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(Hansard)**

**Wednesday 18 May 2016**

**Journal  
des débats  
(Hansard)**

**Mercredi 18 mai 2016**

**Standing Committee on  
General Government**

Smoke-Free Ontario  
Amendment Act, 2016

**Comité permanent des  
affaires gouvernementales**

Loi de 2016 modifiant la Loi  
favorisant un Ontario sans fumée

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON  
GENERAL GOVERNMENT**

**COMITÉ PERMANENT DES  
AFFAIRES GOUVERNEMENTALES**

Wednesday 18 May 2016

Mercredi 18 mai 2016

*The committee met at 1602 in committee room 2.*

**SMOKE-FREE ONTARIO  
AMENDMENT ACT, 2016**

**LOI DE 2016 MODIFIANT LA LOI  
FAVORISANT UN ONTARIO SANS FUMÉE**

Consideration of the following bill:

Bill 178, An Act to amend the Smoke-Free Ontario Act / Projet de loi 178, Loi modifiant la Loi favorisant un Ontario sans fumée.

**The Chair (Mr. Grant Crack):** Good afternoon, everyone. Good afternoon, members of the committee, Clerk, legislative research, members of Hansard, ladies and gentlemen.

I'd like to call the Standing Committee on General Government to order. Today, we are going to continue hearing from deputants concerning Bill 178, An Act to amend the Smoke-Free Ontario Act.

**CANADIANS FOR FAIR ACCESS  
TO MEDICAL MARIJUANA**

**The Chair (Mr. Grant Crack):** Today we have, as our first presenter, from the Canadians for Fair Access to Medical Marijuana, Mr. Jonathan Zaid, founder and executive director. We welcome you, sir—into the middle, please.

As per the motion passed by committee last week, each presenter has up to 10 minutes for their presentation, followed by three minutes of questioning by each party.

So, we welcome you, sir. The floor is yours for up to 10 minutes.

**Mr. Jonathan Zaid:** Thank you so much for having me. My name is Jonathan Zaid. I'm the founder and executive director of Canadians for Fair Access to Medical Marijuana, a non-profit, federal organization that advocates for patients' rights.

I'm a patient myself. I've been sick for nine years with new daily persistent headache, a chronic neurological pain condition that causes daily, 24/7, totally unremitting headaches as well as migraines and sleep problems. I've tried pretty much every medication possible, over 45, and all different treatments until finally turning to medical cannabis and finally finding relief that has allowed me to go to the University of Waterloo and be as student, and

also now advocate for other patients' rights. So I really owe a lot to medical cannabis.

I use a vaporizer, which is a Health Canada recognized medical device. I'm prescribed medical cannabis by a physician and order it through the Health Canada system. This device vaporizes the cannabis to a temperature that doesn't cause combustion or smoke, therefore reducing any respiratory irritation that occurs from smoking. It allows you to inhale the medication.

Really, this is what Bill 178 is after. It fundamentally limits patients' rights to use their medical devices to administer their medicine. It's like taking away the syringe from a needle and trying to administer the medicine. You need a vaporizer. You need something to administer. You can't just use the raw product that's available.

Vaporizers and inhaling cannabis have a distinct purpose that physicians are currently prescribing, which is that it has a near-instant onset of action. If you ingest cannabis through oils or other products, it takes a few hours to take effect.

When you look at someone like a pediatric epilepsy patient who is trying to abort a seizure, they don't have three hours to wait to take oil. If they're in some enclosed space or inside, they need to use that right away. It's not like telling a smoker, "Just go outside to smoke;" we're talking about medicine here. It's a distinct difference that needs to be made. Bill 178 doesn't recognize that cannabis is being used as a medicine, and that's what the membership of CFAMM is concerned about.

Really, we need to focus on patients' needs and allow for exemptions. If employers or other business owners want to accommodate medical cannabis, they need to be able to do so, and Bill 178 doesn't allow that. It doesn't allow for emergency usage. It forces people to go outside and be penalized if they have to use their medicine, even if they have no choice.

Patients need to be able to use vaporizers—and really, they have no other options. Most patients using medical cannabis are at the end of the line, kind of like I was when I found medical cannabis. They have no other therapies available. This is the only thing that works for them. You're taking away the device to use it, and that makes it impossible to use for some of these patients. That's not acceptable.

One thing that was kind of lost in the media translation of the exemption that was originally put into place for medical cannabis was that patients have always had the

right to smoke or vaporize their medicine in Ontario. There haven't been any regulations preventing that. We haven't seen a huge problem with that. We haven't seen patients flocking to playgrounds and movie theatres and causing huge problems. There have been a few isolated cases, as with anything, but there isn't a huge cause for concern.

Really, the other big thing that the public reacted to was the public health risk. There is not a public health risk with vaporized cannabis in the same way that there is with tobacco products. They're unique substances. Some of the research that I've provided will demonstrate that cannabis is a unique substance. Especially when used by a vaporizer, it eliminates pretty much all of the risk associated with potential compounds that could harm others.

I don't see any problem with when an employer or business wants to say, "Okay, you can use your cannabis. Maybe you can go over there so you reduce the nuisance of smell for our other patrons." What's the problem with that? It's not causing harm to anyone else, but it's allowing the patient to use their medicine.

If you think of certain other instances like at an airport, you can't use your medicine. I recently traveled to Ottawa for some advocacy. I really struggled because my flight got cancelled and I had to sit in the airport for hours, and I couldn't do anything about it. There's nowhere for me to use my medication, and if I have break-out pain, then I may need to use it right away. Luckily enough, I was able to manage it and didn't need to in that instance, but that's me personally. What about someone with epilepsy or someone with extreme nausea from chemotherapy trying to reduce their nausea? It's not so simple to just say, "Go outside and use your medicine," as it is with smokers.

It really comes back to the public risk as well. Cannabis vaporization is simply a nuisance. It is not a risk. The associate health minister determined that as well, that there is no evidence to show harmful effects to the public from second-hand vapour. There's really no reason to be treating it in the same way as other tobacco products.

That sums up all of my points, but I think it's really important to keep in mind here that this is a medicine and this is being used by patients for medical purposes. They've always been respectful of that and kept in mind that there could be some problems with odour. That's why we haven't seen so many problems until now.

But there need to be exceptions in place to allow friendly businesses to accommodate medical cannabis and for workers to be able to do it—and other places as well. For example, during an exam, you're not allowed to go outside because you can't, obviously, during an exam, but with a medical condition, you get extra time. It could be four, four-and-a-half hours. That's a long time to not have access to any medication. There is no public health risk to the school accommodating a student by allowing them to vaporize in a private, enclosed room, but the bill wouldn't allow for that.

There need to be exceptions in place for patients to use their prescribed medicine.

1610

**The Chair (Mr. Grant Crack):** Thank you very much, Mr. Zaid, for your presentation before committee this afternoon.

When we wrapped up, members of the committee, on Monday, the last round had started with the official opposition so we're going to start the next round with the third party. Ms. Gretzky will start it off.

**Mrs. Lisa Gretzky:** I'd like to thank you for coming to present to the committee today. I just want to touch on what you spoke about, about having access to your medication, that there are differences between whether you ingest it or inhale it. I just wanted to see what your thoughts are on the correlation between being able to use your medical cannabis, to be able to use a vaporizer, compared to someone who would need an oxygen tank, a nebulizer, an inhaler for asthma, someone who has diabetes so they can take their insulin and their sharps containers.

