

Welcome to today's webinar:

Tobacco control in Ontario: How well are we doing and where can we improve?

Findings from OTRU's Annual Strategy Monitoring Report

Dr. Robert Schwartz & Dr. Shawn O'Connor

Start time: 10:30 A.M. – 12:00 P.M.

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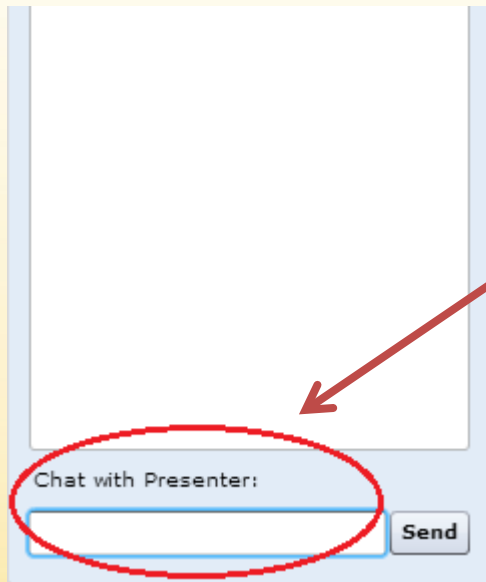
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Today's Speakers

Rob Schwartz



Dr. Rob Schwartz is the Executive Director of the Ontario Tobacco Research Unit and Associate Professor at the Dalla Lana School of Public Health, University of Toronto, with interests in research, evaluation and knowledge exchange.

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Shawn O'Connor



Dr. Shawn O'Connor is an expert in the surveillance of tobacco control outcomes. At OTRU, Shawn leads the Strategy Evaluation working group, which produces an annual report detailing progress of the Smoke-Free Ontario Strategy (under discussion today).

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Measuring up: Smoke-Free Ontario Tobacco Strategy 2014

Robert Schwartz & Shawn O'Connor

Ontario Tobacco Research Unit
27 January 2015

Outline

- ❑ Monitoring report background
- ❑ The good news: where progress is evident
- ❑ The less good news: where progress is less evident
- ❑ Achieving goals?
- ❑ MPOWER and SAC standards met
- ❑ MPOWER and SAC standards not yet met
- ❑ Focusing issues

Focusing Issues

- ❑ Is tobacco use any different from cigarette use?
- ❑ Are emerging products an issue?
- ❑ Are we done with protection?
- ❑ Is there any need for an increase in price/tax?
- ❑ Does smoking increase gradually with age or does the rate jump?
- ❑ Does mass media/social marketing have a role in a comprehensive strategy?

1994 to 2014



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Chapter 2: Tobacco Use

Chapter 3: Youth Prevention

Chapter 4: Smoking Cessation

Chapter 5: Protection

Chapter 6: Concluding Note

What's working?

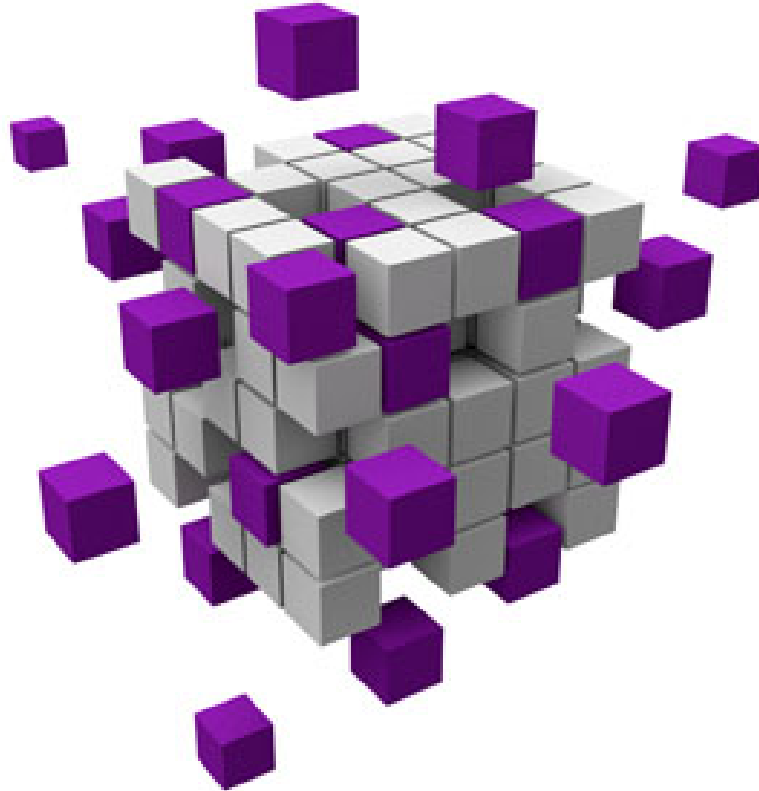
What's not?

**Objective:
System
Learning**

What can be improved?

How to improve?

Strategy Infrastructure & Interventions



Evaluative information into program **contributions**

Conclusions informed by. . .

- ❑ Past OTRU reports
- ❑ MOHLTC Guidance documents
- ❑ MPOWER (World Health Organization)
- ❑ Scientific Advisory Committee (SAC)

The good news:

Where progress is evident

- ❑ Tobacco use amongst grade 12 youth down and steady at 6%
- ❑ More smokers accessing formal cessation supports
- ❑ Additional protection from SHS exposure
- ❑ More investment in public education

The less good news

- ❑ No significant decrease in prevalence of cigarette smoking
- ❑ Overall tobacco use steady
- ❑ Increasing use of alternative products
- ❑ Young adult use remains high

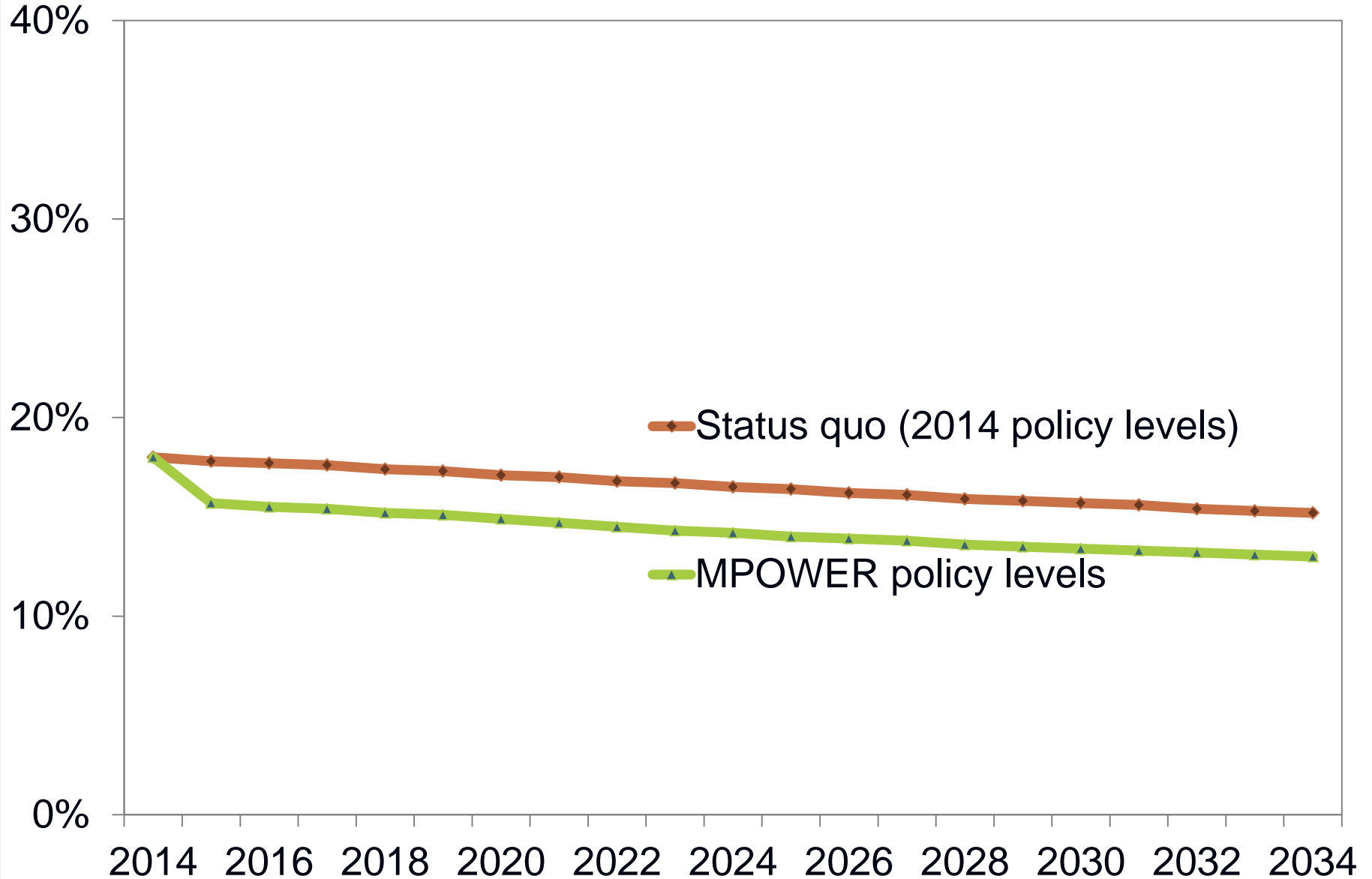
The less good news (cont'd)

- ❑ No change in quit attempts; long-term quits
- ❑ No change in remaining exposure in workplaces, cars and homes
- ❑ 1 million Ontarians exposed in MUDS

Achieving Goals?

