



Evaluating the Saskatchewan Tobacco Reduction Strategy

News and Notes for Tobacco Reduction Partners

Welcome to the second newsletter in our series presenting evaluation information about the Saskatchewan Tobacco Reduction Strategy (the Strategy). The first newsletter focused on the plan to evaluate the three pillars of the Strategy – cessation, prevention and protection. In this newsletter, we present summary findings on tobacco use, cessation, prevention and protection from the Comprehensive Mid-Term Strategy Progress Report (the Mid-Term Report). The information presented here provides an overview only.

The Comprehensive Mid-Term Strategy Progress Report

The Mid-Term Report presents evaluative information about the Strategy from 2009 to July 2011. It describes the Strategy's infrastructure and interventions (policies, programs and media), and to the extent possible, discusses promising contributions of the interventions to progress of the Strategy. The population level data from the Mid-Term Report predates the initiation of the Strategy in Saskatchewan, but it does contain important information that will serve as a baseline for future evaluation. Evaluative information about the reach and effects of cessation, prevention and protection interventions are not presented at this point in time. This newsletter highlights evidence about the state of implementation and continued development of the Strategy.

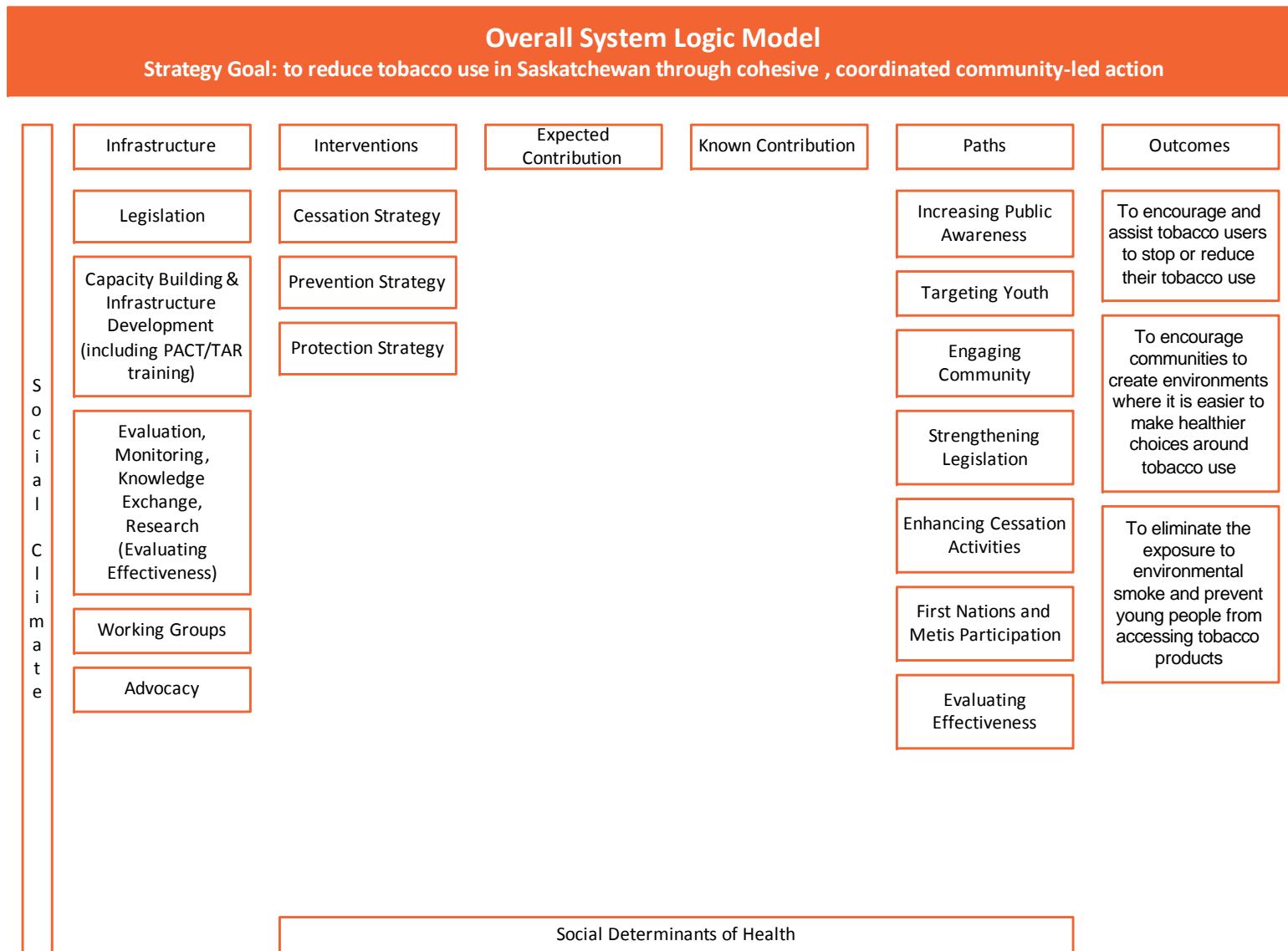
The Mid-Term Report draws on information from population level surveys and administrative data gathered from:

- The Ontario Tobacco Research Unit's (OTRU's) Tobacco Informatics Monitoring System for Saskatchewan (TIMS-SK)
- Administrative documents
- Email correspondence from provincial tobacco reduction stakeholders

Overall Tobacco Use

The main objective of the Strategy is the reduction of the overall use of tobacco. The Strategy will use current findings as baseline knowledge to measure future achievements. The Overall System Logic Model (Figure 1) shows the strategy goal and paths to achievement in detail.

Figure 1: Overall System Logic Model



Use of Tobacco

- In 2009, 27% of Saskatchewan respondents to the Canadian Tobacco Use Monitoring Survey aged 15 years or over reported current use of tobacco in the previous 30 days (that is, currently smoked cigarettes, cigars, pipe; or used snuff or chewing tobacco). This represents 217,000 tobacco users.¹

Type of Tobacco Use

- In the previous 30 days, 22% of those surveyed smoked cigarettes, 6% smoked cigars/cigarillos, and 2% used chewing tobacco or snuff.ⁱ
- In 2009, 20% of respondents in Saskatchewan aged 15 years or over had ever used chewing tobacco, pinch or snuff compared to 8% in all of Canada.

Rates by Geographical Location

- According to the Canadian Community Health Survey, Saskatchewan had the highest provincial prevalence rate of current smokers at 25% in 2007 and 2008.
- In 2007/08, current smoking ranged from a low of 19% in the Cypress Regional Health Authority to a high of 34.5% in Mamawetan/Keewatin/Athabasca (Table 1).

Table 1: Current Smoking by Regional Health Authority

Regional Health Authority*	Current Smoking (%)		
	2000/01	2005	2007/08
Cypress	23	24	19
Saskatoon	25	22	24
Heartland	26	18	24
Regina Qu'Appelle	27	21	24
Sunrise	25	24	24
Prince Albert	31	30	25
Five Hills	24.5	21	25.5
Prairie North	32	25	26
Kelsey Trail	24	24	26
Sun County	24	24	29
Mamawetan, Keewatin, Athabasca ^a	-	33	34.5
North ^a	38	-	-
Saskatchewan	26.5	24	25

^a North was renamed as Mamawetan, Keewatin and Athabasca to more accurately reflect the regional health authorities that are encompassed within the category.

*Ordered by 2007/08 current smoking (lowest to highest).

Source: Canadian Community Health Survey 2000/01, 2005, 2007/08(TIMS-SK data).

ⁱ Note: these estimates include co-use and do not sum to total tobacco use, or 27%. Interpret with caution: subject to moderate sampling variability.

Smoking Rates by Sub-Populations

- In Saskatchewan, Aboriginals had the highest prevalence of current smoking (59%).²
- In 2009, the prevalence of current smoking was highest among sales and service workers (29%) followed by blue-collar workers (26 %), and white-collar workers (20%).³
- In 2006/07, 54% of students in grades 7-12 said that they had never taken a puff of a cigarette; 57% of females and 51% of males.⁴

