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Smoke-Free Ontario Strategy Monitoring Report:

Protection



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Protection: Smoke-Free Ontario Strategy Components

An important goal of tobacco control is to protect the population from exposure to secondhand smoke. Desired outcomes include eliminating nonsmokers' exposure to secondhand smoke in public places, workplaces, vehicles in which children are present and in the home. In Ontario, the protection component of the Smoke-Free Ontario (SFO) Strategy is the main avenue by which progress toward these desired outcomes is expected to be achieved (Figure 5-1). A secondary desired outcome of the protection goal is to reduce nonsmokers' social exposure to tobacco use (visual and sensory cues associated with the use of tobacco products).¹

In this chapter, we provide a brief overview of the protection component of the Strategy including infrastructure and intervention components. We follow with an examination of key outcome indicators measuring progress toward protection objectives.

Protection Infrastructure

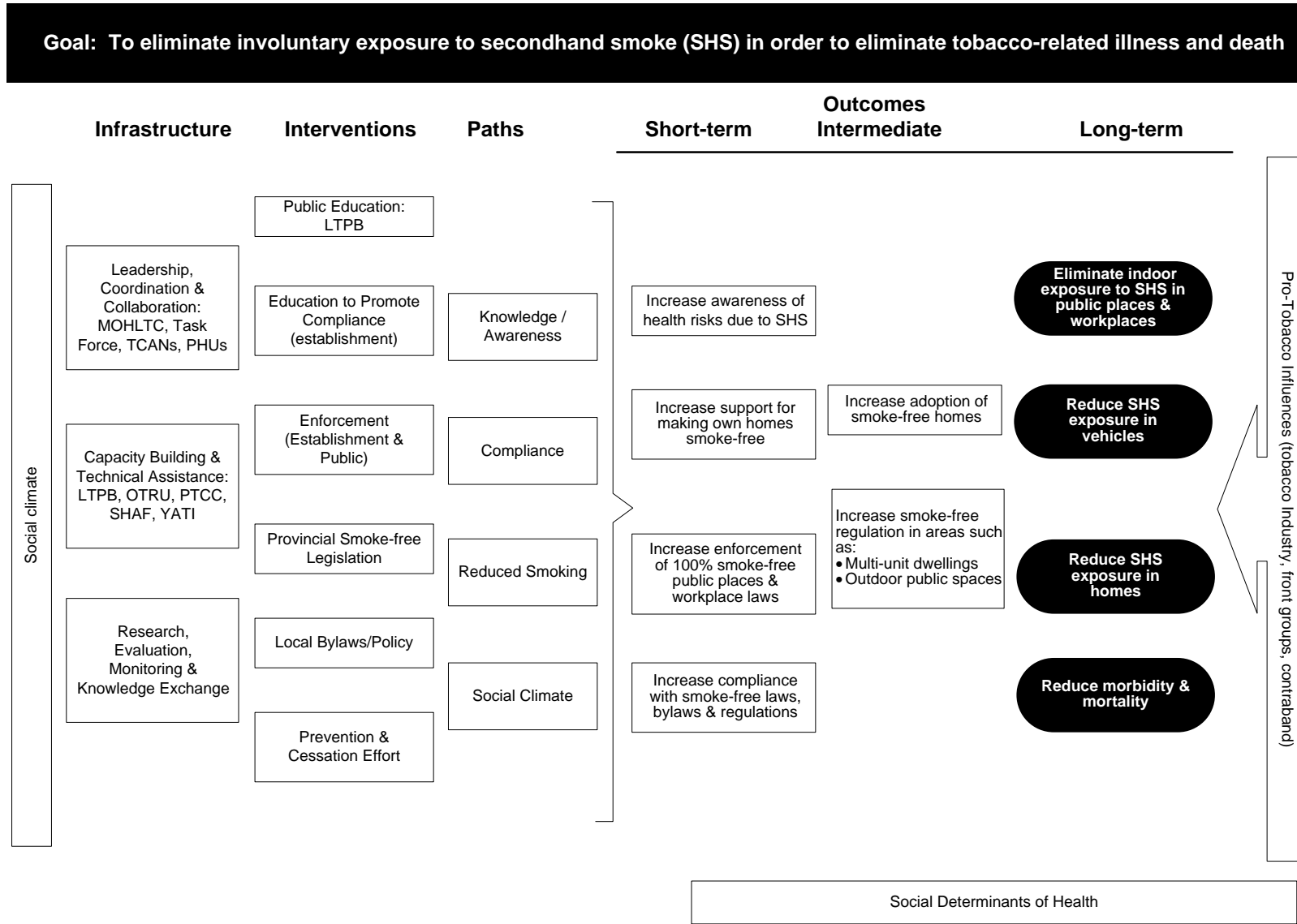
Public Health Units (PHUs) and Tobacco Control Area Networks (TCANs)

TCANs have a mandate to provide leadership, coordination and collaborative opportunities centered on protection (as well as other Strategy goals). PHU and TCAN staff are actively involved in the Protection Task Force, communities of practice and committees to represent the local level in the planning of protection policy and interventions. Please refer to the Interventions Section for information about local PHU initiatives.

Ontario Tobacco Research Unit (OTRU)

In 2014/15, OTRU continued to monitor key protection indicators such as outdoor smoking and secondhand smoke exposure in multi-unit dwellings (MUDs).² In addition, OTRU provided rapid scientific consulting to the Ministry of Health and Long-Term Care, Health Promotion Branch and SFO partners and responded to 70 knowledge and evaluation support requests from partners in 2014/15. Protection-focused knowledge and evaluation support requests included evaluations of Ontario's new outdoor smoke-free regulations, Toronto's amended smoke-free bylaws and Essex Region Conservation Area's smoke-free policy.^{3,4} OTRU's online course ([Tobacco and Public Health: From Theory to Practice](#)) is a further resource on protection that is available to public health personnel across the Province. In 2014/15, a total of 1,061 people enrolled in the protection module of the online course.

Figure 5-1: Protection Path Logic Model



Program Training and Consultation Centre (PTCC)

In 2014/15, a portion of PTCC's work centered on supporting protection initiatives of the Strategy. PTCC provided several training and capacity-building initiatives to support the development and implementation of protection initiatives in communities. This included a multi-day training course on the foundations of tobacco control enforcement, which is offered in collaboration with the Ministry of Health and Long-Term Care as it is a required training for any PHU employee enforcing the *Smoke-Free Ontario Act*. PTCC also offered conflict resolution training for tobacco enforcement officers and hospital security personnel and policy and by-law development training to support enhanced smoke-free spaces. PTCC continued to convene a provincial Community of Practice addressing outdoor smoke-free spaces and tobacco-free sports and recreation. PTCC Health Promotion Specialists and Media and Communications Specialists also provided consultations to local PHUs, TCANs and public health coalitions to support community education and policy development in the areas of smoke-free MUDs and e-cigarettes.

