Oshawa Accessibility Advisory Committee Meeting - March 15, 2011

OAAC-11-19 Use of Medicinal Marijuana

The Committee discussed the various barriers and accessibility issues regarding the use of medicinal marijuana. The Committee expressed concern regarding the lack of awareness by the community and Durham Regional Police Services regarding the medicinal use of marijuana and cited examples of harassment faced by members of the community who use marijuana for medicinal purposes, even though they are legally entitled to do so by the Federal Government and carry appropriate identification.

Wayne Berry assumed the Chair.

Moved by Derek Giberson,

"That Ben Fudge and Marko Ivancicevic be requested to provide a presentation to the OAAC at its next regular meeting regarding the issue of medicinal marijuana and to explore options with respect to the issue." CARRIED

Oshawa Accessibility Advisory Committee Meeting – April 19, 2011

OAAC-11-27 Use of Medicinal Marijuana

Ben Fudge and Marko Ivancicevic addressed the Committee, providing an overview of the barriers experienced and the accessibility concerns related to the use of medicinal cannabis. The delegates stated a lack of public education on the issue contributes to misinformation and misunderstandings by police, municipal law enforcement and private security staff.

The Committee questioned Ben Fudge and Marko Ivancicevic.

Moved by Ben Fudge,

“That the Oshawa Accessibility Advisory Committee recommends to City Council:

That staff be requested to investigate the feasibility of revising the Oshawa Accessible Customer Service Training Manual to include a section on the use of medical cannabis.” CARRIED

Moved by Cyndie Sproul,

“That further discussion regarding the use of medicinal cannabis be tabled to the next meeting of the Oshawa Accessibility Advisory Committee.” CARRIED
Oshawa City Council Meeting – May 10, 2011

Marko Ivancicevic addressed City Council stating the Federal government has provided 10,000 people in Canada with a medical marijuana exemption and stating the difficulty municipalities and the provinces have is the usage of medical marijuana in public places. In addition, Marko Ivancicevic requested City Council develop alternate acceptable meeting methods such as teleconferencing or skype in order that persons with disabilities or temporarily disabled can continue to participate and maintain their Committee seat.

Council members questioned Marco Ivancicevic.

Ben Fudge addressed City Council concerning medical marijuana and stated there is no municipal by-law prohibiting smoking medical marijuana in public yet patients are being arrested and harassed by Durham Region Police Service and Oshawa’s Municipal By-law Enforcement Services for doing something the Federal government has advised they are legally allowed to do. Ben Fudge stated he is proud of the City of Oshawa for its accessible public transit and public places, adding the City of Toronto is much more difficult to get around for person with disabilities. Additionally, Ben Fudge requested police cruisers and City vehicles not park on sidewalks as is their current practice because it blocks access and sets a bad example.

Council members questioned Ben Fudge.

Oshawa Accessibility Advisory Committee Meeting – June 21, 2011

OAAC-11-27 Use of Medicinal Marijuana

Moved by James Panes,

“That OAAC-11-27 ‘Use of Medicinal Marijuana’ be lifted from the table.” CARRIED

Moved by Marko Ivancicevic,

“That the Oshawa Accessibility Advisory Committee recommend to City Council:

Whereas the City of Oshawa is committed to developing and maintaining a barrier-free Municipality; and,

Whereas some citizens with disabilities that live in the City of Oshawa have obtained an authorization for the use of medical marijuana through the Federal Government with approval of their doctor; and,

Whereas Health Canada publicly stated that regulation of medical marijuana use in public is in the hand of municipalities and Health Canada does not intend on placing regulations around the use; and,
Whereas these citizens often face harassment and discrimination for trying to use their prescribed medication in public areas; and,

Whereas these citizens often face harassment and discrimination for trying to use their prescribed medication in public areas; and,

Whereas the main issue with the public use of medical marijuana is the modality of the medication and not the medication itself and that is discriminatory on that basis alone; and,

Whereas the Accessibility for Ontarians with Disabilities Act outlines that Municipalities are expected to eliminate barriers that create situations where people with disabilities are excluded from participating in everyday experiences;

Therefore be it resolved:

1. The Oshawa Accessibility Advisory Committee recommends that Council recognize all citizens have the equal right to take their prescribed medication in public without fear of harassment and discrimination, regardless of modality as recognized under the Charter of Rights and Freedoms; and,

2. That Council endorses the recommendation of the Oshawa Accessibility Advisory Committee; and,

3. That Council advise the Region and the Area Municipalities of the City of Oshawa’s position.” CARRIED

Moved by Ben Fudge,

“That the Oshawa Accessibility Advisory Committee recommend to City Council:

Whereas the medical marijuana access-regulated patients of Durham Region are subject to harassment, discrimination and stigma that affects their treatment by law and service officials and public servants; and,

Whereas the lower quality of service is not equal and accessible; and,

Whereas a better understanding by police and Council is the foundation to build upon,

Therefore be it resolved that the Oshawa Accessibility Advisory Committee recommend a meeting of Durham Regional Police Service, City Council and the Oshawa Accessibility Advisory Committee to further discuss policy with respect to a medical marijuana program in our city. CARRIED AS AMENDED BY LATER VOTE
Committee of the Whole Reports

1. Kelly Gravelle, Assistant Solicitor and David Potts, City Solicitor, submitting Report CM-11-46 concerning use of medicinal marijuana

(Council referral of OAAC-11-27)

Recommendation (CARRIED – See Page 497)

Closed Meeting Summary Report

Council members questioned the City Solicitor regarding Report CM-11-46 concerning the use of medicinal marijuana.

Moved by Councillor Bouma, seconded by Councillor Diamond,

(573) “That Council adopt the recommendation contained in Report CM-11-46 concerning the use of medicinal marijuana and the City Solicitor prepare a public report for release to the Oshawa Accessibility Advisory Committee.” CARRIED AS AMENDED BY THE FOLLOWING MOTION

Moved by Councillor Chapman, seconded by Councillor Diamond,

(574) “That the motion be amended by adding the words: ‘and the OAAC be advised that their request that Council recognize all citizens have the equal right to take their prescribed medication in public without fear of harassment and discrimination, regardless of modality, be denied based on the response from the City Solicitor and Medical Officer of Health’.” CARRIED

The vote on the recommendation contained in Report CM-11-46 CARRIED AS AMENDED

ADDITIONAL AGENDA-RELATED CORRESPONDENCE

2. Marko Ivancicevic requesting Council endorse the Oshawa Accessibility Advisory Committee recommendation acknowledging the rights of patients that use medicinal marijuana in public places.

Moved by Councillor Bouma, seconded by Councillor Chapman,

(586) “That Additional Correspondence Item 2 from Marko Ivancicevic concerning medicinal marijuana be received for information.” CARRIED
Inspector Rolf Kluem, O.I.C Central East Division, Detective Sergeant R. Henning and Dave Selby, Director of Corporate Communications of Durham Regional Police addressed the Committee regarding concerns and information about medicinal marijuana. Discussion ensued regarding the status of marijuana under the Criminal Code and the exemptions provided by Health Canada as well as the proof of exemption documentation.

