

Ontario Tobacco Monitoring Report 2018

Technical Supplement to Chapter 5: Tobacco
Control Interventions



Technical Supplement
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Technical Supplement to Chapter 5: Tobacco Control Interventions

Chapter 5 of the [Ontario Tobacco Monitoring Report \(2018\)](#) summarized and highlighted some examples of tobacco control interventions for the prevention, cessation and protection pillars. The purpose of this Technical Supplement is to provide additional program and intervention detail at the provincial and local level that was not feasible to include in this report.

Methodological Approach

The content of this chapter was developed based on the approach used by the Ontario Tobacco Research Unit (OTRU) for their 2017 Smoke-Free Ontario Strategy Monitoring Report.¹ Information of the work carried out by the various tobacco control program areas for the 2017–18 fiscal year (April 1, 2017 – March 31, 2018) was sought from, and provided by, each organization. Data and information about local level programs and interventions were obtained from a survey of Tobacco Control Area Network (TCAN) coordinators and Public Health Unit (PHU) tobacco program staff completed in December 2018. The reporting period of the surveys was from July 1, 2017 to June 30, 2018.

Provincial-Level Programs and Interventions

Indigenous Tobacco Program

In existence since 2005, the Indigenous tobacco program (ITP) is part of the Indigenous Cancer Control Unit at Cancer Care Ontario. The ITP works with First Nation, Inuit, Métis, Urban Indigenous communities, organizations and non-Indigenous partners to reduce and prevent commercial tobacco use and addiction, and to design and deliver customized workshops to build capacity and empower communities with the skills and tools needed to address commercial tobacco prevention, cessation and protection.^{i,2} The ITP encourages and partners with communities to become “Tobacco-Wise” and use tobacco in a traditional and sacred way while breaking free from commercial tobacco addiction.ⁱ

As part of its programming, the ITP employs three Tobacco-Wise Leads who engage directly with First Nation, Inuit, Métis and Urban Indigenous communities. The Tobacco-Wise Leads support First Nation, Inuit, Métis and Urban Indigenous communities by identifying and addressing distinct community based needs through tailored campaigns and workshops on commercial tobacco prevention, cessation, and protection.ⁱ This direct engagement is viewed as critical to the success of the program, as it leads to the development of relationships based on trust and mutual respect. It is also viewed as a cost effective approach, in that it is more efficient for one individual to travel to a community than to bring a group of community members or healthcare providers to a workshop in a different location. The program’s

ⁱ Cancer Care Ontario. ITP Overview for PHO Tobacco Monitoring Report: April 1 2017 to March 31 2018.

perspective is that workshops facilitated in-person are the most impactful way to deliver information to First Nation, Inuit, Métis and Urban Indigenous communities and organizations, and lead to the most successful outcomes, based on years of community feedback.

CESSATION

Reach: Between April 1, 2017 to March 31, 2018, 136 cessation workshops were held involving 1,192 participants in 81 unique community settings. Of the 136 workshops, 8 were delivered to healthcare professionals and 128 were delivered to community members. Over 874 resources were distributed (i.e., information on Nicotine Replacement Therapy (NRT), ITP Toolkits and partner resources such as those created by the Centre for Addiction and Mental Health (CAMH) and Smokers' Helpline (SHL)).

Effect: Based on the 136 cessation workshops completed between April 1, 2017 to March 31, 2018, over 93% found the cessation workshop to be beneficial to the quitting process, and 74% indicated they would like to either cut back or plan to quit in the future (within an average of 5 months).ⁱ

PREVENTION/PROTECTION

Reach: In 2017–18, 35 prevention workshops were held in community health centres and schools within 27 unique communities, reaching a total of 1,562 youth and adults through various mediums (i.e., booth at community events; educational radio shows; school events).ⁱ There were 18 Ultimate Frisbee/Smoking Cessation and Prevention events held reaching a total of 1,200 students and/or community members. Over 784 sets of resources were distributed, including Ultimate Frisbee jerseys with the Tobacco-Wise logo, Frisbees, and ITP Toolkits. The ITP Tobacco-Wise Leads attended 52 regional/community events dedicated to youth in order to provide information on commercial smoking cessation and prevention (including summits, wellness nights and cultural events), and addressed high rates of smoking within First Nation, Inuit, Métis and Urban Indigenous community settings.

Effect: After the workshops, 79% of participants agreed that they felt quitting commercial tobacco is a healthy choice, and over 86% knew that second-hand smoke is harmful. Knowledge related to tobacco prevention and harmful effects of commercial tobacco was significantly increased, as demonstrated through evaluations.ⁱ

Freeze the Industry—Plain and Standardized Packaging

Freeze the Industry – Plain and Standardized Packaging (FTI-PSP) was originally developed in 2012 by Youth Facilitators from Ottawa Public Health for the purpose of an East TCAN regional project and grew into a province-wide campaign. The campaign mobilized youth to denormalize tobacco industry efforts and to advocate the need for plain and standardized packaging legislation.³ The FTI-PSP ended its work at the end of December 2017 and the program data was previously published in OTRU's 2017 Smoke-Free Ontario Strategy Monitoring Report.¹

ⁱ Cancer Care Ontario. ITP Overview for PHO Tobacco Monitoring Report: April 1 2017 to March 31 2018.

Leave The Pack Behind

In existence since 2000, Leave The Pack Behind (LTPB) is a multi-pronged program that targets young adults ages 18–29 years old. The goals of this program are to achieve smoke-free post-secondary institutions, campuses and communities, and to support tobacco-users to quit and discourage non-smokers from initiating any tobacco or nicotine product.⁴ The program has different goals related to the tobacco control pillars via different media and communication channels (e.g., peer-to-peer programming, print media, social media platforms, and linkages with other on-campus partners) and is implemented across 39 college and university campuses in Ontario. LTPB also collaborates with a range of partners, some examples include PHUs, regional TCANs, Cancer Care Ontario's ITP Tobacco-Wise initiative, Ontario Federation of Indigenous Friendship Centres, and SHL.

In March 2018, 2,994 students intercepted at various high-traffic locations across 36 different campuses and 335 young adults recruited from various community settings completed face-to-face interviews or online surveys to assess the reach of LTPB social marketing campaigns. Awareness of the LTPB program and campaigns based on intercept surveys was 82% for students and 68% for young adults in the community. NRT in either patch or gum form was distributed to 5,198 young adults through online ordering (4,845) or via their campus clinic (353). Overall more than 32,500 young adults used LTPB resources, with 4,981 smokers quitting for good.

PREVENTION

LTPB achieves its prevention goals with different tobacco control interventions, which include:

- Social marketing campaigns that use social media, mass media, and interpersonal communications in print, electronic, and face-to-face formats
- Peer-to-peer programs and services that discourage uptake/escalation of tobacco use and address social norms, support campus policies and provide general tobacco education

Campaigns which address the prevention goals are *Party Without the Smoke* and *would rather...*

The *Party Without The Smoke* social marketing campaign targets young adults on campus and in communities to refrain from using cigarettes and/or alternative tobacco and nicotine products while socializing. The program is designed to prevent initiation of tobacco or nicotine products and escalation of multi-product tobacco or nicotine use among young adults.

Reach: In the 2017–18 fiscal year, the *Party Without The Smoke* campaign was implemented in 39 post-secondary institutions and communities across the province; 26,389 promotional/educational materials were disseminated by Social Change Specialists and health professionals; 3,985 promotional/educational materials were displayed on campus or in the community; 42,348 visits to LTPB's website during campaign implementation; 29,733 users engaged on LTPB's Facebook page during the campaign period; 105 sets of ads (one or more ads running simultaneously to the same population) run on Facebook province-wide and administered by LTPB centrally, resulted in 22,741 link clicks to the Party Without The Smoke "Social Smoking" information page on LTPB's website.

Effect: During the 2017–18 fiscal year, 497 joined the campaign, 46% of young adults surveyed (60% students and 31% non-students) were aware of the campaign, 65% of social smokers quit or reduced their smoking, and 100% of non-smokers remained abstinent.

CESSATION

The social and digital marketing campaigns that address cessation goals are the *wouldurather...* and *Make Quit Memorable* campaigns.

The *wouldurather...* campaign is a six week contest that challenges young adults (post-secondary students and young adults living in the community) to increase their number of attempts to quit smoking, reduce their smoking by 50%, especially in social settings when drinking alcohol, and encourages non-smokers to stay smoke-free. LTPB partners with many organizations and groups to deliver the contest (as mentioned above).

Reach: During the 2017–18 fiscal year, the campaign was implemented in 39 post-secondary institutions and communities; 38,703 promotional/educational materials were disseminated by Social Change Specialists and health professionals; 7,903 promotional/educational materials and electronic communication messages were displayed on campus or in the community; 50,218 visits to *wouldurather.ca*; 39,548 users engaged on LTPB's Facebook page during the contest registration and implementation period (November – March); 45 sets of ads (1 or more ads running simultaneously to the same population) were run on Facebook province-wide and administered by LTPB centrally; 4,621 registrations occurred as a direct result of these ads; 250 smokers joined the *wouldurather...* Facebook support group; there were 163 posts, 745 comments and 1,396 reactions (e.g., likes). Fifty per cent of the contestants identified as a member of one or more priority populations (Lesbian, Gay, Bisexual, Transgender, Queer and Two-Spirited (LGBTQ2S+) (40.2%), trades or sales/service worker/trainee (20%), Francophone (6.5%), Indigenous (3.9%), Canadian Armed Forces member (3.3%)); and, 2,669 non-smokers joined the contest and pledged to stay smoke-free. Of the contestants who ordered the nicotine patch and/or gum online, 30.2% identified as a member of one or more priority populations (skilled trades and sales/services (16.1%), LGBTQ2S+ (9.2%), Indigenous (5.4%), Francophone (2.7%), Canadian Armed Forces (1.1%)).

Effect: Based on data collected from year-end intercepts on-campus and online (for non-students), 52% of young adults (56% students and 48% non-students) were aware of the *wouldurather...* contest/campaign; 5,976 smokers pledged to cut back or quit; 2,669 non-smokers pledged to stay smoke-free as part of the prevention component for the campaign.

The *Make Quit Memorable* campaign was developed to encourage young adult smokers to use memorable days (e.g., holidays, birthdays, etc.) as triggers to quit (or quit again). The campaign promotes the availability of free NRT, self-help smoking cessation booklets, online programs, mobile apps and health professional counselling to assist with quit attempts. Tailored social and digital promotional ads were developed to reach priority population groups (e.g., Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ), Indigenous).

Reach: During the 2017–18 fiscal year, the campaign was implemented on 39 campuses. 11,847 promotional/educational materials were disseminated by Social Change Specialists and health professionals; 5,829 promotional/educational materials were displayed on campus or in the community; 27 sets of ads (1 or more ads running simultaneously to the same population) were run on Facebook province-wide and administered by LTPB centrally; and, 5,782 visits to LTPB’s free patch/gum ordering website occurred.

