

Toward the Legalization and Regulation of Access to Marijuana

A Submission from the Non-Smokers' Rights Association

26 August 2016

Introduction

The Non-Smokers' Rights Association (NSRA) is Canada's oldest national tobacco control non-governmental organization. Through advocacy, public policy research and education, the NSRA has worked for over 40 years to protect the health of Canadians by seeking to eliminate the illness and death caused by tobacco industry practices and products. Our areas of expertise include tobacco taxation; secondhand smoke and smoke-free spaces, including multi-unit housing; graphic health warnings; tobacco retail reform; advertising and promotion, including plain packaging and smoking in the movies; electronic cigarettes; and the tobacco industry itself. Many aspects of tobacco regulation, in which we have extensive experience and expertise, are directly relevant to the regulation of marijuana.

We are concerned that the legalization of marijuana could have a direct negative impact on tobacco use prevalence, which is why we are participating in this public consultation. Smoking anything is harmful to health and every effort should be made to encourage less harmful behaviour. Exposure to any kind of smoke is also harmful to health and smoke-free public places and workplaces must be protected in the interests of public health.

Canada has historically been recognized as a global leader in tobacco control. Thanks to a sustained, comprehensive approach that includes policy, legislation, cessation support, mass media, surveillance and evaluation, tobacco smoking prevalence has declined from half of all adults in 1965 to a historic low of 15% in 2013.¹ Tobacco control is a shared responsibility in Canada. The federal *Tobacco Act* regulates the manufacture, sale, labelling and promotion of tobacco products to protect the health of Canadians, to prevent young people from accessing tobacco products, and to enhance public awareness of the health hazards of using tobacco. Provinces and territories also have legislation providing further measures, including prohibitions on smoking in public places and workplaces, restrictions or prohibitions of certain flavours, prohibitions on tobacco sales in designated places, along with a host of other

¹ Canadian Tobacco, Alcohol And Drugs Survey. Summary of Results for 2013.
<http://healthycanadians.gc.ca/science-research-sciences-recherches/data-donnees/ctads-ectad/summary-sommaire-2013-eng.php>.

measures. Municipalities in turn also play an important role, often adopting smoke-free bylaws that go beyond provincial/territorial measures. Regulation by all three levels of government has helped to push the evolution of tobacco control in Canada.

In our tobacco control experience, there are both pros and cons to permitting regulation at the provincial/territorial level. Pros include generally faster responses to new and emerging issues, largely because jurisdictions often seek to improve upon what's been achieved elsewhere. This has led to innovation and a faster evolution of tobacco control measures. Indeed, measures under federal jurisdiction, such as packaging and labeling, have not kept pace with industry innovation. For example, health warnings and product information labeling for shisha tobacco products are long overdue. The downside to permitting regulation at the provincial/territorial level is the inevitable lack of consistency across the country.

The NSRA does not purport to have expertise on marijuana itself; however, there are similarities between tobacco and marijuana, and in the case of co-use, there is direct overlap. As such, there are lessons to be learned from 40 years of regulating tobacco and its disease vector—the tobacco industry. Our main messages are as follows:

- Smoking is harmful to health. Decades have been spent legislating and educating to denormalize smoking. We are concerned that the legalization of marijuana could potentially normalize its smoking, which could in turn risk re-normalizing tobacco smoking. We also note that it is common for users to mix tobacco with cannabis and smoke them together in a variety of ways. Given the highly addictive nature of and concomitant harm posed by tobacco smoking, we are concerned that increased use of cannabis and tobacco, especially among young people, could lead to increased smoking rates.
- Smoke is smoke, and exposure to any kind of smoke is harmful to health. We have spent the past 40 years ridding workplaces and public places of secondhand tobacco smoke—we do not want to see these lifesaving laws and policies undermined by the legalization of marijuana.
- Where there is a profit motive in the selling of drugs, public health is at risk. The tobacco industry is unparalleled in its pursuit of profit: lying about the addictive nature of nicotine, lying about the health impacts of smoking, lying about its targeting of children. The regulatory process and framework for marijuana need to

be protected from commercial interests or Canada could face Big Tobacco 2.0: Big Marijuana.²

We are delighted to see that the government recognizes the importance of taking a public health approach to establishing a regulatory framework for marijuana. Such an approach prioritizes health promotion and the prevention of death, disease, disability and injury. Taking a public health approach should maximize benefit for the largest number of people through a mix of population level policies and targeted interventions.³ However, it is critical that Canada achieve the right regulatory balance that reflects the level of risk posed by marijuana. Under-regulation could lead to an increase in cannabis use, including among youth and young people who are especially vulnerable to harm. Over-regulation might result in a burdensome framework which could create favourable conditions for a thriving black market.

