical Association, Canadian Society of Addiction Medicine, Council of Chief Medical Officers of Health, and Canadian Centre on Substance Use and Addiction.

Research and evidence related to cannabis-impaired driving, brain development, dependence, mental health, chronic diseases (respiratory and cardiovascular), co-disease, co-occurring other drug use, passive exposure to smoke, among other issues, should also be considered in the development of cannabis legislation and regulation. Some specific evidence includes:

- Brain development – evidence suggests using cannabis in early adolescence can cause adverse effects to the developing brain and are at greater risk for long term cognitive impairments.^{11,12,13} While more research is needed in this area, there are reports that early, regular use is associated with higher risk of dependency, higher risk of health harms, and low levels of educational attainment.^{14,15,16,17}
- Dependence – The risk of dependency is a concern. It is reported that the global burden of cannabis dependence was 13.1 million people in 2010 (0.20%), and that dependence is greater among males and more common in high-income areas (compared to low-income areas).¹⁸ In addition, researchers in the U.S. indicate that the prevalence of lifetime dependence is approximately 9% among people that had used cannabis at least once.¹⁹
- Chronic Disease – Consumption of combusted cannabis is associated with respiratory disease such as a chronic cough. Other significant concerns that require further research include chronic obstructive pulmonary disease, asthma and lung cancer. Cannabis consumption, both inhaled and ingested affects the circulatory system, and there is some evidence associating cannabis with heart attacks and strokes.²⁰
- Mental health – Research suggests that cannabis users (mostly frequent and high potency use) are at greater risk of developing mental health problems such as psychosis, mania, suicide, depression, psychosis or schizophrenia.^{21,22} For example, it is reported that there is a 40-50% higher risk of psychosis for people with a pre-existing vulnerability than non-users.²³
- Passive exposure – Second-hand cannabis smoke is more mutagenic and cytotoxic than tobacco smoke, and therefore second-hand inhalation of cannabis should be considered a health risk.^{24,25,26}
- Driving -- Substantial evidence shows a link between cannabis use and increased risk of motor vehicle collisions.^{27,28} More research is needed to understand the association between THC levels and impairment, thus any limits set should be re-evaluated as evidence becomes available. In

addition, concerns about the reliability of current roadside testing technology has been expressed⁰¹⁸ by many organizations and researchers. As such, investment for research related to impairment testing technology should be included in the implementation plan. A public education campaign about the risk of driving after consuming or smoking any cannabis or while impaired will be critical throughout the implementation of this legislation. This will be particularly important for youth, as the Canadian Paediatric Society reports that cannabis-impaired driving is more common than alcohol-impaired driving and youth are less likely to recognize driving after consuming cannabis as a risk.²⁹

HEALTH PROTECTION AND PREVENTION

Age of use. Researchers and public health organizations are in agreement—there is no safe age for using cannabis. Delaying use is one of the best ways to reduce the risk of harm to the developing brain. Scientifically-based minimum age recommendations are generally early-to-mid-20's but also recognize that a public health approach includes consideration for balancing many variables related to enforcement, the illicit market and public acceptance. Some public health organizations recommend the minimum age be set at 21 and others recommend bringing alcohol, tobacco and cannabis in alignment. Experience with tobacco has shown that there is a higher impact on initiation by persons under 15 and age 15-17 when setting the minimum age of purchase and possession at 21 versus 19 (Institute of Medicine in US). With the U.S. states who have legalized cannabis, all have chosen age 21 for cannabis minimum age and three states and over 230 cities/counties have implemented age 21 for tobacco. Cannabis legalization represents an opportunity for Alberta to consider raising the tobacco and alcohol minimum age.

Packaging/labelling. Plain, standardized and child-proof packaging is recommended to decrease the appeal to young people and avoid marketing tactics that make cannabis use attractive. Labelling should include health warnings and clearly defined single serving/dose information.

Marketing and promotion. Evidence has shown that advertising has a significant impact on youth health risk behaviours,³⁰ therefore promotion of cannabis use should be banned. Restrictions for marketing and promotion should follow the Alberta Tobacco and Smoking Reduction Act, with further consideration added such as movies, video games, online market, social marketing and other media accessible to and popular with youth. It is also important to note that language to describe cannabis can have a marketing affect. Therefore, as noted by the Chief Medical Officers of Health of Canada, the term “recreational” should not be used as this infers that cannabis use is fun. A more appropriate term is “non-medical.”