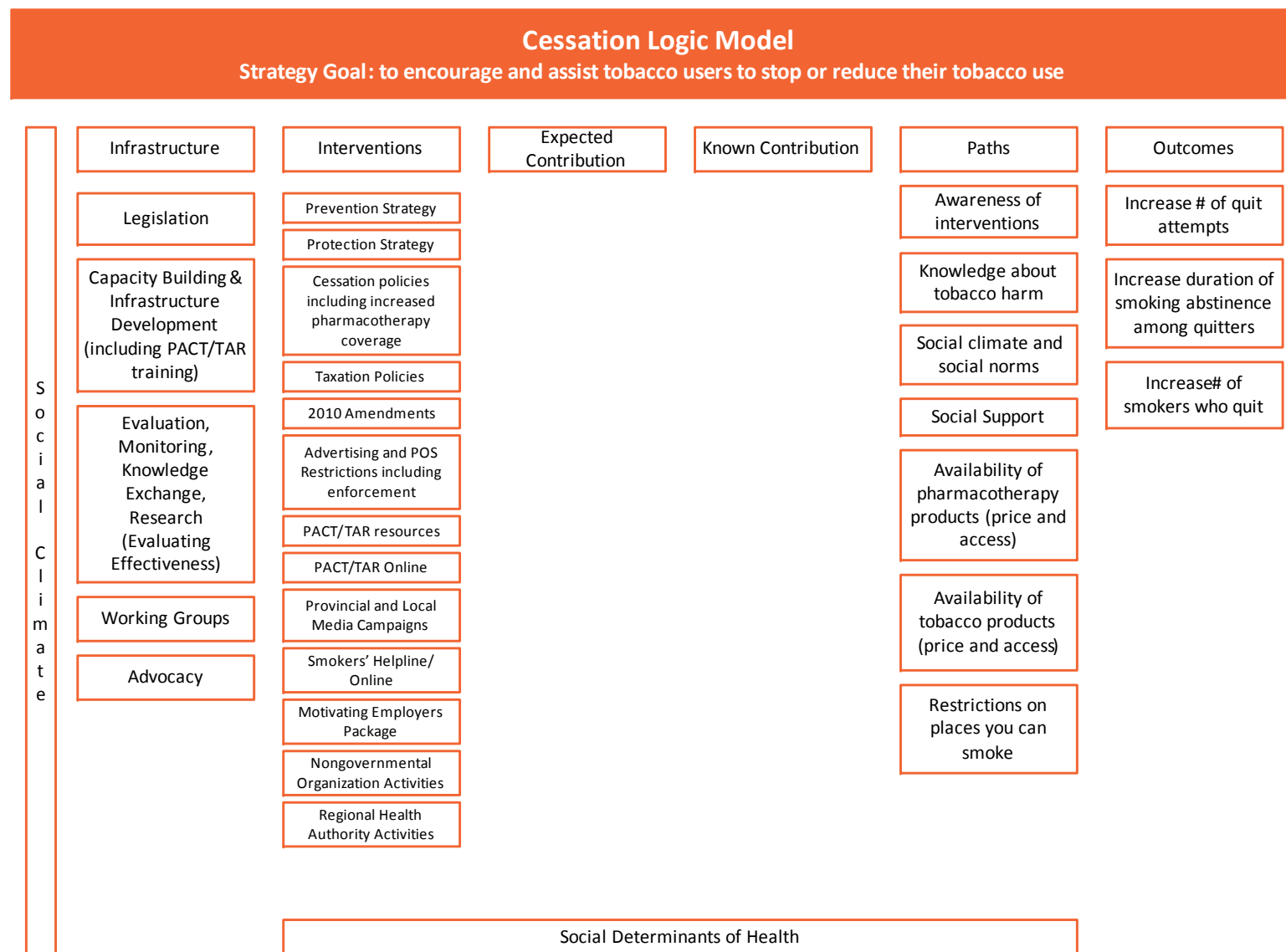
While tobacco use remains high in Saskatchewan, it is the ultimate intent of the Strategy to reduce tobacco prevalence through the implementation of established cessation, prevention and protection interventions.



Cessation

Saskatchewan's tobacco control efforts related to cessation are designed to encourage and assist tobacco users to stop or reduce their tobacco use. Ideally, quit attempts and successful quits will occur early in a smoker's life. Below is a living logic model for Saskatchewan's cessation system. It will change throughout the Strategy to reflect shifts in the infrastructure and the mix of interventions.

