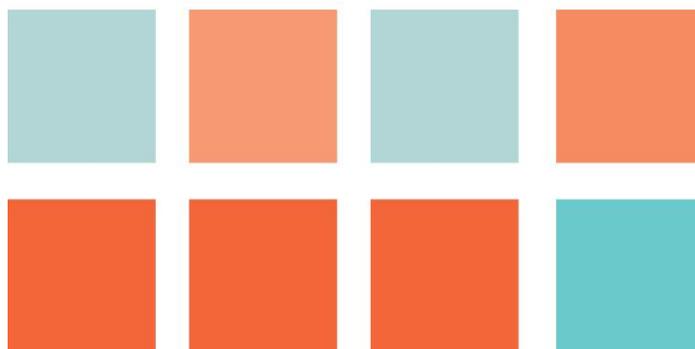


RNAO response to proposed changes to smoking and vaping laws in Ontario: the *Smoke-Free Ontario Act, 1994* and the *Electronic Cigarettes Act, 2015*

Submission to the Ministry of Health and Long-Term Care: Response to Public Consultation Paper and Proposal Number 16-HLTC003

April 21, 2016



The Registered Nurses' Association of Ontario (RNAO) is the professional association representing registered nurses, nurse practitioners and nursing students in Ontario. RNAO has voiced support for the *Smoke-Free Ontario Act, 1994 (SFOA)* in the past¹ and continues to support the government's efforts to strengthen smoking laws. RNAO welcomes this opportunity to provide feedback in response to the Ontario Ministry of Health and Long-Term Care's (MOHLTC) public consultation paper entitled *Strengthening Ontario's Smoking and Vaping Laws: Proposed changes to regulations made under the SFOA and Electronic Cigarettes Act, 2015*.²

RNAO's history of leadership and advocacy in tobacco cessation and control

RNAO supports the regulation of tobacco and electronic cigarette promotion, sale, and use as part of an overall control and cessation strategy in Ontario. Despite decreases in tobacco use in recent years, it remains a well-known and completely avoidable cause of illness and death, causing significant health risks for both tobacco users and non-users. In Ontario, 13,000 people die annually from tobacco-related causes, resulting in \$1.6 billion dollars per year in direct health system costs.³ In addition, given that medical marijuana is legal in Canada, RNAO respects it as a clinical option for practitioners and patients to lawfully consider and applauds the government for pro-actively taking steps to regulate its use in public spaces as we are concerned about potential risks of exposure to secondhand smoke.

Nurses play a key leadership role in empowering Ontarians to achieve and maintain optimal health through their work in tobacco prevention, tobacco cessation, and advocacy for healthy public policy. RNAO supports nurses in building their capacity to engage in tobacco cessation interventions with clients through our best practice guideline⁴ and our multi-pronged province-wide Tobacco and Nicotine Intervention (TNI) Initiative.⁵ To learn more about RNAO's extensive leadership in this area, please see the attached document (Appendix A).

A. MEDICAL MARIJUANA

1. Expansion of the SFOA to apply to medical marijuana: Amendment of the Act and Regulation 48/06

Health Canada has thoroughly reviewed the evidence regarding the potential risks and benefits of medical marijuana use.⁶ 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*.⁷ However, there must be a balance of individual rights (e.g. autonomy and self-determination) with collective justice. Medical marijuana may be smoked, or may be delivered through alternate methods, such as orally.⁸ Smoking marijuana involves the combustion of marijuana, and may be associated with health risks.^{9,10,11} Given that marijuana smoke contains tar and many other known carcinogens present in tobacco smoke,^{12,13} the potential effects of second-hand smoke on public safety must be considered.

There is some evidence to suggest that there may be risks associated with exposure to second-hand marijuana smoke,^{14,15} but long-term effects are not fully known, and more research is

required.¹⁶ Given the lack of conclusive evidence regarding safety, RNAO is in favour of precautionary measures to protect people from the potential harms of second-hand marijuana smoke. Thus, RNAO is in agreement with the proposed amendment to expand the *SFOA* to apply to "prescribed products and substances". When prescribed by regulation, the smoking of medical marijuana and other substances will be subject to the same rules as the smoking of tobacco.

