
TO: Chair and members of the Board of Health

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Recommendations

It is recommended that the Board of Health:

1. **Receive this report for information.**
2. **Send a letter to each municipality providing information, offering consultation and recommending regulations be considered to restrict hookah establishments locally.**

Key Points

- The use of hookah, alternatively called waterpipe, is growing in popularity in Ontario and Canada, particularly among youth and young adults.
- Hookahs can be used to smoke tobacco or non-tobacco herbal shisha.
- All toxicants measured in herbal smoke equal or exceed those found in tobacco waterpipe smoke. In fact, hookah smokers inhale and absorb the same toxicants that are known to cause cancer, heart disease and lung disease.¹
- Many municipalities around Ontario have banned hookah establishments to protect the health of young people and staff working in these premises.
- Wellington-Dufferin-Guelph Public Health is planning to approach local urban municipalities to advocate and support the development of policies to restrict hookah establishments.

Discussion

Background

Tobacco control in Canada is rapidly evolving. Historically, the use of cigarettes essentially held a monopoly on smoking, however in recent years the popularity of hookah and other tobacco products has been steadily growing.

Hookah, also known as waterpipe or waterpipe shisha, is a device used to smoke flavoured tobacco, as well as non-tobacco herbal shisha. The tobacco (or non-tobacco herbal ingredients) are heated by charcoal and a water-filled chamber cools the resulting smoke before it is inhaled through a hose and mouthpiece.²

Waterpipe use is a centuries old tradition in Arabic societies, but recent articles suggest that waterpipe smoking shows signs of becoming a new epidemic, especially among adolescents and young adults.^{3, 4, 5} This is influenced by several factors, including: 1) the reduced harshness of the smoke because it is cooler and moister after having passed through water, 2) the growing popularity of hookah bars and cafes, and 3) the availability of flavours that appeal to youth. For example, herbal shisha is available in many different flavours, such as apple, chocolate, mango and tutti frutti. Some flavours like bubble gum and cotton candy appear to specifically target youth.

The rates of waterpipe use among youth seem to be a troubling trend. Among Ontario students in Grades 7 to 12, 12% had used a waterpipe in the past year (2015).⁶ Between grades 8 and 12 the rate of use increases as age increases with the highest rates reported among grade 12 students. In comparison, 14% of students in grades 7 to 12 report past year cigarette use during the same year.⁶ The rate of waterpipe use is even higher among young adults aged 20 – 24; in 2013, 29% reported having ever tried a waterpipe.⁷

Currently, non-tobacco, or herbal shisha hookah smoking is not regulated under the Smoke-Free Ontario Act (SFOA). The Act specifically prohibits “smoking or holding of lighted tobacco” in any enclosed public place or enclosed workplace. Thus, the Act only prohibits hookah use in public places if it contains tobacco, which is problematic for two reasons. First, many hookah proprietors claim that their shisha is “herbal” and is heated, not lit, so the SFOA does not apply to them. Second, some establishments also create their own “blend” of shisha. This hampers enforcement efforts as it is difficult for inspectors to prove the shisha contains tobacco. To address this, the Ministry of Health and Long-Term Care has given inspectors the authority to seize waterpipes and test for tobacco, but this is time consuming and not overly effective.

Health Effects

There are many common misperceptions around the use of hookah, including that it is a safer alternative to traditional tobacco and that it isn't addictive.² However, findings from a recent evidence review on the toxicity, physical properties, and disease risks of hookah waterpipe smoke, both tobacco and herbal, include:

- All tobacco and herbal waterpipe smoke contains toxicants, including carbon monoxide, ‘tar’, polycyclic hydrocarbons, and volatile aldehydes;
- With the exception of nicotine, all toxicants measured in herbal smoke equal or exceed those found in tobacco waterpipe smoke;
- Waterpipe smokers inhale and absorb the same toxicants that are known to cause cancer, heart and lung disease, and dependence in cigarette smokers; and
- Smoking “herbal” shisha likely presents the same disease risks as tobacco shisha.¹

Other research into the health effects of waterpipe examine the air quality in establishments where use is taking place. In 2013, the Ontario Tobacco Research Unit (OTRU) conducted an air monitoring study at 12 indoor and 5 outdoor hookah cafes in Toronto. All venues tested served non-tobacco shisha and researchers visited cafes for at least 2 hours each. Air particles, air nicotine and ambient carbon monoxide (CO) were all measured, in addition non-smoking researchers’ breath levels of CO were measured before and after each venue. Researchers found that air quality measured in all indoor venues was much poorer than outdoor background levels measured nearby. Levels of air particles and ambient CO almost always exceeded what is considered hazardous by the U.S. Environmental Protection Agency’s air quality index. It was also determined that non-smoker exposure to second-hand smoke in Toronto waterpipe cafes is equivalent to smoking a waterpipe for 15 minutes, or 10 cigarettes per day. Varying levels of air nicotine was also present at all venues, which highlights the need for banning non-tobacco products to reduce the incidence of establishments deliberately avoiding the law.⁸

Not only are patrons exposed to these dangerous levels of air quality, but employees are also exposed to the secondhand smoke. A study investigating indoor air quality in waterpipe bars and the health effects of secondhand smoke on hookah bar workers in New York City found that the elevated concentrations of indoor air pollutants in the hookah bars appeared to cause adverse health effects in employees, including; increased levels of inflammatory cytokines and exhaled carbon monoxide, after shift.⁸

These findings support the need both for further research into the long-term health effects of waterpipe smoking, better packaging and labeling, as well as smoke-free laws and educational materials for the general public concerning the proven health risks.

