

Tobacco, Vapour and Smoke Guideline, 2021

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Preamble

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards) are published by the Minister of Health under the authority of section 7 of the *Health Protection and Promotion Act* (HPPA) to specify the mandatory health programs and services provided by boards of health.^{1,2} The Standards identify the minimum expectations for public health programs and services. Boards of health are accountable for implementing the Standards including the protocols and guidelines that are referenced in the Standards. Guidelines are program and topic-specific documents which provide direction on how boards of health shall approach specific requirement(s) identified within the Standards.

Purpose

The purpose of this guideline is to provide direction to the board of health on required approaches and interventions in developing and implementing a program of public health interventions for comprehensive tobacco control in the health unit population.

In doing so, the *Tobacco, Vapour and Smoke Guideline, 2021* (or as current) aims to:

- Clarify the roles and responsibilities of the board of health in reducing the health and social costs of tobacco and smoke and the potential health effects of vapour products in its population;
- Establish a common understanding of tobacco, vapour and smoke control;
- Provide approaches for developing a comprehensive health promotion approach for tobacco control; and
- Identify existing resources to support implementation of this guideline.

In this guideline, tobacco control refers to tobacco use, which includes the smoking of cigarettes, pipes, and cigars and the use of smokeless tobacco products that are sniffed, sucked, or chewed. In certain scenarios, tobacco control may also include the smoking or vaping of cannabis (medical and recreational), and the use of vapour products, other inhaled substances and emerging products. Please refer to the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current)³ for additional direction on public health approaches for recreational cannabis.

This guideline is organized as follows:

- Reference to the Standards summarizes tobacco control and substance use requirements in the Standards;
- Context provides an overview of the population, public health, and social impacts of tobacco use, and the prevalence of vapour product, emerging product and medical cannabis use in Ontario;
- Roles and Responsibilities summarizes board of health roles and responsibilities in reducing the burdens associated with tobacco, smoke and vapour;
- Approach to Developing a Program of Public Health Interventions identifies key public health frameworks, approaches and concepts to support the development of a program of public health interventions for comprehensive tobacco control;

- Glossary highlights core definitions referenced throughout the document;
- References;
- Appendix A – Glossary of core definitions;
- Appendix B – Examples of additional resources; and
- Appendix C – Examples of additional frameworks.

Reference to the Standards

This section identifies the standards and requirements to which this guideline relates.

Chronic Disease Prevention and Well-Being

Requirement 2. The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses chronic disease risk and protective factors to reduce the burden of illness from chronic diseases in the health unit population.

- a) The program of public health interventions shall be informed by:
 - i. An assessment of the risk and protective factors for, and distribution of, chronic diseases;
 - ii. Consultation and collaboration with local stakeholders in the health, education, municipal, non-governmental, and other relevant sectors;
 - iii. An assessment of existing programs and services within the area of jurisdiction of the board of health to build on community assets and minimize duplication;
 - iv. Consideration of the following topics based on an assessment of local needs:
 - Built environment;
 - Healthy eating behaviours;
 - Healthy sexuality;
 - Mental health promotion;
 - Oral health;
 - Physical activity and sedentary behaviour;
 - Sleep;
 - Substance* use; and
 - UV exposure.
 - v. Evidence of effectiveness of the interventions employed.
- b) The program of public health interventions shall be implemented in accordance with relevant guidelines, including *the Chronic Disease Prevention Guideline, 2018* (or as current); the *Health Equity Guideline, 2018* (or as current); the *Mental Health Promotion Guideline, 2018* (or as current); the *Tobacco, Vapour and Smoke Guideline, 2018* (or as current); and the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current).

*Substance includes tobacco, e-cigarettes, alcohol, cannabis, opioids, illicit, other substances and emerging products.

School Health

Requirement 3. The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach to improve the health of school-aged children and youth.

- a) The program of public health interventions shall be informed by:
 - An assessment of the local population, including the identification of priority populations in schools, as well as school communities at risk for increased health inequities and negative health outcomes;
 - Consultation and collaboration with school boards, principals, educators, parent groups, student leaders, and students;
 - A review of other relevant programs and services delivered by the board of health; and
 - Evidence of the effectiveness of the interventions employed.
- b) The program of public health interventions shall be implemented in accordance with relevant guidelines, including the *Chronic Disease Prevention Guideline, 2018* (or as current); the *Health Equity Guideline, 2018* (or as current); the *Injury Prevention Guideline, 2018* (or as current); the *Healthy Growth and Development Guideline, 2018* (or as current); the *Mental Health Promotion Guideline, 2018* (or as current); the *School Health Guideline, 2018* (or as current); the *Tobacco, Vapour and Smoke Guideline, 2018* (or as current); and the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current).

Substance Use and Injury Prevention

Requirement 2. The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses risk and protective factors to reduce the burden of preventable injuries and substance use in the health unit population.

