

Smoking and Health Action Foundation

Fondation pour la lutte contre le tabac

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Waterpipe Deputation: Toronto Board of Health

The Smoking and Health Action Foundation (SHAF) is a national, non-profit health organization formed in 1974 to conduct public policy research and education designed to reduce tobacco-related disease and death. SHAF is the sister organization of the Non-Smokers' Rights Association (NSRA), and acts as a policy think-tank for governments and NGOs in Canada and abroad. Through our evidence-based research on topical issues in tobacco control, SHAF has provided a crucial bridge between academics, policy-makers in government, and the wider health community.

Waterpipe smoking is emerging as a chic new trend among young adults worldwide, including in Ontario. We concur with Dr. McKeown's analysis of the problem and statistics cited in his report, "*Health Risks of Indoor Waterpipe Smoking*" dated March 10, 2014. Our organization has been monitoring the issue of waterpipe smoking since 2008, and we note that the availability of peer-reviewed research on waterpipe smoking and its health effects has increased dramatically in recent years. We have created a number of resources, including a model bylawⁱ and a fact sheet to address widespread public misperception about the risks of waterpipe smoking.ⁱⁱ We have also hosted 2 waterpipe meetings (Ontario in 2011 and a national one in 2012), bringing together tobacco control and public health organizations, tobacco enforcement officers, environmental health inspectors, Royal Canadian Mounted Police (RCMP), Ontario Ministry of Health and Long-Term Care & Ministry of Finance, universities and Health Canada. Based on researchⁱⁱⁱ and consultations with stakeholders across Ontario,^{iv} SHAF has concluded the following:

- The best way to address this emerging issue is for the province to amend the *Smoke-Free Ontario Act (SFOA)* to broaden the definition of smoking to include other weeds or substances. Bill 131, *Youth Smoking Prevention Act, 2013*, and the proposed amendments to Ontario Regulation 48/06 made under the *SFOA*, include a ban on flavoured tobacco products and increased powers for tobacco enforcement officers to seize and test shisha samples. However, Bill 131 is currently stalled at second reading and the prospects for its passage are uncertain. Even if the bill does pass and the regulations are amended, these provisions won't go far enough to solve the problem. Bar and restaurant proprietors will continue to claim they are not serving tobacco, requiring enforcement officers to seize and test shisha samples before laying charges. This is time-consuming and expensive. Herbal shisha can also be augmented with liquid nicotine (which is easily acquired and comes in myriad flavours), rendering a non-tobacco yet highly addictive product that is not covered under the *SFOA*.

- Municipalities should not wait for the province to act; bylaws prohibiting the smoking of lit or heated tobacco or other weeds or substances in public places and workplaces will solve the problem. Sections 10 and 11 of the *Municipal Act, 2001* provide authority for municipalities to pass bylaws respecting the “health, safety and well-being of persons.” This arguably includes prohibiting the smoking of other weeds or substances in public places and workplaces. Such bylaws have already been passed in Ontario in Peterborough, Orillia, Barrie and Bradford West Gwillimbury.^v
- There is sufficient evidence regarding health effects of waterpipe smoking to justify a bylaw that prohibits waterpipe smoking in public places and workplaces. The First International Conference on Waterpipe Tobacco Smoking was held in October 2013 in Abu Dhabi. More than 100 leading scientists, academics, policy makers and public health advocates from 18 countries across five continents reviewed the evidence and issued a declaration with recommendations to curb the waterpipe tobacco pandemic:
 1. Waterpipe smoking has become a global epidemic, especially among youth.
 2. As with cigarettes, waterpipe smoking is harmful and addictive.
 3. Second-hand waterpipe smoke is harmful to everyone exposed, especially children and other vulnerable individuals.
 4. Education, mass media, and other approaches should be harnessed immediately to communicate the dangers of waterpipe smoking; especially to deglamorize and correct misperceptions about the water filtration process.
 5. Policies to stop the global spread of waterpipe tobacco smoking are urgent public health priorities; especially support and evaluation of programs that prevent youth initiation and encourage smoking cessation.
 6. Urgent policy priorities include a ban on flavored waterpipe products and specific inclusion of waterpipe smoking in clean indoor air regulations.
 7. Other important policy priorities include more effective warning labels, increasing taxes, restricting access to youth, and eliminating waterpipe tobacco product advertising and marketing.^{vi}

The Association of Local Public Health Agencies (alPHA) recognizes waterpipe smoking’s threat to public health and passed a resolution in 2013 that states in part, *“Even without tobacco in the mix, permitting this type of smoking indoors undermines our progress toward a truly smoke-free Ontario. It gives the false impression that smoking in enclosed spaces remains acceptable, and it ignores the growing body of evidence that smoking these herbal preparations via this delivery method has very serious health impacts.”*^{vii}

Toronto is Canada's largest and most multi-cultural city, and is facing the biggest problem in the country with respect to the most establishments offering waterpipe smoking (TPH estimates more than 65). Cultural arguments in favour of allowing waterpipe smoking in public places and workplaces have been made but are not sufficient to warrant inaction:

- Data indicate that young adults of all cultural backgrounds are at the forefront of this emerging epidemic. This issue is therefore more about youth and young adult culture and risk-taking; Canadian data show that reported prevalence of trying waterpipe smoking is predominantly among young adults 18 – 24, and that this prevalence has more than doubled since 2006 to 28%.^{viii} This is particularly concerning, given that the cigarette smoking rate among 20-24 year olds is higher than the national average (21% vs. 17%) and has alarmingly flatlined in recent years.^{ix, x} Hookah smoking among youth ages 15–19 also doubled between 2006 and 2011, from 6% to 12%.
- The tobacco shisha that is available and popular with youth today is not what has been traditionally smoked in regions of the world where the waterpipe is considered part of the culture. Candy, alcohol and other novel and inventive flavours for shisha came onto the worldwide market in the early 1990s; a drier and unflavoured tobacco is what has traditionally been smoked in waterpipes for centuries—predominantly by older men.
- Restrictions and bans on waterpipe smoking in public and workplaces are being passed worldwide, including in countries where it is considered traditional. Examples include Turkey, Lebanon, Saudi Arabia, Pakistan, India and Egypt.
- Culture is not static. Canada used to have a huge smoking culture and had one of the highest rates of cigarette smoking in the western world. This has been turned around through decades of education and legislation, to the point where we now have one of the lowest smoking rates in the world.

Prioritized Recommendations

1. That the City of Toronto passes a bylaw prohibiting the smoking of tobacco or other weeds or substances in public places and workplaces, including outside on all bar and restaurant patios to protect health and to maintain a level playing field for all hospitality businesses in the City.
2. That the City of Toronto considers other options to minimize or eliminate youth access to waterpipe smoking, including a retail display ban for smoking-related apparatus and paraphernalia.
3. That Toronto Public Health undertakes a public education campaign aimed especially at youth and young adults, using traditional and social media, to address the widespread misconceptions about the health risks of waterpipe smoking.

4. That the Toronto Board of Health urges the federal Minister of Health to amend the Tobacco Act and regulations to explicitly include tobacco shisha.

ⁱ Non-Smokers' Rights Association/Smoking and Health Action Foundation. *Model Bylaw to Prohibit the Smoking of Tobacco or Other Weeds or Substances in Public Places and Workplaces*. September 2012. http://www.nsra-adnf.ca/cms/file/files/NSRA_Model_Waterpipe_Bylaw-FINAL2.pdf.

ⁱⁱ Smoking and Health Action Foundation. *Waterpipe Smoking: Bubble Trouble. Four Hookah Myths Dispelled*. http://www.nsra-adnf.ca/cms/file/files/Bubble_Trouble_Fact_Sheet-FINAL.pdf.

ⁱⁱⁱ Non-Smokers' Rights Association/Smoking and Health Action Foundation. *Hooked on Hookah: Issue Analysis and Policy Options for Waterpipe Smoking in Ontario*. March 2011. http://www.nsra-adnf.ca/cms/file/files/Hookah_Issue_Analysis_Final_2011.pdf.

^{iv} Smoking and Health Action Foundation. *Ontario Forum on Waterpipe Use: Report*. October 2011. http://www.nsra-adnf.ca/cms/file/files/ON_Waterpipe_forum_report_Nov_2011-FINAL.pdf.

^v Non-Smokers' Rights Association. *Municipalities in Canada with Waterpipe Bylaws*. http://www.nsra-adnf.ca/cms/file/files/Municipalities_with_Waterpipe_Bylaws-FINAL_Jan_15_2014.pdf.

^{vi} First International Conference on Waterpipe Tobacco Smoking. Declaration. 23 October 2013. <https://www.aub.edu.lb/units/tcrg/conferences/Documents/Waterpipe%20Conference%20Declaration%20FINAL%2024Oct2013.pdf>.

^{vii} Association of Local Public Health Agencies. *alPHa Resolution A13-5 - Provincial Legislation to Prohibit the Use of Waterpipes in Enclosed Public Places and Enclosed Workplaces*. 16 July 2013. http://c.yimcdn.com/sites/www.alphaweb.org/resource/collection/7DCF40E5-9508-4227-8FC4-31F29C8717D7/alPHa_Letter_A13-5_Waterpipes_160713.pdf.

^{viii} Health Canada. *Canadian Tobacco Use Monitoring Survey (CTUMS): Summary of Annual Results for 2012*. http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/stat/_ctums-esutc_2012/ann_summary-sommaire-eng.php.

^{ix} Health Canada. *Canadian Tobacco Use Monitoring Survey (CTUMS). Summary of Annual Results for 2010*. http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/stat/_ctums-esutc_2010/ann_summary-sommaire-eng.php.

^x Statistics Canada. *Canadian Community Health Survey. Smoking, 2010*. www.statcan.gc.ca/pub/82-625-x/2011001/article/11468-eng.htm.