Program Reach: In 2014/15, the PTCC delivered 53 training events on all aspects of tobacco control with only some pertinent to protection, which reached over 1600 clients. Training events included 41 workshops and 12 webinars. PTCC's training programs were highly attended by staff of Ontario's 36 PHUs. Participants from Community Health Centres, the health care sector (e.g., hospitals), non-governmental organizations and government were also well represented. Tobacco control consultations were also delivered to 34 PHUs and all seven TCANs. A total of 213 public health practitioners and researchers were actively engaged across three provincial communities of practice.ⁱ

Smoking and Health Action Foundation (SHAF)

In 2014/15, SHAF supported developments in municipal legislation related to protection with an emphasis on policy analysis provisions to further develop tobacco control policies in the province (e.g., waterpipe use, e-cigarette use, MUDs). The online [Smoke-free Laws Database](#), which includes the identification of leading edge bylaws, received 24,775 visits in 2014/15. SHAF also maintained a comprehensive list of no-smoking policies implemented by all types of housing providers in Ontario. In collaboration with TCANs, SHAF developed a province-wide system to track the response to complaints and inquiries related to secondhand smoke exposure in MUDs.⁵

SHAF also contributed to building protection capacity in 2014/15. Three workshops and 73

ⁱ Steven Savvaidis, Personal Communication, December 10, 2015.

consultations were held on issues related to protection including smoke-free MUDs, smoke-free outdoor spaces and concerns about e-cigarettes and waterpipes. As the Chair of Smoke-Free Housing Ontario—a coalition of partners (PHUs, health agencies)—SHAF maintained and regularly updated the [Smoke-Free Housing Ontario](#) website, which had 55,350 visits in 2014/2015. In addition, SHAF responded to 176 Ontario-specific inquiries from the general public regarding secondhand smoke in MUDs, in workplaces and other public places.

Youth Advocacy Training Institute (YATI)

The Ontario Lung Association's YATI provides training to youth and adults—including skill-building, resources and tools—to empower these groups to positively affect change in their communities by promoting tobacco-free and healthy lifestyles. In 2014/15, YATI training sessions included information on policy development, advocacy and creating effective health promotion campaigns, all of which could be applied to smoke-free initiatives. In total, 38 general trainings and 35 partnership trainings were conducted in 2014/15 reaching 1,297 youth and 455 adults.⁶

Protection Interventions

Protection Interventions Contributing to Knowledge/Awareness and Compliance Paths

Smoke-Free Ontario Act (SFOA)

Much of the activity in protection is centered on the *Smoke-Free Ontario Act*, 2006 (the *Act*), a key piece of legislation in the Province's protection strategy.

On May 31, 2006, the smoke-free provisions of the *Act* came into force, prohibiting smokingⁱⁱ in workplaces and enclosed public places such as restaurants, bars, casinos and common areas of MUDs. The *Act* bans indoor designated smoking rooms and designated smoking areas with some exceptions.

Before the *Act* came into force, nine out of ten Ontarians were covered by local smoke-free restaurant and bar bylaws (91% and 87%, respectively).⁷ However, more than half of these bylaws (54%) allowed for designated smoking rooms.

The SFOA permits smoking exceptions for residents of residential-care, psychiatric and veterans'

ⁱⁱ Regulations extend to the smoking of tobacco in waterpipes.

facilities where controlled smoking rooms are established. Smoking is banned within nine metres of a hospital entrance or exit. The *Act* entitles home healthcare workers to request no smoking in clients' homes while providing healthcare.

In an amendment to the *Act*, Ontario banned smoking in vehicles with children under the age of 16 effective January 21, 2009, with a fine of \$125 for each offence.

Additional regulations banning smoking on all restaurant and bar patios, within 20 metres of playgrounds and within 20 metres of publically-owned sports fields and surfaces (e.g., areas for basketball, baseball, soccer or beach volleyball, ice rinks, tennis courts, etc.) went into effect January 1, 2015.⁸ The new smoking prohibitions replaced the patchwork of municipal-level patio, playground and recreation field policies across the Province. Before the new outdoor regulations came into force, two-thirds of Ontarians were covered by local smoke-free playground, sports and recreational field bylaws (67% each) and 10% of Ontarians were covered by a complete smoke-free restaurant and bar patio local bylaw.ⁱⁱⁱ

In May 2015, new regulations were passed in Ontario that ban smoking on the outdoor grounds of all hospitals and psychiatric facilities and within nine metres of independent health facility and long-term care home entranceways effective January 1, 2016.⁹

SFOA Enforcement

The Ministry's Protocol for Smoke-Free Inspection for Enclosed Workplaces and Public Places applies a continuum of progressive enforcement actions—starting with education and progressing from warnings to increasingly more serious charges to match the nature and frequency of contraventions under the *Act*.¹⁰

The Province's 36 PHUs actively enforce the smoke-free provisions of the *Act* through complaint-driven inspections of enclosed workplaces and public places and outdoor public places. In 2014, enforcement staff conducted 12,790 enclosed workplace and public place inspections across the Province. Eighty-six percent of premises were found to be in compliance with the *Act* at the time of inspection (Tobacco Inspection System, 2015).¹¹

ⁱⁱⁱ Municipalities with playground, sports and recreational field and restaurant/bar patio bylaws were identified through the Non-Smoker's Rights Association Smoke-Free Laws Database. Population estimates for the identified municipalities were obtained from Statistics Canada 2011 Census Profiles. The proportion of the Ontario population covered by a pre-existing local bylaw was calculated by dividing the total municipal population estimates by the 2011 Ontario population.

Electronic Cigarettes Act

In May 2015, Ontario passed the *Electronic Cigarettes Act* (ECA) that extends the current tobacco smoking prohibitions in the *Smoke-Free Ontario Act* to e-cigarette use. The use of an e-cigarette will be prohibited in enclosed public places, enclosed workplaces, in vehicles with children under the age of 16 present, and on restaurant and bar patios, children's playground, sporting surfaces and outdoor hospital grounds at an unspecified date in the near future.^{12,13}

Local Policy Initiatives

The Province's 36 PHUs play a pivotal role in efforts to reduce the population's exposure to secondhand smoke. These efforts include:

- Educating the public, workers, workplaces and retail establishments about the dangers of secondhand smoke
- Enforcing smoke-free provisions of existing legislation
- Promoting more comprehensive protection

Local jurisdictions have the ability to extend protection beyond provincial legislation to other settings and the use of other forms of tobacco, including:

- Beaches
- Transit shelters
- Outdoor events
- Buffer zones around doorways and windows
- Trails
- Multi-unit dwellings (MUDs)
- Waterpipes

As of November 2015, 57 jurisdictions had strengthened smoke-free municipal bylaws beyond settings and tobacco products covered by the SFOA or ECA (See Table B-1 in Appendix B for a list of jurisdictions).

