

Smoke-Free Ontario Modernization: Report of the Executive Steering Committee

TO: Chair and members of the Board of Health

MEETING DATE: February 7, 2018

REPORT NO: **BH.01.FEB0718.R01** Pages: 12

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Recommendations

It is recommended that the Board of Health:

- Receive this Report for information.
- Send a letter to the Minister of Health & Long-Term Care urging the Ministry of Health and Long-Term Care to proceed with the adoption of a renewed Smoke-Free Ontario Strategy as outlined in *Smoke-Free Ontario Modernization: Report of the Executive Steering Committee*.

Key Points

- Despite great success over the past two decades in reducing smoking rates and creating smoke-free spaces (e.g., restaurant patios) that protect people from second-hand smoke, smoking remains the single greatest cause of preventable disease and death, in Ontario.
- Discussions to renew the Smoke-Free Ontario Strategy (SFOS) began in 2016. In October 2017, the Ministry of Health and Long-Term Care (MOHLTC) released *Smoke-Free Ontario (SFO) Modernization: Report of the Executive Steering Committee*.
- This Report sets out a framework for a comprehensive ten (10) - year strategy with the vision that within one generation, Ontario will be free of the epidemic of disease, death, and other harms caused by tobacco, and smoking and vaping of other substances.
- To achieve the goals of the SFOS, the Executive Steering Committee (ESC) recommends that Ontario focus on five (5) key strategic directions: (1) Challenge and contain the

tobacco industry; (2) Motivate and support more Ontarians who smoke to quit and stay quit; (3) Keep more Ontarians from starting to smoke; (4) Expand policies that prevent exposure to all second-hand smoke and harmful aerosol from vaped products; and (5) Create a strong enabling system to execute the strategy.

- The MOHLTC has accepted the ESC's report and is currently considering the feasibility of adopting the strategy. Therefore, Boards of Health are encouraged to send letters to the MOHLTC urging the MOHLTC to proceed with the adoption of the renewed SFOS.

Discussion

Over the past 20 years, Ontario has cut smoking rates by almost a third, greatly reducing the number of youth and young adults who smoke. The creation of smoke-free spaces, like restaurant patios, playgrounds, and public parks, have protected many people from the harmful effects of secondhand smoke.¹

Despite this success, smoking remains the single greatest cause of preventable disease and death in Ontario.¹ Smoking kills about 13,000 Ontarians every year, and the Smoke-Free Ontario Scientific Advisory Committee (SFO-SAC) estimates that tobacco accounts for \$7.5 billion in direct health and other indirect costs.² Ontario's smoking rates have plateaued in the past few years. In 2014, 16.1% of Ontarians age 12 years and older were current smokers. This is comparable to rates of smoking in Wellington-Dufferin-Guelph, where 15.6% of individuals age 12 years and older were current smokers.³

Smoke-Free Ontario Act, 2017

The *Smoke-Free Ontario Act* (SFOA), 2017 received Royal Assent on December 12, 2017. When implemented, the SFOA, 2017 will repeal the existing and *Electronic Cigarettes Act* (ECA) and replace them with a single legislative framework. The SFOA, 2017 will regulate the sale, supply, use, display, and promotion of tobacco and vapour products and the smoking and vaping of medical cannabis. A report for the Board of Health specifically addressing the SFOA, 2017 will be prepared once further information has been shared with Public Health Units regarding implementation and enforcement of this Act.

Smoke-Free Ontario Modernization

The focus of this report is on the SFO Modernization, which is separate from the SFOA, 2017. The SFO Modernization sets out a framework for a comprehensive ten-year strategy to guide tobacco prevention and control initiatives across the province. While the strategy does not propose specific legislative actions, many of the recommended interventions and activities in the strategy could lead to stronger tobacco control legislation.

Discussions to renew the SFOS began in 2016. In the spring of 2017, the Minister of Health and Long-Term Care established an Executive Steering Committee (ESC), a group of experts in the field of tobacco control, for the modernization of Smoke-Free Ontario (SFO). The ESC was asked to provide evidence-based recommendations that aligned with the government's strategic vision and priorities.

In October 2017, the MOHLTC released the ESC's report, *SFO Modernization: Report of the ESC*. The report recognizes Ontario as a leader in tobacco control, but states that unless bold

action is taken, at least 260,000 Ontarians will die of smoking-related illness over the next two decades, and the health, social, and environmental costs associated with smoking will continue to increase.¹

The report sets out a framework for a comprehensive ten (10) - year strategy with the vision that within one generation, Ontario will be free of the epidemic of disease, death, and other harms caused by tobacco, and smoking and vaping of other substances.

