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(Hansard)**

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des débats
(Hansard)**

JP-25

**Standing Committee on
Justice Policy**

Cannabis, Smoke-Free Ontario
and Road Safety Statute Law
Amendment Act, 2017

2nd Session
41st Parliament

Wednesday 29 November 2017

**Comité permanent
de la justice**

Loi de 2017 modifiant des lois
en ce qui concerne le cannabis,
l'Ontario sans fumée
et la sécurité routière

2^e session
41^e législature

Mercredi 29 novembre 2017

Chair: Shafiq Qadri
Clerk: Christopher Tyrell

Président : Shafiq Qadri
Greffier : Christopher Tyrell

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON
JUSTICE POLICY**

**COMITÉ PERMANENT
DE LA JUSTICE**

Wednesday 29 November 2017

Mercredi 29 novembre 2017

The committee met at 1600 in room 151.

**CANNABIS, SMOKE-FREE ONTARIO
AND ROAD SAFETY STATUTE LAW
AMENDMENT ACT, 2017**

**LOI DE 2017 MODIFIANT DES LOIS
EN CE QUI CONCERNE LE CANNABIS,
L'ONTARIO SANS FUMÉE
ET LA SÉCURITÉ ROUTIÈRE**

Consideration of the following bill:

Bill 174, An Act to enact the Cannabis Act, 2017, the Ontario Cannabis Retail Corporation Act, 2017 and the Smoke-Free Ontario Act, 2017, to repeal two Acts and to make amendments to the Highway Traffic Act respecting alcohol, drugs and other matters / Projet de loi 174, Loi édictant la Loi de 2017 sur le cannabis, la Loi de 2017 sur la Société ontarienne de vente du cannabis et la Loi de 2017 favorisant un Ontario sans fumée, abrogeant deux lois et modifiant le Code de la route en ce qui concerne l'alcool, les drogues et d'autres questions.

Le Président (M. Shafiq Qadri): Chers collègues, j'appelle à l'ordre cette séance du Comité permanent de la justice.

Welcome, colleagues, members of the public and all staff. As you know, we are here to have public hearings on Bill 174, An Act to enact the Cannabis Act, 2017, the Ontario Cannabis Retail Corporation Act, 2017 and the Smoke-Free Ontario Act, 2017, to repeal two Acts and to make amendments to the Highway Traffic Act respecting alcohol, drugs and other matters.

Our presenters will be given five minutes in which to make opening addresses, to be followed by three-minute rotations by each party. As always, the timing will be enforced with military precision.

**CANADIAN MENTAL HEALTH
ASSOCIATION, ONTARIO DIVISION**

The Chair (Mr. Shafiq Qadri): I invite our first presenters to please come forward: from the Canadian Mental Health Association, Ontario division, Ms. Chandrasekera, Ms. Hopkins and Ms. Quenneville.

Welcome, colleagues. Please introduce yourselves, although we know who you are, and begin.

Ms. Camille Quenneville: Thank you, Mr. Chair. My name is Camille Quenneville. I'm CEO of the Canadian Mental Health Association, Ontario division. With me is my colleague Jean Hopkins.

The Canadian Mental Health Association, Ontario division, is pleased that many of the recommendations put forth in our cannabis submission have been included in Ontario's proposed Cannabis Act. We have consulted with our 30 branches across the province to inform this submission, which was released publicly on August 14 and received notable media attention in print, television and national radio.

Much of the proposed cannabis legislation is a positive start, specifically as it relates to the minimum age of purchase, ensuring youth have limited contact with the justice system, and a focus on prevention, diversion and harm reduction. We commend the government for taking into consideration many of our proposed recommendations in the approach to cannabis legalization and regulation. However, there are still some unresolved issues.

With respect to revenue, at this time there has not been a discussion of how funds are being allocated to mental health and addictions. In ensuring the commitment from the government to take a public health approach in cannabis legalization and regulation, we continue to encourage the province to use revenue from cannabis sales to fund mental health and addictions services. CMHA Ontario strongly encourages the government to focus on the areas not included in the act, such as directing the tax revenues from sales to mental health and addictions services. Our services in Ontario have historically been underfunded, and the revenue from cannabis sales provides a unique opportunity to fill the gaps in funding. CMHA Ontario believes that revenue generated through cannabis-related sales should be earmarked for four initiatives: the development of programs that help cannabis users facing mental health and addictions problems; public awareness campaigns on the potential impacts of cannabis use, particularly among young and heavy users; research on the potential harms and benefits of cannabis use; and enforcement-related issues.

With respect to youth diversion, we strongly support the initiative outlined in the act that will ensure that youth under 19 who possess or use cannabis will be referred to approved education or prevention programs. This ensures youth will not have contact with the justice

system, and the focus will be on prevention, diversion and harm reduction.

Preventing young people from entering the justice system for cannabis possession in small amounts may help to remedy the systemic criminalization of youth from marginalized groups. Cannabis use among youth in Canada is among the highest in the world, with approximately 40% of youth aged 18 to 29 having used cannabis in the last year. So we encourage the government to ensure that there are education campaigns for youth. This should start as early as possible, with age-appropriate content, created with the input of youth and delivered by trained facilitators, and should include information about the current laws.

With regard to research, there may be links between cannabis use and mental health concerns, such as depression and psychosis. The research regarding cannabis use and the development of mental health issues varies, and further research on cannabis use and heavy users is needed in this area.

With respect to public awareness and education, especially as it relates to youth and heavy users and informing the general public of the new cannabis laws, we need to make that happen immediately.

CMHA Ontario urges the government to move quickly to implement a comprehensive public education campaign, especially for youth and heavy users, about the harms related to cannabis use as well as the penalties outlined in the legislation. The government has run campaigns in the past, such as those to combat drinking and driving or smoking during pregnancy. However, the impact of those campaigns is greater over time, so we recommend that the government should consult and partner with CMHA's and other provincial community-based mental health and addictions service providers to develop a comprehensive public awareness campaign about health risks associated with cannabis.

Finally, CMHA and our local branches welcome the opportunity to partner with government to develop public awareness campaigns to ensure that Ontarians are making informed decisions regarding the risks and benefits of cannabis consumption, especially as it relates to mental health and addictions. We'll work with our 30 branches across Ontario, who are well equipped to work with government for any education and awareness initiatives moving forward.

Thank you, Mr. Chair.

The Chair (Mr. Shafiq Qaadri): Thank you, Ms. Quenneville. We'll begin with the PC side. Mr. Hillier, three minutes.

Mr. Randy Hillier: Thank you very much for being here today.

I was listening to your presentation, and you zeroed in on a couple of elements that we also have some concerns on, and that is the access, the public awareness, research and education. I'm sure you've been following some of the legislative processes in other provinces, such as New Brunswick, where we see they've introduced a separate bill for education on cannabis.

You had some conversations with the government leading up to this bill. Any comments as to why the government has been absent on education and awareness on this bill?

Ms. Camille Quenneville: Well, I think it's a great question. It's something that we are, as I noted in my comments, immensely concerned about. I wouldn't pretend to comment about why it hasn't happened yet. We know from the announcement the government made that there is an intent to do so. Our concern is that it isn't happening quickly enough.

We would very much like to see this happen. We are immensely concerned about any potential link between cannabis use and mental health and addictions. People need to know and understand what—

Mr. Randy Hillier: My concern is more that the government has not taken on any responsibility in a legislative manner, to have that responsibility to educate or even to monitor the effects of this new—

Ms. Camille Quenneville: Fair enough. If you're suggesting that there should be a legislative initiative in short order to help with a public education campaign, we would certainly support that.

Mr. Randy Hillier: Right. Okay.

On concerns about access: We know that, as stated, we're going to see about 40 stores initially. Any concerns with that, with people not being able, in more remote or more rural communities, to find access and being left to still access cannabis from less reputable means? Does that have any impact or effect, from your perspective?

The Chair (Mr. Shafiq Qaadri): Thirty seconds.

Ms. Camille Quenneville: Right. Forty stores across the province—and my understanding is that's also going to be expanding significantly within the next year, as well as Internet sales. Obviously, starting slow and moving on from there makes sense from the perspective of CMHA Ontario.

Mr. Randy Hillier: Thank you.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Hillier. You have 15 seconds. Do you want say something fast?

Mr. Ross Romano: Certainly. Given that the safety is paramount, do you feel that we would first need to know what the positions are with respect to how—

The Chair (Mr. Shafiq Qaadri): With apologies, Mr. Romano, the question will have to remain rhetorical.

To Mr. Natyshak.

Mr. Taras Natyshak: Thank you so much for being here, thanks for your presentation and thanks for the work that you do in our communities.

You spoke to revenue. Have you been shown any types of figures in terms of what the government's potential revenue will be from their sale initially and then through any time frame at all?

Ms. Camille Quenneville: That's a great question. We haven't, and we don't know. If I were to be fair, I'm not sure the province yet knows what that amount would be. If they do, we haven't seen it.

Irrespective of the amount, as I indicated, what we have been most concerned about is a re-investment in mental health and addictions. For reasons separate and apart from the use of cannabis, we have been underfunded, and we're very concerned about what this will mean in our sector in years to come. We would like the province to commit to putting some revenue into the system.

Mr. Taras Natyshak: Related to being underfunded, how long have you been underfunded, how much have you been underfunded, and in comparison to what other jurisdictions are you measuring the level of underfunding?

Ms. Camille Quenneville: That answer I could spend a fair bit of time on, so I'll simply say for the last eight years, there hasn't been a base funding increase in our sector. There have been investments in various programs, but in terms of the sector itself and the management of our branches and their operations, it's been eight years.

Mr. Taras Natyshak: In your opinion, who funds their mental health services more adequately than this province? Where can you point us to that's doing a decent job at funding services?

Ms. Camille Quenneville: We're part of a nationwide organization. I'm in touch with my colleagues around the country routinely. I think we are all in the same boat. As a country we're not doing well. I was in Australia earlier this year. They're in far better shape than we are. Some have suggested that they are a model for the funding and delivery of mental health and addictions.

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Mr. Taras Natyshak: What does that mean for you on the ground, specifically as it relates to youth mental health issues? Where do they go?

Ms. Camille Quenneville: By way of background, I spent eight years in the child and youth mental health sector before joining CMHA Ontario, so I'm quite familiar with that sector—

The Chair (Mr. Shafiq Qadri): Thirty seconds.

Ms. Camille Quenneville: Thank you, Mr. Chair. I would just simply say that accessibility to age-related programs is a huge issue across the mental health sector.

Mr. Taras Natyshak: Would you declare it at a crisis level currently?

Ms. Camille Quenneville: I would.

Mr. Taras Natyshak: Okay. That's great. Thank you, Chair.

The Chair (Mr. Shafiq Qadri): Thank you, Mr. Natyshak. To the government side: Ms. Hoggarth.

Ms. Ann Hoggarth: Thank you very much. My background is in education, and this is a very important issue to me.

The proposed Cannabis Act, 2017 provides police, prosecutors and courts with the opportunity to refer young people caught possessing small amounts of cannabis to prevention and education programs. This is intended to be a tool to prevent youth from unnecessarily being brought into the justice system.

What are some of the things that government should consider when developing or supporting these programs aimed at youth prevention and harm reduction?

Ms. Camille Quenneville: I'm going to start, and then Jean is going to respond to your question specifically. Quite truthfully, I want to commend the government on their approach around youth in this legislation. This was something we felt very strongly about, that youth should be diverted out of the youth justice system for possessing cannabis. I think we were the first—if memory serves—across the country to ensure that that is in this legislation. Again, I mention we're a nationwide organization, and our hope is that that is consistent across the country.

Ms. Jean Hopkins: We also know that there are a number of very innovative youth programs looking specifically at providing youth with information so that they are able to make informed decisions. Youth want information to be able to make the best decisions for their health in moving forward. For example, we have a program based out of CMHA Simcoe where youth are engaged with peers. They are able to access information to be able to make those choices, and that's definitely something that we support and we would like to see moving forward.

Ms. Ann Hoggarth: I know we have an excellent group at the CMHA in Barrie and Simcoe county.

Ms. Camille Quenneville: Thank you.

