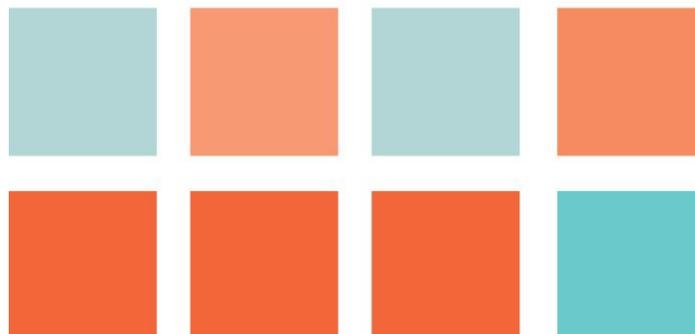


**RNAO's Response on Bill 174: Cannabis,  
Smoke-Free Ontario and Road Safety  
Statute Law Amendment Act, 2017**

Submission to Standing Committee on Justice  
Policy

November 30, 2017



## **Summary of RNAO Recommendations**

**Recommendation 1.** RNAO recommends that the Ministry of Health and Long-Term Care be the lead agency to drive optimal public health outcomes through legislation, regulation, and public policies to reduce harm from alcohol, cannabis, tobacco, and other harmful substances in collaboration with other levels of government, ministries, and agencies as needed.

**Recommendation 2.** RNAO supports legalization of cannabis with strict regulation as the optimal approach to decrease health and social harms.

**Recommendation 3.** RNAO supports that the minimum age for non-medical cannabis purchase, possession, consumption, and distribution in Ontario be set at 19 years of age.

**Recommendation 4.** RNAO recommends that public education strategies be developed that are broad-based and informed by evidence from the *Lower-Risk Cannabis Use Guidelines*.

**Recommendation 5.** RNAO recommends that the province study and implement evidence-informed prevention/health promotion programs for cannabis use that are non-stigmatizing and include youth and young adults with lived experience in the planning, implementation, and evaluation of initiatives.

**Recommendation 6.** RNAO recommends creating an exemption for the consumption of cannabis in outdoor designated smoking areas on the properties of multi-unit housing, so long as there is proper signage and the activity occurs a regulated distance away from entrances/exits and outdoor playgrounds.

**Recommendation 7.** RNAO recommends providing specific regulatory authority for multi-unit housing decision-making bodies to create outdoor designated cannabis smoking areas on their properties.

**Recommendation 8.** RNAO recommends requiring signage warning of the risks of exposure to second-hand cannabis and tobacco smoke to be posted in the common areas of all multi-unit housing in Ontario.

**Recommendation 9.** RNAO recommends providing a more seamless and effective approach to enforce the ban on smoking of both cannabis and tobacco in public places and workplaces by enabling tobacco enforcement officers to also enforce the restriction on consumption of non-medical cannabis in public places (in addition to police officers).

**Recommendation 10.** RNAO recommends establishing requirements for equity training for the criminal justice system, including law enforcement, to ensure fair treatment of racialized and marginalized populations.

**Recommendation 11.** RNAO welcomes the creation of the Ontario Cannabis Retail Corporation and urges the province to:

- Prohibit marketing, promotion, sponsorship, and advertising of cannabis. This should include comprehensive regulatory prohibitions to address advertising in movies, video games, and social media that may be directed specifically to youth.
- Ensure products are sold in plain packaging with clear information about the characteristics of the product (e.g. tetrahydrocannabinol (THC) and cannabidiol content) and warnings about health risks.
- Curtail higher-risk products such as higher-potency formulations and products designed to appeal to youth;<sup>1 2 3</sup> In addition to controlling the potency (THC concentration), ensure quality (no pesticides, mould, and other harmful contaminants) and safety (product traceability, child-proof packages) standards are met.<sup>4</sup>
- Limit availability, with caps on retail density and limits on hours of sale.
- Storefront sales should be conducted from behind the counter (i.e. not off the shelf) by staff trained in challenge-and-refusal protocols who are able to provide information on relative risks of various formulations, products, and modes of delivery.
- Curb cannabis demand through an effective pricing and tax structure. This includes encouraging use of lower-harm products over higher-harm products and discouraging harmful levels of consumption without increasing demand for contraband products. Revenues generated from taxes can be directed to public education, health promotion, and treatment services.

**Recommendation 12:** Open additional stand-alone cannabis stores in Northern Ontario by July 2018.

**Recommendation 13.** RNAO urges the government of Ontario to implement the comprehensive strategy outlined in the *Smoke-Free Ontario Modernization: Report of the Executive Steering Committee*.

**Recommendation 14.** RNAO recommends ensuring that the use of heated tobacco products will be prohibited under the Act. Amend 12(1) (1), Prohibitions, as follows:

*Smoke, consume or hold lighted or heated tobacco.*

**Recommendation 15.** RNAO recommends broadening the definition of "tobacco product accessory" to include waterpipes/hookahs, cigarette/rolling papers and any other accessory that is prescribed by regulation, and broadening the ban on the display of tobacco product accessories to include all tobacco product accessories, whether or not they are associated with a brand of tobacco product.

**Recommendation 16.** RNAO supports the zero tolerance approach to prohibiting driving after alcohol and/or drug use for: novice drivers with a graduated license; drivers age 21 years and under; and commercial drivers.

## **Introduction**

The Registered Nurses' Association of Ontario (RNAO) is the professional association representing registered nurses (RN), nurse practitioners (NP), and nursing students in all settings and roles across Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contributions to shaping the health system, and influenced decisions that affect nurses and the public they serve.

RNAO welcomes the opportunity to provide feedback to the Standing Committee on Justice Policy 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. For this submission, RNAO will use the short title of *Bill 174, the Cannabis, Smoke-Free Ontario and Road Safety Statute Law Amendment Act, 2017*.

RNAO is well positioned to comment on *Bill 174* due to expertise developed through our ongoing Tobacco Free RNAO initiative, our Mental Health and Addiction Initiative, RNAO's clinical best practice guidelines program, and membership in the Executive Steering Committee for the Modernization of Smoke-Free Ontario. RNAO's extensive experience supporting excellence in clinical practice, professional development, and public policy, as well as our work with the public and our members to improve health and the health system have created a wealth of pertinent resources that are outlined and accessible in Appendix A.