- Canadian jurisdiction with lowest smoking rate
- 5 percentage points in 5 years (in past 5 years, less than 2 percentage points (not significant))
- Next generation tobacco-free
 - Surgeon General
 - Canadian Public Health Association
 - aPHa

SimSmoke Prevalence Predictions



MPOWER and SAC Standards Met (Selected)

Smoking on Patios	V
Flavour Gone	V
Evaluation & Monitoring	V
Target High Risk Youth & Young Adults	Maybe
Cessation through-out Health System	Progress

MPOWER and SAC Standards Not Yet Met (Selected)

Taxes	X
Mass Media / Social Marketing	Insufficient
Adult Ratings for Smoking in Movies	X
Universal Coverage all Cessation Supports	X
Cigarette and waterpipe in more indoor and outdoor public places	X

FOCUSING ISSUES

**Q1. Is Tobacco use any different
from cigarette use?**

Tobacco Use (past month)



21% have used some form of tobacco

Source: CCHS 2013

Past-30 Day Use, 12 Years and Older

- ❑ 18% smoked cigarettes
- ❑ 5.2% smoked cigars
- ❑ 1% smoked a pipe
- ❑ 0.6% used chewing tobacco
- ❑ less than 0.1% used snuff

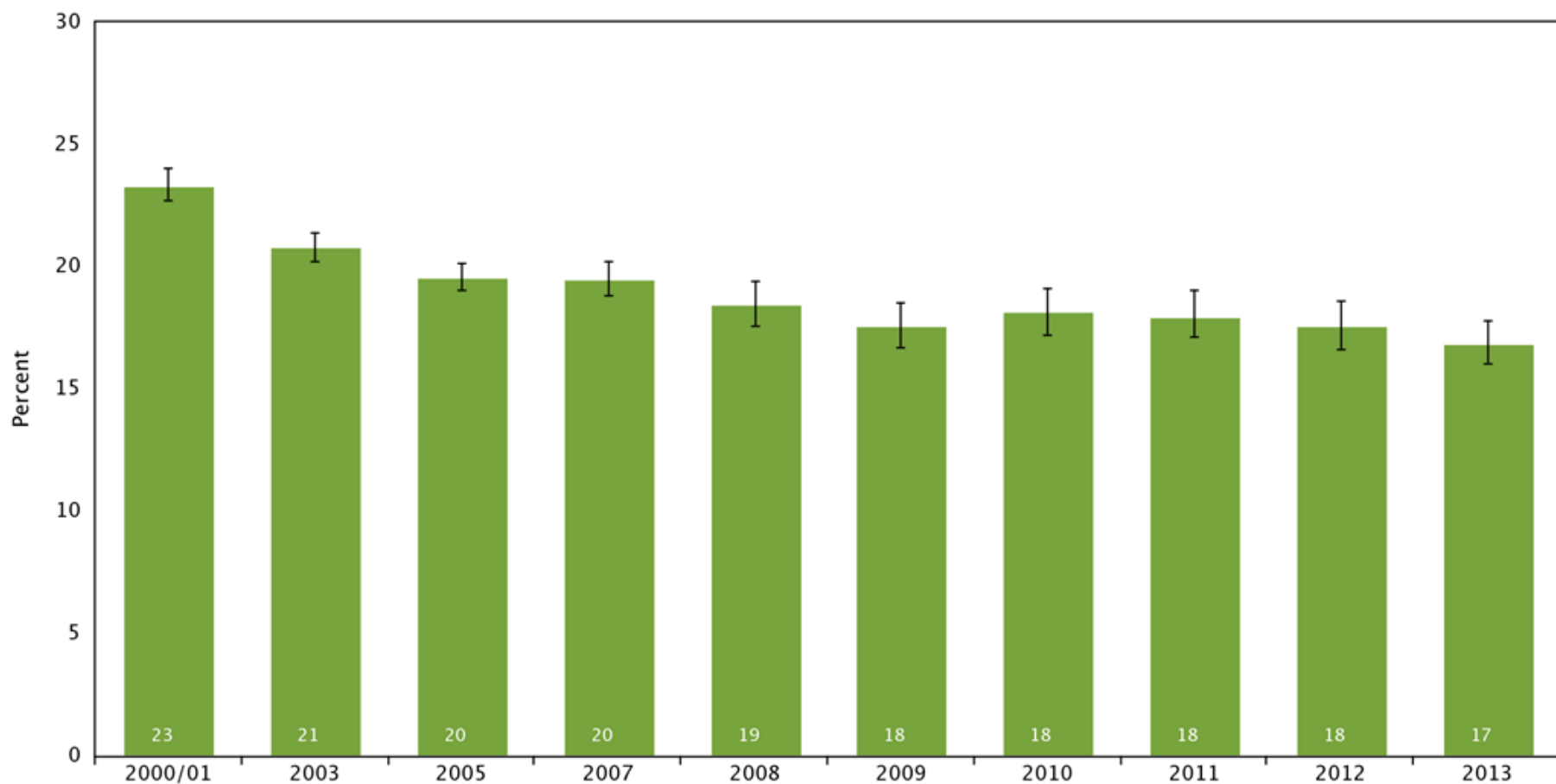
**Current cigarette smoking:
17%**

CCHS 2013, Past-30 days, 100 in lifetime

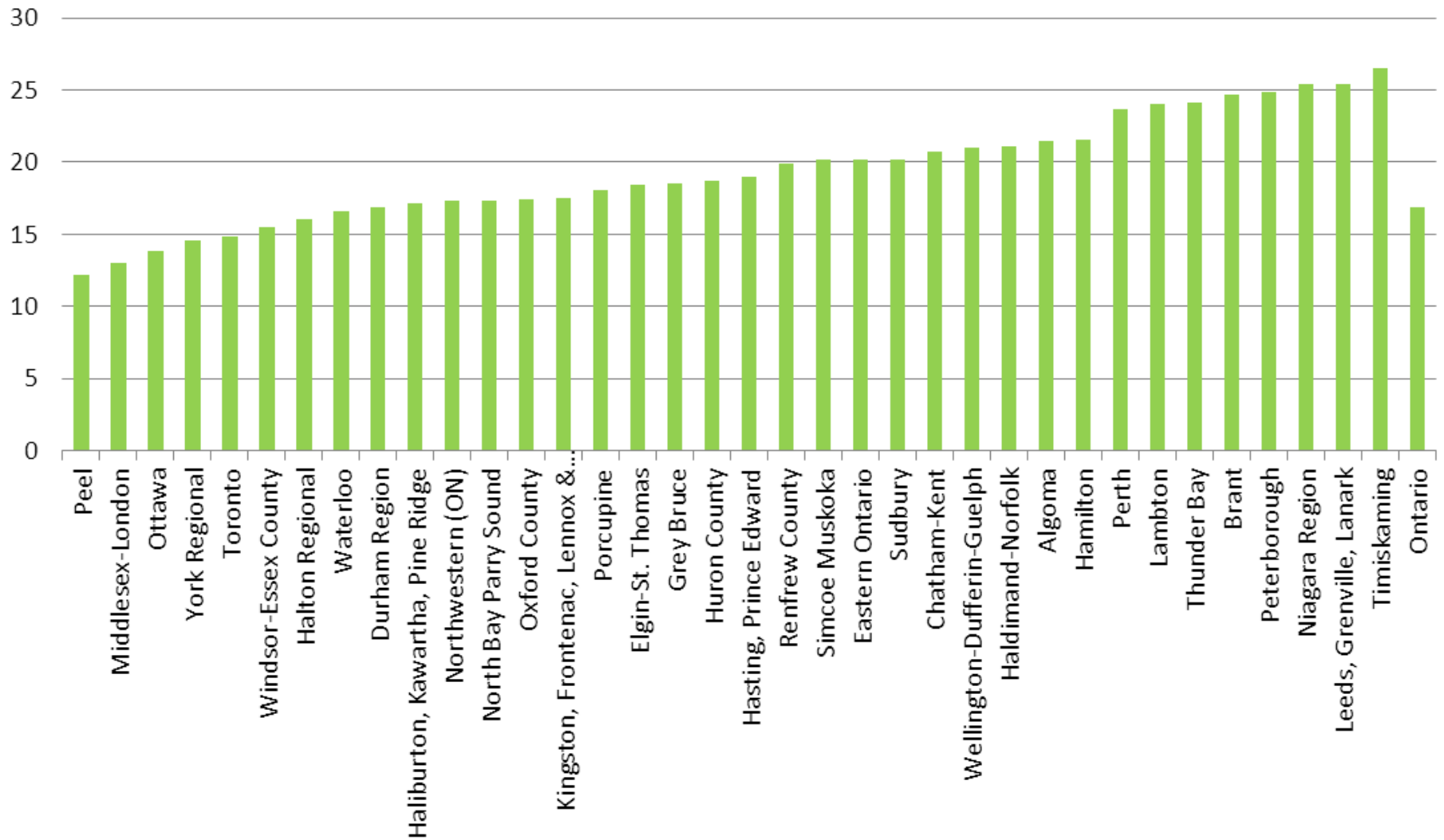


Current Smoking (Past 30 Days)