Ms. Ann Hoggarth: Thank you very much.

The Chair (Mr. Shafiq Qadri): Mr. Colle.

Mr. Mike Colle: Are you aware of Stella's Place in Toronto?

Ms. Camille Quenneville: Yes, Mr. Colle, I am.

Mr. Mike Colle: As you know, our government funded Stella's Place this year.

Ms. Camille Quenneville: Correct.

Mr. Mike Colle: Do you see that model possibly being replicated to help young adults who are, in essence, not being helped in the psych wards—

The Chair (Mr. Shafiq Qadri): Thirty seconds.

Mr. Mike Colle: What do you think about that?

Ms. Camille Quenneville: I know where you're going with this. In the interests of time, I'll just simply say that I think the beauty of Stella's Place is it is peer support built into their service delivery. It's a very accessible program. I would suggest that you look at headspace in Australia, which is very much in keeping with the concept behind Stella's Place. Yes, I absolutely believe it could be replicated, that concept.

The Chair (Mr. Shafiq Qadri): Thank you, Mr. Colle, and thank you, Ms. Hoggarth.

Thanks to our presenters, Ms. Quenneville and Ms. Hopkins, Canadian Mental Health Association, Ontario division.

MR. ASHUTOSH JHA

The Chair (Mr. Shafiq Qadri): I now invite our next presenter to please come forward: Mr. Ashutosh Jha.

Please come forward and be seated. Your five minutes of introductory remarks begin now.

Mr. Ashutosh Jha: Good afternoon, everyone. My name is Ashutosh Jha. I'm a former smoker and now recently a former vaper. Therefore, I'll focus my comments on schedule 3 of the bill.

In 2011 and 2012, my best friend lost his dad to smoking, and I lost my favourite cousin, who was 39 with two kids, to smoking. Therefore, between 2012 and 2013, I started a vape retail chain, along with a friend and Canadian heart surgeon, Dr. Gopal Bhatnagar.

We've known for five decades that tobacco combustion kills. However, in the last five years, we've also known that the adult smoking population has stayed in the 15% to 18% range. We cannot ignore 15 out of 100 adult smokers dying of this deadly disease.

As you may know, vaping came to Canada some nine or 10 years ago. It has been a very welcomed carrot for most smokers and it has proven to be a harm-reduction alternative for them. We know that stick doesn't work from the fact that recent Canadian research out of the University of Victoria shows that smoking cessation programs and nicotine-replacement therapy programs are nowhere close to what vaping can do for these adult smokers.

However, this bill severely alters the perception and restricts choices and access to vape products and other harm-reduction products for smokers and vapers. It does not acknowledge that smoking is not vaping. Treating vaping like tobacco will do major harm to improving societal health and it will also continue to have an impact on the economy. For example, our industry employs over 5,000 employees in Ontario alone.

The vaping community, both the end users and the retailers, are ready to be allies in the eradication of combustible tobacco with the government. With these considerations, I urge you to make changes to this bill that will give at least a 95% incremental advantage to vape products and harm-reduction products over combustible tobacco.

The bill and regulations must provide 95% more advantage compared to tobacco in terms of advertising, labelling, flavours, consultation, prescribed signs, sale locations, advertising, packaging, display and handling. In doing so, we will prove to the world that we're making pragmatic decisions based on science and data, and not be in a rush bundling tobacco and cannabis and just hoping things just go through and in the future have unintended consequences.

I would specifically like to talk about five recommendations, which is a summary of what I have in my notes.

(1) Allow retailers specializing in vaping and other harm-reduction alternatives to openly discuss documented benefits with adult smokers. We can choose to define a vape shop or a harm-reduction shop as a shop that sells at least 51% harm-reduction products, which can include vaping, medical cannabis vaporizers and heat-not-burn technology, and any future harm-reduction products. Each shop must go through an accredited

industry certification process which I know the Canadian Vaping Association and the ECTA are working on with the federal government.

(2) Allow for responsible promotion and advertising of vapour products and harm-reduction products to inform adult smokers about these alternatives. Without this ability, just in 2017, we would not have been able to convert 25,000 Ontario smokers to vaping at the start of this year, and we would not have been able to do it if we had no access to advertising. You're going to say, "How do we provide responsible advertising guidelines?" Yes, well, we already do that with alcohol and it has been proven to work for the most part.

(3) Allow vapour product sampling, display, handling and demonstration to adult smokers who are looking to adopt vaping or other harm-reduction options. Different smokers have different nicotine, hardware and flavour needs. Too much, and they will never go back to vaping again. Too little, and then they will go back to smoking. Therefore, we would like to allow people to have consultation in these specific vape shops or harm-reduction shops.

(4) I suggest that we allow indoor vaping at vape shops and also at any private dwellings where the landlord decides to do so. I say that because second-hand vaping is not second-hand smoking even though it looks the same. Let us not treat them equivalently. The non-toxic nature of vapour products for bystanders has been established. I refer again to an alcohol example: Vodka and water look the same but they're not regulated the same. I realize it's a difficult subject because smoking and vaping look the same, but I urge you to consider it.

(5) Demand a mandatory review of regulations every year—which seems a little unrealistic, but at least every two years—

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Jha. The time now passes to the NDP. Mr. Natyshak?

Mr. Taras Natyshak: Thank you, Mr. Jha. Your first headline here, that vapour products should have at least a 95% incremental advantage compared to tobacco: Can you explain that a little bit more to me? What brings you to the number 95%? What's the "incremental advantage"? Is the advantage of market share? More access?

Mr. Ashutosh Jha: No, what I mean is that, for example, if we're going to say that advertising of tobacco has these restrictions, I'm saying advertising of vapour and harm-reduction products should have 95% fewer restrictions, in terms of where it can be put and what messages can be put on.

Mr. Taras Natyshak: And where do you get the 95% number? What is that from?

Mr. Ashutosh Jha: I referred to a UK Royal College of Physicians study, and most recently the nursing association has also come out in support in the UK. They've done over a decade of research and compiled data and suggested that vaping is at least 95% less harmful than tobacco combustion.

Mr. Taras Natyshak: So then there's a 5% margin of harm there built in.

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Mr. Ashutosh Jha: Correct. It depends on how much nicotine you use. It's like smoking. Some smokers who have been smokers for 40 years don't die because (a) they have good genetic health and (b) maybe just the way they smoke; maybe they hold the smoke in their mouth. The same goes for vaping. If you use really high nicotine and you use it repeatedly, like every three minutes, that's got a different harm level than somebody who uses it literally to reduce vaping.

For example, in my case, I started vaping some four and a half years ago. Over two years ago, I started going to very low nicotine to no nicotine, and about a month ago I got really sick of the habit, because I think I've had it. I just decided to not carry the device and I haven't had a vaper since then.

Mr. Taras Natyshak: Good for you. Congratulations.

Mr. Ashutosh Jha: Thank you.

Mr. Taras Natyshak: When someone inhales a vape, makes an inhalation of the vape, and then exhales it, you say that looks like smoke but it isn't; it's vapour. I'm not sure of the chemical compound or composition of it. However, how can we, as legislators, and how can the public be confident that what is in that machine is in fact a substance that is regulated and not something that the person conjured up on their own? They're being exposed to something that they really don't have any knowledge of. They can expect that it might be vape juice, but what is it really? How would we protect people—

Mr. Ashutosh Jha: Two things: Just the same as we would do with vodka versus water. We have hundreds of examples like this and I think that's where the committee comes in. The committee has to say, "Let's first acknowledge that they're not the same," and then we can, all together, figure out how to regulate them.

There was a study in 2014 done by BMC Public Health which said that the vapour products' effect on bystanders is within 1% of the occupational safety standard threshold limits established by the occupational safety board or committee.

Mr. Taras Natyshak: Thanks.

The Chair (Mr. Shafiq Qadri): Thank you, Mr. Natyshak. To the government side: Mr. Berardinetti.

Mr. Lorenzo Berardinetti: Thank you for your presentation, Mr. Jha. The main purpose of our government's new Smoke-Free Ontario Act is to keep smoking and vaping out of the hands of children and youth. You talked about the fact that you were able to get off tobacco, but young people may enter the tobacco market by starting vaping. Do you have any comments on that?

Mr. Ashutosh Jha: Yes, very much so. This has been a story for over five years and we have proven that the gateway theory has actually been disproven fully. However, there are a few young people who still vape and then they go on to smoking. But the relation is not causation because a person who is very adventurous when it comes to addictive products will try one and they'll also try two. So let's not hide behind the "what about the children" theory too much because we've done

that with alcohol. Alcohol advertising is allowed everywhere but the government thinks that it's okay to advertise alcohol because they have rules that limit access to youth. I would suggest that we do that.

I can safely tell you that the industry itself has been very well organized and the government has done a lot of sending youth people to check if we do ID checks. We do a really good job and I think we need the government's support now to be able to get all adult smokers on to vaping or to another harm reduction product.

Mr. Lorenzo Berardinetti: Vaping can be done in a public area, just like cigarette smoking, away from doors, let's say. So a kid sees his friend vaping and he wants to join with his friend, who says, "Try the vaping." That's not an introduction into the tobacco world?

Mr. Ashutosh Jha: I'm saying that it is not and I'm saying that similar goes for alcohol. I see somebody drinking alcohol and—

Mr. Lorenzo Berardinetti: That's consumed in the house, though; it's not consumed in a public area.

Mr. Ashutosh Jha: Yes, yes.

Mr. Lorenzo Berardinetti: You can smoke in a public area.

Mr. Ashutosh Jha: Yes, a public area. What we do in all of our shops is that we mandate that there be air purifiers to ensure that other customers who are coming in to buy products, let's say, for a family friend, do have pure air.

Ms. Daiene Vernile: May I ask a question?

The Chair (Mr. Shafiq Qadri): Please, go ahead, Ms. Vernile.

Ms. Daiene Vernile: How much time do we have?

The Chair (Mr. Shafiq Qadri): You have about a minute.

Ms. Daiene Vernile: Are you familiar with a recent University of Waterloo study that was carried out by a Dr. Bruce Baskerville, where his results on a very extensive study showed that youth who were using vaping were twice as likely to begin smoking afterward?

Mr. Ashutosh Jha: Again, as I said, relationship does not mean causation. I think we're all intelligent enough to know that if two things are related it doesn't mean that one is causing the other. That part has absolutely been proven repeatedly. Actually, Dr. Hammond, also from the University of Waterloo, clarified that they are literally saying that there is a relation but not a causation.

Ms. Daiene Vernile: Thank you.

The Chair (Mr. Shafiq Qadri): Thank you, colleagues on the government side. Now to the PC side: Mr. Hillier.

Mr. Randy Hillier: Thank you, Ash, for being here today. In your presentation you said that your retail chain has helped convert 25,000 adult smokers into vapers. So 25,000 people are no longer suffering the harmful effects of smoking, due to your—

Mr. Ashutosh Jha: I must clarify that of the 25,000 converted smokers—we've tracked the stats—I'd say about 70% of them have continued on to be customers. Some 30% did drop off, but we did convert them. The

reasons sometimes are, “I don’t like it” or “It’s not a good taste.” That’s why I’m supporting other harm-reduction options too. I don’t want to be vested into vaping.

But of that 70% of people, within that 70%, roughly 45% are regular vapers, and the others don’t come as occasional, so we think they are dual users.

Mr. Randy Hillier: It’s still a substantial number of people who have derived a substantial benefit, and that’s just your retail chain.

Mr. Ashutosh Jha: Correct. We have estimated that we have helped Ontarians not smoke, 1.5 billion cigarettes in the last four years that we have existed in this business.

We were able to convert those 25,000 people because a lot of radio stations, a lot of newspapers, and the TTC partnered with us and said, “You know what? Let’s tell adult smokers that if you’re still smoking, you may want to consider vaping.”

But the truth is that it doesn’t work for everybody, right?

Mr. Randy Hillier: Right. But one other thing, just to follow up on the NDP’s comments about second-hand, and the difference between steam or vape: I understand that the federal government, under Bill S-5, is regulating and will have all the requirements for what is in the e-juice. That’s my first comment.

