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

EVALUATION UPDATE

January 2015

Smoke-Free Ontario Strategy Monitoring Report Executive Summary

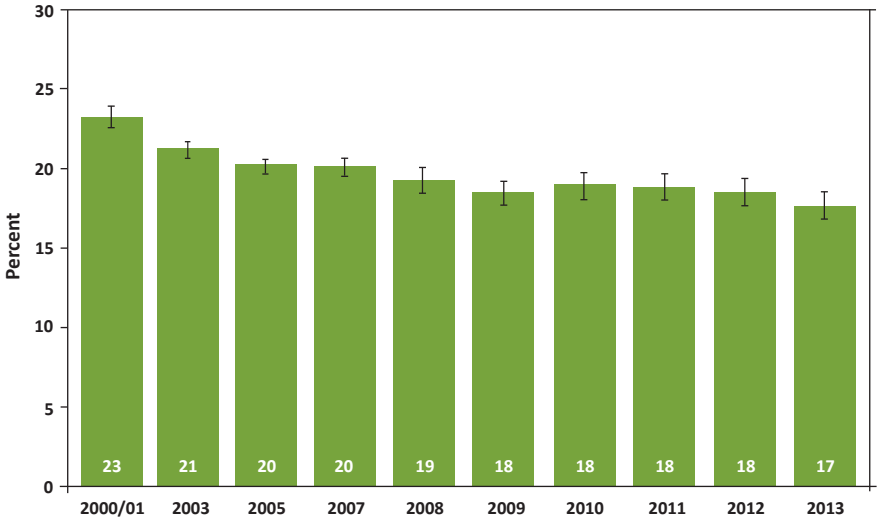
The Smoke-Free Ontario Strategy is a comprehensive tobacco control program involving a broad coalition of partners including provincial and local governments, boards of health, voluntary health organizations, hospitals, and universities. Primary funding for the Strategy comes from the Ontario Ministry of Health and Long-Term Care, with direct and in-kind funding from other Strategy partners. This year's *Smoke-Free Ontario Monitoring Report* includes assessments of Ontario's progress relative to the World Health Organization's MPOWER standards,[1] and the recommendations of the Smoke-Free Ontario Scientific Advisory Committee (SAC).[2]

The Ontario Government continues to take significant steps to strengthen tobacco control. Noteworthy recent initiatives include the initiation of smoking bans on restaurant and bar patios, playgrounds, and sports facilities, an increase in tobacco taxes, hospital and workplace based cessation-demonstration projects and school-based pilots. These activities complement recent ongoing initiatives including free access to smoking cessation medications and pharmacist counselling for Ontario Drug Benefit beneficiaries, limited access to free nicotine replacement therapy (NRT), cessation support through a variety of channels, and a province-wide social marketing campaign.

Overall Tobacco Use

- 21% of Ontarians aged 12 years or over reported current use of various tobacco products (cigarettes, cigars, pipes, snuff or chewing tobacco) in the previous 30 days. This represents 2,448,900 tobacco users (CCHS 2013).
- There has been no statistically significant change in this rate since 2007/08 when the rate was 23% (or 2,450,600 users).
- In 2013, 17% of Ontarians aged 12 years or over were current smokers (had smoked cigarettes in the past 30 days and had smoked at least 100 cigarettes in their lifetime), representing 1,963,800 people (CCHS 2013; Figure 1 here and in the full report), statistically unchanged from 2012 (18% or 2,027,000 people).
- In 2013, there was a significant decrease in the prevalence of current smoking compared to 2007 (17% vs. 19.5%; 1,963,800 vs. 2,117,000 smokers, respectively).
- In 2013, 20% of males were current smokers, whereas 14% of females were current smokers.
- In 2013, 5.2% of Ontarians aged 12 years and over (601,950 people) had smoked cigars in the past 30 days, making cigars the second-most prevalent form of tobacco use after cigarettes. In 2013, little cigars/cigarillos comprised 6.6% of all cigar sales.
- Among adults 18 years and over, past-year use of electronic-cigarettes was 7%, with young adults more than twice as likely to have used in the past year compared to older adults aged 30 and over (13% vs. 6%; CAMH Monitor 2013).
- Among all students, 15% had ever used an e-cigarette (OSDUHS 2013); significantly more male than female students in grades 9 to 12 had ever used an e-cigarette in their lifetime (19% vs. 10%).
- Among students in grades 7 to 12, 11% have ever used a waterpipe, with use significantly increasing with grade, peaking at 21% in grade 12 (OSDUHS 2013)
- Past year use of a waterpipe in 2013 among students in grades 7 to 12 was 10% (or 88,400 youth).

