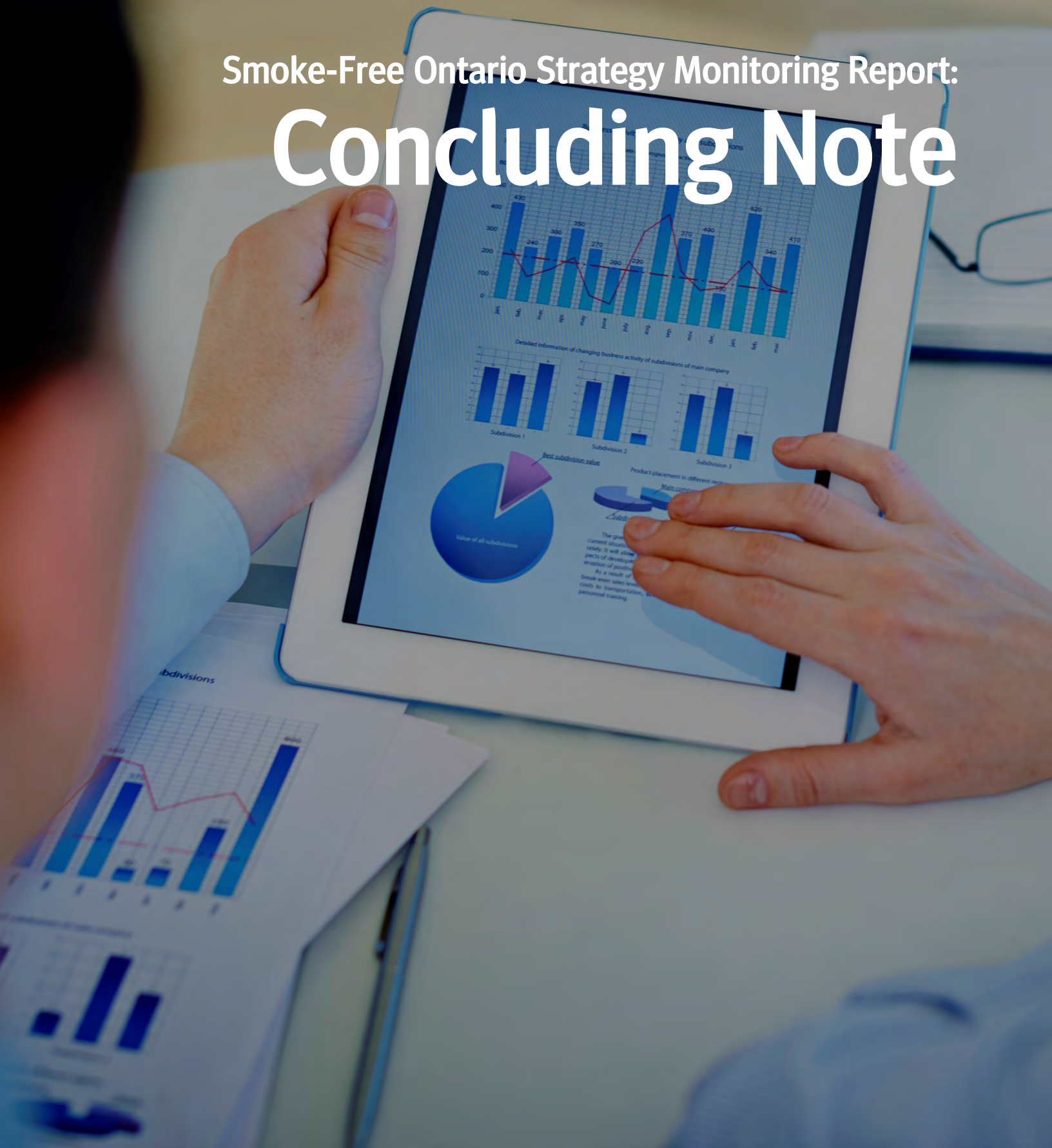
THE ONTARIO TOBACCO RESEARCH UNIT
UNITÉ DE RECHERCHE SUR LE TABAC DE L'ONTARIO

Generating knowledge for public health



Smoke-Free Ontario Strategy Monitoring Report:

Concluding Note

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Concluding Note

Ontario aspires to become the Canadian jurisdiction with the lowest smoking rate. 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.

Tobacco control efforts resulted in a 2.1 percentage point (statistically significant) decrease in the prevalence of smoking over the five-year period starting in 2010. This falls short of the five-percentage point decrease over five years called for in 2010 by the Tobacco Strategy Advisory Group. And the gap between Ontario and British Columbia – the Canadian jurisdiction with the lowest cigarette smoking rate – is still a significant four percentage points.

