

**Building On Our Gains, Taking Action Now:
Ontario's Tobacco Control Strategy
for 2011 - 2016**

Report from the Tobacco Strategy Advisory Group
to the Minister of Health Promotion and Sport

October 18, 2010

Preface

Over the past five years, the Ontario government implemented most of its commitments under the 2004 Smoke-Free Ontario (SFO) Strategy. While the SFO Strategy enjoyed considerable success, the use of tobacco products remains the leading cause of preventable disease and death in Ontario; more than two million people in Ontario still smoke, and each year thousands of youth start smoking.

In 2009, the Ministry of Health Promotion and Sport and its partners set up a multi-layered process for renewing the province's tobacco control strategy. The process would build on the results of the Smoke-Free Ontario Strategy by seeking out the best scientific evidence and expert advice in preparation for a new five-year plan for making Ontario tobacco-free.

Scientific Advisory Committee (SAC)

The creation of a Scientific Advisory Committee was key to the process of developing this report.

By bringing together leading practitioners in the field of tobacco control, coordinated by the Ontario Agency for Health Protection and Promotion (OAHPP), the Ministry of Health Promotion and Sport has supported the creation of a unique document that, as the title states, provides evidence to guide action.

The SAC report, *Evidence to Guide Action: Comprehensive Tobacco Control in Ontario*, provides the evidence-based foundation for most of the recommendations in this report from the Tobacco Strategy Advisory Group (TSAG).

Tobacco Strategy Advisory Group (TSAG)

The Tobacco Strategy Advisory Group was established by the Ministry of Health Promotion and Sport in March, 2009 and held its first meeting in May, 2009.

The Terms of Reference state that the objective of TSAG *"is to advise the Ministry in the development of a five-year Plan to renew the Smoke-Free Ontario Strategy. To inform the Government's New Directions in Tobacco Control 5-year plan, the group will review and discuss changes in the tobacco control environment since the original SFO Strategy was initiated, evidence-based findings of the Scientific Advisory Committee, and, where appropriate as long-term strategic advice, the work undertaken by other related working groups or advisory groups. The timeframe for development of the five-year plan is one year, although specific initiatives/programs will continue."*

Membership

The Ministry of Health Promotion and Sport deserves recognition for establishing a credible advisory group, and staffing a secretariat for the group. Members of the advisory group represent not only key health and health promotion organizations, they are also individual leaders and experts in the field of tobacco control.

This report contains advice in the form of recommendations that represent the consensus of all the leading tobacco control organizations in Ontario.

In addition to the work of the Scientific Advisory Committee, which provides a foundation for discussion, members of TSAG developed its advice to the government during almost 100 hours of constructive face-to-face discussion between May 2009 and August 2010, plus extensive evidence review in preparation for meetings. This process ensured that the government received advice based on both research and a synergy of expertise.

As leaders in the field of tobacco control, each of the following played a key role in contributing to this report:

Dr. George Pasut, Co-Chair

VP, Science and Public Health,
Ontario Agency for Health Protection and Promotion

Jean Lam, Co-Chair (non-voting)

Assistant Deputy Minister, Sport, Public Health and Community Programs, *Ministry of Health Promotion and Sport*

John Atkinson Manager, Health Promotion,
Ontario Lung Association

Dr. Heather Manson Director, Health Promotion,
Chronic Disease & Injury
Prevention, *Ontario Agency
for Health Protection and
Promotion*

Dr. Francoise Bouchard Associate Chief Medical
Officer of Health, *Office of the
chief Medical Officer of Health*

Michael Perley Director, *Ontario Campaign
for Action on Tobacco*

Donna Czukar Acting Senior Director, Public
Affairs, *Canadian Cancer
Society - Ontario Division*

Rowena Pinto Senior Director, Public Affairs
*Canadian Cancer Society -
Ontario Division*

Rosa Dragonetti Manager, Nicotine Clinic,
Addictions Programs
*Centre for Addiction and
Mental Health*

Cindy Shcherban VP, Provincial Programs,
Ontario Lung Association

Dr. Roberta Ferrence Executive Director, *Ontario
Tobacco Research Unit*

Linda Stobo Tobacco Control Area
Network (TCAN) Coordinator,
South West, *Middlesex-
London Health Unit*

Lori Flynn Health Program Manager,
*Ontario Federation of Indian
Friendship Centres*

Laura Syron VP, Research, Advocacy and
Health Promotion, *Heart and
Stroke Foundation of Ontario*

Lorraine Fry General Manager, *Non-
Smokers' Rights Association*

Carol Timmings Past-President, *Ontario Public
Health Association*

Dr. John Garcia Associate Professor,
Department of Health Studies
and Gerontology, Faculty of
Applied Health Sciences,
University of Waterloo

John Wellner Director, Health Promotion,
Ontario Medical Association

Dr. Doris Grinspun Executive Director. *Registered
Nurses' Association of Ontario*

Ministry of Health Promotion and Sport

Dr. Beth Henning Senior Medical Consultant,
*Office of the Chief Medical
Officer of Health*

Vito Chiefari Executive Lead, Tobacco
Renewal Project, *Ministry of
Health Promotion and Sport*

Dr. Robert Kyle Durham Medical Officer of
Health, *Council of Ontario
Medical Officers of Health*

Denis Gertler Director, Smoke-Free Ontario,
*Ministry of Health Promotion
and Sport, replaced by*

Dr. Hazel Lynn Grey Bruce Medical Officer of
Health, *Council of Ontario
Medical Officers of Health*

Penny Nelligan Director - Standards,
Programs and Community
Development Branch,
*Ministry of Health Promotion
and Sport*

Objectives of this Report by the Tobacco Strategy Advisory Group

This report of the Tobacco Strategy Advisory Group is structured to provide a clear case for the report's recommendations.

This is not a policy document or a research paper. The scientific evidence to support most of the recommendations, along with the appropriate research references, can be found in the accompanying Scientific Advisory Committee report ***Evidence to Guide Action: Comprehensive Tobacco Control in Ontario***.

***Evidence to Guide Action* provides a foundation upon which members of the Tobacco Strategy Advisory Group designed and built this report, utilizing the extensive combined leadership knowledge, experience and insights of its members.**

The seven chapters of this report, not including the Executive Summary and Conclusion, are written with the intention of explaining a complex challenge in a simple, but neither simplistic nor oversimplified, manner. As such,

- Chapter 2 “Building On Success” does not merely provide background; it creates a link between the past successes and current opportunities;
- Chapter 3 provides a necessary overview of the concept “Supply and Demand,” which represents a new direction in tobacco control;
- Chapters 4 and 5 delve deeper into the significance of Supply and Demand respectively; and
- Chapters 6 and 7 make the case for cross-cutting issues that are foundational elements for achieving the main Supply and Demand recommendations.

1.0 EXECUTIVE SUMMARY

Vision Statement

A tobacco-free Ontario by 2030.

Governments have an obligation to protect the health of the people they serve.

Tobacco use continues to be the leading cause of preventable death and disease in Ontario. Every year, more than 13,000 people in Ontario die because of tobacco use – one person almost every 40 minutes. Tobacco is the only legal product that, when used as intended, kills half of its users prematurely. It can also kill others through involuntary exposure to second hand smoke.

This report's recommendations for comprehensive tobacco control represents the consensus of Ontario's leaders in tobacco control, and should be considered essential advice to the government of Ontario as it moves forward with its commitment to keep Ontarians healthier.

A renewed tobacco control strategy must:

- continue to build on the comprehensive tobacco control approach established by the Smoke-Free Ontario Strategy;
- address both the supply of and demand for tobacco products simultaneously in order to weaken the relationship that maintains and supports the use of tobacco products;
- go beyond smoking cigarettes to address the use of all tobacco products, including smokeless products; and
- take a “whole of government” approach.

1.1 Decreasing the Supply of Tobacco Products

The government of Ontario showed true leadership when the Smoke-Free Ontario (SFO) Strategy was designed and implemented after 2004. While the SFO Strategy represents a significant benchmark in comprehensive tobacco control, it did not significantly address the primary cause of tobacco-related disease and death: the continued *availability* of tobacco products to men, women and children in Ontario.

In an ideal world, the Ontario government would simply ban all tobacco products immediately. While the status quo is unacceptable, the reality is that a tobacco-free society cannot be accomplished overnight.

In some areas, changing the status quo requires time to foster inter-jurisdictional relationships, develop effective programs and change policies. In other areas, progress is hindered by the reality that commercial tobacco use has been a part of Western society for over a century.

Treating the tobacco industry as a “normal” legitimate industry undermines efforts by the government and health organizations to safeguard the health of Ontarians from tobacco products. Despite some restrictions, the tobacco industry is still allowed to grow, manufacture, market and retail their products. As a result, tobacco products are ingrained into our culture as a “normal” part of our society and economy; for example:

- tobacco production has been subsidized by governments;
- tobacco use has been glamorized by the tobacco industry; and
- the sale of tobacco products has been an important revenue source for many small businesses, largely due to decades of tobacco industry incentives to retailers.

The tobacco industry should not be considered either normal or legitimate. The government of Ontario’s new strategy needs to incorporate a plan of action for de-normalizing and de-legitimizing the industry.

The government’s next plan of action also needs to address the supply of new products. Smokeless tobacco products such as chew are increasingly popular among Ontario’s youth. The recommendations in this report refer to “tobacco use” in order to capture these smokeless products as well as any new products that the tobacco industry will inevitably bring to the Ontario market.

The growing pervasiveness of contraband tobacco is perhaps the most pressing area of tobacco control that needs to be addressed in the government’s new plan. Contraband not only compounds the “supply” problem caused by the legal tobacco industry and its products, it also undermines efforts to decrease “demand.” The current SFO strategy does not currently address the fact that contraband has become a significant source of cheap tobacco products in Ontario, and that it undermines all other efforts to reduce tobacco use, especially among young people.

More needs to be done to reduce the very presence of tobacco in the consumer environment so that it is easier for non-smokers and smokers to make healthy decisions. Ultimately, this means we need to begin to address the supply of both regulated and unregulated tobacco products in Ontario.

The tobacco industry tries to create the myth that tobacco use is a lifestyle choice. It isn't. It's an addiction.

"We make a legal product for adult consumers who have made a choice to continue smoking in spite of the known risks." John Clayton, vice president, Corporate Affairs, Imperial Tobacco in a news release, July 6, 2010

1.2 Decreasing the Demand for Tobacco Products

The tobacco industry tries to frame the problem of tobacco use as "a consumer choice." This could not be further from the truth. The addiction to tobacco takes away any choice the consumer has to not use tobacco products.

