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:

Youth Prevention

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Prevention: Smoke-Free Ontario Strategy Components

A comprehensive approach is required to prevent and reduce prevalence of tobacco use among youth due to the complexity of factors that determine smoking initiation in this population.[1] This approach includes building capacity for the implementation of various interventions such as federal and provincial policies as well as provincial and regional public health programming. These interventions seek to prevent use through a number of pathways such as:

- Limiting social exposure to tobacco use among youth
- Decreasing access and availability of tobacco products
- Increasing knowledge of the harmful effects of tobacco use
- Increasing youth resiliency to make healthy choices and resist tobacco use initiation

In Ontario, the prevention component of the Smoke-Free Ontario Strategy is the main avenue by which progress toward these pathways/desired goals is expected to be achieved (Figure 3-1).

In this chapter, we provide an overview of current infrastructure, policy measures and prevention-related interventions in Ontario that seek to prevent tobacco use among youth. We follow with an examination of progress toward prevention objectives at the population level.

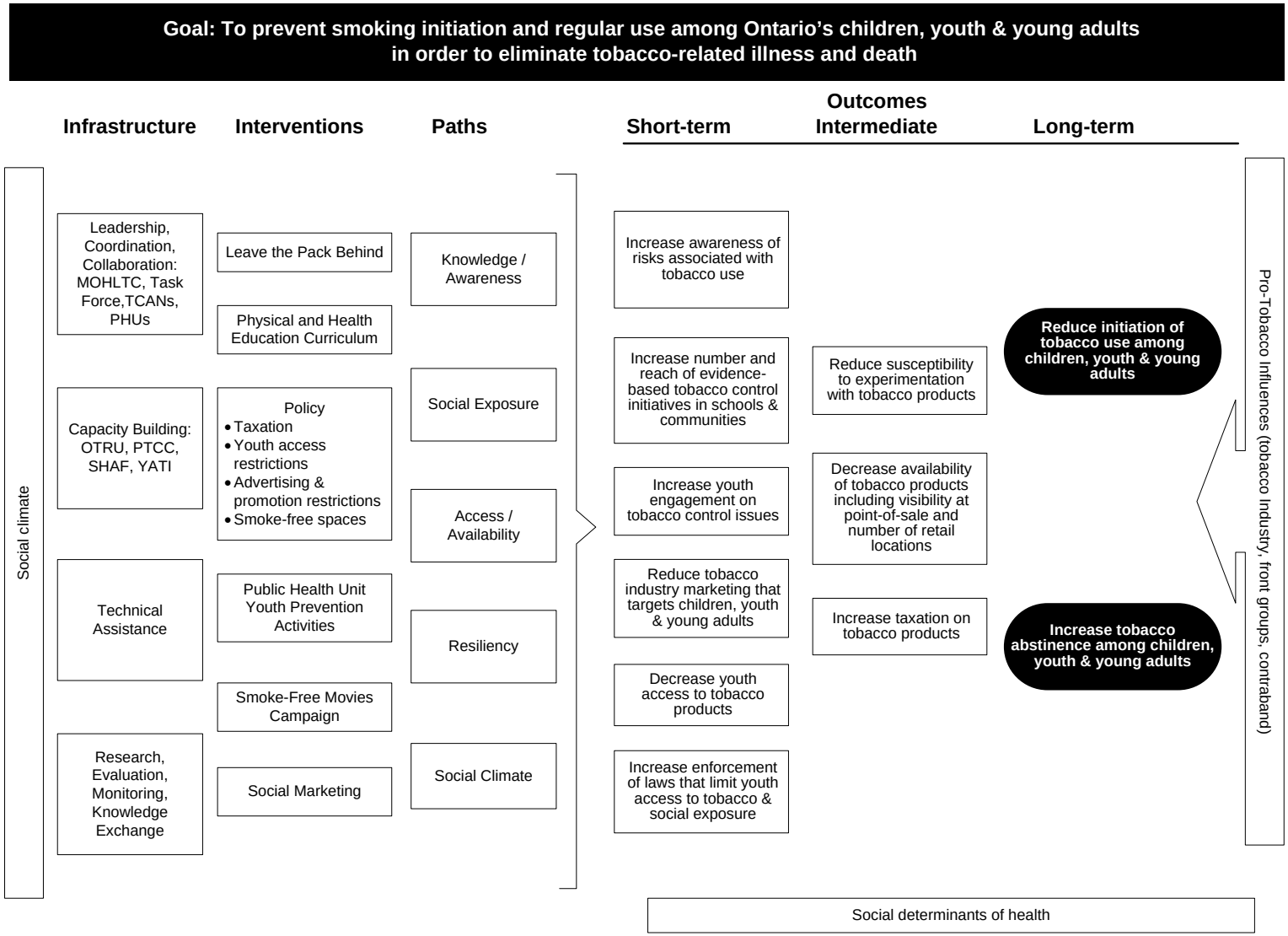
Prevention Infrastructure

To ensure success, the prevention system has been designed to build capacity, provide technical assistance and offer research and evaluation support to key stakeholders—including public health unit staff, educators and service providers—and to deliver evidence-based programs, services and policies to the public. This infrastructure function is delivered by several key organizations with funding from the Ministry of Health and Long-Term Care, including public health units (PHUs), Tobacco Control Area Networks (TCANs), the Ontario Tobacco Research Unit (OTRU), the Program Training and Consultation Centre (PTCC), Smoking and Health Action Foundation (SHAF) and the Youth Advocacy Training Institute (YATI).

Prevention Task Force

The Smoke-Free Ontario Strategy's Prevention Task Force is comprised of representatives of the tobacco control community who have an expertise in youth tobacco use prevention and organizations with expertise in youth development and youth engagement strategies. It was struck in 2011 to provide input on implementation of the renewed Strategy prevention programming and to identify areas for collaboration across programs.

Figure 3-1: Prevention Path Logic Model



Public Health Units (PHUs)

PHUs are critical stakeholders in the implementation of tobacco use prevention programming and policies in the Province and have a sizable infrastructure including program staff and enforcement personnel. Although the focus of this chapter is on large-scale province-wide prevention interventions, we do report on select PHU- (and TCAN-) specific interventions in subsequent sections.

Tobacco Control Area Networks (TCANs)

TCAN Coordinators and Youth Development Specialists from each of the seven TCANs (representing the 36 PHUs) provide leadership, coordination and collaborative opportunities centred on the prevention goal of the SFO Strategy. These efforts seek to engage youth and promote a tobacco-free lifestyle. One of the more important roles TCANs play is to plan and execute large regional projects and coordinate regional media and public relations activities (e.g., Bad Ways to be Nice, Smoke-Free Movies). Regional action planning around prevention has involved the development of a number of initiatives. TCANs also assist in assessing local PHU training and technical assistance needs around youth prevention, and they help communicate Ministry policies and activities including local media and public relations initiatives.[2]

Ontario Tobacco Research Unit (OTRU)

OTRU provides research, monitoring, evaluation and teaching / training resources to the prevention component of the Strategy. Prevention projects conducted by OTRU investigate the influence of student and school-level characteristics on tobacco use behaviour, predictors of tobacco use comorbidities among youth and young adults, e-cigarette use among youth and young adults and youth exposure to tobacco in movies. In addition, OTRU provided rapid scientific consulting to the Ministry and SFO partners, and responded to 70 knowledge and evaluation support requests from partners in 2014/15. OTRU's online course (Tobacco and Public Health: From Theory to Practice) is another prevention resource available to public health personnel across the Province. In 2014/15, a total of 1169 people enrolled in the online course prevention module.

Program Training and Consultation Centre (PTCC)

Within the prevention pillar, PTCC provides a multi-day training course on the foundations of enforcing the *Smoke-Free Ontario Act* that includes regulations prohibiting tobacco sales to minors. This course is offered in collaboration with the Ministry of Health and Long-Term Care

and is required training for any PHU employee enforcing the *Smoke-Free Ontario Act*. PTCC also supported two province-wide communities of practice addressing practice areas relevant to tobacco use prevention (i.e., Tobacco Use Reduction for Young Adults and Outdoor Smoke-Free Spaces and Tobacco-Free Sport and Recreation). PTCC Health Promotion Specialists and Media and Communications Specialists also provided consultation to local PHUs, TCANs and tobacco control coalitions working on community education and policy development initiatives (e.g., smoke-free multi-unit dwellings (MUDs), smoke-free movies, e-cigarettes).

Program Reach: In 2014/15, the PTCC delivered 53 training events on all aspects of tobacco control with only some pertinent to prevention, which reached over 1600 clients. Training events included 41 workshops and 12 webinars. PTCC's training programs were highly attended by staff of Ontario's 36 PHUs. Participants from Community Health Centres, the health care sector (e.g., hospitals), non-governmental organizations and government were also well represented. Tobacco control consultations were also delivered to 34 PHUs and all seven TCANs. 213 public health practitioners and researchers were actively engaged across three provincial communities of practice.[i]

Smoking and Health Action Foundation (SHAF)

SHAF engaged in a number of prevention-related activities in 2014/15 to support, educate and build capacity in the Ontario public health community including PHUs and TCANs. SHAF has provided training, technical assistance and knowledge exchange to Strategy partners (including PHUs and TCANs) on a number of current and emerging prevention topics such as e-cigarettes, waterpipes, tobacco taxation, Canadian tobacco industry activity, contraband, tobacco industry denormalization, smoke-free movies (SHAF co-chairs the Ontario Coalition for Smoke-Free Movies) and more generally, policy options to address young adult use and prevention.

Youth Advocacy Training Institute (YATI)

The Ontario Lung Association's YATI is a program that engages Ontario youth (and adults) by creating partnerships with provincial, regional and local organizations. YATI provides youth and adults with training in skill building, resources, and tools to empower these groups to positively affect change in their communities by promoting tobacco-free and healthy lifestyles.

In 2014/15, YATI delivered 38 regular trainings across Ontario including 27 trainings for youth

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

(n = 508) and 11 trainings for adults (n = 305). Youth received training on a variety of topics including: tobacco industry denormalization, creating effective health promotion campaigns and creative ways to advocate. Adult training focused on principles and practices of meaningful youth engagement. To meet the specific needs of stakeholders, seven custom trainings were delivered (four to youth, n = 85; three to adults, n = 35). YATI also supported the delivery of three summits at the regional and provincial level, reaching an estimated 245 participants.

YATI held 35 partnership and special event trainings in 2014/15 involving 789 youth and 150 adults including Smoke-Free Movies Coalition Partnership Events, Lil NHL (Cancer Care Ontario's Aboriginal Tobacco Program), Partnership with Ontario Federation of Indigenous Friendship Centres (OFIFC) and the Ophea-led School-Based Tobacco Prevention Program.

The YATI website was an active knowledge exchange portal, with the English site having 10,264 unique visitors and 42,484 page views and the French site having 140 unique visitors and 198 page views. The YATI Facebook account had 490 friends; their Twitter feed had 1445 followers and 3,329 tweets; and the YATI YouTube channel had 16 subscribers, 14,796 views and 76 subscriptions.

Prevention Interventions

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

Given the nature of some of the interventions and challenges in attributing changes in prevention-related outcomes at the population level to particular interventions, evaluative data are not currently available for many of the prevention interventions discussed in this chapter. Recent data on the effects of price, availability of contraband cigarettes and smoke-free policies on prevention-related outcomes are also not currently available.

Interventions to Build Knowledge and Resiliency

The Province's current mix of prevention initiatives aim to increase knowledge and resiliency to prevent tobacco use among youth and young adults. In Ontario, these initiatives include: school-

based programs, Leave The Pack Behind and programs that directly involve youth in program planning and implementation.

Educational Programs

Ontario's Health and Physical Education Curriculum

In September 2010, Ontario public schools began implementing the Ministry of Education's revised interim health and physical education curriculum for grades 1 to 8. This was the first revision since 1998. In 2014, the Ministry of Education published its Foundations for a Healthy School resource.[3] Using an integrated approach, this resource focuses on curriculum, teaching and learning; school and classroom leadership; student engagement; social and physical environments; home, school and community partnerships. Under the health-related topic of Substances Use, Addictions and Related Behaviours, students begin to learn about tobacco during the junior grades (specifically grades 4 to 7). Learning focuses on understanding what tobacco is, what influences its uptake (i.e., peer pressure, industry advertising) and the effects and consequences of its use (i.e., health effects, social implications). This knowledge is integrated with the development of a variety of living skills (e.g., decision making and refusal skills) that help students make and maintain healthy choices.

