THE ONTARIO TOBACCO RESEARCH UNIT
UNITÉ DE RECHERCHE SUR LE TABAC DE L'ONTARIO

Generating knowledge for public health

Smoke-Free Ontario Strategy Monitoring Report:

Smoking Cessation

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Cessation: Smoke-Free Ontario Strategy Components

A main objective of tobacco control efforts is to increase the proportion of smokers who successfully quit smoking. Desired outcomes include increasing the proportion of smokers intending to quit, decreasing cigarette consumption (for example, transitioning smokers to non-daily smoking or greatly reducing the number of cigarettes smoked per day) and increasing the actual number of quit attempts. These cessation outcomes can be achieved through a number of evidence-based pathways such as: decreasing access and availability of tobacco products,[1,2] increasing knowledge of tobacco harm and awareness of available cessation supports, promoting and supporting quit attempts and limiting physical and social exposure to tobacco products.[3,4] These pathways are expected to influence the social climate (or social norms) surrounding tobacco-use behaviour by reducing its social acceptability; this in itself is considered key to achieving and sustaining the desired cessation outcomes.[5,6] The cessation component of the Smoke-Free Ontario (SFO) Strategy is the main avenue by which progress toward these pathways and desired cessation outcomes are expected to be achieved (Figure 4-1).

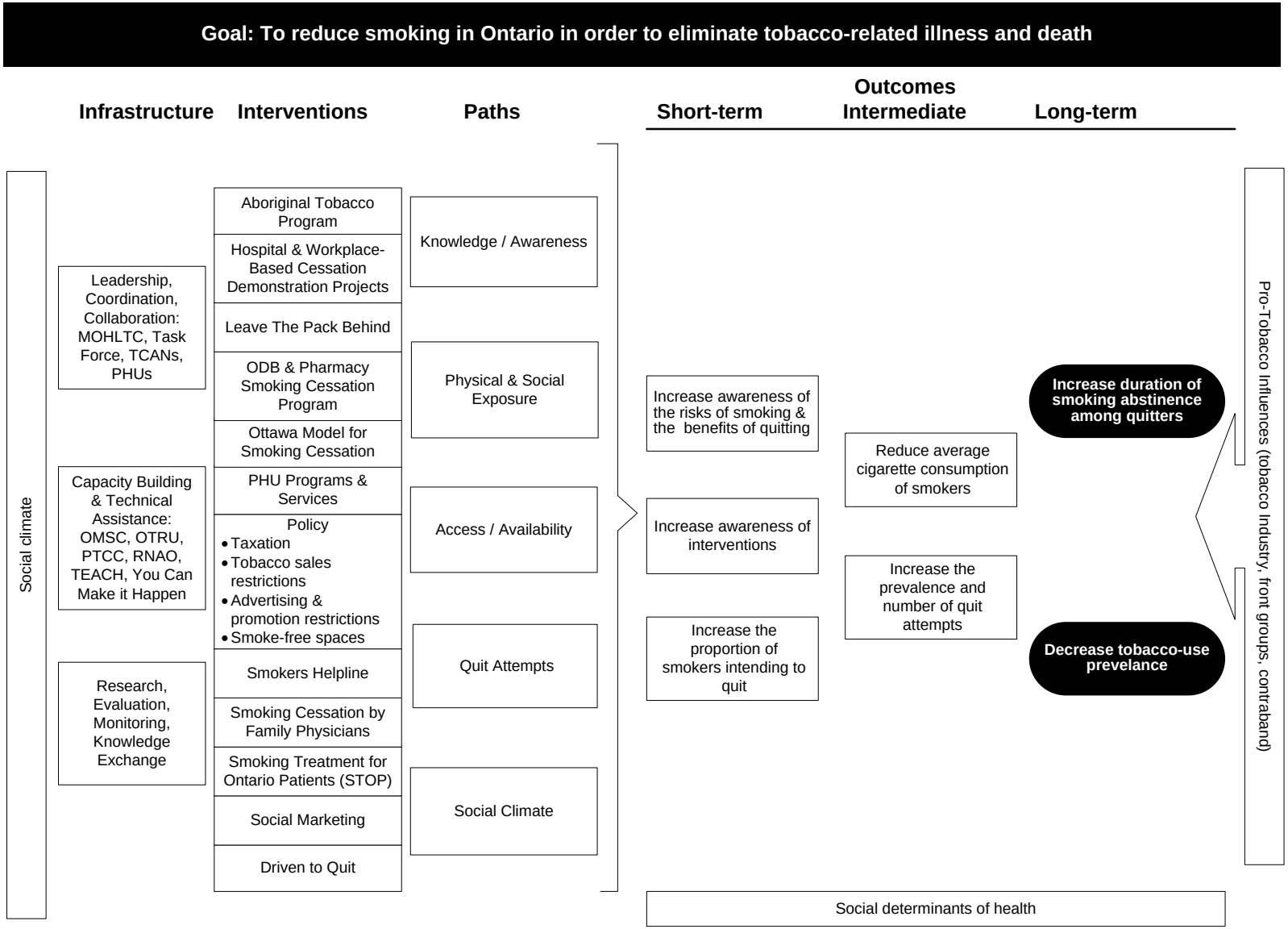
In this chapter, we provide a brief overview of current cessation infrastructure, policy measures and cessation-related interventions and outcomes. We follow with an examination of progress toward cessation objectives at the population level.

Cessation Infrastructure

Several cessation infrastructure components support the development and implementation of a variety of programs, services and policies. The Ministry of Health and Long-Term Care (MOHLTC) – Health Promotion Division has dedicated staff working on the cessation portfolio. A Cessation Task Force, comprised of partners from the tobacco control community who have expertise and experience working in the area of cessation provides information and advice in developing and supporting the implementation of cessation programs, services and policies in the Province. In 2015, the Ministry also convened a Cessation Strategy Advisory Group to advise on the development of a new cessation strategy.

Seven tobacco control area networks (TCANs), representing the 36 public health units (PHUs), provide leadership, coordination and collaborative opportunities.

Figure 4-1: Cessation Path Logic Model



To ensure success, the cessation system has been designed to build capacity, provide technical assistance and offer research and evaluation support to key stakeholders—including PHU staff, nurses, physicians and other health professionals, and to deliver evidence-based programs, services and policies to the public. This infrastructure is delivered by several key organizations including the Ontario Tobacco Research Unit (OTRU), the Program Training and Consultation Centre (PTCC), the Registered Nurses' Association of Ontario (RNAO), the Training Enhancement in Applied Cessation Counselling and Health (TEACH) Project, the University of Ottawa Heart Institute's Ottawa Model for Smoking Cessation (OMSC) and You Can Make It Happen (TCAN-led initiative).

Ontario Tobacco Research Unit

In 2014/15, OTRU's cessation work included evaluations of smoking cessation initiatives in a variety of workplace and healthcare settings and the RNAO Nursing Best Practice Smoking Cessation Initiative.[7,8,9] OTRU continued analyzing data from the Ontario Tobacco Survey;[10,11,12] recruited smokers to participate in the Smoker's Panel and used the Panel to solicit information about long-term engagement preferences for cessation, e-cigarette use for cessation and use of menthol cigarettes; provided rapid scientific consulting to the Ministry and SFO partners and responded to 70 knowledge and evaluation support requests from partners in 2014/15. Cessation-focused knowledge and evaluation support requests included an evaluation of the Niagara Pharmacy Pilot Program and environmental scans of cessation services provided by health practitioners in the Central West and North West TCANs.[13,14,15] OTRU's online course (Tobacco and Public Health: From Theory to Practice) is another cessation resource available to public health personnel across the Province. In 2014/15, a total of 1,550 people enrolled in the online course cessation module and 4,381 smokers were registered in Smokers' Panel as of December 31, 2015.

Program Training and Consultation Centre

In 2014/15, a portion of PTCC's work centred on supporting the cessation initiatives of the Strategy. PTCC offered workshops on a range of topics, including: Brief Counselling Techniques for Smoking Cessation, a Woman-Centred Approach to Tobacco Use and Pregnancy, Integrating a Motivational Interviewing Approach into Tobacco Treatment, Facilitating Group Cessation and Community Engagement to Support Smoking Cessation. Training workshops were conducted in collaboration with PHUs and TCANs. The PTCC also supported two province-wide communities of practice related to smoking cessation: one addressed tobacco-use reduction among young adults and the other supported hospitals participating in Ministry of Health and Long-Term Care's hospital demonstration projects. The PTCC hosted a 2-day provincial knowledge exchange forum that addressed population-based smoking cessation and was attended by public health practitioners

and researchers from across Ontario. PTCC Health Promotion Specialists and Media and Communications Specialists also provided consultations to local PHU tobacco control staff to assist them in the development of cessation networks, engagement of health care providers to deliver brief cessation interventions and to conduct smoking cessation public education activities. In partnership with the Propel Centre for Population Health Impact, the PTCC also documented, using a multiple case study approach, local community efforts to build cessation capacity.

Program Reach: In 2014/15, the PTCC delivered 53 training events on all aspects of tobacco control with only some pertinent to cessation reaching over 1,600 clients. Training events included 41 workshops and 12 webinars. PTCC's training programs were attended by staff of Ontario's 36 PHUs, Community Health Centres, the health care sector (e.g., hospitals), non-governmental organizations and government. Tobacco control consultations were also delivered to 34 PHUs and all seven TCANs. A total of 213 public health practitioners and researchers were actively engaged across three provincial Communities of Practice.[i]

Registered Nurses' Association of Ontario

Nursing Best Practice Smoking Cessation Initiative

The Nursing Best Practice Smoking Cessation Initiative is a program undertaken by the RNAO. The goal of the RNAO Initiative is to increase the capacity of nurses to implement smoking cessation strategies and techniques in their daily practice and, more specifically, to adopt the RNAO Smoking Cessation Best Practice Guideline recommendations at the individual and organizational levels. Since 2007, a multi-pronged strategy has been developed and implemented to ensure achievement of the goal. Key programmatic components of the strategy include: establishment of project sites in Ontario PHUs to coordinate the Initiative; delivery of training workshops in smoking cessation to nurses and other health practitioners (i.e., Smoking Cessation Champions); support from a Smoking Cessation Coordinator; use of RNAO resources (e.g., TobaccoFreeRNAO.ca website, e-learning course); ongoing engagement with schools of nursing in the Province to disseminate and implement the smoking cessation guide (Nursing Faculty Education Guide: Tobacco Use and Associated Health Risks) among nursing faculty and nursing students.

In the past few years, RNAO has focused on expanding and strengthening the strategy through integration of smoking cessation activities within a broader chronic disease framework. In 2014/15, RNAO continued to engage with 16 healthcare organizations (e.g., Family Health Teams, Community Health Centres, Nurse Practitioner-Led Clinics) that participated in the Initiative as

[i] Steven Savvaidis, Personal communication, December 10, 2015.

implementation sites. With a small grant from RNAO, these implementation sites aim to strengthen and sustain nurses' and other health practitioners' capacity in smoking cessation and support the integration of the RNAO guidelines at the organizational level.

Reach: In 2014/15, 140 health practitioners (e.g., nurses, dieticians, respiratory therapists, nursing students, etc.) were trained as Smoking Cessation Champions across four Ontario municipalities. Since 2007, the RNAO Initiative has trained 2,026 health practitioners.

Effects: Evaluation studies of the RNAO Initiative were conducted in 2010, 2011, 2012, 2014, 2015 using a mixed-methods approach (web survey of Champions, case studies of public health and healthcare organizations).[16,17,18,19] These studies demonstrated that project-specific components, such as the Champion Workshops and Smoking Cessation Coordinators' support, as well as the uptake of RNAO evidence-based cessation resources, had been instrumental in increasing nurses' capacity in smoking cessation. In 2014/15, the RNAO Smoking Cessation Best Practice Guideline was still being widely adopted, as evidenced by an increase in the proportion of Champion respondents who reported using the guideline recommendations in their daily practice (27% at baseline to 74% at 6-month follow-up and 61% at 12-month follow-up). Evaluation studies also show that most Champions deliver the minimal intervention recommended by the guideline (e.g., Ask, Advise, Assist and Arrange).