Effect: During the 2017–18 fiscal year, 928 patch/gum orders resulted from the ads; online promotions resulted in a 79% increase in patch/gum orders when ads were placed; 4,845 young adults got patch/gum from online ordering site (889 students, 3,956 non-students); based on data collected from year-end intercepts on-campus and online (for non-students), 41% of young adults (57% students, 25% non-students) were aware of the Make Quit Memorable campaign.

School and Health Physical Education Curriculum

In the 2017–18 fiscal year the 2015 Health and Physical Education curriculum for grades 1–8 and grades 9–12 was taught in schools. As per the Ontario Public Health Standards (OPHS), boards of health, school boards and schools work together to develop and implement programs and interventions for school aged children and youth (grades 4–8 and grades 9–12) regarding substance use (including tobacco use) and harm reduction.⁵⁻⁸ In the 2017–18 fiscal year, the 2015 tobacco-related curriculum for grades 4–8 included: learning about what tobacco is; the influences and decisions on tobacco uptake (e.g., peer pressure and industry marketing, effects of tobacco use); and the harms associated with tobacco smoke.⁸

The 2015 tobacco related curriculum for grades 9–12 included: describing social factors that can influence tobacco use and how decision-making and communication skills can be used effectively to respond to the influences; identifying issues related to tobacco addictions and analysing the connections between these impacts locally, nationally, and internationally; being able to demonstrate an understanding of tobacco addiction, its causes and manifestations, and their effects on personal health and wellbeing; being able to analyse local and international trends and issues related to substance use and addictions (e.g., the sale of contraband cigarettes and e-cigarettes, anti-smoking campaigns and associated declines in smoking rates) and assessing their impacts on society; and lastly, having students being able to explain how personal health practices, health knowledge, and healthy behaviours and attitudes contribute to the protection and improvement of an individual’s health (e.g., avoiding tobacco use and living tobacco-free).⁷ The curricula focused on engaging students, developing school and classroom leadership and helping students to develop the necessary skills to make healthy life choices.^{7,8}

Smoke-Free Movies

Smoking in movies promotes tobacco use and can cause smoking initiation among youth.⁹ Those with higher levels of exposure to tobacco use in movies and on-screen are twice as likely to begin smoking compared to those with less exposure such that the U.S. Surgeon General has concluded “there is a causal relationship between depictions of smoking in movies and initiation of smoking among young people.”¹⁰

The Ontario Film Authority (OFA) is a non-profit corporation, responsible for administering the *Film Classification Act, 2005* and associated regulation on behalf of the Ontario government.¹¹ The OFA also has oversight responsibility for the Ontario Film Review Board (OFRB), whose role is to classify and approve films (e.g., applies ratings such as G, PG, 14A, 18A or Restricted) to provide the public with sufficient information to make informed viewing choices for themselves and their children. All movies released in Ontario are required to be classified by the OFRB. A youth rating in Ontario is considered G (general), PG (parental guidance) and 14A (See [Table 5-1](#)).

In addition to the OFRB ratings, which are required to be carried in movie advertising, the OFRB may choose to post additional information about specific movie content using ‘detailed observations’ⁱ and ‘content advisories.’ⁱⁱ This information can be viewed online on the OFA’s website. A tobacco incident is one occurrence of the use or implied use of a tobacco product (almost exclusively smoking) by an actor in a movie.¹² Tobacco impressions is an index of the total audience exposure to onscreen tobacco imagery; a single tobacco impression is counted as one person seeing one incident.¹³

In 2017, there were 132 top grossing movies in Ontario, of which among all ratings, 54% contained tobacco imagery (See [Figure 1](#)).¹² These movies contained 2,911 tobacco incidents¹² and accounted for 544.5 million in-theatre tobacco impressions to movie-goers in Ontario.^{12,13} Eight-five percent of the movies with tobacco content were youth-rated in Ontario, which is much higher compared to their US counterparts (42%). Therefore, Ontario youth had substantially greater exposure to smoking on screen than their US peers.

According to a 2017 analysis by OTRU of films from 2004–16, there are inconsistencies when tobacco use is identified in OFRB detailed observations and content advisories. Specifically, 83% of youth-rated top-grossing movies with smoking did not include a ‘tobacco use’ ‘content advisory’ by the OFRB, and 20% did not carry an OFRB ‘tobacco use’ ‘detailed observation’.¹²

Based on rates of youth exposure to tobacco imagery in movies in Ontario, OTRU has projected the impact on youth smoking and subsequent healthcare costs and premature deaths.¹⁴ OTRU has also estimated the savings in lives and healthcare costs with approving adult ratings for movies that contain tobacco imagery.¹³

In existence since 2011, the Ontario Coalition for Smoke-free Movies is comprised of several health related organizations. As well, over 50 organizations have endorsed the Coalition’s policy recommendations to reduce exposure of smoking in youth rated movies, as directed by the World Health Organization in 2009.¹⁵ The Coalition’s aim is to raise awareness about the impact that smoking

ⁱ The OFRB may choose to post information about specific movie content using ‘detailed observations’ that can be viewed online by searching for the movie on the Ontario Film Authority’s website. Currently, tobacco-related ‘detailed observations’ include the notations ‘tobacco use’ or ‘illustrated or verbal references to drugs, alcohol or tobacco’.

ⁱⁱ The OFRB may also choose to provide additional information about specific movie content using ‘content advisories’. These can be viewed online by searching for the movie on the Ontario Film Authority’s website. Content advisories are also required to appear with the movie rating on a movie’s promotional material. The tobacco-related ‘content advisory’ is ‘tobacco use’.

in movies has on youth smoking.¹⁶ In 2018, the Coalition supported a change in the rating system to ensure that any future movies released in Ontario rated for children and teens (G, PG, 14A) are free from smoking images and tobacco products.¹⁶

All TCANs collaborated with the coalition through promoting the use of common resource materials, activities, and promoting the smokefreemovies.ca website. There were 46,579 visits to the website in 2017. Results from a provincial survey of Ontarians (18 years and older) about support for various smoke-free movie related policy initiatives to reduce children and youth's exposure to smoking in movies (i.e., not allowing smoking in movies that are rated G, PG, or 14A; not allowing branded tobacco (cigarette) logos and brands in movie scenes; require anti-smoking ads before any film with smoking in it; changing movie ratings so that movies with smoking will get an 18A rating) showed that the majority of Ontarians support these policy options.¹⁷ There has been an increase in support in Ontario since 2011 and when those surveyed are prompted with information of the impact of exposure to smoking in movies on children and teens, respondents increased their support for the policy initiatives.

At the local level there is the *Hey Parents Campaign* which is a public education initiative to support smoke-free movies. Please see the [Hey Parents Campaign \(Smoke-Free Movies\)](#) section in this chapter for full details of this initiative.

Table 5-1: OFRB Rating Classification Guideline

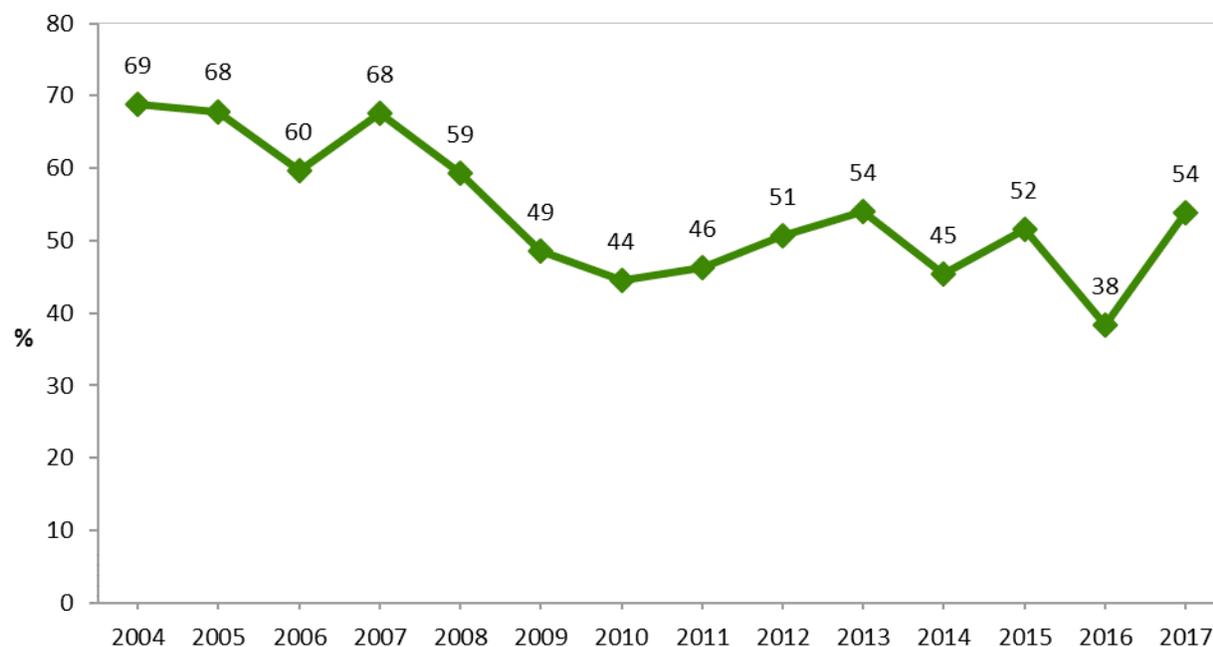
ELEMENT					
LANGUAGE	Infrequent mild profanity.	Use of expletives including mild sexual references and slurs.	Frequent coarse language including sexual references and slurs.	Very intense and/or aggressive coarse language. Frequent sexual references or slurs.	
SEXUAL ACTIVITY/ NUDITY	Embracing and kissing. Still images portraying nudity such as artwork or photographs.	Strong implication that sexual activity is about to happen, is happening or happened. Non-sexual nudity.	Extended or prolonged scenes of fondling, implied or simulated sexual activity including masturbation. Pornographic imagery. Nudity in a sexual situation.	Prolonged and/or frequent simulated sexual activity. May include portrayal of pornography with genital detail.	Explicit and non-simulated sexual activity, animated sexual activity involving genital contact. Penetration may be seen.
VIOLENCE	Restrained limited violence. Cartoon violence or combat with little detail (does not include anime).	Violent actions, scenes of warfare and fights. Graphic cartoon violence. Prolonged and/or frequent violence with no graphic detail.	Graphic violence, blood and tissue damage. Prolonged and frequent scenes of violence with detail. Implied sexual violence.	Portrayals of sexual violence. Frequent and prolonged torture scenes. Frequent portrayals of hand-to-hand combat or explicit medical procedures.	Brutal and explicit acts of violence, torture and sexual violence.

