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 the prevalence of tobacco use among youth because of the complexity of factors that determine smoking initiation in this population.[1] Such an 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:

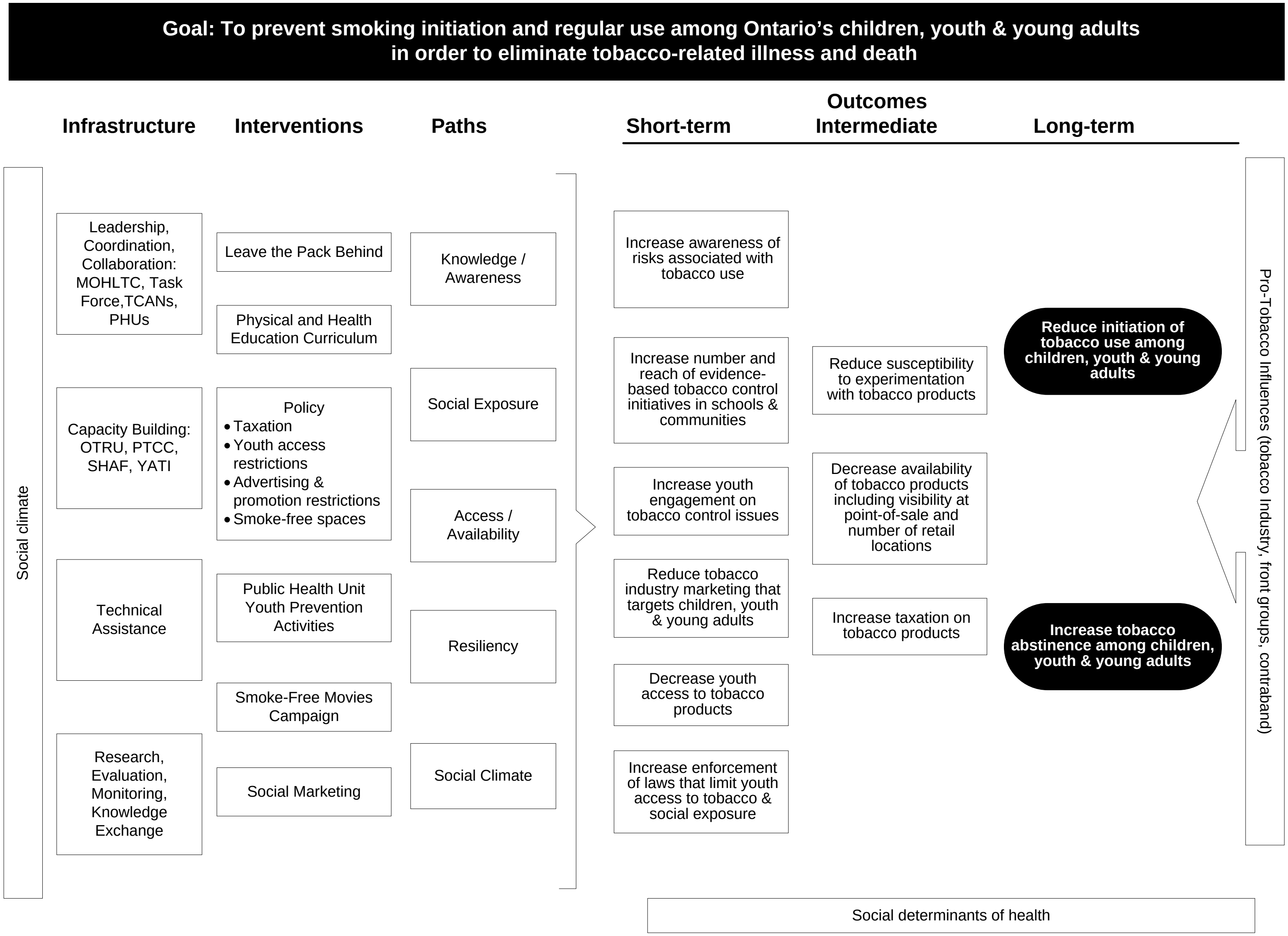
- Limiting social exposure to tobacco use among youth
- Decreasing access and availability of tobacco products
- Increasing knowledge of the harmful effects of tobacco use
- Increasing youth resiliency to make healthy choices and resist tobacco use initiation

In Ontario, the prevention component of the Smoke-Free Ontario (SFO) Strategy is the main avenue by which progress toward these pathways/desired goals is expected to be achieved (Figure 4-1).

In this chapter, we provide an overview of current 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.

New this year, we highlight throughout the chapter the prevention-related assessments from the Smoke-Free Ontario Scientific Advisory Committee report, *Evidence to Guide Action: Comprehensive Tobacco Control in Ontario (2016)*[2] and recommendations from the Executive Steering Committee report, *Smoke-Free Ontario Modernization.*[3] In addition, we have included summary tables at the end of the chapter that compare the current status of SFO-funded initiatives to the prevention-related assessments and recommendations from the Scientific Advisory Committee and Executive Steering Committee reports.

Figure 4-1: Prevention Path Logic Model



Prevention Infrastructure

Several prevention infrastructure components support the development and implementation of a variety of programs, services and policies. To ensure success, the prevention system has been designed to build capacity, provide technical assistance and offer research and evaluation support to key stakeholders, and to deliver evidence-based programs, services and policies to the public. Please refer to the summary presented in the Infrastructure chapter outlining the prevention infrastructure delivered by several key organizations including: the Ontario Tobacco Research Unit, the Program Training and Consultation Centre, Public Health Units, Tobacco Control Area Networks and the Youth Advocacy Training Institute.

Prevention Interventions

The SFO 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.

Where possible we have provided evaluative data for each intervention listed in this chapter. Given the nature of some of these 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 interventions discussed.

Province-Wide Interventions

Aboriginal Tobacco Program

As a part of the Aboriginal Cancer Control Unit at Cancer Care Ontario, the Aboriginal Tobacco Program (ATP) works with and for First Nation, Inuit, Métis (FNIM) and other Indigenous and non-Indigenous partners to enhance knowledge, build capacity and empower communities with the skills and tools needed to address commercial tobacco cessation, protection and prevention. The ATP encourages and partners with communities to become "Tobacco-Wise" and use tobacco in a traditional and sacred way while breaking free from commercial tobacco addiction. Below are some of the key activities that have taken place in the 2016/17 fiscal year.[i]

Sample of Contributions: The ATP provided support to the development and implementation of the first and second phases of the Research on Tobacco Reduction in Aboriginal Communities (RETRAC) project. The project aims to improve understanding of why and how interventions work with FNIM groups and build community capacity to understand and address commercial tobacco prevention/cessation at the community level. The program collaborated with the CAMH STOP program to provide free nicotine replacement therapy to community members (First Nations and Inuit clients). This program also partnered with *ReachUp Ultimate* to deliver youth workshops

[i] Richard Steiner, Group Manager, Aboriginal Cancer Control Unit/Aboriginal Tobacco Program. Personal communication, December 11, 2017

involving age-appropriate tobacco prevention messaging and learning to play Ultimate Frisbee. Fifteen Ultimate Frisbee / Smoking Cessation & Prevention events took place, reaching a total of 1,932 students. Over 1,200 sets of resources were distributed and the evaluation indicated knowledge related to both tobacco prevention and the harmful effects of commercial tobacco significantly increased.

To increase awareness of the ATP and reach to youth, the ATP Tobacco-Wise Leads attended 27 regional/community events dedicated to youth in order to provide information on commercial smoking cessation and prevention (including a youth Pow Wow and youth cultural events, a Youth Addiction Program and schools).

Freeze the Industry—Plain and Standardized Packaging

Freeze the Industry—Plain and Standardized Packaging (FTI-PSP) is a province-wide initiative, which mobilizes youth in tobacco industry denormalization efforts to educate the public and elected officials on the need for plain and standardized packaging legislation. This project has worked toward establishing training and capacity-building initiatives, as well as the development of communication and social media tools including public awareness campaigns.

Contribution: In 2017, there were over 100 FTI-PSP initiatives in Ontario including 42 FTI-PSP events (42% of initiatives) reaching over 11,000 people; 10 presentation or training activities (10% of initiatives) reaching over 4,200 people; 11 media or public relations activities (11%); 28 social media activities (28%); 8 leadership activities (8%) and 2 arts activities (2%). These initiatives took place across 22 public health units (PHU) and 5 Tobacco Control Area Networks (TCANs). The majority of the initiatives occurred in the Central West TCAN (40%) and South West TCAN (35%), with the remaining initiatives occurring in the Eastern (22%), North East (3%) and Central East (1%) TCANs.[ii] Multiple TCANs were involved in 4% of initiatives.

Interim social media metrics for 2017 include those from Facebook (reach: 15,731; post clicks: 1,257 and engagements: 340), Twitter (impressions: 10,214 and actions: 378), Instagram (engagements: 189 and impressions: 2004) and snapchat (swipes: 653 and views: 4,800).

[ii] The reported results have been compiled from a survey of 7 TCANs and 36 PHUs across Ontario. Not all parties may have completed the survey for each activity in which they were involved and thus the numbers may be under reported.

Leave The Pack Behind

The Scientific Advisory Committee assessed that campus-based tobacco policies would make a moderate potential contribution to reducing tobacco initiation if intensified.

The Executive Steering Committee identified the intensification of tobacco prevention policies and education in elementary, secondary and post-secondary schools—with particular emphasis on trade schools—as a priority action.

To address prevention goals, Leave The Pack Behind (LTPB) uses several tobacco control interventions including:

- Social marketing campaigns that use social media, mass media and interpersonal communication in print, electronic and face-to-face formats
- Peer-to-peer programs and services that actively discourage uptake/escalation of tobacco use, address social norms, support campus policies and provide general tobacco control education

Two campaigns in particular addressed prevention goals. First, LTPB's *Party Without The Smoke* prevention campaign encouraged young adults to refrain from using any form of tobacco/nicotine products while socializing, with particular attention to preventing initiation and preventing escalation. Second, LTPB's annual *wouldurather… contest* challenged post-secondary students and community-dwelling young adults to quit, reduce or stay smoke-free.
Contribution: *Party Without The Smoke.* During the 2016/17 fiscal, this campaign was implemented on 43 post-secondary institutions and communities serviced by three health units (Niagara, Thunder Bay, Northwestern), with results as follows.[4] At 36 of these institutions, student teams hosted 862 face-to-face outreach events (e.g., display tables, etc.). As a result of these events, 17,236 students (2% of the entire student population) had one-on-one interactions with student teams, 30,654 promotion and educational materials were disseminated by student-teams and health professionals, and 3,481 promotional and educational materials were displayed on campus. A further 1,306 *Party Without The Smoke* promotional materials were disseminated in community pilot sites and 207 posters were displayed in community pilot sites.

Based on data collected from separate year-end intercept interviews, 58% of 3,711 university and college students drawn from 47 campus institutions, and 42% of 430 community young adults, recognized the *Party Without The Smoke* campaign.[4] Among the latter group, exposure to the campaign led to greater knowledge that social smoking can lead to daily smoking, 100% of non-smokers saying they would avoid smoking and 53% of smokers saying they would reduce smoking.[4]

wouldyourather. In 2016/17, the prevention component of this contest attracted 4,055 non-smokers, who registered to stay smoke free. Of the 7,224 smokers registering, 3,169 did so to quit or reduce their smoking.[4]

Public Health Units and Tobacco Control Area Networks

Public health units are responsible for the following prevention-related outcomes of the Ontario Public Health Standards:[5]

- Priority populations adopt tobacco-free living
- Work with school boards and/or staff of elementary, secondary, and post-secondary educational settings to influence the development and implementation of a comprehensive tobacco control approach
- Tobacco vendors are in compliance with the *Smoke-Free Ontario Act*
- E-cigarette vendors are in compliance with the *Electronic Cigarettes Act*
- Youth have reduced access to tobacco products

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.[6] Youth Engagement Coordinators focus their work on a number of activities including: training on the principles of youth engagement across PHU programs, funding of youth-led health promotional activities, ongoing engagement of youth in tobacco control and creating opportunities for peer networking and learning.[6]

Specific PHU/TCAN level initiatives related to the enforcement of the *Smoke-Free Ontario Act* and *Electronic Cigarettes Act* are discussed later in this chapter, as are select regional interventions.

School Health and Physical Education Curriculum

The Scientific Advisory Committee assessed elementary and secondary school tobacco policies as having a moderate potential contribution to be intensified.

The Scientific Advisory Committee assessed elementary and secondary school prevention programs as having a moderate potential contribution to be continued.

The Executive Steering Committee identified the intensification of tobacco prevention policies and education in elementary and secondary and schools as a priority action.

In September 2010, public schools in Ontario began implementing the Ministry of Education's revised interim health and physical education curriculum for grades 1 to 8. In 2014, the Ministry of Education published its *Foundations for a Healthy School* resource.[7] Using an integrated approach, this resource focuses on curriculum, teaching and learning; school and classroom leadership; student engagement; social and physical environments; and 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.

Contribution: No evaluative information is available.

Smoke-Free Movies

The Scientific Advisory Committee assessed onscreen tobacco use and product placement, with particular emphases on the requirement to rate movies containing tobacco imagery as Adult or 18A (or Mature for video games) and the requirement for anti-tobacco advertisements to be shown in advance of movies (or video games) containing tobacco imagery.

The Executive Steering Committee identified reducing youth and young adult exposure to on-screen smoking as a priority action.

Health organizations internationally, including the US Surgeon General, have drawn a causal link between smoking that is seen on screen and youth smoking initiation. In response, the Ontario Coalition for Smoke-Free Movies has endorsed the five actions recommended by the World Health Organization to limit exposure of smoking in youth-rated movies. Specifically, the Coalition endorses that a change be made to the current rating system in Ontario to ensure that any future movies released in Ontario rated for children and teens (G, PG, 14A) are free from smoking images and tobacco products.

The Ontario Coalition for Smoke-Free Movies formed in May 2010 to take collective action to counter the harmful impact of smoking in youth-rated movies released in Ontario. The Coalition is an alliance of health organizations including the Canadian Cancer Society (Ontario Division), Heart and Stroke Foundation of Ontario, Non-Smokers' Rights Association/Smoking and Health Action Foundation, Ontario Lung Association, the Ontario Tobacco Research Unit, Physicians for a Smoke-Free Canada, PHUs, TCANs and Youth Advocacy Training Institute.

The depiction of tobacco use in movies increases the social exposure of tobacco products and tobacco use. Such depiction helps to normalize smoking behaviours, particularly when celebrities are seen using tobacco products. Viewing on-screen smoking is correlated with both youth smoking uptake and becoming an established smoker. Furthermore, a causal relationship has been established whereby exposure to on-screen smoking leads to subsequent smoking initiation among youth.