The NSRA welcomes the opportunity to provide the Government of Canada with our comments on the legalization, regulation and restriction of access to marijuana. Our submission includes comments related to 3 of the 5 themes outlined in the discussion paper: minimizing harms of use, designing an appropriate distribution system, and enforcing public safety and protection. Although we recognize the importance of enforcing public safety with respect to contraband and organized crime, our comments for this theme are limited to smoke-free spaces. Also, given that there are no impairing psychoactive effects associated with tobacco use, we will not offer input on the regulation of marijuana in this respect.

Minimizing harms of use

Despite all the progress made to date, tobacco use is still an epidemic in this country, killing 37,000 Canadians each year and making thousands more sick and disabled. One ever present challenge faced by the tobacco control community, now that smoking is banned in virtually all public places and workplaces, is the public perception that “tobacco is done.” Nothing could be further from the truth; however, there is little public awareness of or appreciation for the magnitude and complexity of the tobacco epidemic. This can partially be explained by the tobacco industry’s efforts to position itself as an upright, socially responsible industry selling a legal, normal product to adults who choose to smoke.

² <http://gazette.com/editorial-big-marijuana-trashes-democratic-process/article/1579890>

³ Centre for Addiction and Mental Health. Cannabis Policy Framework. October 2014. https://www.camh.ca/en/hospital/about_camh/influencing_public_policy/Documents/CAMHCannabisPolicyFramework.pdf

Tobacco is a uniquely lethal consumer product that when used exactly as intended by the manufacturer kills half of its long-term users. Had the unparalleled degree of harm inflicted by cigarettes been understood 100 years ago, they would not be legal today. By 1953 it was becoming clear that cigarette smoking was associated with health harm, and by 1964 it was causally linked to lung and throat cancer and chronic bronchitis. Unfortunately by then it was too late to ban cigarettes—half of all Canadian adults were addicted. Also unfortunate is the fact that since 1953 cigarette companies have known that their products cause cancer but colluded to conceal the truth and pursue a path of outright deceit and unethical behaviour. Make no mistake: the tobacco industry is the disease vector responsible for the entirely preventable epidemic we continue to battle today. With respect to legalizing marijuana, the government has the opportunity to learn from tobacco’s sorry history and get it right from the outset.

There are similarities between tobacco and marijuana: both can be smoked, both produce secondhand smoke, both are addictive and both inflict harm. Fifteen percent of Canadian adults report being daily tobacco smokers, whereas 4% report daily cannabis use.⁴ The estimated probability of developing dependence is 68% for nicotine versus approximately 9% for cannabis.⁵ The Centre for Addiction and Mental Health reports that at the levels and patterns of use reported by most adult cannabis users, the health risks are modest and significantly lower than with tobacco or alcohol use.⁶ Clearly cannabis is much less addictive than nicotine, but it is not without harm. As with tobacco use, health harm from cannabis increases with intensity and frequency of use. There is also a strong and growing body of evidence that regular cannabis use in adolescence can seriously harm the developing brain and is associated with mental health problems.⁷

The NSRA is concerned about tobacco and cannabis co-use: approximately one-third (31%) of cannabis users (who do not identify as tobacco smokers) report mixing tobacco with their marijuana.⁸ Given tobacco’s high probability of dependence, this is problematic. Data also indicate that current smokers are more likely to try smoking cannabis (61%) than former (40%) or never smokers (19%).⁹ The percentage of tobacco users that also use cannabis appears to be

⁴ Centre for Addiction and Mental Health. Cannabis Policy Framework. October 2014.

https://www.camh.ca/en/hospital/about_camh/influencing_public_policy/Documents/CAMHCannabisPolicyFramework.pdf.

⁵ Ibid.

⁶ Ibid.

⁷ Ibid.

⁸ Centre for Addiction and Mental Health. CAMH Monitor 2015 (unpublished). Data presented by Kirst, Chaiton & Webster of the Ontario Tobacco Research Unit, 2014. *A common public health oriented policy framework for cannabis, alcohol and tobacco in Canada?*

⁹ Canadian Tobacco Use Monitoring Survey (CTUMS) 2012. Ever used/tried marijuana, cannabis or hashish by smoking status, Canada 2012. <http://healthycanadians.gc.ca/publications/healthy-living-vie-saine/tobacco->

increasing.¹⁰ This co-use increases risk of harm to smokers and undermines public health efforts to denormalize smoking behaviour.