Regarding waterpipes, establishments are in contravention of the SFOA if tobacco is used in the waterpipe, otherwise use is permitted (for instance, with flavoured herbal shisha). Determining what is being smoked in waterpipes can be difficult and may require testing. In a recent study conducted in Toronto, air quality levels hazardous to human health were observed in indoor waterpipe venues regardless of whether tobacco or other non-tobacco shisha was being smoked.¹⁴

Fourteen jurisdictions have stepped up implementation and enforcement of regulations related to indoor and outdoor waterpipe use. Settings where waterpipe use is prohibited varies by jurisdiction, including:

- Enclosed workplaces and public places (Peterborough, Orillia, Barrie, Bradford West Gwillimbury, Chatham-Kent)
- Nine metres from doorways to public buildings (Englehart, Orillia, Niagara Region, Chatham-Kent, Town of Lasalle, Tecumseh)
- Municipally-owned property (Ottawa, Peterborough, Mississauga, Chatham-Kent, Town of Essex)
- Outdoor recreation fields (Hamilton, Ottawa, Orillia, Niagara Region, Chatham-Kent, Town of Lasalle, Tecumseh)
- Parks (Hamilton, Ottawa, Peterborough, Niagara Region, Chatham-Kent, Town of Lasalle, Tecumseh)
- Playgrounds (Hamilton, Ottawa, Orillia, Niagara Region, Chatham-Kent);
- Licensed premises (Toronto)
- Licensed outdoor patios (Peterborough, Toronto)
- Transit stops (Niagara Region, Chatham-Kent, Tecumseh)

All of the listed jurisdictions ban the use of waterpipes containing tobacco. However, the majority of the municipalities have further extended the waterpipe ban to include waterpipes containing any non-tobacco/nicotine substance (Orillia, Ottawa, Peterborough, Barrie, Bradford West Gwillimbury, Toronto, Chatham-Kent, Town of Essex, Town of Lasalle and Tecumseh).^{15,16}

Other Local Interventions

Multi-Unit Dwellings (MUDs)

Some health units have focused attention on the issue of smoke-free MUDs. As of December 2015, 205 MUDs or non-profit housing corporations across 89 municipalities in Ontario had adopted or were in the process of adopting a 100% smoke-free policy.¹⁷

Post-Secondary Campus Policies

In 2014/15, Leave The Pack Behind (LTPB) worked with campuses to improve policy strength and enforcement centred on protection goals. The aim of this initiative, based on empirical evidence and past experience, is to achieve more obvious and consistent enforcement of smoking

restrictions and bans through actions such as:

- Educating all students on tobacco policies
- Encouraging self- and peer-to-peer regulation
- Disseminating enforcement cards to smokers who fail to observe smoking restrictions¹⁸
- Establishing concrete, actionable approaches for policy enforcement by appropriate campus personnel¹⁹

All campuses engaged in some aspect of these actions, with advocacy work on five campuses directed toward stronger smoking restrictions.

LTPB's 2014/15 annual environmental scan of Ontario's 44 public universities and colleges revealed that all institutions banned smoking indoors (including residences) and about half restrict smoking to specific outdoor designated areas positioned at least nine metres away from a building entrance.²⁰ However, it appears that very few institutions formally address policy enforcement practices. LTPB protection activities conducted in 2014/15 included trainings with eight lead students at six post-secondary institutions to support policy advocacy work on campus with the goal of encouraging the institutions to adopt a 100% tobacco-free policy. Currently there are no post-secondary schools in Ontario that completely ban smoking indoors and outdoors on campus.

Prevention and Cessation Interventions Contributing to Protection

Progress toward Strategy prevention and cessation goals is expected to result in fewer smokers in the Province.^{21,22,23,24} Reduced smoking can result in less exposure to secondhand smoke for nonsmokers and less social exposure to smoking. The Prevention and Cessation chapters of this report detail interventions and outcomes related to these Strategy goals.

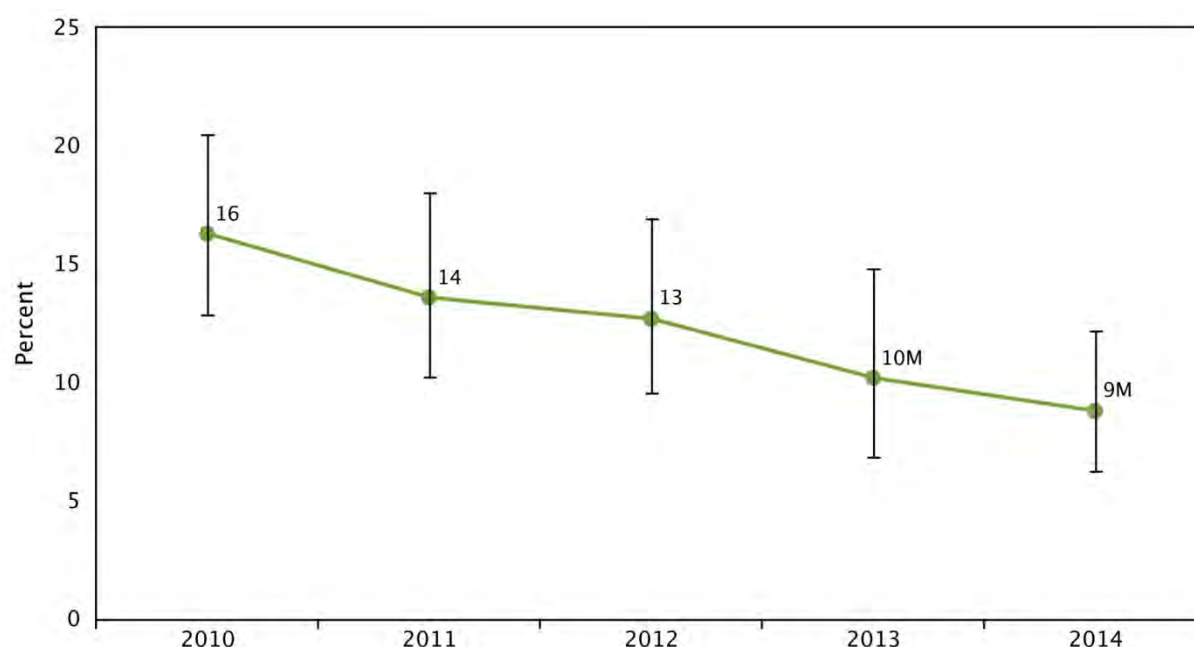
Protection Outcomes: Population Level

Workplace Exposure

The Strategy aims to eliminate indoor exposure to secondhand smoke. Smoking in enclosed workplaces has been banned since May 1, 2006.

- In 2014, 9% (or 544,000) of adult workers (aged 18 years or older) were exposed to secondhand smoke indoors at work or inside a work vehicle for five or more minutes in the past week (CAMH Monitor data), which is unchanged from 2013 (10%) but is a significant decrease in exposure compared to 2010 (16%; Figure 5-2).