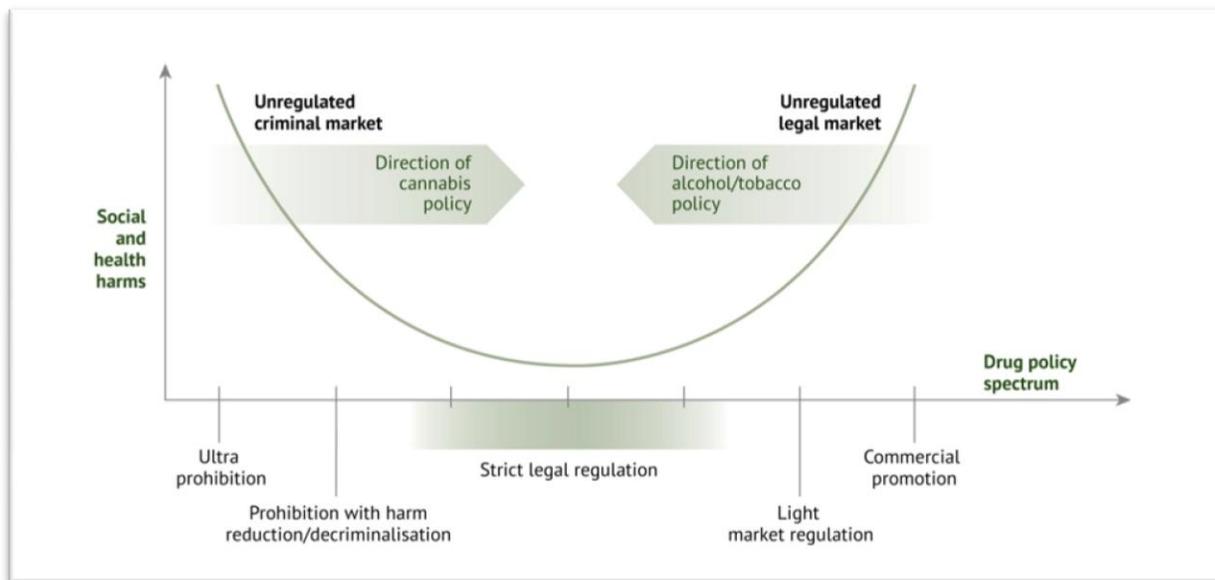
## **A public health approach to alcohol, cannabis, tobacco, and other substances**

RNAO endorses a public health approach to substances that have psychoactive properties (such as alcohol, cannabis, tobacco, and other substances) based on "the principles of social justice, attention to human rights and equity, evidence-informed policy and practice, and addressing the underlying determinants of health."<sup>5</sup>

Ontario's public policies on alcohol and cannabis are currently being driven primarily by the Ministry of the Attorney General and the Ministry of Finance. In contrast, evidence-informed tobacco policy is being led by the Ministry of Health and Long-Term Care (MOHLTC). RNAO urges the province to move primary responsibility for alcohol and cannabis policy to the MOHLTC so a public health approach can be implemented, as opposed to a focus on commercialization and revenue generation.

RNAO urges the federal and provincial government to move ahead with cannabis legalization with strict legal regulation to decrease health and social harms. At the same time, Ontario has work to do to better align provincial policies with a more coherent and evidence-informed approach to alcohol, tobacco, and cannabis in order improve health and community outcomes. As shown in Figure 1, health and social harms are increased both by prohibition resulting in an unregulated criminal market and commercial promotion with an unregulated legal market.

**Figure 1: Moving to strict legal regulation to prevent health and social harms**



Source: Health Canada, Final Report of the Task Force on Cannabis Legalization and Regulation<sup>6</sup>

**Recommendation 1.** RNAO recommends that the Ministry of Health and Long-Term Care be the lead agency to drive optimal public health outcomes through legislation, regulation, and public policies to reduce harm from alcohol, cannabis, tobacco, and other harmful substances in collaboration with other levels of government, ministries, and agencies as needed.

### Schedule 1: Cannabis Act, 2017

#### **Drug Prohibition Ineffective**

The global evidence is clear that the "war on drugs" approach not only failed to reduce illicit drug use but it generated significant health and social harms.<sup>7 8</sup> A review of the scientific evidence by the Johns Hopkins-Lancet Commission on Drug Policy and Health concluded that the pursuit of drug prohibition has "contributed directly and indirectly to lethal violence, communicable-disease transmission, discrimination, forced displacement, unnecessary physical pain, and the undermining of people's right to health."<sup>9</sup> There has been a growing consensus that "the harms of cannabis criminalization are disproportionate to the harms of use."<sup>10 11 12</sup> In particular, prohibitionist approaches to cannabis have had negative impacts on Black, Indigenous, and other racialized communities within the policing, criminal justice, and child welfare systems.<sup>13</sup>

## **Cannabis Risk**

At the population level, legal drugs (alcohol and tobacco) cause more harm to users and to others than cannabis.<sup>14 15 16</sup> When compared with other illicit drugs, the disease burden of cannabis is "comparably small despite relatively large population-level exposure."<sup>17</sup> Although less harmful than alcohol, tobacco, heroin, cocaine, and methamphetamine,<sup>18</sup> using cannabis is not without risk.<sup>19</sup> The well-documented immediate and long-term health risks of cannabis use include: cognitive, psychomotor and memory impairments; impaired perception and hallucinations; impaired driving leading to injuries and death; mental health problems (including psychosis); dependence; pulmonary/bronchial problems; and reproductive issues.<sup>20</sup>

Cannabis use is not associated with direct acute mortality from overdose or poison, but deaths do occur. Cannabis use was estimated to have caused 287 deaths in Canada in 2012, mostly linked to motor-vehicle accidents and lung cancer.<sup>21</sup> It is estimated that 1.3 per cent of the general Canadian adult population 15 years and older (380,000 Canadians) meet the criteria for cannabis use disorders in a given year.<sup>22</sup> In Ontario, cannabis use disorders constitute 30 per cent of overall admissions for substance use treatment; however treatment resources and options are limited.<sup>23</sup> A devastating outcome for some individuals is cannabis-attributable psychosis, especially for those with a family or personal history of psychosis whose genetic predisposition may be triggered or amplified by cannabis use.<sup>24 25</sup> There is evidence that cannabis use during pregnancy affects children's future cognitive functioning, behaviour, substance use and mental health.<sup>26</sup>

Early cannabis use, most clearly beginning before age 16, is associated with multiple adverse health and social effects.<sup>27</sup> However prohibiting cannabis use until age 24 will result in youth seeking product in the black market. According to CAMH, 23% of Ontario's high school students and 40% of young adults use cannabis even though it is currently illegal.<sup>28</sup> As a result, we support the proposed minimum age for non-medical cannabis purchase, possession, consumption, and distribution in Ontario of 19 years of age. However this must be accompanied by public education and health promotion directed to youth and young adults, in addition to are broad-based public education strategies.