RNAO questions the exemption that currently exists 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. Under the proposed changes to the *SFOA*, medical marijuana use would not be subject to the same exemption. In the interest of protecting employees and the public from potential harm from second-hand smoke, we propose that the current exemptions be repealed so that smoking both tobacco and medical marijuana be banned from all indoor public spaces.

2. Permitting parents, guardians & caregivers to supply electronic cigarettes to minors for medical marijuana purposes

Medical marijuana may be used through vaporizers. Under the *Electronic Cigarette Act, 2015 (ECA)*, a person who is under 19 years of age is prohibited from buying a vaporizer, which is considered an electronic cigarette. RNAO supports the proposed regulatory change under the *ECA* that would allow parents, guardians and caregivers to supply these minors with electronic cigarettes for the purpose of consuming medical marijuana, if the individual is legally entitled to access medical marijuana (it has been lawfully prescribed by a practitioner).

While RNAO supports the legal right to access medical marijuana, we recognize that children and adolescents are particularly vulnerable to the adverse effects of marijuana use.¹⁷ Marijuana use in youth has been shown to have physical, mental and psychosocial effects.¹⁸ Although the long-term effects of marijuana use are not fully known, there is a growing body of evidence suggesting that marijuana has harmful effects on the developing adolescent brain.¹⁹ RNAO is supportive of the position of experts in the field that state that medical marijuana should be used with extreme caution in children and youth,²⁰ and only after conventional treatment options have been exhausted, and benefits are deemed to outweigh risks for the individual patient.²¹ Further, non-smoking methods of marijuana administration are preferred for this population to minimize the risk of harm from combusted marijuana smoke.²²

As previously identified, RNAO supports the lawful consumption of medical marijuana as an established therapeutic option determined between a practitioner and patient. The federal *Marihuana for Medical Purposes Regulations* specifies that nurse practitioners (NPs) are able to authorize the use of medical marijuana. However, regulations have not been pursued within Ontario and as a result NPs cannot prescribe controlled substances, including medical marijuana. This creates a significant barrier to care for Ontarians and is misaligned with the significant role of the NP in Ontario's health system. RNAO calls on the MOHLTC to immediately pursue regulatory amendments that permit NPs to prescribe controlled substances.^{23,24}

B. REGULATION OF ELECTRONIC CIGARETTE USE AND SALES

1. Prohibition of the use of electronic cigarettes in certain areas

RNAO has voiced support for the regulation of electronic cigarettes, both with and without nicotine, including regulation of their promotion, use and sale.²⁵ This is in agreement with recommendations from the World Health Organization,²⁶ the Canadian Lung Association,²⁷ and the Heart and Stroke Foundation.²⁸ The risks of electronic cigarette use are not yet fully understood. Electronic cigarettes are potentially harmful to health²⁹ and their quality and contents are currently unregulated in Canada.³⁰ Electronic cigarettes containing nicotine are not approved for sale in Canada; however those that do not contain nicotine, and do not make health claims, are legal.³¹ In addition, there is currently a lack of consensus regarding the efficacy of electronic cigarettes as a smoking cessation aid, and evidence is mixed. Therefore, more studies are required.³² Given a lack of research evaluating safety, quality, and efficacy of electronic cigarettes, Health Canada advises Canadians not to purchase or use electronic cigarettes.³³

There is some evidence regarding the risks of exposure to second-hand electronic cigarette vapour;^{34,35} however there is a general lack of evidence to support the safety of electronic cigarettes, both for the user and those exposed to second-hand vapour.^{36,37} The long-term effects of exposure to electronic cigarette vapour are unknown.^{38,39} Users of electronic cigarettes inhale unregulated and potentially harmful vapours,⁴⁰ and passive exposure to nicotine and other compounds released into the environment is a public health concern.⁴¹ More research is needed into the health risks of second-hand vapour.⁴² RNAO supports ensuring the same regulations are enacted for electronic cigarettes as for tobacco products in order to minimize the potential negative health effects of electronic cigarettes, both on users and through second-hand exposure.⁴³