Figure 5-2: Workplace Exposure (Past Week) Indoors or Inside a Work Vehicle, Ages 18+, Ontario, 2010 to 2014



Note: Vertical lines represent 95% confidence intervals.

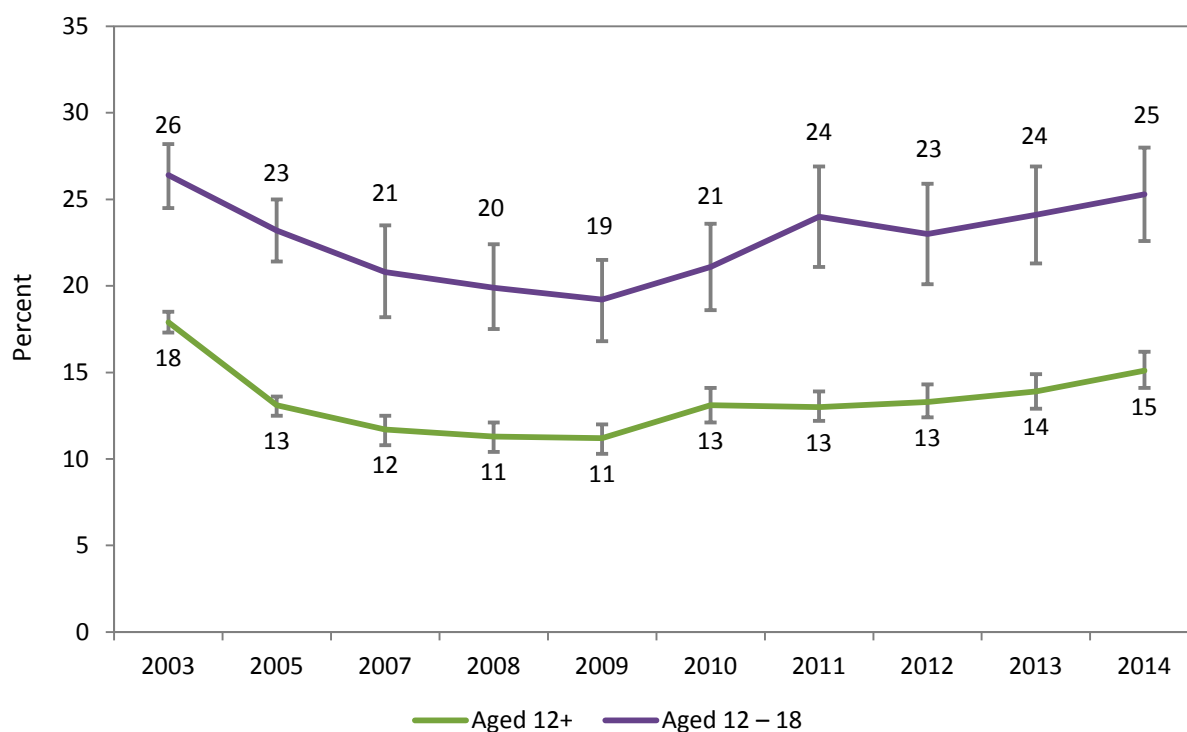
Source: Centre for Addiction and Mental Health Monitor (Full Year) 2010–2014. Follow the TIMS link [TIMS](#) for live results on this indicator and more.

Exposure in Public Places

The Strategy also aims to eliminate secondhand smoke exposure in enclosed public places and increase smoke-free regulation in outdoor public places. Smoking in enclosed public places has been banned since May 1, 2006. New SFOA outdoor regulations banning smoking on restaurant and bar patios, within 20 metres of publically-owned outdoor playgrounds, sports fields and surfaces came into effect January 1, 2015.

- In 2014, 15% (or 1,442,000) of Ontarians aged 12 years and over were exposed to secondhand smoke every day or almost every day in public places (e.g., restaurants, bars, shopping malls and arenas) over the past month, which is similar to the level of exposure reported in 2013 (14%). The 2014 estimate represents a slight increase compared to the level of exposure reported in 2010 (13%; Figure 5-3; CCHS data).
- Among young nonsmokers aged 12 to 18, 25% (or 237,800) were exposed to secondhand smoke in public places in 2014, similar to what was reported both in 2013 (24%) and in 2010 (23%; Figure 5-3).
- Exposure among 12 to 18 year olds was significantly higher in 2014 compared to all Ontarians aged 12 years and older (25% vs. 15%).
- In 2013/14, exposure to secondhand smoke in public places among nonsmoking Ontarians aged 12 years and over ranged across the Province from a low of 8% in Chatham-Kent Health Unit to a high of 19% in Peel Regional Health Unit (See Appendix C, Table C-1).

Figure 5-3: Nonsmokers' Exposure to Secondhand Smoke in Public Places^a (Every Day or Almost Every Day), by Age, Ontario, 2003 to 2014



^a = Exposure to secondhand smoke in public places, such as restaurants, bars, shopping malls, arenas, bingo halls and bowling alleys.

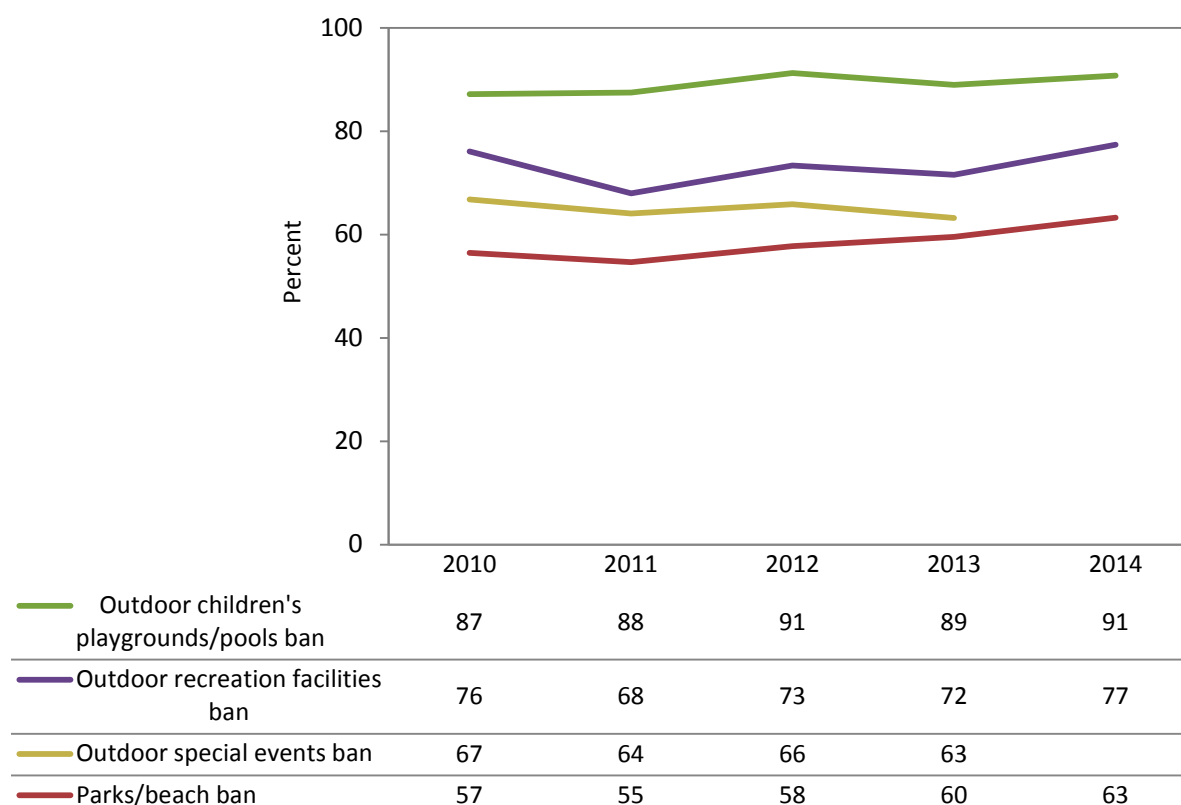
Note: Vertical lines represent 95% confidence intervals. X-axis scale (Year) not uniform—interpret with caution.