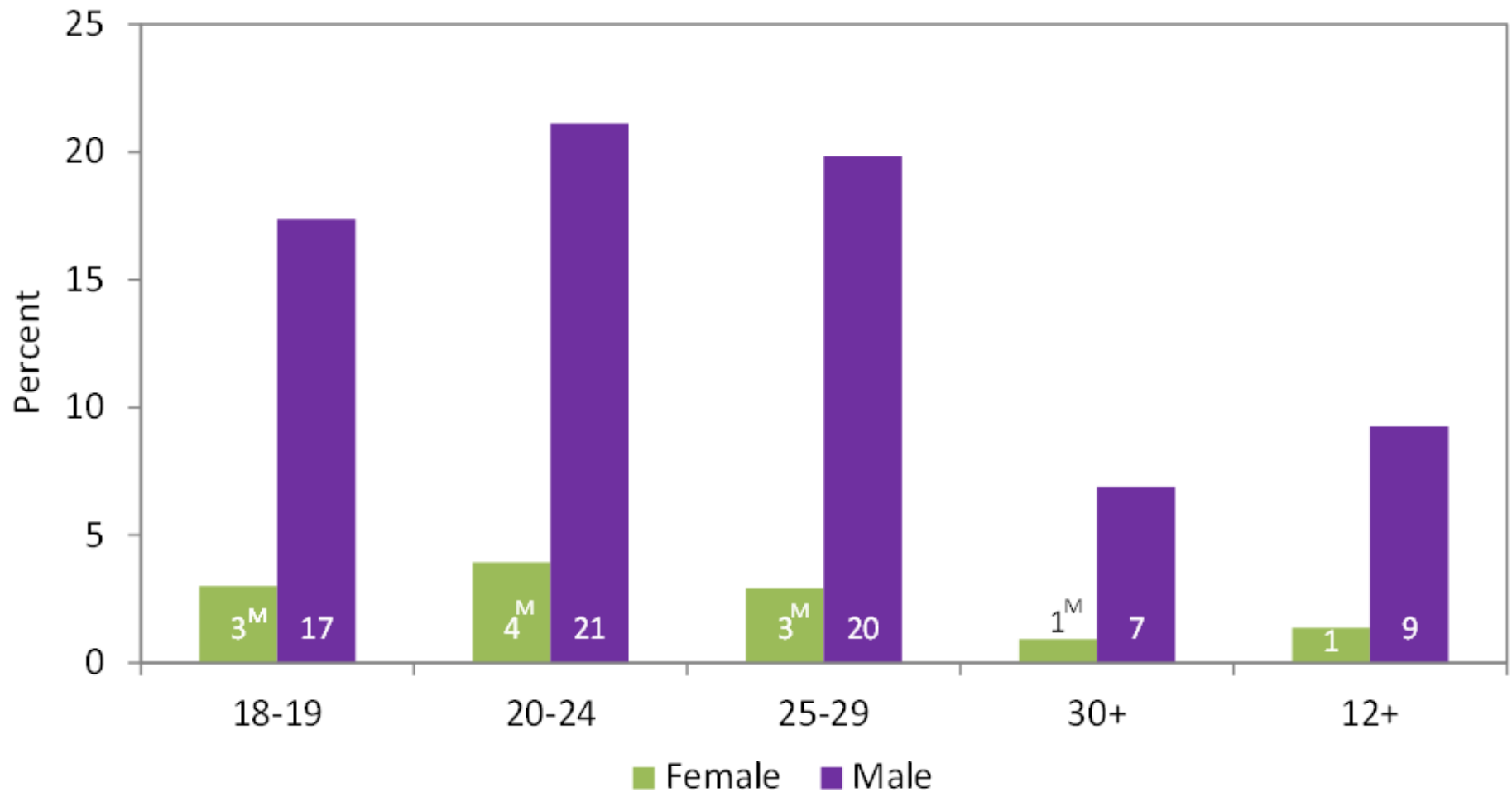
Ages 12+, Ontario



Past 30-Day Current Smoking, by PHU



Cigar Use, Past 30 Days



Flavoured cigars comprise 83% of the Ontario market (2013)



Menthol comprises 2.5% of all cigar sales



Smokeless Tobacco (Past Year)

Grades 7 to 12

5.7% used in past year



But...only 43.5% tried once or twice and 58.5% used no more than 5 times

Q2. Are emerging products an issue?

Waterpipe Use (Past Year)

10% among students in grades 7 to 12

Peaking at 19% in grade 12



E-Cigarette Use (Past Year)

Aged 18 to 29: 13%

30 and over: 6%



Students in Grades 9 to 12 (Lifetime use):

- 15% (19% for males and 10% for females)

Questions?



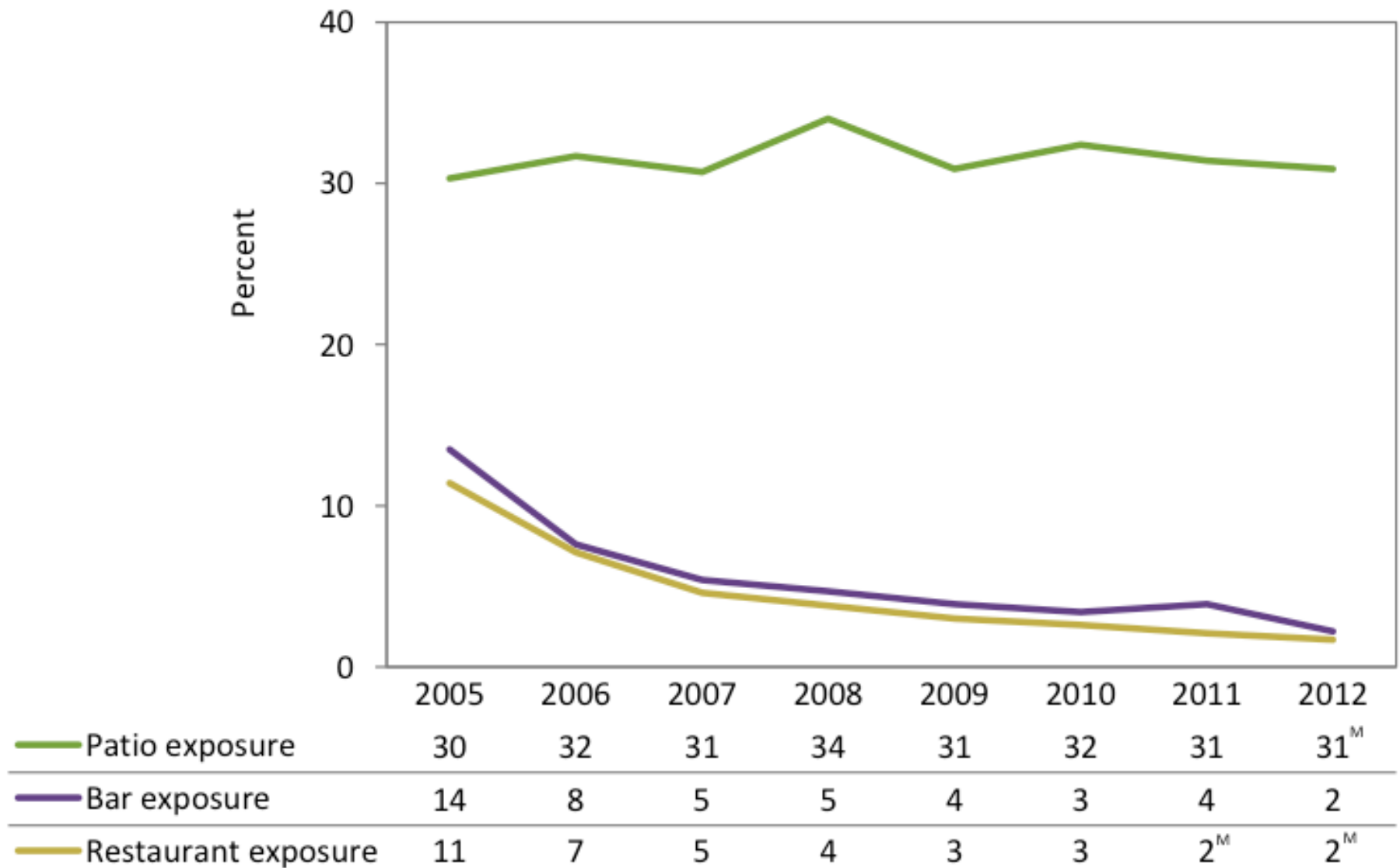
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Q3. Protection