The Committee questioned the representatives from Durham Regional Police regarding the training of officers in regards to dealing with individuals permitted to use medicinal marijuana. Inspector Kluem agreed to determine the specific training practices in place and advise the Committee at a later date.
File A-2100

October 31, 2011

DELIVERED BY HAND

Oshawa Accessibility Advisory Committee
c/o Laura Davis
Advisory Committee Co-ordinator

Re: The Use of Medicinal Marijuana

This is in response to the Oshawa Accessibility Advisory Committee's request respecting the use of medicinal marijuana.

Oshawa City Council considered the above matter at their closed meeting of October 17, 2011 and adopted the following resolution:

"That Report CM-11-46 of the Assistant Solicitor and the City Solicitor responding to Council's referral to Legal Services of Item 2 of the Fourth Report of the Oshawa Accessibility Advisory Committee (OAAC-11-27) respecting the use of medical marijuana be received for information and the City Solicitor prepare a public report for release to the Oshawa Accessibility Advisory Committee (OAAC) and the OAAC be advised that their request that Council recognize all citizens have the equal right to take their prescribed medication in public without fear of harassment and discrimination, regardless of modality, be denied based on the response from the City Solicitor and Medical Officer of Health."

Later, at their meeting of October 25, 2011 City Council considered the public version of the above report and adopted the following resolution:

"1. That Report CM-11-51 of the Assistant Solicitor and the City Solicitor responding to Council's direction to prepare an open meeting version of Report CM-11-46 responding to Council's referral to Legal Services of Item 2 of the Fourth Report of the Oshawa Accessibility Advisory Committee (OAAC-11-27) respecting the use of medicinal marijuana be received for information; and,

2. That a copy of Report CM-11-51 be provided to the Oshawa Accessibility Advisory Committee."

Enclosed please find a copy of Report CM-11-51 referred to in the above resolution.
If you need further assistance, please contact me at the address listed below, or by telephone at 905-436-5636, ext. 2230.

Sandra Kranc
City Clerk

/kb

c. Robert Kyle, Commissioner & Medical Officer of Health
Marco Ivancicevic
1.0 PURPOSE

This report responds to Council’s direction to prepare an open meeting version of Report CM-11-46 which responded to Council’s referral to Legal Services of Item 2 of the 4th Report of the Oshawa Accessibility Advisory Committee respecting the use of medicinal marijuana.

2.0 RECOMMENDATION

It is recommended to City Council:

That Report CM-11-51 of the Assistant Solicitor and the City Solicitor responding to Council’s direction to prepare an open meeting version of Report CM-11-46 responding to Council’s referral to Legal Services of Item 2 of the 4th Report of the Oshawa Accessibility Advisory Committee (OAAC-11-27) respecting the use of medicinal marijuana be received for information.

3.0 EXECUTIVE SUMMARY

The Oshawa Accessibility Advisory Committee (“OAAC”) has recommended "[...] that Council recognize all citizens have the equal right to take their prescribed medication in public without fear of harassment and discrimination, regardless of modality as recognized under the Charter of Rights and Freedoms [...]". Marijuana is a federally controlled substance which, therefore, precludes municipal regulation to the extent of any conflict with federal regulations. However, federal regulations are limited to authorizing production and possession of marijuana in limited circumstances and do not specifically authorize smoking as a means of administering marijuana. Rather, Health Canada recommends against smoking marijuana and specifically recommends against smoking marijuana in public places. Municipalities have broad authority to regulate “health, safety and well-being of persons” which includes, for example, regulating and prohibiting smoking in public places.

If the OAAC Recommendation is intended to include the smoking of marijuana as a means by which individuals who are entitled to possess marijuana may also “take” it, then the
OAAC Recommendation is inconsistent with Health Canada recommendations and with municipal by-laws that prohibit smoking.

If a municipal by-law that regulates and prohibits smoking in the interests of the health, safety and well-being of persons were to be challenged as contrary to the Charter, a municipality would seek to defend its by-law as prescribing reasonable limits that are demonstrably justified in a free and democratic society. Similarly, if the by-law were to be challenged under Ontario’s Human Rights Code as being discriminatory on the basis of disability, the by-law would likely be defensible as being a reasonable and bona fide health and safety requirement that protects the health and well-being of other persons.

4.0 INPUT FROM OTHER SOURCES

4.1 General

➢ Attachment 1 is a letter dated Sep 14/11 from Dr. Kyle, Regional Commissioner and Medical Officer of Health

4.2 Auditor General

➢ Not applicable.

5.0 ANALYSIS

5.1 Background

➢ On May 3/11, Oshawa Council adopted a motion requesting the Regional Medical Officer of Health and the Accessibility Co-ordinator to provide comments concerning the OAAC request that staff investigate whether a section on the use of medical cannabis could be included in the Oshawa Accessible Customer Service Training Manual.

➢ On Jun 27/11, Council considered and referred to Legal Services the following item 2 of OAAC’s 4th report ("OAAC Recommendation"):  

*Whereas the City of Oshawa is committed to developing and maintaining a barrier-free municipality; and,*

*Whereas some citizens with disabilities that live in the City of Oshawa have obtained an authorization for the use of medical marijuana through the Federal Government with approval of their doctor; and,*

*Whereas Health Canada publicly stated that regulation of medical marijuana use in public is in the hands of municipalities and Health Canada does not intend on placing regulations around the use; and,*
Whereas these citizens often face harassment and discrimination for trying to use their prescribed medication in public areas; and,

Whereas the main issue with the public use of medical marijuana is the modality of the medication and not the medication itself and that is discriminatory on that basis alone; and,

Whereas the Accessibility for Ontarians with Disabilities Act outlines that municipalities are expected to eliminate barriers that create situations where people with disabilities are excluded from participating in everyday experiences;

Therefore:

1. The Oshawa Accessibility Advisory Committee recommends that Council recognize all citizens have the equal right to take their prescribed medication in public without fear of harassment and discrimination, regardless of modality as recognized under the Charter of Rights and Freedoms; and,

2. That Council endorses the recommendation of the Oshawa Accessibility Advisory Committee; and,

3. That Council advise the Region and the area municipalities of the City of Oshawa's position. [emphasis added]

On Sep 26/11, Council considered and referred to Legal Services a letter dated Sep 14/11 from Dr. Kyle, Regional Commissioner and Medical Officer of Health that responded to Council's May 3/11 request (Attachment 1).

5.2 Broad Municipal Jurisdiction / Conflict of Laws

As a general rule, the powers of a municipality under any statute are to be “interpreted broadly so as to confer broad authority on the municipality to enable the municipality to govern its affairs as it considers appropriate and to enhance the municipality's ability to respond to municipal issues”. One example of a municipal power that is to be interpreted broadly is the power to pass by-laws respecting “health, safety and well-being of persons”. This broad power permits municipalities, for example, to regulate and prohibit smoking in public places.

Municipal powers must not conflict with the powers of superior levels of government. Specifically, municipal by-laws are not effective to the extent of any conflict with

- a provincial or federal Act or a regulation made under such an Act; or
- an “instrument of a legislative nature”, including an order, licence or approval, made or issued under a provincial or federal Act or regulation.

