

## PRESENTATION TO CITY OF TORONTO LICENSING AND STANDARDS COMMITTEE

### **RE: POSSIBLE LICENSING OF HOOKAHS/SHISHA LOUNGES**

BY:

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### FRIDAY, OCTOBER 19<sup>TH</sup> 2012

Thank you for the opportunity to present on this matter. The Ontario Campaign for Action on Tobacco was formed in 1992 by the Ontario Medical Association, the Canadian Cancer Society, the Heart and Stroke Foundation of Ontario, and the Non-Smokers' Rights Association. Part of its work during the period 1996-2002 was to work with municipalities on smoke-free workplace and public place bylaws, beginning with the Old City of Toronto's first attempt to address this issue comprehensively in 1997.

During those years, and since, we have monitored research on the impact of second-hand tobacco smoke generally, and more recently, emerging research on the use and impact of both tobacco-based and non-tobacco-based preparations for use in waterpipes.

We strongly recommend that business licenses for waterpipe establishments not be permitted by the City of Toronto, for a variety of reasons:

 A licensing regime will normalize and legitimize the activity of waterpipe smoking within licensed establishments, and will send a message to Torontonians that, to some degree at least, this activity is harmless. However, the research on the toxicity of both tobacco-based and nontobacco-based second-hand smoke is uniformly negative. It indicates that <u>tobacco-based</u> shisha preparations produce large volumes of the same toxic ingredients produced by cigarettes, and expose users to much higher levels of toxic compounds than cigarette smoking. Initial research on emissions from combustion of <u>non-tobacco-based</u> products also indicates that at least some of the same toxic ingredients produced by the combustion of tobacco are also produced by the combustion of non-tobacco herbal substances found in shisha.

To argue that the combustion of non-tobacco-based shisha is relatively harmless is therefore to ignore the trend of research in this area.

- At a national forum on hookah and shisha use convened by the Non-Smokers' Rights Association earlier this year, several public health inspectors in Ontario who had confiscated samples of shisha from establishments where owners asserted the product did not contain tobacco, were asked how many tests on the products seized subsequently showed that they did not in fact contain tobacco. The answer was one. As well, 11 premises offering waterpipe smoking were charged by the City of Toronto in the first 4 months of 2011 for using tobacco mixtures.
- In the report under consideration, there is frequent reference to the need for ventilation as part
  of a licensing regime. My colleagues and I are veterans of many debates at city councils around
  the province, and subsequently with the provincial government, on the efficacy of ventilation as a
  means of controlling second-hand smoke exposure. Ventilation has long been promoted by the

#### Founding Agencies

Canadian Cancer Society Ontario Division

Heart and Stroke Foundation of Ontario

Non-Smokers' Rights Association

Ontario Medical Association

#### **Supporting Agencies**

Association of Local Public Health Agencies

Cancer Care Ontario Ontario Association of

Children's Aid Societies Ontario Association of Naturopathic Doctors

Ontario Federation of Home and School Associations

Ontario Physical and Health Education Association

> Ontario Public Health Association

Physicians for a Smoke-Free Canada

Registered Nurses Association of Ontario

The Ontario College of Family Physicians

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t: 416.340.2992 f: 416.340.2995 email: ocat@oma.org www.ocat.org tobacco industry as an alternative to an outright ban of use of its products indoors. One alleged remedy for second-hand smoke exposure indoors was the so-called" designated smoking room", which was advocated by some in the hospitality industry and the tobacco industry, but banned by most municipal bylaws in the 1990s and ultimately province-wide by the *Smoke-Free Ontario Act* in 2006.

What does this mean for your consideration of this issue? In a nutshell, it means that even confining smoking to a separately-enclosed, separately-ventilated room under negative pressurization – let alone unenclosed mechanical ventilation - will not control the problem of exposure to any type of second-hand smoke indoors. Again, most municipalities and the provincial government all acted on this evidence to eliminate designated smoking rooms years ago.

If separately-enclosed and pressurized smoking rooms are not allowed under current bylaws or provincial law in Ontario, it is not clear on what grounds a City of Toronto license could permit the use of any type of ventilation to allegedly control exposure to shisha smoke.

Ventilation, in other words, would in no way "address the significant health concerns associated with the current operations that waterpipe establishments", as stated in the staff report.

• The Committee may be wondering why, if the use of hookah/shisha, tobacco-based or not, is such a problem, why have provincial smoke-free laws have not included it. The answer is simple: the hookah/shisha problem is a relatively recent phenomenon which has arisen primarily in the last 1-3 years, long after the passage of the *Smoke-Free Ontario Act*. The Ontario Campaign has recommended changes to the Smoke-Free Ontario Act which would address both tobacco-based and non-tobacco-based shisha: these recommendations, and related research, are summarized in the attached briefing note.

To normalize hookah and shisha use via a municipal license, in whatever form, will have several results: 1) at least some operators will continue to use tobacco-based products; 2) if ventilation is allowed as a control strategy for second-hand smoke exposure of this type indoors, the City of Toronto will be taking a step backward which is at variance with all other municipal and provincial tobacco control policies in the province of Ontario, and if health consequences to workers ensue, may be opening itself to legal liability; and 3) it will help normalize an activity whose negative health consequences are becoming clearer and clearer every month.

It is almost certain that the City will have to revoke such a licensing regime in the relatively near future, because further research will continue the trend of demonstrating what initial findings already have: that emissions from any type of organic material combusted indoors – not to mention the toxic substances that arise from the heating agents in hookahs, particularly charcoal – require complete elimination of this practice.

As I mentioned earlier, the attached briefing note provides recommendations on how the province can ultimately deal with this problem. I once again urge this Committee not to recommend – and therefore normalize and legitimize – licensing the use of hookah and shisha. This Committee can instead recommend that Toronto City Council take all reasonable and possible steps to strengthen the City's tobacco control bylaw, and advocate for provincial action on this matter as soon as possible.