Given the potential harm and lack of known benefit, RNAO supports the prohibition of electronic cigarette use in public places to protect public safety. Specifically, RNAO supports the proposed changes to regulations under the *ECA* to prohibit electronic cigarette use in all enclosed public spaces, enclosed workspaces, and other specified outdoor areas. With respect to using an electronic-cigarette to consume medical marijuana (vaping marijuana), there is still the potential of passive exposure to harmful chemicals. We support this proposed amendment that does not include an exemption for vaping medical marijuana

RNAO supports the proposed prohibition of electronic cigarette use within the outdoor grounds of hospitals and psychiatric facilities, as well as certain provincial government buildings. However, the regulation includes the authority for these facilities to provide a "designated vaping area", which will be revoked as of January 1st, 2018. Due to the potential health risks of second-hand electronic cigarette vapour, RNAO urges revoking this authority immediately to render these properties free of electronic cigarette vapour.

Further, RNAO is also in favour of expanding the current definition of "electronic cigarette" to include "e-substance". This would help clarify by regulation that any substance that is made or sold for use in an electronic cigarette is included under the *ECA*.

Should new evidence emerge regarding the safety of electronic cigarette vapour, or should the efficacy of electronic cigarettes as a smoking cessation aid be supported by research evidence, these regulations may need to be revisited. For these reasons, RNAO supports the regular review of the *ECA* and its regulations to ensure they reflect up-to-date evidence based practices based on available research.

2. Regulation of electronic cigarette sales and signage

RNAO agrees that comparable rules ought to exist regarding where electronic cigarettes and tobacco can be sold. It is especially important to limit the sale of electronic cigarettes in places frequented by children and youth. There is concern that electronic cigarettes are appealing to youth and may lead to tobacco initiation, thus acting as a gateway to nicotine addiction;⁴⁴ more longitudinal data are needed to better understand the link between electronic cigarette use and tobacco smoking initiation.⁴⁵ In addition, the increasing use of electronic cigarettes, especially among young people, may represent a "renormalization" of smoking.⁴⁶ Electronic cigarette use may present a new and attractive form of smoking and may undermine provincial efforts to reduce smoking prevalence among youth and young adults. Thus, RNAO supports the proposed regulatory changes to prohibit the sale of electronic cigarettes in schools, post-secondary campuses, child care centers and Ontario government buildings. This would align with existing legislation under the *SFOA* that limit where tobacco can be sold.

RNAO is in favour of regulations to prescribe the type and size of signage that businesses may display to promote the sale of electronic cigarettes. RNAO believes it is important to limit access to venues that sell electronic cigarettes to those over the age of 19, and that these businesses not be easily accessible to youth, such as in a mall kiosk. Thus, RNAO is in favour of the proposed regulatory changes around the sale and promotion of electronic cigarettes, as well as the size and format of promotional signs, to limit the exposure of children and youth to these products.

Recommendations:

1. Proceed with proposed amendments to the *SFOA* and Ontario Regulation 48/06 to expand the rules that apply to the smoking of tobacco to include the smoking of medical marijuana. This is a preventative measure to protect the public from the potential adverse effects of exposure to second-hand marijuana smoke.
2. Immediately remove current exemptions under Section 9(7-10) of the *SFOA* that allow tobacco smoking in designated indoor spaces. Both tobacco and medical marijuana smoking should be banned in all indoor public spaces in the interest of protecting employees and the public from the potential harms of second-hand smoke.
3. Proceed with the proposed amendments to Ontario Regulation 337/15 under the *ECA* that would allow parents, guardians and caregivers to supply eligible minors with electronic cigarettes for the purpose of lawfully consuming medical marijuana.