## **Use of Cannabis in Public Spaces**

As a partner in the Smoke-Free Ontario Strategy (SFO) for more than a decade,<sup>29</sup> RNAO knows that it is critical not to undermine advances that have been made through the *Smoke-Free Ontario Act*. The primary public health concerns with respect to use of cannabis in public spaces are: harms from second-hand cannabis smoke; potential harms of exposure to second-hand cannabis vapour;<sup>30</sup> and concern about the "social renormalization of smoking."<sup>31</sup> That said, restricting consumption of cannabis to private spaces would make it illegal to residents of multi-unit housing units to smoke within designated areas on their building's property as it would be considered a public space. This will lead to increased smoking indoors which would increase exposure to second-hand smoke for unit occupants and those in neighbouring units. Since this would be a step backward in public protection, consideration should be given to enable residents and guests in multi-unit housing to smoke and vape cannabis outside in designated areas (away from playgrounds and entry/exits). In addition, it would be helpful for the government to create warning signage to inform multi-unit housing residents of the risks of exposure to both second-hand tobacco and cannabis smoke.<sup>32</sup> These signs should be required to be posted in

common areas of all multi-unit housing in Ontario, much the same as how warning signs on the dangers of consuming alcohol during pregnancy must be posted where alcohol is sold (Sandy's Law).<sup>33</sup>

Although Canada's police services, including the Ontario Provincial Police, are saying "there's zero chance they will be ready" to enforce cannabis legalization by July 2018,<sup>34</sup> police officers will be responsible for enforcing the restriction on consumption of non-medical cannabis in public places. In contrast, prohibition of public consumption of medical cannabis will be enforced by tobacco enforcement officers. Given the extensive training and experience of tobacco enforcement officers in enforcing smoking bans, it would make sense to confer enforcement powers on them in addition to police services. This would allow them to address both cannabis and tobacco smoking in public places and workspaces.

### **Impact on Racialized and Marginalized Populations**

Canada's police-reported crime rate peaked in 1991 and has been declining ever since, while police-reported drug-related offences grew by 52 per cent from 1991 to 2013.<sup>35</sup> Under the *Controlled Drugs and Substances Act* in 2013 alone, there were 109,000 police-reported drug offences in Canada, with two-thirds involving cannabis.<sup>36</sup> Between 2003 and 2013, more than 27,000 people in Toronto were arrested for possessing cannabis.<sup>37</sup> During that period, Toronto's Black population constituted around 8.4 per cent of the city's total population, yet 25.2 per cent of the people arrested for possessing cannabis in Toronto were Black.<sup>38</sup> In contrast, Caucasians were arrested almost exactly in proportion to their share of the population.<sup>39</sup> Arrests for cannabis possession rose in tandem with the practice of carding in Toronto.<sup>40</sup> In addition to the negative health impacts and human rights violations associated with carding itself,<sup>41 42</sup> a 2017 *Toronto Star* analysis confirms systemic bias where cannabis laws were "arbitrarily enforced along race lines."<sup>43</sup> A similar 2002 analysis of Toronto police data from 1996 to 2002 by reporter Jim Rankin found the same pattern of discrimination of the "high-discretion" charge of simple possession of an illegal drug. Black people charged with simple drug possession were free to go home on a promise to appear in court 61.8 per cent of the time while white people were released at the scene 76.5 per cent of the time.<sup>44</sup> Of those taken to the police station, Black people were held behind bars for a court appearance 15.5 per cent of the time while white people were kept in jail awaiting a bail hearing in 7.3 per cent of cases.<sup>45</sup>

Being "known to the police" through the systemic racism of racial profiling harms individuals, families, and the "social fabric of society."<sup>46 47</sup> Having a criminal record can severely impact a person's present and future education, employment, housing, family life, income, immigration, and travel status.<sup>48</sup> Unjust drug laws that unfairly target racialized populations not only harm the individuals and families directly involved but also erode society's trust in the legitimacy of law enforcement.<sup>49</sup> Canada and Ontario must learn from the historical and current experience of systemic racism and ensure that racialized and marginalized groups are not disproportionately impacted by new cannabis legislation and its enforcement.<sup>50</sup>

**Recommendation 2.** RNAO supports legalization of cannabis with strict regulation as the optimal approach to decrease health and social harms.<sup>51 52 53</sup>

**Recommendation 3.** RNAO supports that the minimum age for non-medical cannabis purchase, possession, consumption, and distribution in Ontario be set at 19 years of age.<sup>54 55</sup>

**Recommendation 4.** RNAO recommends that public education strategies be developed that are broad-based and informed by evidence from the *Lower-Risk Cannabis Use Guidelines*.<sup>56 57</sup>

**Recommendation 5.** RNAO recommends that the province study and implement evidence-informed prevention/health promotion programs for cannabis use that are non-stigmatizing and include youth and young adults with lived experience in the planning, implementation, and evaluation of initiatives.<sup>58 59 60</sup>

**Recommendation 6.** RNAO recommends creating an exemption for the consumption of cannabis in outdoor designated smoking areas on the properties of multi-unit housing so long as there is proper signage and the activity occurs a regulated distance away from entrances/exits and outdoor playgrounds,

**Recommendation 7.** RNAO recommends providing specific regulatory authority for multi-unit housing decision-making bodies to create outdoor designated cannabis smoking areas on their properties.

**Recommendation 8.** RNAO recommends the requiring of signage warnings of the risks of exposure to second-hand cannabis and tobacco smoke to be posted in the common areas of all multi-unit housing in Ontario.

**Recommendation 9.** RNAO recommends providing a more seamless and effective approach to enforce the ban on smoking of both cannabis and tobacco in public places and workplaces by enabling tobacco enforcement officers to also enforce the restriction on consumption of non-medical cannabis in public places (in addition to police officers).

