



TO: Chair and Members of the Board of Health

FROM: Graham L. Pollett, MD, FRCPC  
Medical Officer of Health

DATE: 2009 February 19

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## **CALL FOR CONTINUED INVESTMENT IN SMOKE-FREE ONTARIO STRATEGY**

### ***Recommendations***

#### ***It is recommended:***

- 1. That the Board of Health endorse the letter to the Minister of Health Promotion, the Honourable Margaret Best, attached as Appendix A to express their strong support for ongoing and enhanced Ministry of Health Promotion funding of the Youth Action Alliance program, and further,***
- 2. That the Board of Health communicate its support for the continued and enhanced funding for Youth Action Alliances to local MPPs, the Association of Local Public Health Agencies, and to other Boards of Health in Ontario.***

### **Background**

The Ministry of Health Promotion has made significant investments in the Ontario Government through the Smoke-Free Ontario Strategy since 2006/07. This commitment has enabled public health units, in partnership with community and provincial tobacco control stakeholders, to plan, implement and evaluate comprehensive tobacco control interventions.

The Smoke Free Ontario strategy has been unique in its significant investment in Ontario's youth, funding health units to engage paid youth (Peer Leaders) in the development and implementation of tobacco-use prevention programs. The Peer Leaders, with age-appropriate training in health promotion and ongoing support by their Youth Advisors, have become powerful voices within their school and home communities. There is an authenticity to their message that adults can not match.

Thanks to the Peer Leaders' training as street-level health promoters, the community health messages on tobacco prevention and tobacco industry denormalization have been broadened to encompass other lifestyle issues that impact youth and young adults.

### **The Southwest Tobacco Control Area Network**

The regional Tobacco Control Area Network (TCAN) structure has enhanced the efforts of the youth programs at the local public health unit level. Under the leadership of the regional Youth Development Specialist, the *Southwest Area Youth Coalition* made up of Peer Leaders and Youth Advisors from the nine Youth Action Alliances in southwestern Ontario, works to develop and implement annual initiatives that increase the reach and strength of individual coalition members. The regional collaborations and emerging networks among the nine Youth Action Alliances create an on-the-job learning environment that enables Peer

Leaders and youth volunteers from different communities, different backgrounds and of different ages to work together for a common goal.

### **The Effect of Funding Cuts**

In 2007/08, the Ontario Ministry of Health Promotion investment in comprehensive tobacco control under the Smoke-Free Ontario strategy corresponded to per capita funding of \$4.69 (Appendix B). This funding is significantly lower than the recommended investment levels, with the US Academy of Sciences' Institute of Medicine (2007) recommending an investment of \$15-\$20 per capita to adequately sustain a comprehensive tobacco control program.

### **Need for Sustained Tobacco Control Strategies**

Despite the fact that there have been steady declines in tobacco use in Ontario over the last decade, recent data on youth and young adult tobacco-use rates suggest that declines have stagnated. The tobacco industry's recruitment of the next generation of tobacco-users continues. The investment in the Smoke Free Ontario strategy has been incremental when compared to the billions of dollars that has been invested by the tobacco industry into creative marketing strategies (including new forms of flavoured tobacco and youth-friendly pack design) to recruit new tobacco-users. Experimenting children and youth are vulnerable; research indicates that the developing brain of a child can become addicted to nicotine somewhere between the first puff and four cigarettes. Special populations in southwestern Ontario, including those from the tobacco-growing communities, those living with mental illness, the gay, lesbian, and transgender community, and the aboriginal community face significantly higher rates of tobacco use. It is for these reasons that comprehensive tobacco control efforts must be sustained.

### **Conclusion**

Tobacco use remains the single largest cause of preventable disease and death in Ontario. In order to maintain the benefits from past efforts and investment, it is critical that Ontario sustain, if not increase the support for comprehensive tobacco control efforts. Any reductions in funding would diminish the progress that has been achieved.

