



To THE ATTN OF Robert Reid.

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NORTH RENFREW
LONG-TERM CARE SERVICES INC.

P.O. Box 1988 • 47 Ridge Road • Deep River, Ontario K0J 1P0 • Tel: 613-584-1900 • Fax: 613-584-9183
E-mail: nrltc@nrltc.ca • Web Site: www.nrltc.ca

Deep River and Area Dementia Friendly Communities Program

With our aging population, the occurrences of dementia will increase and we need a strategy to cope with the demands that implies. Dementia Friends Canada is a national campaign that is helping Canadians to learn a little about dementia, and then turn that understanding into simple actions that can improve the lives of people living with dementia. At the provincial level Alzheimer and Dementia Societies are encouraging and supporting the development of "Dementia Friendly Communities"

"A Dementia Friendly Community is a place where people living with dementia are understood, respected and supported; an environment where people living with dementia will be confident that they can contribute to community life. People in the community will be aware of and understand dementia, and people living with dementia will be included and have choice and control over their day-to-day lives and level of engagement."

As part of its Board Value of "Community", the North Renfrew Long Term Care Centre is preparing a program to develop a Dementia Friendly Community that will extend from Chalk River to Deux Rivieres and include Rapides-des-Joachims. The program will be supported by the Dementia Society of Ottawa and Renfrew County.

An Action Group is being assembled under the leadership of Bill Bishop, a Volunteer with the Centre. The Action Group is requesting representatives from each of the Municipalities to assist in developing the program and to facilitate implementation it in their Municipality. Representatives will attend Action Group meetings and become informed of this issue from the many online and printed resources. Names of Nominees from the Municipalities to the Action Group can be sent directly to Bill Bishop (bishop@magma.ca) or to the Centre.

Introductory training of the Action Group will begin in the week of January 8, 2018, subject to member availability. Implementation of the Program will begin April 3 and be completed by June 28, 2018.

If you require additional information regarding this Program or have any concerns, please feel free to contact me directly or contact Bill Bishop.

Sincerely,

Kim Rodgers
Administrator

North Renfrew Long-Term Care Services Inc. is committed to supporting people to achieve the best possible quality of life by focussing on the individual choices of residents/clients and their families.



Morning Mist Resort Inc.

1256 Pine Valley Road
Stonecliffe, ON K0J2K0
(613) 586-1900

January 18, 2018

HCM Council Members,

RE: Hwy 17 Improvements

We respectfully request Council endorse a request in support of a left-hand turning lane at the intersection of Pine Valley Road and Highway 17 Eastbound.

The blind hill approaching Pine Valley Road on highway 17 from the east, coupled with the increased truck traffic makes turning left onto Pine Valley Road a safety concern. There are also a number of large RVs & campers entering/exiting the campgrounds during the busy summer vacation season.

With rumours of highway improvements in the coming years, it is prudent to bring this to the attention of the ministry at this time in hopes they would be supportive and allow time to plan accordingly. The traffic on Pine Valley Road associated with two busy campgrounds and a number of full-time and seasonal residents certainly warrants further examination in comparison to other turning lanes designed during the previous highway improvement project in 2007.

We appreciate and thank you in advance for any support from council and municipal staff.

Regards,

Todd Dowser
Morning Mist Resort Inc.

Melinda Reith, Head, Clara & Maria

From: AMO Communications <communicate@amo.on.ca>
Sent: Wednesday, January 3, 2018 12:11 PM
To: hcmclerkmreith@gmail.com
Subject: AMO Policy Update - New Municipal Asset Management Planning Regulation

January 3, 2018

New Municipal Asset Management Planning Regulation

On December 13, 2017, the Province approved the regulation that took effect January 1, 2018. Although no provisions take immediate effect.

O. Reg 588/2017 sets out new requirements for undertaking asset management planning. The proposed phase-in timelines for the preparation of new asset management plans that were part of a previous consultation process has increased from four to six years. Please note the dates below.

- a) July 1, 2019 – all municipal governments to have a finalized initial strategic asset management policy. Section 3 of the regulation sets out 12 matters that this policy must include and the policy must be reviewed every 5 years.
- b) July 1, 2021: all municipal governments to have an adopted asset management plan for core assets (roads, bridges and culverts, water, wastewater and stormwater management) that discusses current levels of service and the cost of maintaining those services. The regulation sets out both qualitative descriptions and technical metrics for each of the core assets.
- c) July 1, 2023: Municipal governments to an adopted asset management plan for all of its other municipal infrastructure assets, which also discusses current levels of service and the cost of maintaining those services. The municipality is to set the technical metrics and qualitative descriptions for its other assets (e.g., culture and recreation facilities).

For both b) and c) above, there are some different requirements for municipal governments above and below 25,000 population as well as those within the Greater Golden Horseshoe growth plan area.

- d) July 1, 2024: The asset management plans shall include a discussion of proposed levels of service, the assumptions related to the proposed levels of service, what activities will be required to meet proposed levels of service, and a strategy to fund the activities. (AMO believes that this funding strategy will further identify the gap between municipal own source revenues and the need. AMO's current fiscal analysis

for 2016 – 2025 shows a \$4.9 billion gap in municipal operating costs and capital needs.)

The proposed requirement for a licensed engineering practitioner to endorse completed asset management plans was dropped and the level of detail reduced under the financial planning aspects of the regulation.

In addition, O. Reg. 82/98 to the *Development Charges Act, 1997* has been amended to provide that on July 1, 2024, its transit asset management plan requirements will be repealed and included in this new regulation. The requirements in O. Reg 82/98 will continue to apply until July 1, 2024 to municipalities that are preparing asset management plans to support a development charge by-law in respect of transit services.