Conflict exists where it is impossible to comply with both

- a municipal by-law; and
- a provincial or federal Act, regulation or “instrument of a legislative nature”. 
Conflict also exists where a municipal by-law “frustrates the purpose” of a provincial or federal Act, regulation or “instrument of a legislative nature”.

Accordingly, when considering whether, and the extent to which, to respond to the OAAC Recommendation, it is necessary to consider the scope of the OAAC Recommendation in relation to existing relevant Acts, regulations or instruments.

5.3 Federal Regulation of Marijuana

“Cannabis, its preparations, derivatives and similar synthetic preparations” (collectively, “marijuana”) is a “controlled substance” under Schedule II to the federal Controlled Drugs and Substances Act (“CDSA”). The CDSA proscribes possession, seeking, obtaining, trafficking, possession for the purpose of trafficking, importing, exporting and production of marijuana except as authorized by the regulations under the CDSA.

CDSA defines production to mean obtaining the substance by any method or process including
- manufacturing, synthesizing or using any means of altering the chemical or physical properties of the substance, or
- cultivating, propagating or harvesting the substance or any living thing from which the substance may be extracted or otherwise obtained, and includes offering to produce.

CDSA defines trafficking to mean
- to sell, administer, give, transfer, transport, send or deliver the substance,
- to sell an authorization to obtain the substance, or
- to offer to do anything mentioned above, otherwise than under the authority of the regulations

The Marihuana Medical Access Regulations (“MMAR”) have been in force since Jul 30/01.\(^1\) The MMAR establish a framework to allow access to marijuana by individuals suffering from grave or debilitating illnesses, where conventional treatments are inappropriate or are not providing adequate relief. The MMAR define the circumstances and the manner in which access to marijuana for medical purposes is permitted.

The MMAR outline categories of people who may apply to possess marijuana for medical purposes. Generally, the categories are comprised of individuals suffering from symptoms treated within the context of providing compassionate end-of-life care or the symptoms associated with certain serious medical conditions. Applicants must provide information about themselves, their medical condition, and indicate whether they plan to access the government supply of dried marijuana, grow their own supply of marijuana or have someone grow it for them. A physician must complete and sign a

medical declaration indicating the nature of the symptom for which marijuana would be used. The application form must be accompanied by photographs to be used on an identification card issued to applicants authorized to possess. The card can be shown to a police officer as evidence that the person is authorized to possess marijuana.

➤ As noted by Dr. Kyle (Attachment 1), Health Canada recommends against consuming marijuana in a public place with specific reference to the act of smoking marijuana. Applicants are required to acknowledge their awareness of certain risks and recommendations respecting marijuana including the following:\(^2\)

> Given the nature of marihuana and the fact that the provision of marihuana is for your personal treatment needs, Health Canada recommends not consuming this controlled substance in a public place. Please take note that persons in charge of public or private establishments (e.g., bars and restaurants) can request that you not smoke marihuana on their premises, even if you have authority to possess marihuana for medical purposes. There may also be municipal bylaws that prevent smoking. In addition, others should not be exposed to second-hand marihuana smoke.

➤ Holders of an authorization to possess can currently obtain marijuana for medical purposes from three possible sources:
   - They can apply for access to purchase dried marijuana from Health Canada;
   - They can grow their own supply; or
   - They can designate someone else to grow it for them.

➤ Holders of an authorization to possess may possess a maximum 30-day treatment supply of marijuana at any given time.

➤ Health Canada notes:\(^3\)

> Marihuana for medical use should not be confused with the movement to legalize marihuana for general consumption. Health Canada does not advocate the legalization of marihuana. Marihuana remains an illegal and controlled substance, similar to other controlled products.

➤ Health Canada has published an information leaflet for patients who have been authorized by Health Canada to possess marijuana. Health Canada cautions:\(^4\)

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Marihuana is not an approved therapeutic product and the provision of this information should not be interpreted as an endorsement of the use of this product, or marihuana generally, by Health Canada.

Since this marihuana product has not been authorized through the Health Canada drug approval process, its safety and efficacy have not been established.

The use of this product involves risks to health, some of which may not be known or fully understood.

WARNINGS

WHEN THIS PRODUCT SHOULD NOT BE USED:

- If you are allergic to any cannabinoid or to smoking.
- If you have a history of serious mental disorder such as schizophrenia or depression.
- If you are pregnant or planning to get pregnant. In addition to the risk of smoking, the use of marihuana when you are pregnant may be a risk factor for sudden infant death syndrome. Uterine exposure to marihuana may also cause behavioural (attention) problems in the child.
- If you are nursing.
- There may be other conditions where this product should not be used but which are unknown due to limited scientific information.

ADMINISTRATION OF MARIHUANA BY SMOKING IS NOT RECOMMENDED.

MARIHUANA MAY IMPAIR YOUR ABILITY TO DRIVE OR OPERATE HEAVY MACHINERY.

- This can last up to 24 hours after consuming.

USE

Smoking is not recommended. Some individuals use marihuana in foods, teas or with a vaporiser.

KEEP THIS PRODUCT OUT OF REACH OF CHILDREN

➢ On Jun 17/11, the Government of Canada announced\(^6\) that it is considering improvements to the Marihuana Medical Access Program to reduce the risk of abuse and exploitation by criminal elements and to keep children and communities safe.

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Interested parties had until Jul 31/11 to provide input on the proposed improvements to the Program. One proposed improvement is the establishment of a new supply and distribution system that uses only licensed commercial producers, which would mean that the production of marijuana for medical purposes by individuals in homes would be phased out.

- In summary, the CDSA prohibits possession, seeking, obtaining, trafficking, possession for the purpose of trafficking, importing, exporting and production of marijuana except as authorized by the MMAR. In turn, the MMAR prescribe circumstances in which a person may be authorized to possess or produce marijuana for serious medical conditions. In any event, Health Canada:
  - cautions that marijuana is not an approved therapeutic product;
  - cautions that its provision of information is not to be interpreted as its endorsement of the use of marijuana;
  - states that it does not support the legalization of marijuana;
  - warns of risks to health, some of which may not be known or fully understood;
  - recommends against the consumption of marijuana in public places;
  - specifically warns against smoking marijuana in public places;
  - acknowledges the existence of municipal by-laws that prohibit smoking in public places; and
  - is currently studying improvements to reduce the risk of abuse in the marijuana medical access program.

5.4 Provincial and Municipal Regulation of Smoking

- The OAAC Recommendation seeks Council's endorsement that would "recognize all citizens have the equal right to take their prescribed medication in public". If the OAAC Recommendation is intended to include the smoking of marijuana as a means by which individuals who are entitled to possess marijuana may also "take" it, then the OAAC Recommendation is inconsistent with municipal by-laws that prohibit smoking.

- In 1994, the province enacted the Smoke-Free Ontario Act which prohibits smoking tobacco or holding lighted tobacco in workplaces, enclosed public spaces and in motor vehicles when children under 16 are present. A Jul/09 amendment to O.Reg. 48/06 now extends the smoking prohibition to covered and partially covered restaurant and bar patios. The Act also bans the public display of tobacco products prior to purchase and prohibits youth-targeted tobacco products such as flavoured cigarillos.

