

January 9, 2012

Mr. Joe Fontana,
Mayor, City of London
214 – 300 Dufferin Avenue
London, ON N6B 1Z2

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Dear Mayor Fontana:

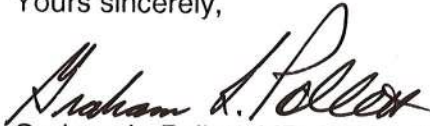
At its November 2011 meeting, the Middlesex-London Board of Health considered Report No. 103-11 re Smoke-Free Public Outdoor Spaces – Technical Report and Recommended Policy Option, and passed the following resolution:

That London City Council and Middlesex County Council be petitioned to establish smoke-free public outdoor spaces by amending their smoking bylaws to include the provisions of Option 3 as highlighted in Board of Health Report No. 103-11.

A copy of Board Report No.103-11 and the Technical Report are attached for your reference.

The Medical Officer of Health and Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control, would be pleased to speak to this item at a future Community Services Committee meeting. If you would like additional information, please do not hesitate to contact my office at (519)663-5317 ext. 2444.

Yours sincerely,



Graham L. Pollett, MD, MHSc, FRCPC
Secretary-Treasurer
Middlesex-London Board of Health

GP/ss

c.c. Mr. Wally Adams, Director, Environmental Health and Chronic Disease and Injury Prevention Services
Ms. Linda Stobo, Manager, Chronic Disease Prevention & Tobacco Control
Councillor Matt Brown, Chair, Community Services Committee



TO: Chair and Members of the Board of Health

FROM: Graham L. Pollett, MD, FRCPC
Medical Officer of Health

DATE: 2011 November 17

**SMOKE-FREE PUBLIC OUTDOOR SPACES – TECHNICAL REPORT AND
RECOMMENDED POLICY OPTION**

Recommendations

It is recommended:

- 1. That the Board of Health support the establishment of smoke-free public outdoor spaces by endorsing Option 3 of the document entitled, Building the Case for Smoke-Free Public Outdoor Spaces: Technical Report, attached as Appendix A to Report No. 103-11; and further*
- 2. That London City Council and Middlesex County Council be petitioned to establish smoke-free public outdoor spaces by amending their smoking bylaws to include the provisions of Option 3 as highlighted in Board of Health Report No. 103-11.*

Background

Ontario has a history of progressive legislation providing protection from second-hand smoke. Numerous municipalities, including the City of London and the County of Middlesex in 2003, have enacted bylaws to ensure that all enclosed public places and workplaces are smoke-free. The *Smoke-Free Ontario Act (SFOA)*, which came into effect May 31, 2006, helped create a more level playing field for proprietors across Ontario and a standard level of protection from second-hand smoke exposure. However, emerging evidence and results from local public opinion surveys have demonstrated that the current provincial standard of second-hand smoke protection is not high enough for Middlesex-London residents, and that bylaws that extend protection beyond that covered by the *SFOA* are required.

At the September 15, 2011, Board of Health meeting, Board members endorsed the Smoke-Free Outdoor Public Spaces Position Statement and directed staff to prepare a report summarizing existing municipal bylaw amendment options for establishing smoke-free outdoor public spaces. Attached as Appendix A is a report entitled, Building the Case for Smoke-Free Public Outdoor Spaces Technical Report, which highlights existing municipal bylaws that address smoke-free public outdoor spaces. This report also presents a number of options for consideration to expand existing City of London and Middlesex County bylaws.

Scan of Ontario's Bylaws

Approximately 60 Ontario municipalities have enacted bylaws regulating smoking in public outdoor spaces. In addition to these, many municipalities including the City of Ottawa, City of Kingston, Grey-Bruce County and Region of Waterloo are in the development/consultation phase of smoke-free public outdoor spaces bylaws.

These bylaws and the restrictions they entail generally fall into 6 categories:

1. Smoke-free parks, playgrounds and recreational fields (27)
2. 100% smoke-free patios (8)
3. Hospitals or LTC grounds (4)
4. 100% smoke-free hotels (1)
5. Smoke-free beaches (6)
6. Buffer zones around doorways, air intakes, transit shelters (32)

Some smoke-free public outdoor spaces bylaws also prohibit smoking on city/municipally-owned property and community/special events which may or may not fall into one of the 6 categories mentioned above.

Appendix A provides a comprehensive overview of outdoor smoking restrictions in public spaces. A complete listing of all municipal bylaws which currently exceed provincial or federal regulations is available online at http://www.nsra-adnf.ca/cms/file/Compendium_Winter_2011.pdf.

