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For Information

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DATE: May 25, 2011

REPORT TITLE: **UPDATE ON LIVING TOBACCO FREE**

FROM: Janette Smith, Commissioner of Health Services  
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### **OBJECTIVE**

To update Regional Council on the term of Council priority and public health priority: "Living Tobacco Free".

### **REPORT HIGHLIGHTS**

- Peel Public Health has initiated a 10 year strategy to reduce tobacco use among Peel residents.
- A comprehensive health status report on tobacco is underway and the target for its completion is early 2012.
- New smoking cessation programming is under development with Trillium Health Centre and local family doctors.
- Other strategies to decrease Peel's smoking rates include vigilant enforcement of the *Smoke-Free Ontario Act*, prevention of youth smoking, an increased focus on reducing smoking among young men, a strengthened Regional by-law, and advocacy for stronger provincial and federal regulation.

### **DISCUSSION**

#### **1. Background**

Although tobacco smoking has decreased greatly, it remains Ontario's single most important preventable cause of disease and premature death. Smokers have a 70 per cent greater chance of dying from coronary heart disease compared to non-smokers, and smoking is responsible for 30 per cent of all cancer deaths. Tobacco-related disease costs Ontario's health care system \$1.93 billion in direct health care costs and \$5.8 billion in productivity losses annually. (Smoke-Free Ontario Scientific Advisory Committee, 2010)

In Peel Region, approximately 15.5 per cent (2007/2008) of the population are smokers. Thus, more than 175,000 individuals are at an increased risk of tobacco-related illness and death. About half of all smokers die of smoking-related causes: at least 500 people a year in Peel.

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In 2009, Peel Public Health identified tobacco as one of four program priorities in its 10 Year Strategic Plan. Living tobacco free was also approved as a term of Council priority earlier this year. The Living Tobacco Free priority will set out and implement new strategies for the prevention and cessation of smoking, the protection of others from the effects of second-hand smoke, and the regulation of the tobacco industry.

As an early step for this strategy, a Region of Peel health status report on tobacco use and its effects is being prepared with completion expected early in 2012. The purpose of this report is to help us understand how Peel citizens are impacted by tobacco use. Given Peel's cultural diversity and high proportion of new Canadians, it cannot be assumed that provincial data accurately reflects the experience of Peel's citizens.

### 2. The Strategy

The three pillars of the strategy will be the prevention of the initiation of tobacco smoking, the provision of services to help smokers quit, and protection from second-hand smoke.

The reduction of the prevalence of smoking from rates of nearly 50 per cent at the peak, to a little over 15 per cent now is a significant achievement for public health, and was achieved through "denormalization", enforcement of prohibition of sales to minors, education, and tax measures. However, it is unlikely that a simple extension of this approach will be successful with the remaining smokers, some of whom are heavily addicted and/or have many other challenges in their lives.

The strategy will be further developed over time; at present the principal components are as follows:

#### a) Smoking Prevention

We have seen a decrease in smoking rates among youth, and our new goal is to further reduce these rates to 7 per cent from 12 per cent for males and 10 per cent for females. A key focus will be prevention among youth using peers to influence other youth. We will re-evaluate a 100 per cent provincial program that showed promise, but was cut due to decreases in provincial funding. In this program, lead students were identified for intensive training and then returned to their high schools to conduct prevention programs.

In contrast, we have found that the smoking rates among young men aged 20 to 29 years are double the Regional average at 30.7 per cent. Going forward, we want to explore and understand this high smoking rate with the intent of identifying strategies to reduce it. Information that will inform this strategy will include data we have identifying high risk trades, such as the construction industry, where the smoking rate is as high as 35.4 per cent provincially.

#### b) Smoking Cessation

Previously, Peel Public Health provided smoking cessation clinics to the general public. These services were designed to support the large shift in the last 10 years to 100 per cent smoke free public places such as restaurants, bars and workplaces. With provincial legislation largely implemented, we will now be partnering with our local family doctors who are providing this service directly to their patients. This is a new provincial program with OHIP billing codes for family physicians to specifically focus on helping their

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patients quit smoking. Peel Public Health's role would include promotion and training. We will be talking to the College of Family Physicians about a potential partnership.

Peel Public health is also partnering with Trillium Health Centre to provide a new inpatient smoking cessation program. This program, known as the Ottawa Heart Institute model, is being piloted and rigorously evaluated to understand the degree of its effectiveness for the Peel population.

We anticipate that both of these partnerships will help us to reach many more smokers. The staff who were providing the Region's smoking cessation clinics will be reassigned to the smoking cessation partnership with Trillium Hospital and family physicians and youth smoking prevention work.

### c) Protection from Second-hand Smoke

Exposure to second-hand smoke remains a significant cause of disease and death from cancer, heart disease, asthma and respiratory infections. Much progress has been made in controlling these exposures through the *Smoke-Free Ontario Act*. However, we need to continue to be very vigilant in our enforcement of the legislation prohibiting smoking on and around school property and the prohibition of retail sales to children and teens.

An additional area to explore is controlling exposure at certain outdoor venues. This approach is being pursued with area municipalities with the intent of developing a Regional by-law prohibiting smoking on municipally owned and occupied property. More specific information on this approach is included in a separate report on the same Council agenda.

Tobacco industry regulation has been shown to be effective in reducing smoking in a population. While the federal and provincial governments have primary jurisdiction for regulation, local public health departments play an important advocacy role. As this part of the strategy is developed, advocacy regarding regulation of product advertising, including on screen product placement, packaging, taxation and pricing, retail sales and contraband control will all be explored.

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**CONCLUSION**

Given the compelling evidence for the impact of tobacco use on the health of the Peel population, Peel Public Health is strategically realigning its resources to ensure that it has the capacity to address this important public health issue. To date, the plan for this strategy includes health status assessment, a strong focus on youth prevention – in particular for young men, partnerships with our hospitals and family doctors for cessation, and advocacy to ensure strong regulation, federally and provincially. The next council report is due early in 2012, with the completion of the Living Tobacco Free Health Status Report.



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**Approved for Submission:**



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c. Legislative Services