

EXECUTIVE SUMMARY

This Monitoring Report, the sixth in an annual series, describes progress toward the goals of the Ontario Tobacco Strategy (OTS). While not a formal evaluation, the report provides a context for reviewing the OTS in Chapter 1, provides

quantitative data on potential impacts and outcomes in Chapter 2, summarizes the activities of the main OTS players in Chapter 3, and discusses the implications of these findings for reaching the OTS goals in Chapter 4.

Highlights

Highlights from Chapter 1. Context for Tobacco Control in Ontario

Continued Heavy Health Burden of Smoking (Section 1.1)

- Every year in Ontario, tobacco is responsible for almost 12,000 deaths (representing over 171,000 potential years of life lost due to premature deaths), and more than one million hospital days.

Promising Developments in Tobacco Control (Sections 1.2 and 1.3)

- This past year, the Ontario government initiated a major renewal of the Ontario Tobacco Strategy in response to the March 1999 report of the Minister's Expert Panel (Ashley et al., 1999). Funding for the OTS was increased by \$4 million in 1999/2000, with a further \$6 million to be added in 2000/2001. A total of 15 new projects were announced in January 2000 and an additional 11 in March 2000. Funding beyond March 2001 will be based on interim evaluation reports from the 26 projects.
- Per-capita spending in Ontario on tobacco control in 2000/2001 is projected to be \$1.71, an increase from \$1.16 in 1999/2000 and from \$0.78 in 1998/1999. While this is the highest amount ever for tobacco control

in Ontario and higher than any other province in Canada, it is still well below the \$8.00 recommended by the Minister's Expert Panel (Ashley et al., 1999) and the U.S. Centers for Disease Control and Prevention (USDHHS, 1998).

- Notable developments at the national level included the launch of a lawsuit against a tobacco company, the introduction of federal regulations regarding health messages and graphics on cigarette packages, the release of findings from a large-scale national survey on tobacco use (CTUMS), the release of 10,000 pages of tobacco industry documents, modest increases in cigarette taxes in several provinces, and the endorsement of a renewed national strategy for tobacco control in Canada.

Cigarettes Continue to be Very Affordable in Ontario (Section 1.4)

- At a cost of \$31.68 per carton of 200, cigarettes in Ontario continue to be cheaper than in any other province or bordering U.S. state. Ontario has the lowest tobacco tax in the country, less than half of the national average. If the price per carton in Ontario

were raised to the Canadian weighted average of \$36.24, the additional revenue

from Ontario tobacco taxes would amount to at least \$270 million per year.

Highlights from Chapter 2. Progress toward OTS Objectives

Youth Smoking Still a Cause for Concern

(Section 2.1)

- Student smoking is up significantly since 1991, but may have reached a peak in 1997 for grade 7 students.
- Smoking continues to rise in high school through grade 11, regardless of whether smoking is defined as past-year cigarette use or 100 cigarettes in lifetime and some in past month use. Although Ontario has the second-lowest youth smoking rate in the country for ages 15-19 (25% compared to a national average of 28%), the rate far exceeds the goal for smoking in this age-group set when the OTS was initiated and the extent of smoking is higher than in many of the U.S. states.
- Ontario female youth have one of the lowest rates in the country (22%), whereas Ontario males are about average (27%).

Adult Smoking Slowly Declining

(Section 2.2)

- One quarter (25%) of Ontario adults smoke on a daily or occasional basis (28% of men, 23% of women). Although there has been little change in the prevalence of smoking in Ontario in recent years, there has been a slow decline in the proportion of the population who are daily smokers (from 27% in 1995 to 21% in 1999).
- Substantial differences in smoking rates persist by region in Ontario, ranging from a

high of 32% in Southwestern Ontario to a low of 21% in Toronto.