Distribution and retail. A government controlled system of distribution and retail would be most effective to ensure that public health goals (not profit) are the primary consideration for policy development. Taxation and other price controls should be appropriate to limit consumption and offset the illegal market. Tax revenues should be directed to support services impacted by legalizations including health, public safety, addictions and mental health services, prevention, and public

education. Co-location with alcohol or tobacco is not recommended and retail outlets should be non-promoting. Limits to density and location of retail stores is essential, including proximity to schools, community centres, residential neighbourhoods, youth facilities and childcare centres. While online and home delivery may be suitable for medical cannabis, there are many regulatory challenges and risks to public health for non-medical cannabis. Finally, training and education programs should be developed to ensure well-trained and knowledgeable staff. AHS is a key partner to help lead the development of this training. 019

Public consumption. The research regarding negative harms due to passive exposure of smoke is clear.^{31,32,33} Passive exposure to cannabis smoke can result in a positive test for cannabis and sometimes causes intoxication. Therefore, public smoking and vaping should not be permitted.³⁴ It is recommended that regulations similar to the Tobacco and Smoking Reduction Act, which includes a ban on water pipe smoking in establishments and e-cigarette use in public areas. This also suggests banning cannabis lounges/cafes as these facilities would expose people to second-hand smoke, promote renormalizing smoking, present occupational health issues, and reverse some of the progress made with public smoking bans. Additional considerations to protect public health include exploring policy options to address smoke-free multi-unit housing.

Public education. Evidence-informed public education is critical to promoting and protecting the health and wellbeing of Albertans. The potential, particularly for youth, to hear “mixed messages” about cannabis use requires the development, implementation and evaluation of a more nuanced set of health promotion and harm prevention messages and interventions to support people in their decision-making around cannabis use.³⁵ Alberta Health Services can play a major role in public education, applying its significant experience in developing and implementing education and awareness campaigns. It will be critical to work with partner organizations and audiences particularly youth and those who are current users of cannabis to implement evidence-informed health promotion messaging that includes (but not limited to): delay of use, effects of use/co-use, long-term impact, reliable information sources, harm reduction, edible versus smoking effects, pregnancy and effects on fetus, medical and non-medical cannabis differences, workplace safety, impaired driving, culturally appropriate messaging, health impacts and youth-focused messaging.

Addiction and treatment services. Strengthening treatment services for people with substance use issues and mental health disorders will be necessary as these treatment systems are already under resourced which in turn have significant health and social consequences. For example, the Alberta Mental Health Review in 2015 reported that almost half of Albertans said that at least one of their needs was not met when they attempted to get assistance for addiction and mental health issues.³⁶ It is anticipated that there will be an increase in demand to address problematic cannabis use and for that reason investments in evidence-based interventions will be needed.^{37,38} It will also be necessary for those who use cannabis for medical purposes to have access to accurate, reliable information such as indicators, adverse effects, methods of use and risk reduction.

Currently, reliable cannabis-related research and evidence is limited. Therefore, dedicated funding and resources will be needed to ensure proper monitoring and surveillance, and improve the body of research and evidence related to cannabis use and the impact of legalization.³⁹

While there have been several other jurisdictions who have recently implemented legislation to legalize cannabis, many have faced significant challenges in implementing effective evaluation programs. Lessons learned from these jurisdictions will be critical to determining baseline measures and selecting indicators for ongoing surveillance.⁴⁰ A consistent approach, working across all provinces and territories, is central to measuring impact and providing comparable data.^{41,42} In Canada, there have already been some efforts to establish this coordinated approach including Health Canada's Annual Cannabis Use survey and Canadian Institutes for Health Research's (CIHR) catalysts grants. Not only is this national view important, but a provincial collaborative approach is needed. This would require a coordinating body to ensure municipal, provincial and federal research and evaluation efforts are well-coordinated.

