

March 11, 2009

Hon. Margaret Best
Minister of Health Promotion
777 Bay Street, 18th Floor
Toronto, ON M7A 1S5

Re: Mass Distribution of NRT through STOP

Dear Minister Best:

The Ministry of Health Promotion has provided leadership in supporting strategies to control and reduce the use of tobacco. The comprehensive efforts with many committed partners have assisted in attaining some significantly reduced smoking rates, less tobacco uptake from youth, and protection from second hand smoke in public, workplaces and vehicles carrying children. Unfortunately despite the successes, tobacco use continues to affect many individuals: thus multiple strategies need to continue and evolve.

As we move forward with the Smoke-Free Ontario Strategy, the need for greater emphasis on cessation is critical. More specifically the contributions of STOP (Stop Smoking Treatment of Ontario Patients) have really provided much needed missing options for smokers wanting to quit. The study has clearly highlighted for everyone working with these smokers that the provision of NRT to selected smokers, at no cost, is effective. Over the past three years, over 30,000 smokers have been provided with NRT through mass distribution alone. Even more encouraging is the six month quit rates - conservatively over 3600 were still smoke-free. When this is compared to spontaneous smoking quit rates of less than 4 percent, it is clearly obvious that thousands more smokers have been able to maintain tobacco-free lifestyles for significant periods of time with NRT support.

Just as critical, in the list of merits for the mass distribution of NRT, is consideration of who is accessing this support. A closer assessment of the preliminary results highlights that smokers within difficult-to-reach segments of society are benefiting from the no-cost NRT. Thirty-eight percent of smokers in the mass distribution study were unemployed and an additional 48 percent of people in the study had an annual household gross income of less than \$40,000. Beyond the direct benefit for the smoker who would potentially otherwise not be able to obtain NRT, it supports the positive role modeling for young people who are part of the smoker's life. This is of particular importance given that the highest proportions of young smokers come from families with below average family incomes (Ontario Student Drug Use and Health Survey). Free NRT distribution for these individuals dovetails very nicely with the

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Government's Poverty Reduction Strategy – providing help to those in our society who need it most.

Mass distribution also supports smokers who have been living with mental illness. Over 15 percent of participants were coping with depression and 11 percent with anxiety. Provision of NRT with this priority population supports the process of eliminating tobacco as well as a healthier coping strategy for overall mental health.

Maintaining and further evolving cessation supports for Ontario's 1.6 million smokers will continue to be a challenge. Dr. Peter Selby and his team have been the leaders in helping enhance cessation capacity provincially and in challenging all of us to broaden our understanding of addiction. The STOP study has without a doubt demonstrated that the selective mass distribution of NRT at no cost is effective in helping smokers quit and a key component of an overall provincial cessation strategy.

I look forward to the ongoing supports STOP provides to the Smoke-Free Ontario Strategy and the people in our communities who currently smoke. The Simcoe Muskoka Board of Health is hopeful that free distribution of NRT remains an integral component of long-term provincial programming and would appreciate hearing about the Ministry of Health Promotion's future plans for NRT distribution.

I look forward to your response on this matter.

Sincerely,

Original signed by

Dennis Roughley, Chair
Board of Health

c. Local MPPs

Deb Matthews, Minister of Children and Youth Services, & Chair of the Cabinet
Committee on Poverty Reduction
Premier McGuinty
aPHa
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