The Ontario Physical and Health Education Association (Ophea) has developed online elementary and secondary school resources to support the implementation of the Health and Physical Education curriculum including substance use.[4] Each resource includes ready-to-use lesson plans and other supports such as student templates, assessment tools and daily physical activity ideas.

Tobacco Use Prevention in Schools

Under the renewed Smoke-Free Ontario Strategy, the Ontario government is committed to working with educators and young people to keep schools smoke-free. As part of this process, the Ministry of Health and Long-Term Care funded Ophea to implement a school-based tobacco prevention pilot program in grades 6 to 11 during the 2013/14 and 2014/15 school years. This project was delivered in close collaboration with the Youth Advocacy Training Institute (YATI), the Centre of Excellence for Youth Engagement and local PHUs.

Running in 24 schools (8 elementary and 16 secondary), the pilot program was implemented using a Healthy Schools approach (aligned with Ontario's Foundations for a Healthy School resource),[5] with a focus on providing youth leadership opportunities to address tobacco and other risk factor areas in participating schools across four main areas including: high-quality instruction and programs, a healthy physical environment, a supportive social environment and

community partnerships. Following training on the Healthy Schools approach, a core team of students, working with adult allies, formed action teams, which planned and implemented a range of tobacco prevention and health-related activities. These school action teams received in-school, ongoing support from Ophea consultants including an annual orientation, along with kick-off, check-in and celebration meetings. (Note: This pilot project differs from Ontario's health and physical education curriculum, which is teacher-led and run for students in grades 1 to 8).

An in-depth evaluation of Ophea's pilot program was conducted by the Social Program Evaluation Group (Queen's University), in close collaboration with the University of Waterloo (COMPASS Study). Findings will be integrated into future monitoring reports when they are made publically available.

Leave The Pack Behind

To address prevention goals, Leave The Pack Behind (LTPB) uses several tobacco control interventions including a) social marketing campaigns that use social media, mass media and interpersonal communication in print, electronic and face-to-face formats; and b) peer-to-peer programs and services that actively discourage uptake/escalation of tobacco use, address social norms and campus policies and provide general tobacco control education.

LTPB's annual *wouldurather... contest* challenged post-secondary students and community-dwelling young adults aged 18 to 29 to quit, reduce or stay smoke-free for a six-week period. In 2014, the prevention component of the contest, in particular *Don't Start and Win*, attracted 8,926 registrants who were nonsmokers or former smokers and pledged to be smoke-free for the duration of the contest (the majority of these registrants were students—8,705).[6]

With links to the *wouldurather... contest* and the provincial *Quit the Denial* campaign,[7] LTPB's *Social Smoking is Smoking* campaign continued to run in 2014/15. This campaign targeted on- and off-campus young adults at risk of smoking escalation. Students were educated about the dangers of any level of tobacco use; encouraged to "unpair" drinking and smoking and were provided with support to quit smoking. Student teams hosted 962 outreach events at 33 post-secondary institutions (out of 44 institutions).[6]

Youth Prevention (Public Health Units)

The Tobacco Strategy Advisory Group recommended that a youth engagement approach be advanced as a recognized strategy to promote positive health behaviour change.[8,9,10,11] Research studies have shown that youth engagement is a promising approach to raise awareness of the

harmful effects of tobacco use, empower youth and build skills to resist tobacco-use initiation.[8,12]

The Ministry of Health and Long-Term Care (MOHLTC) has provided funding for youth tobacco use prevention at each of the Province's 36 PHUs. Although not mandated by the MOHLTC, many PHUs have chosen to hire a Youth Engagement Coordinator. These coordinators work collaboratively across risk factor-related programs within the PHU and externally through community partnerships with youth organizations. They also work with Youth Development Specialists and other regional stakeholders within the TCANs to establish regional plans and priorities for tobacco use prevention programming.[13] Youth Engagement Coordinators focus their work on a number of activities including: training on the principles of youth engagement across PHU programs, the funding of youth-led health promotional activities, the ongoing recruitment of youth to engage in healthy tobacco control in the community and creation of opportunities for peer networking and learning.[13]

Youth prevention activities are running at the local and regional level across the Province. This work varies widely in funding, scope and available evaluative evidence, with some ongoing projects and other work supporting a one-time event. Numerous PHU/TCAN prevention projects that build knowledge and resiliency have reached out to OTRU's Knowledge and Evaluation Support initiative. These include Smoke-Free Movies (multi-TCAN, NGO), measuring youth engagement and development (North East), Train the Trainer/Youth Justice Centre (Northwest), Social Identities Project (South West, Central West; see below) and dental professional messages (South West; see below).

Smoke-Free Movies

In response to the high number of tobacco impressions found in youth-rated films shown in theatres across Ontario, the Ontario Coalition for Smoke-Free Movies formed in May 2010 to challenge the presence of tobacco imagery in movies. This initiative involves partnerships among Canadian Cancer Society (Ontario Division), Heart and Stroke Foundation of Ontario, Non-Smokers' Rights Association/Smoking and Health Foundation (SHAF), OTRU, Ontario Lung Association, YATI, Physicians for a Smoke-Free Canada, PHUs and TCANs. The Ontario Coalition for Smoke-Free Movies argues that an effective way to reduce youth exposure to onscreen tobacco in Ontario is to require adult ratings (18A in Ontario) for movies with any tobacco imagery.

Between 2004 and 2014, 56% (877/1,564) of the top-grossing movies featured onscreen tobacco. Of the movies with tobacco content, 86% were youth-rated movies (i.e., excluding 18A and R).[14]

Over this same period, these top-grossing movies contained a total of 29,620 tobacco incidents, with 85% of these incidents occurring in youth-rated movies. In 2014, 2,770 tobacco incidents occurred, up from 2,498 in 2013.

Exposure to onscreen smoking at current levels is expected to recruit more than 185,000 children and teens aged 0 to 17 living in Ontario today to become smokers.[14] Eventually, more than 59,000 of those recruited to smoking as a result of this exposure will die prematurely from tobacco-induced diseases.[14] It is projected that if a policy that mandates adult rating (18A) for smoking in movies was released in Ontario it would avert at least 95,000 Ontario children and teens from becoming smokers and prevent more than 30,000 future tobacco deaths.[14]

Youth Social Identities and Tobacco Use Prevention Project

In 2013, a qualitative study was conducted by PHUs with teenagers in Central West and South West Ontario to better understand the relationship between youth subcultures and tobacco use. Findings from this study showed that teens that are influenced by the Hip Hop and Alternative peer crowd are at the highest risk for tobacco use. A social brand, entitled 'Uprise' was subsequently developed as a platform to deliver anti-tobacco messaging to the Alternative Peer Crowd and reach Alternative teens in an authentic way. This initiative is currently being executed, with the goal to ultimately reduce tobacco use within this subculture that experiences the highest prevalence of tobacco use when compared with other youth subcultures in Ontario. The first phase of evaluation aims to assess the knowledge and attitudes of the target demographic toward the Uprise Brand and results will be available in 2016.

Youth Tobacco Prevention with Dental Professionals Project

The Youth Tobacco Prevention with Dental Professionals Project ran as a pilot project in the South West TCAN in 2015. Local PHUs partnered with dental professionals to test the usefulness of using prevention and cessation resources with high school-age youth (age 14-18) in dental settings.

Dental professionals were asked to: a) show a laminated infographic to each youth patient aged 14 to 18 who visited an office that described reasons to be tobacco free as well as the negative effects of using tobacco; b) provide all youth with a magnet associated with an Instagram account named "91 Reasons," that reflected the 91% of Ontario youth who don't smoke; and c) offer a youth cessation booklet to youth patients aged 14 to 18 who identified as tobacco users or who were identified as a tobacco user by the dental professional.

Of 153 dental professionals approached, 87 (or 57%) responded to the online survey (run by OTRU in partnership with the South West TCAN). Among respondents, one in five *always* shared the two main project resources: an infographic and magnet. Approximately 60% of dental professionals *often* or *sometimes* shared, whereas 20% *rarely* showed these resources to youth patients. About 8 in 10 dental professionals (79%) provided cessation booklets to their patients who smoked. No data are available about the effects of this intervention on youth initiation and cessation. However, the intervention is based on published research that demonstrated that face-to-face interaction with a health care provider and providing print materials to youth can reduce the risk of smoking initiation among youth.[15]

Interventions to Limit Physical and Social Exposure

A number of tobacco control policies have been implemented that limit physical and social exposure (i.e., the visual exposure to tobacco in social environments). Lower physical and social exposure to tobacco use provides less modeling/social acceptability of smoking. For instance, policies include restrictions on smoking in schools, bars and restaurants, vehicles and workplaces.[16] Protecting Ontarians from exposure to secondhand smoke is a goal unto itself but also has secondary prevention effects. (See the Protection chapter for additional details.)

Select projects that seek to limit physical and social exposure include:

Love My Life (LML)

An initiative of the East TCAN, LML's goal is to meaningfully engage youth aged 10 to 24 around increasing tobacco-free environments, with the expectation that these will enhance supportive social and physical environments and influence policies that support healthy living. For instance, tobacco-free environments are expected to support the process of normalizing tobacco-free living by removing tobacco use role-modeling.[17] Initial work has begun on this project and is expected to continue over the next couple of years. Evaluation of the LML initiative is expected to begin in late 2016.

Interventions to Limit Availability and Access

Tobacco retail availability refers to the accessibility of tobacco products at the retail level. In essence, "availability" describes the level of convenience associated with obtaining tobacco in Ontario.

Ontario allows tobacco to be readily accessible 24 hours a day, seven days a week, in corner stores, gas stations and grocery stores, as well as a myriad of other outlets. In Ontario, there is one tobacco retail outlet per 1,000 people aged 15 years or more.[18] The omnipresence of retail stores that sell tobacco products serves to increase consumption, normalize tobacco products and tobacco use, and undermine the health-risk messaging of government authorities and health groups.[18]

The SFO Scientific Advisory Committee (SAC) identified the pervasive availability of tobacco products in the retail environment as a major issue for tobacco control in Ontario (Chapter 4: Confronting the Disease Vector in Tobacco Control). Two recommendations arising out of the SAC process were: a) Ontario should move toward a system of designated sales outlets, by using licensing strategies and zoning laws to reduce the number of tobacco retailers and locations permitted to sell tobacco products; and b) Ontario should increase the number of specific places that are prohibited from selling tobacco products to match or exceed similar bans in leading Canadian provinces.

Ontario has instituted several measures to curtail the effects of the widespread availability of tobacco products including: a) product prohibitions, b) tobacco taxation and c) tobacco retail availability including minimum age restrictions, point-of-sale display bans, vendor licensing, vendor locations and vendor compliance with youth access restrictions.

Product Prohibitions: Single and Flavoured Cigarillos

In 2010, the SFOA and the Federal Bill C-32 (passed in 2009) banned the manufacture, importation and sale of flavoured cigarettes, cigarillos and blunt wraps[ii] (except menthol).[16] Cigarillos are classified as smaller versions of cigars that resemble a cigarette in size and shape, are wrapped in tobacco leaf and contain a cigarette filter or weigh 1.4 grams or less. Previously, cigarillos were sold in a variety of flavours (grape, vanilla, maple, cherry, strawberry, etc.) and were available in tubes or small boxes resembling candy or lip-gloss.

In 2015, small cigars weighing more than 1.4 grams—still commonly referred to as cigarillos even though they don't meet the legal definition—continued to be sold in a variety of flavours. However, on May 28, 2015, the *Making Healthier Choices Act* (Bill 45) received Royal Assent. This *Act* prohibits the sale of flavoured tobacco at retail stores in the Province, with exceptions. Specifically, regulations consolidated on November 13, 2015 (and in effect as of January 2016)

[ii] Similar to rolling paper, a blunt wrap is a sheet or tube made of tobacco that can be used to roll cigarette tobacco.

mandate that the *Act* does not apply to flavouring agents in cigars that impart a flavour or aroma of wine, port, whiskey or rum; nor does it apply to the flavour or aroma of menthol, a regulation that will be revoked in January 1, 2017 thus prohibiting menthol as a flavouring agent.[19] Likewise, an order amending the Schedule to the federal *Tobacco Act* came into force December 15, 2015 that prohibited the manufacture and sale of certain types of cigars that contain targeted additives (flavours). Further, cigarillos/cigars weighing less than or more than 1.4 g, but not more than 6 g, were captured in the amended Schedule.

