THE ONTARIO TOBACCO RESEARCH UNIT
UNITÉ DE RECHERCHE SUR LE TABAC DE L'ONTARIO
Generating knowledge for public health

EVALUATION UPDATE

November 2012

Smoke-Free Ontario Strategy Evaluation Report Executive Summary

The Smoke-Free Ontario Strategy is a comprehensive tobacco control program involving a broad coalition of partners including provincial and local governments, boards of health, voluntary health organizations, hospitals, and universities. The Smoke-Free Ontario Strategy has made progress toward implementing a comprehensive approach to achieving its vital tobacco control goals. The Strategy is supporting positive changes in the physical and social climates for tobacco use and in creating environments conducive to decreased initiation and increased cessation. The evaluative information presented in the *2012 Smoke-Free Ontario Strategy Evaluation Report* makes it clear that there are still gaps between the desired and actual outcomes and in Strategy implementation.

Tobacco Use

Reducing the overall use of tobacco is one of the main objectives of the Smoke-Free Ontario Strategy. Twenty-two per cent of Ontarians aged 12 or over, reported current use of some form of tobacco (cigarettes, pipes, cigars, snuff or chewing tobacco) in the last 30 days (Canadian Community Health Survey 2010). This represents 2.47 million tobacco users. The rate is not significantly different from that of 2007/08 (23%). (Figure 1 below; or Figure 2 from the full report).

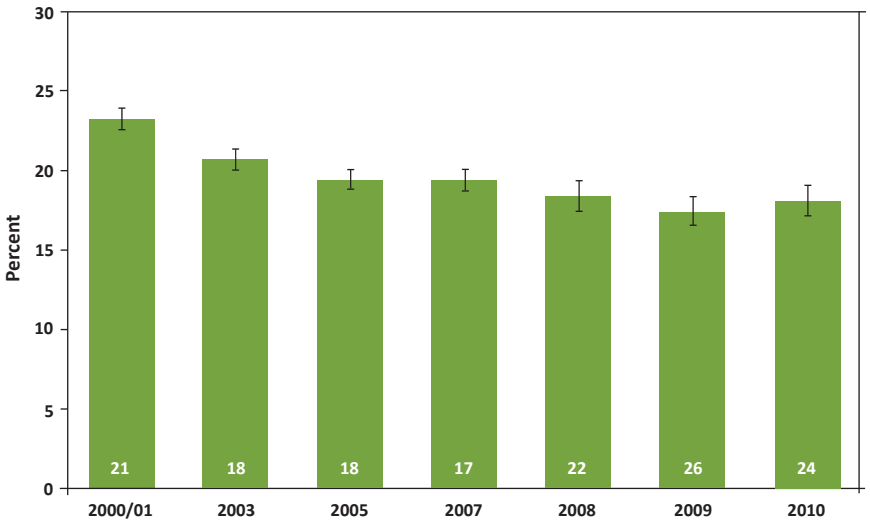
In 2010, 18% of Ontarians aged 12 years or over were current smokers (smoked daily or occasionally in the past 30 days and had smoked 100 cigarettes in their lifetime). The prevalence of current smoking has not decreased significantly in recent years. Current smoking decreased from 23% to 20% between 2000/01 and 2005.

In 2010, females aged 12 years and over had a significantly lower rate of past 30-day current smoking compared to males (15% vs. 22%), a finding consistent with previous years.

Regionally, across the province, smoking rates, defined as smoking daily or occasionally, ranged from a high of 31% in Algoma to a low of 16% in Ottawa and Halton regions. In 11 of Ontario's 36 health regions, the prevalence of smoking was 25% or more.

In 2009/10, the prevalence of past-30 day current smoking was highest among workers in trade occupations (33%), primary industry (28%), and sales and service (23%), representing a combined total of 691,002 (or 55%) of all employed smokers in Ontario aged 15 to 75 years (Canadian Community Health Survey, 2009/10). Among unemployed Ontarians aged 15 to 75 years, the prevalence of past-30 day current smoking was 29%, representing 8% of the 2 million smokers aged 15 to 75 years.

