Toward a Smoke-Free Ontario: Progress and Implications for Future Developments (2005–2006)

Ontario Tobacco Research Unit

December 2007

Suggested Citation. Ontario Tobacco Research Unit. (2007, December). Toward a Smoke-Free Ontario: Progress and Implications for Future Developments, 2005–2006. [Special Reports: Monitoring and Evaluation Series (Volume 12, No. 3)]. Toronto, ON: Ontario Tobacco Research Unit.

Preface

Report three was prepared by John Garcia and Shawn O'Connor. It draws upon material in the first two reports in this series, and uses analyses prepared for this report by Lise Anglin, Shawn O'Connor, and Tom Stephens. The report benefits from comments on earlier drafts by Joanna Cohen, Robert Schwartz, Steve Brown, Sue Bondy, and Tom Stephens. Sonja Johnson provided production assistance.

The full *Monitoring and Evaluation Series* for 2005–2006 consists of:

Number 1: *The Tobacco Control Environment: Ontario and Beyond*—which conducts an environmental scan of policy initiatives across Canadian and international jurisdictions, with an emphasis on developments in the province of Ontario.

Number 2: *Indicators of Smoke-Free Ontario Strategy Progress*—which is a presentation of quantitative data from a variety of surveys and other sources measuring recent progress in tobacco control in Ontario; and

Number 3: *Toward a Smoke-Free Ontario: Progress and Implications for Future Developments, 2005–2006*.

Acknowledgements

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Smoke-Free Ontario Strategy: Progress and Implications

- Ontario increased its tobacco control budget from approximately $30 million in 2004/05 to $51 million in 2005/06. This commitment kept Ontario among the leading Canadian jurisdictions in terms of per capita (planned) investment at $4.01 per capita.
- The *Smoke-Free Ontario Act* and Regulation came into effect on World No Tobacco Day (May 31st) 2006, with much of the advance work done in 2005/06. This *Act* was enacted to eliminate secondhand smoke in indoor public places and workplaces, restrict point-of-sale advertising, and strengthen regulations on the sale of tobacco products to minors.
- The Ontario Government previously committed to raise tobacco taxes to the national average. Tobacco taxation increased in Ontario during 2006, with a $1.25 tax increase on a carton of 200 cigarettes ($0.63 on 100 grams of roll-your-own tobacco). However, Ontario's tax on cigarettes remains the second-lowest among Canadian provinces.
- The Government committed to reduce per capita sales of tobacco products by 20% for the period 2003 to 2007. From 2003 to 2005, per capita sales fell by 18.7%, representing 2.6 billion fewer cigarettes sold in Ontario. Continued monitoring of tobacco sales, and the effect of illicit sales on the market, should be a continued priority.
- In 2005, there were 1.6 million current adult smokers in Ontario (representing 16% of the population). (CTUMS 2005)

> In 2005/06, the Government of Ontario made substantial progress toward eliminating Ontarians' exposure to secondhand smoke (i.e., protection), deterring initiation and uptake of tobacco products (i.e., prevention), and increasing quitting behaviour and eliminating the use of tobacco products (i.e., cessation). Progress toward these goals will reduce the burden of disease, disability, and death caused by tobacco.

Increasing Protection: Progress and Implications

- Overall, Ontario made significant progress in the area of secondhand smoke protection during 2005/06 owing largely to the provincial *Smoke-Free Ontario Act*, which came into effect on May 31, 2006. This *Act* replaced the patchwork of local bylaws, offered a minimum uniform standard, and was intended to eliminate indoor exposure to secondhand smoke in public places and workplaces including restaurants and bars.
- In 2005 (prior to implementation of the *Act*), trade and farm workers were about twice as likely to be exposed to secondhand smoke as professional and managerial workers (i.e., 43% vs. 22%). (CAMH-M 2005)
- In 2005, more than 600,000 Ontarians aged 12 years and older (or 7%) were exposed daily or almost every day to smoke in the home; close to one in ten (8%) reported exposure to secondhand smoke in vehicles (CCHS 2005). Seventy-eight percent of Ontarians, including

two thirds of smokers, supported a legal ban on smoking in cars while children are present. (CAMH-M 2005)

> **Protection Implications**
>
> Despite the view in some quarters that the smoke-free policy issue has largely been resolved, the evidence suggests a strong need for additional Government and private intervention to achieve the goal of a smoke-free Ontario. In particular, exposure to smoke among blue-collar workers, children in vehicles and homes, and on restaurant and bar patios is a continuing concern and needs to be monitored closely in future years.

Increasing Prevention: Progress and Implications

- In 2005/06, the Government's commitment to prevention interventions oriented to youth (and young adults) substantially increased to approximately $6.2 million. These funds were allocated to Youth Action Alliances; Youth Advocacy Training Institute (a provincial resource centre supportive of Youth Action Alliances); school programs, including training for teachers (Lungs Are For Life); grants to high schools; and support for comprehensive school health development. Additional resources were allocated to Aboriginal tobacco programs, with a substantial emphasis on youth tobacco-wise educational programs.
- Progress was observed on a number of fronts. There was a significant improvement in the percentage of students who had never taken a puff of a cigarette, increasing to 67% in 2005 from 57% in 2003. (OSDUS 2005)
- In 2005, the prevalence of past-year smoking by Ontario students reached its lowest level since reporting began in 1977. From 2003 to 2005, the prevalence of past-year smoking decreased in all grades with a statistically significant decline noted among grade 12 students (30% to 23%). (OSDUS 2005)
- Prior to the implementation of the *Smoke-Free Ontario Act* in May of 2006, a substantial number of tobacco retail vendors in Ontario (88%) were in compliance with the legal prohibition on selling tobacco to minors. Further, 77% of vendors asked for age identification of a test shopper and another 12% asked questions about the shopper's age. (Schwartz et al., 2006)
- Sixty-seven percent of all underage smokers received their last cigarette from a social source (i.e., the cigarette was bought or given to them by friends or family) and more than half (57%) believed cigarettes were easy to obtain. (OSDUS 2005)

> **Prevention Implications**
>
> Overall youth access to tobacco products remains a concern and should continue to be monitored.
>
> Despite substantial progress by the Government in advancing a youth-oriented approach, in 2005/06 the verdict was still out on the impact of these interventions in

> Ontario in large part due to the early stage of implementation. However, it appears promising that the combination of increased investment, school and community-based interventions, mass media, and policy initiatives will have contributed to the reduction in tobacco use observed among youth and young adults.