Exposure to Environmental Tobacco Smoke (ETS) Adds to Risk for Some

(Section 2.4)

- One quarter (26%) of all Ontario households reported that at least one person smoked inside the home every day or almost every day. Among households with children under 12, this estimate was a little lower (17%). At a conservative estimate, almost one-fifth of Ontario children under 12 are exposed regularly to ETS in the home.
- Smoking restrictions in the workplace vary markedly by occupation. Eighty-five percent of those in professional/managerial positions have complete smoking bans at work compared to 69% in clerical/sales/service positions and only 50% in trades/farming occupations. This means that workers in blue-collar occupations are at higher risk for regular exposure to ETS.

Public Attitudes Favourable Toward Tobacco Control

(Section 2.5)

- Over three-quarters (77%) of the Ontario adult population supports, *at minimum*, restriction of smoking to enclosed, ventilated rooms in workplaces, with 70% supporting such restrictions in restaurants, and 46% in bars and taverns.
- There is substantial support among the Ontario adult population for a ban on event

sponsorship by tobacco companies (44%) and an increase in cigarette taxes (42%).

Sales to Minors May Be on the Decrease (Section 2.7)

- There has been a marked decrease in the proportion of retailers in Ontario willing to

sell cigarettes to minors, from 38% in 1998 to 21% in 1999. This may be an anomaly, since 1996-1998 data showed a clear increase. Results from next year's compliance check will help determine whether this is a real trend.

Highlights from Chapter 3. Activities of Strategy Partners

- The focus of most agencies continued to be on smoking prevention and protection from ETS, followed by smoking cessation.
- In addition to their ongoing activities, OTS partners initiated 26 new projects during the year, with new funds provided under the renewed OTS. Fourteen of these are province-wide in scope and 12 are specific to local communities. OTRU is coordinating an evaluation of the new projects and has developed a plan to evaluate the Strategy overall.
- Public health units continued to play an active role in tobacco control. Almost all provided smoking-cessation programs in the community, and all 37 provided information to the public on the hazards of ETS.

Implications

Implications for the OTS as a Whole

- Increasing cigarette prices in Ontario would provide a major boost to the effectiveness of the OTS on a number of fronts. This measure has been used effectively in Massachusetts, California and elsewhere to discourage youth from starting to smoke and to encourage established smokers to cut back on consumption. Increased prices would also indirectly contribute to the protection of non-smokers against ETS, as the overall consumption of cigarettes falls. Support for this tobacco control measure has been shown by the federal government in its increase in excise taxes in Ontario, Quebec, Nova Scotia, and New Brunswick in November 1999, and by the provincial government of Ontario in its matching of this increase.
- A \$5 increase per carton would put Ontario's cigarette prices only at the Canadian average.
- Despite recent increases, Ontario's tobacco control expenditure of \$1.16 per capita falls well short of the \$8.00 per capita estimate recommended by the Minister's Expert Panel and the U.S. Centers for Disease Control. Meeting the CDC recommendation could be easily afforded with only a portion of the \$270 million annually that would be generated in Ontario if cigarette prices were raised to the national average.

- Uniform and effective protection against ETS exposure in the workplace will not only help to ensure a safe working environment for all Ontario workers, but it will indirectly support workers who are trying to quit and may also help youth not take up smoking as they leave school and enter the workforce for the first time.
- A multi-year plan for tobacco control is required in order to provide the stable and sustained program efforts found to be successful in California, Massachusetts, and elsewhere.

Implications for Prevention

- Effective school-based prevention programs must be in place to address the continuous rise in smoking that occurs in high school through to grade 11. Projects under the renewed OTS that are important in this regard are the revised *Lungs Are for Life* curriculum and the activities of the province's 37 public health units described in Section 3.3.1.
- Better compliance with laws restricting sales to minors is likely to be encouraged by retailer education and more effective enforcement. New OTS projects relevant to education are underway in Toronto and Thunder Bay, while retailers are being supplied with new signs and enforcement guidelines are being developed.
- Even the best programs for youth are not likely to be very effective in the absence of policy changes. In particular, raising the low price of cigarettes must be the first priority in preventing tobacco smoking among youth.
- Further, restrictions on smoking at home (and at work) have been shown to be an effective preventive measure.