Significantly, public awareness regarding the health risks of cannabis use is low. Canadians', and particularly young people's, lack of knowledge and misconceptions about the effects of cannabis use contribute to favourable attitudes towards its use.¹¹ It is concerning to note that the perception among Ontario students of the risk of harm associated with marijuana use is decreasing.¹² One Canadian study found that youth held a common belief that "everyone smokes weed" and perceived that not using cannabis was abnormal.¹³ This stands in stark contrast to Canadians' knowledge and attitudes towards smoking tobacco, which have helped to drive prevalence down and denormalize behaviour.

Another difference between the two substances lies in the industries behind them. The tobacco industry is an incredibly powerful, well-resourced and well-connected global machine with over 100 years of experience in government lobbying. The tobacco epidemic in this country is intimately tied to its activities and behaviour. Prevalence of marijuana use and related harm could grow significantly if this country's burgeoning marijuana industry is not kept in check and is permitted to expand its market and pursue profits at any cost.

Health Canada's discussion paper on the legalization, regulation and restriction of access to marijuana states that in the case of tobacco, "the overall objective is to reduce or even eliminate use for all Canadians." The NSRA respectfully emphasizes that a significant element of Canadian tobacco control is the *prevention* of use among youth. The following points highlight what we know about minimizing harm by preventing, reducing and eliminating tobacco use. Note that some measures achieve multiple outcomes despite only being listed once, and that often in tobacco control, the whole is greater than the sum of its parts. In other words, success is a result of synergy between individual measures that together comprise a comprehensive approach.

[monitoring-survey-supplementary-tables-2012-enquete-surveillance-tabac-tableaux-supplementaires/index-eng.php#t11](#)

¹⁰ Centre for Addiction and Mental Health. CAMH Monitor 2015 (unpublished). Data presented by Kirst, Chaiton & Webster of the Ontario Tobacco Research Unit, 2014. *A common public health oriented policy framework for cannabis, alcohol and tobacco in Canada?*

¹¹ George, T., & Vaccarino, F. (Eds.). (2015). *Substance abuse in Canada: The Effects of Cannabis Use during Adolescence*. Ottawa, ON: Canadian Centre on Substance Abuse. <http://www.ccsa.ca/Resource%20Library/CCSA-Effects-of-Cannabis-Use-during-Adolescence-Report-2015-en.pdf>.

¹² Boak, A., Hamilton, H. A., Adlaf, E. M., & Mann, R. E., (2015). *Drug use among Ontario students, 1977-2015: Detailed OSDUHS findings (CAMH Research Document Series No. 41)*. Toronto, ON: Centre for Addiction and Mental Health. https://www.camh.ca/en/research/news_and_publications/ontario-student-drug-use-and-health-survey/Documents/2015%20OSDUHS%20Documents/2015OSDUHS_Detailed_DrugUseReport.pdf.

¹³ Canadian Centre on Substance Abuse. (2013). *What Canadian Youth Think About Cannabis*. <http://www.ccsa.ca/Resource%20Library/CCSA-What-Canadian-Youth-Think-about-Cannabis-Report-in-Short-2013-en.pdf>.

Prevent children and youth from ever starting to smoke, because (i) experimentation leads to addiction and regular use in up to half of all people, and (ii) quitting smoking is notoriously difficult. Prevention is achieved through various measures, including:

- **Banning sales to minors.** This is critical, but easier said than done: tobacco products are readily available in convenience stores and gas stations nation-wide, often sold by minors themselves and in environments with high staff turnover and low investment in staff training. Tobacco retailers do not necessarily require a licence to sell tobacco, and in jurisdictions where they do, the cost and conditions almost universally do not reflect the addictive and lethal nature of the product. Effective enforcement of bans on sales to minors in this environment requires an inordinate amount of resources to train inspectors and have them conduct regular inspections of stores.
- **Banning flavours.** In tobacco, and now non-tobacco nicotine and herbal products, the sky is the limit when it comes to creating mouth-watering, youth-friendly flavours that mask the harshness of tobacco, and thus encourage experimentation and discourage cessation.
- **Taxing tobacco products to make them unaffordable to price-sensitive young people.** Taxation is globally recognized as the number one best practice in tobacco control, and its effectiveness is enhanced via single large increases compared to multiple incremental increases. For further effectiveness, taxation levels should be established such that higher risk products are taxed comparatively higher than lower risk products. Note that arguments claiming high taxation leads to increased contraband activity are false: Ontario and Quebec have the lowest priced cigarettes in Canada yet this is where contraband tobacco is the biggest problem.¹⁴
- **Educating through mass media campaigns to change attitudes and behaviour.** Themes include not just harms from use, but also how young people are targeted by the tobacco industry. The role of mass media in tobacco control has been described as the rain that waters the garden—its constant presence helps to stimulate support for other tobacco control measures.