Evaluation studies conducted in the past five years have consistently shown that management buy-in and support is crucial in ensuring successful implementation of the project, increasing nurses' and other health practitioners' engagement in the provision of smoking cessation services and adopting cessation policies and practices at the organizational level. Lack of staff, lack of time and lack of patient interest were consistently identified as barriers to implementation. The 2014/15 evaluation study also found that practitioners reported an increase in knowledge of tobacco cessation, confidence in offering smoking cessation support and consistency of service delivery and documentation of services. These findings need to be interpreted with caution due to survey response bias and limitations on generalizing from information gathered through case studies.

RNAO Capacity Building Initiative - Smoking Cessation Support to Pregnant and Postpartum Women

In 2014/15 the RNAO provided a series of Smoking Cessation Champions Workshops aimed at increasing the capacity of health practitioners to provide smoking cessation support to pregnant and post-partum women within their daily practice. The workshop applied a women-centred approach while focusing on knowledge and skill enhancement, including motivational interviewing techniques and the safety and risks associated with nicotine replacement therapy and cessation

medications among the pregnant and postpartum population. The workshops also highlighted the use of an interdisciplinary team approach for this specialized population. RNAO developed new cessation resources for both health practitioners and patients as part of the Initiative with evidence-based content provided by RNAO, Motherisk and Smokers' Helpline.

Reach: A total of 184 health practitioners (e.g., nurses, dieticians, nurse practitioners) and students were trained as Smoking Cessation Champions specifically for pregnant and postpartum populations across eight municipalities in Ontario in 2014/15.

Effect: Evaluation findings suggest that health practitioners' engagement in the provision of smoking cessation services for pregnant and postpartum women increased 3- and 6-months following the workshop.

Training Enhancement in Applied Cessation Counselling and Health Project

TEACH aims to enhance treatment capacity for tobacco cessation interventions by offering evidence-based, accredited, accessible and clinically relevant curricula to a broad range of health practitioners such as registered nurses, addiction counsellors, social workers, respiratory therapists and pharmacists. The core-training course focuses on essential skills and evidence-based strategies for intensive cessation counselling. The project also offers specialty courses targeting interventions for specific populations (e.g., patients with mental health, addictions or chronic disease; woman-centred approach; First Nations, Inuit and Métis populations) and a one-hour webinar: Lunch and Learn Seminar Series for health practitioners. Other key elements of the TEACH Project include collaboration and partnership with other cessation training groups, hospitals, community stakeholders and government; community of practice activities to provide health practitioners with clinical tools and applications, as well as opportunities for networking and continuing professional education; regional practice leaders who provide support for tobacco dependence treatment initiatives across Ontario; and an evaluation component to examine project impact and knowledge transfer. TEACH training is considered the training standard for primary-care settings and community-based services planning to offer cessation services including Family Health Teams, Community Health Centre, Addiction Agencies, and Aboriginal Health Access Centres.

Reach: Since the project's launch in 2006, TEACH has trained 4,536 unique health practitioners from diverse disciplines in intensive cessation counselling across Ontario. In 2014/15, TEACH trained 512 practitioners in five core courses (one classroom and four online). Participants included registered nurses, nurse practitioners, addiction counsellors, health promoters/educators, social

workers, pharmacists and respiratory therapists who came from a variety of settings including hospitals (116), Family Health Teams (68), Community Health Centres (58), PHUs (84), Addiction Agencies (48), Aboriginal Health Access Centres (7) and other settings. In 2014/15, 2,169 practitioners attended the 13 webinars offered by TEACH.[20]

Effects: In 2014/15, practitioners rated measures of feasibility and confidence on TEACH core course topic areas (e.g., tobacco use and dependence, psycho-social interventions and pharmacotherapy, etc.) significantly higher following TEACH training (feasibility score 7.76/10 at baseline to 8.38/10 post-training; confidence score 7.19/10 at baseline to 8.29/10 post-training). More than half of the participants set practice goals after attending the course (57%).

TEACH participants identified barriers to engaging in smoking cessation including lack of practitioners' time, lack of client motivation to participate, lack of organizational support, lack of funding, insufficient staff for implementation and the need for more practice.

Ottawa Model for Smoking Cessation

The University of Ottawa Heart Institute provides support and training to sites that are implementing the OMSC (or, the Ottawa Model). Outreach facilitators support sites through trouble shooting, reporting and on-site training (e.g., Grand Medical Rounds, education days, on-unit clinical rounds). Workshops are offered three times a year for clinical settings and once a year for primary care settings. Both workshops provide health professionals with an overview of the Ottawa Model program and how it can be successfully implemented in their practice setting. Additional topics covered in the clinical inpatient/outpatient workshop include nicotine addiction, current cessation medications and recommendations on their usage, behaviour change theory and various support strategies based on a patient's readiness to quit smoking. The primary care workshop also covered topics such as smoking cessation pharmacotherapy, counselling strategies, special populations, managing withdrawal symptoms and providing follow up with smokers.

New in 2014/15 was a workshop offered in partnership with the Canadian Mental Health Association that focused on implementing systematic tobacco cessation approaches within mental health and addition programs. Five e-learning courses are also available to health professionals at participating Ottawa Model sites. The courses focus on providing an overview of the Ottawa Model, nicotine addiction, quit smoking medications, strategic advice and how to complete a smoking cessation consultation.

Reach: In 2014/15, a total of 1,265 health professionals received training. Outreach facilitators trained 743 front-line staff on-site, 351 health professionals completed the e-learning modules and 171 health professionals attended workshops. In addition, 375 physicians, nurses, other health professionals, researchers and policy makers attended the seventh annual Ottawa Conference.[21]

No specific information is readily available about the Ottawa Model's influence on health professionals' practice behaviour. Evaluations of both workshops and e-learning courses are currently underway.

You Can Make It Happen

You Can Make It Happen (YCMIH) is an initiative of Ontario PHUs in partnership with the Canadian Cancer Society Smokers' Helpline and is focused on providing resources and support to health professionals to help clients quit tobacco use. Project activities include the development and dissemination of resources to assist health professionals with brief interventions as well as materials to share with patients and clients, PHU or partner support to providers as they develop cessation services for their client population, linkages to regional cessation communities of practice and work groups. The project is implemented across all TCANs and targets various health professionals including nurses, pharmacists, dental professionals and optometrists.

Reach: In 2014/15, the YCMIH website received a total of 4,031 visits, the majority of which (3,000) were from accounts hosted by Canadian internet service providers, indicating that the site is reaching its target audience.[ii] Per website visit, visitors looked at an average of 2.31 pages and spent 2 minutes 51 seconds per page view. A total of 2,128 PDF documents were downloaded from the website with the three most commonly downloaded products being the 5A's Overview Staff Pocket Card, the resource order form and the Integrating Tobacco Cessation policy toolkit.

A province-wide evaluation of YCMIH conducted by OTRU found that 27,873 materials were distributed through trainings, meeting, mail-outs and information booths to 14,391 health practitioners in 2015 (based on responses from 122 survey respondents across 22 PHUs). The most commonly distributed YCMIH resources were the Assist Tips and Quit Plan handout (6,318 copies distributed to 2,678 health practitioners) and the 5A's Overview Staff Pocket Card (5,862 copies distributed to 3,252 health practitioners).

[ii] Google Analytics. Distributed by Donna Kosmack, Southwest TCAN. Personal communication, December 21, 2015.

No specific information is readily available about YCMIH's influence on health professionals' practice behaviour or the program's impact on clients.

Cessation Interventions

The Strategy includes a mix of policies, programs and services that work toward cessation goals.

Interventions to Limit Physical and Social Exposure

Several tobacco control policies have been implemented in Ontario that promote and facilitate quitting behaviour by limiting physical exposure (e.g., exposure to secondhand smoke) and social exposure to tobacco (e.g., the visual exposure to tobacco products and/or use in social environments). These policies include smoking bans in bars, restaurants, vehicles, workplaces, outdoor spaces (e.g., playgrounds, sports and recreational fields, restaurant and bar patios) and restrictions on marketing and promotion of tobacco products. In May 2015, the Ontario Government passed legislation to ban the sale of flavoured tobacco, which has the potential to promote and facilitate quitting behaviour. (The Regulation took effect in January 2016, with a one-year delayed implementation date for menthol-flavoured tobacco products.)

Protection from Secondhand Smoke

Since 2006, a number of policies to protect against secondhand smoke have been introduced in Ontario, including bans on smoking in public places, workplaces, cars transporting minors and outdoor spaces. While these policy measures are not directly related to cessation, studies have shown that smoke-free policies reduce consumption and support recent quitters by reducing cues for smoking and increasing their likelihood of quitting permanently.[22,23,24,25]

Point-of-Sale Display Ban and Marketing Restrictions

Restrictions on marketing and promotion of tobacco products is an essential policy tool aimed at reducing tobacco use.[26,27,28] In Ontario, a complete ban on the retail and wholesale display of tobacco products took effect on May 31, 2008. Marketing, promotion and sponsorship of tobacco products is also regulated under the *Federal Tobacco Act*, which includes a total ban on tobacco advertising on television, radio and in newspapers and magazines.

Interventions to Limit Availability

Various tobacco control policies limit the availability of tobacco products and as a result contribute to overall cessation goals. These policies include tobacco price increases and restrictions on the location where tobacco products may be sold.

Tobacco Taxation

There is strong evidence that an increase in cigarette taxes is an effective policy measure to drive down cigarette consumption, encourage current smokers to quit and prevent youth from becoming regular smokers.[29,30,31,32,33,34] On average, a 10% increase in price results in a 3 to 5% reduction in demand in higher income countries.[35,36,37]

In Ontario, the provincial tobacco tax was last increased on May 2, 2014 when the provincial excise tax for 200 cigarettes was increased by $3.25, resulting in an increase from $24.70 to $27.95 in total tobacco tax. This increase is not an increase in the proportion of provincial tax in the overall price of 200 cigarettes, instead it accounts for inflation and restores the proportion of provincial tax to just below the level set in the last provincial tax increase in 2006 (30% of retail price in 2015 vs. 35% in 2006). Overall, federal and provincial tobacco taxes account for 63.8% of the retail price of a carton of cigarettes in Ontario. The tobacco tax increase was not sufficient to place Ontario in the highest scoring category for taxation in the MPOWER model (75% of the retail price). Ontario continues to have the second lowest total tobacco tax ($59.75) of any Canadian province or territory (Table 3-1, Prevention Section).

Tobacco Product Availability

Restricting the retail distribution and availability of tobacco products is considered an important mechanism to limit consumption, contribute to cessation and to prevention and ultimately reduce subsequent negative health effects.[38,1,2] In Ontario, legislation prohibits tobacco from being sold by vending machines, at pharmacies, hospitals and other healthcare and residential-care facilities. As of January 1, 2015, tobacco sales were also banned from being sold on college and university campuses. Despite these advances, tobacco products continue to be available across the Province through a large number of retail outlets (approximately 10,620 in 2014), primarily convenience and grocery stores. This is down from 11,581 in 2013, 12,455 in 2012 and a further decrease from the approximate 14,000 tobacco vendors that were operating in 2006. [39] (Note: The reason for these decreases is unclear. It could be due to more accurate recording of vendors by the Ministry, fewer vendors selling tobacco or both.)

Interventions to Build Knowledge and Awareness

Health promotion campaigns can increase knowledge of tobacco harm and awareness of cessation supports among smokers. The main province-wide interventions that address this path are described below.

Social Marketing Campaigns

In general, principles of social marketing guide many of the cessation interventions mentioned in this chapter. These campaigns have centred on both provincial and local initiatives.

The Ontario Ministry of Health and Long-Term Care created a new campaign in 2013 called Quit the Denial. This campaign targeted young adults aged 18 to 29 years old who are 'social smokers' but don't consider themselves to be smokers. One aim of the campaign was to equate social smoking with socially unacceptable behaviours in social situations such as snacking from other's plates, passing gas and earwax picking. The campaign was repeated in 2014, but not in 2015. No evaluation data on the campaign are publically available.

Over the last several years, a number of social marketing interventions/campaigns have run regionally on an ad hoc or intermittent basis. These campaigns have included providing broad support for smoke-free policies, targeting smokers' knowledge of the harmful effects of tobacco use and promoting services to aid in smoking cessation. No evaluative information is available.