Increasing Cessation: Progress and Implications

- In 2005/06, Ontario allocated about $13.2 million to various cessation initiatives. This included enhanced funding to the Smokers' Helpline and to the Clinical Tobacco Intervention; additional funds were provided to public health agencies to develop innovative workplace-based and cessation interventions; funding was provided for a study that explored the effectiveness of distributing free nicotine replacement therapy to smokers (the STOP study); and the Government funded a new program to train service providers in essential clinical counselling skills (known as TEACH), with the aim of enhancing the capacity of the health system to provide smoking cessation services.
- In 2005, 16% of Ontario adults were current smokers. (CTUMS 2005)
- According to the 2005 Canadian Community Health Survey, current smoking was highest among 25–29 year old men at 39%, almost double that of their female counterparts (at 21%). The pattern of higher smoking rates among males than females occurred in all age categories (age 12 and older) with the exception of the age range 45–54, where there were no differences between the sexes.
- In 2005, current smoking rates (age 12+) varied substantially among public health units, ranging from a low of 15% (York) to a high of 29% (Haldimand-Norfolk and Porcupine). Diverse smoking rates by region underscore the need for targeted cessation services. (CCHS 2005)
- Over half of Ontario smokers (54%) in 2005 expressed an intention to quit within 6 months. Compared to other provinces, Ontario smokers were least likely to express intentions to stop smoking within 30 days or 6 months. (CTUMS 2005)
- In 2005, close to half of all current smokers (46%) in Ontario made a serious attempt to quit at least once in the previous year, with half of these respondents making two or more attempts (52%). (CAMH-M 2005)

> **Cessation Implications**
>
> Smoking continued to be concentrated among men, blue-collar workers, and adults with only high school or less education, which underscores the need for cessation services for these groups.
>
> In recent years, the Smoke-Free Ontario Strategy and its partners have focused on engaging youth and preventing smoking, as well as eliminating secondhand smoke from public places and workplaces. As the Strategy matures, additional effort will need to be undertaken to realize the goal of motivating and supporting the sizable number of smokers in Ontario to stop smoking.

Introduction

This report is organized around the three major goals of the Smoke-Free Ontario Strategy. These goals, which were supported by the Government of Ontario in 2003/04, were based on the strategic direction set forth by the Steering Committee of the Ontario Tobacco Strategy earlier in 2003. The ultimate objective of the Strategy is to eliminate tobacco-related illness and death in Ontario. The three goals are:

- **Protection**: To eliminate Ontarians' exposure to secondhand tobacco smoke
- **Prevention**: To prevent smoking initiation and regular use among children, youth, and young adults
- **Cessation**: To motivate and support quit attempts by smokers

The following sections of this report are organized by these separate goal areas. Each section highlights project activity and summarizes key indicators of progress. Each concludes by considering the implications of the evidence.

As in past years, this report considers evidence that is presented in more detail elsewhere, particularly Reports Number 1 and 2 of Volume 12 of the Ontario Tobacco Research Unit's annual *Monitoring and Evaluation Series*.

Overall Progress

In May 2005, Ontario committed slightly more than $51 million to tobacco control, up from $30.1 million in the 2004–2005 fiscal and from $10 million annually for 1999–2003. A series of new legislative and program initiatives was also announced over the course of the following months, and these dramatically changed the face of tobacco control in Ontario.

Ontario's 2005/06 allocation of $51 million for tobacco control amounted to a funding level of $4 per capita—which, relative to other Canadian jurisdictions, was behind only the Yukon and Northwest Territories in terms of per capita funding, and was first in absolute terms (see Report 1, *The Tobacco Control Environment: Ontario and Beyond*, November 2006, for additional information). However, Ontario is still below funding levels recommended by the CDC and implemented by several other jurisdictions (e.g., Maine or New York).

Based on Ontario budget allocations, priority was clearly given to the initial roll-out of a substantial tobacco control program focusing on youth and young adults (see Table 3.1). Priority was also given to the implementation of the *Smoke-Free Ontario Act* and Regulation. In spite of the initial commitment to youth prevention and compliance with the law, smoking cessation received a substantial amount of investment, along with an investment in public (mass media) education campaigns. The Government has acknowledged the need for a more comprehensive and systematic strategy to motivate and support cessation. The Ministry of Health Promotion has also engaged, and

continues to engage, Smoke-Free Ontario partners in a discussion about system requirements for cessation.

Table 1: Preliminary Budget Allocations, by Ministry of Health Promotion Program Categories, 2004/05 and 2005/06 Fiscal Years

Program Budget Category	2004/05 Allocation	2005/06 Allocation
Capacity Building	$2,202,000	$7,730,000
Youth and Young Adult Programs	$816,560	$6,168,600
Province-wide Programs	$3,438,475	$3,664,520
Mass Media and Public Relations	$13,606,519	$13,556,519
Aboriginal Programs	$400,000	$2,000,000
Cessation Programs	$5,367,000	$13,238,400
Research, Evaluation and Surveillance	$3,592,971	$4,000,000
Government Services	$615,481	$645,481
TOTAL ALLOCATION	**$30,039,006**	**$51,003,520**

A summary of major tobacco control activities funded under the aegis of the Smoke-Free Ontario Strategy for the fiscal year ending March 2006 is presented in Appendix 3-A. This appendix provides an overview of each funded initiative, the strategic component of tobacco strategy logic models to which they are linked and key organizations involved in their implementation. It is often the case that programs or policy initiatives within the Smoke-Free Ontario Strategy contribute to multiple prevention, cessation or protection goals. From the summary presented in Appendix 3-A, it is apparent that in 2005/06 the Government had begun to follow through with its commitment to advance a comprehensive integrated tobacco control strategy for Ontario.