Contribution: In 2014, Ontario wholesale sales of the total cigar category (little cigars/cigarillos and cigars) fell 9.8% from 2013 sales and 23.9% compared to 2010 (178,160,014 unit sticks in 2010, 150,258,186 units in 2013 and 135,578,758 units in 2014).[iii] (Note: Annual sales data may be influenced by wholesale shipment dates). The reduction in sales may reflect users' reduced consumption, as a result of the market conversion of little cigars/cigarillo brands into non-filtered cigar brands weighing more than 1.4g in 2010. In 2014, little cigars/cigarillos comprised 6.3% of all cigar sales.[iii] In 2014, 79% of the Ontario cigar market was flavoured cigars, with menthol comprising 3.2% of all cigar sales.[iii]

Tobacco Taxation

Youth are very sensitive to the cost of tobacco products.[20,21,22] Specifically, higher cigarette prices have been shown to prevent youth initiation,[20] prevent adolescents from becoming daily, addicted smokers and can impact the smoking behaviour of youth who are further along the smoking uptake continuum.[23] Increases in the price of tobacco through taxation are central to any preventive approach. Currently, Ontario has the second lowest total tobacco taxes in Canada ($59.75), with an average retail price of $93.66 per carton (Table 3-1). The Ontario tax rate translates into 63.8% of the retail price, below the 75% tax rate recommended by MPOWER. Tobacco tax rates in Ontario were last changed 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 was not an increase in the proportion of provincial tax in the overall price of 200 cigarettes; instead, it accounted for inflation and restored the proportion of provincial tax to just below the level set in the previous provincial tax increase (30% of retail price in 2015 vs. 35% in 2006).

[iii] Health Canada, Personal Communication, October 26, 2015.

Table 3-1: Federal/Provincial/Territorial Tobacco Tax Rates (per 200 Cigarettes, October 2015)

Jurisdiction	Average Pre-Tax Price[1] (2015 Figure)	Federal Excise Duty	Provincial/ Territorial Excise Tax	Provincial/ Territorial Sales Tax or Harmonized Sales Tax[2]	Federal GST[3] 5%	Total Tobacco Taxes	Total Retail Price
Quebec	$29.18	$21.03	$29.80	No PST	$4.00	$54.83	$84.01
Ontario	**$33.90**	**$21.03**	**$27.95**	**13% HST = $10.77**	**See HST**	**$59.75**	**$93.66**
British Columbia	$25.90	$21.03	$47.80	No PST	$4.74	$73.57	$99.46
Yukon	$35.37	$21.03	$42.00	No PST	$4.92	$67.95	$103.32
Alberta	$28.70	$21.03	$50.00[4]	No PST	$4.99	$76.22	$104.92
Nunavut	$39.32	$21.03	$50.00	No PST	$5.52	$76.55	$115.87
New Brunswick	$44.37	$21.03	$38.00	13% HST = $13.44	See HST	$72.47	$116.84
Saskatchewan	$36.06	$21.03	$50.00	5% PST = $5.35	$5.35	$81.73	$117.79
Newfoundland	$35.25	$21.03	$47.00	15% HST = $15.49	See HST	$83.52	$118.77
Prince Edward Island	$33.16	$21.03	$50.01[5]	14% HST = $14.59	See HST	$85.62	$118.78
Nova Scotia	$35.41	$21.03	$51.05[6]	15% HST = $16.12	See HST	$88.19	$123.60
Northwest Territories	$43.16	$21.03	$57.20	No PST	$6.08	$84.31	$127.46
Manitoba	$37.89	$21.03	$59.01[7]	7% PST = $9.43	$5.90	$95.36	$133.25

Note: Ordered by total retail price, from lowest to highest.
[1]This average estimate of "pre-tax price" for each province is calculated by using the Consumer Price Index and the CPI Intercity Index from Statistics Canada for a carton of 200 cigarettes available in 2015. The full methodology for the calculations is available upon request
[2]PST/HST is calculated on the total of pre-tax price + federal excise duty + provincial excise tax.
[3]GST is calculated on the total of pre-tax price + federal excise duty + provincial excise tax.
[4]Alberta tobacco tax increase effective 28 October 2015. See http://finance.alberta.ca/publications/budget/budget2015-october/fiscal-plan-complete.pdf.
[5]Prince Edward Island tobacco tax increase effective 20 June 2015. See http://www.gov.pe.ca/photos/original/budgetadd2015.pdf.
[6]Nova Scotia tobacco tax increase effective 9 April 2015. See http://www.novascotia.ca/finance/site-finance/media/finance/budget2015/Budget_Assumptions_And_Schedules.pdf.
[7]Manitoba tobacco tax increase effective 30 April, 2015. See https://www.gov.mb.ca/finance/budget15/papers/summary.pdf.
Source: Non-Smokers Rights Association (NSRA). Cigarette prices in Canada. A map comparing the average price of a carton of 200 cigarettes in Canada's provinces and territories, as of October 2015 (http://www.nsra-adnf.ca/cms/file/files/151028_map_and_table.pdf).

Tobacco Retail Availability

Restricting the retail distribution and availability of tobacco products is considered an important mechanism to limit consumption and subsequent negative health effects.[24,25] In Ontario, legislation prohibits tobacco from being sold by vending machines, at pharmacies, hospitals and other health care and residential care facilities and, as of January 1, 2015, college and university campuses.[26] Despite these advances, tobacco products continue to be available across the Province through a large number of retail outlets (10,620 in 2014),[27] primarily convenience, gas and grocery stores.

Minimum Age of Cigarette Purchase

The minimum age of cigarette purchase in Ontario is 19 years old. It is an offence to sell or supply tobacco to anyone under the age of 19. As of May 31, 2006, the *Smoke-Free Ontario Act* requires retailers to request identification if a person trying to buy cigarettes appears to be under the age of 25.[28] To make it easier for retailers to identify potential underage customers, the Ontario government has added a new age identifier to drivers' licenses that clearly show the exact date that a cardholder turns 19.[28,29]

Point-of-Sale Display Ban

Social exposure to tobacco products may promote the normalization of tobacco use, trigger initiation in youth and young adults through processes of social influence and modeling and may encourage the continued use of tobacco among smokers and relapse among quitters.[30,31] On May 31, 2008, a complete ban on the retail and wholesale display of tobacco products was implemented in Ontario in order to discourage youth from starting to smoke.[32] Those exempted from this ban include tobacconists, duty free retailers and manufacturers.

Vendor Compliance with Youth Access Laws

It is illegal, in Ontario, to sell tobacco products to anybody under the age of 19. MOHLTC funds PHUs to conduct two youth access checks of each tobacco vendor in their jurisdiction. In 2014, there were 21,593 youth access checks (compliance or enforcement) conducted in Ontario, in which a test shopper entered a store and attempted to purchase tobacco products. The test shopper was sold a tobacco product 1,153 times.[27] Individual stores could be checked more than once per year. Using the store as the unit of analysis, 97% of Ontario tobacco vendors were found to be in compliance with youth access legislation at the time of last inspection.[27]

OTRU, in partnership with the MOHLTC and local PHUs, recently evaluated a pilot project that focuses resources on addressing retail non-compliance based on a risk-based enforcement model. Results suggest that fewer inspections for low-risk vendors combined with more inspections for higher-risk vendors improved compliance for the latter while not decreasing compliance for the former.[33]

Youth Experience with Vendor Sales

In 2012/13, 36% of youth in grades 10 to 12 reported having been asked for identification when buying cigarettes in a store. Significantly more boys than girls reported having been asked for ID (40% and 25%, respectively) (Youth Smoking Survey [YSS] 2012/13, data not shown). In the same survey, 26% of youth in grades 10 to 12 reported that the last time they tried to buy cigarettes in

a store, someone refused to sell to them. Slightly more boys than girls were refused (27% and 23%, respectively) (YSS 2012/13, data not shown).

Ease of Obtaining Cigarettes

In 2015, 53% of students in grades 7 to 12 under the age of 19 believed it was fairly easy or very easy to obtain cigarettes, a significant decrease from 61% reported in 2013 (OSDUHS, data not shown). Students in grades 9 to 12 were much more likely to report it was fairly easy or very easy to obtain cigarettes compared to students in grades 7 to 8 (64% vs. 21%).

Vendor Licensing

One opportunity to reduce tobacco retail outlet density is to require vendor licenses, annual fees or both. Licensing fees, especially if they are expensive, may deter would-be retailers or prompt current retailers to stop selling tobacco.[34,35] Most provinces in Canada have not established tobacco retailer license fees, but there are a few exceptions. For example, New Brunswick has a one-time fee of $100, with an annual renewal fee of $50.[36] Nova Scotia has a tobacco retailer licence fee of $120.95, renewable every three years.[37] In Ontario, the provincial government requires all retailers wishing to sell tobacco to have a valid Retail Sales Tax (RST) vendor's permit or, as of July 1, 2010, a tobacco retail dealer's permit issued under the *Tobacco Tax Act*. However, this system is free and requires only a one-time application, with no renewal required. A growing number of municipalities in Ontario have an annual tobacco retailer licence fee (Table 3-2).

Vendor Locations

In 2014, the total number of tobacco vendors operating in Ontario was 10,620. This is down from 11,581 in 2013, 12,455 in 2012[27] and a further decrease from the approximate 14,000 tobacco vendors that were operating in 2006. (Note: The reason for these decreases is unclear. It could be due to more accurate recording of vendors by Ministry, fewer vendors selling tobacco or both.) Sixty-five per cent of Ontario tobacco retail outlets are located within 500 metres of a school.[18] Tobacco retailers are also more likely to be located in lower socioeconomic status neighbourhoods.[18]

Higher tobacco retail outlet density has been associated with higher rates of youth smoking and increased likelihood of young smokers purchasing their own tobacco.[25] According to the 2015 Ontario Student Drug Use and Health Survey, approximately 18% of underage students in grades 7 to 12 who had smoked a whole cigarette in the last 12 months reported purchasing their last cigarette from a corner store, grocery store, supermarket, gas station or bar. Just over half of all underage students (62%) reported getting their last cigarette from social sources such as a

friend or family member.[38] In a 2005 study prepared for Health Canada, young smokers report that they would smoke less if they had to travel farther to buy cigarettes.[39]

There is growing interest in policies to regulate the number and location of tobacco vendors. Provinces, such as Nova Scotia and Quebec have prohibited tobacco sales in a wide number of types of locations such as colleges and universities, theatres and bars and restaurants. As previously mentioned, Ontario legislation prohibits tobacco from being sold by vending machines and at pharmacies, hospitals, other health care and residential care facilities and college and university campuses.

Table 3-2: Annual Tobacco Retailer Licence Fees, Ontario

Municipality	Licence Fee
Ottawa	$806
Hamilton	$649
Sudbury	$440
Markham	$330
Vaughan	$298
Richmond Hill	$285
Mississauga	$277
Oakville	$267
Kingston	$251
Brampton	$215
Windsor	$188
Waterloo	$172
Burlington	$170
Wasaga Beach	$150
Halton Hills (Georgetown)	$131
Hawkesbury	$100
Chatham-Kent	$85
North Bay	$50
Cornwall	$40
Brockville	$36

Source: Canadian Cancer Society, December 10, 2015

Regional Interventions to Limit Availability and Access

Bad Ways 2 Be Nice

BW2BN (BW2BN) is an initiative that began with the Central East TCAN and is designed to raise awareness among young adults about the issue of supplying cigarettes to teenagers and

encourage young adults to think twice before giving cigarettes to youth. Following the spring 2014 social marketing campaign, 22% of survey respondents indicated awareness of the campaign. Of these respondents, 33% made positive changes in attitudes toward the issues of supplying cigarettes to teens. Specifically, young adults (aged 19-21: 37%), smokers (45%) and young adults who supplied cigarettes to teens in the past (56%) were more likely to make positive changes in attitudes toward the issue of supplying cigarettes to teens.