Leave The Pack Behind

Across 44 colleges and universities, Leave The Pack Behind (LTPB) delivers three coordinated social marketing campaigns through multiple communication channels (e.g., peer-to-peer programming, traditional promotional channels, social media platforms, and linkages with other on-campus partners). Leave The Pack Behind collaborates with a wide range partners, including all 36 Public Health Units, Cancer Care Ontario's Tobacco Wise program, and Smokers' Helpline, to ensure selected campaigns and interventions are available to all young adults aged 18 to 29 in Ontario.

In 2014/15, LTPB ran three coordinated age-tailored social marketing campaigns and piloted a fourth campaign the "Make It Memorable: Holiday Quit Campaign":

- Social Smoking is Smoking (summer/fall) was a prevention campaign aimed at discouraging the initiation of smoking among nonsmokers and the escalation of smoking among social smokers aged 18 to 29.
- wouldurather… contest (fall/winter) was a six week quit smoking contest designed for all post-secondary students and young adults aged 18 to 29. The cessation part of the contest aimed to have smokers pledge to quit smoking, to reduce smoking by 50%, or to refrain from smoking when drinking alcohol. Tailored promotional materials were developed to reach special population groups (e.g., LGBTQ and Aboriginal).

- Stress Happens: Don't Cave to the Crave (winter/spring) was a relapse prevention campaign in which smokers and recent quitters were encouraged to respond to cravings in positive ways by choosing to eat healthy, be active, or engage in relaxation techniques instead of smoking.
- Make It Memorable: Holiday Quit Campaign (spring/summer) was developed to encourage young adult smokers to make a quit attempt on specific holidays over the spring/summer months, including Victoria Day, Canada Day and Labour Day.[40]

The Aboriginal Tobacco Program

Operating within the Aboriginal Cancer Control Unit at Cancer Care Ontario, the Aboriginal Tobacco Program (ATP) aims to reduce the high smoking rates among the Aboriginal population and strives to deliver concrete results by enhancing the Aboriginal community's knowledge, skills, capacity and behaviour by delivering programming that is aligned with the Strategy's tobacco control objectives of prevention, cessation and protection. Key activities include:

- Working with local resources to develop campaigns and workshops tailored for specific age and gender groups (e.g., tobacco prevention + Ultimate Frisbee workshops for youth in grades 5 – 9 and cessation workshops).
- Facilitating/co-facilitating cessation seminars aimed at building capacity of care providers to provide community based cessation support.
- Engaging First Nation Inuit and Métis (FNIM) communities throughout Ontario to foster the development of smoking cessation, prevention and education programs.
- Engaging with First Nation communities to begin the discussion on the development of smoke-free by-laws and/or policies.
- Establishing cross-jurisdictional and organizational partnerships through the Aboriginal Tobacco Partnership Table (ATPT).

Reach and Effect: Since 2012, over 200 FNIM communities and organizations across Ontario have been visited and engaged. The result of the ATP's sustained, respectful engagement is an increasing amount of requests by communities to present workshops and provide resources, as well as the requests by their organizational partners to collaborate and provide insight into engaging FNIM communities. The ATP reports the following key outcomes (an evaluation report was not available to OTRU):[iii]

[iii] Usman Aslam. Aboriginal Tobacco Program, Cancer Care Ontario. Personal communication, December 18, 2015.

- Identification and dissemination of existing—and development of new—culturally appropriate and relevant resources.
- FNIM community members received in-depth and personalized information about the hazards of using commercial tobacco utilizing both traditional and western methods toward cessation.
- FNIM youth were provided information and engaged in discussions around smoking cessation, protection and prevention.
- Increased awareness of the ATP as well as increased confidence of the Program to provide prevention and cessation support to communities.
- Established outreach streams are being developed, using resources and supports to address smoking cessation and prevention (e.g., reaching out to high schools).
- Through collaborations with FNIM organizations and agencies, the ATP is able to provide tobacco cessation and support to a greater number of FNIM.
- By sharing information and increasing collaboration, the ATP is able to better align the ATPT member activities.

Clinical Cessation Interventions to Increase Quit Attempts

The Strategy funds several clinical smoking cessation programs and services dedicated to encourage people to quit smoking and help them in their quit attempts (Figure 4-1). Unlike previous years' reports, this year we have chosen to report only responder-quit rates[iv] where available, as a measure of each intervention's effects. New methodological thinking suggests that the previously reported intention-to-treat quit rates may be inappropriate for service delivery programs (this rate has been used in randomized control trials).[41,42] The responder quit rates listed in the following section should be interpreted with caution, as they might not be representative of the total cessation service program population due to the often low response rate to follow-up surveys.

Public Health Units

Local Boards of Health are mandated to ensure the provision of tobacco-use cessation programs and services for priority populations.[43] In approaching this requirement, PHUs may refer smokers to community and provincial partners (see below) and run public education or social marketing campaigns to motivate smokers to quit.

[iv] The responder quit rate is a measure of quit rate in which the numerator is all participants who report having quit using tobacco and the denominator is all those who completed the follow-up survey/evaluation.

PHUs may also provide front-line cessation services. In November 2014, the Ministry of Health and Long-Term Care offered PHUs one-time funding of up to $30,000 for the purchase and provision of nicotine replacement therapy (NRT) to complement smoking cessation interventions for priority populations (e.g., low SES, pre- and postnatal, mental illness, youth and young adults and Aboriginal populations). Twenty-four PHUs received funding for the period November 2014 to March 2015.

Currently, systematic evaluative data on PHU cessation activity is not available.

Smokers' Helpline (Phone Support)

The Canadian Cancer Society's province-wide Smokers' Helpline (SHL) is a free, confidential smoking cessation service that provides support to individuals who want to quit, those who are thinking about quitting, have quit but want support, continue to smoke and do not want to quit and those who want to help someone else quit smoking.

SHL phone support is provided by trained quit coaches. They assist callers to create a quit plan, support them throughout the quitting process, provide them with printed materials and referrals to local programs and services and make follow-up calls.

Reach: In the 2014/15 fiscal year, the SHL phone support reached 7,467 (equivalent to 0.4% of 1.9 million adult smokers aged 18 years and older in Ontario),[v,] which is a decrease from 7,934 reached in 2013/14 (Table 4-1). Overall, the number of reactive callers[vi] was down compared to 2013/14 (7,233 vs. 8,067), while the number of referral contacts increased by 26% (4,006 vs. 3,171). (The number of reactive callers and referral contacts includes repeat contacts therefore the two numbers combined do not equal the total number of new callers.)[44]

The current reach in 2014/15 is slightly lower than the median reach of quitlines in Canada in 2012 (0.48%; most recent data available) and is considerably lower than the median reach of quitlines in the US as reported by North American Quitline Consortium (NAQC) at 1.07% in 2013.[45] This rate also falls far short of the reach of leading quitlines in individual US jurisdictions, such as Vermont (18.7%) and Oklahoma (3.99%)[45] that have been successful in achieving higher smoker penetration as a result of increased paid media and/or distribution of free cessation medication.

[v] Measure of reach is based on the definition used by North American Quitline Consortium and reflects the number of new callers (not including repeat or proactive calls) contacting the Helpline divided by the total number of smokers aged 18 and over in Ontario.

[vi] Reactive callers represent new clients calling for themselves.

Table 4-1: Smokers' Helpline Reach, 2005/06 to 2014/15

Fiscal Year	No. of New Clients[a]	Proportion of Ontario Smokers Reached, %[b]
2005/06	6,127	0.30
2006/07	6,983	0.35
2007/08	7,290	0.35
2008/09	6,464	0.32
2009/10	5,820	0.30
2010/11	6,844	0.34
2011/12	7,964	0.39
2012/13	10,217	0.51
2013/14	7,934	0.41
2014/15	7,467	0.40

[a] New clients calling for themselves regardless of smoking status + completed referrals. Administrative data provided by SHL.
[b] Estimates of the total population of smokers aged 18+ from 2005/06 to 2014/15 were calculated based on CCHS 2005 to 2014 (TIMS data).

Priority populations were well represented among the 2014/15 SHL callers. Young adults (20-29 years) comprised 19% of all new callers, which is the same as the proportion of young adults in the Ontario smoking population (19%; CCHS 2014). Smokers who self-identified as First Nations, Inuit or Métis comprised 6% of all new callers.[44]

Effects: No evaluative data are yet available about the effects of the SHL phone support on smokers' quitting behaviour in 2014/15.[vii] Previous evaluation data from 2011/12 indicated that at the 7-month client follow-up, 89% of survey respondents had taken some action toward quitting after their first contact with the SHL (64.5% response rate). This proportion was the same as that reported in 2009/10 (89.0%) and 2010/11 (89.5%). The most frequently reported actions included reducing cigarette consumption (75.1%), quitting for 24 hours (70.8%) and setting a quit date (55.7%).[46] Responder quit rates[viii] at the 7-month follow-up were as follows: 25% (7-day point prevalence absence or PPA), 23% (30-day point prevalence) and 14% (6-month prolonged abstinence; Table 4-2).

From 2006 to 2012, the SHL saw a 9 percentage-point increase in the proportion of users reporting 7-day and 30-day point prevalence abstinence (Table 4-2). The proportion of 6-month abstainers has doubled over the same period. Furthermore, the 7-day and 30-day quit rates achieved in

[vii] SHL is currently participating in the national quitline evaluation. Results from the national quitline evaluation are not available at this time.
[viii] The responder quit rate is a measure of quit rate in which the numerator is all participants who report having quit using tobacco and the denominator is all those who completed the follow-up survey/evaluation.

2011/12 compare favourably with the same cessation indicators reported in studies of US quitlines that did not provide cessation medication (e.g., NRT) as part of their quitline counselling services.

Table 4-2: Smoker's Helpline 7-Month Follow-up Responder Quit Rates, 2006/07 to 2011/12

Fiscal Year	7-day PPA %	30-day PPA %	6-month prolonged abstinence %
2006/07	15.9	13.2	7.0
2007/08	15.0	13.0	5.4
2008/09	17.0	14.6	7.6
2009/10	20.2	16.8	6.9
2010/11	22.7	18.8	11.4
2011/12[a]	25.1	23.0	14.4
US Quitline Quit Rates[b]	6-27	16-23	-

PPA = Point prevalence abstinence
[a] Based on follow-up data collected in the first half of 2011/12 fiscal year.
[b] North American Quitline Consortium review of US quitlines quit rates (from published literature), 2009.

The Smoking Treatment for Ontario Patients (STOP) Program

The STOP program is a province-wide initiative coordinated by the Centre for Addiction and Mental Health (CAMH) that uses the existing healthcare infrastructure as well as new and innovative means to provide smoking cessation support to smokers in Ontario.

In 2014/15, the STOP Program continued to implement the following program models:

- STOP on the Road offers smokers a psycho-educational group session (two - three hours) and a 5-week kit of NRT. The initiative is implemented in various locations across Ontario in collaboration with local healthcare providers (e.g., PHUs), where smoking cessation clinics are not easily accessible.
- STOP with Family Health Teams (FHTs), STOP with Community Health Centres (CHCs), STOP with Addiction Agencies and STOP with Nurse Practitioner-Led Clinics (NPLCs; began in 2014) expands support to smokers willing to quit by providing access to free NRT and counselling. FHTs, CHCs, Addiction Agencies and NPLCs participating in the STOP program are able to choose from various program delivery models that suit their specific capacity or interest, including: one-on-one counselling and up to 26 weeks of NRT (individual model); a psycho-educational group session and a 5-week kit of NRT (group model); or a combination of both (combination model).
- STOP with Aboriginal Health Access Centres (AHACs) began engaging and building partnerships with AHACs in 2013/14. This STOP program works collaboratively with the individual AHAC to develop sustainable smoking cessation intervention programs and aim

to provide knowledge exchange regarding smoking cessation interventions specific to the Aboriginal population.

Reach: A total of 21,444 smokers were reached by various STOP models in 2014/15. A majority of participants were enrolled through the STOP with FHTs (n=12,658).[ix] Demographic and smoking characteristics of the STOP program participants are summarized in Table 4-3.