Contribution: In 2016, 38% of top-grossing movies (n=133) in Ontario had tobacco imagery including 11% of all movies rated G (General), 46% of all movies rated PG (Parental Guidance), and 48% of all movies rated 14A. This corresponded to 2742 tobacco incidents. By playing these Ontario Film Review Board rated G/PG/14A films across Ontario theatres, 340.3 million tobacco impressions on movie goers were delivered (impressions equal to tobacco incidents multiplied by paid admission equivalent), which is equivalent to 61.5% of all in-theatre tobacco impressions.[8] Based on the most recent data available (i.e., 2015), an estimated 185,000 children and teens aged under 17 living in Ontario would be recruited to cigarette smoking by their exposure to onscreen smoking.

Restricting movies with tobacco imagery to adults (by assigning an 18A rating) could influence Studio and Director choice to have smoking in movies. The Scientific Advisory Committee notes that this has the potential to substantially decrease smoking initiation in Ontario. Public health stakeholders and institutions recommend this policy measure provincially, nationally and internationally. Yet, Ontario has not taken steps to protect youth from exposure to smoking in movies.

Tobacco Price and Taxation

The Scientific Advisory Committee assessed increased tobacco price and taxation as having a 'high potential contribution' toward encouraging smoking cessation and reducing smoking prevalence, tobacco consumption and smoking initiation.

The Executive Steering Committee identified the following as priority actions to create environments that encourage and support and quitting:

- Raising tobacco taxes to at least the highest level of all other provinces and territories
- Regularly increasing taxes to at least double the price of tobacco products

There is strong evidence that an increase in cigarette taxes is an effective policy measure to drive down cigarette consumption, encourage current smokers to quit and prevent youth from becoming regular smokers.[9,10,11,12,13,14] On average, a 10% increase in price results in a 3 to 5%

reduction in demand in higher income countries.[15,16,17] Moreover, contrary to industry claims, research suggests that increased taxation does not noticeably lead to an increase in illicit tobacco,[18] a position supported by current tax rates across Canada. That is, high tax provinces appear to have lower levels of illicit tobacco than low tax provinces.

Youth are very sensitive to the cost of tobacco products.[19,20,21] 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.[22] Increases in the price of tobacco through taxation are central to any preventive approach.

In 2018 and 2019, the Government of Ontario will increase tobacco taxes annually by an additional 2 cents per cigarette or gram of tobacco.[23] This approach replaces the inflation-based tax increases announced in the provincial Budget. Ontario tobacco tax rates, as set by the provincial government, were last changed on April 28, 2017 (see Table 7-1 in the Pro-Tobacco Influence chapter). The current rates are:[23]

- 16.475¢ per cigarette, which translates to $3.30 for a pack of 20 cigarettes, $4.12 for a pack of 25 cigarettes, and $32.95 for a carton of 200 cigarettes. In 2018, with an additional 2 cents per cigarette, this will translate to 18.475¢ per cigarette, $3.70 for a pack of 20, $4.62 for a pack of 25, and $36.95 for a carton. The latter is about a 4% increase in total price of a carton of 200 cigarettes over the 2017 price ($106.93 vs. $102.40)
- 16.475¢ per gram or part gram of cut tobacco
- Tax on cigars is 56.6% of the taxable price

The province of Ontario continues to have the second lowest total taxes (federal and provincial) on tobacco ($66.29) of any Canadian province or territory (see Table 7-2 in the Pro-Tobacco Influences chapter). Overall, total tobacco taxes account for 64.7% of the retail price of a carton of cigarettes. Recent tobacco tax increases in Ontario have not been sufficient to reach the WHO MPOWER minimum standard for taxation,[24] which is 75% of the retail price.

Tobacco Product Availability

The Scientific Advisory Committee assessed reducing the availability of tobacco products (including reducing the density of tobacco retail outlets and banning tobacco product sales near schools and campuses) as having an innovative potential contribution towards reducing smoking prevalence.

The Executive Steering Committee identified the use of provincial and municipal legislation, zoning restrictions and licensing fees to reduce the number and density of retail tobacco vendors as a priority action towards reducing the availability of tobacco in retail settings and ultimately reducing tobacco use.

Vendor Retail Licensing

Requiring retailers to obtain a tobacco license and pay an annual fee is a first step toward potentially reducing the retail availability of tobacco. The fee itself, if high enough, might dissuade some retailers from carrying tobacco.[25,26] Increasing the number of retail outlets with paid licenses to sell tobacco products has several other potential advantages. In Los Angeles, California, the tobacco retailer's permit fee is set at $300 USD annually to recover "the cost of both the administration and enforcement of the permit including the cost of issuing the permit, renewing the permit, administering the retailer permit program, retailer education, retailer inspection and compliance checks, documentation of violations, adjudications, and convictions, and prosecution of violators.[27] 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.[28] Nova Scotia has a tobacco retailer licence fee of $124.60, renewable every three years.[29]

Contribution: In Ontario, effective July 1, 2018, all retail dealers who held a vendor permit under the *Retail Sales Tax Act* are required to hold a tobacco retail dealer's permit issued under the *Tobacco Tax Act.*[30] However, there is no fee for this permit. Several municipalities in Ontario do charge an annual tobacco retail license fee including those located within the East (Ottawa, Kingston, Cornwall), Central East (Vaughn, Richmond Hill, Markham, Brampton, Mississauga, Wasaga Beach), Toronto, Central West (Oakville, Hamilton, Burlington), South West (London, Chatham-Kent, Windsor) and North East (Greater Sudbury, North Bay, Hearst) TCANs.[31] Annual fees range from a high of $877 in Ottawa to under $50 in several jurisdictions.[31]

Zoning Restrictions and Number of Venders

Tobacco retail availability refers to the accessibility of tobacco products at retail and the level of convenience associated with obtaining tobacco. Restricting the retail distribution and availability of tobacco products is considered an important mechanism to limit consumption, contribute to cessation and prevention, and to ultimately reduce subsequent negative health effects.[32,33,34] In a 2005 study prepared for Health Canada, young adult smokers report that they would smoke less if they had to travel farther to buy cigarettes.[35]

Contribution: In Ontario, legislation prohibits tobacco from being sold by vending machines, at pharmacies, on college and university campuses, hospitals and other healthcare and residential-care facilities.[36] Despite these advances, tobacco products continue to be available across the province through a large number of retail outlets (approximately 9,725 in June 2017), primarily convenience and grocery stores. This is down from 10,044 in 2015, 10,620 in 2014, and a further decrease from the approximate 14,000 tobacco vendors that were operating in 2006.[37] The reason for these decreases is unclear. It could be due to more accurate recording of vendors by the MOHLTC, fewer vendors selling tobacco, fewer vendors in general or a combination of all three. An analysis of the tobacco vendor distribution in Ontario found that tobacco vendors were more likely to be located in deprived neighbourhoods (e.g., high proportion of residents on government assistance, single parent families, less than high school education, and homes needing major repairs) and within 500 metres of a school in deprived neighbourhoods.[38]

As of June 30, 2017 there were 5,843 e-cigarette vendors in the province.[37]

Tobacco Product Restrictions

The Scientific Advisory Committee's Industry Working Group assessed banning flavours in tobacco products as having a high potential contribution towards reducing tobacco use, particularly among youth and young adults.

The addition of flavour to tobacco products has been shown to increase the palatability of tobacco products and encourage the progression from experimental to regular tobacco use among youth.[39] Evidence demonstrating the effectiveness of a flavoured tobacco ban is limited due to the relative infancy of this policy. However, one study has suggested a general decrease in smoking rates and cigarette consumption among youth following a flavoured cigarette ban (excluding menthol); yet an increase in post-ban menthol cigarette use was noted among smokers highlighting the importance of a complete ban on flavoured tobacco products.[40] Among adults, recent research suggests that menthol cigarette smokers are less likely to quit smoking than non-menthol cigarette smokers.[41,42,43]

On May 28, 2015, the *Making Healthier Choices Act* (Bill 45) received Royal Assent. This *Act* prohibited 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) mandated that the *Act* does not apply to flavouring agents in cigars that impart a flavour or aroma of wine, port, whiskey or rum (at the time, it did not apply to the flavour or aroma of menthol, but this regulation was revoked as of January 1, 2017 thus prohibiting menthol as a flavouring agent[44]). 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). Cigarillos and cigars weighing 6 g or less were captured in the amended Schedule.

Contribution: OTRU is currently evaluating both the general flavour and menthol bans. Preliminary analyses found that 29% of menthol smokers in the study attempted to quit smoking in the first month of the menthol ban implementation.[45]

In 2016, Ontario wholesale sales of the total cigar category (little cigars/cigarillos and cigars) was 130,495,924 units.[iii] This represents a 6.8% relative fall from 2015 sales (140,090,699 units) and a 14.8% relative decline from 2012 sales (153,137,662 units) reported 5 years earlier. (Note: Annual sales data may be influenced by wholesale shipment dates).

In 2016, 51.4% of the Ontario cigar market was estimated to be flavoured, down from 82.6% in

[iii] Health Canada, Personal Communication, February 8, 2018.

2015, an apparent result of the partial flavour ban put in place on January 1, 2016 (menthol and alcohol flavoured cigars excepted). Menthol sales in 2016 comprised 8.1% of all cigar sales[iii] compared to the previous year's estimate of 4.15%, an increase that may have been a result of retailers purchasing product before the menthol ban come into force as of January 1, 2017.

Vendor Point-of-Sale Display Ban and Marketing Restrictions

The Scientific Advisory Committee assessed bans on point of sale displays as having a high potential contribution towards reducing smoking prevalence.

The Executive Steering Committee identified expanding the ban on the display of cigarettes to include all smoking, tobacco-related and vaping paraphernalia.

Restrictions on marketing and promotion of tobacco products is an essential policy tool aimed at reducing tobacco use.[46,47,48,49,50] 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.[51,52]

Contribution: In Ontario, a complete ban on the retail and wholesale display of tobacco products took effect on May 31, 2008, with exemptions for tobacconists, duty-free retailers and manufacturers.

Marketing, promotion and sponsorship of tobacco products is also regulated under the *Federal Tobacco Act*, which includes a total ban on tobacco advertising on television, radio and in newspapers and magazines. There remain only two exceptions to the federal advertising ban: tobacco advertising in a publication that is mailed directly to an adult who is identified by name, and signs in places where youth are not permitted to enter by law.

Youth Access Laws and Vendor Compliance

An overarching goal laid out in the Executive Steering Committee report is to regulate and reduce access to the supply of tobacco and other harmful inhaled products and substances.

PHUs are mandated to enforce the *Smoke-Free Ontario Act* in accordance with provincial protocols (e.g., the *Tobacco Compliance Protocol*, 2016).[53] Likewise, PHUs are mandated to enforce the *Electronic Cigarettes Act* in accordance with provincial protocols (e.g., the *Electronic Cigarettes Compliance Protocol*, 2016). With the passage of Bill 174, these protocols have been rolled up together and expect to be implemented within the coming year (Royal Assent was received December 12, 2017).[54]

Contribution: In Ontario, it is illegal 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 2016, there were 20,080 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 704 times.[37] 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 their last inspection (9,762 checks, with 287 sales).[40]

In Ontario, it is illegal to sell electronic cigarettes and its components (does not include e-juice) to anybody under the age of 19. MOHLTC funds PHUs to conduct one youth access check of each e-cigarette vendor in their jurisdiction. In 2016, there were 6,369 e-cigarette youth access checks (compliance or enforcement) conducted in Ontario, in which a test shopper entered a store and attempted to purchase an electronic cigarette. The test shopper was sold an electronic cigarette 504 times.[37] Using the store as the unit of analysis, 94% of Ontario e-cigarette vendors were found to be in compliance with youth access legislation at the time of their last inspection (6,141 checks, with 398 sales).[37]

Select Regional Interventions

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 projects ongoing and other projects being one-time events. Numerous PHU/TCAN prevention projects that build knowledge and resiliency have reached out to OTRU's Knowledge and Evaluation Support initiative. Below is a brief summary of select regional prevention initiatives from PHUs and TCANs across the province.

Algoma Youth Action Alliance/Youth Engagement Groups

As of November 2017, 70 young people volunteered 620 hours developing and implementing 21 tobacco prevention activities and 3 trainings reaching 873 people including peers, adult allies and community leaders. The following collaborations/partnership were established: Girl Guides, Indigenous (partners), Substance Misuse through Injury Prevention Lens, Smoke-Free Movies, Freeze the Industry and hospital and community cigarette clean ups.

Contribution: In the NE TCAN Youth Engagement Evaluation Survey, all respondents (including Algoma Youth Action Alliance youth) reported that the program strengthened their knowledge about the harmfulness and addictiveness of smoking cigarettes, and influence of smoking imagery in movies. There was high agreement with tobacco industry denormalization questions (e.g., smoking is not cool, helps people fit in and have more friends). No evaluative information was available about the impact of these activities on tobacco use initiation.

Bad Ways to Be Nice

In a second phase of Bad Ways to Be Nice, the campaign centred on First Nation, Inuit, and Métis communities. The campaign objectives were to raise awareness about social supply of cigarettes in these communities; to raise awareness among young adults that supplying cigarettes to teens under 19 is not nice and to encourage them to think twice about it; to reduce social supply of cigarettes to teens; to educate the public that even with the best intentions, giving cigarettes to teens is a bad way to be nice; and to keep tobacco sacred.

Contribution: Bad Ways to Be Nice photo booth toolkits were created for all Indigenous

Friendship Centers in Ontario, with a third having been delivered. A webinar was created to teach communities about how to use the photo booth to raise awareness about social supply of tobacco. It is anticipated that further evaluative information will be available later in 2018.

Love My Life

An initiative of the East TCAN, Love My Life'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.[55]

Love My Life project-based activities take place within partner organizations and often include tobacco-free policy development and implementation (e.g., community arts project with a tobacco-free theme, tobacco-free school project).

One activity included orientation sessions, which were held with engaged youth and adult allies to build capacity in the promotion of tobacco-free spaces, and develop an action plan to enhance the tobacco control policies at the participating site. Orientation sessions trained the group in tobacco control, policy development and tobacco industry denormalization and prepared participants to develop an action plan. The action plan covered enhancements to the site's tobacco-free policy and how participants planned to achieve results at their site.

Contribution: An orientation survey was designed to measure participant attitude change, and the change in behavioural intentions. Thirty-nine percent of respondents reported that their views had changed at least somewhat on how rules around tobacco make people healthier. Forty-four percent of respondents reported that their views had changed at least somewhat on how tobacco-free environments impact our health and well-being.