Can you explain to me what it might look like or if you have any suggestions on those who would need marijuana to vape it, if you see there being a place in public that would be similar to allowing the people who need these devices to take their medication?

**Mr. Jonathan Zaid:** There aren't any restrictions that I'm aware of for any other medical device to not use in public. Vaporizers are a Health Canada-approved class II medical device, like some of these other things you speak of, so it needs to be allowed to be used. Otherwise, you're fundamentally taking away people's medicine, not just their ability to use a vaporizer. It's taking away their medicine as well because they can't use it then.

It's not all patients. Some patients can manage with the ingestible forms, but when it's prescribed by a physician to use a vaporizer, the government shouldn't be stepping in and stopping patients from being able to do so.

**Mrs. Lisa Gretzky:** That's another question that I was going to ask. When you do have a medical professional prescribe, the prescription is given in the same way that other medication would be, so it actually is prescribed for use in a certain way, whether that's ingesting it, vaping it or—it's specified?

**Mr. Jonathan Zaid:** Yes. It's written on something called a medical document. That medical document contains the exact same information as a prescription. It's considered equivalent to a prescription by both the Ontario college of physicians and the BC college of physicians. So basically it is a prescription; it's just a bit of a language or semantics difference.

The patient will send in that medical document and register with an authorized licensed producer. Some patients are accessing through other means as well. There are some patients who have injunctive relief to grow at home, and there are some patients who access through dispensaries if their needs aren't being met otherwise. To get access to legal cannabis, you need to have that

medical document—that prescription—from a physician that indicates your daily maximum dose and all other information that a prescription would contain.

**Mrs. Lisa Gretzky:** So like other medications, then, if you were not able to take them in the manner as prescribed, you're saying they possibly would not be as effective or that there could be some sort of negative aspect to taking your medication if you were not able to take it as a physician has prescribed it for you?

**Mr. Jonathan Zaid:** Yes, absolutely. It's totally equivalent to that. The difficulty comes up that cannabis is smelly and it causes that odour nuisance. But we're at the pioneering of a difficult issue and I think Ontario really needs to manage this difficult issue and come up with reasonable exceptions to manage that nuisance, but also keep in mind that this is a medication and there is no public health risk.

**Mrs. Lisa Gretzky:** Thank you.

**The Chair (Mr. Grant Crack):** Thank you very much. Appreciate that. We'll move to the government. Ms. Hoggarth.

**Ms. Ann Hoggarth:** Good afternoon. Thank you for your presentation. You touched on a couple of things that I wanted to talk about. Sixteen years ago right now, I was diagnosed with breast cancer and I had to have chemo and radiation. At the time, there was no way to take medical marijuana. That would have been illegal. However, I do believe that there should be fair access to medical marijuana. My difficulty with it is that, as a teacher and as a parent and grandparent, I think there's an important balance between the needs of medical marijuana users by smoking and vaping and the impact on those around them.

Do you see the concerns of businesses and families that may not want to be exposed to second-hand smoke as being reasonable?

**Mr. Randy Hillier:** It's not smoke.

**Mr. Jonathan Zaid:** Yes, vapour. We've reached out to all different types of businesses and had this conversation. I think one possible scenario where a reasonable exception could be made is an opt-in situation where businesses or employers that are friendly to cannabis could say, "Yes, we'll allow it, and we'll allow it here with these rules that we create," and allow these establishments to have these conversations rather than the government limiting it.

The bill, as crafted today, doesn't allow any exceptions and doesn't allow any wiggle room. It's totally not allowed, the same way as smoking. But it's not the same as smoking; it doesn't carry the same risks. It is a nuisance, and that could potentially have impacts on a business where other patrons didn't necessarily want to breathe in that smell, but it doesn't have the health risks, so there should be room for establishments to allow it as desired and then they can determine the potential impacts within that establishment.

**Ms. Ann Hoggarth:** Thank you very much.

**The Chair (Mr. Grant Crack):** We'll move to the official opposition. Mr. Hillier.

**Mr. Randy Hillier:** Thank you very much, Jonathan. I think the last question helps put things in perspective. Referring to vapes as smoke would be like considering fog as smoke. It's a mist; it's not a product of combustion.

You mentioned a number of things and I'll say this in this context: We've gone from being able to use it everywhere and anywhere to having it ostracized and being categorized as a tobacco product with this bill. You mentioned that because of medical marijuana, you're now a successful student and you would not have been able to undertake those activities without being able to use your medical marijuana, and that vaping is the least harmful way of ingesting that medicine, as compared to the most harmful way of smoking it and creating smoke through products of combustion.

A couple of other points that I think need to be emphasized are how efficiently vaping delivers the medicine into the bloodstream, quicker and more efficiently than any other method. I think what is important for this committee to understand, because the word "balance" has been brought up—I see this bill providing no reasonable accommodation for people and their need to take their prescription medicine in the least harmful way, the most efficient way, and the least nuisance way. This bill provides no reasonable accommodation.

You mentioned an opt-in ability for employers or businesses. I think that would be a wonderful start for those companies or businesses that find it problematic or troublesome due to ignorance of the product and the delivery means, until they become more knowledgeable. But if you have any other examples, I think it's important for this committee to understand the drawbacks for medicinal marijuana users and what will happen to them. You mentioned the airport, but if there are any other examples that you might want to provide this committee where this bill would make it difficult or impossible for somebody to take their medicine in a humane way and civilized way.

**Mr. Jonathan Zaid:** Yes, so as you mentioned, vaporization is becoming one of the most popular administration options. Previously, smoking was, and now physicians have been increasingly recommending vaporizers to patients. The latest research is showing that the majority of patients are using vaporizers. So it is taking away what physicians are recommending as a harm reduction tool compared to smoking, first and foremost.

When we think of places, there are definitely places prescribed within the regulations that don't make sense to limit it—for example, hospitals and hospices. They may actually want to administer it themselves and they have no ability to do so. There are no exceptions for employers or other businesses. In emergency circumstances, like a seizure, there's no exception for that either. I see that being a very important exception needing to take place in the bill.

But really, when we think of medical cannabis patients and we talk about this, we're thinking and talking like they're healthy, normal people, but they're not, necess-

arily. They're really ill, sometimes mobility-challenged individuals. If that's the case, then they can't go outside, especially in minus-20-degree winter weather, to use their medication. That's really challenging for people, so you have to kind of keep in mind who these people are as we talk about this.

1620

**Mr. Randy Hillier:** Maybe just two quick points—

**The Chair (Mr. Grant Crack):** No. Thank you very much.

**Mr. Randy Hillier:** Can you get flavoured cannabis vapes for the odour?

**The Chair (Mr. Grant Crack):** Okay—

**Mr. Randy Hillier:** And, just for the record, we finally have allowed people to take their asthma inhalers at school with a law that just recently passed—

**The Chair (Mr. Grant Crack):** Thank you very much. We appreciate you coming before committee, Mr. Zaid.

Mr. Hillier, you had an extra minute and a half, by the way, so good try.

#### CANNABIS FRIENDLY BUSINESS ASSOCIATION

**The Chair (Mr. Grant Crack):** Next, we have a number of presenters from the Cannabis Friendly Business Association. I would like to welcome the members to come before committee. I will allow one of you to maybe introduce each and every one of you, because there are five, as we allow the Clerk to pull up another chair.

