



Document 1

Results of Consultations for Regulating Non-Tobacco Combustible Substances and Electronic Cigarettes in Ottawa - January 2016

February 2016 - Final Report

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Executive Summary

In December 2015, the Ottawa Board of Health directed staff to consult with relevant stakeholders regarding the potential of regulating the smoking of non-tobacco combustible substances and electronic cigarettes in public places and work places. The main objective of Ottawa Public Health's (OPH) consultations was to ensure that Ottawa residents, businesses and other interested parties had the opportunity to provide meaningful input. The results of these consultations are presented in this report, and will be used to inform OPH's recommendations regarding the potential of regulating non-tobacco combustible substances and electronic cigarettes in Ottawa in work places and public places.

The public consultation phase ran from January 7, 2016 to January 24, 2016. OPH staff developed a consultation plan for residents, business owners and interested parties to provide input during the consultation period. Public consultations were promoted through a communication plan that included: earned media, social media, and OPH's website. Emails and/or letters were sent to business owners, community health and social service organizations inviting them to express their views through email, on-line, in-person and focused telephone consults. OPH arranged to attend an existing meeting with executives from Business Improvement Associations. Finally, randomized telephone opinion was sought of Ottawa residents from an external company in January 2016.

Implementation of the consultation plan was successful in reaching over 1700 people via on-line, telephone or in-person consultation. Responses were received from the general public, business owners and community health and social service partners. On-line public consultation responses received showed 66.1% support regulation of non-tobacco combustible substances that create second hand smoke and 52.7% for substances that create second hand vapour. Since on-line surveys are not intended to be representative of the general population, it was valuable to examine demographics of the on-line. Respondents most likely to oppose regulations identified as the general public or from the hospitality industry and those that had vaped in the last 30 days.

Random telephone survey results with 402 Ottawa residents indicated non-tobacco combustible substances that create second hand smoke (84%) or second-hand vapours (72%) should not be allowed in workplaces and public places the same as currently in place for smoking tobacco.

Consultation results with stakeholders showed support for:

- Regulation of non-tobacco combustible substances and e-cigarettes in public places and work places that create second hand smoke and second hand vapour
- Educational campaigns to increase awareness of health effects of substances and to de-normalize smoking behaviours
- Removing medical marijuana users as an exception in regulations

Background

In December 2015, the Ottawa Board of Health directed staff to consult with relevant stakeholders regarding the potential of regulating the smoking of non-tobacco combustible substances and electronic cigarettes in public places and work places. The main objective of Ottawa Public Health's (OPH) consultations was to ensure that Ottawa residents, businesses and other interested parties had the opportunity to provide meaningful input of the potential of regulating the smoking of non-tobacco combustible substances and electronic cigarettes in public places and work places.

OPH conducted consultations from January 7, 2016 to January 24, 2016. Public opinion was sought through a communication plan that included; earned media, social media, and OPH's website. A bilingual survey was created and housed at www.ottawa.ca/tobacco . An external company was contracted to conduct randomized telephone surveys with Ottawa residents.

A comprehensive list of community contacts, restaurants, businesses was compiled and stakeholders were sent letters or emails to invite them to provide input through in-person, on-line survey or telephone consult during this timeframe. Six in person consultations were set up with one facilitator and one note taker.

OPH made efforts to ensure that the views of the largest possible cross-section of Ottawa residents be heard and integrated in recommendations for potential regulations for non-tobacco combustible substances and electronic cigarettes in public places and work places.

Results of the Consultations

Random Telephone Research

OPH contracted an external company to conduct a random telephone survey with Ottawa residents between January 11 and 17, 2016. Results of the telephone survey with 402 adults indicated:

- Most Ottawa residents say the use of all non-tobacco substances that create second hand smoke (84%) or second-hand vapours (72%) should not be allowed where tobacco smoking is also not allowed.
- The gender of residents has an impact on perceptions of whether these substances should be prohibited or allowed. In both instances, women are more likely than men to say that non-tobacco substances that create second-hand smoke and vapours should be prohibited.
- Younger residents (under 35) are more supportive of the use of non-tobacco substances that create second hand vapours compared to older residents.
- Ottawa residents feel stronger about prohibiting the use of non-tobacco substances that create second hand smoke than those that create second hand vapours.
- At the same time, residents are **less** likely to make exceptions for medical use/health reasons for non-tobacco substances that create second hand vapours.
- Generally, it appears that knowledge about the health effects of non-tobacco substances has an impact on perceptions of whether these substances should be allowed or not, as residents who say the use of non-tobacco substances that create second hand smoke or vapours should be allowed often say they are not aware of any health risks or concerns.
- Medical use/health reasons are the most commonly cited reason for allowing non-tobacco substances that create second hand smoke and vapours.

See appendix A for more details about the methodology and results of the random telephone survey.

On-line Consultation

The on-line consultation component of the public consultation plan was made publicly accessible at www.ottawa.ca/tobacco beginning January 7, 2016 and ending January 24, 2016. A public service announcement (PSA) on January 11, 2016 was sent out and earned media ran a story about the consultation. Board of Health members were also sent information to send to their constituents.

Demographic information collected in the on-line consultation included age, sex, first three digits of the respondent's postal code (forward sortation area), use of non-tobacco or vaping substances and group membership (e.g. hookah lounge owner, BIA member, general public).

There were a total of 1336 on-line surveys fully or partially completed. Respondents were asked to provide the forward sortation area (FSA). A total of 749 responses provided an Ottawa FSA. Only these respondents from Ottawa were included in the analysis. Key findings from the on-line survey included:

Non-tobacco substances that create second hand smoke

- Overall, 66.1% supported some form of regulation.
- Support for treating non-tobacco substances similarly to tobacco was highest among health professionals (83.3%), those representing a community/advocacy group/health agency (73.7%) and the general public (57.1%). Owners of hookah venues or vapour lounges (100%), business associations (100%), supply companies (58.3%) and the hospitality/restaurant owners (62.5%) were less likely to support non-tobacco substances being treated similarly to tobacco.
- Of those who thought non-tobacco substances should be regulated but exemptions should be made (n=89), 73.0% felt that exemptions should include medical prescription, 25.8% felt that exemptions should be made for non-tobacco substances with no risk and 13.5% felt there was too much regulation.
- Those who had used a non-tobacco substance in the last 30 days (n=91) were twice as likely to support unregulated use of non-tobacco substances (65.9%) compared to those who had not (n=647, 28.3%). However, 34% of those who reported using a non-tobacco substance in the last 30 days supported restriction or restriction with exemptions.