- On Jun 1/04, The Regional Municipality of Durham's Smoke Free By-law came into effect. It defines smoking as including "the carrying or holding of a lighted cigar, cigarette, pipe or any other lighted smoking equipment, but does not include the carrying or holding of any lighted cigar, cigarette, pipe or any other lighted smoking equipment that is being used in a stage production or theatrical performance". The By-law requires that all public places and workplaces be 100% smoke-free. It defines a public place as any indoor area to which the public has access, including,
  - eating establishments (restaurants, cafeterias, food courts and coffee shops)
  - bars, pubs, billiard halls, bowling alleys and video arcades
- recreational facilities, including arenas, swimming pools, theatres and auditoriums
- municipal buildings, including community centres and libraries
- public transport vehicles, including buses, taxis and limousines and
- schools, hospitals, health care facilities, nursing homes and retirement homes.

- The Region’s Smoke Free By-law defines a workplace as any enclosed, indoor area where an employee works and includes all common areas such as washrooms, lobbies and parking garages. Bingo halls, racetracks and casinos are permitted to have a designated smoking room.

- Oshawa By-law 163-87, as amended, defines “smoke” or “smoking” as “producing or the production of second-hand smoke”. In turn, it defines “second-hand smoke” as
  - exhaled smoke; or,
  - smoke from an idling, A. cigarette; or B. cigar; or C. pipe; or D. any other tobacco using or constructed device.

- Oshawa By-law 163-87, as amended, prohibits smoking in various public places, including “municipal offices”, “public access areas” and “municipal recreational facilities”.

- In 2010, Oshawa enacted a by-law to prohibit smoking within nine (9) metres of all entrances, exits and air intake vents and in the underground parking garage at 50 Centre St. S. The by-law applies only to City Hall.

5.5 Canadian Charter of Rights and Freedoms

- The OAAC Recommendation seeks Council’s endorsement of the statement that “all citizens have the equal right to take their prescribed medication in public without fear of harassment and discrimination, regardless of modality as recognized under the Charter of Rights and Freedom”.

- The Canadian Charter of Rights and Freedoms (“Charter”) is the supreme law of Canada that guarantees the rights and freedoms set out in it “subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society.” Protected fundamental freedoms enjoyed by all individuals include “freedom of peaceful assembly” and “freedom of association”. Protected mobility rights include Canadian citizens’ right to “enter, to remain in and leave Canada” and citizens’ and permanent residents’ rights to “move to and take up residence in any province” and to pursue the gaining of a livelihood in any province”. Protected legal rights enjoyed by all individuals include “life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice.”

- Despite the Charter reference in the OAAC Recommendation, it is not clear how OAAC relates the public consumption of marijuana (which is inferred from OAAC’s phrase, “take their prescribed medication in public”) to a Charter-protected right. Accordingly, a detailed Charter analysis is beyond the scope of this report. However, as a general
comment, it is the writers' view that there is a sound public policy basis for municipal by-laws that regulate and prohibit smoking in the interests of the health, safety and well-being of persons. Accordingly, even if there were to be a finding that a municipal smoking by-law breaches a Charter-protected right, a municipality would seek to justify the by-law under section 1 of the Charter as prescribing reasonable limits that are demonstrably justified in a free and democratic society.

5.6 Ontario Human Rights Code

- Ontario's Human Rights Code ("Code") guarantees individuals equal treatment in various areas including goods, services and facilities by protecting individuals from discrimination on various grounds including discrimination related to an individual's disability.

- The OAAC Recommendation does not reference the Code. However, if an individual who is authorized to possess marijuana were to challenge a municipal smoking by-law as discriminating contrary to the Code on the basis of disability in the area of services or facilities, the by-law could be defended on various grounds including as a reasonable and bona fide health and safety requirement that protects the health and well-being of others receiving services and using facilities to which the by-law relates. Specifically, it could be argued "that there is a serious risk to passive inhalers from sidestream marijuana smoke, giving rise to undue hardship." ⁶

6.0 FINANCIAL IMPLICATIONS

- There are no financial implications associated with the recommendation in this report.

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⁶ See Marko Ivancicevic v. Ontario (Minister of Consumer Services) (2011), [2011] O.H.R.T.D. No. 1732 at ¶212. Mr. Ivancicevic had an Authorization to Possess marijuana pursuant to the MMAR. He filed a complaint under the Code alleging discrimination on the basis of disability in the area of services. Specifically, he challenged s. 45(2) of Regulation 719, Licences to Sell Liquor under the Liquor Licence Act, which prohibited him from possessing or using marijuana in licensed establishments. He sought an order permitting him to smoke marijuana on the uncovered patios of licensed premises where tobacco smoking is permitted by law. On Sep 19/11, the Ontario Human Rights Tribunal declined to grant the order sought by Mr. Ivancicevic including for the reason cited and concluded "that, insofar as the challenged provision prohibits the smoking of medical marijuana on licences premises, the [Ministry has] established that it is reasonably necessary to accomplish a legitimate legislative purpose".
7.0 RESPONSE TO THE COMMUNITY STRATEGIC PLAN

- The recommendation in this report is consistent with objective C1 by enhancing health and safety.

Kelly A. Gravelle, Assistant Solicitor

David J. Potts, City Solicitor
September 14, 2011

Ms. Sandra Kranc
City Clerk
City of Oshawa

Dear Ms. Kranc:

Re: Use of Medical Marijuana

This letter is in response of your letter “Re: Use of Medical Marijuana” dated June 27, 2011.

In your letter, on May 3, 2011, the Oshawa City Council referred the recommendation from Oshawa Accessibility Advisory Committee (OAAC) to the Regional Health and Social Services Committee with a request that the Regional Medical Officer of Health and Accessibility Co-ordinator provide comments on the following recommendation:

That staff be requested to investigate the feasibility of revising the Oshawa Accessible Customer Service Training Manual to include a section on the use of medical cannabis.

Following the above referral, at the OAAC meeting on June 21, 2011, the OAAC proposed further recommendation:

The Oshawa Accessibility Advisory Committee recommends that Council recognize all citizens have the equal right to take their prescribed medication in public without fear of harassment and discrimination, regardless of modality as recognized under the Charter of Rights and Freedoms;

This letter will provide comments regarding three issues related with the proposed recommendations:

1. The regulation of marijuana in Canada.
2. Health Canada’s recommendation regarding the consumption of marijuana in public places.
3. Health Canada’s recommendation respecting marijuana administration.

First, marijuana is a controlled substance, and it is not an approved therapeutic product. According to Health Canada’s Policy on Health Canada’s Supply of Marihuana Seeds and Dried Marihuana for Medical Purposes:

- Cannabis (marihuana) is included in Schedule II of the Controlled Drugs and Substances Act, thus making all related activities including, possession, production, importation, exportation, trafficking and possession for the purposes of trafficking marihuana illegal in Canada unless authorized by regulation.

- Marihuana is not an approved therapeutic product as it has not been assessed by Health Canada for safety, efficacy and quality as required under the Food and Drugs Act and the Food and Drug Regulations.

- The Marihuana Medical Access Regulations (MMAR) came into effect on July 30, 2001. The objective of the MMAR is to provide seriously ill persons residing in Canada with a means to obtain an authorization to possess marihuana and/or a licence to produce marihuana for medical purposes.