It should be noted that the Smoke-Free Ontario Strategy, while enhancing substantially the Government's commitment to tobacco control, is not the only element of Ontario's tobacco strategy. For example, under the Chronic Disease Mandatory Health Programs and Services Guidelines pursuant to the *Health Protection and Promotion Act*, local boards of health are required to implement comprehensive tobacco control. (Note: these guidelines are currently being revised into new public health standards). In addition, physicians are reimbursed for counselling patients to stop smoking, and various other programs promote non-smoking as a key element of healthy living and chronic disease prevention and management initiatives (e.g., Community Health Centres, Centre for Addiction and Mental Health, Cancer Care Ontario, Family Health Teams, etc.). Furthermore, the Federal Tobacco Control Strategy invests in tobacco control in Ontario, although this is not a reliable, sustained, or coordinated aspect of tobacco control in the province.

In the spring of 2005, Ontario committed $50 million to a Tobacco Community Transition Fund, of which $35 million was allocated to assist tobacco growers wishing to exit the industry, and $15 million was set aside to encourage economic diversification and innovation in tobacco-growing communities. This Fund was intended to complement the then-current Ontario Tobacco Strategy

and a previously announced federal transition assistance program (amounting to $71 million) for tobacco growers in Ontario and Quebec.

In recent years, there has been considerable progress toward the Strategy goals of protection, prevention, and cessation. However, to comprehensively evaluate the overall impact of the Smoke-Free Ontario Strategy, studies of sufficient duration and depth are required. These studies are currently underway, and a more comprehensive and integrated evaluation report will be prepared after the current phase of the Strategy has been in effect for at least 3 years. Nevertheless, several observations can be made about the current state of the Strategy. A discussion of progress toward each of the Strategy's goals is presented in the remainder of this report.

Progress toward the Protection Goal

In 2005/06, the Ontario Government met its 2003 electoral campaign commitment to protect Ontarians from secondhand smoke in indoor public places and workplaces within the first 3 years of its mandate. This took the form of the *Smoke-Free Ontario Act* and Regulation which came into effect on World No Tobacco Day (May 31st) 2006, which banned smoking in enclosed public places and enclosed workplaces.

In 2005/06, the Ministry of Health Promotion invested about $5.8 million to fund positions in local public health agencies in preparation for implementation of the *Smoke-Free Ontario Act*. Additional resources (~$1.3 million) were allocated to support the Tobacco Control Area Networks in conducting regional planning, media and training activities; and resources were provided to tobacco control resource centres to contribute to capacity building through training and technical assistance. Mass media resources were also allocated to promote awareness of the Act and its provisions. Several other organizations, including the Ontario Tobacco-Free Network and the Media Network, were involved in community-based awareness activities (see Appendix 3-A).

Status in 2005/06

Select Protection Goals

- To eliminate SHS exposure in workplaces and public places including bars, restaurants, casinos, bingo halls
- To reduce SHS exposure in homes
- To reduce SHS exposure in vehicles

Indicators	2003 Status	2005 Status
% of adults reporting a total workplace smoking ban (CAMH-M)	81%	87%
% of adults reporting workplace exposure to SHS (CAMH-M)	30%	29%
% of the population covered by effective restrictions on smoking in public places (NSRA)	80%	87%
% of Ontarians (12+ years) reporting exposure to secondhand smoke in their homes (CCHS)	9%	7%
% of Ontarians (12+ years) reporting exposure to secondhand smoke in private vehicles (CCHS)	10%	8%

In recent years, Ontario has made steady progress toward the goal of reducing Ontarians' exposure to secondhand smoke. Highlights include:

- At the end of fiscal year 2005/06, the *Smoke-Free Ontario Act* and Regulation was on the verge of coming into force (on World No Tobacco Day, May 31, 2006). (Estimates of secondhand smoke exposure reported in this section reflect the pre-implementation period.)

- In 2005, the proportion of the workforce reporting a complete ban on smoking in their workplace was 87%, up from 81% of adults (18+ years) in 2003. However, 29% reported exposure to secondhand smoke at work in 2005, changing little since 2003 (30%). (CAMH-M 2005)
- In 2005, among Ontarians 15 years of age and older, exposure to secondhand smoke was 12% in restaurants, 14% in bars, and 30% on patios. (CTUMS 2005)
- In 2005, more than 600,000 Ontarians (or 7%) aged 12 years and older were exposed every day or almost every day to secondhand smoke at home, and about 650,000 (or 8%) reported exposure to secondhand smoke in vehicles. (CCHS 2005)
- There was considerable variation amongst public health units in Ontario vis-à-vis daily or almost daily household (5% to 13%) and vehicular (5% to 13%) secondhand smoke exposure. (CCHS 2005)
- In 2005, about two thirds of Ontario adults, including about half (49%) of all current smokers, supported a law prohibiting smoking in homes where children are living. Almost eighty percent (78%) supported a legal ban on smoking in cars where children are present, including about two of three current smokers. (CAMH-M 2005)

For a more complete presentation of protection indicators, see earlier reports in the 2005–2006 Monitoring and Evaluation Series (Vol. 12, No. 1 & 2).