So, who will be speaking?

**Ms. Abi Hod:** We're just going to go through in a line.

**The Chair (Mr. Grant Crack):** Okay. So if you could, do the introduction of who you are. I welcome you and you have up to 10 minutes.

**Ms. Abi Sampson:** Good afternoon, committee members and fellow cannabis allies and supporters. My name is Abi Sampson, and on behalf of Abi Hob, Marko Ivancicevic—we practised this—Jon Liedtke and Quito Maggi, and on behalf of the Cannabis Friendly Business Association, I wish to thank you for inviting us to this discussion.

Today, we speak on behalf of over 20,000 Ontario medical cannabis patients, along with the 8% of adult Canadians who self-identify as regular cannabis consumers and wish to seek to have medical cannabis exempted from Bill 178.

The year is 2016, and our peaceful plant is finally in the spotlight. It is a time of historical change, with our government vowing to legalize, restrict and regulate cannabis. With the world watching, it is imperative that regulations are based on sound evidence and that those most affected by these decisions, the patients, are put first.

Cannabis is not the same as tobacco and must not be treated as such. By granting an exemption to Bill 178, the

Ontario government has the opportunity to establish regulations and standards that benefit the budding cannabis industry, the public, the government and the patients.

**Ms. Abi Hod:** Hello, my name is Abi Hod. I'm a lounge owner and a CFBA founder.

In 2012, the city of Toronto actually had a committee—almost the same as this—to study vapour lounges in Toronto. So many of the facts that I will read out are from that study.

They concluded, "Moreover, a medical marijuana bylaw will directly benefit those individuals with a legal right to possess marijuana for medical purposes, by recognizing their right to consume" medical marijuana at "consumption facilities in the city. This addresses concerns raised by the medical marijuana community that having to treat themselves only at home leads to stigmatization and discrimination."

In 2012, the issue of licensing of cannabis lounges was brought forward to the city of Toronto, at which time a report was prepared and presented to the licensing and standards committee. It was determined that vapour lounges provide a safe space for patients to medicate and cannabis consumers to congregate.

They came to a few conclusions. Number one: "Allowing these establishments to be properly licensed will ensure that the city respects the rights of the individuals who are legally permitted to consume marijuana for medical purposes, while ensuring that public safety and community order concerns are addressed."

The second point: "Though medical marijuana users are entitled to possess and consume their marijuana at home or at vapour lounges, the TPS believes there should be restrictions on smoking marijuana, including for medical purposes, in outdoor public spaces."

All these conclusions are contrary to the conclusions of Bill 178.

We hope to introduce to the city of Toronto, if we are exempted by Bill 178, these following licensing guidelines for cannabis lounges:

- 19-plus adult age limit;
- air filtration and ventilation systems must be installed;
- proper signage informing the public before entering that there's cannabis consumption on site;
- regular health inspections;
- mandatory first aid training for staff so they can deal with further implications if people are sick, and if anything happens, they have to be trained;
- background checks for all owners ensuring that there's no criminal activity or criminal records involved;
- commercial or industrial zoning;
- no other inebriates on property, so no alcohol, no other drugs of any sort; and
- must comply with all other commercial business standards.

**Mr. Marko Ivancicevic:** My name is Marko Ivancicevic. I'm a medical marijuana user and advocate. I've also been involved with several federal Liberal

riding associations in the past. I'm here today speaking on behalf of the CFBA.

Medical cannabis became legal in 2001 and that was in response to the *R. v. Parker* case. They found that patients like Parker had their rights infringed upon by not having safe access to cannabis for medical purposes. The Supreme Court of Canada stated that the government doesn't have jurisdiction to dictate how a patient will consume their medication.

In August, the federal government will be coming up with new regulations in response to the Allard decision. It does not make sense for the Ontario government to pass any legislation until after the federal government officially legalizes cannabis next year.

Since cannabis became legal for medical purposes, these regulations were found to be unconstitutional 11 times. We believe that the proposed bill is unconstitutional and there will be several human rights challenges as well as constitutional challenges.

There are an extra few notes that I'd like to make as well. In 2003, 8% of Canadians aged 25-plus reported daily cannabis use. There are approximately 25,000 MMAR and MMPR patients in Ontario. There are also many others who don't have access to a doctor, so that number is actually much higher than that. Senior citizens are amongst the largest-growing demographic of medical cannabis users, and in 2014, more than 100,000 Canadian veterans reported using cannabis.

**Mr. Jon Liedtke:** My name is Jon Liedtke. I am co-owner of Higher Limits, the largest cannabis lounge in the country. I want to talk about the need for safe spaces and vaporization.

First, in Ontario, there are 16 safe spaces for cannabis consumption, with 13 of those safe spaces being operated in the GTA alone. I think, for the numbers that Marko had just said, with increasing cannabis users and medical marijuana users, there is a need for more safe spaces for cannabis consumption, not less, such as we brought about through Bill 178, which will push medical cannabis patients out into the public. They will be on city streets medicating, not what I think you want to be achieving through the use of this legislation, because cannabis lounges would be shut down.

There are many benefits from vaporization as well. Cannabis vaporization is a technology designed to deliver inhaled cannabinoids while avoiding the respiratory hazards of smoking by heating cannabis to a temperature where therapeutically active cannabinoid vapours are produced but below the point of combustion, whereby noxious pyrolytic by-products are formed. Simply put, cannabis smoke does not equate to tobacco smoke, and cannabis and tobacco smoke are not equally carcinogenic. We've included some documentation about that as well.

We have concerns with a vapour ban, primarily that it will encourage the combustion of medical marijuana, which is not as safe for you as vaporization. By banning the display and education of vaporizers, this will simply result in their misuse, which will increase harm caused through vaporizers.

Many new medical cannabis patients such as senior citizens and veterans have no knowledge of medical cannabis or these harm reduction tools. By not allowing for medical cannabis lounges to speak to how to use these tools properly it will increase harm. Cannabis patients will further not be able to explore the best options for their health.

Quite simply, Bill 178 runs counter to every study on the benefits of vaporization. We've included those as well in our workbooks.

**Ms. Abi Hod:** We've received a lot of community support and many impact letters. Here are a few excerpts.

Kensington Market BIA, which is home to the Hotbox, Ontario's oldest cannabis lounge: "The lounges provided medical patients a safe place to consume their medicine in a safe, non-toxic way and in a convivial atmosphere with other cannabis consumers. Closing cannabis lounges will result in much more marijuana consumption in the streets, with a multitude more citizens being exposed to their second-hand smoke.

"There is also likely to be more smoking of cannabis on sidewalks rather than the safer, non-toxic vaping, which takes place in the lounges.

"This reality runs counter to the intent of the bill. Bill 178 effectively will result in children and other non-cannabis users being exposed to marijuana."

The second letter is from the Cannabis Growers of Canada: "By treating medical cannabis with the exact same laws as cigarettes and other tobacco products, the Ontario government is demonstrating a fundamental ignorance of the use of medical cannabis."

**1630**

The "CGC calls on the Wynne government to shelve Bill 178, and to rethink their approach to cannabis regulation, before the government of Ontario is put in the position of denying medical cannabis patients their fundamental rights."

Quito?