Figure 1: Current Smoking (Past 30 Days), Ages 12+, Ontario, 2000/01 to 2013



Note: Vertical lines represent 95% confidence intervals.
Source: Canadian Community Health Survey 2000/01, 2003, 2005, 2007-2013.

- Regionally across the province, current smoking (past 30-day use and 100 cigarettes in lifetime) ranged from 12.2% in Peel to 26.5% in Timiskaming (CCHS 2013). The rate of current smoking in all of Ontario in 2013 was 17% (this represents 1,963,800 smokers).
- The prevalence of current smoking was 25% or more in five of Ontario's 36 health regions.
- In 2013, current smoking was highest among workers in trade occupations (33%), sales and service (21%), and primary industry (21%), representing a combined total of 688,500 (or 56%) of the 1,232,800 employed smokers in Ontario aged 15 to 75 years (CCHS 2013). In recent years, there have been no observed changes in these data.
- Among unemployed Ontarians, the prevalence of current smoking was 28%, representing 7% of the almost 2 million Ontario smokers aged 15 to 75 (CCHS 2013).
- In recent years, Ontarians with a university degree were 2 to 4 times less likely to be current smokers than those with less education (CAMH Monitor).

Prevention

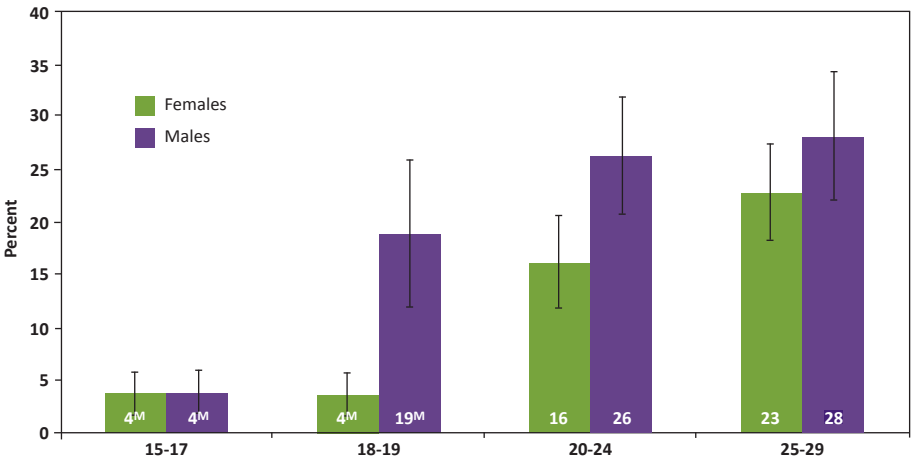
The Smoke-Free Ontario Strategy includes a number of programs, services, and policies focused on prevention and reduction of tobacco use among youth and young adults. These initiatives are centred on increasing knowledge of the harmful effects of tobacco use; increasing youth resiliency to make healthy choices and resist tobacco use initiation; limiting social exposure to tobacco use; and decreasing access and availability of tobacco products.

Policies and programs to prevent initiation—including taxation, restrictions on youth access, smoking bans, advertising bans, youth engagement initiatives, and school-based programming—have had some success in the general youth population.

- Reporting of past 30-day current smoking is 2% in Grades 9 and 10 combined and has remained constant at 6% for Grade 11 and 12 since 2011.
- Yet despite improvements in recent years, current smoking is still firmly established among 18- to 19-year olds (11%), young adults aged 20 to 24 (21%) and young adults aged 25-29 (25%) (Figure 2 here, Figure 20 in the full report). Efforts to prevent initiation in this young adult age group include expansion of *Leave The Pack Behind* to community colleges and targeted social marketing campaigns.

Work remains to fulfill several of the Scientific Advisory Committee recommendations for preventing tobacco use among youth and young adults including: addressing tobacco use in movies that are rated for youth viewing; requiring advertisements denormalizing tobacco preceding movies and video games that contain tobacco imagery; enhancing the protocols for compliance of tobacco retailers with restrictions on sales to minors. Beyond basic tobacco education being provided in all schools, prevention efforts need to focus on high-risk schools, colleges and workplaces where youth and young adults are at greatest risk for tobacco use. A significant number of youth who are current smokers in Grades 7 to 12 also have a drug use (87% in grades 9 to 12) and a hazardous drinking problem (67% in grades 7 to 12). There is a need for more focus on policies and programs for those at high risk.