Table 4-3: STOP Program Participants, by Select Characteristics, 2014/15

Program Model	No. of Participants	Male %	Female %	Age Mean	20+ Cigarettes per day, %
STOP on The Road VII	3,259	44	56	49.2	63.1
STOP with FHTs	12,658	45	54	50.6	53.6
STOP with CHCs	2,845	48	51	49.1	57.1
STOP with Addictions Agencies	2,348	56	44	43.1	56.2
STOP with NPLCs	285	43	57	47.7	53.8
STOP with AHACs	49	N/A	N/A	N/A	N/A

Note: demographic and smoking characteristics were not available for participants in the STOP with AHACs program.
Source: STOP program

Effects: In 2014/15, at six months post-treatment, the self-reported 7-day point prevalence responder quit rates[x] ranged from 29% for STOP on with CHCs to 37% for STOP with FHTs (response rates ranged from 12% to 42%; Table 4-4).

Table 4-4: STOP Program 7-Day Point Prevalence Responder Quit Rates, 2014/15

Program Model	Responder Quit Rate %
STOP on The Road VI	32.6
STOP with FHTs	36.7
STOP with CHCs	28.8
STOP with Addictions Agencies	31.7
STOP with NPLCs	N/A
STOP with AHACs	N/A

Note: Quit rates were not calculated due to limited response to follow-up (NPLC program) or lack of follow-up survey (AHAC program).
Note: Response rates for each STOP program were as follows: STOP on the Road VI (12%), STOP with FHTs (42%), STOP with CHCs (37%) and STOP with Addiction Agencies (38%).
Source: STOP program

[ix] STOP Program, Personal communication, January 12, 2016.

[x] The responder quit rate is a measure of quit rate in which the numerator is all participants who report having quit using tobacco and the denominator is all those who completed the follow-up survey/evaluation.

Ottawa Model for Smoking Cessation

The University of Ottawa Heart Institute's Ottawa Model for Smoking Cessation (the Ottawa Model) is a clinical smoking cessation program designed to help smokers quit smoking and stay smoke-free. The overall goal of the program is to reach tobacco users who access healthcare organizations implementing the Ottawa Model with effective, evidence-based tobacco dependence treatments delivered by health professionals. Systematically identifying and documenting the smoking status of all patients, providing evidence-based cessation interventions—including counselling and pharmacotherapy—and conducting follow-up with patients after discharge accomplishes this.

Hospital Sites

Reach: As of March 2015, the Ottawa Model was used at 75 hospital sites in Ontario (representing 56 hospital organizations).[47] In 2014/15, the Ottawa Model provided services to 14,675 smokers in participating hospitals (Table 4-5). This is an increase of 6% in service provision over 2013/14 and a five-fold increase from that reported in 2006/07. According to data from a large subsample of patients (n=11,786) who participated in the Ottawa Model program, smokers were 55.7 years of age on average, more likely to be male (55.3%), had long smoking histories (34.2 years) and smoked 17.3 cigarettes per day, on average.

Table 4-5: Number of Smokers Reached by the Ottawa Model for Smoking Cessation (Hospitals), Ontario, 2006/07 to 2014/15

Fiscal Year	No. of Smokers Reached
2006/07	2,733
2007/08	5,514
2008/09	6,410
2009/10	7,086
2010/11	8,609
2011/12	9,721
2012/13	11,873
2013/14	13,815
2014/15	14,675

Source: The Ottawa Model for Smoking Cessation

Effects: The most recent evaluative survey data from a subset of Ottawa Model hospital patients indicate that at six months post-discharge, the responder-quit rate was 53% (7-day point prevalence for abstinence; 41% response rate).[xi,47]

[xi] The responder rate is a quit rate measure in which the numerator includes all respondents who report having quit smoking and the denominator includes only respondents who completed the survey.

Primary Care Organizations

Reach: In 2014/15, the Ottawa Model partnered with 15 new primary care organizations, representing 25 primary care sites; bringing their total partnerships to 83 primary care organizations representing a total of more than 160 primary-care sites since 2010.[48] During 2014/15, a total of 6,007 patients expressing an interest in quitting smoking were referred to Quit Plan Visits with trained cessation counsellors (Table 4-6), with 1,868 of these patients being referred to a telephone/email follow-up program.

Table 4-6: Number of Smokers Reached by the Ottawa Model for Smoking Cessation (Primary Care), Ontario, 2010/11 to 2014/15

Fiscal Year	No. of Smokers referred to Quit Plan Visits
2010/11	538
2011/12	2,155
2012/13	3,418
2013/14	5,115
2014/15	6,007

Source: Ottawa Model for Smoking Cessation

Effects: Evaluation survey data of patients referred to the telephone/email follow-up program indicate that 60% of all patients who completed the survey remained smoke-free 30 days following their quit date (responder quit rate; 49% response rate).[48]

Ontario Drug Benefit and Pharmacy Smoking Cessation Programs

As of August 2011, the Ontario Government funds counselling and prescriptions for smoking cessation medications through the Ontario Drug Benefit (ODB) program, an initiative that covers seniors, MOHLTC programs (Long-Term Care, Home Care and Homes for Special Care), Ministry of Community and Social Services (Ontario Disability Support Program and Ontario Works) and the Trillium Drug Plan. ODB recipients are now eligible for up to 12 weeks of treatment with bupropion (Zyban™) and varenicline (Champix™) per calendar year. Effective September 1, 2011, ODB recipients also have access to smoking cessation counselling provided by community pharmacists through the Pharmacy Smoking Cessation program.

As part of the program, community pharmacists provide one-on-one smoking cessation counselling sessions over the course of a year, including a readiness assessment, first consultation meeting and follow-ups. Each point of contact between the pharmacist and the patient is documented for the purposes of counselling, billing and evaluation. Pharmacists are

required to have training in smoking cessation, specifically in motivational interviewing and quit smoking planning in order to deliver the program.

Reach: In 2014/15, a total of 25,625 ODB patients received cessation medication—such as Zyban™ and Champix™—or counselling. Of these clients, the majority received smoking cessation medication (24,815) with counselling accounting for 3,074 clients. The number of ODB patients reached in 2014/2015 decreased from the previous year; however the number of patients reached in 2014/15 remained higher than the first year the program was offered (Table 4-7). As of March 2015, 84% of patients enrolled for counselling had participated in the consultation meeting, half (53%) had attended the first (of seven) follow-up counselling session and 33% had attended the second follow-up session.

Table 4-7: Number of Smokers Reached by the Ontario Drug Benefit and Pharmacy Smoking Cessation Programs, Ontario, 2011/12 to 2014/15

	Program		
Fiscal Year	Drugs	Counselling	Drugs or Counselling[a]
2011/12	23,503	2,510	24,053
2012/13	30,991	4,226	31,906
2013/14	27,358	4,074	28,309
2014/15	24,815	3,074	25,625

[a] Numbers do not represent the combined totals for Drugs and Counselling, as clients receiving both programs are counted only once.
Source: Ministry of Health and Long-Term Care

Overall, approximately 61% of clients were from Ministry of Community and Social Services programs (Ontario Disability Support Program or Ontario Works) and 32% were seniors.[49]

Ontarians from across the Province enrolled in ODB drug or counselling programs, with the Hamilton Niagara Haldimand Brant Local Health Integration Network (LHIN) garnering the most clients (3,952; Table 4-8).

Effects: Clients enrolled in the ODB program from 2011 to 2013 reported a quit rate of 23% at 6-month follow-up (7% response rate) and 29% at 12-month follow-up (12% response rate).[50] Quit rates from clients enrolled in 2014 and 2015 are currently not available.

Table 4-8: Unique Ontario Public Drug Program Clients, by LHIN, 2014/15

	Program		
Local Health Integrated Network	Drugs	Counselling	Drugs or Counselling[a]
Erie St. Clair	2,086	500	2,162
South West	2,316	188	2,369
Waterloo Wellington	1,351	170	1,409
Hamilton Niagara Haldimand Brant	3,839	460	3,952
Central West	716	74	740
Mississauga Halton	843	85	876
Toronto Central	1,774	225	1,867
Central	1,441	160	1,481
Central East	2,575	317	2,695
South East	1,752	109	1,774
Champlain	2,671	245	2,744
North Simcoe Muskoka	1,118	208	1,146
North East	1,893	262	1,958
North West	543	55	549
Total	24,815	3,074	25,625

[a] Numbers do not represent the combined totals for Drugs and Counselling, as clients receiving both programs are counted only once.
Source: Ministry of Health and Long-Term Care

Smoking Cessation by Family Physicians

In 2006, the MOHLTC introduced a set of billing codes to promote smoking cessation intervention by family physicians. These codes were assigned for cessation counselling services, including initial and follow-up counselling. Physicians are encouraged to use the 5A's Model (Ask, Advise, Assess, Assist and Arrange) for brief smoking cessation intervention when delivering counselling services to patients. During the initial counselling, physicians are expected to inquire about patients' smoking status, determine their readiness to quit, help them set a quit date and discuss quitting strategies. Follow-up counselling sessions are designed to assess patients' progress in quitting, discuss reasons for relapse and strategies to prevent relapse in the future, revise the quit plan and quitting strategies. Physicians are allowed to bill for one initial counselling session per patient over the 12 month period in conjunction with a specific set of primary care services (e.g., general practice service, primary mental healthcare, psychotherapy, prenatal care, chronic care). Follow-up counselling must be billed as an independent service and physicians are entitled to reimbursement for a maximum of two follow-up counselling sessions in the 12 months following the initial counselling. In 2008, the billing codes were modified and extended to include all family physicians.

Reach: In 2014, a total of 190,169 patients in Ontario received initial cessation counselling from a physician. This is up from the 188,838 patients reached in 2013 (Table 4-9). Since 2006, the largest number of patients served was in 2008 (214,461) which may be attributable to the expansion of the eligibility criteria for billing to all primary care physicians in that year. Comparison with population-level estimates indicates that patients billed for initial counselling represented 14% of smokers who reported visiting a physician in 2014.

Table 4-9: Reach of Initial Cessation Counselling Compared to Number of Patients Who Visited a Physician, Ages 15+, 2006 to 2014

Year	Number of Recipients of Initial Cessation Counselling[a]	Recipients of Initial Counselling, as a Proportion of Ontario Smokers Who Visited a Physician, %[b]
2006	124,814	8
2007	140,746	9
2008	214,461	14
2009	201,024	14
2010	201,532	14
2011	203,168	14
2012	192,608	13
2013	188,838	13
2014	190,169	14

[a] *Source:* Ontario Health Insurance Plan
[b] Estimates based on number of smokers (at present time) aged 15+ who visited a physician, using CCHS 2005 to 2014 data.

A total of 35,011 patients received one or more follow-up counselling sessions in 2014 representing 18% of recipients of initial counselling and three percent of all smokers who visited a doctor (Table 4-10). Although the number of individuals receiving these sessions has steadily increased over time, it represents only a small proportion of the initial counselling recipients (3% to 18%) and only a small fraction of smokers who reported visiting a physician in the reference period (‹1% to 3%).

Effects: No information is available on patients' cessation outcomes.

Table 4-10: Reach of Follow-up Cessation Counselling Compared to Population-level and Initial Counselling Estimates, Ages 15+, 2007 to 2014

Year	Number of Recipients of Follow-up Counselling[a]	Recipients of Initial Counselling Who Received Follow-Up Counselling, %	Recipients of Follow-up Counselling as a Proportion of Ontario Smokers Who Visited a Physician, %[b]
2007	4,144	3	0.3
2008	29,686	14	2
2009	31,497	16	2
2010	34,130	17	2
2011	36,249	18	3
2012	35,392	18	2
2013	33,607	18	2
2014	35,011	18	3

[a] *Source:* Ontario Health Insurance Plan
[b] Estimates based on number of smokers (at present time) aged 15+ who visited a physician, using CCHS 2007 to 2014 data.

Leave The Pack Behind

Leave The Pack Behind promotes and distributes free, full-course treatments of nicotine patch/gum to all young adult smokers aged 18 to 29 in Ontario. Promotion of the free NRT is integrated into social marketing campaigns and outreach on campus, in the community and in a variety of health care settings. In addition, medical staff at all 44 colleges and universities offer counselling to students seeking help in quitting smoking.