Eighty percent of respondents agreed or strongly agreed that they intended to share their stories and views on tobacco. Similarly, among those who indicated that they participated in the orientation session because "I had to", 77% of respondents agreed or strongly agreed that they intended to share their stories and views on tobacco. Almost all (94%) of respondents agreed or strongly agreed that they want to make others care about the importance of tobacco-free environments. Similarly, among those who indicated that they are participating in the orientation session because "I had to", 94% of respondents agreed or strongly agreed that they want to make others care about the importance of tobacco-free environments.

Smoke-Free Movies

Hey Parents Campaign

The Hey Parents Campaign is a public education initiative in support of smoke-free movies. The campaign objectives were to increase parental advocacy in support of an 18A rating and to obtain support for smoke-free movies. The specific communication objective of the campaign was to empower parents and caregivers to take action by signing an online petition at the SmokeFreeMovies.ca website and to share it online. The goal of the campaign is to have all newly released youth-rated movies in Ontario be smoke-free by December 31, 2019.

The most recent iteration of the campaign included participation from health units within the Central East TCAN as well as Thunder Bay District Health Unit. Phase 1 (July 27 to August 9, 2017) and phase 2 (September 13 to September 27, 2017) of this initiative utilized Facebook, Instagram, YouTube and Google Display Network to display campaign creative.

Contribution: Phase 2 of the Hey Parents Campaign generated over 2.2 million impressions. Total video views were 240,000 and over 9,200 clicks to SmokeFreeMovies.ca. Facebook engagements included 818 post reactions, 231 post comments, 48 post shares and 4 page likes. In phase 1, 12 online petition letters were sent to Members of Provincial Parliaments (MPP) during the campaign; 22 online letters were sent during phase 2.

Social Marketing Campaign

A Smoke-Free Movies social marketing campaign was run out of the Region of Peel Public Health. Its overall objective was to increase parental advocacy in support of an 18A rating and to obtain support for the issue. The campaign’s communication objective was to empower parents and caregivers to take action by directing them to SmokeFreeMovies.ca to sign an online petition and share it online.

Contribution: The campaign had a reach of 45,036,437 impressions and 14,567 engagements. Compared to industry standards, the campaign had higher click through rates in blogs (0.52%

vs. 0.59%), newsletters (0.52% vs. 0.75%) and online ads 0.03-0.09% vs. 0.71%). The campaign was successful at creating action: 72 petitions were signed during the campaign including 22 during a campaign twitter discussion.

That's Risky

That's Risky is a social marketing campaign originating in Central East TCAN. The fall 2017 campaign's main objective was to increase awareness that smoking and exposure to secondhand smoke during breast development increases the risk of breast cancer at a younger age. Specifically, the campaign's focus was to:

- Increase the number of young adults who indicate that they would limit their exposure to secondhand smoke
- Stimulate young adults between the ages of 17 and 29 to seek out information about the relationship between smoking and breast cancer
- Increase the number of young adults between the ages of 17 and 29 that choose to abstain from tobacco use and increase the number of young adults between the ages of 17 and 29 that seek information about quitting

The Risky campaign ran in October 2017 using various channels including online/social media (e.g., google, Facebook, YouTube, Instagram), advertising (e.g., print, radio) and public relations (grass roots events). An earlier phase of the campaign consisting of online/social media activities ran for two weeks in August. The Middlesex London Health Unit participated in an online and grassroots launch in November 2017.

Contribution. The highest campaign engagement was with 18 to 24 year olds. The campaign had 84,291 full video views on YouTube; 166,387 3-second video views and 48,194 full video views on Facebook and Instagram, resulting in 2202 social interactions on these platforms. There were 5,334 visits to ThatsRisky.com.[iv]

In November 2017, 453 responses were collected from a mixed methods survey (street-intercept and online) in Central East TCAN region. Fifty-eight percent (58%) of respondents saw or heard of the campaign on Facebook, Twitter or Instagram; 34% saw it on YouTube; 30% saw it in online

[iv] Cindy Baker-Barill. Personal communication, 29 November, 2017.

ads; 25% saw it on the Web; 25% saw it on a poster; 12.5% saw it on TV and 12% heard of it on the radio. Other exposures included print media (9.5%), events/activities (8%), billboards (8%) and transit ads (5%).

Those who were exposed to the campaign compared to unexposed respondents were:[56]

- 2.9 times more likely to agree that if you regularly smoke around females, you increase their risk of developing breast cancer.
- 2.5 times more likely to agree that secondhand smoke is dangerous for females from the start of puberty until they have a baby.

UPRISE: Youth Social Identities and Tobacco Use Prevention Project

In 2013, a Functional Analysis for Cultural Interventions was conducted by Rescue (The Behavior Change Agency) with teenagers in Central West and South West Ontario to better understand the relationship between youth sub-cultures 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. In July 2015, a campaign called UPRISE was launched to address tobacco use among youth who identify with the Alternative peer crowd. UPRISE is designed based on Rescue's proprietary Social Branding® model. The objective of the campaign is to eliminate the pro-tobacco perceived norms of Alternative youth while simultaneously increasing the belief that being tobacco-free is an important component of being part of the Alternative peer crowd.

The following components are part of UPRISE's Social Branding® strategy:

- Attending events, such as rock music concerts, to build the brand's social influence within the Alternative culture
- Recruiting and training influencers within the Alternative culture, such as bands, to support UPRISE's key messages
- Aligning anti-tobacco messages with the peer crowd's values and interests, delivered through social media channels that alt youth are actively using

Contribution: UPRISE's social media metrics for the period 2015 (July-December) through to 2017 (January-December) are highlighted in Table 4-1. Over time, there has been increased engagement, as measured by social media.

Additionally, an internet-based survey of 973 youth aged 13 to 18 conducted in Central West and South West TCANS during the summer of 2017 found that:

- 40% of the targeting Alternative peer crowd were aware of UPRISE compared to 21% of non-targeted "Other" peer crowds
- 74% of the Alternative peer crowd supported the main message of UPRISE, not significantly different from that of the "Other" peer crowds (71%)
- Among the Alternative peer crowd, those who were aware of UPRISE were significantly more likely to want to be involved in efforts to get rid of tobacco products compared to those not aware (71% vs. 52%)
- Among all respondents, those who were aware of UPRISE (compared to those who were not) were more likely to agree that tobacco companies lie (78% vs. 68%) and that taking a stand against tobacco companies is important (78% vs. 65%)

Table 4-1: UPRISE's Social Media Metrics, 2015 to 2017

Social Media Channel	2015 (July-December)	2016	2017
Facebook			
Reach[a]	Not available	1,057,156	1,410,587
Impressions[b]	961,980	5,521,055	5,316,166
Video Views	55,146	169,476	949,757
Engagements[c]	10,261	41,737	268,774
Page Likes[d]	824	1,297	881
Instagram			
Reach	Not available	185,442 (Q3/Q4 only)	1,445,257
Impressions	Not available	Not available	3,503,921
Video Views	Not available	Not available	461,225
Engagements	426	6,625	44,993
Page Likes	138	231	190
YouTube			
Video Views	17,290	62,915	N/A

[a]Reach: Number of times people are exposed to our content.
[b]Impressions: Number of times a post from our page is displayed/seen.
[c]Engagements: Any action that is performed on a piece of social content (e.g., comments, likes, shares, photo views).
[d]Page Likes: Number of fans/followers that have liked our page.

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 4-1). 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.

Next, we present results about youth tobacco use and other prevention indicators from a variety of sources (e.g., 2017 Ontario Student Drug Use and Health Survey, 2016 Centre for Addiction and Mental Health Monitor and the 2015 Canadian Community Health Survey). At the time of writing, data from the Canadian Community Health Survey were only available for 2015 even though Statistics Canada has released select 2016 results.

Long-Term Outcomes: Cigarettes

Comprehensive tobacco control programs, such as the SFO 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 any use of tobacco, lifetime abstinence from cigarettes, past-year initiation, past-year smoking and past 30-day current smoking.

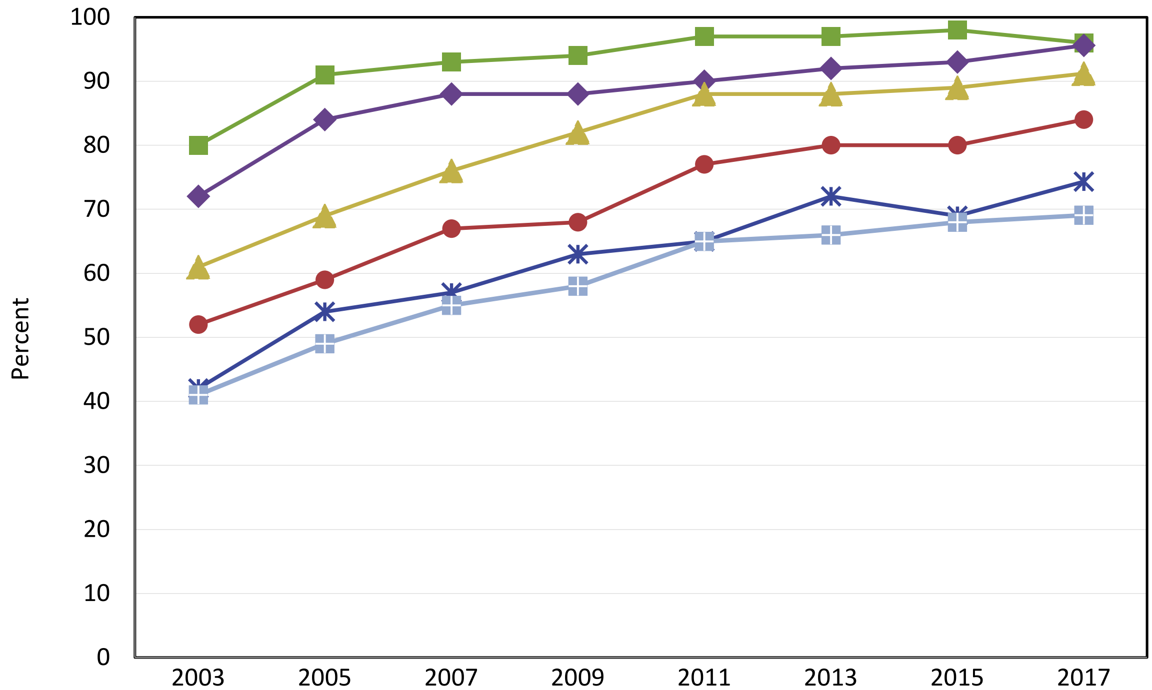
Tobacco Use

- In 2015, among youth aged 12 to 18 years, 8.3% used some form of tobacco in the past month including cigarette, cigar, smokeless tobacco, pipe, and tobacco waterpipe (CCHS 2015, data not shown)
- When vaping products are added into this mix, 9.6% of youth used some form of tobacco or vapour product. This included 4.2% for vaping, 4.1% for cigarettes and 2.3% for cigars (Marginal estimates, interpret with caution; data for smokeless, pipe and waterpipe were suppressed but were used in the overall calculation of tobacco use)

Lifetime Abstinence: Students in Grades 7 to 12

- Among students, lifetime abstinence from cigarettes ranged from 96% of students in grade 7 and 8 to 69% of students in grade 12 (OSDUHS 2017 data; Figure 4-2), with overall lifetime abstinence among all grades combined at 84%
- From the 2005 pre-SFO baseline year, there was a significant increase in lifetime abstinence among all grades (Figure 4-2). There were no statistically significant changes by grade reported from 2015 to 2017

Figure 4-2: Lifetime Abstinence, by Grades 7 to 12, Ontario, 2003 to 2017



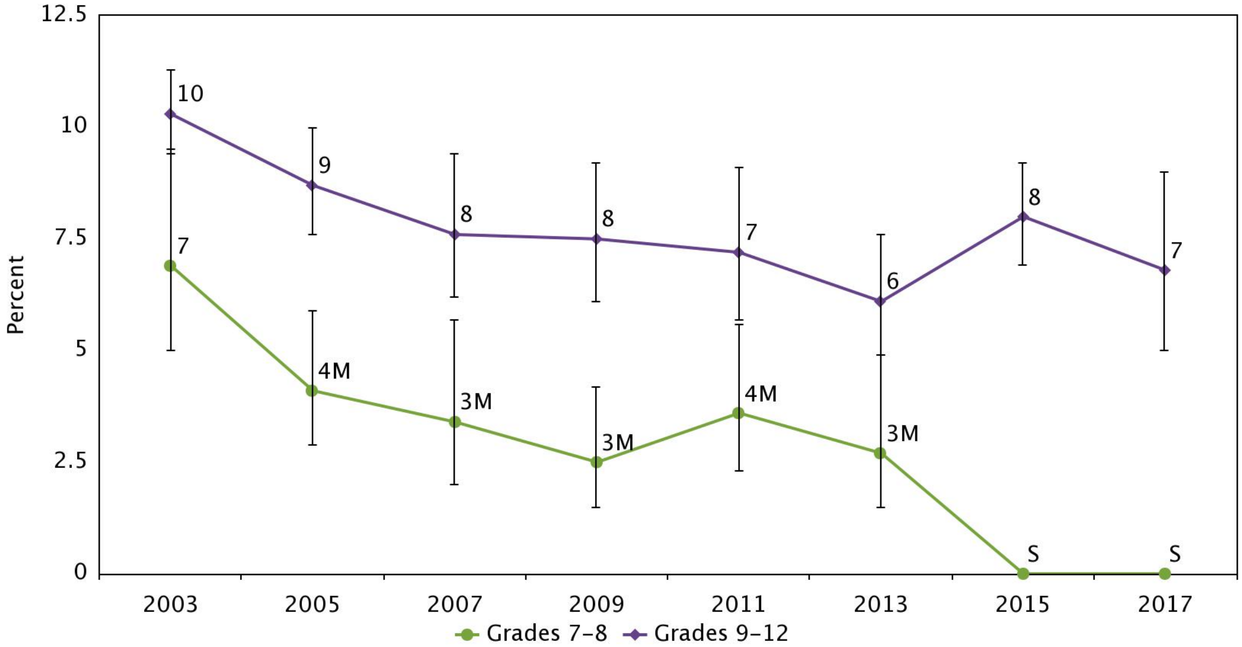
	2003	2005	2007	2009	2011	2013	2015	2017
Grade 7	80	91	93	94	97	97	98	96
Grade 8	72	84	88	88	90	92	93	96
Grade 9	61	69	76	82	88	88	89	91
Grade 10	52	59	67	68	77	80	80	84
Grade 11	42	54	57	63	65	72	69	74
Grade 12	41	49	55	58	65	66	68	69

Note: Full data table for this graph provided in the Appendix (Table 4A-1).
Source: Ontario Student Drug Use and Health Survey 2003–2017 (Biennial).

