



EVALUATION UPDATE

January 2014

Smoke-Free Ontario Strategy Monitoring Report Executive Summary

Ontario aspires to become the Canadian jurisdiction with the lowest smoking rate.¹ The Smoke-Free Ontario Strategy is a comprehensive tobacco control program dedicated to this goal involving a broad coalition of partners including provincial and local governments, boards of health, voluntary health organizations, hospitals, and universities. With the Strategy renewal, the Government has established new structures for guiding Strategy implementation and taken significant steps to strengthen tobacco control. Recent initiatives include hospital and workplace based cessation demonstration projects, and school-based pilots. These activities complement ongoing initiatives, including a variety of supports for smokers who want to quit, and a province-wide social marketing campaign.

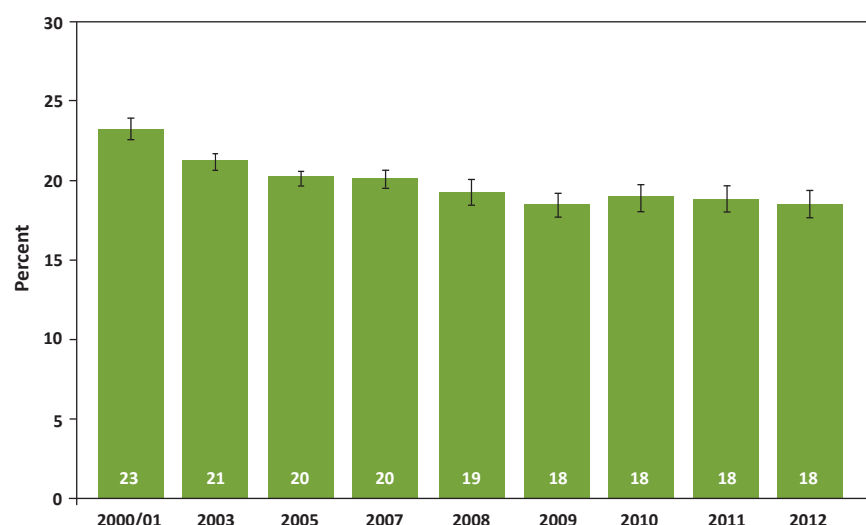
Tobacco Use

- 22% of Ontarians aged 12 years or over reported current use of various tobacco products (cigarettes, cigars, pipes, snuff or chewing tobacco) in the previous 30 days. This represents 2.46 million tobacco users (Canadian Community Health Survey (CCHS) 2012).
- There has been no significant change in this rate since 2007/08 when the rate was 23%.
- 18% of Ontarians aged 12 years or over were current smokers (had smoked cigarettes in the past 30 days and had smoked at least 100 cigarettes in their lifetime); this represents 2.03 million people (CCHS 2012; Figure 1 here

and in the full report).

- There has been no significant change in the rate of current smoking over the past five years.
- The prevalence of current smoking in Ontario (18%) was not different from the national average of 19% (CCHS 2012).
- Females aged 12 years and over had a significantly lower rate of past 30-day current smoking compared to males (15% vs. 20%), a finding consistent with previous years.
- 4.6% of Ontarians aged 12 years and over had smoked cigars in the past 30 days, 0.5% used chewing tobacco in the past month, and less than 0.5% used snuff.

Figure 1: Current Smoking (Past 30 Days), Ages 12+, Ontario, 2000/01 to 2012



Note: Vertical lines represent 95% confidence intervals.

Source: Canadian Community Health Survey 2000/01 to 2012.

- 10% of students in grades 7 to 12 had used waterpipe in the last year; use significantly increased with grade, peaking at 19% in grade 12 (Ontario Student Drug Use and Health Survey (OSDUHS) 2013).
- Across the province, current smoking (defined as past 30-day use and 100 cigarettes in lifetime) ranged from a low of 14% in Ottawa to a high of 27% in Porcupine (CCHS). The prevalence of current smoking was 25% or more in 6 of Ontario's 36 health regions.
- In 2012, the prevalence of current smoking was highest among workers in trade occupations (36.5%), sales and service (21%), and primary industry (21%), representing a combined total of 712,200 (or 54%) of the 1,331,200 employed smokers in Ontario aged 15 to 75 years (CCHS 2012). In recent years, there have been no observed changes in these data.
- Among unemployed Ontarians aged 15 to 75 years, the prevalence of current smoking was 26%.



