



Ontario Chronic Disease Prevention Alliance

Evidence-Informed Messages: Comprehensive Tobacco Control Programs



For more information, please visit: www.ocdpa.on.ca

Context

The Ontario Chronic Disease Prevention Alliance (OCDPA), in consultation with external experts, has developed messages for use by individuals, groups and organizations to focus attention and promote collective action on chronic disease prevention issues and to improve the health of Ontarians. The evidence-informed messages address the following chronic disease risk factors:

- High-Risk Alcohol Consumption
- Physical Inactivity
- Poor Mental Health
- Tobacco Use/Exposure
- Unhealthy Eating

The messages use a “socio-environmental approach” (Birse, 1998) to chronic disease prevention and are framed around the central themes of “availability and accessibility”. Each of the evidence-supported messages relate to actions that can be taken as part of a comprehensive approach to support healthier living conditions and to make healthy choices the easy choice for Ontarians.

It is important to note that the messages represent a comprehensive package, all of which need to be pursued over time in order to achieve a comprehensive approach to health promotion and chronic disease prevention. Partnership and shared responsibility across sectors are needed to influence sustainable system change. Different organizations might be involved in the various aspects of the promotion, use, and action of the messages which may not occur simultaneously. In order to maximize impact, all messages are necessary.

Benefits in Advancing Key Messages

Working in parallel to advance OCDPA's evidence-informed messages can result in:

- Focused attention and action on chronic disease prevention issues;
- Strategic alignment of policy, planning and practice to support chronic disease prevention efforts;
- A shift in policy and practice to an evidence-informed, multiple-risk factor, multiple-setting approach that strengthens the chronic disease prevention agenda;
- Increase impact of chronic disease prevention efforts; and
- A comprehensive, system-wide approach to chronic disease prevention.

The production of OCDPA's evidence-informed message documents was made possible through in-kind contribution from the OCDPA membership and its stakeholders.

Tobacco Use & Chronic Disease

Tobacco use is the number one cause of preventable disease and death in Ontario, killing over 13,000 Ontarians every year (Ontario Ministry of Health Promotion, 2010). Others will suffer from years of reduced quality of life by developing some form of chronic disease. The primary forms of tobacco use are cigarettes, cigars, cigarillos, pipes, and smokeless tobacco. Exposure to second-hand smoke is also a significant health hazard (Cancer Care Ontario, 2002; U.S. D.H.H.S., 2006). Only by reducing the demand for tobacco products can the number of deaths and associated illnesses be decreased.

Health Related Consequences

Smoking is responsible for about 30% of all cancer deaths in Canada (Ontario Tobacco Research Unit, 2005). It is estimated that tobacco use contributes to approximately 13,000 deaths in Ontario each year (Ministry of Health Promotion, 2010). Lung cancer is the most common cause of cancer death in both men and women and is mainly caused by smoking tobacco (Canadian Cancer Society's Steering Committee, 2009). Tobacco use is also a risk factor for strokes and fatal heart attacks (World Health Organization, 2008); 16% of all ischemic heart disease deaths and 76% of chronic obstructive pulmonary disease deaths are caused by smoking (Cancer Care Ontario, 2002). Moreover, second-hand smoke is a health hazard associated with heart disease, cancer and premature death in non-smoking adults (Ontario Tobacco Research Unit, 2007).

Prevalence

In Ontario, smoking rates have declined significantly between 2003 and 2005. However, these rates have begun to level off in recent years. According to the Canadian Tobacco Use Monitoring Survey (CTUMS), in 2008, 17% of Ontario's population (aged 15 or older) were smokers. Furthermore, in 2005, it was estimated that 13.1% of the Ontario population were regularly exposed to second-hand smoke in public places, an improvement from 18% in 2003 (Shields, 2007).

Cost

Tobacco-related diseases cost the Ontario economy \$1.6 billion in direct health care costs, resulting in \$4.4 billion in productivity losses and accounting for at least 500,000 hospital days each year (Ministry of Health Promotion, 2010).