Past-Year Initiation: Students in Grades 7 to 12

- In 2017, 7% of students in grade 9 to 12 used a cigarette for the very first time in the past 12 months (OSDUHS 2017, Figure 4-3). Grade 7/8 student data have been suppressed in recent years due to small sample size
- There were no significant changes in 2017 from our pre-SFO baseline year of 2005

Figure 4-3: Use of Cigarettes for the First Time in the Past Year, by Grade, Ontario, 2003 to 2017



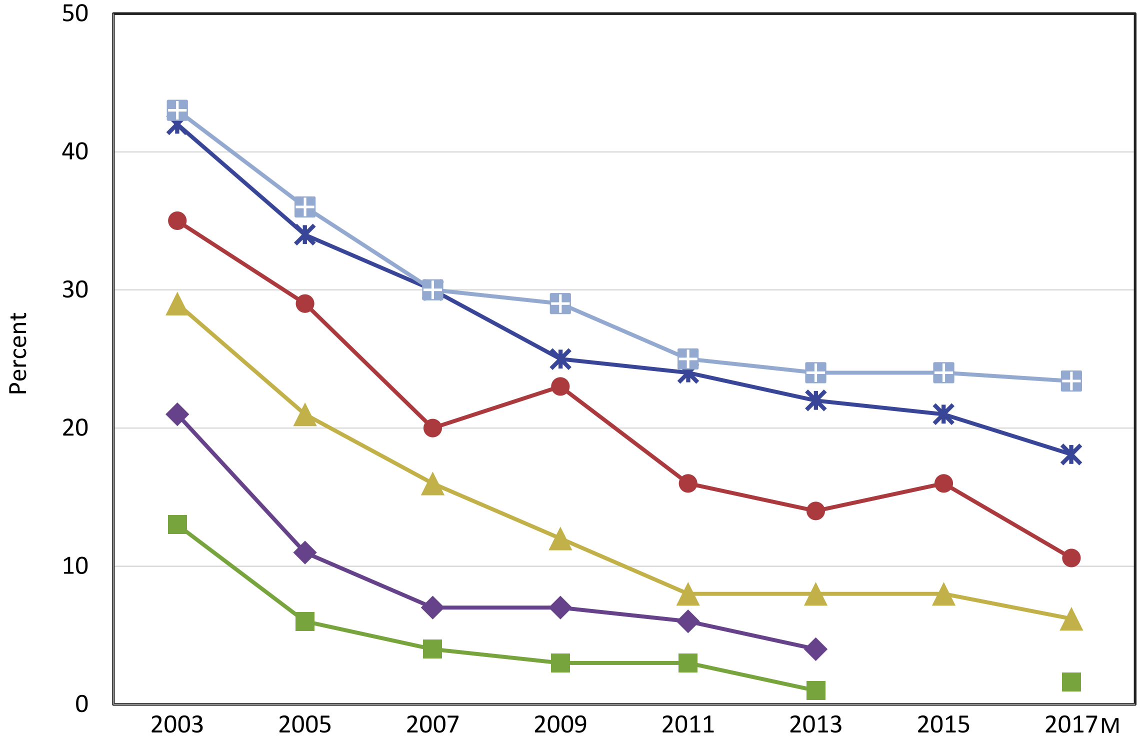
Note: M=Marginal. Interpret with caution: subject to moderate sampling variability. S=data suppressed due to small sample sizes. Full data table for this graph provided in the Appendix (Table 4A-2).
Source: Ontario Student Drug Use and Health Survey 2003–2017 (Biennial).

Past-Year Smoking: Students in Grades 7 to 12

- Among students in grades 7 to 12, the 2017 overall prevalence of smoking in the past year, even a few puffs, was 11.6% (representing 106,000 students; OSDUHS 2017, data not shown) (Note: respondents in any given grade reported about their smoking behaviour over the previous year)
- In 2017, 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%; OSDUHS 2017, data not shown)

- Over the period 2005 to 2017, there were significant declines in past-year smoking among students in grades 7, 9, 10, 11 and 12 (OSDHUS 2017, Figure 4-4); over the period 2005 to 2013, there were significant declines in past-year smoking among students in grade 8 (Figure 4-4)
- The differences between 2017 and the 2013 5-year benchmark year were not significant
- In 2017, the prevalence of past-year smoking was 6% in grade 9, significantly lower than all higher grades (Figure 4-4). Grade 10 past-year smoking was significantly lower than grade 11 and grade12 past-year smoking

Figure 4-4: Past-Year Smoking, by Grades 7 to 12, Ontario, 2003 to 2017



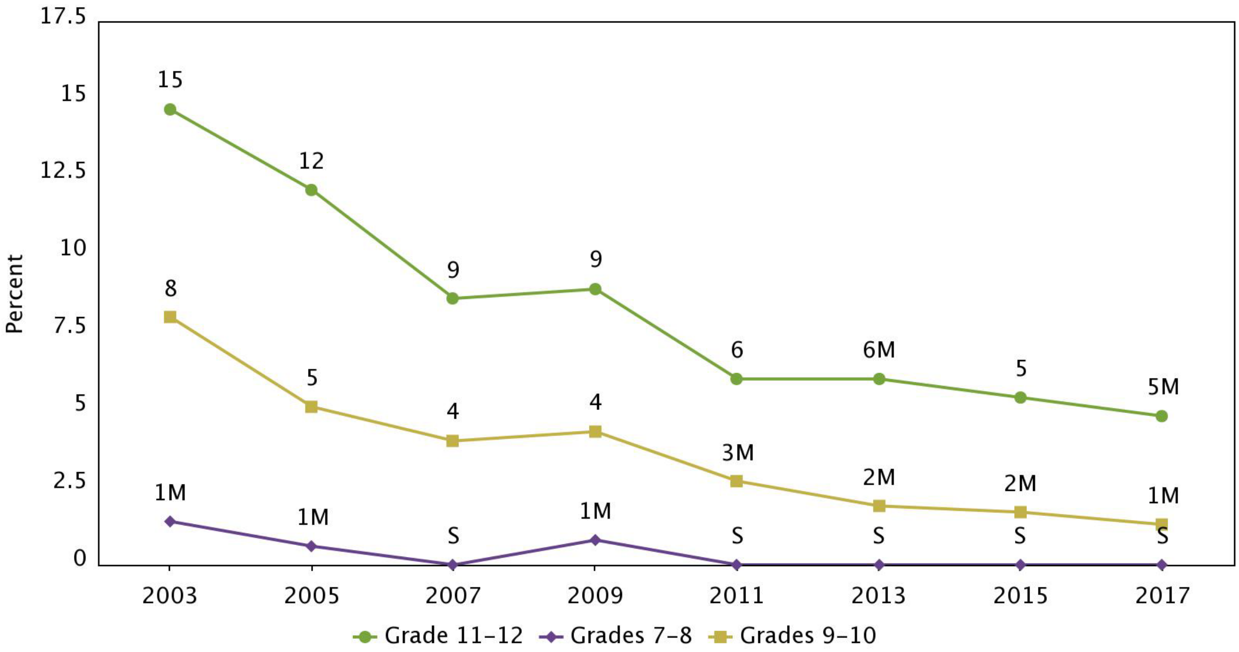
	2003	2005	2007	2009	2011	2013	2015	2017M
Grade 7	13	6	4	3	3	1	S	1.6
Grade 8	21	11	7	7	6	4	S	S
Grade 9	29	21	16	12	8	8	8	6
Grade 10	35	29	20	23	16	14	16	11
Grade 11	42	34	30	25	24	22	21	18
Grade 12	43	36	30	29	25	24	24	23

Note: S=data suppressed due to small sample sizes. M=Marginal. Interpret with caution: subject to moderate sampling variability. Full data table for this graph provided in the Appendix (Table 4A-3).
Source: Ontario Student Drug Use and Health Survey 2003–2017 (Biennial).

Current Smoking (Past 30-Days): Students in Grades 7 to 12

- In 2017, 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. 1%; OSDUHS 2017, Figure 4-5). Data were suppressed for grades 7 to 8 due to small sample
- From 2013 (our 5-year benchmark) to 2017, there has not been significant change in the prevalence of current smoking among students in grades 9 to 10 and grades 11 to 12 (Marginal estimates: Interpret with caution)

Figure 4-5: Current Smoking (Past 30-Days), by Grade, Ontario, 2003 to 2017



M=Marginal. Interpret with caution: subject to moderate sampling variability. S=data suppressed due to small sample sizes.
Note: Full data table for this graph provided in the Appendix (Table 4A-4).
Source: Ontario Student Drug Use and Health Survey 2003–2017 (Biennial).

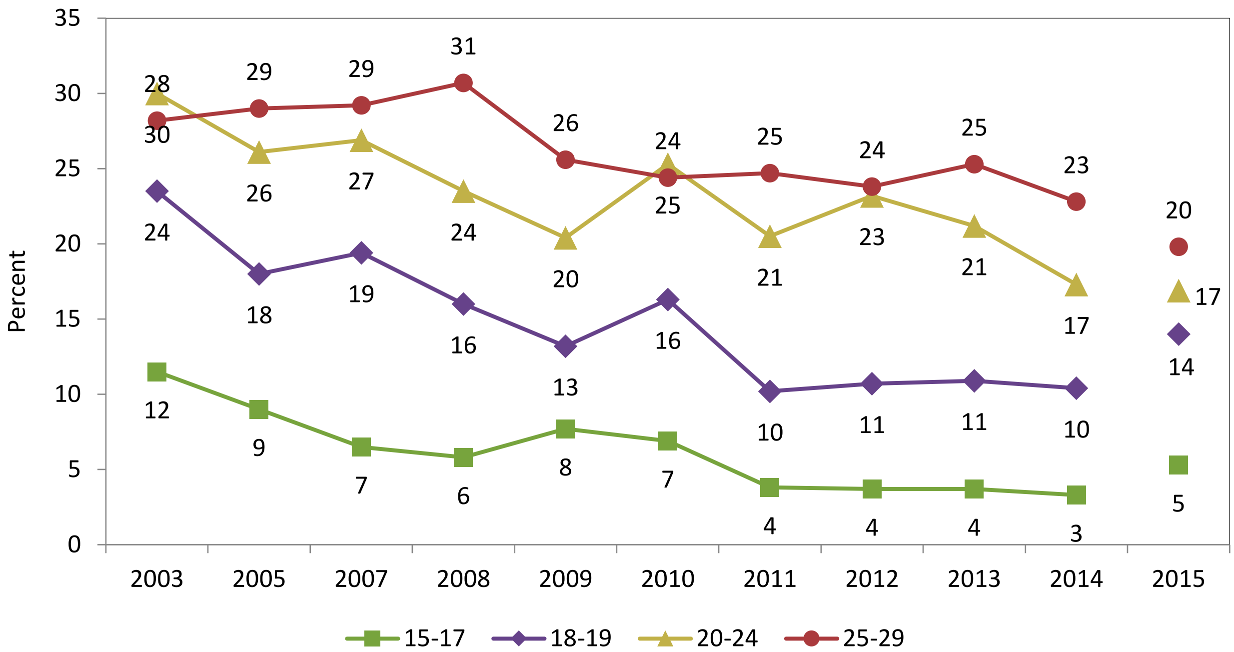
Current Smoking (Past 30-Days): Youth and Young Adults Aged 15 to 29

- In 2015, 20% of young adults aged 25-29 were current smokers; there has not been a significant change in this rate over the five-year benchmark year of 2011 (CCHS 2015, Figure 4-6)
- In 2015, 17% of young adults aged 20 to 24 were current smokers, which was likewise

unchanged over the five-year benchmark year of 2011 (Figure 4-6)

- According to the Canadian Community Health Survey (CCHS),[v] from the pre-SFO baseline year of 2005, there has been a significant decline in past 30-day current smoking among all age groups, with the exception of 15 to 17 year olds (Figure 4-6)
- Youth aged 15 to 17 have a significantly lower rate of current smoking than young adults, with their level stable in recent years, ranging from 3 to 5% (Figure 4-6)
- Among 18 to 19 year olds, the rate of current smoking was 14% in 2015, significantly lower than that of young adults aged 25 to 29 years (Figure 4-6)
- In 2015, males aged 25 to 29 had a significantly higher rate of smoking in the past 30-days compared to females (CCHS 2015, Figure 4-7). (Data for males 15 to 17 was suppressed due to small sample sizes)

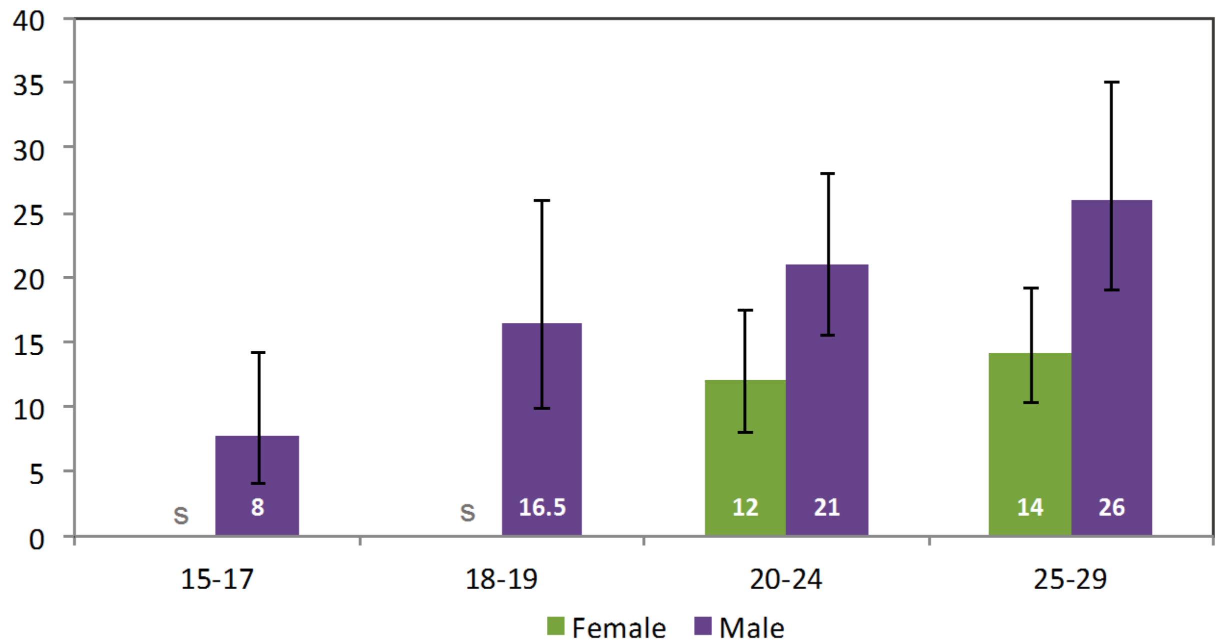
Figure 4-6: Current Smokers (Past 30-Days), Youth and Young Adults, Ontario, 2003 to 2015



Note: The Canadian Community Health Survey was redesigned in 2015—interpret trend with caution. Data from the 2016 CCHS was not available at time of writing. From 2011 to 2015, values for 15-17 and 18-19 are *marginal estimates* and subject to moderate sampling variability. X-axis scale from 2003 to 2007 not uniform—interpret with caution. Full data table for this graph provided in the Appendix (Table 4A-5).
Source: Canadian Community Health Survey 2003, 2005, 2007-2015.