Proposed Policy Approach for Moving Forward

Jurisdictions across Canada and most notably in Ontario have successfully regulated outdoor smoking. Table 1 of Appendix A highlights the provision of a number of Ontario municipal bylaws. Also included in Appendix A, are four options for Board members consideration to address smoke free public outdoor spaces in the City of London and Middlesex County. Staff recommends the adoption of Option 3 which calls for:

A complete smoking ban in the following:

- All outdoor areas used for public enjoyment and children recreation areas (including parks, playgrounds, playing fields, swimming pools, splash pads, petting zoos, trails, public gardens, festivals and public beaches)
- Municipally-owned and/or operated recreational properties*
- All outdoor seating areas - bar and restaurant patios
- No smoking within 9 m of all public places and workplaces entrances/doorways (public places and workplaces, as defined in existing legislation).
- Application process required for Designated Smoking Areas (DSAs) at public outdoor events and festivals used for public enjoyment and recreation where the audience is adult.
- Application process enabled for hospital campuses, university/college campuses to be named within a schedule of the bylaw for designated smoking areas (DSAs) or for 100% smoke-free campuses.

*Exemptions permitted for long-term care homes and campgrounds - only current legislation would apply.

Conclusion

Tobacco-free environments provide the greatest level of protection from second-hand smoke, help to prevent young people from starting to use tobacco products and assist smokers to quit. It is recommended that the Board of Health support the establishment of smoke-free public outdoor spaces by adopting Option 3 of Appendix A and that the Board of Health petition London City Council and Middlesex County Council to implement the provisions of Option 3 by amending their existing municipal smoking bylaw.

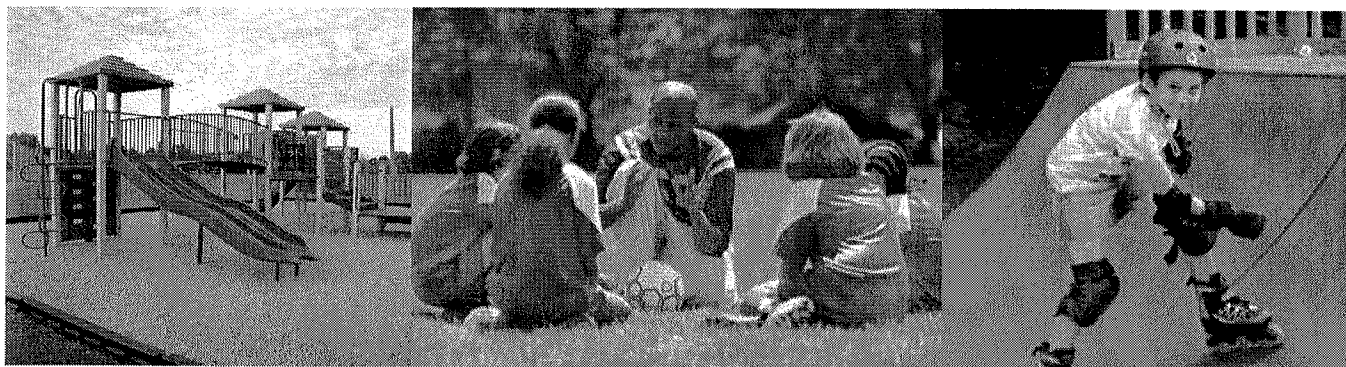
This report was prepared by Ms. Sarah Neil, Public Health Nurse; Ms. Amy Yateman, Health Promoter and Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control Team.

Graham L. Pollett, MD, FRCPC
Medical Officer of Health

This report addresses the following requirement(s) of the Ontario Public Health Standards: Comprehensive Tobacco Control; 1, 6, 7, 11
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Building the Case for Smoke-Free Public Outdoor Spaces

Technical Report



November, 2011

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London, Ontario

Authors: Sarah Neil, Public Health Nurse, Amy Yateman, Public Health Promoter and Linda Stobo, Program Manager, Chronic Disease Prevention and Tobacco Control Team

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Acknowledgements

The Play Live Be Tobacco Free Ontario Collaborative is composed of the Tobacco Control Area Networks (TCANs consisting of the 36 Ontario Public Health Units), The Program Training and Consultation Centre, SPORT4ONTARIO, the Coaches Association of Ontario, Physical Activity Resource Centre, Parks and Recreation Ontario, Canadian Cancer Society – Smokers' Helpline, the Ontario Lung Association and the Ontario Chronic Disease Prevention Managers Network.

Public Health Ontario's Smoke-Free Ontario Scientific Advisory Committee's report "Evidence to Guide Action: Comprehensive Tobacco Control in Ontario".

Physicians for a Smoke-Free Canada is a national health organization, founded in 1985 as a registered charity. It is a unique organization of Canadian physicians who share one goal: the reduction of tobacco-caused illness through reduced smoking and reduced exposure to second-hand smoke.

Smoking and Health Action Foundation is a national, non-profit health organization formed in 1974 to conduct public policy research and education designed to reduce tobacco-related disease and death. SHAF is the sister organization of the Non-Smokers' Rights Association, and acts as a policy think-tank for governments and NGOs in Canada and abroad.

The authors would like to acknowledge **Lambton County Community Health Services Department**, the **City of Ottawa's Public Health Department** and the **City of Woodstock** for their assistance.