Nicotine, which is present in all tobacco products, is a very addictive substance when smoked or chewed as a tobacco product. The addiction to nicotine has been compared to heroin and cocaine addictions, making it one of the toughest to break. Therefore addicted smokers unable to stop on their own require appropriate support to help overcome their addiction to tobacco.

Even though the prevalence of smoking in Ontario has been drastically reduced, more than two million people still use tobacco products, and one third of Ontario's youth are in danger of becoming users. As a result, half of tobacco's long-term users will die prematurely; many others will be harmed by second-hand smoke and also endure a reduced quality of life.

The recommendations for a comprehensive tobacco strategy in this report continue to build on the need to reduce the demand for tobacco products, both legal and illegal, through a renewed effort to help users to quit, and prevent others from starting.

1.3 A Comprehensive Approach

The recommendations of the Tobacco Strategy Advisory Group support a comprehensive approach as the only effective means of protecting and promoting the health of Ontarians with regard to tobacco use.

The recommendations are inherently synergistic. This is the strength of a comprehensive tobacco control strategy.

Because tobacco use is so ingrained in our society, efforts to address the causes and effects of tobacco use require action on several fronts. The Ontario government appreciated the need for this comprehensive tobacco control approach in developing and implementing the Smoke-Free Ontario (SFO) Strategy, beginning in 2004.

The SFO Strategy mainly addressed the demand for tobacco products by helping smokers to quit, preventing young people from starting and prohibiting smoking in public enclosed spaces and enclosed workplaces. The advice in this report recommends that, to be an effective comprehensive tobacco control strategy, it must go further to decrease both **demand** (e.g. building a comprehensive cessation system) and **supply** of legal and unregulated tobacco products.

This report recognizes that the burden and responsibility of implementing such a comprehensive approach requires the Ontario government to embrace a “whole of government” approach.

A “whole of government” approach requires ministries as varied as Revenue, Agriculture, Food and Rural Affairs, Health and Long-Term Care, and Municipal Affairs and Housing to do more in the Ontario government’s effort to reduce the burden tobacco places on families, communities, health care and the economy. This approach takes nothing away from the Ministry of Health Promotion and Sport, which should continue to have the primary responsibility for comprehensive tobacco control in its mandate.

This report also recognizes that, while some steps toward a comprehensive tobacco control system can be implemented immediately, others require time and additional resources to be developed and implemented.

It is critical, however, that the Ministry of Health Promotion and Sport and partner ministries have the resource capacity to develop, implement and manage the elements of a comprehensive tobacco control system. Adequate program funding is also critical to the success of the government’s new comprehensive tobacco control strategy.

The Centres For Disease Control and Prevention (CDC) recommends spending on tobacco control, for a jurisdiction of Ontario’s size, of between \$8.00 and \$13.00 per capita, or at least \$100 million. Ontario currently spends approximately \$3.29 per capita or \$42.8 million, reduced from \$60 million in the 2008/09 fiscal year.

A “whole of government” approach can help by creating greater synergies between ministries that already have aspects of a comprehensive tobacco control approach within their mandate and budget.

For example, the Ministry of Revenue has responsibility and resources for addressing contraband, especially through enforcement and public awareness, and the Ministry of Health and Long-Term Care has some responsibility for treatment of tobacco-addicted Ontarians. Both these ministries have the ability to do more in their areas of jurisdiction. Other ministries can also make a difference; for example, Municipal Affairs and Housing can take steps to reduce involuntary exposure to second-hand smoke.

Just as the Ontario government’s participation in cost-recovery litigation against the tobacco industry is an example of multi-jurisdictional and inter-ministerial partnership, we recognize that a comprehensive approach means that other levels of government, non-governmental organizations and private organizations have a significant role, both in partnership and independently.

1.4 Target Outcomes

Beginning in 2004, the government of Ontario made a commitment to reduce the overall consumption of cigarettes in Ontario by 20% before the end of its first mandate. It was a bold statement that demonstrated leadership and commitment to protecting the health of Ontarians; it also motivated action and achieved results.

In 2005 the Smoke-Free Ontario Strategy was built on the programs, knowledge and expertise cultivated by government over the previous 15 years. The government increased funding from \$10 million to \$60 million at its peak in 2008/09, but funding has since receded to \$42.8 million annually.

The government did achieve the stated goal of reducing consumption by 20% before the end of its first mandate, but the work is far from done. Continued commitment and leadership is needed to prevent any increases and to achieve further reductions.

The tobacco industry and unregulated tobacco continue to supply products to Ontario’s men, women and children; as a result, 13,000 Ontarians die each year — more than the population of either Elliot Lake, Gravenhurst or Ingersoll.

The target outcomes outlined below are aggressive and achievable over the next five years. They take into account:

- current evidence that indicates these are achievable, measurable targets;
- strategic considerations, including popular opinion, political and economic factors; and
- that all recommended outcomes are building on the success of the Smoke-Free Ontario Strategy, and will in turn be the foundation for future efforts to realize a tobacco free Ontario.

TARGETS	OUTCOMES (to be achieved by April 1, 2016)
Prevalence: Reducing the Percentage of Ontarians who Smoke	“Five over five” - a decrease of 5 percentage points over 5 years in the number of Ontarians who use tobacco (approximately 490,000 or 23% fewer smokers)
Protection from Second-Hand Smoke	Further reduce exposure to second-hand smoke (SHS) by: <ul style="list-style-type: none"> • banning smoking on all bar and restaurant patios, and • amending <i>Residential Tenancies Act</i> to give landlords the authority to set non-smoking clauses in leases
Cessation: Helping Ontario Smokers to Quit	<ul style="list-style-type: none"> • Increase the proportion of smokers who make quit attempts from 9.4% to 21% • Increase the proportion of smokers to quit smoking from 1.6% to 3.6%
Prevention: Decreasing the Number of Youth Who Try Tobacco	<ul style="list-style-type: none"> • Reduce smoking uptake of those between the ages of 12 and 18 from 1% to 0.5% per year
Industry: Reducing The Supply of Tobacco Products	<ul style="list-style-type: none"> • Ban the introduction of new tobacco products, defined as tobacco industry-branded or non-therapeutic
Health Benefits: Keeping More Ontarians Healthy	<ul style="list-style-type: none"> • Decrease tobacco-related disease, measured in terms of total acute hospital care days, attributed to Chronic Obstructive Pulmonary Disease, lung cancer, stroke, IHD and pneumonia by 6.5% (or a five-year total of 204,493 days)

1.5 **SUMMARY OF RECOMMENDATIONS**

The use of tobacco products persist as the leading cause of preventable disease and death in Ontario. This alone should be sufficient motivation for government and its partners to invest extensively in comprehensive tobacco control.

Nevertheless, members of the Tobacco Strategy Advisory Group were careful to achieve consensus only on those recommendations that are practical and achievable over time. The recommendations also take into consideration:

- public support,
- economic realities, and
- the responsibilities of different ministries within the Ontario government, several levels of government, and organizations both private and non-governmental.

Most of the following recommendations require action to be initiated in the first year of the government's new five-year strategy, but acknowledge that some key elements will not fully materialize and be implemented until later in the five-year timeframe.

NOTE: The order in which recommendations are listed do not indicate relative priority or urgency.

REDUCING THE SUPPLY OF LEGAL AND ILLEGAL TOBACCO PRODUCTS (Chapter 4) **Addressing the source of the problem in Ontario**

De-normalize and de-legitimize the tobacco industry (Section 4.1)

Because tobacco products and the tobacco industry are ingrained into our culture, society and economy, this process of de-normalizing and de-legitimizing the tobacco industry and its products must happen at several levels: financial, government, and in the social environment.

Financial: divesting tobacco (4.1a)

- *Divest provincial pension plans and other investments of tobacco holdings and amend legislation to allow other institutions (e.g., Ontario universities, hospitals) to divest their tobacco investment holdings.*

Government: transparency and vigilance (4.1b)

- *Implement the provisions under the World Health Organization's Framework Convention on Tobacco Control (FCTC) Article 5.3 guidelines to prevent tobacco industry interference in the setting and implementing of tobacco control policies.*
- *Mitigate tobacco industry activities by establishing a quick response team of key public health, government and NGO leaders.*

Social: counteract tobacco industry marketing to the consumer (4.1c)

The tobacco industry increasingly relies on innovative marketing tactics to sustain demand for their products, using the social and cultural environment that influences the behaviour of individuals and groups. Recommendations in this section reflect key components of marketing: “**product and package**” “**price**”, “**placement**” and “**promotion**”.

Product and Package: used by the tobacco industry to attract and retain customers

- *Amend the Smoke-Free Ontario Act and Regulation to prohibit the distribution and sale of all flavoured tobacco products (excluding menthol).*
- *Ban flavourings in all smokeless tobacco products through regulations under the Smoke-Free Ontario Act within year one of the revised Smoke-Free Ontario Strategy,*
- *Ban smokeless tobacco products in Ontario by the end of the 5-year revised SFO Strategy.*
- *Mandate plain and standardized packaging (including both outside and inside the package).*
- *Prohibit the approval, sale and marketing of any new tobacco product or non-therapeutic nicotine product.*

Price: low prices attract young people and reduce the incentive for smokers to quit

- *Establish a minimum retail market price for tobacco products.*
- *Implement a substantial increase in provincial tobacco taxes.*
- *Increase cigarette taxes to address inflation and align with tax increases in other provinces.*
- *Mobilize municipal police and other enforcement personnel to assist in enforcing contraband controls:*
 - *Empowerment of municipal police*
 - *Establish joint operation groups*
 - *Educate and empower non-police officials*
- *Apply a provincial tax-paid marking to every cigarette sold in Ontario, in order to help distinguish tax-paid, legally tax-exempt products from contraband.*
- *Develop and fund a broad anti-contraband public education program targeting both youth who use contraband and their parents to lay the groundwork for proactive enforcement activities.*
- *Engage in dialogue with First Nations leadership and communities to:*
 - *achieve a mutually-satisfactory approach to stop the sales of tax-exempt tobacco to ineligible individuals and*
 - *develop and implement strategies to address the production, distribution and sale of contraband tobacco.*
- *Reform the provincial allocation system by either reducing the allocation or establishing a provincial refund/rebate system for tax-exempt, legally*

manufactured tobacco products supplied to a reserve.