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

Figure 4-7: Current Smokers (Past 30-Days), Youth and Young Adults, by Sex, Ontario, 2015



Note: All estimates are marginal and subject to moderate sampling variability—interpret with caution. S=data suppressed due to small sample sizes. Vertical lines represent 95% confidence intervals. Full data table for this graph provided in the Appendix (Table 4A-6).
Source: Canadian Community Health Survey 2015.

Long-Term Outcomes: Use of Alternative Products

Cigars

- According to the 2015 CCHS, past-month use of cigars (either cigarillo or larger cigars) was 2.3% among 12 to 18 year olds, representing 24,800 youth (Marginal estimate: Interpret with caution, data not shown)
- Among 19 to 29 year olds, the rate of cigar use was 4.8% in 2015, representing 95,000 Ontarians (CCHS 2015, data not shown)

Smokeless Tobacco Products

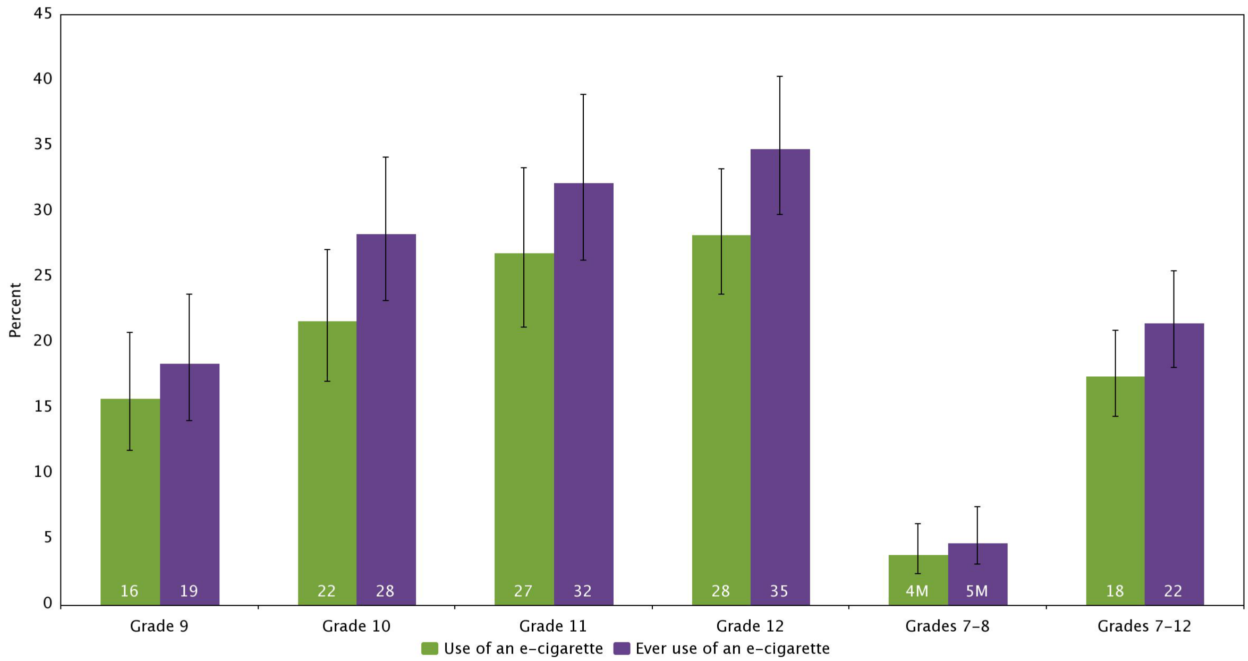
- In 2017, among Ontario students in grades 7 to 12, 5.4% used smokeless tobacco products (chewing tobacco or snuff) in the past year, significantly unchanged since the 5-year benchmark year of 2013 (5.7%). Among past-year users, 69% tried these products only once or just a "few times" (OSDUHS 2017, data not shown)

- Use significantly differed by sex, with 8.1% of males using but only 2.6% of females using in the past year (both estimates are marginal: interpret with caution; OSDUHS 2017, data not shown)
- Lifetime use was 6.3% among all students in grades 7 to 12 (OSDUHS 2017, data not shown)

Electronic Cigarettes

- Among all students in grades 7 to 12, 1.6% had used e-cigarettes every day over the past year (OSDUHS, 2017, data not shown; Interpret with caution: subject to moderate sampling variability)
- Among all students, 4.7% had used e-cigarettes at least once every month over the past year (data not shown) (Note: this is not a measure of past month use)
- Among all students, 17.5% (132,400 students) had used an e-cigarette in the past year (including only a few puffs; OSDUHS 2017, Figure 4-8). The rate in grades 7 and 8 combined (4%) was significantly lower than that reported in all other grades; the rate for grade 9 students was significantly lower than that reported for grade 11 and 12 (Figure 4-8)
- In 2017, among students in grades 7 to 12, 22% (163,300) had ever used an e-cigarette. Prevalence of ever use varied by grade (OSDUHS 2017, Figure 4-8), with the rate reported in grades 7 and 8 combined (5%) significantly lower than all other grades, and the rate reported in grade 9 significantly lower than grades 11 and 12
- A quarter (25%) of all male students had ever used an e-cigarette, whereas only 18% of females were ever users (not statistically different; OSDUHS 2017). The rate of past-year use of an e-cigarette by males was 20.5% compared to 14% for females (not statistically different; 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 vaping. Of students in grades 7 to 12 using an e-cigarette in the past year, 23% reported using nicotine-based e-cigarettes, 45.5% reported using non-nicotine e-cigarettes, 14% used both kinds (marginal estimate—interpret with caution) and 17% indicated they were not sure which type they used (OSDUHS 2017, data not shown)
- Among grade 9 to 12 students, 6.9% used cannabis in a vaping device in the past year (OSDUHS 2017, data not shown)

Figure 4-8: E-Cigarette Use, Past Year and Ever Use, by Grade, Ontario, 2017

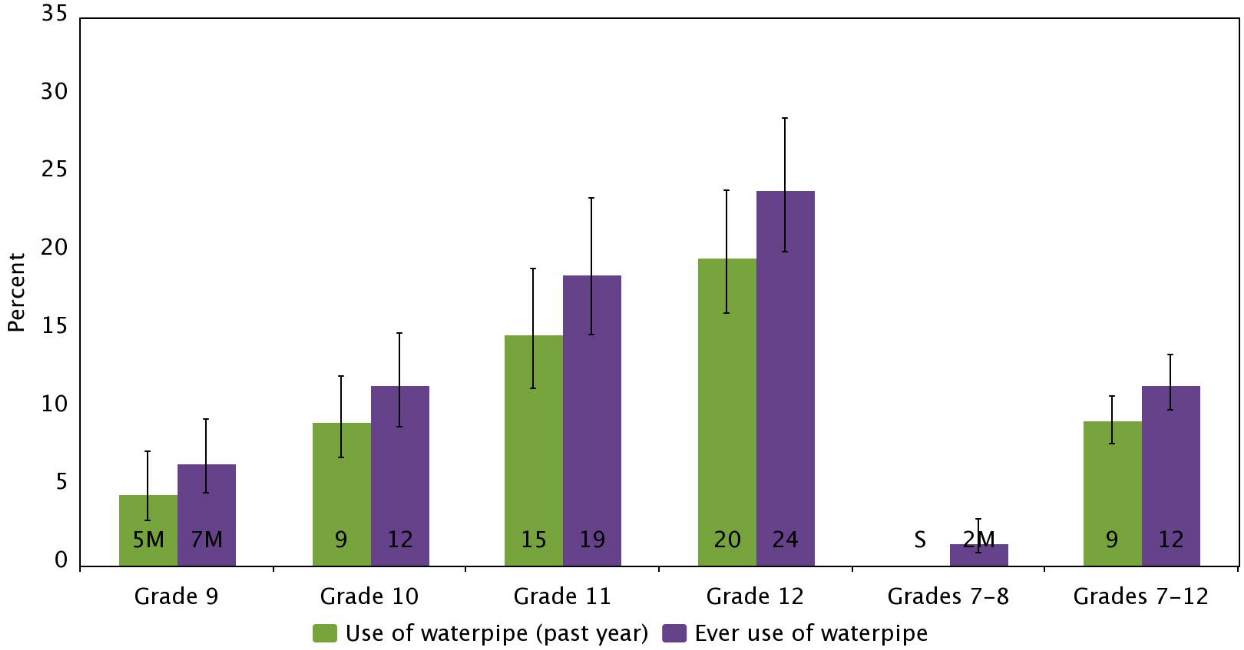


Note: M=Marginal. Interpret with caution: subject to moderate sampling variability. Full data table for this graph provided in the Appendix (Table 4A-7).
Source: Ontario Student Drug Use and Health Survey 2017.

Waterpipes

- Among students in grades 7 to 12 in 2017, 12% (88,200 students) had ever used a waterpipe. Prevalence of ever use varied by grade, with rates in grades 7 and 8 combined (marginal estimate) significantly lower than all other grades, rates in grade 9 significantly lower than grades 11 and 12, and rates in grade 10 significantly lower than grade 12 (OSDUHS 2017, Figure 4-9)
- In 2017, among students in grades 7 to 12, 9% (70,200 students) had used a waterpipe in the past year (including only a few puffs; Figure 4-9), with rates in grade 9 significantly lower than that reported in grades 11 and 12 (data for grades 7-8 combined was suppressed due to small sample size); the rate in grade 10 was lower than that reported for grade 12 (OSDUHS 2017, Figure 4-9)
- Past-year use of waterpipe among students did not differ between 2015 and 2017 (12% vs. 9%) but warrants monitoring for a possible downward trend

Figure 4-9: Waterpipe Use, Past Year and Ever Use, by Grade, Ontario, 2017



Note: M=Marginal. Interpret with caution: subject to moderate sampling variability. S=data suppressed due to small sample sizes. Full data table for this graph provided in the Appendix (Table 4A-8).
Source: Ontario Student Drug Use and Health Survey 2017.

Cannabis Use

The use of cannabis—which is also known as marijuana, weed, pot, grass, hashish, hash and hash oil—has led to widespread interest in recent years amongst health practitioners, in part, due to the expected legalization of this substance by the federal government, as of mid-2018.

- Among students in grades 7 to 12, 12% used cannabis during the past month (among grades 9 to 12, 16% used cannabis). Specifically, past month use of cannabis was 6% in grade 9, 12% in grade 10, 20% in grade 11 and 24% in grade 12 (OSDUHS 2017, data not shown), unchanged from 2015
- Among students in grades 7 to 12, 19% used cannabis in the past year (among students in grades 9 to 12, it was 25.5%; OSDUHS 2017, data not shown). Reportable levels by grade include: 9% in grade 9, 20% in grade 10, 30% in grade 11 and 37% in grade 12
- Among students in grades 7 to 12, lifetime abstinence from cannabis was 78% in 2017 (among students in grades 9 to 12, it was 71%). Abstinence differed by grade: 97% in

grade 7, 97% in grade 8, 89% in grade 9, 78% in grade 10, 65% in grade 11 and 58% in grade 12 (OSDUHS 2017, data not shown). Only 16% of past year cigarette smokers had lifetime abstinence from cannabis compared to 86.5% of non-cigarette smokers

Short and Intermediate-Term Outcomes

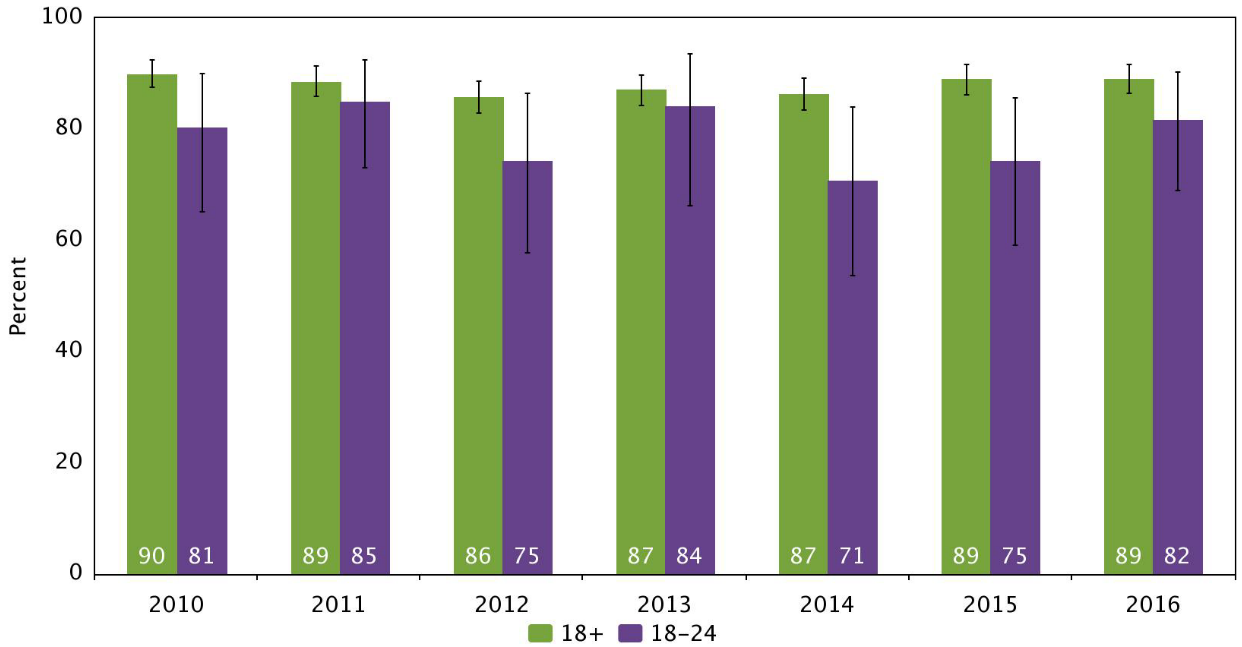
Social Climate

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.