Introduction

In September 2011, the Board of Health for Middlesex-London passed the following motion:

- 1. That the Board of Health endorse the Smoke-Free Public Outdoor Spaces Position Statement attached as Appendix A to Report No. 081-11; and further**
- 2. That the Board of Health direct staff to prepare a report summarizing existing municipal bylaw amendment options for establishing smoke-free public outdoor spaces.**

This report has been prepared to address the Board of Health direction.

Background

Smoking and other forms of tobacco use remain the leading cause of preventable death and disease in Ontario. Currently, tobacco use costs the Ontario economy an estimated \$7.73 billion annually. For 2009, the use of tobacco products cost Ontario \$1.93 billion in direct health care costs. These costs include specialized inpatient and outpatient treatment, ambulatory care, and prescribed drugs. When you factor in lost productivity from illness, hospitalization and death, these costs become much higher. In 2002, tobacco use cost the Ontario economy \$4.4 billion in lost productivity, and accounted for 2.2 million acute care hospitalization days.¹

Despite the significant achievements that have been made in tobacco control, the public health community still faces many challenges, including

- Elimination of the remaining exposure to tobacco smoke
- Absence of an ongoing media campaign to denormalize the tobacco industry and promote protection, prevention and cessation
- Persistent inequities with regard to reaching sub-populations
- Low prices of tobacco products and low tobacco taxes
- Widespread availability of contraband tobacco products
- Innovative marketing and other activities of the tobacco industry
- The lack of a federal tobacco control strategy to address some of the broader, national tobacco issues that burden our communities.

Public Health Ontario's Evidence to Guide Action Report, prepared by leading tobacco researchers, calls for policy changes to provide further protection from second-hand smoke. The evidence indicates that as part of the next phase of tobacco control across Ontario, policy changes that would eliminate exposure to outdoor tobacco smoke and limit youth's exposure to tobacco use are required.

Ontario has a history of progressive legislation providing protection from second-hand smoke. Numerous municipalities, including the City of London and the County of Middlesex in 2003, have enacted bylaws to ensure that all enclosed public places and workplaces are smoke-free. The *Smoke-Free Ontario Act (SFOA)* came into effect May 31, 2006, prohibiting smoking in enclosed workplaces and public places. The law includes a ban on smoking within nine metres of entrances and exits to healthcare facilities. In addition, the law prohibits smoking in common areas of multi-unit dwellings and partially enclosed restaurant and bar patios. Effective January 21, 2009, an amendment to the *SFOA* prohibits smoking in motor vehicles when children under the age of 16 years are present. The provincial legislation helped create a more level playing field for proprietors across Ontario, and a standard level of protection from second-hand smoke exposure. Emerging evidence and results from public opinion surveys has demonstrated that the current provincial standard of second-hand smoke protection is not high enough, and that bylaws that extend protection beyond that covered by the *SFOA* are required.

A provision of the *SFOA* permits municipalities to pass smoking bylaws which exceed the requirements of the *Act* and where such bylaws are in place, “the provision that is more restrictive of smoking prevails.” Under Section 115 of the *Municipal Act*, municipalities have the authority to enact bylaws to prohibit or regulate the smoking of tobacco in public places and workplaces. Under this section, a bylaw shall not apply to a highway but may apply to public transportation vehicles and taxicabs on a highway. This legislative authority and public health’s experience in the tobacco control policy domain positions the Health Unit, the City of London and the County of Middlesex nicely to work together to respond to the community’s demand for greater prohibitions on smoking and social exposure to tobacco use.

Tobacco Smoke and Social Exposure to Tobacco Use

Second-hand smoke (also referred to as environmental tobacco smoke or passive smoking) is a mix of smoke that is exhaled and smoke that is emitted when a tobacco product is burned such as in cigarettes, cigars, cigarillos, or water pipes. Second-hand smoke contains over 4000 chemicals of which more than 50 are known carcinogens. Some of the chemicals that can be found in cigarettes are: carbon monoxide (found in car exhaust), ammonia (found in window cleaners), cadmium (found in batteries), arsenic (rat poison), benzene, acetone and formaldehydeⁱⁱ. According to the World Health Organization there is no safe level of second-hand smoke and all exposure to tobacco smoke should be eliminated.

Table 1. Adverse Long-Term Health Effects of Second-Hand Smoke Exposure

SHS Exposure and Adults	SHS Exposure and Children	SHS Exposure and Pregnant Women
<ul style="list-style-type: none"> ▪ Acute respiratory illness ▪ Heart disease ▪ Cancer (including breast) ▪ Premature death ▪ COPD ▪ Stroke 	<ul style="list-style-type: none"> ▪ Exacerbations of asthma ▪ Decreased lung function ▪ Lower respiratory illness ▪ Middle ear infections ▪ Sudden Infant Death (SIDS) ▪ Low birth weight ▪ Adverse impact on cognition and behaviour 	<ul style="list-style-type: none"> ▪ Spontaneous abortion/miscarriage ▪ Premature birth ▪ Congenital anomalies and smaller head circumference

In addition to the above health concerns, second-hand smoke can have immediate effects such as asthma attacks, headaches, nausea, vomiting and irritation of the nasal passage wayⁱⁱⁱ.