The Ministry of Infrastructure is proposing, beginning in 2025 to collect information from municipal asset management plans, such as levels of service and financial planning information through the Financial Information Return. After the initial FIR submission in 2025, municipalities would submit asset management planning information every time their plan is updated (at least every 5 years).

To help address capacity concerns related to implementing the regulation, the Ministry is providing up to \$25 million over the next five years for asset management planning tools and supports. This funding will be targeted to build municipal capacity through coaching and communities of practice, as well as support to get planning activities done (e.g. condition assessments) in small communities.

More details on both the collection and funding activities will be provided in early 2018. A concurrent session is being organized for the ROMA Conference taking place January 21-23, 2018.

Contact: Craig Reid, AMO Senior Advisor, creid@amo.on.ca, 416-971-9856 ext. 334.

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MGCS3766MC-2017-797

December 15, 2017

Dear Heads of Municipal Councils:

We are pleased to provide an update on Bill 59, Putting Consumers First Act (Consumer Protection Statute Law Amendment), 2017. Bill 59 made amendments to the City of Toronto Act, 2006 and the Municipal Act, 2001. Upon proclamation, these amendments will allow local municipalities to regulate the location and number of payday loan establishments. We would like to inform you that the government has proclaimed these sections into force effective January 1, 2018.

During consultations to inform the development of Bill 59, the government heard from municipalities that there was interest in an expanded municipal authority to regulate payday lenders. As a government we have listened. We thank municipal leaders for your contributions to protecting consumers and your communities.

Additional regulatory changes to strengthen protection for consumers using payday loans and cheque-cashing services will come into force on July 1, 2018 and include the following:


- It will be mandatory for payday lenders to provide borrowers with an extended payment plan if borrowers take out three or more loans with the same lender within a 63-day period.
- Payday lenders can only lend up to 50 per cent of a borrower's net pay per loan.
- The cost of borrowing a payday loan must be disclosed as an annual percentage rate in advertisements and agreements.
- The maximum fee for cashing government-issued cheques will be capped at \$2 plus one per cent of the face value of the cheque, or \$10, whichever is less.
- It will be mandatory for cheque cashing service providers to provide a receipt when cashing government-issued cheques.

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If you have any questions about the amendments, you may contact Ann Misetich, Manager of Consumer and Business Policy via email at Ann.Misetich@ontario.ca or by telephone at 416-326-8868.

Thank you for your continued support of strengthening financial protection for consumers in Ontario's communities. We look forward to continuing to work with you on this important initiative in the future.

Sincerely,

Handwritten signature of Tracy MacCharles in black ink.

Tracy MacCharles
Minister of Government and Consumer Services

Handwritten signature of Bill Mauro in black ink.

Bill Mauro
Minister of Municipal Affairs

c: Municipal Clerks/CAOs

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Melinda Reith, Head, Clara & Maria

From: OMBReview (MMA) <CSC_OMBReview@ontario.ca>
Sent: Friday, December 15, 2017 1:46 PM
To: OMBReview (MMA)
Subject: Passing of Bill 139 – the Building Better Communities and Conserving Watersheds Act, 2017

Passing of Bill 139 – the Building Better Communities and Conserving Watersheds Act, 2017

Please note that on December 12, the Legislative Assembly passed the Building Better Communities and Conserving Watersheds Act, 2017 which, among other matters, will replace the Ontario Municipal Board with a new tribunal, the Local Planning Appeal Tribunal, and helps ensure that proceedings before the tribunal are faster, fairer and more affordable.

More specifically, the legislation includes reforms that will:

- Reduce the number of appeals by limiting what could be brought before the new tribunal.
- Reduce the length and cost of hearings and create a more level playing field for all participants by introducing timelines and requiring the new tribunal to look for ways, like mediation, to settle major land use planning appeals that could avoid the hearing process altogether.
- Eliminate lengthy and often confrontational examinations and cross-examinations of witnesses by parties and their lawyers at the oral hearings of major land use planning appeals.
- Establish the Local Planning Appeal Support Centre, a new provincial agency, which will provide Ontarians with information about the land use planning appeal process, legal and planning advice, and, in certain cases, may provide legal representation in proceedings before the tribunal.
- Give more weight to key decisions made by municipal officials who have been elected to serve in the interests of the communities they represent.

These and the other reforms in the new legislation stem from last year's comprehensive review of how the Ontario Municipal Board operates and its role in the province's land-use planning system.

Proposed Regulatory Changes

Some of the changes made through Bill 139 will require corresponding amendments to existing regulations and the creation of new regulations.

Planning Act

Under the Planning Act, the proposed regulatory changes would:

- Require explanations of how planning proposals conform with local planning documents (which would build on other requirements);
- Clarify requirements for municipal notices;
- Make other technical changes; and
- Establish transition rules for planning matters in process at the time of proclamation under the Planning Act.

For more information, including providing comments on these matters please go to the Environmental Bill of Rights Registry:

- [EBR Registry Posting 013-1790](#): Proposed amendments to matters included in **existing regulations under the Planning Act** relating to the Building Better Communities and Conserving Watersheds Act, 2017 (Bill 139).
- [EBR Registry Posting 013-1788](#): Proposed new regulation under the Planning Act to prescribe **transitional provisions** for the Building Better Communities and Conserving Watersheds Act, 2017 (Bill 139).

