



# EVALUATION UPDATE

March 2018

## Smoke-Free Ontario Strategy Monitoring Report Executive Summary

The Smoke-Free Ontario Strategy is a comprehensive tobacco control program involving a broad coalition of partners including provincial and local governments, boards of health, voluntary health organizations, hospitals, and universities. Primary funding for the Strategy comes from the Ontario Ministry of Health and Long-Term Care, with direct and in-kind funding from other Strategy partners. This year's *Smoke-Free Ontario Monitoring Report* includes assessments of Ontario's progress relative to the 2016 Smoke-Free Ontario Scientific Advisory Committee (SAC) report<sup>1</sup> and to the recommendations found in the report of the Executive Steering Committee appointed by the Minister of Health to recommend paths to modernizing Ontario's tobacco control strategy.<sup>2</sup>

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.

Despite these successful efforts, more than 2 million Ontarians continue to use tobacco products and in recent years the annual rate of decline in tobacco use prevalence is only about 0.5%. To achieve goals stated by the province, the federal government and the Executive Steering Committee, there is a need for transformative change.

### Overall Tobacco Use

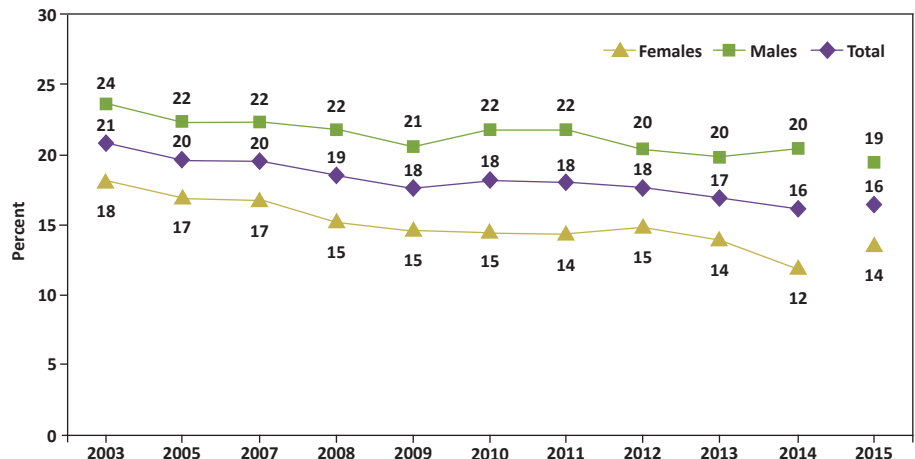
- In 2015, 20% of Ontarians aged 12 years or over reported past 30-day use of various tobacco products (including cigarettes, cigars, pipes, snuff or chewing tobacco, and waterpipe), 21% when e-cigarettes are added to the mix, representing 2,268,300 and 2,449,400 users respectively (CCHS 2015)<sup>3</sup>
- This is statistically lower from the 2010, rate of 22.1% (or 2,465,400 users)

- manufacturing and utilities (29%<sup>M4</sup>) and trades, transport and equipment operators (29%), representing a combined total of 345,800 (or 29%) of the 1,187,400 employed smokers in Ontario aged 15 to 75 years (CCHS 2015)
- In recent years, Ontarians with a university degree were 2 to 3 times less likely to be current smokers than those with less education (CAMH Monitor 2016)

### Cigarette Use

- In 2015, 16.4% of Ontarians aged 12 years and over and 17.6% of those aged 19 and over were current smokers (had smoked cigarettes in the past 30 days and had smoked at least 100 cigarettes in their lifetime; CCHS 2015)
- In 2015, 19% (or 1,112,600) of males aged 12 years or over currently smoked, whereas 14% (or 818,200) of females smoked (CCHS 2015; Figure 1 here; Figure 2-1 and Table 2A-1 in the full report)
- In 2015, current smoking was highest among workers in natural resources and agriculture (32%<sup>M4</sup>);

Figure 1: Current Smoking (Past 30 Days), by Sex, Ages 12+, Ontario, 2003 to 2015



Note: Year interval is not always uniform. The Canadian Community Health Survey was redesigned in 2015. Interpret trend with caution.  
 Source: Canadian Community Health Survey 2003-2015.