- a) The program of public health interventions shall be informed by:
 - i. An assessment of the risk and protective factors for, and distribution of, injuries and substance use;
 - ii. Consultation and collaboration with local stakeholders in the health, education, municipal, non-governmental, and other relevant sectors;
 - iii. An assessment of existing programs and services within the area of jurisdiction of the board of health to build on community assets and minimize duplication;
 - iv. Consideration of the following topics based on an assessment of local needs:
 - Comprehensive tobacco control;[†]
 - Concussions;
 - Falls;
 - Life promotion, suicide risk and prevention;
 - Mental health promotion;

[†] Comprehensive tobacco control includes: preventing the initiation of tobacco; promoting quitting among young people and adults; eliminating exposure to environmental tobacco smoke; and identifying and eliminating disparities related to tobacco use and its societal outcomes among different population groups.

- Off-road safety;
 - Road safety;
 - Substance use; and
 - Violence.
- v. Evidence of the effectiveness of the interventions employed.
- b) The program of public health interventions shall be implemented in accordance with relevant guidelines, including the *Health Equity Guideline, 2018* (or as current); the *Injury Prevention Guideline, 2018* (or as current); the *Mental Health Promotion Guideline, 2018* (or as current); the *Tobacco, Vapour and Smoke Guideline, 2018* (or as current); and the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current).

Context

Tobacco Use and Burden in Ontario

Tobacco can be used in various ways, but smoking remains the most common method. Cigarette smoke contains more than 7,000 chemicals. It impacts almost every organ of the body, contributing to chronic diseases such as cancers, heart and lung diseases and other diseases. Even people who do not smoke are affected by the health harms of tobacco through exposure to second-hand and/or third-hand smoke.

Tobacco use is the leading cause of preventable disease and premature death in the province. Smoking kills about 16,000 Ontarians each year.⁴ Every day tobacco kills more Ontarians than alcohol, illegal drugs, accidents, suicides and homicides combined. People who use tobacco are more likely to go to the hospital and stay longer.⁵ They are also likely to die younger.⁶ Tobacco products contain nicotine, which is a substance that makes them highly addictive.

Tobacco use costs Ontario billions of dollars each year. The total direct health care costs of tobacco use in Ontario each year is around \$2.25 billion.⁴ Additional indirect costs of tobacco use include lost income and productivity, fire damage, environmental, tobacco control, law enforcement and research costs.⁴

Some groups continue to have higher smoking rate and burden compared to the provincial average. Risk factors that are associated with higher smoking rates include sociodemographic factors such as education, cultural background, occupation, income, gender, age, co-morbidities and sexual orientation.⁷ These disparities suggest that interventions focused on supporting these subpopulations are needed to reduce the prevalence and related burden of tobacco use.

Vapour Product Use

Vapour products, such as e-cigarettes, generate an aerosol that is inhaled by the user. There is conclusive evidence that in addition to nicotine, most e-cigarette products contain and emit numerous potentially toxic substances.⁸ Vaping can be responsible for health problems including:

- Coughing, shortness of breath and chest pain;
- Increasing the risk of heart disease and asthma attacks;
- Addiction and dependence; and
- Changes in brain development in teens.

The evidence is still emerging on the use of electronic cigarettes as an effective tobacco cessation aid.

Cannabis

Cannabis became legal for recreational use on October 17, 2018. Individuals may use cannabis for medical or recreational purposes.

Medical cannabis is regulated under a separate system than recreational cannabis. The federal government currently regulates access to a legal source of cannabis for medical purposes through the *Cannabis Regulations* under the *Cannabis Act* (Canada). Medical cannabis is used for therapeutic purposes. Medical cannabis can be smoked or vaped, however, oil extracts are available for use in products such as baked goods.

Exposure to cannabis smoke and vapour has potentially harmful effects. Cannabis smoke contains levels of chemicals and tar that are similar to tobacco smoke, which can raise the risk of adverse effects on lung health.⁹The effects of second-hand vapour exposure on health remain unknown but could potentially lead to adverse health effects especially in certain populations.

The *Smoke-Free Ontario Act, 2017*¹⁰ regulates the places of use for smoking and vaping cannabis (medical and recreational).

Roles and Responsibilities

The Standards accommodate local variability across the province and require the board of health to apply the Foundational Standards in assessing the needs of its local population and to implement programs of public health interventions that reduce burdens associated with tobacco. A flexible approach accommodates greater variability so that programs can be planned to decrease health inequities and address the needs of priority populations.

The board of health shall focus public health programs and services on those topics that address identified gaps (e.g., issues identified through Population Health Assessments, Health Equity analysis, etc.) and will have the greatest impact on improving the health of the local population.