OTHER RECOMMENDED REPORTS/POSITIONS

It is highly recommended that the Alberta government considers the information and recommendations from the following:

- Chief Medical Officers of Health of Canada & Urban Public Health Network (2016)
<http://uphn.ca/wp-content/uploads/2016/10/Chief-MOH-UPHN-Cannabis-Perspectives-Final-Sept-26-2016.pdf>
- Toronto Medical Officer of Health (2017)
<http://www.toronto.ca/legdocs/mmis/2017/hl/bgrd/backgroundfile-104495.pdf>
- Canadian Public Health Association (2016)
https://www.cpha.ca/sites/default/files/assets/policy/cannabis_submission_e.pdf
- Centre for Addiction and Mental Health (2014)
https://www.camh.ca/en/hospital/about_camh/influencing_public_policy/documents/camhcanabispolicyframework.pdf
- Canadian Centre for Substance Use and Addiction
 - <http://www.ccsa.ca/Resource%20Library/CCSA-Non-Therapeutic-Marijuana-Policy-Brief-2014-en.pdf>
 - <http://www.ccsa.ca/Resource%20Library/CCSA-Cannabis-Regulation-Lessons-Learned-Report-2015-en.pdf>
 - <http://www.ccsa.ca/Resource%20Library/CCSA-National-Research-Agenda-Non-Medical-Cannabis-Use-Summary-2017-en.pdf>
- Ontario Public Health Association
<http://www.opha.on.ca/getmedia/6b05a6bc-bac2-4c92-af18-62b91a003b1b/The-Public-Health-Implications-of-the-Legalization-of-Recreational-Cannabis.pdf.aspx?ext=.pdf>
- Canadian Paediatric Society
<http://www.cps.ca/en/documents/position/cannabis-children-and-youth>

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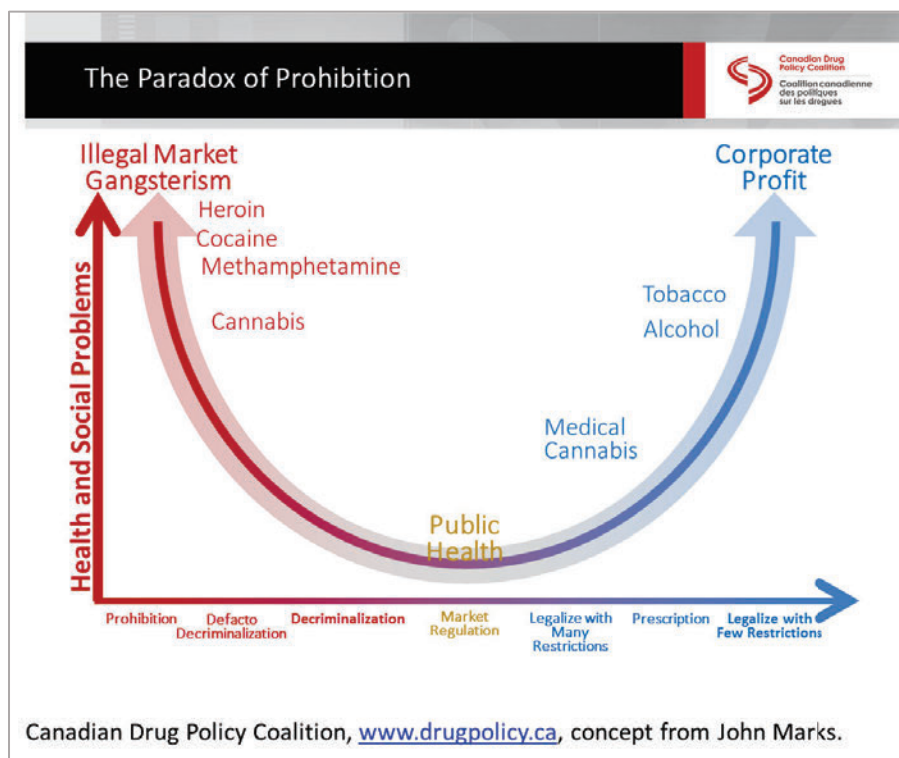
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A public health approach strives to maximize benefits and minimize harms of substances, promote the health of all individuals of a population, decrease inequities, and ensure harms from interventions and legislation are not disproportionate to harms from the substances themselves.

A public health lens to cannabis legalization also involves taking a precautionary approach to minimize unintended consequences. This precautionary approach helps minimize unintended consequences, especially when evidence is incomplete and/or inconclusive. In addition, it is easier to prevent future harms, by removing regulations in the future once more knowledge exists, than it is to later add regulation.¹



- The outcome of a public health approach shows how health/social harms and supply/demand are related.
- Harms related to substances are at a maximum when governance and control are at the extremes. Note that harms are similar to prohibition if commercialization/privatization is at the extreme.
- Lower health and social harms occur when a public health approach is used. (Note: the curve doesn't go to zero—there are always problems associated with substance use, but they can be minimized).
- Legalizing cannabis without considering the key elements of a public health approach may result in greater social and health harms.

