

## **The Smoke-Free Ontario Strategy: An Overview**

Smoking is the number one preventable cause of premature death and illness in Ontario. Currently, about 20% of all Ontarians smoke. Tobacco use accounts for the premature and preventable deaths of approximately 16,000 Ontarians each year. Tobacco-related diseases cost the Ontario economy at least \$1.7 billion in healthcare annually (derived from analysis by The World Bank), result in more than \$2.6 billion in productivity losses (Addiction Research Foundation, 1992 figures), and account for at least 500,000 hospital days each year (Ontario Medical Association, 2003).

Ontarians have demonstrated that they are interested in and support tobacco control. Two out of three Ontarians support increased taxes on cigarettes; three in four would support a tax increase to fund tobacco control initiatives; 81% support increased spending on tobacco control initiatives; and 68% support provincial intervention for smoke-free bylaws (Ipsos Reid, 2004).

Additionally, 80% of Ontarians don't smoke, most smokers wish they could quit, and 34% of smokers in Ontario made one to three quit attempts within a 12-month period (Health Canada, 2002).

The goal of the Smoke-Free Ontario Strategy is to eliminate tobacco-related illness and death by:

- preventing smoking initiation and habitual use among children, youth and young adults;
- helping people quit smoking; and by
- eliminating involuntary exposure to environmental tobacco smoke.

The Ministry of Health and Long Term Care, Public Health Division, in planning for the new Smoke-Free Ontario Strategy, utilized internationally accepted "best practices" in tobacco control. The expansion is based in large measure on *Best Practices for Comprehensive Tobacco Control Programs* published by the U.S. Centers for Disease Control and Prevention (CDC), and modified to take advantage of the experiences and lessons learned from a number of jurisdictions with such an approach. Goals, objectives and logic models developed by the Ontario Tobacco Strategy Steering Committee also informed expansion planning. In addition, the unique characteristics of Ontario were considered, including the history of tobacco control in Ontario, the structure and organization of the public health system, and direction received from the government.

The elements of the Smoke-Free Ontario Campaign will be integrated, dynamic, and goal-oriented. Existing, successful tobacco control programs will be enhanced and new programs will be funded so that the three main goals of prevention, cessation, and protection are fulfilled.

## **System Planning and Strategy Management**

The Smoke-Free Ontario Unit provides overall direction, is responsible for strategy planning and management, and builds capacity by working with partners in the three goal areas of the strategy (prevention, protection, and cessation) with a view to building leadership, skills and capacities. This is done by ensuring there are sufficient resources for implementation; setting up the performance evaluation system and managing contracts for results and accountability; augmenting the system by setting up communication, coordination and enabling mechanisms in local areas; issuing applications when new efforts in key areas are required e.g. competitive grants to health units; monitoring the implementation of the strategy and setting up a feedback mechanism for learning and knowledge exchange with the field.

## **Program Planning, Coordination and Infrastructure**

The Community Action Workgroup (CAWG) and Tobacco Control Area Networks (TCANs) are the centralized and regional hubs for communication, capacity-building and leadership development through informed planning by taking into consideration the results of the Performance Evaluation System.

The CAWG is a provincial-level committee, and is chaired by the Chief Medical Officer of Health or delegate. It will develop a three-year strategic plan and will oversee the implementation of the Strategy. In addition to supporting the planning and coordination of program activity at the provincial level, this committee will facilitate program planning and implementation at the Area-level. Task groups will also be convened to plan activity in key areas (i.e. youth, cessation, enforcement, mass media and public relations, and aboriginal tobacco control).

Public health units are organized by geography into TCANs ranging in size from 1-9 public health units. Coordinating public health units (CPHUs) (one per TCAN) have been funded to assist in area-wide strategic planning, enabling communication, and collaboration. These CPHUs will be responsible for facilitating communication, development of an area-level plan, and stakeholder collaboration. Training, public relations, youth, cessation and other relevant subcommittees will also be organized. Non-governmental organizations (NGOs) involved in tobacco control will also be represented so that joint planning and coordination with NGO led activity can occur. Funding will be provided to support planning and implementation, and staff training. A representative from each TCAN will also participate on the CAWG and will ensure that area needs are communicated and inform provincial planning.

