



REGIONAL MUNICIPALITY OF WATERLOO

OFFICE OF THE REGIONAL CLERK

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October 30,, 2008
File Code: P13-80

Linda Stewart
Association of Local Public Health Agencies (aLPHa)
425 University Avenue, Suite 502
Toronto, ON M5G 1T6

RECEIVED

NOV 1 - 2008

aLPHa

Dear Ms. Stewart:

Re: A Call to Action for Cessation Funding and Strategy Under the Smoke-Free Ontario Strategy

This is to inform you that the Council of the Regional Municipality of Waterloo at their meeting held on October 29, 2008 approved the following:

THAT the Community Services Committee, in its role as the Board of Health for Waterloo Region, endorse the call to action proposed by the Middlesex-London Health Unit to provide funding for smoking cessation services under the Smoke-Free Ontario Strategy. [PH-08-046]

Please find attached a copy of the report and accept this letter for information purposes only. If you have any questions or require additional information, please contact Mary Sehl, Manager, Tobacco Programs at 519-883-2008 ext. 3424.

Please forward any written responses to this letter to Kris Fletcher, Director, Council & Administrative Services/Regional Clerk.

Yours Truly

Stevie Natolochny
Council/Committee Support Specialist

SN/jd

cc: M. Sehl, Manager, Tobacco Programs
Dr. L. Nolan, Commissioner/Medical Officer of Health



REGION OF WATERLOO

**PUBLIC HEALTH
Environmental Health and Lifestyle Resources**

RECEIVED
Report: PH-08-046

NOV 1 - 2008

alPHa

TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: October 21, 2008

FILE CODE: P13-80

**SUBJECT: A CALL TO ACTION FOR CESSATION FUNDING AND STRATEGY UNDER THE
SMOKE-FREE ONTARIO STRATEGY**

RECOMMENDATION:

THAT the Community Services Committee, in its role as the Board of Health for Waterloo Region, endorse the call to action proposed by the Middlesex-London Health Unit to provide funding for smoking cessation services under the Smoke-Free Ontario Strategy.

SUMMARY:

At its June 19, 2008 meeting, the Middlesex-London Health Unit passed a call to action petitioning the Ontario Ministry of Health Promotion to provide funding for smoking cessation services under the Smoke-Free Ontario Strategy and requesting all Boards of Health to support its call for smoking cessation funding. Smoking cessation is included in the proposed new Ontario Public Health Standards under the chronic disease prevention standard.

The Smoke-Free Ontario Strategy is one of the most comprehensive tobacco protection and prevention strategies in North America, but does not include a cessation strategy or the funding to carry out such a strategy. The inclusion of a province-wide cessation strategy with adequate funding for all Public Health Units would contribute to provincial goals to reduce tobacco use, which remains the leading cause of preventable disease and death in Ontario and around the world.

REPORT:

Background

A comprehensive tobacco control strategy includes efforts to protect people from exposure to second-hand smoke, prevent new uptake of tobacco products, and support tobacco users to quit. Since its inception in 2005, the Smoke-Free Ontario Strategy has included funding for enforcement of the prohibition of smoking in enclosed public places and enclosed workplaces and for community-based programs to prevent youth from starting to smoke. While the initial two years of the strategy included one-time funds for innovative smoking cessation programs, the Smoke-Free Ontario strategy does not include ongoing funding for cessation services at the local level. This leaves a gap in the comprehensive nature of the Smoke-Free Ontario Strategy and a patchwork of cessation services at the local level. Public Health Units make local decisions regarding the extent to which they will allocate cost-shared resources, including staff from Chronic Disease Prevention programs, to support cessation.

Cessation Services at Region of Waterloo Public Health

Region of Waterloo Public Health implemented a Tobacco Treatment for New Canadians program in the first two years of the Smoke-Free Ontario Strategy through an Innovative Smoking Cessation

grant. Those funds ended in December 2006.