Figure 2: Current Smokers (Past 30 Days), Youth and Young Adults, by Sex, Ontario, 2013



Note: Vertical lines represent 95% confidence intervals. M=Marginal. Interpret with caution: subject to moderate sampling variability.
Source: Canadian Community Health Survey 2013.

Cessation

A main objective of tobacco control efforts is to increase the proportion of smokers who successfully quit smoking.

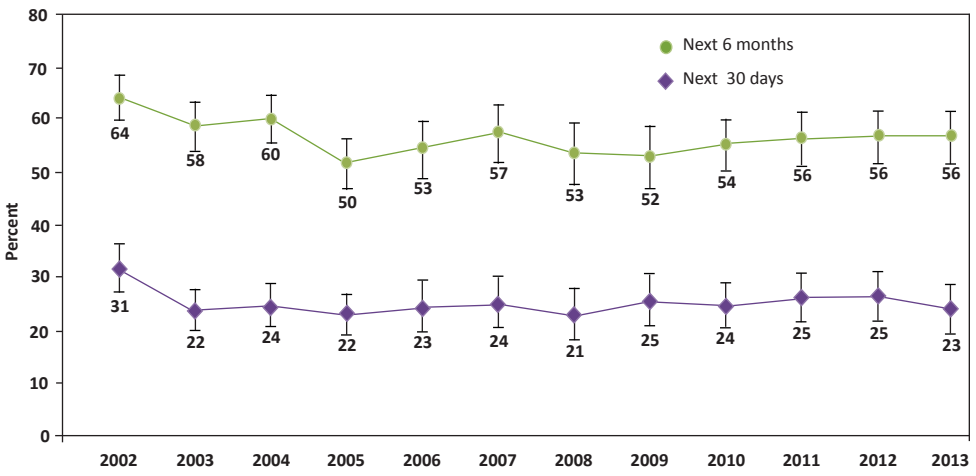
- In 2013, more than half of all Ontario smokers (56%) intended to quit in the next six months; 23% in the next 30 days. There has been no statistically significant change in six-month or 30-day quit intentions in recent years (CAMH Monitor; Figure 3 here; Figure 30 in the full report).
- The proportion of Ontario's smokers who successfully quit each year is estimated to be 1.6%. In order to achieve a 5 percentage-point decrease in the prevalence of smoking over five years (with past 30-day prevalence currently at 17%),

LUATION UPDATE

the proportion of smokers who successfully quit needs to at least double.

Ontario's cessation system builds capacity, provides technical assistance, and offers research and evaluation support to key stakeholders. This infrastructure is delivered by several key organizations including: the Ontario Tobacco Research Unit (OTRU), Program Training and Consultation Centre (PTCC), Registered Nurses' Association of Ontario's (RNAO) Nursing Best Practice Smoking Cessation Initiative, Training Enhancement in Applied Cessation Counselling and Health (TEACH) Project, University of Ottawa Heart Institute's Ottawa Model for Smoking Cessation, and You Can Make It Happen.

Figure 3: Intentions to Quit Smoking in the Next 6 Months and Next 30 Days, Ages 18+, Ontario, 2002 to 2013



Note: Vertical lines represent 95% confidence intervals.
Source: Centre for Addiction and Mental Health Monitor 2002–2013.

Local Boards of Health are mandated to ensure the provision of tobacco use cessation programs and services for priority populations. Public health units may provide cessation services or refer smokers to community and provincial partners. Provincial cessation support services (Smokers' Helpline, the STOP Program, Leave The Pack Behind, Ottawa Model for Smoking Cessation, the Ontario Drug Benefit program and OHIP billing) reach approximately 7% of smokers annually, with only a small proportion of these participants likely to succeed in quitting in the long term. This is consistent with existing evidence that smokers make multiple quit attempts, and only a few of them go on to successfully quit, with relapse being a typical outcome in a quit attempt.

Progress is being made on some key SAC directions for cessation, including:

- Developments to support an integrated support system
- Direct support to smokers from a variety of program initiatives
- Provision of free NRT or prescription medications and counselling to some high-risk populations
- Ongoing cessation training

Opportunities still exist to enhance the cessation system in line with additional SAC recommendations: universal provision of free NRT and stop-smoking medications; mechanisms to ensure that smokers are asked, advised and assisted to quit at every point of contact with the health care system; creation of a Tobacco-User Support System to ensure that there is "no wrong door" for access to cessation support services; further integration of cessation support services; and tie in with a cessation mass media campaign.

