

## Summary of Smoke-Free Ontario: The Next Chapter 2018

### The Tobacco Burden

Tobacco remains the leading cause of preventable death and disease in Ontario and affects all Ontarians. The financial burden of smoking is felt as two million dollars each year is spent on treatment and care of smoking related illness and disease. Smoking related health issues results in five billion dollars in lost productivity and missed work each year province wide. Additionally, litter and smoke from tobacco products continues to negatively impact our environment.

### Ontario's Progress

Since the Smoke-Free Ontario Act (SFOA) came into force in 2006 much progress has been made in Ontario.

#### The SFOA:

- imposes strict controls on the sale of tobacco to young people
- restricts the display and promotion of tobacco at point-of-sale
- prohibits smoking in enclosed workplaces and enclosed public places, as well as other designated places.

#### Through the SFOA Ontarians who smoke have improved access to:

- cessation counselling and supports in hospitals and community health care settings
- phone counselling and online resources to help quit smoking
- no-cost nicotine replacement therapy in combination with counselling

### The Imperative

Despite these efforts the smoking rate in Ontario has plateaued in recent years with 2 million Ontarians currently smoking.

Some groups that demonstrate higher smoking rates than the provincial average include:

- rural, LGBTQ and Indigenous communities
- residents of Northern Ontario
- people of low socio-economic status

Ontario is committed to having the lowest smoking prevalence rate in Canada. However, this goal is challenged by:

- gaps among existing programs and services
- gaps in electronic cigarette legislation
- lack of controls to protect against potentially harmful effects of second-hand smoke and vapour from medical cannabis

### Smoke-Free Strategy: The Next Chapter - Roadmap to Success

The vision of the new Smoke-Free Ontario (SFO) Strategy is that within one generation, Ontario will be free of the epidemic of disease, death, and other harms caused by tobacco, and the potential harms caused by smoking and vaping of other substances. This new SFO Strategy builds on the Smoke-Free Ontario Scientific Advisory Committee report (2016) which provided an assessment of proposed interventions to address tobacco use and tobacco related illness in Ontario as well as the

recommendations of the Executive Steering Committee for the Modernization of Smoke-Free Ontario. Medical marijuana is also integrated within this new SFO Strategy.

**The goals of the SFO Strategy are to:**

- reduce the proportion of people who smoke in Ontario to 10 per cent by 2023
- reduce exposure to the harmful effects of tobacco and the potentially harmful effects of other inhaled substances and emerging products (including medical cannabis)
- reduce smoking-related health and social costs
- reduce the number of smoking-related deaths by 5,000 each year

The SFO Strategy identifies three strategic priorities (cessation, prevention, and protection) and outlines actions across three levels (individual and community-level, programs and services, and system) to achieve these goals.

The specific goals and actions of each strategic priority are outlined below.

Strategic Priority	Cessation
<b>Goal</b>	Increase the number of people who successfully quit using tobacco by 80,000 each year.
<b>Actions &amp; Highlights</b>	<ol style="list-style-type: none"> <li>1. <a href="#">Access to quality cessation services through one window</a>            “The integrated delivery system will ensure coordination among health care, community and population-based services, and provide systematic referrals to ensure seamless services, supports and follow up [...] This includes:           <ul style="list-style-type: none"> <li>• an easily recognized brand for all cessation services</li> <li>• an online cessation hub</li> <li>• 24/7 provincial quit line with wrap-around services (by telephone and online).” (p. 7)</li> </ul> </li> <li>2. <a href="#">High quality evidence-based smoking cessation services provided across public hospital and community settings</a>            “A systematic approach to cessation services will be used across the continuum of care including prevention, primary care, acute care, rehabilitation, chronic care, home care and palliative care to ensure access is universal.” (p. 8)</li> <li>3. <a href="#">Consistent high quality cessation services</a>            “[T]he government will work with partners to develop and implement quality guidelines for health service providers to ensure that smoking cessation services are part of routine health care. A standardized approach to cessation in health care settings will ensure that all Ontarians receive consistent and effective care. The government, with its partners, will ensure that cessation service providers receive evidence-based training so that services that help achieve smoking quits are accessible to all Ontarians.” (p. 8)</li> <li>4. <a href="#">Increased access to cessation aids</a>            “[T]he government will increase access to no-cost NRT in public hospitals and communities as part of a cessation system, and to Ontarians who are interested in quitting smoking.” (p. 9)</li> <li>5. <a href="#">More intensive support for priority populations</a></li> <li>6. <a href="#">Inspire people to quit</a>            “The government will run targeted public education campaigns to inform Ontarians about better access to smoking cessation support and services, and will also</li> </ol>

continue to run a cessation campaign indicating that setbacks are a natural part of the quitting journey.” (p. 10)