Other measures designed to help minimize harm for all Canadians include:

- **Regulating the product.** All tobacco products manufactured in Canada must conform with standards established by federal regulations. For example, cigarettes must be “reduced

¹⁴ Zhang B, Schwartz R. What Effect Does Tobacco Taxation Have on Contraband? Debunking the Taxation - Contraband Tobacco Myth. Toronto: Ontario Tobacco Research Unit, Special Report, February 2015. http://otru.org/wp-content/uploads/2015/02/special_tax_contraband_final.pdf.

ignition propensity,” or fire safe, meaning that they self-extinguish when left unpuffed. The amount of nicotine in cigarettes, little cigars and other tobacco products is regulated, and specific additives and flavourings are prohibited.

- **Regulating the sale of tobacco products.** Consumers cannot see or handle tobacco products before purchase, nor can tobacco products be sold in vending machines. Where tobacco can legally be sold varies by province/territory, but is typically prohibited in schools, day cares, recreation centres, places of entertainment, and in restaurants and bars. In all provinces except British Columbia, tobacco sales are prohibited in pharmacies. Sales environments are strictly regulated in terms of prescribed signage required indoors and out, prohibited promotions and promotional items, and the type of identification required for proof of age.
- **Restricting or banning tobacco advertising, marketing, promotions and sponsorships.** Canada is referred to as a “dark market” owing to the fact that virtually all forms of tobacco advertising are banned. Coupons, sales, free samples, special events and all other promotions are illegal. Although tobacco companies are permitted to give money to sporting and arts events, they are not permitted to display their brand names or logos at these events or otherwise promote their sponsorship.
- **Requiring plain and standardized packaging.** The package itself remains the last primary marketing vehicle for tobacco companies, serving as a mini advertising billboard and an identity badge for smokers. Canadian tobacco companies have been active in introducing novel package designs to promote their products and highlight product innovations, as well as to undermine graphic health warnings. Plain packaging of tobacco products is stripped of the colours, graphics, manufacturer’s trademarks, and other promotional elements that recruit kids and encourage tobacco use. Under a plain and standardized packaging regulation that the federal government is currently contemplating, tobacco products would be sold in packs of a standardized colour, shape, and size, with the brand name in a prescribed font and location. The only other elements permitted on the pack would be the information required by law: health warnings, manufacturer’s name, product identification code, and tax paid markings.
- **Requiring graphic health warnings.** Graphic health warnings on tobacco packages must constitute 75% of the principal surfaces of the package. They serve to remind smokers about the risks of smoking each time they reach for a cigarette, and they also warn smokers’ friends and family members (particularly children) of the dangers of smoking. Health warnings also include a pan-Canadian telephone number for cessation assistance.

- **Requiring labelling for toxic emissions and constituents.** For example, with respect to cigarette packages, labels must include risk statements about the following toxic emissions: tar, nicotine, carbon monoxide, formaldehyde, hydrogen cyanide and benzene.
- **Establishing minimum quantities.** Unlike in other countries, it is illegal in Canada to sell individual cigarettes. In fact, legislation requires that cigarettes, little cigars and blunt wraps be sold in packages with at least 20 units. One of the reasons for this requirement is that so-called “kiddie packs” with 5 or 10 units are more affordable to price-sensitive young people.
- **Offering smoking cessation information, services and support.** Tobacco packaging includes a pan-Canadian toll-free quit line staffed by counselors who can help callers develop a quit smoking plan, and can also answer questions and provide referrals to programs and services in local communities.