Local Planning Appeal Tribunal Act

Under the Local Planning Appeal Tribunal Act, 2017, the proposed regulatory changes would:

- Establish transition rules for appeals to the Tribunal under the Planning Act;
- Establish timelines for appeals to the Tribunal under the Planning Act;
- Establish time limits for submissions at oral hearings for major land use planning appeals before the Tribunal; and
- Scope the practices and procedures of the Tribunal in respect of major land use planning appeals.

For more information, including providing comments on these matters please go to Regulatory Registry:

- [Ontario Regulatory Registry Posting 17-MAG011](#)

Adoption du projet de loi 139 – *Loi de 2017 visant à bâtir de meilleures collectivités et à protéger les bassins hydrographiques*

Veuillez noter que le 12 décembre, l'Assemblée législative a adopté la *Loi de 2017 visant à bâtir de meilleures collectivités et à protéger les bassins hydrographiques* qui, entre autres, remplacera la Commission des affaires municipales de l'Ontario par un nouveau tribunal, le Tribunal d'appel de l'aménagement local, et fera en sorte que les instances devant ce tribunal soient plus rapides, plus équitables et plus abordables.

Plus précisément, cette loi comprend des réformes visant ce qui suit :

- Réduire le nombre d'appels en limitant ce dont le nouveau tribunal peut être saisi.
- Réduire la durée et le coût des appels et établir des conditions plus équitables pour tous les participants en fixant des délais et en exigeant que le nouveau tribunal explore divers moyens, par exemple la médiation, qui permettent d'éviter le recours au processus d'audience pour régler les appels de décisions importantes en matière d'aménagement du territoire.
- Éliminer les interrogatoires et contre-interrogatoires longs et souvent conflictuels des témoins par les parties et leurs avocats au cours des audiences orales portant sur des appels de décisions importantes en matière d'aménagement du territoire.
- Créer le Centre d'assistance pour les appels en matière d'aménagement, un nouvel organisme provincial qui fournira aux Ontariens et Ontariennes des renseignements sur le processus d'appel en matière d'aménagement du territoire, des conseils juridiques, des conseils relatifs à l'aménagement, et dans certains cas, des services de représentation juridique lors des instances devant le tribunal.

Melinda Reith, Head, Clara & Maria

From: MCSCS Feedback <MCSCS.Feedback@ontario.ca>
Sent: Friday, December 15, 2017 2:21 PM
To: MCSCS Feedback
Subject: A Message from Deputy Minister Matthew Torigian on the Expansion of the Ontario Naloxone Program

Dear CAOs/Clerks:

I am pleased to inform you that on December 7, 2017, the government of Ontario announced an expansion to the Ontario Naloxone Program to provide access to police and fire services.

The expansion will be to the Public Health Unit (PHU) Harm Reduction Program Enhancement, under which PHUs distribute naloxone to eligible community organizations.

Naloxone kits will be offered to interested police services, including municipal and First Nations police services as well as the Ontario Provincial Police. The kits will also be available to interested municipal full-time, composite, and volunteer fire departments, and all northern fire departments.

The intent of this expansion is to make naloxone available to police and fire services to prevent overdoses.

To enroll in this program, police and fire services will need to contact their public health unit, complete a form indicating their interest and enter into an agreement with their local PHU.

Police and fire services have received an All Chiefs Memo/Communique providing further details regarding enrolling in the program. Services will be eligible to order naloxone in early 2018.

For further information on the Ontario Naloxone Program, please visit the Ministry of Health and Long-Term Care website at: <http://www.health.gov.on.ca/en/pro/programs/drugs/naloxone/>.

The Ministry of Community Safety and Correctional Services is committed to keeping communities safe and working together with local partners.

Sincerely,

Matthew Torigian
Deputy Minister of Community Safety
Ministry of Community Safety and Correctional Services

Confidentiality Warning: This e-mail contains information intended only for the use of the individual named above. If you have received this e-mail in error, we would appreciate it if you could advise us through the Ministry of Community Safety and Correctional Services' website at http://www.mcscs.jus.gov.on.ca/english/contact_us/contact_us.asp and destroy all copies of this message. Thank you.

If you have any accommodation needs or require communication supports or alternate formats, please let us know.

Melinda Reith, Head, Clara & Maria

From: Chris George <chrisg.george@gmail.com>
Sent: Thursday, January 18, 2018 7:55 PM
To: Chris George
Subject: FOVRT / Millstone News: Too many unanswered questions by the County about the rail trail



Too many unanswered questions by the County about the rail trail

By Almonte resident Chris George

<http://millstonenews.com/2018/01/too-many-unanswered-questions-by-county-about-rail-trail.html>

Within the next few weeks, Lanark County Council will pass a trail management plan for the Ottawa Valley Rail Trail (OVRT) that will dictate the rules of operation along the trail. For Mississippi Mills residents, alarm bells should be going off as there remains too many

unanswered questions on the management of the trail through our community.

To date, the actions of the Lanark County Council and administration on the development of the OVRT have demonstrated that Almonte residents have no say when it comes to traffic on the portions of the rail trail running through our neighbourhoods. It is a travesty of democracy that our directly elected Mississippi Mills Councillors have no say either. Over the protests of Mississippi Mills residents and taxpayers – and municipal council, the County has championed the OVRT as a motorized thoroughfare for the enjoyment of 1,000 BEAST members, unorganized ATV club members, and any driver on a snowmobile, ATV, dirt bike or off-road vehicle wanting to pass through town.