Figure 1: Current Smoking (Past 30 Days), Ages 12+, Ontario, 2000/01 to 2010



Note: Vertical lines represent 95% confidence intervals.
Source: Canadian Community Health Survey 2000/01 to 2010.

EVALUATION UPDATE

Protection

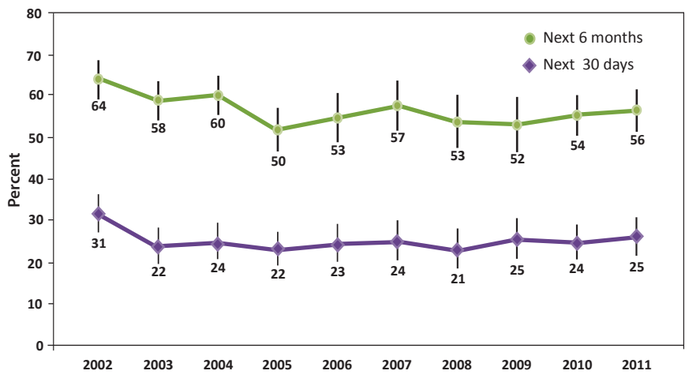
Smoke-Free policies and programs are showing their effects. Exposure to secondhand smoke in restaurants, bars, and vehicles is significantly lower than it was five years ago. There is also substantially decreased exposure in homes. Nevertheless, the goal of eliminating nonsmokers' exposure to secondhand smoke in Ontario requires further action. Too many Ontarians are still exposed to secondhand smoke in a variety of places: 26% of working Ontarians are exposed at work (Canadian Tobacco Use Monitoring Survey, 2010); 57% are exposed outdoors (such as in a park or on a sidewalk); 32% of Ontarians who visited restaurant or bar patios are exposed; and 11% of nonsmokers aged 12 to 19 are still exposed in their home and in vehicles. Beyond physical exposure to secondhand smoke, Ontarians have a high degree of social exposure to tobacco use. Social exposure occurs when people are exposed to the visual and sensory cues associated with the use of tobacco products (e.g., on streets, patios, the internet, and social media, as well as in public places and in movies. The Smoke-Free Ontario Scientific Advisory Committee's report[1] suggests that additional work needs to be done by Strategy partners to counter the influence of social exposure to tobacco including implementation of public education campaigns that focus on this issue.

Cessation

In recent years, there have been no significant changes in the proportions of smokers who intend to quit within 30 days or 6 months, who made at least one quit attempt in the past year, and who quit for at least one month in the past year (Figure 2 at right; or Figure 24 from the full report).

Nor has there been a decrease in the average number of cigarettes smoked each day by daily smokers (15.1 cigarettes in 2011).The Strategy's cessation support system served substantially more smokers who were making quit attempts in the past year and now reaches about 5% of smokers annually. Only a small proportion of these smokers succeed in quitting as relapse rates are high. A positive sign is that the Ministry of Health and Long-Term Care has committed considerable funds to train health professionals in providing cessation support through the Training Enhancement in Applied Cessation Counselling and Health (TEACH) program, the Registered Nurses' Association of Ontario (RNAO) cessation initiative and the Provincial Training and Consultation Centre (PTCC). Both the report of the Scientific Advisory Committee (SAC)[1] and that of the Tobacco Strategy Advisory Group (TSAG)[2] have advised on ways to further develop cessation support into a comprehensive and cohesive system. In order to reach the prevalence-reduction targets set by TSAG, the annualized quit rate—currently at 1.3%—needs to double. The new cessation initiatives launched this past year and others currently under development by Strategy partners indicate that attention is being given to this issue and will undoubtedly help move Ontario toward the desired quit rates. Scientific evidence cited in the SAC report indicates that it is major policy interventions aimed at increasing price, decreasing availability, and restricting places where people can smoke that, combined with adequate dose and duration of mass media campaigns, are most effective in getting large numbers of smokers to quit.