- *Implement tax markings/stamps, a tracking and tracing system and enhance enforcement (border controls, investigations, intelligence, inspections and seizures) for tobacco products.*
- *Reduce non-retail supply of tobacco products to underage youth with a focus on public education, and enforcement specific to youth and young adult settings.*

Placement: 14,000 tobacco retailers in our communities and around our schools

- *Move toward a system of designated sales outlets, by employing methods such as licensing strategies and zoning by-laws, to continuously reduce the number of tobacco retailers and locations permitted to sell tobacco products.*
- *Increase the number of specific places that are prohibited from selling tobacco products to match or exceed bans in leading Canadian provinces.*
- *Develop and implement tobacco vendor compliance strategies that continue to reduce availability of cigarettes to underage youth.*
- *Require, by statute, that tobacco manufacturers (including importers selling tobacco products in Ontario) meet stated annual reductions in the number of under-aged tobacco users in Ontario.*

Promotion: even the act of smoking is part of tobacco industry promotion

- *Refresh the tobacco product package-based health warning system in a timely and continuous manner, ensure that a 1-800 cessation helpline number is included as part of the health warning system, and align mass media campaigns with these warnings.*
- *Close existing exemptions on tobacco product advertising and promotion.*
- *Introduce legislation to further restrict marketing via tobacco product packaging, tobacco related accessories, movies and other forms of media.*
- *Further decrease the visibility of smoking and exposure to second-hand smoke in public, particularly on patios, in front of doorways, outdoor sport and recreation spaces using regulatory and awareness raising tools.*
- *Require adult ratings for movies (18A) and video games (Mature) with any tobacco imagery.*

Increase control over tobacco growing, manufacturing and importing (Section 4.2)

As long as tobacco products remain a legal product, more needs to be done to monitor all aspects of growing, manufacturing and importing to ensure that materials — including raw tobacco leaf, cigarette filters and papers — do not fuel the production of contraband tobacco products.

- *Legislate tobacco manufacturer reporting requirements that match or exceed what is currently required by the Federal government.*
- *Work to control tobacco farming by creating a “task group” with key partners (for example, OMAFRA, NGOs, farmers, and other stakeholders) to develop recommendations for reducing tobacco farming. Recommendations may include:*
 - *freezing the number of licenses issued by the marketing board;*
 - *ensuring licenses remain non-transferable;*
 - *putting a ceiling on acreage used for tobacco growing; and*
 - *switching to acreage contracts as opposed to contracts by weight.*
- *Prohibit the supply of raw leaf tobacco to unlicensed manufacturers, importers, storers or carriers by requiring all Ontario tobacco manufacturers, importers, storers or carriers to have provincial permits, and rendering raw leaf subject to seizure if no such permit exists.*

DECREASING THE DEMAND FOR TOBACCO PRODUCTS (Chapter 5)

Ending the cycle of addiction: preventing new tobacco users and helping existing users to quit

Efforts to decrease the *supply* of tobacco products must be simultaneous with measures to decrease the *demand* for tobacco products.

Preventing young people from getting addicted to tobacco products (Section 5.1)

With more than 13,000 Ontario former customers dying each year, and thousands quitting, the tobacco industry needs new customers to help maintain its business.

- *Implement media and social marketing strategies using traditional and non-traditional media (e.g., viral and interactive media channels) to change social norms related to tobacco use.*
- *Align initiatives in schools, colleges, universities and communities with other activities (e.g., media and social marketing, policy interventions) within the provincial tobacco-control strategy, including:*
 - *the development, implementation and enforcement of comprehensive youth and young adult tobacco control policies within and across settings (e.g., schools, colleges, universities and communities); and*
 - *the development of programs/initiatives that enable the mobilization of youth, through peer-to-peer approaches to decrease the social norm associated with using tobacco products, protection from exposure to tobacco industry product use and the de-normalization of the tobacco industry;*
- *Require ads that aim to de-normalize tobacco companies and decrease the social norm associated with tobacco products preceding all movies and video games that contain tobacco imagery, as well as warnings on movie and video game packaging.*
- *Require, by statute, that tobacco manufacturers (including importers selling tobacco products in Ontario) meet stated annual reductions in the number of under-aged tobacco users in Ontario.*

Helping tobacco users to quit (Section 5.2)

Smoking is not a lifestyle choice, as the tobacco industry would like us to believe. The addiction to nicotine has been compared to addictions to heroin and cocaine; it is one of the toughest addictions to break. Users rarely quit on the first try, even with the help of smoking cessation aids such as nicotine replacement therapy (NRT) combined with counselling.

- *Link smoking cessation services to create a coordinated tobacco-user support system that:*
 - *Offers multiple access points for access to cessation services;*
 - *Offers guidance on appropriate, cost-effective and culturally appropriate services;*
 - *Builds capacity for ongoing engagement of tobacco users and the continuous improvement of tobacco services; and*
 - *Includes a mass media campaign to raise awareness of services and promote quit attempts.*
- *Create accountability mechanisms (e.g. in LHINs, hospitals, primary-care providers, specialty care, home care, etc.) to ensure that smokers are asked, advised and assisted to quit at every point of contact with the health care system.*
- *Provide free smoking-cessation medications for individuals under the Ontario Drug Benefit; the dose and duration would be determined by the presence of other health risk factors as assessed by their health-care provider.*
- *Ensure smoking status is determined and cessation services are accessible in all settings (e.g., social, school and health services) providing services to youth and young adults.*
- *Provide free direct-to-tobacco-user smoking cessation medication in combination with varying amounts of behavioural support where indicated and appropriate.*
- *Systematize, expand, support and tailor cost-effective and evidence-based cessation policies, services and supports across health care and public health settings such as primary health care, hospitals and long-term-care homes.*
- *Target groups that are at high risk for tobacco-related disease or have decreased access to tobacco-cessation services in order to provide services that address their specific needs. This may include groups such as people in addiction and mental health treatment settings, including those struggling with problematic gambling.*
- *Develop, evaluate and implement guidelines, training programs and incentives to promote brief interventions by health professionals with patients that aim to motivate and support quit attempts and protect non smokers, especially children and pregnant women, from second-hand smoke.*
- *Enhance systems of telephone, text messaging and Internet-based cessation support services that would entail:*
 - *Integration with the overall tobacco-user support system;*
 - *Integration with the cessation mass media campaign; and*
 - *Capability for continual engagement with smokers.*
- *Engage pharmaceutical and insurance companies to better understand the potential contribution of those industries to the tobacco use cessation system for Ontario.*
- *Correct misinformation about NRT (such as usage during pregnancy and under the age of 18)*
- *Address NRT labeling issues (e.g. information about duration of use and dual use).*
- *Make cessation medications more available at the retail level (e.g. where cigarettes are sold).*

Reducing Disparities (Section 5.3)

Governments have an obligation to help those who need it most.

- *Engage with Aboriginal leadership and communities to reduce non-sacred tobacco use among Aboriginal people.*
- *Incorporate equity considerations, not only in initiatives to reduce tobacco use and exposure, but into all future phases of Ontario's new comprehensive tobacco control strategy.*

Protection (Section 5.4)

While the SFOA made great strides, banning smoking in many public environments, including enclosed workplaces, enclosed public spaces, bars, restaurants and covered patios, many Ontarians are still forced to cope with involuntary exposure to second-hand smoke in public and in their homes.

Improved and expanded legislation (5.4a)

- *Amend the Smoke-Free Ontario Act and Regulation to eliminate smoking of tobacco products in priority settings including:*
 - *Unenclosed restaurant and bar patios;*
 - *Hotels, motels, and inns;*
 - *Doorways and entrances, operable windows and air intakes; and*
 - *Playgrounds.*
- *Continue to promote, enforce and monitor compliance with the Smoke-Free Ontario Act, including the addition of controls on the indoor use of water-pipes such as hookahs.*
- *Increase set fines for non-compliance.*
- *Consider enforcement approaches to maximize compliance and enforcement activities by setting (e.g., schools and bars.)*

Protecting people in their own homes from involuntary exposure (5.4b)

- *Continue and intensify a voluntary approach to smoke-free Multi-Unit Dwellings.*
- *Amend the Residential Tenancies Act 2006 to include a disclosure requirement for landlords to prospective tenants declaring whether or not there is a smoke-free policy and to make a non-smoking policy a material term of the lease.*
- *Offer a provincial tax credit to developers of new affordable housing who commit to designating their developments 100% smoke-free.*
- *Align programs to enable grassroots advocacy aimed at decreasing the social norms around tobacco use and increase protection from exposure to tobacco smoke, which may include: selected outdoor public places, multi-unit dwellings, and homes.*

ADEQUATE FUNDING TO ACHIEVE RESULTS (Chapter 6)

The status quo is clearly not an option

Tobacco products are the leading cause of preventable death and disease in Ontario, and are responsible for \$6 billion in economic and health care costs. Yet, in 2009, the Ontario government reduced funding for the Smoke-Free Ontario Strategy from \$60 million to \$42.8 million annually.

- *Dedicate and invest a proportion of provincial cigarette taxes into comprehensive tobacco control efforts.*
- *Require, by statute, that tobacco manufacturers (including importers selling tobacco products in Ontario) meet stated annual reductions in the number of under-aged tobacco users in Ontario. Substantial penalties, based on the revenue gained by tobacco companies over a smoker's lifetime, should be applied if the stated goals are not met. Funds should be directed to tobacco-control activities.*
- *Identify public health provisions that should be included in a judgment or settlement resulting from tobacco industry litigation.*

WHO, WHAT, WHEN WHERE AND WHY (Chapter 7)

Ensuring informed decision-making and planning

Designing and maintaining effective programs, policies, legislation and social marketing initiatives require informed decision-making and planning.

Research (Section 7.1)

It is in Ontario's interest to pursue the establishment of a learning system that would ensure the continuous improvement of comprehensive tobacco control through research, evaluation, performance monitoring, surveillance of outcomes, and continuous quality improvement.

- *At both a provincial and local level, develop, support and implement research, surveillance, evaluation and monitoring of:*
 - *initiatives, program and policy experiments related to protection from exposure to tobacco products and social norm change;*
 - *innovative approaches to smoking cessation that take into account the interplay between individuals and various environments, including workplaces and community-based organizations;*
 - *tobacco-related disparities to capture the differential impact on sub-populations of policies and services; and*
 - *an integrated system of tobacco-use prevention initiatives for youth and young adults that:*
 - *Identifies high-risk environments and at-risk sub-populations*
 - *Guides the implementation of evidence-based prevention initiatives, programs and policies*
 - *Demonstrates the impact that changes in programs and policies have on these groups' smoking behavior over time.*

Social Marketing (Section 7.2)

The goal of tobacco-related social marketing is to change unhealthy behaviour. Effective social marketing depends on solid research.

In order to decrease the demand for tobacco products, young people need to be less susceptible to trying tobacco products, smokers need to feel the need to try to quit, and more people need to feel that the tobacco industry has no place in our society, culture or economy.