This report was prepared by Ms. Linda Stobo, Manager, Southwest Tobacco Control Area Network.

Graham L. Pollett, MD, FRCPC  
Medical Officer of Health

<p><b>This report addresses</b> the following requirement(s) of the Ontario Public Health Standards: Chronic Diseases and Injuries Program Standards: 1, 7(c), 9, 11(b), and 13.</p>
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2009 March 2, 2009

The Honourable Margaret Best  
Minister of Health Promotion  
Office of the Minister, Ministry of Health Promotion  
777 Bay Street  
18th Floor  
Toronto, ON  
M7A 1S5

Dear Minister Best;

It is with pleasure that I take this opportunity to write to you to highlight some of the excellent tobacco control work that has been accomplished since we met in London in February 2008. The Ministry of Health Promotion and the McGuinty Government are to be applauded for the \$60 million dollar investment in the Smoke Free Ontario Strategy. This commitment to tobacco control has enabled public health units, in partnership with community and provincial tobacco control stakeholders to plan, implement and evaluate comprehensive tobacco control interventions.

The Smoke Free Ontario strategy has been unique in its significant investment in Ontario's youth. The engagement of paid youth in the development and implementation of tobacco-use prevention programs sends a strong message that the Ministry of Health Promotion is future-focused and committed to the delivery of meaningful and effective health promotion programs geared to children, youth and young adults.

It is well documented in research that preventing youth from starting to use tobacco is one of the most effective ways to ensure a life free of addiction. Peer-to-peer education is proven to be the common strength among internationally recognized comprehensive tobacco control programs<sup>1</sup>. With the Ministry's investment in the Youth Action Alliance program, the Middlesex-London Health Unit has been able to employ high school-aged youth (Peer Leaders) and Youth Advisors to be able to create their Youth Action Alliance -- the **One Life Crew**. The Peer Leaders, with age-appropriate training in health promotion and ongoing support by their Youth Advisors have become powerful voices within their school and home communities. There is an authenticity to their message that adults can not match. Thanks to the Peer Leaders' training as street-level health promoters, the community health messages on tobacco prevention and tobacco industry denormalization have been broadened to encompass other lifestyle issues that impact youth and young adults.

The regional Tobacco Control Area Network (TCAN) structure has complemented the efforts of the youth programs at the local public health unit level. Under the leadership of the regional Youth Development Specialist, the Southwest Area Youth Coalition, made up of Peer Leaders and Youth Advisors from the nine Youth Action Alliances in southwestern Ontario, works together to develop and implement annual activities/initiatives that increase the reach and strength of individual coalition members. The regional collaborations and emerging networks among the nine Youth Action Alliances create an on-the-job learning environment that enables Peer Leaders and youth volunteers from different communities, different backgrounds and of different ages to work together for a common goal. This demonstrated capacity for youth leadership is further enhanced with the support of provincial training and technical assistance agencies, like the Youth Advocacy Training Institute (YATI) and the Program Training and Consultation Centre (PTCC).

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In 2007/08, the Ontario Ministry of Health Promotion investment in comprehensive tobacco control under the Smoke-Free Ontario strategy corresponded to per capita funding of \$4.69<sup>1</sup>. While the funding has enabled comprehensive, community-wide interventions under the three pillars of prevention, protection, and cessation, this funding is still significantly lower than the recommended investment levels. The US Academy of Sciences' Institute of Medicine (2007) recommends an investment of \$15-\$20 per capita to adequately sustain a comprehensive tobacco control program<sup>2</sup>.

Despite the fact that there have been steady declines in tobacco use in Ontario over the last decade, recent data on youth and young adult tobacco-use rates suggest that declines have stagnated<sup>3</sup>. The tobacco industry's recruitment of the next generation of tobacco-users continues; the investment in the Smoke Free Ontario strategy has been incremental when compared to the billions of dollars that has been invested by the tobacco industry into creative marketing strategies to recruit new tobacco-users. Experimenting children and youth remain vulnerable; research indicates that the developing brain of a child can become addicted to nicotine somewhere between the first puff and four cigarettes<sup>4,5</sup>. Special populations in southwestern Ontario, including those from the tobacco-growing communities, those living with mental illness, the gay, lesbian, and transgendered community, and the aboriginal community face significantly higher rates of tobacco use.