The board of health shall collaborate with local partners in health and other sectors to develop programs and services that address tobacco use in order to reduce the burdens associated with tobacco, vapour and smoke, including:

- 1) Preventing the initiation and increased use of tobacco and vapour products;
- 2) Protect people from second-hand exposure to smoke and vapour;

- 3) Motivating and supporting people to successfully quit using tobacco and vapour products; and
- 4) Identifying and reducing disparities in tobacco use and related harms.

Approach to Developing a Program of Public Health Interventions

This section outlines required approaches that the board of health shall use when developing and implementing a program of public health interventions for comprehensive tobacco control in the health unit population.

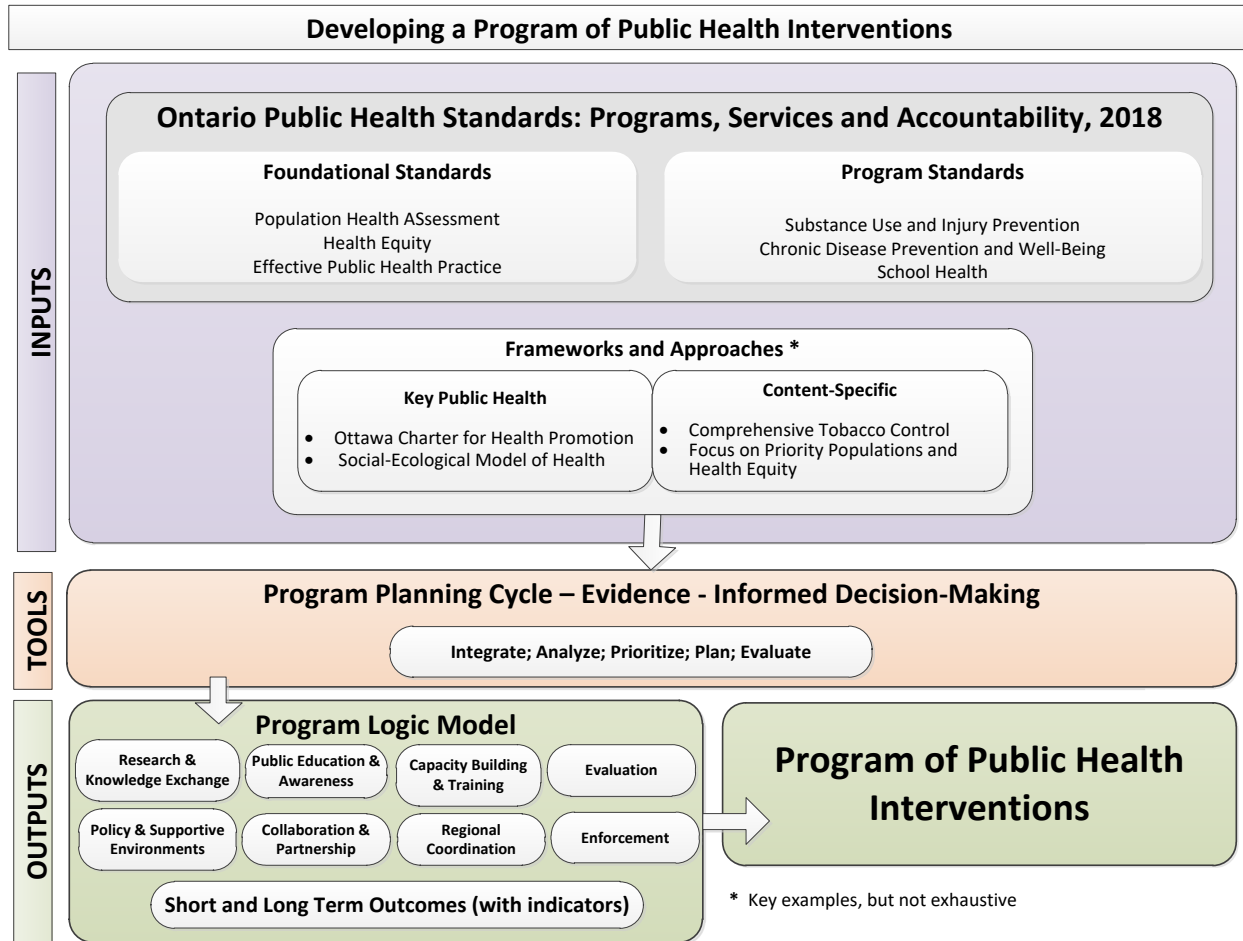
Public Health Program Planning Cycle

Boards of health shall use a public health program planning cycle to support evidence-informed decision-making related to the development and implementation of tobacco control programs and interventions for the health unit population.¹¹ This shall include consideration of:

- 1) Key public health and content-specific frameworks and concepts;
- 2) Other requirements outlined in the Chronic Disease Prevention and Well-Being Standard, Substance Use and Injury Prevention Standard, School Health Standard, and Foundational Standards;
- 3) Key settings, partners, and priority populations; and
- 4) Key topics to address tobacco control and vaping based on an assessment of local need.