The other thing is—maybe you can have your comments on this—I understand that the product in vape juice is the same product that is used to create fog in nightclubs or at school dances.

Mr. Ashutosh Jha: Correct, minus the nicotine and minus the flavouring. In fact, actually, school dances sometimes do have flavours, because it creates that smell.

This is something that we see all the time. We’ve actually been inhaling PG openly at parties for over 50 years. We have scientific data that PG and VG are not the issue.

Granted, I do believe, generally speaking, that we should not be addicted to anything. That’s my personal view. I’m somewhat pragmatic in the sense that I did use nicotine, I did get into nicotine, because my genetics—

Mr. Randy Hillier: We have no interest to regulate the same vape, the same fog, in a school dance, but once it’s in a machine like this, for personal use—

Mr. Ashutosh Jha: It’s just so silly. It’s so damn silly. Each one of you has been to a wedding where you have had access to this, so you have all vaped, actually. And are you okay? It looks like you’re all healthy, right?

Mr. Randy Hillier: Yes. Thank you.

The Chair (Mr. Shafiq Qadri): Thank you, Mr. Jha, for your testimony.

CANADIAN VAPING ASSOCIATION

The Chair (Mr. Shafiq Qadri): We now move to our next presenter, who is Mr. Marc Kealey of the Canadian Vaping Association, amongst other things.

Mr. Kealey, welcome.

Mr. Marc Kealey: How are you? It’s good to see you.

The Chair (Mr. Shafiq Qadri): You have five minutes for your opening address. Go ahead.

Mr. Marc Kealey: I have some presentations here. I’ll give you these.

Through you, Mr. Chairman, I want to thank you for the opportunity to present on Bill 174, this omnibus legislation. I want to take my allotted time, members, to talk specifically with respect to the Smoke-Free Ontario Act.

I’m a member of the Canadian Vaping Association, the CVA. We’re a national non-profit organization, and we represent the vaping industry in Canada. I’m also a public affairs professional and, proudly, I’m a Heather Crowe award winner, having served dutifully in the Smoke-Free Ontario campaign cabinet some 10 years ago.

Vape shops have grown exponentially, with the current estimate of dedicated retail outlets in Ontario numbering over 400, representing well over 1,500 employees, serving hundreds of thousands of customers and generating over \$200 million of revenue.

The growth of the industry has not been the result of expensive marketing campaigns, or the efforts of large corporations or tobacco companies. Rather, it has been a direct result of the substantial demand for these products by the approximately 2.5 million smokers in Ontario. Estimates in the province are, conservatively, around 650,000 people who vape.

The majority of vape shop owners in Ontario are former smokers who have chosen vaping as a less harmful alternative to smoking. Our membership has taken a leading and public role to pursue a mission aligned with the government’s, and that is providing healthier choices for smokers. We’re committed to a smoke-free Ontario.

In many ways, Ontario has been a role model in the development and implementation of effective ways of reducing the harms of smoking. I believe that Smoke-Free Ontario is a cornerstone of that effort, and I want to thank members of this committee, like Mr. Hillier and Mr. Potts, who have taken objective stances to that end.

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We’re astounded, Mr. Chairman, that this bill gives carte blanche to consumption of cannabis through combustion as the ubiquitous option while vaping nicotine is prohibited to such a degree. In effect, vaping is the singular best harm-reduction tool to replace smoking. We will be submitting a report in the coming days dealing with cannabis and, frankly, the outdated premise of its consumption through combustion. That’s the mischief that Smoke-Free Ontario was designed to replace.

Let me direct your attention, ladies and gentlemen, to reviewing the growing body of evidence that suggests vaping is a less harmful choice over smoking and has the potential for dramatically reducing the disease and death it causes. CVA has an anti-smoking bias.

We have provided links to studies and evidence that supports our claim in our written submission. In summary, vaping is less harmful than smoking and adds

virtually no imposition to the health of bystanders because it's generally recognized as safe by its ingredients. Vapers are almost exclusively smokers or former smokers. No gateway effect has ever been observed, and rates of smoking are falling at faster rates than have been seen in recent years.

CVA understands that many of the amendments we seek will come through regulations, and the goal of the regulations should be to ensure that maximum benefits are realized while reducing the potential harms. Furthermore, we have had productive discussions to that end with Ministry of Health officials, and we are preparing to work together.

However, we have real concerns that Bill 174, as written, will have a negative impact on the industry that is growing as an alternative to smoking tobacco and, consequently, the very constituents who seek to make a healthier choice rather than smoke.

Let me be clear: CVA agrees that sales should be restricted to individuals over the age of 19. In fact, we enforced this practice even before legislation was contemplated. We also agree that certain lifestyle promotions or advertisements are not appropriate.

We request the committee consider amendments put forward, and we'll give them in our submission; specifically:

- permitting sampling indoors at vape shops, consistent with what we negotiated with other provinces, like Manitoba and British Columbia;

- permitting dedicated adult-only vape shops to openly display, promote and sell their products, similar to what we negotiated in Manitoba;

- consider a mandatory review of the act, as is being contemplated by Health Canada, because science, as the Minister of Health nationally has said, is catching up with vaping.

Our amendments would provide adult smokers with access to assistance and education provided by vape shop owners, which is crucial for a smoker looking to transition away from cigarettes. Our amendments would provide smokers with a greater value proposition, by permitting them to sample vape products in adult-only shops where no tobacco is sold and supporting the message that vaping is a less harmful alternative. Prohibiting it, in reality, dissuades consumers from trying to move to a less harmful alternative, and they may therefore simply continue to smoke, defeating the intended purpose of the Smoke-Free Ontario campaign.

Vaping technology has catapulted in leaps and bounds, Mr. Chairman. Research continues to debunk the myths that have permeated mainstream media about vaping. The technology is getting better and, in fact, it could be the effective breakthrough—

The Chair (Mr. Shafiq Qadri): Thank you, Mr. Kealey, for your remarks. We now move to the government side: Mr. Potts, three minutes.

Mr. Arthur Potts: Do finish your last paragraph, Marc.

Mr. Marc Kealey: I would hate to see this breakthrough dashed, marginalized or even forced under-

ground, Mr. Potts, by what appears to be some of the misguided crusade against the effectiveness of vaping by those who should be champions for its effective and responsible use as a tool to get smokers off cigarettes altogether.

Mr. Arthur Potts: Great. Thank you very much, and thanks for being here. I know you've had a chance to be across the country—BC and others you mentioned a bit. How are we doing it differently within the legislative frame that you would like to see us change?

Mr. Marc Kealey: Mr. Potts, I'm a little concerned that it's very prohibitive. I mean, if you look at what we've done with Health Canada, the Minister of Health nationally ripped off our line when she said science is catching up with this less harmful alternative. That was our line. They've said, "We could have prohibited this altogether, but we realize that people want to get off smoking cigarettes and this is a viable alternative." It's harm reduction, and there's recognition for that.

Mr. Arthur Potts: Are you finding some of that recognition within our government, within the ministry which is overseeing this? And do you see the opportunity within regulations that we can enshrine this concept of harm reduction?

Mr. Marc Kealey: We are entirely encouraged by the discussions we've had with the Ministry of Health as it relates to the process by which we could do some of those exemptions through regulation. We're very encouraged.

Mr. Arthur Potts: I was very interested in your comments around cannabis. We'll be selling cannabis in government stores. Do you think that's the right vehicle for us to be selling cannabis? And should we be encouraging vaping of cannabis rather than combustion?

Mr. Marc Kealey: Look, you've opened the opportunity for an LCBO for cannabis. I've got to commend you for trying to do that. The issue, though, as I see it, is that the Canadian Vaping Association has said not only to the government of Canada, but to every province across this country that we are going down a path of accreditation and certification for those who are in this business. That puts us very squarely in the area of being a detail expert. Vaping is vaping. It matters not if it's cannabis or nicotine. The point of the exercise is that those people across the aisle from the person who wants to procure that would be certified to do that, because they have knowledge of what vaping—

Mr. Arthur Potts: Would it be consistent, then, if the government of Ontario were selling marijuana in stores, that they should also be selling vaping equipment to highlight the importance of vaping over combustion?

Mr. Marc Kealey: I've made this comment across this country: I think it's ludicrous that the only option that you have right now for consumption of cannabis is to smoke it.

Mr. Arthur Potts: So at least we should have educational materials, you would suggest, in those stores, that people should be vaping and not smoking?

Mr. Marc Kealey: Yes, I do, Mr. Potts. It behooves the government to look at the Canadian Vaping Association to help with some of the viable alternatives.

Mr. Arthur Potts: We appreciate your advocacy. Thank you.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Potts.

The PC side. Mr. Hillier.

Mr. Randy Hillier: Thank you very much for being here today.

I would have liked to ask this question to the previous presenter, just because he's in the retail trade, but has the CVA done any studies with regard to vapers in this specific regard? I have never come across somebody who vapes who wasn't previously a smoker. I've just never seen it. I've been in many vape shops. Everybody coming in that I've talked to is a smoker and looking to quit.

Has the CVA done any studies, or would you give us your view on that?

Mr. Marc Kealey: Well, Mr. Hillier, we've taken the time to do a literature review, similar to what happened with the University of Victoria. I find that that study, which is a literature review, gets really limited countenance, not only from Health Canada but from even this government, with respect to the—I'm going to say—less harmful effects of vaping.

We have not done any research, and I think it's not our purview to be doing research, but we are looking at organizations that are doing research. In the UK, there's a tremendous volume of research that's happening by virtue of public health in the UK, that's doing a lot of work—

Mr. Randy Hillier: Well, Public Health England has come out and said this is the most effective harm reduction tool that they've—

Mr. Marc Kealey: Yes, they have.

Mr. Randy Hillier: And they have embraced the concept.

Mr. Marc Kealey: We endorse that wholeheartedly and so have other groups.

But, again, it goes back to your point: It's not fair for us. We've been very clear with the lexicon that we've used, and we've been very clear with Health Canada that it's not fair to say that this is safer. It's not fair to say that this is healthier. We have been very clear that this is less harmful. The ideal is that people don't smoke. The ideal is that people don't vape, but they do.

Mr. Randy Hillier: Perfection is a little bit beyond our grasp.

Mr. Marc Kealey: Right. Exactly.

Mr. Randy Hillier: I stated earlier that the new federal bill, Bill S-5, will be regulating the material in the vape juice, but you also mentioned Manitoba and BC and other provinces where they have taken a less prohibitive approach as opposed to what is contemplated. How long has that been going on for, and what are the results that we're seeing in those provinces?

Mr. Marc Kealey: We worked with the government of Manitoba very clearly—even the transition from the

old government to the new government—and they have been very, very good with having us sitting at the table to work out issues on the regulations side.

British Columbia: The minister himself said, “We want your help in terms of drafting the regulations.”

Mr. Randy Hillier: So you can sample flavours in those stores, you can try it out, you can change a coil or demonstrate how things work and see what nicotine level might be the most effective to reduce your smoking—all that stuff?

Mr. Marc Kealey: Correct.

Mr. Randy Hillier: It would be interesting, I guess—and I don't know if we have that available—

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Hillier. You're asking a research question?

Mr. Randy Hillier: Yes.

The Chair (Mr. Shafiq Qaadri): Mr. Natyshak.

Mr. Taras Natyshak: You have referenced British Columbia and Manitoba. How long have they had their regs, as it relates to vaping, on the books?

Mr. Marc Kealey: The vaping regs in Manitoba came out last summer. They started last summer.

Mr. Taras Natyshak: Relatively new.

Mr. Marc Kealey: About half a year ago.

Mr. Taras Natyshak: Do they have the same mechanism to review those regulations in a time frame that they prescribe?

Mr. Marc Kealey: We actually asked for and got in the province of Manitoba a review. The review is every two years.

Mr. Taras Natyshak: Every two years?

Mr. Marc Kealey: Yes.

Mr. Taras Natyshak: Their version of how they treat vaporizers, how does that align with their version of the Smoke-Free Ontario Act? Is there a correlation there? Are they built into the same bill?

Mr. Marc Kealey: I think every province in this country has a mission, I'd say, to eradicate cigarette smoking. There isn't a province that I'm aware of that is less prohibitive than the other; it's the manner in which they're allowing less harmful alternatives to come into the marketplace.