It is for these reasons that we must sustain our comprehensive tobacco control efforts.

Thank you for taking the time to review this letter and for keeping comprehensive tobacco control a priority for public health in Ontario. If you wish to discuss these concerns further, please contact us.

Yours sincerely,

Graham L. Pollett, MD, MHSc, FRCPC  
Medical Officer of Health and  
Secretary-Treasurer, Middlesex-London Board of Health

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<sup>1</sup> Ontario Tobacco Research Unit. *The Tobacco Control Environment: Ontario and Beyond*. [Special Reports: Monitoring and Evaluation Series, 2007-2008 (Vol. 14, No. 1)]. Tobacco Control Funding Commitments: Monitoring Update. Toronto, ON: Ontario Tobacco Research Unit; 2008b.

<sup>2</sup> Institute of Medicine. *Ending the Tobacco Problem: A Blueprint for the Nation*. Washington DC: National Academy Press, 2007. [Executive summary <http://www.nap.edu/catalog/11795.html>]

<sup>3</sup> Ontario Tobacco Research Unit. *OTRU Update: Effects of Funding Cuts to Tobacco Control Programs*. Toronto, ON: Ontario Tobacco Research Unit; 2008.

<sup>4</sup> DiFranza, JR, Savageau, JA, Rigotti, NA, et al. Development of symptoms of tobacco dependence in youths: 30 month follow up data from the DANDY study. *Tobacco Control* 2002; 11:228-235.

<sup>5</sup> Gervais A, O'Loughlin J, Meshefedjian G, Bancej C, Tremblay M. Milestones in the natural course of onset of cigarette use among adolescents. *Canadian Medical Association Journal* 2006; 175(3):255-61.



December 9, 2008

## EFFECTS OF FUNDING CUTS TO TOBACCO CONTROL PROGRAMS

### What is the issue?

Long-term comprehensive tobacco control programs are successful in preventing smoking acquisition and helping smokers quit, but there must be ongoing funding for sustained programming to maintain effects. Jurisdictions sometimes reduce funding when faced with competing priorities. Reductions in funding arise in several ways including redirection of program funds—either by outright program cuts or by incorporation of program elements not related to tobacco—or by failure to address inflationary pressures. Reductions in funding lead to slowed reductions in smoking rates and often reversal of progress. The presumed costs saved from program cuts, however, reappear as direct costs of health care and productivity losses from disability and premature death.

Funding for tobacco control programs is directly correlated with reducing smoking rates. Farrelly et al. (2003) showed that increases in funding for state tobacco control programs reduced tobacco use even after taking into account confounding effects such as excise taxes, cross-border cigarette sales and other state-specific factors. Drops in funding have had deleterious effects. Successful tobacco control programs in the United States have suffered from funding cuts to fill short-term budget deficits. Evidence summarized for multiple states (Campaign for Tobacco-Free Kids, 2008) not only indicated that funding for tobacco programs was highly effective in reducing tobacco use, it also showed that reductions in tobacco funding resulted in slowed or reversed progress within months.