Recommendations for minimizing harms from use

1. **Recognize that the disease vector responsible for harm associated with marijuana use will be the marijuana industry.** Establish mechanisms to protect the regulatory process and framework for marijuana from commercial and vested interests. Article 5.3 of the World Health Organization Framework Convention on Tobacco Control (FCTC), which addresses tobacco industry interference, is instructive.¹⁵
2. Given the known harms of cannabis use to young people, **establish a ban on sales to minors and devote adequate resources to vigorous enforcement.**
3. Based on the scientific evidence regarding harm to youth, **establish a minimum age for legal purchase.**
4. **Ban or carefully restrict flavours and other additives.**
5. **Tax and price cannabis in such a way as to make it unaffordable for price-sensitive young people.** Consider also a taxation strategy that incentivizes less harmful use (i.e. vaped versus smoked).
6. **Recognize and employ mass media as an integral component of a comprehensive cannabis control strategy.** Educate Canadians, and especially young people, on the harms of cannabis use, the health risks of combining marijuana and tobacco, the risks of exposure to secondhand cannabis smoke, and ways to reduce these harms.
7. **Regulate the product.** Limit the concentration of active ingredients. Consider how the availability of loose leaf versus pre-fabricated cigarettes¹⁶ will impact use.

¹⁵ World Health Organization. Guidelines for implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control on the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry. http://www.who.int/fctc/guidelines/article_5_3.pdf.

¹⁶ For example, Cranfords, America’s first cannabis cigarettes. <http://www.cranfordscigarettes.com/>

8. **Regulate the sale of cannabis.** This issue will be further discussed in “designing an appropriate distribution system.”
9. **Ban the advertising, marketing, and promotion of cannabis and sponsorship by cannabis-related businesses and organizations.**
10. **Require plain and standardized packaging (including child-proof measures).**
11. **Mandate controls on brand and variant names** to ensure that they do not serve as a vehicle for promotion, as tobacco brand names continue to do.
12. **Require health warnings on packages of cannabis,** along with informational labeling to indicate ingredients, concentration of active ingredients, etc.
13. **Consider establishing minimum and maximum quantities for sale.** A minimum quantity/price will deter price-sensitive young people and a maximum quantity will help to minimize leakage to the black market.
14. **Create, fund, and promote cessation services, particularly for youth and young adults.**

Designing an appropriate distribution system

Despite all the progress made in tobacco control in recent decades, tobacco products continue to be available 24 hours a day, seven days a week in most communities in Canada, sold in essentially every corner store, gas station and grocery store, as well as a myriad of other outlets. This is unacceptable: tobacco is a uniquely addictive and lethal product that kills half of all long-time users. The availability of a drug should be commensurate with its risk profile.¹⁷

The current distribution system for tobacco is prone to pressure and manipulation from the tobacco industry. Canada is considered a “dark market” because of the tight restrictions on tobacco advertising and promotion. Tobacco manufacturers have therefore increasingly relied on retailers to communicate with customers, promote specific products and help boost sales, recognizing them as an essential component of their marketing strategies. Early programs saw retailers receiving payments from tobacco manufacturers for prime shelf space, a practice that continued even after point of sale display bans. Recent testimony given by convenience store stakeholders to a Quebec legislative committee on the revision of the Quebec *Tobacco Act* included details of loyalty programs in which retailers are pressured to sign performance-based contracts. Bonuses and perks such as vacations are available to retailers who meet sales volume targets, and rebates are offered if a brand is sold below a maximum retail price. To meet sales targets and avoid losing their contracts

¹⁷ Non-Smokers’ Rights Association. Reforming the Retail Landscape for Tobacco: Why We Need to Do It & How It Can Be Done. 2011. https://www.nsra-adnf.ca/cms/file/files/ReformingRetailLandscape_Final.pdf.

and associated perks, retailers sometimes sell tobacco at deeply discounted prices, sometimes even at a loss.

Canada already has one of the highest rates of cannabis use in the world, and prevalence could realistically increase once it is legalized. This is especially true if access is easy and widespread and the distribution/retail system is subject to commercial interference from marijuana companies. It is for these reasons that we make the following recommendations for a marijuana distribution system.

Recommendations for designing an appropriate distribution system

- 1. Establish a government monopoly on sales.** Where there is a profit motive, public health is at risk. A control board, administered either federally or provincially/territorially, should be set up with a public health mandate to control access, restrict sales, and offer cessation services and support. Public education through mass media could also be a key activity of such a board. This approach is also advocated by the Centre for Addiction and Mental Health.¹⁸ As well youth should be prohibited from entering stores that sell marijuana, just as they are prohibited from entering tobacconists in some provinces. There should be no advertising or promotion in outlets that sell marijuana.
- 2. Prohibit the sale of tobacco in outlets that sell marijuana.** Evidence suggests that there is significant co-use of marijuana and tobacco among smokers. In addition approximately one-third (31%) of cannabis users report mixing tobacco with their marijuana.¹⁹
- 3. Require government transparency with respect to marijuana companies' communications and lobbying activities.** As was mentioned earlier, Article 5.3 of the WHO Framework Convention on Tobacco Control is a useful guideline.

