

Toronto Public Health Tobacco Control Plan Update 2012

Date:	October 9, 2012
To:	Board of Health
From:	Medical Officer of Health
Wards:	All

SUMMARY

The purpose of this report is to update the Board of Health on progress made on Toronto Public Health's Tobacco Control Plan, describe current service delivery and highlight issues for future action.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. Given the emerging evidence on the harms associated with non-tobacco waterpipe use, the Board of Health recommends that the Ministry of Health and Long-Term Care (MOHLTC) work in conjunction with Public Health Ontario to actively monitor emergent research on this issue and consult with stakeholders including local public health units and the Ontario Tobacco Research Unit on appropriate strategies to minimize harm.
2. The Board of Health requests the Minister of Health and Long-Term Care to simplify the process by which primary care providers can access nicotine replacement therapy (NRT) for their patients.

Financial Impact

There are no direct financial implications of this report.

DECISION HISTORY

On November 22, 2010, the Board of Health endorsed the Tobacco Strategy Advisory Group (TSAG) report entitled " Building on Our Gains, Taking Action Now: Ontario's Tobacco Control Strategy for 2011-2016" www.mhp.gov.on.ca/en/smoke-free/TSAG%20Report.pdf.

On March 1, 2011, the Board of Health considered the report Toronto Public Health Tobacco Control Plan Update 2011 (<http://www.toronto.ca/legdocs/mmis/2011/hl/bgrd/backgroundfile-35976.pdf>). This report provided an overview of the Toronto Public Health Tobacco Control Plan for 2011.

ISSUE BACKGROUND

Smoke-free Ontario and Toronto Public Health

Since 2006, Toronto Public Health (TPH) has been receiving 100% funding from the Ministry of Health and Long-Term Care's (MOHLTC) Smoke-Free Ontario Strategy to strengthen and enhance local tobacco control work and support collaborative partnerships among public health units and community partners engaged in tobacco control activities. TPH is one of seven provincial public health units that receive funding to coordinate regional networks of public health, non-governmental and community agencies. The active involvement of a broad range of groups and individuals is necessary to develop effective solutions to the complex problem of tobacco use and to support norms of tobacco-free living among all social groups in our communities. In Toronto, the local network is comprised of TPH and representatives from hospitals, community health centres and various organizations serving Toronto's diverse communities, including those working with youth and populations with higher than average smoking rates including lesbian, gay, bisexual, transgendered, transsexual, queer (LGBTQ) and Aboriginal communities.

Three priorities for Toronto Public Health's Tobacco Control Plan were identified: youth engagement in tobacco control, the development of a local cessation system and heightened action on youth access to tobacco, including contraband. These priorities align with Toronto Public Health's 'three pillar' approach to tobacco control: preventing young people from starting to smoke (prevention), supporting smokers to quit (cessation) and enforcing smoke-free regulations (protection).

COMMENTS

Prevention

Investment in Youth Engagement

Since 2009, MOHLTC has provided funding to public health units to support youth engagement in tobacco control in the community. This approach encourages new partnerships and strengthens existing ones, resulting in improved access to health promotion programs and services by youth. This program helps to build and enhance adult-youth relationships as community agencies are provided with resources in order to provide training and supervision to youth groups to support their commitment to healthy and tobacco-free living. Public Health Nurses provide support to youth groups in order to facilitate the development and delivery of health promotion initiatives in their communities. To date over 60 projects have been implemented by youth groups in various communities throughout Toronto.

Examples of recent projects include:

- Aboriginal youth educating their community about traditional and commercial tobacco use, culminating in a youth lead Quit Smoking Contest that increased quit attempts.
- Reinforcement of physical activity as a way to prevent tobacco use and promote healthy living through peer to peer teaching of breakdancing and performances that promote the benefits of tobacco-free living
- Development of a Guide to Healthier Living for Trans and GenderQueer youth who use tobacco products

Through investment in youth engagement programs, TPH has the opportunity to work with diverse community partners that are sometimes harder to reach. For example, the establishment of mutually beneficial trusting relationships between organizations such as Native Child and Family Services of Toronto and Council Fire Native Cultural Centre has created connections between TPH and agencies serving the urban Aboriginal community which have established TPH as source of information and point of entry for a broad range of public health programs and services.