My family and Almonte neighbours, who live adjacent to the trail, will be directly impacted by the County's trail plans. Yet, our interests have been ignored in favour of the County's agenda to develop the OVRT as a Lanark loop for sledders and off-road enthusiasts. Our quality of life and enjoyment of our property will be diminished by noise and air pollution and concerns for safety. Sadly, there appears to be no recourse for property owners adjacent to the trail as serious issues are being decided behind closed doors without public disclosure and discussion.

1) Safety

In the County's management plan, what safeguards have been established for residents in populated areas? Where is there consideration for children, people who are physically challenged, or local pedestrian traffic? How can a 20 km speed limit be safe in Almonte's downtown core with people walking across the bridge or along the Riverwalk? Despite concerns

expressed by Mississippi Mills residents and elected officials, the County refuses to acknowledge that populated areas require different safety measures than the rural stretches of the trail. It has ignored public discussion about the safety concerns expressed by active transportation and local residential users.

2) Enforcement

Who is to enforce the law on the trail? If it is the OPP, how will this be done in Mississippi Mills and in Carleton Place, and who is to pay for the additional policing? If the answer is the snowmobile & ATV clubs, is this realistic? Are the clubs to enforce law for their members and non-members of the public? What fines and/or consequences are administered to those who break the law? The County has failed to provide a clear statement on how it will manage OVRT law enforcement and conflict resolution – and the associated costs.

3) Insurance

Why has there been no mention of insurance costs, no public discussion about the risk considerations that are factored and must be accounted for to cover motorized, multiple-use traffic through populated areas? Where is the public disclosure of the facts on insuring this trail? County Council and/or administration has not made any insurance information public. Talks on the trail insurance have occurred behind closed doors and there is a cone of silence on this issue. The County should be transparent about liability and insurance coverage questions: What is the cost, how is it factored, and who pays?

4) Respect of municipal bylaws

How will local municipal bylaws for speed, noise, curfews, and traffic on municipal property be upheld? What authority do municipalities have in setting their bylaws within their town boundaries? County is firm that they are setting the regulations for the trail corridor. Is there not a jurisdictional issue at play where the trail cuts through a municipality and crosses municipal streets and properties? Apparently not, according to some County Councillors. At a recent County Council meeting, one rural Councillor stated that local municipalities have “no say” on what happens on the trail.

5) Development of an acceptable bypass

What happens when a local municipality agrees on a bypass, or a bylaw, and the County does not want to respect local interests? There has been some discussion at Mississippi Mills Council about an idea to establish a dispute settlement mechanism to arbitrate in instances where a local municipality and/or residents’ group may have a difference of opinion on the management of the trail – or the establishment of potential bypass routes. When this was raised at County Council in December, a pact of rural Councillors were adamant that there is no need for a dispute mechanism because the word of the County Council is final and indisputable on all matters of trail management.

It is very disturbing to think Lanark County Council will not publicly address these multiple issues. It is time that the rural-County-Councillors who have no consideration for the interests of Mississippi Mills residents, listen to those who do represent the very people who will be affected. On this point, there is only faint hope that our elected Mississippi Mills Council will receive the respect it deserves from Lanark County and its appointed Council.

Lanark County Council's inability and/or unwillingness to answer the most basic questions of safety and trail management is cause of great concern for Mississippi Mills residents.

SOURCE: <http://millstonenews.com/2018/01/too-many-unanswered-questions-by-county-about-rail-trail.html>

You are receiving this e-mail because you are interested in advancing the idea of a non-motorized, recreational trail linking the communities of Mississippi Mills and Carleton Place – along the old CP rail bed. (If you do not wish to receive news and information about development of this rail trail, please return this e-mail with the note to UNSUBSCRIBE.)



Melinda Reith, Head, Clara & Maria

From: AMO Communications <communicate@amo.on.ca>
Sent: Wednesday, January 17, 2018 5:03 PM
To: hmcclerkmreith@gmail.com
Subject: AMO Policy Update - Today's Provincial Cabinet Shuffle

Categories: Red Category

January 17, 2018

Today's Provincial Cabinet Shuffle

Today Premier Kathleen Wynne appointed new Ministers to Cabinet and made changes to some portfolios in a mini Cabinet shuffle. This shuffle was expected given the announcement of some senior Cabinet Ministers' upcoming retirements in June.

Cabinet appointments and portfolio changes today included:

- Hon. Steven Del Duca, Minister of Economic Development and Growth
- Hon. Nathalie Des Rosiers, Minister of Natural Resources and Forestry
- Hon. Mitzie Hunter becomes Minister of Advanced Education and Skills Development
- Hon. Harinder Malhi, Minister of the Status of Women
- Hon. Kathryn McGarry, Minister of Transportation
- Hon. Eleanor McMahon, President of the Treasury Board and Minister Responsible for Digital Government
- Hon. Indira Naidoo-Harris, Minister of Education and remains Minister Responsible for Early Years and Child Care
- Hon. Daiene Vernile, Minister of Tourism, Culture and Sport.

In addition, Dr. Helena Jaczek, Minister of Community and Social Services, will take on the responsibilities of Chair of Cabinet.

With the Ontario Legislature returning on February 20st, the newly shuffled Cabinet Ministers have some time to be briefed on their portfolios. The ROMA Ministers' Forum is on January 22th and there will be ministerial delegations at the upcoming ROMA Conference.

AMO Contact: Monika Turner, Director of Policy, E-mail: mturner@amo.on.ca, 416.971.9856 ext. 318.

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TOO FAR. TOO FAST.

December 19, 2017

Reeve Tammy Lea Stewart
United Townships of Head, Clara and Maria
15 Township Hall Road,
Stonecliffe, Ontario
K0J 2K0

Dear Reeve Stewart,

We are writing to you as health and safety experts to consider passing a motion to prevent the opening of legalized cannabis stores in your community in the interest of protecting public safety and young people.