Key considerations when developing policy from a public health lens includes:

- Minimizing harms
- Protecting health and safety of citizens
- Preventing the likelihood of use and problematic use
- Assessing population health outcomes
- Providing services
- Addressing the determinants of health and health equity

¹ Chief Medical Officers of Health of Canada & Urban Public Health Network. (2016). *Public health perspectives on cannabis policy and regulation*. Available from <http://uphn.ca/wp-content/uploads/2016/10/Chief-MOH-UPHN-Cannabis-Perspectives-Final-Sept-26-2016.pdf>

ADDITIONAL RESOURCES:

- Alberta Health Services – Public Health Perspectives on Cannabis
https://drive.google.com/drive/folders/0B6lL8pRONuu_UDB6WTBnU2lNRmc
- Chief Medical Officers of Health of Canada & Urban Public Health Network (2016) <http://uphn.ca/wp-content/uploads/2016/10/Chief-MOH-UPHN-Cannabis-Perspectives-Final-Sept-26-2016.pdf>
- University of Calgary Evidence Series
<https://open.alberta.ca/dataset/0239e5c2-5b48-4e93-9bcc-77f72f7bdc5e/resource/021d8f84-5d8b-4e21-b0bb-81340d407944/download/AHTDP-Cannabis-Evidence-Series-2017.pdf>
- The Federation of Canadian Municipalities
https://fcm.ca/Documents/issues/Cannabis_Legislation_Primer_EN.pdf
- Centre for Addiction and Mental Health (2014)
 - https://www.camh.ca/en/hospital/about_camh/influencing_public_policy/documents/camhcanabispolicyframework.pdf
 - https://www.camh.ca/en/research/news_and_publications/reports_and_books/Documents/Provincial%20alcohol%20reports/Provincial%20Summary_%20AB.pdf
- Canadian Centre for Substance Use and Addiction
 - <http://www.ccsa.ca/Resource%20Library/CCSA-Non-Therapeutic-Marijuana-Policy-Brief-2014-en.pdf>
 - <http://www.ccsa.ca/Resource%20Library/CCSA-Cannabis-Regulation-Lessons-Learned-Report-2015-en.pdf>
 - <http://www.ccsa.ca/Resource%20Library/CCSA-National-Research-Agenda-Non-Medical-Cannabis-Use-Summary-2017-en.pdf>
- Canadian Paediatric Society: <http://www.cps.ca/en/documents/position/cannabis-children-and-youth>
- Canada's Lower-Risk Cannabis Use Guidelines
http://www.camh.ca/en/research/news_and_publications/reports_and_books/Documents/LRCUG.KT.PublicBrochure.15June2017.pdf
- Drug Free Kids Canada
<https://www.drugfreekidscanada.org/>
- AHS Medicinal Marijuana Series
<https://www.youtube.com/playlist?list=PL4H2py77UNuXVGFm2qbl288PDA4LcJg9z>
- Government of Alberta & Government of Canada
 - <https://www.alberta.ca/cannabis-legalization.aspx>
 - <https://www.canada.ca/en/services/health/campaigns/legalizing-strictly-regulating-cannabis-facts.html>
- Rethinking Access to Marijuana
http://www.lacountyram.org/uploads/1/0/4/0/10409636/ram_cb_inlayout4.pdf
- Canadian Medical Association Journal: <http://cmajopen.ca/content/5/4/E814.full>

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Cannabis Retail Outlet 026 Considerations for Municipalities

Regulating the availability of cannabis is important to reduce the negative impacts of cannabis use in Leeds, Grenville & Lanark communities.¹ Lessons from alcohol and tobacco have shown that increased availability to a substance results in increased consumption, which can lead to significant health and social harms and costs.^{2,3}

The newly enacted Cannabis License Act, 2018 sets the Alcohol and Gaming Commission of Ontario (AGCO) as the regulator of cannabis retail outlets. For municipalities who have not opted out of having private cannabis retail outlets in their communities by January 22, 2019, the location of outlets will be determined by the AGCO with consideration to comments provided by municipalities. The legislation does not permit municipalities to utilize licensing or land-use by-laws to control the placement or number of cannabis retail outlets.⁴

Organizations such as the Association of Municipalities Ontario continue to advocate that municipalities are given greater opportunity to influence cannabis retail outlet locations and density.⁴ Where municipalities are able to influence decisions about cannabis retail outlets, the following information may be helpful.