- *As part of a comprehensive tobacco-control program, media and social marketing strategies should be used to:*
 - *increase awareness and knowledge of the negative health effects of exposure to second-hand smoke;*
 - *counter the influence of social exposure to tobacco use;*
 - *influence social norms supportive of tobacco-free living;*
 - *help motivate tobacco users to quit, targeting both a general audience as well as young people;*
 - *change the perception that the tobacco industry is “normal” or legitimate;*
 - *counter the promotional impact of tobacco products being used in movies and video games aimed at young people; and*
 - *support efforts to end demand for contraband tobacco products.*

2.0 **BUILDING ON SUCCESS**

Progress in tobacco control

Over the past two decades, great strides have been made toward creating a smoke-free society in Ontario. Research, legislation and public education have increased public awareness of the dangers of smoking and second-hand smoke. In turn, this has increased public acceptance, and demand, for smoke-free policies.

In 1992 the Ontario Tobacco Strategy (OTS) was established. Under the OTS, the 1994 *Tobacco Control Act* (TCA) became a legislative model for other provinces.

In 2004, both the OTS and TCA were replaced by the Smoke-Free Ontario (SFO) Strategy and the *Smoke-Free Ontario Act* (SFOA). The SFO Strategy's budget was increased from \$10 million to more than \$40 million in 2005, and then to \$60 million in 2006.

The decision to increase budgets was driven by an appreciation of the significant health and economic burden in Ontario caused by tobacco use.

Under the new strategy, and with increased funding, the government:

- toughened tobacco laws through the *Smoke-Free Ontario Act*, by
 - banning smoking in enclosed public places and workplaces,
 - banning the display of tobacco products at the point of purchase (i.e. powerwalls), and
 - strengthening restrictions on selling tobacco products to young people;
- expanded services and infrastructure to help smokers to quit;
- created and funded programs, including a peer-to-peer infrastructure, to prevent youth from starting to smoke;
- built partnerships with tobacco control stakeholders and supported their advocacy efforts at all levels of government;
- funded extensive awareness and social marketing initiatives; and
- funded research capacity and training supports for health system workers.

In 2009, the Ontario government also

- banned smoking in vehicles when children under 16 are present;
- passed legislation to allow the government to sue tobacco companies to recover past and ongoing health care costs due to tobacco-related illness; and
- passed legislation to address the supply of flavoured cigarillos to young people.

2.1 **The results have been impressive**

- Because more than 99 per cent of Ontario bars, restaurants, and other enclosed workplaces are now smoke-free, most workers in Ontario are protected from the health hazards of second-hand smoke in the workplace.
- With 98 per cent of tobacco retail outlets in compliance with the ban on retail displays of tobacco products, young people are no longer exposed to the tobacco industry's powerwall marketing tactics.
- According to 2006 Health Canada figures, legal sales of cigarettes in Ontario fell by 31.8 per cent, or by approximately 4.6 billion cigarettes, since 2003.

2.2 The work is far from done

The tobacco industry, both legal and illegal, persists as a supplier of products responsible for the leading cause of preventable disease and death among Ontarians.

- 13,000 people die prematurely in Ontario from tobacco use.
- Approximately 2.3 million Ontarians, or 23% of the population over the age of 12, use tobacco industry products. 2.1 million, or 19%, smoke cigarettes.
- Health Canada's 2006 statistic on declining tobacco sales in Ontario does not include the supply of contraband cigarettes to Ontarians, including youth and young adults.
- Contraband is undermining efforts to reduce tobacco use in Ontario, especially among youth and young adults.
- The prevalence of smoking in Ontario has stopped declining, and is even increasing among some populations.
- Disturbing trends have emerged among young people, including binge smoking, contraband use, and the prevalence of smokeless tobacco products such as spit.
- In the United States the tobacco industry is testing and marketing new tobacco products such as flavoured tobacco-based lozenges, sticks and strips, and cigarettes with higher nicotine content; these products may end up in Ontario.
- More than 40% of the youth who smoke daily buy their cigarettes from retail outlets, and youth who are casual smokers often get their cigarettes from non-retail sources, such as friends, family or strangers.
- The largest populations of current smokers in Ontario speak English at home (1.8 million), are white (1.6 million), are born in Canada (1.6 million), and their first language learned and understood was English (1.5 million).
- There are also segments of Ontario's population that are at higher risk of current smoking in Ontario: moderate and problem gamblers (45%), Aboriginals (40%), 25-29 year-old males (37%), and those employed in trade occupations (34%).

2.3 Trends in tobacco use

Research used to show that if people didn't start to smoke by the time they turned 19, the chances were that they never would. That is why efforts to prevent people from starting to smoke traditionally focused on youth.

Until recently, smoking rates declined in all age groups in Ontario. This is no longer the case.

After years of decline, according to the 2008 Canadian Tobacco Use Monitoring Survey, there has been no statistically significant change in the percentage of current Ontario smokers aged 15 years and older since 2005.

The prevalence of smoking dropped substantially during the 1980's, and while it continued to decline in the 1990's, the rate of decline began to slow. In recent years, smoking rates have stopped decreasing across North America, and have even started to rise for the first time in some population segments.

Young Adults

The prevalence of smoking has been consistently higher among young adults than in the general population; in 2008, 25% of young adult Canadians (20 – 24) smoked cigarettes compared to 18% of all Canadians (over 15 years of age).

The majority of young adult smokers started off as occasional smokers in adolescence and became regular smokers after the age of 18, and one fifth of current young adult smokers in Canada tried their first cigarette after the age of 18 years.

New Tobacco Products

According to data reported by the Ontario Tobacco Research Unit, approximately 12% (119,600) of students in grades 7 to 12 across Ontario reported smoking in 2009. There has been no significant change in self-reported rates of smoking among youth since 2007.

While these numbers represent a dramatic decline since 1999, when about 28% of students reported smoking, it is the nature of the tobacco industry, like any business, to work to increase profits. That is why we have seen an increase in efforts to make tobacco products more appealing to young people.

Cigarillos are one example of these efforts. Candy flavours and packaging made these products more appealing to young people. The Ontario government was the first to pass legislation addressing the marketing of these tobacco products to young people. There are media reports that some tobacco companies immediately responded by marketing a new flavoured product that was deliberately designed to circumvent the intent of the ban on cigarillos.

There are other tobacco products, however, which also threaten the health of Ontario's youth, such as chew tobacco and flavoured waterpipe tobacco preparations. Ontario's Boards of Health have been watching the spread of these products among our schools and communities.

Now is clearly the time to be proactive rather than wait until the tobacco industry compounds the problem with the introduction of new products or until new trends in tobacco use emerge.

Support for Protection from Second-Hand Smoke

In 2009, the Ontario Tobacco Research Unit reported that there is public support for further action to go further to protect people from second-hand smoke. The report states:

- 61% agreed that smoking should be banned from restaurant and bar patios (compared to 50% in 2005, and 73% in 2003, before a ban was put in place);
- 79% agreed smoking should not be allowed indoors in multi-unit dwellings (compared to 63% in 2003);
- 78% agreed parents should not be allowed to smoke at home if children are living there (compared to 68% in 2005); and
- 48% agreed smoking should not be allowed in parks; and 41% agreed smoking should not be allowed on sidewalks.

Although we recognize that there are realistic limits on expectations for government intervention, there is clearly public acceptance for increasing the level of protection from second-hand smoke.

2.4 The clear business case for adequate funding

While the cost in human lives and quality of life should not be reduced to dollars and cents, even the Ontario government acknowledges that the use of tobacco products cost Ontario annually

- \$1.6 billion in direct health care costs,
- \$4.4 billion in lost productivity, and
- at least 500,000 hospital days.

The TD Bank's March 2010 Special Report *Charting a Path to Sustainable Health Care in Ontario* includes strong support for a recommendation by the Institute for Clinical Evaluative Sciences "to allocate more funds towards improving health behaviours related to smoking...."

For every dollar invested in addressing tobacco use, Ontario saves an estimated three dollars in healthcare spending, according to research by the Ontario Tobacco Research Unit into the fiscal impact of tobacco control. This estimate may be conservative since tobacco use is continually linked to more diseases, and is a risk factor for other diseases such as diabetes, which is increasingly prevalent among Ontarians.

The Centres For Disease Control and Prevention (CDC) recommends that a jurisdiction similar to Ontario should spend at least \$8 per capita on tobacco control, or at least \$100 million. In 2009, the Ontario government reduced funding to the Smoke-Free Ontario Strategy by almost 30% from \$60 million to \$42.8 million, which is approximately \$3.29 per capita.

While fiscal realities cannot be ignored, Ontario's next five-year tobacco control strategy needs adequate funding to keep Ontarians healthy.

2.5 Leadership and partnership

Ontario has provided leadership by building its tobacco control strategies with a solid foundation and framework based on 'best practices' recommended by the US Centers for Disease Control and Prevention.

The Ontario Tobacco Strategy (OTS) was considered a model in tobacco control when first established in 1992, and the *Tobacco Control Act* (TCA), 1994, was considered the most progressive tobacco control legislation in North America.

Since then, progress has been driven by strong Government leadership in partnership with experts in the field of health and health promotion. Over the past decade, Ontario governments have benefited from the Expert Panel on the Renewal of the Ontario Tobacco Strategy, the Ontario Tobacco Steering Committee, and the Smoke-Free Ontario Campaign Committee.

In 2004, the Ontario government renewed Ontario's leadership in tobacco control with the development of the Smoke-Free Ontario Strategy, which is now considered an example of best practices in comprehensive tobacco control. The *Smoke-Free Ontario Act* is consistently recognized as being one of the most aggressive smoke-free laws in North America.

With the establishment of the Tobacco Strategic Advisory Group (TSAG) to provide advice, the Ontario government signalled its continued openness to stakeholder input in the development of tobacco control efforts in Ontario.

The success of TSAG is an excellent foundation for ongoing collaboration and consultation between tobacco control stakeholders and the Ministry of Health Promotion and Sport, as the government of Ontario develops and implements the new five-year tobacco control strategy.

3.0 THE “SUPPLY AND DEMAND” APPROACH — AN OVERVIEW

In economics, Supply and Demand refers to the relationship between demand, supply, and prices: as demand increases the price goes up, which attracts new suppliers who increase the supply bringing the price back to normal. In this context, Supply refers to the quantity of tobacco products available for purchase, and Demand refers to consumer desire (in this case, based on a powerful addiction) that leads people to purchase tobacco products, supported by their ability to purchase tobacco products.

In a normal free market environment, the price of the product is an important variable, since producers will try to obtain the highest possible price whereas the buyers will try to pay the lowest possible price.