## **Prevention: Preventing Smoking Initiation and Habitual Use Among Children, Youth and Young Adults**

The Smoke-Free Ontario Strategy will prevent and reduce smoking among youth by directly engaging them as key participants in the development and execution of the campaign.

Youth Action Alliances (YAAs) will be the cornerstone of community-based youth tobacco control programming in Ontario. These new peer leadership programs will teach youth the skills needed to work on policy-related tobacco control issues, and will engage youth in local action to prevent smoking, encourage quit attempts, reduce second-hand smoke exposure, and increase awareness of tobacco issues in communities across the province. For 2005-06, the YAAs will be funded through 18 public health departments. Area youth coalitions will also be formed through the active participation of YAAs within each Tobacco Control Area Network in order to plan and implement joint activities at an area level.

School Training and Technical Assistance for schools to establish tobacco control programs through activities such as teacher training, assistance in the development and enforcement of smoke-free school policies, school smoking profile surveys, and linkages to community-based tobacco control programs.

### High School Grants for School and Community Initiatives

Grants to high schools are provided through each public health unit to support student led school policy development, tobacco control awareness campaigns and events, and cessation-related projects. Approximately 500 high school grants will be administered in 2005-06.

The Ontario Lung Association's Youth Advocacy Training Institute (YATI) will provide training to Peer Leaders and Youth Advisors of the Youth Action Alliances. The YATI will implement regional and provincial training and events to help youth understand the dimensions of tobacco control issues in their community, understand policy (including legislative and regulatory) processes, prepare for presentations and public speaking engagements, conduct media advocacy and media relations activities, and conduct studies of the marketing practices of the tobacco companies. Regional YATI staff will also support public relations activity and technical assistance in each of the TCANs. An annual youth conference will also bring youth together from across the province to share and celebrate their tobacco control achievements. YATI will also provide training to adult staff (i.e. youth advisors) in youth development, recruitment and supervision.

## **Cessation: Reducing Smoking in Ontario**

A comprehensive cessation system is currently being designed in which the needs of diverse groups of smokers will be addressed through programs and services to be provided in a variety of settings, such as community health centres, hospitals, mental health service providers, and cancer clinics. Screening of smokers, referral for counseling

services and pharmacotherapy are also being planned. The following provincial cessation programs will be important components within this comprehensive cessation system:

The Clinical Tobacco Intervention (CTI) Program will expand its activity to recruit and train physicians, pharmacists, and dentists to perform evidence-based tobacco cessation and prevention interventions with their patients and to refer to other smoking cessation services. Evidence shows that advice from a health professional helps people quit smoking, therefore this existing program will be enhanced to increase its effectiveness and reach a greater number of health professionals.

The Canadian Cancer Society's Smokers' Helpline (SHL) will be enhanced, as it is expected to experience an increase in calls generated by mass media programs, new legislation, and referrals from health professionals. Callers to the Helpline receive smoking cessation advice, self-help materials, support, and referrals from trained cessation specialists. Intervention protocols are evidence-based and a computerized database supports caller interaction. Field coordinators will further promote the SHL locally and at the area level, facilitate the coordination of the SHL with local services, and create referral mechanisms.

Innovative Smoking Intervention Programs are funded through public health units to reach Ontario's diverse, priority populations that have higher smoking rates or less access to services, such as polydrug users, psychiatric patient groups, certain occupational categories known to have elevated smoking prevalence, gay and lesbian people, low-income communities, and ethno-cultural groups. For 2005-06, these programs will be funded through 14 public health units.

A Multi-Media Self-Help Program will be developed using interactive technology and electronic media-based programs to help people quit smoking.

Worksite Innovations assist employers to implement 100% smoke-free policies and offer employees assistance in quitting smoking. For 2005-06, these programs will be funded through 11 public health units.

A Cessation Training Program will be developed to ensure the quality of cessation services delivered in Ontario for those professionals not trained through CTI. This provincial training program will be multidisciplinary, based on proven strategies for smoking cessation counselling, and will include a basic skills program for counselors; online skills training; and screening, assessment, brief counseling, in depth counselling and referral protocols.

