INFORMATION REPORT

TO: Mayor and Members Board of Health	**WARD(S) AFFECTED:** CITY WIDE
COMMITTEE DATE: June 18, 2012	
SUBJECT/REPORT NO: Smoke-Free Ontario Strategy Evaluation (BOH12012) (City Wide)	
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Council Direction: N/A

Information:

The Smoke-Free Ontario Strategy (SFOS) was developed by the Ontario Ministry of Health and Long-Term Care (MHLTC) in 2006 to eliminate tobacco-related illness and death in Ontario. The three goals of the Strategy are:

1. Protection: to eliminate exposure to second-hand tobacco smoke
2. Cessation: to motivate and support quit attempts by smokers
3. Prevention: to prevent smoking initiation and regular use among children, youth and young adults

An evaluation of the SFOS was completed in October 2011 by the University of Toronto's Ontario Tobacco Research Unit to determine progress in meeting the above goals.[1] This evaluation builds on findings from other documents including "*Evidence to Guide Action: Comprehensive Tobacco Control in Ontario"* released in 2010 by Public Health Ontario's Scientific Advisory Committee (SAC), and "*Building Our Gains, Taking Action Now: Ontario's Tobacco Control Strategy for 2011-2016"* from the MHLTC's Tobacco Strategy Advisory Group (TSAG).

Evaluation of the SFOS was conducted and reported based on overall tobacco use as well as the goals of protection, cessation and prevention. Each of these will be addressed in turn outlining goals, provincial and local programming, evaluation results,

and issues for future consideration. As these become more widely discussed and debated, staff will bring forward any recommendations for improvement at the local level after the Smoke-Free City Parks and Recreation Properties By-Law has been fully implemented and evaluated, in 2013/14.

Overall Tobacco Use

In 2009:

- Twenty one per cent of Ontario respondents aged 12 years or over reported use of tobacco in the previous 30 days.[2]
- Females aged 12 years and over had a significantly lower rate of past 30 day smoking compared to their male counterparts (15% vs. 21%). Smoking rates are decreasing significantly for females, but not for males. [2]
- The prevalence of current smoking was highest among males aged 25 to 29 years (30%).[2]
- The prevalence of current smoking was highest among workers in trade occupations (32%), followed by manufacturing and sales (22%).[2]
- Among those ages 17 to 75 years who were unemployed, the prevalence of current smoking was 28%.[2]

Table 1: **Current Smoking, By Health Unit, Ages 12+, Ontario 2000-2010**

Current Smoking (%) & Range (%)	**2000-01**	**2003**	**2005**	**2007**	**2008**	**2009**	**2010**
City of Hamilton	27	23	23	25	22	18	19.5
Ontario	25 (21-35)	22 (20-31)	21 (18-31)	21 (15-31)	20 (14-32)	19 (14-30)	19 (16-31)

Out of a total of 36 public health units in Ontario, the City of Hamilton ranked 14th highest in terms of current smoking rates for individuals 12 years or over.

Protection

An important goal of tobacco control is to protect the population from exposure to second-hand smoke (SHS). In working toward this goal, desired outcomes include eliminating SHS exposure in public places and workplaces, vehicles in which children are present, and in the home. Public Health Services (PHS) efforts include:

- Educating the public, workers, workplaces and establishments about the dangers of second-hand and third-hand smoke,
- Enforcement of the *Smoke-Free Ontario Act* (2006), and
- Promoting comprehensive second and third-hand smoke protective measures, for example smoke-free multi-unit dwellings and parks.

The *Smoke-Free Ontario Act* (SFOA) came into effect on May 31, 2006, prohibiting smoking in workplaces and enclosed public places such as restaurants and common areas of multi-unit dwellings. In an amendment to the SFOA effective January 2009, smoking was banned in vehicles where children under the age of 16 are present.