### What can we learn from the US experience?

- Cuts in funding to California's tobacco control program in the mid 1990s were associated with a significant reduction in the state's rate of decline in per capita consumption (Pierce et al., 1998)
- An Oregon study of 8th and 11th grade school districts found a significant increase in the rate of uptake of youth smoking when funding for the school component of a comprehensive tobacco control strategy was dropped (Pizacani et al., 2007)
- A study from the District of Columbia showed that lower per capita expenditures on tobacco control had a significant negative impact on prevalence of youth smoking and on the average number of cigarettes smoked by smokers (Tauras et al., 2005)
- Results in Florida showed that reductions in tobacco control funding resulted in declines in recall of the 'Truth' campaign and the non smoking intentions of youth (Niederdeppe et al., 2008)
- In Minnesota, defunding the successful tobacco control program resulted in rapid erosion of program messages, parallel increases in susceptibility, a rapid and sharp re-emergence of pro-tobacco attitudes and a marked rise in intentions to smoke (Sly et al., 2005)

## Ontario

Tobacco use poses a substantial economic burden to the people of Ontario, both in direct costs such as healthcare, and indirect costs related to productivity losses resulting from disability and premature death. In 2002, the total economic cost of tobacco use in Ontario was almost \$6.1 billion (OTRU, 2006).

There have been steady declines in tobacco use in Ontario over the last decade (OTRU, 2008a). Per capita wholesale sales of cigarettes have declined even after accounting for illicit trade.<sup>1</sup> Likewise, based on data from the Canadian Community Health Survey, current smoking prevalence among Ontarians aged 12 years and over has declined (25% in 2000/01 versus 21% in 2007), representing 175,000 fewer smokers in the province.<sup>2</sup> Despite this progress, recent data on youth and adult smoking rates suggest declines have stagnated.

In 2007/08, the Ontario Ministry of Health Promotion committed \$60 million in tobacco control funding under the Smoke-Free Ontario Strategy, corresponding to per capita funding of \$4.69 (OTRU, 2008b). This funding is still substantially lower than recommended investment levels for a comprehensive tobacco control program. The US Academy of Sciences' Institute of Medicine (2007) recommended that funding for a comprehensive tobacco control program should be approximately \$15–20 per capita. In addition, the Centers for Disease Control and Prevention (2007) suggested that a jurisdiction the size of Ontario should invest \$8–18 per capita. In order to reap the benefits from past efforts and investments, it is critical that we sustain, if not increase, effective, comprehensive tobacco control efforts. Without continued investment, prior progress is guaranteed to slow or even reverse.

## References

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<sup>1</sup> Health Canada (sales), Statistics Canada (population), Ontario Tobacco Research Unit (secondary data analysis).

<sup>2</sup> CCHS 2000/01 and 2007 (from the Canadian Socio-economic Information Management System [CANSIM])

February 27, 2009

### Sent to aPHa and Ontario Boards of Health

At its February 19, 2009 meeting, the Middlesex-London Board of Health considered **Report No. 019-09 re Call For Continued Investment in Smoke-Free Ontario Strategy** and moved that the Board of Health

1. *endorse the letter to the Minister of Health Promotion, the Honourable Margaret Best, attached as Appendix A to express their strong support for ongoing and enhanced Ministry of Health Promotion funding of the Youth Action Alliance program; and further*
2. *communicate their support for the continued and enhanced funding for Youth Action Alliances to local MPPs, the Association of Local Public Health Agencies, and to other Boards of Health*

The Smoke Free Ontario strategy has been unique in its significant investment in Ontario's youth. The engagement of paid youth in the development and implementation of tobacco-use prevention programs sends a strong message that the Ministry of Health Promotion is future-focused and committed to the delivery of meaningful and effective health promotion programs geared to children, youth and young adults.

A copy of **Report No. 019-09 re Call For Continued Investment in Smoke-Free Ontario Strategy** has been attached for your information.

If you require additional information, please contact Ms. Linda Stobo, Manager, Southwest Tobacco Control Area Network at (519) 663-5317 ext. 2388.

Yours sincerely,

Graham L. Pollett, MD, MHSc, FRCPC  
Medical Officer of Health and  
Secretary-Treasurer, Middlesex-London Board of Health

GP/lg

Encl.

c.c. Mr. James Reffle, Director of Environmental Health and Chronic Disease Prevention Services  
Ms. Linda Stobo, Manager, Southwest Tobacco Control Area Network  
Ontario Public Health Units