**7. Explore increasing the tobacco tax rate**

“Through the Ontario 2018 Budget, the government increased tobacco taxes by \$4 a carton of cigarettes and will again in 2019. This will bring Ontario's rate closer to the national average.” (p. 10)

<b>Strategic Priority</b>	<b>Prevention</b>
<b>Goal</b>	Prevent the initial and increased use of tobacco and vapour products such that no more than 10,000 people start smoking each year.
<b>Actions &amp; Highlights</b>	<ol style="list-style-type: none"> <li>1. <b>Focus prevention effort on those most at risk</b>            “The government will work with Public Health Units (PHUs) to reduce tobacco use at the local level. In addition, the government will provide guidance, resources and support to help PHUs implement effective prevention interventions with priority populations in their communities. The government will work with Indigenous communities to develop and implement culturally appropriate prevention interventions to reduce uptake of commercial tobacco, while respecting traditional practices.” (p. 11)</li> <li>2. <b>Raise awareness of prevention</b>            “The government will run targeted public education campaigns to inform Ontarians about new vaping and smoking rules as part of efforts to prevent youth and young adults from taking up smoking and vaping.” (p. 12)</li> <li>3. <b>Ontario will keep our youth and young adults safe from tobacco and vapour products</b>            “The new law prohibits branded accessories (e.g., lighters) from being displayed in all stores. The new law also restricts specialty tobacco and vapour product stores from displaying products that are visible to the public from outside the store and prohibits anyone less than 19 years of age from entering these stores.” (p. 13)</li> </ol>

<b>Strategic Priority</b>	<b>Protection</b>
<b>Goal</b>	Implement policies that reduce exposure to second-hand smoke and vapour.
<b>Actions &amp; Highlights</b>	<ol style="list-style-type: none"> <li>1. <b>Close gaps on tobacco and vapour product laws</b>            “The new Smoke-Free Ontario Act, 2017 (SFOA, 2017), which will come into force July 1, 2018, will replace both the previous Smoke-Free Ontario Act (SFOA) and the Electronic Cigarettes Act, 2015 (ECA) with a single legislative framework.” (p. 14)</li> <li>2. <b>Create more smoke and vapour free spaces</b>            “Under the new law, the use of an e-cigarette and the smoking and vaping of medical cannabis would be prohibited in the same places where the smoking of tobacco is currently prohibited. The law also expands smoke-and vapour-free areas around outdoor restaurants and bar patios, and areas around schools and children and youth recreational facilities.” (p. 15)</li> <li>3. <b>Support front-line partners with tools they need</b>            “[...]Ontario will collaborate across all levels of government on joint inspections and enforcement. This cooperative approach will leverage existing resources and enhance coordination and effectiveness of inspection activities to address non-compliance under both the Tobacco Tax Act and the Smoke-Free Ontario Act, 2017 (SFOA,</li> </ol>

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2017). [...] The government will enhance Public Health Unit front-line compliance and enforcement knowledge and expertise by aligning training for inspectors and enforcement managers with common foundational training delivered across Ontario's regulatory and compliance ministries, agencies and other authorities. This model supports a modern compliance approach by providing the Public Health Units' tobacco inspectorate with greater access to resources, knowledge and expertise, training and best practices from across organizations." (p. 15)

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### **Potential Future Considerations**

As new evidence emerges the SFO Strategy identifies three areas of consideration by Smoke-Free Ontario.

1. Reduce availability of tobacco products (explore retail density and zoning restrictions)
2. Expand smoke and vapour-free policies (may include post-secondary campus and outdoor workplace policies)
3. Increase transparency and disclosure of industry practices

### **Surveillance and Evaluation**

The SFO Strategy includes the importance of "[...] a comprehensive data backbone to provide a clearer picture of the impacts being made." (p. 18) and will work with internal and external partners to create a coordinated data system built upon existing databases such as the Tobacco Inspection System (TIS).

The SFO Strategy includes intentions to "[...] develop an evaluation plan that focuses on actionable measures of the SFO Strategy's programs and services such as:

- Who is being reached?
- Are the programs, services and policies doing what they are intended to do?
- Are we meeting the needs of both people who use tobacco and stakeholders?" (p. 19).

### **Conclusion**

This new SFO Strategy outlines the plan to reduce the burden of tobacco related illness and disease while also considering vapour products and medical cannabis. It is important to note that the Strategy does not disclose budgetary commitments.