An example of a public health program planning cycle for tobacco control is presented in Figure 1.

Figure 1 Public Health Program Planning Cycle



Evidence-Informed Practices

In accordance with the Standards, boards of health shall use evidence-informed decision-making for the planning and implementation of tobacco control interventions. Evidence to inform the decision-making process may come from a variety of sources including: key facts, findings, trends, and recommendations from published scientific research; data and analyses obtained from population health assessment and surveillance; legal and political environments; stakeholder perspectives; public engagement; and recommendations based on past experiences including program evaluation information.

Examples of evidence-based resources and other references that the board of health shall consider are outlined in Appendix B.

Key Public Health Frameworks, Approaches and Concepts

Boards of health shall use a comprehensive health promotion approach to inform the development and implementation of a program of public health interventions to support comprehensive tobacco control.

The Ottawa Charter for Health Promotion and Social-Ecological Framework are widely used models and are described below. Examples of other models and frameworks that the board of health shall consider are outlined in Appendix C.

Ottawa Charter for Health Promotion

The Ottawa Charter for Health Promotion outlines five key health promotion strategies:

- Building healthy public policy;
- Creating supportive environments;
- Strengthening community action through education and awareness;
- Developing personal skills through programs that foster skill-building and;
- Reorienting health services.¹²

The subsequent Jakarta Declaration reiterated the importance of core strategies identified in the Ottawa Charter for Health Promotion and added further emphasis that comprehensive approaches are the most effective; settings offer practical opportunities for implementation of comprehensive strategies, and participation is essential to the empowerment of individuals and communities in order to sustain efforts.^{12,13}

Social-Ecological Model of Health

This framework considers the complex interplay between individual, relationship, community, and societal factors.¹⁴ It highlights the range of factors that put people at risk or protect them, as well as how factors at one level influence factors at another level.

Boards of health shall benefit from considering interventions across all levels of the model.

Content-Specific Frameworks and Approaches

This section provides a summary of key content-specific frameworks that boards of health shall consider informing the planning, implementation, and evaluation of public health programs and services to support comprehensive tobacco control.^{15,16}

Comprehensive Tobacco Control

Prevention

Prevention aims to prevent individuals from becoming daily (and nicotine dependent) users of tobacco and vapour products.[‡] Prevention can include primary and secondary interventions. Primary prevention refers to preventing the onset (or initiation) of use of tobacco and vapour products. Secondary prevention refers to preventing the progression (or escalation) use of tobacco and vapour products use.

Protection

Protection refers to protecting individuals from exposure to tobacco, vapour products, the smoking and vaping of cannabis (medical and recreational) and other emerging products.[§] Exposure can include physical and social exposure. Physical exposure to tobacco smoke is harmful to human health and is known to cause both short-term and long-term adverse health effects.¹⁷ Cannabis smoke contains levels of chemicals and tar that are similar to tobacco smoke, the health risks of physical exposure to second-hand aerosol from e-cigarettes is emerging, and exposure to second-hand cannabis vapour has potentially harmful effects. Therefore, a precautionary approach to second-hand smoke and vapour exposure is warranted. Social exposure includes visual and sensory cues associated with the use of tobacco, e-cigarettes or related products (e.g., waterpipe). There is evidence that social exposure influences smoking behaviour, including initiation and relapse.¹⁶

Cessation

Cessation refers to motivating, encouraging and supporting efforts to quit tobacco use. Evidence suggests that it may take individuals who smoke numerous attempts to quit, therefore, cessation support may be needed repeatedly and at different points in their quit journey. Cessation efforts need to be focused at both the population level (e.g., policies) and at the individual level (e.g., pharmacotherapy).

While evidence is still emerging, there is some evidence that demonstrates that e-cigarette use is linked to improved rates of success when quitting tobacco use. Therefore, electronic cigarettes may help some individuals quit smoking. The board of health shall focus on interventions to encourage youth and non-smokers to quit vaping and prevent those who use vapour products containing nicotine as a means of quitting cigarette smoking, from returning to smoking cigarettes.

[‡] Medical cannabis is used for therapeutic purposes and should not be considered under the prevention approach. Please refer to the Substance Use Prevention and Harm Reduction Guideline, 2018 (or as current) for information on public health programs and services related to preventing the harms associated with recreational cannabis use.

[§] Boards of health should align interventions with the approach the Ministry of Health is taking on protecting people from exposure to vapour products and the smoking and vaping of cannabis.

Focus on Priority Populations and Health Equity

In accordance with the Standards, boards of health shall focus their public health interventions on priority populations. This will include health unit populations that are of at higher risks for use of tobacco, vapour and emerging products. For example:

- Populations of higher than provincial smoking prevalence rate;
- Populations with other correlated risk factors (e.g., mental health, alcohol and substance use); and
- Other priority populations specific to the health unit area and region.