## Alternative Products: Cigars, E-Cigarettes and Waterpipes

- In 2015, 3% of Ontarians aged 12 years and over (349,200 people) had smoked cigars in the past 30 days, making cigars the second-most prevalent form of tobacco use after cigarettes (and tied with vaping; CCHS 2015). In 2015, 51.4% of cigars sold in Ontario were flavoured, with menthol comprising 8.1% of all cigar sales
- In 2016, past 30-day use of electronic cigarettes was 4%<sup>M4</sup> among adults 18 years and older. Past-year use of electronic cigarettes was 10% among adults 18 years and over, with young adults aged 18 to 29 almost two times more likely to have used in the past year compared to 30 to 44 year olds (29% vs. 16%<sup>M4</sup>) and about three times more likely than adults aged 45 to 64 (29% vs. 11.5%; CAMH Monitor 2016)
- Among students in grades 7 to 12, 22% reported ever using an e-cigarette in their lifetime (OSDUHS 2017), with 35% of students in grade 12 having ever used
- Past-year use of e-cigarettes among students in grades 7 to 12 was 18%, peaking at 28% in grade 12 (OSDUHS 2017)
- Among students in grades 7 to 12, 12% had ever used a waterpipe, with use significantly increasing with grade, peaking at 24% in grade 12 (OSDUHS 2017)

- Reporting of past 30-day current smoking is 1%<sup>M4</sup> in Grades 9 and 10 (combined) and has remained relatively constant at around 5% for Grade 11 and 12 since 2011 (OSDUHS 2017)
- In 2015, current smoking was still firmly established among 18- to 19-year olds (14%<sup>M4</sup>), young adults aged 20 to 24 (17%) and those aged 25-29 (20%; CCHS 2015)
- Among 18 to 19 year olds, the rate of current smoking in 2015 was significantly lower than that of young adults aged 25 to 29 years (14%<sup>M4</sup> vs. 20%)
- 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 2 here, Figure 4-7 and Table 4A-6 in the full report)

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.

## Cessation

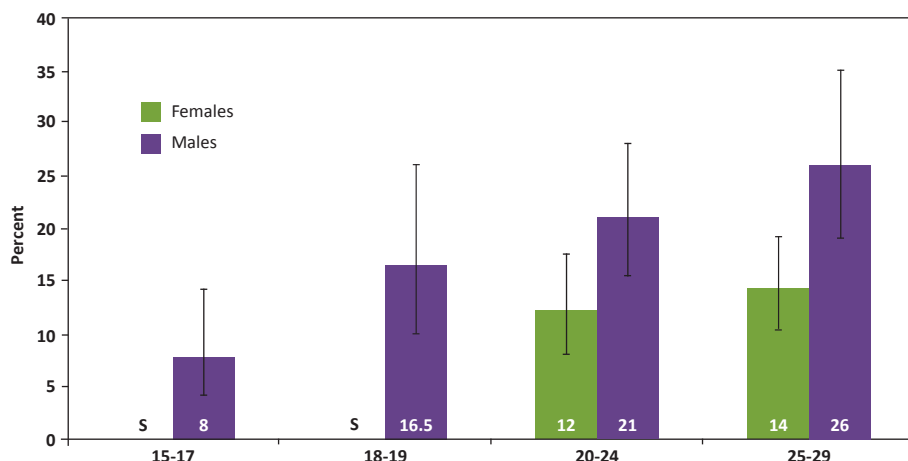
A main objective of tobacco control efforts is to increase the proportion of smokers who successfully quit smoking.

## Prevention

The Smoke-Free Ontario 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.

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

Figure 2: 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.

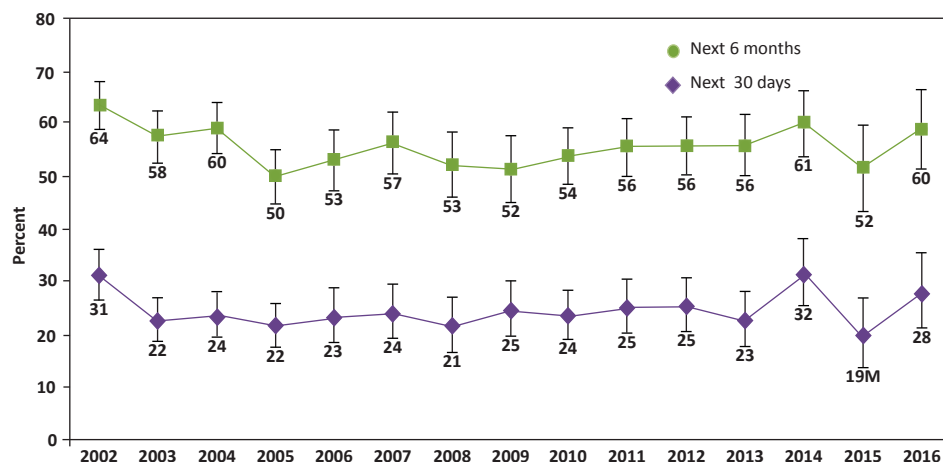
Source: Canadian Community Health Survey 2015.