Social Acceptability

- In 2016, all adults (both young and old) viewed smoking by teenagers as highly unacceptable (CAMH Monitor 2016, Figure 4-10)

Figure 4-10: Adult Views on the Social Unacceptability of Teenagers Smoking Cigarettes, by Age, Ontario, 2010 to 2016



Note: Vertical lines represent 95% confidence intervals. Full data table for this graph provided in the Appendix (Table 4A-9).
Source: Centre for Addiction and Mental Health Monitor (Full Year) 2010-2016.

- In 2016, young adults aged 18 to 24 did not have significantly different views on the unacceptability of smoking by teenagers compared to adults aged 18 and over (82% vs 89%; in 2015, this difference was significant, with young adults less likely to view smoking by teenagers as unacceptable (75% vs. 89%; CAMH Monitor 2016, Figure 4-10)
- Never smokers and former smokers reported a significantly higher level of disapproval of smoking by teenagers than did current smokers (92% and 91% vs. 72%; CAMH Monitor 2016, data not shown).

Smoking in Movies

- In 2017, three in 10 students who were nonsmokers (27%) were in agreement that movies showing characters smoking should be rated 18A compared to 13% of students who were past-year smokers (OSDUHS 2017, data not shown; 13% is a marginal estimate. Interpret with caution)
- Over half of all adults (58%) agreed that movies showing characters smoking should be rated 18A, including 52% of all current smokers (CAMH Monitor 2016, data not shown)

Ease of Obtaining Cigarettes

- In 2017, 50% of students in grades 7 to 12 under the age of 19 believed it was fairly easy or very easy to obtain cigarettes, not significantly different from the 53% reported in 2015 (OSDUHS 2017, data not shown)
- In 2017, 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 (62% vs. 23.5%, OSDUH 2017)

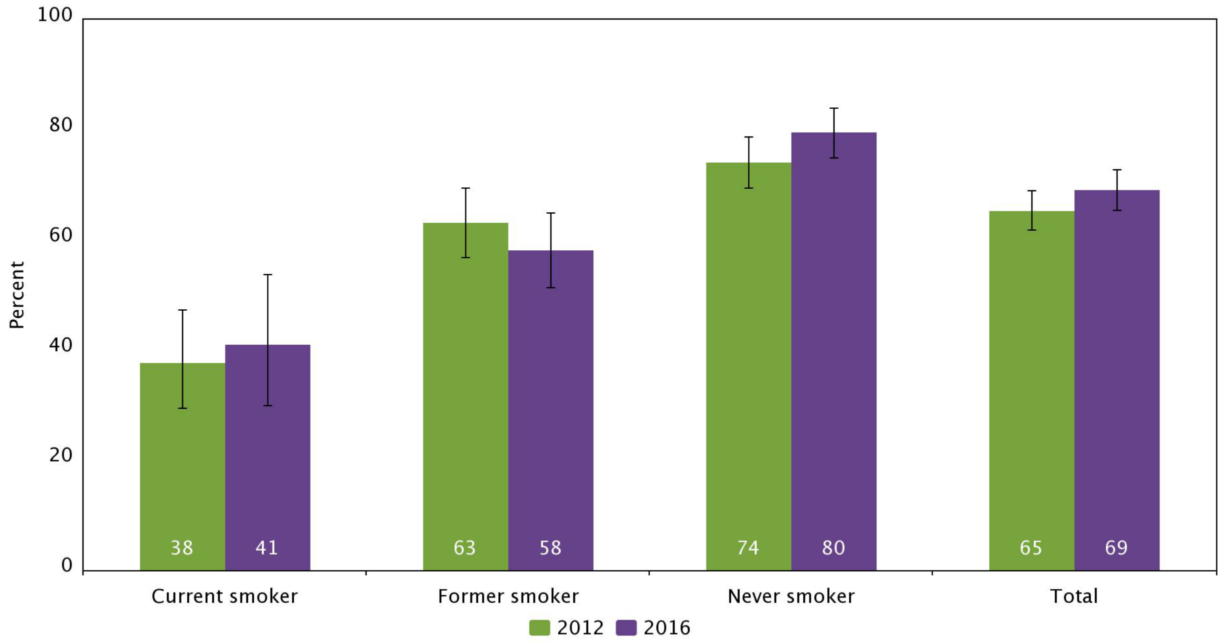
Support for Measures Related to Product Availability

Retail Sales

- In 2017, 62% 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 27% responded that tobacco products should be sold in government-owned stores, similar to the way alcohol is sold in liquor stores. Only 16% responded that tobacco products should be sold in a number of places as they are now (OSDUHS 2017, data not shown)

- Opinion about how tobacco products should be sold differed by grade (for youth under 19 years of age), with 53% of grade 7 and 8 students indicating that tobacco products should not be sold at all compared to only 27% of students in grades 9 to 12 sharing this view (OSDUHS 2017, data not shown)

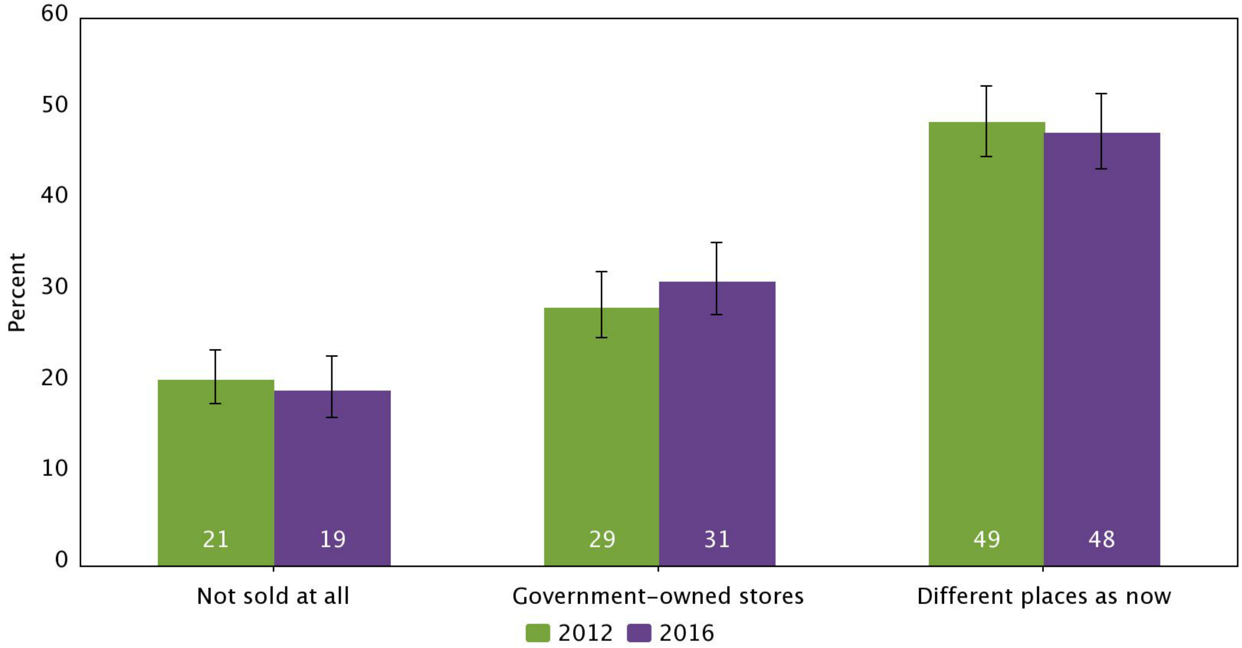
Figure 4-11: Agreement that the Number of Retail Outlets Selling Cigarettes Should Be Reduced, by Smoking Status, Ages 18+, Ontario, 2012 and 2016



Note: Vertical lines represent 95% confidence intervals. Full data table for this graph provided in the Appendix (Table 4A-10).
Source: Centre for Addiction and Mental Health Monitor (Full Year) 2012 and 2016.

- In 2016, 69% 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 4-11, CAMH Monitor 2016). Significantly more never smokers agreed with this policy option (80%) compared to former smokers (58%) and current smokers (41%; Figure 4-11)
- In 2016, 51% of adults in Ontario indicated their support for further restrictions on tobacco retail location, unchanged from 2015. Specifically, 19% responded that tobacco products should not be sold at all, 31% responded tobacco should be sold in government-owned stores similar to the way alcohol is sold in Liquor Control Board of Ontario stores, and 48% agreed that tobacco should be sold in a number of different places as they are now (CAMH Monitor 2016, Figure 4-12; no change over the 5-year benchmark year of 2012)

Figure 4-12: Views on How Tobacco Should Be Sold, Ages 18+, Ontario, 2012 and 2016



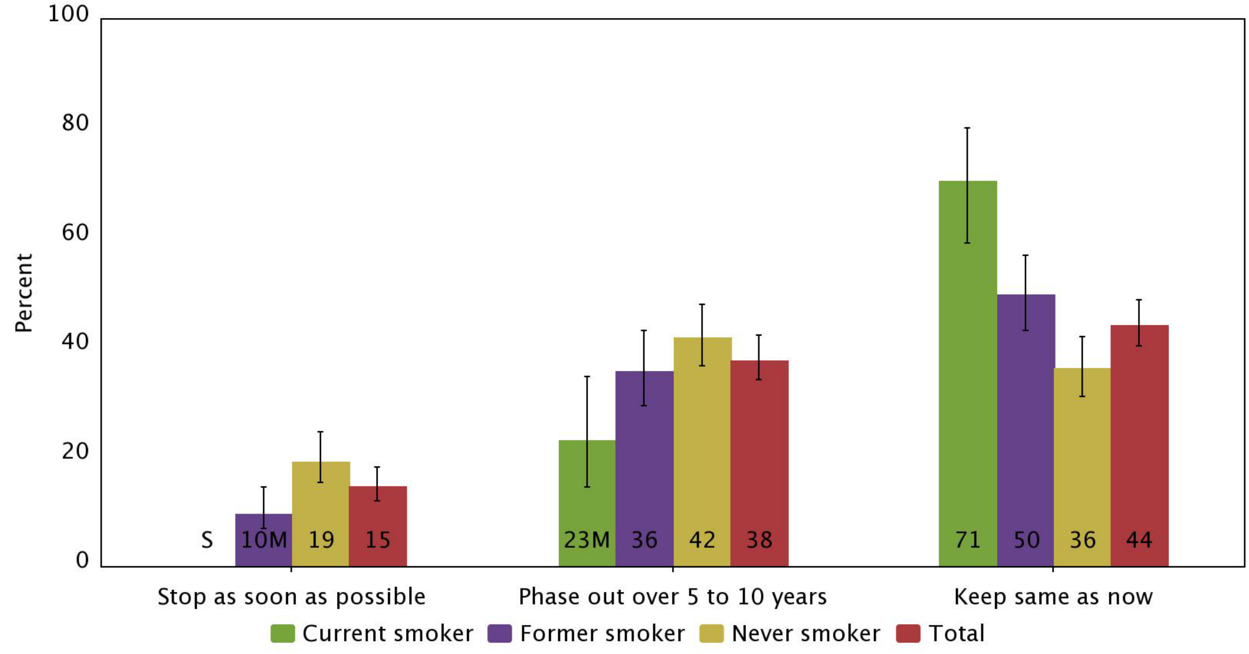
Note: Vertical lines represent 95% confidence intervals. Full data table for this graph provided in the Appendix (Table 4A-11).
Source: Centre for Addiction and Mental Health Monitor (Full Year) 2012 and 2016.

Support for the Prohibition of Tobacco Products

- In 2016, 15% of Ontario adults responded that the sale of cigarettes should be stopped as soon as possible, 38% felt cigarettes should be phased out over the next five to 10 years and 44% felt that the sale of cigarettes should be kept as it is now (CAMH Monitor 2016, Figure 4-13), unchanged from the benchmark year of 2012 (data not shown)
- Twenty-three percent of smokers were of the opinion that cigarettes should be phased out in five to 10 years (Marginal estimate: Interpret with caution), whereas 71% of smokers responded that the sale of cigarettes should be kept the same as now (CAMH Monitor 2016, Figure 4-13)
- Half of all Ontario adults (49%) are in agreement that tobacco products should forever not be sold to youth who are now teenagers even when they reach adulthood (CAMH Monitor 2016, Figure 4-14); 26% of current smokers are likewise in agreement (Note: marginal estimate, interpret with caution), unchanged from 2015
- Adults in Ontario had varied beliefs about where e-cigarettes should be sold including

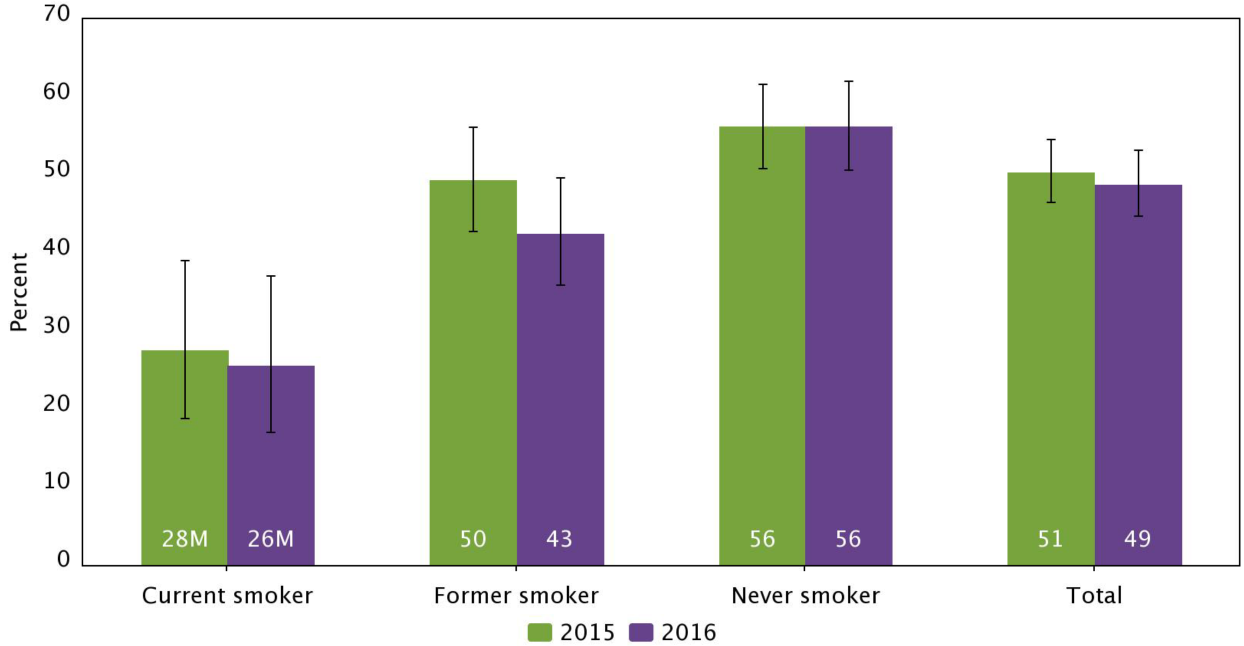
not at all (18%), different place as is the case now (28%), vape shop only (20%), government-owned stores (14%), pharmacies (11%), with 9% responding that they did not know where it should be sold (CAMH Monitor 2016; Figure 4-15). The view that e-cigarettes should be sold in vape shops only significantly increased from 2015 to 2016 (11.5% to 20%; Figure 4-15)