Reason for Action

Ontario is still well below funding levels recommended by the US Institute of Medicine (Ontario Tobacco Research Unit, 2009). Substantial and stable government funding is necessary if tobacco control strategies are to be effective in reducing tobacco-related illness and death (Ontario Tobacco Research Unit, 2010). Ontario has seen a slight decrease in smoking rates between 2003 and 2007. However, these rates have levelled off in recent years (Ontario Tobacco Research Unit, 2009). With this, efforts must be continued to reduce tobacco usage among individuals. This can be accomplished by further strengthening research, capacity building, policy and program development, surveillance and monitoring, evaluation and the identification of best practices, and support for knowledge exchange, communications and advocacy activities.

OCDPA's Messages to Address Tobacco Use

The OCDPA encourages the dissemination, promotion, integration and use of OCDPA's Messages to ensure consistent communication that addresses tobacco use. Depending on the purpose, please integrate and/or use the information provided below:

1. For Actions at the Individual Level:

Create and provide support to a smoke-free environment.¹

- Guidelines for creating and supporting a smoke-free environment are available at: <http://www.hc-sc.gc.ca/hc-ps/pubs/tobac-tabac/index-eng.php> (Health Canada, 2010)

2. To Influence System Level Change:

Sustain the provision of comprehensive tobacco control programs that include protection, prevention, and cessation activities through adequate financial investment within a coherent provincial structure.

- Provide ongoing education activities and programs including enforcement and expand by-laws that limit the harmful effects of second-hand smoke at recreation sites, beaches, patios, playgrounds, multi-unit dwelling sites, entrances and exits to municipal buildings and smoke-free health care facility properties to ensure compliance with the Smoke Free Ontario Act.
- Engage young people in tobacco control programs through community and school settings to de-normalize the tobacco industry and its role in product promotion.
- Promote a system of regular retailer compliance checks involving youth test shoppers and encourage zoning and licensing restrictions on tobacco retailers, particularly in low-income and school neighbourhoods, to reduce youth access and uptake of tobacco products.
- Support tobacco-free lifestyles by increasing the availability of comprehensive tobacco cessation services for youth and adults.

1 For this message, creating a smoke-free environment does not mean creating a “smoker-free” or “anti-smoker” environment; rather this message is intended to create an environment where people are welcomed, but do not smoke, and a supportive environment which help tobacco users to become non-smokers.

Evidence Supporting OCDPA's Messages

1. Individual Level

Message: Create and support to a smoke-free environment.

Below are brief summaries of evidence which support a smoke-free environment.

2. System Level

Message: Provide ongoing education activities and programs including enforcement and expand by-laws that limit the harmful effects of second-hand smoke at recreation sites, beaches, patios, playgrounds, multi-unit dwelling sites, entrances and exits to municipal buildings and health care facility properties to ensure compliance with the Smoke Free Ontario Act.

Reports have shown that state-wide, comprehensive programs in the U.S influenced and reduced tobacco use among teenagers and adults. The state-wide programs include: mass media campaigns, community initiatives, educational activities and an increase in the passage of local by-laws that create smoke-free environments in public outdoor and indoor settings (California Department of Public Health, California Tobacco Control Program, 2009; Wakefield & Chaloupka, 2000).

In Ontario, tobacco control efforts must continue to increase its reach and reduce tobacco use through maintaining a tobacco-free environment. Substantial and stable government funding is necessary if tobacco control strategies are to be effective in reducing tobacco-related illness, death, and ensure compliance with the Smoke Free Ontario Act. (Canadian Coalition for Action on Tobacco, 2006; Ontario Tobacco Research Unit, 2010). Ontario is still well below funding levels recommended by the US Institute of Medicine (Ontario Tobacco Research Unit, 2009).

Message: Engage young people in tobacco control programs through community and school settings to denormalize the tobacco industry and its role in product promotion.

Approximately 12% of Ontario students in grades 7 to 12 reported smoking in 2009 (Paglia-Boak et al., 2009). Adolescent tobacco smoking increases the likelihood of early adult tobacco use and the initiation of alcohol use or the development of alcohol-related problems (Mathers et al., 2006). Adolescent tobacco use also predicts a range of early adult social and health problems (Mathers et al., 2006). To denormalize tobacco use, it is important that youth are engaged in tobacco control programming.