The strategy has three (3) over-arching goals:

1. To reduce tobacco use, in Ontario, to less than 5% prevalence by 2035.
2. To regulate and reduce access to the supply of tobacco and other harmful inhaled products and substances.
3. To reduce exposure to the harmful effects of tobacco and other combustible substances.

To achieve these goals, the ESC recommends that Ontario focus on priority actions in five (5) key strategic directions outlined in further detail below. Specific activities and interventions are recommended for each strategic direction that were informed by the SFO-SAC *Evidence to Guide Action: Comprehensive tobacco control in Ontario (2016)*. The SAC report synthesizes the best available evidence across the four (4) pillars of tobacco control: (i) industry; (ii) prevention; (iii) protection; and (iv) cessation.

Strategic Direction 1: Challenge and Contain the Tobacco Industry

The tobacco industry has a long history of utilizing deceptive and fraudulent practices designed to keep people smoking. Healthy public policy should counter this influence by using taxation and other pricing policies to increase the cost of tobacco products. Raising the price of tobacco products is an effective strategy to reduce smoking, especially among groups who are more price-sensitive, like youth, young adults, individuals with lower incomes and individuals with mental illness.¹ Higher tobacco prices also motivate people who smoke to make quit attempts.

In addition to increasing the cost of tobacco products, reducing the availability of tobacco in retail settings is another recommended area for action. Currently, tobacco products are available 24 hours a day, seven days a week, in over 10,000 retail settings across Ontario.¹ When tobacco is less available, fewer people start smoking and current smokers are more likely to successfully quit or smoke less.

Strategic Direction 2: Motivate and Support Many More Ontarians who Smoke to Quit and Stay Quit

Most Ontarians who smoke want to quit. But, given the highly addictive nature of nicotine, it may take multiple attempts before an individual successfully quits. Therefore, it is essential to create environments that encourage and support quitting.

Progress on several of the other strategic directions will help to create environments that make quitting smoking the easy and obvious choice. Purposeful efforts to maintain and intensify supportive environments should also include the expansion and improvement of a visible network of high quality, person-centred cessation services, involving the systematic identification and treatment of smokers in a clinical setting. Furthermore, there is a need to consider equitable access and address barriers to receiving treatment such as geographic

location, especially for those individuals living in rural areas, and financial costs of pharmacotherapy.

Strategic Direction 3: Keep More Ontarians from Starting to Smoke

It is essential to keep people from starting to use tobacco and other harmful inhaled substances and products. The declining smoking rates in Canada have been primarily achieved through reduced rates of smoking initiation among youth. Few individuals start using tobacco after the age of 24, so comprehensive policies to prevent youth (under 18 years of age) and young adults (18 to 24 years of age) from starting to smoke should be implemented.¹

To this end, the ESC recommends raising the minimum age to buy tobacco products from 19 years of age to 21 years of age. All Ontario post-secondary institutions should work towards smoke- and tobacco-free campuses. Reducing youth exposure to on-screen smoking should also be implemented by requiring all movies that contain tobacco imagery are given an adult rating (18A).

It is also important to note that since the emergence of electronic cigarettes (e-cigarettes), there is a considerable proportion (approximately 20%) of youth ages 15-19 years who report ever trying an e-cigarette, while fewer youth report regular use.⁴ Currently, there is emerging evidence regarding the relationship of e-cigarette use and cigarette-smoking initiation. This research evidence will be further discussed in a future Board of Health Report, including a summary of local activities to address e-cigarette use among youth.

Strategic Direction 4: Expand Policies that Prevent Exposure to Secondhand Smoke and Harmful Aerosol from Vaped Products

Smoke-free spaces reduce exposure to the harmful effects of secondhand smoke and the potentially harmful effects of aerosol from vaped products. Smoke- and vape-free spaces also limit social exposure to smoking/vaping, helping to de-normalize these behaviours.¹

A renewed SFO strategy should continue to reduce exposure to secondhand smoke in the home by increasing the number of smoke-free multi-unit housing buildings (e.g., apartments) in the province and by amending the Ministry of Housing Residential Tenancies Act to allow landlords to evict tenants who violate a no-smoking provision in a lease.

The SFOA should also be amended to prohibit smoking of shisha and cannabis and vaping in all indoor and outdoor places where tobacco is banned and within a 9-meter buffer zone around public buildings.

Strategic Direction 5: Create a Strong and Enabling System to Execute the Strategy

To be effective in implementing the comprehensive and multi-faceted (e.g., policy, legislation, enforcement, and education) integrated strategy, the ESC recommends that provincial and municipal governments focus on the following core functions: (1) public engagement; (2) research, evaluation, surveillance and monitoring; (3) capacity building; and (4) leadership, coordination and accountability.