**Recommendation 10.** RNAO recommends establishing requirements for equity training for the criminal justice system, including law enforcement to ensure fair treatment of racialized and marginalized populations.<sup>61</sup>

## **Schedule 2: Ontario Cannabis Retail Corporation Act, 2017**

A legal market for cannabis without strict regulation is just as problematic as an unregulated criminal market for generating health and social harms. A public health approach to substance use must prioritize the health and well-being of individuals, families, and communities over profit for commercial interests and revenue generation for government. In fact, analysis of trends in Europe and the United States suggest that increased cannabis use was associated more with its commercialization than changes in its legal status.<sup>62</sup> RNAO is supportive of a public monopoly model of cannabis distribution such as a not-for-profit, government-owned and operated monopoly controlled by a cannabis authority<sup>63</sup> or a public monopoly with the Liquor Control Board of Ontario (LCBO) at its centre.<sup>64</sup>

**Recommendation 11.** RNAO welcomes the creation of the Ontario Cannabis Retail Corporation and urges the province to:

- Prohibit marketing, promotion, sponsorship, and advertising of cannabis;<sup>65,66</sup> this should include comprehensive regulatory prohibitions to address advertising in movies, video games, and social media that may be directed specifically to youth.<sup>67</sup>
- Ensure products are sold in plain packaging with clear information about the characteristics of the product (e.g. tetrahydrocannabinol (THC) and cannabidiol content) and warnings about health risks;<sup>68, 69</sup>
- Curtail higher-risk products such as higher-potency formulations and products designed to appeal to youth;<sup>70, 71, 72</sup> In addition to controlling the potency (THC concentration), ensure quality (no pesticides, mould, and other harmful contaminants) and safety (product traceability, child-proof packages) standards are met.<sup>73</sup>
- Limit availability, with caps on retail density and limits on hours of sale;<sup>74, 75</sup>
- Storefront sales should be conducted from behind the counter (i.e. not off the shelf) by staff trained in challenge-and-refusal protocols who are able to provide information on relative risks of various formulations, products, and modes of delivery.<sup>76</sup>
- Curb cannabis demand through an effective pricing and tax structure. This includes encouraging use of lower-harm products over higher-harm products and discouraging harmful levels of consumption without increasing demand for contraband products.<sup>77, 78</sup> Revenues generated from taxes can be directed to public education, health promotion, and treatment services.

It is critical that the stand-alone cannabis stores be equally distributed across the province. It is concerning that there is only one northern location – Thunder Bay – in the first 14 sites that will open in July 2018.<sup>79</sup> Northern Ontario is a vast geographic area that includes the cities of Sudbury, Thunder Bay, Sault Ste. Marie, North Bay, Timmins, Kenora, Elliot Lake in addition to many towns and fly-in communities. The province is urged to open up additional cannabis stores in the North this summer so that residents of Northern Ontario can realistically access cannabis and avoid black market products.

**Recommendation 12:** Open additional stand-alone cannabis stores in Northern Ontario by July 2018.

### **Schedule 3: Smoke-Free Ontario Act, 2017**

Having a clear purpose with appropriate goals, policies, and accountability improves public health. Ontario has clearly articulated its objective "to have the lowest smoking rates in Canada."<sup>80</sup> Although Ontario still lags behind British Columbia, Ontario's Smoke Free Ontario Strategy is making a difference. Provincial efforts in protection, cessation and prevention have resulted in adult smoking rates dropping from 25 per cent in 1996, to 21 per cent in 2005, and 18 per cent in 2014.<sup>81</sup> From 2005 to 2015, the prevalence of past 30-day smokers for students in grades 9 to 10 (combined) and in grades 11 to 12 (combined) was cut by about 60 per cent.<sup>82</sup> While progress has been made, smoking currently kills about 13,000 Ontarians each year (about 36 people every

day).<sup>83</sup> Smoking is still the single greatest cause of premature death and avoidable disease in Ontario, and yet tobacco products are available 24/7 in more than 10,000 retail settings across the province.<sup>84</sup>

Following the recent report of the Executive Steering Committee on *Smoke-Free Ontario Modernization*, of which RNAO was a member, Ontario has the opportunity to continue its national and international leadership in tobacco control by being the "first to adopt and implement an ambitious, comprehensive, integrated, multi-level 'end-game' strategy – consistent with international best practices for tobacco control."<sup>85</sup> This strategy seeks to reduce regular (daily and occasional) smoking prevalence in Ontario from 17.4 per cent in 2017, to 11 per cent by 2023, to eight per cent by 2028, and less than five per cent by 2035.<sup>86</sup> With these targets, the number of smoking-related deaths would be reduced by 4,900 per year (98,000 by 2035).<sup>87</sup> This comprehensive strategy includes goals to substantially reduce tobacco use in Ontario, regulate and limit access to the supply of tobacco and other harmful inhaled substances, and reduce exposure to the harmful effects of tobacco and other inhaled products.<sup>88</sup>

**Recommendation 13.** RNAO urges the government of Ontario to implement the comprehensive strategy outlined in the *Smoke-Free Ontario Modernization: Report of the Executive Steering Committee*.<sup>89</sup>

**Recommendation 14.** RNAO recommends ensuring that the use of heated tobacco products will be prohibited under the Act. Amend 12(1)(1), Prohibitions, as follows:

*Smoke, consume or hold lighted or heated tobacco.*

**Recommendation 15.** RNAO recommends broadening the definition of "tobacco product accessory" to include waterpipes/hookahs, cigarette/rolling papers and any other accessory that is prescribed by regulation, and broadening the ban on the display of tobacco product accessories to include all tobacco product accessories, whether or not they are associated with a brand of tobacco product.

#### **Schedule 4: Amendments to the Highway Traffic Act, 2017**

In 2012, 94 deaths in Canada were attributed to cannabis-related motor-vehicle accidents.<sup>90</sup> Cannabis use hampers critical skills for driving such as cognition, attention, decision-making, memory, and psychomotor functioning.<sup>91</sup> The risk of being involved in a fatal or non-fatal accident is two to three times higher among cannabis-impaired drivers compared with non-impaired drivers.<sup>92</sup> The risk is further increased with frequency of cannabis use, with higher THC concentrations, and especially when cannabis and alcohol use are combined while driving.<sup>93</sup>

**Recommendation 16.** RNAO supports the zero tolerance approach to prohibiting driving after alcohol and/or drug use for: novice drivers with a graduated license; drivers age 21 years and under; and commercial drivers.

#### **Conclusion**

It is critical that the province heed the evidence of how the tobacco,<sup>94</sup> <sup>95</sup> alcohol,<sup>96</sup> and pharmaceutical<sup>97</sup> industries consistently subvert the public good for their own gain.<sup>98</sup> <sup>99</sup> Ontario must do a better job with cannabis than it is doing with alcohol policy. Despite the public health evidence and urging by RNAO and

others,<sup>100 101</sup> the Ontario Ministry of Finance continues to expand and normalize the market for alcohol, including permitting alcohol distribution in grocery stores, farmers' markets, through e-commerce, and allowing air miles rewards for LCBO purchases. A "comprehensive province-wide Alcohol Policy" announced in 2015 has not yet been released,<sup>102</sup> and yet "Ontario continues to make the biggest changes to beverage alcohol retailing in 90 years."<sup>103</sup>

As discussed earlier, the Ministry of Health and Long-Term Care should be the lead agency to drive public health approaches to cannabis, tobacco, alcohol, and other substances that have psychoactive properties. Moving cannabis policy from the Ministry of the Attorney General to the MOHLTC is a natural evolution as the province transitions from a criminal justice approach to an evidence-informed public health approach. By the same logic, provincial alcohol policy should be driven by the MOHLTC rather than the Ontario Ministry of Finance to improve health outcomes and decrease health inequities. Both examples would embody the World Health Organization's Health in All Policies approach to create "public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity."<sup>104</sup>

RNAO urges the province to take this opportunity to better align provincial policies with the objective of reducing health and social harms by implementing a more coherent and evidence-informed approach to alcohol, tobacco, and cannabis. Thank you to the Standing Committee on Justice Policy for considering these recommendations.