In the tobacco control context, in order to decrease supply, several factors need to be addressed:

- The legitimacy of the tobacco industry needs to be removed and de-normalized; an important element in this process is placing limits on the ability of the tobacco industry to
 - operate normally,
 - market and distribute its products, and
 - grow tobacco; and
- Governments need to be able to maintain high prices through taxes as a disincentive to users; since contraband is an obvious impediment to government efforts to maintain a high price, governments need to eliminate contraband as a source of tobacco products.

In order to decrease demand, several factors need to be addressed:

- Current users must get help quitting;
- The tobacco industry’s access to new users of tobacco products must be blocked; and
- More restrictions need to be placed on where smokers can use tobacco products around others.

The “supply and demand” approach to comprehensive tobacco control builds on the success of the Smoke-Free Ontario Strategy.

When it was developed in 2004, the Smoke-Free Ontario Strategy’s multi-faceted and multi-layered approach was based on traditional best practices, using synergies between three primary “pillars”: prevention, cessation and protection.

The approach focused primarily on addressing the demand for tobacco products, either by countering the temptation to start using tobacco products, helping smokers to quit, or protecting people from second-hand smoke. These pillars remain a sound foundation for comprehensive tobacco control programming. But more needs to be done to help smokers quit, address the high prevalence of smoking with youth and young adults, and protect Ontarians from exposure to second-hand smoke.

The current comprehensive tobacco control system under the SFO Strategy, however, does not address the primary cause of tobacco-related disease and death: the continued **availability** of tobacco products to men, women and children in Ontario.

The Supply and Demand approach recommended in this report builds on the SFO Strategy by placing greater focus on the tobacco industry and its products as the cause of tobacco-related disease and death.

The tobacco industry has a vested interest in maintaining and even increasing the supply of tobacco products to Ontarians. Even though smoking may not be as socially acceptable in Ontario as it was ten years ago, the tobacco industry is very adept at finding new customers and new ways to market and distribute their products — they have no choice because every 40 minutes one of their former customers dies from having used their products.

The survival of tobacco companies depends on their ability to keep existing customers and find new ones. Without confronting this reality, government efforts at tobacco control will forever be severely handicapped.

For example, government restrictions on the more traditional methods of marketing simply mean that the industry will revise its strategies and tactics. Advertising is only one aspect of the marketing tactics used to perpetuate the demand for tobacco products. Product innovations are also a disturbing element of the tobacco industry's tactics. The tobacco industry uses candy flavoured tobacco products and packaging gimmicks, for example, to appeal to young boys and girls.

As smoke-free laws increasingly restrict where smoking is allowed (e.g. indoor public places, enclosed workplaces, bars and restaurants), the tobacco industry has been innovating and adapting. In the United States, smokeless products, such as spit tobacco, snus and edible lozenges, are being marketed not only as safer than cigarettes, but as a way for smokers to get a nicotine fix in a smoke-free environment. Tobacco companies are also marketing cigarettes that deliver a higher nicotine dose in a shorter time so that smokers can take a shorter smoke break.

These innovations undermine the opportunity for smokers to improve their chances for quitting by providing easier ways to keep them addicted.

While such innovations in marketing and product design are normal for any business, it is precisely this normalcy that contributes to the continued high levels of disease and death from tobacco use: to remain viable, the tobacco industry must inevitably undermine the ability of tobacco users to quit, and create new tobacco users as long-time customers die or quit.

Traditional tobacco-control strategies depend too much on the ability of a non-smoker to resist the temptation to smoke, or of a smoker to make an attempt to quit. Putting the burden of responsibility on the victim is unacceptable.

Nicotine addiction is one of the most difficult addictions to break. The hold it has on users is comparable with that of heroin and cocaine. Unlike cocaine and heroin, suppliers of tobacco products to Ontario's market are treated as mainstream businesses.

The only precondition for tobacco use is that the buyer has to be 19 or older. Cigarettes and other tobacco products can still be bought legally in more than 14,000 locations across Ontario; often at the same places we purchase milk and other staples in our neighbourhoods.

Unless this perception of normalcy is addressed and the legitimacy of the tobacco industry is removed, the cycle of new nicotine dependencies among Ontario's population will continue.

3.1 **Contraband**

Another important source of tobacco products is contraband. While contraband is by definition illegal and illegitimate, the low price and relatively unrestricted distribution throughout Ontario is a major problem in curtailing both supply and demand.

A legal carton of 200 cigarettes in Ontario now costs \$80.16, compared to a baggie of 200 contraband cigarettes that could cost as little as \$6.00.

Contraband tobacco represents the supply of cheap cigarettes, accounting for approximately 30%, and perhaps more, of the cigarettes smoked in Ontario — not just by adults, but also increasingly by young people.

This has a profound impact on any attempts to reduce demand.

The low price of contraband makes cigarettes affordable, especially to young people. There is plenty of evidence that proves the demand for tobacco products falls by three to four percent for every 10% increase in price. Because contraband cigarettes are sold without all applicable taxes, they undermine government efforts to increase prices and reduce tobacco use through higher taxes.

The Ontario government urgently needs to increase taxes on tobacco products to help users make the decision to quit, and to make tobacco products too expensive for our young people, but this must be accompanied by decisive measures to end the availability of contraband tobacco products.

Contraband tobacco effectively undermines one of the most important tools that the government has for preventing young people from starting to smoke and helping smokers to quit: price.

There are essentially three sources of unregulated tobacco products in Ontario:

- products legally manufactured for sale only in First Nations communities to status First Nations people, but sold outside those communities;
- products manufactured in the United States that are smuggled into Canada via Kahnawake, Tyendinaga, Six Nations, and Akwesasne, which straddles the border between Canada and the United States; and
- counterfeit products (primarily shipped from China).

Eliminating contraband will require a level of urgency and commitment by several areas within the Ontario government, not just the Ministry of Health Promotion and Sport, as well as efforts by the Federal and American governments.

Tobacco products that are smuggled into Canada represent the largest supply source of contraband in Ontario. The problem involves international and inter-provincial borders, First Nations lands, municipalities, and several Ontario ministries in addition to the Ministry of Health Promotion and Sport, including Revenue, Agriculture, Food and Rural Affairs, Economic Development, and Aboriginal Affairs.

And because First Nations have the right to special constitutional protection, governments must take into consideration the unique jurisdictional and leadership issues in any plan to eliminate the supply of contraband tobacco products.

4.0 **REDUCING THE SUPPLY OF LEGAL AND ILLEGAL TOBACCO PRODUCTS** **Addressing the source of the problem in Ontario**

The Smoke-Free Ontario Strategy focused on the consequences of having tobacco products in our society: helping smokers to quit; preventing young people from starting; and protecting people from second-hand smoke.

The SFO Strategy was not designed to deal with the source of the problem: the tobacco industry and tobacco products.

This section of the report makes recommendations to advise the Ontario government on how it could begin to address both the tobacco industry and tobacco products with the goal of reducing the harm they cause to the health of Ontarians.

4.1 **De-normalizing the tobacco industry**

The tobacco industry's products are the leading cause of preventable disease and death in Ontario.

Progress in safeguarding the health of Ontarians has always been limited by the tendency to treat the tobacco industry as a "normal" legitimate industry. While facing some restrictions, the tobacco industry is allowed to grow, manufacture, market and retail their products.

The tobacco industry should not be treated as either a normal nor legitimate business, and the government of Ontario should develop a strategy and plan of action for de-normalizing and de-legitimizing the industry.

Because tobacco products and the tobacco industry are ingrained into our culture, society and economy, this process of de-normalizing and de-legitimizing the tobacco industry and its products must happen at several levels: financial, government, and in the social environment.

To continue the perception that the tobacco industry or tobacco products are "normal" or that using tobacco products is a "lifestyle choice" is to perpetuate nicotine addiction, disease and death. The recommendations that follow must be considered in this context.

□ 4.1.a **Financial: divesting tobacco**

Investing in tobacco stocks is unethical. Investments are based on the stock price increasing or at least being stable. For this to happen, the tobacco industry would have to maintain or increase its profits at the expense of the health and lives of tobacco users.

RECOMMENDATION

- ***Divest provincial pension plans and other investments of tobacco holdings and amend legislation to allow other institutions (e.g., Ontario universities, hospitals) to divest their tobacco investment holdings.***

□ 4.1.b **Government: transparency and vigilance**

The tobacco industry has deep pockets. Just as there are rules and laws to guard against undue influence by lobbyists, the Ontario government must remain vigilant as it moves toward a healthier tobacco-free Ontario.

RECOMMENDATIONS

- ***Implement the provisions under the World Health Organization's Framework Convention on Tobacco Control (FCTC) Article 5.3 guidelines to prevent tobacco industry interference in the setting and implementing of tobacco control policies, including, but not limited to:***
 - ***Limiting interactions with the tobacco industry and ensuring the transparency of any interactions,***
 - ***Requiring government officials, employees and appointees to avoid conflicts of interests, and***
 - ***Requiring that information provided by the tobacco industry be transparent and accurate.***
- ***Mitigate tobacco industry activities by establishing a nimble team made up of key public health, government and NGO leaders to:***
 - ***Anticipate and manage the government response to industry activities, and actively confront the industry to countervail its efforts;***
 - ***Establish a rapid response function that allows experts and researchers to respond to industry activities as they unfold;***
 - ***Implement tobacco industry surveillance and monitoring mechanisms; and***
 - ***Provide a publicly available annual report summarizing the previous year's activities, findings and results to the Legislature and the public.***

□ 4.1.c **Social: counteract tobacco industry marketing to the consumer**

The tobacco industry increasingly relies on innovative marketing tactics to sustain demand for their products in the face of increasing medical evidence of health consequences that would otherwise deter most people from ever starting to use tobacco products. It does this by using the social and cultural environments that influences behaviour of individuals and groups.

While steps have been taken in Canada and Ontario to restrict how tobacco products can be advertised and displayed in retail outlets, the tobacco industry still has many available well-financed marketing tactics and strategies.

In its determination to keep Ontarians healthy, ***the Ontario government clearly can not and should not have to compete with the tobacco industry.*** The Ontario government must use all tools at its disposal to aggressively reduce and eventually eliminate the industry's ability to legally market its products.

To gain a better understanding of how this can be done, "marketing" needs to be broken down into its main components: **"product", "package" "price", "placement" and "promotion"**. To effectively de-normalize the tobacco industry and its products, government must address each of these marketing components.

Product and Package

Not only does the tobacco industry continue to have products in the marketplace, it continues to introduce new products to the Ontario market.

Some of these products contain candy flavourings or are packaged in smaller sizes that appeal to young people; some products are designed and packaged to appeal to girls while some appeal more to boys; and other products, like smokeless chew and snus products, are being marketed as less harmful options to cigarettes.

Federal government efforts to mandate health warnings and restrict deceptive wording such as "light" and "mild" on cigarette packages are a good start, as is the Ontario ban on the display of tobacco products at the cash register.