Some of the adverse health effects are more severe for infants and young children because their bodies, lungs and brains are still in development and they have higher respiratory rates than adults. Children and youth are especially vulnerable to the poisons in secondhand smoke and when compounded with the fact that exposure to second-hand smoke in childhood can persist into adulthood (longer duration of exposure), only emphasizes the severity of exposure to second-hand smoke^v. It is estimated that for every eight smokers who die from smoking, one non-smoker will die from second-hand smoke.

Second-hand smoke can be found wherever a tobacco product is burned such as in the entrance to doorways of buildings and workplaces, at local transit stops, at sports events, and basically in any public outdoor space where there is a smoker. When looking at outdoor places there is a common belief that it is safe to smoke outdoors because the smoke will drift away, or individuals can move out of the way of the second-hand smoke. However, children are less likely to leave a smoke filled place or even complain about the level of smoke, given the difference in power between an adult and a child. In addition, there are places that are nearly impossible to avoid exposure to second-hand smoke, including entrance-ways or restaurant patios, and there is often repeated exposure if that place is visited frequently, like the door way to a workplace.

In 2009, it was estimated that 54% of individuals were exposed to second-hand smoke at an entrance in the last month^v. Recent research indicates that outdoor levels of tobacco smoke within one to two metres of a lit cigarette can be as high as indoors^{vi}. If there is no wind, tobacco smoke will rise and fall and will saturate the local area with second-hand smoke; if there is a breeze, tobacco smoke will spread in various directions, and will expose non-smokers down-wind^{vii}. Depending upon weather conditions and air flow, tobacco smoke can be detected at distances between 25-30 feet away^{viii}. The closer an individual is to tobacco smoke, and the greater the number of lit cigarettes, the greater the amount of tobacco smoke, and consequently, the greater the harm. For example, if the number of lit cigarettes increases, the concentration of tobacco smoke can increase 2.5-3 times and be detected 9m away^{ix}.

In addition to emerging evidence on outdoor exposure to second-hand smoke, it has been identified that the application of Social Norms Theory is invaluable to explain tobacco initiation in young people. Tobacco use is increasingly influenced by social norms and what is seen as acceptable or normal behaviour^x. Therefore, in order for young people to see smoking as less common, tobacco use needs to be removed from our cultural landscape and made less visible. It is important for youth to receive the same tobacco-free messages in their wider community as they experience at school.

In addition, a person's behaviour is influenced by the perception of how others behave in society, meaning that an individual is more likely to engage in harmful behaviour if that behaviour is seen as typical behaviour^{xi}. The large crowd of smokers standing at the entrance way to the local library normalizes tobacco use; tobacco use is an addiction and policies which restrict where people can smoke will send a strong, consistent message to young people that a healthy life is one that is free from tobacco use.

Worldwide over 4.5 trillion cigarettes are littered each year and cigarettes have been considered the most littered item in the world. Cigarette butts are non-biodegradable and can take up to 12 years to break down into smaller particles. This is mostly due to the cellulose acetate, a form of plastic, which is found in the cigarette butt filter^{xii}. Discarded cigarette butts leach chemicals and toxins into the soil and into water systems. In parks and playgrounds, discarded cigarette butts are picked up and eaten by children and pets. It only takes two to three cigarette butts to harm or kill a small animal^{xiii}.

Furthermore, there is the concern of discarded cigarette butts and our homeless population. It has been found that due to the strength of the addiction, many homeless individuals will resort to borrowing,

sharing, selling cigarettes and even “sniping”, the smoking of discarded cigarette butts or rerolling of discarded cigarette butts. The latter not only makes these individuals more susceptible to tobacco related disparities but also potentially exposes them to infectious diseases^{xiv}. Cessation supports, along with greater restrictions on where tobacco is smoked will provide greater protection for our most vulnerable populations.

Stronger restrictions on smoking in outdoor public places can have a protective effect on smoking uptake among youth and young adults, supports those who are currently addicted to tobacco trying to quit, and improves the health of our environment.

Strong Public Support for Smoke-Free Public Outdoor Spaces

Public support is an important factor to consider when implementing smoking restrictions, such as those commonly found in smoke-free outdoor public places bylaws. Often there is concern that increased smoking restrictions will negatively impact business or the public’s use of facilities where smoking restrictions have been put into place. However, when reviewing the many municipal smoke-free outdoor public places bylaws that have been enacted since 2000 and their impact, this has not been the case. In many jurisdictions where public support for the smoking restrictions had been high, once the bylaw came into effect, support for the smoking restrictions increased even more, in both non-smokers and smokers^{xv}. Generally support was highest in places where children play and congregate such as parks and recreational fields.