Source: Canadian Community Health Survey 2003, 2005, 2007-2014.

Public Opinion about Smoking in Outdoor Public Places

- Among the general population, support for smoking bans in public parks and on beaches, at outdoor special events, at outdoor recreational facilities and outdoor playgrounds has remained unchanged since 2010 (Figure 5-4; CAMH Monitor data).
- In 2014, current smokers were significantly less likely to agree that smoking should be banned in public parks and on beaches (28%) or near outdoor recreation facilities (such as sports fields, stadiums and entrances to arenas, 45%) compared to former smokers (57% and 78%, respectively) and never-smokers (74% and 84%, respectively; data not shown).
- Support for banning smoking at outdoor children's playgrounds and wading pools is high at 91% among all respondents (Figure 5-4). Support is similar among never smokers (93%), former smokers (90%) and current smokers in 2014 (86%; data not shown).

Figure 5-4: Agreement that Smoking Should be Banned in Playgrounds, Recreation Facilities, Outdoor Special Events and Parks, Ages 18+, Ontario, 2010 to 2014

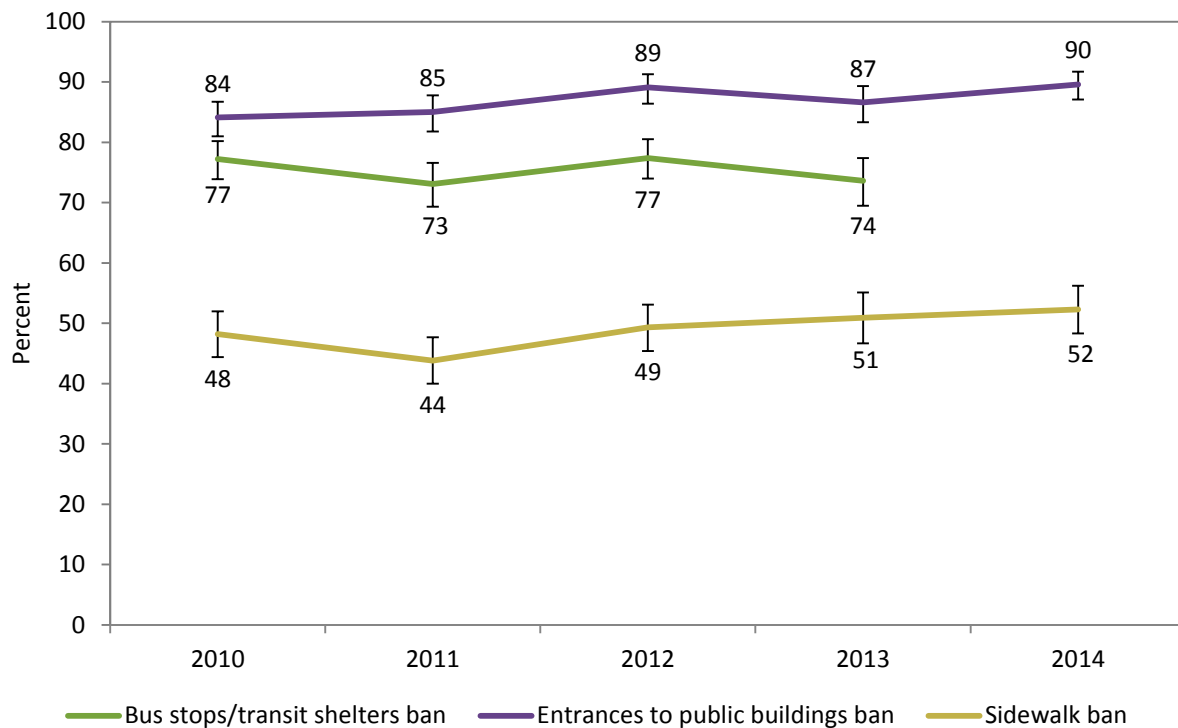


Note: Public opinions related to smoking bans at outdoor special events were not collected in 2014.

Source: Centre for Addiction and Mental Health Monitor (Full Year) 2010–2014.

- Public support for smoking bans on public sidewalks, bus stops/transit shelters and entrances to public buildings has also remained unchanged since 2010 (Figure 5-5; CAMH Monitor data).
- In 2014, current smokers were significantly less likely to agree that smoking should be banned on public sidewalks (15%) or in entrances to public buildings (76%) compared to former smokers (49% and 89%, respectively) or never-smokers (62% and 93%, respectively; data not shown).

Figure 5-5: Agreement that Smoking should be Banned on Sidewalks, Entrances and Bus Stops, Ages 18+, Ontario, 2010 to 2014



Note: Vertical lines represent 95% confidence intervals; Public opinions related to smoking bans at bus stops and transit shelters were not collected in 2014.

Source: Centre for Addiction and Mental Health Monitor (Full Year) 2010 – 2014.