ISSUE

High retail outlet density can contribute to increased consumption and harms^{5,6,7,8}

Retail outlet proximity to youth-serving facilities can normalize and increase substance use^{11,12}

Co-use of cannabis and other substances increases the risk of harm such as impaired driving¹

Retail outlet proximity to other sensitive areas may negatively influence vulnerable residents^{8,9}

Longer retail hours of sale significantly increases consumption and related harms^{5,16}

CONSIDERATIONS

Reduce cannabis retail outlet density through minimum distance requirements between cannabis retail outlets and limits on the overall number of outlets⁹

Example: The [City of Calgary](#) has enacted a 300m separation distance between cannabis stores.¹⁰

Prevent the role-modeling of cannabis use and reduce youth access through minimum distance requirements from youth-serving facilities such as schools, child care centres and community centres^{1,12}

Example: The Centre for Addiction and Mental Health suggests 500 metres between cannabis storefronts and sites such as schools community centres, and other cannabis storefronts.¹⁶

Discourage the co-use of cannabis and other substances by prohibiting co-location and enacting minimum distance requirements between cannabis and alcohol or tobacco retail outlets^{1,9}

Example: KFL&A Public Health recommend a 200m separation distance between cannabis retail outlets and alcohol or tobacco retail outlets¹⁴

Protect vulnerable residents by limiting cannabis retail outlets in low socioeconomic neighborhoods and enacting minimum distance requirements from other sensitive areas^{4,9}

Example: The [City of Vancouver](#) has restricted medical cannabis retail outlets to commercial zones instead of residential ones.¹⁵

Reduce cannabis consumption and harms by limiting late night and early morning retail hours^{4,16}

Example: The Centre for Addiction and Mental Health recommends that cannabis retail hours reflect those established by the LCBO¹⁶

INFORMATION

For more information call 1-800-660-5853
or visit www.healthunit.org



RESOURCES

[Association of Municipalities Ontario - Municipal Governments in the Ontario Recreational Cannabis Framework](#)

[Alberta Health Services - Recommendations on Cannabis Regulations for Alberta Municipalities](#)

[Federation of Canadian Municipalities – Municipal Guide to Cannabis Legalization](#)

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Monday, April 12, 2021









	6:00pm - 7:00pm	Slow Flow Jenn Davidson	\$15.00	>
	7:15pm - 8:15pm	Beginner TARA NICHOLS	\$15.00	>

Tuesday, April 13, 2021

	8:45am - 9:45am	Sunrise Jenn Davidson	\$15.00	>
	5:15pm - 6:00pm	Little Kids Yoga TARA NICHOLS	\$10.00	>
	7:30pm - 8:30pm	Better Backs TARA NICHOLS	\$15.00	>

Wednesday, April 14, 2021

	8:45am - 9:45am	Sunrise TARA NICHOLS	\$15.00	>
	10:00am - 10:30am	Seniors Chair Yoga TARA NICHOLS	\$10.00	>
	6:00pm - 7:00pm	Beginner TARA NICHOLS	\$15.00	>
	7:15pm - 8:15pm	Hips & Hams TARA NICHOLS	\$15.00	>

Thursday, April 15, 2021				
	8:45am - 9:45am	Sunrise TARA NICHOLS	\$15.00	>
	5:15pm - 6:00pm	Big Kids Yoga TARA NICHOLS	\$10.00	>
	6:15pm - 7:15pm	All Levels TARA NICHOLS	\$15.00	>
	7:30pm - 8:30pm	Restorative Jenn Davidson	\$15.00	>
Friday, April 16, 2021				
	8:45am - 9:45am	Sunrise Jenn Davidson	\$15.00 Full Join Waitlist	>
Saturday, April 17, 2021				
	10:00am - 11:00am	Hips & Hams Jenn Davidson	\$15.00	>
Sunday, April 18, 2021				
	5:45pm - 6:45pm	Beginner Jenn Davidson	\$15.00	>
	7:00pm - 8:00pm	Yin Jenn Davidson	\$15.00	>