Secondly, Health Canada recommends not consuming this controlled substance in a public place. During the application process, an applicant needs to complete two application forms:

- Form E1, Application to Obtain Dried Marihuana², or
- Form E2, Application to ObtainMarihuana Seeds³.

In both Forms E1 and E2, the section of Notice to Applicants: Declaration and Signature, Health Canada stated the following recommendation regarding smoking marihuana in public place:

Given the nature of marihuana and the fact that the provision of marihuana is for your personal treatment needs, Health Canada recommends not consuming this controlled substance in a public place. Please take note that persons in charge of public or private establishments (e.g., bars and restaurants) can request that you not smoke marihuana on their premises, even if you have authority to possess marihuana for medical purposes. There may also be municipal by-laws that prevent smoking. In addition, others should not be exposed to second-hand marihuana smoke.

Lastly, regarding the administration of marihuana, in the Information For The Patient⁴, Health Canada recommends: Administration of marihuana by smoking is not recommended. Marijuana smoke

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contains many of the same carcinogenic chemicals found in tobacco smoke. There have been studies showing increased incidence of chronic obstructive lung disease and decreasing lung function in people using marijuana. Further research is needed to study the second-hand smoke from exposure to marijuana.

In summary, marijuana is the substance regulated by the Government of Canada. Any proposed change of municipal law, policy and procedures to increase its access, should take the adverse human health impacts as outlined by Health Canada into account.

Sincerely,

[Signature]

Robert Kyle, BSc, MD, MHSc, CCFP, FRCP
Commissioner & Medical Officer of Health

cc: Tracey Tyner Cavanagh
    Dr. Hong Ge
    Lynda Lawson
More Information about Medical Marijuana:


- Health Canada, Medical Use of Marihuana, How to Apply – Applicants, Application for Authorization to Possess Dried Marihuana - Form E2 http://www.hc-sc.gc.ca/dhp-mps/marihuana/how-comment/applicant-demandeur/form_e2-eng.php (Date of access: September 9, 2011)


- Canadian Cancer Society, Cancer risks of long-term recreational smoking of marijuana, http://www.cancer.ca/Canada-wide/How%20you%20can%20help/Take%20action/Advocacy%20what%20were%20doing/Marijuana%20smoking/Cancer%20risks%20of%20long-term%20recreational%20use.aspx?sc_lang=en#jxzz1X8ZULfb (Date of access: September 9, 2011)

- Canadian Cancer Society, Medicinal use of marijuana, http://www.cancer.ca/Canada-wide/How%20you%20can%20help/Take%20action/Advocacy%20what%20were%20doing/Marijuana%20smoking/Medicinal%20use.aspx?sc_lang=en (Date of access: September 9, 2011)
• Canadian Cancer Society, Get the facts: Frequently asked questions about marijuana and cancer risks of long-term recreational smoking of marijuana, [http://www.cancer.ca/Canada-wide/How%20you%20can%20help/Take%20action/Advocacy%20what%20were%20doing/Marijuana%20smoking/Cancer%20risks%20of%20long-term%20recreational%20use/Get%20the%20facts%20Frequently%20asked%20questions%20about%20marijuana%20and%20cancer%20risks%20of%20long-term%20recreational%20smoking%20of%20marijuana.aspx?sc_lang=en](http://www.cancer.ca/Canada-wide/How%20you%20can%20help/Take%20action/Advocacy%20what%20were%20doing/Marijuana%20smoking/Cancer%20risks%20of%20long-term%20recreational%20use/Get%20the%20facts%20Frequently%20asked%20questions%20about%20marijuana%20and%20cancer%20risks%20of%20long-term%20recreational%20smoking%20of%20marijuana.aspx?sc_lang=en) # (Date of access: September 9, 2011)

• T Wang, etc., Adverse effects of medical cannabinoids: a systematic review, *CMAJ* • June 17, 2008 • 178(13)

• L Degenhardt, etc., The adverse effects of cannabinoids: implications for use of medical marijuana, *CMAJ* • June 17, 2008 • 178(13)

INFORMATION FOR THE PATIENT

Marihuana
(Cannabis)

This leaflet is published by Health Canada for patients who have been authorized by Health Canada to possess dried marihuana.

This leaflet is designed for patients based on the document Information for Health Care Professionals on dried marihuana published by Health Canada. The information in this leaflet is derived from published literature. It is a summary only and will not tell you everything about marihuana. Contact your doctor if you have any questions.

Marihuana is not an approved therapeutic product and the provision of this information should not be interpreted as an endorsement of the use of this product, or marihuana generally, by Health Canada.

Since this marihuana product has not been authorized through the Health Canada drug approval process, its safety and efficacy have not been established.

The use of this product involves risks to health, some of which may not be known or fully understood.

ABOUT THIS PRODUCT

What it does:
• Consuming marihuana often produces euphoria, relaxation, time-distortion, perception of enhanced sensory experiences, and loss of inhibitions.

What the active ingredients might be:
• Tetrahydrocannabinol (THC)
• Cannabinol
• Cannabidiol

What the other ingredients might be:
• There may be more than 60 other cannabinoids.
• Many of the substances found in tobacco smoke have been found in marihuana smoke as well.

How this product is supplied:
• Dried marihuana plant material.

WARNINGS

BEFORE YOU USE MARIHUANA ALWAYS TALK TO YOUR PHYSICIAN PARTICULARLY IF:
• You have heart disease.
• You have asthma, chronic obstructive pulmonary disease or other disease of the airways.
• You have a history of alcohol abuse or dependence.
• You have a history of drug abuse or dependence.
• You have a history of a serious mental disorder.

WHEN THIS PRODUCT SHOULD NOT BE USED:
• If you are allergic to any cannabinoid or to smoking.
• If you have a history of serious mental disorder such as schizophrenia or depression.
• If you are pregnant or planning to get pregnant. In addition to the risk of smoking, the use of marihuana when you are pregnant may be a risk factor for sudden infant death syndrome. Uterine exposure to marihuana may also cause behavioral (attention) problems in the child.
• If you are nursing.
• There may be other conditions where this product should not be used but which are unknown due to limited scientific information.

ADMINISTRATION OF MARIHUANA BY SMOKING IS NOT RECOMMENDED.

MARIHUANA MAY IMPAIR YOUR ABILITY TO DRIVE OR OPERATE HEAVY MACHINERY.
• This can last up to 24 hours after consuming.

PRECAUTIONS

• If you have not consumed marihuana before, it would be prudent to have someone with you the first time you use it. It is important to start by using small quantities. Stop if you begin to feel confused or agitated.

• After you stop using marihuana, it remains in your system for several weeks. Therefore, during this time, tests that screen for marihuana may be positive.
INTERACTIONS WITH THIS PRODUCT

Marihuana may interact with several drugs. Tell your doctor which prescription drugs, nonprescription drugs and herbal products you are currently taking, particularly:

- Any drugs that slow down the central nervous system, causing drowsiness. This may include sleeping pills, tranquilizers, some pain medications, some antihistamines or cold medications or seizure medications.
- Antiviral drugs used in the treatment of AIDS.