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- In 2016, six in ten Ontario smokers (60%) intended to quit in the next six months; 28% in the next 30 days. Both estimates are not statistically different to that reported in 2015 (52% and 19%, respectively (CAMH Monitor, Figure 3 here, Figure 5-6 and Tables 5A-6 and 5A-7 in the full report)
- The proportion of Ontario’s smokers who successfully quit each year is estimated to be 1.4%. In order to achieve a five percentage-point decrease in the prevalence of smoking over five years, the proportion of smokers who successfully quit needs to at least double

Figure 3: Intentions to Quit Smoking in the Next Six Months and Next 30 Days, Ages 18+, Ontario, 2002 to 2016



Note: Interpret with caution: subject to moderate sampling variability. Vertical lines represent 95% confidence intervals. Source: Centre for Addiction and Mental Health Monitor 2002–2016.

Provincial cessation support services (Smokers’ Helpline, the STOP Program, LTPB, the Ottawa Model, the Ontario Drug Benefit program, YATI’s NOT program, and the First Week Challenge Contest) reach approximately 18% of smokers annually, with only a small proportion of these participants likely to succeed in quitting in the long term. This is consistent with existing evidence that smokers make multiple quit attempts and only a few of them go on to successfully quit, with relapse being a typical outcome in a quitting attempt.

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 to and availability of places where tobacco can be purchased and further limit places where smoking is permitted.

Opportunities still exist to enhance the cessation system in line with earlier 2010 Scientific Advisory Committee recommendations: universal provision of free NRT and stop-smoking medications; mechanisms to ensure that smokers are asked, advised and assisted to quit at every point of contact with the health care system; creation of a Tobacco-User Support System to ensure that there is “no wrong door” for access to cessation support services; further integration of cessation support services; and tie in with a cessation mass media campaign.

## Protection

The US Surgeon General’s review of scientific evidence concluded that there is no risk-free level of exposure to secondhand smoke.<sup>5</sup> In addition to the adverse health effects of secondhand smoke, exposure to other people smoking results in social exposure to tobacco use with ensuing normalization of tobacco use, triggering of initiation in youth and young adults through processes of social influence and modeling, and encouragement of the continued use of tobacco among smokers and relapse among quitters.

- In 2016, 11%<sup>4</sup> of workers aged 18 years or older were exposed to secondhand smoke in the past week indoors at work or inside a workplace vehicle, similar to 2015 estimates (13%), as well as recent years (CAMH Monitor)
- In 2015, 16% of Ontarians aged 12 years and older were exposed to SHS in public places (restaurants, bars, shopping malls and arenas); a significantly greater proportion of 12 to 18 year olds were exposed (30%; CCHS 2015)
- 4% of nonsmoking Ontarians aged 12 years and older were exposed to SHS in vehicles over the past month; 4% of youth aged 12 to 15 were also exposed (CCHS 2015)
- 4% of nonsmoking Ontarians aged 12 years and older were exposed to SHS in their home, whereas 10% of 12 to 18 year olds were exposed (CCHS 2015)





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.

Seriously addressing the supply-side of tobacco 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.

## 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. And, 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.<sup>2</sup> 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.

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; and, the gap between Ontario and British Columbia—the Canadian jurisdiction with the lowest cigarette smoking rate—is still a significant three percentage points.

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 Committee<sup>6</sup> and to use evidence of the impact of these interventions, as assessed in the Scientific Advisory Committee 2016 report.<sup>1</sup>

## References and Notes

<sup>1</sup> 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.

<sup>2</sup> Ontario Ministry of Health and Long-Term Care. *Smoke-Free Ontario Modernization: Report of the Executive Steering Committee*. Toronto, ON: Queen's Printer for Ontario, 2017.

<sup>3</sup> The 2016 Canadian Community Health Survey was not available for independent analysis when this report was released.

<sup>4</sup> M = Marginal estimate. Interpret with caution: subject to moderate sampling variability.

<sup>5</sup> US Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta, GA: U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.

<sup>6</sup> 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.

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 December 2017.

Key authors of the report are: Robert Schwartz, Shawn O'Connor and Jolene Dubray. The full report is available on our website at [www.otru.org](http://www.otru.org).