Youth Health Action Network

TPH's Youth Health Action Network (YHAN) operates consistently with the Ministry of Health and Long-term Care's Youth Engagement principles. Lead by the Youth Engagement Coordinator, YHAN, which formed in February 2011, mobilizes youth through peer-to-peer approaches in order to foster the involvement of youth in influencing local healthy public policy, program development and implementation within the City of Toronto. YHAN is often invited to work in partnership with other Toronto youth groups to support their causes.

YHAN initiatives in 2011-2012 included such activities as:

- advocacy for tobacco-free 2012 Ontario Summer Games
- development, promotion and judging of the Be Your Best Self PlayBack Social Media Contest
- production of a youth health focused issue of FORUM magazine with the Youth Action Network (YAN)
- support of the provincial Flavour Gone movement to ban all flavoured tobacco products
- advocacy for Smoke-free Movies at recent Toronto International Film Festival (TIFF) events.

Engaging LGBTTQ Youth in Tobacco Use Prevention

There is evidence to suggest that lesbian, gay and bisexual people are more likely to smoke than the general population.¹ The 2006 Toronto Rainbow Tobacco Survey cited smoking prevalence rates ranging from 24% to 45% across the different sexual orientation and gender identity groups of the sample, with bisexual women and bisexual men reporting the highest smoking rate at 45%. Younger LGBTTQ participants reported even higher smoking rates.¹

TPH has worked in collaboration with LGBTTQ agencies to provide health and social services to this community. Most recently, TPH collaborated with Rainbow Health Ontario

(RHO) to develop the Clear the Air provincial campaign (www.clear-the-air.ca) in order to raise awareness about high rates of smoking within the queer community and provide information about resources available to support smokers to quit.

In November 2011, several of these agencies identified a need to discourage the initiation of tobacco use by LGBTTQ youth. TPH gave priority to this issue and provided leadership in the development and implementation of a response. Using a participatory action research model, TPH is working with LGBTTQ and youth organizations to train LGBTTQ youth as community researchers to talk with their peers about their experiences of tobacco use and solicit their input in terms of identifying supports that would prevent uptake, support quitting and create change within the community. Partner agencies assisted with recruitment of ten youth researchers who have been trained in participatory research methods.

Tobacco Use Prevention in Schools

TPH undertakes a range of age appropriate tobacco use prevention activities in schools. Most recently, TPH has been participating as a member of a MOHLTC Youth and Prevention Task Force that has developed a comprehensive school based prevention program that will be piloted in 2013 in secondary schools. We will be supporting the implementation and evaluation of this pilot in selected Toronto schools.

Reaching Young Adults

According to the 2009/10 Canadian Community Health Survey, 26% of young adults aged 18-24 smoked in 2009/2010. In an effort to reach the high percentage of young adult smokers, TPH collaborated with other public health units to develop and promote the Don't Quit Quitting www.dontquitquitting.ca campaign, an innovative online approach that encourages young adults to quit smoking and provides information and tools to help them to quit. Public Health Nurses continue to promote Leave the Pack Behind www.leavethepackbehind.ca, a Ministry-funded comprehensive, age-tailored, tobacco control initiative for young adults on post-secondary campuses. TPH is a member of a provincial young adult's tobacco control collaborative that is focused on coordinating research and practice to address these high smoking rates. TPH staff also provide consultation and support to post-secondary institutions in the development of smoke-free campus policies.

Smoke-Free Movies

Tobacco imagery in films is pervasive, and youth exposure to it is high. Between 1996 and 2006, tobacco imagery was featured in more than three quarters of both youth and adult rated movies made in the US. Extensive research on the effects of smoking and other tobacco portrayals in films demonstrates a relationship between smoking in the movies and youth tobacco initiation.²

TPH is a member of the Ontario Coalition for Smoke-Free Movies www.smokefreemovies.ca and supports the Coalition's five actions to reduce exposure to on-screen smoking:

1. Rate new movies with tobacco use with an adult rating

2. Require strong anti-smoking ads prior to movies depicting tobacco use in all distribution channels
3. Certify no payoffs for displaying tobacco.
4. Stop identifying tobacco brands.
5. Require films with tobacco imagery assigned a youth rating to be ineligible for government film subsidies.

The Youth Health Action Network (YHAN), TPH Investment in Youth Engagement groups as well as other youth volunteers has participated in Smoke-Free Movies initiatives either through supporting provincial social media activities or at the annual Toronto International Film Festival (TIFF) awareness raising event. The YHAN and over 100 youth and adult allies from across Ontario recently hosted a TIFF red carpet event to educate parents and movie-goers about the impact of tobacco use in children and teen-rated movies. Youth interacted with the public to encourage them to sign and send postcards to the Ontario Film Review Board in support of smoke-free movies.

