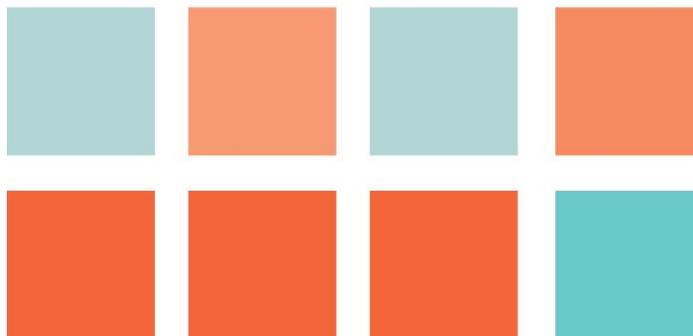


**RNAO Submission on Bill 178: An Act
to amend the *Smoke-Free Ontario Act***

Speaking notes: Standing Committee on
General Government

May 16, 2016



Good afternoon. My name is Andrea Baumann and I am a registered nurse and a policy analyst for the Registered Nurses' Association of Ontario (RNAO). We are the professional association representing registered nurses, nurse practitioners and nursing students in Ontario. With me today is Cindy Baker-Barill, a public health nurse, and past-president of the Community Health Nurses' Initiatives Group – an interest group of RNAO. Our association and its members advocate for healthy public policy, and aim to influence decisions that affect nurses and the public we serve. We welcome this opportunity to provide input to the Standing Committee on Bill 178.

RNAO has a long and successful history of leadership that advances evidence-based practice and evidence-based advocacy for healthy public policy, specifically on the issue of tobacco cessation and control.

Nurses are leaders in tobacco prevention and cessation. RNAO supports them in building their capacity to engage in tobacco cessation interventions with clients through our best practice guideline¹ and our multi-pronged, province-wide Tobacco and Nicotine Intervention (TNI) Initiative,² including the extremely effective Smoking Cessation Champion Network.³ RNAO was a key member of the Tobacco Strategy Advisory Group (TSAG), which was established in 2009 to advise the government on a five-year plan to follow its Smoke-Free Ontario (SFO) strategy. Since that time, RNAO has played a substantive role in provincial initiatives, including the Hospital-Based Tobacco Cessation Initiative Committee, the Youth Engagement Strategy Committee, and the Ontario Tobacco Research Unit (OTRU) Knowledge Exchange Advisory Group.

RNAO's Tobacco and Nicotine Intervention (TNI) Initiative was launched in 2007 with funding from the Ministry of Health and Long-Term Care (MOHLTC). It equips nurses and other health professionals with the knowledge and skills to integrate smoking cessation best practices into their clinical settings. RNAO's best practice guideline *Integrating Smoking Cessation Into Daily Nursing Practice*⁴ – an evidence-based tool used provincially, nationally and internationally – is the initiative's foundational document and an essential resource to support health providers in their tobacco cessation-related work. The guideline provides practical interventions for nurses and others to help engage and support clients who use tobacco and want to quit.

RNAO's TNI Initiative also supports organizations to implement best practices in smoking cessation in any health-care setting. Strategies to strengthen and sustain these best practices include the engagement of nurses, nursing students and other health professionals in knowledge transfer events, networking opportunities, tobacco cessation co-ordinator support, evidenced-based resources and tobacco cessation champion activities. There are over 4,000 champions in Ontario leading evidenced-based tobacco cessation activities within their organizations. Recent evaluations have demonstrated the impact of RNAO's strategy in nurses' and organizational capacity in smoking cessation, and helping clients quit smoking across the province.⁵

It is encouraging that these efforts have helped to decrease smoking rates in Ontario. And yet, people still smoke. Nurses know all too well the cost of tobacco use on our community, our health care and our young people. Tobacco use remains a significant and completely avoidable cause of illness and death, and an unnecessary burden on tobacco users, non-users, and the health system. According to the Ontario Lung Association, 13,000 people in Ontario die annually from tobacco-related causes, and the province spends \$1.6 billion dollars per year in direct health-care system costs caring for tobacco-related illness.⁶

In terms of public policy, RNAO supports the regulation of the promotion, sale and use of tobacco and electronic cigarettes as part of an overall control and cessation strategy. RNAO has voiced its support for the *Smoke-Free Ontario Act, 1994 (SFOA)* in the past⁷ and continues to support the government's efforts to strengthen smoking and vaping regulations in Ontario. Most recently, RNAO was pleased to provide written feedback in response to the MOHLTC's public consultation paper entitled *Strengthening Ontario's Smoking and Vaping Laws: Proposed changes to regulations made under the SFOA and Electronic Cigarettes Act, 2015*.⁸

The *SFOA* protects the public by prohibiting smoking in enclosed public spaces and workspaces, as well as certain outdoor public places. Currently, however, it only applies to tobacco. RNAO supports efforts to expand the reach of the *SFOA* to include medical marijuana. We applaud the Ontario government for proactively taking steps to regulate its use in public spaces to address our concerns around the potential risks of exposure to second-hand marijuana smoke resulting from its combustion.

Medical marijuana may be smoked, or may be delivered through alternate methods, such as orally.⁹ Given that medical marijuana is legal in Canada, RNAO respects it as a clinical option for practitioners and patients to lawfully consider. RNAO supports the rights of individuals who, based on medical need, qualify to use marijuana for medical purposes, according to the 2013 federal *Marijuana for Medical Purposes Regulations*.¹⁰ However, there must be a balance of individual rights—including autonomy and self-determination—with those of collective justice and protection of the public. Smoking marijuana involves combustion, and there is evidence to suggest there may be risks associated with exposure to second-hand marijuana smoke.^{11,12} Given that marijuana smoke contains tar and other known carcinogens that are present in tobacco smoke,^{13,14} it stands to reason it should be regulated similarly to tobacco smoke to ensure public safety.

Thus, RNAO agrees with the proposed amendments to Section 2 of the *SFOA* to expand its reach to apply to "prescribed products and substances," making the smoking of medical marijuana and other substances subject to the same public safety regulations as the smoking of tobacco.

RNAO is in favour of smoke-free public spaces in order to normalize smoke-free living. When children and youth see adults smoking in a public place, whether it's tobacco or marijuana, it normalizes smoking, and may make them more likely to try it.¹⁵ Restricting smoking in public

spaces helps reduce the visibility of smoking, which can affect perceptions of smoking among youth by promoting the message that smoking is not the norm and is not acceptable.¹⁶

The current exemption, however, under Section 9 (7-10) of the *SFOA* that permits tobacco smoking in designated indoor public spaces, such as long-term care homes and designated hotel rooms, would not apply to medical marijuana under the proposed *SFOA* changes. RNAO asserts that both tobacco and medical marijuana smoking should be banned in all indoor public spaces, and thus RNAO calls for an amendment to the bill to ensure these exemptions are immediately repealed to protect employees and the public from the potential harms of second-hand smoke – whether from tobacco or marijuana.

In summary, RNAO supports efforts to strengthen healthy public policy in Ontario. We applaud the provincial government for its efforts to strengthen smoking laws, and we urge you to implement legislative changes with our recommendations incorporated. We believe these evidence-based and pragmatic measures are in the best interest of Ontarians, and will continue to advance our shared vision of a healthier Ontario.

Thank you for giving us the opportunity to present our analysis. We look forward to ongoing collaboration on this important issue.

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