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Smoke-Free Ontario Strategy Monitoring Report: Introduction



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Introduction

The Smoke-Free Ontario Strategy (the Strategy) is a comprehensive tobacco-control program involving a broad coalition of partners including provincial and local governments, boards of health, voluntary-health organizations, hospitals and universities. Primary funding for the Strategy comes from the Ontario Ministry of Health and Long-Term Care, with direct and in-kind funding from other Strategy partners.

The Scientific Advisory Committee and Tobacco Strategy Advisory Group reports from 2010 have informed Smoke-Free Ontario Strategy development in recent years.ⁱ The Ontario Government has established structures to guide Strategy implementation and continues to take significant steps to strengthen tobacco control. The Tobacco Control System Committee, three Task Forces (Protection and Enforcement, Cessation and Youth Prevention) and the Communications and Marketing Advisory Committee help to guide and coordinate implementation.

Noteworthy recent initiatives include the recently enacted restaurant and bar patio, playground and sports field smoking bans (see Protection Chapter); school-based pilots (see Prevention Chapter); a youth social identities and tobacco use prevention project (see Prevention Chapter); and the Nursing Best Practice Smoking Cessation Initiative (see Cessation Chapter). These recent activities tie in with past-year initiatives, which are ongoing, including free access to smoking cessation medications and pharmacist counselling for Ontario Drug Benefit beneficiaries; limited access to free Nicotine Replacement Therapy (NRT) and cessation counselling through family health teams, community health centres, addictions agencies and Aboriginal health access centres.

ⁱ In the assessment of Strategy progress, reference is made to the Smoke-Free Ontario Scientific Advisory Committee (SAC). During 2009 and 2010, the then Ministry of Health Promotion and Sport initiated processes to renew Ontario's Tobacco Control Strategy. The Ministry commissioned SAC to provide evidence-informed scientific and technical advice to support the renewal of the Smoke-Free Ontario Strategy for 2010-15. SAC was comprised of leading tobacco control scientists, researchers and practitioners from across Ontario and sought input from international tobacco control experts and key informants. SAC was tasked with reviewing the latest scientific and practice-based evidence in comprehensive tobacco control. In 2010, SAC delivered its report, *Evidence to Guide Action: Comprehensive Tobacco Control in Ontario*. Drawing on the SAC report, the Tobacco Strategy Advisory Group (TSAG) produced *Building on Our Gains, Taking Action Now: Ontario's Tobacco Control Strategy for 2011-2016*.

Report Structure

This report is organized around the three major goals of the Smoke-Free Ontario Strategy. These goals are based on the strategic direction set by the Steering Committee of the Ontario Tobacco Strategy in 2003 and are consistent with earlier formulations of the Strategy.¹ The ultimate objective of the Strategy is to eliminate tobacco-related illness and death in Ontario.

The three Strategy goals are:

- Prevention: To prevent smoking initiation and regular use among children, youth and young adults
- Cessation: To motivate and support quit attempts by smokers
- Protection: To eliminate Ontarians' exposure to secondhand tobacco smoke

Chapters for each goal area (prevention, cessation and protection) are organized around intervention path logic models. These models provide a simplified visual illustration of how infrastructure and interventions work through paths—identified from the literature—to affect short-, medium- and long-term outcomes. These outcomes have been monitored by OTRU since 1994 and are consistent with the indicators documented in the Ontario Tobacco Strategy Steering Committee's 2005 report,² the then Ministry of Health Promotion's 2010 Comprehensive Tobacco Control Guidance Document for boards of health,³ with the core outcomes identified by the National Advisory Group on Monitoring Tobacco Control⁴ and with the Centers for Disease Control and Prevention's Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs.⁵ Measurement challenges and space constraints in this report do not allow for full analysis of the relationships among all of these components. For a more detailed analysis of these relationships for the cessation goal area, see *Evidence to Inform Smoking Cessation Policymaking in Ontario*.⁶

This report is organized as follows:

- Chapter 1: Introduction
- Chapter 2: Tobacco Use
- Chapter 3: Youth Prevention
- Chapter 4: Smoking Cessation
- Chapter 5: Protection
- Chapter 6: Concluding Note
- Appendices

Methodological Approach

This report presents information about Strategy activities and tobacco-control advances using the latest population survey data available (primarily CAMH Monitor 2014, CCHS 2014 and OSDUHS 2015), 2014/15 Strategy partner reports (ending March 2015) and select policy and program updates to December 2015. For each goal area, we describe Strategy infrastructure and interventions (policies, programs and social marketing campaigns), explore the reach and evaluative information about interventions and analyze population-level changes. To further understanding of tobacco-control progress, we include assessments of changes in the social climate and public support for tobacco control measures. The report endeavours to bring evidence to bear on the continued development of comprehensive tobacco control in Ontario.

