Appendix D: Summary of Stakeholder Consultations on Expanding Smoke-free Public Places

Between January and May 2013, Toronto Public Health (TPH) sought stakeholder views and reviewed the experience of other jurisdictions in the following ways:

- Reviewed the 2011 Toronto Health Survey
- Conducted focus groups with smokers and non-smokers;
- Held meetings with stakeholders, including businesses, non-governmental organizations, sports groups, the hospital sector, universities, colleges and student groups; and
- Consulted other City of Toronto Divisions, municipalities and public health units.

This document describes the methods and findings of those stakeholder consultations by area of inquiry.

Toronto Health Survey

The 2011 Toronto Health Survey (THS) provides perspective on public support or opposition for smoke-free public spaces. The THS collected information from 1,200 randomly-selected, eligible respondents related to health status, risk behaviours and attitudes towards key public health issues from. Eligible respondents were Toronto residents aged 18 and older living in private households and able to complete the survey in English. Data indicate that:

- Approximately 86% of Toronto residents would support a local by-law mandating smoke-free doorways to public places such as shopping malls, arenas, restaurants, bars and places of entertainment, and making doorways to public and private workplaces smoke-free;
- Approximately 83% of respondents would support a by-law making outdoor public sports fields and spectator areas smoke-free;
- About 77% would support a by-law making public beaches smoke-free; and
- About 74% of respondents would support a by-law that prohibits smoking on all outdoor public patios where food and drinks are sold.

These findings parallel those from province-wide surveys. In May 2011, an Ipsos Reid poll found that 89% of Ontario residents would support a smoking prohibition in areas where children

are playing and 82% would support a prohibition of smoking on restaurant patios and building entryways.¹

Focus Groups

Ipsos Reid facilitated four focus groups with smokers and non-smokers on behalf of TPH. Although focus groups results are not considered representative of Toronto residents, they provide a general sense of some people's views on smoking, and helped TPH identify questions for further review or discussion with stakeholders.

Ipsos Reid recruited participants who had visited an outdoor patio, sporting field, public square, hospital ground or beach at least two to three times in the past 12 months. There were 34 participants, who represented a relative mix of age, gender, ethnicity, education, household income and parenting status. Participants were arranged in four groups: two groups of non-smokers and two groups of smokers (a mix of regular or occasional smokers).

Most of the 34 focus group participants showed low awareness of the health risks of smoking and second-hand smoke exposure in an outdoor public place, and most were unclear about current restrictions. However, most smokers and non-smokers understood the higher risk to children and people in confined public places (i.e. where one cannot easily escape exposure to second-hand smoke).

Non-smokers and smokers had differing views on expanding smoking restrictions. Non-smokers supported expanding restrictions to most public places, whereas smokers believed smoking zones are already sufficiently limited. TPH discussed these perspectives and barriers and solutions in subsequent stakeholder meetings.

Stakeholder Consultations

TPH consulted relevant City divisions and invited key stakeholder groups to participate in sector-specific meetings or teleconferences to share their views. TPH approached stakeholders that had identified an interest in the issue at previous Board of Health meetings or were known to represent stakeholders who may be impacted by possible smoking restrictions on patios, building entrances, sports fields, public squares, bus shelters, hospital grounds and other public spaces such as university and college campuses. TPH staff facilitated 13 meetings or conversations with stakeholder groups representing:

- Non-governmental health organizations
- Sports groups
- Businesses, primarily restaurant operators

¹ Ipsos Reid, (2011). *Nine in Ten Ontarians (90%) Familiar with Smoke-Free Ontario Legislation, Most Agree With Recommendations for Further Action.* Available at: <u>http://www.ipsos-na.com/news-polls/pressrelease.aspx?id=5331</u>.

- Hospital workers and management
- Universities, colleges and students

TPH also communicated with City divisions (Parks Forestry and Recreation, Municipal Licensing and Standards, Transportation Services, the City Manager's Officer and Legal Services) to discuss implementation issues.

Table 1 provides a complete list of stakeholder organizations. The consultations were focussed discussions guided by common questions that invited stakeholders to share their views on expanding smoking restrictions in the various public places, the potential impacts on their clients or community, any challenges and solutions, priorities for action, and other comments.