At the local level, several jurisdictions have extended protection beyond provincial regulation to other settings including:

- Outdoor parks, playgrounds, sports fields and beaches
- Outdoor patios
- Transit shelters
- Hospital and long-term care grounds
- Buffer zones around doorways and windows
- Multi-unit dwellings

For example, City of Hamilton Smoke-Free City Parks and Recreation Properties By-law #11-080 came into effect on May 31, 2012 and is similar to By-laws in other municipalities such as Toronto, Ottawa, Woodstock and Orillia. Additionally, the Region of Waterloo has implemented a 100% smoke-free policy for new leases for its regionally owned and operated community housing units.

Smoke-Free Ontario Strategy Evaluation results show:

- Exposure to second-hand smoke (SHS) indoors decreased significantly in bars and restaurants after implementation of the SFOA.[3]
- Exposure to SHS on restaurant and bar patios remains at approximately 1/3, despite high levels of support for banning smoking on restaurant and bar patios (80% Ontario adults).[4]

- Half of Ontarians (53%) report being exposed to SHS at building entrances in the previous month, a level that has remained unchanged in recent years[3]
- Exposure to SHS outdoors has remained stable in recent years (52% in 2006 and 56% in 2009).[3]
- In 2010, exposure to SHS in vehicles among those aged 12-19 was significantly higher compared to all Ontarians aged 12 years and older (10.5% vs. 6.5%).[5] This has significantly decreased since the SFOA came into effect.
- Among 12 to19 year old non-smokers, 12% were exposed to SHS in their home in 2010.[5] This is decreasing over time.
- In 2009, 80% of respondents agreed that parents should not be allowed to smoke inside their home when children are present.[4] Support is increasing over time.
- In the same year, 84% adults in Ontario believed that smoking should not be allowed inside multi-unit dwellings with shared ventilation.[4] There is also increasing support over time for this statement.

A number of recommendations from the Tobacco Strategy Advisory Group to offer further protection for residents include eliminating smoking on all bar and restaurant patios and amending the provincial *Residential Tenancies Act* to give landlords the authority to set non-smoking clauses in leases are important next steps.

Cessation

A "key" goal of tobacco control is to increase the proportion of smokers who quit, achieved by increasing the proportion of smokers who intend to quit, decreasing cigarette consumption, and increasing the number of quit attempts.

Several existing cessation resources support the development and implementation of a variety of programs and services at the provincial and local level (ie. the Registered Nurses Association of Ontario (RNAO) Best Practice Smoking Cessation Initiative, TEACH project, Smokers' Helpline, the Driven to Quit Challenge, Leave the Pack Behind, STOP Study, Ottawa Model for Smoking Cessation, and Quit and Get Fit). In addition, the City of Hamilton has a Quit Smoking Clinic that provides counselling and nicotine replacement therapy for clients in need. The emerging provincial cessation system has been designed to build capacity and to offer research and evaluation support to deliver evidence-based programs and services to the public.

Tobacco control policies that aid cessation attempts include:

- Price - there is strong evidence that an increase in cigarette taxes drives down cigarette consumption, encouraging current smokers to quit and preventing youth from starting. However, taxes on tobacco have increased only once since 2006 and tobacco taxes in Ontario are among the lowest in Canada.

- Availability - restricting retail distribution and availability of tobacco products is important in limiting consumption. Hamilton has licensed tobacco vendors that are inspected routinely to ensure they are in compliance with the *Smoke-Free Ontario Act*.
- Marketing Restrictions – a complete ban on retail display of tobacco products took effect May 31, 2008 in Ontario.
- Smoke-Free Policies – studies have shown that smoke-free policies reduce consumption and support recent quitters.
- Social Marketing – supports smoke-free policies, promotes cessation services and promotes quit attempts.

Smoke-Free Ontario Strategy Evaluation results show:

- In 2010, 7.3% of past-year smokers had quit at some point for a period of 30 days or more during the previous year.[2] Quit rates have remained the same over the past few years.
- Adults aged 18 to 34 years had the lowest rate of quitting among all smokers.[4]
- The prevalence of 30-day quit intentions in 2009 among Ontario smokers was 25% (unchanged in recent years).[4]
- Four-in-ten adult smokers in Ontario made one or more quit attempts in the past year.[4] There has been no change in the proportion of adult smokers making quit attempts in the past decade.
- In 2009, 69% of smokers aged 18 or older who had visited a physician in the past year had been advised to quit smoking.[3] This rate is increasing over time.