**Mr. Quito Maggi:** Thank you, Mr. Chair and committee members. Can everybody hear me?

**Mr. Randy Hillier:** No.

**Mr. Quito Maggi:** Sorry. My name is Quito Maggi. I'm president and CEO of Mainstreet Research. Some of you are familiar with my work. I'm also here as a representative of CFBA. We did some research for CFBA about public support. It's in your booklets that we handed out.

I think it's important to point out that the support for cannabis patients to have these safe spaces where they can consume and learn about cannabis is not just strongly approved by most Ontarians, much more so than disapproved, but it's also very broadly approved, both in the north, from a high of 41% strongly approve, to as low as 28% in south-central Ontario. We have it broken out by party support. It has stronger approval than disapproval among all the parties, so it's not a partisan issue whatsoever.

I think if it hasn't already been pointed out—and I don't know how we're doing for time. Am I still okay?

**The Chair (Mr. Grant Crack):** You've got about six seconds, but I'm a little flexible.

**Mr. Quito Maggi:** I think what we're looking for here is not a broad exemption. Understand that the safe spaces themselves—how many lounges are there in Ontario, currently?

**Ms. Abi Hod:** Sixteen.

**Mr. Quito Maggi:** There are 16 lounges that we're asking the exemption for, at a minimum, to provide these safe spaces for cannabis patients, whose rights have been affirmed and reaffirmed time and time again by courts at all levels. We do have new federal regulations coming out about medicinal cannabis before the end of August. I think it's prudent to wait until that time, but even if you can grant a partial exemption under Bill 178 for these safe spaces now, that would go a long way to alleviating a lot of patients' suffering.

**The Chair (Mr. Grant Crack):** Thank you very much. We'll begin the line of questioning, and we'll start with the government. Ms. Malhi.

**Ms. Harinder Malhi:** Thank you all for coming here to bring us your perspective on Bill 178. I was just wondering, what is the most important priority for your organization in this changing climate of marijuana legalization and medicinal marijuana, coming out and being able to smoke it? What is your major focus or priority?

**Ms. Abi Hod:** We are the CFBA, so our mandate is to protect small businesses but also their customers. Without the lounges being open, it is going to be a difficult situation for many people and for communities as well—a community like Kensington Market, which has always had an open mind, and many people who enjoy cannabis come down to it. These people won't have anywhere to go and they will be out on the street. This is a major concern.

**Ms. Harinder Malhi:** Thank you.

**The Chair (Mr. Grant Crack):** Very good. Thank you. We'll move to Mr. Hillier, from the official opposition.

**Mr. Randy Hillier:** I'd like to just clarify this: Were you suggesting only an exemption for the existing vape lounges so that the existing customers would have access to safe spaces, and for all those other people across rural and northern Ontario, it's unimportant that they have safe spaces?

**Mr. Quito Maggi:** No. I'm not suggesting that future lounges don't get that same exemption, but currently, if you granted that exemption, it's only 16 locations across Ontario.

**Mr. Randy Hillier:** But you're not promoting the fact—

**Mr. Quito Maggi:** No, I'm not.

**Mr. Randy Hillier:** So it needs to be a broader-based exemption for allowing safe spaces for people to ingest medical marijuana in a safe and effective manner.

I just want to maybe ask Jon or Abi: Harm reduction is a known solution and a recognized manner to reduce harm. What is your thought on why this government

doesn't want to allow harm reduction for medicinal marijuana users, or in fact, tobacco users as well? What is it that you see that the government doesn't want harm reduction for tobacco addicts or medical marijuana users?

**Mr. Jon Liedtke:** I'm sure that the government isn't actively seeking to limit harm reduction possibilities, but I think that there might be a misunderstanding as to what tools are available for harm reduction, whether it be for medical marijuana or e-cigarettes for people who had smoked tobacco. I think it really does come down to a lack of understanding and education that has been done, and there is a simple need to try to blanket what looks like a smoke into the same category in the Smoke-Free Ontario Act. That really does diminish avenues for people who need to use harm reduction tools.

**Mr. Randy Hillier:** So it's not because they're callous; it's because of ignorance.

**Mr. Jon Liedtke:** I'm not going to state that myself.

*Laughter.*

**M<sup>me</sup> France Gélinas:** Nice try.

**Mr. Randy Hillier:** One other thing: It was mentioned previously that there are no other prescription drugs that are limited. I mentioned that we even now allow people to take asthma inhalers into schoolyards, thanks to my colleague next door here, which were prevented by law.

But one of the questions was, if you can clarify, can cannabis oil be flavoured as well, like with tobacco e-juice and whatnot? Can you get it in different flavours so that there is less nuisance odour to it?

**Mr. Quito Maggi:** That was one of the fundamental confusions in our previous meetings with some officials and even enforcement officials. They believe that e-cigarettes—how are you supposed to tell the difference if someone is using, right?

You cannot combust cannabis in an e-cigarette and you cannot combust e-cigarette juice in a medical marijuana vaporizer. They're two different technologies.

**Mr. Randy Hillier:** But can you get flavours, or is there anything that you're aware of that would prevent you from having it flavoured, so that it would be a less noxious or obnoxious odour?

**Ms. Abi Hod:** There was a product available. We never recommended it to anybody—it's just toxins. I just didn't feel that adding toxins to a natural product was a great idea without proper research behind it.

**Mr. Quito Maggi:** So—

**The Chair (Mr. Grant Crack):** Final comment.

**Mr. Quito Maggi:** I'm actually told that there is a vapourless pen on the market in development that's coming to North America within the month. It's in use now in Europe.

**The Chair (Mr. Grant Crack):** Thank you very much. Ms. Gretzky.

**Mrs. Lisa Gretzky:** I would like some information from the businesses owners, and maybe Mr. Liedtke can address it first, because I believe you said you have the largest compassion lounge in Canada. I'd like to hear the costs that have been incurred to date to open your

compassion lounge, and what the financial effect would be on you and anyone that you would employ or to the community, frankly, if this law was to now change and you were forced to close your lounge.

**Mr. Jon Liedtke:** We opened up in January, so very recently. Obviously, we came to market quickly. We have 10 employees that we employ, nine of them full-time and one of them part-time. They would lose their employment. We have invested about \$6,000 in terms of air filtration on top of a half-million-dollar air filtration system that was installed in 1997, I do believe, when smoking was changing before.

There is a huge financial investment in terms of the equipment that we've set up. We have a five-year lease on our building, which is right downtown. We're talking immense financial repercussions for not only myself, but my partners as well, and then for our employees. Of course, we have customers who have purchased yearly memberships at the lounge, and they would have to be refunded, which would then further impact us financially.

**Mrs. Lisa Gretzky:** Then I guess it would be safe to come to the conclusion that had the bill been introduced and thought through properly initially, that investment would not have been put out, you would not be locked into a five-year lease that you now will have to pay to get out of and you wouldn't have this financial hardship that you're facing—had this been thoughtfully brought forward the first time.

**Mr. Jon Liedtke:** Oh, certainly. When the Associate Minister of Health made the announcement back in November as to the changes that were being brought about, that was why we opened our doors. We made our decision to open our business solely because of that announcement. As a medical marijuana user myself, the fact that the government was being so proactive in affirming the rights of medical marijuana users, looking forward and working with these patients—the timing was right for us. Unfortunately, things went 180 degrees not three months later.