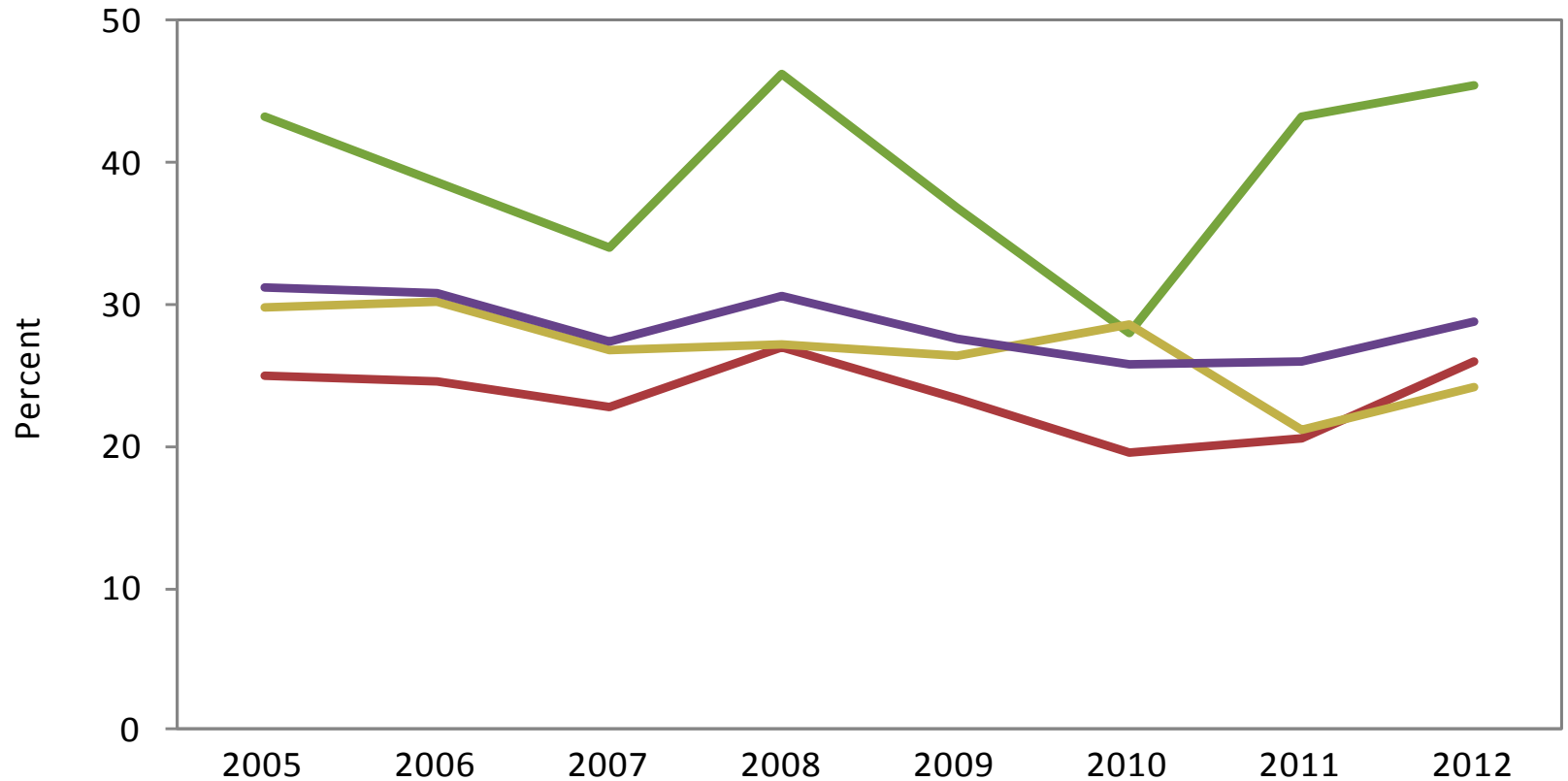
Are we done with protection?



Workplace Exposure (Past 30 Days), 15+



Workplace Exposure (Past 30 Days), 15+

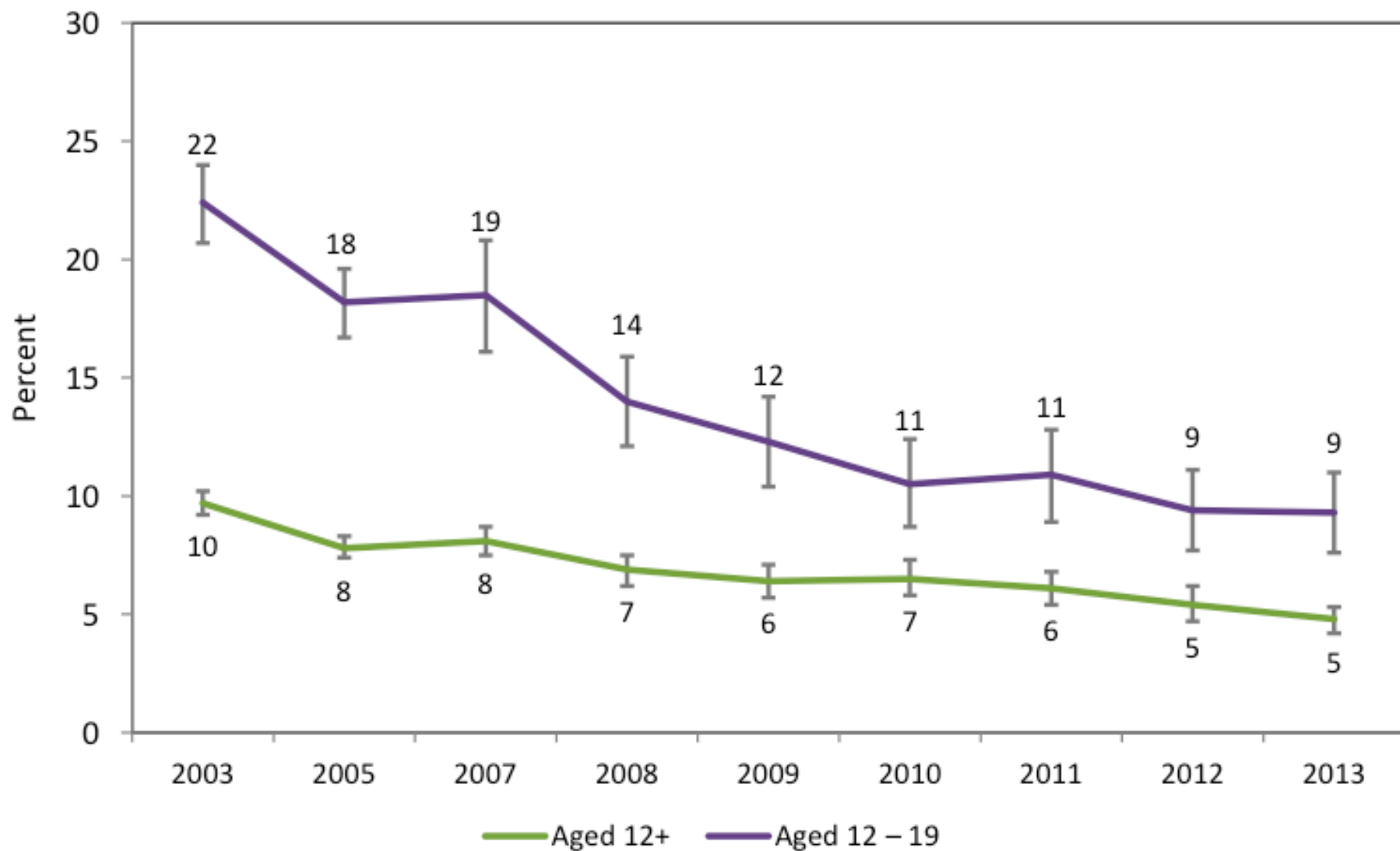


Blue-collar	43	39	34	46	37	28	43	45.5
Sales and service	25	25	23	27	23	19.5	20.5	26
White-collar	30	30	27	27	26	28.5	21	24
Total	31	31	27	30.5	28	26	26	29

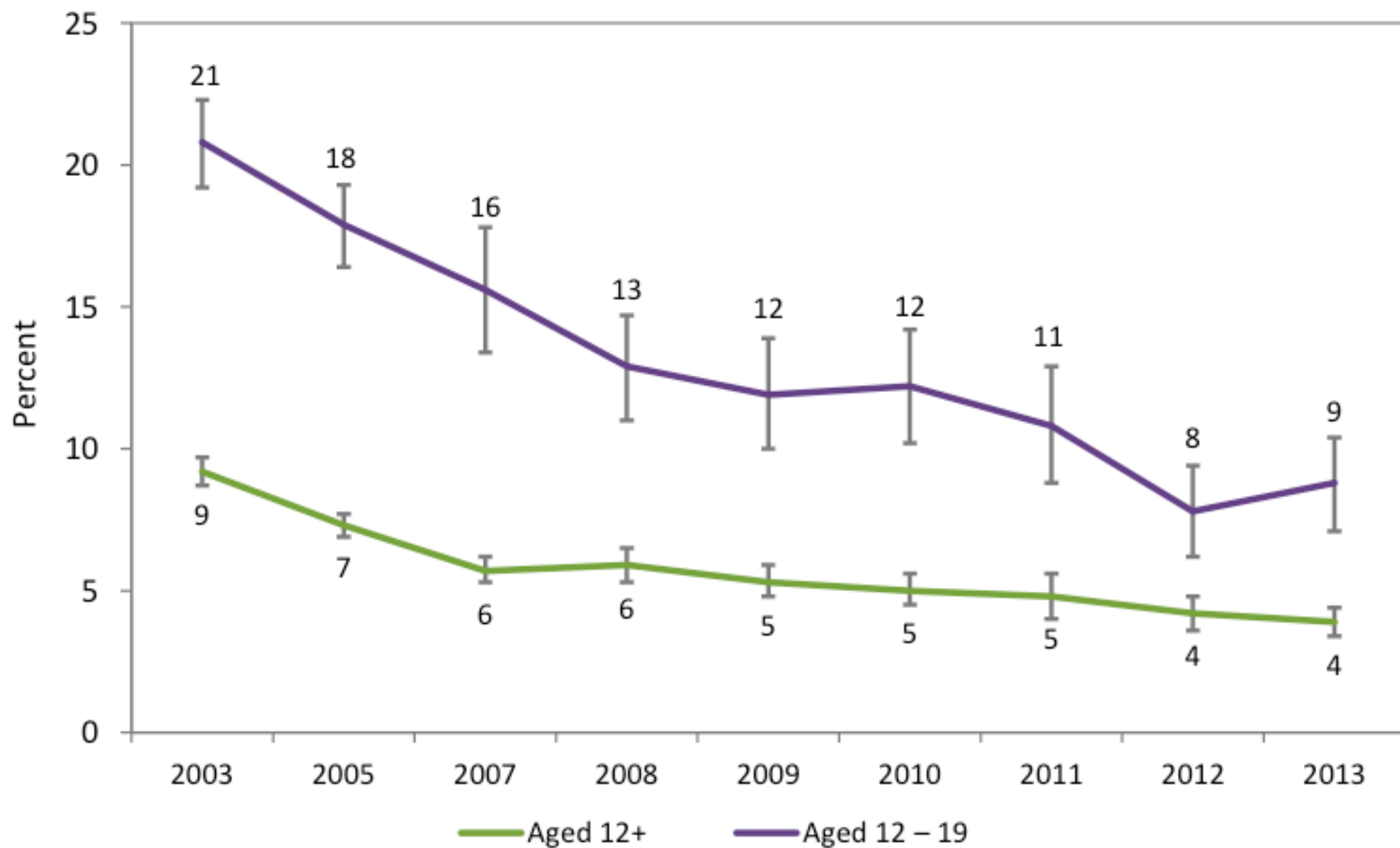
In 2013, 9% of 12 to 19 Year Olds Exposed to SHS in Vehicles



