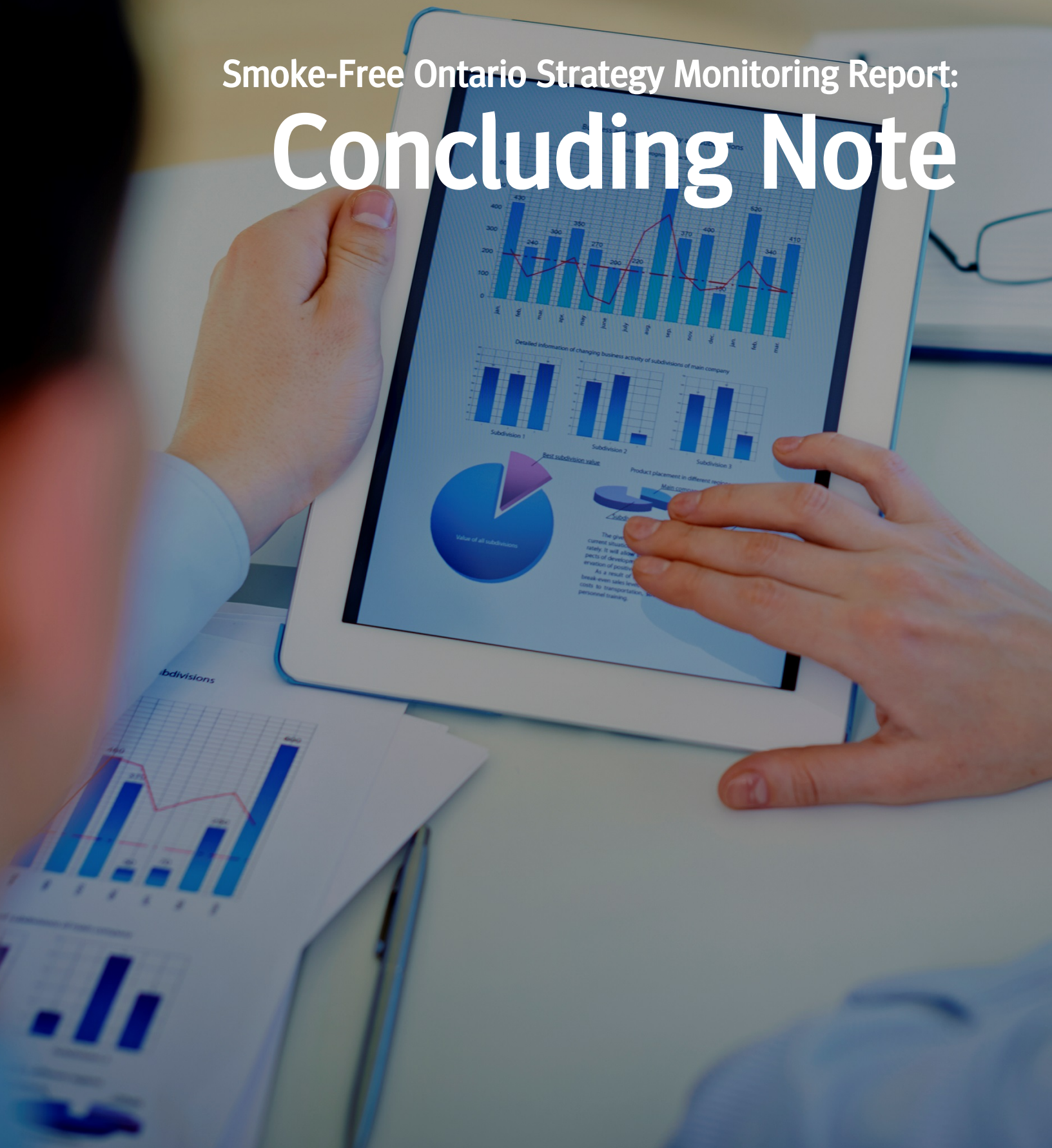
THE ONTARIO TOBACCO RESEARCH UNIT
UNITÉ DE RECHERCHE SUR LE TABAC DE L'ONTARIO

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, 2010 to 2014. 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, 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 to 3 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, there is a need to pay attention to the uptake of other tobacco products such as waterpipe, cigars and smokeless tobacco. As well, alternative and emerging products, including e-cigarettes and heat-not-burn products, pose potential risks for youth initiation while potentially offering a harm reduction alternative for current smokers.

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 (combined) and in grades 11 to 12 (combined). However, from 2011 to 2015, there has not been a significant change in the prevalence of current smoking in these grades. It is encouraging to see a significant decrease in young adult smokers (20-24 years old) from 24% to 17%. At the same time, the continued high rates amongst older, young adults (25-29 years old) (23%) is a continuing concern.

While past 30-day current smoking among 15 to 17 year olds is down to three percent in 2015, 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, according to SimSmoke Ontario calculations conducted in 2015. 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 2010 SAC and those being adopted in other leading jurisdictions. There are a number of unrealized 2010 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 2015/16 fiscal year, Strategy smoking cessation interventions in Ontario directly engaged over 324,225 smokers, or about seventeen percent of Ontario smokers. Excluding patients for whom cessation counseling by physicians was billed to OHIP, 128,881 smokers or 7% were reached directly. Six of Ontario's key cessation providers had somewhat lower reach in the past year in comparison with the year before. Despite the overall increase over past years in the reach of cessation services, we have yet to see increased rates of intentions to quit, quit attempts and successful long-term quitting.

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. Implementation of provincial smoking bans on restaurant/bar patios, playing fields and playgrounds now offers protection in key outdoor locations. OTRU's evaluation of the effects of this ban, demonstrate that although exposure to seconhand smoke has decreased in each of these places, levels are still quite high. As of 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 13% 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, 15% (or 287,100) Ontario adults living in multi-unit housing 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 2010 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 multi-unit housing 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 including menthol (but not adult flavours such as rum, wine, whiskey); the proportion of smokers who are advised to quit and are assisted in quitting has risen; and significant strides are being made at the provincial and local levels to further both physical and social protection from smoking in outdoor settings.

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 March 17, 2017.