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I think Manitoba has done a terrific job to engage with those who are subject matter experts in the delivery of a less harmful alternative. It allows what they call qualified vape product shops to deliver vape equipment, rather than convenience stores.

Mr. Taras Natyshak: On a technical level, do their vape regulations lie within their version of the Smoke-Free Ontario Act? Are they talking about cigarette smoke and vaping in the same legislation?

Mr. Marc Kealey: I see where you're going on that. Similar to what the government of Canada has done, where they put another category for e-vaping, they have made the distinction that a vape product is different than cigarette smoking in their act, yes.

Mr. Taras Natyshak: Accreditation and certification: Are you signalling that in your talks with the provincial government they're looking at that as a model?

Mr. Marc Kealey: No, we're recommending that that happen here.

Mr. Taras Natyshak: You also alluded to some level of optimism in some reforms to the regs in this bill.

Mr. Marc Kealey: We are talking with the government about making some amendments to the regulations. I think that a lot of the exemptions that we think might happen would be in the regulations rather than in the legislation.

Mr. Taras Natyshak: So you're saying that you are optimistic about those discussions?

Mr. Marc Kealey: We are having very good conversations with government, yes.

Mr. Taras Natyshak: How long has that been going on?

Mr. Marc Kealey: Probably over the last month, since Bill 174 came out.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Natyshak, and thanks to Mr. Kealey for your deputation and presence on behalf of the Canadian Vaping Association.

Mr. Marc Kealey: Thank you.

CANNABIS CULTURE

The Chair (Mr. Shafiq Qaadri): I invite our next presenters to please come forward: Ms. Jodie Emery and Mr. Marc Emery.

You've seen the protocol: five minutes for opening remarks. Please begin now.

Ms. Jodie Emery: Thank you for your time. I'm here before the Standing Committee on Justice Policy, and I think it's very important that we focus on the justice side of the legalization movement.

One of the main reasons to legalize marijuana is to address the fact that there is a great injustice in this country where millions of Canadians have been criminalized, demonized and stigmatized because of cannabis laws. We need to look at the fact that criminal penalties for cannabis contribute to a great injustice in this country.

Bill Blair and Justin Trudeau have both said that cannabis arrests are unfairly targeting the poor, the marginalized and those in society who are already held down and oppressed. Bill Blair has said it is "one of the greatest injustices in this country" that this takes place, yet we see a continuation of tough penalties, harsh penalties, new criminal laws.

To justify those harsh, new punishments, they're backed up by a lot of myths, fears and lies about the health impact of cannabis. Let us remember that Health Canada approves marijuana for medical use because it improves the health of sick and dying Canadians, because cannabis improves the health of those who use it, and it's a safer choice than opioids and alcohol.

I would like you to review my four-page document as well as my 10-page document.

The four-page document focuses on driving and smoking. Cannabis smoke does not harm the lungs, and I have numerous studies to back this up, from the American Medical Association, the association of cancer research, the Psychology of Addictive Behaviors. With driving, we're now looking at denying medical marijuana users and many others their rights and freedoms by using laws based on inaccurate and false information. You will find all of this information about driving from the National Highway Traffic Safety Administration and the American Journal of Public Health, proving that cannabis does not increase crashes.

These fears about young people and their brains and health harms are being used to justify incredibly punitive legislation, like what Ontario's government is looking at. So I beg of you: Please review the facts about addiction and teens and the science. Please consider it, because you are affecting people's lives—like me and many others who are literally stripped naked by men with guns in cells underground, denied our right to give consent. That's what happens with a marijuana arrest. You lose your rights. You lose your freedom. Criminal laws harm people far more than cannabis ever has or ever will.

I give the remaining time to my husband, Marc Emery.

Mr. Marc Emery: Thank you. I ran a shop on Church Street. We served 180,000 people in the six months I was in business. We were in the middle of the Gay Village, and we served 1,600 to 2,000 people a day—and that's just one shop. We collected and remitted HST on all our sales; in the first three months, it was half a million dollars. We carded all of our customers, and of those 180,000 people we served in six months, never once were we accused or reported to have served anyone under 19 years of age. We had all our cannabis tested by High North labs and we rejected six batches of marijuana on the basis of those tests. We had those tests, and they covered every possible assay and array of cannabinoids as well as any kind of contaminants. We had those lab reports available for all our customers to see.

We employed 28 people full-time, and we remitted all the taxes and deductions. I paid tax on all the revenue I took. My shop donated, in just two months alone, \$25,000 to gay, queer and LBGT organizations in our neighbourhood.

All the public safety and tax objectives sought by this government can be achieved by allowing principled private retailers to be the distributors and legal sellers of cannabis.

It was the busiest marijuana shop in the world, so I have more knowledge about selling marijuana in a retail outlet than anybody on this planet. It was a beautiful addition to the neighbourhood, too. We had performances every night. We allowed people to consume cannabis by smoking it, vaping it, eating it—however. It was a delightful time, and we never had a single police intervention or anomaly or health anomaly.

My point is this: The government's proposal to have 40 shops, of a very sterile nature, handling a limited number of cannabinoids is a big step down for everybody in Ontario who consumes cannabis. This government should not be in the cannabis business. This government should be proclaiming this new, legal industry as an opportunity for ordinary men, women and people of minority backgrounds, as well as the established players, to thrive in their beloved cannabis culture.

We know how to do this best. The government does not know it at all. You've been oppressing us for 50 years: arresting us, hounding us, demonizing us. You are the worst and last people who should ever be involved in any kind of distribution of cannabis. You're simply unqualified and incompetent, and you've been our oppressors 50 years. It's the most hypocritical thing I've ever heard of in my life. This government's and the federal government's role in oppressing the cannabis culture has gone on for over 50 years, and will continue—

The Chair (Mr. Shafiq Qaadri): Thank you. The time now passes to Mr. Romano.

Mr. Ross Romano: Thank you, Mr. and Mrs. Emery. On this justice idea you're referring to, I certainly want to discuss a few aspects of that.

My first question is, you would agree with me that THC stays in the bloodstream longer than any other form of drug, and certainly longer than alcohol. Correct?

Mr. Marc Emery: Sure: six to eight weeks. Every single person who smokes cannabis would be unable to drive.

Mr. Ross Romano: Right. And you would agree with me on that point, then, that the only type of mechanism we know of on how to test with respect to THC in the blood is something very similar to an alcohol Intoxilyzer that would measure blood THC.

Mr. Marc Emery: Yes, but cannabis doesn't impair you. That's the terrible myth that's going on. If I thought for a moment that cannabis impaired people, I would never advocate it. I do not advocate for anything that impairs the sensibilities. Marijuana makes you more self-aware. If anything, we are better drivers than ordinary people. We are more cognizant of what's going on, because—

Mr. Ross Romano: But my question, sir, if I can, please: The concern, you would agree, certainly, is that the federal government is obviously going to create some form of legislation surrounding what levels of cannabis or THC are going to be permitted in the body for the purposes of determining impaired driving.

Ms. Jodie Emery: Yes, this is the proposal that they have. The American Automobile Association studied it in 2016—this is on page 4 of the four-page document—and they said, "Based on this analysis, a quantitative threshold for per se laws for THC ... cannot be scientifically supported." They found that a lot of people are found guilty of driving impaired when they're not at all impaired, since it shows up weeks or up to a month after use.

Mr. Ross Romano: So to that point, then, isn't it imperative that the federal government lay out exactly what the framework is as to what would define impaired driving for those people who want to use marijuana and who will be using cannabis so that they have a clear understanding? Because we don't want them getting charged with impaired driving when maybe they're not impaired. We don't have that framework yet. We don't know—

Ms. Jodie Emery: Nobody supports driving impaired, absolutely. But we already have measures in place to deal with impairment. Impairment is proven by performance, whether you're using pharmaceutical drugs or you are on your cellphone—I guess you could call texting an impairment of some kind. There are all sorts of ways you can be impaired. But what these laws, federally and provincially, aim to do is to criminalize people who use cannabis even though they're not impaired. Even worse, for many medical marijuana users, they will automatically lose their mobility rights just for being a patient.

Mr. Ross Romano: You will agree with me, though, that it is imperative for those people who want to use and who can legally use cannabis products—that they need to know. They need the education on what constitutes impaired driving before they can legally use it. Correct?

Mr. Marc Emery: No, the government needs to be educated that marijuana doesn't impair and there's no limit that makes you impaired.

Mr. Ross Romano: But you need the knowledge. You need to know what it is before you can use it.

Ms. Jodie Emery: We need to tell people to drive responsibly at all times, regardless of what pharmaceutical drugs you might be on or whether you're angry and have road rage or there are kids kicking the seat. In fact, one of the most recent studies found that using marijuana is no more impairment-causing than driving with kids.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Romano. We pass it to the NDP. Mr. Natyshak.

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Mr. Taras Natyshak: Thanks for the work that you've done over your careers. Thanks for your advocacy. I know you've been passionate advocates for cannabis culture and the decriminalization and legalization of cannabis, in all parts of the world, I would assume, that you've advocated in.

In that respect, I would imagine you've seen lots of legislation come forward in the States and in other jurisdictions that are starting to come to the realization that this is something they need to do and something that can benefit society and can have those positive effects on the reduction of people in our judicial system, all the good stuff that we know can come about with some progressive legislative moves to tackle this issue.

Am I correct in that you've seen lots of legislation?

Ms. Jodie Emery: Yes, and I'd like to note that in Washington state, Marc and I were both official endorsers of their Initiative 502. They studied the driving and blood nanogram limit, and they admitted internally that even though these limits are unscientific and inaccurate.

ate, in order to gain public support to pass the bill, they had to have a driving provision. They only gave that to try to get more support for legalization, similar to what we see happening here.

Mr. Taras Natyshak: So you endorsed that bill regardless of—

Ms. Jodie Emery: We endorsed the overall message regardless of the flaws.

Mr. Taras Natyshak: Okay. Here's my question to you. I wanted to put it into context. There's a federal date looming: July 1, when their legislation is coming down. That's what is forcing all the provinces into this action to get something on the books that starts to deal with it, because we're compelled by federal legislation. I, in the six years I've been in this building, have yet to see a bill come to the floor that is perfect in its construction. I do not surmise that this is; I know there are lots of reforms to be made. But as a first step, if you were sitting in this room, even if nothing was done and there were no amendments to this bill, would you vote for it?

Mr. Marc Emery: No.

Mr. Taras Natyshak: Knowing that you've got a July 1 timeline and you're not going to have anything else coming down?

Mr. Marc Emery: I'd leave it to the open, free market. I wouldn't let a government monopoly—

Mr. Taras Natyshak: In the absence of the law, there would be no free market available.

Mr. Marc Emery: Well, we'll see about that.

Ms. Jodie Emery: There are two sides to this. On the one hand, with Washington state, like I said, the reason I supported it is because the message worldwide was that legalization is possible. That's what people are seeing with Canada. They don't see the devil in the details that we're seeing because we're affected by them. They see a message that we've been pushing our entire lives: Legalize it, and hopefully the details will be worked out over time—incremental as a means. Take what you can get and always ask for more. I'll be here for a while asking for that.

Mr. Taras Natyshak: So Marc is a no but Jodie is a maybe.

Ms. Jodie Emery: Oh, gosh. It would be a tough one.

Mr. Taras Natyshak: Yes. Okay.

Mr. Marc Emery: Hey, we've had 50 years of black market distribution of cannabis without one single death. The government of Ontario killed eight people in Walkerton just by giving them water. We're already way ahead of this government that wants to distribute cannabis as far as ethics and the safety of the consuming public go.

The Chair (Mr. Shafiq Qadri): Thank you, Mr. Natyshak. To Mr. Potts: three minutes.

Mr. Arthur Potts: Jodie and Marc, thanks very much for being here. It's nice to see you again. I was campaigning for Ian McKay on Vancouver's Sunshine Coast when you were the candidate back then, and we had a chance to chat in the hallways.

Mr. Marc Emery: We're going back far now.

Mr. Arthur Potts: We're going back quite far.

