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Smoke-Free Ontario Strategy Monitoring Report: Concluding Note



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Concluding Note

Ontario aspires to become the Canadian jurisdiction with the lowest smoking rate. The Government of Canada has articulated a tobacco endgame goal of less than 5% tobacco use prevalence by the year 2035. The Executive Steering Committee, appointed by the Minister of Health and Long Term Care to develop a modernized tobacco control strategy, has specified a plan for achieving 11% by 2023 and less than 5% by 2035.¹ The Province continues to work diligently toward decreasing tobacco use, and progress is being made across the comprehensive goals of protection, cessation and prevention. Smoke-Free Ontario partners are supporting positive changes in the physical and social climates, both to prevent and reduce tobacco use, which helps to create environments conducive to decreased initiation, increased cessation and ultimately, reduced smoking in Ontario.

At the same time, the industry continues its push to maintaining and growing tobacco use in Ontario through product innovation, discounting the price of cigarettes and incentives to vendors. While the ban on menthol cigarettes shows promise, the tobacco industry has now introduced two types of heated tobacco, and the e-cigarette market now includes many tens of thousands of regular vapers, many of whom are not current or former smokers.

Tobacco control efforts resulted in a 2.6 percentage point (statistically not significant) decrease in the prevalence of smoking over the five-year period, 2011 to 2015 (from 18% to 16.4%). At this rate, and with overall tobacco use at over 20%, Ontario will not reach the goal of less than 5% by 2035. This rate of decline also falls short of the five-percentage point decrease over five years called for in 2010 by the Tobacco Strategy Advisory Group.² The gap between Ontario and British Columbia—the Canadian jurisdiction with the lowest cigarette smoking rate—is still a significant three percentage points.

Looking back, tobacco control in Ontario has contributed to reducing tobacco use rates from well over 30% in the 1980s to 20% in 2015. This success leaves some people with the impression that ‘tobacco is done’, especially when few if any people in their social circles are tobacco users. Given what is known about tobacco-caused morbidity and mortality, this rate of decline is viewed

by many as unsatisfactory. In some occupations, one in every three people still smokes cigarettes. And university educated people are 2 to 3 times less likely to smoke cigarettes than people with no post-secondary education. With one in every five adult Ontarians currently using tobacco, it is clear that tobacco is far from done.

While cigarette smoking continues to be the main focus of tobacco control, there is a need to pay attention to the uptake of other tobacco products—such as waterpipe, cigars, smokeless tobacco and heated tobacco—as well as alternative products including e-cigarettes and cannabis.

Over the period 2005 to 2017, the prevalence of past 30-day smoking was cut by about 80% for students in grades 9 to 10 (combined) and 60% for students in grades 11 to 12 (combined). However, from the five-year benchmark year of 2013 to 2017, there has not been a significant change in the prevalence of current smoking in these grades. It is encouraging to see a possible decrease in young adult smokers aged 20-24 years old (albeit nonsignificant) from 21% (in 2011) to 17% (in 2015). At the same time, the continued high rate among older, young adults (25-29 years old) at 20% is a continuing concern.

While past 30-day current smoking among 15 to 17 year olds is at 5% in 2015, rates rise dramatically to 14% for 18-19 year olds, 17% for 20-24 year olds and 20% for 25-29 year olds.

To accelerate the rate of reduction in tobacco use, there is a need to adopt more far-reaching policies, such as those recommended by the 2017 Executive Steering Committee¹ and to use evidence of the impact of these interventions, as assessed in the Scientific Advisory Committee 2016 report.³

Prevention

Ontario falls short on several of the Executive Steering Committee Report recommendations for preventing tobacco use.¹ Substantial progress requires population-level policy measures to increase cost and to decrease availability and access (consult the [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.³ 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.

Cessation

There are close to two million smokers in Ontario. The proportion of Ontario's smokers who successfully quit each year (defined here as 12-month abstinence) is estimated to be 1.4%. In order to achieve a five percentage-point decrease in the prevalence of smoking over five years (with past 30-day prevalence currently at 16%), the proportion of smokers who successfully quit needs to at least double.

Evidence indicates that population-level policy interventions can be highly effective in achieving cessation outcomes. Price is one of the most effective policy tools to promote cessation. Despite a tobacco tax increase in 2017, tobacco taxes in Ontario remain among the lowest in Canada. Restricting smoking in public and workplaces is also an effective policy tool for promoting quitting. Increased compliance with indoor and recent outdoor bans will undoubtedly positively impact some smokers in these settings to become nonsmokers.