Effective public health practice aims to decrease health inequities to ensure that everyone has equal opportunities for health and can attain full health potential without being disadvantaged due to social position or other socially determined circumstances. Health equity can be achieved by addressing the social determinants of health.

The board of health shall embed a health equity approach throughout all aspects of public health planning and practice in accordance with the requirements in the Health Equity Standard. Refer to the *Health Equity Guideline, 2018* (or as current) for additional information on health equity approaches.¹⁸

Content-Specific Key Concepts

This section provides a summary of key content-specific concepts that boards of health shall consider informing the planning, implementation, and evaluation of public health programs and services to support comprehensive tobacco control.

Public Education and Awareness

The board of health shall implement public education and awareness initiatives through collaborative efforts with other boards of health and community partners to increase awareness and actionable knowledge to support comprehensive tobacco control through prevention, protection and cessation. Tobacco and vapour product awareness and education initiatives may be broad-based or focused. Public education and awareness initiatives may include, but are not limited to, providing information on the risks and harms of tobacco use and second-hand smoke, smoke and vapour-free policies, healthy behaviours and skills, and available cessation services and resources.

Policy and Supportive Environments

The board of health shall consult and collaborate with community and provincial partners to:

- 1) Inform, develop and/or implement healthy public policies that support comprehensive tobacco control through prevention, protection and cessation.
- 2) Help generate living, working, learning and playing conditions that prevent or reduce harms related to tobacco use or related products.

Enforcement

The board of health shall protect the public through enforcement and compliance activities related to the *Smoke-Free Ontario Act, 2017*.¹⁰ In doing so, the board of health shall refer to the *Tobacco, Vapour and Smoke Protocol, 2021* (or as current).¹⁹

Collaboration and Partnership

Community and Provincial Partners

In accordance with the Standards, boards of health shall consult and collaborate with local partners when developing programs and services for comprehensive tobacco control. Such partnerships shall vary based on community needs, priority populations, as well as local policy, program planning and engagement structures as part of strategic planning.

Boards of health are encouraged to collaborate with the following partners:

- 1) Health system partners including, but not limited to, Ontario Health, primary care settings, hospitals, and community-based services (e.g., community health centres);
- 2) Community partners including, but not limited to, schools and school boards, workplaces, housing, community and social services, and organizations or sectors working with priority populations;
- 3) Enforcement partners across levels of government; and
- 4) Indigenous partners.

Regional Coordination

Boards of health shall coordinate with regional and provincial partners when planning tobacco control programs and initiatives and in conducting research to enhance efficiency and increase reach. Coordination with regional and provincial partners will benefit boards of health by better leveraging resources, reducing duplication of efforts and ensuring alignment and consistency between boards of health related to such activities as research, communication campaigns, and data collection.

Capacity Building and Training

The board of health shall collaborate with community and provincial partners to:

- 1) Increase capacity of partners to implement tobacco and vapour product interventions including supporting healthy behaviours, developing healthy public policies, and creating supportive environments.
- 2) Provide leadership opportunities and develop the necessary skills to make healthy behaviour choices easier for priority populations.
- 3) Enhance organizational readiness for the health unit to deliver on planned tobacco and vapour product program initiatives to ensure effective implementation and evaluation.

Research and Knowledge Exchange

In accordance with the Standards, boards of health shall engage in research and knowledge exchange activities related to comprehensive tobacco control. Research may involve the primary collection of new data or the analysis or synthesis of existing data and findings.

Evaluation

In accordance with the Standards, boards of health shall conduct program evaluations for tobacco control interventions. Program evaluation is the systematic gathering, analysis, and reporting of data about a program to assist in decision-making. It includes quantitative, qualitative, and mixed-method approaches. Program evaluation produces the information needed to support the implementation of appropriate programs and services (needs assessment); assess whether evidence-informed programs and services are carried out with the necessary reach, intensity, and duration (process evaluation); or document the effectiveness and efficiency of programs and services (outcome evaluation).

Out-of-Scope Content-Specific Concepts

Advocacy

Advocacy by the board of health at the local level can play an important role in policy development efforts to support tobacco control. However, advocacy aimed at provincial and federal policies can undermine provincial efforts to align and collaborate across levels of government. As a result, advocacy efforts by the board of health targeting the provincial or federal government (e.g., lobbying for provincial policies on smoke-free movies, industry practices, tax and other pricing policies, etc.) are outside the scope of this guideline.

Topics for Consideration

Boards of health shall consider the following topics when developing and implementing a program of public health interventions to support comprehensive tobacco control based on an assessment of local need.

Tobacco Products

Tobacco products are any product made or derived from leaf tobacco that is intended for human consumption, including any component, part or accessory of a tobacco product, including, but not limited to:

- 1) Cigarettes;
- 2) Cigars and cigarillos;
- 3) Smokeless tobacco, such as chew, snuff, and snus;

- 4) Loose tobacco;
- 5) Tobacco sticks; and
- 6) Other tobacco products such as Heat-not-burn (HNB) products.

