

### MIDDLESEX-LONDON HEALTH UNIT

#### REPORT NO. 018-14

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health and CEO

DATE: 2014 February 26

## **TOBACCO ENFORCEMENT PROGRAM – 2013 YEAR IN REVIEW**

#### Recommendations

It is recommended that Report No. 018-14 re Tobacco Enforcement Program – 2013 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 Canadian economy \$17 billion annually for tobacco-related illness, including \$4.4 billion in direct healthcare costs.
- The <u>Smoke-Free Ontario Act</u> 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.
- Under London's <u>Smoking Near Recreation Amenities and Entrances Bylaw</u> which came into effect May 2013, smoking is prohibited within 9 meters of recreation amenities within city parks and within 9 meters of entrances to city-owned buildings.
- Promotion and enforcement of the <u>Smoke-Free Ontario Act</u> and the City's <u>Bylaw</u> are a significant component of the Health Unit's comprehensive tobacco control program. Activities for 2013 are reviewed in this report.

### **Background**

Tobacco use is the cause of many chronic conditions, including cancer in 19 sites, cardiovascular disease, and both chronic and acute respiratory diseases (e.g. chronic obstructive pulmonary disease, asthma and pneumonia). There is also a potential causal link between smoking and diabetes. Smoking tobacco has adverse effects on pregnancy and pregnancy outcomes, reduces bone density in postmenopausal females, causes periodontitis and cataracts, and negatively impacts post-surgical wound healing. According to Cancer Care Ontario, in 2009, approximately 9,800 new cases of cancer diagnosed in Ontario were attributable to cigarette smoking. To reduce the burden of illness from tobacco use and to meet the Ontario Government's goal of achieving the lowest smoking rate in Canada, smoking rates need to continue to decline, tobacco prevention efforts need to be sustained and people need to be protected from exposure to tobacco product use and tobacco smoke.

## The Smoke-Free Ontario Act

The <u>Smoke-Free Ontario Act (SFOA)</u> 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* provides specific requirements about 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*.

Historically, exposure to second-hand smoke was assumed only to be harmful indoors; however, recent research indicates that outdoor levels of tobacco smoke within one to two meters of a lit cigarette can be just as high, and just as harmful as indoor tobacco smoke. Social exposure to tobacco smoking normalizes smoking leading to initiation among nonsmokers, particularly youth and young adults, and relapse within those smokers who have recently quit. To address these concerns, the City of London extended protection to some outdoor settings by enacting the <u>Smoking Near Recreation Amenities and Entrances Bylaw</u>, which the Health Unit supported through the delivery of a comprehensive communication campaign and with compliance and surveillance activities. This report reviews the inspection, enforcement and education activities for 2013 related to tobacco control.

# 2013 Protection and Enforcement Program Highlights

<b>Education Visits to New Tobacco Retail</b>	ers and Tobacco Retailer Info	ormation Sessions
# of Education Visits (at premise) to inform new owners		26
Tobacco Retailer Information Sessions		10 workshops – 120 clerks/owners
Youth Access Checks		
<ul> <li>Restricting youth access to tobacco products</li> </ul>		
• In 2013, three rounds of test shopping were		
Accountability Indicator #11 – Tobacco Vend		i , , , , , , , , , , , , , , , , , , ,
# of Inspections	# of Warnings	# of Charges
1056	9	35
Display, Promotion and Handling (DPH)	•	
<ul> <li>Restrictions on marketing and promotion are</li> </ul>		
Inspections ensure that proper legal signage		
# of Inspections	# of Warnings	# of Charges
478 Other Tobacco Retailer Infractions	25	8
Pictorial health warnings on tobacco product		recognized as a best practice in tobacco control. es that cigarillos (unflavoured) be sold in package
of 20 to reduce youth access.	gamos and intic cigars and require	cs that digarinos (dimavoured) be sold in package
•	decrease consumption of tobacco	products. Cigarettes must be sold in packs of >20
# of Inspections	# of Warnings	# of Charges
Infractions found through DPH Inspections (478)	4	2
<b>Automatic Prohibition Orders Issued in</b>	2012	
<ul> <li>If there are two or more convictions for tobac issued an automatic prohibition order by the</li> <li>An automatic prohibition lasts for six to 12 m</li> </ul>	Ministry. When under an order, th	e premise cannot sell or store tobacco.
# of Automatic Prohibition Orders Issued (six months)		4 automatic prohibition orders issued
# of charges issued for breach of automatic prohibition order		5 charges issued for breach of order
<b>Enclosed Workplaces and Public Places</b>		
The Act outlines requirements for employer	s/proprietors to ensure that smoki	ng is not permitted.
<ul> <li>Properties inspected include: schools; hosp dwellings; bars, restaurants and other place</li> </ul>		
# of Inspections	# of Warnings	# of Charges
1687	234	63
<b>Complaints, Inquiries and Consultations</b>		
177 inquiries received on the Tobacco Informand hospitals on how to expand protection between the total control of the total contr		orkplaces, property management groups, schoon; also participated in school health fairs

This report was prepared by Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control Team.

• 166 complaints/tips responded to for exposure to second-hand smoke or vendors selling/supplying tobacco to youth.

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Medical Officer of Health

**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.