Public Opinion about Smoking on Restaurant and Bar Patio

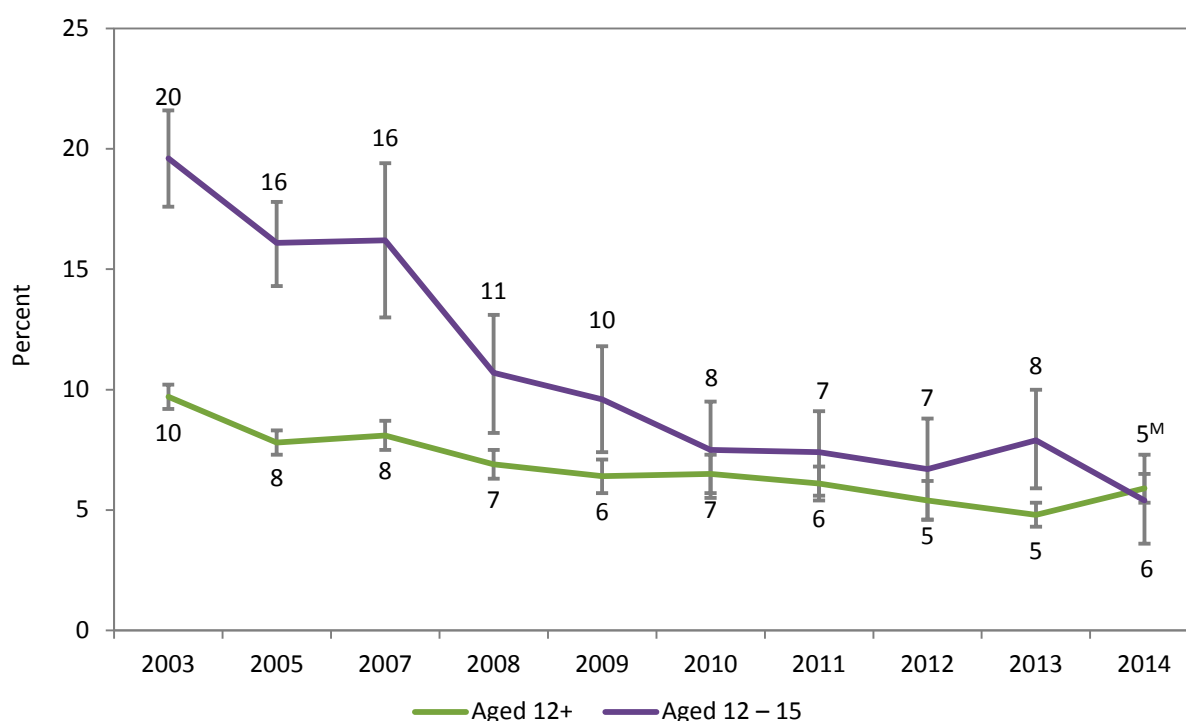
- In 2014, 67% of Ontario adults (including 78% of never-smokers) agreed that smoking should be banned on outdoor patios of restaurants and bars. This is unchanged from 2013 levels (62%) but significantly higher than in 2010 (57%; CAMH Monitor data, data not shown). Ontario's regulation banning smoking on patios was not yet in effect when these data were collected.

Exposure in Vehicles

The Strategy aims to reduce secondhand smoke exposure in vehicles, with particular emphasis on protecting children and youth. Since January 2009, smoking in vehicles with children under the age of 16 has been banned.

- Among nonsmoking Ontarians aged 12 years and over, exposure to secondhand smoke every day or almost every day in vehicles over the past month was significantly higher in 2014 (6% or 561,700 Ontarians) than in 2013 (5%; Figure 5-6; CCHS data).
- In 2014, exposure to secondhand smoke in vehicles among young nonsmokers aged 12 to 15 was 5% (or 32,600 Ontarians), unchanged from 2013 (8%) and five years earlier in 2010 (8%; Figure 5-6).
- Exposure among youth 12 to 15 years old was similar to all Ontarians aged 12 years and older in 2014 (5% vs. 6%).
- In 2013/14, exposure to secondhand smoke in private vehicles among nonsmoking Ontarians aged 12 years and over ranged across the Province from a low of 4% in Elgin-St. Thomas Health Unit to a high of 14% in Huron County Health Unit (See Appendix C, Table C-2).

Figure 5-6: Nonsmokers' Exposure to Secondhand Smoke in Vehicles (Every Day or Almost Every Day), by Age, Ontario, 2003 to 2014



Note: Vertical lines represent 95% confidence intervals. X-axis scale (Year) not uniform—interpret with caution.

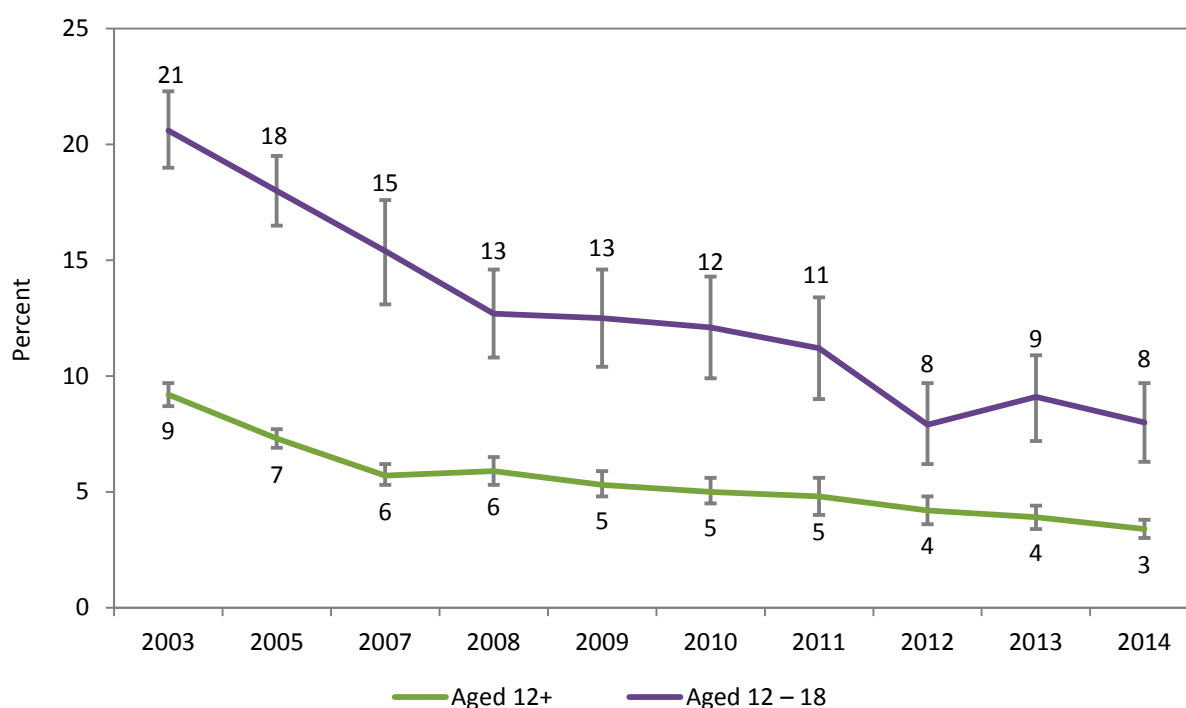
Source: Canadian Community Health Survey 2003, 2005, 2007-2014.

Household Exposure

One general objective of tobacco control is to increase the adoption of voluntary policies to make homes smoke-free.