In 2015, Central East TCAN, Southwest TCAN and the Aboriginal Tobacco Program ran a number of events—such as a polaroid frame booth, post-it note activity, wheel spin-to-win "nice" or "not so nice" prizes—at various settings including colleges/universities, fairs/exhibitions and in the general community. In 2015, Southwest TCAN piloted BW2BN campaign videos. More evaluative information will be presented in 2016.

Know What's in Your Mouth

In the fall of 2013, the Central East TCAN and their partners implemented the Know What's in Your Mouth (KWIYM) prevention campaign to increase awareness among high school-aged youth in the region about the negative health effects associated with using smokeless tobacco. The KWIYM campaign gained momentum in several Central East communities via grass root health promotion activities adapted from a campaign toolkit. In recent years, the Central East TCAN has promoted a regional media campaign as well as encouraging local grass root activities adapted from the KWIYM toolkit. Of 19 health promotion activities run in 2015, a total of 3,421 high school-aged youth (13-18 years) attended and 6,897 promotional items were distributed (e.g., pencils, postcards, stickers, screen cleaners).

Public Support for Measures Related to Availability of Cigarettes

Social Sources

- In 2011, there was strong agreement (85%) that friends and family who supply tobacco to young people less than 19 years of age should be fined, a finding consistent over the last decade (ranging from 80% to 85%; CAMH Monitor, data not shown).

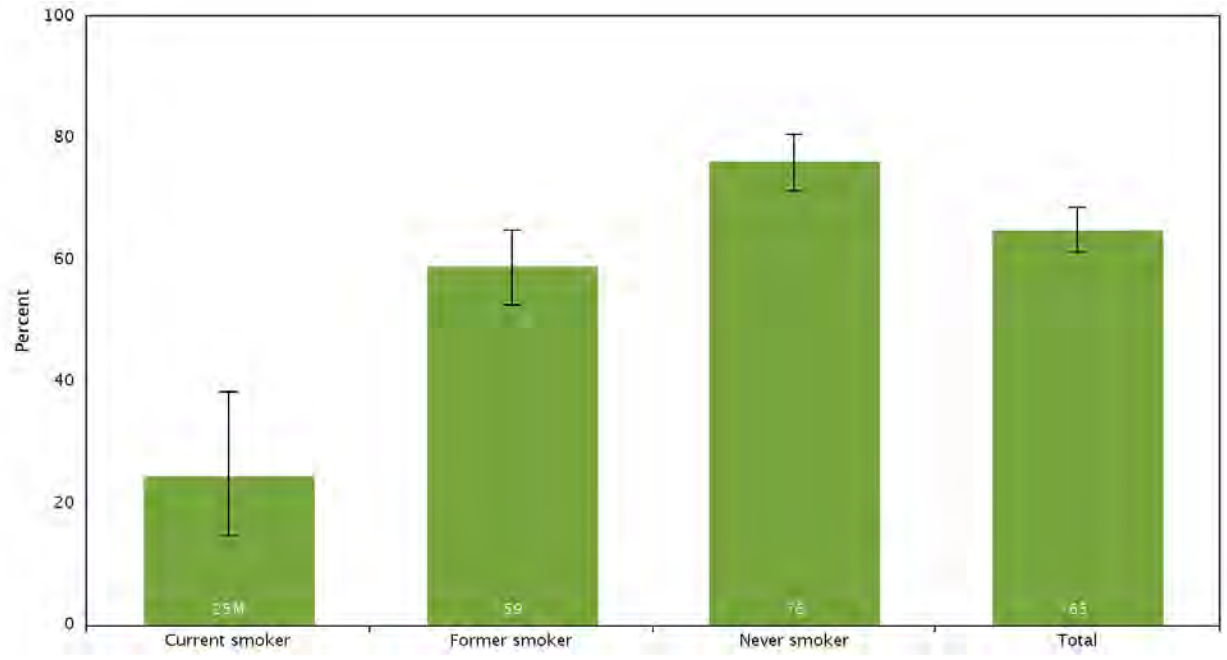
Retail Sales

- In 2015, 63% of Ontario students in grades 7 to 12 under 19 years of age indicated their support for further restrictions on tobacco sales. That is, 35% agreed that tobacco products should not be sold at all and 28% responded that tobacco products should be

sold in government-owned stores, similar to the way alcohol is sold in liquor stores. Only 17% responded that tobacco products should be sold in a number of places as they are now (OSDUHS 2015, data not shown).

- In 2014, 65% of all Ontario adults agreed that the number of retail outlets that sell cigarettes should be greatly reduced, a rate unchanged in recent years (Figure 3-2, CAMH Monitor 2014).
- Significantly more never smokers agreed with this policy option (76%) compared to 59% of former smokers and 25% of current smokers (Figure 3-2).
- In 2013 (the latest data available), 50% of adults in Ontario indicated their support for further restrictions on tobacco retail location. Two in ten (22%) responded that tobacco products should not be sold at all (Figure 3-3); 28% responded tobacco should be sold in government-owned stores similar to the way alcohol is sold in Liquor Control Board of Ontario stores; 48% of adults agreed that tobacco should be sold in a number of different places as they are now.

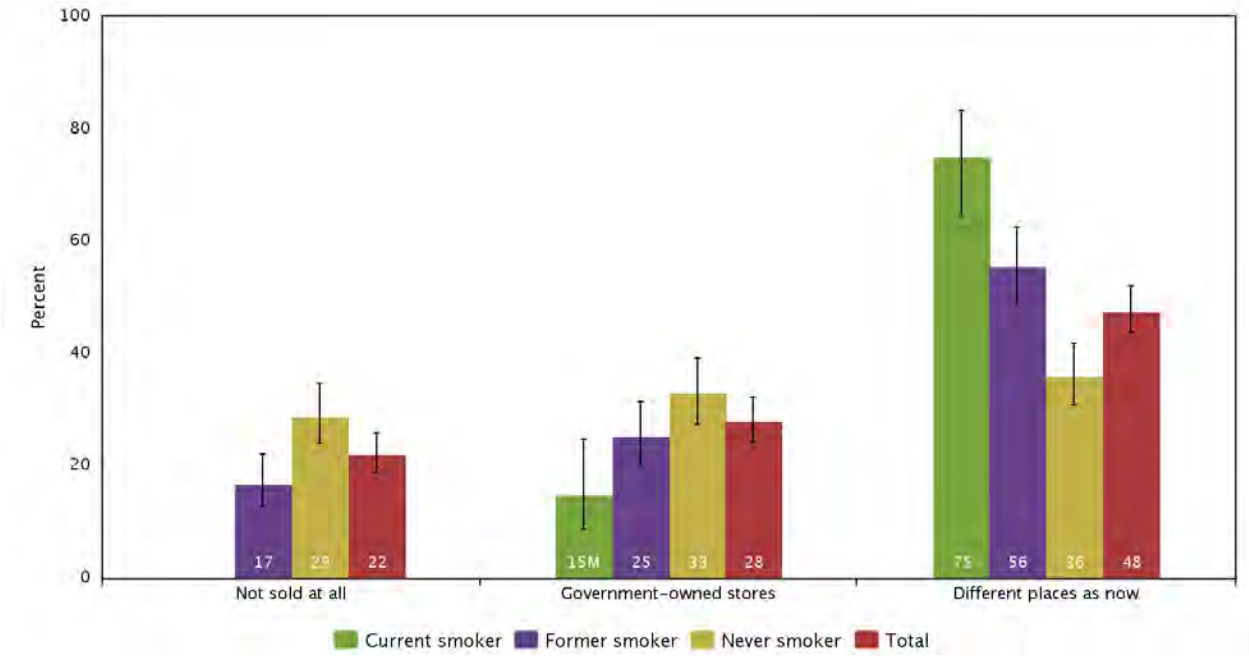
Figure 3-2: Agreement that the Number of Retail Outlets Selling Cigarettes Should Be Reduced, by Smoking Status, Ages 18+, Ontario, 2014



Note: Vertical lines represent 95% confidence intervals.

Source: Centre for Addiction and Mental Health Monitor 2014. Follow the TIMS link for live results on this indicator and more.

Figure 3-3: Views on How Tobacco Should Be Sold, Ages 18+, Ontario, 2013



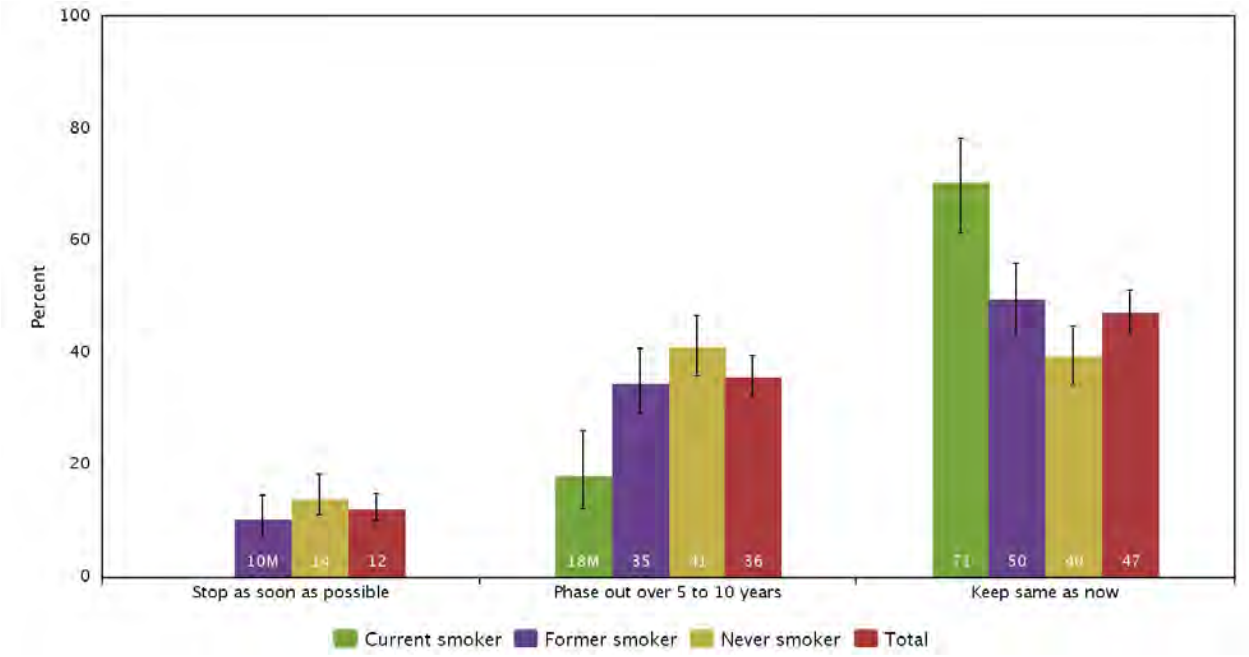
Note: Survey wording as follows: Which of the following comes closest to your view of how we should treat tobacco products in Ontario? Tobacco products should be sold in a number of different places, AS THEY ARE NOW; Tobacco products should be sold in government-owned stores similar to the way alcohol is sold in LCBO stores; Tobacco products should not be sold at all. Vertical lines represent 95% confidence intervals.

Source: Centre for Addiction and Mental Health Monitor 2013. Follow the TIMS link for live results on this indicator and more.

Support for the Prohibition of Tobacco Products

- In 2012 (the latest data available), 12% of Ontario adults responded that the sale of cigarettes should be stopped as soon as possible, 36% felt cigarettes should be phased out over the next five to 10 years and 47% felt that the sale of cigarettes should be kept as it is now (Figure 3-4).
- Two out of every ten smokers (18%) felt that cigarettes should be phased out in five to 10 years, whereas, 71% responded that the sale of cigarettes should be kept the same (Figure 3-4).

Figure 3-4: Views on the Sale of Cigarettes, by Smoking Status, Ages 18+, Ontario, 2012



Note: Vertical lines represent 95% confidence intervals.
Source: Centre for Addiction and Mental Health Monitor 2012. Follow the TIMS link for live results on this indicator and more.