But the tobacco industry uses many more product and packaging tactics as part of its marketing efforts such as:

- new colours, inks, logos and brand descriptors;
- new package sizes, opening styles, and designs that encourage a high degree of social visibility (e.g., cell phone look-alikes);
- advertising on the pack itself (e.g. advertising "two new members of the duMaurier family" on the pack of one brand of duMaurier),
- undermining the ban on 'light' and 'mild' cigarettes using colour; and
- introducing new "ultra slims" cigarettes in small slim packages that are designed to appeal to women.

The tobacco industry has decades of experience in developing these marketing tactics. In 1979, British-American Tobacco understood that “pack designs ... have enormous importance.... Therefore the most effective symbols, designs, colour schemes, graphics and other brand identifiers should be carefully researched.... An objective should be to enable packs, by themselves, to convey the total product message.”

In July 2010, Ontario and federal legislation banned the sale of flavoured cigarillos in an effort to protect young people from being targeted by the tobacco industry. Media reports indicate that some tobacco companies immediately began marketing new flavoured products that seem designed to circumvent the ban.

This illustrates the need to be proactive; an incremental and reactive government approach to new tobacco products is not sufficient.

RECOMMENDATIONS

- ***Amend the Smoke-Free Ontario Act and Regulation to prohibit the distribution and sale of all flavoured tobacco products (excluding menthol).***
- ***Ban flavourings in all smokeless tobacco products through regulations under the Smoke-Free Ontario Act within year one of the revised Smoke-Free Ontario Strategy,***
- ***Ban smokeless tobacco products in Ontario by the end of the 5-year revised SFO Strategy.***
- ***Mandate plain and standardized packaging (including both outside and inside the package).***
- ***Prohibit the approval, sale and marketing of any new tobacco product or non-therapeutic nicotine product.***

Price

The tobacco industry knows that their products are price sensitive; that is, the lower the price, the higher the demand, and vice versa.

Low prices are an important incentive to attract young people to try tobacco products, and it reduces the incentive for smokers to quit. The reverse is also true. Higher prices for tobacco products can help efforts to prevent young people from smoking and help smokers to quit.

Studies over the past decade have consistently shown that, for every 10% increase in price, tobacco consumption goes down by as much as four percent, and even higher among young people.

The traditional government tool for increasing the price of tobacco products is taxes. Further increases in price can potentially decrease the harm caused to the health of Ontarians and provide a source of dedicated revenue for a comprehensive tobacco control system.

Ontario currently has the third lowest price for cigarettes in Canada. Until the HST was implemented on July 1, 2010, which raised the price of a carton by approximately \$5.00, Ontario had not raised taxes on cigarettes since 2006. Only Quebec and New Brunswick have lower prices for cigarettes.

The tobacco industry has even introduced lower-priced products to offset the deterrent effect that higher tobacco taxes has on existing and potential new customers. Some jurisdictions have implemented a minimum pre-tax price for tobacco products, similar to minimum prices on alcohol and beer.

The increasing supply of cheap contraband tobacco across Ontario seriously undermines the government's ability to use taxes or implement a minimum price policy to prevent young people from starting and to help users quit.

A baggie of 200 contraband cigarettes costs as little as \$6.00 — less than one twelfth the price of legal cigarettes. Contraband is widely available across the province and has been estimated to account for up to one-third, and perhaps more, of the cigarettes being used in Ontario.

Unless the supply of contraband is eliminated in Ontario,

- an increase in tobacco taxes will have limited effect,
- more young people will begin to smoke, and
- the availability of cheap contraband will undermine efforts to help smokers to quit.

RECOMMENDATIONS

Provincial:

- ***Implement a substantial increase in provincial tobacco taxes.***
- ***Increase cigarette taxes to address inflation and align with tax increases in other provinces.***
- ***Establish a minimum retail market price for tobacco products.***
- ***Mobilize municipal police and other enforcement personnel to assist in enforcing contraband controls:***
 - ***Empowerment of municipal police***
 - ***Establishment of similar enforcement programs***
 - ***Establishment of joint operation groups***
 - ***Education and empowerment non-police officials***
- ***Apply a provincial tax-paid marking to every cigarette sold in Ontario, in order to help distinguish tax-paid, legally tax-exempt products from contraband.***

- ***Develop and fund a broad anti-contraband public education program targeting both youth who use contraband and their parents to lay the groundwork for proactive enforcement activities.***
- ***Reduce non-retail supply of tobacco products to underage youth with a focus on public education, and enforcement specific to youth and young adult settings.***
- ***Reform the provincial allocation system by either reducing the allocation or establishing a provincial refund/rebate system for tax-exempt, legally manufactured tobacco products supplied to a reserve.***
- ***Engage in dialogue with First Nations leadership and communities to:***
 - ***achieve a mutually-satisfactory approach to stop the sales of tax-exempt tobacco to ineligible individuals and***
 - ***develop and implement strategies to address the production, distribution and sale of contraband tobacco.***

Federal/International:

- ***Implement tax markings/stamps, a tracking and tracing system and enhance enforcement (border controls, investigations, intelligence, inspections and seizures) for tobacco products.***

Placement

Tobacco products are sold where children and families buy household staples like milk and bread. In 2008, Ontario banned the display of tobacco products and limited tobacco-related signage at the cash register because the tobacco industry used retail outlets as a key part of marketing, not just to smokers, but to young people.

In 2008, the tobacco industry paid \$15.1M to Ontario retailers to display the product and signage. After the province's display ban in 2009, that figure dropped to \$3.1 million in verified expenditures, although the industry may now be reporting fewer expenses categories in this area.

The tobacco industry clearly attaches added value to the placement of their products in the retail environment. The display ban was a good start. With more than 14,000 tobacco retailers in our communities and around our schools, the placement of tobacco products within our community remains a concern.

At present, Ontario bans tobacco sales in 5 specific places: vending machines, pharmacies, hospitals, health care facilities, residential care facilities. Eight provinces and territories ban sales in more specific places than Ontario, including Quebec, which bans sales in 15 specific locations, and Nova Scotia with bans in 18 locations.

RECOMMENDATIONS

- ***Increase the number of specific places that are prohibited from selling tobacco products to match or exceed bans in leading Canadian provinces.***
- ***Develop and implement tobacco vendor compliance strategies that continue to reduce availability of cigarettes to underage youth.***
- ***Move toward a system of designated sales outlets, by employing methods such as licensing strategies and zoning by-laws, to continuously reduce the number of tobacco retailers and locations permitted to sell tobacco products,.***
- ***Require, by statute, that tobacco manufacturers (including importers selling tobacco products in Ontario) meet stated annual reductions in the number of under-aged tobacco users in Ontario.***

Promotion

In 1997, under the *Tobacco Act*, the federal government banned most tobacco advertising and sponsorship in Canada, allowing specific exemptions that were restricted to adult audiences, such as bars, and publications with 85% adult readership. The law was vigorously challenged by the tobacco industry and upheld in 2007 by the Supreme Court of Canada.

Restrictions on advertising and sponsorships still leave the tobacco industry with many options for promoting their products.

The packaging itself is a form of promotion, carefully designed to attract attention through colours, shapes, novelties and gimmicks that can distract and hide mandatory health warnings, which can become virtually invisible unless they are continually refreshed. Even then, health warnings are, at best, seen only by the smoker, while non-smokers can begin to form subliminal connections with smoking just by seeing the colours of packaging.

Even the cigarette and the act of smoking itself has become a part of tobacco industry promotion:

- The very act of smoking in public or in the media has powerful social influence on the urge to smoke;
- Research in the United States and Europe has clearly demonstrated that the use of tobacco industry products in movies and video games can influence young people to try smoking; and
- Legislation to protect Ontarians from second-hand smoke in enclosed workplaces and public places, as well as on covered patios, has also inadvertently increased the visibility of smoking on sidewalks and other public spaces.

“Social protection” is a term that has been coined to address the realization that this social exposure to smoking gives tobacco use an image of normalcy. This is a particularly insidious form of promotion that can influence smokers who are trying to quit, as well as young people who are tempted to start.

RECOMMENDATIONS

- ***Refresh the tobacco product health warning system in a timely and continuous manner, ensure that a 1-800 cessation helpline number is included as part of the health warning system, and align mass media campaigns with these warnings.***
- ***Close existing exemptions on tobacco product advertising and promotion.***
- ***Introduce legislation to further restrict marketing: tobacco product packaging, tobacco related accessories, movies and other forms of media.***
- ***Further decrease the visibility of smoking in public, particularly on patios, in front of doorways, outdoor sport and recreation spaces using regulatory and awareness raising tools.***
- ***Require adult ratings for movies (18A) and video games (Mature) with any tobacco imagery.***

4.2 **Tobacco Growing, Manufacturing and Importing**

The goal of becoming tobacco-free cannot apply only to tobacco end-products, such as cigarettes, snus and chew. As long as tobacco products remain a legal product, more needs to be done to monitor all aspects of growing, manufacturing and importing to ensure that materials — including raw tobacco leaf, cigarette filters and papers — do not fuel the production of contraband tobacco products.

Currently, more than 90% of the tobacco grown in Canada is produced in Ontario. A serious commitment to protecting the health of Ontarians from the harms of tobacco use means that tobacco farming must inevitably also be phased out as a legitimate crop. Understandably, this will not be easy since tobacco farming in Ontario is significantly more lucrative per acre than other crops.

Previous governments, both Federal and provincial, have acknowledged this goal in principle. Yet recent history indicates a trend toward deregulating the tobacco growing industry and supporting an increase in crop production in Ontario.

Most recently, in 2008 the tobacco market switched from the quota system to a contract buying system. This was a significant structural change to Canada's tobacco leaf supply system. It replaced a quota and auction system with a manufacturer-controlled contract buying system.

While tobacco growing has substantially declined from 1980-90 levels, the 2009 crop from Ontario totalled approximately 22 million pounds. As a result of the federal government's 2009 buyout of Ontario quota holders and a changeover to a contract buying system, Ontario producers are expected to grow about 50 million pounds in 2010.

The federal government has yet to explain why its so-called "buyout" of quota holders is leading to a more than doubling in the Ontario crop size from 2009 to 2010. More importantly, the larger the crop in Ontario, the more likely some of it may find its way to illegal manufacturers in Ontario and/or Quebec, thus helping to fuel a continuing increase in the contraband market.