**Mrs. Lisa Gretzky:** Abi, I believe you said you're an owner as well.

**Ms. Abi Hod:** Yes.

**Mrs. Lisa Gretzky:** Have you been around longer?

**Ms. Abi Hod:** Much longer, yes.

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**Mrs. Lisa Gretzky:** Can you address maybe some of the expenses incurred along the way?

**Ms. Abi Hod:** Oh, yes. I've had my store since 2000, but I opened up the lounge in 2003, so I've been open since before they invented vaporizers. Probably hundreds of thousands of people have come and gone through the place.

To me, it's not even so much about my financial losses, because I can make something else occur; but it's a loss to the community and it's a loss to the people. You have to think of mothers who cannot consume their medication at home because they have children. There are people who live in shared accommodations who cannot consume their medicine, and on and on. There are

people who live in seniors' homes. There's a hospital around the corner from us. There are homeless shelters around the corner from us.

We serve a tremendous variety of people. If you come into the Hotbox on any given day, you will see people from the age of 19 all the way up to 90. One of our customers just passed away. I think that he was about 85, and he passed away last week.

To me, the loss isn't really my financial loss, it's the loss to my customers of having a safe space to attend.

**The Chair (Mr. Grant Crack):** Thank you very much.

**Mrs. Lisa Gretzky:** Oh, am I out of time?

**The Chair (Mr. Grant Crack):** Almost a minute over.

I want to thank all five of you for coming before committee this afternoon and sharing your thoughts. We appreciate it.

#### LITTLE SHORT STOP STORES

**The Chair (Mr. Grant Crack):** Next on the agenda, we have the Little Short Stop Stores—

**Ms. Ann Hoggarth:** What?

**The Chair (Mr. Grant Crack):** Little Short Stop Stores. We have the president, Mr. Jamie Arnold.

**Mr. Jamie Arnold:** Easy for you to say.

**The Chair (Mr. Grant Crack):** Welcome, sir. How are you?

**Mr. Jamie Arnold:** Good, thank you. How are you?

**The Chair (Mr. Grant Crack):** Good, thank you very much. It's good to have you this afternoon. You have up to 10 minutes for your presentation.

**Mr. Jamie Arnold:** Okay. Thank you.

I'm really pleased to be here today to speak to you. I thank you for your time and attention. My name is Jamie Arnold. I'm the president of Little Short Stop Stores, a third generation family-owned convenience chain in the Kitchener-Waterloo/Guelph/Cambridge area. We have 29 stores and employ over 250 people, many of whom have been with us for a very long time. We truly are a family.

We belong to the communities that we serve. We have a loyal following of long-time customers. We support local sports teams, and as the Little Short Stop family, we also participate in fundraising activities. This month, we raised money for the MS Society—over \$25,000. We had 70 people walk in the MS walk on May 1.

We're a destination for families and youth, and we take this responsibility very seriously. We keep our stores safe and inviting to visit so that our core customers continue to come back.

I understand, through talking to various health units, that we were the first convenience company in Ontario to age-test our own employees to ensure our social responsibility to those families and youths who are our valued customers. We believe that this sense of community should be preserved and grown as best as possible.

From that perspective, let me state that we do support Bill 178. We're pleased to see further restrictions put on

where the public is allowed to use vapour products. We welcome the legislation because it will help to ensure that the retail environment in our stores will not be compromised and it will improve workplace safety for our employees.

We belong to an industry that is large in Ontario—over 6,000 stores that collect \$3.8 billion in tax revenue for the province and another \$2.7 billion in lottery revenue for the Ontario Lottery and Gaming Corp. However, given these numbers, we still are a struggling industry due to decreasing margins and increasing costs in doing business today. We aren't immune to this competitive and regulatory environment. At one time, we had 42 stores. Our relevance as a community builder perhaps is our only competitive advantage in the marketplace today.

One of the potential threats to our sense of community would be to allow the use of vaporizers, even for medical purposes, in public and in our stores. Recently, e-cigarettes have increased in popularity. Our stores have become a leading destination for people wanting to purchase these and try the new e-cigarettes and vaporizers. Many of our customers who are turning to these products are customers who have purchased tobacco from us in the past. It's natural that we can maintain our customer base while offering new products. The legislation will help protect our employees from risks they face from vapour products in our stores.

We understand that the legislation was largely drafted to address the medical marijuana issue and we recognize that this is a definite public health need. However, the proliferation of medical marijuana shops and the ease with which prescriptions can be obtained is a little concerning.

We welcome the fact that Bill 178 at least ensures that medical marijuana will not be consumed in our stores as well as other public places.

More concerning, along with the medical marijuana shops, is the increase in the specialty e-cigarette, or vape, stores. We've worked hard to try to capitalize on the growing interest in the e-cigarette products. We have always and will continue to dispense these products in a socially responsible way. We do not allow for these products to be tested in our stores, and we have always verified age before selling these products, even before it was mandatory, to ensure our youth do not have access to this product in our stores.

The objectives of the government have always been clear to us with respect to tobacco and now e-cigarettes, and we're happy and proud to be part of that. The same can't be said for the vape shops, as they operate in a completely unregulated environment that is void of age testing and openly allows testing of their products.

We do feel that the government is being inconsistent in the treatment of e-cigarettes. On the one hand, they want our stores to treat e-cigarettes like tobacco and be subject to operating under the Smoke-Free Ontario Act, yet you propose to give vape shops special-consideration exemptions from the Smoke-Free Ontario Act. We're

deeply concerned that with these regulations, vape shops will be allowed to continue to divert our customers away from our community-based, law-abiding, legitimate stores, like mine. It is my hope that we can gain enough support to overturn this decision.

Little Short Stop has a long history of building relationships with public health inspectors, and we have complied with all the regulations and have enforced the Smoke-Free Ontario Act willingly. It is very disappointing that the ministry is exempting vape shops from the same regulations that we are held to and have cooperated with for years.

The regulations, as drafted, will allow vape shops to continue to retail illegal nicotine e-juices and e-cigarettes and maintain their in-store displays and in-store promotions of e-cigarette products, so long as they prevent anyone under the age of 19 from entering the store.

Our store relies on the family-oriented environment to survive, and as such, we would not be able to retail these products in the same way. The regulation essentially creates an uneven playing field for Little Short Stop, and we'll lose many of our loyal customers in the process.

We are happy to support Bill 178. We seek to limit the use of vaporizers in public spaces, for the benefit of all, and youth especially. We would hope that vape shops and convenience stores will be held to the same regulations when it comes to retailing e-cigarettes.

Again, thank you for your time and allowing me to present to you. I'll take any questions you might have.

**The Chair (Mr. Grant Crack):** Thank you very much, Mr. Arnold. We'll start with the official opposition. Mr. Hillier?

**Mr. Randy Hillier:** Most of your presentation would have been more appropriate at Bill 45 than Bill 178. The bulk of your presentation is clearly the threat that you see posed by electronic cigarettes in vape stores. But you did mention support for Bill 178.

I find it interesting. I can understand your position on Bill 45, and you see that as a threat to your marketplace. But I'm concerned that you would advance the interests of your stores over compassion and harm reduction for people who are here, who have demonstrated and are showing—these are pretty reasonable-appearing people. They don't appear to be any threat to the Legislative Assembly or society at large, but they have been prescribed a medicine to deal with their injury or their illness. From reading your presentation and from hearing you—their harm reduction, their need to alleviate that harm and that injury, is of no interest to you.