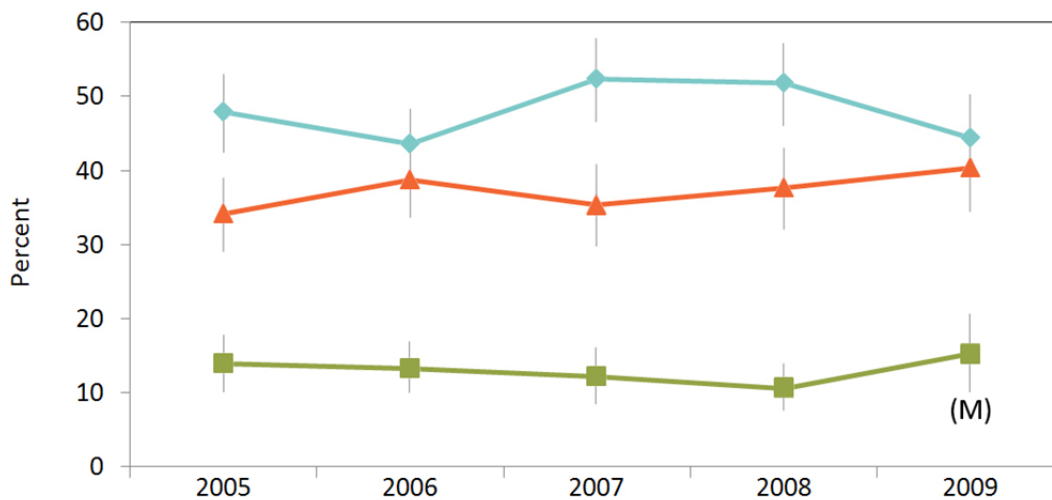
Figure 2: Cessation System Logic Model



Intentions to Quit and Quit Attempts

- In 2009, 59% of Saskatchewan smokers intended to quit in the next six months. This rate of six month quit intentions has been unchanged in recent years.⁵
- In 2009, 44% of smokers in Saskatchewan had not tried to make a quit attempt in the past year; however, 40% had tried to quit two or more times and 15% had tried to quit once or more (Figure 3).

Figure 3: Past Year Quit Attempts, Saskatchewan, 15+



◆ None	47.9	43.6	52.4	51.8	44.4
■ One	13.9	13.3	12.2	10.6	15.2
▲ Two or more	34.1	38.7	35.4	37.6	40.4

(M) Interpret with caution: subject to moderate sampling variability.

Source: Canadian Tobacco Use Monitoring Survey 2005, 2006, 2007, 2008, 2009(TIMS-SK data)

- Daily use of cigarettes remained unchanged between 2000-2001 to 2007-2008 with 60% of smokers reporting that they smoked 11-25 cigarettes per day and 30% smoking 1-10 cigarettes per day.
- In 2009, when asked about reasons for not using patches, gum or smoking cessation medicine, 25% of smokers reported a concern of side effects from withdrawal, 28% stated that cost would be a deterrent, and another 28% indicated a concern about the likely effectiveness of treatment.

Cessation Interventions in Saskatchewan

- **The Partnership to Assist with Cessation of Tobacco and Tobacco Addiction Recovery (PACT/TAR) Training Program and Website**
Launched in 2010, the PACT/TAR training program has made contact with 800+ health professionals across Saskatchewan. PACT/TAR is focused on supporting cessation activities and practices, with the ultimate aim to reduce overall tobacco use. The PACT/TAR website (www.makeapact.ca) offers resources to help individuals in their efforts to quit and stay quit and additional resources for health professionals working with smokers.
- **Smokers' Helpline**
The Canadian Cancer Society's Smokers' Helpline (SHL) is a free, confidential, province-wide smoking cessation service. There are both phone and online services available.
- **National Nursing Best Practice Smoking Cessation Initiative, Registered Nurses Association of Ontario (RNAO)**
The goal of the national RNAO initiative is to strengthen nurses' capacity to help their clients by implementing smoking cessation strategies and techniques in nurses' daily practice. The total reach of this program for 2010/11 was 35 people in Saskatchewan and 531 nationwide.
- **Regional Health Authority (RHA) and Non-Governmental Organization (NGO) Activities**
Preliminary indications suggest that at least some regional health authorities are involved in some level of tobacco cessation activity. The recently completed environmental scan has revealed more information about the activities. More information will be available in the Final Report.