¹⁸ Centre for Addiction and Mental Health. Cannabis Policy Framework. October 2014.

https://www.camh.ca/en/hospital/about_camh/influencing_public_policy/Documents/CAMHCannabisPolicyFramework.pdf.

¹⁹ Centre for Addiction and Mental Health. CAMH Monitor 2015 (unpublished). Data presented by Kirst, Chaiton & Webster of the Ontario Tobacco Research Unit, 2014. *A common public health oriented policy framework for cannabis, alcohol and tobacco in Canada?*

Maximizing public safety and protection

One of the four pillars of Canada's tobacco control strategy is protection from secondhand smoke, to which there is no safe level of exposure. The NSRA does not have expertise specifically on secondhand marijuana smoke, although we are confident in our assertion that the combustion of anything creates by-products that are harmful to health. Health Canada reports that many of the chemicals found in tobacco smoke are also found in cannabis smoke,²⁰ and in 2009 the State of California added marijuana smoke to its list of chemicals known to cause cancer or birth defects or other reproductive harm.²¹ It is our understanding that there is low public awareness among Canadians about the health risks of exposure to secondhand marijuana smoke. It is critical that this issue be addressed: support for smoke-free spaces relies upon a clear appreciation for the health risks of exposure.

Creating smoke-free public places and workplaces, both in enclosed environments as well as in select outdoor spaces, is a globally recognized best practice. Smoke-free spaces not only protect people from the harmful effects of exposure to secondhand smoke, but also serve to denormalize smoking. There is also good evidence demonstrating that smoking prohibitions help people cut down and even quit smoking. The majority of smokers would like to quit and approximately half of all smokers try to quit every year. Smoke-free spaces can actually eliminate unconscious smoking behaviour and provide smokers with a sense of control over their consumption of cigarettes. Having to leave an area for a smoke break becomes a conscious act. Once smokers have achieved the discipline required to smoke only at certain times, it can become physiologically easier to quit altogether.

The vast majority of Canadians do not smoke tobacco and favour smoke-free spaces. Further, this support for smoke-free environments has increased over time, as has demand for more smoke-free places, such as outdoors on patios, on beaches and in parks and playgrounds. Because of the strong support for smoke-free spaces, and because the majority of Canadians do not smoke, smoke-free legislation, bylaws and policies are largely self-enforcing. For this section, we have therefore chosen to focus not on enforcement, but on smoke-free policy making to maximize public safety and protection.

Recommendations for maximizing public safety and protection

- 1. Prohibit the smoking of marijuana where tobacco smoking is prohibited.** As stated in the introduction, our organization is concerned that the legalization of marijuana could

²⁰ Health Canada. Consumer Information – Cannabis (Marihuana, marijuana). <http://www.hc-sc.gc.ca/dhp-mps/marihuana/info/cons-eng.php>.

²¹ California Environmental Protection Agency, Office of Environmental Health Hazard Assessment. <http://oehha.ca.gov/media/downloads/proposition-65//p65single080516.pdf>.

undermine the lifesaving smoke-free environments we have spent the past 40 years fighting for. We do not support permitting the smoking of marijuana, even medical marijuana, in public places and workplaces. Given that there are various forms of cannabis available, including some that are not smoked, users who feel the need to consume it in public places and workplaces can do so in a way that does not pollute the air.

- 2. Use mass media to educate Canadians about the dangers of exposure to secondhand marijuana smoke.** Public awareness regarding this issue is low. Mass media can change attitudes and behaviour and increase support for smoke-free spaces.

Conclusions

Canada has historically been recognized as a global leader in tobacco control, employing a sustained, comprehensive approach including policy, legislation, cessation support, mass media, and surveillance and evaluation. With respect to legalizing and regulating marijuana, the tobacco experience is extremely instructive and offers the opportunity for regulators to avoid mistakes of the past and create a framework focused firmly on public health. The regulation of marijuana needs to reflect its harm profile while also ensuring that tobacco control efforts are not undermined.

The main messages we wish to impart are the following:

- Smoking anything is harmful and every effort should be made to encourage less harmful behaviour;
- Exposure to any kind of smoke is harmful to health and smoke-free public places and workplaces must be protected in the interests of public health; and
- The regulatory process and framework for marijuana need to be protected from commercial and vested interests of the developing cannabis industry.