Stakeholders shared the following perspectives:

Non-Governmental Health Organizations (NGOs)

- Strong support for improved protection from second-hand smoking exposure in public places, including and beyond those suggested by the Board of Health.
- Strong, clear signage and expanded education and cessation programs can overcome potential barriers such as enforcement and low awareness.

Sports Groups

- Strongly support a smoking ban within a certain distance of sports fields and spectator areas.
- A by-law would be preferable to a policy, as current no-smoking policies introduce conflict about enforcement between volunteers, parents and coaches.
- Ontario Summer Games which were smoke-free showed that smoking restrictions can work well, particularly when signage and education programs are in place.
- Important to define which sports areas are covered, and include spectator areas and related amenities within those boundaries. Both temporary (i.e. multi-use) and permanent fields should be included.
- Municipalities, not associations, should be responsible for enforcement. If it was a bylaw, it could be a condition of permit.

Businesses (property management companies and restaurant and bar operators) Entrances to buildings:

- Current policy of many property managers is no smoking within 25 feet of entranceways: signed and enforced by building security.
- Smoke-Free Ontario and LEED (Leadership in Energy and Environmental Design) certification are drivers for smoke-free policies.
- Experience showed that signage alone was semi-effective over 2-3 years, but moving ashtrays away from entrances was even more helpful.
- Overall, see no great advantage of by-law because of existing policies, but if passed would expect City to prioritize education and enforcement towards offenders rather than building management.

Restaurant and Bar Patios:

- Restaurant operators do not support changes to current smoking regulations. In their view, the status quo provides operators and customers with flexibility to smoke or not smoke as desired.
- Smoking should be regulated at the provincial level to create level playing field for all municipalities.
- City should prioritize other public areas and focus on educating young people not to smoke.
- Forcing patrons from patios may create health risks by creating a perimeter of smokers around patios and on sidewalks, and may create problems if patrons bring drinks onto the sidewalk or leave drinks unattended.
- Operators felt that idling cars and traffic in front of patios may present more of a health risk than smoking.
- Feel enforcement staff will unfairly target restaurants and bars versus other facilities or sectors.

Hospital Sector

- Current 9-metre entranceway regulation under Smoke-Free Ontario Act is easier to enforce for staff, but is challenging to enforce in any regular way for visitors or patients.
- Most hospitals support smoke-free grounds in principle, but identify challenges such as providing cessation supports for patients and staff, implementation on large properties, and ensuring compassionate care for long-term and marginalized patients who smoke.
- Facilities with more experience with smoking restrictions are more likely to support a bylaw mandating smoke-free grounds.
- A by-law could be successful if by-law changes were phased in and included considerations for chronic care patients and veterans. Adding nicotine replacement therapy to staff benefits plan and expanding education programs for staff and visitors would also help.
- TPH should continue to support broader discussion within the health care sector on strategies.

Universities and Colleges and Student Organizations

- Most campuses have a policy of no smoking within 9 metres of entranceways, but enforcement is not a priority among property management or security staff.
- Smoking is not a top concern from management or students, whereas most health promotion staff at universities and colleges are concerned and identify tobacco marketing as a problem.
- Generally, student associations are not interested in laws or policies that stigmatize or inconvenience students who smoke.
- All feel that a by-law against smoking near entranceways could be more effective than the voluntary policies currently in place on most campuses, since they are often poorly enforced.

 Restricting smoking on all campus grounds may create challenges, including enforcement, staff and student safety, impact on events and student life, and confusion about public and university property.

Table 1: Stakeholders (listed by type) consulted by Toronto Public Health between January-May 2013

