

*The Council of Ontario  
Medical Officers of  
Health (COMOH) is a  
Section of*



**alPHa's members are  
the public health units  
in Ontario.**

**alPHa Sections:**

Boards of Health  
Section

Council of Ontario  
Medical Officers of  
Health (COMOH)

**Affiliate**

**Organizations:**

Association of Ontario  
Public Health Business  
Administrators

Association of  
Public Health  
Epidemiologists  
in Ontario

Association of  
Supervisors of Public  
Health Inspectors of  
Ontario

Health Promotion  
Ontario

Ontario Association of  
Public Health Dentistry

Ontario Association of  
Public Health Nursing  
Leaders

Ontario Dietitians in  
Public Health

July 13, 2018

Hon. Christine Elliott  
Minister of Health and Long-Term Care  
Hepburn Block 10th Floor  
80 Grosvenor St  
Toronto, ON M7A 2C4

Dear Minister Elliott,

**Re: Congratulations from the Council of Ontario Medical Officers of Health**

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On behalf of the Council of Ontario Medical Officers of Health (COMOH), congratulations, and please accept our thanks, for your taking on the role of Minister of Health and Long-Term Care. We are eager to work with you on the public health files within your challenging but important portfolio.

COMOH represents Ontario's Medical Officers of Health and Associate Medical Officers of Health. We are the public health physicians from across the province who lead local public health agencies. Our core work is understanding how to protect and promote the health of the people of Ontario. We know what keeps Ontarians well in communities of every shape and size and are constantly innovating to bring new solutions to the complex challenges in health.

While great strides have been made, tobacco remains the most serious threat to the health of the people of Ontario. Smoking causes at least 16 different types of cancers, is a major driver of heart disease, and generates significant health effects in every organ in the human body. With the decline in smoking over the past two decades, deaths from heart attacks have plummeted within all affected age groups, and several cancer rates have declined.

Tobacco remains the number one killer of Ontarians and costs the people of Ontario \$4.5 billion dollars in healthcare costs and lost productivity. There are strategies that respect individual choice, and still nudge people to kick the habit; if implemented, these will pay dividends.

It is with these facts in mind that COMOH is a keen observer of the proposed changes to the Smoke Free Ontario Act (SFOA). It is understood that the implementation of the SFOA 2017 changes have been deferred, with the Government intending to re-examine provisions around e-cigarettes.

There may be some room for adjustment to the e-cigarette provisions in SFOA 2017 that will not pose a risk to health – and there is even some room for improvement of the legislation if it were to add specific language about smoking hookah (water pipes). However, our assessment of the remainder of the SFOA changes are that they are needed to protect the health of the people of Ontario.

Minister Elliott, reflecting on the Speech from the Throne yesterday, I can say that COMO H shares the Government's desire for a sustainable health care system, as well as recognizing the importance of protecting public safety. Consolidating the Electronic Cigarettes Act with SFOA will create an effective legislative framework for protecting the people of Ontario from harmful products, while respecting the choice of people who choose to use them. Several other changes entailed in SFOA 2017 about how and where cigarettes, medical cannabis, and related products can be sold, displayed, and used will provide appropriate limits that respect the choice of the vast majority of Ontarians who want to avoid second-hand smoke and protect their children.

As a non-partisan organization with a deep commitment to improving health, COMO H looks forward to working with you to tackle this and other challenges that currently face the people of Ontario, as well as those that will arise. With great depth and breadth of experience in our ranks, we are well positioned to help achieve your Ministry's public health priorities.

As a section of the Association of Local Public Health Agencies (ALPHA), COMO H is part of a committed, professional, and capable organization that is a valuable healthcare system asset. You have already heard from ALPHA on the matter of tobacco policy (attached), and we strongly support the evidence-informed position articulated in this letter.

Congratulations, Minister Elliott, on your appointment to this critical portfolio. Please do not hesitate to contact me directly on any public health-related matter.

Sincerely,



Dr. Chris Mackie  
Chair, Council of Ontario Medical Officers of Health  
[christopher.mackie@mlhu.on.ca](mailto:christopher.mackie@mlhu.on.ca)  
519 663 5317 x 2444

**COPY:** Helen Angus, Deputy Minister, Health and Long-Term Care  
Sharon Lee Smith, Associate Deputy Minister, Policy and Transformation (Health and Long-Term Care)  
Roselle Martino, Assistant Deputy Minister, Population and Public Health Division (Health and Long-Term Care)  
Dr. David Williams, Chief Medical Officer of Health  
Dr. Robert Kyle, President, Association of Local Public Health Agencies  
Trudy Sachowski, Chair, Boards of Health Section, Association of Local Public Health Agencies  
Dr. Nadia Alam, President, Ontario Medical Association

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Public Health

July 4, 2018

Hon. Christine Elliott  
Minister of Health and Long-Term Care  
10th Flr, 80 Grosvenor St,  
Toronto, ON M7A 2C4

Dear Minister Elliott,

**Re: Smoke-Free Ontario Act (SFOA) 2017**

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On behalf of the Association of Local Public Health Agencies (alPHa), in partnership with the Council of Ontario Medical Officers of Health, Boards of Health, and Affiliate organizations, I am writing today to seek reassurance that the Ontario Government remains committed to addressing the health harms of tobacco, the number one cause of death in Ontario, and related health risks.