ELEMENT	 Suitable for all	 Parental guidance advised	 Persons younger than 14 must be accompanied by an adult	 Persons younger than 18 must be accompanied by an adult	 Restricted to persons 18 or older
<p>PSYCHOLOGICAL IMPACT</p>	<p>Sensitive to situations related to a child's security, brief mild fantasy or comedic horror. Mild crude content.</p>	<p>May cause children brief anxiety or fear. Bullying or crude content. Grotesque images. Medical procedures. Sudden close-ups that startle or frighten. Characters in peril through prolonged threat, harm or abandonment. Instances of paranormal activity or unseen presences. Brief substance use or referencing.</p>	<p>Substance use or abuse, occasional upsetting or disturbing scenes. Frequent or prolonged frightening scenes and grotesque images. Blood and tissue damage may be extensive. Graphic medical procedures. Constant or immediate threat of harm to characters. Implied sexual violence.</p>	<p>Graphic substance use or abuse. Frequent explicit gory or grotesque imagery. Prolonged scenes of terror or suffering.</p>	<p>Scenes may cause extreme adverse psychological impact. Explicit substance abuse. Explicit rape and/or sexual violence, cannibalism, extremely crude behaviour.</p>

Notes: Tobacco Use should always be noted in G or PG films. Underage marijuana, vaping or alcohol use should always be noted in G, PG, or 14A films.

Source: OFRB-GUIDE TO THE ELEMENTS-11 Revised: January 2019¹⁸

Figure 1: Percent of Top-grossing Youth-Rated Movies with Tobacco Imagery in Ontario from 2004–17



Source: Ontario Tobacco Research Unit Report Update: Youth Exposure to Tobacco in Movies in Ontario, 2017¹²

Youth Access Laws and Vendor Compliance

PHUs are mandated to enforce the *Smoke-Free Ontario Act 2017 (SFOA 2017)* in accordance with the Tobacco, Vapour and Smoke Protocol, 2018, that requires boards of health to conduct inspections of tobacco and e-cigarette product retailers to assess compliance with youth access restrictions and collect and maintain up-to-date inspection and enforcement data via the Tobacco Inspection System (TIS).¹⁹ Using test shoppers, hired individuals between 15 and 18 years of age, the boards of health are required to conduct two test shops annually for tobacco product retailers and one test shop annually for e-cigarette product retailers for compliance with the ban on sales of products for those under 19 years of age.¹⁹

Contribution: In 2017–2018, there were 20,005 youth access checks (compliance or enforcement) conducted in Ontario, in which a test shopper entered a store and attempted to purchase tobacco products. The test shopper was sold a tobacco product 711 times.¹⁹ Using the store as the unit of analysis, 97% of Ontario tobacco vendors were found to be in compliance with youth access legislation at the time of their last inspection (9,433 inspections and 9,151 compliant retail outlets).¹⁹

Electronic cigarette sale regulations, and data regarding youth access compliance, is mentioned in [Technical Supplement to the E-Cigarette chapter](#). Ontario Drug Benefit and Pharmacy Cessations Programs

Ontario Drug Benefit and Pharmacy Cessations Programs

Ontario Drug Benefit (ODB) recipients who want to quit smoking are eligible to receive smoking cessation services through pharmacists.²⁰ The program, which has been in existence since 2011, includes a readiness assessment where a patient may enrol in follow-up counselling sessions (provided by community pharmacists through the Pharmacy Smoking Cessation program) over a one-year period.²⁰ The pharmacist helps facilitate access to appropriate stop smoking drugs Champix® and Zyban®, and provides counselling.²¹ Pharmacists who want to provide the Smoking Cessation program are required to take a smoking cessation training program that includes motivational interviewing strategies, a familiarity with more involved smoking cessation counselling such the 5A's (ask, advise, assess, assist, arrange), and quit smoking planning.^{20,21}

Reach: In 2017–18, a total of 23,731 ODB clients received cessation medication Zyban® or Champix®, and/or counselling. Evidence has shown that a combination of cessation medication and behavioural counselling is more effective in increasing smoking cessation than either cessation method on its own.²² Yet, the majority of ODB clients received smoking cessation medication (23,073), while 2,431 received counselling.

Table 5-2 Number of Smokers Reached by the Ontario Drug Benefit and Pharmacy Smoking Cessation Programs, 2011–12 to 2017–18

Fiscal Year	Drugs ^a	Counselling	Drugs and counselling ^b
2011–12	23,503	2,510	24,053
2012–13	30,991	4,226	31,906
2013–14	27,358	4,074	28,309
2014–15	24,852	3,073	25,660
2015–16	24,010	2,678	24,682
2016–17	22,840	2,569	23,550
2017–18	23,073	2,431	23,731

^a The stop smoking drugs include Champix® and Zyban®

^b Individual drug and counselling numbers do not equal the overall total of ODB clients enrolled in the drug and counselling programs since clients receiving both programs are counted only once in the overall total.

Source: Ontario Ministry of Health and Long-Term Care

The number of ODB clients reached in 2017–18 increased from the previous year ([Table 5-2](#)), although these were the two lowest years since 2011–12. As of March 2018, 85% of the 2,431 clients enrolled in the counselling program had participated in the first consultation meeting, half (54%) had attended the primary follow-up counselling sessions (visits 1–3) within 3 weeks of enrollment, and 34% had attended the secondary follow-up sessions (visits 4–7) within 30 to 365 days of enrollment.²⁰

Ottawa Model for Smoking Cessation®

The University of Ottawa Heart Institute developed the Ottawa Model for Smoking Cessation® (OMSC®), which is a systematic, comprehensive approach to clinical tobacco dependence treatment.²³ The program was first offered to hospital inpatients in 2002. The overall aim of the program is to assist large numbers of tobacco users by providing effective, evidence-based tobacco-dependence treatment, delivered by knowledgeable healthcare professionals.²³ The OMSC® provides customizable tools and resources and a database with automated follow-up to keep in touch and support patients.²⁴ For partner sites, the OMSC® program also provides tools and resources for providers, assists with program implementation, provides training workshops, electronic medical record integration, as well as integrated performance tracking and program evaluation. The OMSC® also partners with other smoking cessation services (e.g., the Smoking Treatment for Ontario Patients (STOP) program).²⁴ The program was originally developed for hospital settings and was adapted to primary care settings.

HOSPITAL AND SPECIALITY CARE SITES

Reach: As of March 2018, 116 Ontario hospital inpatient settings (e.g., acute care hospitals) and outpatient specialty care settings (e.g., addiction treatment centres, diabetes clinics) had implemented the OMSC®, with an additional five that were working on implementation, three that had temporarily delayed implementation and six that participated in quit card distribution. In 2017–18, OMSC® hospital and specialty care settings partners provided smoking cessation support to at least 19,601 smokers ([Table 5-3](#)). This represents a 14% increase in reach over 2016–17. Between July and March, OMSC® hospital and specialty clinic partners distributed Quit Cards (“gift cards” worth \$300, redeemable for NRT products at any Ontario pharmacy) to patients. In total 3,510 Quit Cards were redeemed by patients for NRT.

According to data from a large subsample of Ontario patients who participated in the OMSC® program (n=18,645), smokers were on average 54.3 (± 15.8) years of age, more likely to be male (52.0%), had long smoking histories (32.8 ±16.3 years) and smoked, on average, 17.4 (±11.8) cigarettes per day.²⁵

Table 5-3: Number of Smokers Reached by Ontario Ottawa Model for Smoking Cessation[®] partners (Hospitals and Specialty Care), 2006–07 to 2017–18

Fiscal Year	Number of Smokers Reached ^a
2006–07	2,733
2007–08	5,514
2008–09	6,410
2009–10	7,086
2010–11	8,609
2011–12	9,721
2012–13	11,940
2013–14	13,815
2014–15	15,726
2015–16	14,381
2016–17	17,126
2017–18	19,601

^a Reach numbers are either reported by sites or entered into the OMSC[®] Database and are thought to considerably underestimate the number of people receiving the OMSC[®] intervention.

Source: Ottawa Model for Smoking Cessation[®] (OMSC[®])

Effect: For OMSC[®] hospital and specialty care patients receiving smoking cessation follow-up support in 2017–18, the one-month responder-quit rate was 44%ⁱ (seven-day point prevalence abstinence; 60% response rate for follow-up) and the six-month responder-quit rate was 48% (seven-day point prevalence abstinence; 32% response rate for follow-up).²⁵

PRIMARY CARE ORGANIZATIONS

Reach: In 2017–18, the OMSC[®] partnered with ten new primary care organizations, bringing their total partnerships to 114 primary care organizations representing a total of more than 224 primary-care sites since 2010 (e.g., Family Health Teams (FHTs), Community Health Centres (CHCs), Nurse Practitioner-Led Clinics (NPLCs) and Aboriginal Health Access Centres (AHACs)).

During 2017–18, approximately 25,000 patients received brief smoking cessation interventions, and a total of 8,157 patients expressing an interest in quitting smoking were referred to one-on-one smoking cessation counselling appointments (Quit Plan Visits) with trained cessation counsellors (Table 5-4). This represents an 18% increase in reach over 2016–17.

Of the patients who participated in Quit Plan visits in 2017–18, 597 agreed to be referred to an automated telephone/email follow-up program delivered by University of Ottawa Heart Institute nurses

ⁱ The responder quit rate is defined as all participants who report having quit using tobacco divided by all those who completed the follow-up survey/evaluation.

and SHL in which the patient receives five contact cycles over a two month period around the patient’s chosen quit date.

Effect: In 2017–18, over half of OMSC® primary care patients who received automated telephone/email follow-up support remained smoke-free 30 days following their quit date based on seven-day point prevalence abstinence (56% responder quit rate; 50% response rate for follow-up) and 60 days following their quit date (57% responder quit rate; 39% response rate for follow-up).²⁵

Table 5-4: Number of Smokers Reached by the Ontario Ottawa Model for Smoking Cessation® Partners (Primary Care), 2010–11 to 2017–18

Fiscal Year	Number of Smokers Referred to Quit Plan Visits
2010–11	538
2011–12	2,155
2012–13	3,418
2013–14	5,115
2014–15	6,168
2015–16	7,592
2016–17	6,911
2017–18	8,157

Source: Ottawa Model for Smoking Cessation®

Smokers’ Helpline

Available since 2000, SHL is a free, evidence-based, non-judgmental, personalized and confidential service operated by the Canadian Cancer Society offering support and information about quitting smoking and tobacco use and counselling services.²⁶ Offering quitline services that provide counselling and support to quit smoking is part of a comprehensive tobacco control strategy.²⁷ It has the capacity for broad reach, can be tailored for a variety of populations, removes geographical barriers to accessing service, and are confidential.²⁷ SHL offers support via the telephone, through their online website, via mobile phone SMS/text messaging services (both offered 24 hours a day, seven days a week), and through referral from partner programs. As of 2012, the toll-free telephone number and website to the national portal that connects smokers to their provincial or territorial quitline for counselling services and support to quit smoking is printed on every cigarette package.

PHONE SUPPORT

Reach: Based on activity from April 1, 2017 to March 31, 2018, the phone service reached 8,055 new clients (received evidence-based cessation support); 3,960 reactive clients (87% calling for self); 4,095

referral cases (increased to 51% from 44% in 2016–17).ⁱ Approximately 18,593 cessation-only related calls were handled (direct contacts, new contacts, repeat contacts, referrals, and proactive contacts including non-cessation).