Prevention Outcomes: Population Level

The Prevention Goal of the Strategy is to prevent smoking initiation and regular use among Ontario's children, youth and young adults in order to eliminate tobacco-related illness and death. The long-term goals of prevention are to reduce initiation of tobacco use and to increase tobacco abstinence among children, youth and young adults (Figure 3-1). In working toward these desired outcomes, the more immediate objectives of the Strategy are to increase awareness and adoption of school and community tobacco prevention initiatives.

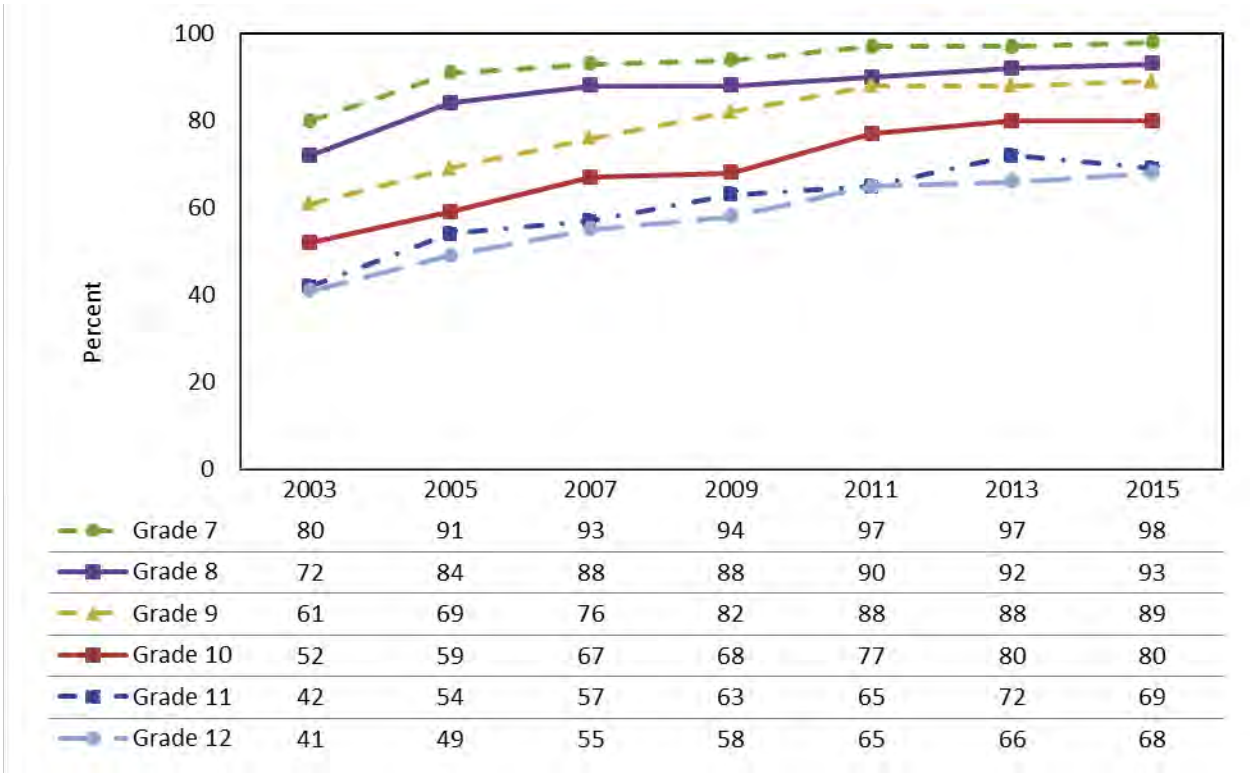
Long-Term Outcomes: Cigarettes

Comprehensive tobacco control programs, such as the Smoke-Free Ontario Strategy, focus on reducing the initiation and prevalence of tobacco use among children, youth and young adults. Indicators related to the progression to smoking include lifetime abstinence, past-year initiation, past-year smoking and past 30-day current smoking.

Lifetime Abstinence: Students in Grades 7 to 12

- Among students, lifetime abstinence from cigarettes ranged from 98% of students in grade 7 to 68% of students in grade 12 (OSDUHS 2015 data; Figure 3-5), with overall lifetime abstinence among all grades combined at 81%.
- From the 2005 pre-SFO baseline year, there was a significant increase in lifetime abstinence among all grades except grade 8 (Figure 3-5).

Figure 3-5: Lifetime Abstinence, by Grades 7 to 12, Ontario, 2003 to 2015



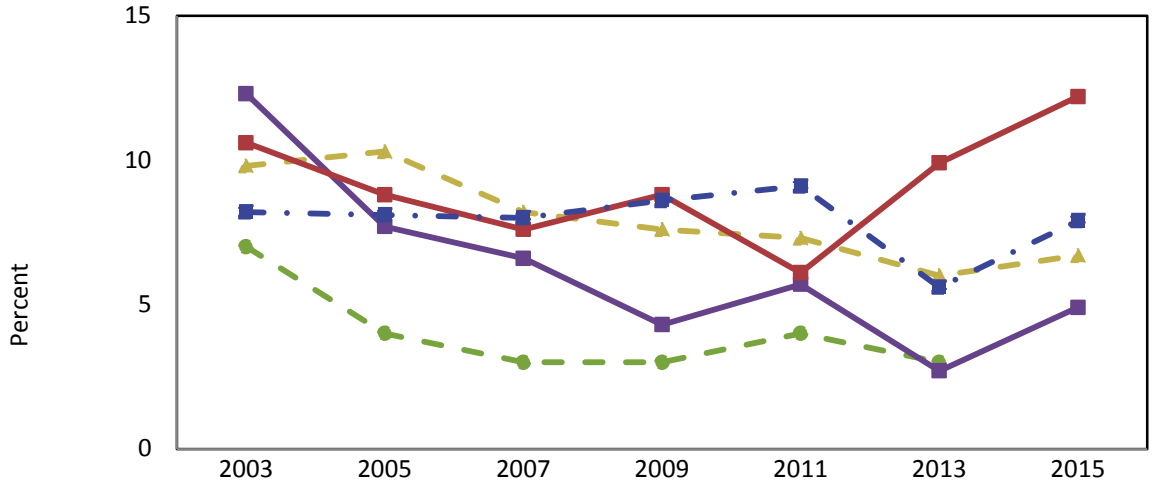
	2003	2005	2007	2009	2011	2013	2015
Grade 7	80	91	93	94	97	97	98
Grade 8	72	84	88	88	90	92	93
Grade 9	61	69	76	82	88	88	89
Grade 10	52	59	67	68	77	80	80
Grade 11	42	54	57	63	65	72	69
Grade 12	41	49	55	58	65	66	68

Source: Ontario Student Drug Use and Health Survey 2003–2015 (Biennial).

Past-Year Initiation: Students in Grades 7 to 12

- In 2015, first use of cigarettes at any time in the previous 12 months ranged from 5% for grade 9 students to 12% for grade 11 students (Figure 3-6). (Grade 7/8 student data suppressed due to small sample size.)
- There were no significant changes in 2015 from our pre-SFO baseline year of 2005.

Figure 3-6: Use of Cigarettes for the First Time in the Past Year, by Grades 7 to 12, Ontario, 2003 to 2015



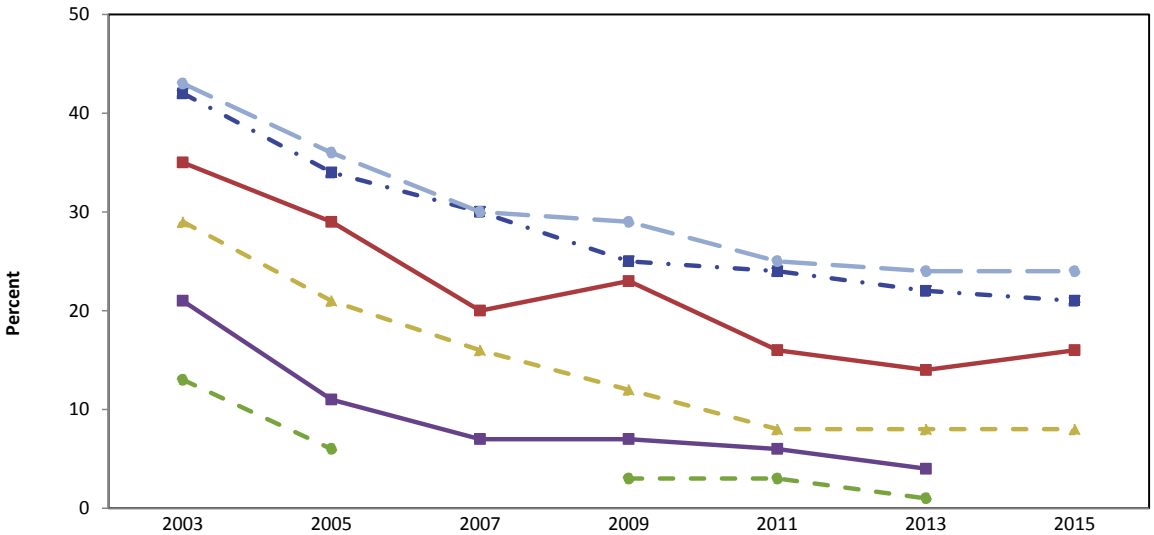
	2003	2005	2007	2009	2011	2013	2015
Grade 7-8	7	4	3	3	4	3	S
Grade 9	12	8	7	4	6	3	5
Grade 10	10	10	8	8	7	6	7
Grade 11	11	9	8	9	6	10	12
Grade 12	8	8	8	9	9	6	8
Total	9	7	6	6	6	5	6

S = data suppressed due to small sample sizes.
Source: Ontario Student Drug Use and Health Survey 2003–2015 (Biennial).

Past-Year Smoking: Students in Grades 7 to 12

- Among students in grades 7 to 12, the 2015 overall prevalence of smoking in the past year, even a few puffs, was 14% (or 134,700 students; data not shown). (Note: respondents in any given grade reported about their smoking behaviour over the previous year.)
- In 2015, past-year smoking significantly declined among all students in grades 7 to 12 (combined) compared to the pre-SFO baseline year of 2005 (14% vs. 23%).
- Over the period 2005 to 2015, there were significant declines in grades 9, 10, 11 and 12 (Figure 3-7); over the period 2005 to 2013, there were significant declines in past-year smoking among students in both grade 7 and grade 8 (Figure 3-7; Note: In 2015, data for grades 7 and 8 were suppressed due to small sample sizes).
- Significant declines in past year smoking continued until 2011, but have been stagnant since then.
- In 2015 the prevalence of past-year smoking was 8% in grade 9, significantly lower than all higher grades (Figure 3-7). Grade 10 past-year smoking was significantly lower than grade 12 past-year smoking (16% vs. 24%, respectively).