Looking back over the long-term, tobacco control in Ontario has contributed to reducing smoking rates from well over 30% in the 1980s to less than 20% in 2014. This success leaves some people with the impression that 'tobacco is done', especially when few if any people in their social circles are tobacco users. Looking back over the past 20 years, adult tobacco use decreased from 25% in 1996 to 21% in 2005 and 18% in 2014. Given what is known about tobacco-caused morbidity and mortality, this rate of decline is viewed by many as unsatisfactory. In some occupations, one in every three people still smokes cigarettes. And university educated people are 2.5 times less likely to smoke cigarettes than people with no post-secondary education. With one in every five adult Ontarians currently using tobacco, it is clear that tobacco is far from done.

While cigarette smoking continues to be the main focus of tobacco control, the uptake of alternative products has increased considerably over the past few years. Of increasing concern is the upswing in use of e-cigarettes and waterpipes. Close to one in every four young adults aged 18 to 24 and one in every five students (in grades 7-12) used an e-cigarette in the past year and 12% of students used a waterpipe in the past year.

Over the period 2005 to 2015, the prevalence of past 30-day smoking was cut by about 60% for students in grades 9 to 10 and in grades 11 to 12. However, from 2011 to 2015, there has not been a significant change in the prevalence of current smoking in this population.

While past 30-day current smoking among 15 to 17 year olds is down to three percent, rates rise dramatically to ten percent for 18-19 year olds, 17% for 20-24 year olds and 23% for 25-29 year olds.

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. A comparison with MPOWER recommendations demonstrates some gaps, especially in the areas of taxation (raising the tax to 75% of retail price), mass media campaigns (large ongoing campaigns on major media such as TV and radio), cessation programs (coverage of cessation medications) and advertising bans (ban all types of advertising).

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 SAC and those being adopted in other leading jurisdictions. There are a number of unrealized SAC recommendations in the areas of prevention, cessation and protection.

Prevention

Tobacco use continues to be shown in movies that are rated for youth viewing; there are no requirements to run ads denormalizing tobacco preceding movies and video games that contain tobacco imagery; and the protocols for compliance of tobacco retailers with restrictions on sales to minors have not improved. Moreover, SAC noted that beyond basic information about tobacco 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. Our analyses indicate that a significant number of youth who are current smokers in grades 7 to 12 also have a drug use problem (87% in grades 9 to 12) and a hazardous drinking problem (67% in grades 7 to 12). It is unclear whether sufficient effort is being directed toward targeting youth and young adults who are most at risk of becoming established tobacco users.

Cessation

Ontario is providing support to increasing numbers of smokers. In the 2014/15 fiscal year, Strategy smoking cessation interventions in Ontario directly engaged over 139,431 smokers, or about seven percent of Ontario smokers. Nevertheless, rates of intentions to quit, quit attempts and successful long-term quitting have not increased.

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

1. 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 "no wrong door" concept 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.

Protection

Smoke-Free Ontario measures along with local bylaws and policies protect most Ontarians most of the time from exposure to secondhand smoke. Nevertheless, in 2014, 15% of Ontarians aged 12 years and over were exposed to secondhand smoke every day or almost every day in public places (e.g., restaurants, bars, shopping malls and arenas) over the past month and nine percent of adult workers were exposed to secondhand smoke indoors at work or inside a work vehicle for five or more minutes in the past week. In addition, three in ten (or 689,500) Ontario adults living in multi-unit dwellings (MUDs) were exposed to secondhand smoke drifting between units at least once in the past month.

The US Surgeon General's review of scientific evidence concluded that there is no risk-free level of exposure to secondhand smoke.[1] In addition to the adverse health effects of secondhand smoke, 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 specifically unenclosed bar and restaurant patios, not-for-profit MUDs and selected outdoor public settings (e.g., beaches, parks, transit shelters, doorways, etc.). Recent regulatory changes implemented by the Government of Ontario closed some of these gaps in protection. Select municipalities have closed other gaps.

Although there are remaining gaps and slow progress in reducing tobacco use prevalence, steady progress in tobacco control is being made: smoking has been banned on restaurant and bar patios; flavoured tobacco has been banned with a ban on menthol slated to come into effect in 2017; the proportion of smokers who are advised to quit and are assisted in quitting has risen; demonstration projects are seeking innovations for further improvements in smoking cessation in workplace and hospital settings; and significant strides are being made 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] 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. Accessed November 27, 2015.