Tobacco-Free Policies at 2012 Ontario Summer Games and Toronto 2015 Pan/Parapan Am Games

The 2012 Ontario Summer Games, held in Toronto in August, were the first tobacco-free Ontario Summer Games. Tobacco use was prohibited in all indoor and outdoor Games sports venues and within 15 metres of all entrance and exit ways.³ The development of the tobacco-free policy was a result of the support from a Tobacco-free Sports and Recreation Seed Grant and leadership by Toronto Sports Council and local youth champions.

All Olympic Games have been labelled smoke-free since the Calgary Winter Olympics in 1988, and recent FIFA World Cup Games have been tobacco free.

In light of Toronto being the lead host of the Pan/Parapan Games in 2015, TPH has proposed the development of a similar Tobacco-Free Sport and Recreation Policy as a legacy initiative. The policy would be developed and implemented by the TO2015 Organizing Committee and other partners.

Cessation

According to the 2009/10 Canadian Community Health Survey, 19% of Toronto adults were current smokers in 2010. Unlike Toronto's youth smoking rate, this percentage has not significantly changed since 1999. Similarly, between 2001 and 2008, there were no significant differences in the percent of people who tried to quit or who quit more than a year ago. Cessation is the main avenue by which progress towards provincial goals to lower rates of tobacco use will be realized. Achieving a 5-percentage point reduction in the prevalence of smoking in the next five years will require at least doubling the proportion of smokers who successfully quit.⁴

Consistent with Smoke-Free Ontario short and intermediate term outcomes, TPH's cessation priorities for 2011/12 include improved access to effective cessation interventions to treat nicotine addiction, increased utilization of those interventions and an increase in the number of quit attempts among Toronto residents.

Increasing Access to Pharmacotherapy

After considering the report Toronto Public Health Tobacco Control Plan Update 2011, the Board of Health requested that the Ontario Drug Formulary be amended to ensure that effective smoking cessation medications are available at reduced or no cost. Since that report, two smoking cessation medications, Zyban and Champix have been added to the Ontario Drug Benefit (ODB) Formulary, to be provided in conjunction with smoking cessation counselling.

Increasing Access to Nicotine Replacement Therapy (NRT)

Launched in 2005, the STOP program is a MOHLTC-funded research project led by the Centre for Addiction and Mental Health (CAMH) that aims to discover the most efficient and cost-effective methods of distributing free nicotine replacement therapy (NRT) and counselling support to smokers in Ontario who wish to quit. TPH continues to ensure the availability of NRT through the auspices of the STOP Study by various means. TPH hosts community workshops at which people can register participate in the study and receive 5 weeks of NRT, and assists other community agencies to host similar workshops.

In early 2011, STOP began to offer NRT to Family Health Teams (FHTs) and Community Health Centres (CHCs) for distribution to their clients who smoke. By the end of 2011, participation rates for Toronto FHTs and CHCs was lower than in the rest of the province. In order to address the low participation rate TPH has been outreaching to FHTs and CHCs in order to assess reasons for low participation, make connections with STOP staff and link them to TPH staff for support. To date, rates of participation have almost doubled.

In order to further increase participation, TPH has convened a Knowledge Exchange Forum and invited practitioners and decision-makers from all Toronto FHTs and CHCs to attend. At the forum, keynote speakers will address issues affecting participation in the STOP Study and facilitate joint problem solving.

Increasing Access to Counselling and Referral

In 2009, 69% of smokers who had visited a physician in the past year had been advised to quit smoking, and only 45% of those who had visited a dentist were given this advice.⁴ Fewer were provided with important information on quit smoking medications, in spite of evidence that demonstrates that the use of counselling and medication in combination and double rates of successful quitting.⁵ While these levels have been increasing, they are well below what is needed to increase the number of quit attempts being made and the number of smokers who successfully quit.

Provincial public health staff has collaborated on the development of a toolkit for health care providers to support them to fulfill the vital role they play in providing counselling and referral services to their clients. You Can Make It Happen www.youcanmakeithappen.ca is the result of that collaboration. TPH has distributed information about the existence of this resource at provincial conferences for family physicians and primary health care providers and is working with the Ontario Dental Association to distribute promotional materials to dental practices in Toronto in the fall of 2012.