USE

Smoking is not recommended. Some individuals use marihuana in foods, teas or with a vaporiser.

Begin with small amounts; increase the amount of marihuana slowly.

Stop consuming if you begin to feel confused or agitated, light headed, dizzy, or if a rapid heart rate occurs. Sit down until the feeling passes.

Usual Dose:
The dose of marihuana will be different for each person. If you haven't used marihuana or this product before, you should start with a small dose and increase it slowly until you reach a comfortable daily dose.

Overdose:
Symptoms of overdose are sleepiness, confusion, slurred speech, fainting, dizziness, dry mouth and fast, slow or pounding heartbeat. These are the same effects that are often experienced when you start using marihuana. If they persist or are troublesome, call your doctor or go to the hospital.

SIDE EFFECTS

From Initial Use:
- When you first start consuming marihuana, you may experience mood reactions such as anxiety, paranoia, agitation, amnesia, delusions or hallucinations. If this happens stop consuming marihuana immediately.
- Fast heartbeat; this may be more of a problem if you have heart disease.
- Facial flushing or red eyes.
- Right after consuming marihuana, you may get dizzy or feel faint when you get up from a lying or sitting position. Try getting up more slowly. If lying down sit on the edge of the bed and let your feet dangle for 1 to 2 minutes, then stand up slowly.
- From Long-term use:
  - Wheezing or a chronic cough, if the product is smoked.
  - May impair short-term memory attention and concentration. These effects continue after you stop using marihuana and increase with longer periods of use.

HOW TO STORE IT

Store in a cool, safe and secure place.

KEEP THIS PRODUCT OUT OF REACH OF CHILDREN

REPORTING SUSPECTED SIDE EFFECTS

NOTE: Before contacting Health Canada, you should contact your physician.

To monitor drug safety, Health Canada collects information on serious and unexpected effects of drugs. If you suspect you have a serious or unexpected reaction to this product you may notify Health Canada by:

Toll-free telephone: 1-866-234-2345
Toll-free fax: 1-866-678-6789
By email: cadrmp@hc-sc.gc.ca

By regular mail:
Canadian Adverse Drug Reaction Monitoring Program (CADRMP)
Health Canada
Address Locator: 0201C2
Ottawa ON K1A 1B9

MORE INFORMATION

This document plus the full information document for health care professionals can be found at:
http://www.canada.gc.ca/mma

Date of last revision: February 2006
September 13, 2011

Ms. Sandra Krane
City Clerk
City of Oshawa

Dear Ms. Krane:

Re: Use of Medical Marijuana

Please find this correspondence in response to a request made by City of Oshawa on June 27, 2011 regarding use of medical marijuana information in training materials provided by the Region of Durham.

As the Regional Accessibility Coordinator, I facilitate training on the Accessibility for Ontarians with Disabilities Act, 2005 (AODA) Customer Service Standard. This training is provided to Regional staff, contract workers and volunteers. The level of training received is dependent on the level of interaction that attendees have with the public. Both Durham Regional Police Services and Durham Region Transit receive training through e-learning programs.

Since 2008, the Region of Durham has been providing its training on Accessible Customer Service, which will continue for new employees, volunteers and contract workers on an ongoing basis. In order to meet legislative requirements under Ontario Regulation 429/07 the training involves:

- Review of the purpose and requirements of AODA and its Customer Service Standard
- Instruction on how to communicate and interact with persons with various disabilities
Correspondence Request
Item 1

- Awareness of disability types
- Understanding and provisions for assistive devices, support persons and service animals
- Knowledge of protocols for service disruption as well as, the accessible feedback process

Disabilities are discussed in training sessions in a very broad perspective to address the various types and bring awareness to both visible and non-visible disabilities. Training does not allow for specific disability information related to treatments, causes or medicinal needs such as, medical cannabis. The focus of awareness pertains to equality for persons with disabilities with the principles of dignity, integration and independence.

Sessions do include open discussion whereby specific questions or situations on accessibility and disabilities can be raised. To date, there has not been a fulsome discussion as result of enquiries or customer service matters associated with medicinal marijuana.

Since the use of medical cannabis is a specific and individual treatment which is prescribed by a doctor, it is our view that it does not fall within our customer service training program, except in the general way of promoting awareness of all disabilities.

Respectfully,

Tracey Tyner Cavanagh
Accessibility Coordinator,
Office of the Regional Chair & Chief Administrative Officer

C. Dr. Robert Kyle, Medical Officer of Health
Lynda Lawson, Accessibility Co-ordinaotr
Oshawa Accessibility Advisory Committee Meeting – December 6, 2011

OAAC-11-63 The Use of Medicinal Marijuana

The Committee reviewed Correspondence OAAC-11-63 dated October 31, 2011 from Sandra Kranc, City Clerk regarding Council’s decision concerning the Oshawa Accessibility Advisory Committee request respecting the use of medicinal marijuana and providing a copy of a report prepared by the Assistant Solicitor and City Solicitor on the matter.

Moved by Marko Ivancicevic,

“That Correspondence OAAC-11-63 dated October 31, 2011 from Sandra Kranc, City Clerk regarding Council’s decision concerning the Oshawa Accessibility Advisory Committee request respecting the use of medicinal marijuana and providing a copy of a report prepared by the Assistant Solicitor and City Solicitor on the matter be received for information.” CARRIED

OAAC-11-66 Medical Marijuana Program Officer Training The Committee reviewed Correspondence OAAC-11-66 received November 8, 2011 from Inspector Rolf Kluem, OIC Central East Division, Durham Region Police Service regarding his research concerning current training of Durham Regional police officers with respect to the medical marijuana program.

Moved by Reshma Hasmani,

“That Correspondence OAAC-11-66 received November 8, 2011 from Inspector Rolf Kluem, OIC Central East Division, Durham Regional Police Service regarding his research concerning current training of Durham Regional police officers with respect to the medical marijuana program be received for information.” CARRIED

Oshawa Accessibility Advisory Committee Meeting – November 20, 2012

Moved by Linda Tamburro, “Whereas the City of Oshawa’s Advisory Committees of Council Policy and Procedure indicates that an Advisory Committee shall prepare an annual work plan which shall include a report on the year’s accomplishments and work plan; and,

Whereas the Oshawa Accessibility Advisory Committee (OAAC) has participated in the development and review of the 2013-2017 Accessibility Plan; and, Whereas the Oshawa Accessibility Advisory Committee endorses the City of Oshawa’s 2013-2017 Accessibility
Plan with the following amendments:

1. That Item CS-PES-10 related to the Mill Street/Oshawa Creek Trail underpass be carried over to the 2nd quarter in 2013; and,

2. That the role of the OAAC under Item OAAC-2 be amended to read ‘To provide feedback’; and,

3. That Item OAAC-7 be amended to read: ‘Implement a communication strategy to community groups, organizations and schools by:

4. That Item OAAC-12 be added as: ‘Investigate and prioritize the OAAC’s participation annual parades and community events’; and,

5. That Item OAAC-13 be added as: ‘Investigate social media options that are accessible for screen reader software and investigate use of social media to increase awareness of the committee’; and,

6. That Item OAAC-14 be added as: ‘To research current and future medical marijuana legislation and advise Council of any changes as they relate to the municipality’.