Table 5-5: Number of Smokers Reached by Smokers’ Helpline, 2005–06 to 2017–18

2005–06 to 2017–18 Fiscal Year	Number of New Clients ^a	Proportion of Ontario Smokers Reached, % ^b
2005–06	6,127	0.30
2006–07	6,983	0.35
2007–08	7,290	0.35
2008–09	6,464	0.32
2009–10	5,820	0.30
2010–11	6,844	0.34
2011–12	7,964	0.39
2012–13	10,217	0.51
2013–14	7,934	0.41
2014–15	7,467	0.40
2015–16	7,161	0.38
2016–17	7,079	0.37
2017–18	8,055	0.45

^a New clients calling for themselves regardless of smoking status and completed referrals. Administrative data provided by Smokers’ Helpline

^b Estimates of the total population of smokers aged 18+ were calculated based on CCHS 2005 to 2017.

Source: Smokers’ Helpline and Canadian Community Health Survey (CCHS) 2005–2017

The proportion of Ontario smokers reached in 2017–18 was the second highest since 2005–06. However, this falls below the median reach of Canadian quitlines overall (0.48%),²⁸ as well as United States-based quitlines (0.87%).^{29,30} Some US states (e.g., Oklahoma, South Dakota, and Idaho) achieve smoker penetration of over 4% as a result of increased paid media and/or distribution of free cessation medication.^{29,30}

The majority of SHL callers in 2017–18 were female (51%), between the ages of 45 and 64 years (46%) and had a high school education (39%).

Effect: Information on quit rates for SHL phone support clients is not available.

ⁱ Canadian Cancer Society. Smokers’ helpline program highlights for PHO Tobacco Monitoring Report: April 1, 2017 – March 31, 2018.

ONLINE SUPPORT

The SmokersHelpline.ca is an online resource that offers 24 hours access seven days a week to cessation resources. It is a self-directed cessation program with an online community moderated by quit coaches. The new mobile-friendly web intervention was launched in late November 2017 with an all-new Quit Plan, client dashboard, support e-mail structure, and improved health care referral and client self-referral integration.¹

Reach: In 2017–18, there were 5,009 new registrations for smokers' helpline online (SHO).¹ The SHO reached an estimated 0.28% of the smoking population in 2017–18.

Effect: There is no information about the demographic characteristics of tobacco users who accessed the SHO in 2017–18. No evaluative data are available about the effects of SHO on smokers' quitting behaviour in 2017–18.

Table 5-6: Smokers' Helpline Online Registration, 2005–06 to 2017–18

Fiscal Year	Number of New Registrants	Proportion of Ontario Smokers Reached, % ^a
2005–06	3,365	0.17
2006–07	7,084	0.35
2007–08	7,692	0.37
2008–09	5,724	0.29
2009–10	9,539	0.50
2010–11	6,909	0.34
2011–12	8,640	0.43
2012–13	7,257	0.36
2013–14	4,593	0.24
2014–15	6,400	0.34
2015–16	3,117	0.17
2016–17	5,120	0.27
2017–18	5,009	0.28

^a Estimates of the total population of smokers aged 18+ were calculated based on CCHS 2005 to 2017.

Source: Smokers' Helpline and Canadian Community Health Survey (CCHS) 2005–2017

TEXT MESSAGING SUPPORT

The Canadian Cancer Society's province-wide SHL Text Messaging offers registrants support, advice and information through text messages on their mobile device. Automated messages are sent to the registrants for up to 13 weeks based on their quit date and preferences. Registrants can also text key

¹ Canadian Cancer Society. Smokers' helpline program highlights for PHO Tobacco Monitoring Report: April 1, 2017 – March 31, 2018.

words to SHL to receive additional support on an as-needed basis. The service also provides support for smokers who were in the contemplation stage and who have not yet set a quit date.

Reach: In 2017–18, 526 smokers registered to receive text messages. This represents a decrease from the 786 registrants in 2016–17 and an overall 68% decrease from the high number of registrants reported in 2012–13 (Table 5-7). In October 2016, a new vendor was secured for the SHL Text Messaging initiative and registration by short-code was introduced (e.g., text ‘iQuit’ to “123456”). It was anticipated that the variability in engagement in SHL Text Messaging would stabilize in the subsequent years.¹

Table 5-7: Smokers’ Helpline Text Service Registration, 2009–10 to 2017–18

Fiscal Year	Number of New Registrants
2009–10	218
2010–11	583
2011–12	839
2012–13	1,666
2013–14	1,645
2014–15 ^a	400
2015–16	1,111
2016–17	786
2017–18	526

^a The low number of new registrants observed in 2014–15 is due to the service only being available from December 2014 to March 2015.

Source: Smokers’ Helpline

Effect: There is no information about the demographic characteristics of tobacco users who accessed the SHL Text Messaging or evaluation information on the effects of the SHL Text Messaging on participants’ quitting behaviour in 2017–18. Changes to the registration process of the new website, SmokersHelpline.ca, may have contributed to the decline in registrations. However, promotional efforts have led to increased registration since this period.

THE FIRST WEEK CHALLENGE CONTEST

First launched in January 2016 to replace the Driven to Quit Contest, the First Week Challenge Contest (FWCC) encourages quit attempts, increase tobacco users’ awareness of cessation resources and encourages tobacco users to seek help through SHL. The contest is open to all Ontario residents over the age of 19 who currently use tobacco products or quit within three months of the contest period, and have used tobacco 100 times in their lifetime. Participants register online or by telephone by the last day of the month and must refrain from using tobacco products for the first week of the following month to be eligible for the monthly \$500 prize draw. In 2018, there was a revised advertising strategy and targeted Facebook promotion and registration for the monthly contest was integrated directly into the

new website. This means that users signed up for [SmokersHelpline.ca](https://www.smokershelpline.ca) as a first step to registration for the contest. This update allowed SHL to provide fully integrated support to all FWCC participants every month.

Reach: In 2017–18, a total of 5,680 Ontario smokers registered to participate in the monthly contests. This is a decrease from the 7,574 smokers who registered to participate in 2016–17. The program indicates that a decline in registrations for this period can likely be attributed to a brief aberration in registration associated with the launch of [SmokersHelpline.ca](https://www.smokershelpline.ca) in December 2017 and January 2018.

Effect: Seventy nine per cent (731/927) remained smoke-free for the duration of the seven-day challenge contest. Forty per cent (424/1049) of participants did not use any tobacco for at least 30 days.

Smoking Cessation by Family Physicians

Physicians in Ontario are able to provide and bill for smoking cessation treatment. As of January 2008, physicians in Ontario can bill for an "Initial discussion with patient re: Smoking cessation" (code E079) and "Smoking cessation follow-up visit" (code K039) within 12 months of billing E079.³¹ An additional smoking cessation counselling fee (Q042) is also available for physicians participating in eligible patient enrolment models and is payable in addition to K039, provided the service is rendered in the 12 months following E079.³² The Education and Prevention Committee that is jointly established by the Ministry of Health and Long-Term Care (MOHLTC) and the Ontario Medical Association have guidelines and further details about submitting Ontario Health Insurance Plan claims, which include smoking cessation services.³² Physicians are encouraged to use the 5A's Model (Ask, Advise, Assess, Assist, and Arrange) as a brief smoking cessation intervention with their patients.

Reach: In 2017–18, a total of 192,158 patients in Ontario received initial cessation counselling from a physician. This is down from the 192,211 patients reached in 2016–17 ([Table 5-8](#)). Since 2006, the largest number of patients served was in 2008–09 (214,461) which may be attributable to the expansion of the eligibility criteria for billing to all primary care physicians in that year. In comparison with population-level estimates, the number of patients who received initial cessation counselling in 2017–18 represented 17% of smokers who reported visiting a physician.

Table 5-8: Reach of Initial Cessation Counselling Compared to Number of Patients Who Visited a Physician, 2006–07 to 2017–18

Fiscal Year	Number of Recipients of Initial Cessation Counselling ^a	Recipients of Initial Counselling, as a Proportion of Ontario Smokers Who Visited a Physician, % ^b
2006–07	124,814	8
2007–08	140,746	9
2008–09	214,461	14
2009–10	201,121	14
2010–11	201,522	14
2011–12	203,063	14
2012–13	192,536	13
2013–14	188,838	13
2014–15	190,136	14
2015–16	195,344	16
2016–17	192,211	17
2017–18 ^c	192,158	17

^a Source: Ontario Health Insurance Plan

^b Estimates are based on number of smokers (at present time) aged 15+ who visited a physician in the past 12 months, using Canadian Community Health survey (CCHS) 2005 to 2016 data;

^c Estimates for 2017–18 are based on CCHS 2016 because survey question on visits to physicians in the past 12 months was excluded from CCHS 2017

In 2017–18, 33,993 patients received follow-up counselling (K039) and 25,734 patients received smoking cessation counselling (Q042). Of those who received initial counselling, 18% received follow-up counselling (K039) and 13% received smoking cessation counselling (Q042) in 2017–18 ([Table 5-9](#)). Some of the same patients may have received counselling using both fee codes because Q042 is payable in addition to K039.

Table 5-9: Reach of Follow-up Cessation Counselling Compared to Initial Counselling Estimates, 2011–12 to 2017–18

Fiscal Year	Number of Recipients with Follow-up Counselling (K039) ^a	Recipients of Initial Counselling (E079) Who Received Follow-Up Counselling (K039) %	Number of Recipients with Smoking Cessation Counselling (Q042) ^a	Recipients of Initial Counselling (E079) Who Received Smoking Cessation Counselling (Q042) %
2011–12	33,628	17	13,588	7
2012–13	31,501	16	22,723	12
2013–14	31,535	17	22,226	12
2014–15	31,794	17	23,348	12
2015–16	34,155	17	24,546	13
2016–17	34,037	18	25,708	13
2017–18	33,993	18	25,734	13

Source: Ontario Health Insurance Plan

Effect: No information is available on patients' cessation outcomes.

Smoking Treatment for Ontario Patients (STOP) Program

In existence since 2005, the STOP Program is a province-wide initiative through the CAMH that delivers smoking cessation treatment and counseling support to eligible Ontario smokers who wish to quit smoking.³³ The program uses the existing healthcare infrastructure as well as new and innovative means to reach smokers from all parts of the province.³³ The program includes a robust research component that evaluates the effectiveness of various methods of delivering smoking cessation treatment support to smokers across Ontario.³³

Reach: A total of 27,109 smokers were reached by the STOP program in 2017–18.³³

Table 5-10: Number of Smokers Reached by Smoking Treatment for Ontario Patients Program, 2006–07 to 2017–18

Year	Number of Smokers Reached
2006–07	8,682
2007–08	20,410
2008–09	16,527
2009–10	607
2010–11	3,635
2011–12	11,469
2012–13	15,978
2013–14	17,590
2014–15	21,215
2015–16	25,681
2016–17	27,719
2017–18	27,109

Source: Center for Addiction and Mental Health³³

Table 5-11: Smoking Treatment for Ontario Patients (STOP) Program Participants, by Select Characteristics 2017–18

Program Model	Number Participants	Male (%) ^a	Female (%) ^a	Age (Mean)	20+ CPD (%) ^b
STOP with Family Health Teams	14,900	46.4	53.5	52.2	36.2
STOP with Addiction Agencies	4,938	59.5	40.2	44.3	37.2
STOP with Community Health Centres	4,032	49.1	50.5	51.4	40.6
STOP on the Road VIII	3,002	45.0	54.9	50.9	40.3
STOP with Nurse Practitioner-Led Clinics	571	48.4	51.2	48.4	34.4
STOP with Aboriginal Health Access Centres (AHACs)	379	n/a	n/a	n/a	n/a

Source: Center for Addiction and Mental Health³³

^a Proportion excludes participants who selected 'Other' as their gender.