Substances that create second hand vapour

- Overall, 52.7% of respondents supported regulation or regulation with exemptions.
- Those aged 18 to 34 were more likely to oppose regulating vaping compared to older age groups and the 35 to 54 age group was slightly more in favour of regulation.
- Of those who thought vaping should be regulated but exemptions should be made (n=40), 52.5% felt that exemptions should include medical prescription, 40.0% felt that exemptions should be made for non-tobacco substances with no risk and 12.5% felt there was too much regulation.
- Those who had vaped in the past 30 days (n=244) were nearly four times as likely to oppose regulation on vaping use (92.6%) compared to those who had not (n=481, 24.1%). Only 7.4% of those who had vaped in the past 30 days thought that use should be restricted the same as tobacco or with exemptions.

The on-line survey had a total of 584 written comments which were taken from all respondents regardless of postal code. The type of comments that emerged from the on-line survey included:

- 176 comments related to support for regulation of non-tobacco substances that create second hand smoke and second hand vapour due to health effects and or normalizing smoking behaviour.
- 173 comments related to not supporting regulation of non-tobacco substances that create second hand smoke and second hand vapour from respondents who identified as the public, business owner or special interest groups
 - 131 specific comment relating to not wanting bans on e-cigarettes because they felt they were useful as a smoking cessation aid
 - 37 comments related to the need for more evidence specifically for harms related to vapour
 - 16 who were concerned about medical marijuana use restrictions
 - 16 responses related to freedom of choice; and
 - 6 responses indicating designated areas were needed for those who choose to do it
- 30 were inappropriate or unrelated comments

Results of the on-line consultation are not intended to be opinions representative of Ottawa's population or to be generalized; rather the on-line component captures a convenience sample of Internet users so need to be interpreted with caution. See appendix B for more details about the methodology and results of the public on-line survey.

Contact from residents via email and Ottawa Public Health Information Line

Ottawa residents were also invited to call the Ottawa Public Health Information Line (OPHIL) (613-580-6744; Monday- Friday, 9am – 4pm) or email healthsante@ottawa.ca . Bilingual Public Health Nurses were available to answer questions and complete the on-survey with callers or record the public's comments or concerns on the matter.

OPHIL forwarded six emails to LCA2.0@ottawa.ca for response by the project team relating to public comments or request for clarification of website content. One telephone complaint was received from the public relating to the on-line survey which was managed through the OPH complaint process.

Consultations with Water Pipe and Vapour Lounge Owners

Potential regulation of non-tobacco combustible substances and e-cigarettes could have implications for certain business groups; water pipe establishments and vapour lounges. As a result, additional effort was made to reach these business owners to ensure their perspective was taken into consideration. Letters were mailed to fourteen water pipe establishments and two vapour lounges identified through an environmental scan. During the consultative process, three additional water pipe establishments were identified and invited to the in-person consultations. One consultation meeting was arranged for vapour lounge owners and one consultation meeting was set for water-pipe establishment owners. A total of five business owners attended the water pipe owner consultation; no vapour lounge owners attended the scheduled consultation. An additional effort was made to call or email all owners who did not attend the consultation however; no additional responses were received from these business owners during the consultative time period.

Overall comments from water pipe owners indicated they would rather regulation and licensing rather than prohibition or ban of smoking of non-tobacco combustible substances in their establishments. Rationale for regulation included; hookah use will move underground, or illegal premises as a ban will not stop smoking behaviour; concern that smoking will take place in homes and affect the health of children; health effects liken to risks of alcohol use which is not banned; and currently many of their employees also smoke hookah so already exposed to second and first hand smoke due to individual use.

Consensus from water pipe owners that regulations could include:

- No entrance to anyone under 19 years of age
- Must have strong ventilation systems with filters in place and willing to have these inspected to ensure they meet requirements
- No advertising
- Products for sale would be hidden and out of sight
- Strong signage outlining health risks of hookah smoking at entrance and throughout establishment (i.e. on each table or when pipe delivered to table)
- No tobacco shisha and regular inspection of product would be allowed
- Prevention materials available and smoking cessation information made available to patrons
- Other regulations or building standards necessary for them to continue their current service
- Suggested limiting the growth of their industry to allow only the current 16 to continue and not allow any new establishments to start up.
- Limit where new establishments could be opened. (Similar to the adult entertainment industry).

It was expressed that if a ban was to occur, owners requested time (3 years) to allow to for them to change their business plan.

Health and Social Service Partner consultations

OPH invited thirty-one community health and social service agencies to provide comment on the potential of regulating non-tobacco combustible substances and electronic cigarettes in public places and work places by attending an in-person consultation, telephone consult or complete the on-line survey. This group included addiction treatment agencies, Ottawa-Carleton Pharmacists Association, Academy of Medicine Ottawa, Canadian Cancer Society, Heart and Stroke Foundation, Ottawa Council on Smoking or Health, the Champlain Local Health Integration Network, Community Health Centres, Youth Services Bureau, and Canadian Mental Health Association.