RECOMMENDATIONS

- ***Legislate tobacco manufacturer reporting requirements that match or exceed what is currently required by the Federal government.***
- ***Work to control tobacco farming by creating a “task group” with key partners (for example, OMAFRA, NGOs, farmers, and other stakeholders) to develop recommendations for reducing tobacco farming. Recommendations may include:***
 - ***freezing the number of licenses issued by the marketing board;***
 - ***ensuring licenses remain non-transferable;***
 - ***putting a ceiling on acreage used for tobacco growing; and***
 - ***switching to acreage contracts as opposed to contracts by weight.***
- ***Prohibit the supply of raw leaf tobacco to unlicensed manufacturers, importers, storers or carriers by requiring all Ontario tobacco manufacturers, importers, storers or carriers to have provincial permits, and rendering raw leaf subject to seizure if no such permit exists.***

5.0 **DECREASING THE DEMAND FOR TOBACCO PRODUCTS** **Ending the cycle of addiction: preventing new tobacco users and helping existing users to quit**

Efforts to decrease the *supply* of tobacco products must be simultaneous with measures to decrease the *demand* for tobacco products.

Contrary to tobacco industry spin, smoking is not a lifestyle choice.

As described in the previous chapter on Supply, the tobacco industry is capable of using its marketing ability to attract and maintain a steady supply of customers, even in the face of increased awareness of the dangers of using tobacco products. Once tobacco users are hooked on nicotine, they become part of a steady source of demand for tobacco industry products.

The supply-demand cycle of addiction in Ontario can end, but only if the government makes a commitment to prevent young people from starting and to help users to quit.

The supply-demand relationship is also a key factor in addressing contraband. By reducing the overall demand for cigarettes, the government will also reduce the demand for contraband.

5.1 **Preventing young people from getting addicted to tobacco products**

With more than 13,000 former customers dying each year in Ontario, the tobacco industry needs new customers to help maintain its business. Youth and young adults make tempting targets for recruiting new addicts.

The tobacco industry has repeatedly demonstrated its ability to develop and market products that appeal to young people, including candy flavours and subliminally appealing packaging, including colours, sizes, shapes, words and phrases.

It is essential that the government works to prevent youth and young adults from entering the cycle of addiction, disease and death associated with the tobacco industry and its products.

The Youth Smoking Survey indicates that approximately one-third of all adolescent youth are at risk of becoming users of tobacco products. Every time a young person uses tobacco products, he or she risks becoming addicted to nicotine, which is one of the hardest addictions to break.

Historically, efforts to prevent young people from starting to use tobacco products have focused on youth, neglecting the problem of tobacco use by young adults; however, recent evidence suggests young adults remain susceptible to taking up smoking.

The highest rate of smoking by age is among both men and women aged 20 to 29. Current estimates are that 19% of Ontarians over the age of 18 currently smoke. This compares to 37% of men and 24% of women aged 25-29 smoke, and 27% of men and 22% of women aged 20-24 smoke.

Influencing young people to make healthy decisions is never easy. It is even more difficult for government, parents and other authority figures. The complexity of the challenge requires a multi-layered approach in a number of settings. For example, youth tend to be open to learning in formal educational settings like their schools. Youth and young adults also tend to

be more inclined to learn from their friends and peers in their community, and other social settings including social media.

Under the Smoke-Free Ontario Strategy, the Ontario government invested in Stupid.ca, Youth Development Specialists, Youth Action Alliances, high-school grants, Youth Advocacy Training Institute, Lungs Are For Life, Leave the Pack Behind, and most recently, Youth Engagement Coordinators and community grants. These were all commendable efforts to prevent young people from using tobacco products.

There have been noticeable improvements in the number of youth who are not smoking or have never tried smoking. But the decline is leveling off and remains unacceptably high. More than 10% of youth in grades 10-12 smoke, and almost 50% have tried smoking.

RECOMMENDATIONS

- ***Implement media and social marketing strategies using traditional and non-traditional media (e.g., viral and interactive media channels) to change social norms related to tobacco use.***
- ***Align initiatives in school, college, universities and communities with other activities (e.g., media and social marketing, policy interventions) within the provincial tobacco-control strategy, including:***
 - ***the development, implementation and enforcement of comprehensive youth and young adult tobacco control policies within and across settings (e.g., schools, colleges, universities and communities); and***
 - ***the development of programs/initiatives that enable the mobilization of youth, through peer-to-peer approaches to decrease the social norm associated with using tobacco products, protection from exposure to tobacco industry product use and the denormalization of the tobacco industry;***
- ***Require ads that aim to denormalize tobacco companies and decrease the social norm associated with tobacco products preceding all movies and video games that contain tobacco imagery, as well as warnings on movie and video game packaging.***
- ***Require, by statute, that tobacco manufacturers (including importers selling tobacco products in Ontario) meet stated annual reductions in the number of under-aged tobacco users in Ontario.***

5.2 Helping tobacco users to quit

The addiction to nicotine has been compared to addictions to heroin and cocaine; it is one of the toughest addictions to break. Users rarely quit on the first try, even with the help smoking cessation aids combined with counselling.

Currently, 19% of all Ontarians smoke. In 2007, 32% of adult smokers reported an intention to quit in the next 30 days. Less than half made a serious quit attempt. Of students in grades seven to 12, more than half said they tried to quit in 2009. Evidence shows that it usually takes smokers five to seven attempts before they quit successfully.

Tobacco is a legal product. This does not mean it should be considered either normal or legitimate. Not only does it kill more than 13,000 Ontarians every year, the use of tobacco products cost the Ontario economy an estimated \$6 billion in health care and productivity. Tobacco use is responsible for 500,000 hospital days.

When a smoker quits, some benefits can be seen almost immediately. According to Health Canada, within

- eight hours, carbon monoxide levels begin to drop in the smoker's body, and oxygen levels in the blood increases to normal;
- 48 hours, the smoker's chances of having a heart attack start to go down;
- 72 hours, bronchial tubes relax, breathing becomes easier and lung capacity increases;
- 2 weeks to 3 months, circulation improves, lung functioning increases up to 30 percent;
- 6 months, coughing, sinus congestion, tiredness and shortness of breath improve;
- one year, the risk of smoking-related heart attack is cut in half;
- 10 years, the risk of dying from lung cancer is cut in half; and
- 15 years, the risk of dying from a heart attack is equal to a person who never smoked.

But for every day that Ontario's men, women or youth continue to smoke, they risk being counted among the 13,000 who die every year.

A Comprehensive Smoking Cessation System

Because smoking is so addictive, and because the profile of "a smoker" is far from homogeneous, a "one size fits all" smoking cessation service cannot work in Ontario.

The complexity of smokers and the nature of nicotine addiction require a "no wrong door" approach for smokers to get the help they need to quit. This means that smokers should have as many points of access to smoking cessation support as possible in their community and throughout the health care system.

The Ontario government has funded some worthwhile initiatives to help smokers to quit, including Smokers' Helpline, the STOP Study, Driven To Quit Challenge, public health units and the Ottawa Heart Institute Model. Also, by banning smoking in many public places, the *Smoke-Free Ontario Act* created an environment where smokers were more inclined to make an attempt to quit.

While these initiatives have helped, they lacked the integration, resources and comprehensiveness that is necessary to tackle the complexity of tobacco addiction in Ontario. This may be one reason why the steady decline in smokers over the past 20 years is now levelling off in Ontario.

Ontario's 2.1 million smokers are from all regions of the province, with diverse socio-economic environments, levels of education, age groups, and cultures. Among these 2.1 million smokers,

- some are not even thinking about quitting;
- some may be thinking about quitting but aren't quite ready to make an attempt;
- some have decided to try to quit; and
- some have quit, but are still susceptible to starting again.

For individuals who are ready to attempt quitting, nicotine replacement therapy (NRT) and other smoking cessation medications, together with counselling, are proven effective methods of increasing the chances that smokers will quit.

The relatively high cost of NRT can be a deterrent for smokers. Even for those who can afford NRT, there is often inadequate knowledge and even misleading information about how and when NRT can be effective. An Ontario Medical Association position paper in 2008 cited 15 myths about the use of NRT which could prevent smokers from accessing smoking cessation medications.

To motivate and support Ontario's smokers when they are ready to quit, an effective smoking cessation system needs to:

- be proactive, responsive, integrated and comprehensive;
- combine effective policy with programs, mass media campaigns, self-help resources, research, evaluation and monitoring; and
- involve the combined efforts of multiple ministries, non-governmental health organizations and even the private sector.

RECOMMENDATIONS

- ***Ensure smoking status is determined and cessation services are accessible in all settings (e.g., social, school and health services) providing services to youth and young adults.***
- ***Systematize, expand, support and tailor cost-effective and evidence-based cessation policies, services and supports across health care and public health settings such as primary health care, hospitals and long-term-care homes.***
- ***Create accountability mechanisms (e.g. in LHINs, hospitals, primary-care providers, specialty care, home care, etc.) to ensure that smokers are asked, advised and assisted to quit at every point of contact with the health care system.***
- ***Target groups that are at high risk for tobacco-related disease, or have decreased access to tobacco-cessation services, to provide services that address their specific needs. This may include groups such as people in addiction and mental health treatment settings, including those struggling with problematic gambling.***
- ***Develop, evaluate and implement guidelines, training programs and incentives to promote brief interventions by health professionals with patients that aim to motivate and support quit attempts and protect non smokers, especially children and pregnant women, from second-hand smoke.***

- ***Link smoking cessation services to create a coordinated tobacco-user support system that:***
 - ***Offers multiple access points to cessation services;***
 - ***Offers guidance on appropriate, cost-effective and culturally appropriate services;***
 - ***Builds capacity for ongoing engagement of tobacco users and the continuous improvement of tobacco services; and***
 - ***Includes a mass media campaign to raise awareness of services and promote quit attempts.***
- ***Enhance systems of telephone, text messaging and Internet-based cessation support services that would entail:***
 - ***Integration with the overall tobacco-user support system;***
 - ***Integration with the cessation mass media campaign; and***
 - ***Capability for continual engagement with smokers.***
- ***Provide free smoking-cessation medications for individuals under the Ontario Drug Benefit; the dose and duration would be determined by the presence of other health risk factors as assessed by their health-care provider.***
- ***Provide free direct-to-tobacco-user smoking cessation medication in combination with varying amounts of behavioural support where indicated and appropriate.***
- ***Engage pharmaceutical and insurance companies to better understand the potential contribution of those industries to the tobacco use cessation system for Ontario.***
- ***Correct misinformation about NRT (such as usage during pregnancy and under the age of 18)***
- ***Address NRT labeling issues (e.g. information about duration of use and dual use).***
- ***Make cessation medications more available at the retail level (e.g. where cigarettes are sold).***

5.3 Reducing Disparities

Governments have an obligation to help those who need it most.