^b CPD: cigarettes per day

Note: Demographic and smoking characteristics were not available for participants in the STOP with AHACs program.

Effect: In 2017–18, at six months post-treatment, the self-reported seven-day point prevalence responder quit rates ranged from 32% for STOP with NPLCs, STOP with FHTs, and STOP on the Road VIII to 34% for STOP with CHCs (Table 5-12); follow-up response rates ranged from 18% to 55% across the STOP Program models.

Table 5-12: Seven-Day Point Prevalence Responder Quit Rates 2017–18

Program Model	Responder Quit Rate (%)	Response Rate (%)
Smoking Treatment For Ontario Patients (STOP) with Family Health Teams	32.0	50.1
STOP with Addiction Agencies	32.7	49.4
STOP with Community Health Centres	33.6	50.1
STOP on the Road VIII	32.1	17.8
STOP with Nurse Practitioner-Led Clinics	31.5	55.2
STOP with Aboriginal Health Access Centres	n/a	n/a

Source: Center for Addiction and Mental Health³³

Youth Advocacy Training Institute (YATI) N-O-T on Tobacco

In existence since the 2007–08 fiscal year, the Youth Advocacy Training Institute (YATI) was a program of The Ontario Lung Association and supported youth and youth-serving organizations in Ontario. YATI provided knowledge and skills through training workshops in order to prevent and reduce tobacco use, promote health and advocate for positive change in communities through youth engagement.³⁴ At the end of March 2018, YATI’s funding was ended and the N-O-T on Tobacco program continues to operate through the Ontario Lung Association.

The N-O-T on Tobacco is a smoking cessation program that has been implemented since 2014.³⁵ It is run through schools and organizations across the province for students aged 14–19 who identify as daily smokers and are motivated to quit.³⁵ The program assists youth over the course of 10 weekly sessions, 50 minutes in length, using different strategies to help them develop the skills and confidence to quit.³⁵

Reach: In 2017–18 approximately 36 youth completed the program (10 sessions).³⁵

Effect: Among those who participated in the program between 2014 and 2018, 16 had successfully quit smoking by the end of the 10-week program (a 25% quit rate). For those who did not successfully quit, there was a significant reduction in 30-day past cigarette use, more than 50% had made at least one quit attempt during the program, and 90% planned to quit within the next 30 days.³⁵

Mass Media and Digital Media Marketing Campaigns

Mass media marketing campaigns using more traditional/conventional delivery modes (e.g., television, radio, print) and digital media marketing campaigns using technology based delivery modes (e.g.,

internet web-based, social media platforms, mobile phone text messaging) offer ways to provide broad-based public awareness campaigns, information, support materials, links to other cessation supports, and behavioural support to a large number of individuals for smoking cessation, prevention and awareness of protection from secondhand smoke.²²

The MOHLTC ran a digital media marketing campaign in April–May 2017 and the campaign targeted regular smokers aged 18–34 to make a quit attempt recognizing that it can take several quit attempts to successfully quit and failure should not be a motivational deterrent. The campaign aimed to raise awareness of supports and available resources for smokers wanting to quit. The campaign used digital and social media platforms, and restaurant and bar posters as media channels. There are no publically available evaluation data for this campaign.ⁱ

Across Ontario, there are also some local level mass media and social media campaigns. LTPB uses social media to promote their various campaigns (see the [Leave The Pack Behind](#) section for more details) and some PHUs have run local digital media (e.g., the *Bad Ways to Be Nice* and *That’s Risky* campaigns).

Enforcement of the *Smoke-Free Ontario Act 2017*

KEY ELEMENTS OF THE ACT

The *SFOA 2017*, which repealed the *SFOA, 2006* and the *Electronic Cigarette Act (ECA), 2015*, includes regulations for the consumption of tobacco, e-cigarettes, and cannabis and was implemented on October 17, 2018 with updated amendments. Regulating consumption in public places protects non-users from involuntary physical exposure to the secondhand smoke, aerosols, and other pollutants, and it protects people from social exposure (i.e., visual and sensory cues associated with the use of tobacco, vaping, cannabis, or other products (e.g., waterpipe)).

Key changes and updates to the *SFOA, 2017* related to protection that have been implemented since the 2017 Smoke-Free Ontario Strategy Monitoring report include:

- Vaping of any substance is allowed in public places where tobacco is permitted.
- Cannabis (both medical and recreational) can be consumed (smoking or vaping) in public places where tobacco is permitted except in an enclosed public place, an enclosed workplace, a school (both public and private), any indoor common areas of a condominium, apartment building or university residence, a childcare centre and where home childcare and early years programs are provided, and in a sporting arena or entertainment venue.
- E-cigarette products can be displayed and promoted, though restrictions on what venues they can be sold in (e.g., prohibited sale in pharmacies, schools, etc.) and how they can be sold (e.g., the customer cannot handle the product sold in a gas station or convenience store, though they

ⁱ Personal communication, Richard Mutton, Senior Communications Advisor, Strategic Planning & Integrated Marketing Branch, Ministry of Health and Long-Term Care, April 16, 2019

can handle the product if purchasing from an e-cigarette speciality store where there are age restrictions to enter the store) are applied.

- Addition of smoke-free and vape free spaces in public areas (buffer zones):
 - within nine metres of a restaurant or bar patio
 - within 20 metres of school property
 - within 20 metres of children’s playgrounds and publicly owned sporting areas
- Within 20 metres of community recreational facility grounds

For more detailed information about the regulations specific to e-cigarettes see the [Technical Supplement to the E-Cigarette chapter](#).

Municipalities and jurisdictions in the province have the ability to adopt and further strengthen smoke-free policies beyond the *SFOA* 2017, such as cannabis smoking bylaws or additional places where tobacco and other smoked products can be consumed (e.g., prohibiting use on beaches).

SMOKE-FREE ONTARIO ACT ENFORCEMENT

Under the *Health Promotion and Protection Act*, 1990 the boards of health of all PHUs (36 PHUs prior to January 1, 2018 and now currently 35 PHUs) are required to implement the OPHS⁵ including protocols and guidelines. The Standards and associated protocols and guidelines were updated in January 2018. Prior to January 2018, the relevant protocol for *SFOA*, 2006 enforcement was the Tobacco Compliance Protocol 2008. This protocol required enforcement and compliance checks of tobacco vendors, inspection of public places and workplaces and maintenance of the database related to enforcement, (i.e., the TIS). As of January 2018 new protocols were introduced, which included the Tobacco Protocol 2018³⁶ and the Electronic Cigarettes Protocol 2018.³⁷ They provided direction to the PHUs on how to operationalize the requirements within the Standard, such as enforcement for selling tobacco, requirement to record product retailer compliance data in TIS, enforcement of the *SFOA*, 2006 and the *ECA*, 2015 in retail locations, regulating the sale and supply of e-cigarettes, and inspecting compliance of signage requirements in the *SFOA*, 2006 and the *ECA*, 2015.³⁶ Details of the Protocols can be found here ([tobacco protocol](#) and [e-cigarette protocol](#)).^{36,37} In October 2018 when the *SFOA*, 2017 was implemented, the existing applicable protocols were replaced with the Tobacco, Vapour and Smoke Protocol 2018,¹⁹ which covers the same requirements with respect to data collection, enforcement, retail compliance, and signage requirements of the *SFOA*, 2017.⁵

Local Tobacco Enforcement Officers also carry out inspections at locations where smoking is prohibited under the *SFOA* 2017, for example at hospital grounds, schools, playgrounds and sports fields, restaurants, enclosed workplaces or public places, and bars and issues warnings or charges for violations (e.g., smoking in a prohibited area or not posting visible signage). In 2017–18, enforcement staff conducted 2,333 restaurant and bar inspections, 707 playground inspections and sports field inspections, and 94 hospital inspections across the Province. At the time of the inspection, compliance

was highest for restaurant and bar patios (80%), followed by sports fields and playgrounds (74%) and hospital grounds (74%).¹⁹

Local-Level Programs and Interventions

Across Ontario there are many local level programs, interventions, services, policies, and bylaws implemented and supported by PHUs, TCANs, other health organizations, and municipalities. Below are examples of cessation, prevention and protection programs and policies.

Public Health Units

Local Boards of Health are mandated under the OPHS (2018) to ensure the provision of comprehensive health promotion interventions. These tobacco use prevention and cessation programs are for the general adult population with a required focus on priority populations that are at higher risk for tobacco use.⁵ The majority of PHUs reported that they directly provide tobacco use cessation programs and services (35/36 PHUs) and NRT distribution (32/36 PHUs).

Reach: Between July 2017 and June 2018, PHUs across Ontario provided tobacco use cessation counselling programs and services to 8,310 smokers and free NRT (excluding STOP on the Road programming) to 8,563 smokers.ⁱ A broad range of populations were targeted by PHUs for tobacco use cessation programs and services including the general adult population, low socio-economic status populations, young adults, and pregnant and post-partum women ([Table 5-13](#)).

Effects: Systematic evaluative data on the effects of PHU cessation activity is not available.

ⁱ Data was collected through an online survey of PHUs between December 1–31, 2018

Table 5-13: Populations Targeted by Public Health Unit (PHU) Tobacco Use Cessation Programs and Services, 2017–18

Target Population	Number of PHUs that targeted population, N (%)
General adult population (>30 years)	22 (61.1%)
Low socio-economic status	22 (61.1%)
Young adults (19 to 29 years)	20 (55.6%)
Pregnant and post-partum women	19 (52.8%)
Mental health and addictions	18 (50.0%)
Blue collar workers	16 (44.4%)
Youth (under the age of 19 years)	14 (38.9%)
Hospital patients	13 (36.1%)
Indigenous (First Nation, Inuit, Métis)	11 (30.6%)
Lesbian, Gay, Bisexual, Transgender, and Queer communities	10 (27.8%)
Dental patients	8 (22.2%)

Source: Health Unit Tobacco Cessation Programs and Services Survey by Public Health Ontario; December 1–31, 2018.

Some other target populations that health units provide tobacco cessation programs and services to are: new immigrants; tenants in multi-unit community housing; and clients at mass immunization clinics or other PHU run clinics.