SHS in Vehicles, Nonsmokers



SHS at Home, Nonsmokers



Scientific Advisory Committee Recommendations

- ❑ Maximize compliance & enforcement
- ❑ Broaden the *SFOA*
- ❑ Increase media and social marketing
- ❑ Develop a program to facilitate grassroots local action, social norm change
- ❑ Learning system: research, surveillance, evaluation

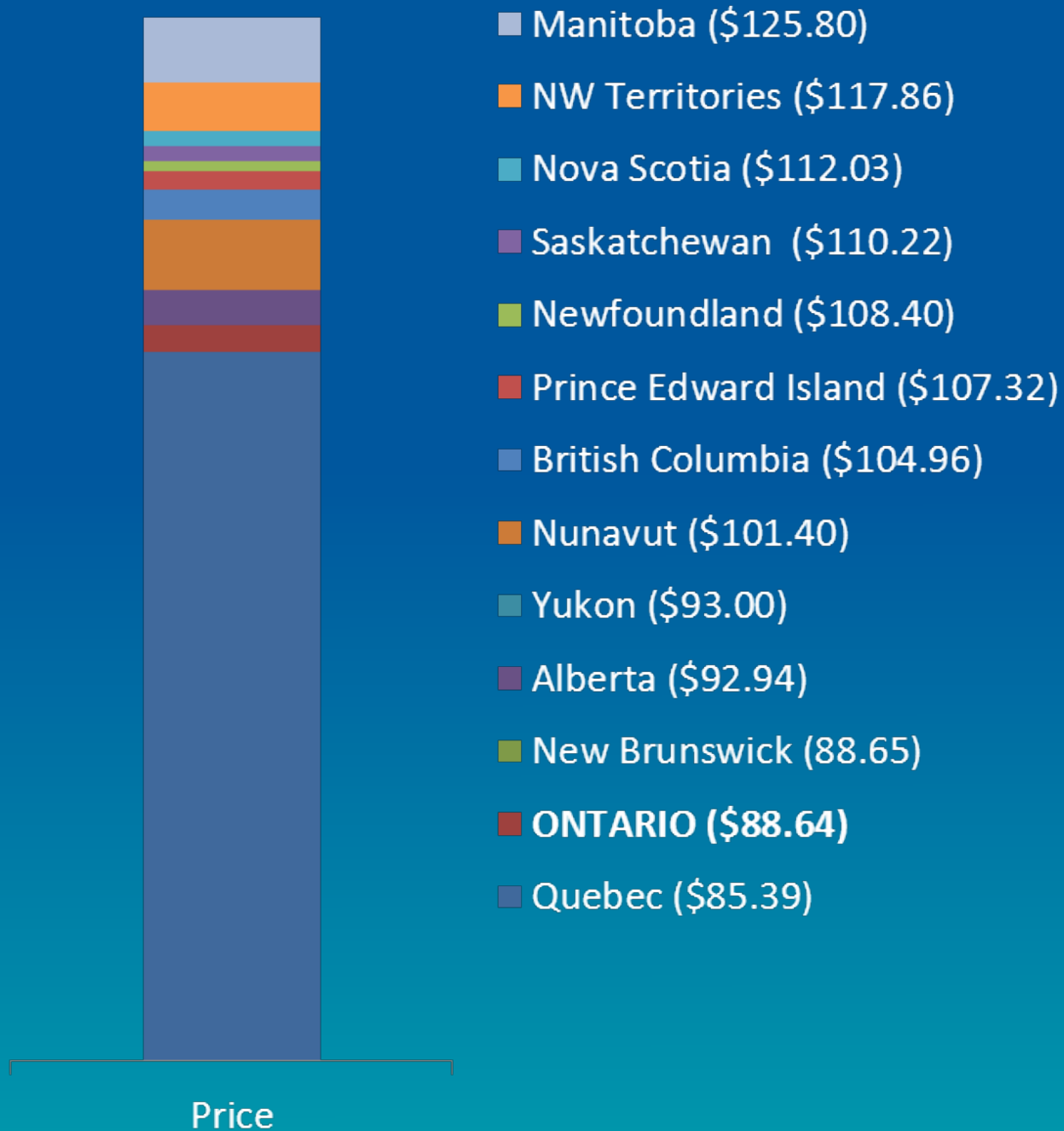
Questions?



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Q4. Is there any need for
an increase in price / tax?

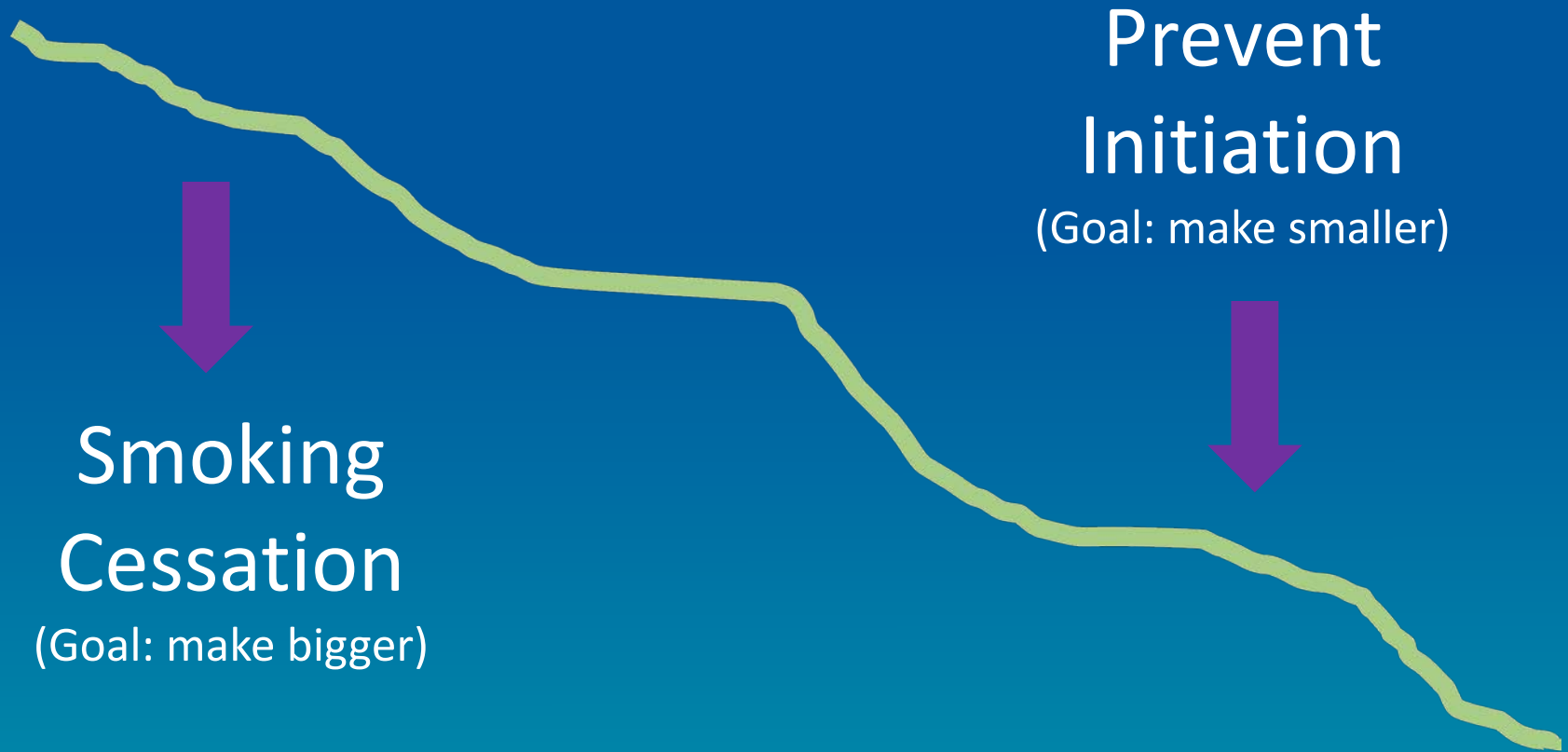
**Price/tax is the 2nd lowest in the
country**