4. Amend provincial regulations to permit NPs to prescribe controlled substances, including the authorization of medical marijuana.
5. Proceed with the proposed amendments to Ontario Regulation 337/15 under the *ECA* to prohibit the use of electronic cigarettes in all enclosed public places, enclosed workplaces, and other specified outdoor areas. RNAO supports this regulatory change with no exemption for specific substances being vaped, including medical marijuana.
6. Amend Ontario Regulation 337/15 under the *ECA* to immediately revoke the authority of hospitals and psychiatric facilities, as well as certain provincial government buildings, to designate vaping areas on their outdoor grounds in order to render these properties free of electronic cigarette vapour.
7. Proceed with the proposed regulatory changes to expand the current definition of "electronic cigarette" to include "e-substance". Under this revised definition, any substance that is made or sold for use in an electronic cigarette is included under the *ECA*.
8. Regularly review the *ECA* and its regulations to ensure they reflect up-to-date evidence.
9. Proceed with proposed amendments to Ontario Regulation 337/15 under the *ECA* to prohibit the sale of electronic cigarettes in schools, post-secondary campuses, child care centers and Ontario government buildings. This would align with existing rules under the SFOA that currently limit where tobacco can be sold.
10. Proceed with proposed limits under Ontario Regulation 337/15 under the *ECA* regarding the sale and promotion of electronic cigarettes, as well as the size and format of promotional signs.

Conclusion

RNAO supports the Ontario government's efforts to strengthen healthy public policy in Ontario. We applaud the provincial government for its efforts to strengthen smoking and vaping laws, and we urge you to implement the above legislative and regulatory changes with our recommendations incorporated. We believe these practical and achievable measures are in the best interest of Ontarians, and will continue to move us towards 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.

Appendix A: Summary of RNAO's Leadership in Tobacco Cessation

A signature program of the RNAO is the *International Affairs and Best Practice Guidelines (IABPG) Centre*, which is focused on the development, dissemination, implementation and evaluation of clinical and healthy work environment best practice guidelines (BPGs). The program was launched in 1999 with multi-year funding from the Ontario Ministry of Health and Long Term Care (MOHLTC).

To date the IABPG Centre has developed 42 Clinical and 10 Healthy Work Environment BPGs, many of which are focused on mental health, and primary care, and topic areas such as chronic diseases, adolescent health, home care and creating healthy work environments. The BPGs are actively implemented provincially, nationally and internationally, and the impact on clinical practice, client outcomes, nurse and organizational outcomes has been profound. Through a focus on individual practitioners and organizations, there have been significant enhancements made in developing evidence-based cultures that support using the best evidence in ongoing daily practice. RNAO's BPG *Integrating Smoking Cessation Into Daily Nursing Practice* (available at <http://rnao.ca/bpg/guidelines/integrating-smoking-cessation-daily-nursing-practice>) focuses on providing practical interventions for nurses to help engage and support clients who use tobacco. This evidence-based resource has equipped nurses with the necessary tools and resources to assist clients on their quit journey.

RNAO's Nursing Best Practice Smoking Cessation Initiative was launched in 2007 through funding by the MOHLTC and remains highly committed to reducing the number of smokers in Ontario by equipping nurses and other health professionals with the knowledge and skills to educate and empower nurses to integrate Smoking Cessation (SC) best practices into their clinical settings. RNAO's best practice guideline *Integrating Smoking Cessation Into Daily Nursing Practice* has remained the Initiative's foundation and the essential evidenced-based resource to support nurses and other health care providers. The key goal of this Initiative is to strengthen and sustain implementation activities related to smoking cessation best practices at the organizational level in particular with primary care settings. The engagement of nurses, nursing students and other health professionals working with pregnant women and new mothers and their families and other specific populations has been a critical focus through the provision of knowledge transfer events, networking opportunities, SC coordinator support, evidenced-based resources and SC champion activities. There are close to 3,000 SC champions in Ontario leading evidenced-based tobacco cessation activities within their organizations.

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