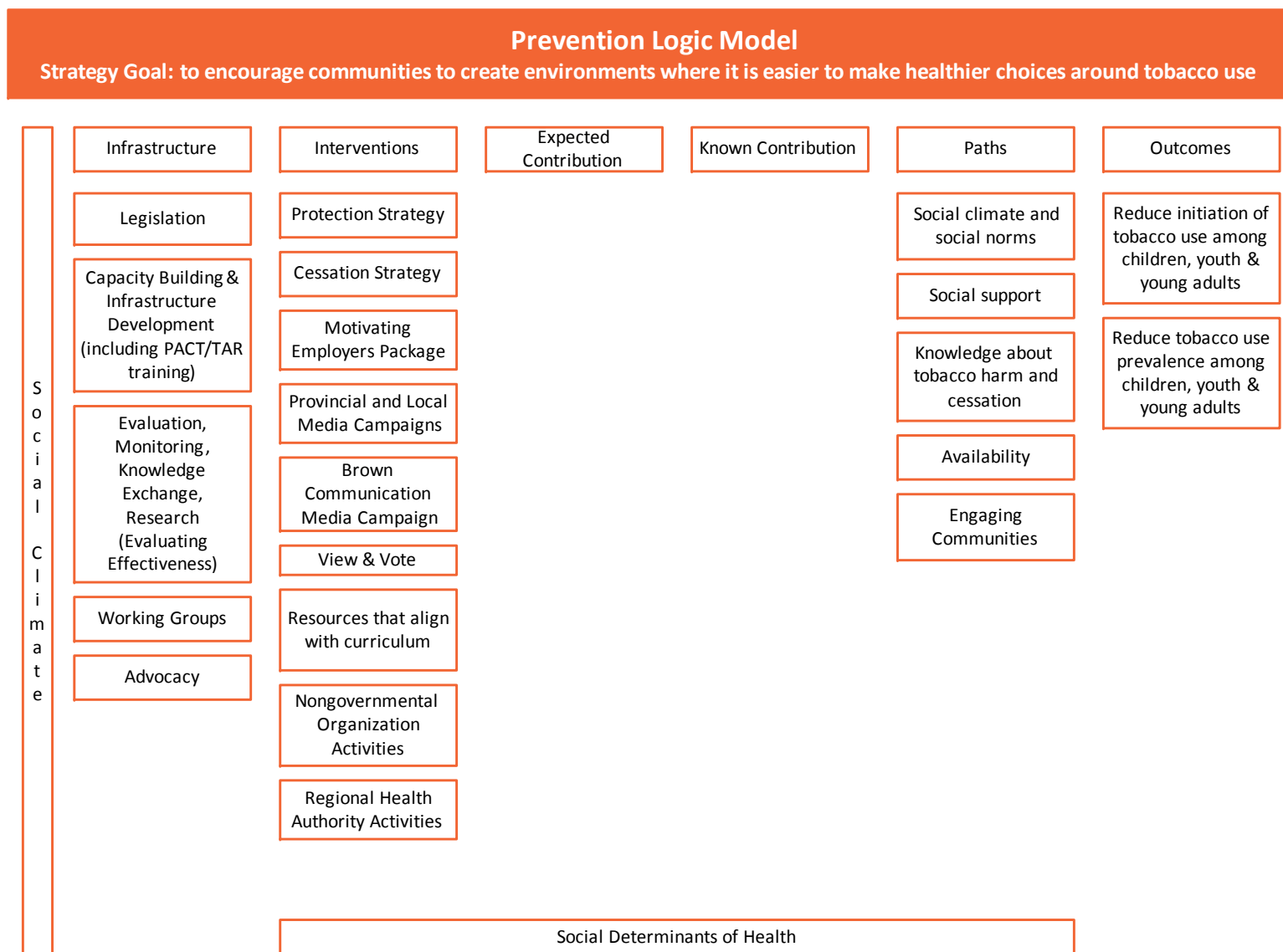
Prevention

One objective of tobacco control efforts is to encourage communities to create environments where it is easier to make healthy choices around tobacco use. The anticipated outcomes of prevention efforts are decreases in the initiation and prevalence of smoking in children, youth and young adults.

The Prevention Logic Model presents the ultimate outcomes of the Strategy's prevention system and paths to achievement (Figure 4).

Although some progress toward the Strategy's prevention goal and outcomes has been made, it is difficult to gauge the extent of advancement at this point. The implementation of a performance measurement system (currently under development) and additional evaluation efforts will soon provide more information to assess the progress made by the Strategy's component parts.

Figure 4: Prevention System Logic Model



Lifetime Abstinence

- Between 2000/01 and 2007/08, there has been a significant increase in lifetime abstinence for youth between the ages of 12-14; however, for youth aged 15-16 years and for 17-18 year olds, the lifetime abstinence rates do not show significant change (Figure 5).

Figure 5: Lifetime Abstinence, Saskatchewan



Source: Canadian Community Health Survey 2000/01, 2003, 2005, 2007/08; CCHS defines lifetime abstinence as never having smoked a whole cigarette.