The federal government's cannabis legalization aggressive commercialization agenda has fallen short on ensuring that our youth, road users and communities are protected from the hazards of legal marijuana consumption. In turn, provincial regulatory frameworks to sell and distribute cannabis have been hastily set up according to the federal government's rushed process, which has resulted in further health and safety deficiencies and a patchwork of inconsistent rules across the country. The bottom line is that cannabis legalization and commercialization is going too far, too fast and public health and safety will pay the price.

We stand with public health experts, healthcare professionals, community leaders, parents and law enforcement who have raised important concerns about the federal legalization scheme, but have been ignored thus far. Ultimately, communities such as yours will have to contend with the negative impact brought on by rushed legalization and commercialization: more drug-impaired driving; easier access to cannabis for youth; increased strain on mental health services and counseling; higher costs for enforcement of new laws and regulations with vague promises of new resources (but no guarantee that the black market will fade); and evolving challenges to manage the consumption of a new product that is toxic, addictive and dangerous.

Please consider debating a motion such as the one passed unanimously by the Council of the Town of Richmond Hill, which declares the Town is not willing to host a legal cannabis outlet: <https://pub-richmondhill.escrimemeetings.com/Meeting?Id=b5b08598-6cae-43eb-bcb4-d84c5434a064&Agenda=Agenda&lang=English#21>

www.toofartoofastcanada.com
2f2fcanada@gmail.com
2595 Skymark Ave, Mississauga, ON L4W 4L5

Other jurisdictions, including Manitoba, have recognized a municipality's right to decide by ensuring they have a local option right to preclude the establishment of retail cannabis outlets in their municipalities. Why aren't Ontario municipalities being afforded the same respect and consideration for their residents?

Please also consider pressing your federal and provincial representatives for answers on how they intend to address the health and safety gaps of the current framework. You may wish to use the Too Far Too Fast position paper – www.toofartooofastcanada.com - as a reference tool on how cannabis legalization legislation needs to be improved before we are confident that the risks to public health and safety are minimal. It includes important data and evidence from healthcare advocates, municipal leaders and other experts on the impact of legalization on health and safety.

I have enclosed for your information, a recent report by the Traffic Injury Research Foundation that speaks to the rise of cannabis impairment and the devastating impact on road safety. A reminder that our law enforcement officials do not yet have the tools they need, we are not ready.

This is the first time since the repeal of alcohol Prohibition that a harmful product has been legalized for wide public consumption. There is a way to do this right, but we only have one chance to get it right. The current scheme poses great risks to public safety according to the experts.

We believe that your citizens would want you to take the best available measures to mitigate the risks of cannabis legalization and commercialization, including reducing access.

Yours truly,



Brian Patterson

Enclosure



MARIJUANA USE AMONG DRIVERS IN CANADA, 2000-2014

Traffic Injury Research Foundation, December 2017

Introduction

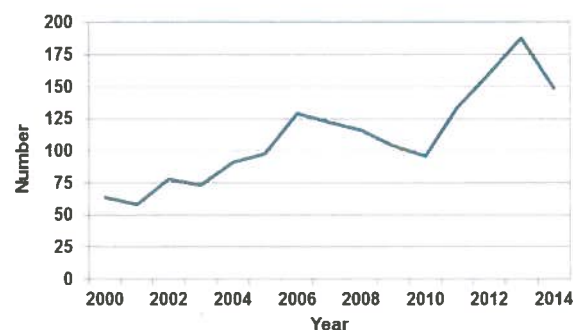
Public concern about drug-impaired driving in general and marijuana-impaired driving in particular has increased in recent years. Marijuana studies have shown that the psychoactive chemical delta-9-tetrahydrocannabinol (or THC) enters the user's bloodstream and brain immediately after smoking or consuming marijuana, and has impairing effects. In addition, research on drivers in fatal crashes has shown that THC-positive drivers are more than twice as likely to crash as THC-free drivers (Grondel 2016). There is also evidence from surveys of Canadian drivers suggesting that the prevalence of marijuana use is greater among 16-19 year old drivers than drivers in other age groups (Robertson et al. 2017).

In light of this concern, this fact sheet, sponsored by State Farm, examines the role of marijuana in collisions involving fatally injured drivers in Canada between 2000 and 2014. Data from TIRF's National Fatality Database were used to prepare this fact sheet which explores trends in the use of marijuana among fatally injured drivers, and the characteristics of these drivers.¹ Other topics that are examined include the presence of different categories of drugs among fatally injured drivers in different age groups, and the combined presence of marijuana and alcohol among this population of drivers.

Trends in marijuana use among fatally injured drivers

The number of fatally injured drivers who tested positive for marijuana from 2000 to 2014 is displayed in Figure 1. In 2000, 64 fatally injured drivers tested positive for marijuana. This number increased to 129 in 2006, decreased to 96 in 2010, and reached a higher peak at 188 in 2013 before decreasing to 149 in 2014. Since a much smaller percentage of drivers (37.0% to 62.1%) that were killed in road crashes were tested for drugs between 2000 and 2010, as compared to a much larger percentage (73.9% to 82.9%)

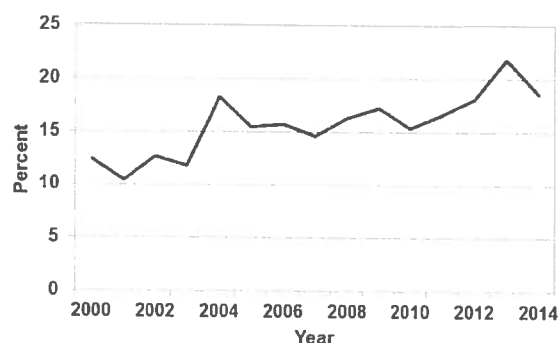
Figure 1: Number of fatally injured drivers who tested positive for marijuana: Canada, 2000-2014



that were tested between 2011 and 2014, these results should be interpreted with caution. A much larger absolute number of drivers were tested for marijuana during this latter period, thus, it would be expected that from 2011 to 2014, the absolute number of fatally injured drivers who tested positive for marijuana would be larger than during the earlier period.