Needless to say, you are pleased with the incrementalism, that marijuana is at least decriminalized, and it will be legal—

Ms. Jodie Emery: Well, it's not decriminalized yet. People are still being arrested today, in fact, and that's one of my biggest issues.

Mr. Arthur Potts: But it's coming; it's coming. I know.

Are we making the right decision not to sell pot and booze together?

Ms. Jodie Emery: Don't mix the two together, definitively. In fact, cannabis use reduces use of alcohol. Where they legalized medical marijuana, they found between an 8% and 11% decrease in traffic fatalities, because people use more cannabis and less alcohol.

Mr. Marc Emery: The same figure is true with opioids.

Mr. Arthur Potts: I'll take that as a yes. That's important, because we are making the distinction.

This is Ontario, and if you go on a street corner, you do not find the capacity to buy wine or beer or spirits in a non-government store. Can you grant us a little leeway here, that we're going slow and careful?

Mr. Marc Emery: No.

Mr. Arthur Potts: Fair enough. So you would love to see this in the open market, and I get that.

Mr. Marc Emery: The Alberta model is the right one.

Mr. Arthur Potts: I appreciate very much that you are very careful with the products you sell. That's the issue, isn't it: Are all suppliers—I know people who went into a shop without a medical licence, got served because they said they had a prescription, had some edibles, woke up the next day and had no idea what had happened to them. Not all retailers are as safe as you, so we're taking a careful approach.

Now, we're going to be opening a lot of stores, and they are going to be online. Do you get a sense that one of the political parties at the table is prepared to go out and campaign that they want to have stores wide open, as you're suggesting? Are you having that conversation with either of the opposition parties?

Mr. Marc Emery: Yes, the Trillium Party has endorsed it, so I'm endorsing them.

Mr. Arthur Potts: The Trillium Party. The Trillium Party is here—Jack.

Mr. Marc Emery: Well, the three parties in this government are all, it would appear, in favour of this monopoly. No person in my whole life have I ever met who wanted to buy marijuana from a government monopoly. I have never met a single person like that. Nobody in Ontario is excited to buy from a government monopoly. I have never met a single person like that. Nobody in Ontario is excited to buy it from a government store, I assure you.

Ms. Jodie Emery: It's important to add that right now, the government seeks to eliminate the criminal market, but you cannot do that with criminal penalties. The criminalization creates the crime, so the best way to

get rid of black-market, criminal-market, illegal dispensaries is to end the criminalization, legalize them, allow them the ability to go legal.

One of the saddest things is that people like me, my husband and other pioneers with criminal records are locked out from being allowed to sell pot legally, locked up for doing it—

Mr. Arthur Potts: I'm really unhappy that you guys went through that experience.

Ms. Jodie Emery: We're going to court on Monday, and to the Supreme Court in the next few days, so wish us luck.

Mr. Marc Emery: We're trying to stop your monopoly, actually. We're in the Supreme Court next week. Cannabis Culture is an intervener in the Supreme Court case *R. v. Comeau*, and we hope to stop the Ontario government's plan dead in its tracks.

Mr. Arthur Potts: I go back to how, again, you can't buy beer at a private corner store. You think—

Mr. Marc Emery: But you can get alcohol at over 10,000 outlets in Ontario: arenas, restaurants—

Ms. Jodie Emery: And alcohol kills.

Mr. Marc Emery: If marijuana were available in 10,000 outlets, I wouldn't be here complaining.

The Chair (Mr. Shafiq Qadri): Thank you, Mr. Potts, and thanks to you, Mr. and Ms. Emery.

CANADIAN AUTOMOBILE ASSOCIATION

The Chair (Mr. Shafiq Qadri): We now move to our next presenter to please come forward: Elliott Silverstein from the CAA, the Canadian Automobile Association. Thank you for the USB key, which I will look at later tonight.

You've seen the drill. Your five-minute opening address begins now.

Mr. Elliott Silverstein: Good afternoon, Mr. Chair and members of the standing committee. My name is Elliott Silverstein. I'm the manager of government relations with CAA South Central Ontario. I'm pleased to speak to you today regarding Bill 174, in particular the proposed road safety measures found within the bill.

As a long-standing advocate for road safety, CAA is pleased to see the efforts being made to strengthen impaired driving laws in Ontario and to keep our roads safe. The measures included in Bill 174 will align drug-impaired and alcohol-impaired offences for young and novice drivers, ensuring that there is zero tolerance while they are in their formative years of driving and at most risk of being in a crash. The provisions in Bill 174 also build upon amendments made to the Highway Traffic Act last year where penalties for drug-impaired driving offences now mirror those for alcohol-impaired driving offences, including fines and licence suspensions.

Recently, CAA conducted a survey of Ontario drivers on road safety and cannabis legalization. The results reinforced the importance of establishing road safety rules ahead of pending federal legalization next year. Our survey results indicated the following:

Road safety is front-of-mind. Ontario drivers believe there will be an increased frequency of cannabis-impaired driving, and there is potential for more collisions due to cannabis use once legalized. When asked, 71% of those surveyed said that cannabis is as dangerous as both alcohol impairment and distracted driving on our roads.

Slightly more than one in 10 drivers have driven in a car after smoking or ingesting cannabis. When looking at current users, who were defined as those who admitted to using cannabis in the past three months, they were more likely to engage in cannabis-impaired driving. The survey showed that two in five claimed to have driven while under the influence. Respondents also agreed that public education remains the number one area for preventing cannabis-impaired driving—74%.

Another subject within Bill 174 is increased penalties for distracted driving. While considerable progress has been made in recent years, most notably through the Making Ontario's Roads Safer act, distracted driving continues to be a menace on Ontario's roads, endangering the lives of all road users: motorists, cyclists and pedestrians. CAA supports ongoing efforts to toughen distracted-driving laws, addressing the issue head-on and trying to make conditions safer for everyone. If passed, the proposed legislation would make Ontario's distracted-driving laws arguably some of the toughest in Canada, and would hopefully encourage motorists across Ontario to keep their hands on the wheel and focus on the road.

There is little dispute that distracted driving continues to be a growing and dangerous challenge on our roads. Simply put, it only takes a moment to dramatically change your life or someone else's. From our perspective, no text message or email is worth risking your life or the life of another road user.

CAA has been dedicated to helping change certain rules and regulations for Ontario's roads that will improve safety for everyone who uses them. We do this in many ways, including road safety campaigns where we aim to educate and bring awareness to critical issues across the province. As long-standing advocates for road safety, we continue to monitor the discussion around cannabis and its potential impact across the province around road safety.

CAA members have highlighted impaired driving, along with distracted driving, as the road safety issues that continue to concern them most. Ensuring that road safety remains at the forefront of efforts to legalize cannabis will continue to be part of CAA's focus, and that includes advocating that governments put sufficient funds towards public education on the impacts of drugs and driving, and appropriate funds and tools available for police training and enforcement. Thank you.

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The Chair (Mr. Shafiq Qadri): Thank you, Mr. Silverstein. We'll now move to the NDP side. Mr. Natyshak?

Mr. Taras Natyshak: Thank you very much, Elliott, for being here. Good to see you.

Mr. Elliott Silverstein: Thank you.

Mr. Taras Natyshak: Has the association done any more research on the device that is being pointed to, that will detect a level of cannabis? Do you have any data on its efficiency, where it has been used and whether those findings have ever been held up in a court of law?

Mr. Elliott Silverstein: I know that the actual devices are still being determined and tested and so forth. We don't have any specific data ourselves as it relates to challenges and so forth. I know that this is something that is moving in real time. But it's certainly something where we know that law enforcement is actively working on this in preparation for the proposed rollout on July 1.

Mr. Taras Natyshak: It would seem to me that it would make it very difficult to prove anyone was affected, or anyone was under the influence, if you couldn't actually detect whether they had anything in their body. Are you not concerned that there could be some abuse of the regulation if there isn't hard-and-fast science behind whether in fact someone can be qualified as being under the influence?

Mr. Elliott Silverstein: Going back to something you said in an earlier presentation, I think that we are working in a time frame where it has been dictated here, so I think it's a matter of being prepared to have road safety legislation in place to be able to address the issue on day one and beyond.

From what we've been hearing, there is a lot of work being done to try and do roadside screenings, but there's also the ability to do the impairment checks, much like they can do right now. It is a work in progress.

From our perspective—and I think a lot of road safety partners would say the same thing—it won't be perfect on day one, but certainly, if there are measures in place to address the challenges, even if it takes a little bit longer than the July 1 timeline, at least the legislation is in place to protect road users.

Mr. Taras Natyshak: You mentioned some figures at the beginning—that 71% of people polled believed that consuming cannabis impairs them while driving. Was that a poll that was conducted by your association?

The Chair (Mr. Shafiq Qadri): Thirty seconds.

Mr. Elliott Silverstein: We used an external polling provider to poll Ontario drivers in recent months, and 71% felt that cannabis was as dangerous as alcohol or distracted driving on our roads.

Mr. Taras Natyshak: Do we have real data to suggest that that is actually even accurate, that those who are under the influence of cannabis are as dangerous as someone who is driving with their cellphone or driving distracted?

Mr. Elliott Silverstein: The issue here is, this is also partly public perception and public concerns, but it's also trying to understand something that is really a new phenomenon to Canada and to Ontario. There is a lot of data that's being developed right now. But certainly, understanding the fears and apprehensions and the concerns—

The Chair (Mr. Shafiq Qadri): Thank you, Mr. Natyshak.

To the government side: Ms. Vernile.

Ms. Daiene Vernile: Good afternoon, Elliott Silverstein. It's good to see you here.

Mr. Elliott Silverstein: It's good to see you.

Ms. Daiene Vernile: I do want to mention that the CAA is a very important road safety partner with the province of Ontario. Through your advocacy work, we do have some of the safest roads in the world, and we want to keep it that way.

I'm going to pick up on something that Mr. Natyshak just touched on. The presenters before you said that "cannabis doesn't impair you." Yet you say you have a study that shows that 71% of respondents have said it is as dangerous as alcohol.

Talk to us a little bit more about that. How many people did you ask? What other results did you get?

Mr. Elliott Silverstein: The survey was conducted of 1,000 Ontarians. It was a statistically viable sample. We did this late in the summer. Really, what it shows is that people are not necessarily aware of what's happening right now, in terms of this discussion. But it also goes back to the point that is being made—that you can buy alcohol, but it doesn't necessarily mean you need to drink it or consume it on your way home. There's a time and a place.

We're not telling people what they should or shouldn't do. We're simply saying that when you're on the roads, we want to make sure that people are getting from point A to point B safely. Really, that's the piece for us: We want to make sure that roads are safe.

What is being echoed by a lot of the public is that this is an evolving discussion, and I think there are a lot of things that are going to be moving in real time. We want to make sure that safety is at the forefront of this, more than anything else, and that people are making the right choices, and that everybody, whether they're driving a vehicle or they're an unintended bystander, is getting to their destination safely.

Ms. Daiene Vernile: What kind of public education and awareness would you like to see?

Mr. Elliott Silverstein: I think there's an opportunity here for the government, from road safety partners everywhere, to really understand what people should or should not be doing in terms of road safety. I think there's understanding some of the potential risks involved, mixing of different drugs and alcohol. I think there's an opportunity here to really educate, because this is all new territory for this province and for this country.

Ms. Daiene Vernile: Would you say that the legislation, the way it's written now, is even and measured?

Mr. Elliott Silverstein: The legislation right now I think is really trying to respond to a lot of timelines that have been set by other jurisdictions, the federal government particularly. I think that if more time were available, more could be done, but I think that, really, road safety can't take a backseat to other things happening.

Ms. Daiene Vernile: Thank you very much.

The Chair (Mr. Shafiq Qadri): We'll now move to the PC side. Mr. Romano.

Mr. Ross Romano: With respect to road safety issues in particular, you refer to some of the ways in which im-

paired driving—or THC, I suppose—could be measured in the blood. You're familiar with a process that was implemented in Washington and Colorado where they have a device that will measure the amount of THC in the bloodstream?

Mr. Elliott Silverstein: Yes. There are different devices that are being used in the United States.