The City of Woodstock’s Smoke-Free Outdoor Public Places Bylaw has been in effect since September 2009 and their evaluation showed that there has been no negative impact on the use of facilities such as parks or recreational fields, and 84% of smokers in Woodstock stated that their outdoor smoke-free bylaw was good for their children’s health. In Ottawa, there was an Ipsos Reid telephone survey conducted of 400 Ottawa residents and it showed that 73% were in favour of smoking bans on patios, 77% for parks and playgrounds and 68% for beaches. The highest support that they found was for entrances to doorways to public places (84%). In Sarnia-Lambton, which is currently looking going through a similar process, support has ranged from 68% - 89%, with doorways to public places (89.1%) and doorways to workplaces (87.8%) having the highest support followed by public playgrounds (79.1%) and sports fields (76.1%).

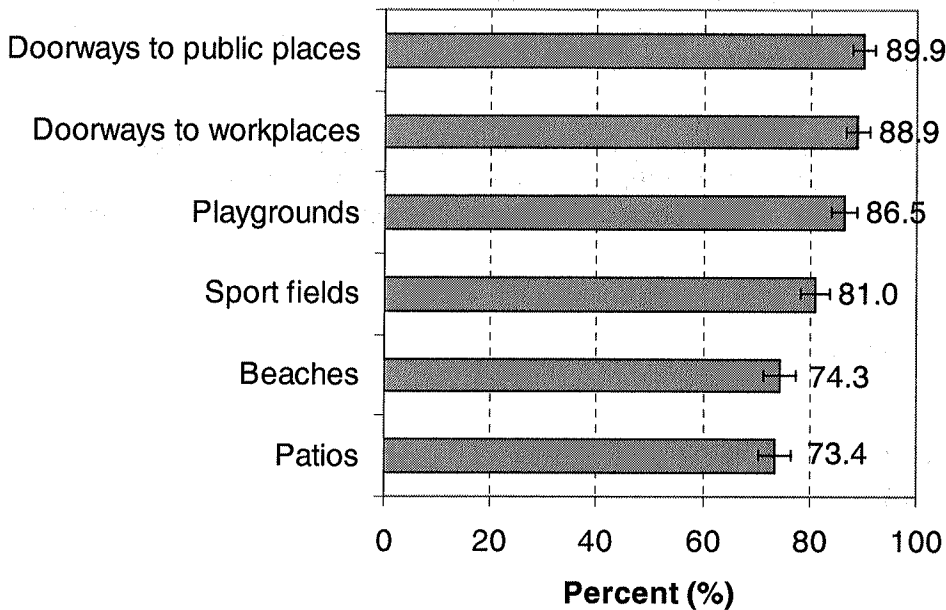
Internationally, in Upper Hutt Council, New Zealand, 83% of park users thought that it was a good idea. Minnesota has been an international leader, and when their park directors were interviewed, ninety percent (90%) of park directors in parks with tobacco-free policies would recommend a tobacco free-park to other communities, and 83% said it was not difficult at all to establish such parks^{xvi}.

Strong Public Support for Middlesex-London

When looking locally at the Middlesex-London area, the support continues both in the City of London and Middlesex County. Between May and December of 2009 data were collected from the Rapid Risk Factor Surveillance System (RRFSS) which are summarized in Figure 1, next page.

Figure 1. Support for local by-laws for smoke-free public places.

Adults (18+) in Middlesex-London May – Dec 2009.



Source: RRFSS May – Dec 2009.

* It is important to note that only 5.3% ($\pm 1.6\%$) of the respondents did not support any suggested by-laws.

The highest level of support was observed for doorways to public places (89.9% $\pm 2.1\%$), doorways to workplaces (88.9% $\pm 2.2\%$), and playgrounds (86.5% $\pm 2.4\%$). Support for smoke-free sport fields was found among 81.0% ($\pm 2.7\%$) of adults, and among three-quarters for smoke-free beaches and patios (74.3% $\pm 3.1\%$ and 73.4% $\pm 3.1\%$, respectively).

In addition, the Health Unit's Tobacco Control Program staff members receive a number of inquiries and complaints from concerned citizens about smoking in outdoor spaces, including doorways to public places and workplaces. When looking at the above data and drawing upon the experiences of other municipalities who have enacted outdoor smoking restrictions, it can be anticipated that public support will continue to increase once the residents of the City of London and Middlesex County see the benefits that can come from such bylaws.

Relationship to Public Health Mandate

The mandate of the Middlesex-London Health Unit, as defined by the Ontario Ministry of Health and Long-Term Care, Ontario Public Health Standards (2008) is to promote and protect the health of Middlesex-London residents by providing public health programs and services that contribute to residents' physical, mental and emotional health and well-being. Under the Chronic Disease and Injuries Program Standards, the Health Unit's goal is to reduce the burden of preventable chronic diseases of public health importance, which include cardiovascular disease, cancer, respiratory diseases and type II diabetes. The reduction or elimination of exposure to tobacco smoke and the adoption of tobacco-free living through bylaw amendments are grounded in scientific evidence and will significantly reduce the burden of disease and death from tobacco use.