In addition to providing counselling and NRT, PHUs across the province offer other forms of smoking cessation services. Between July 2017 and June 2018, the majority of PHUs offered self-help resources (94%) followed by the SHL fax referral program (81%), information sessions, and workshops and seminars (56%) ([Table 5-14](#)). Less than half of PHUs offered youth cessation programming (42%), a telephone/hotline (42%), online or web-based support (28%) and PHU-specific quit smoking challenges (14%).

Between July 2017 and June 2018, nearly all PHUs were referring clients to local FHTs, CHCs, and NPLCs (89%). Other referral organizations included SHL (89%), LTPB (78%), STOP (72%), and AHACs (28%).

Table 5-14: Tobacco Use Cessation Services Offered by Public Health Unit (PHU), 2017–18

Tobacco Cessation Service	Number of PHUs that Offered Service, N (%)
Self-help resource material	34 (94.4%)
Nicotine Replacement Therapy	32 (88.9%)
Smokers' Helpline fax referral program	29 (80.6%)
Information sessions, workshops and seminars	20 (55.6%)
Telephone/Hotline	15 (41.7%)
Youth Cessation Programming	15 (41.7%)
Online or web-based support	10 (27.8%)
PHU specific quit smoking challenges	5 (13.9%)

Source: Health Unit Tobacco Cessation Programs and Services Survey by Public Health Ontario; December 1–31, 2018.

Some other tobacco cessation services offered by PHUs are individual cessation counselling and NRT offered via the Healthy Babies Healthy Children program to pre and post-partum women, and workplace quit-and-win cessation contests.

Estimates of reach and systematic evaluative data on the effects of PHU clinical and non-clinical tobacco use cessation services are not available.

Bad Ways to Be Nice

The Bad Ways to Be Nice (BWTBN) campaign in the Central East TCAN (CE TCAN) in partnership with the ITP. The campaign aims to: raise awareness among young adults about the social supply of cigarettes; that supplying cigarettes to teens under 19 is not nice and to encourage them to think twice about it; to reduce the social supply of cigarettes to teens; to educate the public that even with the best intentions, giving cigarettes to teens is a bad way to be nice; and to keep tobacco sacred. The campaign has two components- a photo booth activity and a video.

Contribution: The campaign provides a toolkit and resources such as campaign videos, a website, posters, online display ads, photos and street level activities to help get the message out to social suppliers in a thought-provoking and entertaining way. The total view counts for the Bad ways to Be Nice campaign videos were 472,855.

Love My Life

An initiative of the Eastern TCAN, 'Love My Life Tobacco-Free', offers youth (aged 10 to 24 years) the chance to influence their environments by encouraging tobacco-free policies to promote healthy living. This campaign uses youth engagement to help develop leadership skills and health promotion messaging for peer influence.

The Love My Life project-based activities take place within partner organizations and often include tobacco-free policy development and implementation (e.g., a community arts project with a tobacco-free theme, a tobacco-free school project).

Contribution: The campaign's knowledge exchange activities related to policy development in a variety of settings including schools, youth centres, municipalities, conservation areas, community centres, and post-secondary campuses resulted in the development of tobacco-free policies at a local school, a youth centre and a youth serving agency.

Hey Parents Campaign (Smoke-Free Movies)

The Hey Parents Campaign ended at the end of 2018. This was a public education initiative in support of smoke-free movies. The campaign objectives were to increase parental advocacy in support of an 18A rating and to obtain support for smoke-free movies. The specific communication objective of the campaign was to empower parents and caregivers to take action by signing an online petition at the SmokeFreeMovies.ca website and to share it online. The goal of the campaign was to have all newly released youth-rated movies in Ontario be smoke-free by December 31, 2019.

Contribution: Campaign-related promotional material and associated educational material was distributed at community-based grassroots events. About 51 grassroots events were held across six TCAN regions (Central East, North East, South West, Central West, North West, East) to increase public awareness and support for smoke-free youth rated movies, educate parents on the issue and the impacts of smoking and tobacco imagery in movies by directing them to smokefreemovies.com. Phase 3 of the Hey Parents Campaign generated over 2.5 million online media impressions. Ads were also placed on Facebook, Twitter, and YouTube. Posters were printed and distributed to local places such as libraries, schools, community centers, etc. Post-activity surveys reported an increase in participants' awareness about the issue. Signatures were collected on a petition that was presented to Members of Provincial Parliament (MPPs) requesting the Standing Committee on Government Agencies examine the ways in which the regulations of the Film Classification Act could be amended to reduce smoking in youth-rated films released in Ontario; that the committee report back on its findings to the Legislative Assembly of Ontario, and that the Minister of Government and Consumer Services prepare a response. As of May 9 2018, this petition has been read into the record 49 times by 22 MPPs across all three parties including two members of the Standing Committee on Government Agencies.

That's Risky

[That's Risky](#) is a social marketing campaign originating in the CE TCAN. The main objective of the campaign is to increase awareness that smoking and exposure to secondhand smoke during breast development increases the risk of breast cancer at a younger age. The campaign aims to:

- Increase the number of young adults who indicate that they would limit their exposure to secondhand smoke

- Stimulate young adults between the ages of 17 and 29 to seek out information about the relationship between smoking and breast cancer
- Increase the number of young adults between the ages of 17 and 29 that choose to abstain from tobacco use and increase the number of young adults between the ages of 17 and 29 that seek information about quitting.

Contribution: The campaign video was viewed over 32,000 times and shared by more than 2,000 Facebook users, generated 1,800 online media impressions on Instagram, 1,900 online media impressions on Twitter, and 1,791 blog post views. Besides the community events, events were also held across four health units in the CE TCAN region and campaign related materials were distributed to promote awareness and support for the campaign. The online component of the campaign was discontinued in the fall of 2018.

UPRISE: Youth Social Identities and Tobacco Use Prevention Project

UPRISE, is a campaign that uses a social marketing strategy called Social Branding® (developed by Rescue – The Behavior Change Agency) to promote the association of healthy behaviours with desired social identities through use of tailored messages, events, and social influencers. The campaign was launched to address tobacco use among youth who identify with the alternative peer crowd. The objective of the campaign is to eliminate the pro-tobacco perceived norms of alternative youth (aged 13-18 years), while simultaneously increasing the belief that being tobacco-free is an important component of being part of the alternative peer crowd.

The following components are part of UPRISE’s Social Branding® strategy:

- Attending events, such as rock music concerts, to build the brand’s social influence within the alternative culture
- Recruiting and training social influencers within the alternative culture, such as bands, to support UPRISE’s key messages
- Aligning anti-tobacco messages with the peer crowd’s values and interests, delivered through social media channels that alt youth are actively using

Contribution: The campaign aims to increase by 5–10% the number of alternative youth who intend to remain smoke-free by 2020. Alternative youth exposure to the UPRISE brand through social media, events and mailing lists generated 8,404,399 online media impressions for 2017–18. Alternative youth engaged with UPRISE 954,673 times during this time period.

Don’t Quit Quitting

Don’t Quit Quitting³⁸ is an initiative with the CE TCAN and SHL. The campaign aims to provide information and support for individuals ready to make a quit attempt. CE TCAN continues to promote cessation and participation in provincial, partner and local campaigns.

Local Policy Initiatives

Smoke-Free Multi-Unit Housing

From December 2017 to November 2018 over 300 multi-unit housing (MUH) sites, both private and non-profit housing corporations in Ontario, had adopted or were in the process of adopting a 100% smoke-free policy. Several large Ontario jurisdictions have adopted smoke-free policies in all of their community housing (e.g., Region of Waterloo Housing, York Region Housing, Windsor Essex Community Housing, Ottawa Community Housing).³⁹⁻⁴²

The Ministry of Housing and Municipal Affairs introduced the standard lease, which came into force on April 30, 2018. The standard lease is mandatory for most rental units after April 30, 2018 and includes provisions for the landlord and tenant to agree on smoke-free policies.⁴³

Locally, all TCANs across the province collaborated with the Smoke-Free Housing Ontario Coalition to use common resource material and promote smokefreehousing.ca website (N.B., due to lack of funding resources, the website has not been updated since March 2018). Activities included providing support and consultations to housing providers to make their properties smoke-free, supporting PHUs to partner with local fire departments to promote smoke-free housing message, promote the Smoke-Free Multi-Unit Housing Fire Prevention Week (October 8–14, 2018), monitor complaints and consultations regarding secondhand smoke exposure, ensure new policies are updated to provincial database. Across Ontario, promotion was done through 11 press releases and two newspaper articles and nine radio interviews.

Contribution: Paid Facebook ads generated 1,297,121 total impressions and 11,030 social media engagements across Ontario and 5,740 new visits to smokefreehousingon.ca.

The North West TCAN reported sending out mail to 1,310 housing providers in their region, two Facebook ads providing information on smoke-free housing had a reach of 10,036 with 155 actions taken, two comments, and 5 shares. They also posted another Facebook ad, promoting the Smoke-Free Multi-Unit Housing Fire Prevention Week (October 8–14, 2018), that had a reach of 13,904, and had two press releases, and three radio media hits.

The South West TCAN reported 109,428 impressions for their Smoke-Free Multi-Unit Housing Fire Prevention Week ads, they also reported contributing 69,152 impressions for Fire Home Safety Week, and 98 MUH buildings developed a smoke-free policy in the south west region.

Smoke-Free Post-Secondary Campus Policies

Under the *SFOA*, 2017, smoking and vaping (including non-medical and medical cannabis) is prohibited in enclosed public places, in common areas of college and university residence buildings, and at building entrances;⁴⁴ and tobacco sales are prohibited on campuses. In collaboration with the Leave The Pack Behind program, PHUs, TCANs, the Campus Tobacco Control Working Group, the Provincial Young Adult Prevention Advisory Group and participating post-secondary university and college campuses, have

hosted the '1DayStand' event which aims to educate students, staff, faculty and visitors on the benefits of smoke-free campus policies.⁴⁵ Several post-secondary institutions have adopted and implemented 100% smoke-free policies at their campuses (see [Table 5-15](#) and [Table 5-16](#)) at the time of writing of this report. Additional changes may have occurred subsequently.

As of January 1, 2019, 21 Ontario public college institutions have policies that exceed *SFOA*, 2017: nine of the institutions are 100% smoke-free and vape free, with an additional three institutions announcing they will be 100% smoke-free and vape free in the future.^{46,47} As of January 1, 2019, 15 of the 20 Ontario public universities have policies that exceed *SFOA*, 2017: two of the institutions are 100% smoke-free, with three more announced they will become 100% smoke-free in 2019 or 2020.⁴⁶⁻⁴⁸ The remaining college and university institutions that exceed *SFOA* requirements provide designated smoking areas or buffer zones around entrances, exits, windows, etc.