Mr. Ross Romano: We have no idea what the cost of that would be, for police agencies to be properly equipped in every cruiser, to have a sufficient number of devices per municipality, correct?

Mr. Elliott Silverstein: I think what is happening right now is that I know the police are looking at having drug recognition experts and having those available in different areas. Again, it's a work in progress, so not every officer would be fully equipped or trained to be able to do so, but I think really you'd have certain officers prepared in a certain jurisdiction. It's kind of working your way up and ramping up towards that.

Mr. Ross Romano: When you refer to officers having some ability to check it on their own, they would need to develop a certain level of expertise. They have to be able to be qualified in a court of law as experts in that subject matter, correct?

Mr. Elliott Silverstein: Correct. They'd have to go through certain training.

Mr. Ross Romano: And that training takes a significant amount of time and cost.

Mr. Elliott Silverstein: It does, and it has been ongoing, I think, for a while now. I don't think it's something that's going to be reactive come July 1. It's already been in place and is being developed, to my understanding, right now.

Mr. Ross Romano: All right. Now, you talked about some of the penalties. It's going to be treated the same as impaired by alcohol. A first offence carries a \$1,000 fine and a minimum one-year driver's licence suspension. A second offence within 10 years carries a minimum 30 days in jail. A third offence carries a minimum 120 days in jail—let alone, if bodily harm occurs, 10 years in jail; if there's death, life in jail. The penalties are substantial, so we really need to clearly understand what will constitute impaired driving, correct?

Mr. Elliott Silverstein: I think what has been amended last year was really important because it actually brought an alignment of different issues. I think, really, from our perspective, more than anything else it's addressing the novice drivers, because novice drivers are in their most vulnerable state because they're still trying to get used to how to navigate the roads in all different weather conditions. More than anything else, I think the key highlight here for us is, really, when you're behind the wheel in the G1/G2 phase, that there is zero tolerance on that, because that is such a critical factor in this.

Mr. Ross Romano: Right, and because the penalties are so substantial and the risk is so high for major safety concerns, we need to know what that means in terms of how we define impaired use. More importantly, above all else, we need to know what constitutes that level of

impairment and how it's being tested before we worry about distribution, don't we?

Mr. Elliott Silverstein: The road safety and the understanding—it's a very critical point. I think part of it is being discussed at this level and also at the federal level.

Mr. Ross Romano: So you would agree with me.

Mr. Elliott Silverstein: It's a constant work in progress, yes.

The Chair (Mr. Shafiq Qadri): Thanks, Mr. Silverstein, for your deputation on behalf of the CAA.

MS. MARIA PAPAIOANNOY

The Chair (Mr. Shafiq Qadri): I now call our next presenter to please come forward: Ms. Maria Papaioannoy?

Ms. Maria Papaioannoy: Almost.

The Chair (Mr. Shafiq Qadri): How does one pronounce it?

Ms. Maria Papaioannoy: Maria Papaioannoy, but you're free to—

The Chair (Mr. Shafiq Qadri): Papaioannoy. Polynesian?

Ms. Maria Papaioannoy: Greek. I wish Polynesian, a better—oh, actually, an equally as good vacation.

The Chair (Mr. Shafiq Qadri): Okay. Welcome. Five minutes' opening address. Please begin.

Ms. Maria Papaioannoy: Thank you. Good afternoon, Mr. Speaker and colleagues. My name is Maria Papaioannoy, and I'm co-owner of the Ecig Flavourium. We have three locations, in downtown Toronto, the Toronto Beaches and Port Hope. I am also a leading member of the movement Vapor Advocates of Ontario, which uses activism to ensure that vaping is fairly legislated and regulated in this province.

On November 1, the government threatened my business by entering a piece of legislation that could potentially harm the lives of thousands of customers and my ability to serve them.

In 2010, my husband and I quit smoking by using vaping products. In 2013, we opened our first retail store. Our inspiration for doing so was to help people who also wanted to use vapour technology as their choice to remove cigarettes from their lives.

Despite the comments that have been made that the vaping industry is targeting the children, our actions in Ontario and the rest of Canada show evidence to the contrary. We have organizations like CVA and ECTA that set standards for our industry.

When we opened in 2013, there was no regulation in Canada and Ontario. Nevertheless, we looked at others in this sector and followed self-regulations.

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From day one we implemented a 19-plus purchase requirement for our customers. As business owners and consumers, we wanted to make sure that what we sold was of the highest standards, and we looked at organizations like ECTA for guidance. We educated our custom-

ers on product safety and usage, and to this day, we ensure that whoever walks through our doors to make a purchase leaves with the ability to safely and effectively use their vapour device.

We witness daily the power this product has to help remove combustible cigarettes from smokers' lives. We see the success rates of staying smoke-free when a vaper finds that perfect flavour. When I look at this legislation, it is apparent to me that the writers did not accept any input from industry stakeholders and created a bill that does not take into account the day-to-day aspects of what happens in my business to help adult smokers stay smoke-free. But they did find a way to haphazardly take current tobacco regulations and force-fit them into vaping products. By doing this, they are sending a message to Ontarians that smoking and vaping are the same, and why make the switch? They are ignoring the growing scientific evidence that this is a safer alternative. In speaking with customers, colleagues and other stakeholders, it is apparent that this proposed legislation is being received with adverse reaction. Schedule 3 treats vaping no different than tobacco when it shouldn't.

I'm requesting that this committee add amendments that would respect the current goal of Bill S-5 and Health Canada, which will make vaping products in our country, upon royal assent, a consumer product, not tobacco. By looking at peer-reviewed studies like the 2016 Cochrane collaboration—I've made a copy for each of you—and aligning with Health Canada's messaging on vapour products, prohibitive legislation like this would not be necessary.

When you are looking at these amendments, please do not think of vaping as a tobacco product, because it is not. I ask that amendments be made to display and promotion. Displaying products openly in our stores gives a consumer the ability to learn effectively how to use the product. They will witness and participate in assembling and using the device inside with the help of experts. Sampling of e-liquids is also important in the process to help smokers make the transition to being smoke-free.

I would also recommend that advertising not be treated in the same manner as tobacco and amendments be made to allow for respectful and controlled advertising for retail outlets. As an emerging industry, people need to know—adults over the age of 19 need to know—where vapour retailers are located, to ensure that smokers and current vapers within our community know where we are.

Lastly, I would highly recommend that this committee implement a year mandatory review period on this issue. Positions of respected health groups and scientific studies are released quickly on vaping. For example, just this morning, the British Medical Association announced that it has reversed its position on e-cigarettes and is now fully in support of Public Health England's position on vaping.

I would like to thank the committee for giving me the opportunity to participate in these proceedings. In respect to the over 900,000 Ontario residents who have chosen to

use vaping technology as their way to live smoke free, I will share the messaging of the members of the movement known as VAO: First, vaping isn't smoking, and second, vaping does save lives. Thank you.

The Chair (Mr. Shafiq Qadri): Efharisto, Ms. Papaioannoy.

Ms. Maria Papaioannoy: Parakalo.

The Chair (Mr. Shafiq Qadri): To Mr. Potts, two minutes.

Mr. Arthur Potts: *Remarks in Greek.*

Ms. Maria Papaioannoy: *Remarks in Greek.*

The Chair (Mr. Shafiq Qadri): You're driving our translators crazy.

Mr. Arthur Potts: Sorry, my apologies.

Of course, you and I met two years ago around Bill 45—

Ms. Maria Papaioannoy: It was 2014; three years ago now.

Mr. Arthur Potts: Was it three years? Thank you very much; it was earlier.

At the time you were tweeting smack at me and a whole bunch of my colleagues, and you were a little surprised when I responded and came down and visited. It was a very important meeting we had at your store down off Queen Street. I heard that story very clearly, from not just you and your husband, but all the people who were in the store who you introduced me to who had found cessation of combustible cigarette tobacco through vaping. We have all these people who are writing in and it's all a testament to your organizational prowess—it's very impressive.

Wendy Simpson, for 33 years, smoked a pack of cigarettes. She says, "For those of us who have turned to vaping to quit smoking, it has been a godsend." Or Katherine Bannon: "I have been off cigarettes for ... seven years." Beforehand, she could hardly run up and down stairs, "Now I can ... walk for hours and play games with the kids like tag and race." I met people at your store who are running marathons.

So I got early on the fact that there was harm reduction here. Were you in any way encouraged by what the Canadian Vaping Association was saying about the meetings they're having with our staff, that you're not being treated the same as tobacco because the regulations are going to provide exclusions to allow you to do the things you need to do in your stores?

Ms. Maria Papaioannoy: Respectfully, from what I—again, I'm just learning about politics. Vaping has given me many things, and one of the things is understanding the legislative process in Ontario. It took me 45 years, but I've got it now. One thing I do understand is that the government has the ability to change regulations without going through extensive processes. Am I correct on that?

The other thing is, as a voter right now, I'm being inundated by commercials that are telling me not to trust this government or that government. Right now, as I'm sitting here fighting for my business, fighting for the lives of my customers and ensuring that they stay smoke-

free, I'm going to bet on the legislation, because it's going to be a heck of a lot harder to change than regulation, because everyone's telling me not to trust any government at this point.

Mr. Arthur Potts: Fair enough. We've taken the approach in our government in a lot of areas that we want to be flexible and nimble. We do that better through regulations. It gives us more latitude to do things as new evidence comes forward. Other members of the Legislature, the official opposition particularly, want everything detailed in the legislation, so that may get covered.

But every time a regulation comes forward, it gets a comment period. There is an opportunity for public input. It just doesn't take months and months. So I would take comfort in the fact that we have your back. We'll be looking after opportunities for your business and your customers to have your products work and do harm reduction in our community.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Potts. To the PC side: Mr. Hillier.

Mr. Randy Hillier: Thank you, Maria, for being here today. I want to follow up, because I think it was an important interaction you just had with the government member in that even though for three years now the evidence has been overwhelming and convincing to that member, they still brought out another piece of legislation that says that vaping is tobacco and must be treated like tobacco in the legislation. That really is at the crux of it. They may make some exemptions. Hopefully, your pressure and influences of good health in reducing the harm for people throughout the province will give them cause to provide some exemptions. But really, after three years of recognizing all those letters, they have still come out that vaping is tobacco.

I'm going to ask you the same question I asked others, Maria. Everybody I know who vapes, and every person I've met in a vape shop, is somebody who was a smoker, or is a smoker who's looking for a way to stop. Is that your experience with your stores, or are these people who don't smoke, never smoked and just want to come in and find a new way to do tricks with steam?

Ms. Maria Papaioannoy: Just to be clear, first of all, people don't come into our shops to learn how to do tricks and do steam. They are smokers. The other thing is—

Mr. Randy Hillier: And they're looking to quit.

Ms. Maria Papaioannoy: To stop smoking. The other thing is, I don't know why it is so difficult for government right now to make the smallest amendment and acknowledge that vaping is not tobacco. By doing that, you lift a shame. You do not understand—and those of you who have never smoked might not be able to understand this; I hope you can find a way to empathize with it—that smokers are shamed in this province, and that is now continuing to people who are choosing vaping products to stop smoking.

If the Ontario government truly, truly cared to help people stop smoking and looked at this as an opportunity,

they would make it a consumer product and follow Health Canada.

Mr. Randy Hillier: Maria, that's exactly what Public Health England has said. That's why they've embraced it and stated that they want to facilitate and allow people greater access to vapes: Because that has been one of the impediments to people stopping smoking using vapes, the misinformation that vapes are another type of tobacco or that there's concern and cause for fear over it.

I would encourage members to read the public health education statement on this, that we—

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Hillier. To Mr. Natyshak: three minutes.

Mr. Taras Natyshak: I get that vapes are not cigarettes, and they're not tobacco. I understand that completely. They're two different things, although the method of ingestion is kind of similar. You inhale both, you exhale both. They both produce a visible component. It's that specific that we have to, I think, get our heads around in terms of where it's used because people who don't vape and people who don't smoke also have a right to not be exposed to it. Would you agree?

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Ms. Maria Papaioannoy: I do, and I also believe that people who choose vaping technology do not have to bear the burden of being labelled as tobacco users.

Mr. Taras Natyshak: I agree.