Reach: In 2014/15, 5,900 smokers (1,574 students and 4,326 community young adults) ordered an 8-week course of treatment of nicotine patches or gum through LTPB's online platform representing 1.5% of the 395,900 young adult smokers in Ontario (Table 4-11). This is nearly a two-fold increase from the 3,723 courses of treatment of NRT distributed in 2013/14. About 1,500 students accessed on-campus health professional cessation counselling, similar to the number of students who accessed counselling in 2013/14.[40] For additional information on other programs, see the Social Marketing Campaigns and Other Cessation Interventions to Increase Quit Attempts sections above and the LTPB section in the Prevention Chapter).

Effects: in 2014/15, it is estimated that of the 836 smokers who received the *Smoke/Quit* booklets and advice from a health professional, 95 (or 11.4%) were expected to quit smoking. (These outcomes are based on empirically derived 7-day point prevalence intention-to-treat quit rates for *Smoke/Quit* booklets/health professional counselling.)[51] An evaluation of the online NRT distribution and the health professional counselling plus NRT is currently underway.

Table 4-11: Leave The Pack Behind Participants by Clinical Program or Service, 2014/15

Program or Service	No. of Participants/Recipients
Online NRT distribution to all Ontario young in the community and on-campus	5,900
Health Professional Cessation Counselling plus nicotine patch/gum	645
Health Professional Cessation Counselling plus SMOKE|QUIT booklets	836
Health Professional Cessation Counselling plus referral to Smokers' Helpline Proactive Counselling Services	48
TOTAL	7,429

Hospital and Workplace-Based Cessation Demonstration Projects

As part of its commitment to a renewed Smoke-Free Ontario Strategy, the Ontario Government has identified hospitals and workplaces as key sites for enhancing cessation support to smokers willing to quit. Hospital-based initiatives were conducted in Ontario using various strategies including both brief and intensive counselling from January 2013 to March 2015.[52] Of the 14 hospital demonstration project sites selected, seven are community hospitals, three are teaching hospitals, two are mental health hospitals, one is an academic ambulatory hospital and one is a chronic rehabilitation hospital. At this time, no evaluative information is available.

From 2012 to 2014, the Ministry of Health and Long-Term Care provided one-time funding to Ontario PHUs to run workplace-based tobacco-use cessation demonstration projects at worksites in the construction, mining, manufacturing, hospitality and service sectors. Individual cessation initiatives were tailored to suit the needs, opportunities and circumstances of each workplace and included a variety of supports and activities, including (but not limited to):

- Self-help materials
- Group and individual counselling
- Competitions and challenges
- Smoking cessation training for workplace staff
- Smoke-free policy development
- Improving accessibility to NRT

Reach: In total, 11 PHUs (representing 19 health unit partners) were engaged with 43 workplaces during the demonstration project period. It is estimated that the workplace demonstration projects reached about 14% of smokers employed at participating organizations.[53]

Effects: Among participants who completed the 6-month follow-up survey (52% response rate),

30% reported not smoking in the seven days prior to the follow-up, 27% reported not smoking in the month before the follow-up and 14% reported not smoking during the six months between intake and follow-up.[53]

Other Cessation Interventions to Increase Quit Attempts

Smokers' Helpline Online (SHO)

Smokers' Helpline Online is an online resource that offers 24/7 access to cessation resources (e.g., Quit Meter and Cravings Diary), a self-directed cessation program and an online community that is moderated by quit coaches. Registrants can also opt to receive evidence-based inspirational emails that include helpful tips, reminders and motivation.

Reach: In 2014/15, more than 6,400 smokers registered for the SHO, which is almost double the number of registrants since the launch of the program and a 39% increase from 2013/14, but still below the 2009/10 peak of 9,539 registered smokers (Table 4-12). The SHO reached an estimated 0.34% of the smoking population in 2014/15. The SHO reported the increase in registrations was largely due to an improved online registration process for the 2015 Driven to Quit Challenge that allowed registrants to opt-in to the SHO directly from the Challenge registration page (4,137 out of 8,585 Driven to Quit registrants also registered for the SHO).[44]

There is no information about the demographic characteristics of tobacco users who accessed the SHO in 2014/15. Nor is there evaluative information on the effects of the SHO on participants' quitting behaviour over this period.

Table 4-12: Smokers' Helpline Online Registration, 2005/06 to 2014/15

Fiscal Year	No. of Registrants	Proportion of Ontario Smokers Reached, %[a]
2005/06	3,365	0.17
2006/07	7,084	0.35
2007/08	7,692	0.37
2008/09	5,724	0.29
2009/10	9,539	0.50
2010/11	6,909	0.34
2011/12	8,640	0.43
2012/13	7,257	0.36
2013/14	4,593	0.24
2014/15	6,400	0.34

[a] Estimates of the total population of smokers aged 18+ from 2005/06 to 2014/15 were calculated based on CCHS 2005 to 2014 (TIMS data).

Smokers' Helpline Text Messaging (SHL TXT)

Smokers' Helpline Text Messaging offers registrants support, advice and information through text messages on their mobile device. Automated messages are sent to the registrants for up to 13 weeks based on their quit date and preferences. Registrants can also text key words to SHL to receive additional support on an as-needed basis

Reach: The SHL TXT ceased functioning at the end of March 2014 due to system technical issues. The system was rebuilt with revised content and re-launched in December 2014. In the four months that SHL TXT was operational in 2014/15, over 400 smokers registered to receive text messages. This represents a decrease from the 1,645 registrants in 2013/14 (Table 4-13). When compared proportionately by time, the number of smokers registered in 2014/15 is still lower than the number of smokers registered over four months in 2013/2014 (approximately 548).[44]

Table 4-13: Smokers' Helpline Text Service Registration, 2009/10 to 2014/15

Fiscal Year	No. of New Registrants
2009/10	218
2010/11	583
2011/12	839
2012/13	1,666
2013/14	1,645
2014/15[a]	400

[a] The low number of new registrants observed in 2014/15 is due to the service only being available from December 2014 to March 2015.

There is no information about the demographic characteristics of tobacco users who accessed the SHL TXT in 2014/15. Nor is there evaluative information on the effects of the SHL TXT on participants' quitting behaviour over this period.

Leave The Pack Behind

LTPB has adopted a comprehensive approach and uses evidence-based, age-tailored tobacco control strategies to successfully reduce tobacco use among young adults across Ontario. In 2014/15, LTPB's key strategies to achieve this goal included:

1. Promoting and hosting the annual wouldurather… contest to encourage young adults to quit or reduce their smoking or to pledge to stay smoke-free for a chance to win cash.
2. Distributing age-tailored, evidence-based self-help quit smoking booklets to young adults on-campus (by clinicians in health services and peer-to-peer outreach) and in the community (online and in PHUs).
3. Promoting the services of Smokers' Helpline, the Crush The Crave smart-phone app, peer-to-peer support and an online running program (QuitRunChill).

Reach: In 2014/15, LTPB programs and services were available on-campus in all 44 public colleges and universities in Ontario and in the community through 36 PHUs.[40] In 2014/15, at least 41,399 smokers (10% of all 395,900 young adult smokers in Ontario) accessed any of LTPB non-clinical programs or services (Table 4-14). For additional information on other programs, see the Social Marketing Campaigns and Clinical Cessation Interventions to Increase Quit Attempts sections above and the LTPB section in the Prevention Chapter).

Table 4-14: Leave The Pack Behind Participants by Non-Clinical Program or Service, 2014/15

Program or Service	No. of Participants/Recipients
SMOKE|QUIT self-help booklets distributed by student teams	29,320
One Step at a Time booklets (for mature students) distributed by student teams	1,218
Public Health distribution of self-help books (e.g., Hey, Something's Different)	6,124
Registration to quit or cut back in the *wouldurather…* contest	4,603
Registration for online personalized health program Quit*Run*Chill	134
TOTAL	41,399

Effects: In 2014/15, it is estimated that of the 29,320 smokers who received the *Smoke/Quit* booklets, 3,342 (or 11.4%) were expected to quit smoking at 3-month follow-up. (These outcomes are based on empirically derived 7-day point prevalence intention-to-treat quit rates for *Smoke/Quit* booklets/health professional counselling.)[51]

It is also estimated that of the 4,603 smokers who registered to quit or cut back in the wouldurather… contest, 726 were expected to quit smoking. (This outcome is based on empirically derived 7-day point prevalence intention-to-treat quit rates of 8.9% to 19.8%—depending on contest category—at 3-month follow-up.)[54,55] Due to the multi-faceted nature of LTPB interventions and the challenges presented by collecting data from a highly transient target population, overall data on participants' demographic and smoking characteristics are not presented.

The Driven to Quit Challenge (DTQC)

Following a one-year absence in 2013, DTQC returned in 2014 and 2015 without funding from the MOHLTC. DTQC is a provincial quit smoking contest run by the Canadian Cancer Society, usually on an annual basis. The main objectives of the contest are to encourage quit attempts, increase tobacco users' awareness of cessation resources and encourage tobacco users to seek help through Smokers' Helpline. The contest is open to all Ontario residents over the age of 19 who have used tobacco at least once weekly for a minimum of ten months in the previous year and have smoked 100 cigarettes in their lifetime. Participants register online or by telephone with a "buddy"

who supports his/her pledge to remain smoke-free during the quit month (March) in order to be eligible for one of several prizes. Since 2010, occasional tobacco users (along with daily tobacco users) have been eligible to participate in DTQC. In 2012, promotional efforts were also directed toward healthcare providers to further increase referrals to DTQC and the overall reach of the contest.

Reach: In 2015, a total of 8,585 tobacco users registered for the DTQC (Table 4-15). This decrease in the number of registrants can be explained in part by the decreased DTQC budget in 2015. As a result, the estimated reach decreased from 1.8% of Ontario smokers in 2012 to <1% in 2015.[44]

Table 4-15: Total Number of DTQC Registrants and Reach, 2005/06 to 2014/15

Fiscal Year	No. of Enrollees	Proportion of Ontario Smokers Reached, %[a]
2005/06	25,642	1.3
2006/07	26,950	1.3
2007/08	26,623	1.3
2008/09	22,365	1.1
2009/10	28,835	1.5
2010/11	36,091	1.8
2011/12	37,404	1.8
2013/14	11,330	0.6
2014/15	8,585	0.5

[a] Estimates of the total population of smokers aged 18+ from 2005 to 2014 were calculated based on CCCHS (TIMS data).

Effects: Follow-up surveys were sent to participants of the 2014 DTQC 30- to 60-day and 8-month post-quit period. Among the 1,758 respondents (16% response rate), 94% stopped using tobacco for at least 24 hours, 68% had maintained a quit attempt for more than 30 days and 32% had maintained a quit attempt for more than six months as a result of their participating in the DTQC.[44]

Overall Program Reach

In the 2014/15 fiscal year, Strategy smoking cessation interventions in Ontario directly engaged over 139,431 smokers, or about 7% of Ontario smokers[xii] (Table 4-16. Note: it is assumed that all clients are smokers and that they use only one of the services). Of these smokers, 4.4% engaged

[xii] The population of currents smokers in Ontario in 2014, aged 18 years and older is 1,870,600 (based on CCHS data, TIMS estimate).

in some sort of clinical intervention, whereas 3.0% engaged in a nonclinical intervention such as a contest. These figures do not include cessation-counselling services billed by family physicians (In 2014, family physicians conducted 190,169 initial smoking cessation counselling sessions, with 35,011 patients receiving one or more follow-up counselling sessions).

Table 4-16: Smokers Enrolled in Ontario Smoking Cessation Interventions[a] in 2014/15

Program	Clinical Reach	Intervention Reach
Smokers' Helpline Phone Support	7,467	
The STOP Program	21,444	
Ottawa Model for Smoking Cessation (hospital sites)	14,675	
Ottawa Model for Smoking Cessation (primary care sites' quit plan visits)	6,007	
Pharmacy Smoking Cessation Program	25,625	
Leave The Pack Behind (Health professional cessation counselling and NRT distribution)	7,429	
Smokers' Helpline Online		6,400
Smokers' Helpline Text Messaging		400
Leave The Pack Behind Programs (excluding counselling and NRT distribution)		41,399
Driven to Quit Contest		8,585
Sub-Total	82,647	56,784
Total (Clinical and Intervention Reach)	139,431	

[a] Table excludes cessation-counselling services billed by family physicians. In 2014, 35,011 patients received one or more follow-up counselling sessions from a family physician.
Note: Reach is calculated as total number of people in program. Only Smokers' Helpline is available to all Ontario smokers, with the other programs serving sub-populations. Comparisons among programs should not be made, as they provide varying services to different populations of smokers.