Two in-person consultations were arranged with community health and social service agencies; four partners attended the community health and social services meeting and seven attended the health agency consultations. After in-person consultations an additional seventeen partners provided their perspective through telephone consult and one partner submitted a written deputation through email. Overall comments included;

- Prohibition of non-tobacco substances that create second hand smoke and vapour is needed with no exceptions to support de-normalize smoking, as smoking substances other than tobacco sends mixed messages regarding the harmful effects
- Enforcement of both tobacco and non-tobacco substances is needed for impact
- The health of the individual should take precedence over profit
- Regulations would align with current scent free policies

Specific comments relating to water- pipes

- Public health response is necessary to prevent dangers to health from hookah use and close the gap in regulation
- Increased awareness of water pipe health effect is needed, especially for youth and young adults (post secondary)
- Champions of prohibition should come from within the community

Specific comments relating to electronic cigarettes

- Although there may be some evidence to support electronic cigarettes as a smoking cessation aid, it should be prohibited in public places and work places to support a smoke free Ottawa
- Re-normalization of smoking behaviour is possible
- May see higher relapse rate as cigarettes seen as cheaper than e-cigarettes

Specific comments relating to medical marijuana

- There are other means of consuming marijuana other than vaping or smoking
- Accommodations at work are not recommended by most partners although some feel there may be a Duty to Accommodate

Additional considerations

- Look at multi-unit dwellings as an indoor space where smoking is prohibited
- Additional tobacco cessation support is needed to reduce e-cigarette initiation
- Shops should not be allowed vaping in their stores, use of demonstration tester instead

In-person consultations with business improvement executives and Restaurant, Hotel, Motel business representatives

OPH arranged to attend an existing Ottawa Council of BIAs Executive meeting to engage business improvement association (BIA) executives from the fifteen Ottawa BIAs. Eight out of the fifteen BIA executives provided consultation. One additional BIA executive emailed their opinions. Overall comments included;

- The direction should be broad and encompassing and have limited loop holes
- The direction taken must be standardized so that it is fair for all

Specific comments relating to water- pipes

- Full support to regulate. Cannot restrict adults from doing certain behaviours so need to be reasonable in order to protect others.
- Regulate to protect the workers but need to find a fine balance to not over regulate.

Specific comments relating to electronic cigarettes

- E-cigarettes are helping smokers quit and this is seen to be helping reduce litter in our area
- Some customers think people are smoking and report it, as it bothers some customers
- Vast majority of businesses do not allow vapourizing on their properties, and that is their choice- waiting for the province may be the best
- Scent –free buildings: we may have to go the same way as scent free buildings; this must be a consideration

Specific comments relating to medical marijuana

- Regulations for marijuana shops is needed, as they will be popping up everywhere.
- Businesses need to be proactive and do not allow medical marijuana smokers

OPH also arranged to meet with representatives from the Ottawa Chapter of the Ontario Restaurant, Hotel, and Motel Association. Two representatives attended. Overall comments included;

- Use a broad definition of smoking

Specific comments relating to water- pipes

- Regulation would reduce smells in hotel rooms costs associated with cleaning

Specific comments relating to electronic cigarettes

- Many restaurant owner already restrict employees use of e-cigarettes with work place policies since restaurant and hospitality are high tobacco users

Conclusion

Ottawa Public Health undertook a comprehensive consultation process to solicit input from several stakeholders on the potential of regulating non-tobacco combustible substances and electronic cigarettes in public places and work places. Consultations obtained over 1700 responses from on-line, telephone and in-person consultations.

Overall opinion from various stakeholders showed support for regulation of non-tobacco combustible substances and e-cigarettes in public places and work places that create second hand smoke and second hand vapour.

Business owners of water pipe establishments were overall in agreement to regulating non-tobacco combustible substances that create second hand smoke but identified licensing as the preferred option. This is a different opinion from BIAs, ORHMA and health and social service partners who raised concern about the health of the employee and the duty to protect their health.

According to the public telephone survey, knowledge of the health effects of non-tobacco combustible substances that create second hand smoke and vapour seems to be low and may affect perceptions of whether these substances should be regulated. This was also seen in the on-line survey whereby respondents felt there no health risk associated with non-tobacco substances or that there were less risks of vaping. Increase awareness of health effects of substances and de-normalizing smoking behaviours through education campaigns were recommended by health and social service partners to bridge this knowledge gap. Water pipe business owners acknowledged there may be a lack of awareness of their patrons and agreed to facilitate increasing knowledge of the health effects of water pipes and not provide entrance to people less than 19 years.

Through-out the in-person, telephone and on-line consultations accommodation of medical marijuana users was identified. Most respondents stated there should not be an exception for medical marijuana. Some business owners felt the issues could be left to the discretion of the employer and employee.

OPH consultations covered all areas stipulated in the Board of Health's direction, including public consultation, as well as business and community group consultation. Next steps will be to share findings with City of Ottawa departments to explore feasible options to regulate the smoking of non-tobacco combustible substances and electronic cigarettes in work places and public places in Ottawa.

Appendix A: Detailed Analysis of the Random Telephone Public Survey Results 2016

Methodology

The consultation was available in both English and French and consisted of fourteen close ended questions. Four hundred and two Ottawa residents completed the randomized telephone survey between January 11 to 17, 2016. Data results are weighted to reflect the Ottawa population.

Responses

Four hundred and two responses were received.