Implications for Protection

- Since exposure to environmental tobacco smoke at home continues to be widespread in Ontario, protective measures for children and adult non-smokers in those homes are called for. OTS-related projects that educate Ontarians about the dangers of ETS include the media campaign of the Heart and Stroke Foundation and the activities of public health units; other activities are directed at specific target groups such as pregnant women and new parents. Restricting smoking at home helps reduce teen smoking by providing a positive role model.
- Blue-collar, service and clerical workers face fewer restrictions on smoking at work than those in professional or managerial occupations. This increases their risk of developing smoking-caused disease. Province-wide legislation regarding smoking bans in all enclosed worksites, as called for by the Minister's Expert Panel,

may be the only effective solution to this disparity. In addition to protecting workers from ETS, such restrictions would also indirectly encourage smokers to quit and

provide a health-promoting environment for youth who are entering the workforce for the first time.

Implications for Cessation

- Since sharp regional disparities in smoking remain, province-wide policy measures for smoking cessation may be needed. Two such measures are a price increase through taxation and effective restrictions on smoking in workplaces and public places.
- Although cessation has not been a continuing focus of many partner agencies, it does figure strongly in the renewed OTS at both the provincial level and in specific

communities. Of particular note at the provincial level are the efforts to provide more effective cessation counselling through the offices of health professionals and directly through a Smokers' Helpline. However, continued funding is needed for these and related community-specific projects by the public health units and other players to help them meet their full potential.

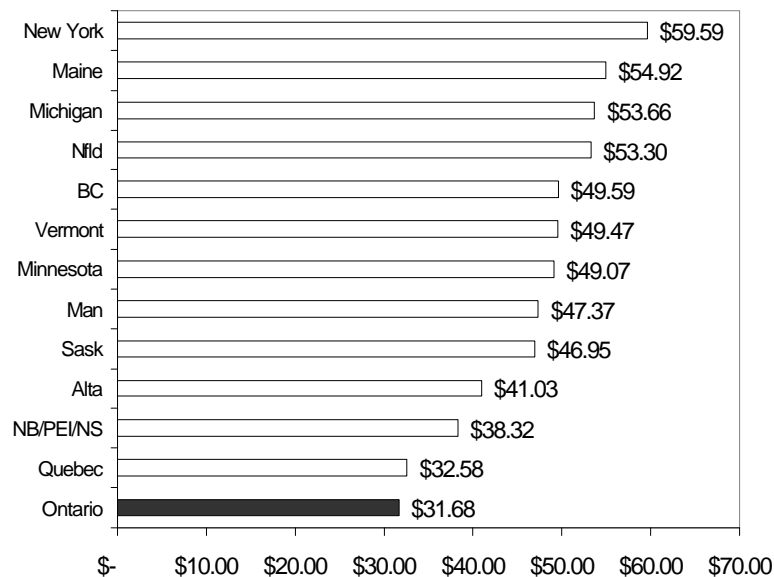
Implications for Denormalization

- Given the relentless and innovative marketing of cigarettes by the tobacco industry and their continuing legal challenges to governments, there must be an equally persistent campaign to educate the public about the unethical and dishonest activities of the tobacco industry and about the need for a comprehensive tobacco control program.
- The ever-increasing availability of tobacco industry documents that shed light on their activities and newly accessible databases of tobacco counter-measures are potentially important tools in the overall strategy in Ontario. The renewed national strategy provides a supportive context.