Therefore be it resolved:

1. That the City of Oshawa’s 2013-2017 Accessibility Plan be submitted to Budget Services for inclusion in the 2013 Budget submission to Council; and,

2. That a copy of the City of Oshawa’s 2013-2017 Accessibility Plan be forwarded to the Accessibility Directorate, Ministry of Community and Social Services upon Council’s adoption of the document in the budget process.” CARRIED

Oshawa Accessibility Advisory Committee Meeting – June 18, 2013

OAAC-13-51 Marko Ivancicevic and Ben Fudge – Medical Marijuana

Marko Ivancicevic and Ben Fudge provided an overview of the history of the medical marijuana program in Canada, reviewed some of the proposed changes to the program and explained the benefits of cannabis use for medicinal purposes. Marko Ivancicevic and Ben Fudge stated that the Federal program regulations relate primarily to growth and possession limits only, and that in general, municipalities only become involved in the program as it relates to zoning issues for growth facilities.

The Committee questioned Marko Ivancicevic and Ben Fudge.

ADDITIONAL AGENDA-RELATED ITEMS None. REVIEW OF OSHAWA ACCESSIBILITY ADVISORY COMMITTEE 2013 WORK PLAN The Committee reviewed
the Oshawa Accessibility Advisory Committee 2013 Work Plan and noted the following status updates:

1. OAAC-6 – Medical Marijuana – Committee received a presentation June 18, 2013 and requested a follow-up presentation in September 2013.

**Oshawa Accessibility Advisory Committee Meeting – September 17, 2013**

OAAC-13-63 Marko Ivancevic and Ben Fudge – Medical Marijuana

Marko Ivancevic and Ben Fudge addressed the Committee regarding medical marijuana, stating that a number of changes are proposed to the program, primarily related to the production and licensing process. Marko Ivancevic and Ben Fudge suggested that key issues at the municipal level could be related to consumption outside of the home and zoning concerns for production locations or businesses such as vapor lounges.

The Committee questioned Marko Ivancevic and Ben Fudge.

Moved by Linda Tamburro, “That the Oshawa Accessibility Advisory Committee strike a Medical Marijuana Working Group to consider Item OAAC-6 ‘Research current and future medical marijuana legislation and advise Council of any changes at it relates to the municipality’; and,

That Linda Tamburro, Valerie Arnold, Ben Fudge and Marko Ivancevic be appointed to the Medical Marijuana Working Group; and, That Marko Ivancevic be appointed as Chair of the Medical Marijuana Working Group.” CARRIED

**The Regional Council of Durham Meeting – May 14, 2014**

Adoption of Minutes

Moved by Councillor Ryan, SECONDED by Councillor Henry,

(81) "That the minutes of the meeting of Council held on April 23, 2014 be adopted." CARRIED

Moved by Councillor Henry, SECONDED by Councillor England,

(82) "That the order of the agenda be altered in order to consider Council Correspondence CC 59 at this time." CARRIED

CC 59 Mr. Marko Ivancevic, Pickering resident, emailing Corporate Services – Legislative Services, requesting to appear before Council regarding the Marihuana for Medical Purposes Regulations, Council Correspondence CC 52. (Our File: C12-216)
Moved by Councillor Henry, SECONDED by Councillor England,

(83) "That the Rules of Procedure be suspended in order to permit Mr. Marko Ivancicevic (CC 59) to speak to Regional Council." CARRIED on a 2/3rd Vote

Moved by Councillor Henry, SECONDED by Councillor England,

(84) "That the order of the agenda be altered in order to hear Mr. Ivancicevic (CC 59) at this time." CARRIED

Delegations

E) Mr. Marko Ivancicevic, Pickering Resident, Regarding the Marihuana for Medical Purposes Regulations, Council Correspondence CC 52 Mr. Ivancicevic advised that he is a former member and Vice-Chair of the Oshawa Accessibility Advisory Committee and is the current Chair of Oshawa’s Medical Marihuana Working Group. Mr. Ivancicevic stated the motion related to the Marihuana for Medical Purposes Regulations (MMPR) which was recently passed by the Durham Regional Police Services Board is specific to commercial production facilities. He added that he endorses a majority of the motion. His only issue with the motion concerns the language used in the “Therefore be it resolved” section of the motion. He stated that the majority of the motion is specific to the MMPR but when it comes to this section of the motion, the language is open to other interpretation. He wants to ensure that this section of the motion is specific to the MMPR and that it does not include the current Medical Marihuana Access Regulations (MMAR). He advised that currently there is a court injunction that is keeping the MMAR alive, which is related to personal medical production. He clarified that MMPR is very specific for the licences for the large scale growing facilities and the MMAR is specific to individuals who have the authorization to possess and grow medical marihuana. He stated that by including MMAR could lead to privacy concerns and it could also lead to an increase in resources and staff time which would in turn cause budget increases. Mr. Ivancicevic suggested Regional Council not endorse the correspondence on the Regional Council agenda today from the Durham Regional Police Services Board and instead ask the Police Services Board to amend the “Therefore be it resolved” section so that the motion is specific to the MMPR and not have the language so open that it includes the MMAR. He proposed this section read as follows:

“Therefore be it resolved that the Durham Regional Police Services Board request that the Ministry of Health implement a formal process to consult with local police authorities prior to granting or extending a licence to produce marihuana under the Marihuana for Medical Purposes Regulations and to advise police authorities that a licence has been issued in its jurisdiction”.

Mr. Ivancicevic responded to questions of Regional Council.
A copy of his presentation was submitted to the Legislative Services Division and will be retained by the Legislative Services Division.

Correspondence Requiring Motion for Direction

CC 52 Mr. Roger Anderson, Chair, Durham Regional Police Services Board, emailing Legislative Services and numerous individuals, advising that the following resolution was passed by the Durham Regional Police Services Board, and asking for support of the resolution:

"Whereas the federal Government introduced the Marihuana for Medical Purposes Regulations to establish a system whereby individuals would access marihuana for medical purposes from licensed producers;

And whereas the Regulations provide authority for Health Canada to issue licenses to producers of marihuana according to criteria in the Regulations;

And whereas the Regulations require that an applicant notify the local police authority of its application to Health Canada to produce marihuana;

And whereas there exists no requirement in the Regulations or any formal mechanism for Health Canada to seek or receive input from local police authorities regarding the viability of the application;

And whereas there is no requirement in the Regulations for Health Canada to advise local police authorities that a license to produce marihuana has been issued for a facility within its jurisdiction;

And whereas the Regulations may impose additional workload on the police to track notifications and conduct background investigations in the absence of formal consultation by Health Canada on licence applications;

And whereas the presence of a marihuana production facility in a local community raises community safety concerns;

And whereas the views of local police should be a factor in considering whether a licence should be granted or extended;

Therefore be it resolved that the Durham Regional Police Services Board request that the Ministry of Health implement a formal process to consult with local police authorities prior to granting or extending a license to produce marihuana and to advise the police authorities that a license has been issued in its jurisdiction;

And be it further resolved that this resolution be forwarded to the Big 12 Police Services Boards in Ontario, the Ontario Association of Police Services Boards, the Ontario
Moved by Councillor Henry, SECONDED by Councillor McLean,