Table 5-15: Ontario College Tobacco Control Policies, January 2019

Institution	Exceeds <i>SFOA</i> 2017	100% Smoke-free & 100% Vape Free
Algonquin College	Y	Y
Collège Boreal	Y	-
Cambrian College ⁴⁹	Y	Y (May 1, 2019)
Canadore College	Y	-
Centennial College ⁵⁰	Y	Y (Jan 1, 2019)
Conestoga College	N	-
Confederation College	Y	-
Durham College	Y	Y
Fanshawe College	Y	Y
Fleming College	N	-
George Brown College	Y	Y
Georgian College ⁵¹	Y	Y (May 6, 2019)
Humber College ⁵²	Y	Y (Jan 1, 2019)
La Cité Collégiale	Y	-
Lambton College	N	-
Loyalist College ⁵³	Y	Y (May 31, 2019)
Mohawk College ⁵⁴	Y	Y (Jan 1, 2019)
Niagara College	Y	-
Northern College	Y	-
Sault College	Y	-
Seneca College	Y	-
Sheridan College	Y	Y
St. Clair College	Y	-
St. Lawrence College	Y	Y

Source: 2018 Interim Scan of Ontario's Publicly Funded College and University Tobacco Control Policies⁴⁶

Note: Colleges with references announced updates to their policies prior to January 1, 2019, with a future implementation date.

Note: 'Exceeds *Smoke-Free Ontario Act (SFOA)* 2017' means the institution's policies exceed the *Act's* restrictions with respect to tobacco, vaping and cannabis.

Table 5-16: Ontario University Tobacco Control Policies, January 2019

Institution	Exceeds <i>SFOA</i> 2017	100% Smoke-free & 100% Vape Free
Algoma University	Y	-
Brock University	Y	-
Carleton University	Y	-
Lakehead University	Y	-
Laurentian University	Y	-
McMaster University	Y	Y
Nipissing University	Y	-
Ontario College of Art and Design (OCAD) University	N	-
Queens University ⁵⁵	Y	Y (June 1, 2019)
Ryerson University	N	-
Trent University	Y	-
University of Guelph	N	-
University of Ontario Institute of Technology (UOIT)	Y	Y
University of Ottawa	N	-
University of Toronto ⁵⁶	Y	*
University of Waterloo	Y	-
University of Windsor ⁵⁷	N	Y (2020)
Western University ⁵⁸	Y	Y (July 1, 2019)
Wilfrid Laurier University	Y	-
York University ⁵⁹	Y	-

Source: 2018 Interim Scan of Ontario's Publicly Funded College and University Tobacco Control Policies⁴⁶

Note: Universities with references have announced updates to their policies prior to January 1, 2019, with a future implementation date.

Note: 'Exceeds *Smoke-Free Ontario Act (SFOA)* 2017' means the institution's policies exceed the *Act's* restrictions with respect to tobacco, vaping and cannabis.

* University of Toronto St. George Campus is 100% smoke-free & vape free, while University of Toronto Mississauga Campus & Scarborough Campus have interim designated smoking areas.

Municipal Bylaws

Local jurisdictions can extend bylaws beyond the *SFOA, 2017* to strengthen smoke-free policies for tobacco, cannabis, and e-cigarettes in different settings (e.g., MUH, beaches, trails, at outdoor events, and in hotel and motel guest rooms). In November 2018, the Ontario government introduced Bill 57 that will allow municipalities to adopt specific cannabis smoking bylaws, similar to tobacco smoking bylaws, beyond what is required under *SFOA, 2017*.⁶⁰

[Table 5-17](#) provides a list of municipal smoking bylaws that exceed the *SFOA, 2017*. The list is from the Smoking and Health Action Foundation that maintained the database until March 28, 2018. A list of municipal e-cigarette related bylaws can be found in the [Technical Supplement to the E-Cigarette chapter](#).

Table 5-17: Ontario Municipal Bylaws that Exceed the *Smoke-Free Ontario Act, 2017* (March 28, 2018)

Jurisdiction	Legislation Bylaw (number and / or name)	Date Passed (dd/mm/yyyy)	Date Amended (dd/mm/yyyy)
Amherstburg	Bylaw 2016-113 being a Bylaw to prohibit smoking on property owned or leased by the Town of Amherstburg	12/12/2016	
Barrie	Bylaw No. 2009-086, A Bylaw to Prohibit Smoking Outdoors on City Owned Property Bylaw No. 2011-106, An amendment to Bylaw No. 2009-086, A Bylaw to Prohibit Smoking Outdoors on City Owned Property	11/05/2009	15/08/2015
Barrie	Bylaw 2013-143, A Bylaw of The Corporation of the City of Barrie to prohibit the use of waterpipes in enclosed public places and in enclosed workplaces. Also known as 'The Water Pipe Bylaw'	26/08/2013	
Bradford West Gwillimbury	Bylaw 2013-87 – A Bylaw to Prohibit the Use of Waterpipes in Enclosed Public Places and in Enclosed Workplaces. Also known as the Waterpipe Bylaw	03/09/2013	
Brighton	Bylaw No. 007-2014, Being a Bylaw to regulate and prohibit all tobacco use on municipally owned parkland property in the Municipality of Brighton	03/03/2014	
Brockville	Bylaw Number 093-2003, Being a Bylaw to Regulate Smoking in Public Places	22/07/2003	
Callander	Bylaw No. 2013-1369 being a Bylaw to regulate smoking in Public Places and Workplaces within the Municipality of Callander	23/04/2013	
Casselman	Smoking Bylaw within Municipal Properties 2016-030	10/05/2016	

Jurisdiction	Legislation Bylaw (number and / or name)	Date Passed (dd/mm/yyyy)	Date Amended (dd/mm/yyyy)
Chatham-Kent	Bylaw 137-2014, being a bylaw to regulate smoking of tobacco or tobacco-like products on lands within the Municipality of Chatham-Kent (“Smoke-Free Chatham-Kent Bylaw”) Bylaw 212-2009, Bylaw to amend Bylaw Number 265-2002 – A Bylaw to regulate smoking in public places and workplaces in the Municipality of Chatham-Kent – REPEALED	11/08/2014	
Cobalt	Bylaw No. 2012-003, Being a Bylaw to Regulate Smoking in the Town of Cobalt: Smoking on Municipal Property; and Smoking in Workplace Entrances and Exits; and the Sale of Tobacco Products through Licencing Requirements Also known as Bylaw No. 2012-003, Smoke-free and Tobacco Control Bylaw	10/01/2012	
Cobourg	Bylaw No. 019-2015	23/02/2015	16/04/2015
Cochrane	Bylaw No. 989-2013, Being a bylaw to regulate smoking on Tim Horton’s Event Centre property within the Town of Cochrane	10/12/2013	
Cramahe	Bylaw No. 2014-06, Being a Bylaw to prohibit smoking and the use of all tobacco products within Municipal Playgrounds or nine (9) meters of any entrance ways surrounding Municipal Buildings.	04/03/2014	
East Gwilliambury	Bylaw 2012-029, Being a bylaw to prohibit smoking and holding of lit tobacco products at all town playgrounds, sports fields, splash pads and other designated spaces	19/03/2012	
East Zorra-Tavistock	Bylaw #2015-36, Being a Bylaw to prohibit smoking at any township facility and to repeal Bylaw #2012-15	16/09/2015	
Elliot Lake	Bylaw No. 03-4, A Bylaw to Regulate Smoking in Public Places and Workplaces	11/05/2009	
Englehart	Bylaw No. 2012-06, Smoke-Free and Tobacco Control Bylaw	23/04/2012	
Essa, Township of	Bylaw No. 2011-62, A Bylaw of the Corporation of the Town of Essa to prohibit smoking outdoors on Township owned property	19/10/2011	
Essex, Town of	Bylaw Number 1228, being a bylaw to prohibit smoking on any property owned or leased by the Town of Essex	01/04/2015	
Georgina	Bylaw No. 2012-0061 (Reg-1), Being a Bylaw to prohibit smoking and use of tobacco products at all designated Town of Georgina outdoor areas	25/06/2012	

Jurisdiction	Legislation Bylaw (number and / or name)	Date Passed (dd/mm/yyyy)	Date Amended (dd/mm/yyyy)
Gravenhurst	Smoke Free Outdoor Spaces Bylaw 2012-149, Being a Bylaw to prohibit smoking outdoors on property owned by the Town of Gravenhurst	18/12/2012	
Hamilton	Bylaw No. 11-080, To Prohibit Smoking within City Parks and Recreation Properties	09/03/2011	
Huron County	Bylaw No. 21, 2003, A Bylaw of the Corporation of the County of Huron to Regulate Smoking in Public Places and Workplaces in Huron County and to Repeal Bylaw No. 9, 2003	04/09/2003	06/12/2017
Huron Shores	Bylaw No. 04-06, Being a Bylaw to Regulate Smoking in Public Places and Workplaces	11/02/2004	
Innisfil	Bylaw No. 021-16, A Bylaw of The Corporation of the Town of Innisfil to amend Bylaw 111-13, being a bylaw to Prohibit Smoking and Use of Tobacco Products at all designated Town of Innisfil Outdoor Sports and Recreational Spaces	01/01/2014	06/04/2016
King, Township of	Bylaw #2016-103 – a Bylaw for the Regulation, Protection and Government of Parks, Facilities as well as the Regulation of Loitering, Nuisance and Smoking in the Township of King	12/12/2016	
Kingston	Bylaw No. 2002-231, A Bylaw to Regulate Smoking in Public Places and Workplaces in the City of Kingston – as amended by Bylaw No. 2004-336 (Consolidated); Bylaw No. 2012-150, A Bylaw to Amend Bylaw No. 2002-231, “A Bylaw to Regulate Smoking in Public Places and Workplaces in the City of Kingston as Amended”	22/10/2002	06/11/2012
Kingsville	Bylaw 96-2016, Being a Bylaw to Prohibit Smoking in Public Places Within the Town of Kingsville	11/10/2016	
Kingsville, Town of	Bylaw 23-2015, Being a Bylaw to prohibit the smoking of tobacco in public places (Repealed by Bylaw 96-2016, Being a Bylaw to Prohibit Smoking in Public Places Within the Town of Kingsville)	03/09/2015	