Implications for Monitoring, Evaluation and Research

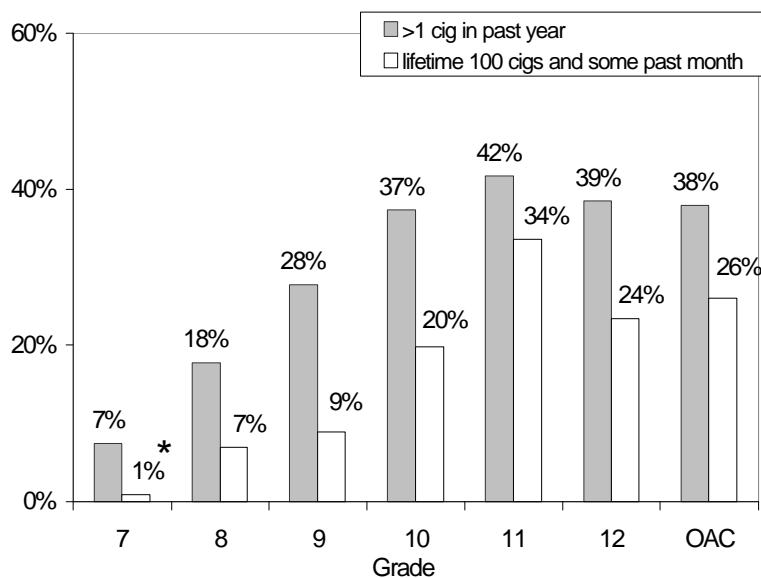
- With the renewal of the OTS, there has been an increased spending of public funds, as well as a heightened profile, for tobacco-control efforts. It has enabled not only the continued and enhanced monitoring of the OTS, but also more focused and rigorous evaluation of OTS projects. OTRU is now preparing for long-term evaluation of the OTS.
- A plan for ongoing evaluation that builds on current surveillance activities is needed to guide the OTS in its selection of activities.

Fig. 1: Average Prices of Cigarettes in Canadian Provinces and U.S. Border States, Per Carton of 200 (\$CDN), Aug. 2000



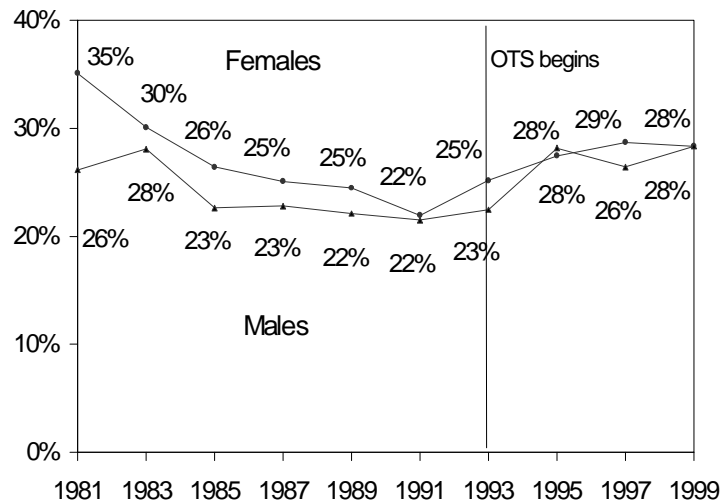
Source: Smoking and Health Action Foundation, August 1st, 2000 (see Appendix 2.3).

Fig. 2: Student Smoking Using Two Definitions, by Grade, Ontario 1999



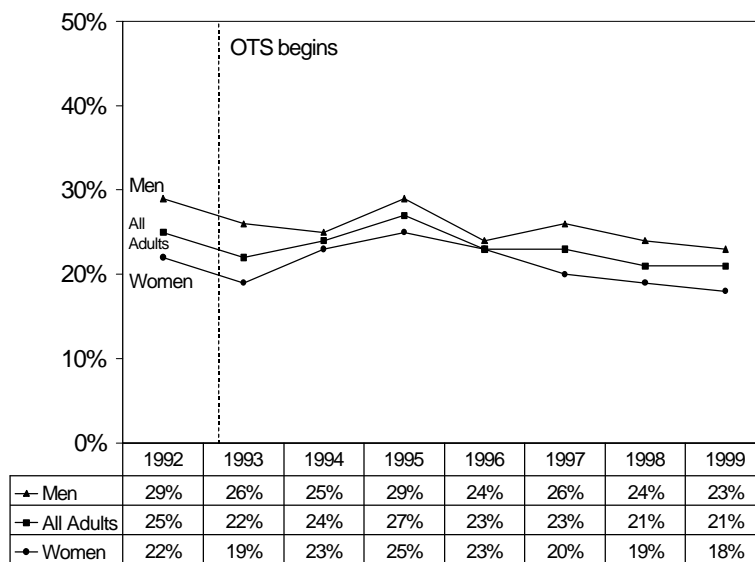
*Small cell size: interpret data with caution.
Source: Ontario Student Drug Use Survey, CAMH