(85) "That Council Correspondence CC 52 be endorsed." MOTION DEFEATED LATER IN THE MEETING (See Following Motions)

Moved by Councillor Diamond, SECONDED by Councillor Collier,

(86) "That the foregoing motion (85) of Councillors Henry and McLean be amended by adding the following clause to the end of the resolved clause in Council Correspondence CC 52:

‘And further that Mr. Roger Anderson, Chair, Durham Regional Police Services Board, be requested to present the motion within the context of the first Whereas clause which refers exclusively to the Marihuana for Medical Purposes Regulations’." MOTION RULED OUT OF ORDER BY THE CHAIR

Moved by Councillor Ryan, SECONDED by Councillor Parish,

(87) "That the question be now put." CARRIED on a 2/3rd Vote The foregoing motion (85) of Councillors Henry and McLean to endorse Council Correspondence CC 52 was then put to a vote and DEFEATED ON THE FOLLOWING RECORDED VOTE:

Yes

Councillor Aker, Councillor Coe, Councillor Drumm, Councillor Henry, Councillor Marimpietri, Councillor McLean, Councillor Perkins, Councillor Pidwerbecki

No


Members Absent: Councillor Bath

Conflict of Interest: None

Moved by Councillor McLean, SECONDED by Councillor Chapman,

(88) "That the Rules of Procedure be suspended in order to introduce a motion regarding
Motion Moved by Councillor McLean, SECONDED by Councillor Chapman,

(89) “Whereas the federal Government introduced the Marihuana for Medical Purposes Regulations to establish a system whereby individuals would access marihuana for medical purposes from licensed producers;

And whereas the Regulations provide authority for Health Canada to issue licenses to producers of marihuana according to criteria in the Regulations;

And whereas the Regulations require that an applicant notify the local police authority of its application to Health Canada to produce marihuana;

And whereas there exists no requirement in the Regulations or any formal mechanism for Health Canada to seek or receive input from local police authorities regarding the viability of the application;

And whereas there is no requirement in the Regulations for Health Canada to advise local police authorities that a license to produce marihuana has been issued for a facility within its jurisdiction;

And whereas the Regulations may impose additional workload on the police to track notifications and conduct background investigations in the absence of formal consultation by Health Canada on licence applications;

And whereas the presence of a marihuana production facility in a local community raises community safety concerns;

And whereas the views of local police should be a factor in considering whether a licence should be granted or extended;

Therefore be it resolved that Durham Region Council request that the Ministry of Health implement a formal process to consult with local police authorities prior to granting or extending a license to produce marihuana under the Marihuana for Medical Purposes Regulations and to advise the police authorities that a license has been issued in its jurisdiction;

And be it further resolved that this resolution be forwarded to the Big 12 Police Services Boards in Ontario, the Ontario Association of Police Services Boards, the Ontario Association of Chiefs of Police, the Association of Municipalities of Ontario, the Canadian Association of Police Governance, the Federation of Canadian Municipalities, the Canadian Association of Chiefs of Police, Durham Regional Police Services Board and local municipal councils, and local MPs and MPPs.”
CARRIED ON THE FOLLOWING RECORDED VOTE:

YES


NO

Councillor Foster, Councillor Novak, Councillor Parish, Councillor Rodrigues

Members Absent: Councillor Bath

Conflict of Interest: None

**Oshawa Accessibility Advisory Committee Meeting - December 16, 2014**

OAAC-14-77 Medical Marijuana Working Group Report – December 2014

The Chair of the Medical Marijuana Working Group provided a verbal report of the activities of the Working Group, stating that the working group has discussed current regulations in effect regarding the consumption, access and production of medical marijuana and the process for input by the Oshawa Accessibility Advisory Committee on City policies related to the matter as well as formal discussions on the matter with Council and the community.

The Committee questioned the Chair of the Medical Marijuana Working Group.

Moved by Valerie Arnold, “That the Oshawa Accessibility Advisory Committee recommend to the Corporate Services Committee:

Whereas the City of Oshawa has residents that are legally prescribed medical marijuana; and,

Whereas the Oshawa Accessibility Advisory Committee (O.A.A.C.) believes it is important for the Mayor and members of Oshawa City Council to meeting with the O.A.A.C. and the Medical Marijuana Working Group; and,

Whereas the O.A.A.C. and the Medical Marijuana Working Group would like to discuss how the medical marijuana regulations affect the City of Oshawa;
Therefore be it resolved that the O.A.A.C. requests that the Mayor and members of Oshawa City Council attend a special meeting between March and April 2015, hosted by members of the O.A.A.C. and the Medical Marijuana Working Group to discuss the medical marijuana regulations and how it affects the City of Oshawa.” Carried

Corporate Services Committee Meeting – January 12, 2015

Report of the Oshawa Accessibility Advisory Committee (CORP-15-05)

Oshawa Accessibility Advisory Committee respectfully reports and recommends to the Corporate Services Committee its Fifth Report.


Recommendation Whereas the City of Oshawa has residents that are legally prescribed medical marijuana; and, Whereas the Oshawa Accessibility Advisory Committee (O.A.A.C.) believes it is important for the Mayor and members of Oshawa City Council to meeting with the O.A.A.C. and the Medical Marijuana Working Group; and,

Whereas the O.A.A.C. and the Medical Marijuana Working Group would like to discuss how the medical marijuana regulations affect the City of Oshawa;

Therefore be it resolved that the O.A.A.C. requests that the Mayor and members of Oshawa City Council attend a special meeting between March and April 2015, hosted by members of the O.A.A.C. and the Medical Marijuana Working Group to discuss the medical marijuana regulations and how it affects the City of Oshawa.

Moved by Councillor Diamond,

“That the Corporate Services Committee recommend to City Council:

That in accordance with CORP-15-05, Council convene a special meeting with members of the Oshawa Accessibility Advisory Committee, including members of the Medical Marijuana Working Group, at a mutually convenient time to discuss medical marijuana and how it affects the City of Oshawa.” Carried as Amended

Moved by Councillor Diamond,

“That the motion be amended to add: ‘That the special meeting be held as an Education and Training Session recognizing Council has no jurisdiction over medical marijuana’.” Carried

The vote on the motion Carried as Amended.
Oshawa Accessibility Advisory Committee Meeting – January 20, 2015

OAAC-15-05 Formation of Medical Marijuana Working Group

The Committee discussed OAAC-6 ‘Research current and future medical marijuana legislation and advise Council of any changes as it relates to the municipality’ from the 2015 Work Plan.

Moved by Valerie Arnold,

“1. That the Oshawa Accessibility Advisory Committee strike a Medical Marijuana Working Group to research current and future medical marijuana legislation and provide recommendations regarding changes as it relates to the municipality; and,

2. That the Medical Marijuana Working Group consist of five (5) members, four (4) of which must also be members of the Oshawa Accessibility Advisory Committee; and,

3. That Valerie Arnold, Ben Fudge, Marko Ivancicevic, Linda Tamburro and Adam White be appointed to the working group; and,

4. That Marko Ivancicevic be appointed at Chair of the Medical Marijuana Working Group." CARRIED