Cessation Outcomes: Population-Level

The long-term goals of the cessation system are to lower the rate of current smoking and to increase the duration of smoking abstinence among quitters. In working toward these desired outcomes, the more immediate objectives of the Strategy are to increase program uptake, decrease cigarette consumption (for example, transitioning smokers to non-daily smoking), increase the proportion of smokers intending to quit and increase the prevalence and actual number of quit attempts.

Strategy programs offering cessation assistance have reached approximately 7% of all smokers in the Province. With long-term quit rates reported to range from 6% to 12% for those undergoing cessation treatment,[56] it may be that only 8,400 to 16,700 of these smokers wishing to quit go on to have a long-term successful smoking abstinence. Population-level data show considerable more

progress than this. The difference between program participant and the general population numbers is explained in part by the relative number of smokers who go on to quit smoking using no formal mechanism, interventions taking place outside formal Strategy channels and indirect interventions including tobacco tax and smoke-free spaces. Next, we discuss a variety of cessation indicators from a population-level perspective, with an emphasis on overall cessation rates.

Long-Term Outcomes

Desired long-term cessation outcomes include increasing the duration of smoking abstinence among quitters and reducing the overall prevalence of tobacco use.

Former Smokers

Annualized (Recent) Quit Rate

According to the 2014 CCHS, 7.9% of past-year smokers reported that they had quit for 30 days or longer when interviewed. Applying a relapse rate of 79% (derived from OTRU's Ontario Tobacco Survey), it is estimated that 1.7% of previous-year smokers remained smoke-free for the subsequent 12 months (Table 4-17). During the period 2007-2014, there has been only slight change and no substantial increase in the recent quit rate among Ontarians aged 12 years and older.

Table 4-17: Annualized (Recent) Quit Rate among Past-Year Smokers, by Duration of Quit, Ontario, 2007 to 2014

Year	Recent Quit Rate (95% CI)	Adjusted Quit Rate
2007	8.6 (7.4, 9.8)	1.8
2008	10.3 (8.5, 12)	2.2
2009	7.2 (6, 8.4)	1.5
2010	6.4 (5.4, 7.4)	1.3
2011	7.4 (6.1, 8.7)	1.6
2012	7.6 (6.1, 9.2)	1.6
2013	7.9 (6, 9.2)	1.7
2014	7.9 (6.3, 9.5)	1.7

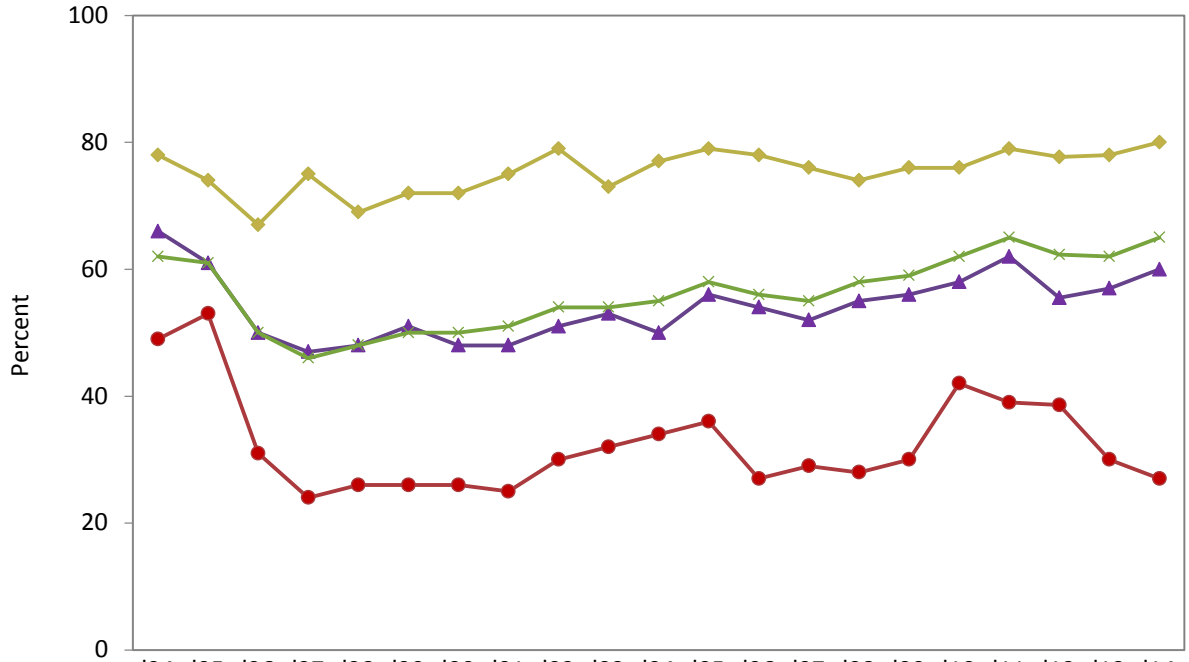
Source: Canadian Community Health Survey 2007- 2014.

Lifetime Quit Ratio

The lifetime quit ratio is the percentage of ever smokers (that is, former and current smokers) who have successfully quit smoking (based on 30-day abstinence) and is derived by dividing the number of past 30-day former smokers by the number of ever smokers in a population.

- In 2014, 65% of adults who had ever smoked had quit for at least 30 days at time of interview (Figure 4-2).
- Adults aged 18 to 34 had the lowest ratio of quitting (27%) among all ever smokers.
- In recent years, there is no clear pattern of change in quit ratios.

Figure 4-2: Quit Ratio (Former Smokers as a Proportion of Ever Smokers), by Age, Ontario, 1994 to 2014



	'94	'95	'96	'97	'98	'99	'00	'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14
55+	78	74	67	75	69	72	72	75	79	73	77	79	78	76	74	76	76	79	78	78	80
35-54	66	61	50	47	48	51	48	48	51	53	50	56	54	52	55	56	58	62	56	57	60
18-34	49	53	31	24	26	26	26	25	30	32	34	36	27	29	28	30	42	39	39	30	27
All adults	62	61	50	46	48	50	50	51	54	54	55	58	56	55	58	59	62	65	62	62	65

Source: Centre for Addiction and Mental Health Monitor 1994–2014.

Quit Duration

- In 2014, 9% of former smokers (or 262,200 people) reported quitting between one and 11 months ago, 13% of former smokers quit between one and five years ago and 78% quit smoking more than five years ago (CAMH Monitor 2014, data not shown). This is unchanged in recent years.

Short and Intermediate-Term Outcomes

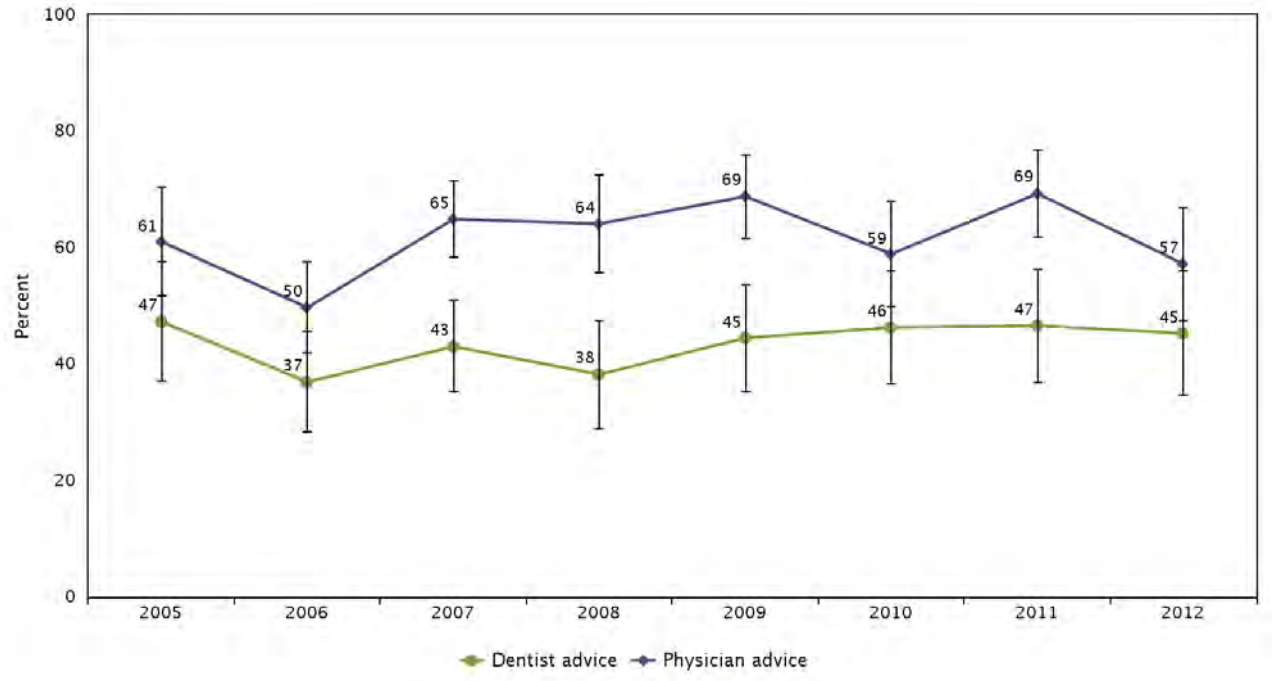
As suggested by the Path Logic Model (Figure 4-1), to reach desired cessation outcomes, the Strategy must increase the awareness and use of evidence-based cessation initiatives, decrease cigarette consumption, increase the proportion of smokers intending to quit and increase the prevalence and actual number of quit attempts.

Advice, Awareness and Use of Quit Aids

Health Professional Advice

- In 2012, six in ten survey respondents over the age of 18 who smoked (57%) and had visited a physician in the past year had been advised to quit smoking (Figure 4-3). This is unchanged in recent years (CTUMS). (Note: More recent data is not currently available.)
- Of current smokers in Ontario in 2012 who had visited a dentist in the past year, 45% reported that their dentist or dental hygienist had advised them to quit smoking (Figure 4-3). This is unchanged in recent years.
- Among those advised to quit by a physician, 57% received information on quit smoking aids such as the patch; a product like Zyban™, Wellbutrin™, or Champix™; or a counselling program in 2012 (data not shown).

Figure 4-3: Health Professional Advice to Smokers, by Occupation, Ages 18+, Ontario, 2005 to 2012



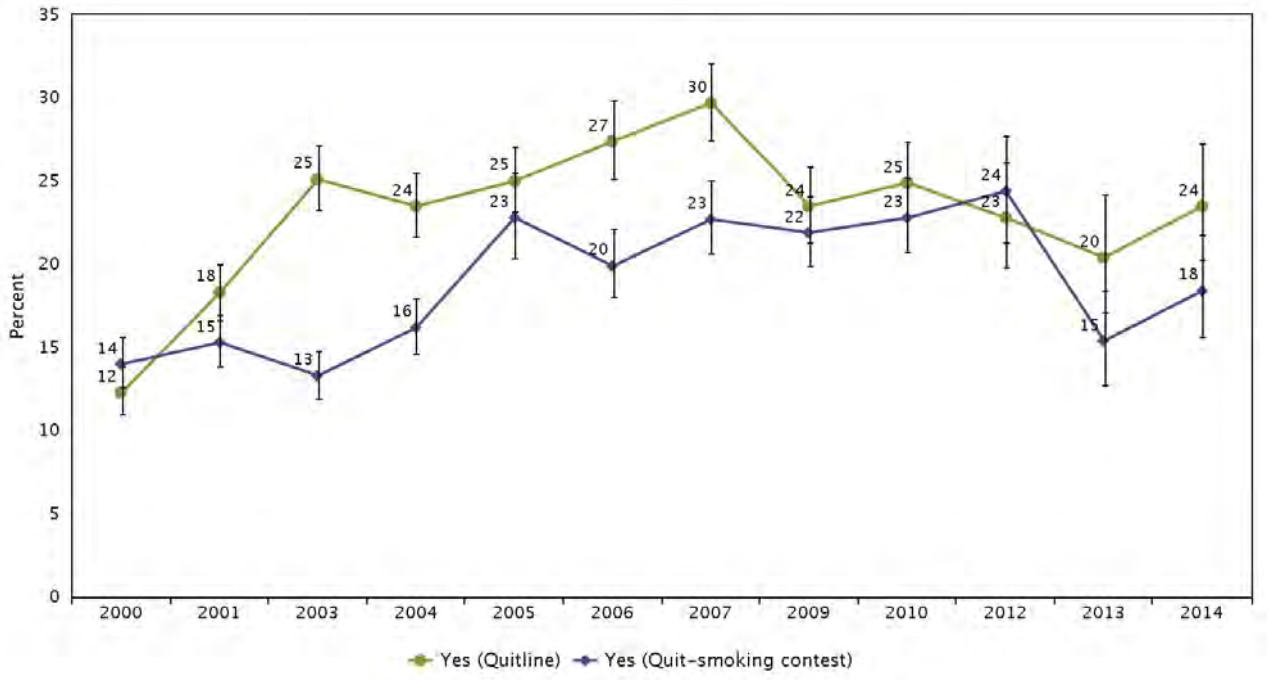
Note: Vertical lines represent 95% confidence intervals.