Tobacco products contain nicotine, which is a substance that makes them highly addictive. The use of tobacco products has been shown to have serious health effects.²⁰

Vapour Products

Vapour products heat a substance, without combustion, to create an aerosol or vapour. Examples of vapour products include electronic cigarettes and heat-not-burn products.

An electronic cigarette, also known as an e-cigarette, as defined in the *Smoke-Free Ontario Act, 2017*, is “a “vaporizer or inhalant-type device [...] that contains a power source and heating element designed to heat a substance and produce a vapour intended to be inhaled by the user of the device directly through the mouth, whether or not the vapour contains nicotine.” Emissions from e-cigarettes contain compounds that pose a risk to human health, however, the evidence on the use of e-cigarettes is still emerging.²¹ The risks of exposure to second-hand vapour are uncertain at this time.

Heat-not-burn (HNB) products (e.g., IQOS) are devices that heat tobacco at a lower temperature than conventional tobacco products such as cigarettes. These products produce vapour that contains nicotine and other compounds. HNB products have existed for decades but have evolved more rapidly in recent years. Heat-not-burn products pose a risk to human health, but the health risks compared to conventional tobacco products remains unclear at this time. Research about the emissions and health effects of new generation HNB products remains limited and inconclusive.¹⁶

Waterpipe and Shisha

A waterpipe, or hookah, are instruments used for the consumption of tobacco or herbal (non-tobacco) products known as shisha. Waterpipes were traditionally used to smoke tobacco products in South Asian and Middle Eastern countries, but their use has recently increased in North America, particularly among youth and young adults. Several studies indicate that people who use a waterpipe to smoke tobacco shisha are at risk for health effects similar to those from cigarette smoking.^{22,23}

Limited evidence exists on the air quality impacts, exposures and health risks from waterpipe smoking of non-tobacco/herbal shisha products. However, some evidence is available that suggests that herbal waterpipe smoking exposes the user to cancer-causing chemicals, heavy metals, carbon monoxide and tar.^{24,25} In addition, some evidence finds poor air quality is associated with waterpipe smoking with herbal shisha.²³

Cannabis

Cannabis is one of the most commonly used psychoactive substances in the province. Cannabis can be used in a variety of forms: dried, tinctures, edibles (eating and drinking), and topicals. These types of cannabis may be administered through smoking, oral ingestion, and vapourizing.

Cannabis smoke contains levels of chemicals and tar that are similar to tobacco smoke, which can negatively impact lung health.⁹ The effects of second-hand cannabis smoke and vapour exposure on health remain unknown but could potentially lead to adverse health effects especially in certain populations.

Ontario has taken a consistent policy approach to protect children and youth from second-hand smoke and vapour from cannabis by aligning restrictions on the smoking and vaping of cannabis with tobacco under the *Smoke-Free Ontario Act, 2017*. The board of health shall protect the public from exposure to second-hand smoke and vapour from cannabis through enforcement and compliance activities related to the *Smoke-Free Ontario Act, 2017* and refer to the *Tobacco, Vapour and Smoke Protocol, 2021* (or as current).¹⁹

Unless related to places of use, public health programs, services, and policy development for preventing the harms associated with recreational cannabis are outside the scope of this guideline. Please refer to the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current)³ for more information on this topic.

References

1. Ontario. Ministry of Health. Ontario Public Health Standards: Requirements for Programs, Services, and Accountability, 2018. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/default.aspx
2. *Health Protection and Promotion Act*, RSO 1990, c H.7. Available from: <https://www.ontario.ca/laws/statute/90h07>
3. Ontario. Ministry of Health. *Substance Use Prevention and Harm Reduction Guideline, 2018*. Toronto, ON: Queen's Printer for Ontario. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/protocolsguidelines.aspx
4. Dobrescu, Alexandru, Abhi Bhandari, Greg Sutherland, and Thy Dinh. *The Costs of Tobacco Use in Canada, 2012*. Ottawa: The Conference Board of Canada, 2017.
5. Manuel DG, Perez R, Bennett C, Rosella L, Choi B. *900,000 Days in Hospital: The Annual Impact of Smoking, Alcohol, Diet and Physical Activity on Hospital Use in Ontario*. Toronto, ON: Institute for Clinical Evaluative Sciences; 2014.
6. Manuel DG, Perez R, Bennett C, Rosella L, Taljaard M, Roberts M, Sanderson R, Meltem T, Tanuseputro P, Manson H. Seven more years: The impact of smoking, alcohol, diet, physical activity and stress on health and life expectancy in Ontario. An ICES/PHO Report. Toronto: Institute for Clinical Evaluative Sciences and Public Health Ontario; 2012.
7. Ontario Tobacco Research Unit. 2017 Smoke-Free Ontario Strategy Monitoring Report. Toronto: Ontario Tobacco Research Unit, Special Report, March 2018. Available from: <https://otru.org/2017-smoke-free-ontario-strategy-monitoring-report/>
8. National Academies of Sciences, Engineering, and Medicine. 2018. Public health consequences of e-cigarettes. Washington, DC: The National Academies Press
9. Holitzki H, Dowsett LE, Spackman E, Noseworthy T, Clement F. Health effects of exposure to second- and third-hand marijuana smoke: a systematic review. *CMAJ Open*. 2017;5(4):E814-E822. doi:10.9778/cmajo.20170112.
10. Smoke-Free Ontario Act, 2017, SO 2017, c 26, Sch 3. Available from: <https://www.ontario.ca/laws/statute/17s26>
11. Ontario Agency for Health Protection and Promotion (Public Health Ontario); National Collaborating Centre for Methods and Tools. Online Health Program Planner: program planning steps [Internet]. Toronto, ON: Queen's Printer for Ontario; 2017 [cited 2018 Apr 17]. Available from: <https://www.publichealthontario.ca/en/health-topics/public-health-practice/program-planning-evaluation/planning-programs>