Sources of Cigarettes

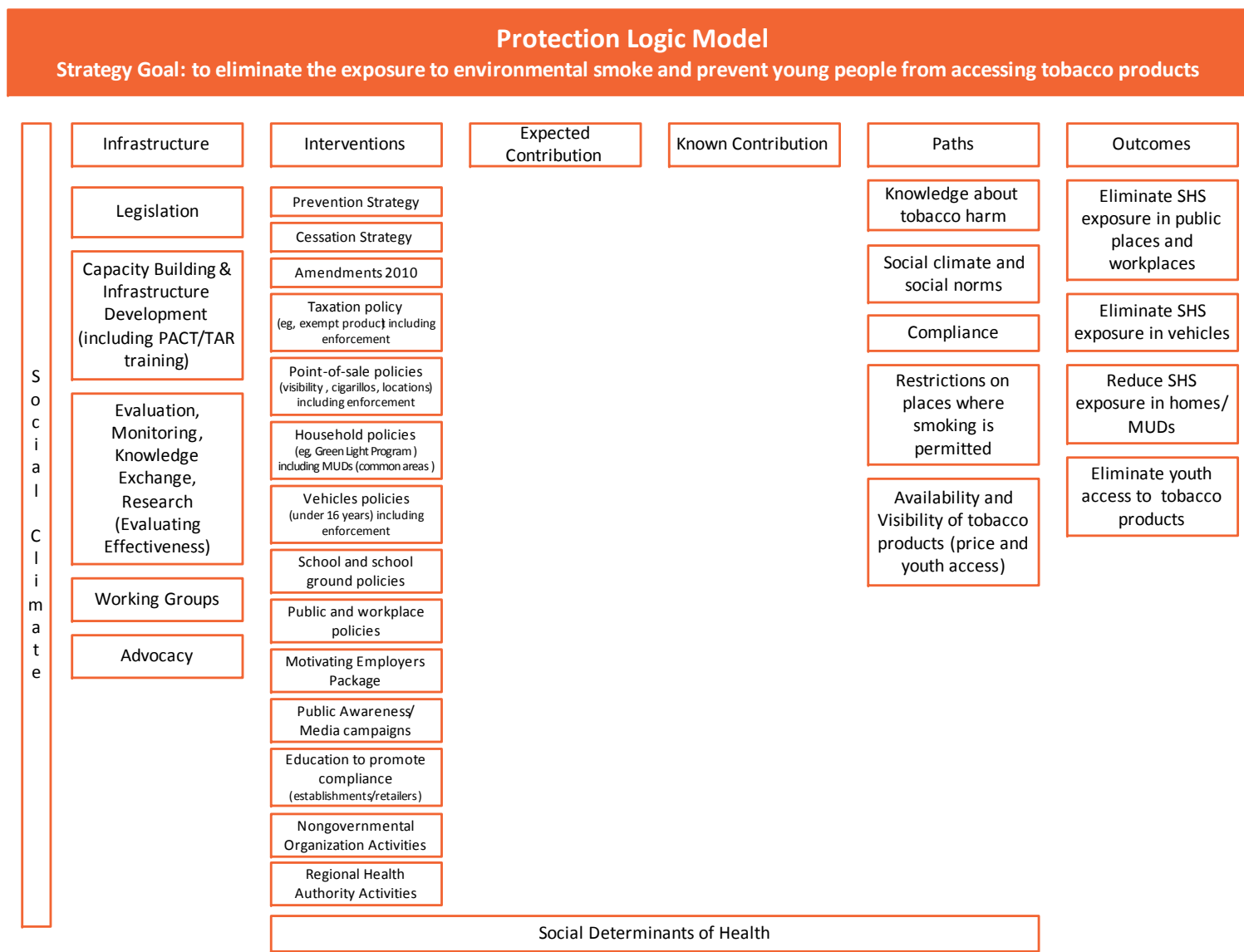
- In 2008, 57% of youth aged 15 to 18 years obtained cigarettes from retail sources; this represents a statistically significant increase from 2005 (14%).⁶
- For students in grades 10 to 12, 35% report buying their cigarettes from a retail source, 29.5% report that they receive their cigarettes from a social source and 28% report that they buy their cigarettes from “someone” other than friends or family.⁷

Protection

The goals of the Strategy’s protection system are to eliminate exposure to secondhand smoke (SHS) and eliminate youth access to tobacco products.

The ultimate outcomes of the Strategy’s protection system and paths to achievement are outlined in the Protection System Logic Model presented below (Figure 6).