Source: Canadian Tobacco Use Monitoring Survey 2005–2012. Follow the TIMS link for live results on this indicator and more.

Awareness of Quit Programs

- In 2014, 24% of Ontarians 18 years and older were aware of a 1-800 quitline. The level of awareness has not significantly changed in recent years (20% in 2013; 24% in 2009; Figure 4-4).
- Awareness of a quitline differed by smoking status in 2014: 49% of current smokers were aware compared to 21% of never-smokers and 18% of former smokers (CAMH Monitor; data no shown).
- Among Ontarians aged 18 years or over in 2014, 18% reported being aware of a quit-smoking contest, that is similar to the level of awareness reported in 2013 (15%) and 2009 (22%; Figure 4-4).
- Awareness of a quit-smoking contest was the same among former smokers and current smokers (21.3% vs. 29.5%[xiii]) and lower among never smokers (15%) in 2014 (CAMH Monitor; data not shown).

Figure 4-4: Awareness of a 1-800 Quitline (Past 30 Days) and Awareness of a Quit Smoking Contest (Past 30 Days), Ages 18+, Ontario, 2000 to 2014



Note: Vertical lines represent 95% confidence intervals. Survey question not asked uniformly over reporting period.

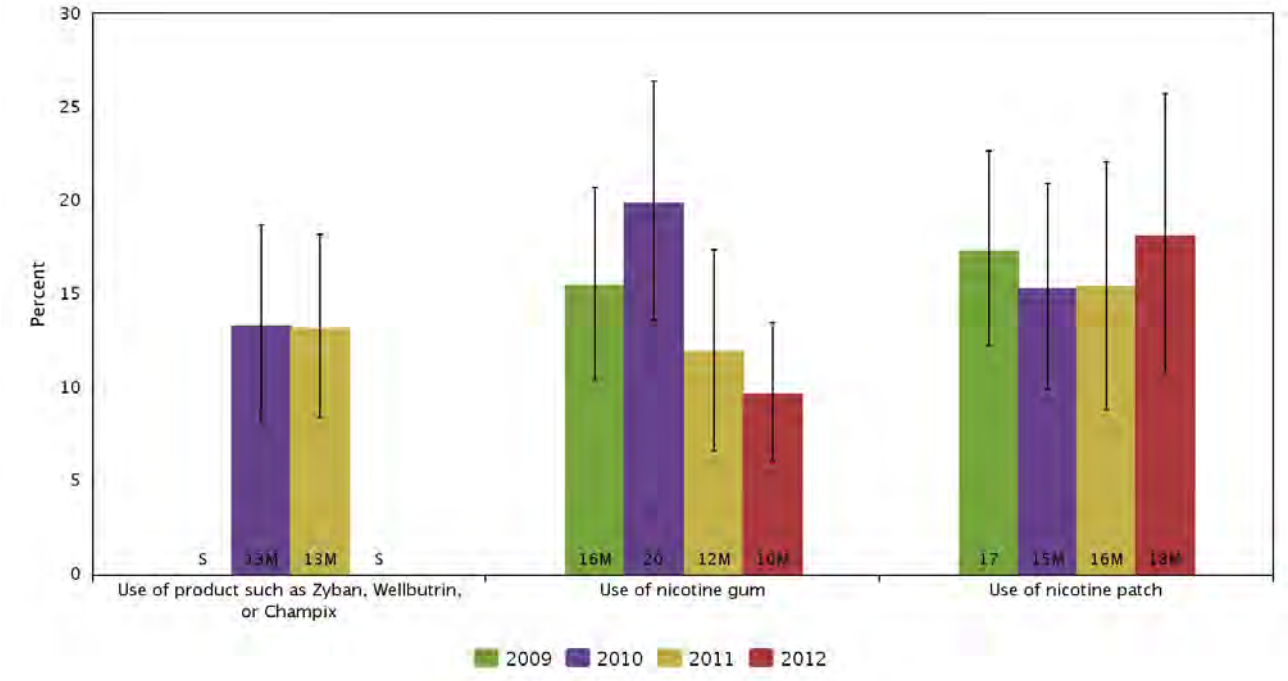
Source: Centre for Addiction and Mental Health Monitor 2000, 2001, 2003-2007, 2009, 2010, 2012, 2013, 2014. Follow the TIMS link for live results on this indicator and more.

[xiii] Interpret with caution: Subject to moderate sampling variability.

Use of Quit Aids

- In recent years, there has been a significant decline in the use of nicotine gum (20% in 2010 vs. 10% in 2012). Use of the nicotine patch has remained constant from 2009 (17%) to 2012 (18%; CTUMS data; Figure 4-5). (Note: more recent and complete trend data is not currently available.)
- In 2011, 13% of smokers in Ontario aged 15 years and older representing 218,000 smokers used a product such as Zyban™, Wellbutrin™, or Champix™ (Figure 4-5). (Note: 12% of eligible smokers (or 25,503) received Zyban™ or Champix™ through the ODB Pharmacy program in 2011/2012. The number of smokers receiving medication through the ODB Pharmacy program has increased in recent years to 25,625 in 2014/15.)

Figure 4-5: Use of Smoking Cessation Aids (Past 2 Years), Ages 15+, Ontario, 2009 to 2012



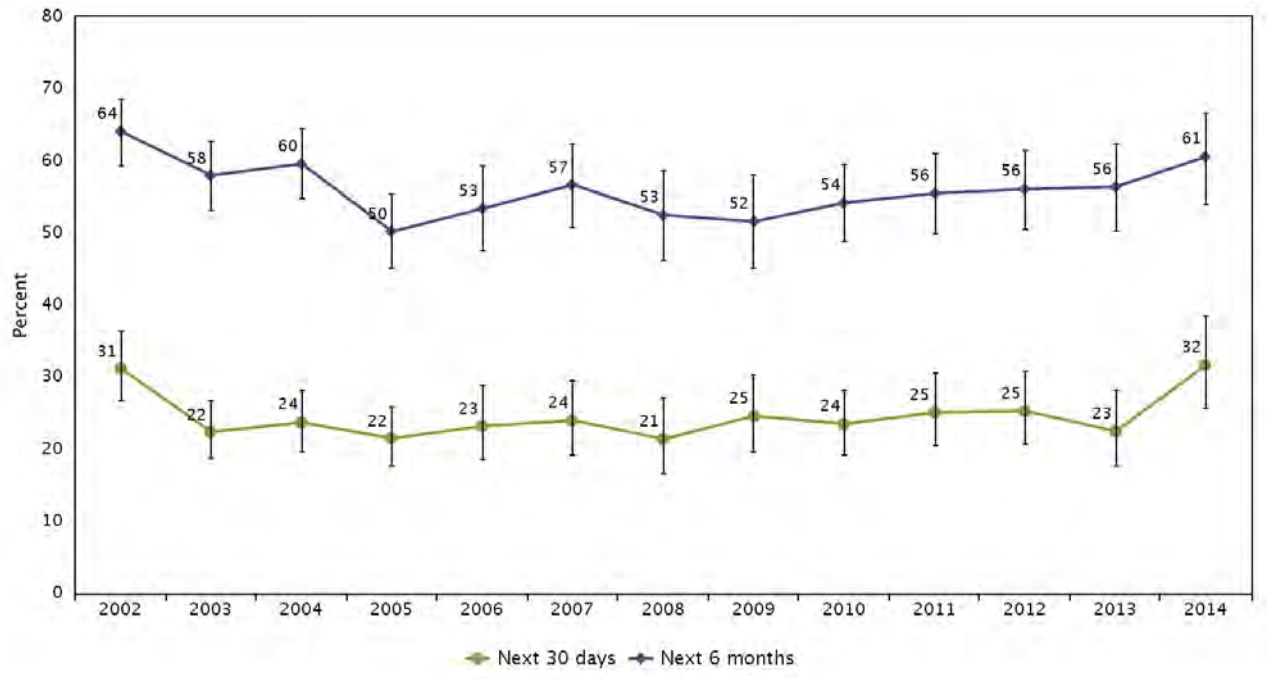
Note: M = Interpret with caution: subject to moderate sampling variability. Vertical lines represent 95% confidence intervals.
Source: Canadian Tobacco Use Monitoring Survey 2009–2012. Follow the TIMS link TIMS for live results on this indicator and more.

Quitting Behaviour

Intentions to Quit

- In 2014, more than half of all smokers intended to quit in the next six months (61%); which is unchanged compared to 2013 (56%) and 2010 (54%; CAMH Monitor data; Figure 4-6).
- The prevalence of 30-day quit intentions among Ontario smokers in 2014 was 32%, which is statistically similar to what was reported in 2013 (23%) and 2010 (24%) due to small sample sizes, though the trend appears to be positive.

Figure 4-6: Intentions to Quit Smoking in the Next Six Months and Next 30 Days, Ages 18+, Ontario, 2002 to 2014

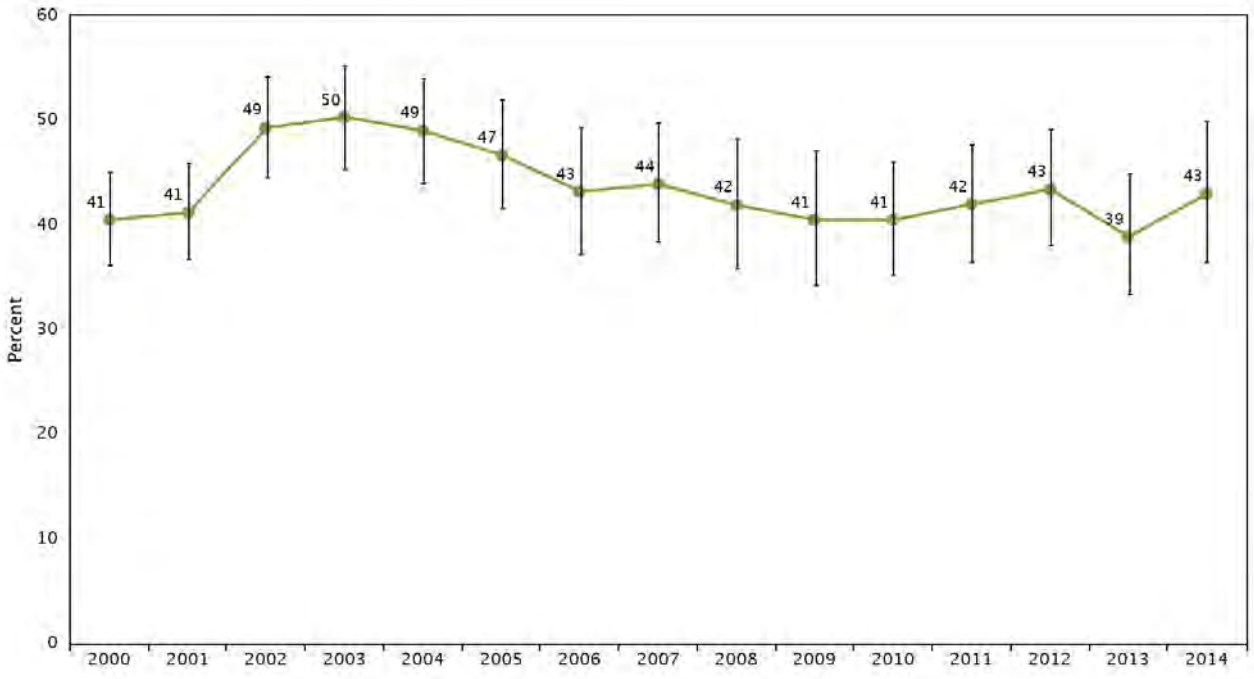


Note: Vertical lines represent 95% confidence intervals.
Source: Centre for Addiction and Mental Health Monitor 2002–2014. Follow the TIMS link for live results on this indicator and more.