12. World Health Organization. The Ottawa charter for health promotion. First International Conference on Health Promotion, Ottawa, 21 November 1986 [Internet]. Geneva: World Health Organization; 1986 [cited 2018 Apr 17]. Available from: <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>
13. World Health Organization. Jakarta declaration on leading health promotion into the 21st century. Presented at: The Fourth International Conference on Health Promotion: New Players for a New Era - Leading Health Promotion into the 21st Century. 1997 Jul 21-25; Jakarta, Indonesia. Geneva: World Health Organization; 1997. Available from: <http://www.who.int/healthpromotion/conferences/previous/jakarta/declaration/en/>
14. Sallis J, Owen N, Fisher EB. Ecological models of health behavior. In: Glanz K, Rimer B, Viswanath K, editors. Health behavior and health education: theory, research, and practice. 4th ed. San Francisco, CA: Jossey-Bass; 2008. p. 465-86.
15. Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs — 2014. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.
16. Smoke-Free Ontario Scientific Advisory Committee, Ontario Agency for Health Protection and Promotion (Public Health Ontario). Evidence to guide action: Comprehensive tobacco control in Ontario (2016). Toronto, ON: Queen's Printer for Ontario; 2017.
17. U.S. Department of Health and Human Services. The health consequences of involuntary tobacco smoke: a report of the Surgeon General [Internet]. Atlanta, GA: U.S. Department of Health and Human Services, Office of the Surgeon General; 2006 [cited 2018 April 17]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK44324/>
18. Ontario. Ministry of Health. Health Equity Guideline. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/protocolsguidelines.aspx
19. Ontario. Ministry of Health. Tobacco, Vapour and Smoke Protocol, 2021. Toronto, ON: Queen's Printer for Ontario; 2021.
20. The health consequences of smoking: a report of the Surgeon General. [Atlanta, Ga.]: Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; Washington, D.C.
21. Akl E.A., Gaddam S, Gunukula S.K., Gaddam, S., Gunukula, S.K., Honeine, R., Abou Jaoude, P. and Irani, J. (2010). The effects of waterpipe tobacco smoking on health outcomes: a systematic review. International Journal of Epidemiology 39:834–57.
22. Cobb C, Ward K.D., Maziak W., Shihadeh A., Elissenberg, T. (2010). Waterpipe tobacco smoking: an emerging health crisis in the United States. American Journal of Health Behavior 34:275–85.

23. Hammal F., Chappell A., Wild T.C., Kindsierski W., Shihadeh A., Vanderhoek A., Khanh Huynh C., Plateel G & Finegan B.A. (2013). 'Herbal' but potentially hazardous: an analysis of the constituents and smoke emissions of tobacco-free waterpipe products and the air quality in the cafés where they are served. *Tobacco Control* 0:1-18.
24. Shihadeh A., Salman R., Jaroudi E., Saliba N., Sepetdjian E., Blank M.D., Cobb C.O., and Eissenberg T. (2012). Does switching to a tobacco-free waterpipe product reduce toxicant intake? A crossover study comparing CO, NO, PAH, volatile aldehydes, "tar" and nicotine yields. *Food and Chemical Toxicology*. 50(5):1494-8.
25. Holitzki H, Dowsett LE, Spackman E, Noseworthy T, Clement F. Health effects of exposure to second- and third-hand marijuana smoke: a systematic review. *CMAJ Open*. 2017 Nov 24;5(4):E814-E822.
26. Public Health Agency of Canada. Population health promotion: an integrated model of population health and health promotion [Internet]. Ottawa, ON: Government of Canada; 2001 [cited 2019 July 16]. Available from: <https://www.canada.ca/en/public-health/services/health-promotion/population-health/population-health-promotion-integrated-model-population-health-health-promotion.html>
27. World Health Organization Regional Office for Europe. Health at key stages of life – the life-course approach to public health [Internet]. Copenhagen, DK: World Health Organization Regional Office for Europe; 2011 [cited 2019 July 16]. Available from: <http://www.euro.who.int/en/health-topics/Life-stages/healthy-ageing/activities/health-at-key-stages-of-life-the-life-course-approach-to-public-health>

Appendix A – Glossary of Core Definitions

Comprehensive Health Promotion: An approach that combines multiple strategies and addresses the full range of health determinants to enable people to increase control over, and to improve, their physical, mental and social well-being.