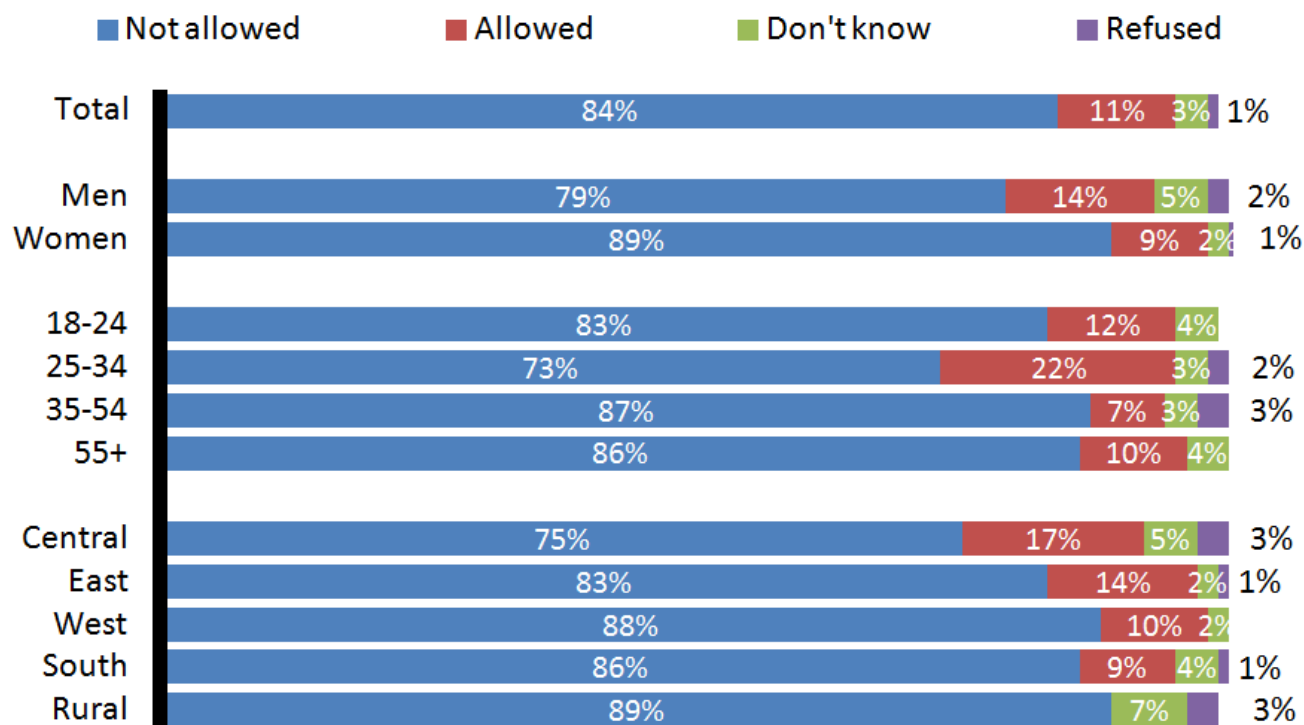
Table 1: Response Rate by Gender

Gender	Percentage
Male	49%
Female	51%

Table 2: Response Rate by Age Group

Age group	Percentage
18-24	13%
25 to 34	17%
35 to 54	38%
55 and up	32%

Question 1: Do you think that the use of all non-tobacco substances that create second-hand smoke, should not be allowed where tobacco smoking is also not allowed, meaning in enclosed public places and workplaces, restaurant patios and municipal properties, or should it continue to be allowed (n=402)?



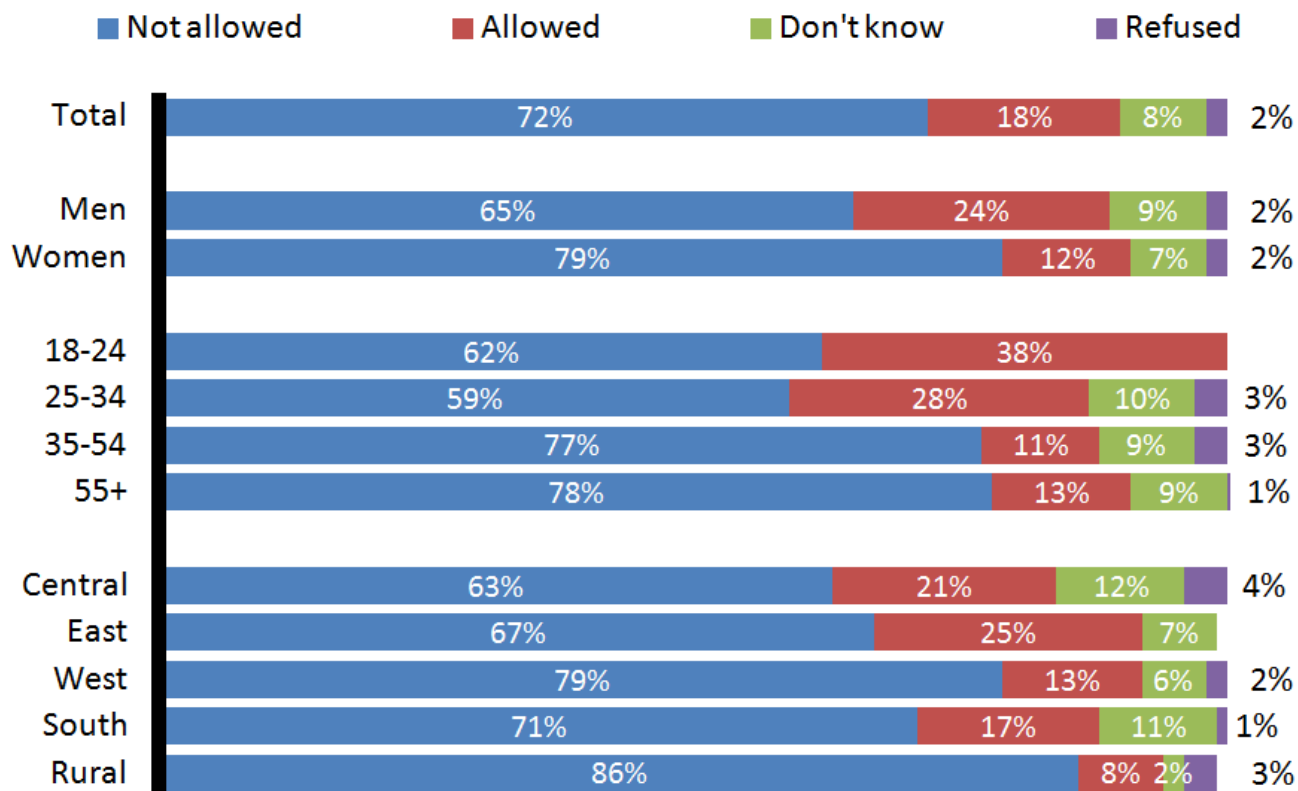
Question 2a: Are there any reasons when the use of non-tobacco substances that create second hand smoke would be acceptable in public places and work places (n=340)?