SAC Recommendation

4.1 Implement a **substantial increase** in
provincial tobacco taxes

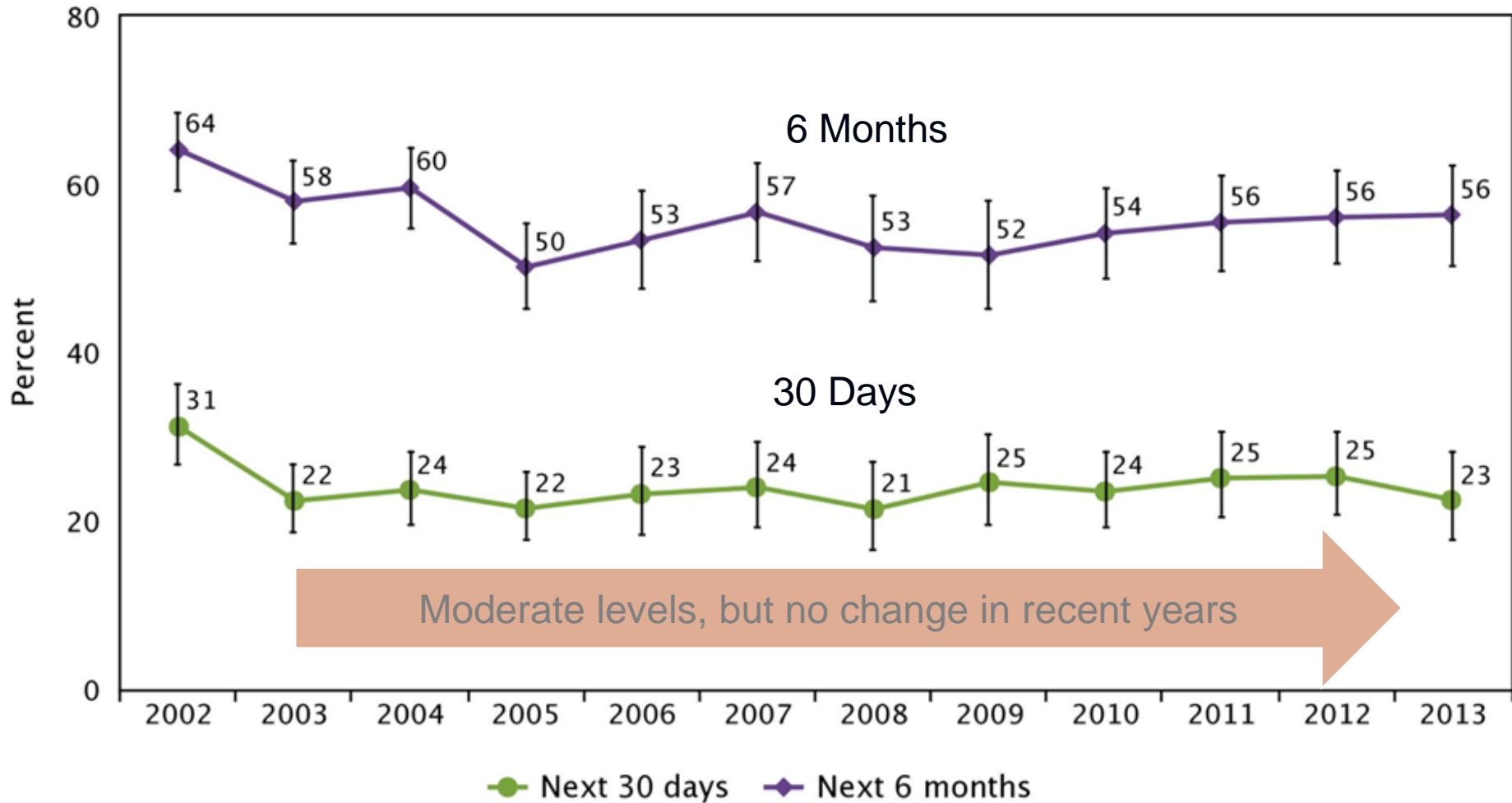
Impact of Taxation



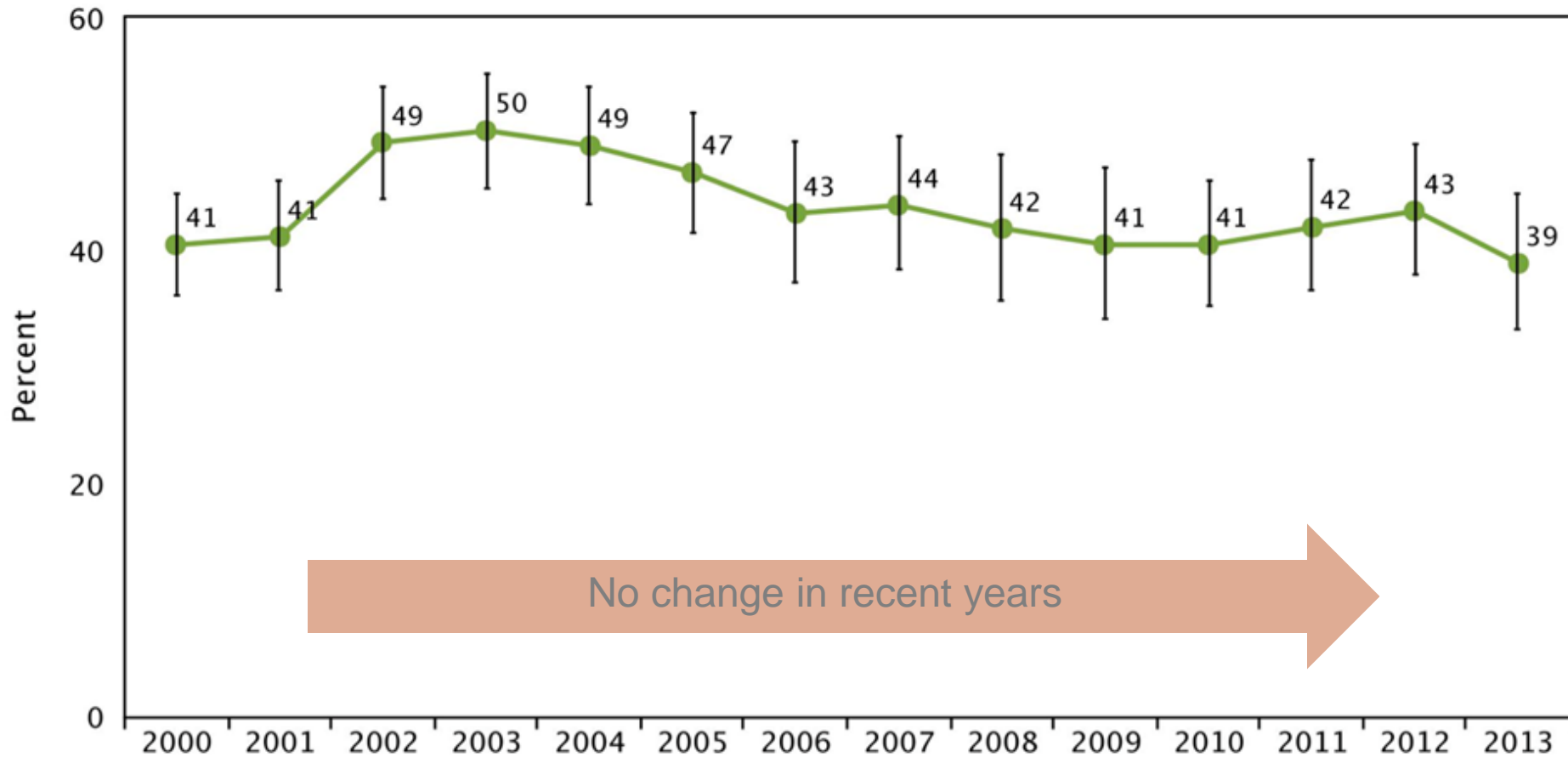
Quitting Behaviour



Intentions to Quit, 18+



One or More Quit Attempts, Past Year, 18+



Long-Term Quit Rate

In 2013, 7.9% of past-year smokers quit for 30 days or longer

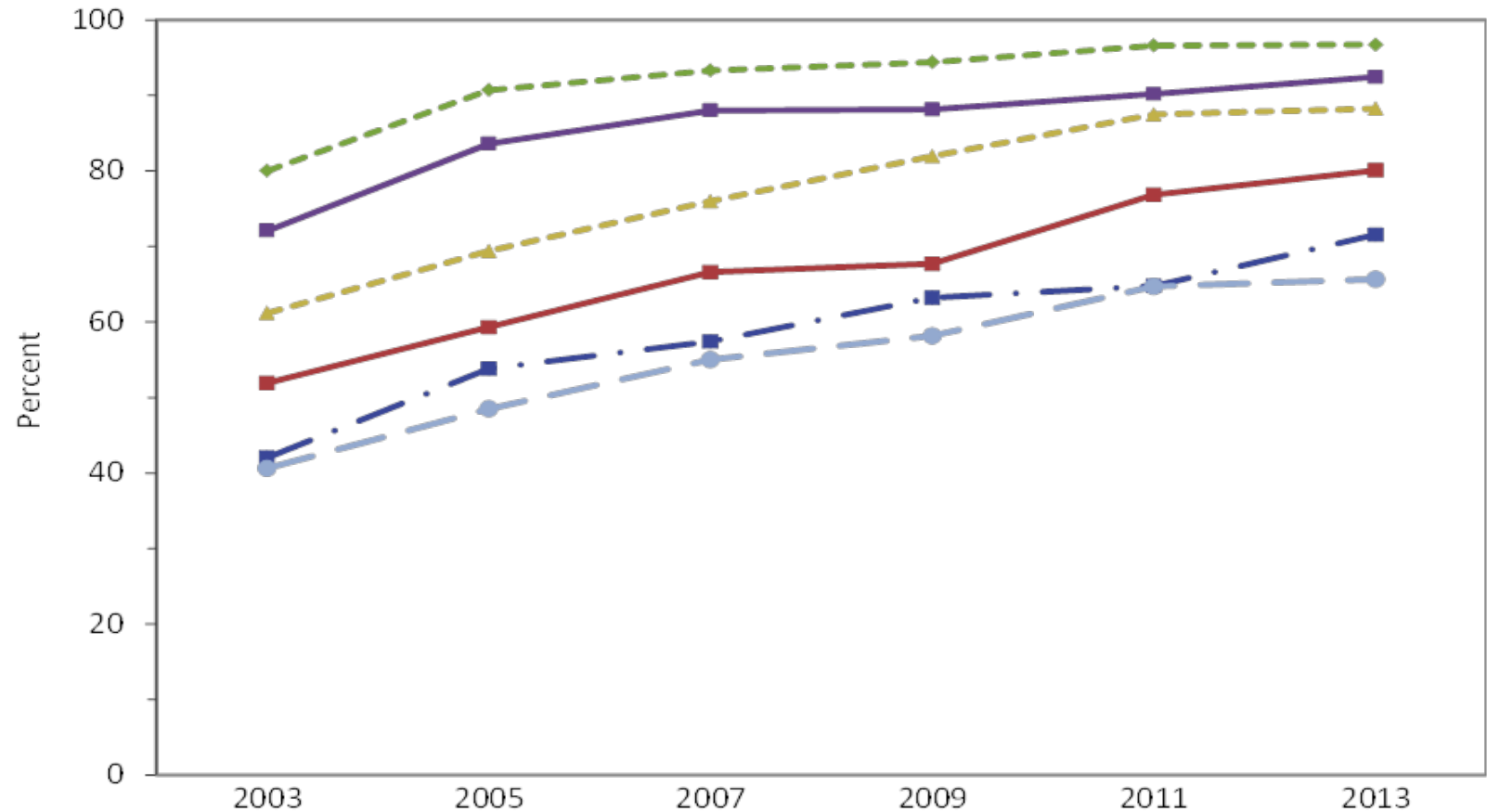
Relapse is about 79%

1.7% of previous-year smokers remained smoke-free for the subsequent 12 months

Prevent Initiation



Lifetime Abstinence



Grade 7	80	91	93	94	97	97
Grade 8	72	84	88	88	90	92
Grade 9	61	69	76	82	87	88
Grade 10	52	59	67	68	77	80
Grade 11	42	54	57	63	65	72
Grade 12	41	49	55	58	65	66

Scientific Advisory Committee Recommendations

