



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 July 19

SMOKING STRATEGY DEVELOPMENTS RE: SMOKE-FREE ONTARIO ACT, 2017

Recommendation

It is recommended that the Board of Health:

- 1. Receive Report No. 048-18 “Smoking Strategy Developments Re: Smoke-Free Ontario Act, 2017” for information; and,*
- 2. Send a letter, attached as [Appendix A](#), to the Ontario Government expressing MLHU’s ongoing commitment to address the burden of tobacco and nicotine addiction, and to encourage continued engagement of the public health community in current and future reviews of tobacco control policy and provincial tobacco strategy development.*

Key Points

- The [Smoke-free Ontario Act, 2017](#), scheduled to come into effect on July 1st, 2018, was suspended by the Ontario Government to re-examine the evidence related to vaping as a cessation tool.
- Despite the advancements that have been made in tobacco control, the [Canadian Substance Use Costs and Harms Study](#), released in June 2018, calculated that substance use costs the Canadian economy \$38.4 billion a year, with tobacco use alone contributing to 31.2% (\$12.0 billion) of these costs, second only to alcohol (\$14.6 billion or 38.1%).
- New ways of consuming tobacco and nicotine continue to emerge, strengthening the need for sustained and innovative public health action.
- Participation of the public health community, including local public health agencies, Public Health Ontario, Tobacco Control Area Networks, the Ontario Tobacco Research Unit, and non-governmental organizations, will allow decisions to reflect the best available evidence, and keep a focus on health.

Background

At the June Board of the Health meeting, [Report No. 038-18](#) “*The Enactment of the Smoke-Free Ontario Act 2017*”, outlined how the [Smoke-free Ontario Act 2017](#) (SFOA 2017) intended to protect young people from marketing and advertising tactics used by the vapour product industry to recruit new users, by applying similar restrictions that have been in place for tobacco products since 2008. In addition, the SFOA 2017 intended to protect Ontarians from second-hand smoke and vapour by prohibiting the use of e-cigarettes, and the smoking and vaping of medical cannabis in places where smoking tobacco was already prohibited, and in a few additional public spaces of public concern. The SFOA 2017, scheduled to come into effect on July 1st, 2018, would have repealed the existing [Smoke-Free Ontario Act \(SFOA\)](#) and [Electronic Cigarettes Act, 2015 \(ECA\)](#), and replaced them with a single legislative framework.

Enactment of SFOA 2017 Delayed for Further Analysis

Implementation of SFOA 2017 has been suspended by the Ontario Government to allow for re-examination of the evidence related to vaping as a cessation tool. All proposed changes under the Act are on hold, including: the consolidation of the two Acts into a single legislative framework; restrictions on locations of

use of vaping products; and, restrictions on the display, promotion and advertising of vapour products. The Ministry of Health and Long-Term Care has committed to consulting with the public health community, experts, the public and the vapour product industry to re-examine the evidence related to vaping as a cessation aid to ensure that any changes are in the best interests to protect Ontarian's health and safety.

Regardless of any changes to vaping provisions, other aspects of SFOA 2017 are important and worthy of note. The consolidation of the Electronic Cigarettes Act with the Smoke-Free Ontario Act creates the legislative framework that will be a crucial tool for any tobacco control strategy. The prohibition of displays included in the legislation is also important, with research evidence indicating that such measures help reduce youth initiation.

The Cost of Substance Use in Canada and the Need for a Sustained Strategy

Released on June 26th, 2018, the [*Canadian Substance Use Costs and Harms Study*](#) provides compelling, up-to-date evidence that reinforces the need for a sustained, innovative tobacco control strategy that is responsive to expanding markets and product availability. Produced by the Canadian Centre on Substance Use and Addiction and the University of Victoria's Canadian Institute for Substance Use Research, the study examined the costs and harms associated with substance use.

In 2014, substance use cost the Canadian economy \$38.4 billion, or almost \$1,100 for every person in Canada; alcohol (\$14.6 billion) and tobacco use (\$12.0 billion) together contributed 70% of these costs. Substance use-related healthcare costs in 2014 amounted to \$11.1 billion in Canada, with alcohol and tobacco use contributing over 90% of these costs.

The advancements that have been made in tobacco control in Ontario since 2006 have led to decreased smoking of tobacco products; however, the burden of tobacco addiction remains substantial. E-cigarettes, though sometimes marketed as a cessation device, have been shown to increase youth initiation of cigarette smoking. Policies are required to ensure that only smokers use e-cigarettes, and that prohibitions on their use in public places, like tobacco smoking prohibitions, are in place to help to prevent youth uptake. The enactment of legislation that prohibits the use of vapour products in the same public locations where smoking tobacco is already restricted is an important public health measure that may warrant consideration.

Due to the harms of tobacco and nicotine addiction, and the growing use, availability and promotion of other inhaled products and other emerging nicotine products, including cannabis, heat-not-burn tobacco, shisha and e-cigarette products, tobacco control remains a public health priority. Innovative approaches are urgently needed to motivate the two million Ontarians who use tobacco to quit and stay quit. Youth uptake is another crucial area that requires innovation, with the use of products that generate addiction to nicotine becoming more common among youth.

The Middlesex-London Health Unit remains committed to working in partnership with the Ontario Government to address the burden of tobacco and nicotine addiction. The public health community and its institutions and agencies, including local public health agencies, the seven Tobacco Control Area Networks, Public Health Ontario, the Ontario Tobacco Research Unit, and the non-governmental organizations, have expertise and institutional history that will be crucial during current and future reviews of tobacco control strategy development.

This report was prepared by the Healthy Living Division.



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