A complete summary of the ESC's recommendations and responsible Ministries for each strategic direction is provided in Appendix "A".

Conclusion

The MOHLTC has accepted the ESC's report and is currently considering the feasibility of adopting the strategy. Therefore, Boards of Health are encouraged to send letters to the Minister of Health & Long-Term Care urging the MOHLTC to proceed with the adoption of the renewed SFO Strategy.

Ontario has made great progress in reducing smoking rates and the harms associated with tobacco use. In order to continue to see gains, Ontario must commit to a bold, renewed strategy to end the tobacco epidemic and create a healthier, smoke and vape-free Ontario. This commitment will further support local implementation of strategies that consider the unique needs of target populations where the prevalence of smoking is higher compared to the general population.

Ontario Public Health Standard

Foundational Standards:

Healthy Equity

Goal: Public health practice results in decreased health inequities such that everyone has equal opportunities for optimal health and can attain their full health potential without disadvantage due to social position or other socially determined circumstances.

Effective Public Health Practice

Goal: Public health practice is transparent, responsive to current and emerging evidence, and emphasizes continuous quality improvement.

Program Standards:

Chronic Disease Prevention and Well-Being

Goal: To reduce the burden of chronic diseases of public health importance and improve well-being.

Substance Use and Injury Prevention

Goal: To reduce the burden of preventable injuries and substance use.

WDGPH Strategic Direction(s)

- Health Equity:** We will provide programs and services that integrate health equity principles to reduce or eliminate health differences between population groups.
- Organizational Capacity:** We will improve our capacity to effectively deliver public health programs and services.

- Service Centred Approach:** We are committed to providing excellent service to anyone interacting with WDG Public Health.
- Building Healthy Communities:** We will work with communities to support the health and well-being of everyone.

Health Equity

It is well-documented that some groups are particularly vulnerable to tobacco use, including people who identify as Indigenous, the LGBTQ community, and people with low socio-economic status.² Reducing tobacco use, exposure, and associated negative health impacts, is an important way to reduce social inequalities in health. Comprehensive tobacco control can promote health equity and decrease tobacco-related health disparities through a combination of population-based and targeted approaches.^{5,6}

The ESC's recommendations were informed by the SFO-SAC's *Evidence to Guide Action: Comprehensive tobacco control in Ontario (2016)*. The SFO-SAC 2016 scientific consensus process specifically considered the equity impacts of each intervention in terms of the reduction of, or the potential to reduce, differences in the burden associated with tobacco use among specific populations.⁷

References

1. Executive Steering Committee. Smoke-Free Ontario Modernization: Report of the Executive Steering Committee. [Internet]. 2017 October. [cited 2018 Jan 16]. Available from: http://www.health.gov.on.ca/en/common/ministry/publications/reports/sfo_modernization_esc_2017/sfo_modernization_esc_report.pdf
2. Smoke-Free Ontario Scientific Advisory Committee. Evidence to Guide Action: Comprehensive Tobacco Control in Ontario (2016). [Internet]. 2017 April. [cited 2018 Jan 16]. Available from: http://www.publichealthontario.ca/en/eRepository/SFOSAC%202016_FullReport.pdf
3. Canadian Community Health Survey (Master Files). Current Smokers (Past 30 Days), 12+, 2014. Tobacco Informatics Monitoring System. [cited 2018 Jan 17]. Available from: <http://tims.otru.org/>
4. Hammond D, Reid JL, Cole AG, Leatherdale ST. Electronic cigarette use and smoking initiation among youth: a longitudinal cohort study. *CMAJ* 2017;189:E1328-36.
5. Achieving health equity in tobacco control (version 1). [Internet]. Washington, DC: Truth Initiative. 2015. [cited 2018 Jan 17]. Available from: <http://truthinitiative.org/sites/default/files/Achieving%20Health%20Equity%20in%20Tobacco%20Control%20-%20Version%201.pdf>

6. National Collaborating Centre for Determinants of Health. Let's talk: universal and targeted approaches to health equity. [Internet]. Antigonish, NS: Francis Xavier University. 2013. [cited 2018 Jan 17]. Available from: http://nccdh.ca/images/uploads/Approaches_EN_Final.pdf
7. Brown T, Platt S, Amos A. Equity impact of population-level interventions and policies to reduce smoking in adults: a systematic review. *Drug Alcohol Depend.* 2014;138:7-16.