The STOP (Stop Smoking Therapy for Ontario Patients) Study will develop evidence-based protocols for the distribution NRT; increase professional competency in combining pharmacotherapy with behavioral interventions; and evaluate the project to inform future planning.

## **Protection: Policy Promotion and Enforcement**

A major element of the strategy is new tobacco control legislation – the *Tobacco Control Statute Law Amendment Act, 2005* (Bill 164) that will create 100% smoke-free public places and work places, and ban the point of sale promotion and display of tobacco products. This new province-wide legislation will have a major impact on the health of Ontarians, but it cannot stand alone. To ensure successful implementation and enforcement of the legislation, programs and services are required to educate business owners, enforcement officials, and the public about the law; implement the law; enforce the law; and prosecute under the law.

Local capacity building grants have been made available to all public health units to enhance policy promotion and enforcement of recently and soon to be implemented smoke-free bylaws, provisions of the current Tobacco Control Act (TCA) and to ensure that the capacity for enforcement of the new legislation is well established such that high levels of compliance by workplaces, public venues, and retail establishments can be ensured.

Funding for the Ontario Tobacco-Free Network, a provincial coalition of the three major non-governmental organizations that have played a leading role in tobacco control at the local level (Canadian Cancer Society (Ontario Division), Heart and Stroke Foundation of Ontario, and Ontario Lung Association) will support public education through community mobilization, earned media and other innovative approaches in 76 communities across Ontario.

Similarly, the Smoking and Health Action Foundation, an organization with long-standing credibility as a policy research and community mobilization resource, will ensure broad-based support for tobacco control policies. They will conduct, monitor and analyze key trends in provincial, national, and international tobacco control policies, including linking with the World Health Organization, U.S. National Center for Tobacco-Free Kids, and other leading international tobacco control organizations.

## **Province-Wide Programs: Supporting the Ontario Tobacco Strategy**

Several province-wide programs address all three goals of the Smoke-Free Ontario Campaign: prevention, cessation, and protection. Some of these programs are new and others will be broadened.

The Program Training and Consultation Centre is the primary trainer for the system; it provides training on generic program skill development and goal specific tactical training i.e. content specific curriculum delivered for the three goal areas. It also provides a mechanism for identifying best practices in Ontario by conducting reviews of state-of-the-art interventions implemented in Ontario and abroad and making detailed program instructions available in the form of electronic toolkits. It then recommends interventions to Ontario tobacco control practitioners that are likely to have greatest impact in their communities. This Centre will be funded to expand existing activity and to provide new

training opportunities for tobacco control professionals in the areas of prevention, cessation, policy, strategic and program planning. This is a critical capacity building role that will support Ontario's existing and expanding tobacco control workforce. In collaboration with the CAWG, and the TCANs, the PTCC will also play a lead role in the skill-based needs assessment of tobacco control public health staff, the results of which will inform the design of training programs.

CCTC's Provincial Clearinghouse is the provider of information, resources and materials. It functions by continuously performing national and international scans, purchasing materials and making them available through a variety of mechanisms, including electronic distribution.

The Aboriginal Tobacco Strategy coordinated through Cancer Care Ontario has already established working relationships with the Chiefs of Ontario and many Aboriginal health organizations across Ontario. A Steering Committee of the Aboriginal Tobacco Strategy is guided by representatives from across Ontario and momentum for effective tobacco control among Aboriginal peoples is growing. It is important that the Aboriginal tobacco control practitioners be engaged and develop a common vision about the nature of the problem of manufactured tobacco product use by Aboriginals, respect for sacred and ceremonial use of tobacco, and how we will work together to reduce the high rates of tobacco use among Aboriginal peoples.

Young adults, aged 20-24, have the highest rates of smoking of any age group. Leave the Pack Behind is a tobacco control program located on university and college campuses that educates students about the health consequences of tobacco use, provides a range of cessation interventions appropriate and attractive to this age group, and mobilizes students to counter the efforts of tobacco companies to market to young people. This program, headquartered at Brock University, will be expanded over a two-year period to cover all campuses in Ontario. In 2005-06 expansion efforts will focus on Northern colleges and universities, given the higher smoking rates found in the North.

