September 30, 2013

Dear Chair Mihevc, Dr. McKeown, and Members of the Toronto Board of Health,

The Youth Health Action Network (YHAN) is an established group of youth from across the City of Toronto. We are passionate about taking action on health issues affecting young Torontonians through education and advocacy, namely in the area of tobacco control.

Thank you for the opportunity to present a response to this report. As youth, we commend the Board of Health and the Medical Officer of Health for continuing to take actions to protect Torontonians from the harmful effects of second-hand smoke. The negative health effects associated with exposure to second-hand smoke are well-known amongst the general population. Tobacco use exposure is still the number one cause of preventable disease and death in Ontario, killing more than 13,000 Ontarians each year (Ministry of Health and Long-Term Care [MOHLTC], 2011). We support the proposed changes to municipal and provincial legislation because we agree that additional measures are needed to protect the public from second-hand smoke, especially vulnerable populations such as youth.

As youth, a lot of our leisure activities take place outdoors. For example, we often meet with friends on patios for meals, spend a day at the beach, take part in an outdoor sporting event, or even just “hang out” at a park. When we share these outdoor public spaces with those who smoke, we are unintentionally subjected to second-hand smoke which is slowly having a negative impact on our health. In the ideal situation, we would be able to freely choose where our leisure activities take place in public without the fear of compromising our health. With the adoption of this proposed legislation, we believe this ideal can become a reality.

As youth advocates for health, we also recognize the need to reduce the visibility of smoking in public as it normalizes the behaviour and undermines the success of the Smoke-Free Ontario Act (SFOA). By further limiting smoking in public we believe that children and youth will be discouraged from taking up the behaviour, and those who have quit will be encouraged to stay quit. Although there is already legislation in place limiting second-hand smoke exposure outdoors, there are still a number of public places frequented by youth that are not included under the current legislation.

In addition to supporting the changes proposed in this report, we would also like to take this opportunity to raise the Board of Health’s awareness about an emerging tobacco control issue that needs to be addressed. Waterpipe smoking, also known as hookah, narghile, argileh, goza and hubble-bubble (Toronto Public Health [TPH], 2012), is a new and growing social trend amongst youth, taking place in numerous indoor public spaces across Toronto. The Canadian
Tobacco Use Monitoring Survey from 2011 shows that 36% of Canadian youth aged 15-24 have smoked a waterpipe, and in Toronto alone there are over 80 waterpipe bars and cafes (Non-Smokers' Rights Association[NSRA]/Smoking and Health Action Foundation [SHAF], 2011). As a result of a gap in current legislation and challenges enforcing this legislation, waterpipe smoking of both tobacco and non-tobacco products indoors exposes patrons and workers of all ages to its potentially harmful effects.

As youth, we are concerned about the issue of waterpipe smoking in indoor public places for a number of reasons:

- Our own informal street interviews with youth ages 18-24 confirmed our suspicions that many youth are misinformed of the potential harms associated with waterpipe smoking
- Waterpipe smoking presents several health risks including exposure to well-known toxins from second-hand smoke when both tobacco and non-tobacco products (referred to as shisha) are smoked. Air quality testing has shown that tobacco is often smoked in waterpipe cafes and bars (Ferrence, 2013)
- The wide variety of shisha flavours, relatively inexpensive cost, and locations near secondary and post-secondary schools make waterpipe smoking appealing and easily accessible to youth
- The integration of waterpipe smoking into post-secondary culture (e.g., included as part of Ryerson University’s Frosh Week events) contributes to normalization of the practice
- The promotion of waterpipe smoking as a part of pop culture (i.e., cited as a fashionable and elite alternative to smoking cigarettes in a recent blogTO article)
- The potential to serve as a gateway to use cigarettes and other harmful drugs
- The undermining of the Smoke-Free Ontario Act 2006 that currently prohibits smoking indoors

As the YHAN, we continue our efforts to raise awareness amongst youth of the harmful effects of waterpipe smoking, however we urge the BOH to go one step further from the recommendations proposed in this report by taking the following actions:

- Commissioning a report by Toronto Public Health highlighting the health impacts of waterpipe smoking and making recommendations on opportunities to expand public protection from second-hand waterpipe smoke in indoor public spaces.
- Considering an amendment to the Municipal Code, Chapter 709, Smoking to include a more comprehensive definition of smoking e.g., carrying of any lighted or heated cigar, cigarette, pipe, waterpipe, or any other equipment used to inhale, exhale, burn or heat any tobacco or other weed or substance in any manner or in any form;
- Requesting the Minister of Health and Long-Term Care to amend the SFOA to include smoking of non-tobacco products in enclosed public spaces and workplaces
In accordance with the precautionary principle, we believe that it is dangerous to wait for what might be considered by some as "sufficient" scientific evidence regarding the long-term health effects of waterpipe smoking before taking action. This was a mistake previously made with the issue of cigarette smoking. We strongly encourage the Board of Health to thoughtfully consider our recommendations and those outlined in the report presented today. Youth and the public in general need to be protected from the harmful effects of second-hand smoke in both indoor and outdoor public spaces. As today's report suggests, by making public entrance ways and exits, parks and playing fields, beaches, and patios smoke-free environments, we are together establishing a healthier Toronto for youth and for all.

Regards,

The Youth Health Action Network

References