Mr. Kealey from the vaping association mentioned accreditation and certification. Are you currently—

Ms. Maria Papaioannoy: Absolutely. I'm 100% behind the Canadian Vaping Association's plan on accreditation and certification because it will give us that extra bit more to make sure that everything we do is correct—even more so.

Mr. Taras Natyshak: You said you were using best practices when you first set up your shop, not selling to people who are under 19 years old. Are there currently some standards that are being set through a form of accreditation or certification that you could point us to? Who is developing the best practices around what a vape shop professional should be?

Ms. Maria Papaioannoy: One thing that you might want to understand about the way our industry works is, although we are competitors, we are subject matter experts who each share with one another. What you're going to look at is the way this industry has grown and has evolved and matured very quickly. It's because we're all trying to raise that bar to be even better.

At this moment, right now, we may not have an official accreditation program, but our Canadian Vaping Association is building one. ECTA, the Electronic Cigarette Trade Association, is working on one, and we're getting there. If you go into a vape shop in this city or in this province, you will be amazed about the knowledge, the caring, the quality of service that you will get. It's amazing; it's incredible because we truly believe that we're not a tobacco product and we truly believe we are helping someone not die from a tobacco-related illness because those deaths are heartbreaking.

Mr. Taras Natyshak: Thanks so much.

Ms. Maria Papaioannoy: You're welcome.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Natyshak, and thanks to you, Ms. Papaioannoy, for your deputation.

MS. MARION BURT

The Chair (Mr. Shafiq Qaadri): I now call on the next on the agenda to please come forward: Ms. Marion Burt. Welcome.

Ms. Marion Burt: Pardon me. I'm a little slow.

The Chair (Mr. Shafiq Qaadri): You're welcome.

Mr. Arthur Potts: We're six minutes fast. You've got lots of time.

The Chair (Mr. Shafiq Qaadri): Welcome, Ms. Burt. Your five minutes begin now and then rotation by questions. Please begin.

Ms. Marion Burt: Thank you. My name is Marion, and I'm a vaper. I thank you for allowing me to speak to you today about my experience with vaping.

I started to smoke almost 40—well, I smoked for almost 40 years and, during most of that time, I felt terrible about it. I felt guilty, I felt shamed. I tried everything that I could to stop. I did manage a couple of times, but I put on so much weight that I always fell back into the smoking trap again.

Finally, three and a half years ago, I heard about e-cigarettes. I did some online research and I thought, well, this sounds safe for me and safe for everybody else, so I will try it. I ordered a starter kit on the Internet and it arrived on April 27, 2014, which is now my second birthday, and that was the last time I had a cigarette. I have not wanted one since.

What I have learned since then is, as Maria said, vaping is completely different from smoking. Only someone who has neither vaped nor smoked would consider it logical to put both practices into the same set of regulations. It's very easy to smoke. All you need is a cigarette and a lighter, and both are readily available in any convenience store, but it's a lot harder to vape. The devices are pretty intricate. You have parts to them that have to be matched up. You have to replace parts of them every week or so. You have to know which brand of coil goes in with which brand of tank. You have to know about nicotine levels. You have to know about the VG/PG mix. You actually even have to learn how to inhale properly. It's very difficult. I struggled at the beginning because there weren't very many vape shops around three and a half years ago. I almost went back to smoking a couple of times. But then I found a vape shop. They were wonderful. They guided me through the process, and now I visit them regularly. They help me with all my problems. They point out what's new: something that's more efficient, something that's safer. I now see them as doctors' offices for my vaping health.

Another thing is, I am now retired. Vaping is not just smoking cessation; vapers become friends. Vapers become a social support network. Vape shops are now a

very valuable social resource for me. I consider this really important for seniors, and there are a lot of senior vapers, a lot of senior ex-smokers.

You heard Maria, and my point is, I'm really struck by the integrity of the vaping industry in Ontario. Most of them are ex-smokers, and they do want to help other smokers escape. They voluntarily refused to sell to minors right from the beginning—I was in a store last weekend where a minor was kicked out—because they have principles of safety, principles of ethics.

On to flavours: I consider the whole discussion about flavours to be really, really childish—

The Chair (Mr. Shafiq Qaadri): One minute.

Ms. Marion Burt: Oh, I'm sorry; I've only got a minute? All I will tell you is that I quit smoking on strawberry and Rice Krispy Treats flavour, and I just found Skittles and I love it. It's not just kids who like flavours; they're really, really important to vapers. The other thing is that I didn't gain a gram when I quit smoking, because of the flavours. That is a health benefit.

Finally, if this legislation had been in effect three and a half years ago, I can assure you that I would still be smoking. If schedule 3, as it is, goes into effect, I and thousands of other vapers may be tempted to get back into smoking. That in itself should make you think about schedule 3 and its motivations.

The Chair (Mr. Shafiq Qaadri): Thank you, Ms. Burt. To the PC side: Mr. Hillier.

Mr. Randy Hillier: Thank you, Marion. It's a pleasure to see you once again. Your story of the Rice Krispy marshmallow flavours I remember well from a couple of years ago on Bill 45. I remember that story from before. It's an important story, and I think the important story that still hasn't been accepted fully by the government is that we ought to be thankful that we have a Marion Burt who found a way to quit smoking and that we want to have more Marion Burts find a way to quit smoking, that we ought not to put up roadblocks, prohibitions, or restrictions. As you stated, if this legislation was in place back in April 2014, you wouldn't have been able to—

Ms. Marion Burt: I wouldn't have been able to quit. I had tried everything, as I said before. I had tried; I got my first vape and it was easy.

Mr. Randy Hillier: You had tried to quit before, and you smoked for 40 years. You're retired now. This is one of the things that came out of Public Health England, that if we align vapes with tobacco, as we've done in schedule 3, Public Health England says we risk scaring smokers out of quitting, where we elevate the fear that vapes are just another tobacco product. We scare people, when the evidence and the facts from the British Medical Association, the public health units—so many highly respected institutions are saying this is the most effective way that we've come across.

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This idea about banning flavours, which we are once again reintroducing in Bill 45—fill us in. You stopped using strawberry and now you've found Skittles.

Ms. Marion Burt: No, I still have strawberry. I have about 27 flavours in my drawer.

Mr. Randy Hillier: Right.

Ms. Marion Burt: And I flip them around. Your taste buds get tired after a while, so you want a change.

Mr. Randy Hillier: Right. So these are not flavours that are going to curry to youngsters. They curry to—I don't think we—

Ms. Marion Burt: They do curry—Skittles. I had not tried them before but I love the taste. The point that I skipped over here was, as an ex-teacher, I will tell you that no rebellious teenager is going to go for Gummy Bears or Skittles. They're going to go for triple-strength, throat-burning—

The Chair (Mr. Shafiq Qadri): Thank you, Mr. Hillier. To Mr. Natyshak, three minutes.

Mr. Randy Hillier: Thank you, Marion.

Mr. Taras Natyshak: Thank you very much for your presentation here today. Thanks for your story. How many different flavours did you go through? You said you had 27—

Ms. Marion Burt: Something like that.

Mr. Taras Natyshak: Presumably, ostensibly, you'd gone through a couple of dozen before you found one that worked for you.

Ms. Marion Burt: There are many manufacturers of flavours in Canada and I will say they all have very high standards, the ISO standard of manufacturing and testing. They are very creative in how they make flavours. I went to a Canadian vaping convention and there were hundreds of flavours to try.

Mr. Taras Natyshak: Do you tend to buy flavours from a preferred manufacturer now that your knowledge base has increased? Or will you just kind of go by the flavour?

Ms. Marion Burt: I kind of go by the flavour. Some of them—I really like a couple of liquids from one manufacturer; I will tend to lean towards that.

Mr. Taras Natyshak: Okay. Does the origin of where it's made make a difference for you?

Ms. Marion Burt: Yes. I only buy Canadian.

Mr. Taras Natyshak: You have a level of—

Ms. Marion Burt: Because I trust them. They belong to the ECTA.

Mr. Taras Natyshak: Gotcha. Aside from the prohibitions around smoking cigarettes that are currently on the books, as an ex-smoker, when you did smoke around non-smokers, did you feel self-conscious?

Ms. Marion Burt: I felt generally like a subhuman. I felt that I was bullied by everybody. I was a lesser person that lived under a rock. That's how I felt.

Mr. Taras Natyshak: How do you feel now when you vape? You said there's a social aspect to it and I understand that. How do you feel now—or do you even vape around non-vapers?

Ms. Marion Burt: I ask people.

Mr. Taras Natyshak: Do you?

Ms. Marion Burt: I ask people if they mind.

Mr. Taras Natyshak: Yes, and are they generally—

Ms. Marion Burt: And if they do, I don't vape. But almost invariably they say, "I don't mind."

Mr. Taras Natyshak: Because it's not cigarette smoke.

Ms. Marion Burt: It's not cigarette smoke; that's right.

Mr. Taras Natyshak: So they're not as—

Ms. Marion Burt: Yes. I mean, it's not cigarette smoke. It dissipates very quickly. There are no ingredients that are harmful; they're in everything else we have. I feel it should be a matter of comfort—

Mr. Taras Natyshak: So you've been a non-smoker for three years now, three and a half years?

Ms. Marion Burt: Three and a half.

Mr. Taras Natyshak: Congratulations.

Ms. Marion Burt: Thank you.

Mr. Taras Natyshak: Do you feel a whole hell of a lot better or what?

Ms. Marion Burt: I'm a different person.

Mr. Taras Natyshak: Are you?

Ms. Marion Burt: I'm free. I said once I developed wings when I stopped smoking.

Mr. Taras Natyshak: Good for you. Thanks for being here.

The Chair (Mr. Shafiq Qadri): Thank you, Mr. Natyshak. To the government side: Ms. Hoggarth.

Ms. Ann Hoggarth: Good afternoon, Ms. Burt.

Ms. Marion Burt: Good afternoon.

Ms. Ann Hoggarth: I too am a teacher and I can say that my way of doing things has always been a balanced approach. I am very pleased that our government moves into areas cautiously. I wish that when cigarettes were introduced there had been as much caution as there is right now. We are very cautious about the drugs we approve, our health ministry and Health Canada, and I think it's important that we proceed cautiously.

I also am, and I know you would be too, very proud that we are doing things to protect children and youth. I think that's very important. If you agree that we should be protecting children and youth, but you oppose the proposed regulations, how would you suggest that our government ensures that these products are not accessible to children and youth, while still allowing a fair marketplace for adults?

Ms. Marion Burt: Well, really, I would say it's the status quo. The vape shops do not serve young people under 19. That is what has been happening. That, I think, is all that's necessary.

I read a lot of studies. This has become a hobby of mine in the last three and a half years. Although a lot of young people try vaping, they do it because it's interesting and exciting. Very, very few of them become regular vapers, and almost none become smokers. I think the statistics in England—one from a recent study of 16,000 young people over several years—was that although it seems a very high rate of young people tried vaping, the ones who became regular vapers were something like 0.5%, and the number who went on to smoke was 0.01%, which is almost nothing.

Ms. Ann Hoggarth: Just in regard to that, I think MPP Vernile would like to talk about some research that was done.

Ms. Marion Burt: Do you mean the Baskerville study from the University of Waterloo?

Ms. Daiene Vernile: Yes, at Waterloo.

Ms. Marion Burt: You know, I saw that. You've touched a nerve here. Many MPPs sent out a link to voters on this. I followed the link, and the link actually goes to an interview from the University of Waterloo's student rag with Dr. Baskerville about his study. It doesn't go to the study. I read the study, and the study says that there is no causal relationship between vaping and smoking shown by this—

The Chair (Mr. Shafiq Qaadri): With apologies, thanks to Ms. Hoggarth and Ms. Vernile, and thanks to you, Ms. Burt, for your deputation. You're welcome to submit material to the committee in writing if there is anything you'd like to particularly follow up on.

ARRIVE ALIVE DRIVE SOBER

The Chair (Mr. Shafiq Qaadri): I now invite our next presenter to please come forward: Mr. Michael Stewart, program director of Arrive Alive Drive Sober. We have here keys, which I'm enjoying; we'll have them distributed right now. Your five-minute address begins now.