Discussion and Implications for Protection

In 2005/06, a significant accomplishment of the Government was the proclamation of the *Smoke-Free Ontario Act,* which created 100% smoke-free indoor public places and workplaces. The Government effectively "leveled the playing field" across municipalities by providing a minimum uniform standard addressing smoking in public places, workplaces and the sale of tobacco. In addition, the Government left intact provisions of the *Municipal Act*, which specifically enabled municipalities to pass additional restrictions to control smoking (i.e., in an explicitly anti-pre-emptive manner).

In spite of clear progress, there are several areas of concern in relation to secondhand smoke exposure that will need to be addressed through future provincial regulations, local bylaws, or both. To keep pace with leading jurisdictions in tobacco control, restrictions on smoking on outdoor patios and in multi-unit dwellings, automobiles, entrances to public buildings, and other public places will need to be considered in the future.

A formative evaluation of *Smoke-Free Ontario Act* and Regulation compliance is ongoing. A comprehensive evaluation of the *Act's* contribution to reaching protection goals is planned by OTRU in future years.

Progress toward the Prevention Goal

In order to prevent tobacco product use among youth and young adults, experts suggest the need for comprehensive, integrated, population-wide strategies directed at multiple goals—using a combination of programs, policy, and mass media communication—and delivered through multiple communication channels, settings, and systems. Consistent with international best practices, Ontario invested approximately $6.2 million in 2005/06 for programs directed toward youth and young adults, within a more comprehensive initiative focused on prevention, protection, and cessation goals. Investments were also directed toward priority populations including Aboriginal peoples and enforcement and public education activities (see Appendix 3-A).

Status in 2005/06

Select Prevention Goals

- To reduce initiation of tobacco use among children, youth, and young adults
- To reduce tobacco use prevalence among children, youth, and young adults
- To decrease youth access to tobacco products

Indicators	2003 Status	2005 Status
% of students (in grades 7–12) reporting lifetime abstinence from smoking (OSDUS)	57%	67%
% of students (in grades 7–12) reporting past-year smoking (OSDUS)	19%	14%
% of grade 12 students reporting past-year smoking (OSDUS)	30%	23%
% of students (in grades 7–12) reporting past 30-day smoking (OSDUS)	8%	6%
% of grade 12 students reporting past 30-day smoking (OSDUS)	16%	13%
% of young adults (aged 20–24) who were current smokers (past 30 days) (CTUMS)	27%	20%
% of retailers were willing to sell to minors (Health Canada)	24%	23%

Prevention has been a key goal in Ontario's effort to address the tobacco epidemic in the province, and there has been considerable progress in this area. Highlights include:

- In 2005/06, the Government made a commitment to "create a peer-to-peer tobacco control campaign targeted at youth and created by youth." The Government also invested in the stupid.ca mass media initiative and linked this with a substantial commitment to Youth Action Alliances, a Youth Advocacy Training initiative, high school grants for community and school programs, university and college interventions, and curriculum promotion and training (see Appendix 3-A for additional details)
- Encouragingly, the percentage of grade 7–12 students reporting lifetime abstinence from smoking increased significantly from 2003 (57%) to 2005 (67%). The age of initiating smoking has changed substantially over time. Among Ontario students in grade 7, the onset

of having smoked a whole cigarette in grade 4 or earlier decreased from 16% in 1981 to only 2% in 2005. Over the same period, the average age at which grade 11 students reported having smoked a whole cigarette increased from 11.9 years to 13.5 years. (OSDUS)

- Consistent with the increase in lifetime abstinence, both past-year and past 30-day smoking among students in grades 7–12 decreased from 2003 (19% in past year, 8% in last 30 days) to 2005 (14% in last year, 6% in the last 30 days); although the prevalence of smoking was notably higher as grade increased. (OSDUS)
- According to the 2005 Canadian Community Health Survey, there were no sex differences in past 30-day current smoking for teens aged 15–19. However, for young adults aged 20–24 and 25–29, men were significantly more likely to smoke than women (30% vs. 22% for men and women respectively, aged 20–24 years; and 39% vs. 21% for men and women respectively, aged 25–29 years).
- A substantial portion of tobacco vendors in Ontario (88%) were found to be in compliance with the legal prohibition on selling tobacco to minors in 2005. In 77% of test shopping cases, vendors asked for age identification and another 12% asked age-related questions of test shoppers. (Schwartz et al., 2006)
- In 2005, 67% of all underage smokers received their last cigarette from a social source (i.e., the cigarette was bought or given to them by friends or family), and more than half (57%) felt that cigarettes were easy to get. (OSDUS)
- In the spring of 2006 (prior to implementation of the *Smoke-Free Ontario Act*), prominent in-store promotional displays were common in stores that sold retail tobacco.

For a more complete presentation of prevention indicators of Smoke-Free Ontario progress, see earlier reports in the 2005–2006 Monitoring and Evaluation Series (Vol. 12, No. 1 & 2).

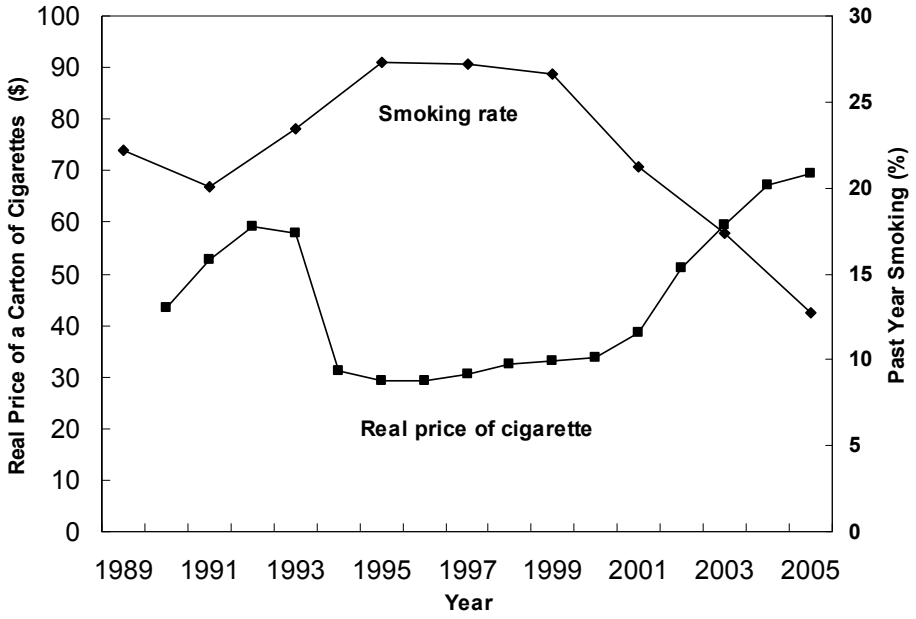
Discussion and Implications for Prevention