**Mr. Jamie Arnold:** I wouldn't say that it's of no interest. The issue, I believe, is how you determine the difference between a marijuana vaporizer and an e-cigarette with nicotine—

**Mr. Randy Hillier:** They just explained that.

**Mr. Jamie Arnold:** But for my people who work in the stores, and my customers who come in the stores, I think there would be misunderstandings when we deal with that.

**Mr. Randy Hillier:** Have you ever had anybody coming into your store with a lighted joint—a medicinal

marijuana user—saying, “I want to smoke this joint and take my drugs in your stores”?”

**Mr. Jamie Arnold:** Not that I’m aware of, but I know that it has—

**Mr. Randy Hillier:** Surely it would have been brought to your attention if somebody had done that.

**Mr. Jamie Arnold:** Probably.

**Mr. Randy Hillier:** Probably. So it hasn’t been a problem in the past?

**Mr. Jamie Arnold:** Not that I’m aware of.

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**Mr. Randy Hillier:** But you believe that it may be a problem now.

**Mr. Jamie Arnold:** If we’re going to treat the product as tobacco, which the government seems to be trying to—

**Mr. Randy Hillier:** Do you think it’s reasonable to treat something that isn’t tobacco as tobacco?

**Mr. Jamie Arnold:** That seems to be the nature of what the government is trying to do.

**Mr. Randy Hillier:** And you’re supportive of it?

**Mr. Jamie Arnold:** I am in the fact that—

**Mr. Randy Hillier:** So you would call apple trees and orange trees the same thing?

**Mr. Jamie Arnold:** Well, no, in the fact that it should be a level playing field for everybody. That is the part that I support.

**Mr. Randy Hillier:** So we could call apple trees apple trees and oranges oranges.

**Mr. Jamie Arnold:** Right. I’m the orange tree—

**Mr. Randy Hillier:** That’s a level field.

**Mr. Jamie Arnold:** —vape stores are the apple trees. That, to me, is the issue here.

**Mr. Randy Hillier:** It sounds to me that you want to create an uneven playing field. Thank you very much.

**The Chair (Mr. Grant Crack):** Thank you. We’ll move to Ms. Gretzky.

**Mrs. Lisa Gretzky:** I’d like to thank you for coming before the committee. I really have just two questions. One is: You had expressed concerns about medical marijuana users and them being able to vape their medication anywhere in a public place. Do you have thoughts or recommendations on somebody who is out in the public and does require taking their medicine—as previous presenters have talked about, someone who is epileptic. How would that be addressed, then, if they’re not allowed to take their medication in a public place when they need it?

**Mr. Jamie Arnold:** I’m just really trying to protect my employees from making a determination on something that they’re not really—that they know about or have information about. I’m worried about the people who work in my store. I have no problem with people using medical marijuana; that’s not what I’m here today to discuss, really. For me, the biggest issue is my staff in the store. How do we deal with a person who is using a vaporizer with nicotine in it or a vaporizer with cannabis in it?

**Mrs. Lisa Gretzky:** Okay. Then my other question is: You have a lot of concerns about the e-cigarette stores or the vaping stores and that it does not appear to be a level playing field. Can you get into that a little bit more? Do you feel confident that you or your staff have enough information to be able to recommend vaporizers to people and that you should be able to display them as the e-cigarette or the vaping stores can? And, again, this is specifically to the e-cigarette and the vaping stores. We’re not talking about the compassion lounges now.

Do you feel confident that you and your employees would have enough knowledge that they should be able to allow people to test the vaporizers and that kind of thing, to have the same abilities that these vaping stores do?

**Mr. Jamie Arnold:** Yes. We only carry two different types of vaporizers in our stores. We have trained our employees on how to deal with selling those particular products. If it’s allowed that we could test them, and that was the law, then we’d do that. At this point, it’s not something that is contemplated by the Smoke-Free Ontario Act. That is the issue. If it were legal for us to do it, we would do it and we’d be able to train our staff to do it.

**Mrs. Lisa Gretzky:** Then you would welcome being able to—if I understood you correctly, you can’t even display them.

**Mr. Jamie Arnold:** We can for now but that is—

**Mrs. Lisa Gretzky:** For now. But under the new act, you wouldn’t be able to.

**Mr. Jamie Arnold:** Right.

**Mrs. Lisa Gretzky:** Whereas these e-cigarette or vaping stores would still be allowed to display the products and allow people to test them. So that’s your concern.

**Mr. Jamie Arnold:** Yes. A lot of our customers who are tobacco users are going to e-cigarettes, so you’re basically telling our customers to go to a vape store because that’s where you can try it. You can have that sort of experience.

**Mrs. Lisa Gretzky:** What kind of economic impact do you think this will have on your business if you’re under the regulations of this act, whereas these e-cigarette or vaping stores aren’t under? What would that look like, cost-wise, to your business?

**Mr. Jamie Arnold:** It’s the tobacco users, who are our customers, who would have to go to a different location to purchase that. And there’s a high percentage of those tobacco customers who are turning to e-cigarettes; they believe it’s safer. We want to be able to keep those customers coming into our store. The actual cost would be those people who would leave as our customers.

**Mrs. Lisa Gretzky:** So it could potentially be a financial burden to you and you could be looking at having to let employees go and such.

**Mr. Jamie Arnold:** Yes, and close doors.

**Mrs. Lisa Gretzky:** So, really, it should be a fair playing field for everyone that’s going to be selling e-cigarettes.

**Mr. Jamie Arnold:** This product, yes.

**Mrs. Lisa Gretzky:** Okay. Thank you.

**The Chair (Mr. Grant Crack):** We'll move to the government. Ms. Malhi.

**Ms. Harinder Malhi:** Thank you for your presentation. As an organization that represents a whole number of stores, what is the biggest concern that you're hearing from your membership?

**Mr. Jamie Arnold:** The biggest concern?

**Ms. Harinder Malhi:** Yes, around Bill 178.

**Mr. Jamie Arnold:** I think the biggest concern is the fact that you're going to give one particular retailer an advantage over me. That is the concern, that we're going to lose our customers to these vape stores. It's the biggest concern that we have.

**Ms. Harinder Malhi:** On a different note, Bill 178 is looking to update the Smoke-Free Ontario Act to ensure that people have similar protections from medical marijuana as they do with tobacco smoking. What are your thoughts on this approach, to make it equivalent for both?

**Mr. Jamie Arnold:** I think that it should just be fair for everybody. To me, that's the bottom line here, that all the people who are retailing these products should have to act under the same laws and regulations. At this point, it's contemplated that's not going to be the case.

**Ms. Harinder Malhi:** Thank you.

**The Chair (Mr. Grant Crack):** Mr. Arnold, we thank you for coming before our committee this afternoon and sharing your thoughts.

**Mr. Jamie Arnold:** Thank you.

**The Chair (Mr. Grant Crack):** It's much appreciated. You're welcome.

#### OTTAWA PUBLIC HEALTH

**The Chair (Mr. Grant Crack):** All right, members of the committee, our last presenter is via teleconference. I'm just going to ask, from Ottawa Public Health, is Councillor Mathieu Fleury with us?