Appendices

Appendix "A" - Smoke-Free Ontario Modernization – Executive Steering Committee Report
Recommendations & Responsible Ministries

APPENDIX “A”: Smoke-Free Ontario Modernization Executive Steering Committee Report Recommendations & Responsible Ministries

Recommendation	Responsible Ministry
Strategic Direction 1: Challenge and Contain the Tobacco Industry	
<p>1. Use tax and other pricing policies to increase the cost of tobacco products by:</p> <ul style="list-style-type: none"> • immediately raising provincial taxes on all tobacco products to at least the highest level of all other provinces and territories and investing the increased revenue in tobacco control, and then continue to regularly increase taxes to at least double the price of tobacco products; • preventing the industry from circumventing tax-related price increases by reducing the price differential between different types and brands of cigarettes and prohibiting volume discounts; • banning all industry incentives offered to retailers; and • eliminating any provincial tax deductions or fiscal advantages available to tobacco companies. 	<p>Ministry of Finance Minister: Hon. Charles Sousa Riding: Mississauga South</p>
<p>2. Reduce the availability of tobacco in retail settings by:</p> <ul style="list-style-type: none"> • using provincial legislation and local bylaws, zoning and licensing fees to reduce the number and density of retail tobacco vendors; and • expanding the ban on cigarette displays to include all smoking, tobacco-related and vaping paraphernalia. 	<p>Ministry of Municipal Affairs Minister: Hon. Bill Mauro Riding: Thunder Bay–Atikokan</p> <p>Ministry of Health and Long-Term Care Minister: Hon. Eric Hoskins Riding: St. Paul’s</p>
<p>3. Reduce the supply of tobacco products in Ontario by:</p> <ul style="list-style-type: none"> • reducing the amount of tobacco released to the market for sale; and • enhancing enforcement efforts to combat unregulated tobacco. 	<p>Ministry of Finance Minister: Hon. Charles Sousa Riding: Mississauga South</p>
<p>4. Make industry practices more transparent by:</p> <ul style="list-style-type: none"> • prohibiting its involvement in any activities that could influence health policy; • ensuring all government-industry contacts are documented and made public; and • requiring the industry to disclose information on its practices. 	<p>Office of the Premier Hon. Kathleen Wynne Riding: Don Valley West</p>

Recommendation	Responsible Ministry
<p>5. Regulate new inhaled substances and delivery devices by:</p> <ul style="list-style-type: none"> evaluating and regulating the marketing and use of all inhaled drug delivery devices and ultimately phase out the sale of all combustible delivery devices; and restricting the sale of e-cigarettes and vaping products to people who smoke. 	<p>Ministry of Health and Long-Term Care Minister: Hon. Eric Hoskins Riding: St. Paul's</p>
<p>6. Eliminate all tobacco production in Ontario by:</p> <ul style="list-style-type: none"> establishing a mandatory timeline (5 to 10 years) to phase out tobacco production on non-Indigenous lands; and working with tobacco producers to develop crop replacements. 	<p>Ministry of Agriculture, Food and Rural Affairs Minister: Hon. Jeff Leal Riding: Peterborough</p>
<p>Strategic Direction 2: Motivate and Support More Ontarians who Smoke to Quit and Stay Quit</p>	
<p>1. Create environments that encourage and support quitting by:</p> <ul style="list-style-type: none"> making quitting the easy and obvious choice; expanding smoke-free policies; building on existing partnerships and proven strategies; and promoting cessation services through sustained mass media-based and social media-based public education over the life of the strategy. 	<p>Ministry of Health and Long-Term Care Minister: Hon. Eric Hoskins Riding: St. Paul's</p>
<p>2. Implement a highly visible network of high quality, person-centred cessation services by:</p> <ul style="list-style-type: none"> coordinating health care, community and population-based services and providing systematic referrals to ensure seamless nonjudgmental services, supports and follow up for Ontarians who want to quit; expanding the cessation services available and ensuring people are aware of services; embedding best practice smoking cessation services in all health care settings; shifting to an opt-out approach to smoking cessation; maintaining and enhancing robust clinical standards; ensuring health care providers have the core knowledge, skills and competencies to provide evidence-based cessation services; and exploring the potential of non-combustible nicotine delivery systems to reduce harm for people who are unable or unwilling to quit smoking. 	<p>Ministry of Health and Long-Term Care Minister: Hon. Eric Hoskins Riding: St. Paul's</p>