Public Health has worked in partnership with the Centre for Addiction and Mental Health to offer the Smoking Treatment for Ontario Patients (STOP) Study to area residents. Staff from both organizations host evening workshops to introduce the study and make a free 10-week supply of nicotine replacement therapy available to a maximum of 60 eligible participants per workshop. The cost of the nicotine replacement products is covered by the Centre for Addiction and Mental Health. Three workshops were held in 2007. The high numbers of participants in these workshops (a total of 143 people attended three local workshops in 2007) indicates the level of interest in quitting smoking. Two more workshops are anticipated in January 2009.

A public health nurse, funded through cost-shared chronic disease prevention funds, chairs a cessation community of practice involving health care providers within the Waterloo-Wellington Local Health Integration Network (LHIN). In this role, Region of Waterloo Public Health has supported local health care settings to implement "minimal contact intervention." Endorsed as a "best practice" by the Registered Nurses Association of Ontario, minimal contact intervention involves brief contact between a health care provider and a client to discuss tobacco cessation. Public Health clinic staff have also been trained to conduct minimal contact intervention and are now implementing the practice within public health clinics.

Through its role in the local community of practice, Region of Waterloo Public Health has arranged training for local health care staff in the facilitation of smoking cessation groups. The partnership is working to encourage local delivery of smoking cessation groups and to coordinate their promotion. Region of Waterloo Public Health offered a cessation group in Cambridge in the fall of 2007 as its contribution to the community of practice and will offer another group in Waterloo this fall.

In addition to these local initiatives, Public Health staff promote the annual province-wide Driven to Quit contest, provide information and referral through the Tobacco Information Line and at prenatal and child health fairs, and offer cessation support and information to workplaces through the Workplace Health strategy.

While all of these services provide some level of local support for cessation, limited resources have made it difficult to provide an adequate range of evidence-based alternatives to tobacco users who want to quit.

Tobacco Dependency

Tobacco is highly addictive. Studies have shown it is more addictive than heroin or cocaine. The United States Department of Health and Human Services said in its 2008 Update of *Treating Tobacco Use and Dependence*:

Tobacco use presents a rare confluence of circumstances: (1) a highly significant health threat; (2) a lack of consistent intervention by clinicians; and (3) the presence of effective interventions. This last point is buttressed by evidence that tobacco use interventions, if delivered in a timely and effective manner, can rapidly reduce the risk of suffering from smoking-related disease. Indeed, it is difficult to identify any other condition that presents such a mix of lethality, prevalence, and neglect, despite effective and readily available interventions (p. 12).

In 2007 19% of Canadians and 18% of Ontarians aged 15 and older were current smokers. Data collected from 2003 to 2006 revealed 20.5% of Waterloo Region residents aged 18 and over were current smokers. Smoking rates were highest in Cambridge (24.4%) and Kitchener (23%). Nearly

72% of adult smokers in Waterloo Region reported they intended to quit smoking at some point in the future in surveys collected from 2003 to 2004.

Conclusion

As increasing numbers of places become smoke-free and fewer people smoke, we are left with a significant portion of tobacco users who would like to quit but have difficulty doing so due to its highly addictive nature. In fact, the most recent data from the Canadian Tobacco Use Monitoring System, shows smoking rates in Canada are no longer dropping and have remained at 19% for the past three years. In Ontario, smoking rates rose slightly from 17% in 2006 to 18% in 2007 and daily smoking climbed from 12% in 2006 to 15% in 2007. A long-term, evidence-based cessation strategy with dedicated funding for all public health units in Ontario would ensure the needs of this population are addressed and would begin to save the Ontario economy the \$1.7 billion in estimated health care costs (2005 estimates) directly linked to tobacco use each year.

CORPORATE STRATEGIC PLAN:

Strategic Focus Area 3: Health and Safe Communities – support safe and caring communities that enhance all aspects of health.

Strategic Focus Area 4: Human Services – promote quality of life and create opportunities for residents to develop to their full potential.

FINANCIAL IMPLICATIONS:

NIL

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

NIL

ATTACHMENTS

NIL

PREPARED BY: *Mary Sehl*, Manager, Tobacco Programs

APPROVED BY: *Dr. Liana Nolan*, Commissioner/Medical Officer of Health