The use of tobacco industry products by youth and young adults in Ontario continues to decline. Enhancements of province-wide tobacco control efforts witnessed in recent years (e.g., renewed Ontario Tobacco Strategy funding in 1999, and a further increase in funding and program and policy initiatives since 2003) would appear to have contributed to this downward trend. Yet, past 30-day smoking among youth aged 15–19 remains in double digits (13%). Clearly, the smoking rate remains too high, particularly among older teens and young adults.

Evidence suggests that smoking rates decline in response to increases in the real price of tobacco products, particular among youth (see Figure 3.1, below). As the Government noted in its pre-election campaign commitments, "Nothing prevents people from smoking better than increasing the cost of cigarettes. Ontario's cigarettes are still cheaper than most every other province." The Government also made the commitment to "make cigarettes more expensive to prevent kids from lighting up" and committed to increase taxes to the average of the other provinces. Although the tax on tobacco increased in Ontario during 2006, with a $1.25 tax increase on a carton of 200 cigarettes ($0.63 on 100 grams of roll-your-own tobacco), Ontario's tax on cigarettes remains the second-

lowest among Canadian provinces, and a lower tax rate remains in place for loose tobacco. Perhaps due to concern over the potential for a growing illicit market, there has been an apparent reluctance to employ fully the tax lever for maximum public health benefit. Notwithstanding, a policy of increasing price through tobacco product taxation is needed in order to substantially reduce youth smoking and to provide an additional motivator for smoking cessation amongst adults.

Figure 3.1: Cigarette Price and Past-Year Smoking, Students (Grades 7, 9 and 11), Ontario, 1989 to 2005



Note: Real price standardized to July 2005 dollars.
Source: Ontario Student Drug Use Survey (past-year smoking); Price Division, Statistics Canada (price of cigarettes).

Although tobacco vendor non-compliance is low, the availability of tobacco industry products to youth remains too high (67% of students obtained their last cigarette from social sources) as are perceptions of the ease of obtaining cigarettes. Policy and programmatic strategies to combat availability of tobacco products need to be explored in greater depth.

The Ontario Tobacco Strategy's prevention logic model has been adopted as an orientating element of the Smoke-Free Ontario Strategy. The prevention logic model underscores the need for increased reach of new and existing interventions, which should be targeted to youth in schools and communities across Ontario. The Government should continue to be guided by this framework and direct investment to areas that: increase awareness of factors associated with initiation and risks associated with tobacco use, increase support for regulatory interventions addressing determinants of smoking, limit the availability of tobacco products, increase the real price of tobacco product, and reduce tobacco industry marketing toward youth and young people.

Given both the short timeframe since implementation and the complexity of the Smoke-Free Ontario Strategy, it is not yet possible to attribute the drop in uptake of smoking and decrease in

current smoking to any single intervention. Rather, it is more likely that the changing rate of tobacco use is due to a combination of building on the success of previous interventions and implementing new interventions with increasing intensity during the current phase.

Evaluation of specific interventions, such as Youth Action Alliances, Youth Advocacy Training Initiative, High School Grants, and Leave The Pack Behind, should continue to be a priority to determine whether interventions can be widely implemented, to learn about contextual factors that affect implementation and the impacts of these interventions for whom and under which conditions, and to assess how elements of the overall Strategy may interact to determine population level effects.

Progress toward the Cessation Goal

In 2005/06, Ontario invested $13.2 million in a variety of cessation services. In spite of significant advances during this period, Ontario does not yet have a fully developed and organized system of cessation supports.

Status in 2005/06

Select Cessation Goals

- To reduce wholesale cigarette sales
- To reduce tobacco use prevalence
- To increase the number of quit attempts among smokers

Indicators	2003 Status	2005 Status
Per capita wholesale sales of cigarettes (and cigarette equivalents)	1629	1324
% of men and women (18+) who are current smokers (past 30 days) (CAMH-M)	23% and 16%, respectively	23% and 10%, respectively
# of cigarettes smoked per day (daily smokers) (CAMH-M)	16.4	16.3
% of women (20–44) and pregnant in the past 5 years who smoked during most recent pregnancy (CCHS)	12%	10%
% of ever smokers who are former smokers (quit ratio) (CAMH-M)	54%	58%