TPH is developing protocols that will ensure that TPH staff that provide direct service to clients identify those who smoke, provide brief counselling and refer to Smokers' Helpline and/or their health care provider for medication and more intensive counselling.

Increasing Access to Treatment in Hospital

Smokers are not routinely identified when they are admitted to hospital, nor are they routinely offered treatment to manage their withdrawal symptoms while they are hospitalized. Research has identified that inpatient treatment and post-discharge follow-up leads to higher long-term cessation rates.⁴ Managing inpatient withdrawal from nicotine also has a positive impact on enforcement of smoke-free grounds policies. TPH is working with Trillium Health Centre, Sunnybrook, Bridgepoint, Toronto East General and Humber River Regional Hospitals to support the implementation of inpatient treatment protocols and outpatient follow-up.

Workplace Smoking Cessation Demonstration Project

Smoking rates are higher in certain sub-populations, such as young adults, especially young males, and those working in trades. The 2009 Canadian Community Health Survey found the prevalence of current smoking was highest among workers in trade occupations (32%) representing a combined total of 16% (300,600) of the 1.9 million smokers in Ontario aged 15 to 75 years. MOHLTC is interested in finding innovative way to address this problem and has offered funding for workplace-based demonstration projects that will include distribution of NRT through CAMH. TPH has submitted a proposal to the Ministry to support the development and implementation of a workplace-based tobacco cessation program with a local construction company. TPH will work with CAMH on protocols for the distribution of NRT as a component of the project.

Increasing Cessation Service Utilization

Smoking cessation programs in Ontario are directly engaging about 77,000 smokers, only 5% of Ontarian smokers.⁴ More needs to be done to ensure smokers know about the services and are encouraged to use them. As more health care professionals incorporate effective interventions into their practice (identifying smokers, advising them to quit, and assisting them to get counselling and medication) service utilization and number of quit attempts is expected to increase.

Canadian Cancer Society's (CCS) Smokers' Helpline (SHL) is a free, confidential, service that offers evidence-based counselling, support and information to people who wish to quit smoking. Services are available by telephone, online and via text messaging. TPH works closely with SHL to promote the use of its FAX referral program for health professionals through contact with organizations such as hospitals, pharmacies and professional associations.

TPH works annually with the Canadian Cancer Society to promote the Driven to Quit Challenge (DTQ), a provincial initiative designed to raise awareness of the services provided by Smokers' Helpline (SHL) and increase the number of Ontarians who make quit attempts. The following chart demonstrates that the number of Toronto residents aware of and using the services provided by Smoker's Helpline is increasing. While registration in

the Driven to Quit Challenge has remained relatively constant, higher numbers of younger participants are entering and making quit attempts. In 2012, 64.4% of registrants were under the age of 40.

Year	Reactive Calls to SHL	SHL Online Registrations	DTQ Registrations
2011	807	1,100	4,866
2012	925 (6 months)	1,357 (6 months)	4,717

Source: Canadian Cancer Society Smokers' Helpline 2012

Protection and Enforcement

Reducing Exposure to Second-hand Smoke

TPH's Tobacco Enforcement Officers are responsible for the enforcement of the Smoke-Free Ontario Act (SFOA), which protects Ontario residents from second-hand smoke exposure in all indoor public places and workplaces and in select outdoor locations and restricts the sale of tobacco products to minors. In 2011, TPH prioritized the restriction of youth access to tobacco, including contraband products through compliance checks and test shopping at specified locations.

Complaints and Enforcement

In 2011, TPH received and responded to over 600 complaints regarding smoking in enclosed public places, workplaces, tobacco sales to minors, smoking at entrances and on patios, and complaints concerning the sale of contraband.

Progressive enforcement activities continue with infractions resulting in a warning, an offence notice or summons depending on the frequency and severity of the non-compliance. Where two or more convictions for tobacco sales offences have occurred in a specific location within a 5 year period, TPH also has the option to apply to the Province for an "automatic prohibition". A location subject to an automatic prohibition may not sell or store any tobacco and no wholesaler or distributor may deliver tobacco to that location. An automatic prohibition lasts for six to 12 months, depending on the number of convictions for tobacco sales offences. TPH's last six month automatic probation expired March 30, 2012.

Although TPH has not made any requests for Licensing Tribunal Hearings, we continue to partner with Municipal Licensing and Standards (MLS) to utilize notification of retailers with repeat offences under the SFOA, to request a hearing to suspend or revoke the retail license.