- In 2014, 3% (or 322,500) of nonsmoking Ontarians aged 12 years and older were exposed to secondhand smoke in their home every day or almost every day, which is unchanged from 2013 (4%). However this represents a significant decrease in level of exposure compared to 2010 (5%; Figure 5-7; CCHS data).
- Among 12 to 18 year old nonsmokers, 8% (or 86,900 Ontarians) were exposed to secondhand smoke in their home in 2014, which is more than double the exposure reported by all respondents aged 12 and over (3%). Respondents aged 12 to 18 had a similar level of exposure in 2013 (9%), but the 2014 level of exposure was significantly lower compared to levels reported in 2010 (12%).
- In 2013/14, exposure to secondhand smoke in the home among nonsmoking Ontarians aged 12 years and over ranged from a low of 2% in Halton Regional Health Department to a high of 9% in Huron County Health Unit (Appendix C, Table C-3).

Figure 5-7: Nonsmokers' Exposure to Secondhand Smoke at Home (Every Day or Almost Every Day), by Age, Ontario, 2003 to 2014



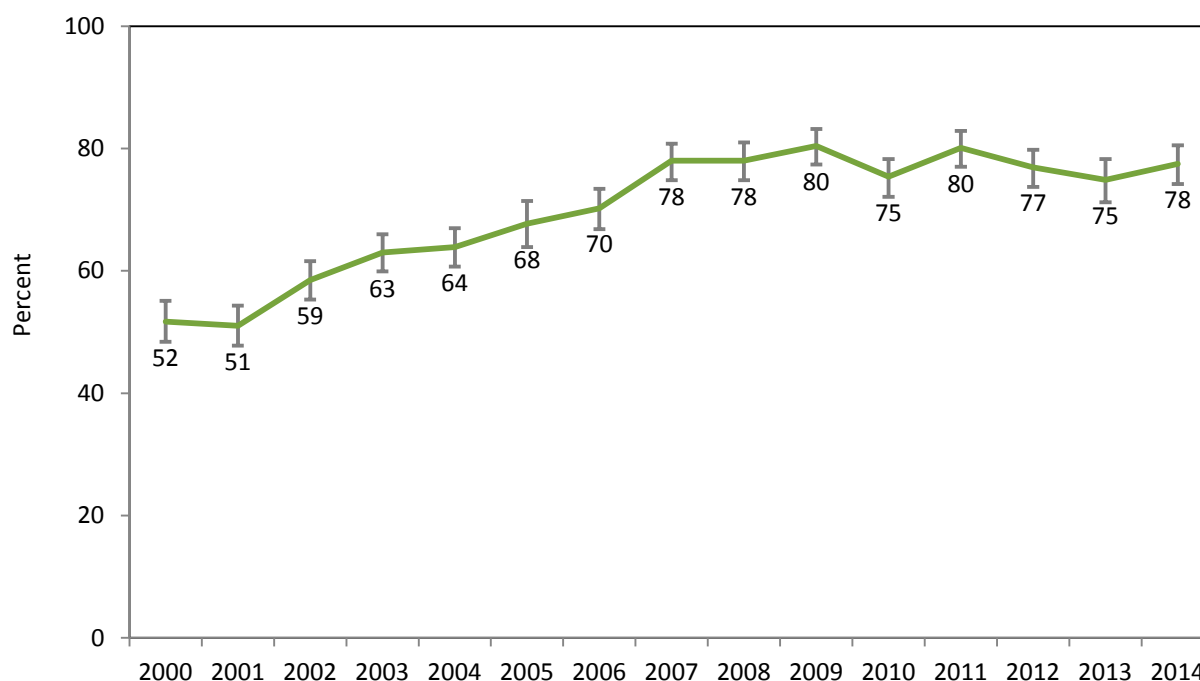
Note: Vertical lines represent 95% confidence intervals. X-axis scale (Year) not uniform—interpret with caution.

Source: Canadian Community Health Survey 2003, 2005, 2007-2014.

Public Opinion about Smoking in Homes

- In 2014, three-quarters of respondents (78%) agreed that there should be a law that parents cannot smoke inside their home if children are living there. This rate has held steady since 2007 and is significantly higher than the level of agreement reported in 2006 (70%) and earlier (Figure 5-8; CAMH Monitor data).

Figure 5-8: Agreement That There Should Be a Law that Parents Cannot Smoke Inside their Home if Children are Living There, Ages 18+, Ontario, 2000 to 2014



Note: Vertical lines represent 95% confidence intervals.

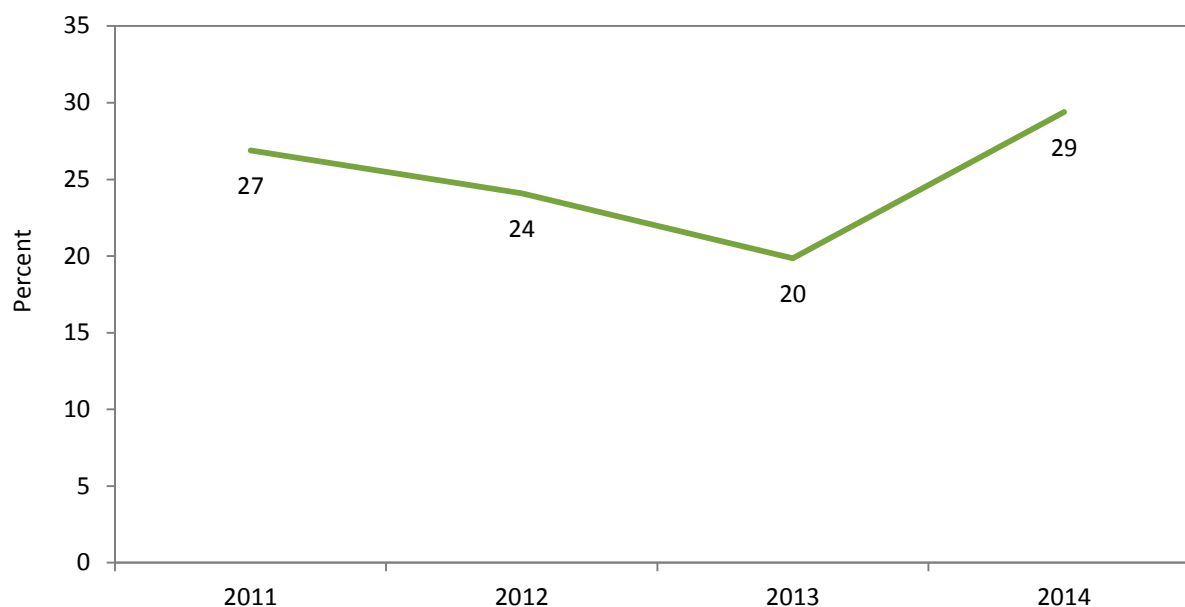
Source: Centre for Addiction and Mental Health Monitor 2000–2009 (half year sample); 2010 – 2013 (full year sample).

Exposure in Multi-Unit Dwellings

One general objective of tobacco control is to increase smoke-free regulation in MUDs.