Figure 3-7: Past-Year Smoking, by Grades 7 to 12, Ontario, 2003 to 2015



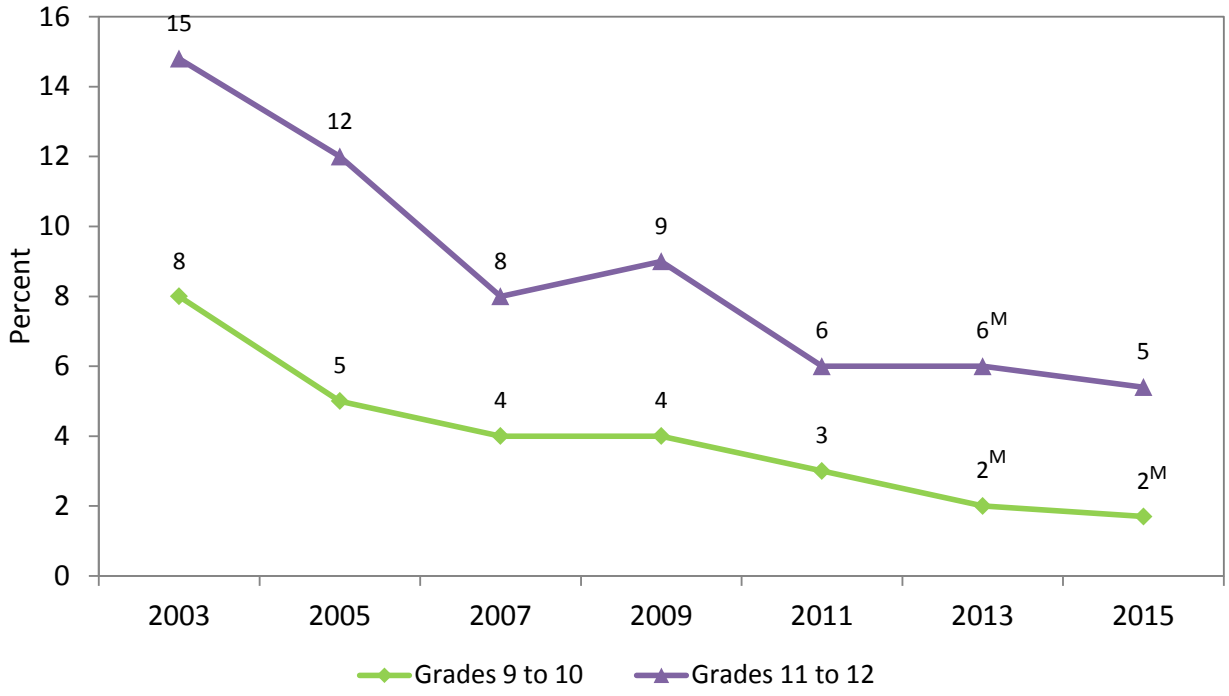
	2003	2005	2007	2009	2011	2013	2015
Grade 7	13	6	S	3	3	1	S
Grade 8	21	11	7	7	6	4	S
Grade 9	29	21	16	12	8	8	8
Grade 10	35	29	20	23	16	14	16
Grade 11	42	34	30	25	24	22	21
Grade 12	43	36	30	29	25	24	24
Total	31	23	18	18	15	14	14

Note: Data collection for grades 8, 10 and 12 started in 1999. S = data suppressed due to small sample sizes.
Source: Ontario Student Drug Use and Health Survey 2003–2015 (Biennial).

Current Smoking (Past-30 Days): Students in Grades 9 to 12

- According to the Ontario Student Drug Use and Health Survey, 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 (Figure 3-8).
- From 2011 to 2015, there has not been significant change in the prevalence of current smoking among students in grades 9 to 10 and grades 11 to 12.
- In 2015, past-30 day current smoking was significantly higher among students in grades 11 to 12 (combined) compared to students in grades 9 to 10 (5% vs. 2%; Figure 3-8).

Figure 3-8: Current Smoking (Past-30 Days), by Grade, Ontario, 2003 to 2015



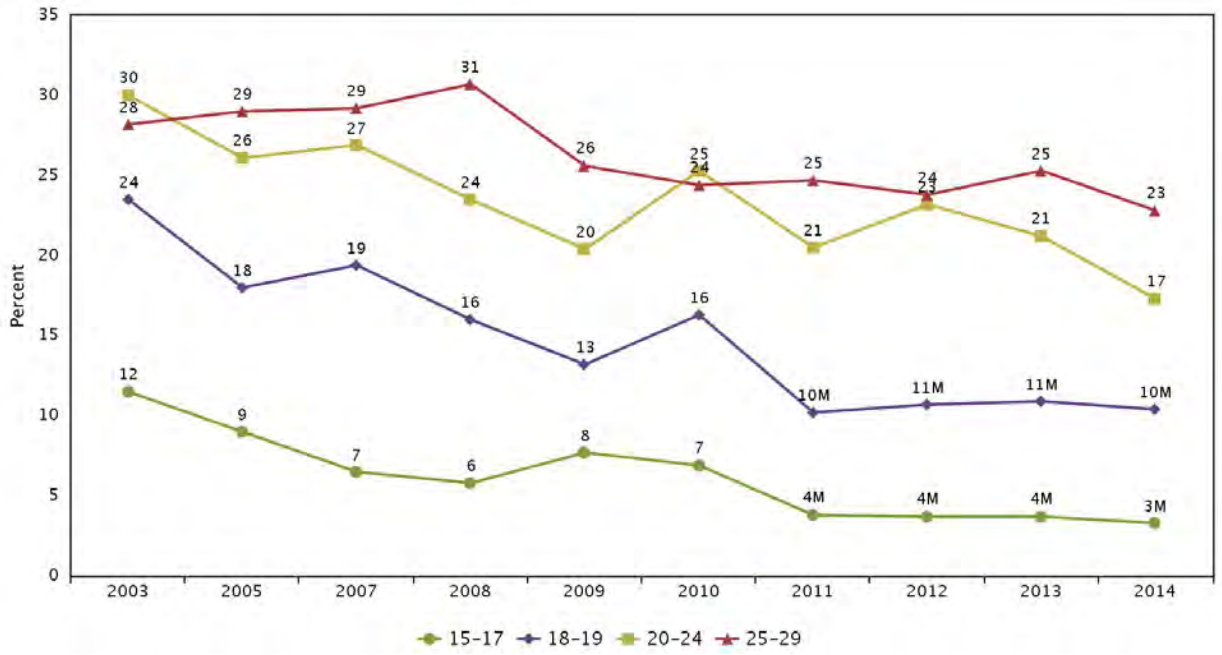
M= Marginal. Interpret with caution.
Source: Ontario Student Drug Use and Health Survey 2003–2015 (Biennial).

Current Smoking (Past-30 Days): Youth and Young Adults Aged 15 to 29[iv]

- Youth aged 15 to 17 have a significantly lower rate of current smoking than young adults, with their level stable in recent years (3% in 2014; Figure 3-9).
- Among 18 to 19 year olds, the rate of current smoking was 10%, significantly lower than that of young adults aged 25 to 29 years (Figure 3-9).
- Over the period 2005 to 2014, there has been a significant decline in past-30 day current smoking by age including 15 to 17, 18 to 19, 20 to 24 and 25 to 29.
- In 2014, males aged 18 to 19, 20 to 24 and 25 to 29 were significantly more likely to smoke in the past-30 days compared to females of the same age (Figure 3-10). (Data for males 15 to 17 was suppressed due to small sample sizes).

[iv] Note: The Canadian Community Health Survey, on which this section is based, considers both in-school and out-of-school respondents.

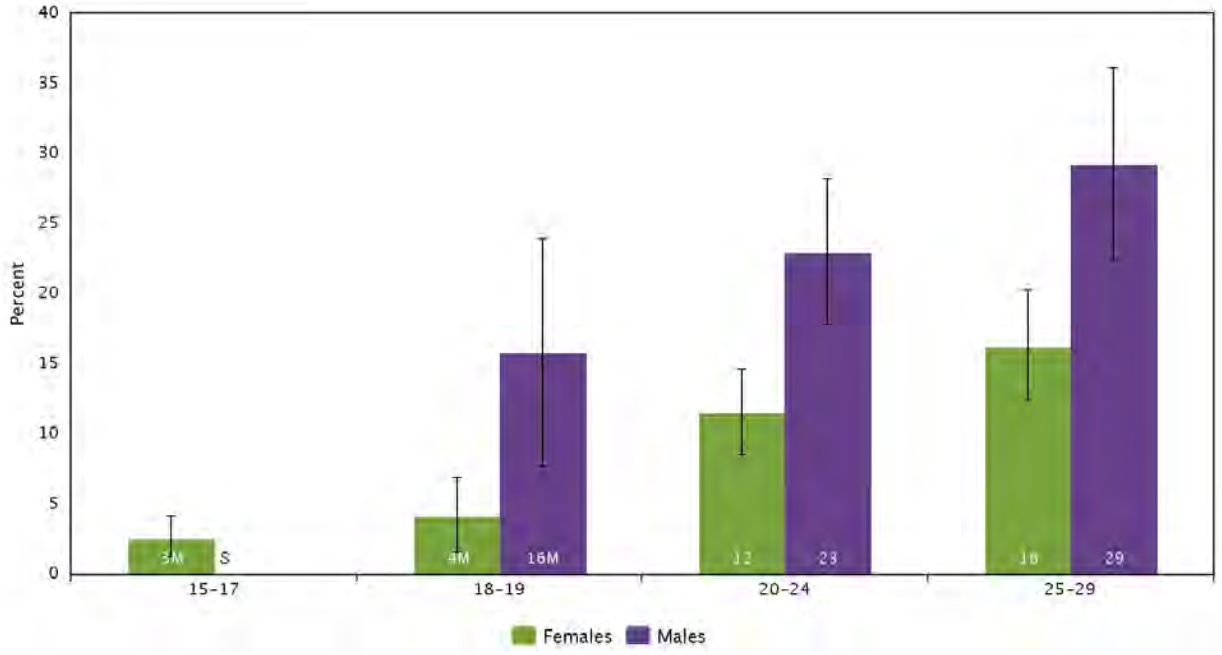
Figure 3-9: Current Smokers (Past-30 Days), Youth and Young Adults, Ontario, 2003 to 2014



Note: M= Marginal. Interpret with caution. X-axis scale (year) not uniform—interpret with caution.

Source: Canadian Community Health Survey 2003, 2005, 2007-2014. Follow the TIMS link for live results on this indicator and more.

Figure 3-10: Current Smokers (Past-30 Days), Youth and Young Adults, by Sex, Ontario, 2014



Note: Vertical lines represent 95% confidence intervals. M=Marginal. Interpret with caution: subject to moderate sampling variability. S = data suppressed due to small sample sizes.

Source: Canadian Community Health Survey 2014. Follow the TIMS link for live results on this indicator and more.

Long-Term Outcomes: Use of Alternative Products

Cigars

According to the 2014 CCHS, past-month use of cigars was 3.3% among 12 to 18 year olds, significantly unchanged from 2009/10 at 5%.

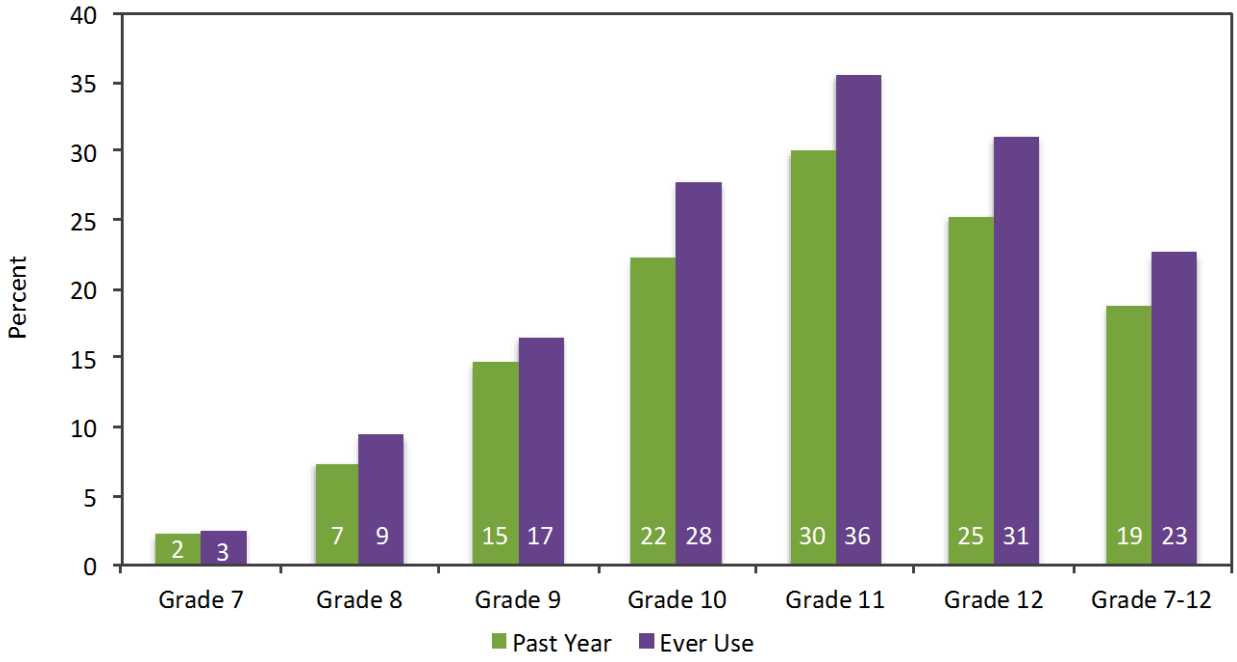
Smokeless Tobacco Products

- In 2015, among Ontario students in grades 7 to 12, 6.3% used smokeless tobacco products (chewing tobacco or snuff) in the past year, unchanged since 2011 (4.6%). Among these past-year users in 2015, 78% tried these products only a few times (OSDUHS, 2015).