Fig. 3: Students Using More Than One Cigarette in Past Year, by Sex, Grades 7, 9, 11, 13, Ontario 1981-1999



Source: Ontario Student Drug Use Survey, CAMH

Fig. 4: Daily Cigarette Smoking, by Sex, Age 18+, Ontario 1992-1999



Source: CAMH Surveys: Ontario Alcohol and Other Drug Opinion Survey 1992-1995; Ontario Drug Monitor, 1996-1998; CAMH Monitor, 1999

Fig. 5: Smoking Status, by Health Planning Region, Age 18+, Ontario 1999

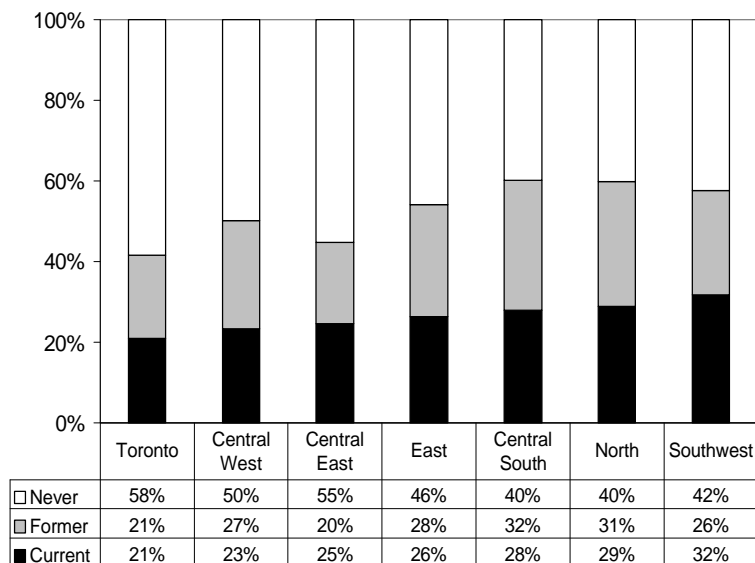
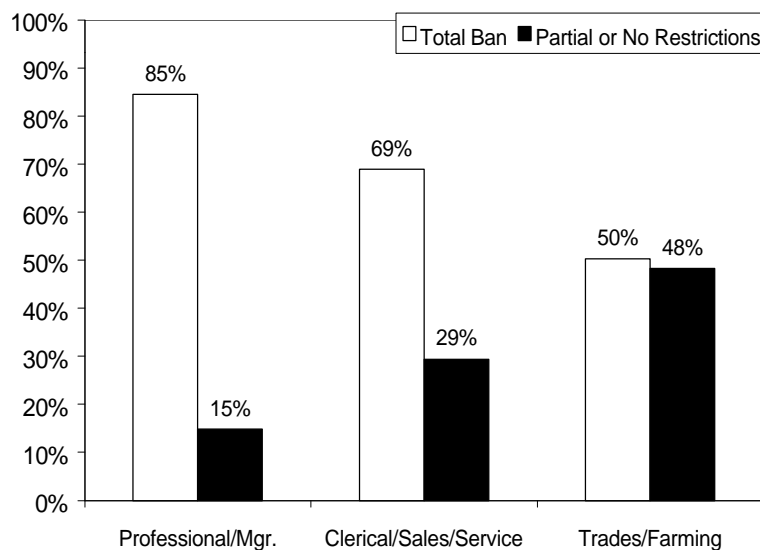
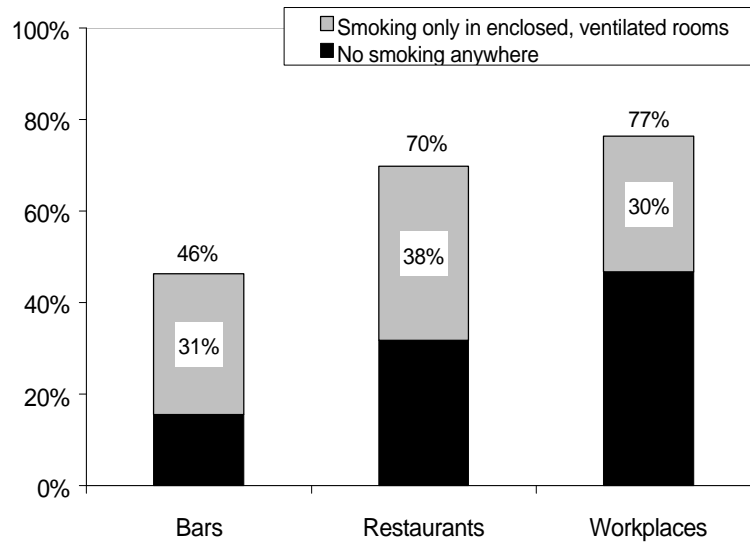