## Appendix A

### RNAO Resources and Links:

#### [Tobacco Free RNAO](#)

#### [Mental Health and Addiction Initiative](#)

- [Youth Mental Health and Addiction Champion Toolkit](#)
- [Mental Health and Addiction e-Learn Modules](#)
- [Nurse Educator Mental Health and Addiction Resource](#)

#### [Clinical best practice guidelines](#)

- [Engaging Clients Who Use Substances](#)
- [Enhancing Healthy Adolescent Development](#)
- [Integrating Tobacco Interventions Into Daily Practice](#)

#### [Health and Nursing Policy](#)

- [RNAO letter to Premier Wynne](#) on using public health evidence to inform alcohol strategy (2016)
- [Joint letter](#) on why Ontario needs a provincial alcohol strategy (2015)
- [RNAO letter to Premier Wynne](#) on preventing drug-related deaths in Ontario (2015)
- [RNAO submission](#) on proposed changes to Smoke-Free Ontario Act (2016)
- [RNAO action alert](#) urging action on tobacco (2010)

#### [Patient and Public Engagement](#)

#### [RNAO Expert Interest Groups](#)

- [Community Health Nurses' Initiatives Group](#)
- [Mental Health Nursing Interest Group](#)
- [Nursing Students of Ontario](#)
- [Ontario Campus Health Nursing Association](#)
- [Primary Care Nurses' of Ontario](#)

## References:

- <sup>1</sup> Crépault, *Cannabis Policy Framework*, 13.
- <sup>2</sup> Ontario Public Health Association (2017). *The Public Health Implications of the Legalization of Recreational Cannabis*. Toronto: Author, 22. <http://www.opha.on.ca/getmedia/6b05a6bc-bac2-4c92-af18-62b91a003b1b/The-Public-Health-Implications-of-the-Legalization-of-Recreational-Cannabis.pdf.aspx?ext=.pdf>
- <sup>3</sup> CPHA, *A public health approach to the legalization, regulation and restriction of access to cannabis*, 7.
- <sup>4</sup> Institut national de santé publique du Québec, 19, 25-26.
- <sup>5</sup> Canadian Public Health Association (CPHA) (2014). *A new approach to managing illegal psychoactive substances in Canada*. Ottawa: Author, v. [https://www.cpha.ca/sites/default/files/assets/policy/ips\\_2014-05-15\\_e.pdf](https://www.cpha.ca/sites/default/files/assets/policy/ips_2014-05-15_e.pdf)
- <sup>6</sup> Health Canada (2016). *A Framework for the Legalization and Regulation of Cannabis in Canada: The Final Report of the Task Force on Cannabis Legalization and Regulation*. Ottawa: Author, 12. <https://www.canada.ca/content/dam/hc-sc/healthy-canadians/migration/task-force-marijuana-groupe-etude/framework-cadre/alt/framework-cadre-eng.pdf>
- <sup>7</sup> Global Commission on Drug Policy (2014). *Taking Control: Pathways to Drug Policies that Work*. Geneva: Author, 11-12. <https://www.globalcommissionondrugs.org/reports/taking-control-pathways-to-drug-policies-that-work/>
- <sup>8</sup> British Columbia Centre for Excellence in HIV/AIDS, International AIDS Society, and International Centre for Science in Drug Policy (2010). *The Vienna Declaration: Leading the Way to Illicit Drug Policies Based on Evidence, Not Ideology*. Vancouver: Authors, <http://www.viennadeclaration.com/wordpress/wp-content/uploads/2010/11/The-Vienna-Declaration-Progress-thus-far.pdf>
- <sup>9</sup> Csete, J., Kamarulzaman, A. et al. (2016). Public health and international drug policy. *Lancet*. 387 (10026), 1429.
- <sup>10</sup> Kirst, M. Koar, K., Chaiton, M et al (2015). A common public health-oriented policy framework for cannabis, alcohol and tobacco in Canada? *Canadian Journal of Public Health*. 106 (8), e475.
- <sup>11</sup> CPHA, *A new approach to managing illegal psychoactive substances*, 5-6.
- <sup>12</sup> Crépault, J. (2014). *Cannabis Policy Framework*. Toronto; Centre for Addiction and Mental Health, 7. [https://www.camh.ca/en/hospital/about\\_camh/influencing\\_public\\_policy/documents/camhcannabispolicyframework.pdf](https://www.camh.ca/en/hospital/about_camh/influencing_public_policy/documents/camhcannabispolicyframework.pdf)
- <sup>13</sup> Canada's Drug Futures Forum (2017). *Canada's Drug Futures Forum: Summary of Proceedings and Final Recommendations*. Toronto: Author, 20. <http://www.cdff-fadc.ca/summary-of-proceedings-and-final-recommendations>
- <sup>14</sup> Nutt, D., King, L., & Phillips, L. (2010). Drug harms in the UK: A multicriteria decision analysis. *Lancet*. 376 (9752), 1561-1563.
- <sup>15</sup> van Amsterdam, J., Nutt, D., Phillips, L., & van den Brink, W. (2015). European rating of drug harms. *Journal of Psychopharmacology*. 29 (6), 659.
- <sup>16</sup> Health Canada (2016). *A Framework for the Legalization and Regulation of Cannabis in Canada: The Final Report of the Task Force on Cannabis Legalization and Regulation*. Ottawa: Author, 16. <https://www.canada.ca/content/dam/hc-sc/healthy-canadians/migration/task-force-marijuana-groupe-etude/framework-cadre/alt/framework-cadre-eng.pdf>
- <sup>17</sup> Fischer, B., Imtiaz, S., Rudzinski, K., & Rehm, J. (2015). Crude estimates of cannabis-attributable mortality and morbidity in Canada--implications for public health focused intervention priorities. *Journal of Public Health*, 38 (1), 185.
- <sup>18</sup> Nutt, King, Phillips, 1561.
- <sup>19</sup> Canadian Centre on Substance Use and Addiction (2017). *Canadian Drug Summary: Cannabis*. Ottawa: Author, 1. <http://www.cclt.ca/Resource%20Library/CCSA-Canadian-Drug-Summary-Cannabis-2017-en.pdf>
- <sup>20</sup> Centre for Addiction and Mental Health (2017). *Canada's Lower-Risk Cannabis Use Guidelines: Evidence Summary for Health Professionals*. Toronto: Author. [https://www.camh.ca/en/research/news\\_and\\_publications/reports\\_and\\_books/Documents/LRCUG.KT.Professional.15June2017.pdf](https://www.camh.ca/en/research/news_and_publications/reports_and_books/Documents/LRCUG.KT.Professional.15June2017.pdf)
- <sup>21</sup> Imtiaz, S., Shield, K., Roerecke, M., Cheng, J., Popova, S., Kurdyak, P, Fischer, B., & Rehm, J. (2016). The burden of disease attributable to cannabis use in Canada in 2012. *Addiction*, 111(4), 656.
- <sup>22</sup> Fischer, Imtiaz, et al., 184.
- <sup>23</sup> Fischer, Imtiaz, et al., 186.
- <sup>24</sup> Fischer, Imtiaz, et al., 185.
- <sup>25</sup> Fischer, B., Russell, C., Sabioni, P. et al. (2017). Lower-risk cannabis use guidelines: A comprehensive update of the evidence and recommendations. *American Journal of Public Health*, 107, e6.
- <sup>26</sup> Porath-Waller, A. (2015). *Clearing the Smoke on Cannabis: Maternal Cannabis Use during Pregnancy*. Ottawa: Canadian Centre on Substance Use and Addiction, 1. <http://www.ccsa.ca/Resource%20Library/CCSA-Cannabis-Maternal-Use-Pregnancy-Report-2015-en.pdf>
- <sup>27</sup> Centre for Addiction and Mental Health (2017). *Canada's Lower-Risk Cannabis Use Guidelines: Evidence Summary for Health Professionals*. Toronto: Author.