Jurisdiction	Legislation Bylaw (number and / or name)	Date Passed (dd/mm/yyyy)	Date Amended (dd/mm/yyyy)
Kirkland Lake	Bylaw 13-072, Being a Bylaw to Prohibit Smoking in Children’s Playgrounds and on Joe Mavrinac; Bylaw No. 2013-58-1 amending Bylaw No. 2013-58 concerning parks and public places in order to ban the use of electronic cigarettes in public buildings. Community Complex Property Within Town of Kirkland Lake (Short title: Smoke-Free Recreation Space Bylaw); Bylaw 12-065, Being a Bylaw to Prohibit Smoking in Children’s Playgrounds Within Town of Kirkland Lake – REPEALED 13/08/2013	13/08/2013	
Lasalle,	Bylaw Number 7775, Being a Bylaw to Prohibit Smoking within Town of Lasalle Owned Parks, Facilities, Playgrounds and Sports Fields	14/07/2015	
Mattawa, Town of	Bylaw No. 08-25, Smoke-free Hospital Bylaw, Bylaw No. 09-20, Being a Bylaw to amend Bylaw No. 08-25 Bylaw No. 13-22, Being a Bylaw to Regulate Smoking in Public Places and Workplaces Smoke Free Hospital Bylaw	10/11/2008	09/12/2013
Mississauga	The Corporation of The City of Mississauga Smoking Bylaw 94-14	23/04/2014	24/07/2015
Newmarket	Bylaw 2011-73, A Bylaw to prohibit smoking of tobacco products at all town playgrounds, sports and playing fields and other outdoor youth related spaces	28/11/2011	
Niagara Falls	A Consolidated Bylaw Being Bylaw No. 2011 – 51 as amended by: Bylaw No. 2011 – 152 (The Anti-Smoking Bylaw)	18/04/2011	
Niagara Region	Bylaw No. 112-2013, A regional bylaw to protect children and vulnerable persons from exposure to outdoor second-hand smoke	13/02/2014	
Norfolk County	Bylaw 2017-58, Being a Bylaw to Regulate Smoking in Outdoor Spaces and Recreation Properties		
North Bay	Bylaw No. 2012_97, A Bylaw to Regulate Smoking in Public Places and Workplaces in the Corporation of the City of North Bay (and to Repeal Bylaw No. 2003_05) Bylaw 2012_232, A Bylaw to Amend Bylaw No. 2102_97 (Schedules “A” and “D”)	19/03/2012	02/07/2014
Orangeville	Bylaw No. 36-2012, A bylaw to regulate and prohibit smoking at all municipally owned/operated public places (Smoke-Free Municipal Public Spaces Bylaw)	07/05/2012	

Jurisdiction	Legislation Bylaw (number and / or name)	Date Passed (dd/mm/yyyy)	Date Amended (dd/mm/yyyy)
Orillia	Chapter 953, Smoking Regulation, Public Places and Workplaces (Latest amending bylaw was Bylaw 2015-8, 9 February 2015.)	17/12/2001	09/02/2015
Ottawa	Bylaw 2007-268, A bylaw of the City of Ottawa respecting public transit (Transit Bylaw)	13/07/2007	
Ottawa	2016-305 A bylaw of the City of Ottawa to amend Bylaw No. 2008-448 to prohibit the use of water pipes in Parkdale Market stands	01/03/2012	31/08/2016
Ottawa	2016-305 – Waterpipes in Public Places and Workplaces Bylaw, a Bylaw to Amend Bylaw No. 2012-46, A bylaw of the City of Ottawa to amend Bylaw No. 2008-448 to create smoke-free market stands in the Parkdale Market	01/03/2012	
Ottawa	Water Pipes in Public Places and Workplaces Bylaw, A Bylaw to Amend Bylaw No. 2012-85, A bylaw of the City of Ottawa to amend Bylaw No. 2003-446 to prohibit smoking on outdoor patio encroachments and at café seating. Bylaw No. 2003-446, A bylaw of the City of Ottawa to regulate encroachments on City highways	02/04/2012	31/08/2016
Ottawa, Ontario	Bylaw No. 2012-86, A bylaw of the City of Ottawa to amend Bylaw No. 2004-276 to prohibit smoking in city parks and facilities.	23/06/2004	27/06/2014
Ottawa	The Water Pipes in Public Places and Workplaces Bylaw	31/08/2016	
Parry Sound	Bylaw No. 2009-5389, Being a bylaw to regulate smoking at the West Parry Sound Health Centre	01/10/2009	
Parry Sound	Bylaw No. 2012-6087, A Bylaw to prohibit smoking within nine (9) metres from any entrance or exit of a building owned or leased by the Town of Parry Sound and in or within 9 metres of any municipal outdoor public place. To repeal Bylaw 2011-5578	20/03/2012	
Peel Region	Bylaw Number 30-2016 – A bylaw to regulate waterpipe smoking in the Regional Municipality of Peel	28/04/2016	
Petawawa	Bylaw 835/13 – Being a bylaw to regulate and prohibit smoking on municipally owned property in the Town of Petawawa	01/08/2013	

Jurisdiction	Legislation Bylaw (number and / or name)	Date Passed (dd/mm/yyyy)	Date Amended (dd/mm/yyyy)
Peterborough	Bylaw No. 11-074, Being a Bylaw to Repeal Bylaw 07-126, Bylaw 07-168, Bylaw 09-034 and Bylaw 10-123 and Being a Bylaw to Establish a Bylaw Respecting Smoking in the City of Peterborough Bylaw Number 13-002, Being a Bylaw to Amend Bylaw 11-074, Being a Bylaw Respecting Smoking in the City of Peterborough	16/05/2011	04/02/2013
Peterborough	Bylaw Number 12-169, Being a bylaw to prohibit the use of water pipes in enclosed public places and in certain other places in the City of Peterborough Also known as the “Water Pipe Bylaw”	10/12/2012	
Peterborough, City of	Bylaw Number 16-021, Being a Bylaw to repeal Bylaw 11-074 (as amended by 13-002) and Bylaw 13-002 of the City of Peterborough and enact City of Peterborough Smoking Bylaw Number 16-021	22/02/2016	
Peterborough, County of	Bylaw 2009-50, A Bylaw Respecting Smoking in Certain Public Places under the Jurisdiction of The County of Peterborough	03/06/2009	
Prince Edward County	Bylaw 2818-2011, Being a bylaw to prohibit smoking and tobacco use within 25 m surrounding playground structures, sport playing fields, park facilities, tennis courts, outdoor rinks, youth park, skate parks, and within 9 m of recreation facilities owned by the Corporation of the County of Prince Edward	08/03/2011	
Renfrew County	Bylaw No. 84-09, A Bylaw to Prohibit Smoking on the Property of Bonnechere Manor & Miramichi Lodge by Residents, Staff and the General Public	24/06/2009	
Renfrew County	Bylaw 57-16, A Bylaw to Amend Bylaw 59-02 Corporate Policies and Procedures for the County of Renfrew to Approve a Smoking Policy on Designated County Properties (2016)	28/04/2016	
Sault Ste. Marie	Bylaw 2003-7, A bylaw to regulate smoking in public places and city buildings in the City of Sault Ste. Marie	13/01/2003	21/02/2012
Scugog, Township of	The Corporation of the Township of Scugog Bylaw Number 31-14 ? being a Bylaw to regulate smoking in outdoor public places	02/06/2014	

Jurisdiction	Legislation Bylaw (number and / or name)	Date Passed (dd/mm/yyyy)	Date Amended (dd/mm/yyyy)
Severn, Township of	The Corporation of the Township of Severn Bylaw No. 2013-68 Being a Bylaw to prohibit smoking of tobacco in areas within the Township of Severn Bylaw No. 2012-72, Being a bylaw to prohibit smoking of tobacco within a certain distance from all municipal buildings within the Township of Severn – REPEALED	05/09/2013	
Sioux Lookout	Bylaw No. 11-03, Smoke-Free Workplaces Bylaw.	19/03/2003	
Smiths Falls	Bylaw No. 8482-12, A bylaw to regulate smoking in public places	16/04/2012	
St. Thomas	Bylaw No. 111-2008, a Bylaw for the use, protection and regulation of Public Parks and Recreation Areas in the City of St. Thomas (Parks and Recreation Area Bylaw) Amended by Bylaw No. 163-2009, being a bylaw to provide for the use, protection and regulation of Public Parks and Recreation Areas in the City of St. Thomas	21/07/2008	02/11/2009
Stratford	Bylaw No. 174-2003, Smoking in Public Places Bylaw	22/09/2003	23/09/2013
Sudbury	Bylaw 2013-54 to Regulate Parks under the Jurisdiction of the City of Greater Sudbury	12/02/2013	
Tecumseh	Bylaw Number 2014-60, Being a bylaw to prohibit Smoking and the Use of Smokeless Tobacco in all public parks, sports fields and outdoor recreation facilities, and within nine (9) metres of a transit stop or any entrance of any building or structure under the control, supervision, ownership and/or operation of The Corporation of the Town of Tecumseh (aka The Smoke-free Outdoor Spaces Bylaw)	08/07/2014	
Thunder Bay	Bylaw Number 110-2013, A bylaw to Appoint Municipal Law Enforcement Officers for the purposes of enforcing the Smoking Prohibition Bylaw No. 052-2010 at the Thunder Bay Regional Health Sciences Centre Bylaw No. 052-2010, A Bylaw to repeal the City's prior Smoking Prohibition Bylaw (Number 34-2004) and to enact a replacement bylaw that contains only those prohibitions that are more restrictive than the ones set out in the Smoke Free Ontario Act, 1994 (S.O. 1994, c. 10, as amended)	01/06/2010	21/10/2013

Jurisdiction	Legislation Bylaw (number and / or name)	Date Passed (dd/mm/yyyy)	Date Amended (dd/mm/yyyy)
Tillsonburg	Bylaw Number 3596, To Prohibit Smoking In Certain Public Places Within The Town Of Tillsonburg	14/05/2012	
Timmins	Bylaw No. 2011-7123, Smoking in Public Places and Workplaces	14/11/2011	27/08/2012
Toronto	Toronto Transit Commission Bylaw No. 1	21/01/2009	
Toronto	Bylaw No. 87-2009, To Amend City of Toronto Municipal Code Chapter 608, Parks, to prohibit smoking in playgrounds and other areas of City parks	28/01/2009	
Toronto	Bill 1725, To amend City of Toronto Municipal Code Chapter 709, Smoking, to regulate and prohibit smoking at entrances and exits to public buildings and to repeal certain Articles. Bill 1726, To amend City of Toronto Municipal Code Chapter 608, Parks, to prohibit smoking in and around certain facilities within City parks	13/11/2013	
Toronto	City of Toronto Bylaw No. 285-2014 To amend City of Toronto Municipal Code Chapter 636, Public Squares, and to amend former City of Toronto Municipal Code Chapter 237, Nathan Phillips Square, to ban smoking on public squares	03/04/2014	
Toronto	Toronto Municipal Code Chapter 545, Licensing (Pertaining to Waterpipe)	03/11/2015	
Trent Hills	Bylaw 2012-75, to prohibit smoking and holding lighted tobacco products within defined Municipal-owned outdoor public spaces	01/09/2012	
Uxbridge	Bylaw No. 2015-055, Being a bylaw to prohibit smoking within fifteen (15) metres of entrance ways of municipal buildings	27/04/2015	
White River	Bylaw 2012-03, Being a bylaw to amend Bylaw No. 2004-07, A Bylaw to regulate smoking in public places and workplaces in the Corporation of the Township of White River	11/03/2012	
Windsor	Amending Bylaw No. 175-2016–Bylaw No. 113-2006, A Bylaw to Prohibit Smoking in the City of Windsor	12/07/2006	21/11/2016
Woodstock	Bylaw No. 8978-15, A bylaw to amend the City of Woodstock Municipal Code Chapter 835	05/06/2008	18/06/2015

Source: The Non-Smokers' Rights Association (NSRA) Smoke-Free Law Database of Ontario (up to 28 March 2018), SHAF

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