On top of the tremendous health burden that tobacco and related products cause, the economic harm is severe. In June of this year, the Canadian Centre on Substance Use and Addiction estimated that tobacco costs the Canadian economy \$12 billion each year. The bulk of those costs are in lost productivity of employees who are home sick or in the hospital when they should be at work.

We understand that there is an intention to modify the Smoke-Free Ontario Act, 2017 (SFOA), which was to replace the existing SFOA and the Electronic Cigarettes Act on July 1, 2018, specifically the new regulations related to vaping. We have concerns about this possible decision, as we believe that harmonizing the rules about the consumption of tobacco, e-cigarettes and combustible cannabis in public places is sound policy.

Legislated protections from exposure to cannabis smoke in enclosed spaces are reasonable and based on the known health risks of inhaling smoke of any kind, and we are supportive of placing similar restrictions on vaping while the possible negative health impacts of exposure and long-term use are assessed. The new restrictions will reinforce ongoing efforts to reduce the use of tobacco and its associated or analogous products.

We recognize this as an important opportunity to take a close look at how the addition of non-tobacco-related provisions to the 2017 Smoke-Free Ontario legislation can improve the health of the people of Ontario. We are, for example, on record with our disappointment with the failure of the SFOA 2017 amendments to include water pipes (also known as "hookah" or "shisha"), the negative health impacts of which are more clearly demonstrated than those of vaping. Ontario's ongoing permission of the use of these water pipes in enclosed public places is already inconsistent with the aims of the Smoke-Free Ontario Act, 2017, and this inconsistency is only magnified by placing stricter limitations on vaping. Please find attached alPHa Resolution A13-5, which provides more background on this issue.

Public health agencies and associations in Ontario have consistently been unanimous in supporting the regulation of sale, promotion and use of both e-cigarette products and cannabis. At the same time, alPHa members recognize that this is an evolving public health issue and are keen to be involved in discussions about the most appropriate regulatory interventions.

The Smoke-Free Ontario Act, 2017 remains a worldwide standard for effective tobacco control, and we welcome any opportunity to make it even stronger. We look forward to being fully consulted during your government's review of the new legislation. To schedule a meeting, please contact Loretta Ryan, Executive Director, aPHa at 647-325-9594 or [loretta@alphaweb.org](mailto:loretta@alphaweb.org)

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Kyle', with a vertical line extending downwards from the end of the signature.

Dr. Robert Kyle  
aPHa President

**COPY:** Andrea Horwath, MPP, Hamilton Centre, Leader of the Opposition, Ontario  
John Fraser, MPP, Ottawa South, Interim Liberal Leader, Ontario  
Helen Angus, Deputy Minister, MOHLTC  
Dr. David Williams, Chief Medical Officer of Health  
Roselle Martino, ADM, Population and Public Health Division (Health and Long-Term Care)  
Dr. Peter Donnelly, President and CEO, Public Health Ontario

**TITLE: Provincial Legislation to Prohibit the Use of Waterpipes in Enclosed Public Places and Enclosed Workplaces**

**SPONSOR: Simcoe Muskoka District Health Unit**

WHEREAS the emerging use of waterpipes in enclosed public places and enclosed workplaces has the potential to undermine the success of the Smoke-Free Ontario Act; and

WHEREAS tobacco-free (“herbal”) waterpipe smoke has been demonstrated to have concentrations of toxins comparable to tobacco waterpipe smoke<sup>1</sup>; and

WHEREAS the environmental smoke from waterpipe use in indoor public places and workplaces has been demonstrated to contain toxins at harmful concentrations<sup>2</sup>; and

WHEREAS the alleged “herbal” preparations are poorly regulated and often contain tobacco even when they are labelled tobacco free<sup>3</sup>; and

WHEREAS the Tobacco Strategy Advisory Group report recommends an amendment of the Smoke-Free Ontario Act, with “the addition of controls on the indoor use of waterpipes such as hookahs”;

**NOW THEREFORE BE IT RESOLVED** that the Association of Local Public Health Agencies (alPHa) advocate for provincial legislation to be enacted to prohibit the use of waterpipes (regardless of the substance being smoked) in all enclosed public places and enclosed workplaces.

**ACTION FROM CONFERENCE: Resolution CARRIED**

### **References**

1 Shidadeh A; Salman R; Jaroud E; Saliba N; Sepetdijian E; Blank M; Does switching to a tobacco-free waterpipe reduce toxicant intake? A crossover study comparing CO, NO, PAH, volatile aldehydes, tar and nicotine yields. Food and Chemical Toxicology Journal Vol. 50, Issue 5, 2012.

2 The Ontario Tobacco Research Unit, OTRU Update, Waterpipe Smoking: A Growing Health Concern, January 31, 2011.

3 The Non-Smokers’ Rights Association, Hooked on Hookah: Issue Analysis and Policy Options for Waterpipe Smoking in Ontario, March 2011.