An analysis of trends related to the percentage of marijuana-positive drivers among all fatally injured drivers who were tested for the presence of drugs was also conducted. Figure 2 shows the percentage of fatally injured drivers in this group that tested positive for marijuana. Among those drivers tested for drugs, 12.4% of fatally injured drivers were positive for marijuana in 2000. This percentage decreased to 10.4% in 2001, and gradually rose to its highest level in 2013 (21.9%) before declining in 2014 to 18.6%.

Figure 2: Percentage of fatally injured drivers who tested positive for marijuana: Canada, 2000-2014



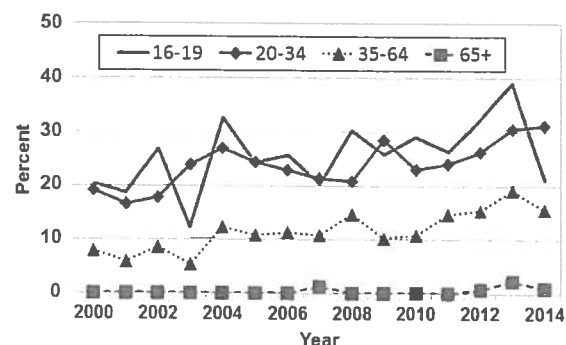
Characteristics of fatally injured drivers testing positive for marijuana

In this section, demographic factors were analyzed to determine their role in marijuana-related driver fatalities from 2000 to 2014. Fatally injured drivers that tested positive for marijuana were examined according to the age and sex of drivers. These results were further compared to data regarding the presence of alcohol use among fatally injured drivers.

The percentage of fatally injured drivers in each age group who tested positive for marijuana from 2000-2014 is shown in Figure 3. Drivers were grouped according to the following age categories: 16-19 years, 20-34 years, 35-64 years, and 65 years and older. The percentage of fatally injured 16-19 year old drivers that tested positive for marijuana

generally decreased from 2000 (20.4%) to its lowest level in 2003 (12.1%), but then gradually rose to its highest level in 2013 (39.1%) before decreasing to 21.1% in 2014.

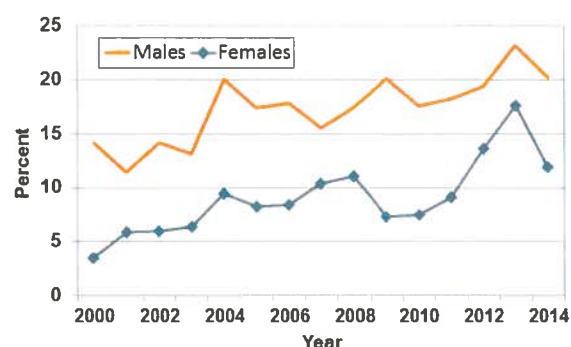
Figure 3: Percentage of fatally injured drivers testing positive for marijuana by age group: Canada, 2000-2014



The proportion of fatally injured drivers aged 20-34 years that tested positive for marijuana generally increased from 2000 (19.0%) to its highest level in 2014 (31.3%). Similarly, there has been a general increase in the percentage of fatally injured 35-64 year old drivers who tested positive for marijuana between 2000 (7.8%) and 2014 (15.5%). In sharp contrast, throughout this 15-year period, a very small percentage of fatally injured drivers aged 65 and older tested positive for marijuana (ranging from 0.0% to 2.3%).

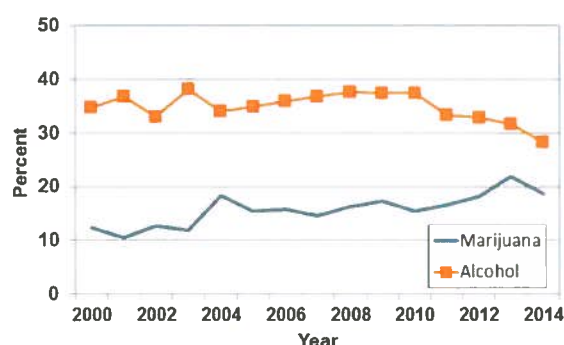
The percentage of male and female fatally injured drivers who tested positive for marijuana from 2000 to 2014 is compared in Figure 4. Throughout this 15-year period, males were more likely than females to test positive for marijuana. Among fatally injured male drivers, the percentage of drivers who tested positive for marijuana generally increased from 2000 (14.2%) to its highest level in 2013 (23.2%), before decreasing in 2014 (20.2%). Similarly, the percentage of fatally injured female drivers who tested positive for marijuana increased between 2000 (3.5%) and 2013 (17.6%), before decreasing in 2014 to 11.9%. Although there was a decrease from 2013 to 2014 in the percentage of male and female fatally injured drivers who tested positive for marijuana, the decrease among female drivers appears to be more pronounced.