- In 2014, 29% of Ontario adults living in MUDs (or 689,500) were exposed to secondhand smoke drifting between units at least once in the past month (Figure 5-9; CAMH Monitor data).

Figure 5-9: Exposure to Secondhand Smoke in Multi-Unit Dwellings (Past Month), 18+, Ontario, 2011 to 2014



Source: Centre for Addiction and Mental Health Monitor (Full Year) 2011 – 2014.

Public Opinion about Smoking in Multi-Unit Dwellings

- Nine out of ten adults in Ontario (89%) believed that smoking should not be allowed inside MUDs including apartment buildings, rooming houses and retirement homes with shared ventilation in 2014. The level of support has increased significantly since 2005 (89% vs. 73%, respectively; CAMH Monitor data, data not shown).

Risk Perception about Secondhand and Thirdhand Smoke

In 2014, 88% of adults in Ontario believed that exposure to secondhand smoke posed a moderate or great risk of physical or other harm. More than half of adults in Ontario (55%) believed thirdhand smoke posed a moderate or great risk to harming themselves physically or in other ways (CAMH Monitor data, data not shown).

MPOWER Comparison with Ontario: Protection

Three MPOWER indicators²⁵ relate to Protection: Monitoring, Smoke-Free Policies and Smoke-Free Policy Enforcement (Table 5-1).

Table 5-1: Assessing Protection: MPOWER Indicators Applied to Ontario

MPOWER Indicator	Highest MPOWER Requirement	Situation in Ontario
Monitoring	Recent, representative and periodic data for both adults and youth)	Meets the requirement for the highest score
Smoke-free policies	All public places completely smoke-free	Meets the requirement for the highest score
Smoke-free policy compliance	Complete compliance by experts' assessments	Meets the requirement for the highest score

Scientific Advisory Committee: Overview of Protection Goals and Recommendations

The SAC goal for Protection is: “To protect Ontarians from all physical and social exposure to tobacco products.” The SAC report includes several recommendations to achieve this protection goal including action on smoke-free policies, media and social marketing, social action, smoke-free compliance and enforcement, learning system and professional development (Table 5-2). Progress has been made in many of these areas, but work remains to address several shortcomings (e.g., MUDs) and to increase intensity of interventions (e.g., media and social marketing interventions and professional development activities that facilitate the protection of nonsmokers, especially children and pregnant women).

Table 5-2: Scientific Advisory Committee Recommendation for Protection from Tobacco Smoke and Social Exposure to Tobacco Use

Goal: To protect Ontarians from all physical and social exposure to tobacco products	
Recommendations	Current Status
Smoke-free Policies	
[6.1] Amend the <i>Smoke-Free Ontario Act</i> and Regulation to eliminate smoking of tobacco products and combustible water-pipe preparations in priority settings including: [a] Unenclosed restaurant and bar patios (including nine metres from the perimeter of the patio). [b] Not-for-profit MUDs. [c] Selected outdoor public places such as doorways to public and commercial buildings (within nine metres), transit shelters, provincially regulated parks and	Comprehensive legislation on protection exists; including new regulations that prohibit smoking on bar and restaurant patios, playgrounds, public sports fields and surfaces and outdoor grounds of hospitals. New legislation will also prohibit the use of e-cigarettes in certain places where the smoking of tobacco is prohibited.

playgrounds, outdoor sports facilities, beaches, sidewalks and public events such as parades and outdoor entertainment venues. [d] Hotels, motels, inns and bed and breakfasts. [e] Vehicles that carry nonsmokers at any time.	Other recommended priority settings not addressed. No action on protection from combustible waterpipe preparations was announced.
Media and Social Marketing	
[6.2] As part of a comprehensive tobacco control program, implement media and social marketing strategies that increase public awareness and knowledge of the health effects of exposure to secondhand smoke and social exposure to tobacco use and that influence social norms supportive of tobacco-free living.	No provincial action.
Social Action	
[6.3] Develop a province-wide program to enable implementation of grassroots local action initiatives (e.g., partnerships, community mobilization and innovative interventions) that address social norm change and protection from exposure to tobacco smoke.	No province-wide program specific to protection. Various programs at the local and regional level.
Smoke-free Compliance and Enforcement	
[6.4] Continue to promote, enforce and monitor compliance with the <i>Smoke-Free Ontario Act</i> . Consider enforcement approaches to maximize compliance and enforcement activities by setting (e.g., schools, bars, etc.) and additional policy promotion.	Comprehensive legislation on protection promoted and enforced. In 2015, enforcement was improved to address indoor use of tobacco in waterpipe bars and restaurants, to expand the seizure authority of SFOA inspectors and to update rights of entry for inspectors.
Learning System	
[6.5] Continue to support research, surveillance, evaluation and monitoring of provincial and local initiatives, program and policy experiments related to protection from exposure to tobacco products and social norm change. Enhance the capacity to use findings to foster learning and innovation at the provincial, regional and local levels.	Provincial monitoring conducted by OTRU. Regional projects run by TCANs and PHUs, with OTRU providing knowledge and evaluation support.
Professional Development	
[6.6] Develop, evaluate and implement guidelines, training programs and incentives to promote brief interventions by health professionals with their patients that aim to protect nonsmokers, especially children and pregnant women, from secondhand smoke.	TEACH includes a training module on interventions to help women, including pregnant and post-partum, to quit smoking. This content includes information on protecting pregnant women and children from secondhand smoke. Otherwise, there has been no action to promote brief interventions designed to protect nonsmokers from secondhand smoke.

Chapter Summary

Ontario meets all of the requirements for the highest level of protection included in MPOWER, in that smoking tobacco is prohibited in all indoor public places and compliance is high. Yet, Ontarians continue to be exposed to secondhand smoke in a variety of settings. Fifteen percent of the population continues to be exposed in public places; 9% of workers are exposed to secondhand smoke indoors at work or inside a workplace vehicle; 8% of nonsmokers aged 12 to 18 are exposed in their home and 5% of nonsmokers aged 12 to 15 are exposed in vehicles.^{iv}

The US Surgeon General's review of scientific evidence concluded that there is no risk-free level of exposure to secondhand smoke. In addition to the adverse health effects of secondhand smoke, exposure to other people smoking results in social exposure to tobacco use with ensuing normalization of tobacco use, triggering of initiation in youth and young adults through processes of social influence and modeling and encouragement of the continued use of tobacco among smokers and relapse among quitters.^{26,27}

The Scientific Advisory Committee recommended possible next steps to offer further protection for Ontarians including eliminating smoking in priority settings specifically unenclosed bar and restaurant patios, not-for-profit MUDs and selected outdoor public settings (e.g., beaches, playgrounds, outdoor sports facilities, parks, transit shelters, doorways, etc.). Recent regulatory changes implemented by the Government of Ontario closed some of these gaps in protection. Select municipalities have closed other gaps.

^{iv} The SFOA prohibits smoking or having lighted tobacco in a motor vehicle if children under the age of 16 are inside the vehicle.

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