The Smoke-Free Ontario Strategy did fund interventions that address a couple of the Executive

Steering Committee's priority actions for cessation such as: ensuring providers have the core skills and competencies to provide high quality evidence-based cessation services and providing targeted population-based cessation services. Nevertheless, despite considerable investment in capacity building and in funding of clinical cessation services, Ontario falls short on seven cessation system policies recommended by the Executive Steering Committee:

1. Organize all cessation services into a network that people who smoke can access easily
2. Require all healthcare settings to embed smoking cessation best practices
3. Shift to an opt-out approach to smoking cessation in healthcare settings
4. Maintain and enhance robust clinical standards for smoking cessation
5. Explore the potential of non-combustible nicotine delivery systems (e.g., electronic cigarettes) to reduce harm for people who are unable to unwilling to quit smoking
6. Provide cost-free pharmacotherapy based on clinical standards and individual needs
7. Use population-based behavioural technologies to reach more tobacco users

Ongoing, comprehensive social marketing campaigns are a vital ingredient for promoting quit intentions and quit attempts.⁴ Future province-wide campaigns should be sustained over longer periods to maximize the impact of quit attempts among smokers in the Ontario population.

The Executive Steering Committee report makes clear that to achieve substantial gains in the proportion of smokers who quit for good, it is essential to adopt population level policies that considerably increase the cost of tobacco to consumers, decrease access and availability to places where tobacco can be purchased and further limit places where smoking is permitted.¹

Protection

While the Smoke-Free Ontario Strategy offers considerable protection from involuntary exposure to secondhand smoke, the current *SFOA* smoking restrictions do not meet the scope of smoke-free policies assessed by the 2016 Scientific Advisory Committee and the policy priority actions recommended by the Executive Steering Committee.^{3,1} Ontarians continue to be exposed to secondhand smoke in a variety of public, workplace and private settings.

The 2016 Scientific Advisory Committee³ identified interventions to offer further protection for Ontarians including:

- Integrating e-cigarettes into smoke-free policies
- Protection from tobacco smoke in outdoor settings, home environments, workplace environments, institutional settings and hospitality settings
- Protection from waterpipe smoke

Recent legislative amendments and regulatory changes implemented by the Government of Ontario have closed many of the gaps in regulating outdoor smoking and integrating e-cigarettes into the *SFOA*, while a growing number of municipalities have closed other gaps in outdoor smoking and waterpipe use in regulated areas. Further policy implementation is needed at the provincial level to protect all Ontarians from the remaining exposures to tobacco smoke.

Pro-Tobacco Influences

The Smoke-Free Ontario Strategy has curtailed pro-tobacco influences in many important ways including: widespread (but not total) marketing bans, total display bans at point-of-sale and flavour bans (now including menthol). Yet, the tobacco industry is still able to sell its deadly products cheaply (about 50 cents per cigarette) in close to 10,000 outlets, many of which are open 24 hours per day. Illicit activity makes tobacco available much more cheaply to a not negligible proportion of smokers.

In order to contain pro-tobacco influences in these areas, the Executive Steering Committee recommends:

1. Immediately raising provincial taxes on all tobacco products to at least the highest rate of all other provinces and territories, followed by continued regular increases to at least double the price of tobacco products
2. Eliminating the price differential among different types and brands of cigarettes
3. Prohibiting manufacturers and retailers from offering volume discounts (i.e., lower per-pack price for buying more than one pack of cigarettes)
4. Using provincial and municipal legislation, zoning restrictions and licensing fees to reduce the number and density of retail tobacco vendors

Other pro-tobacco trends present new and continued concerns including:

- Production of tobacco in Ontario is increasing
- Launching of new products, particularly heated tobacco products, without pre-market approval and without information to consumers about their absolute and relative risks
- Introduction of new technologies (e.g., twistable and aqua filters) and slick new packaging for numerous brands
- Promotion occurring on Internet websites and with the launch of new heated tobacco products at retail
- Top-rated movies in Canadian theatres continue to have numerous tobacco scenes, which has led to 340.3 million tobacco impressions on movie goers

Seriously addressing these supply-side pro-tobacco influences is essential to achieving the cessation increases and initiation decreases needed to make Ontario the jurisdiction with Canada's lowest smoking rates and to achieving less than 5% by 2035.

References

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- ² Tobacco Strategy Advisory Group (TSAG). *Building on our gains, taking action now: Ontario's tobacco control strategy for 2011-2016*. Toronto, ON: The Ontario Tobacco Research Unit; 2010. Assessed on March 1, 2018.
- ³ Smoke-Free Ontario. Scientific Advisory Committee, Ontario Agency for Health Protection and Promotion (Public Health Ontario). *Evidence to Guide Action: Comprehensive Tobacco Control in Ontario (2016)*. Toronto, ON: Queen's Printer for Ontario, 2017. Accessed on December 18, 2017.
- ⁴ Durkin S, Brennan E, Wakefield M. Mass media campaigns to promote smoking cessation among adults: An integrative review. *Tobacco Control* 2012 Mar;21(2):127-138.