Protection

Exposure to secondhand smoke in restaurants, bars, vehicles, and homes is significantly lower than it was three to five years ago. Many local jurisdictions have strengthened smoke-free municipal bylaws to extend protection to other settings including: parks, playgrounds, sports fields, and beaches; patios; transit shelters; hospital and long-term care grounds; buffer zones around doorways and windows; and multi-unit dwellings.

Too many Ontarians are still exposed to secondhand smoke: half of all Ontarians (50%) reported exposure at entrances to buildings in the previous month, and 56% on sidewalks or in parks. Three in ten (31%) Ontarians who visited restaurants or bars reported being exposed on patios (CTUMS 2011). Eight percent of nonsmokers aged 12 to 19 are exposed in their home and 9% are exposed in vehicles. Twenty-four per cent of white-collar workers and 26% of those in sales and service positions report workplace exposure in the past 30 days, a much lower rate than blue-collar workers (45.5%). Exposure among blue-collar workers is similar to that observed prior to the implementation of the SFOA.

The Scientific Advisory Committee² recommended next steps to offer further protection for Ontarians including eliminating smoking in priority settings: unenclosed bar and restaurant patios, not-for-profit multi-unit dwellings, and selected outdoor public settings. Additional work is needed to counter the influence of social exposure including implementation of public education strategies that focus on this issue.

Cessation

A main objective of tobacco control efforts is to increase the proportion of smokers who successfully quit smoking. In 2012, more than half (56%) of all Ontario smokers intended to quit in the next six months; 25% in the next 30 days. There has been no significant change in six-month or 30-day quit intentions in recent years (CAMH Monitor; Figure 2 here, Figure 24 in the full report), nor has there been a decrease in the average number of cigarettes smoked each day by daily smokers (16 cigarettes per day in 2012).

Ontario's public health units directly provide cessation services or have established referral systems in place. Beyond local health units, the province's cessation efforts have focused on several interventions

including: the Smokers' Helpline, the STOP program, Leave the Pack Behind, the Ottawa model, and the Ontario Drug Benefit program. The Strategy also funds training of health professionals in providing cessation support through Training Enhancement in Applied Cessation Counselling and Health (TEACH) program, the Registered Nurses' Association of Ontario (RNAO) cessation initiative, and the Provincial Training and Consultation Centre (PTCC). Evidence suggests that these interventions positively affect the provision of cessation support by health professionals.

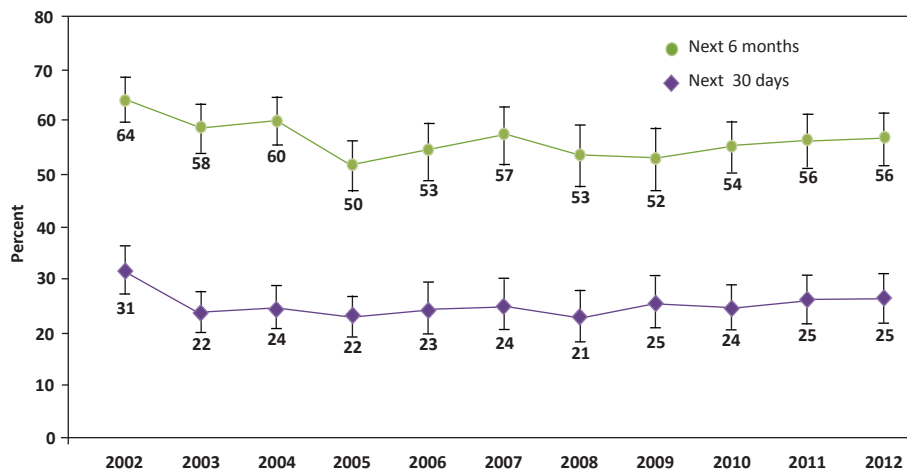
In the 2012/13 fiscal year, Smoke Free Ontario smoking cessation programs directly engaged over 95,000 individuals, or about 5% of Ontario smokers. The overall program reach is substantially higher than that reported in 2009/10 when only about 28,500 smokers were reached.

Although 7.6% of Ontario's smokers report quitting for 30 days or more at some point in the past year, 79% of recent quitters relapse during the year. The proportion of Ontario's smokers who successfully quit each year (12 months' abstinence) is estimated to be 1.6%. To achieve a 5 percentage-point prevalence reduction over five years, the proportion of smokers who successfully quit needs to at least double.

Prevention

There has been important progress towards decreasing current smoking among youth. Smoking initiation among Ontario students in lower grades is quite low, with lifetime abstinence

Figure 2: Intentions to Quit Smoking in the Next 6 Months and Next 30 Days, Ages 18+, Ontario, 2002 to 2012



Note: Vertical lines represent 95% confidence intervals.
Source: Centre for Addiction and Mental Health Monitor 2002–2012.