Public Education

In early March of 2012, TPH launched its' new tobacco convictions disclosure website (http://www.toronto.ca/health/smokefree/tobacco_disclosure.htm), developed to provide the public with information on businesses that have been convicted under the SFOA. Since its launch, the site has had over 650 visits allowing for transparency and engagement of the public on tobacco enforcement issues.

Youth Access to Tobacco

Youth access to tobacco, including contraband tobacco remains an important issue. The tobacco enforcement program is prioritizing compliance checks and test shopping at retailers located in areas which young people frequent (i.e. schools, community and recreation centres) to monitor offences, provide education and ensure updated SFOA information is provided. Complaints about contraband tobacco distribution continue to be referred to other enforcement agencies such as the Federal Ministry of Finance and the RCMP. Occasionally, joint operations with TPH are conducted which have resulted in the seizure of large quantities of counterfeit cigarettes, untaxed tobacco and a number of different types of smuggled tobacco in retail premises. Such partnerships also exist with Toronto Police, Alcohol and Gaming and other City of Toronto enforcement units to achieve improvement in communication among agencies and compliance with the SFOA.

Second-hand Smoke in Multi-Unit Dwellings

TPH provides current information and links to other sources of information on its website. This information is relevant to tenants, landlords, property owner/managers and developers. The Non-Smokers Rights Association (NSRA), a national advocacy group, compiles relevant case law and scientific data on this issue. NSRA receives more calls on this issue from the general public than any other.

As a member of the Ontario Smoke-free Housing Coalition, TPH is monitoring the work being done by advocates, Non-Governmental Organizations (NGOs) and other public health units on this issue and updates the TPH website accordingly. Staff support the public by providing them with current information and referring them to NGOs for advocacy support.

Issues for Future Action

While TPH continues to advance in the areas of tobacco use prevention, cessation and protection, important opportunities exist for continued action in order for public health tobacco control efforts to remain strong. Two salient issues that would both contribute to the de-normalization and de-legitimizing of the tobacco industry and its products, and encourage and even legislate greater protection from second-hand smoke, are tobacco retailer reform and controls on waterpipe smoking.

Tobacco Retailer Reform

There is growing evidence of a relationship between the availability of tobacco products in retail outlets and tobacco use. The perception that tobacco is easy to obtain increases the risk of both smoking initiation among youth and progression to regular use. Greater retail density correlates to the perception that tobacco is easily accessible.

A number of studies have found that higher retailer density near schools correlates to higher rates of youth experimentation with tobacco and increased susceptibility to future smoking.^{6,7} With more than 3,000 tobacco retailers in our communities and around our schools, the availability of tobacco products within our community remains a concern.

The TSAG report recommends that actions be taken to develop and implement tobacco vendor compliance strategies that continue to reduce availability of cigarettes to underage youth.⁸ Policy options to reduce retail availability include mandating provincial/territorial and/or municipal retailer licensing provisions; using local zoning bylaws and restricting sales to designated tobacco outlets.⁷ GIS mapping of tobacco retailers in Toronto shows that, in some areas, over 100 tobacco retailers are located within a one kilometre radius of schools (independent convenience and chain convenience stores combined).

The National Non-Smokers' Rights Association and Ontario Tobacco Research Unit recently held an expert panel on retail reform and are working on:

- An analysis of retailer density across the province of Ontario, and the association of retailer location with community characteristics such as income and socioeconomic status, immigrant areas, proximity to school, and proximity to other retailers
- An analysis of effects of retailer density on smoking behavior, quit attempts and cessation, as well as contraband use.
- A review of role of local government to encourage healthy corner stores linking healthy food, tobacco and alcohol sales.

A 2009 survey of Ontario adults revealed that 69% of respondents believe that the number of retail outlets that sell cigarettes should be greatly reduced.⁹ TPH will continue to monitor this issue and explore opportunities to support this important work in partnership with NGO partners and other public health units.

