

TO: Chair and Members of the Board of Health

FROM: Bryna Warshawsky, Acting Medical Officer of Health

DATE: 2013 March 21

TOBACCO ENFORCEMENT PROGRAM – 2012 YEAR IN REVIEW

Recommendations

It is recommended that Report No. 041-13 re “Tobacco Enforcement Program – 2012 Year in Review” be received for information.

Key Points

- Tobacco use remains the leading cause of preventable disease and premature death in Ontario, costing the economy over \$7 billion annually, including \$1.93 billion in healthcare costs.
- The *Smoke-Free Ontario Act* prohibits smoking in enclosed workplaces and enclosed public places to protect workers and the public from the hazards of second-hand smoke, and restricts how tobacco products are displayed, promoted and sold/supplied to young people.
- Ongoing promotion and enforcement of the *Smoke-Free Ontario Act* is part of public health’s comprehensive tobacco control approach to address the tobacco epidemic and significant activity occurs each year in this area. Activities for 2012 are reviewed in this report.

Background

Tobacco use remains the leading cause of preventable disease and premature death in Ontario, costing the economy over \$7 billion annually, including \$1.93 billion in healthcare costs. In contrast, the revenue from tobacco taxes totals approximately \$1.5 billion. In addition to lung cancer and chronic obstructive pulmonary disease (COPD), for which smokers can have 12 to 23 times the risk of nonsmokers, those addicted to smoking are at increased risk for cancer in at least 18 other sites, and have two to four times the risk of coronary heart disease and stroke than nonsmokers.

The health impacts of exposure to second-hand smoke are documented extensively in research. There are over 4000 chemicals in second-hand smoke, with more than 50 that are known carcinogens. Estimates suggest that for every eight smokers who die from smoking-related illness, one nonsmoker dies as a result of tobacco smoke exposure. Given the public health impacts of tobacco use and exposure to tobacco smoke, comprehensive tobacco control programming is required in order to: prevent use of all forms of tobacco products; help those who are addicted to quit; and to protect people from exposure to tobacco smoke and reduce exposure to tobacco product use through the creation of tobacco-free environments.

The Smoke-Free Ontario Act

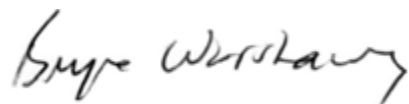
The *Smoke-Free Ontario Act (SFOA)* came into effect May 31, 2006, restricting the sale and supply of tobacco to persons under the age of 19 and requiring retailers to request identification from any person who appears to be less than 25 years of age. In addition to the sales restrictions, the *Act* restricts how tobacco products are packaged, handled, displayed and promoted. The *Act* prohibits smoking in enclosed workplaces and public places across Ontario. The law includes a ban on smoking within nine meters of entrances and exits to health care and long-term care facilities, and prohibits smoking in common areas of multi-unit dwellings and restaurant and bar patios that are partially or completely covered by a roof. Elementary and secondary school properties (indoors and outdoors) must be smoke-free under the *Act*.

With funding provided by the Ministry of Health and Long-Term Care's Renewed Smoke-Free Ontario Strategy, the Health Unit employs four (a total of 3.1 Full-Time Equivalents - FTEs) Tobacco Enforcement Officers who are responsible for the promotion and enforcement of the *Smoke-Free Ontario Act* in Middlesex-London. This Board of Health report reviews the inspection, enforcement and education activities for 2012 related to tobacco control.

2012 Protection and Enforcement Program Highlights

Education Visits to New Tobacco Retailers and Tobacco Retailer Information Sessions		
# of Education Visits (at premise) to inform new owners		19
Tobacco Retailer Information Sessions		16 workshops - 232 clerks/owners
Youth Access Checks		
<ul style="list-style-type: none"> Restricting youth access to tobacco products reduces the prevalence of tobacco use in young people. In 2012, four rounds of test shopping were completed to ensure that tobacco retailers ask for proper identification. 		
# of Inspections	# of Warnings	# of Charges
1460	48	103
Display, Promotion and Handling (DPH) Inspections		
<ul style="list-style-type: none"> Restrictions on marketing and promotion are widely recognized as an important mechanism to decrease tobacco use. Inspections ensure that proper legal signage is posted and that tobacco products are not on display or promoted. 		
# of Inspections	# of Warnings	# of Charges
434	21	6
Other Tobacco Retailer Infractions		
<ul style="list-style-type: none"> Pictorial health warnings on tobacco products were first introduced in Canada; these are recognized as a best practice in tobacco control. Amended in 2010, the SFOA banned fruit and candy flavoured- cigarillos and little cigars and required that cigarillos (unflavoured) be sold in packages of 20 to reduce youth access. Price is one of the most important levers to decrease consumption of tobacco products. Cigarettes must be sold in packs of ≥ 20. 		
# of Inspections	# of Warnings	# of Charges
Infractions found through Display, Promotion and Handling (DPH) Inspections	7	2
Automatic Prohibition Orders Issued in 2012		
<ul style="list-style-type: none"> If there are two or more convictions for tobacco sales offences in a tobacco retailer within a five year period that premise is issued an automatic prohibition order by the Ministry. When under an order, the premise cannot sell or store tobacco. An automatic prohibition lasts for six to 12 months, depending on the number of convictions for tobacco sales offences. 		
# of Automatic Prohibition Orders Issued (six months)		5 vendors
Enclosed Workplaces and Public Places		
<ul style="list-style-type: none"> The Act outlines requirements for employers/proprietors to ensure that smoking is not permitted. Properties inspected include: schools; hospitals and long-term care facilities; supportive housing and private multi-unit dwellings; bars, restaurants and other places of entertainment; all workplaces (both private and publicly-funded). 		
# of Inspections	# of Warnings	# of Charges
2001	363	108
Complaints, Inquiries and Consultations		
<ul style="list-style-type: none"> 172 inquiries received on the Tobacco Information Line – advice provided to workplaces, property management groups, schools and hospitals on how to expand protection beyond current provincial legislation; also participated in school health fairs 148 complaints/tips responded to for exposure to second-hand smoke or vendors selling/supplying tobacco to youth. 		

This report was prepared by Ms. Sarah Neil, Public Health Nurse, Ms. Leila Davis, Tobacco Enforcement Officer and Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control Team.



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This report addresses the following requirement(s) of the Ontario Public Health Standards:
Foundations: Principles 1, 2; Comprehensive Tobacco Control: 1, 5, 7, 11, and 13.