Comprehensive Tobacco Control: An approach using a range of measures implemented together to reduce tobacco-related health harms and the potential health effects of vapour products. Comprehensive tobacco control programs and policies focus on preventing the initiation of tobacco and vapour product use; supporting tobacco cessation efforts and encouraging youth and non-smokers to quit vaping; protecting people from social and physical exposure to second-hand smoke and vapour; and identifying and eliminating disparities related to tobacco use. A coordinated and integrated comprehensive strategy means that prevention, cessation and protection efforts are mutually reinforcing leading to effective and efficient outcomes.

Electronic Cigarette: A vaporizer or inhalant-type device, whether called an electronic cigarette or any other name, that contains a power source and heating element designed to heat a substance and produce a vapour intended to be inhaled by the user of the device directly through the mouth, whether or not the vapour contains nicotine.

Evidence-informed decision-making: The process of analyzing and using the best available evidence from research, context, and experience to inform decisions on development and delivery of public health programs and services.

Health equity: Health equity means that all people can reach their full health potential and are not disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstance.

Knowledge exchange: Knowledge exchange is collaborative problem-solving among public health practitioners, researchers, and decision-makers and results in mutual learning through the process of planning, producing, disseminating, and applying existing or new research in decision-making.

Priority populations: Priority populations are those that are experiencing and/or at increased risk of poor health outcomes due to the burden of disease and/or factors for disease; the determinants of health, including the social determinants of health; and/or the intersection between them. They are identified by using local, provincial, and/or federal data sources; emerging trends and local context; community assessments; surveillance; and epidemiological and other research studies.

Research: Research refers to the organized and purposeful collection, analysis, and interpretation of data.

Vaping: The act of using an electronic cigarette, by inhaling and/or exhaling, and includes the holding of an activated electronic cigarette.

Vapour Product: An electronic cigarette, an e-substance, or any component of an electronic cigarette and includes the package in which the electronic cigarette, e-substance or component is sold.

For additional definitions related to tobacco, vapour products, cannabis and other emerging products, please refer to the *Smoke-Free Ontario Act, 2017* and its regulation.¹⁰

Appendix B – Additional Resources

- i. Health Canada. Canada's Tobacco Strategy. Ottawa: Health Canada; May 2018. Available: <https://www.canada.ca/en/health-canada/services/publications/healthy-living/canada-tobacco-strategy.html>
- ii. Ontario. Ministry of Health. Smoke-Free Ontario: The Next Chapter - 2018. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: <http://www.health.gov.on.ca/en/common/ministry/publications/reports/SmokeFreeOntario/default.aspx>
- iii. Smoke-Free Ontario Scientific Advisory Committee, Ontario Agency for Health Protection and Promotion (Public Health Ontario). Evidence to guide action: Comprehensive tobacco control in Ontario (2016). Toronto, ON: Queen's Printer for Ontario; 2017. Available from: <https://www.publichealthontario.ca/en/BrowseByTopic/ChronicDiseasesAndInjuries/Pages/smoke-free-ontario.aspx>
- iv. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario Tobacco Monitoring Report 2018. Toronto, ON: Queen's Printer for Ontario; 2019. Available from: <https://www.publichealthontario.ca/en/health-topics/health-promotion/tobacco/otmr>

Appendix C – Public Health Frameworks and Approaches

The Population Health Promotion Model

This model shows how a population health approach can be implemented through action on the full range of health determinants by means of health promotion strategies. This model centres around three questions:

- “On **WHAT** should we take action?” – Acknowledges action is required across the determinants of health.
- “**HOW** should we take action?” - Focuses on the actions in the Ottawa Charter for Health Promotion (below)
- “**WITH WHOM** should we act?” - Affirms that comprehensive action must be taken at multiple levels (e.g. individual, family, community, sector/system; and society) to bring about change.²⁶

Life-course Approach

Based on local population health assessments and evidence-informed practices, some public health interventions will be targeted towards individuals and populations across multiple life stages while other interventions will be targeted towards individuals and populations in specific life stages.²⁷

Life experiences and episodes, such as the transitions from adolescence to adulthood, into post-secondary school and the workforces, can influence risks of tobacco use and health and well-being. It is important, therefore, to encourage interventions that address risk and protective factors to tobacco and related product use during transition periods across the life span.

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