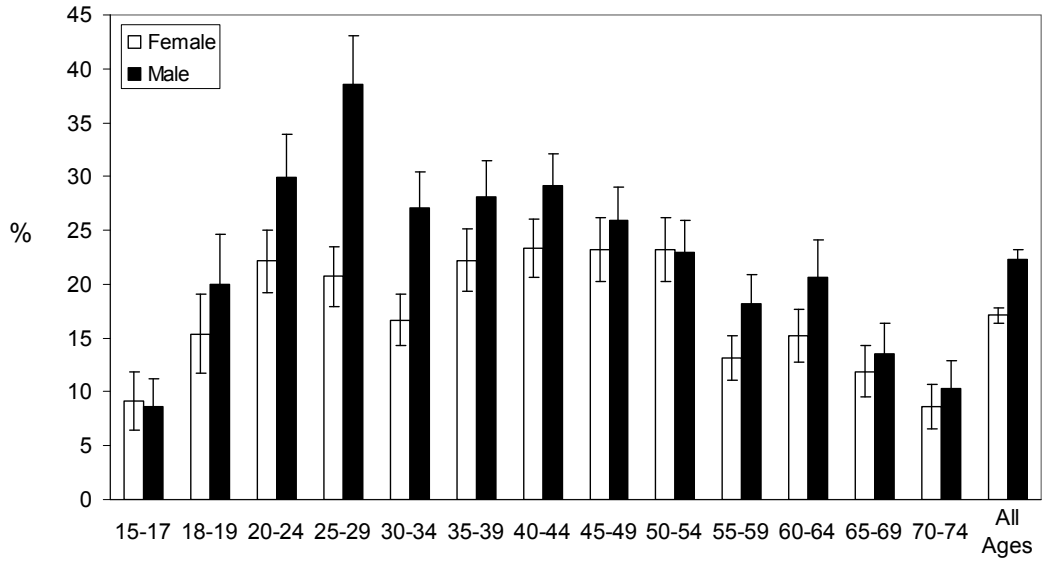
Smoking cessation has been a goal of the Strategy since its conception. Numerous indicators provide an indication of where progress has been made and where disparities in tobacco use remain. Key highlights include:

- In 2005, 16% of all adults (age 18+) were current smokers, down from 20% in 2003. (CAMH-M)
- In 2005, the prevalence of past 30-day smoking differed by sex and age, with men having a significantly higher rate of smoking than their female counterparts of the same age (see Figure 3.2, below).
- Among Ontarians aged 12 and older, current smoking substantially differed by public health unit. That is, smoking was highest in Porcupine, Haldimand-Norfolk, Renfrew, Elgin-St Thomas, Eastern Ontario, Thunder Bay, North Bay Parry Sound, Timiskaming, and Hastings and Prince Edward (ranging from 29% to 26%) and lowest in York, Middlesex-London, Toronto, and Ottawa (ranging from a low of 15% to 17%). (CCHS 2005)
- In 2005, those working in the trades/farming, clerical/sales, and professional/managerial groups smoked at rates of 33%, 19%, and 14%, respectively. Those with high school or less, some secondary education, and university degrees smoked at rates of 23%, 17% and 8%, respectively. (CTUMS 2005)

- Only 12% of all daily smokers were considered to have a high dependence on cigarettes. (OTS 2005)
- In 2005, more than half of Ontarian current smokers (54%) expressed an intention to quit within 6 months, one quarter (25%) within 30 days. Considerable inter-provincial variation was observed, with Ontarians least likely to express intention to quit smoking within the next 6 months or 30 days. (CTUMS 2005)
- Nevertheless, in the past year, 46% of all current smokers in Ontario made a serious attempt to quit, and more than half of these (52%) tried two or more times. (CAMH-M 2005)
- From 2003 to 2005, quit ratios (former smokers as a percentage of ever smokers) increased from 54% to 58% in Ontario. (CAMH-M)
- In 2005, 59% of current smokers in Ontario had been asked by a doctor in the past year to quit smoking, leading all provinces; 44% of smokers who had visited a dentist were advised to quit smoking. (CTUMS 2005)

For a more complete presentation of cessation indicators of Smoke-Free Ontario progress, see earlier reports in the 2005–2006 Monitoring and Evaluation Series (Vol. 12, No. 1 & 2).

Figure 3.2: Current Smoking, by Sex and Age Grouping (Ages 15–74), Ontario, 2005



Source: CCHS 3.1 (Share File).

Discussion and Implications for Cessation

Smoking continues to decline in Ontario. However, the high rate of current smoking among certain segments of the Ontario population (including among men, blue-collar workers, those with only high school or less education, and those living in certain geographical pockets of the province) is

disconcerting. Increased effort to engage and support these smokers in becoming and staying smoke-free is warranted.

The Ministry of Health Promotion should further develop its working relationships with partners in the Strategy to build a fully integrated system of cessation—a system where there is no incorrect point of entry; referrals among services provide for continuous care; services are accessible to those who need them; and the system actively engages and supports smokers in their efforts to become and stay smoke-free, builds on recent developments, and is continuously improving in quality and impact.

Effort directed toward the goal of smoking cessation in 2005/06 lags behind that of prevention and protection; however, recent developments are encouraging.

A subcommittee of the Community Action Working Group, dedicated to smoking cessation, has proposed a vision for a comprehensive cessation system, which is now under consideration by the Ministry of Health Promotion. Elements of this system might include:

- Policies that decrease demand for tobacco
- Policies that increase access and demand for cessation services
- Programs of both population- and individual-level services that provide counselling and/or pharmacotherapy
- Mass media campaigns
- Capacity building and integration of services
- Research, evaluation, and monitoring.

Concluding Note to Report Three

Reputable international authorities, such as the US National Academy of Sciences' Institute of Medicine and the US Surgeon General, have suggested that comprehensive tobacco control initiatives are likely to have a greater impact if they are multi-goal—prevention, cessation, protection; multi-channel and setting; and multi-intervention—policy, program, media. While Ontario has taken great strides toward developing this kind of a strategy, there are still gaps (e.g., an ongoing counter-marketing campaign, community programs with province-wide reach, and a comprehensive smoking cessation system).