Figure 4: Percentage of fatally injured drivers testing positive for marijuana by sex: Canada, 2000-2014



Trends in marijuana use and alcohol use among fatally injured drivers are compared in Figure 5; it shows the percentage of fatally injured drivers that tested positive for each of these substances between 2000 and 2014. A larger percentage of fatally injured drivers tested positive for alcohol as compared to marijuana during this 15-year period. In 2000, more than one-third (34.8%) of fatally injured drivers tested positive for alcohol compared to just 12.4% who tested positive for marijuana. However, from 2010 to 2013, the percentage of fatally injured drivers who tested positive for alcohol consistently decreased (from 37.6% to 31.6%), while the percentage of those drivers who tested positive for marijuana increased (from 15.4% to 21.9%). By 2014, the percentages of fatally injured drivers who tested positive for alcohol (28.4%) and marijuana (18.6%) had both declined.

Figure 5: Percentage of fatally injured drivers testing positive for marijuana and for alcohol: Canada, 2000-2014



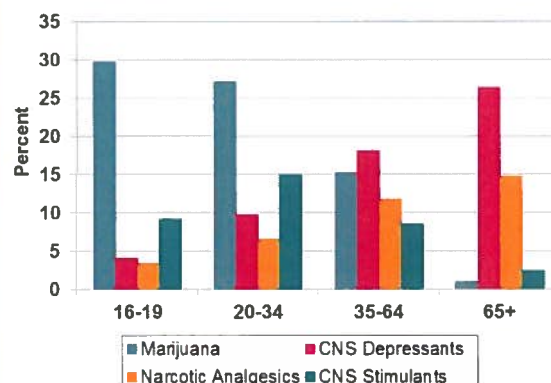
Marijuana and other types of drugs used by fatally injured drivers by age group

Drugs are categorized according to the Drug Evaluation Classification (DEC) program which has been adopted by police services throughout North America. This classification system is based upon common signs and symptoms associated with the presence of different types of drugs (Jonah 2012). The seven drug categories are:

- > cannabis (marijuana);
- > central nervous system depressants (e.g., benzodiazepines and antihistamines);
- > central nervous system stimulants (e.g., cocaine, amphetamines, and ecstasy);
- > hallucinogens (e.g., LSD, magic mushrooms);
- > dissociative anesthetics (e.g., ketamine and phencyclidine);
- > narcotic analgesics (e.g., morphine, fentanyl, heroin, codeine, oxycodone); and,
- > inhalants (e.g., toluene, gasoline, cleaning solvents).

The percentage of fatally injured drivers in each age group who tested positive for each drug type during a five-year (2010-2014) period is presented in Figure 6. The drug types shown are marijuana, CNS depressants, CNS stimulants and narcotic analgesics. Less than 2.0% of fatally injured drivers tested positive for dissociative anesthetics, hallucinogens, and inhalants, hence, data related to these drug categories are not shown.

Figure 6: Percentage of fatally injured drivers testing positive for different categories of drugs by age group: Canada, 2010-2014



Marijuana was the drug most commonly detected among 16-19 and 20-34 year old drivers (29.8% and 27.2%, respectively). The prevalence of marijuana among fatally injured 16-19 year old drivers is similar to levels that were reported in previous analyses of fatally injured drivers (TIRF 2014). This finding is also consistent with an online survey of Canadian drivers that showed marijuana use was more prevalent among 16-19 year old drivers (6.1%) as compared to drivers aged 25-44 years (2.8%), 46-64 years (0.9%), and over age 65 (0.1%) between 2002 and 2015 (Robertson et al. 2017). Less than 1.0% of fatally injured drivers aged 65 years and older tested positive for marijuana.

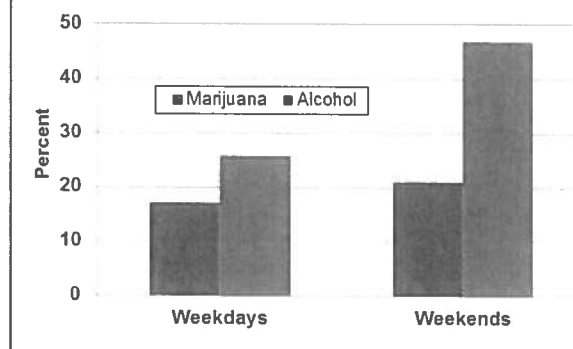
CNS depressants were the type of drug most commonly found among fatally injured drivers aged 35-64 and 65 and older (18.1% and 26.3% respectively). Drivers aged 20-34 were the most likely to test positive for CNS stimulants (15.0%), and narcotic analgesics were most commonly found among fatally injured drivers aged 65 and older (14.6%).

Characteristics of collisions involving drivers testing positive for marijuana and alcohol

Patterns of marijuana use and alcohol use among fatally injured drivers were compared during a five-year period (2010-2014). Characteristics that were examined included the type of day (weekdays versus weekends) and hours of day that collisions occurred. Weekday collisions were defined as those which occurred between 6:00 p.m. on Sunday to 5:59 p.m. on Friday whereas weekend collisions are defined as those which occurred between 6:00 p.m. on Friday to 5:59 p.m. on Sunday.