- For medical conditions-15%
- If it was a designated/enclosed public smoking area-6%
- If it was in an outdoor space-3%
- Along as there was no second hand smoke around children-1%
- Never acceptable-69%

Question b: Why do you say that Second Hand Smoke from non-tobacco substance should be allowed (n=43)?

- Non-tobacco substance don't pose a risk/aren't a health concern- 37%
- I believe in personal freedom/it's a personal choice/ too much government regulation-28%
- It doesn't bother me/ doesn't affect me-24%
- Other- 16%

Question 3: Do you think that the use of all non-tobacco substances that create second hand vapours or fumes such as those used in e-cigarettes should not be allowed where tobacco smoking is also not allowed(n=402)?



Question 4a: Are there any reasons when the use of non-tobacco substances that creates second hand vapour would be acceptable in public places and work places (n= 294)?

- For medical use- 6%
- If it was in a designated area-3%
- If it was in an outdoor space- 2%
- If research was able to show that second hand vapour wasn't harmful-2%
- As long as there was no second hand vapour around children – 1!
- Never acceptable- 78%

Question 4b: Why should second hand vapour be allowed (n=66)?

- Vaping is better for your health-63%
- Vaping helps people quit-13%
- I believe in personal freedom/ it's a personal choice/ too much government regulation-11%
- It doesn't bother me-10 %

Appendix B: Detailed Analysis of the Public On-line Consultation Results 2016

Ottawa Public Health conducted an on-line consultation to assess public support to potentially regulate non-tobacco combustible substances and electronic cigarettes in public places and workplaces from January 7, 2016 to January 24, 2016.

The on-line consultation component of the public consultation plan was made publicly accessible beginning January at www.ottawa.ca/tobacco and closed on January 24, 2016. The survey was available in both English and French and consisted of eleven short questions and one open text comment box for residents to voice their opinion and concerns. Data were collected using FluidSurveys and analyzed using Stata version 14.0 and Excel.

The on-line consultation, available in both English and French, consisted of eleven short questions and one open text comment box for residents to voice their opinion, concerns and/or support about the potential to regulate non-tobacco combustible substances and e-cigarettes.

As the on-line consultation is a convenience sample, analysis results cannot be generalized to the Ottawa population. The descriptive analysis that follows describes only the characteristics and opinions of those who elected to complete the survey.

Characteristics of Responders (n=1336)

- During the survey period a total of 1336 respondents provide a partial or complete survey.

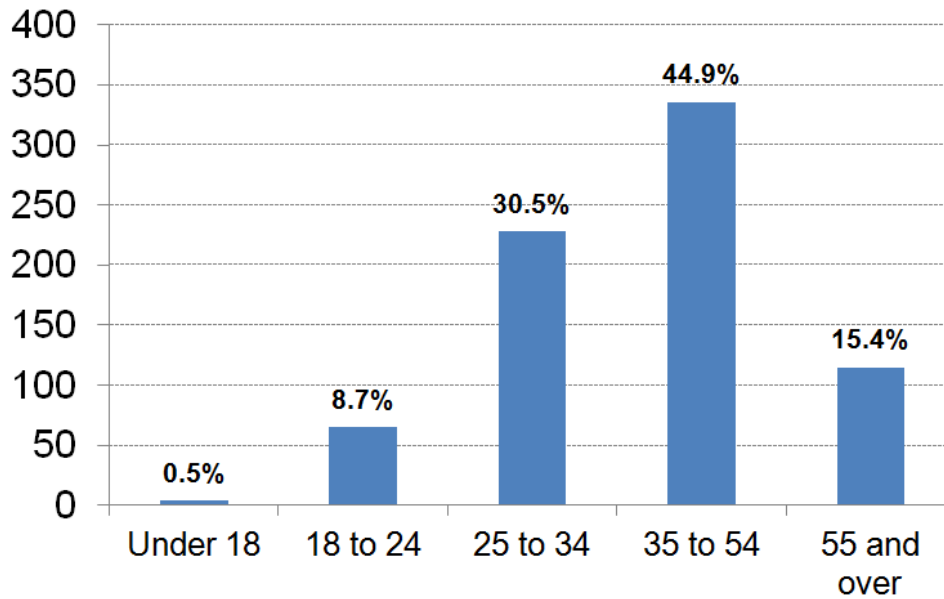
Where were respondents from?

Approximately 56% of respondents provided an Ottawa forward sortation area (FSA), 33% provided a non-Ottawa FSA and 11% did not provide an FSA. Those with a non-Ottawa FSA were 20% more likely to oppose regulating nontobacco substances like tobacco and were about 40% more likely to oppose regulating vaping like tobacco. Despite this difference, the intent of the consultation was to assess, as best as possible, individuals and organizations in Ottawa so the following analysis only considers those with an Ottawa FSA (n=749).

Who are the respondents?

Respondents were well represented from most age categories. Figure 1 shows the distribution of responses by age category.

Figure 1: Respondents by age category (n=748)



Respondents were asked to select a group to which they belonged. Responses were grouped hierarchically because respondents were allowed to provide more than one group selection. Most respondents (74%) identified as being members of the general public. Table 3 below shows the respondents by group in the hierarchy (e.g. if someone identified that they were a hookah lounge owner and a member of the general public, their group membership was assigned to hookah lounge owner). Reviewing the “Other” respondent category, a health professional category was constructed which included dental health, medical and addictions health professionals.

Table 3: Respondents by group type (n=749)

Group type	Number	Percent of respondents
Hookah lounge owner	1	0.1%
Hookah employee	2	0.3%
Vapour lounge owner	1	0.1%
Vapour lounge employee	1	0.1%
Supply	12	1.6%
Hospitality/restaurant/hotel owner	8	1.1%
Hospitality/restaurant/hotel employee	20	2.7%
Other business	77	10.3%
BIA	3	0.4%
Health professional	18	2.4%
Public	553	73.8%
Community/advocacy group/health agency	19	2.5%
Other	34	4.5%

Thirteen percent of respondents said they'd used non-tobacco substances in the past 30 days and 33% said they'd used a vaping substance in the past 30 days.