For the 2006/07 fiscal year, then Health Promotion Minister Jim Watson committed to increase spending on tobacco control to $60 million. This funding level approaches, but is still less than, recommended investment levels for sustaining a comprehensive tobacco control program. Per capita funding for Ontario is only about $4 dollars. In 2007, the US Academy of Sciences' Institute of Medicine recommended that funding for a comprehensive tobacco control program should be in the order of $15–20 per capita, and the Centers for Disease Control and Prevention (2007) have suggested that a jurisdiction the size of Ontario should invest $8–18 per capita. To realize the goals of the Smoke-Free Ontario Strategy, it is critical that Government investments in, and non-governmental commitments to, effective, comprehensive and policy-oriented tobacco control be sustained if not increased.

Ontario made great strides in protecting the population from the dangers of secondhand smoke with the passage of the *Smoke-Free Ontario Act* in May 2006, which covered enclosed public places and enclosed workplaces. Despite these gains, some segments of the population are still exposed to secondhand smoke in a variety of settings including outdoor workplaces, restaurant and bar patios, vehicles (e.g., youth under the legal age of 19), multi-unit dwellings, and entrances to building and public sidewalks.

Ontario made significant progress in implementing mass media, school and community-level interventions directed toward preventing youth from using tobacco industry products. Increasing the reach and geographical coverage of existing or new interventions has the potential to substantially contribute to prevention goals. Despite success and promising downward trends in tobacco use among youth and young adults, 30-day prevalence is still in the double digits (13% for youth aged 15–19). Moreover, the majority (57%) of youth believe it is easy to access cigarettes, obtaining cigarettes through social sources is high (47%), tax increases have stalled, and the availability of illicit tobacco has the potential to lower the purchase price of cigarettes, which may increase uptake and use.

Smoking continued to be concentrated among men, blue-collar workers, and adults with only high school or less education, and in various regional pockets. It is apparent that a comprehensive

smoking cessation system is needed. Ontario should actively pursue policy and planning activities to advance such a system.

The Government has initiated action in each of the Smoke-Free Ontario Strategy's goal areas. However, the Strategy is still young, and it is evident that further work is needed to reduce tobacco use and the morbidity and mortality caused by tobacco industry products. To address this public health epidemic, it is essential that current efforts be sustained and that a fully integrated comprehensive Strategy continues to grow to meet this challenge.

It is recognized that the launch and implementation of a comprehensive, integrated tobacco control strategy, involving multi-level collaboration of Government and non-governmental partners, is an extremely difficult undertaking. An evaluation of the systems used for joint planning and execution of strategy at the systems level should be undertaken, with a view to ensuring the documentation of successes and challenges experienced in the initial years, and to determining how business processes may be improved for optimal efficiency and impact of the Smoke-Free Ontario Strategy.

Future reports will focus on overall changes in key indicators, impacts of particular interventions, as well as potential links among sub-strategy elements.

Appendix 3-A: Major Tobacco Control Activities Funded under the Smoke-Free Ontario Strategy, by Ministry of Health Promotion Program Area

Program Area / Program	Description	Strategic Component	Organizations Involved
Protection/Enforcement Programs			
Local capacity building for prevention and protection	Ensuring compliance with local bylaws and the *Smoke-Free Ontario Act* through educational and enforcement activities directed at secondhand smoke control, limiting retailing of tobacco products, and reducing youth access to tobacco products	Capacity building and infrastructure development; Program intervention; Public education; Policy and action.	Local boards of health and local public health agencies
Tobacco Control Area Networks (TCAN)	Alliances of 1 to 9 public health agencies, non-governmental organizations, and others to address local and regional tobacco control issues; Coordinated via a single public health agency; Communication, coordination and planning; Training of TCAN and local staff and volunteers; Coordinated public relations plans, and other relevant area and local tobacco control initiatives	Leadership, coordination and collaboration; Capacity building and infrastructure development; Public education; Tobacco industry denormalization; Policy and action	Public health agencies and non-governmental organizations
Youth/Prevention Programs			
Youth Action Alliances	Promote middle and high school tobacco control action in communities through training, youth development, peer leadership, adult role models, advocacy and youth mobilization activities directed at community norm change	Leadership, coordination and collaboration; Capacity building and infrastructure development; Public education; Tobacco industry denormalization; Policy and action	Local boards of health and local public health agencies
Youth Advocacy Training Institute	Mandatory training; Support to TCAN youth specialists; Positive youth development addressing social influences, social interaction and community activity	Capacity building and infrastructure development; Program interventions; Tobacco industry denormalization	The Lung Association
Lungs Are For Life	School-based tobacco education curriculum for kindergarten to grade 12; Increase understanding of the determinants of tobacco use, health consequences, resisting social influences; Composed of lesson plans, assessment and evaluation tools, and teachers' notes	Capacity building and infrastructure development; Public education	The Lung Association and Ontario Physical and Health Education Association, teachers, schools
High School Grants for School and Community Initiatives	Motivation and support for student-initiated and -coordinated tobacco control projects aimed at increasing awareness of tobacco control issues with high school communities province-wide	Leadership, coordination and collaboration; Program interventions; Public education; Tobacco industry denormalization	Local public health agencies, High schools