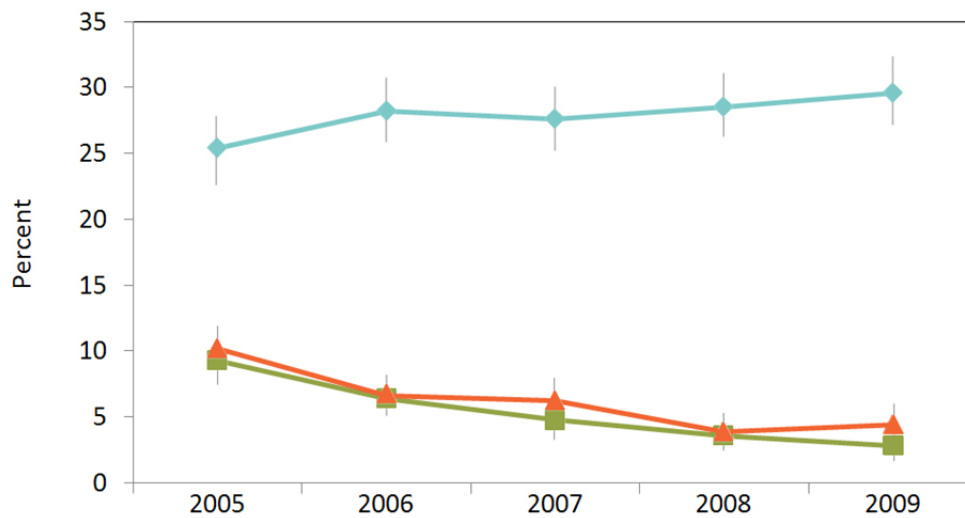
Figure 6: Protection System Logic Model



Exposure to Secondhand Smoke

- Over the period 2005 to 2009, past month exposure to SHS at work has remained relatively stable (28% in 2005; 31% in 2009).
- Approximately one third of the population (32%) continues to report exposure to SHS in public places at least once in the past month.⁸
- In the one-year period following implementation of the legislative ban against smoking in restaurants and bars, SHS exposure inside a restaurant (past month) showed a statistically significant decrease (9% in 2005 to 6% in 2006). This downward trend has continued in subsequent years, and in 2009, exposure was at 3% (Figure 7).
- Exposure to SHS on an outdoor patio of a restaurant or bar (past month) has not changed significantly from 2005-2009.

Figure 7: Exposure to Secondhand Smoke



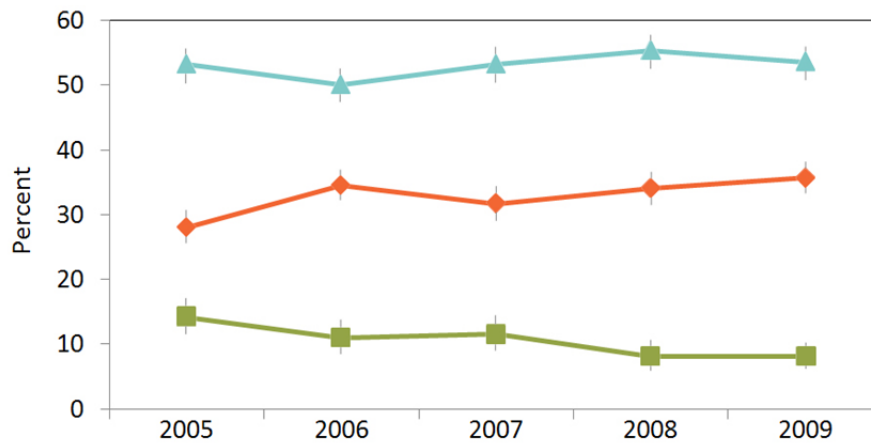
◆ Patio Exposure	25.4	28.2	27.6	28.5	29.6
■ Restaurant Exposure	9.3	6.4	4.8	3.6	2.8
▲ Bar Exposure	10.2	6.6	6.2	3.9	4.4

Source: Canadian Tobacco Use Monitoring Survey 2005, 2006, 2007, 2008, 2009

Opinions about Secondhand Smoke

- Increasingly, people in Saskatchewan believe that smoking should not be permitted in restaurants (65% to 78% from 2005-2009), or permitted anywhere in the workplace (28.1% to 35.7% from 2005-2009) (Figure 8).

Figure 8: Opinion about Smoking in the Workplace (CTUMS), Saskatchewan, 15+



Allowed anywhere (indoors or outdoors)	28.1	34.6	31.7	34	35.7
Allowed only in enclosed areas	14.2	11	11.6	8.1	8.1
Allowed only in designated outdoor areas	53.2	50.1	53.3	55.4	53.5

Source: Canadian Tobacco Use Monitoring Survey 2005, 2006, 2007, 2008, 2009

Most of the advancements in protection have been made through changes in legislation.ⁱⁱ The environmental scan, implementation of school-based curricula and the development of a performance measurement system will contribute to programming and provide further evaluative information.