Quit Attempts

- In 2014, four in ten smokers (43%) made one or more serious quit attempts in the past year (CAMH Monitor data; Figure 4-7).
- Over the last decade, there has been no statistically significant change in the proportion of adult smokers making quit attempts.

Figure 4-7: One or More Quit Attempts in the Past Year, Current Smokers, Ages 18+, Ontario, 2000 to 2014



Note: Vertical lines represent 95% confidence intervals.
Source: Centre for Addiction and Mental Health Monitor 2000-2014. Follow the TIMS link for live results on this indicator and more.

MPOWER Comparison with Ontario: Cessation

Eight MPOWER indicators[57] relate to Cessation: Monitoring, Smoking Prevalence, Cessation Programs, Health Warning Labels, Mass Media Campaigns, Tobacco Advertising Bans, Compliance with Advertising Ban and Taxation (Table 4-18).

Table 4-18: Assessing Smoking Cessation: MPOWER Indicators Applied to Ontario

MPOWER Indicator	Highest MPOWER Requirement	Situation in Ontario
Monitoring	Recent, representative and periodic data for both adults and youth	Meets the requirement for the highest score
Smoking prevalence	Daily smoking, age-standardized rate, <15%, among 15 years and older	Daily smoking, age-standardized rate, 13.3% among 12+, 2014 (Note: Compared to MPOWER definition, the age used here for Ontario is slightly lower (12 vs. 15), which contributes to a slightly lower rate of smoking)
Cessation programs	National quitline, both NRT and some cessation services cost-covered	Cost of NRT and other medications not covered for all smokers
Health warning labels on cigarette packages	Large health warning labels (e.g., over 50% of package panel, graphic, rotate, specific health warnings)	Meets the requirement for the highest score
Mass media campaigns	Research to gain a thorough understanding of the target audience, air time (radio and television) and placement (billboards, print ad); effectively and efficiently reach a target audience; gain publicity or news coverage for the campaign; evaluation of the campaign reach and impact	Since January 2011, no sustained and intensive cessation campaigns have been conducted in Ontario with duration longer than three weeks. There has been varied online and local campaigns and the MOHLTC created a new campaign in March 2013 called *Quit the Denial* (a campaign targeting young adults aged 18 to 29 years old who are social smokers but don't view themselves as smokers)
Tobacco advertising bans	Ban on all forms of direct and indirect advertising	Direct mail to adult readership, non-tobacco goods and services with tobacco brand names and appearance of tobacco products in TV and/or films are allowed in Ontario (and Canada)
Advertising ban compliance	Complete compliance	Meets the requirement for the highest score
Taxation	Tobacco tax > 75% of the retail price	Tobacco tax at 64% of the retail price in Ontario in 2015

Scientific Advisory Committee (SAC): Overview of Cessation Goals and Recommendations

The SAC goal for Cessation is: "To reduce the health and economic burden from tobacco industry products, at an individual and societal level, through cessation interventions." The SAC report includes several recommendations to achieve this cessation goal including a media campaign,

tobacco-user support system, direct support, cessation in other settings, cessation training, engagement of pharmaceutical companies and innovative approaches. Work has progressed in many of these areas, but effort is needed to address several shortcomings (e.g., an integrated tobacco-user support system) and to increase intensity (e.g., a sustained and intensive media campaign to encourage smokers to quit).

Table 4-19: Scientific Advisory Committee Recommendation for Cessation

Goal: To reduce the health and economic burden from tobacco industry products, at an individual and societal level, through cessation interventions.	
Recommendations	**Current Status**
Media Campaign	
[7.1] Implement a sustained and intensive mass media campaign to encourage smokers to quit, either on their own or with help.	Since January 2011, no sustained and intensive cessation campaigns have been conducted in Ontario with duration longer than three weeks. There have been varied online and local campaigns and the MOHLTC created a new campaign in March 2013 called *Quit the Denial* (a campaign targeting young adults aged 18 to 29 years old who are social smokers but don't view themselves as smokers).
Tobacco-User Support System	
[7.2] Create a Tobacco-User Support System to operationalize the concept that there is "no wrong door" for access to cessation support services. The system will reach out to tobacco users, understand, support and address their needs and improve interventions through its various components.	Currently in the Province, there is a collection of cessation services, with collaboration among these services in its infancy. Developmental meetings are underway by partners to enhance the collaborative possibilities for Ontario's cessation services.
Direct Support	
[7.3] Enhance systems of telephone, text messaging and Internet-based cessation support services that would entail: [a] Integration with the overall Tobacco-User Support System. [b] Integration with the cessation mass media campaign. [c] Capability for continual engagement with smokers.	There are systems of telephone, text messaging and internet-based cessation support services in the Province, but there is not yet full integration with a Tobacco-User Support System, integration with cessation mass media and only slight capability for continual engagement with smokers.
[7.4] Provide free direct-to-tobacco-user smoking cessation medication in combination with varying amounts of behavioural support where indicated and appropriate.	There is no province-wide program for free smoking cessation medication. However, there are some notable instances of free smoking cessation medications within certain populations. The Ontario Government funds counselling and prescriptions for smoking cessation medications through the Ontario Drug Benefit (ODB) program, an initiative that covers seniors, MOHLTC programs (Long-term Care, Home Care and Homes for Special Care), Ministry of Community and Social Services (Ontario Disability Support Program and Ontario Works) and the Trillium Drug Plan. ODB recipients are now eligible for up to 12 weeks of treatment with Zyban™ and Champix™ per calendar year. Effective September 1, 2011, ODB recipients also have access to smoking cessation counselling provided by community pharmacists through the Pharmacy Smoking

	Cessation program. STOP with Family Health Teams (FHTs), STOP with Community Health Centres (CHCs), STOP with Addiction Agencies, STOP with Nurse Practitioner-Led Clinics (NPLCs; started in 2014) and STOP with Aboriginal Health Access Centres (AHACs) provides support to smokers willing to quit by providing access to free NRT and counselling. The Ottawa Model provides support to smokers admitted to participating hospitals by offering free NRT and brief counselling. Leave The Pack Behind provided select post-secondary students and community-living young adults with free NRT (as well as cessation counselling from a health professional for select users).
Cessation in Other Settings	
[7.5] Systematize, expand, support and tailor cost-effective and evidence-based cessation policies, services and supports across health care and public health settings such as primary health care, hospitals and long-term care homes.	Initiatives include STOP, the Ottawa Model, Hospital Demonstration and Workplace-based Cessation Demonstration Projects; OHIP billing and the Ontario Drug Benefit and Pharmacy Smoking Cessation Programs.
[7.6] Create accountability mechanisms to ensure that smokers are asked, advised and assisted to quit at every point of contact with the health care system (local health integration networks, hospitals, primary care providers, specialty care, home care, etc.).	This recommendation has been under discussion.
[7.7] Provide free smoking cessation medications for individuals on Ontario Drug Benefit, with the dose and duration determined by the presence of co-morbidity and end organ damage as assessed by their health care provider.	The Ontario Government funds counselling and prescriptions for smoking cessation medications through the Ontario Drug Benefit (ODB) program, an initiative that covers seniors, MOHLTC programs (Long-term Care, Home Care and Homes for Special Care), Ministry of Community and Social Services (Ontario Disability Support Program and Ontario Works) and the Trillium Drug Plan. ODB recipients are now eligible for up to 12 weeks of treatment with Zyban™ and Champix™ per calendar year. There is no dose and duration policy in regards to clients with co-morbidity and end organ damage.
[7.8] Target sub-populations that are at high risk for tobacco related disease or have decreased access to tobacco cessation services in order to provide services that address their specific needs. Sub-populations may include people in addiction and mental health treatment settings including those struggling with problematic gambling.	The Ministry's Health System Research Fund funded one project that addressed tobacco use in Aboriginal populations. The STOP program reaches clients of Addiction Agencies and Aboriginal Health Access Centres.
Cessation Training	
[7.9] Support and enhance training and professional development for all tobacco control practitioners through existing resources such as the Program Training and Consultation Centre (PTCC) and the Training Enhancement and Applied Cessation Counselling and Health (TEACH) program.	Continuing

Pharmaceutical Companies	
[7.10] Engage pharmaceutical companies to better understand their potential contribution to a tobacco-use cessation system for Ontario.	Unknown
Innovative Approaches	
[7.11] Support research and development of innovative social-ecological approaches to smoking cessation in various settings, including work place and community-based organizations.	MOHLTC funds research into a Workplace-based Cessation Demonstration Project Initiative and a Hospital Demonstration Project; provides funding to STOP and the Ottawa Model, that work in various settings.

Chapter Summary

There are close to two million smokers in Ontario. The proportion of Ontario's smokers who successfully quit each year (defined here as 12-month abstinence) is estimated to be 1.7%. While 9% of Ontario's smokers report quitting for 30 days or more at some point in the past year, Ontario data suggest that 79% of these recent quitters relapse during the year. In order to achieve a five percentage-point decrease in the prevalence of smoking over five years (with past 30-day prevalence currently at 16%), the proportion of smokers who successfully quit needs to at least double.

Evidence indicates that population-level policy interventions can be highly effective in achieving cessation outcomes. As previously mentioned, price is one of the most effective policy tools to promote cessation. Despite a tobacco tax increase in 2014, tobacco taxes in Ontario remain among the lowest in Canada and are below even the highest level of tobacco taxation recommended by MPOWER. Restricting smoking in public and workplaces is also an effective policy tool for promoting quitting. It is likely that since restrictions were already in place for some 90% of Ontarians before the *Smoke-Free Ontario Act* in 2006,[58] we have already achieved most of the short-term benefits of this policy tool in regard to quitting behaviour. Nevertheless, increased compliance with indoor and recent outdoor bans will undoubtedly positively impact some smokers in these settings to become nonsmokers.

Progress is being made on some key SAC directions for cessation, including: developmental meetings to support an integrated support system; direct support (telephone, text and internet); provision of free NRT or prescription medications and counselling to some high risk populations (Aboriginal, those with co-morbidities and ODB recipients); and ongoing cessation training (provided by PTCC, TEACH, OTRU).

Nevertheless, Ontario continues to fall short on four cessation system policies recommended by SAC:

1. Universal provision of free NRT and stop-smoking medications.
2. Creation of accountability mechanisms to ensure that smokers are asked, advised and assisted to quit at every point of contact with the health care system.
3. Creation of a Tobacco-User Support System to operationalize the concept that there is "no wrong door" for access to cessation support services.
4. Enhancement of systems of telephone, text messaging and Internet-based cessation support services that would entail: a) integration with the overall Tobacco-User Support System, b) integration with the cessation mass media campaign and c) capability for continual engagement with smokers.

Ongoing, comprehensive social marketing campaigns are a vital ingredient for promoting quit intentions and quit attempts.[59] Over many recent years, Ontario has invested less in marketing campaigns than that recommended by MPOWER. The Ontario Government's Quit the Denial campaign, that has targeted young adult social smokers, may indicate a change in this trend. It is evident that in recent years, there have not been intensive, sustained and well-funded province-wide campaigns directed toward promoting quit attempts in the general population of smokers.

It appears that only a small proportion of the 57% of smokers who were advised by physicians to stop smoking and the 45% who were advised to do so by dentists in 2012 took any action to obtain formal support.

Provincial cessation support services (Smokers' Helpline, the STOP Program, LTPB, the Ottawa Model, the Ontario Drug Benefit program and the DTQC) 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 quitting attempt.

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