- ❑ Tobacco-user support system: No wrong door
- ❑ Direct support: Integrate support system, free NRT and behavioural support
- ❑ Create accountability mechanisms (ask, advise, assist at every point of contact with health-care system)

- ❑ Systematize and expand evidence-based policies, services, and supports
- ❑ Target high-risk subpopulations
- ❑ Innovate: Workplaces & community-based organizations, schools, colleges & universities
- ❑ Mass media: Sustained, intensive, integrated
- ❑ Align cessation and prevention programs

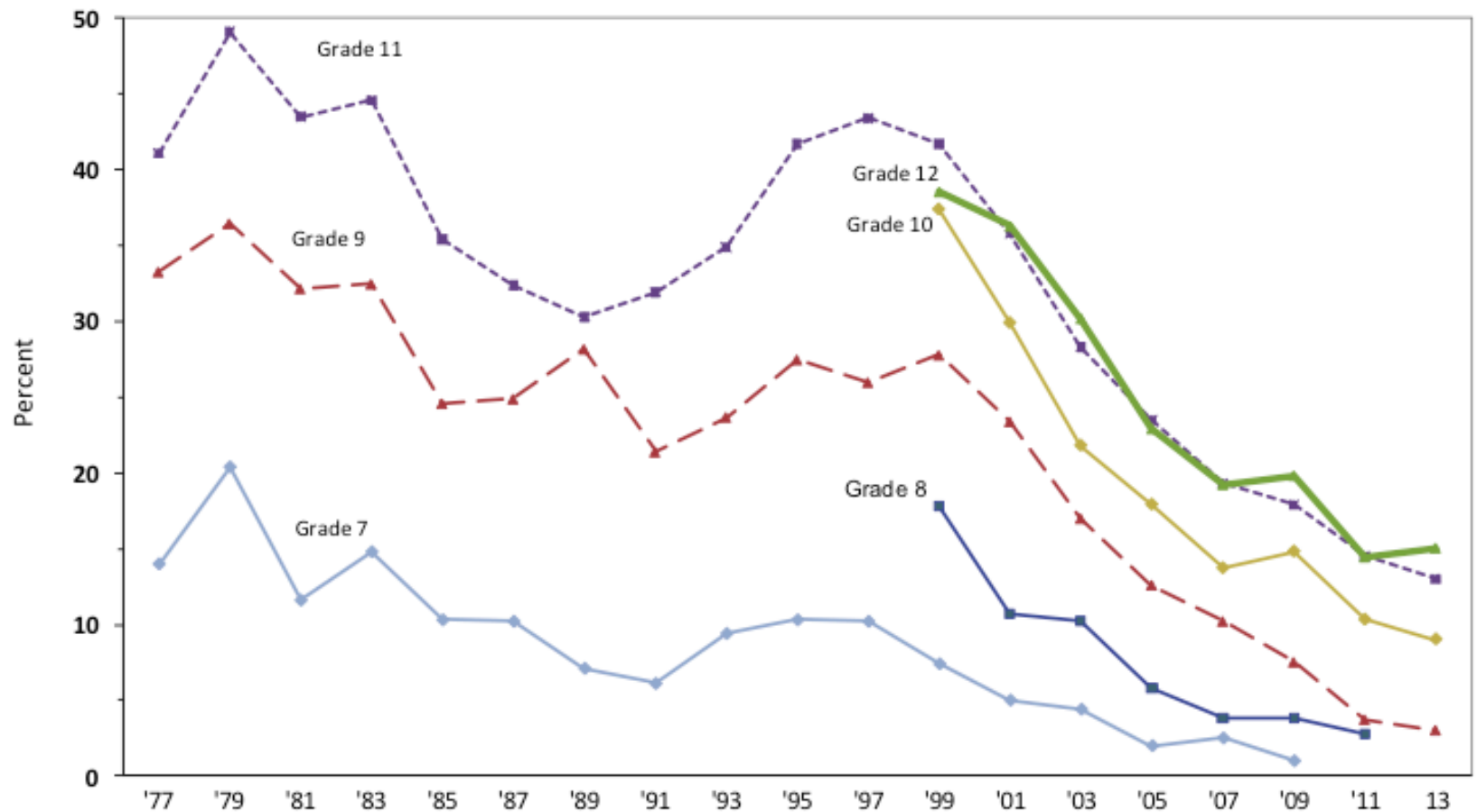
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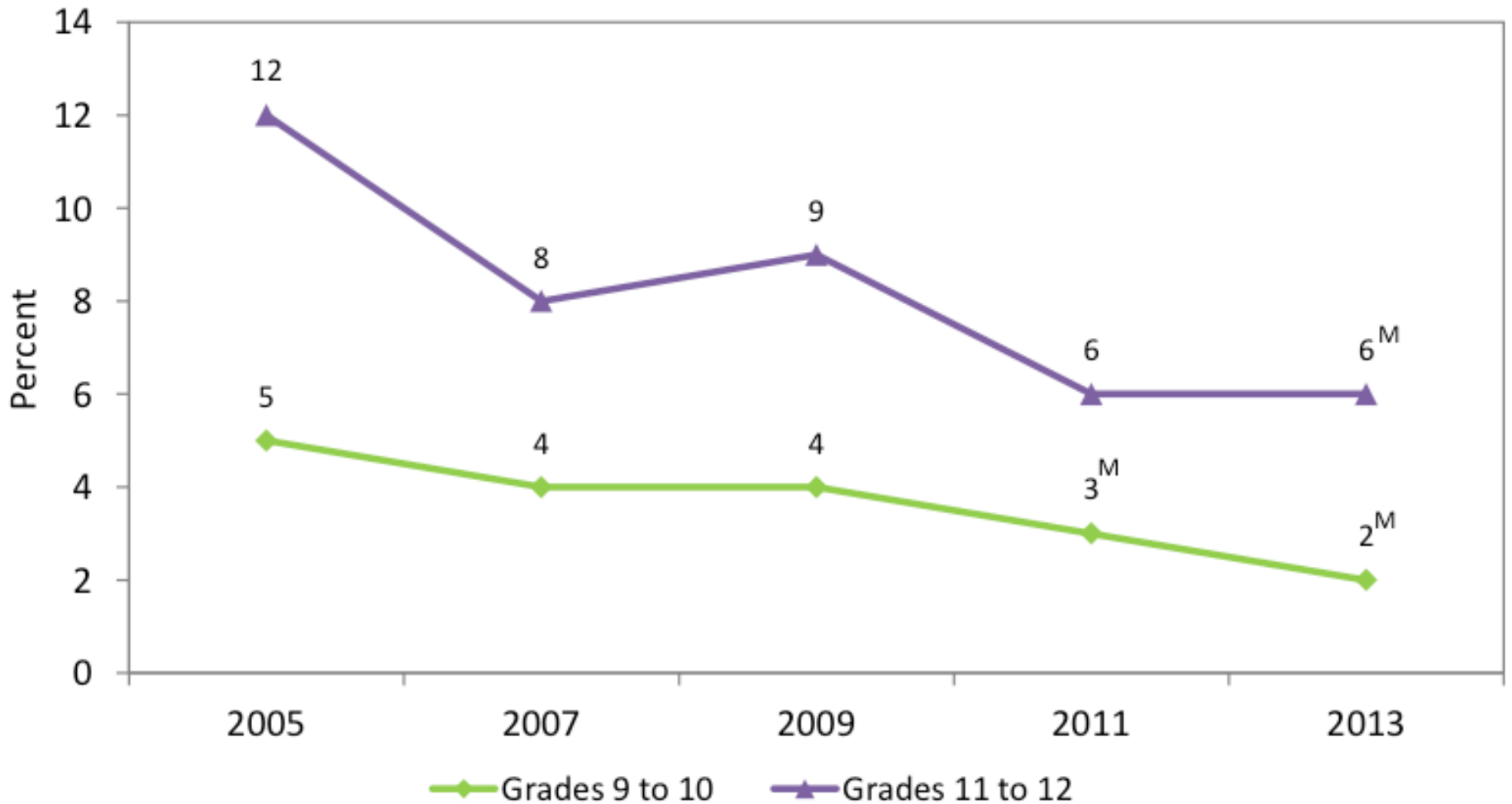
Q5. Does smoking increase gradually with age or does the rate jump?