Scan of Ontario Municipal Bylaws

Almost 60 Ontario municipalities have enacted bylaws regulating smoking in outdoor public spaces^{xvii}. In addition, dozens of other municipalities including the City of Ottawa, City of Kingston, Grey-Bruce County and Region of Waterloo are in the development/consultation phase of smoke-free public outdoor spaces bylaws.

These bylaws and the restrictions they entail generally fall into six (6) categories. Some policies regarding smoke-free public outdoor spaces also prohibit smoking on city / municipally-owned property and community/special events which may or may not fall into one of the six (6) categories mentioned below.

These six (6) categories are as follows:

1. Smoke-free parks, playgrounds and recreational fields (27)
2. 100% smoke-free patios (8)
3. Hospitals or LTC grounds (4)
4. 100% smoke-free hotels (1)
5. Smoke-free beaches (6)
6. Buffer zones around doorways, air intakes, transit shelters (32)^{xviii}

Table 2, on the following page, provides an overview of outdoor smoking restrictions in public places. A complete listing of all municipal bylaws which currently exceed provincial or federal regulations is available online at http://www.nsra-adnf.ca/cms/file/Compendium_Winter_2011.pdf.

Table 2. Overview of Outdoor Smoking Restrictions in Ontario Municipalities

Municipality	Year Implemented	Restrictions / Policy
Barrie	2010	Prohibits smoking in any public place within the city whether or not a No Smoking sign is posted
Clearview	July 2009	Smoking prohibited in public places defined as: municipal building, playground area, playing field and municipal property. With a 9 meter rule for the entrance to any municipal building, playground area, and playing fields. Municipal property means any outdoor area owned or operated by the city
Collingwood	2000 Amended June 2005	Smoking was prohibited within 25 metres of any playground equipment defined as: swings, slides, climbing apparatus, facilities expressly designed for rollerblades, and municipally-owned swimming pools. The definition does not include facilities for hockey, baseball or walking and biking trails. As of June 2005 the bylaw was amended to include 25 metres from playing fields
Hamilton	May 2011 (in effect May 2012)	A complete smoking ban on any city-owned recreational property (excludes golf courses).
Orillia	Feb 2010	No person shall smoke in any place, including but not limited to, those designated under section 9253.2.1 which includes within 10 metres from a playground area, 10 metres from a beach area, 10 metres of a sport activity area, 10 meters from an entrance to a municipally owned or managed building
Sault Ste. Marie	2003 amended 2005, 2007, 2009 and 2011	No person shall smoke any public place within the City or in a City building whether or not a sign is posted; no person shall smoke at any City entranceway; 15 metres of a playground area and recreational field; no person shall smoke on the Sault Area Hospital site; no person shall smoke on the Algoma Public Health site.
Thunder Bay	2004 amended in 2010	10 metres radius of the entrance to a recreational Facility; 10 metres of any playground equipment that it located on land owned by the corporation, 10 metres from the edge of the beach (water's edge), 3 metres from the entrance to a workplace. Smoking is also prohibited on a patio.
Woodstock	September 2008	No one shall smoke or hold lighted tobacco in any downtown sidewalk café, within 30 meters of any playground equipment or 15 metres from any baseball diamond, soccer pitch or tennis court, within 4 metres of any bus stop, and within 9 metres of the entrance to any municipal owned building.
Niagara Falls	May 2010 (in effect May 2011)	Complete smoking ban on any city owned park (included playgrounds, sport & recreation fields, skate parks, sport and recreation seating and community events)
City of Peterborough	December 2007 (last revision May 2011)	Parks (9 m) Playgrounds, skate parks, splash pads (9 m) Beaches (9 m) Sport & recreation playing fields includes seating (9 m) Municipal entrances (9 m)
Ottawa	August 2004 (currently undergoing community consultation to go 100% smoke-free.	Municipal parks (9 m) Playgrounds (9 m) Beaches (9 m) Sport & recreation playing fields (9 m) Municipal entrances (9 m)

Smoke-Free Public Outdoor Spaces Policy Options

The list below reflects four available options presented in order from least restrictive to most restrictive of smoking in public outdoor spaces.

Table 3. Options for the Regulation of Outdoor Smoking

OPTION 1	PROS	CONS
<p>No smoking within nine (9) metres of:</p> <p>a) All public playgrounds and arenas, including but not limited to swimming pools, splash pads, sports and recreation playing fields, outdoor areas used for public enjoyment and recreation areas for children such as petting zoos, trails, and public gardens.</p> <p>b) All public places and workplaces entrances/doorways (public places and workplaces, as defined in existing legislation).</p>	<ul style="list-style-type: none"> • Moves exposure to ETS out of danger zone for the listed settings. • Most people believe existing law requires a buffer of 9 m from all entrances. 	<ul style="list-style-type: none"> • Several public settings not included. • A defined distance (9 m) creates confusion with a setting since the property boundary may be unclear. • Creates confusion re: "How far is 9 metres?" • Places increased demands on enforcement staff. • Does not address role modelling or social norms concerns. Children still view the smokers. • Not reflective of trends for outdoor bylaw development in other communities. Bad image for our communities. • Safety concerns - adults attempting to smoke 9 m from child/setting can no longer actively supervise.