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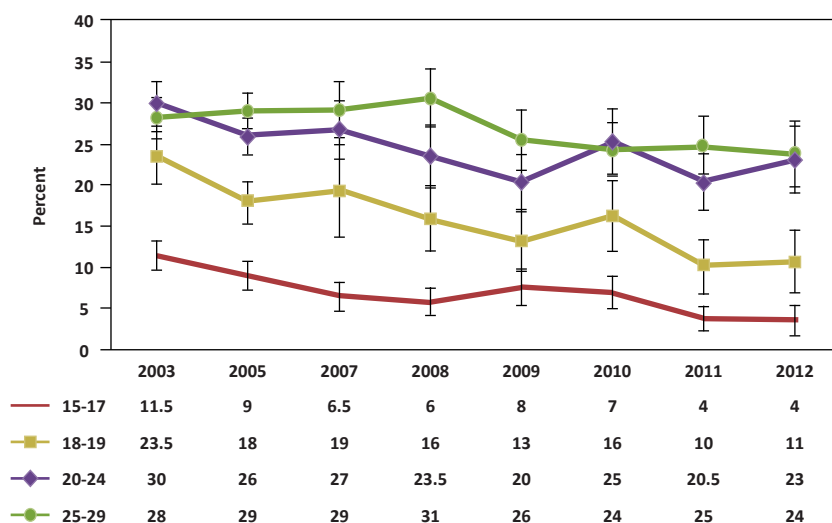
at 97% in Grade 7 and 92% in Grade 8, and past-year initiation at 3% in these two grades combined (OSDUHS). Among students in Grades 9 and 10, lifetime abstinence was 88% and 80%, respectively; past-year initiation was 3% and 6%; and past-year smoking 3% and 9%, respectively. Past 30-day current smoking is 2% in Grades 9 and 10 combined and has remained constant at 6% for Grade 11 and 12 since 2011. Overall, Grades 9/10 appear to be important years for initiation to smoking.

Initiation for students in higher grades has decreased over the past decade (and since 2007), yet recently, it seems that this decline has slowed, particularly for students in Grade 12. In Grades 11 and 12, lifetime abstinence was 72% and 66%, respectively; past-year initiation was 10% and 6%, respectively; past-year smoking was 13% and 15%, respectively, and past 30-day current smoking was 6% (Grades 11/12 combined). Generally, smoking appears to be a problem among high-school students, with virtually no smoking taking place in elementary school.

Rates of current smoking are much higher for young adults (18% for females and 28% for males aged 20 to 24, CCHS; Figure 3 here, Figure 31 in the full report), suggesting that initiation continues into early adulthood. Efforts to prevent initiation include expansion of Leave the Pack Behind to community colleges and targeted social marketing campaigns.

Policies and programs to prevent initiation—including taxation, restrictions on youth access, smoking bans, advertising bans, youth prevention activities, and school-based programming—have had some success in the general

Figure 3: Current Smokers (Past 30 Days), Young Adults, Ontario, 2003 to 2012



Note: Vertical lines represent 95% confidence intervals.

Source: Canadian Community Health Survey (Master File) 2003–2012.

youth population. Yet despite recent improvements, smoking is still firmly established among 18- to 19-year olds (11%) and young adults aged 20 to 24 (23%).

The Scientific Advisory Committee² noted that beyond basic information about tobacco being provided in all schools, prevention efforts need to focus on high-risk schools. Several factors influence the level of school risk including demographics, location, socioeconomic status of students and community, and prevalence of tobacco use and other risky behaviours. A significant number of youth who are current smokers in Grades 7 to 12 also have problem drug use (64%) and problem drinking (81%).

The World Health Organization's MPOWER Report³ outlines minimum standards for tobacco control including:

- **M**onitoring tobacco use and prevention policies
- **P**rotecting people from tobacco smoke
- **O**ffering help to quit tobacco use
- **W**arning about the dangers of tobacco
- **E**nforcing bans on tobacco advertising, promotion and sponsorship
- **R**aising taxes on tobacco

Based on MPOWER recommendations, Ontario demonstrates some gaps, especially in raising the tax to 75% of retail price, having large ongoing campaigns on major media such as TV and radio, providing coverage of cessation medications, and banning all types of advertising. Despite these shortfalls, Ontario has implemented many of the MPOWER policies to their fullest including monitoring, smoke-free policies, and compliance with an advertising ban.