**Mr. Mathieu Fleury:** Yes. Can you hear me?

**The Chair (Mr. Grant Crack):** No, not really. Let's see what we can do to get some volume up.

**Mr. Mathieu Fleury:** Okay.

**The Chair (Mr. Grant Crack):** How is Ottawa doing? Keep talking.

**Mr. Mathieu Fleury:** Well, the weather in Ottawa is perfect today. How's the weather in Toronto?

**The Chair (Mr. Grant Crack):** The weather is perfect in Toronto, as well. Your voice now sounds perfect. We're ready to move forward.

We appreciate you speaking with us this afternoon via teleconference. Just to advise you, you do have up to 10 minutes for your initial presentation, followed by nine minutes of questioning, three by each of the three parties. Again, I welcome you, councillor. You can start; feel free.

**Mr. Mathieu Fleury:** Great. Thank you so much, Mr. Chair, for giving me the opportunity to speak on the

matter. I am on the public board of health. I hope you received my written submission. I think the Clerk was passing that to committee members.

I represent an area of our city—the ByWard Market, near the fifth biggest university campus, the University of Ottawa—and then Vanier.

I want to applaud the government for bringing this bill forward and trying to correct the legal grey zones that we've seen over the past few years. I understand the changes that are happening federally with legalizing marijuana and I really hope—and I often share this with residents in Ottawa: the concern that there will be no new expectation regarding marijuana use. I think that we have to take a step back and recognize that tobacco is also a legal product and so will marijuana be. I hope that, as part of this bill review, you're able to remove some of those grey zones and, as well, answer some of the legislative gaps.

I want to speak to three of the issues that we're seeing locally. Medical marijuana stores are popping up left and right in our community. It's becoming more and more of a challenge on the city's front to legislate because if they are on the Health Canada list they are able to operate.

Unfortunately, if they are not, we have to go through our Ottawa Police Service. As you know, it's becoming more and more problematic for them to investigate and pursue a Criminal Code act in that regard. But that's an open-ended statement there.

Our current challenges are the gaps in services. As you know, Ottawa was the leading jurisdiction to become smoke-free and to see smoke-free zones in restaurants and patios. We want to keep that.

I think that with e-cigarettes, we're seeing gaps in the legislation currently. Hopefully, Bill 178 will be able to respond and resolve that. For example, e-cigarette smokers on OC Transpo buses; we're seeing e-cigarettes outside of arenas, and even, in some instances, inside the premises. We'd like to see the gains of the Smoke-Free Ontario Act also apply to all of those vaporizers, e-cigarettes or whatever they might be.

**1700**

My third point is that we're seeing another kind of use coming up, and this is the hookah lounges, which are basically, in my mind, the same as a cigar lounge. We have businesses that have popped up in the past year, and some that have extended their restaurant use to include hookah smoking. In my mind, that has the same impact as what the goals were initially, in terms of the Smoke-Free Ontario Act. Hopefully, members are able to bring an amendment to reflect all of those uses, to not have a gap in legislation.

What we're having right now in issues locally is that with those hookah lounges, we are only able to shut them down or stop their operations when bylaw and public health are able to prove that the product that is water-smoked or pipe-smoked, if you will, contains tobacco. That, to us, doesn't protect the public and really is labour-intensive in terms of enforcement from our end.

That completes my presentation. Again, I want to really thank the members for looking into this matter.

Hopefully, you'll recognize the challenge that you have ahead of you, especially not knowing what is next in that sector. Obviously, e-cigarettes have bloomed up left and right and have created challenges. Hopefully, we are able to look at those three measures, including marijuana, hookah lounges and hookah smoking, as well as e-cigarettes.

Thank you.

**The Chair (Mr. Grant Crack):** Thank you very much, Mr. Fleury, for sharing your thoughts with us this afternoon.

We'll begin with the government: Mr. Fraser.

**Mr. John Fraser:** Good afternoon, Mathieu. How are you?

**Mr. Mathieu Fleury:** Very good. Yourself?

**Mr. John Fraser:** I'm very good. Thank you for your presentation. Clearly, your experience, which is not what this bill is about, with regard to medical marijuana shops cropping up—our challenges are across Canada, not just in Ontario.

I do want to speak to you about your last point. I wanted to let you know that we had an earlier presentation with regard to shisha by Michael Perley from the Ontario coalition against tobacco. There were some really surprising numbers in terms of the youth uptake to smoking shisha that he identified. I don't know if you're aware of that, or if public health is aware of that, but that's something, given your interest and given, I know, Dr. Levy's interests, that may have some impact.

I know that the city was moving towards the same ban that Toronto had for hookah lounges and has stopped short of that, I take it. Maybe you can answer my question with regard to that: Was that based on enforcement? Because as you said, Ottawa was a leader. They were a leader, I remember, when Rob Cushman was with the city of Ottawa, with no smoking in restaurants and bars, and it was going to be the end of time and bars would disappear. In actual fact, they flourished and continued and actually grew, and people came back to restaurants.

**Mr. Mathieu Fleury:** I think that you're quite right, and thank you for that. You're quite right that we're seeing a lot more youth going into those lounges.

I think the challenge for us is that we were heading into a bylaw review, similar to what Toronto conducted. But we wanted to see the outcome locally of Bill 178 and if there would be amendments that would include the challenges that we've seen for those. If not, we would be proceeding with a bylaw.

**Mr. John Fraser:** I think what you'll find is that will be something, when it's looked at, that will be looked at through regulation. There are a lot of issues around that. I do really appreciate the efforts that you've made locally to make people aware of it, and the public health, of course, Dr. Levy—and your chair is Councillor Qadri, right?

**Mr. Mathieu Fleury:** That's right: Councillor Qadri.

**Mr. John Fraser:** How much time do I have left?

**The Chair (Mr. Grant Crack):** Forty seconds.

**Mr. John Fraser:** I have 40 seconds, so I don't think that we can do a question—and it's now down to about 36.

Anyway, Mathieu, I want to thank you very much for taking the time to make the presentation.

**Mr. Mathieu Fleury:** I appreciate it. Thank you, John.

**Mr. John Fraser:** I would encourage you to either contact Michael Perley, or if you don't have that information and don't obtain that, and if for some reason you can't, I can get that information for you.

**Mr. Mathieu Fleury:** I appreciate it. Thanks for sharing.

**The Chair (Mr. Grant Crack):** Thank you, Mr. Fraser.

Mr. Hillier, you have exactly three minutes.

**Mr. Randy Hillier:** Mr. Fleury, maybe if you can just confirm for me—I believe there was a significant discussion a little while ago and a vote in the city of Ottawa, maybe in your ward, about a harm reduction Insite location. Is that correct?

**Mr. Mathieu Fleury:** There was no vote, but there's a local group conducting, in my ward, a public consultation on a safe injection site. I partook in their consultation recently. My understanding is that Sandy Hill Community Health Centre will be going to their board on June 22, but it's still too early to see if they will proceed with the request for an exemption in front of Health Canada.