Figure 4-13: Views on the Sale of Cigarettes, by Smoking Status, Ages 18+, Ontario, 2016



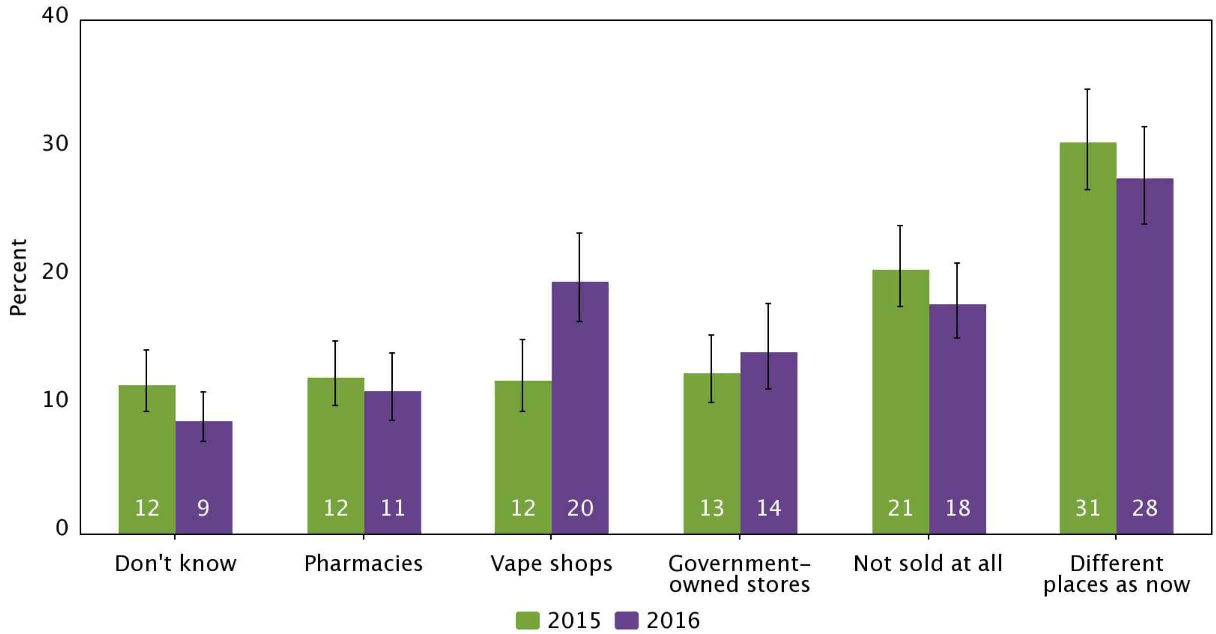
Note: S=data suppressed due to small sample sizes. M=Marginal. Interpret with caution: subject to moderate sampling variability Vertical lines represent 95% confidence intervals. Full data table for this graph provided in the Appendix (Table 4A-12).
Source: Centre for Addiction and Mental Health Monitor (Full Year) 2016.

Figure 4-14: Agreement that Tobacco Products Should Forever Not Be Sold to Youth Who Are Now Teenagers Even When They Reach Adulthood, Ontario, 2015 and 2016



Note: Vertical lines represent 95% confidence intervals. M=Marginal. Interpret with caution: subject to moderate sampling variability. Full data table for this graph provided in the Appendix (Table 4A-13).
Source: Centre for Addiction and Mental Health Monitor (Full Year) 2015 and 2016.

Figure 4-15: Views on Where E-Cigarettes Should Be Sold, Ontario, 2015 and 2016



Note: Vertical lines represent 95% confidence intervals. Full data table for this graph provided in the Appendix (Table 4A-14).
Source: Centre for Addiction and Mental Health Monitor (Full Year) 2015 and 2016.

Scientific Advisory Committee: Overview of Potential Contribution of Prevention Interventions

The updated Smoke-Free Ontario Scientific Advisory Committee report, *Evidence to Guide Action: Comprehensive Tobacco Control in Ontario (2016)*,[46] outlined the potential contributions of 13 prevention-related interventions. Below is a summary of the 12 high, innovative and moderate potential contributions related to prevention outcomes including an assessment of the current status of SFO prevention initiatives related to each potential contribution (Table 4-2).

Table 4-2: Scientific Advisory Committee Potential Contributions Related to Prevention Outcomes

Intervention	Current Status
High Potential Contribution – Intensify	
Price and Taxation	Despite an increase in 2017, Ontario continues to have the second lowest retail price ($102.40) and total tobacco tax ($66.29) for tobacco products compared to other Canadian provinces and territories.
Mass Media – Prevention	Not implemented at the provincial level
Banning Flavours in Tobacco Products (Tobacco industry assessment)	All flavours have been prohibited in Ontario since January 1, 2017, with the exception of some cigars weighing more than 1.4 grams but less than 6 grams (a flavour or aroma of wine, port, whiskey or rum is permitted), cigars weighing 6 or more grams, and pipe tobacco.
High Potential Contribution – Continue	
Bans on Point of Sale Displays	The *Smoke-Free Ontario Act* has banned the display of tobacco products at the retail and wholesale levels since May 1, 2008. Three price signs are permitted under specific controls (size and font).
Innovative	
Reducing the Availability of Tobacco Products	Tobacco continues to be sold seven days a week, 24 hours a day in some 10,000 outlets with almost no zoning restrictions.
Raising the Minimum Purchase Age	Not implemented
Social Marketing	There is currently a mix of regional and province-wide social marketing campaigns in Ontario (e.g., FTI-PSP, Party Without the Smoke).

Intervention	Current Status
Onscreen Tobacco Use and Product Placement	There is no requirement to rate movies containing tobacco imagery as Adult or 18A (or Mature for video games). There is no requirement for anti-tobacco advertisements to be shown in advance of movies (or video games) containing tobacco imagery.
Tobacco-Free Generation	Not implemented
Moderate Potential Contribution – Intensify	
Elementary and Secondary School Tobacco Policies	Currently, regulations prohibit smoking (holding a lighted cigarette) on elementary and secondary school property. The Smoke-Free Ontario Act 2017 has received Royal Assent. When it comes into force, it will extend coverage to vaping products.
Campus-Based Tobacco Policies	Not implemented at provincial level
Moderate Potential Contribution – Continue	
Elementary and Secondary School Prevention Programs	Little is known about the reach and effects of the current curricular program in Ontario schools

Executive Steering Committee: Overview of Priority Actions for Prevention

The *Smoke-Free Ontario Modernization* report[57] outlined a number of priority actions to keep youth and young adults from starting to smoke. Below is a summary of priority actions related to prevention outcomes including an assessment of how the current SFO initiatives address the priority actions (Table 4-3).

Table 4-3: Executive Steering Committee Priority Actions Related to Prevention Outcomes

Priority Actions	Current Status
3.1 Implement Comprehensive Policies And Programs To Keep Youth And Young Adults From Starting To Smoke	
3.1.1 Raise the minimum age to buy tobacco products to 21.	Not implemented
3.1.2 Intensify tobacco prevention policies and education in elementary, secondary and post-secondary schools, with particular emphasis on trade schools.	While not provincial in scope, Leave The Pack Behind has successfully run smoking prevention and de-escalation initiatives on several post-secondary campuses and in the community.
3.1.3 Implement prevention interventions (policies and programs) in a variety of youth-centred settings.	There is a mix of provincial and regional interventions being run by various PHUs and TCANs. Currently, regulations prohibit smoking (holding a lighted cigarette) on elementary and secondary school property. The *Smoke-Free Ontario Act 2017* has received Royal Assent. When it comes into force, it will extend coverage to vaping products.
3.2 Reduce Youth And Young Adult Social Exposure To Tobacco Use	
3.2.1 Reduce youth and young adults exposure to on-screen smoking by: • Requiring any movie that contains tobacco imagery to be assigned an adult rating (18A); • Requiring movie theatres to show strong anti-tobacco ads (PSAs) before movies that contain smoking or tobacco use and	Not implemented

Priority Actions	Current Status
trailers that discount any credibility of association with tobacco; and • Making media productions that include smoking ineligible for public subsidies.	
3.2.2 Make Ontario post-secondary campuses smoke-free, tobacco-free and free from tobacco industry influence.	Not implemented
Cross-Cutting Priority Actions	
Raise tobacco taxes to at least the highest level of all other provinces and territories, and regularly increase taxes to at least double the price of tobacco products. (Tobacco industry recommendation)	Ontario continues to have the second lowest retail price ($102.40) and total tobacco tax ($66.29) for tobacco products compared to other Canadian provinces and territories.
Utilization of provincial and municipal legislation, zoning restrictions and licensing fees to reduce the number and density of retail tobacco vendors. (Tobacco industry recommendation)	Tobacco continues to be sold seven days a week, 24 hours a day in some 10,000 outlets with almost no zoning restrictions.
Expand the ban on the display of cigarettes to include all smoking, tobacco-related and vaping paraphernalia. (Tobacco industry recommendation)	Not implemented

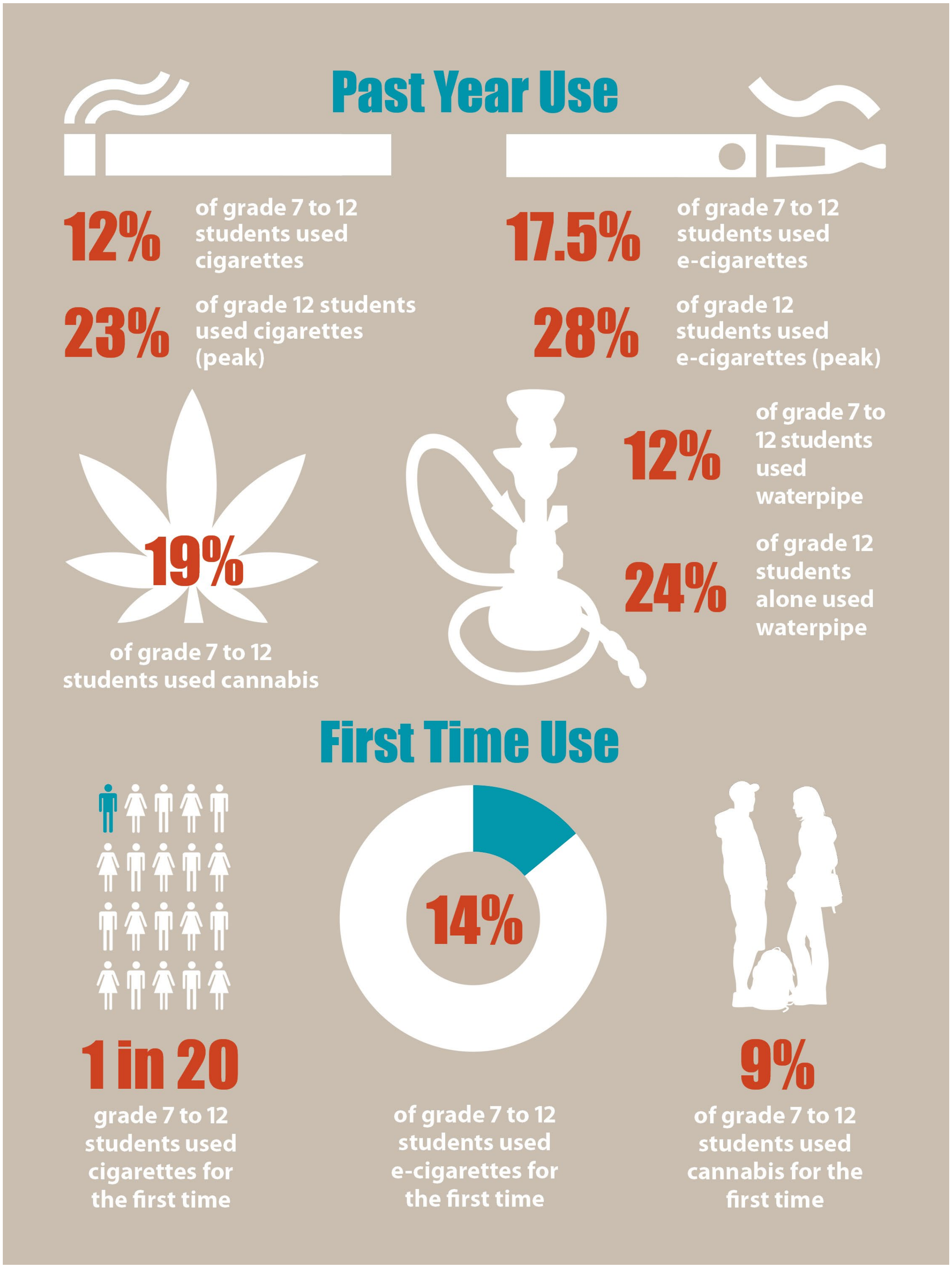
Chapter Summary

While considerable progress has been made in decreasing tobacco use initiation in Ontario, one in every ten youth (aged 12-18) still used tobacco in the past 30 days, one in four grade 12 students has smoked in the past year, and 17% of young adults (aged 20 to 24) and 20% of young adults (aged 25 to 29) are current cigarette smokers. There have been no significant changes in these indicators in recent years.

Ontario continues to fall short on several of the Executive Steering Committee Report recommendations for preventing tobacco use. Substantial progress requires population-level policy measures to increase cost and to decrease availability and access (see Pro-Tobacco Influences chapter). Specific to prevention is the recommendation to raise the legal age to purchase tobacco products to 21—an intervention that the 2016 Scientific Advisory Committee report assessed as innovative and a promising direction if implemented in Ontario. In addition, 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 changed in recent years. Moreover, 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. Cannabis use is particularly high compared to these other products. 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.

Visual Summary of Key Prevention Indicators



Appendix: Data Tables

Table 4A-1: Lifetime Abstinence, by Grades 7 to 12, Ontario, 2003 to 2017

Grade	2003	2005	2007	2009	2011	2013	2015	2017
Grade 7	80	91	93	94	97	97	98	96
Grade 8	72	84	88	88	90	92	93	96
Grade 9	61	69	76	82	88	88	89	91
Grade 10	52	59	67	68	77	80	80	84
Grade 11	42	54	57	63	65	72	69	74
Grade 12	41	49	55	58	65	66	68	69

Note: Data table is for Figure 4-2.
Source: Ontario Student Drug Use and Health Survey 2003–2017 (Biennial).