Electronic Cigarettes

- Among students in grades 7 to 12 in 2015, 23% (208,400) had ever used an e-cigarette. Prevalence of ever use varied by grade (Figure 3-11), with rates in grades 7 (3%), 8 (9%) and 9 (17%) significantly lower than that reported in grades 10 (28%), 11 (36%) and 12 (31%).
- Among students in grades 7 to 12, 19% (172,500 students) had used an e-cigarette in the past year (including only a few puffs; Figure 3-11), with rates in grades 7 (2%), 8 (7%) and 9 (15%) significantly lower than that reported in grades 10 (22%), 11 (30%) and 12 (25%).
- Significantly more male than female students in grades 7 to 12 had ever used an e-cigarette a) in their lifetime (27% vs. 18%) or b) in the past year (22% vs.16%; OSDUHS 2015, data not shown).
- In Canada, e-cigarettes are not permitted to contain nicotine, yet available evidence suggests that a number of users obtain nicotine juice for their e-cigarettes. Of students in grades 7 to 12 using an e-cigarette in the past year, 14% reported using nicotine-based e-cigarettes, 50% reported using non-nicotine e-cigarettes and 9% used both kinds (a further 26% were not sure what kind of e-cigarette they used; OSDUHS 2015, data not shown).
- Among grade 9 to 12 students who used an e-cigarette in the past year, 19% said they tried smoking it with marijuana, hash oil or wax (OSDUHS, data not shown).

Figure 3-11: E-cigarette Use, Past Year and Ever Use, by Grade, Ontario, 2015

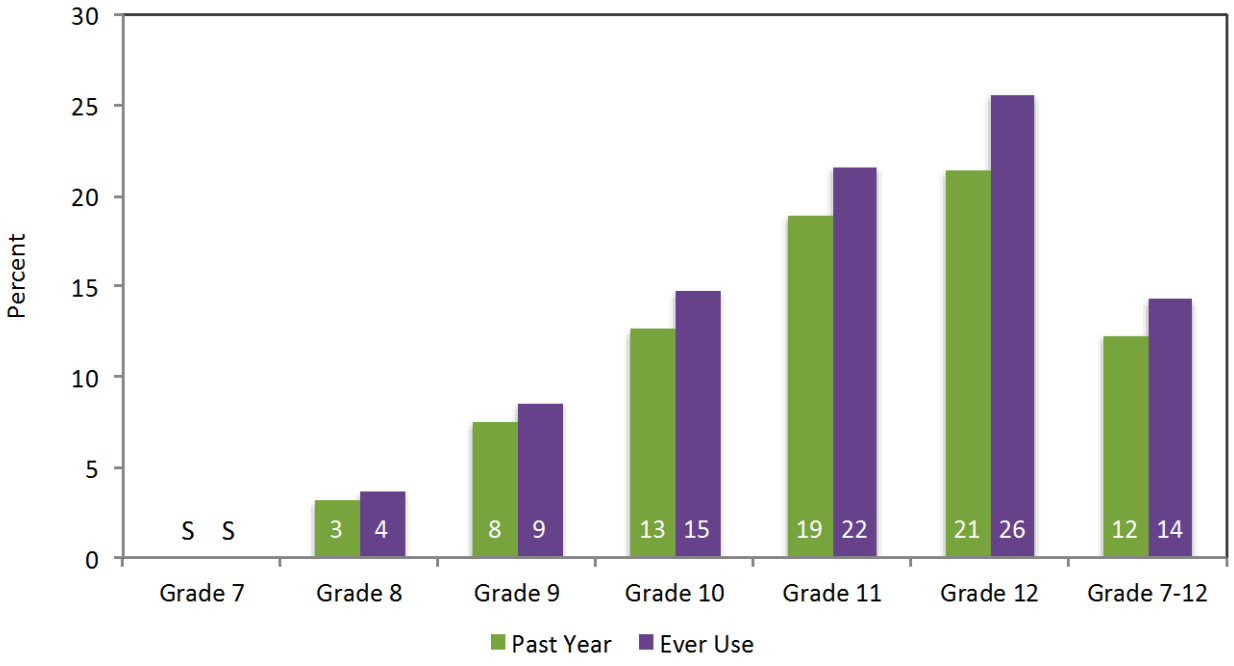


Source: Ontario Student Drug Use and Health Survey 2015.

Waterpipes

- Among students in grades 7 to 12 in 2015, 14% (132,400 students) had ever used a waterpipe. Prevalence of ever use varied by grade (Figure 3-12), with rates in grades 8 and 9 significantly lower than those reported in grades 10, 11 and 12.
- Among students in grades 7 to 12, 12% (113,100 students) had used a waterpipe in the past year (including only a few puffs; Figure 3-12), with rates in grades 8 and 9 significantly lower than those reported in grades 11 and 12; and grade 10 lower than that reported for grade 12.
- Past-year use of waterpipe did not differ between 2013 and 2015 (12% vs. 12%).

Figure 3-12: Waterpipe Use, Past Year and Ever Use, by Grade, Ontario, 2015



S = data suppressed due to small sample sizes.
Source: Ontario Student Drug Use and Health Survey 2015.

Short and Intermediate-Term Outcomes

Awareness of School and Community Prevention Initiatives

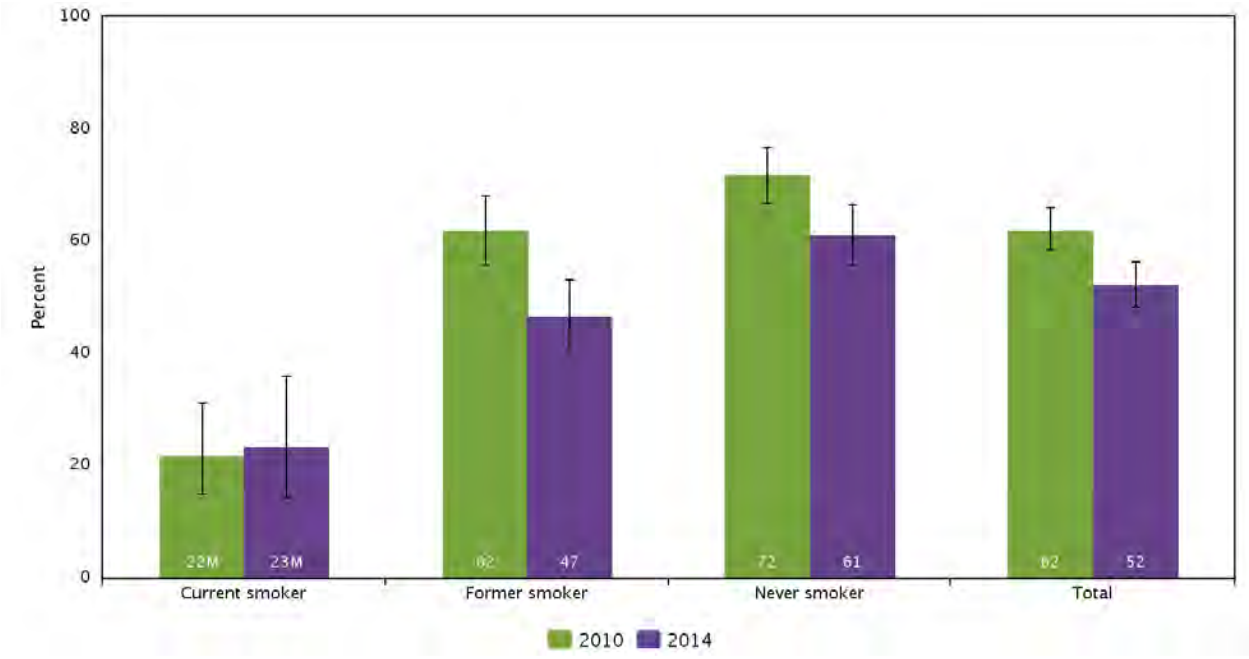
- In 2015, very few students (3%) had participated in an event sponsored by youth groups who were raising awareness of smoking and tobacco issues, although 27% had heard of such groups, unchanged from 2013 (data not shown; OSDUHS 2013, 2015).

Social Climate

Social climate refers to societal norms, practices and beliefs and to patterns of human actions and interactions. Evidence suggests that creating a healthy social climate is a key path for achieving and sustaining the desired outcomes of a comprehensive tobacco control program. One important indicator of the social climate around tobacco use is the social acceptability of smoking.

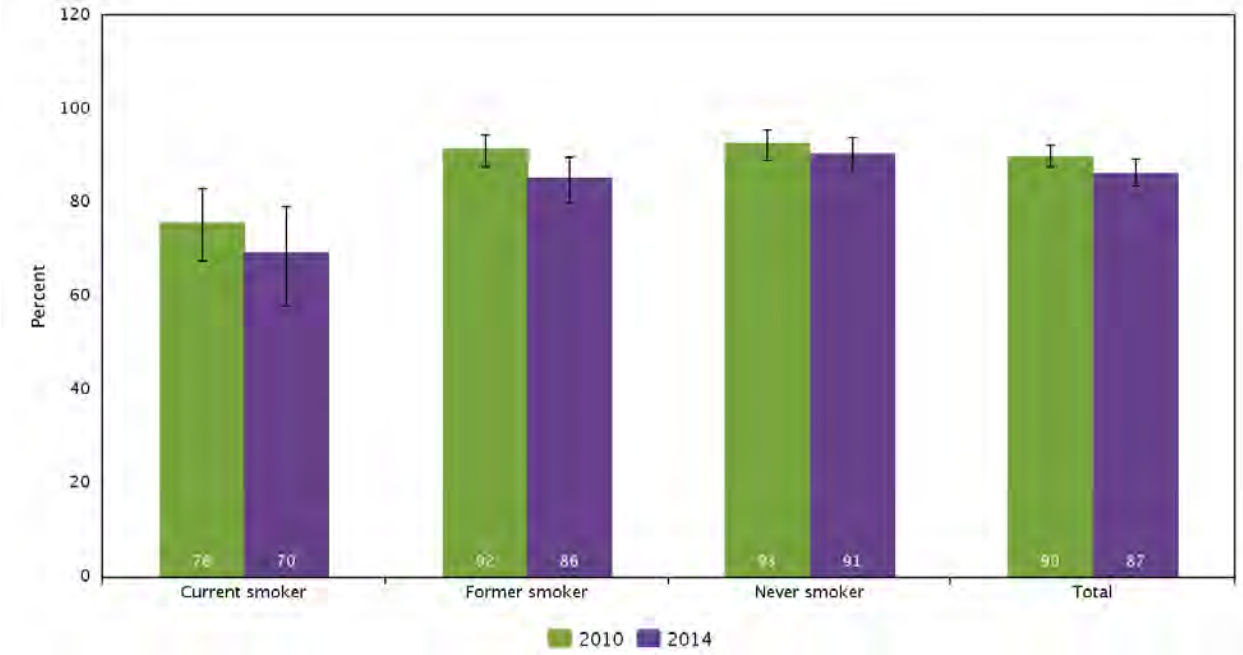
- In 2014, 61% of never smokers, 47% of former smokers and 23% of current smokers aged 18 years and over reported that it was unacceptable for adults to smoke (CAMH Monitor 2014; Figure 3-13).
- The percent of participants surveyed who reported it was unacceptable for adults to smoke cigarettes had been higher in 2010 compared to 2014. This was found among former smokers (62% vs. 47%, for 2010 to 2014, respectively) and never smokers (72% vs. 61%, respectively; Figure 3-13).
- In 2014, smoking by teenagers was viewed as highly unacceptable among all adults regardless of the respondent's smoking status (Figure 3-14). Never smokers and former smokers reported a significantly higher level of disapproval of smoking by teenagers, than did current smokers (91% and 86% vs. 70%; Figure 3-14).
- Adult views on the unacceptability of teenagers smoking remained stable from 2010 to 2014 (Figure 3-14).