The province's cessation efforts have focused on providing cessation support to smokers making quit attempts. Existing programs and services reach approximately 5% of smokers annually. Relapse rates are very high and there is currently little support offered to prevent relapse after quitting.

Evidence showing the impact of health care professional training on provision of support to smokers is unknown. There has been no significant change in the proportion of smokers who intend to quit or smokers who made a quit attempt in the past year; ideally these numbers would be increasing. Further commitments to cessation services are needed.

Prevention

Due to the complexity of factors that determine smoking initiation among youth, a comprehensive approach is required to prevent and reduce prevalence of tobacco use among this population. This approach includes provincial resource system supports such as Youth Advocacy Training Institute and Tobacco Control Area Networks that build capacity and implement various public health and social programs. These programs seek to prevent tobacco use by:

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

A number of tobacco control policies have been implemented to limit social exposure, access and availability of tobacco products for youth including:

- Minimum age restrictions on purchase,
- Display bans at point of purchase under the SFOA,
- Bans on sale of single cigarettes/cigarillos,
- Restrictions on smoking on school property, bars and restaurants, vehicles and workplaces under the SFOA, and
- Tobacco product pricing.

Bill C-32 *Cracking Down on Tobacco Marketing Aimed at Youth Act (1)* banned the addition of flavours and additives to tobacco products and images of fruit or flavours on packaging (except for menthol). Research demonstrates that exposure to smoking in movies is associated with the uptake of smoking among youth so activities are being implemented across Ontario to decrease youth exposure.

Local youth tobacco use prevention programming delivered by PHS, including the annual Youth Leadership Quest, Unfiltered Facts Summits, High School and Elementary School Grants, Unfiltered Facts Officer program, and Smoke-Free Movies initiative work to prevent youth from starting to smoke. Comprehensive Youth Engagement includes the provision of training, youth-led health promotion activities and peer networking and learning.

Smoke-Free Ontario Strategy Evaluation results show:

- In 2009, 40% of Grade 11/12 students in Ontario, 30% of Grade 10 students and 20% of Grade 9 students had tried smoking.[6]
- In 2009, first use of cigarettes at any time in the previous 12 months ranged from 3% of Grade 7/8 students to 9% of Grade 11/12 students.[6]

- Among students in Grades 7 to 12, the overall prevalence of smoking more than one cigarette in the past year was 12% in 2009.[6]
- From 2000-2009 there was a general downward trend in the prevalence of smoking among young adults in Ontario. (i.e. in those aged 20 to 24, the rate of smoking dropped from 26% in 2005 to 20% in 2009).[2]

Initiation among Ontario students in lower grades is quite low, with lifetime abstinence being 94% in Grade 7. Overall, Grade 9 appears to be an important year for initiation to smoking. Indicators show that initiation for students in higher grades has decreased over the past decade, but progress has slowed down. Compared to school-aged youth, rates of current smoking are much higher for young adults, suggesting that initiation continues into early adulthood.

Policies and programs to prevent initiation, including: taxation, restrictions on youth access, smoking bans, advertising bans, youth engagement initiatives, social marketing and school-based programming, have met with some success. There is a need for an increased research focus on smoking cessation options for youth; the development of a comprehensive provincial systems-oriented tobacco control strategy; more concerted effort to decrease supply of contraband tobacco; an increased focus on education messaged for youth in a variety of settings and the creation of more programming that uses a youth engagement approach and uses youth voices to reach the population.[1] Despite improvements in recent years, smoking is still occurring in 10% of high school graduates and over 20% of young adults aged 20 to 24. Continued work in youth engagement is important to reverse these trends.

References

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