Mr. Michael Stewart: Good afternoon, Mr. Chair and members of the committee. Thank you for inviting Arrive Alive Drive Sober to provide comments on Bill 174. My name is Michael Stewart and I'm the program director with Arrive Alive.

For almost 30 years, our charity has provided leadership and programs to eliminate impaired driving. We enable people and communities to share resources and information intended to prevent injuries and save lives on our roads. We have 86 members and stakeholders, comprised of dedicated professionals and volunteers. We frequently partner with community groups, police services, public health units, schools, government and businesses. Each year, we distribute for free over \$100,000 in printed materials across Ontario and receive over \$12 million in donated television and radio airtime.

In a recent Ontario government survey, our slogan and messaging were recognized by four out of five Ontarians, making it the most recognized impaired-driving campaign. Since the inception of our organization, impaired driving fatalities in Ontario have declined almost 75% according to the Ontario Road Safety Annual Report. On top of that, for many years Ontario has ranked first or second among the safest roads in North America, demonstrating that comprehensive legislation and enforcement requires a third partner—effective public awareness—to save lives on our roads.

Arrive Alive commends the work of the provincial government and its commitment to creating new and stronger legislation to keep cannabis out of the hands of youth and combat impaired driving through Bill 174.

Prohibition of cannabis sales to persons under 19 years of age and restricting the selling of cannabis to government-regulated stores are actions that we have encouraged since legalization discussions began. Furthermore, amendments to the Highway Traffic Act that introduce zero tolerance for young and novice drivers with drugs in their system and penalties aligned with alcohol-impaired driving are improvements that will help us all arrive alive.

We have heard a common and dangerous misconception from both youth and adults that driving while high on cannabis is not only safe, but makes them a better driver. The Canadian Centre on Substance Abuse reports that in 2011, 21% of high school students who were surveyed in Canada said they had driven at least once within an hour of using drugs, and 50% had been a passenger in a vehicle where the driver had used drugs. Statistics Canada has also reported a doubling in police-reported drug-impaired driving incidents since 2009. Meanwhile, we have continued to see sustained and consistent reductions in alcohol-impaired driving fatalities. It clearly appears that the population of drivers who combine drugs and driving is distinct or different from the population that is well aware of the dangers of drinking in combination with driving.

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Bill 174 is an important step forward, but we urge the members of this committee to accelerate the government's pace and economic support when it comes to a comprehensive plan for public awareness efforts. These legislative changes in the absence of awareness and education will limit the impact and deterrent effect these changes are intended to have. Given the brief time between now and July 1, 2018, we encourage you to explore strategic opportunities for partnership on education campaigns.

Arrive Alive has been at the forefront of raising awareness about the dangers of driving while impaired by both alcohol and drugs. Our drug-impaired driving efforts to date include The Sober Truth about Driving High, a video PSA filmed in partnership with the CACP and RCMP; our award-winning iDRIVE educational video; a radio PSA titled Potchecks; and our Eggs on Weed campaign. Currently, we are working on and filming a new drug-impaired driving educational video with the Ministry of Transportation and CAA, to be shared with every high school in Ontario by March 2018.

In conclusion, Arrive Alive Drive Sober supports the government's efforts to create stronger legislation. It's with the help of tough legislation that we have continued to see alcohol-impaired driving fatalities decrease in Ontario. However, effective public education and awareness was also instrumental in reducing those numbers. To combat drug-impaired driving like we have with alcohol—

The Chair (Mr. Shafiq Qaadri): One minute.

Mr. Michael Stewart: —the government must provide ample funding and resources. We encourage the government to work with its existing partners, like

ourselves, as we have been a valuable resource in the past with changes to impaired driving legislation; for example, impaired boating in 2006, the warn range in 2009, and 21-and-under legislation in 2010. We look forward to partnering again in the future to keep our roads safe.

Thank you for your time.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Stewart.

Mr. Natyshak, three minutes.

Mr. Taras Natyshak: Thank you very much, Mr. Stewart. With your other endeavours around impaired-driving awareness, right to the brunt of the issue: How much did it require you to spend to get to an achievable result, something that you could see on a data set that correlated with the increase in education and awareness? You alluded to some numbers where we had a massive campaign on. I think I know it. Is it the one with the glasses that go in front of each other? I remember that one, certainly. That one was effective, I would say.

Mr. Michael Stewart: That is a campaign done by MADD. That is a separate group than what we are.

Mr. Taras Natyshak: That was a separate group? It was not your group?

Mr. Michael Stewart: Yes. Just to clarify, we are a separate group from MADD Canada. It's a common misconception.

Mr. Taras Natyshak: I apologize. But at least I do remember that commercial.

How much have you spent, and how much do you think the government should invest in any type of awareness campaign?

Mr. Michael Stewart: For how much we've spent in our 30 years, I couldn't begin to try to calculate that number.

Mr. Taras Natyshak: What's your annual budget for education?

Mr. Michael Stewart: Our usual operating budget, with all of our campaigns and all the stuff that we do, is around \$300,000 to \$350,000. We produce all of our PSAs ourselves. We write and film them in a very cost-effective way. We use volunteers for the actors in our videos.

Mr. Taras Natyshak: That's in Ontario?

Mr. Michael Stewart: The PSAs are filmed in Ontario, but they are shared across the country. We don't use any specific legislation or penalties that are in Ontario, so they can be played in BC and Nova Scotia.

Mr. Taras Natyshak: The province has partnered with you before on some of those?

Mr. Michael Stewart: Yes. The Ministry of Transportation of Ontario is actually a very active partner of ours.

Mr. Taras Natyshak: What was their most recent partnership? How was that arranged? What did it look like?

Mr. Michael Stewart: Our most recent partnership is on our "experience the evidence" drug-impaired driving educational video that will be out by March 2018. We work with the Road Safety Marketing Office to coordi-

ate what this video will look like, what things we should address, including the common misconceptions—that you think that they are better behind the wheel or they can focus more. We're going to have actual evidence come in from police officers, researchers, CAMH, places like that, who will then address and correct those misconceptions.

Mr. Taras Natyshak: I'm just trying to get a sense of what the government's commitment around education and awareness is going to have to be with this new industry coming online and the scope of it. I'm seeing that it could be a \$26-billion annual industry. What are the requirements and resources that are going to be needed from the provincial level to adequately inform people about all the aspects of this new legislation?

Mr. Michael Stewart: Education is obviously an investment. The more money that you can provide to groups like ourselves and others to help raise awareness—

Mr. Taras Natyshak: You'll spend it wisely for us.

Mr. Michael Stewart: Yes.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Natyshak. To the other side: Ms. Vernile.

Ms. Daiene Vernile: Good afternoon, Michael. It's good to see you here. Thank you for your presentation this afternoon and for the advocacy work that you do in keeping Ontario roads safe. We want to see those roads continue being safe.

Earlier this afternoon, we had a delegate who came before us, the owner of an illegal cannabis store, who said, "Cannabis doesn't impair you." Do you agree with that?

Mr. Michael Stewart: I do not agree with that statement. We've heard from many of our partners at the Traffic Injury Research Foundation of Canada, the Ontario Provincial Police, the Toronto police, the Ministry of Transportation, the Canadian Centre on Substance Abuse and CAMH. They have all agreed that cannabis can impair you behind the wheel.

In fact, CAMH's recent study, where they use their drug-impaired driving simulator, found that if you smoked cannabis, you were up to two times more likely to be in a collision, and if you combined cannabis with another drug—say, alcohol—you were up to eight times more likely to be in a collision.

Ms. Daiene Vernile: What do you think of the regulations and the fines that you see now in the legislation?

Mr. Michael Stewart: As of right now, it's a good starting point. I like to say that we've been spoiled because we've had 30-plus years to get our alcohol legislation and penalties up to where they are. For Ontario, they're some of the strictest and toughest in Canada. So it's going to take some time to get there for drug-impaired driving as well, but the fact that the new penalties in this bill align with our alcohol-impaired driving legislation and penalties is a good start.

Ms. Daiene Vernile: The public education that you have had for years with regard to alcohol has been very effective. Can you tell us a little more about what we can

anticipate to see with your PSAs with regard to drug impairment?

Mr. Michael Stewart: One of the video PSAs I mentioned was The Sober Truth About Driving High. We released that in 2012. It was to show that police can detect and remove drug-impaired drivers from the road. That was something we'd been hearing a lot of around that time, so we wanted to address it. Our PSAs going forward will address that as well. We want a simple message that people can understand: They shouldn't drive if they have partaken in cannabis. Our messages will just try to be more of a "party smart" prevention, which is more in our style of messaging.

Ms. Daiene Vernile: It took us years to get to the point with alcohol, didn't it? Do you think that it's going to be as challenging with drug impairment?

The Chair (Mr. Shafiq Qaadri): Thirty seconds.

Mr. Michael Stewart: I've been saying very recently that it's definitely going to be as challenging. We had that stigma 30 years ago with alcohol: "Oh, I've had a couple of beers; I can still drive home." It has taken us 30 years to really get that message into people and really hammer it in. We're going to have to do the same with drugs.

Ms. Daiene Vernile: Okay. Well, no pun intended, but it's a joint effort, right?

Mr. Michael Stewart: That was the name of our conference this year.

Ms. Daiene Vernile: Thank you very much.

The Chair (Mr. Shafiq Qaadri): Thank you, Ms. Vernile. To the PC side: Mr. Romano.

Mr. Ross Romano: Clearly, sir, you would agree that legalization is entirely a federal issue and distribution is a provincial one, correct?

Mr. Michael Stewart: Yes.

Mr. Ross Romano: With respect to what the federal government has given us as a province in terms of defining what would constitute impaired driving with respect to the use of cannabis—what the rules would be, what that would look like, how it would be policed, what the apparatus would be—we have no knowledge of any of that, correct?

Mr. Michael Stewart: Yes.

Mr. Ross Romano: Clearly—I'm sure this is a term you're very familiar with through the courts—a person who's impaired by cannabis specifically can cause a very serious toll of death and destruction on our highways, correct?

Mr. Michael Stewart: Yes.

Mr. Ross Romano: Bearing all of that in mind, given the serious risk of death and destruction on our highways

that impairment by cannabis use can cause, to use Ms. Hoggarth's statement from earlier, isn't it more important for us to move cautiously at this point and to worry about ensuring our roads are safe before we worry about giving people access to cannabis?

Mr. Michael Stewart: I think right now, with the strategy to have it all out into the public by July 1, 2018, we need to make sure those measures are in place to keep our roads safe. I think this bill is a good starting point to do that.

Mr. Ross Romano: But you'll agree with me, though, that without even having any knowledge whatsoever as to how we will keep our roads safe, what the apparatus will be, what the cost of it all will be, we do not have the tools at this time to ensure our safety, and we ought to prioritize safety ahead of distribution.

Mr. Michael Stewart: We do currently have—our police are trained SFST officers, which is the standardized field sobriety test. We have our drug recognition evaluators—

Mr. Ross Romano: Not all officers have that level of testing, clearly.

Mr. Michael Stewart: No, not all of them do.

Mr. Ross Romano: And that level of testing takes a substantial amount of time to obtain and to get properly accredited with.

Mr. Michael Stewart: It does, and—

Mr. Ross Romano: And there's no guarantee that we're going to have that before July 1, correct?

Mr. Michael Stewart: Yes.

Mr. Ross Romano: You would agree, then, that it is more important to ensure that people are safe before we start distributing.

The Chair (Mr. Shafiq Qaadri): Thirty seconds.

Mr. Michael Stewart: I think, right now, with the tools that we have in place, police are able to detect and remove drug-impaired drivers from the road—

Mr. Ross Romano: You can't possibly effectively educate people without knowing what the legislation is going to be on impairment itself.

Mr. Michael Stewart: Correct, which is why we are taking the time to—

Mr. Ross Romano: Thank you.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Romano, and thanks to you, Mr. Stewart, for your deputation on behalf of Arrive Alive.

Colleagues, that concludes today. We will reconvene tomorrow for 21 more submissions and witnesses at 9 a.m. in committee room 1.

Committee is now adjourned.

The committee adjourned at 1750.

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