OPTION 2	PROS	CONS
<p>A complete smoking ban in:</p> <p>a) All outdoor areas used for public enjoyment and recreation areas for children, including but not limited to parks, playgrounds, playing fields, swimming pools, splash pads, petting zoos, trails, public gardens, festivals, etc.)</p> <p>b) All municipally-owned and/or operated recreational properties*</p> <p><input type="checkbox"/> No smoking within 9 m of all public places and workplaces entrances/doorways (public places and workplaces, as defined in existing legislation).</p> <p><input type="checkbox"/> Application process required for Designated Smoking Areas at public outdoor events and festivals used for public enjoyment and recreation where the audience is adult.</p> <p>* Exemptions for long-term care homes, campgrounds, beaches, and golf courses - current legislation to apply.</p>	<ul style="list-style-type: none"> • Increased protection from ETS. • Complete ban is easier to understand and obey; easier to enforce. • Festival option for designated smoking area addresses concerns of organizers of events whose audience is adult. Requires consultation with Enforcement Officers which provides an opportunity to explain the Smoke-Free Ontario Act and ensure increased compliance. • Less litter. • Attempts to address role modelling and social norms related to child focused settings. • Reflects recent trend for outdoor bylaw development. 	<ul style="list-style-type: none"> • Does not include beaches, or golf courses. • While exemptions may increase perception of co-operation with festival and event organizers, residents and workers/volunteers would potentially be exposed to environmental tobacco smoke. • Festival organizers required to apply for a designated smoking area.

OPTION 3	PROS	CONS
<p>A complete smoking ban in:</p> <ul style="list-style-type: none"> a. All outdoor areas used for public enjoyment and recreation areas (including parks, playgrounds, playing fields, swimming pools, splash pads, petting zoos, trails, public gardens, festivals and public beaches) b. Municipally-owned and/or operated recreational properties* c. All outdoor seating areas - bar and restaurant patios <p><input type="checkbox"/> No smoking within 9 m of all public places and workplaces entrances/doorways (public places and workplaces, as defined in existing legislation).</p> <p><input type="checkbox"/> Application process required for Designated Smoking Areas (DSAs) at public outdoor events and festivals used for public enjoyment and recreation where the audience is adult.</p> <p><input type="checkbox"/> Application process enabled for hospital campuses, university campuses and college campuses to be named within a schedule of the bylaw for designated smoking areas (DSAs) or for 100% smoke-free campuses.</p> <p>* Exemptions for long-term care homes and campgrounds - current legislation to apply.</p>	<ul style="list-style-type: none"> • As above and: • Enforcement simplified with a clearer message on restrictions. • Protects staff and patrons who work/dine outdoors on patios equally with those who work/dine indoors. • Protects children who frequent outdoor patios. • Simplifies compliance requirements for restaurant and bar proprietors. Equitable for all restaurants and bar operators – level playing field for all proprietors • Includes beaches and golf courses – consistent message that tobacco, sports and recreation don't mix. 	<ul style="list-style-type: none"> • Does not fully respond to social norms and role modelling issues. • Increased cost in reviewing and processing applications for DSAs.

OPTION 4	PROS	CONS
<p>4) A complete smoking ban in:</p> <ul style="list-style-type: none"> a. All areas used for public enjoyment and recreation (including parks, playgrounds, playing fields, swimming pools, splash pads, petting zoos, trails, beaches, public gardens, golf courses, etc.). b. Municipally-owned and operated recreational properties c. All outdoor areas and venues d. Outdoor seating areas - restaurant and bar patios e. Outdoor public events and community festivals f. All areas of hospital campuses g. All areas of university and college campuses h. All hotels, motels and bed and breakfasts 	<ul style="list-style-type: none"> • As in Option 2 and 3 and: • Best for the health of Middlesex-London; protecting everyone from ETS. • Fully addresses role modelling and social norms issues. • Includes full property of all golf courses. • Potential for an increase in attendance and visitor satisfaction at festivals similar to the experience of restaurants and bars. 	<ul style="list-style-type: none"> • Imposes on private living spaces at campgrounds, hotels, motels and bed and breakfasts. • Imposes on those who are patients, visiting or working in hospitals – could put patients in risky situations if not supported with withdrawal management treatment in hospital. • Large university campus – difficult for addicted staff on campus. • The expectation is that you smoke only outside at home, which could be unrealistic, creating enforcement challenges which exceed capacity.

Definitions*:

Outdoor areas:

Includes but not limited to - parks, playgrounds, wading or swimming pools, splash pads, sports fields, (e.g. but not limited to, soccer fields, football fields, baseball/softball diamonds, basketball courts, skateboard parks, tennis courts, lawn bowling greens, golf courses, horseshoe pits, ice surfaces, toboggan hills).

Outdoor venues:

Includes but not limited to - stadiums, grandstands, public areas adjacent to water, beaches, horticultural display areas or ornamental gardens, walking/hiking trails, campgrounds, bike paths.