A Note About MPOWER

The World Health Organization's MPOWER Report outlines minimum standards for tobacco control including:

- **M**onitoring tobacco use and prevention policies
- **P**rotecting people from tobacco smoke
- **O**ffering help to quit tobacco use
- **W**arning about the dangers of tobacco
- **E**nforcing bans on tobacco advertising, promotion and sponsorship
- **R**aising taxes on tobacco

Based on MPOWER recommendations, Ontario demonstrates some gaps, especially in raising the tax to 75% of retail price, having large ongoing major media campaigns, providing universal coverage of cessation medications, and banning all types of advertising. Even if Ontario were to adopt the full slate of MPOWER measures, the prevalence of cigarette smoking would only decrease to 12% by the year 2043.

Protection

Ontario meets all of the minimum standards for protection that are included in MPOWER standards in that smoking tobacco is prohibited in all indoor public places and compliance is high. Yet, too many Ontarians continue to be exposed to secondhand smoke in a variety of settings:

- More than half the population continues to be exposed outdoors at entrances to buildings (49%) and on sidewalks or in parks (58%)
- 31% of Ontarians who visited restaurants or bars reported being exposed on patios (although this should be addressed by recent legislation)
- 29% of workers reported being exposed to secondhand smoke indoors or outdoors at the workplace in the past 30 days
- 10% of workers are exposed to secondhand smoke indoors at work or inside a workplace vehicle
- 9% of nonsmokers aged 12 to 19 are exposed in their home and 9% are exposed in vehicles

The US Surgeon General's review of scientific evidence concluded that there is no risk-free level of exposure to secondhand smoke.[3] In addition to the adverse health effects of SHS, exposure to other people smoking results in social exposure to tobacco use with ensuing normalization of tobacco use, triggering of initiation in youth and young adults through processes of social influence and modeling, and encouragement of the continued use of tobacco among smokers and relapse among quitters.

The Scientific Advisory Committee recommended possible next steps to offer further protection for Ontarians including eliminating smoking in priority settings: unenclosed bar and restaurant patios, not-for-profit multi-unit dwellings, and selected outdoor public settings (e.g., parks, transit shelters, doorways, etc.). Recent announcements by the Government of Ontario indicate that many of these gaps in protection are now being closed. Select municipalities have closed other gaps.

Concluding Note

Ontario aspires to become the Canadian jurisdiction with the lowest smoking rate.[4] The province continues to work diligently toward achieving this objective, and progress is being made across the comprehensive goals of protection, cessation, and prevention. Smoke-Free Ontario partners are supporting positive changes in the physical and social climates both to prevent and reduce tobacco use, which helps to create environments conducive to decreased initiation, increased cessation, and, ultimately, reduced smoking in Ontario.

In recent years, there has been substantial progress in decreasing tobacco use among high school students. Despite this success, the rate of tobacco use increases sharply after high school, with one in every four young adults (aged 20-29) being a current smoker and young men have an even higher rate of smoking. Moreover, there has not been a statistically significant change in the prevalence of tobacco use in the overall population over the past five years: 21% of Ontarians have used some form of tobacco in the past 30 days, and 17% currently smoke cigarettes.

To accelerate the rate of reduction in tobacco use, there is a need to adopt more far reaching policies such as those recommended by the Scientific Advisory Committee and those being adopted in other leading jurisdictions.

Although there are remaining gaps and slow progress in reducing tobacco use prevalence, steady progress in tobacco control is being made: the proportion of smokers who are advised to quit and assisted in quitting has risen; new demonstration projects are seeking innovations for further improvements in smoking cessation in workplace and hospital settings; and significant strides are being taken at the provincial and local levels to further both physical and social protection from smoking in outdoor settings and to curtail the availability of flavoured tobacco.

References

[1] World Health Organization. *WHO Report on the Global Tobacco Epidemic, 2008: The MPOWER Package*. Geneva, Switzerland: WHO, 2008.
[2] 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.
[3] US Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta, GA: U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.
[4] Ontario Ministry of Health and Long-Term Care. *Ontario's Action Plan for Health Care*. Queen's Printer for Ontario: Toronto, Canada (800/01/12 Cat.#016827 ISBN 978-1-4435-8942-0) 2012.

Since 1994, the Smoke-Free Ontario Evaluation/ Monitoring Reports have 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 November 2014.

Key authors of the report are: Robert Schwartz, Shawn O'Connor, Jolene Dubray, Rita Luk, and Jaklyn Andrews. 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, and Peter Selby. The full report is available on our website at www.otru.org.