Legislation and policy development in Canada

Evidence from a comprehensive survey by international researchers indicates many international jurisdictions are taking measures to prohibit or restrict waterpipe smoking in public places.⁹ Several laws address waterpipe smoking specifically, but most use broad definitions of “smoking” or “tobacco products” which cover waterpipe use without addressing it explicitly. The UK Health Act (2006) is an example of this and prohibits the smoking of tobacco or any other substance.¹⁰

Several countries in the Middle East, where waterpipe use originated, have also prohibited waterpipe use in public places such as restaurants and lounges in the last decade. More recently, several of these countries sent delegates to Qatar for the Second International Conference on Waterpipe Smoking Research in October 2014, where a decision was agreed upon for Parties to increase surveillance efforts and strengthen control measures in relations to waterpipe tobacco products.¹¹

Five provinces in Canada have also passed smoke-free legislation that includes the smoking of other weeds and substances (Quebec, Alberta, Nova Scotia, New Brunswick, and Prince Edward Island).¹¹ Additionally, the Association of Local Public Health Agencies (ALPHA) began advocating in 2013 for provincial legislation to be enacted to prohibit waterpipe use in all enclosed public places and workplaces.

Despite the lack of provincial movement, many local municipalities have passed bylaws prohibiting the use of waterpipes locally in indoor public places. Peterborough, Barrie, Toronto, Ottawa, and Peel have passed such bylaws and other municipalities are considering doing the same. In total, there are 20 municipalities with Hookah bans currently in Ontario.¹²

In all of these cases, the decision was made based on concern for the health and safety of citizens – both patrons and employees. In some cases these decisions have been challenged such as in Toronto and in Peel. The challenge was based on allegations that the City has no jurisdiction to prohibit the operation of a lawful business and that the bylaw infringes upon the property rights of the business owners. However the court did uphold the ban in Toronto stating that it was within the city's legal rights to protect the health of residents, and the court date for Peel is still upcoming.

In Wellington-Dufferin-Guelph, there are currently no restrictions on hookah in place nor are there any hookah establishments operating that public health is aware of. However, public health has received calls from prospective business owners hoping to open hookah establishments in the area. Public Health is moving forward to initiate discussions with appropriate municipal partners to discuss the possibility of regulating hookah locally particularly at this time when there are no establishments and little anticipated opposition.

Conclusion

Public Health has made great strides in tobacco control over the last number of decades and has been a leader in curbing the tobacco epidemic. However, in order to continue to protect health and build on gains, policies must continue to advance as the industry evolves. Hookah, both tobacco and non-tobacco herbal, are a threat to Public Health and particularly to youth and young adult populations among which they have become popular in recent years. Many municipalities across Ontario have banned hookah bars and cafes in order to protect health and the municipalities in Wellington, Dufferin and Guelph should consider doing the same.

Ontario Public Health Standard

Chronic Disease Prevention

Requirements:

#1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current), in the areas of comprehensive tobacco control.

#6. The board of health shall work with municipalities to support healthy public policies and the creation or enhancement of supportive environments in recreational settings and the built environment regarding comprehensive tobacco control.

#11. The board of health shall increase public awareness in comprehensive tobacco control.

Tobacco Compliance Protocol, 2016

Boards of health shall support the implementation and enforcement of the Smoke-Free Ontario Act (SFOA) including all the requirements with respect to:

- Sale and / or supply of tobacco to persons under age 19,
- Prohibition of sale in designated places,
- Packaging, health warnings and signs,
- Flavoured tobacco products,
- Vending machines, and
- Controls related to smoking tobacco.

WDGPH Strategic Direction(s)

Check all that apply:

Building Healthy Communities

We will work with communities to support the health and well-being of everyone.

Service Centred Approach

We are committed to providing excellent service to anyone interacting with Public Health.

Health Equity

We will provide programs and services that integrate health equity principles to reduce or eliminate health differences between population groups.

Organizational Capacity

We will improve our capacity to effectively deliver public health programs and services.

Health Equity

Because there are currently no hookah establishments in WDG, the effect of a local ban on hookah on health equity would not be significant. If it were the case that there were hookah establishments currently operating locally, health equity considerations would need to balance the loss of income and jobs with the health effects on both staff and patrons.

Data on hookah use shows that youth and young adult populations are primarily affected. This includes both young people who are attending as patrons and also staff working in the bars and cafes who tend to be young people.^{6,7} Smoke-free policies that protect youth can be beneficial because a young person may not have the ability to access and process all the relevant health information to make an informed choice. In addition, the lessons gained from tobacco efforts is that private industry will target youth using deceptive marketing practices. Youth may not always be able to discern that they are being targeted, which in turn can have an impact on their long-term health.

Although hookah is traditionally a cultural practice in Middle Eastern and Arabic countries, data indicates that current use in hookah cafes and bars in Ontario is not being conducted for cultural or religious reasons.¹¹ Additionally, more and more jurisdictions outside of North America, including Lebanon, Turkey and a number of Middle Eastern cities, have already banned or severely restricted waterpipe use.⁹ Therefore decisions to restrict hookah use in public places have been upheld because they are not rooted in cultural or racial discrimination, but in the interest of protecting the public's health.

Appendices

None.

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