Outdoor seating areas:

Includes but not limited to - restaurant and bar patios, buffer zone of a specific number of meters around the perimeter of the patio, entranceways and air intakes; buffer zone makes patios truly smoke free.

Outdoor public events:

- Includes but not limited to - festivals, fairs and spectator events – including tents that may be erected on the grounds – such as concerts, sporting events and parades.
- Specific streets, e.g., in a main shopping area or within a school zone, including the sidewalk, street, lane, thoroughfare, curb, retaining wall, boulevard, etc.

***These definitions are for reference only and to help illustrate the four options available. Specific language and definitions would need to be reviewed by legal counsel before adoption into bylaws or corresponding regulations.**

Recommended Option

Staff recommends the adoption of Option 3, that is:

A complete smoking ban in:

- a) All outdoor areas used for public enjoyment and children recreation areas (including parks, playgrounds, playing fields, swimming pools, splash pads, petting zoos, trails, public gardens, festivals and public beaches)
 - b) Municipally-owned and/or operated recreational properties*
 - c) All outdoor seating areas - bar and restaurant patios
- No smoking within 9 m of all public places and workplaces entrances/doorways (public places and workplaces, as defined in existing legislation).
 - Application process required for Designated Smoking Areas (DSAs) at public outdoor events and festivals used for public enjoyment and recreation where the audience is adult.
 - Application process enabled for hospital campuses, university campuses and college campuses to be named within a schedule of the bylaw for designated smoking areas (DSAs) or for 100% smoke-free campuses.

* Exemptions permitted for long-term care homes and campgrounds – only current legislation would apply.

Why This Option?

- This policy option aligns the closest with the RRFSS results and matches current levels of public support for smoke-free playgrounds, recreational playing fields, entrances and patios.
- This policy option achieves the goal of protecting children from exposure to second-hand smoke, enhances role modelling of tobacco-free choices, and addresses the need to role model tobacco-free living, while acknowledging the addiction at adult-focused events.
- Enables hospital, university and college partners who have been increasing smoking restrictions on campus with the opportunity to be named within the bylaw and receive additional enforcement support than what can currently be offered.
- Increased compliance with the bylaw given that the restrictions match closest to public readiness.
- Enforcement less complex and increased public comprehension with a complete ban than with bylaws with set-backs from play structures and splash pads.
- Reflects current bylaws in development or recently enacted (Hamilton, Niagara).

Enforcement

The Health Unit currently employs five (a total of 3.6 FTE) Tobacco Enforcement Officers (TEOs) who are trained, experienced and are responsible for enforcement of the City of London and County of Middlesex 2003 Smoke-free Public Places and Workplaces bylaws and the 2006 *Smoke-Free Ontario Act*. No additional funding is required for enforcement; TEOs are 100% provincially funded through the Smoke-Free Ontario Strategy. The Tobacco Enforcement Team would be responsible to assist with the smooth introduction and implementation of the proposed bylaw. Police Services would also be empowered to enforce the proposed bylaw. If University, College and Hospital Campuses applied to be named within a schedule of the Bylaw, Campus and Hospital Security would also be empowered to assist with enforcement of the proposed bylaw.

Proposed Approach for Moving Forward

Jurisdictions across Canada and most notably in Ontario, including some of our neighbouring communities, have successfully regulated outdoor smoking. While not all bylaws have been formally evaluated, studies of some existing bylaws demonstrate that enforcement has not been difficult and compliance is not a significant issue^{xix, xx, xxi}. Municipalities reported either no increase in complaints, or minimal complaints/inquiries that required a response. Municipalities also reported no impact on the use of city recreational facilities^{xxii}. The Health Unit's Tobacco Control Team anticipates a similar situation for this community.

With the Board of Health's support and approval, Middlesex-London Health Unit Tobacco Control staff will prepare a community engagement plan, based on Policy Option 3 to enable the Health Unit to approach key community stakeholders and representatives from the City of London and the County of Middlesex in early 2012 to begin working together on this important policy initiative. With involvement and input from community leaders and the development of a community consultation, communication and education plan, these steps will help to ensure that proposed amendments to local bylaws are met with strong public and political support.

A bylaw is only effective if it has a high compliance rate, is easily understood by the public and is enforceable. Policy Option 3 provides strong direction on how the City of London and the County of Middlesex can provide greater protection from second-hand smoke and begin to role model a culture free from tobacco use to our children and youth.

Conclusion and Recommendation

Tobacco-free environments provide the greatest level of protection from second-hand smoke, help to prevent young people from starting to use tobacco products and assist smokers to quit smoking.

Public Health Ontario recommends that tobacco use be eliminated in selected outdoor public spaces, and local data suggest that City of London and Middlesex County residents are prepared and ready for greater restrictions on smoking in outdoor public spaces. It is recommended that the Middlesex-London Board of Health support Policy Option 3 and direct staff to approach City Council and Middlesex County Council to seek approval for amendments to each municipality's existing bylaws consistent with the requirements of Option 3.

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