What are the respondent's views?

Respondents were asked if they thought the use of non-tobacco combusted substances or vaping substances should be prohibited as are tobacco substances. They were also asked if their might be any exemptions to that prohibition. Responses to these two questions were re-coded to "Yes" if they felt tobacco substances should be treated like tobacco, "Yes with exceptions" if they thought there may be an exception to the rules and No if they felt it shouldn't be treated like tobacco. Overall, 66.2% of respondents supported regulation or regulation with exemptions. Table 4 shows the responses by group membership. Responses of "don't know" account for about 1% of all respondents and so were excluded to enhance the clarity. Support for treating non-tobacco substances similarly to tobacco was highest among health professionals (83.3%), those representing a group (73.7%) and the general public (57.1%). Venue owners (100%), business associations (100%), supply companies (58.3%) and the hospitality/restaurant owners (62.5%) were less likely to support treating non-tobacco substances like tobacco.

Table 4: Views on regulating non-tobacco combustible substances like tobacco (n=739) "Don't know" category is not included.

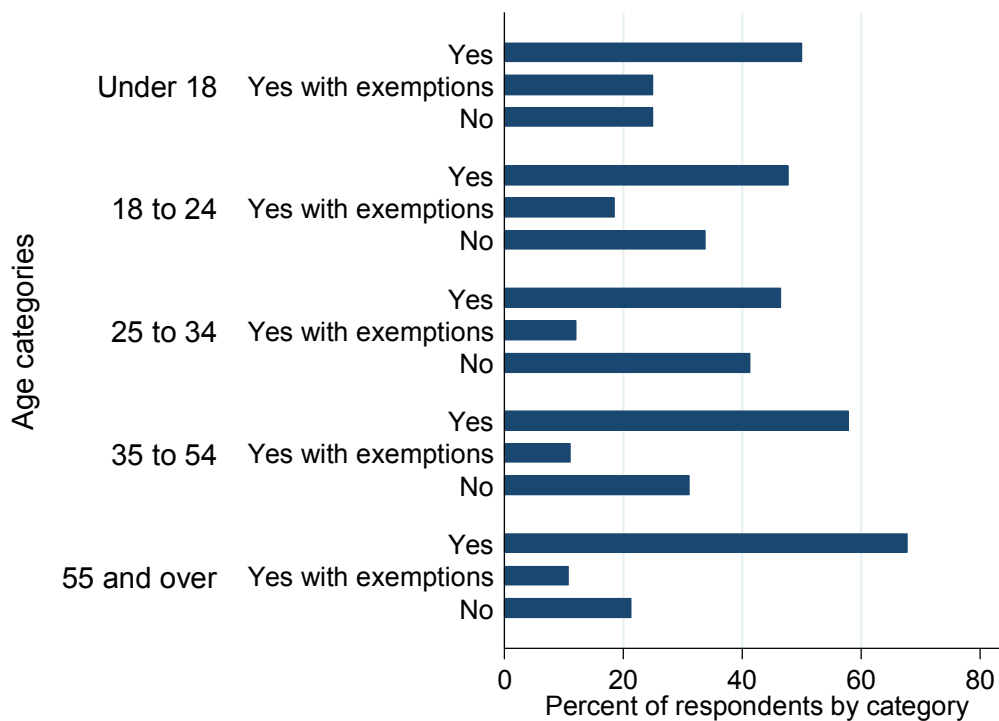
Group	Yes	Yes with exceptions	No
Hookah venue owner	0 (0%)	0 (0%)	1 (100%)
Hookah venue employee	0 (0%)	1 (50%)	1 (50%)
Vapour lounge owner	0 (0%)	0 (0%)	1 (100%)
Vapour lounge employee	0 (0%)	1 (100%)	0 (0%)
Supply	2 (16.7%)	3 (25%)	7 (58.3%)
Hospitality/restaurant owner	2 (25.0%)	1 (12.5%)	5 (62.5%)
Hospitality/restaurant employee	7 (35%)	3 (15%)	10 (50%)
Other business	40 (53.3%)	9 (12.0%)	26 (34.7%)
BIA	0 (0%)	0 (0%)	3 (100%)
Public	312 (57.1%)	63 (11.5%)	171 (31.3%)
Community/advocacy group/health agency	14 (73.7%)	1 (5.3%)	4 (21.1%)
Other	14 (42.4%)	4 (12.1%)	15 (45.5%)

Group	Yes	Yes with exceptions	No
Health professional	15(83.3%)	3 (16.7%)	0 (0%)
Overall	406(54.9%)	89 (12.0%)	244(33.0%)

Approximately 35 surveys with an Ottawa FSA made comments about vaping in the question for non-tobacco combustibles. Approximately 2/3 of these had identified as members of the public. The exclusion of these responses was evaluated to assess the impact on the level of agreement if the assumption was made that these responses were actually about vaping. There was a slight increase in those agreeing with restriction or restriction with exception to 66.1% from 68.6%. Given the small impact excluding these responses made, the decision was made not to exclude them because excluding them would only be based on an inference from the text response.

Figure 2 shows views on restriction by age. In general, those over 35 appear to more strongly support restriction than younger age groups.

Figure 2: Views on regulating non-tobacco combustible substances like tobacco (n=738) by age group. "Don't know" category is not included



The exemption responses were reviewed for everyone who responded that non-tobacco substances should be regulated but some exemptions should be made. Responses from individuals who identified that no regulation should be made were not reviewed because the exemption would be irrelevant in the absence of restrictions. Text responses in the “Other” category were aggregated to new categories where possible if they were not included in the forced choice options that were provided. Of those who thought non-tobacco substances should be regulated but exemptions should be made (n=89), 73.0% felt that exemptions should include medical prescription, 25.8% felt that exemptions should be made for non-tobacco substances with no risk and 13.5% felt there was too much regulation. Text responses that did not duplicate forced choice options (n=16) included use in designated areas (n=5), religious or cultural practices, (n=4), private events (n=1), in places of treatment or where people with medical necessity were working (n=1), and individual business decisions (n=1). Two responses mentioned incense as a particular type of combustible non-tobacco substance. Other responses expressed general opinions and did not specify an exemption for tobacco substances.