Figure 2: Intentions to Quit Smoking in the Next 6 Months and Next 30 Days, Ages 18+, Ontario, 2002 to 2011

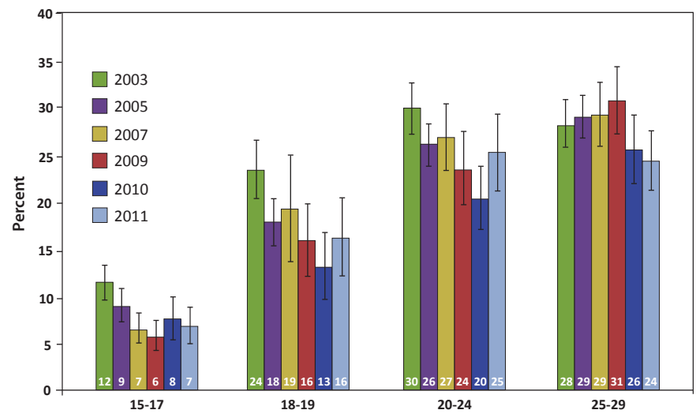


Note: Vertical lines represent 95% confidence intervals.
Source: Centre for Addiction and Mental Health Monitor 2002–2011.

Prevention

There has been important progress toward decreasing current smoking among youth. According to the Ontario Student Drug Use and Health Survey, the prevalence of past 30-day current smoking in grades 11 and 12 has decreased from 12% in 2005 to 6% in 2011, and for grades 9 and 10, current smoking is down to 3%. A similar pattern emerges from the Canadian Community Health Survey with 7% of youth aged 15 to 17 reporting past 30-day current use of cigarettes in 2009/10. Nevertheless, by age 20 to 24, smoking prevalence is 25% (CCHS). While the prevalence of smoking for these young adults has also decreased, the large jump in prevalence after the end of high school merits further attention (Figure 3 above; or Figure 31 from the full report).

Figure 3: Current Smokers (Past 30 Days), Young Adults, Ontario, 2003 to 2010



Note: Vertical lines represent 95% confidence intervals.
Source: Canadian Community Health Survey (Master File) 2003–2010.

Policies and programs to prevent initiation—including taxation, restrictions on youth access, smoking bans, advertising bans, youth engagement initiatives, and school based programming—have met with some success in the general youth population. From its review of evidence, the Scientific Advisory Committee recommended that beyond providing basic information about tobacco in all schools, prevention efforts need to focus on high-risk schools and high-risk youth. The youth segmentation analysis presented in this report lends support to this direction, demonstrating that youth who smoke are much more likely to engage in other high risk behaviours – 81% of youth smokers are also hazardous drinkers, 64% have a drug use problem, and 40% engage in delinquent behaviour.

Pro-tobacco Influence

There is a need to address forces that work to counter the accomplishments of the Smoke-Free Ontario Strategy and other tobacco control efforts. Low priced and contraband cigarettes present a significant risk to tobacco control accomplishments and likely compromise the ability to substantially decrease consumption and prevalence of cigarette use. The increasing availability, marketing and popularity of alternative tobacco forms, such as e-cigarettes and waterpipe shisha, may pose new challenges to the tobacco control community. Tobacco company design elements on cigarette packaging are imbued with messages of relative perceived strength

Social Climate and Public Opinion

Public support for additional tobacco control action is strong:

- 88% of Ontarians support prohibiting smoking at children's playgrounds, 84% in multi-unit dwellings with common ventilation, 80% in homes when children are present, 57% on restaurant and bar patios, and 55% at public parks and beaches.
- 62% agree that the number of outlets selling tobacco should be greatly reduced, 32% think that tobacco should be sold only in government owned LCBO like stores and 20% think that tobacco products should not be sold at all. It is notable that 30% of current smokers agree that the sale of tobacco products should be phased out over the next five to ten years.
- The social acceptability of smoking is becoming quite low: 92% of never-smokers indicate that it is unacceptable for youth to smoke and 60% of never-smokers report that it is unacceptable for adults to smoke.

and lifestyle such as luxury, glamour, masculinity, and femininity. The package is increasingly becoming an accessory or badge, which may be particularly appealing to youth who may wish to associate themselves with a particular characteristic or status. Other pro-tobacco influences have been observed including: internet sites that ship discounted cigarettes to Canada, tobacco company contests on the internet, and smoking scenes in top-rated movies shown in Canadian theatres.