Table 4A-2: Use of Cigarettes for the First Time in the Past Year, by Grade, Ontario, 2003 to 2017

Grade	Year	Population Estimate	Value (%)	Lower 95% Confidence Limit	Upper 95% Confidence Limit
Grades 7-8	2003	19,300	6.9	5	9.5
	2005	11,600	4.1 M	2.9	5.9
	2007	9,500	3.4 M	2	5.7
	2009	6,700	2.5 M	1.5	4.2
	2011	9,600	3.6 M	2.3	5.6
	2013	6,300	2.7 M	1.5	4.9
	2015	S	S	S	S
	2017	S	S	S	S
Grades 9-12	2003	70,300	10.3	9.4	11.3
	2005	54,400	8.7	7.6	10
	2007	49,700	7.6	6.2	9.4
	2009	52,800	7.5	6.1	9.2
	2011	51,700	7.2	5.7	9.1
	2013	41,700	6.1	4.9	7.6
	2015	54,800	8	6.9	9.2
	2017	35,100	6.8	5	9

Note: M=Marginal. Interpret with caution: subject to moderate sampling variability. S=data suppressed due to small sample sizes. Data table is for Figure 4-3.
Source: Ontario Student Drug Use and Health Survey 2003–2017 (Biennial).

Table 4A-3: Past-Year Smoking, by Grades 7 to 12, Ontario, 2003 to 2017

Grade	2003	2005	2007	2009	2011	2013	2015	2017
Grade 7	13	6	4	3	3	1	S	1.6^{M}
Grade 8	21	11	7	7	6	4	S	S
Grade 9	29	21	16	12	8	8	8	6
Grade 10	35	29	20	23	16	14	16	11
Grade 11	42	34	30	25	24	22	21	18
Grade 12	43	36	30	29	25	24	24	23

Note: S=data suppressed due to small sample sizes. M=Marginal. Interpret with caution: subject to moderate sampling variability. Data table is for Figure 4-4.
Source: Ontario Student Drug Use and Health Survey 2003–2017 (Biennial).

Table 4A-4: Current Smoking (Past 30-Days), by Grade, Ontario, 2003 to 2017

Year	Grades 7 to 8	Grades 9 to 10	Grades 11 to 12
2003	1^{M}	8	15
2005	1^{M}	5	12
2007	S	4	8
2009	1^{M}	4	9
2011	S	3^{M}	6
2013	S	2^{M}	6^{M}
2015	S	2^{M}	5
2017	S	1^{M}	5^{M}

Note: M=Marginal. Interpret with caution: subject to moderate sampling variability. S=data suppressed due to small sample sizes. Data table is for Figure 4-5.
Source: Ontario Student Drug Use and Health Survey 2003–2017 (Biennial).

Table 4A-5: Current Smokers (Past 30-Days), Youth and Young Adults, Ontario, 2003 to 2015

Year	Age	Population Estimate	Value (%)	Lower 95% Confidence Limit	Upper 95% Confidence Limit
2003	15-17	54,700	11.5	9.7	13.2
	18-19	75,600	23.5	20.4	26.6
	20-24	256,400	30	27.2	32.7
	25-29	214,900	28.2	25.7	30.8
2005	15-17	47,600	9	7.3	10.8
	18-19	58,800	18	15.4	20.5
	20-24	231,900	26.1	23.8	28.3
	25-29	228,800	29	26.8	31.3
2007	15-17	35,500	6.5	4.8	8.2
	18-19	63,100	19.4	13.7	25
	20-24	226,400	26.9	23.3	30.4
	25-29	255,300	29.2	25.9	32.6
2008	15-17	28,900	5.8	4.2	7.5
	18-19	54,600	16	12.1	19.8
	20-24	208,700	23.5	19.6	27.5
	25-29	260,700	30.7	27.2	34.2
2009	15-17	40,100	7.7	5.4	9.9
	18-19	44,500	13.2	9.6	16.8
	20-24	179,600	20.4	17	23.8
	25-29	224,900	25.6	21.9	29.2
2010	15-17	37,000	6.9	5	8.9
	18-19	55,300	16.3	12.1	20.5
	20-24	238,500	25.3	21.2	29.3
	25-29	212,100	24.4	21.3	27.6
2011	15-17	19,600	3.8 M	2.3	5.2
	18-19	35,000	10.2 M	6.9	13.5
	20-24	199,800	20.5	17.1	24
	25-29	214,500	24.7	21.1	28.4
2012	15-17	20,400	3.7 M	1.9	5.5
	18-19	31,000	10.7 M	7	14.5
	20-24	228,900	23.2	19.2	27.2
	25-29	211,200	23.8	19.9	27.7
2013	15-17	18,700	3.7 M	2.2	5.1
	18-19	37,800	10.9 M	7.2	14.6
	20-24	197,700	21.2	17.8	24.6
	25-29	242,700	25.3	21.6	29
2014	15-17	17,800	3.3 M	1.7	4.9
	18-19	33,700	10.4 M	5.8	15
	20-24	171,000	17.3	14.3	20.4
	25-29	202,900	22.8	18.8	26.7
2015	15-17	25400	5.3 M	3.2	8.8
	18-19	52200	14 M	9.3	20
	20-24	152800	16.9	13.3	21
	25-29	171800	19.8	15.7	25

Note: M=Marginal. Interpret with caution: subject to moderate sampling variability. Data table is for Figure 4-6.
Source: Canadian Community Health Survey 2003-2015.

Table 4A-6: Current Smokers (Past 30-Days), Youth and Young Adults, by Sex, Ontario, 2015

Age	Sex	Population Estimate	Value (%)	Lower 95% Confidence Limit	Upper 95% Confidence Limit
15-17	Females		S		
	Males	20,000	8[M]	4.1	14.2
18-19	Females		S		
	Males	33,800	16.5[M]	9.9	26.0
20-24	Females	50,600	12[M]	8.0	17.5
	Males	102,200	21[M]	15.5	28.0
25-29	Females	64,600	14[M]	10.3	19.2
	Males	107,200	26[M]	19.0	35.0

Note: M=Marginal. Interpret with caution: subject to moderate sampling variability. S = data suppressed due to small sample sizes. Data table is for Figure 4-7.
Source: Canadian Community Health Survey 2015.

Table 4A-7: E-Cigarette Use, Past Year and Ever Use, by Grade, Ontario, 2017

Use of an E-Cigarette	Group	Population Estimate	Value (%)	Lower 95% Confidence Limit	Upper 95% Confidence Limit
Past Year	Grade 7-8	9,200	3.9 [M]	2.4	6.2
	Grade 9	17,800	15.8	11.8	20.8
	Grade 10	24,900	21.7	17.1	27.1
	Grade 11	33,100	26.9	21.2	33.4
	Grade 12	47,500	28.3	23.7	33.3
	Grades 7-12	132,400	17.5	14.4	21
Ever Use	Grade 7-8	11,500	4.8 [M]	3.1	7.5
	Grade 9	20,900	18.5	14.1	23.7
	Grade 10	32,600	28.4	23.2	34.2
	Grade 11	39,700	32.3	26.3	39
	Grade 12	58,500	34.9	29.8	40.3
	Grades 7-12	163,300	21.6	18.1	25.5

Note: M=Marginal. Interpret with caution: subject to moderate sampling variability. Data table is for Figure 4-8.
Source: Ontario Student Drug Use and Health Survey 2017.

Table 4A-8: Waterpipe Use, Past Year and Ever Use, by Grade, Ontario, 2017

Any Use of a Waterpipe	Group	Population Estimate	Value (%)	Lower 95% Confidence Limit	Upper 95% Confidence Limit
Past Year	Grade 7-8		S		
	Grade 9	5,200	4.6 M	2.9	7.3
	Grade 10	10,600	9.2	6.9	12.1
	Grade 11	18,300	14.8	11.4	19
	Grade 12	33,400	19.8	16.2	24
	Grades 7-12	70,200	9.3	7.8	10.9
Ever use of waterpipe	Grade 7-8	3,700	1.5 M	0.8	3
	Grade 9	7,500	6.6 M	4.7	9.4
	Grade 10	13,300	11.6	8.9	14.9
	Grade 11	23,100	18.7	14.8	23.5
	Grade 12	40,600	24.1	20.1	28.7
	Grades 7-12	88,200	11.6	10	13.5

Note: M=Marginal. Interpret with caution: subject to moderate sampling variability. S=data suppressed due to small sample sizes. Data table is for Figure 4-9.
Source: Ontario Student Drug Use and Health Survey 2017.

Table 4A-9: Adult Views on the Social Unacceptability of Teenagers Smoking Cigarettes, by Age, Ontario, 2010 and 2016

Year	Age	Population Estimate	Value (%)	Lower 95% Confidence Limit	Upper 95% Confidence Limit
2010	18-24		80.5	65.1	90.1
	18+		90.3	87.7	92.4
2011	18-24		85.3	73	92.6
	18+		88.9	85.9	91.3
2012	18-24	782,400	74.7	57.8	86.5
	18+	8,732,700	86.1	83	88.7
2013	18-24	868,000	84.4	66.2	93.7
	18+	8,169,400	87.3	84.2	89.8
2014	18-24	761,600	71.1	53.8	83.9
	18+	8,893,500	86.7	83.6	89.2
2015	18-24	873,600	74.7	59.2	85.7
	18+	9,150,000	89.3	86.3	91.7
2016	18-24	1,309,400	82	68.9	90.4
	18+	9,336,700	89.4	86.5	91.8

Note: Data table is for Figure 4-10.
Source: Centre for Addiction and Mental Health Monitor (Full Year) 2010 and 2016.

Table 4A-10: Agreement that the Number of Retail Outlets Selling Cigarettes Should Be Reduced, by Smoking Status, Ages 18+, Ontario, 2012 and 2016

Year	Group	Population Estimate	Value (%)	Lower 95% Confidence Limit	Upper 95% Confidence Limit
2012	Current smoker	618,900	37.9	29.3	47.2
	Former smoker	1,813,700	63.3	56.9	69.3
	Never smoker	4,180,400	74.4	69.4	78.8
	Total	6,628,400	65.4	61.7	68.9
2016	Current smoker	522,500	41.3	29.9	53.8
	Former smoker	1,567,200	58.3	51.3	65
	Never smoker	5,110,700	79.8	75	83.9
	Total	7,235,300	69.2	65.3	72.8

Note: Data table is for Figure 4-11.
Source: Centre for Addiction and Mental Health Monitor (Full Year) 2012 and 2016.

Table 4A-11: Views on How Tobacco Should Be Sold, Ages 18+, Ontario, 2012 and 2016

Year	Policy Option	Population Estimate	Value (%)	Lower 95% Confidence Limit	Upper 95% Confidence Limit
2012	Not sold at all	2,078,000	20.5	17.7	23.6
	Government-owned stores	2,883,100	28.5	25	32.2
	Different places as now	4,940,700	48.8	45	52.6
2016	Not sold at all	2,026,900	19.4	16.2	23
	Government-owned stores	3,286,900	31.4	27.6	35.5
	Different places as now	4,992,700	47.7	43.5	51.9

Note: Data table is for Figure 4-12.
Source: Centre for Addiction and Mental Health Monitor (Full Year) 2012 and 2016.

Table 4A-12: Views on the Sale of Cigarettes, by Smoking Status, Ages 18+, Ontario, 2016

Policy Option	Smoking Status	Population Estimate	Value (%)	Lower 95% Confidence Limit	Upper 95% Confidence Limit
Stop as soon as possible	Current smoker		S		
Phase out over 5 to 10 years	Current smoker	292,700	23.2 M	14.5	34.8
Keep same as now	Current smoker	893,300	70.7	59.1	80.1
Stop as soon as possible	Former smoker	263,500	9.9 M	6.8	14.4
Phase out over 5 to 10 years	Former smoker	955,800	36	29.4	43.2
Keep same as now	Former smoker	1,330,200	50.1	43.2	57
Stop as soon as possible	Never smoker	1,242,300	19.4	15.2	24.5
Phase out over 5 to 10 years	Never smoker	2,697,000	42.2	36.7	47.9
Keep same as now	Never smoker	2,325,100	36.4	31	42.1
Stop as soon as possible	Total	1,545,500	14.8	12	18.2
Phase out over 5 to 10 years	Total	3,960,700	38	34	42.2
Keep same as now	Total	4,624,100	44.4	40.3	48.6

Note: S=data suppressed due to small sample sizes. M=Marginal. Interpret with caution: subject to moderate sampling variability. Data table is for Figure 4-13.
Source: Centre for Addiction and Mental Health Monitor (Full Year) 2016.

Table 4A-13: Agreement that Tobacco Products Should Forever Not Be Sold to Youth Who Are Now Teenagers Even When They Reach Adulthood, Ontario, 2015 and 2016

Year	Smoking Status	Population Estimate	Value (%)	Lower 95% Confidence Limit	Upper 95% Confidence Limit
2015	Current smoker	384,500	27.7 M	18.7	39.1
	Former smoker	1,388,500	49.5	42.8	56.1
	Never smoker	3,416,700	56.4	50.9	61.7
	Total	5,189,700	50.6	46.6	54.6
2016	Current smoker	320,500	25.8 M	17	37.1
	Former smoker	1,139,000	42.7	35.9	49.7
	Never smoker	3,610,200	56.4	50.7	62
	Total	5,096,800	48.9	44.7	53.2

Note: M=Marginal. Interpret with caution: subject to moderate sampling variability. Data table is for Figure 4-14.
Source: Centre for Addiction and Mental Health Monitor (Full Year) 2015 and 2016.

Table 4A-14: Opinion About Where E-Cigarettes Should Be Sold, Ontario, 2015 and 2016

Year	Location	Population Estimate	Value (%)	Lower 95% Confidence Limit	Upper 95% Confidence Limit
2015	Don't know	1,197,400	11.7	9.5	14.3
	Only vape shops	1,230,200	12	9.5	15.1
	Only pharmacies	1,257,900	12.3	10	15
	Government-owned stores	1,291,300	12.6	10.2	15.5
	Not sold at all	2,115,200	20.7	17.7	24
	Different places as now	3,137,100	30.7	26.9	34.7
2016	Don't know	934,100	8.9	7.2	11
	Only pharmacies	1,169,600	11.2	8.8	14.1
	Government-owned stores	1,494,100	14.3	11.3	17.9
	Not sold at all	1,884,700	18	15.3	21.1
	Only vape shops	2,076,600	19.8	16.6	23.5
	Different places as now	2,908,100	27.8	24.1	31.8

Note: Data table is for Figure 4-15.
Source: Centre for Addiction and Mental Health Monitor (Full Year) 2015 and 2016.

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