Youth engagement is an important component of a comprehensive tobacco control strategy. Engaging youth volunteers in social campaigns have shown to reduce the number of tobacco advertisements and promotional items at California tobacco retail outlets, part of California's strategy to "denormalize" tobacco use (California Tobacco Control Update, 2000; Bal et al., 2001). Studies also show that community interventions regarding tobacco use reduce youth smoking behaviour (Lantz et al., 2000). School-based programming is also a

necessary component of a comprehensive approach to tobacco control (Ontario Tobacco Research Unit, 2009). Evaluations of school based programs consistently suggest that a brief school intervention focused on social influences and refusal skills can reduce the onset and level of tobacco use by up to 30% (Lantz et al., 2000). To achieve optimal results, a comprehensive approach – including healthy public policies, school based programs, community-based initiatives, cessation services, mass media, and grassroots activism – must be used (Centers for Disease Control and Prevention 2007; Gritz, 1994; Fortmann et al., 1995; Ross & Taylor, 1998; Schar et al., 2006; US Department of Health and Human Services, 2000).

In Ontario, prevention interventions implemented under the Smoke-Free Ontario Strategy are designed to provide integrated action on tobacco use among youth (Ontario Tobacco Research Unit, 2009). A number of initiatives (e.g. Youth Action Alliance Program, High School Grants program, Lungs are for Life) have shown to influence awareness, knowledge, attitudes and/or behaviours of youth. In addition, the Ontario Curriculum for Health and Physical Education, Grades 1 to 8, has been revised to help students lead healthy, active lives (Ministry of Education, 2010). Tobacco control efforts must be continued and sustained; issues such as lack of tobacco control programming in Ontario schools and reduction in funding commitment from the Ontario government are concerning (Ontario Tobacco Research Unit, 2008; 2009; 2010).

Message: Promote a system of regular retailer compliance checks involving youth test shoppers and encourage zoning and licensing restrictions on tobacco retailers, particularly in low-income and school neighbourhoods, to reduce youth access and uptake of tobacco products.

In Ontario, only 90% of vendors were in compliance with the ban on sales to youth and 78% with the requirement to request identification between 2006 and 2007 (Dubray et al., 2007). Regular retailer compliance checks increases the retailer's perception that the threat of enforcement is real (Cummings et al., 1998). Effectively enforcing laws against cigarette sales to youth through regular compliance checks and penalizing retailers can significantly reduces youth smoking rates (Cummings et al., 1998).

Tobacco retailer density surrounding schools is linked to youth access; the higher the density of tobacco retailers that surrounds a school, the more likely youth smokers were to buy their own cigarettes (Leatherdale & Strath, 2007; McCarthy et al., 2009). Enforcement of youth access laws in retail outlets that are in close proximity to schools may prevent underage youth from smoking due to decrease in availability of and accessibility to tobacco products (Leatherdale & Strath, 2007; McCarthy et al., 2009).

Message: Support tobacco-free lifestyles by increasing the availability of comprehensive tobacco cessation services for youth and adults.

Studies show that the Ontario smoking cessation system engages only 4% of smokers (Ontario Tobacco Research Unit, 2009). Between 2003 and 2007, there was an increase in the number of Ontario smokers who indicated a serious intention to quit within 30 days (Ontario Tobacco Research Unit, 2009). Meanwhile, there was no change in the proportion of current smokers who made a serious quit attempt. These numbers suggest that there are possible gaps in the cessation system.

Research shows that youths (ages 14 to 19) who have completed a tobacco cessation program were more likely to quit smoking compared to those who did not undergo the program (Sussman, 2001). An evaluation of a comprehensive tobacco cessation program that includes local group programs, telephone helpline, and the use of media through commercials and television shows, showed a significant increase in cessation rates (Mudde & Vries, 1999). Studies suggest that a comprehensive approach must be incorporated into tobacco cessation program design in order to optimize reach and effectiveness (Mudde & Vries, 1999).

In 2007, the Ontario Tobacco Research Unit implemented a pilot study in the Simcoe-Muskoka Public Health Unit and assessed gaps in the cessation system. The study found that the current cessation system lacked integration and a variety of services (Ontario Tobacco Research Unit, 2009). The current system has very few interventions that target high-risk populations. Results suggest that there is a need to increase the reach of existing cessation programs and to develop a truly integrated continuum of services (Ontario Tobacco Research Unit, 2009).

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