- 
- <sup>28</sup> CAMH (2014). Cannabis Policy Framework.
- <sup>29</sup> Registered Nurses' Association of Ontario (2016). *Media Release: RNAO celebrates 10 years of partnering for a Smoke-Free Ontario*. Toronto: Author. May 31, 2016.  
<http://rnao.ca/news/media-releases/2016/05/31/rnao-celebrates-10-years-partnering-smoke-free-ontario>
- <sup>30</sup> CAMH, *Submission to the Ontario Legalization of Cannabis Secretariat*, 5.
- <sup>31</sup> Institut national de santé publique du Québec, 1.
- <sup>32</sup> Smoking and Health Action Foundation and the Ontario Campaign for Action on Tobacco. Priority amendments to Bill 174.
- <sup>33</sup> Alcohol and Gaming Commission of Ontario. General Information--Signage Requirement "Sandy's Law."  
<https://www.agco.ca/general/general-information-signage-requirement-sandys-law>
- <sup>34</sup> Rabson, M.(2017). Police ask feds to postpone date for legal pot, say there's zero chance they will be ready. *Toronto Star*, September 12, 2017. <https://www.thestar.com/news/canada/2017/09/12/police-ask-feds-to-postpone-date-for-legal-pot-say-theres-zero-chance-they-will-be-ready.html>
- <sup>35</sup> Rankin, J. & Contenta, S. (2017). Canada's crime rate is falling--but drug charges are rising. *Toronto Star*, July 7, 2017.  
<https://www.thestar.com/news/canada/2017/07/07/canadas-crime-rate-is-falling-but-drug-charges-are-rising.html>
- <sup>36</sup> Rankin, & Contenta, Canada's crime rate is falling--but drug charges are rising.
- <sup>37</sup> Rankin, J., Contenta, S., & Bailey, A. (2017). 27,000 Torontonians were arrested for marijuana possession in a decade. What will happen to them? *Toronto Star*, July 7, 2017.  
<https://www.thestar.com/news/insight/2017/07/07/27000-torontonians-were-arrested-for-marijuana-possession-in-a-decade-what-will-happen-to-them.html>
- <sup>38</sup> Rankin, Contenta, Bailey. Toronto marijuana arrests reveal 'startling' racial divide.
- <sup>39</sup> Star Editorial Board (2017). Decriminalize pot and make pardons easier. *Toronto Star*, July 10, 2017.  
<https://www.thestar.com/opinion/editorials/2017/07/10/decriminalize-pot-and-make-pardons-easier-editorial.html>
- <sup>40</sup> Rankin, Contenta, Bailey. Toronto marijuana arrests reveal 'startling' racial divide.
- <sup>41</sup> Registered Nurses' Association of Ontario (2015). *Letter to Minister Naqvi: Abolish police "street checks" to safeguard human rights and health*. Toronto: Author, October 2, 2015. [http://rnao.ca/sites/rnao-ca/files/RNAO\\_-\\_Letter\\_to\\_Minister\\_Yasir\\_Naqvi\\_-\\_Re\\_Abolish\\_Police\\_Street\\_Checks\\_-\\_Oct\\_2\\_2015.pdf](http://rnao.ca/sites/rnao-ca/files/RNAO_-_Letter_to_Minister_Yasir_Naqvi_-_Re_Abolish_Police_Street_Checks_-_Oct_2_2015.pdf)
- <sup>42</sup> Registered Nurses' Association of Ontario (2015). *Letter to Minister Naqvi: Support for rights-based framework for policing*. Toronto: Author, December 16, 2015. [http://rnao.ca/sites/rnao-ca/files/Letter\\_to\\_Minister\\_Naqvi.pdf](http://rnao.ca/sites/rnao-ca/files/Letter_to_Minister_Naqvi.pdf)
- <sup>43</sup> Rankin, Contenta, & Bailey, 27,000 Torontonians were arrested for marijuana possession.
- <sup>44</sup> Rankin, J., Quinn, J., Shephard, M., Simmie, S., & Duncanson, J. (2002). Singled out. *Toronto Star*, October 19, 2002.  
<https://www.thestar.com/news/gta/knownstopolice/singled-out.html>
- <sup>45</sup> Rankin, Quinn, Shephard, et al. Singled out.
- <sup>46</sup> *Toronto Star*, Known to Police, <https://www.thestar.com/news/gta/knownstopolice/>
- <sup>47</sup> Ontario Human Rights Commission (2017). *Under Suspicion: Research and consultation report on racial profiling in Ontario*. Toronto: Author, 3.  
[http://www.ohrc.on.ca/sites/default/files/Under%20suspicion\\_research%20and%20consultation%20report%20on%20racial%20profilin%20in%20Ontario\\_2017.pdf](http://www.ohrc.on.ca/sites/default/files/Under%20suspicion_research%20and%20consultation%20report%20on%20racial%20profilin%20in%20Ontario_2017.pdf)
- <sup>48</sup> Global Commission on Drug Policy (2016). *Advancing Drug Policy Reform: A New Approach to Decriminalization*. Geneva: Author, 17.  
<http://www.globalcommissionondrugs.org/wp-content/uploads/2016/11/GCDP-Report-2016-ENGLISH.pdf>
- <sup>49</sup> Global Commission on Drug Policy, *Advancing Drug Policy Reform*, 17.
- <sup>50</sup> Toronto Public Health (2017). *Staff Report: Legal Access to Non-Medical Cannabis*, 8.
- <sup>51</sup> Rehm, J. & Fischer, B. (2015). Cannabis legalization with strict regulation, the overall superior policy option for public health. *Clinical Pharmacology & Therapeutics*. 97(6), 541-544.
- <sup>52</sup> Fischer, B., Rehm, J., & Crépault, J. (2016). Realistically furthering the goals of public health by cannabis legalization with strict regulation: Response to Kalant. *International Journal of Drug Policy*, 34 (2016), 11-16.
- <sup>53</sup> Pacula, R., Kilmer, B., Wagenaar, A., Chaloupka, F., & Caulkins, J. (2014). Developing public health regulations for marijuana: Lessons from alcohol and tobacco. *American Journal of Public Health*. 104(6), 1021-1028.
- <sup>54</sup> Centre for Addiction and Mental Health (CAMH) (2017). *Submission to the Ontario Legalization of Cannabis Secretariat*. Toronto: Author, August 11, 2017.  
[http://www.camh.ca/en/hospital/about\\_camh/influencing\\_public\\_policy/Documents/CAMHsubmission\\_LegalizationSecretariatON\\_2017-08-11.pdf](http://www.camh.ca/en/hospital/about_camh/influencing_public_policy/Documents/CAMHsubmission_LegalizationSecretariatON_2017-08-11.pdf)
- <sup>55</sup> Canadian Public Health Association (CPHA) (2016). *A public health approach to the legalization, regulation and restriction of access to cannabis*, 5. Ottawa: Author. [https://www.cpha.ca/sites/default/files/assets/policy/cannabis\\_submission\\_e.pdf](https://www.cpha.ca/sites/default/files/assets/policy/cannabis_submission_e.pdf)
- <sup>56</sup> Toronto Public Health (2017). *Staff Report: Legal Access to Non-Medical Cannabis*, 10.
- <sup>57</sup> CAMH, *Submission to the Ontario Legalization of Cannabis Secretariat*, 5.