Past-Year Smoking

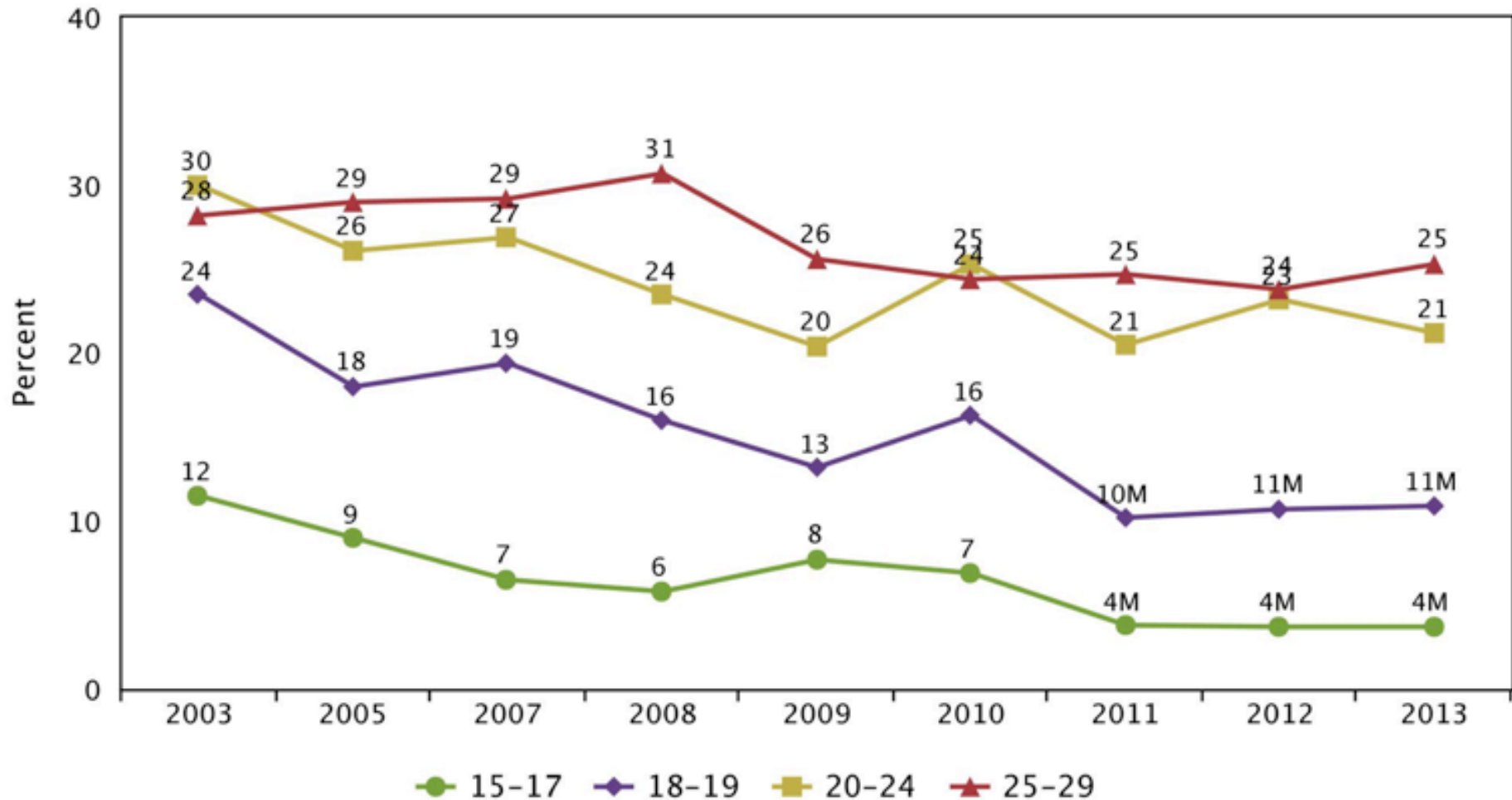


Grade 7	14	20	12	15	10	10	7	6	9	10	10	7	5	4	2	2.5	1	(S)	(S)
Grade 8												18	11	10	6	4	4	3	(S)
Grade 9	33	36.5	32	32.5	25	25	28	21	24	27.5	26	28	23	17	13	10	7.5	4	3
Grade 10												37	30	22	18	14	15	10	9
Grade 11	41	49	43.5	45	35	32	30	32	35	42	43	42	36	28	23.5	19	18	14.5	13
Grade 12												39	36	30	23	19	20	14	15

Current Smoking (Past 30 Days)



Current Smoking (Past 30 Days)



Scientific Advisory Committee Recommendations

- ❑ Target interventions to schools, colleges, universities & workplaces, where youth and young adults are at greatest risk for tobacco use.
- ❑ Align cessation and prevention programs
- ❑ Increase media and social marketing

Questions?



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Q6. Does mass media/social marketing have a role in a comprehensive strategy?

What does SAC say?

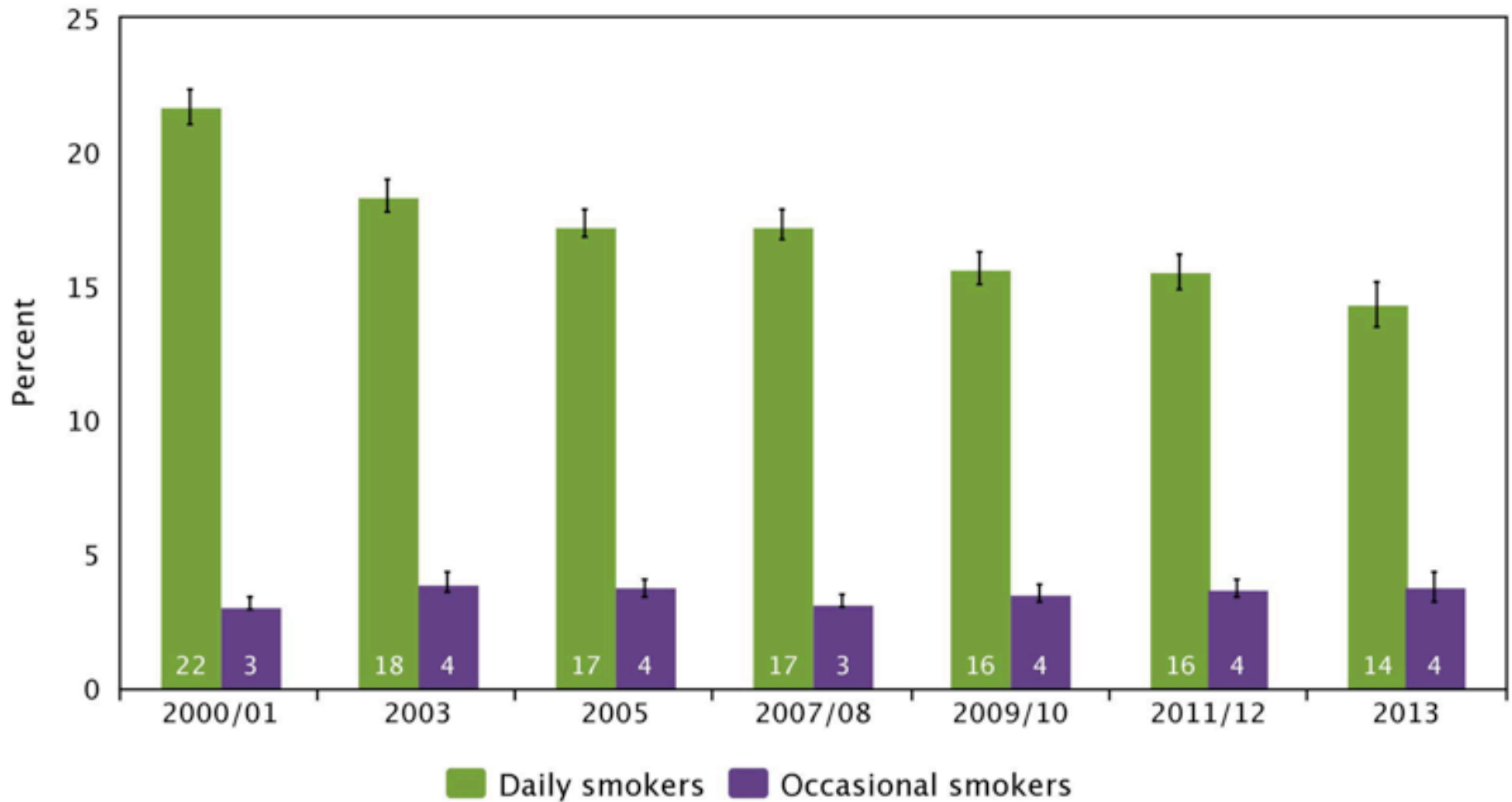
Run Campaigns to:

- ❑ Denormalize the tobacco industry
- ❑ Highlight the social unacceptability of tobacco use
- ❑ Encourage youth and young adults to refrain from tobacco use
- ❑ Identify resources available to youth and young adults who want to quit

Current Status

- ❑ *Quit the Denial* is the only provincial campaign
- ❑ Intensive, sustained, and well-funded province-wide campaigns are lacking

Daily and Occasional Smoking



Questions?



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Overall Conclusions

Most of MPOWER in place **but**
a number of SAC recommendations
remain unfulfilled

Conclusions

There is **exposure** to SHS in numerous settings not covered, but...progress is strong in other areas

Conclusions

Cessation efforts expected to produce gains...

...but reach remains a concern

Conclusions

Downward trend for **youth** may well have
positive effects in future years

Questions?



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Report
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Thank You!



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Thank you for participating

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