Social Climate and Public Support

There is high public support for the various regulated smoke-free settings:

- 94% of adults support workplace policies that prohibit smoking indoors
- 78% support no smoking inside restaurants
- 88% support a law prohibiting smoking inside a vehicle when children are present

Similarly, support is high for restrictions in other settings not currently under provincial legislation including prohibition of smoking:

- at outdoor children's playgrounds/wading pools (91%)
- at entrances to public buildings (89%)
- in multi-unit dwellings (87%)
- on outdoor patios of restaurants and bars (75%)

Consistent with these data, only a small number of smokers (26%) find it socially acceptable to smoke indoors at celebrations, parties, or other social gatherings.

Markers of a healthy social climate extend to cessation and prevention related indicators. Six in ten Ontarians (65%) agreed that the number of retail outlets that sell cigarettes should be greatly reduced and two in ten smokers (20%) support the phasing out of cigarettes in 5 to 10 years. A large number of never-smokers and current smokers believe it is socially unacceptable for teenagers to smoke (92% and 68%, respectively) and there is wide support for rating movies with smoking scenes as R or Restricted (55%).

There are still gaps in knowledge. Only 32% of students in grades 7 to 12 believed that smoking 1 or 2 cigarettes a day puts them at great risk and 38% of adults did not know whether menthol cigarettes were less harmful than regular cigarettes. Only 5% of respondents 15 years and older held the tobacco industry most responsible for young people starting to smoke.

Concluding Note

In recent years there has been substantial progress in decreasing tobacco use in high school but the rate of tobacco use increases sharply after high school, with almost one in every four young adults (aged 20-29) being a current smoker, and young men have an even higher rate of smoking. Yet, steady progress in tobacco control is being made: the proportion of smokers who are advised to quit and assisted in quitting has risen, new demonstration projects are seeking innovations to improve smoking cessation in workplace and hospital settings, and local initiatives are furthering both physical and social protection from smoking in outdoor settings.

Ontario continues to work diligently toward becoming the Canadian jurisdiction with the lowest smoking rate. Smoke-Free Ontario partners are supporting positive changes in the

physical and social climates to prevent and reduce tobacco use, helping to create environments conducive to decreased initiation, increased cessation, and, ultimately, reduced smoking in Ontario. The province will need to increase the scope and reach of policy, program and media activities in order to achieve substantial further declines in tobacco use, such as those recommended by the Scientific Advisory Committee and those being adopted in other leading jurisdictions.

References

¹ Ontario Ministry of Health and Long-Term Care. *Ontario's Action Plan for Health Care*. Queen's Printer for Ontario: Toronto, Ontario (800/01/12 Cat.#016827 ISBN 978-1-4435-8942-0) 2012.

² Smoke-Free Ontario Scientific Advisory Committee. *Evidence to Guide Action: Comprehensive Tobacco Control in Ontario*. Toronto, Ontario: Ontario Agency for Health Protection and Promotion 2010. Available at: <http://www.oahpp.ca/services/documents/evidence-to-guideaction/Evidence%20to%20Guide%20Action%20-%20CTC%20in%20Ontario%20SFO-SAC%202010E.PDF>.

³ World Health Organization. *WHO Report on the Global Tobacco Epidemic, 2008: The MPOWER Package*. Geneva, Switzerland: WHO, 2008.

Since 1994, the Smoke-Free Ontario Evaluation/Monitoring Reports have presented evaluative information about the activities and results of the provincial tobacco control strategy. Drawing on information from population-level surveys, program evaluations, performance reports and administrative data, this year's report describes Strategy infrastructure and Interventions, (policies, programs and social marketing), analyzes population-level changes, and explores the contributions of the various interventions, as of September 2013. The report includes assessments of changes in the social climate and public support for tobacco control measures.

Key authors of the report are: Robert Schwartz, Shawn O'Connor, Bo Zhang, Alexey Babayan, and Rita Luk. The interpretation and opinions expressed in this report are the responsibility of the Principal Investigators of the Ontario Tobacco Research Unit (OTRU): Robert Schwartz, Sue Bondy, K. Stephen Brown, Joanna Cohen, Roberta Ferrence, John Garcia, and Peter Selby. The full report is available on our website at www.otru.org.

The Ontario Tobacco Research Unit (OTRU) is an Ontario based research network that is recognized as a Canadian leader in tobacco control research, monitoring and evaluation, teaching and training and as a respected source of science based information on tobacco control.