Of respondents, 12.3% said they’d used a non-tobacco substance in the past 30 days. These, individuals (n=91) were twice as likely to support unregulated use of non-tobacco substances (65.9%) compared to the respondents who had not (28.3%). However, 34% of those who reported using a non-tobacco substance in the last 30 days supported restriction or restriction with exemptions.

Respondents were also asked whether vaping should be restricted similar to smoking tobacco. Overall, 52.7% of respondents supported regulation of vaping or regulation with exemptions. Table 5 shows the responses by group membership. Those who responded “don’t know” to the regulation question were excluded for clarity and represent less than 1% of the total respondents.

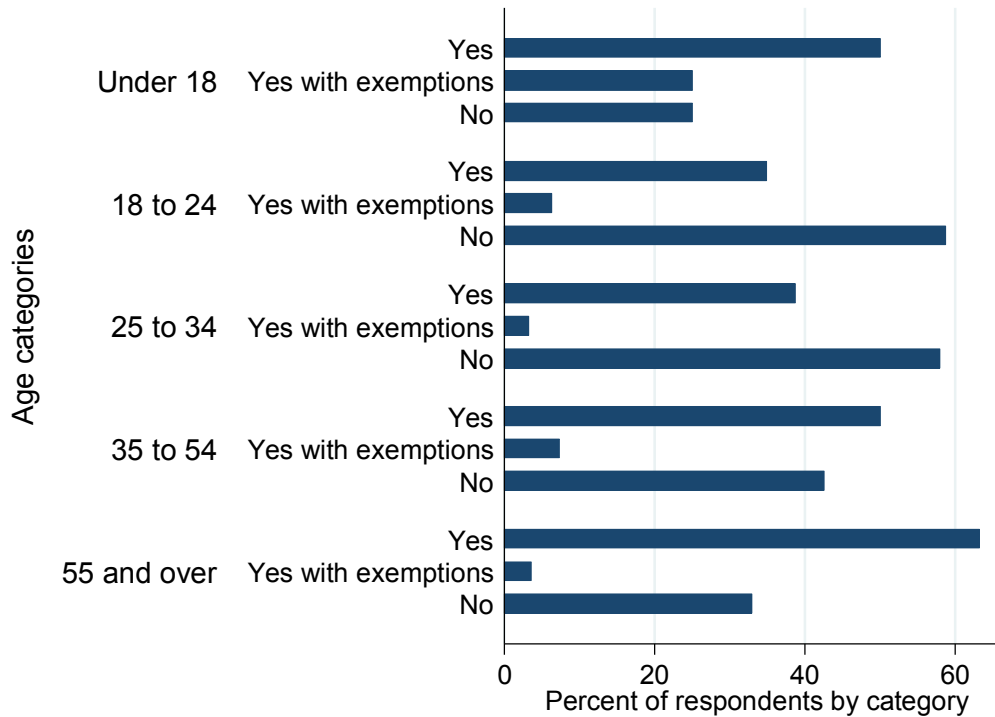
The exemption responses were reviewed as per the method for non-tobacco combustibles. Text responses in the “Other” category were aggregated to new categories where possible if they were not included in the forced choice options that were provided. Of those who thought vaping should be regulated but exemptions should be made (n=40), 52.5% felt that exemptions should include medical prescription, 40.0% felt that exemptions should be made for non-tobacco substances with no risk and 12.5% felt there was too much regulation. Text responses (n=9) included use in designated areas (n=4), in places of treatment or where people with medical necessity were working (n=2), in vaping shops for demonstration purposes (n=1), or smoking cessation purposes (n=1). One response did not specify the exemption.

Table 5: Views on regulating vaping substances like tobacco (n=725). “Don't know” category is not included

Group	Yes	Yes with exceptions	No
Hookah venue owner	0 (0%)	0 (0%)	1 (100%)
Hookah venue employee	0 (0%)	1 (50%)	1 (50%)
Vapour lounge owner	0 (0%)	0 (0%)	1 (100%)
Vapour lounge employee	0 (0%)	0 (0%)	1 (100%)
Supply	0 (0%)	0 (0%)	12 (100%)
Hospitality/restaurant owner	2 (25.0%)	0 (0%)	6 (75.0%)
Hospitality/restaurant employee	6 (31.6%)	1 (5.3%)	12 (63.2%)
Other business	32 (42.1%)	7 (9.2%)	37 (48.7%)
BIA	0 (0%)	0 (0%)	3 (100%)
Public	265 (49.5%)	27 (5.1%)	243 (45.4%)
Community/advocacy group/health agency	14 (77.8%)	1 (5.6%)	3 (16.7%)
Other	8 (25%)	2 (6.25%)	22 (68.8%)
Health professional	16 (94.1%)	1 (5.9%)	0 (0%)
Overall	343 (47.3%)	40 (5.5%)	342 (47.2%)

Views on restriction by age are shown in Figure 3. In general, those under 18 and those over 55 appeared to more strongly support restriction. Those aged 18 to 34 were more likely to oppose regulating vaping and the 35 to 54 age group had a slight tendency towards regulation.

Figure 3: Views on vaping (n=724) by age group. “Don't know” category is not included



Those who had vaped in the past 30 days (n=244) were nearly four times as likely to oppose regulation on vaping use (92.6%) compared to those who had not (24.1%). Only 7.4% of those who had vaped in the past 30 days thought that use should be restricted the same as tobacco or with exemptions.

