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Cannabis Legalization and Regulation Secretariat
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Response to Health Canada's proposed approach to the regulation of cannabis

The following submission from *Prevent Cancer Now* is in response to Health Canada's consultation document, *Proposed Approach to the Regulation of Cannabis*.¹

Prevent Cancer Now is a Canadian national civil society organization that works to stop cancer before it starts, with scientific research, education and advocacy. With the understanding that eliminating hazards is a more effective means to eradicate or prevent environmentally linked health issues such as those arising from exposure to second hand smoke, we offer the following comments regarding Canada's approach to cannabis regulation.

Prevent Cancer Now applauds Health Canada's commitment to protect the health and safety of Canadians with regulation of the use of cannabis. We are therefore surprised that there is little discussion of smoking. While we support the thrust of the regulation, in fact the alignment of cannabis restrictions with those in place for tobacco, such as banning smoking in the workplace and public spaces (e.g. schools and universities; clinics and hospitals; retail, dining and recreational facilities; public transit, etc.) will mean that the primary place where tobacco and cannabis are smoked will remain the home.

Statistics Canada reports that in 2014 nearly one million non-smoking Canadians experienced at least one person smoking inside their home every day or almost every day.² The exposure to second hand smoke in multi-unit dwellings is estimated to be 20% higher than in other types of residential buildings due to shared structural elements in multi-unit dwellings and the fact that air is not contained or individually exhausted. This exposure represents an important air quality, health and safety issue, affecting residents and visitors.

The second hand smoke from combustible products such as tobacco and cannabis is an established health hazard. Smoke increases risks of cancers of the lung, mouth, throat, larynx, esophagus, bladder, kidney, pancreas and cervix. Exposure to smoke also impairs child

¹ Government of Canada. Proposed Approach to the Regulation of Cannabis. 2017. <https://www.canada.ca/en/health-canada/programs/consultation-proposed-approach-regulation-cannabis/proposed-approach-regulation-cannabis.html#a6>

² Statistics Canada. 2016. Exposure to second-hand smoke at home by sex, by province and territory (Number). <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/health96a-eng.htm>

development and increases risks of chronic diseases (e.g. cardiovascular, kidney and neurological disease).^{3, 4, 5}

Building standards and conventional ventilation systems have proven insufficient to limit smoke exposure in multi-unit dwellings (which represent a growing portion of residential housing in Canada).⁶ Currently, provincial smoke-free legislation does not address exposure to second hand smoke at home. Hazard elimination such as smoke-free housing policies and preventive health care strategies can not only save lives, but also decrease health care expenditures. The proposed approach does consider the harms of smoking recreational marijuana indoors and leaves the responsibility with local authorities who are unable to adequately research, identify optimum policies and resource / communication materials and strategies and implement these. A national approach to this national problem, that can be adapted and adopted locally, would make most sense.

As such, we recommend:

- **Institution of plain packaging of combustible and vapourizable cannabis products, with clear messages and illustrations of harms of inhalational exposures to toxic, neurologically active and carcinogenic airborne volatile chemicals, and products of combustion (e.g. carcinogens such as polynuclear aromatic hydrocarbons [PAHs] and particulate matter);**
- **Additional communication of the harms of smoking, including cannabis, to both smokers and the public through support of regular public education and training in many contexts, via public health, schools, community organizations, health care providers, and civil society organizations such as *Prevent Cancer Now*;**
- **Inclusion of promotion of smoke-free housing policies and strategies into Canada's preventive activities under the Canadian Drugs and Substances Strategy, and mention in the model Building Code;**
- **Listing of cannabis and tobacco smoke along with diesel exhaust and other mixtures of products of combustion as toxic under *Canadian Environmental Protection Act, 1999*, and taking actions accordingly;**
- **Consideration of the extraordinary, long-term effects of cannabis on the young still-developing brain, with consideration of delay of exposure to cannabis past 18**

³ U.S. Department of Health and Human Services. The Health Consequences of Smoking- 50 Years of Progress. (2014). <https://www.surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf>

⁴ U.S. Department of Health and Human Services. The health consequences of involuntary exposure to tobacco smoke: A report of the Surgeon General. 2006: Atlanta, GA. Available from: <http://www.surgeongeneral.gov/library/reports/secondhandsmoke/fullreport.pdf> (accessed on 19 October, 2017).

⁵ World Health Organization. Protection from exposure to second-hand smoke: Policy recommendations. 2007: Geneva. http://apps.who.int/iris/bitstream/10665/43677/1/9789241563413_eng.pdf (accessed on 19 October 2017).

⁶ CMHC. (2003). Ventilation Systems for Multi-Unit Residential Buildings: Performance Requirements and Alternative Approaches. <https://www03.cmhc-schl.gc.ca/catalog/productDetail.cfm?cat=37&itm=41>

years of age, as well as strong messages, advertising and education against early cannabis use; and

- **Sales arrangements that are self-sustaining but do not result in a profit and associated conflicts of interest.**

We thank you for consideration. Please do not hesitate to ask, should you wish assistance in this matter.

Sincerely,

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