

## 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.<sup>1</sup>

- 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.

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<sup>1</sup> 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 reduce 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).