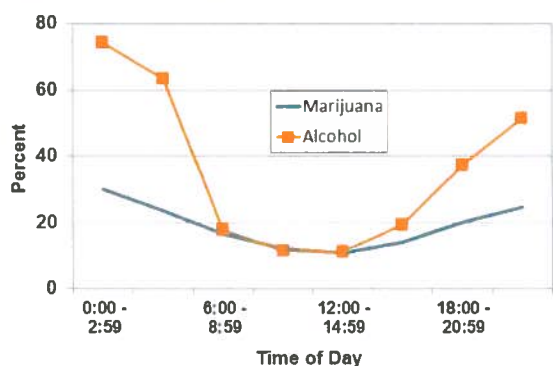
Figure 7 compares drivers killed in weekday versus weekend crashes from 2010 to 2014 and the percentages that were positive for marijuana and alcohol. Drivers that died in weekend crashes (20.9%) were slightly more likely to test positive for marijuana than those who died in weekday crashes (17.0%). There was a more pronounced difference in terms of the presence of alcohol with almost half (45.8%) of fatally injured drivers in weekend crashes who tested positive compared to approximately one-quarter (25.8%) of drivers killed in weekday crashes.

Figure 7: Percentage of fatally injured drivers in weekend and weekday crashes who tested positive for marijuana and alcohol: Canada, 2010-2014



An analysis was also performed to identify any variations based upon the time that collisions occurred in relation to the percentage of fatally injured drivers who tested positive for marijuana versus alcohol between 2010 and 2014. The results are presented in Figure 8. Collision times were divided into three-hour increments on a 24-hour scale. The largest percentage of drivers who tested positive for marijuana and who tested positive for alcohol were involved in collisions which occurred between midnight and 2:59. An almost identical proportion of drivers tested positive for marijuana and alcohol for the three time periods between 6:00 and 14:59. After this time of day, there was an increase in the percentage of both drivers who tested positive for marijuana and those who tested positive for alcohol until 23:59. Although there was a greater likelihood that drivers tested positive for both substances in collisions that occurred between midnight and 2:59, a larger percentage of drivers tested positive for alcohol (74.3%) than for marijuana (30.0%). For collisions which occurred just prior to midnight (21:00 to 23:59), more than half of drivers were positive for alcohol (51.6%) compared to 24.8% who tested positive for marijuana.

Figure 8: Percentage of fatally injured drivers who tested positive for marijuana and alcohol by time of day: Canada, 2010-2014



Conclusions

In the past 15 years, there has been a steady increase in the percentage of fatally injured drivers in Canada who tested positive for marijuana. Generally speaking, drivers aged 16-19 years were the age group of fatally injured drivers who were most likely to test positive for marijuana. However, in 2014, a larger percentage of fatally injured drivers aged 20-34 years tested positive. Continued monitoring is required to determine whether the presence of marijuana in fatally injured drivers aged 20-34 remains higher as compared to the prevalence in younger drivers aged 16-19.

Trends in the percentage of male and female fatally injured drivers who tested positive for marijuana from 2000 to 2014 were similar in terms of annual increases and decreases. However, throughout this 15-year period, males were twice as likely as females to test positive for marijuana. While driver sex may explain differences in the magnitude of marijuana use among fatally injured drivers, it does not appear to account for differences in trends.

Between 2000 and 2014, a larger percentage of fatally injured drivers tested positive for alcohol than for marijuana. There was a four-year period (2010-2013) during which the percentage of alcohol-positive drivers decreased while the percentage of marijuana-positive drivers increased. Trends in the prevalence of these substances among fatally injured drivers warrant further attention.

Almost one-third of fatally injured drivers aged 16-19 tested positive for marijuana which is comparable to data reported previously. Notably,

the percentage of drivers aged 20-34 years who tested positive was almost as large. This suggests that education programs that have been developed to reduce marijuana use among 16-19 year old drivers may also be appropriate to address marijuana-impaired driving among this older age group. Conversely, fatally injured drivers aged 35-64, and aged 65 and older were more likely to test positive for CNS depressants and narcotic analgesics. Although programs to reduce marijuana use among older age drivers do not appear necessary at this time, continued monitoring of trends is needed to track whether the prevalence of marijuana use will increase across age categories. Furthermore, a 'one size fits all' approach to reduce any kind of drug-impaired driving among all age groups may not resonate equally throughout the driving population.

Similar to alcohol, a larger percentage of drivers tested positive for marijuana on weekends as opposed to weekdays and at night as opposed to daytime. However, it should be noted that the differences were less pronounced for drivers who tested positive for marijuana than for alcohol. This suggests targeting drivers by time of day and day of week may be less effective for marijuana impaired driving than alcohol impaired driving.

To summarize, an increasing percentage of fatally injured drivers in Canada tested positive for marijuana in recent years whereas a decreasing percentage of these drivers tested positive for alcohol. Nevertheless, despite such opposite trends, the percentage of alcohol-positive fatally injured drivers remains larger than the proportion of drivers who tested positive for marijuana. In addition, the incidence of marijuana use appears greater among drivers in younger age groups that are involved in crashes on weekends and night-time, however, these indicators were not as reliable to predict marijuana use as they were to predict alcohol use. Ongoing analysis of data in future years is needed to monitor progress in reducing marijuana-impaired driving.

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¹ Fatality data from British Columbia from 2011 to 2014 were not available at the time that this fact sheet was prepared. As a result, Canadian data presented have been re-calculated to exclude this jurisdiction and make equitable comparisons.

Traffic Injury Research Foundation

The mission of the Traffic Injury Research Foundation (TIRF) is to reduce traffic-related deaths and injuries. TIRF is a national, independent, charitable road safety institute. Since its inception in 1964, TIRF has become internationally recognized for its accomplishments in a wide range of subject areas related to identifying the causes of road crashes and developing programs and policies to address them effectively.

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Acknowledgements

Production of this fact sheet was made possible through the sponsorship of State Farm®. Data used in this fact sheet come from TIRF's National Fatality Database, which is maintained with funding from State Farm® and the Public Health Agency of Canada (PHAC).



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