Fig. 6: Smoking Restrictions at Work, by Occupation, Age 18+, Ontario, 1999



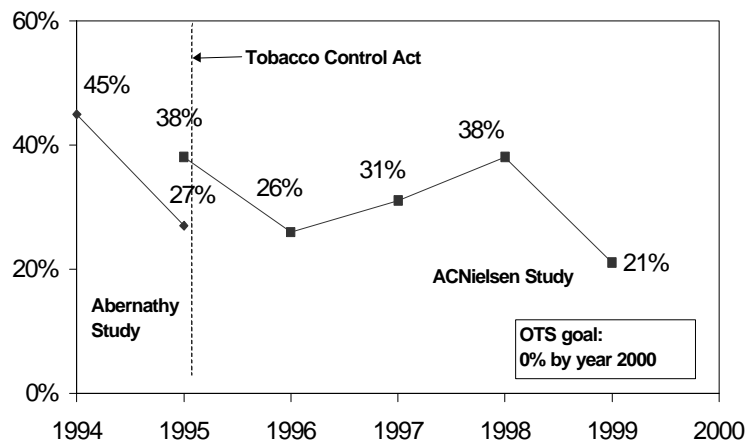
Source: CAMH Monitor, 1999

Fig. 7: Public Support for Smoking Restrictions in 3 Public Places, Age 18+, Ontario 1999



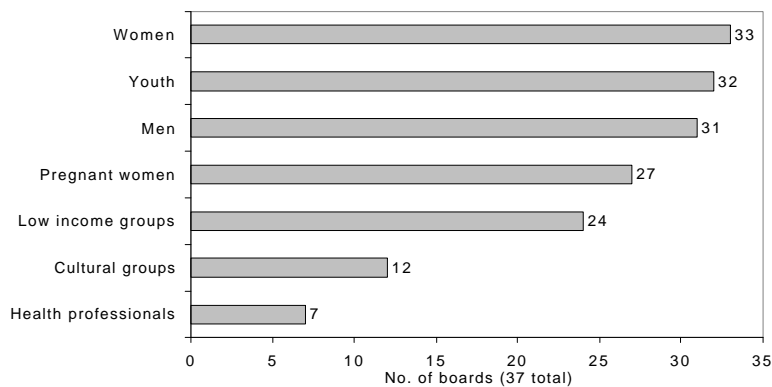
Source: CAMH Monitor, 1999

Fig. 8: Retailers Who Were Willing to Sell Cigarettes to Minors, Ontario 1994-1999



Source: Abernathy 1994, 1996; ACNielsen 1995-1999

**Fig. 9: Groups Targeted by Boards of Health
Smoking Cessation Programs and Interventions,
1998**



Source: 1998 Ministry Performance Indicator Questionnaire (MPIQ), Ministry of Health and Long-Term Care

The full text of the Report is available at:

www.camh.net/otru

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