The Media Network (MN) provides technical assistance and training for comprehensive tobacco control in the areas of media relations for 380 tobacco control members in Ontario. It provides a focus to local campaigns by informing the field with results of monitoring from the clippings database, when regional/local campaigns are being developed. A key element of its work this year will be training and working with TCANs to promote media coverage sensitive to local issues and circumstances.

### **Integrated Marketing Communications Campaign**

Communications and public relations activities are a primary component of comprehensive tobacco control programs and have been shown to promote smoking cessation and decrease the likelihood of smoking initiation. They can also have a powerful influence on public support for tobacco control interventions and set a supportive climate for school and community efforts; however, they must have sufficient reach, frequency and duration to be successful.

The Communications and Information Branch of the Ministry of Health and Long-Term Care is the nexus for developing the overall communication plan and campaign for Smoke-Free Ontario and SFO funded partners to plan and implement integrated provincial public education campaigns. It also will assist in setting up guidelines and processes for the review of communication materials that will be branded with the Smoke-Free Ontario logo, etc. A style guide is provided by CIB to assist all SFO partners.

Mass media communications for the Smoke-Free Ontario Strategy are coordinated by the Ministry and by non-governmental organizations. The government-led campaign will include three distinct components: a campaign directed at youth, one for smoking cessation, and another regarding second-hand smoke and the implementation of the new legislation:

A youth prevention campaign entitled “stupid.ca” targets youth aged 12-15 years of age, and delivers messages about the dangers of smoking in a manner that is engaging and entertaining for youth. All components of the campaign drive youth to stupid.ca, an interactive website. Visitors are encouraged to become involved in tobacco control activities at their schools and in their communities. Linkages will be made with activities supported through the high school grants, youth action alliance programs, relevant innovative grant programs and other local initiatives.

A cessation campaign strategy is currently being designed to motivate smokers to think about quitting. This campaign will be executed in advance of National Non-Smoking Week and the promotion of specific cessation programs, services and events by NGO partners.

A public education strategy with mass media components will be conducted to ensure that the public and relevant stakeholder groups are aware of the changes that will occur under the new legislation and their respective responsibilities. This strategy will begin in January 2006, and will continue through implementation of the Smoke-Free Ontario Act on and after May 31, 2006.

The messages of the government led campaigns will be complemented and extended by an NGO coordinated public education campaign to be led by the Heart and Stroke Foundation of Ontario. This campaign will further support social norms that are favorable to tobacco control. Field staff (half-time equivalent) will also work within each TCAN to coordinate local and area-wide public relations events that will be linked to the provincial NGO campaign.

This integrated government and NGO led media strategy will reach large audiences, providing information about tobacco use and second-hand smoke, motivating change, and creating a backdrop for all aspects of the Ontario Tobacco Strategy.

## **Evaluation, and Surveillance**

Evaluation, and surveillance builds on the well-established reputation of independent evaluation of the Ontario Tobacco Strategy (OTS) over the past 10 years by the Ontario Tobacco Research Unit (OTRU). The Ontario Tobacco Research Unit (OTRU) monitors the overall strategy and provides evaluation and surveillance expertise to both the networks and MoHLTC regarding the performance evaluation system.

The performance evaluation strategy will be used to implement a system of accountability throughout the Ontario Tobacco Strategy. The performance evaluation system will help maximize utilization of resources, assure quality of services, and measure impact.

The Public Health Research Education and Development Program (PHRED) operating in five Ontario Public health units also provides a regional mechanism for training and a source of technical knowledge. It can also potentially assist with analyzing Rapid Risk Factors Surveillance System (RRFSS) data.

Cancer Care Ontario can assist with disease surveillance and special studies, such as analyses of tobacco-attributed morbidity and mortality.

Finally, government-directed evaluation projects will be funded to further develop the evidence base for the Smoke-Free Ontario Campaign and to contribute to the development of “best practices” in the field of tobacco control. Examples of potential government-directed evaluation projects include assessments of the impact of tobacco tax policy on smoking consumption and prevalence, health care utilization studies, etc.