Figure 3-13: Adult Views on the Social Unacceptability of Adults Smoking Cigarettes, by Smoking Status, Ontario, 18+, 2010 and 2014



Note: Vertical lines represent 95% confidence intervals. M=Marginal. Interpret with caution: subject to moderate sampling variability.
Source: Centre for Addiction and Mental Health Monitor (Full Year) 2010 and 2014. Follow the TIMS link for live results on this indicator and more.

Figure 3-14: Adult Views on the Social Unacceptability of Teenagers Smoking Cigarettes, by Smoking Status, Ontario, 18+, 2010 and 2014



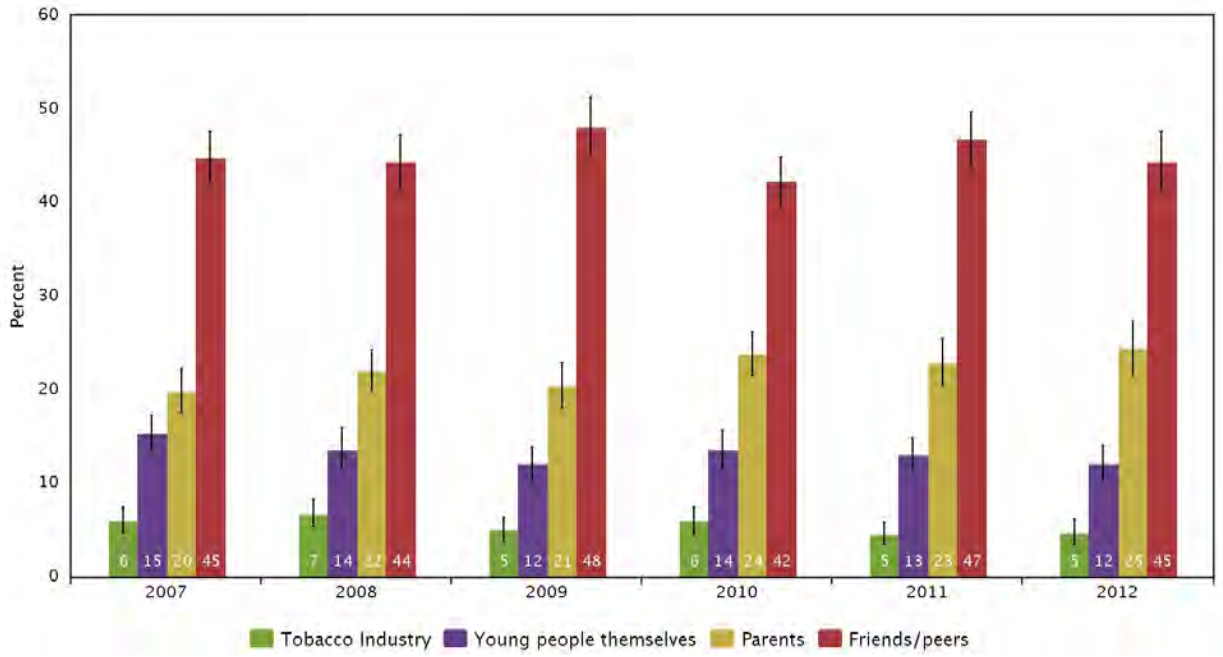
Note: Vertical lines represent 95% confidence intervals.

Source: Centre for Addiction and Mental Health Monitor (Full Year) 2010 and 2014. Follow the TIMS link for live results on this indicator and more.

Attitudes about Responsible Party for Smoking among Youth

- Evidence indicates that tobacco industry denormalization is an effective tobacco control strategy that leads to positive tobacco control outcomes.[40,41] In 2012 (the latest available data), Ontarians aged 15 years and over responded about who was the most responsible for smoking initiation among youth: 5% believed it was the tobacco industry, 12% believed it was young people themselves, 24.5% believed it was parents and 44.5% believed it was friends and peers (44.5%). Over the reporting period (2007 to 2012), rates were unchanged (CTUMS; Figure 3-15). (CTUMS has been discontinued by Health Canada.)
- Quebecers were twice as likely as Ontarians to view the tobacco industry as most responsible for young people starting to smoke (10% vs. 5%, data not shown).

Figure 3-15: Responsible Party for Smoking Initiation by Youth, Ages 15+, Ontario, 2007 to 2012



Note: Vertical lines represent 95% confidence intervals.

Source: Canadian Tobacco Use Monitoring Survey 2007-2012. Follow the TIMS link for live results on this indicator and more.

MPOWER Comparison with Ontario: Prevention

Six MPOWER indicators relate to prevention: Monitoring, Health Warning Labels, Mass Media Campaigns, Tobacco Advertising Bans, Advertising Ban Compliance and Taxation (Table 3-3).

Table 3-3: Assessing Prevention: 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.
Health warning labels on cigarette packages	Large health warning labels (i.e., 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 prevention campaigns have been conducted in Ontario with duration longer than three weeks. There have been varied online and local campaigns and the Ontario Ministry of Health and Long-Term Care 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 63.8% of the retail price in Ontario in 2015.

Scientific Advisory Committee: Overview of Prevention Goals and Recommendations

The SAC goal for prevention is: "To prevent the uptake of tobacco use among youth and young adults in Ontario, where uptake encompasses all stages of smoking, initiation and progression." The SAC report includes several recommendations on media and social marketing, movies and video games, policy enforcement, program alignment, high-risk youth and young adults, evaluation and monitoring, retail access and compliance and cessation assessment and early intervention. As related in earlier parts of this chapter, progress has been made in many of these areas, but more work remains to address several shortcomings (e.g., movies and video game ads to denormalize tobacco industry and change social norms) and to increase intensity (e.g., media and social marketing, assessment of smoking status and provision of cessation services to youth and young adults) (Table 3-4).

Table 3-4: Scientific Advisory Committee Recommendation for Prevention of Tobacco Use among Youth and Young Adults

Goal: To prevent the uptake of tobacco use among youth and young adults in Ontario, where uptake encompasses all stages of smoking, initiation and progression.	
Recommendations	**Current Status**
Media and Social Marketing	
[5.1] Implement media and social marketing strategies using traditional and non-traditional media (e.g., viral and interactive media channels) that denormalize the tobacco industry, highlight the social unacceptability of tobacco use, identify resources available to youth and young adults who want to quit and encourage youth and young adults to refrain from tobacco use.	Since January 2011, no sustained and intensive 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 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).

Movies and Video Games	
[5.2] Require adult ratings for movies (18A) and video games (Mature) with any tobacco imagery.	The Ontario Film Review Board (OFRB) provides a 'tobacco use' content advisory for movies released in Ontario. Of the 879 top-grossing movies released over the period 2008 to 2014, 438 featured tobacco imagery, yet the OFRB posted tobacco use observations for only two thirds of these (288/438). Tobacco use continues to be shown in movies that are rated for youth viewing.
[5.3] Require ads that aim to denormalize tobacco companies and change social norms related to tobacco products and their use preceding movies and video games that contain tobacco imagery, as well as warnings on movie and video game packaging.	No requirements for ads preceding movies and video games that contain tobacco imagery.
Policy Enforcement	
[5.4] Develop, implement and enforce comprehensive tobacco control policies within and across settings (e.g., schools, colleges, universities and communities).	Comprehensive legislation on sales to minors enforced; legislation enacted to: a) prohibit the sale of tobacco on college and university campuses, as of January 1, 2015, and b) prohibit flavoured tobacco, with a delayed implementation date for "adult" and menthol-flavoured tobacco products (e.g., wine, port, whiskey or rum). The Ministry of Finance strengthened oversight of raw leaf tobacco, effective January 1, 2015, to enable comprehensive coverage of the tobacco supply chain and provides greater opportunity to disrupt the diversion of raw leaf tobacco to contraband manufacturers.[42] The Ontario government also introduced legislation that amended the *Tobacco Tax Act* to: increase fines for offences related to marked tobacco products and allow for the impoundment of vehicles used to transport contraband tobacco.[42]
Program Alignment	
[5.5] Align cessation and prevention programs in schools, colleges, universities and communities with other activities (e.g., media and social marketing, policy interventions), within the provincial Tobacco Control Strategy.	TCANs, health units, YATI and LTPB have variously worked in these settings, leveraging prevention programs and other activities.
High-Risk Youth and Young Adults	
[5.6] Target program interventions to the schools, colleges, universities and workplaces where youth and young adults are at greatest risk for tobacco use.	TCANs, health units, YATI and LTPB have variously targeted prevention programs in these settings. The extent to which high-risk youth and young adults are targeted is unknown at this time.

Evaluation and Monitoring	
[5.7] Further develop and implement an integrated system of intervention development, evaluation and surveillance that is applicable province-wide and at the local level, to: A) Identify high-risk environments and at-risk sub-populations. B) Guide the implementation of evidence-based prevention initiatives (programs and policies). C) Evaluate the impact that changes in programs and policies have on youth and young adult smoking behaviour over time.	OTRU, in partnership with SFO partners, have a strong provincial-level surveillance system in place. Additional surveillance work remains at the local level and in the identification of high-risk environments and sub-populations. OTRU provides SFO partners knowledge and evaluation support.
Retail Access and Compliance	
[5.8] Implement revised and more rigorous (realistic) compliance protocols with tobacco retailers regarding sales to underage consumers.	No change to existing protocol.
Cessation Assessment and Early Intervention	
[5.9] Ensure smoking status is assessed and cessation services are provided in all settings (e.g., social, school and health care) providing services to youth and young adults.	Not consistently implemented.

Chapter Summary

Policies and programs to prevent initiation—including taxation, restrictions on youth access, smoking bans, advertising bans, youth engagement initiatives and school-based programming—have had some success in the general youth population. Reporting of past 30-day current smoking is too small in the lower grades to adequately measure in 2015, but it is 2% in grades 9 and 10 combined and 5% for grade 11 and 12, which is significantly lower from that reported for the pre-SFO baseline year of 2005 (5% and 12%, respectively; Figure 3-8).

Despite improvements in recent years, past 30-day current smoking is firmly established among 18- to 19-year olds (10%), young adults aged 20 to 24 (17%) and young adults aged 25 to 29 (23%; Figure 3-9). However, rates of past-30 day current smoking are much higher for young adult males (12% for females and 23% for males aged 20 to 24; Figure 3-10). Efforts to prevent initiation in this young adult age group include expansion of LTPB to community colleges and targeted social marketing campaigns. Overall, more research may be needed to support interventions that will more quickly and effectively prevent initiation among young adults.

Among youth, emerging products, including e-cigarettes and waterpipes, are a growing concern. According to the Ontario Student Drug Use and Health Survey, e-cigarettes have a particularly high rate of ever and past-year use (Table 3-5), albeit cigarettes may be used more frequently.

Table 3-5: Ever Use and Past-Year Use of Cigarettes, E-Cigarettes and Waterpipe, Grades 7 to 12, 2015

Product	Ever use, %	Past year, %
Cigarettes	19	14
E-Cigarettes	23	19
Waterpipe	14	12

Source: Ontario Student Drug Use and Health Survey 2015.

Although Ontario does well on most of the MPOWER indicators related to prevention, there are still noticeable gaps in meeting these minimum requirements. Despite a small increase again this past year, tobacco tax is still lower than the 75% of retail price minimum; mass media campaigns, though improved, are still inadequate in target, duration and intensity; and gaps remain in banning advertising of tobacco products.

Ontario continues to fall short on several of the Scientific Advisory Committee recommendations for preventing tobacco use among youth and young adults. Notably, 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 of 2013 data indicate that a significant number of youth who are current smokers in grades 7 to 12 also have a drug use (87% in grades 9 to 12) and a hazardous drinking problem (67% in grades 7 to 12). It is unclear whether sufficient effort is being directed to targeting youth and young adults who are most at risk of becoming established tobacco users.

The progress in decreasing cigarette initiation among school-aged youth has held course. At the same time, there is stagnation in decreasing cigarette use among young adults indicating a need for more focus on policies and programs for those at high risk. Moreover, alternative tobacco products, including e-cigarettes and waterpipes, are being used by a significant number of youth and young adults. Prevention infrastructure, programming, policies and surveillance need to keep pace not only with existing patterns of tobacco use but new and emerging patterns as well.

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