Recommendation	Responsible Ministry
<p>3. Ensure equitable access to smoking cessation services by:</p> <ul style="list-style-type: none"> • providing cost-free cessation pharmacotherapies in accordance with clinical standards and individual needs; • targeting smoking cessation services to those with high rates of smoking; and • making more effective use of behavioural technologies (e.g., text messaging, online and phone counseling) to reach more people who smoke. 	<p>Ministry of Health and Long-Term Care Minister: Hon. Eric Hoskins Riding: St. Paul's</p> <p>Treasury Board President: Hon. Liz Sandals Riding: Guelph</p>
<p>Strategic Direction 3: Keep More Ontarians from Starting to Smoke</p>	
<p>1. Implement comprehensive policies to prevent youth and young adults from starting to smoke by:</p> <ul style="list-style-type: none"> • raising the minimum age to buy tobacco products to 21; • intensifying tobacco prevention policies and education in elementary, secondary and post-secondary schools, with particular emphasis on trade schools; • implementing prevention interventions (policies and programs) in a variety of youth-centred settings; • 	<p>Ministry of Education Minister: Hon. Mitzie Hunter Riding: Scarborough-Guildwood</p> <p>Ministry of Children and Youth Services Minister: Hon. Michael Coteau Riding: Don Valley East</p>
<p>2. Reduce youth and young adult social exposure to tobacco use by:</p> <ul style="list-style-type: none"> • reducing youth exposure to on-screen smoking by requiring movies that contains tobacco imagery to be assigned an adult rating (18A), requiring movie theatres to show strong anti-tobacco ads before movies that contain smoking or tobacco use, and making media productions that include smoking ineligible for public subsidies; and • making all Ontario post-secondary campuses smoke-free, tobacco-free and free of tobacco industry influence. 	<p>Ministry of Government and Consumer Services Minister: Hon. Tracy MacCharles Riding: Pickering-Scarborough East</p> <p>Ministry of Advanced Education and Skills Development Minister: Hon. Deborah Matthews Riding: London North Centre</p>
<p>Strategic Direction 4: Expand Policies that Prevent Exposure to all Secondhand Smoke and Harmful Aerosol from Vaped Products</p>	

Recommendation	Responsible Ministry
<p>1. Continue to reduce exposure to all secondhand smoke at home by:</p> <ul style="list-style-type: none"> • raising awareness through a public engagement campaign about the importance of smoke-free homes; • increasing the number of smoke-free multi-unit housing buildings in Ontario; • including an optional smoke-free housing clause in the new standard lease; and • amending the Ministry of Housing Residential Tenancies Act to allow landlords to evict a tenant who violates a no-smoking provision in a lease. 	<p>Ministry of Health and Long-Term Care Minister: Hon. Eric Hoskins Riding: St. Paul's</p>
<p>2. Amend the Smoke-Free Ontario Act to:</p> <ul style="list-style-type: none"> • prohibit smoking of shisha and cannabis and vaping in all indoor and outdoor places where tobacco is banned; • prohibit smoking of tobacco, shisha and cannabis within a 9 metre buffer zone around public buildings and in outdoor workplaces; and • prohibit smoking in outdoor workplaces. 	<p>Ministry of Health and Long-Term Care Minister: Hon. Eric Hoskins Riding: St. Paul's</p>
<p>Strategic Direction 5: Create a Strong Enabling System to Execute the Strategy</p>	
<p>1. Establish a system that provides the leadership, coordination, accountability, knowledge, research, and engagement to execute the strategy by:</p> <ul style="list-style-type: none"> • creating a mass media/social marketing campaign that will engage the public, build public support for strategy initiatives and support/promote the network of cessation services; • establishing a learning system that creates and uses the latest research knowledge, surveillance information, ongoing monitoring and evaluation data and practice-based knowledge to routinely inform policy and practice; • providing technical assistance and education to enhance the capacity of all those involved in the Smoke-Free Ontario strategy; and • identifying the most effective mechanism(s) to lead and coordinate the strategy and ensure accountability, including regular reporting to the public on the progress being made. 	<p>Office of the Premier Hon. Kathleen Wynne Riding: Don Valley West</p>

Recommendation	Responsible Ministry
<p>2. Work with Indigenous partners to develop strategies specific to First Nations, Métis, and Inuit communities by:</p> <ul style="list-style-type: none"> • establishing mechanisms to engage First Nations, Métis and Inuit communities to have further dialogue on the report's recommendations; • ensuring that no part of this strategy impinges on the use of tobacco by Indigenous people and communities when used for traditional or ceremonial purposes; and • supporting development, implementation and further expansion of Indigenous-specific approaches within an integrated health promotion/chronic disease risk factor approach, in a sustainable way. 	<p>Ministry of Indigenous Relations and Reconciliation Minister: Hon. David Zimmer Riding: Willowdale</p>