**Mr. Randy Hillier:** Will you be opposing that harm reduction site?

**Mr. Mathieu Fleury:** Well, that's a good question. I've certainly highlighted key concerns that I have with their operations. Currently, they're only proposing the Monday-to-Friday, 8-to-3 timeline for their opening. That really doesn't reflect the—

**Mr. Randy Hillier:** So you're not completely settled on opposing or supporting.

That brings up my next question. You seem to be very adamant in preventing, restricting or not allowing harm reduction for tobacco addiction or for those people who are facing serious illnesses and who have been prescribed medicinal marijuana. You don't want them taking their marijuana in a less harmful fashion, placing restrictions on those people, but you're okay as long as it's for a drug addiction, such as heroin or some other drug.

**Mr. Mathieu Fleury:** No, I wouldn't say—I don't think there's a correlation there. I think if you're a medical marijuana user, a legal medical marijuana user, you should be able to access that product. But you shouldn't be able to impact your neighbour at the same condition as the impact on—that second-hand smoking has.

**Mr. Randy Hillier:** Well, Mr. Fleury, are you aware that fog and smoke may look similar, but they are different? One is a product of combustion; one is a mist. Vaporizers do not have smoke; they have a mist. They are not harmful second-hand. So why are you promoting this idea that there's harmful smoke from something that creates a mist?

**Mr. Mathieu Fleury:** Well, the information we have received as Ottawa Public Health indicates that the e-cigarette industry is not regulated. Therefore, the substances that are contained in that smoke cannot be standardized. So I—

**Mr. Randy Hillier:** Are you aware that ASH, the smoking and health coalition in the Royal College of Physicians in the UK, has approved e-cigarettes as a legitimate smoking cessation device and attributes over a million people quitting smoking to the use of electronic vaporizers?

**Mr. Mathieu Fleury:** Yes, I don't debate that. I think that's a great tool for people to stop smoking. I think the issue is really—

**Mr. Randy Hillier:** But you don't want them to do it in Ottawa?

**Mr. Mathieu Fleury:** No, I think the issue is for people that would start smoking or start using an e-cigarette or a vaporizer of some sort.

**Mr. Randy Hillier:** Have you not seen any of these studies that demonstrate that it is not a gateway device at all?

**Mr. Mathieu Fleury:** Certainly by looking at the growth of those stores in Ottawa and seeing how there's a reduction of smokers, I would say that—I wouldn't agree with that, that there isn't a correlation.

**Mr. Randy Hillier:** Well, that's my exact point: fewer smokers, but more electronic vaporizers. It is reducing the number of people smoking, not creating more. Thank you very much.

**The Chair (Mr. Grant Crack):** Thank you very much as well.

Ms. Gretzky.

**Mrs. Lisa Gretzky:** Thank you for joining us over the phone, Mr. Fleury. I know, because you weren't able to be here in person, it's kind of limited—you being able to hear the other presenters.

I'm going to come from a different aspect, because you've covered a lot on e-cigarettes themselves and vaporizers, for those who choose to use those rather than smoke tobacco. You shared that you understand the need for people that have a prescription for medical marijuana to be able to take their medicine. One of the presenters—actually, a few of the presenters had touched on how in some cases, their medical marijuana is prescribed to be taken through a vaporizer. So I'm wondering if you have concerns about them being able to use their vaporizer for their medication in a public place. How would you address the issue around people who have very significant needs for the medication? For instance, it was brought up that some people have epilepsy and it's prescribed for their seizures, and they actually have to smoke the medical marijuana in order to—

**Mr. Randy Hillier:** To avoid death.

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**Mrs. Lisa Gretzky:** Yes, to avoid having a seizure and other complications related to it. How would you address that, if somebody is in a public place and has a medical emergency and, under the law, can no longer use

their medication the way it was prescribed by their doctor?

**Mr. Mathieu Fleury:** A very good point. I would start by saying I am not a doctor. I do have a health and health promotion background, having a bachelor's in health sciences.

What I would highlight is that the same situations could be related to nicotine use. We've also regulated that to protect second-hand smoking and the impact on others. I think it relates in the same way. In that situation, the individual who requires the use of that medicine could step out of the venue, could work with their employer or be aware of the dynamic. For example, if they're in a restaurant, step outside, and if they're in a school, make sure they're outside of the school zone, so that it's in line with the current strategies around smoke reduction and tobacco use.

I think that the majority of those users would respect and understand why we're doing that. I think there's a public benefit. There's also a smell related to the item. There's that influence of seeing an individual smoke. I think it would bring us back to before the initial smoke-free tobacco strategies.

**Mrs. Lisa Gretzky:** Then, to build on that, there will be some people who are capable of stepping outside or to where they're not in public to be able to take their medication, but if they're having a medical emergency—often people who have epilepsy have no warning signs, sometimes, that they're going to have a seizure. They wouldn't have the opportunity or the time to be able to step outside or get to wherever their designated place is.

My concern is that we're putting some people at risk by not allowing them to take their medication where they need to, such as a diabetic would be allowed to or someone who has asthma. I'm just not sure how you would see that worked into legislation, where those who would be about to go into a medical emergency would be able to actually remove themselves from where they are and go into another area to take their medication in time.

I'd like your thoughts on the compassion lounges. These are areas specifically for people who use medical marijuana. Anybody who would enter a compassion lounge would know that they're entering a facility where there are going to be vaporizers used or people will be ingesting their medication. What are your thoughts on compassion lounges?

**The Chair (Mr. Grant Crack):** Very quickly, because we're a minute and a half over already. Mr. Fleury, just wrap up, please.

**Mr. Mathieu Fleury:** I want to thank the members. I think there are issues that you're highlighting that are very fair. I think they will strike a small group but they still are very important in terms of the legislative approach.

I would ask and advise that we should speak to the doctors who know best, in terms of medication for patients and what sort of strategies can be addressed. I would ask the members not to take a step back in removing some of those gaps that we have seen in terms

of the retail opportunities for those lounges, not related necessarily to marijuana, and also the under-regulated e-cigarettes industry that we currently have. We've been advised at public health that many substances might be found in that and, because it's unregulated, they can't normalize them.

**The Chair (Mr. Grant Crack):** Thank you very much, Councillor Fleury, for sharing your thoughts with us this afternoon. I appreciate it.

**Mr. Mathieu Fleury:** Thank you.

**The Chair (Mr. Grant Crack):** Members of the committee, that wraps up the public delegations that came before us. I want to—

**Mr. Randy Hillier:** Just one comment, Chair.

**The Chair (Mr. Grant Crack):** Mr. Hillier.

**Mr. Randy Hillier:** The last presenter made a comment that we should speak to doctors. Just for the committee's knowledge, we did have a number of doctors in on Bill 45. Dr. Bhatnagar was one. There were a number of doctors who all presented and said that the government

was on the wrong track on Bill 45. So I'll put that on the record—

**The Chair (Mr. Grant Crack):** Thank you, Mr. Hillier. I'll continue. There will be plenty of time at the clause-by-clause consideration to express your opinions, however I will continue as I had started.

I'd remind members that amendments for Bill 178 will be due by 5 p.m. on Thursday, May 26. Once those are received, the Clerk's office will compile them and we will meet on Monday, May 30 and Wednesday, June 1, for clause-by-clause consideration.

I want to thank you for the good, hard work that you've done today and Monday. We'll see you after the break.

**Mr. Randy Hillier:** You did a marvellous job today, Chair.

**The Chair (Mr. Grant Crack):** That kind of thing I can hear. I can take that. Thank you very much, Mr. Hillier.

This meeting is adjourned.

*The committee adjourned at 1716.*

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