Concluding Note

In the past year, the Ontario government has both established new structures for guiding Strategy implementation and taken important steps to strengthen tobacco control. The Tobacco Control Steering Committee and six Task Forces help to guide and coordinate implementation. Noteworthy new initiatives include free access to smoking cessation medications and pharmacist counselling for Ontario Drug Benefit beneficiaries and access to free Nicotine Replacement Therapy (NRT) and cessation counselling through Family Health Teams, Community Health Centres and Aboriginal Health Access Centres.

Alongside these positive developments are several trends worth noting:

- There has been no significant change in the prevalence of adult smoking in the past five years and the five years prior to that saw only a 3-percentage point decline.
- Smoking rates among low socioeconomic status subpopulations and in several PHUs are not noticeably decreasing.
- There has been no significant change at the population level in the key cessation outcome indicators (intentions to quit, quit attempts, successful quits).
- The prevalence of overall tobacco use is 22%, unchanged in recent years.
- The use of alternative forms of tobacco appears to be on the rise.

Notably, in 2010, the prevalence of past 30-day cigar use was 19% and 21% for 18 to 19 and 20 to 24 year-old males, respectively. The rate of cigar use in 2000/01 was 12% and 13.5% for these corresponding ages (albeit, differences are not statistically significant over the reporting period). While evidence suggests that increasing taxes on tobacco products is highly effective in reducing smoking rates, Ontario has the second-lowest provincial tax on a carton of cigarettes among all provinces and territories.

Evidence in this report indicates that there has been progress, however the rate of change appears to be too slow to achieve the goal set by the provincial government to make Ontario the jurisdiction with the lowest smoking rate in Canada,[3] and the targets recommended by the Tobacco Strategy Advisory Group.[2]

References

[1] Smoke-Free Ontario – Scientific Advisory Committee. *Evidence to Guide Action: Comprehensive Tobacco Control in Ontario*. Toronto, ON: Ontario Agency for Health Protection and Promotion, 2010. Available at: http://www.oahpp.ca/services/documents/evidence-to-guide-action/Evidence%20to%20Guide%20Action%20-%20CTC%20in%20Ontario%20SFO-SAC%202010E.PDF. Accessed October 22, 2012.

[2] Tobacco Strategy Advisory Group. *Building on Our Gains, Taking Action Now: Ontario's Tobacco Control Strategy for 2011–2016 (October 18, 2010)*. Report from the Tobacco Strategy Advisory Group to the Minister of Health Promotion and Sport. Available at: http://www.mhp.gov.on.ca/en/smoke-free/TSAG%20Report.pdf. Accessed October 20, 2012.

[3] Ontario Ministry of Health and Long-Term Care. *Ontario's Action Plan for Health Care*. Queen's Printer for Ontario: Toronto, Ontario (800/01/12 Cat.# 016827 ISBN 978-1-4435-8942-0),2012

Since 1994, the Smoke-Free Ontario Evaluation Report has presented evaluative information about the activities and results of the provincial tobacco control strategy. Drawing on information from population-level surveys, program evaluations, performance reports and administrative data, this year's report describes Strategy infrastructure and interventions (policies, programs and social marketing), analyzes population-level changes, and explores the contributions of the various interventions, as of September 2012. To further understanding of Strategy challenges and accomplishments, the report includes assessments of changes in the social climate and public support for tobacco control measures, and in pro-tobacco influences.

Key authors of the report are Robert Schwartz, Shawn O'Connor, Alexey Babayan, Maritt Kirst, and Jolene Dubray. The interpretation and opinions expressed in this report are the responsibility of the Principal Investigators of the Ontario Tobacco Research Unit (OTRU): Robert Schwartz, Sue Bondy, K. Stephen Brown, Joanna Cohen, Roberta Ferrence, John Garcia, Paul McDonald, and Peter Selby. The full report is available on our website at www.otru.org.

The Ontario Tobacco Research Unit (OTRU) is an Ontario-based research network that is recognized as a Canadian leader in tobacco control research, monitoring and evaluation, teaching and training and as a respected source of science based information on tobacco control.