This report addresses Strategy interventions funded directly, but not exclusively by the Ministry of Health and Long-Term Care. It draws on information from program evaluations, performance reports and administrative data. Evaluative information about policy and program interventions is drawn from evaluation work conducted directly by the Ontario Tobacco Research Unit and by others on behalf of organizations that receive Smoke-Free Ontario Strategy funding. Further information has been gleaned from administrative documents and discussions with service providers and managers. OTRU's [Tobacco Informatics Monitoring System \(TIMS\)](#) provides much of the population-level data analysis.

This report does not draw direct relationships between tobacco control activities and outcomes. The relationship between Strategy interventions and changes in protection, cessation and prevention outcomes is complex. There is substantial evidence that tobacco control interventions affect these outcomes and there is an expectation of synergistic effects from a comprehensive approach. However, several forces confound these relationships:

- Variations in implementation, including reach and dose of interventions
- Unknown time lags between implementation and population-level changes
- Economic and social perturbations and immigration
- Environmental variation—including pro-tobacco influences and contraband activity

Existing indicators for measuring long-term population-level outcomes, such as current smoking or successful quitting, do not always offer sufficient precision to identify small year-over-year changes, which is why we include multi-year data, as well as short- and intermediate-level outcomes. Statements of “significance” between two estimates (such as between years or between groups), including any directional statement (e.g., increase, decrease, higher, lower,

etc.), are based on non-overlapping 95% confidence intervals or, in some cases, a formal significance test of two proportions when confidence intervals are overlapping. A comparison of two estimates that appear to differ in absolute magnitude from each other but are not reported as significant should be interpreted with caution. In general, to protect against misclassification of significance due to examining too many comparisons, we only compare the current year with: the previous year, a benchmark year of 2010 (if using 2014 data) and 2011 (if using 2015 data) and a pre-SFO benchmark year of 2005.

To place the current Ontario results in a larger context, we draw on the World Health Organization MPOWER Report and on the report of Ontario's Scientific Advisory Committee. The MPOWER report⁷ has defined a set of policies that are consistent with the Framework Convention for Tobacco Control and include:

- Monitor tobacco use and prevention policies
- Protect people from tobacco smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco

Specific indicators for MPOWER include monitoring (prevalence data), age-standardized adult daily smoking prevalence, smoke-free policies, compliance with smoke-free policies, cessation programs, health warning on cigarette packages, anti-tobacco mass media campaigns, advertising bans, compliance with advertising bans and taxation. MPOWER indicators reflect the agreement that parties to the Framework Convention for Tobacco Control (FCTC) were able to reach (the FCTC includes recommendations on many more measures). In this report, MPOWER indicator categories are used as reference points for monitoring progress in Ontario. However, they should be considered with some reservation in that they are meant for a global audience and may be less suited for countries with well-developed tobacco-control strategies.

We also use the 2010 Scientific Advisory Committee (SAC) report as a contextually specific reference point.⁸ The SAC report assessed gaps in the Smoke-Free Ontario Strategy and recommended evidence-informed interventions to address these gaps. The report and recommendations underwent scientific review by an international panel of experts. In the Prevention, Cessation and Protection chapters of this report, we compare current Ontario efforts to SAC recommendations directly relevant to these areas. The SAC report also had a chapter on "Confronting the disease vector in tobacco control" that includes recommendations on tobacco

industry denormalization, plain packaging, product regulation, retail distribution, marketing and distribution and tobacco industry accountability. Another chapter in the SAC report addressed key system enablers—including leadership, whole of government approach, strong sustained partnerships, comprehensive approach (integrating policy, programs and social marketing), intensity/dose-response, learning system and international action. These essential components for Strategy success are not addressed directly in this report.

In general, the purpose of this report is to support learning among partners that will enhance progress toward the achievement of the protection, cessation and prevention goals of the Smoke-Free Ontario Strategy.

References

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