There are groups in our society that have a disproportionately high prevalence of smoking due to systemic, socio-economic or environmental barriers, such as moderate and problem gamblers (45%), Aboriginals (40%), 25-29 year-old males (37%), and those employed in trade occupations (34%).

The circumstances for First Nations are of particular concern for the Ontario government, not only because of the special constitutional status that requires an inter-governmental approach, but also because of the pronounced level of need in many First Nation communities.

There are also groups of smokers, such as expectant women, who the government has an obligation to help; not just for the health of the baby, but also for the mother.

RECOMMENDATIONS

- ***Engage with Aboriginal leadership and communities to reduce non-sacred tobacco use among Aboriginal people.***
- ***Incorporate equity considerations, not only in initiatives to reduce tobacco use and exposure, but into all future phases of Ontario's new comprehensive tobacco control strategy.***

5.4 Protection

The Ontario government clearly appreciates the dangers of second-hand smoke. The *Smoke-Free Ontario Act* (SFOA), which became law in 2006, is benchmark legislation; together with leadership at the local level by Ontario's Boards of Health, the legislation moved Ontario to the forefront of jurisdictions around the world that were increasingly motivated to protect their citizens from the dangers of second-hand smoke. The 2009 ban on smoking in motor vehicles with children less than 16 years of age built on that legacy.

While the SFOA made great strides, banning smoking in many public environments, including enclosed workplaces, enclosed public spaces, bars, restaurants, covered patios, and schools, many Ontarians are still forced to cope with involuntary exposure to second-hand smoke in public and in their homes.

The evidence underlying the need for protection from second-hand smoke is unequivocal. There is no risk-free level of exposure to second-hand smoke:

- it causes immediate adverse effects on cardiovascular system and can lead to heart disease and lung cancer;
- in pregnant women, it can cause fetal growth impairment, and low birth weight; and
- in children, it can cause SIDS, the development of respiratory diseases, and exacerbate asthma.

5.4.a Improved and expanded legislation

California and local Ontario municipalities are doing significant work to increase protection from second-hand smoke that goes beyond the SFOA; for example, Kingston has made all patios smoke-free, and some municipalities have created bylaws, policies and programs to create smoke-free playgrounds and encourage smoke-free sport and recreation.

The SFOA has also not been able to keep up with trends in tobacco use, such as the increasing popularity of hookahs and shisha pipes among young people, which have appealing flavours and a misleading perception that the product smoked is not harmful, despite a 2005 WHO study group report notes that harmful toxins are being inhaled by the consumer and that the second hand smoke is harmful. More recent studies have confirmed the toxicity of waterpipe smoke.

Clearly, more can be done to encourage and even legislate greater protection from second-hand smoke. It is also extremely important to maintain an effective level of enforcement to ensure that current and future laws to protect people from second-hand smoke are respected.

RECOMMENDATIONS

- ***Amend the Smoke-Free Ontario Act and Regulation to eliminate smoking of tobacco products in priority settings including:***
 - ***Unenclosed restaurant and bar patios;***
 - ***Hotels, motels, and inns;***
 - ***Doorways and entrances, operable windows and air intakes; and***
 - ***Playgrounds.***
- ***Continue to promote, enforce and monitor compliance with the Smoke-Free Ontario Act, including the addition of controls on the indoor use of water-pipes such as hookahs.***
- ***Increase set fines for non-compliance.***
- ***Consider enforcement approaches to maximize compliance and enforcement activities by setting (e.g., schools and bars.)***

5.4.b Protecting people in their own homes from involuntary exposure

Thousands of men, women and children are involuntarily exposed to second-hand smoke in their own homes just because they have a neighbour who smokes. Drifting smoke in multi-unit dwellings can get into ventilation systems, and seep through walls and ceilings, under doors and into hallways.

RECOMMENDATIONS

- ***Continue and intensify a voluntary approach to smoke-free Multi-Unit Dwellings.***
- ***Amend the Residential Tenancies Act 2006 to include a disclosure requirement for landlords to prospective tenants declaring whether or not there is a smoke-free policy and to make a non-smoking policy a material term of the lease.***
- ***Offer a provincial tax credit to developers of new affordable housing who commit to designating their developments 100% smoke-free.***
- ***Align programs to enable grassroots advocacy aimed at decreasing the social norms around tobacco use and increase protection from exposure to tobacco smoke, which may include: selected outdoor public places, multi-unit dwellings, and homes.***

6.0 **ADEQUATE FUNDING**

Tobacco products are the leading cause of preventable death and disease in Ontario, and are responsible for \$6 billion in economic and health care costs, compared to \$1.6 billion in real and potential tax revenue (i.e. including potential lost revenue from contraband tobacco sales).

The Centres For Disease Control and Prevention (CDC) recommends spending on tobacco control, for a jurisdiction of Ontario's size, of between \$8.00 and \$13.00 per capita, or at least \$100 million.

Yet, in 2009, the Ontario government reduced funding for the Smoke-Free Ontario Strategy from \$60 million to \$42.8 million.

The status quo is clearly not an option. The prevalence of smoking in Ontario has stopped declining, and is even increasing among some populations.

At the time of writing this report, the province faces fiscal constraints that require creative approaches to funding an effective and comprehensive tobacco control strategy.

Adequate funding, however, is an important part of protecting Ontario's men, women and children from the addiction, disease and death caused by using tobacco products.

Not all recommendations in this report require significant funding.

Some are process-driven while others are policy-driven. And, as described in Section 1.1 of this report, some costs can be shared with other ministries and partners who have a vested interest in parts of Ontario's comprehensive tobacco control strategy. There are also other potential sources of funding that relate to recommendations contained in this report.

RECOMMENDATIONS

- ***Dedicate and invest a proportion of provincial cigarette taxes into comprehensive tobacco control efforts.***
- ***Require, by statute, that tobacco manufacturers (including importers selling tobacco products in Ontario) meet stated annual reductions in the number of under-aged tobacco users in Ontario. Substantial penalties, based on the revenue gained by tobacco companies over a smoker's lifetime, should be applied if the stated goals are not met. Funds should be directed to tobacco-control activities.***
- ***Identify public health provisions that should be included in a judgment or settlement resulting from tobacco industry litigation.***

7.0 Who, What, When Where and Why

Designing and maintaining effective programs, policies, legislation and social marketing initiatives require informed decision-making and planning.

Trends in tobacco use change over time for a number of reasons, including culture, social environment, tobacco industry tactics, and the strength of tobacco control activities of government and other organizations.

7.1 Research

Learning from California or Massachusetts can be useful, even necessary, in designing programs and policies for Ontario, but it is not ideal. Ontario can and should be a leader in research, development, and dissemination of knowledge when it comes to the development and implementation of comprehensive tobacco control.

It is in Ontario's interest to pursue the establishment of a learning system that would ensure the continuous improvement of comprehensive tobacco control through research, evaluation, performance monitoring, surveillance of outcomes, and continuous quality improvement.

RECOMMENDATIONS

At both a provincial and local level, develop, support and implement research, surveillance, evaluation and monitoring of:

- ***initiatives, program and policy experiments related to protection from exposure to tobacco products and social norm change;***
- ***innovative approaches to smoking cessation that take into account the interplay between individuals and various environments, including workplaces and community-based organizations;***
- ***tobacco-related disparities to capture the differential impact on sub-populations of policies and services; and***
- ***an integrated system of tobacco-use prevention initiatives for youth and young adults that:***
 - ***Identifies high-risk environments and at-risk sub-populations***
 - ***Guides the implementation of evidence-based prevention initiatives, programs and policies***
 - ***Demonstrates the impact that changes in programs and policies have on these groups' smoking behavior over time.***

7.2 Social Marketing

The goal of social marketing is to change unhealthy behaviour and attitudes. Effective social marketing depends on solid research.

Changing behaviour and attitudes toward tobacco products is a requirement for decreasing the demand for tobacco products.

In order to decrease the demand for tobacco products, young people must become less susceptible to trying tobacco products, smokers have to feel the need to try to quit, and more people must believe that the tobacco industry has no place in our society, culture or economy.

One of the most important tools for accomplishing this change in behaviour and attitudes is sustained social marketing and mass media. Changing behaviour and attitudes does not happen overnight, or even over a few months. To be effective, these campaigns need to be sustained over time to create awareness, prompt a desire to change, and then reinforce the change.

RECOMMENDATION

- ***As part of a comprehensive tobacco-control program, media and social marketing strategies should be used to:***
 - ***increase awareness and knowledge of the health effects of exposure to second-hand smoke;***
 - ***counter the influence of social exposure to tobacco use;***
 - ***influence social norms supportive of tobacco-free living;***
 - ***help motivate tobacco users to quit, targeting both a general audience as well as young people;***
 - ***change the perception that the tobacco industry is “normal” or legitimate;***
 - ***counter the promotional impact of tobacco products being used in movies and video games aimed at young people; and***
 - ***support efforts to end demand for contraband tobacco products.***

8.0 Conclusion

The recommendations contained in this report are inherently synergistic and are intended as advice to the Ministry of Health Promotion and Sport as it develops the government's next five-year plan to renew the Smoke-Free Ontario Strategy. This synergy is the strength of a comprehensive tobacco control strategy.

Members of the Tobacco Strategy Advisory Group are unanimous in appreciating the open, inclusive and collaborative approach taken by the Ministry of Health Promotion and Sport in eliciting our advice. The research and recommendations developed by the Scientific Advisory Committee, also undertaken as a result of the Ministry's initiative, were essential to the formulation of the recommendations contained in this report.

It is our hope that the Ministry will continue to sustain the partnerships between government and non-government organizations, the public-health system, the health-care system and others in order to co-ordinate and deliver the programmatic and social marketing interventions required to eliminate the burden of tobacco use in Ontario.

This partnership has been a hallmark of the government's tobacco control strategy, just as coalitions at local and provincial levels have worked together for the past two decades to sustain the vision, innovate and promote tobacco-control initiatives. These relationships must be fostered and sustained along with the sustained commitment at every level and across all of government to lead, co-ordinate, monitor and ensure accountability for outcomes in comprehensive tobacco control.

With this approach, the Ontario government can demonstrate leadership within Canada, achieving and even exceeding the World Health Organization's Framework Convention on Tobacco Control provisions.

Partnerships and good intentions alone cannot prevent 13,000 Ontarians from dying prematurely because of tobacco products, or end the \$6 billion drain on Ontario's health care system and economy.

In order to reap the rewards, the government must ensure that those responsible for developing and implementing comprehensive tobacco control policies, programs and social marketing interventions have adequate resources, capacity and support to carry out activities effectively.

The government must invest in a sustained and sufficiently intensive comprehensive tobacco control strategy in Ontario at levels required to eliminate the burden of tobacco use rapidly, equitably and cost-effectively.