Controls of Waterpipe Smoking

Waterpipe, also known as hookah, shisha, narghile, goza, or hubble bubble has been used for centuries to smoke tobacco, particularly in North Africa, the Eastern Mediterranean and areas of South East Asia.¹⁰ Recently, waterpipe smoking has emerged as a popular new trend among young adults worldwide, including Canada.¹¹ Waterpipes use both tobacco and herbal (marketed as tobacco-free) products, called shisha, often sweetened and flavoured, which are heated by charcoal. The resulting smoke is cooled by a water-filled chamber before being inhaled through a hose and a mouth piece.¹⁰

Data from the 2010 Youth Smoking Survey indicates that 5% of Ontario youth in grades 6-12 have tried smoking a waterpipe and that 4 per cent of Grade 10-12 students smoked waterpipes in the past 30 days, including 6 per cent among grade 12 students. Of the Grade 10-12 students who smoked waterpipes in the past 30 days, 41 per cent had not smoked cigarettes during that time, and 53 per cent had not yet smoked 100 cigarettes.¹²

A 2007 study of young adults (aged 18-24) in Montreal, Canada found that waterpipe use was highest among participants who had smoked cigarettes, used other tobacco products, drunk alcohol, engaged in binge drinking, smoked marijuana, or used other illicit drugs in the previous year.¹³

A number of reasons stand out as to why waterpipe smoking is an increasingly popular phenomenon among young people: flavourings, misperceptions about harm, relative ease of

access and appeal of the social interaction that accompanies its use. There is a misperception that the water filters nicotine and harmful substances from the smoke.¹⁴

A systematic review on waterpipe smoking and health effects concluded that waterpipe tobacco smoking is possibly associated with a number of deleterious health outcomes including lung cancer, respiratory illness, low birth-weight and periodontal disease.¹⁵ A review of research in four countries on the filtering capability of waterpipes found that daily tobacco waterpipe smoking had similar health effects to cigarette smoking. Meta-analysis of the data indicated that daily use of the waterpipe produced a 24-hr urinary cotinine level of 0.785 µg/ml, a nicotine absorption rate equivalent to smoking 10 cigarettes per day.¹⁶

Waterpipe users may absorb a higher concentration of the toxins found in cigarette smoke, as water pipe smoking often involves a higher frequency of puffing, deeper inhalation, and longer smoking sessions than cigarette smoking.¹⁷ In addition, the non-tobacco components of the waterpipe itself may expose the user to metals and cancer-causing chemicals.¹⁵ There have also been case reports of carbon monoxide poisoning after waterpipe smoking.¹⁸

While limited research has focused on the health effects of second-hand waterpipe smoke, preliminary evidence suggests that it may be particularly detrimental to non-smokers because it contains toxicants from both the tobacco and charcoal burned.¹⁹

Emerging research on herbal (tobacco-free) waterpipe has demonstrated that tobacco-free waterpipe smoking produces the same amount of the following toxins: carbon monoxide, nitric oxide, polycyclic aromatic hydrocarbons and volatile aldehydes and tar, as tobacco waterpipe use.¹⁶ As mentioned above, the non-tobacco components of the waterpipe device may expose the user to metals and cancer-causing chemicals.¹⁵ Scientific evidence linking non-tobacco waterpipe exposure to the development of illness is not available at this time; therefore, further research is needed.

Waterpipe use not only increases exposure to tobacco toxins for the user, it re-opens the issue of indoor exposure to second-hand smoke. The growing popularity of waterpipe establishments takes us back to a place where exposure to indoor second-hand smoke is a problem, despite gains made by municipal bylaws and the SFOA. Like indoor cigarette smoking, it contributes to social acceptability, which ultimately affects smoking behaviours.²⁰

TPH Tobacco Enforcement Officers (TEOs) enforce the SFOA which prohibits indoor waterpipe smoking of tobacco. However, TEOs face many difficulties in proving an offence has occurred.

Policy options to address waterpipe smoking include amending provincial and/or municipal legislation to prohibit the smoking of other weeds or substances, or licensing establishments who want to allow waterpipe smoking indoors.¹⁴

With approximately 80 known waterpipe establishments in Toronto, Municipal Licensing and Standards is currently undertaking a comprehensive review of waterpipe establishments and is exploring the avenues to license and regulate these businesses. TPH has coordinated with ML&S to identify the health concerns at these establishments and assist in the preparation of a report to the Licensing and Standards Committee on October 19, 2012.

CONCLUSION

The use of tobacco products remains the leading cause of preventable disease and death in Ontario. TPH has a comprehensive tobacco control plan that focuses on preventing young people from starting to smoke (prevention), supporting smokers to quit (cessation), and enforcing smoke-free regulations (protection). TPH will continue these efforts as well as explore solutions to address emerging issues that threaten to undermine our considerable efforts to control the tobacco epidemic.

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