- 
- <sup>58</sup> CAMH, *Submission to the Ontario Legalization of Cannabis Secretariat*, 6.
- <sup>59</sup> Toronto Public Health (2017). *Staff Report: Legal Access to Non-Medical Cannabis*, 10.
- <sup>60</sup> Registered Nurses' Association of Ontario (2016). *RNAO's Youth Mental Health & Addiction Champions Initiative Toolkit*. Toronto: Author. <http://ymhac.rnao.ca/>
- <sup>61</sup> Toronto Public Health (2017). *Staff Report: Legal Access to Non-Medical Cannabis*, 2.
- <sup>62</sup> Institut national de santé publique du Québec (2017). *Legalization of non-medical cannabis: A public health approach to regulation*. Québec: Author, 21.  
[https://www.inspq.qc.ca/sites/default/files/publications/2233\\_legalization\\_non\\_medical\\_cannabis\\_0.pdf](https://www.inspq.qc.ca/sites/default/files/publications/2233_legalization_non_medical_cannabis_0.pdf)
- <sup>63</sup> DeVillaer, M. (2017). *Cannabis Law Reform in Canada: Pretence & Perils*. Hamilton: McMaster University, The Peter Boris Centre for Addiction Research, 81-87. <https://fhs.mcmaster.ca/pbcar/documents/Pretence%20&%20Perils%20FINAL.PDF>
- <sup>64</sup> CAMH, *Submission to the Ontario Legalization of Cannabis Secretariat*, 1.
- <sup>65</sup> CAMH, *Submission to the Ontario Legalization of Cannabis Secretariat*, 3.
- <sup>66</sup> Crépault, *Cannabis Policy Framework*, 13.
- <sup>67</sup> Toronto Public Health (2017). *Staff Report: Legal Access to Non-Medical Cannabis: Approaches to Protect Health and Minimize Harms of Use*. Toronto: Author, May 29, 2017, 7. <http://www.toronto.ca/legdocs/mmis/2017/hl/bgrd/backgroundfile-104495.pdf>
- <sup>68</sup> CAMH, *Submission to the Ontario Legalization of Cannabis Secretariat*, 3.
- <sup>69</sup> Toronto Public Health (2017). *Staff Report: Legal Access to Non-Medical Cannabis*, 7.
- <sup>70</sup> Crépault, *Cannabis Policy Framework*, 13.
- <sup>71</sup> Ontario Public Health Association (2017). *The Public Health Implications of the Legalization of Recreational Cannabis*. Toronto: Author, 22. <http://www.opha.on.ca/getmedia/6b05a6bc-bac2-4c92-af18-62b91a003b1b/The-Public-Health-Implications-of-the-Legalization-of-Recreational-Cannabis.pdf.aspx?ext=.pdf>
- <sup>72</sup> CPHA, *A public health approach to the legalization, regulation and restriction of access to cannabis*, 7.
- <sup>73</sup> Institut national de santé publique du Québec, 19, 25-26.
- <sup>74</sup> Crépault, *Cannabis Policy Framework*, 12.
- <sup>75</sup> Toronto Public Health (2016). *Staff Report: Legalization and regulation of non-medical cannabis*. Toronto: Author, May 13, 2016, 13. <http://www.toronto.ca/legdocs/mmis/2016/hl/bgrd/backgroundfile-93042.pdf>
- <sup>76</sup> CAMH, *Submission to the Ontario Legalization of Cannabis Secretariat*, 2.
- <sup>77</sup> Crépault, *Cannabis Policy Framework*, 13.
- <sup>78</sup> Toronto Public Health (2017). *Staff Report: Legal Access to Non-Medical Cannabis*, 13.
- <sup>79</sup> First 14 Municipalities Selected for Cannabis Stores (Nov. 3/17). <https://lcbocannabisupdates.com/first-14-municipalities-selected-for-cannabis-stores/>
- <sup>80</sup> Ministry of Health and Long-Term Care (2012). *Ontario's Action Plan for Health Care*. Toronto: Author, 8.  
[http://www.health.gov.on.ca/en/ms/ecfa/healthy\\_change/docs/rep\\_healthychange.pdf](http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/docs/rep_healthychange.pdf)
- <sup>81</sup> Ontario Tobacco Research Unit (2017). *Smoke-Free Ontario Strategy Monitoring Report*. Toronto: Author, 6-3. [http://otru.org/wp-content/uploads/2017/03/2016\\_SMR\\_Full.pdf](http://otru.org/wp-content/uploads/2017/03/2016_SMR_Full.pdf)
- <sup>82</sup> Ontario Tobacco Research Unit, *Smoke-Free Ontario Strategy Monitoring Report*, 6-4.
- <sup>83</sup> Executive Steering Committee (2017). *Smoke-Free Ontario Modernization: Report of the Executive Steering Committee*. Toronto: Author, 4.  
[http://www.health.gov.on.ca/en/common/ministry/publications/reports/sfo\\_modernization\\_esc\\_2017/sfo\\_modernization\\_esc\\_report.pdf](http://www.health.gov.on.ca/en/common/ministry/publications/reports/sfo_modernization_esc_2017/sfo_modernization_esc_report.pdf)
- <sup>84</sup> Executive Steering Committee (2017). *Smoke-Free Ontario Modernization*, 28.
- <sup>85</sup> Executive Steering Committee (2017). *Smoke-Free Ontario Modernization*, 15.
- <sup>86</sup> Executive Steering Committee (2017). *Smoke-Free Ontario Modernization*, 16.
- <sup>87</sup> Executive Steering Committee (2017). *Smoke-Free Ontario Modernization*, 16.
- <sup>88</sup> Executive Steering Committee (2017). *Smoke-Free Ontario Modernization*, 16.
- <sup>89</sup> Executive Steering Committee (2017). *Smoke-Free Ontario Modernization*.
- <sup>90</sup> Intiaz, S., Shield, K., Roerecke, M., Cheng, J., Popova, S., Kurdyak, P., Fischer, B., & Rehm, J. (2016). The burden of disease attributable to cannabis use in Canada in 2012. *Addiction*, 111(4), 656.
- <sup>91</sup> Fischer, B., Russell, C., Sabioni, P. et al. (2017). Lower-risk cannabis use guidelines: A comprehensive update of the evidence and recommendations. *American Journal of Public Health*, 107, e6.
- <sup>92</sup> Centre for Addiction and Mental Health (2017). *Canada's Lower-Risk Cannabis Use Guidelines: Evidence Summary for Health Professionals*. Toronto: Author.  
[https://www.camh.ca/en/research/news\\_and\\_publications/reports\\_and\\_books/Documents/LRCUG.KT.Professional.15June2017.pdf](https://www.camh.ca/en/research/news_and_publications/reports_and_books/Documents/LRCUG.KT.Professional.15June2017.pdf)
- <sup>93</sup> Fischer, Russell, Sabioni, e6.
- <sup>94</sup> Tobacco Free Initiative (2017). *Watching and countering the industry*. Geneva: World Health Organization.