ⁱⁱ Please consult the Mid-Term Comprehensive Report for a full listing of current / newly instituted legislative amendments that are contributing to cessation, prevention and protection objectives.

Prevention and Protection Interventions in Saskatchewan

Some interventions noted in the prevention and protection logic models have not yet been implemented. These include dissemination of educational resources and the Brown Media Campaign.

- **Regional Health Authorities (RHAs) and Non-Governmental Organizations (NGOs)**
At the time of this newsletter, there was little data available about the tobacco control efforts of RHAs and NGOs. It is expected that the environmental scan will reveal more information about prevention and protection activities.
- **Educational Programs**
Education programs (for example, View and Vote, and the educational resources- KNOW Tobacco) are being incorporated into the performance indicator monitoring system to encourage data tracking. Two hundred and twenty-seven schools (representing approximately 13, 000 students) participated in the 2007 View and Vote campaign.⁹ As the school curriculum resources were just released, performance data is not currently available, but it will be collected and made available in future communications.
- **Provincial Legislation**
There has been some promotion of legislative changes. Over 25,000 signs and targeted mail outs have been distributed to support the implementation of the ban on smoking within 3 meters of doorways, air intakes and windows of enclosed public places. Over 2,000 metal signs and 9,000 decals have been distributed to schools to reinforce the message that tobacco use is prohibited on school grounds. Resources for schools have also been developed and are available on the Ministry of Health website.
- **Provincial and Local Media Campaigns**
Provincial and local media campaigns were implemented to support the ban on smoking on school property, smoking in vehicles when children were present and smoking within 3 metres doorways, windows and air intakes of enclosed public places.

The first campaign consisted of Facebook, web-based, radio and newspaper advertisements focusing on the legislation about smoke-free school grounds.

The second campaign focused on the legislation banning smoking in vehicles with children under the age of 16, and smoking within 3 metres of doorways, windows and air intakes of enclosed public places.

A final Strategy Progress Report to build on the Mid-term Report with updated information from surveys, the environmental scan, intervention evaluations and existing performance measurement data will be available in 2013. Stay tuned for the next newsletter! Highlights will include information about the Partnership to Assist with Cessation of Tobacco and Tobacco Addiction Recovery (PACT/TAR) Training Program evaluation.

References

- ¹ Canadian Tobacco Use Monitoring Survey, 2009 (TIMS-SK data).
- ² First Nations Centre. (2006). *RHS at a Glance: Selected Findings from the First Nations Regional Longitudinal Health Survey (RHS) 2002/2003*. Ottawa, ON: First Nations Information Governance Committee.
- ³ "Current Smokers by Occupation (Past 30 Days), Saskatchewan, 15 Years and Over." Canadian Tobacco Use Monitoring Survey 2005, 2006, 2007, 2008, 2009. (TIMS-SK data)
- ⁴ Youth Smoking Survey 2006/07. The YSS defines lifetime abstinence as never having taken a puff of a cigarette.
- ⁵ "Intentions to Quit Smoking in the Next 6 Months, Saskatchewan, 15+" Canadian Tobacco Use Monitoring Survey 2005, 2006, 2007, 2008, 2009 (TIMS-SK data).
- ⁶ "Source of Cigarettes among Youth, Saskatchewan, 15-18." Canadian Tobacco Use Monitoring Survey 2005, 2006, 2007, 2008. (TIMS-SK data)
- ⁷ "Source of Cigarettes among Students, Saskatchewan, Grades 10-12, 2006/07." Interpret retail source information with caution: subject to moderate sampling variability. Source: Youth Smoking Survey 2006/07. (TIMS-SK data)
- ⁸ "Exposure to Secondhand Smoke in Public Places such as a Shopping Mall, Arena, Bingo hall, Concert or Sporting Event, Saskatchewan, 15+." Canadian Tobacco Use Monitoring Survey 2005, 2006, 2007, 2008, 2009
- ⁹ Government of Saskatchewan. News Release – January 2008: Saskatchewan students choose anti-tobacco message for national non-smoking week. Available at: <http://www.gov.sk.ca/news?newsId=030289c0-9164-4a6b-a914-e26af2ee95ef>. Accessed August 10, 2011.



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