Those who felt non-tobacco substances should be unregulated felt that vaping should also be unregulated (96.7%). However, of those who felt vaping should be unregulated, only 69.2% felt that non-tobacco substances should also be unregulated. This means that 30.8% of those who felt that vaping should be unrestricted felt that non-tobacco combustibles should be restricted (16.5%) or restricted with some exemption (14.4%).

Summary of Comments from on-line consultation

Themes from question number twelve; do you have any additional comments on this topic were themed. A total of 584 comments related to question number one were analyzed.

Analysis of comments

Those supportive of the prohibiting non-tobacco combustibles that create second hand smoke provided comments such as;

- "Savings lives should be a priority"
- "Reducing all smoking behavior will build a healthier Ottawa"
- "The argument of medicinal proposes frustrate me because I don't expose others to my medication and generally speaking I take my medications in private."
- "If the Province is not going to take action than the City needs to create by-laws to protect its residents sooner rather than later."
- "People can do what they like in their houses, no reason that they should force others to breathe in their smoke because of their own failings as addicts. No one should be forced to be subject to hazardous chemicals because of an others life decisions."
- "Not fair for other people around to have to be around the smoke. Especially if we don't know all the side effects yet"
- "I can't pay taxes to be used to recover a person who chose to destroy his health and the health of whom surround him!"

Those opposed to prohibiting non-tobacco combustibles that create second hand smoke provided comment such as:

- "Don't limit the choices people have to leave analog smoking behind. Newer, healthier options need to be a choice for people to make on their own."
- "An establishment that allows exclusively one type of activity (ie shisha, cigars) and the public is made aware of that before entering, should be allowed to exist."
- "It is not the city's business and the city should be dealing with more important issues."
- "Why not just allow places to be created to have users go to. Allow non users the freedom to choose if they want to visit these places. Stop micro managing people's behavior."
- "Public health has been going outside of its scope this type of regulation is a Provincial mandated not a Municipal one. I believe it should be left to choice, if I know of someplace that can be toxic to my health I will choose based on an informed decision. Restaurants, businesses should be able to set their own policies and not forced under regulations. Protecting workers I can agree with to an extent based on proximity i.e. 9 meters in an area with good ventilation. I don't think my comments will matter anyway, the biased decision has already been made and this survey is just a formality."

Those supportive of prohibiting non-tobacco combustibles that create second hand vapour provided comment such as:

- "No longer can the term 'there isn't enough data' be used to regulate vaping into the black market. There are lives to be saved here. Not only that but hospital rooms to be freed, streets to be cleaned and healthier lives for everyone. It's time to "suck it up" and conclude that the health and well being of the citizens trumps all of these big players and tax dollars. Do the right thing."
- "There needs to be more awareness on the dangers of hookahs and e-cigarettes"

Those opposed to prohibiting non-tobacco combustibles that create second hand vapour provided comment such as:

- “Throwing e-cigarettes in the same boat as tobacco or marijuana shows a lack of understanding for the product.”
- “We have evidence that smoke kills but vapour is NOT smoke. When put into proper context as "smoke vs. vapour" the public health should not be trying to slay it as a the dragon that is smoking.”
- “Hopefully Ottawa Public Health will make the right call with this information. If the research is done correctly, second hand vapor has little to no effect on the surrounding people as long as the place is ventilated (open window, fan, etc). I have no problem because they do not cause horrendous odour like cigarettes.”
- “if we are to crack down on a non harmful annoying cloud of bad smells, maybe we should be looking at the perfume industry first”
- “While I agree that smoke resulting from combustion produces harmful chemicals and fumes, I disagree that vapour from electronic cigarettes is harmful. In fact, while I pay close attention for peer-reviewed studies, I have yet to encounter an unbiased study that shows that e-cig vapour is harmful; rather, I have found the opposite on many occasions. Vapour might be considered a nuisance inside enclosed areas, but it should not be treated in the same fashion as truly harmful substances like tobacco, or even in the same fashion as other combustible substances.”
- “Propylene glycol - Anti-microbial, Anti-bacterial, ant-fungle, freezing point -70, Vegetable glycerin - Anti-microbial, Anti-bacterial, anti-aging, freezing point -40..... FACT!!!!!! Liquid Nicotine - mild neurological stimulant used to treat and prevent Alzheimer and just slightly more addicting as coffee..... FACT!!!!!!”

Appendix C: Data Tables

Question 1: Do you think that the use of all non-tobacco substances that create second-hand smoke, should not be allowed where tobacco smoking is also not allowed, meaning in enclosed public places and workplaces, restaurant patios and municipal properties, or should it continue to be allowed (n=402)?

	Not allowed	Allowed	Don't know	Refused
Total	84%	11%	3%	1%
Men	79%	14%	5%	2%
Women	89%	9%	2%	1%
18-24	83%	12%	4%	
25-34	73%	22%	3%	2%
35-54	87%	7%	3%	3%
55+	86%	10%	4%	
Central	75%	17%	5%	3%
East	83%	14%	2%	1%
West	88%	10%	2%	
South	86%	9%	4%	1%
Rural	89%		7%	3%

Question 3: Do you think that the use of all non-tobacco substances that create second hand vapours or fumes such as those used in e-cigarettes should not be allowed where tobacco smoking is also not allowed(n=402)?

	Not allowed	Allowed	Don't know	Refused
Total	72%	18%	8%	2%
Men	65%	24%	9%	2%
Women	79%	12%	7%	2%
18-24	62%	38%		
25-34	59%	28%	10%	3%
35-54	77%	11%	9%	3%
55+	78%	13%	9%	1%
Central	63%	21%	12%	4%
East	67%	25%	7%	
West	79%	13%	6%	2%
South	71%	17%	11%	1%
Rural	86%	8%	2%	3%

Figure 1: Respondents by age category (n=748)

Age category	Number of respondent	Percentage of respondent
Under 18	4	0.5%
18 to 24	65	8.7%
25 to 34	228	30.5%
35 to 54	336	44.9%
55 and over	115	15.4%