Program Area / Program	Description	Strategic Component	Organizations Involved
Leave The Pack Behind	Multi-faceted college- and university-based program using peer-to-peer approach to denormalize the tobacco industry, help smokers quit or reduce amount smoked, prevent smoking uptake, and protect non-smokers from secondhand smoke	Leadership, coordination, and collaboration; Capacity building and infrastructure development; Program interventions; Public education; Tobacco industry denormalization; Policy and action	Brock University (lead), community colleges and universities
School Health Consortium	Participation in federal/provincial/territorial collaboration in comprehensive school health	Leadership, coordination and collaboration	Ministry of Health Promotion, other provinces and territories
Aboriginal Tobacco Programs			
Aboriginal Tobacco Control Strategy	Capacity building, knowledge exchange, smoking prevention and cessation activities, public education, and leadership engagement	Leadership, coordination, collaboration; Capacity building and infrastructure development; Program interventions; Public education; Tobacco industry denormalization; Policy and action	Aboriginal communities, Cancer Care Ontario
Aboriginal Tobacco Control Projects	To increase the capacity of Aboriginal communities to implement culturally competent tobacco control initiatives and create "tobacco-wise communities"; training, support network, awareness, development of policy; youth initiatives	Leadership, coordination, collaboration; Capacity building and infrastructure development; Public education; Tobacco industry denormalization; Policy and action	Aboriginal communities, Aboriginal Health Centres
Cessation Programs			
Cessation Services Developments	Training for intensive smoking cessation counselling; Innovative protocol development for smoking cessation through nicotine replacement therapy distribution mechanisms; Hospital-based innovation in smoking cessation	Public education; Program interventions; Policy and action; Monitoring, evaluation and research	Local health agencies; Centre for Addiction and Mental Health; Canadian Cancer Society, Champlain Hospital-based Cessation Network and University of Ottawa Heart Institute
Innovative Smoking Intervention Programs	Grants to independent cessation interventions developed and tailored for delivery in public health units; Targeted to populations at higher-than-average smoking prevalence and/or for whom cessation services are less accessible	Leadership, coordination and collaboration; Program interventions; Monitoring, evaluation and research	Local public health agencies, community partners; Priority populations
Worksite Innovation Programs	Grants to local health agencies to assist employers to adopt smoke-free policies and help employees stop smoking, in some instances integrated with other chronic disease prevention initiatives	Leadership, coordination and collaboration; Monitoring, evaluation and research; Program interventions, Public education; Policy and action	Local public health agencies, employers, staff
Clinical Tobacco Intervention	Training and technical assistance for health professionals (doctors, dentists and pharmacists) and other staff in their practice settings to intervene to motivate and support smokers to quit smoking through	Capacity building and infrastructure development; Program interventions	Ontario Medical Association, Ontario Dental Association, Ontario Pharmacists Association, health professionals

Program Area / Program	Description	Strategic Component	Organizations Involved
	brief interventions		
Training Enhancement in Applied Cessation Counselling and Health (TEACH)	Accredited certificate program to train and certify health professionals working in primary care and community settings in areas of moderate to intensive interventions	Capacity building and infrastructure development; Program interventions	Centre for Addiction and Mental Health, health professionals
Smokers' Helpline and Multimedia Self-Help	Confidential, free, personalized telephone services to support smokers to quit and remain smoke-free; Augmented by web-based component including online support groups, email support, instant messenger service, personalized feedback, etc.	Leadership, coordination, and collaboration; Program interventions; Public education	Canadian Cancer Society, health professionals, smokers in the process of quitting and staying smoke-free
Province-wide Programs			
Consulting, Training and Best Practices Review	Capacity building for effective, comprehensive interventions through training for skill building, telephone and onsite consultation, tobacco-specific resource cataloguing, and program reviews; Coordination of efforts amongst members of the Training and Technical Assistance Task Group	Leadership, coordination and collaboration; Capacity Building and Leadership Development; Program Interventions	Program Training and Consultation Centre, partnership of City of Ottawa Public Health, Region of Waterloo Public Health, and Health Promotion Consulting Inc., Training and Technical Assistance Task Group
Provincial Clearinghouse	Clearinghouse accessible 24/7 free-of-charge to Ontario health professionals and volunteers—includes directory, listserv, newsgroup, links to tobacco control organizations and events, references to scientific literature, dissemination of educational resources, and French language services	Capacity building and infrastructure development	Canadian Council for Tobacco Control
Ontario Tobacco-Free Network	Building on the traditional historic role that the major health charities have played in advancing tobacco control, the network supports public education through community mobilization, earned media, and other innovative approaches	Leadership, coordination, and collaboration; Capacity building and infrastructure development; Public education; Policy and action	Canadian Cancer Society, Heart and Stroke Foundation of Ontario, Ontario Campaign for Action on Tobacco, and The Lung Association
Media Network	Network to support media advocacy and media relations through training and technical assistance to partners in the Smoke-Free Ontario Strategy; Media tracking database; Linkages to other provinces and jurisdictions	Leadership, coordination and collaboration; Capacity building and infrastructure development; Public education; Tobacco industry denormalization; Policy and action	Cancer Care Ontario, non-governmental organizations, tobacco control staff and volunteers
Youth Tobacco Websites	Designed to reach youth up to 24 years of age with tobacco control messages and news on local activities; Interactive websites on educational, community organization, and policy initiatives.	Capacity building and infrastructure development	Ontario Government (stupid.ca), University of Toronto, local action alliances and youth

Program Area / Program	Description	Strategic Component	Organizations Involved
Public Education			
Government mass media and public relations	Social marketing strategy, directed and coordinated by Government, on prevention, cessation, and protection	Leadership, coordination, and collaboration; Public education	Ministry of Health Promotion
Province-wide Mass Media Campaign	Mass media public education campaigns directed by non-government partners	Leadership, coordination, and collaboration; Public education	Heart and Stroke Foundation of Ontario, Canadian Cancer Society
Research, Evaluation and Surveillance			
Monitoring, evaluation and research projects	Performance monitoring, quality improvement, formative evaluations, logic models, applied research (e.g. health professionals), scientific consulting to government and SFO partners, international linkages, knowledge exchange, strategy evaluation	Leadership, coordination and collaboration; Capacity building and infrastructure development; Monitoring, evaluation and research	Ontario Tobacco Research Unit and its sponsors—Centre for Addiction and Mental Health, University of Toronto, University of Waterloo, Cancer Care Ontario
Research, analysis and education	Policy-related research, analysis and education; Source of networking referrals, training, and information/knowledge exchange	Leadership, coordination and collaboration; Capacity building and infrastructure development; Monitoring, evaluation and research; Public education; Tobacco industry denormalization; Policy and action	Ontario Tobacco Research Unit; Smoking and Health Action Foundation