NGO – Heart and Stroke Foundation				
NGO – Ontario Lung Association				
NGO – Non-Smokers Rights Association				
NGO – Cancer Care Ontario/Program Training and Consultation Centre				
NGO – Ontario Campaign for Action on Tobacco				
NGO – Canadian Cancer Society (Ontario Division)				
NGO – Ontario Tobacco Research Unit				
NGO – Toronto Tobacco Control Area Network (Youth)				
Sports – Toronto Sports Council				
Sports – Sport4Ontario				
Sports – Coaches Association of Ontario				
Sports – Ontario Soccer Association				
Business – Ontario Restaurant Hotel & Motel Association				
Business – The Longest Yard				
Business – Whistler's Grille				
Business – Prime Restaurants				
Business – Hemingway's Bar / Yorkville Business Improvement Area (BIA)				
Business – The Artful Dodger Pub				
Business – Urban Dining Group				
Business – The Pilot Tavern				
Business – One Restaurant				
Business – Sassafraz Restaurant / Yorkville BIA				
Business – Brookfield Properties				
Hospital – West Park Health Care Centre				
Hospital – North York General				
Hospital – Bridgepoint Health				
Hospital – Centre for Addiction and Mental Health				
Hospital – East York General				
Hospital – Sunnybrook/Odette Regional Cancer Centre				
Hospital – St. Joseph's Hospital				
Hospital – Providence Healthcare				
Hospital – Humber River				
Hospital – Ontario Council of Hospital Unions				
Hospital – Hospital Collaborative for Marginalized Populations (includes 18 Toronto hospitals)				
University/College – University of Toronto				
University/College – Ryerson University				
University/College – York University				
University/College – Humber College				
University/College – Toronto Area Health Promoters in Higher Education (includes all GTA colleges &				
universities)				
University/College – Campaign for Cancer Control				

University/College – Canadian Federation of Students - Ontario
City Division – City Manager's Office
City Division – Municipal Licensing and Standards
City Division – Parks, Forestry and Recreation
City Division – Legal Services
City Division – Transportation Services

Note: The following organizations expressed interest in consultations but were unable to participate: Canadian Restaurant and Food Association, Toronto Association of Business Improvement Areas, Cadillac Fairview Properties, Toronto Sports and Social Club

Discussions with other municipalities

Over 60 Canadian municipalities have passed by-laws that restrict smoking in public places and that strengthen protections offered under provincial laws (See Appendix C). TPH contacted policy, tobacco enforcement and legal staff from municipalities in Ontario and British Columbia that have passed by-laws making one or more of the following outdoor spaces smoke-free:

- Bar and restaurant patios
- Entranceways to municipal buildings
- Hospital grounds
- Sports fields and other recreational areas
- Parks
- Beaches

TPH selected jurisdictions based on proximity to Toronto, population size and existing smokefree areas addressed through municipal legislation (see Table 2). TPH asked questions about their experience, including public or stakeholder views before and since implementation, enforcement and health promotion approaches and any positive or negative impacts.

Municipalities Reported:

- Minimal or no opposition from the public or stakeholders, with the exception of restaurant and bar operators, to smoke-free by-laws before and after their implementation.
- Some bar and restaurant operators in Ottawa, Kingston and Vancouver opposed smokefree patios, indicating a concern that a by-law could result in economic losses.
- None of the municipalities were aware of economic impact studies evaluating their bylaw changes. Anecdotally, most were not aware of losses to business as a result of the bylaw.
- Enforcement of smoke-free by-laws in Ontario tends to be driven by complaints.
 However, proactive enforcement activities such as visits and blitzes are often scheduled during a preliminary phase of the by-law.

- Alongside enforcement, an important component of by-law implementation in many jurisdictions was a public awareness campaign including flyers, booths at public events, radio and bus shelter advertisements and social media announcements.
- Some jurisdictions stressed the importance of a strategy for reducing cigarette butt litter in the places made smoke-free, including identifying which division is responsible for cleaning butt litter on sidewalks, near municipal buildings or at parks, and deciding where to put butt litter receptacles (if anywhere).

Municipality	Smoke-Free Areas		
Kingston	patios, entranceways- all buildings accessible to the public, parks and beaches		
Ottawa	patios, outdoor patio encroachments and café seating, municipal building entranceways, parks, beaches and		
Peel Region	sports fields and other outdoor recreational areas and municipal building entranceways		
York Region	Georgina- parks and beaches. Vaughan- municipal building entranceways, sports fields		
North Bay	municipal building entranceways, public building entranceways- designated buildings only, hospital grounds. Reports related to smoke-free patios and parks were recently considered by Council and referred to additional committees.		
Vancouver	Patios, entranceways to customer service buildings, transit shelters and parks		
Hamilton	Parks and beaches		
Peterborough	Hospital grounds and sports fields		

Table 6 Indedictions are added by	Tanan (. Dalaka Haalda hadaa ay	O . (.)
Table 2: Jurisdictions consulted by	/ Toronto Public Health between	October 2012 - May 2013