---

<http://www.who.int/tobacco/industry/background/en/>

<sup>95</sup> Tobacco Free Initiative (2004). *Tobacco Industry and Corporate Responsibility: An Inherent Contradiction*. Geneva: World Health Organization. [http://www.who.int/tobacco/communications/CSR\\_report.pdf](http://www.who.int/tobacco/communications/CSR_report.pdf)

<sup>96</sup> World Health Organization (2017). *Ten years in public health, 2007-2017: Report by Dr Margaret Chan, Director-General, World Health Organization*. Geneva: Author, 98-103. <http://apps.who.int/iris/bitstream/10665/255355/1/9789241512442-eng.pdf?ua=1>

<sup>97</sup> Lexchin, J. (2016). *Private profits versus public policy: The pharmaceutical industry and the Canadian State*. Toronto: University of Toronto Press.

<sup>98</sup> DeVillaer, 41-78.

<sup>99</sup> Pacula, Kilmer, Wagenaar, et al., 1024-1025.

<sup>100</sup> Registered Nurses' Association of Ontario (2016). *Letter to Premier Wynne: RAO urges province to use public health evidence to inform a comprehensive provincial alcohol strategy*. Toronto: Author.

[http://rnao.ca/sites/rnao-ca/files/RNAO\\_to\\_Premier\\_alcohol\\_policy\\_march\\_3\\_2016\\_final.pdf](http://rnao.ca/sites/rnao-ca/files/RNAO_to_Premier_alcohol_policy_march_3_2016_final.pdf)

<sup>101</sup> Canadian Centre on Substance Use, Canadian Mental Health Association Ontario, Centre for Addiction and Mental Health, Mothers Against Drunk Driving Canada, Ontario Public Health Association, and Registered Nurses' Association of Ontario (2015). *Why Ontario needs a provincial alcohol strategy*. Toronto: Authors.

[https://www.camh.ca/en/hospital/about\\_camh/influencing\\_public\\_policy/Documents/Why\\_Ontario\\_needs\\_an\\_alcohol\\_strategy.pdf](https://www.camh.ca/en/hospital/about_camh/influencing_public_policy/Documents/Why_Ontario_needs_an_alcohol_strategy.pdf)

<sup>102</sup> Office of the Premier (2015). News release: Ontario developing policy to support responsible alcohol use. Toronto: Author, December 18, 2015.

<https://news.ontario.ca/opo/en/2015/12/ontario-developing-policy-to-support-responsible-alcohol-use.html>

<sup>103</sup> Ministry of Finance (2017). News Release: Beer and cider coming to 76 more grocery stores by Canada Day. Toronto: Author, May 9, 2017.

<https://news.ontario.ca/mof/en/2017/5/beer-and-cider-coming-to-76-more-grocery-stores-by-canada-day.html>

<sup>104</sup> World Health Organization and Ministry of Social Affairs and Health, Finland (2013). *The Helsinki Statement on Health in All Policies. The 8th Global Conference on Health Promotion*, Helsinki, Finland, June 10-14, 2013, 1.

[http://www.who.int/healthpromotion/conferences/8gchp/8gchp\\_helsinki\\_statement.pdf](http://www.who.int/healthpromotion/conferences/8gchp/8gchp_helsinki_statement.pdf)